Anglia Ruskin University

Towards the ‘care-full’ university: A national study of staff who are caregivers in the UK Higher Education sector

Research report

May 2025

(v1, 17/05/2025)

Professor Marie-Pierre Moreau (PI)

Lucie Wheeler

Sandra Villadiego Angarita

Chinenye Ifeoma Ubah

Contact details:

Marie-Pierre.Moreau@aru.ac.uk

Contents

Acknowledgments

Our heartfelt thanks go to the many participants from across the UK who shared their stories with us. We are also hugely grateful to our colleagues at Anglia Ruskin University who supported the initial research—a study of staff who are caregivers within our own institution. This early work ultimately inspired and informed the development of this scaled-up national project. In particular, we would like to thank the members of the then Equality, Diversity and Inclusion Committee, especially Professor Yvonne Barnett, Deputy Vice Chancellor (Research and Innovation), ARU. Without their support, we would have been unable to conduct the national study presented in this report.

Executive summary

Introduction

- Staff with caring responsibilities represent a significant presence in the UK higher education sector although their exact numbers are unknown. Historically, the research literature has focused on parenting, with specific reference to the mothers of healthy, 'abled' children, prompting the need to explore carers from a more diverse and intersectional perspective.

- This research report presents the key findings of the *Towards the 'care-full' university: A national study of staff who are caregivers in the UK Higher Education sector.* Its key ambitions are to gain an understanding of the experiences of UK-based Higher Education (HE) staff who are caregivers at a time of considerable transformation, so as to foster the development of a more inclusive culture for carers across the sector. This endeavour also coincides with the development of a range of policies at both institutional and national levels, as well as with the emergence of new modes of working associated with the Covid-19 pandemic.

For the purposes of this report, the term *carer* refers to individuals who have primary or shared responsibility for children and/or for relatives, partners, or friends who are elderly, disabled, or in ill health.

Research and policy context

- Despite many staff holding caring responsibilities, research highlights how academic norms often assume that the workforce is 'care-free'. This negatively impacts on the personal and working lives of carers, leading in turn to sector-wide recruitment and retention issues. Recent research highlights further disadvantages for those with caring responsibilities as a result of the Covid-19 pandemic.

- The evidence base about carers working in the HE sector remains scarce. Similar in this to research, institutional and sector-wide policies have focused their intervention on the parenting of healthy, 'abled' children, often neglecting other types of caring responsibilities. Moreover, little is known about non-academics working in HE, as well about the experiences of men and non-binary staff.
- Researching carers in academia is timely and matters. The age distribution of the HE workforce implies that many employees are likely to hold caring responsibilities, with a significant proportion also likely to be part of the so-called sandwich generation, i.e. caring for children and parents.
- This project also coincides with significant efforts from stakeholders to address the challenges faced by carers in higher education, with many institutions offering provision going beyond the legal requirements (e.g, carers' networks and, more rarely, paid leave for carers).

Theoretical framework and methodology

- The findings from this project aim to answer the following research questions: How does the HE workforce with caring responsibilities experience juggling the demands of care and paid work? How have these experiences changed under the pandemic? How are inequalities based on having caring responsibilities linked to the hierarchies which operate among carers influenced by 1) gender, 2) the nature of their position within HE, and 3) the precise nature of their caring responsibilities? And how can practices be improved and cultures changed so that HE becomes more inclusive of carers?

- Fieldwork included both an online survey and interviews with staff working in the UK HE sector. 1080 valid questionnaires were completed and 71 semi-structured interviews were conducted.

- Survey data were imported into SPSS and analysed using descriptive statistics, including cross-tabulations and significance tests. The interviews were professionally transcribed. Any text included in the survey and the interview transcripts were subjected to a thematic analysis.

- Survey participants were predominantly women (81.4%), White British (73.8%), and working in an institution based in England (89.2%). They were predominantly academics (55.8%), with 44.2% of participants in professional roles. Numerous efforts were made to facilitate the participation of ancillary staff, without success. The majority of participants (67.9%) were employed full time. When asked about their main caring responsibilities, the most common response was caring for children under 18 without SEND (46.2%). Other responsibilities included caring for elderly parents (18.4%), caring for a child with SEND (17.5%), caring for a partner (8%), and caring for another relative, friend, or neighbour. Close to a quarter of respondents (24%) reported having at least two different types of caring responsibilities.

Juggling the demands of paid and care work

- The majority of participants (60.1%) found juggling the demands of care and paid work ‘difficult’, with a large proportion (17.9%) finding it ‘very difficult’. A significant proportion also felt that their caring responsibilities impacted their paid work (60.8%), and vice versa (72.1%). The challenges faced by the participants were often time-related, with the 'bottomless' nature of paid and unpaid work, tight deadlines, working in the evenings and at weekends described as a source of tension. Working from home was constructed as a factor with the potential to exacerbate and ease the tensions between paid and care work.

- Wellbeing also emerged as another strong theme. 93.0% of survey participants noted that their dual status affected their health and wellbeing 'always', 'very often', or 'sometimes'. Survey and interviewees participants noted difficulties in finding time to relax, exercise and to pursue their own interests. Many talked of feelings of exhaustion, 'burnout' and social isolation. Mental health issues (such as anxiety) and feelings of guilt (both in relation to being an employee and a carer) were a common occurrence.

- Another major theme related to participants' sense of identity. Some talked of the stigma related to being a carer which stopped them from opening up about their caring responsibilities in the workplace, which in turn meant they were unlikely to receive the support they needed. This echoes earlier research showing that, while carers in HE are overall in favour of a policy intervention, the fear of misrecognition can lead some to hide their care status and, instead, favour informal, individualised practices.

- Last, career progression also emerged as a key theme. Asked about the impact of their dual status on career development/progression, 72.0% identified a 'major' or 'moderate' effect. Undertaking activities linked to career development, such as taking a course or traveling on work-related business, was deemed problematic due to the mobility or time requirements associated with these activities. While flexible measures were welcome, many of those contracted part-time believed that this mode of working was incompatible with career progression.

Carers in pandemic times

- 74.3% of the survey participants agreed that the pandemic had an impact on their experience as an employee who is also a carer. While the negative effects of the pandemic and of the reorganisations of workplace and care settings which ensued were extensively commented on, some mentioned the positive impact of the new working arrangements.

- Time, again, emerged as a strong theme in relation to the pandemic. Not commuting provided greater flexibility and increased participants’ ability to tend to care needs. Many, however, highlighted the challenges of working from home, particularly in periods of school closure. Working from home was associated with blurred boundaries between paid and care work, with some participants feeling that work was always on their mind and others reflecting on the care-related interruptions to their working day. Professional staff appeared particularly appreciative of the newly gained flexibility in their working hours.

- In some cases, participants argued that the pandemic and related practices such as working from home/online working had also helped to render caring responsibilities more visible in the workplace, although some commented that additional responsibilities such as home-schooling were not fully acknowledged, including in how it affected work output in appraisal time. Overall, participants often felt ambivalent about working from home and other flexible working practices. Some also noted the challenges of increased needs for emotional support, both among students and family members.

- 50.9% of those in an academic position involving research responded that the pandemic had impacted their ability to conduct research. Access to fieldwork, archives and libraries, and research falling behind as caring responsibilities increased markedly were key issues. Some, however, claimed that as their social life and commuting time had decreased, they had now more time to progress with their research – a complex picture which points to the fact that the pandemic and subsequent re-arrangements of paid and care work may have exacerbated inequalities, not only between carers and 'non carers' but also among carers.

- A third theme related to career progression in pandemic times, with some claiming that the pandemic had affected their ability to network and find collaborators, to attend conferences or to write bid applications.

The intersectionalities of caregiving

- In relation to gender, women were more likely than men to experience challenges with work-life balance, to believe that their dual roles negatively affected their health, well-being, and career development, and to feel that paid work and care work had a mutually negative impact.

- The qualitative data pointed to some gender patterns in carers' experiences. Even when women lived in households where the care and domestic work was shared, they often retained the main responsibility for juggling care and paid work and carried the mental burden of tending to the care needs of others.

- Some female participants felt that they were subjected to a different treatment compared with their male colleagues and to those without caring responsibilities. While it was not uncommon for those in a minoritised position based on gender, sexuality, disability or race to report a sense of struggle in having their care needs recognised, there are limitations to our findings due to the composition of our sample.

- In relation to the position, academics were more likely than those in professional roles to experience challenges related to work-life balance - a finding which may be linked to the higher prevalence of part-time work among professionals. Academics were also more likely to identify a negative effect of their dual status on their health and well-being, career development, and to report a mutually negative impact between their caregiving responsibilities and paid work.

- It is also apparent from the interviews that, prior to the pandemic, working from home was not routinely accessible to many of those in professional roles. The pandemic and the reorganisation of working practices appear to have normalised to some extent working from home, including for groups with limited control over their time and place of work – a welcome change for many respondents in professional roles.

- Regarding differences based on the nature of caring responsibilities, our findings point to a heightened sense of struggle amongst those with caring responsibilities other than caring for healthy, 'abled' children. In particular, those caring for a child with SEND or for an elderly parent were more likely to experience work-life balance Issues compared with those caring for a child without SEND, with the latter also more likely to report that their caring responsibilities had a negative effect on their career progression. However, it is important to consider that different socio-demographic profiles and career stages associated with different types of caring responsibilities, highlighting the need for further analysis within this and future projects.

- A common view was that these ‘other’ caring responsibilities were less visible and attracted less support and understanding compared with other types of care. This is maybe unsurprising considering that, across the sector, policies tend to be aimed at parents, with other types of caring responsibilities attracting limited policy intervention.

Towards the ‘care-full’ academia: Improving practices, changing cultures

- Participants drew a mixed picture of the support received as employees with caring responsibilities. Views of institutional policies varied considerably. Some felt their institution provided appropriate support that helped them balance the demands of paid work and caregiving. Others, however questioned the effectiveness of such policies. Nevertheless, policies were overall deemed crucial in terms of support to carers, with some asking for a carers’ policy, encompassing all forms of caring responsibilities rather than just parenting.

- Maintaining some flexibility in terms of where and when staff work was constructed as a desirable outcome. However, while flexibility could ease the frictions of paid and care work, some commented that it could also contribute to blurring the boundaries of paid and care work. Many indeed acknowledged that the demands of paid work had disrupted their family life and vice versa.

- Respondents reported varied levels of support from their line manager. Beyond these differences, a key finding emerging from the data pertains to the instrumental role of the immediate work environment in fostering – or hindering- the development of an inclusive culture for carers.

- While parenting was described as challenging, particularly when children were small or had a health condition or a disability, calls were made for further support to those with 'other' types of caring responsibilities (particularly those caring for elderly and relatives with a chronic illness).

- In relation to awareness of policies, a significant proportion of participants had limited knowledge of the policies and provision related to carers in their Institution. Some participants also commented on a similar lack of awareness among those in line management roles.

Recommendations

- As well as generating new knowledge, this project aimed to inform institutional and sector-wide policy, ultimately contributing to bringing about cultural change so that academic environments become more inclusive of carers.

- To achieve cultural change requires addressing societal and sector-broad norms. While universities are key agents of change, they should not bear the sole responsibility for a cultural shift - some of the recommendations recognise this.

Supporting the development of a research-informed intervention

- At sector level, the Higher Education Statistics Agency (HESA) should consider collecting national statistics on caregivers in the academic workforce, using intersectional data that simultaneously consider identity markers (such as gender), the position and the subject area. Such information should be published on the HESA website. Institutions should be encouraged to regularly consult with staff with caregiving responsibilities to inform their EDI agenda.

Linking research and policy

- At sector-broad level, the development of an inter/national database of 'care-full' practices informed by recent, rigorous research in the field and written in the form of case studies should be encouraged.

- At institutional level, EDI units should be encouraged to work closely with researchers in the sector and carers themselves to inform their policy intervention. This linkage of research, experiential knowledge and policy will facilitate the development of inclusive and effective solutions.

Developing 'care-full' policies

- At national level, bodies awarding Athena Swan and other EDI-related awards should be encouraged to consider support to carers in their policies and self-assessment processes.

- At institutional level, organisations should be encouraged to develop a comprehensive carers' policy, which meet the needs of a range of carers and is co-produced with them and the relevant stakeholders. Staff working with student carers and those working with staff carers should be encouraged to liaise regularly. Information regarding the provision in place should be shared broadly within the institution, and discussed as part of staff induction training and regular 'refresher' sessions.

Care-full justice: policies

- Issues of recognition and representation are central to carers' experience. To validate their experiences, institutions should be encouraged to co-develop a carers' network where carers can define their own agenda.

- Likewise, university policies should be reviewed with the 'worker-carer' in mind, so that any negative impact on carers is avoided or addressed early on. Specific attention should be given to policies related to flexible work, recruitment and promotion, workload as well as to the setting up of deadlines.

Introduction

Carers in academia is a relatively novel but topical field. Although exact numbers are unknown, it is now well established that those with caregiving responsibilities represent a significant presence in the higher education (HE) workforce (Griesbach, 2018; Moreau and Robertson, 2019a; UCU, 2017). Despite their valuable contribution to society and the economy, carers face many challenges. Some of these challenges have been heightened and rendered visible by the ongoing Covid-19 pandemic, although this newly gained visibility has been partial, with some carers and some aspects of care work gaining visibility when others have not (Hook et al., 2022; Moreau and Wheeler, 2023; Ronksley-Pavia et al., 2022).

This research report presents the key findings of the *Towards the 'care-full' university: A national study of staff who are caregivers in the UK Higher Education sector* project. It builds on a smaller, separate project, conducted in our own institution (Moreau and Wheeler, 2022). The key ambitions of the new, scaled-up project presented in this report are to generate an understanding of the experiences of staff who are caregivers at a time of considerable transformation for the HE workforce and to identify a pathway to impact, so as to foster the development of a more inclusive culture for carers across the HE sector. This endeavour also coincides with the development of a range of policies across the sector, aiming to support staff's wellbeing and recognising the new modes of doing paid and care work associated with the Covid-19 pandemic.

On an empirical level, the study presented in this report involves a national survey (n=1080) and semi-structured interviews (n=71) with carers working in the HE sector in the UK (see templates in Appendix 3 and Appendix 6). Most research in this field centres on one specific group of carers (often, students or academics who mother healthy, 'abled' children; see discussion in Moreau and Wheeler, 2023). In contrast, this research endeavours to consider individuals occupying a range of positions in HE and with different caring responsibilities, with however mixed results, particularly when it came to recruiting men, minority ethnic groups and staff in roles other than academic or professional (e.g. ancillary staff). With these limitations in mind, this more encompassing approach enables us to engage with 'hierarchies of care', i.e. considering which carers and which aspects of care work are valued and supported. The research questions the project addresses are:

(i) How does the HE workforce with caring responsibilities experience juggling the demands of care and paid work?

(ii) How have these experiences changed under the pandemic?

(iii) How are inequalities based on having caring responsibilities linked to the hierarchies which operate among carers influenced by 1) gender - in intersection with class, ethnicity, sexuality and dis/ability, 2) the nature of their position within HE (e.g. academic, professional, senior management or ancillary staff), and 3) the precise nature of their caring responsibilities?

(iv) How can practices be improved and cultures changed so that HE becomes more inclusive of carers?

Further to this introduction, the next section turns to the research and policy context, followed by the presentation of the theoretical framework and methodology. We address the four research questions above in turn in the following sections: Juggling the demands of care and paid work (RQ1); Carers in pandemic times (RQ2); Intersectionalities of caregiving (RQ3); Towards the 'care-full' academia: Improving practices, changing cultures (RQ4). The final section covers the conclusions and the recommendations.

Research and policy context: Higher education staff with caring responsibilities

Setting the scene

Staff with caring responsibilities represent a significant presence in UK Higher Education (HE) (Griesbach, 2018). Research highlights how academic norms which are geared towards the 'care-free' generate significant negative impact on the personal and working lives of carers, leading in turn to sector-wide retention issues (Lynch et al., 2009; Moreau and Robertson, 2017, 2019a). The Covid-19 pandemic has disrupted some of the arrangements in place prior to its unfolding. Recent research highlights further disadvantages for those with caring responsibilities, although in 'pandemic times',[1] *some* aspects of care work have become more visible (Moreau and Galman, 2021). Research in this area also points to the need to approach carers from an intersectional perspective (Moreau and Robertson, 2019a, 2019b).

Yet the evidence base about carers working in the HE sector remains scarce. Most work has focused on academic mothers, particularly those mothers of healthy, 'abled' children (Hook, 2016; Le Feuvre, 2015; Raddon, 2002; Ward and Wolf-Wendel, 2012). In comparison, very little is known about other professional and

---

[1] Throughout this report, we talk of the current times as 'pandemic times'/ This is to acknowledge that Covid-19 remains a key feature of 21st century society, with continuing risks, particularly for those living a 'precarious life' (Butler, 2004).

occupational groups (i.e. administrative, ancillary, and senior leadership and management staff), other types of caring responsibilities (i.e. caring for the elderly, as well as for children and adults with a chronic illness or disability), and about the experiences of men and non-binary staff.

Similar in this to the research corpus, national organisations in the HE sector have, until recently, given limited considered to staff with caring responsibilities, with the exception of the UCU campaign on carers (UCU, 2017). Most policy initiatives have come from individual Higher Education Institutions (HEIs). Research shows that many institutions do not collect a comprehensive set of data on employees' caring responsibilities, with the exception of data related to Maternity, Paternity and Shared Parental Leave (Hodkinson and Brooks, 2020; Moreau and Robertson, 2017, 2019a). Significantly, the Equality Act 2010 does not identify being a carer as a protected characteristic, although pregnancy and maternity are. Yet the Act covers discrimination by association, meaning a carer can be protected from discrimination if they are caring for someone who has a protected characteristic. In the context of a differentiated and stratified HE sector, institutions have adopted various approaches to carers, whether students or staff, with mitigated results (Moreau, 2016).

Yet the pandemic seems to have created some policy impetus. with a growing number of institutions and stakeholders rising to the challenge of supporting staff in combining paid and care work. This concern has led to a growth in the take up of a number of policies and guidelines supporting staff's health and wellbeing and professional development, 'agile' working policies and 'flexible' working policies (which usually require a formal request for change in working patterns), and family-related policies such as parental leave. It is apparent from reviewing the policies that many universities offer provision that extends beyond legal requirements. Evidence of a growing concern for carers is illustrated by the Carer’s Leave Act 2023, which introduced a statutory right to unpaid carer’s leave. At the time of writing, key stakeholders such as the Carers Trust continue to campaign for a change in law, seeking the introduction of paid carer’s leave (Carers Trust, 2024; Carers UK, 2024). An online search of institutional websites reveals that a small number of universities in England and Scotland have already integrated paid carer leave in their policy framework.

While academics have long had *some* flexibility In terms of their spatio-temporal arrangements, flexibility (meant here in broad terms rather than in reference to the more formal arrangements mentioned above) is a more recent pattern for many of those In professional roles, and may explain that the experiences of professional and academic staff who participated in this study are not as different as the research team would have expected.

The timeliness of researching carers in academia

While data about carers in academia are not collected in consistent ways across the sector, a growing body of evidence points to the large number of HE employees who are carers. Their presence is likely to persist in a policy context where carers have been encouraged for some time to remain in the labour market (Department of Health, 2012; see also the Carer’s Leave Act 2023). In the HE sector, the age distribution of the workforce (HESA, 2024) implies that many staff are likely to have caring responsibilities, with a considerable proportion also likely to be part of what has been referred to for some time as the ‘sandwich generation’ (Miller, 1981; O'Sullivan, 2015) – i.e. those caring for both children and parents. In a cultural context where care work remains broadly constructed as 'women's work', the proportion of women working in the HE sector suggests that a significant share of the HE workforce juggle paid and care work (Atkinson, 2017; Crompton, 1999). Extant research shows that those with caring responsibilities often struggle with navigating the conflicting demands of academia and the family, financial issues (due to the costs of the care provision and, in some instances, to their limited ability to take up full-time paid work), feelings of social isolation, emotional, wellbeing and health issues, as well as poor retention and career progression (Henderson and Moreau, 2019; Le Feuvre, 2015; Moreau and Robertson, 2017, 2019a, 2019b; Moreau and Hook, 2024).

The issues experienced by carers have worsened over the past decade. Austerity policies have been associated with significant cuts to social care, with some studies reporting a critical lack of childcare and elderly care provision in the UK, as well as quality and costs issues (Carers UK, 2014; Hodges et al., 2024). Yet carers are increasingly expected to remain in paid work, with various policy and legal frameworks identifying the retention or re-entry of carers in the workplace as a priority (see, e.g., Department of Health, 2012, the 2014 Care (England) Act, 2014 Social Services and Wellbeing (Wales) Act, the 2013 Social Care (Self-directed Support) (Scotland) and the 2023 Carer's Leave Act). In respect to academic staff, research points to growing expectations of geographical mobility and long working hours (Henderson and Moreau, 2019). STEM subjects, in particular, typically require international mobility, with Early Career Researchers often taking on multiple post-doctoral contracts, with no guarantee of a more secure position in a context where PhD holders significantly outnumber the positions available (Hoskins et al., 2023). Senior management positions offer few opportunities to work on a part-time basis (Moreau and Robertson, 2017). Evidence has also started to emerge about the gendered effects of the COVID-19 lockdown, including about its impact on research productivity (Beech et al., 2021; Kitchener, 2020; Minello, 2020; Vomvoridi-Ivanovic and Ward, 2021).

Against this background, this project explores the experiences of a broad range of carers (defined here as those with the main or a shared responsibility for children and/or relatives, partners or friends who are elderly, disabled or in ill-health) and identifies pathways towards more 'care-full' HE cultures.

Theoretical framework and methodology

Theoretical framework

This research is broadly informed by critical and poststructuralist feminist theories. As such, it acknowledges the centrality of power relations such as gender on individual lives and societies at large, including in relation to doing academic and care work—two highly gendered activities (Moreau 2016; Moreau and Robertson, 2019a). It also acknowledges that inequalities are multifaceted, with some aspects of care (e.g., organisational or affective) not easily commodified and delegated to others (Fraser, 1997; Lynch et al., 2009). Consistent with a poststructuralist perspective, access to a positional identity as an academic and a carer is conceptualised within the framework of the intersectional and shifting power relationships which operate within discourses of care and academic work. These discourses are subject to negotiation by individuals as they navigate the tensions between the doing of care and the doing of academic work. Linked to the long-lasting, well-evidenced opposition between academic and care work (Fraser and Gordon, 1997; Grummell et al., 2009; Leathwood and Read, 2009; Lynch, 2010; Lynch et al., 2009) and to the association of men with the former, women with the latter (Crompton, 1999), the relationship of carers with academia tends to be fraught with tensions (Hook et al., 2022; Moreau, 2016).

Methodology

Data were generated through two main strands: an online survey (n=1080) and semi-structured interviews with staff employed by a UK-based university (n=71). This project was informed by an initial study conducted by the researchers at their institution. The smaller original study included a survey, with 113 respondents, and 12 focus group participants which are not discussed in this report and not included in the data we present. The larger study reported in this report received ethical approval from Anglia Ruskin University (ARU) in November 2023, with the fieldwork completed in Spring 2024.

In terms of ethics, specific attention was dedicated to confidentiality, anonymity and informed consent throughout the duration of the project. Participants were provided with a consent form including an information sheet about the project and were able to ask questions before they gave consent. They were able to withdraw their consent at any stage of the research without any justification required. Interviews were recorded (with the participants' agreement) with digital files passed to a transcription agency which has signed a confidentiality agreement with the researchers' institution. Digital recordings and transcripts were kept in a secure, password-protected area on OneDrive, accessible only to the research team. The transcripts were anonymised and any detail enabling the identification of the participants was removed. Confidentiality and anonymity were also adhered to when reporting the findings. Participants were able to interrupt and/or leave the interview at any time. No participants chose to exercise this right.

The current research generated a total of 1104[2] questionnaires (out of which 1080 were deemed valid) and 71 interviews with staff from UK Higher Education Institutions (HEIs). The questionnaire survey covered the following themes: experiences of being an employee in the UK HE sector and a caregiver; experiences of juggling care and paid work during the pandemic; policy and provision which would facilitate the articulation between paid and care work; socio-demographic information. The survey was made available on JISCMAIL (a user-friendly and GDPR-compliant online platform) and a link was circulated via email and social media platforms to 149 UK universities, asking for assistance with disseminating the survey link to the appropriate respondents within their institutions. In addition to this, the survey details and link were extensively shared online via social media platforms, JISCMAIL lists and professional networks, The survey data were then imported into an SPSS database and subjected to descriptive statistical analysis (mostly frequencies, cross-tabulations and tests for significance), some of which are included in the appendix. Participants were given an option on the survey to Include their contact details should they wish to be contacted to take part in a one-to-one Interview about their experience.

---

[2] We removed the questionnaires from respondents who stated that they did not have a caring responsibility as well as incomplete submissions.

The research questions, the emerging key themes from the survey results and the extant literature were then used to inform the design of questions for the next stage of data collection: the one-to-one interviews. The themes covered both participants' experiences in relation to being a staff member and a carer and the exploration of policies and practices in terms of what a 'care-full' university would look like. The 71 interview participants represented a sub-sample of respondents to the survey among those who had expressed an interest to be involved in the interview stage when completing the survey. Initially, 257 respondents had expressed an interest in being interviewed. However, seven did not provide their details, with the remaining 250 participants all invited to take part in an interview, out of which 71 responded to our invitation and attended the interview.

Interview participants represented a range of positions (including academic staff, professional staff, with some in leadership and management positions) and UK location. The interviews took place online, through Teams, reflecting national and institutional guidance at the time. These data were professionally transcribed and subjected to a thematic analysis (Robson, 1993).

Sample Description

Sample description: Survey participants

The survey was intended to capture the experiences of carers. Therefore, an early filter was placed in the survey to enable respondents to indicate whether they had a caring responsibility. Those who replied 'no' were redirected to the final question in the survey where they had the option to add any further comments. This was put into place to ensure that all data collected from the questions asked were specific to carers and no data were impacted by those who did not have a caring responsibility.

A total of 1080 respondents participated in the online survey.[3] Those 1080 participants represent the basis of analysis presented in this report. The most represented age group was 35–44 (40.2%, n = 433), followed by 45–54 (34.9%, n = 376). A total of 15.8% (n = 170) were aged 55–64, and 2.3% (n = 25) were aged 65 and above. The remaining 6.7% (n = 72) were aged 25–34, with no participants under the age of 25.

81.4% of survey respondents (n=879) identified as female, 16.3% (n=176) as male, with 1.7% (n=18) disclosing another gender Identity and 0.6% (n=7) not disclosing their gender Identity ('prefer not to say'). In terms of ethnicity, the majority identified as White British (73.8%, n = 797), with those from another White background representing 16.0% (n = 173) of respondents. A further 4.9% identified as being of Asian background, 3.0% as of mixed ethnicity, and 1.1% as of Black ethnicity. The reminding participants did not identify with any of the category proposed or preferred not to share this information.

55.8% of survey respondents (n=603) were in an academic position, 44.2% (n=477) in a professional position. The majority were employed full-time (67.9%, n=733), 31.4% part-time (n=335). The research team made numerous efforts to facilitate the participation of ancillary staff, but this was unsuccessful. We have discussed in a

---

[3] The questionnaire template is included in Appendix 3.

separate report the challenges linked to researching this group and the need for new methodological approaches (Moreau and Wheeler, 2024).

41.7% of survey respondents worked in a pre-1992 Russell Group institution (n = 450), 26.4% in a pre-1992 non-Russell Group institution (n = 285), and 31.1% in a post-1992 institution (n = 336). The majority (89.2%, n = 964) were based in England, followed by 7.7% in Scotland (n = 83), 1.7% in Wales (n = 18), and 1.3% in Northern Ireland (n = 14).

The survey allowed respondents to report multiple caring responsibilities. A second caring responsibility was identified by 24% of respondents, and a third by 4.1% (see Appendix 7). When all caring responsibilities were considered—not just the primary one—the most commonly reported was caring for a child or children under 18 without SEND (53.7%, n = 579), followed by caring for an elderly parent (27.5%, n = 296), a child or children under 18 with SEND (19.3%, n = 208), a partner (11.6%, n = 125), another relative (8.4%, n = 91), and a friend or neighbour (0.8%, n = 9).

The time dedicated to this primary caring responsibility varied significantly, although there are methodological issues well-identified in the literature on time-surveys and on care work regarding the limitations and challenges of quantifying care (i.e. what 'counts' as care) and how respondents estimate the time they spend doing care work. However, the survey results firmly point to the significant temporal demands of care. Asked how long they dedicated on average to their *primary* caring responsibility, the majority of participants responded 'a few hours each day' (56.5%, n=608), followed by 25.1% (n=270) providing 24-hour care. Asked what type of care they provided for in relation to their primary caring responsibility, 93.0% (n=1004) mentioned emotional support, 88.7% (n-958) practical support (such as cooking, shopping, cleaning, gardening), 88.5% (n=956) social support (e.g. keeping company, reading, playing games, talking), 84.4% (n=912) administrative help (filling in forms, making appointments, phone calls), 55.3%% (n=597) personal care (e.g. dressing, bathing, feeding, using the toilet), 53.2%% (n=575) medical care (e.g. administering medicine, changing dressings), and 33.6% (n=363) physical aid (e.g. helping to walk, getting upstairs/downstairs, getting in/out of bed). The total number of responses is higher than the number of respondents as multiple answers to this question were enabled, again pointing to the multi-faceted nature of care work (Lynch, 2010).

When we asked participants about the delegation of care work, it became evident that some aspects could not be easily delegated or even delegated at all (e.g. the emotional and organisational aspect of being a carer, such as coordinating appointments). This aspect is well informed by the literature, which also highlights that it is not desirable nor possible to delegate all forms of care (Tronton, 1993; Lynch, 2010).

Sample participants: Interviews

A total of 71 individuals participated in the interview component of the study. All interviewees were survey respondents who had expressed interest in taking part in a follow-up interview. Participants represented a mix of academic and professional staff roles, gender identities, and caring responsibilities. Similar to the survey, some participants had more than one caring responsibility. A lack of diversity was noted in relation to ethnicity and the UK nation, with those from a White background employed by an England-based university overrepresented among the interview sample (see detailed description of the interview participants in Appendix 8).

Juggling the demands of care and paid work

This section addresses the following research question: 'How does the HE workforce with caring responsibilities experience juggling the demands of care and paid work?' (RQ1).

In the survey element of the research, we asked participants how they experienced juggling the demands of paid and care work. The majority (60.1%, n=649) described managing their work-life balance as 'difficult', 17.9% (n=193) as 'very difficult', with only 3.0% (n=32) describing it as 'easy' or 'very easy (0.1%, n=1). Asked if their dual role negatively affected their own health and well-being, the majority answered 'sometimes' (49.9%, n=528), followed by 33.4% (n=361) who replied 'very often' and 10.7% (n=116) who stated 'always'. Respectively 32.1% (n=347) and 39.9% (n=431) thought that their dual role had a major or moderate effect on their career development or career progression.

More specifically, 72.1.1% (n=768) stated that their paid work impacted on their care work, with 60.8% (654) stating that their caring responsibilities impacted on their employment.

The interviews probed the challenges faced by respondents due to their dual role as a carer and an employee. This generated a considerable volume of answers, both in the survey (open text) and in the interviews. The following excerpts illustrate the temporal, organisational and emotional struggles shared by some of the interviewees.

> "It's very tricky as an academic as well juggling childcare, particularly during holiday time because I always have to make sure I have childcare during holiday time because I have only six weeks of holiday I can take throughout the year." (Alisha)

> "I had absolutely no life, all I was doing was working or then having to hurry away to then get over to cook something, do all of those jobs, and then get back here for the part of the week when I wasn't staying there so that I could get into work as well." (Fern)

> "The challenge is time, it's having to rearrange where possible, having to take leave, to meet appointments regardless of who they were for, to manage my own mental health, it's been very upsetting sometimes dealing with all these things. When my children are in distress, especially when they were younger, you absorb that and it's very hard to come in to work and put your work head on. It's been very hard to juggle that and to be professional or have the energy to progress professionally." (Sarah)

In the case of academic staff, the conflicts between paid and care work seemed to be exacerbated by the 'bottomless' nature of care and academic work, echoing our earlier work on student parents (Moreau, 2016). For example, one participant stated that

> "There's a lot more scope in what you could do in an academic role, but not necessarily the time to do it, and I think that's true of any academic role, is

> just there's not enough time to do the things that you really want to do, or know that you need to do to progress in your career." (Nina)

Participants' availability to undertake research appeared particularly restricted by their caring responsibilities, as illustrated by the following excerpt:

> "People who don't have caring responsibilities and they can work all weekend every weekend, well it's easier for them to put in funding applications and grant proposals and do fieldwork and write all the amazing papers that they want to. I'm busy playing Barbie." (Mandy)

Working from home was both constructed as a factor exacerbating and easing the tensions between paid and care work. Indeed, this mode of working enabled some participants to combine paid and care work but it also blurred the boundaries between care and paid work as their spatio-temporalities intruded upon each other in a range of ways (Hochschild, 1997). While this phenomenon is not new, in recent times it has been exacerbated by the growing lack of office space on campuses and trend towards 'working at home' arrangements. Earlier research also points that employees have becoming constantly reachable through the use of new technologies (Heijstra and Rafnsdóttir, 2010). Many participants commented on the reciprocal intrusion of employment on private life and private life on employment, with women more likely to be affected (see also Moreau and Robertson, 2017).

Regarding the impact of paid work on care work, participants commented on how time for care work was constrained by the long working hours. However, as we shall see further on in this report, others felt that working from home had a positive effect on their work-life balance. Tight deadlines (e.g. in relation to marking schedules or project delivery) were also viewed as a source of tensions between the temporal demands of paid and care work, and so was the late delivery of teaching timetables which affected childcare arrangements.

Part-time staff raised a number of specific issues, including regarding meetings and deadlines being set outside their contracted working hours, and challenges with career progression. One member of staff stated:

> "Looking at career progression, there seems to be an issue with part time workers, who are overwhelmingly women, because there are certain things that they're asking us to do – and they say everything is pro rata, 'We look at the number of grants you brought in or the number of papers and we pro rata it so it's fair,' but there are certain things that you have to do on the academic citizenship, for example sitting on an ethics committee or doing personal tutoring or whatever… Those things aren't pro-rata'd [sic], you can't pro rata sitting on an ethics committee, you can't say, 'Well I'm only going to do 60% of this ethics committee job'," (Bella)

Also linked to the conflicting spatio-temporal regimes of care and paid work, some participants commented on resorting to booking annual leave to attend medical and other appointments with 'carees'. The conflicting nature of the spatio-temporal regimes of paid and academic work also emerged through multiple references in the survey and the interviews to the specific challenges of home schooling during the pandemic (a theme we come back to at multiple points in this report). Those with more unpredictable caring responsibilities such as caring for a frail relative mentioned the challenges linked to the unpredictability of their caring role. Working outside of ‘core hours’ (teaching in the evening or attending open days at the weekend) was described as problematic by interview participants.

Related to time management, the mobility imperative and expectations to travel for conference or fieldwork, or to virtually travel across time zones (e.g. when holding meetings with partners in a different part of the world) and the expectations of long hours meant that some did not feel that their employee identity could be reconciled with their carer identity (Henderson and Moreau, 2019). In other terms, these expectations were deemed out of reach for these participants.

> “I can’t conference as much as other people, I can’t do as much knowledge exchange and impact work as other people. I literally can’t do research as fast as other people” (Shelley.)

> “Travelling to conferences and stuff like that, I find that a real barrier now. I don't really want to go to conferences, it’s such a logistical challenge of trying to work out childcare, both for my husband and me, we both work, it’s really hard and so it’s very limiting in that way.” (Constance)

> “I’d love to be able to do more fieldwork but it’s not possible given the constraints I have with childcare… Conferences are not always well set up for childcare and generally aren’t set up for childcare. If they happen over the summer then is very career limiting, particularly when you have no one else who can take care of your kids at that point.” (Mandy)

When asked about the challenges associated with their dual status, if any, wellbeing emerged as a strong theme. A total of 16.7% (n = 116) of survey participants reported that their dual status affected their health and wellbeing 'always', 33.4% (n = 361) 'very often', and 48.9% (n = 528) 'sometimes'. In addition to time pressures, the 'mental toll' of juggling care and paid work was frequently mentioned.

> "A lot of brain power is taken away. It always feels like there's a juggling act of being able to do my work and then also caring, but then it's not just the time management side of it, it's also the mental toll." (Caroline)

> "It affects my concentration hugely and trying to write a theoretically edgy, ground-breaking academic paper when you've got all this stuff in your head, are you kidding me, I can barely write a shopping list at the moment, so it's just horrendous, it's really hard." (Saoirse)

> "It is sometimes literally the juggling, I mean part of it is emotional because you've got to work out your priorities and me being me I don't want to let anyone down and you just can't do it all. There's quite a lot of mental load that goes with that, which is the hidden bit of the work when you're doing the caring." (Shelley)

Survey and interview participants noted difficulties in finding time to relax, exercise and for self-care. Many talked of feelings of exhaustion, 'burnout' and social isolation:

> "I mean I guess like everyone who has caring responsibilities alongside paid employment it's quite tough at times, it definitely feels there's a lot of juggling and very little time for your own." (Jessica)

> "I get to the end of my work day exhausted and a bit unwell. Then I still have to ensure that a meal is prepared and that I spent time with my disabled husband, but he gets the exhausted, depleted version of me." (Christine)

> "I can't focus in the same way, I don't have all that brain space for a job, so I often feel like I'm not doing my caring stuff well and I'm not doing my job very well, and I'm definitely not looking after myself very well either, so I'm juggling lots of things and I'm not hitting the mark on any of them. That's where I'm at the moment." (Lauren)

A few mentioned mental health issues (such as anxiety) and feelings of guilt (both in relation to employment and care work) as they tried to reconcile paid and care work. While we acknowledge that mental health derives from multiple and complex factors, participants saw their dual status as having a negative impact on their mental health and general wellbeing.

> "I think it's challenging, it's somewhat stressful, the stress levels rise and fall and I'm medicated for stress and anxiety." (Alan)

> "The workload has made me ill every year, every year I've been signed off because I've been so stressed and mentally ill after juggling everything." (Nancy)

> "And if you do get time for yourself, you sometimes feel guilty that you haven't done enough for your children, or you haven't done enough for your mother, so you've got this kind of guilt all the time that maybe you should do more." (Zoe)

> "A lot of the time it feels like 'treading water' I feel like I'm not really doing a good enough job, either work or mum: there's never time for anyone to go down ill or to just stop and take a break, so it feels like a treadmill." (Vanessa)

Another major theme related to participants' sense of identity as someone who is both an employee and carer, i.e. how they thought they were perceived and how they saw themselves in relation to their dual status. This emerged as both a strong theme in the survey and interviews. Some articulated a sense of unease and a tension between both roles, for example talking of the risk of being seen as 'unreliable' by colleagues or of the stigma related to being a carer which stopped them from opening up about their caring responsibilities in the workplace, which in turn meant they were unlikely to get the support they needed. This echoes recent work on navigating coming out as a carer in a context where this group is often read through a deficit lens (MagShamhráin, 2024). Some participants to our study commented on this specific aspect:

> ""I didn't speak to anyone because I was still in that mode of I have to be the ideal worker and the ideal worker doesn't have any caring responsibilities or anything, it's always completely professional." (Ava)

> "There's a mask as soon as I get to work. No matter what I'm trying to juggle behind the scenes, I don't want them to see that I'm doing that, because I don't want them to think I'm not a good employee" (Michelle)

Some, however, openly resisted the discourse of the carefree employee, attempting instead to challenge the silence about carers and to transform their workplace culture.

> “I set up staff, parents and carers network because I did feel really invisible. I thought that the kinds of challenges I was experiencing just weren't talked about.” (Christine)

> “They know that I care for my husband. They may not know any more detail than that, none of what caring for someone with a neurodegenerative condition is like. It’s not the first thing I say when I introduce myself. It’s not invisible, it’s as visible as it needs to be.” (Sadie)

Some comments also indicated some reluctance to use the policies in place, due to concerns about revealing personal circumstances. This echoes earlier research showing that, while carers in HE are in favour of a policy intervention, the fear of misrecognition can lead some to hide their care status and, instead, favour informal, individualised practices (Moreau and Robertson, 2019b). As noted by Sadie above, ’it’s as visible as it needs be’, suggesting some careful consideration of how much she needed to share of her private life in the workplace. Some shared their experience of a lack of understanding from colleagues, particularly their line manager, whether it was assumed that they did not wish to develop professionally or because there were expectations they would be able to drop their caring responsibilities at short notice to accommodate work demands. Others, however, pointed to the support of colleagues, including their line manager – a finding which highlights the importance of the immediate work environment in enforcing a ‘care-full’ climate in the workplace, echoing earlier work in this area (Moreau and Robertson, 2017, 2019b).

Career progression also emerged as a key theme. Asked about the impact of their dual status on career development/progression, we mentioned earlier how 72%

of respondents identified a ‘major’ or ‘moderate’ effect (n=778). Those taking career breaks or on part-time contracts welcomed these measures but viewed them as limiting their career opportunities.

> “There were times when I was with the kids in the day and then doing my full-time job from like seven at night until one o’clock in the morning, I was doing it in my bedroom, and it was just like an unhealthy space. So, I had to do something to change that… I was working four days a week and I did drop down to two days a week. That, obviously, limited my opportunities.” (Lana)

> “At the moment, my inability to extend my working hours [beyond full-time] has significantly impacted the direction my career has taken and realistically, I should not have had to make that choice.” (Christine)

In some cases, the conflicts between care and paid work became so acute that participants were leaving higher education - a situation that would only have been captured by this research If they had done so recently as we did not Interview Individuals who had left the sector.

While only some of the survey and interview questions specifically enquired about Covid-19, it is clear that answers are influenced by living our lives in the context of pandemic times. It is also apparent from the answers above that the impact between paid and care work is reciprocal (although a higher proportion states that paid work impacts on care work compared with the proportion thinking that care work impacts on paid work). This calls for a policy approach that centres the articulations of paid and care work rather than treat these as isolated and, in doing so, challenges the care-free model of the worker (Lynch, 2010).

The interviews also revealed that the effects of caring responsibilities can begin even before they formally arise - for example, during pregnancy - and can linger even after the person being cared for no longer requires support or needs a different kind of care.

> "When you're pregnant, people know you're about to disappear so they're not involving you in much, then you're off so you're not involved at all, when you come back, it takes a while to get back in to it so it feels like there's at least 18 months where you're just disregarded in some way, so I think that has a huge impact on your career." (Bella)

Carers in pandemic times

This section addresses the following research question: 'How have these experiences changed under the pandemic?' (RQ2). We asked survey and interview participants about the impact of the pandemic, while this aspect also came up in open text questions throughout the survey. Out of those who responded to this question, 74.3% (n=792) agreed that the pandemic had an impact on their experience as an employee who is also a carer.

Time, again, appeared as a strong theme in the survey data and the interviews in relation to the pandemic. Some commented positively on not having to commute as they worked from home, which provided more flexibility and increased ability to tend to care needs and manage home demands, with others commenting positively on spending more time with their family. Many, however, also mentioned the challenges of working from home while home schooling or attending to the needs of others.

In some cases, participants felt that they worked longer hours as work was always on their mind, while others, and sometimes the same, also reflected on the care-related interruptions to their working day. As the spatio-temporal regimes of paid and care work colluded, some mentioned compensating for the time spent home schooling during the day by working late at night. Others mentioned how the sudden changes to working practices and social care provision had created new challenges and talked of their struggles to adapt to these sudden changes. When care services and personal and professional support networks became affected by the pandemic, care responsibilities which had previously been delegated to a third party or shared became the sole responsibility of individuals. Some participants, however, praised how agile working and other flexible measures had been normalised as a result of the new ways of working implemented during the pandemic.

Since academic work has always been characterised by an element of flexibility compared with professional roles, it is then maybe unsurprising that some professional staff appeared particularly appreciative of the newly gained flexibility. In some cases, it was thought that the pandemic and related practices such as working from home/online working had also helped to render caring responsibilities more visible in the workplace, although some commented that additional roles during the pandemic such as home-schooling were not fully acknowledged.

Some participants framed the effects of the pandemic in terms of wellbeing. Those with small children in particular mentioned, again, the challenges of combining home-schooling with paid work. When participants were expected to teach face-to-face, some feared the associated risks to pass on Covid to family members with pre-existing conditions. Some also noted the challenges of increased needs for emotional support, both among students and family members.

The complexity and blurred boundaries of being an employee and a carer in Covid times are maybe best illustrated by the following excerpt:

> "Then Covid, obviously no one could do that for a little while but then because of the caring and the situation of my partner, I decided okay I work from home a lot more. That makes me feel less anxious because me and my partner, when he is working he's working from home, so I think that makes that a lot better in terms of anxiety and being able to work around things. So if I spend a lot of time caring for him during the day then I'll just work in the evening, and that sort of thing. Of course, you can't do that when you're teaching and when you have meetings and so on, for me then the difficulty is some days – not all days but some days – I'll be there, I'll be doing my work, enjoying doing my work but then there's this question in my mind, 'How is he?' how is my partner and feeling the need to text or call. It's just the worry intrudes." (Ava)

We also asked survey participants specifically whether the pandemic had an impact on their ability to conduct research, with 49.1% (n=421) of those in a role involving research responding positively. Three key themes emerged. First, some alluded to the complicated practicalities of doing research, because of the Covid-related restrictions, such as access to fieldwork, archives and libraries. Second, some mentioned that they had no time to conduct or that, since they were only able to conduct research in their own time to start with, it had fallen further behind as their caring responsibilities increased markedly. Others, however, claimed that as their social life and commuting time had decreased, they had more time to progress their research projects – a complex picture which points to the fact that the pandemic and subsequent re-arrangements of paid and care work may have exacerbated inequalities, not only between carers and 'non carers' but also among carers. A third theme related to career progression. Some found that the pandemic had affected their ability to network and find collaborators, to attend conferences or to write bid applications, while others argued that the shift to online working had facilitated the development of international collaborations.

The interview data also highlight how the pandemic rendered parenting more visible and led to new modes of working. One interviewee, for example, commented

> "Because of COVID, if my child's sick, I just said, 'My son's sick – I'm working from home today,' and that's fine. Everyone just accepts that and as I say like, or my meetings, 'My son might be popping up – forgive me,' and they'll be like, 'Yeah, no worries, carry on,' and that's it." (Alisha)

However, this greater visibility did not extend to other types of responsibilities. Saoirse, for example, drew parallels between caring for her children and her elderly parents, with the latter attracting limited visibility and understanding in comparison:

> "I mean I think there's certainly a lot more discussion and awareness about parenting and whether that's because again like the COVID thing people are like, 'Wow you're trying to write a paper and you've a 4-year-old sitting on your computer, that must be hard?' But maybe there's also that thinking if you're looking after your parents you might have an easy way of tapping into a support network through siblings or neighbours or whatever it might be. So maybe the idea is because of the nuclear family the dominant nuclear family structure exacerbating the challenges of parenting and functioning in academia, and it not being so much of an issue at the other end of the age spectrum, or theoretically possibly not being an age, but actually it is." (Saoirse)

Intersectionalities of caregiving

In this section, we address the following research question: 'How are inequalities based on having caring responsibilities linked to the hierarchies which operate among carers influenced by 1) gender, 2) the nature of their position within HE (e.g. academic or professional), and 3) the precise nature of their caring responsibilities?' (RQ3).

Inequalities were explored looking at intersectionalities between gender, position and the nature of care responsibilities. While only a small number of participants selected a gender identity other than male or female limit our ability to draw conclusions and while we did not ask direct questions sexual orientation, it was not uncommon for those in a minoritised position due to their gender or sexual identity to experience a sense of struggle in having their care needs recognised. As we have noted elsewhere (Moreau and Galman, 2021), policies aiming to support work-life balance are often conceived with a cisnormative family in mind. Our findings also point to a pattern where, women are more likely than men to experience challenges in terms of work-life balance. This is despite the fact that they are much less likely to work full-time ($p<.001$), Women are also more likely to believe that their dual role negatively affects their health, well-being, and career development, and that their paid work and care responsibilities have a mutually negative impact on each other.

The interviews also reiterate what has been evidenced in the literature, i.e. women often retain the main responsibility for juggling care and paid work and carry the mental burden of tending to the care needs of others. Some comments also confirm other research, highlighting the gendered effects of flexibility alluded to earlier and how women are more likely to be affected than men by the blurring of boundaries between their personal and working lives (Crompton et al., 2007; Le Feuvre, 2015).

Some female participants felt that they were subjected to a different treatment compared with their male colleagues and to those without caring responsibilities.

> “I think academia is still very old-fashioned in what it thinks researchers are. My dad was an academic and he did his PhD at a time when the wife typed it up, you know, with a hardcopy and submitted it. I don’t actually think that it’s actually moved on much since that, and the fact that, I mean, there are actually loads of people in academia who have caring responsibilities and they do fall unevenly on women.” (Saoirse)

> "I think women's work is so invisible at the workplace as well at the home. I think there's lots of research going on around, they call it wife work at work, whatever you want to call it. I've had so many instances at the office where I'm asked to, 'Oh, do you mind if you …?', and it's like, 'It's not my job', 'Yeah, but Steve is too busy', and I'm like, 'Steve is too busy yet I'm not busy. Are you kidding?'." (Pia)

> "I have worked within groups where the majority are men and they don't have the same caring responsibility that I do. They'll be like, 'Oh, we'll just meet at 5:00pm this afternoon and that'll be fine, we'll meet for two hours.' I'll be like, 'No. 5:00pm this afternoon I'm making dinner for my kids and doing homework.' They forget that they have partners who do that stuff, I don't. I am that partner. I sometimes find a lack of empathy and a lack of comprehension of my positionality as a woman in the academic environment." (Mandy)

> "When my child gets sick and it was like, they are like 'we've got to make sure that his work is covered', and I just felt like it is so visible. It felt like I was under the spotlight in some way. It was the opposite which I think a lot of my female colleagues I'd seen, where they almost had to hide their family life, it was like seen as unprofessional if they bring their family life into every meeting, into every discussion." (Steve)

Such views echo our earlier research on parents and other carers (Moreau and Robertson, 2019a), which shows how the effects of care responsibilities are gendered, and how those marginalised due to other aspects of their identity (e.g.

gender, class, race, or dis/ability) are more likely to be perceived as 'unprofessional' when disclosing their caring responsibilities.

In relation to the nature of the position, a few significant differences between academics and professionals were identified. Academics were found to be more likely than those in professional roles to experience some challenges related to their work-life balance (p<.001). This finding may be linked to the greater occurrence of part-time work among professionals. Academics were also more likely to identity a negative effect of their dual status on their health and well-being (p<.005) and a major negative effect on their career development (p.05). Professional staff appear significantly more aware of policies for carers at their institution (p<.01).

It is apparent from the interviews that, prior to the pandemic, working from home was not accessible to many of those in professional roles. When asked if they can work flexibly (e.g. compressed hours, non-standard working hours), a large majority of professionals and academics responded positively, with no significant difference between the two, although this result should be carefully considered as 'working flexibly' may have been interpreted differently by both groups. The pandemic and the reorganisation of working practices appear to have normalised to some extent working from home, including for groups with limited control over their time and place of work – a welcome change for many respondents in professional roles.

Regarding differences based on the nature of caring responsibilities, the number of categories means that there are limitations when testing for significance. However, both the survey data and interviews draw a picture pointing to a heightened sense of struggle amongst those with caring responsibilities other than caring for healthy, 'abled' children, particularly those caring for elderly parents (who are also more likely to work full-time; p<.05) and those caring for a child with SEND. Those caring for a child with SEND or for an elderly parent are more likely to experience work-life balance Issues compared with those caring for a child without SEND and to think that their dual status affects their health and well-being, Both groups are significantly more likely than other groups to believe that their caring responsibilities impact on their employment (p<.01). Those with a child with SEND in particular report a major impact of their dual role on their career progression and are also the group reporting the bigger Impact of the pandemic on their life.

At various points in this report, we discuss how those with caring responsibilities for individuals other than caring for healthy, 'abled' children did not think they were getting the same level of understanding, partly because of the varied/irregular demands of their caring responsibilities. The struggle and lack of support of those groups is illustrated by the following excerpts:

> "When things started becoming quite severe with my mum and her care needs increased, I just no longer felt I had it in me to move forward in my career." (Harriett)
>
> "I don't think it works, I hate to say that because it should work, I'd love to say it works for me and my family. I've recently resigned, I'm going to finish working soon. I think if both my children didn't have special needs and were mainstream, I guess that would be different." (Kimberley)

> “I think there’s a general lack of understanding of autism, including in educational workplaces. Because we have autistics students who are very talented sometimes or very able, colleagues will often imagine that’s what you’re dealing with at home, or they only see the tip of the iceberg in terms of those students as well and they don’t realise the diversity of autism.” (Matthew)
>
> “It seems more acceptable for people to know that you work part-time because you’ve got children, but if you said you work part-time because you care for an elderly relative, it doesn’t seem so accepted. I personally don’t know anyone else who does that, or works part-time because they’re caring for a relative who isn’t their child. Do you know what I mean?” (Zoe)

A common view among those groups is that the support in place is disproportionately aimed at parents. This is maybe unsurprising considering that institutional and national policies tend, indeed, to be primarily concerned with parents, often with the assumptions that the children do not have special needs, a disability or a health issue. However, rather than opposing groups of carers and creating new ‘hierarchies of care’, it is important to adopt a life course approach and to acknowledge that many carers have multiple caring responsibilities, either at different stages of their life or simultaneously.

Towards the ‘care-full’ academia: Improving practices, changing cultures

This section addresses the following research question: ‘How can practices be improved and cultures changed so that HE becomes more inclusive of carers?’ (RQ4).

The support available

Participants drew a mixed picture of the support received to juggle their dual status. Some of the support discussed related to policies, others to the more direct support from line manager and colleagues.

1) Policy benefits

Views of institutional policies varied considerably. For some, their institution offered some appropriate provision, which facilitated the adjustments of the demands of paid and care work, while others were cynical when it came to policies. Nevertheless, policies were deemed crucial in terms of support to carers, with some asking for an actual carers’ policy, encompassing all forms of caring responsibilities rather than just parenting.

> “Having an official policy, if you're a carer you can tell people that you'll only have meetings in core hours, or maybe something a bit more official to say this is how you can flex so others will know that this is official as well, or they will take it on board if you're saying I’m a carer.” (Vanessa)

> “I think would be useful, is that more jobs could be advertised as part-time or job share possibility. Even to have, like we say, we have a family friendly

> policy, they could even change the terminology around that to say a carer friendly policy as well, because I never hear that as a term." (Zoe)

When asked about policy as part of the interview, many participants mentioned flexible working, understood broadly, i.e. as someone's ability to exert some control on where and when they work. In response to the survey question, 'are you able to work flexibly?'. 86.7% (n=931) responded positively to this question, with similarly high proportions among academics and professionals. As noted above, comments from participants point to considerable improvements in access to flexible measures among professionals as a result of the pandemic.

Flexibility enabled carers to adjust the demands of paid and care work and address some of the tensions discussed under RQ1. However, as discussed earlier in this report, this flexibility is dual-sided: while it can ease the frictions of paid and care work, it also contributes to blurring the boundaries between paid and care work. For many, the demands of paid work disrupted family lives and, likewise, the demands of care work disrupted paid work.

2) Support from colleagues

Views of the support received from the line managers varied greatly, consistent in this with our earlier work in this area (Moreau and Robertson, 2019a, b). Asked about the support they receive as an employee who is a carer, many explicitly referred to the support received from the line manager. However, there was a clear divide between those stating that they were generally supportive of their circumstances and those mentioning a lack of understanding and fearing the stigma linked to being a carer (Moreau and Robertson, 2017, 2019a, b). Some questioned whether those with line management responsibilities had the required understanding of caring roles, including of their own institutions' approach to supporting carers. Calls were made for greater clarity and shared resources within their institution.

> “I don't know whether managers ever had any kind of guidance or training on what to do if they have an employee who suddenly goes through a crisis like this, who suddenly has caring responsibilities?” (Callie)
>
> “People are made managers, they don't actually understand complexities of the role, that a manager is more than just making sure people are doing their work. It's actually knowing employees policies and be aware of support in place at work.” (Julie)

Beyond these differences, what emerges from the data analysis is the instrumental role of the immediate work environment in conveying an inclusive culture for carers. As we noted elsewhere, this can be related to the way policies travel in organisations, i.e. in rhizomatic rather than arborescent ways:

> '… policy-making processes and the effects of policies are much more complex than initially thought, with various levels of policy making interacting with each other, in ways which are rhizomatic rather than top down and causal (Deleuze and Guattari 1980). In a HE context where line managers have significant discretion in the way they treat caregivers and other members of staff (Arksey 2002), […] this may result in a lack of consistency across and within line management lines. As a result, the translation of policies into academic cultures which are “carer-friendly” requires that awareness and understanding of care issues are facilitated at all levels of the institution and among all groups of staff, including those in line management positions' (Moreau and Robertson, 2019b: 10-11).

So while the provision in place can frame what is possible, considering that line managers are more than a 'cog in the policy-making wheel' is key to ensuring the emergence of a 'care-full' culture. Yet the research found some limitations to how much of a difference individual understanding and support can make, with some contrasting the support of their manager with the structural issues they were faced with, for example in terms of workload.

While parenting was described as challenging, particularly when children were small or had a health condition or a disability, other forms of care work other than parenting were viewed as attracting considerably less support, both in terms of formal provision and of the more informal support offered by colleagues. This differential in recognition and provision, was commented upon by a number of participants.

Awareness of policies

A significant proportion of the survey participants were not aware of any policies for carers in their institution, and we commented on how this proportion was higher for academics. Participants were informed about the support available for new parents and of flexible and 'agile' working, less so of the provision in place when it came to other caring responsibilities – a finding which is particularly problematic seeing as some of these caring needs, such as supporting a relative who has been diagnosed with an illness – may appear suddenly. As well as their own lack of awareness, participants noted that line managers were not always knowledgeable about the provision available.

> “Honestly my experience is that often line managers they don’t even know themselves. You have to go to the HR office who will never answer your phone call, so you’re just left trawling through the website and trying to see what’s available.” (Saoirse)

The data suggest that, unless they have used the policy or a colleague has, participants have limited awareness of what is available. Greater Information about the policies and provision was a common request:

> “There needs to be more policies, clearer procedures on how we support carers at work. When you’re already stressed with your personal situation, at least if there was a policy or a guideline that could assist you with your decision making and support you. Let’s say you wanted to go part-time, certain managers would say no. If you had that policy or that guidance that said, ‘Carers are entitled to part-time working,’ that battle wouldn’t be there, as a registered carer you’re entitled to it.” (Ellie)

Listening to participants’ voices

Asked about suggestions to make HE more inclusive for carers, participants came up with a range of views. Some of these were linked to changes in working conditions which could be enacted at institutional or sector level, with most referring to the spatio-temporal regime of HE work, providing more flexibility and opportunities for agile working and greater notice in terms of deadlines and timetables,

> "I would like to see the level of flexibility that I have in my job being expanded to everyone in academia, so professional services colleagues. Also, beyond academia, if you're thinking about other workplaces, I think that level of flexibility would, for me as I say it's the most important part of my job, it's the thing I like the most and I value it even more now that I've got a child." (Jane)

On the contrary, linked again to the dual-sided effect of flexibility noted at several points in this report, some aspired to working fixed hours, pointing to the need to listen to the voices of employees. Part-time workers also asked for their part-time status to be taken into consideration when setting up deadlines and meetings. Some participants also stressed the Importance of paid leave for carers – a move already made by a minority of institutions in England and Scotland:

> "It's important to have access to paid carer's leave because if I'm using my annual leave, it means I'm essentially getting less annual leave than other people. Annual leave should be for my own wellbeing and recreation and leisure time, not emergency situations." (Christine)

> "Carers' leave should be paid leave. people shouldn't be using their annual leave to attend hospital appointments." (Ellie)

Other suggestions related to structural improvements, linked to staff workload.

> "The university should be doing so much more in terms of helping everybody's workload, particularly thinking about it in relation to parents and carers. Tackling the workload issue of universities to mean that my job

> is actually doable within however many hours, 37 hours a week, whatever my contract is." (Jane)

From the above, it is clear that flexibility is constructed as desirable but that respondents also aspire to a balance where care and paid work must retain their specific spatio-temporalities to protect both their work and personal lives. While flexibility can facilitate the implementation of individualised solution, some participants called for a more collective, structural intervention, some of which are beyond the scope of institutions and are a matter of broader societal change. In particular, some suggested that care provision needed to be significantly expanded, through the development and subsidising of child and elderly care. Some commented on how being a caregiver needed to become a protected characteristic and others stressed the role of the state in providing support to carers:

> "I'd love to see a legal requirement that, for example, treats being a caregiver as a protected characteristic." (Christine)

> "There's a State responsibility around how you financially support unpaid carers to do what is an important job. I think there's something about how we create services that are actually fit for purpose and that you feel safe putting in place, and sort of consistency and people are actually knowledgeable. (…) Government and public services need to better meet people's needs and properly find a way of recognising unpaid carers in a better way than they currently do." (Ulrika)

> "It's such a shame that the care sector, I'm talking about childcare, I'm talking about support for older people as well, is just not invested in. My nursery

> fees are extremely high because the government subsidy for nurseries isn't good enough. I'm paying for that shortfall, the fact that they haven't put enough money into any part of the care system. I think the government does have a huge responsibility for this, they're creating the background environment that we all exist in" (Kathy)

As well as a call for financial support, some referred to the need for emotional and social support, through the setting up of networks and support group, as well as dedicated paid leave and wellbeing support.

Rather than simply focusing on redistributive justice, some called for further recognition of caring responsibilities and greater acceptance of carers in the workplace and society at large.

> "Before I became a carer, I didn't know how hard it can be, I didn't know how poorly recognised unpaid carers are, and so it's about information and it's about raising the profile, and there needs to be a political will and there needs to be a societal recognition of this. Because if all unpaid carers stopped, went on strike things would implode. At a more macro level I think unpaid carers need to be recognised as something of value." (Sadie)

While such shifts require a sea change to societal norms, this is also an objective to which institutions can contribute, for example by rendering carers visible and normalising their status. 'Having the discussion' was mentioned by several participants. One stated:

> "At institutional level, I think there should be something that enables one to self-select and say, 'I am a registered carer, tick', and then this triggers some

> sense of, even if it's just an automatic email, "We noticed you've registered yourself as a carer at the institution, here are the support packages available to you by government and /or by us." (Callie)

> "There needs to be a culture shift in terms of people being able to talk about their caring responsibilities, feeling like someone will listen to them. I think maybe a way of doing that is to have more people in leadership who have caring responsibilities, or understand what it's like to be a junior member of staff with caring responsibilities." (Kathy)

Related to these comments, a number of participants also put forward the idea of a 'carer's passport', a measure already in place in some institutions:

> "We do have the carer's passport and I think that's an interesting one. I had a very honest conversation with my line manager about my needs and we talked about what kind of things she should put in place and this is written down. She's actually about to retire, I don't know who my new line manager is going to be but I know that the conversation is not going to start from scratch because there's something already that's been agreed and it's written down." (Ava)

Where the 'passport' was already in place, participants commented on the needs to ensure that this document reflected the fluid nature of their caring needs:

> "Whereas if you have flexible work, it's a permanent change in contract. If you have a carer's passport now, it assumes that you write down everything once and for all, what your requirements are, whereas actually the situation

> is really dynamic. I think that is quite difficult basically to navigate and obviously the system changed at the same time.” (Katrin)

However, this politics of representation requires that the misrecognition and stigma some carers encounter in the workplace be simultaneously addressed. Participants with a line management role discussed how as a line manager it was about knowing how much and what to ask, suggesting this could be a useful area of intervention to ensure effective and equitable support across the organisation.

Conclusions and recommendations

Contribution to knowledge and cultural change

This research report presented the findings of the *Towards the ‘care-full’ university: A national study of staff who are caregivers in the UK Higher Education sector*. The project adopted an encompassing approach, i.e. including staff in a range of posts and with different caring responsibilities, in contrast with earlier research in the field, which has predominantly focused on a narrower socio-demographic group (usually, academic mothers). Our mixed-method approach involving conducting a survey and semi-structured interviews with staff employed in a UK-based university. This approach generated 1080 valid questionnaires and 71 interview transcripts, enabling to reach a broad group and to build a comprehensive picture of staff carers. However, we also want to acknowledge the challenges in terms of access, including the lower levels of men, minority ethnic group and ancillary staff.

Four main research questions guided our investigation, the results of which are described at length in the report, with the key findings highlighted in the executive summary. Consistent with our original endeavour to contribute to the generation of new knowledge and cultural change in an area which has so far attracted limited consideration from researchers and policymakers, the research captures the experiences of academics and HE professionals, in a national context where the family and higher education can legitimately be described as 'greedy institutions' (Coser, 1974). The findings of the report show the various effects of managing the demands of two institutions from the perspective of the participants, including in terms of career development, wellbeing and finance (RQ1 and RQ2). The potential hierarchies of care – i.e. how some caring responsibilities and some carers are 'at risk' of being misrecognised and their identity as carer viewed as incompatible with an academic identity were explored. We were able to tease out differences related, for example, to various types of caring responsibilities, positions and gender (RQ3). Last, the research offers some timely insights in the inclusiveness of academic cultures with respect to care/rs, with discussion of how policies and practices can hinder or support the experiences of carers (RQ4). Throughout the report, we acknowledge the significance of the diversity of carers' needs and, related to this, the need for policy intervention to be underpinned by a concern for diversity and intersectionality when it comes to carers' identities. This requires a collective and radical approach to care, which acknowledges, mobilises and centres our interconnections (Lynch, 2021; The Care Collective, 2020).

Recommendations

As well as generating new knowledge, this project aims to inform institutional and sector-wide policy, ultimately contributing to bringing about cultural change as academic environments become more inclusive of a group which is both significant in numbers and diverse.

The subsequent recommendations focus on the institutional level as a level where change can be relatively swiftly operationalised. However, to achieve cultural change also requires addressing societal and sector-broad norms, and some of the recommendations recognise this.

Supporting the development of a research-informed intervention

At sector level, the Higher Education Statistics Agency (HESA) should consider collecting national statistics on caregivers in the academic workforce, using intersectional data that simultaneously consider identity markers (such as gender), the position and the subject area. Since carers' responsibilities are often fluid, key consideration should be given to how such data could be regularly updated. Such data should be made publicly available on the HESA website in a form which does not allow the identification of individuals when intersectional analysis are conducted.

Likewise, at institutional level, universities should be encouraged to regularly collect intersectional data on staff with caregiving responsibilities to inform their EDI agenda. This information could be collected at recruitment and updated on a regular basis to reflect the fluid nature of carers' needs.

Research funding organisations should be encouraged to support the development of a body of research exploring experiences of caregivers through an intersectional lens. Research on those with caring responsibilities other than (or in addition to) parenting healthy, 'abled' children, as well as on professional and ancillary groups, should be encouraged.

Consistent in this with the calls made by a number of key organisations advocating for carers' right, we call for the adoption of paid carer leave throughout the sector, to acknowledge the needs of employees with long-term caring responsibilities.

Linking research and policy

At sector-broad level, the development of a national or possibly international database of 'care-full' practices informed by recent, rigorous research in the field should be encouraged. So as to acknowledge that 'good practices' work in specific contexts but not in others, these could be written in the form of case studies. The database could be published and shared on a key stakeholder website, such as Advance HE, with policymakers encouraged to share their experiences of implementing the policies.

At institutional level, EDI units should be encouraged to work closely with researchers in the sector and carers themselves to inform data collection process and their policy intervention. This linkage of research, experiential knowledge and policy will facilitate the development of inclusive and effective solutions.

Developing 'care-full' policies

At national level, bodies awarding Athena Swan and other EDI-related awards should be encouraged to consider support to carers in their assessment processes.

At institutional level, organisations should be encouraged to develop a comprehensive carers' policy, which meet the needs of a range of carers, including: those caring for a child or an adult with a long-term illness or SEND, or an elderly parent; male, female and non-binary staff; academics, professionals, ancillary staff and staff in leadership and management positions.

Many universities provide support to student and to staff carers. Staff working with student carers and those working with staff carers should be encouraged to liaise regularly and to consider co-developing measures where practical as some of the issues, though not all, are shared by staff and students.

Institutional carers' policies should be co-produced by key stakeholders, e.g. EDI practitioners, carers themselves, professional organisations and unions such as UNISON and UCU, representatives of staff networks, and/or line managers.

Information about carers' policies should be shared broadly within the institution and discussed as part of staff induction training and regular 'refresher' sessions. They should be encouraged to provide specific training to those with line management responsibilities.

Care-full justice: policies

The research shows that the diversity of care work and individual working conditions mean that a 'one-size-fit-all' solution is unlikely to meet the needs of all those with caring responsibilities. While we call for policies which shift away from individual solutions, it is clear that policies need to be tailored and flexible enough to suit the needs of different groups of carers.

Issues of recognition and representation are central to carers' experience. To validate their experiences, institutions should be encouraged to set up a carers' network where carers can define their own agenda, with a clear pathway to input into policy-making (for example ensuring that the convenors regularly meet with a HR representative to bring forward some suggestions). Carers should also be represented in marketing and other documentation, whether produced for internal or external purposes, and the wording and visual representations of documentation should not presuppose that workers are care-free. With research showing that we are all embroiled in relationships of care-giving and care-receiving, the default approach in designing material should be that workers are also carers, including in the case of recruitment and promotion material.

Likewise, university policies should be reviewed with the 'worker-carer' in mind, so that the differential effect of policies are addressed early on. Examples of this include criteria related to recruitment and promotion which should take into account individuals' caring status, the delivery of timetables and setting up of deadlines, the ability of the worker to have a say in where and when they work, with some acknowledgement that people's needs may change over time. Part-time work should be available in all jobs, including leadership and management, with representations of part-time work addressed as part of equity training (see above) and policies reviewed so that part-time workers do not face disadvantage.

Care-full justice: praxis

So that individuals feel empowered to share their carer status, an inclusive climate should be created where staff feel supported rather than stigmatised. Research shows that a comprehensive and ambitious policy does not automatically translate into inclusive praxis. To achieve this, institutions should ensure that line managers are regularly informed about the university approach to carers. As noted in the report, support to carers should be part of the training required from line managers. To avoid repeatedly sharing their stories and to ensure some continuity in case of staffing changes, universities should consider adopting carers passports for staff as well as for students.

The research shows that, prior to the pandemic, there were considerable differences in terms of access to flexible or 'agile' working. Professional staff have traditionally had less control on where and when they work. We suggest that further alignment with academic flexibility would address some of the challenges faced by professional staff and support the development a climate of 'trust' that would improve morale and retention. Flexible or 'agile' working should also be available for those in leadership and management roles.

So that the recommendations translate into a 'care-full' culture, we recommend that a working group is established in each Institution to oversee the operational aspects of a carers' strategy and develop a more specific action plan which identifies ambitious, feasible, effective and equitable actions points for various individuals and groups to take forward. Another recommendation is for existing committees (e,g, EDI and Athena Swan) to integrate carers in their agenda and action plan.

Altogether, we hope that the findings and recommendations from this report will contribute to the generation of new knowledge and cultural change in relation to three areas: the inclusiveness of HE cultures with respect to care and carers; the experiences of a broad range of caregivers in HE; and inequalities within carers as some caring responsibilities are more visible and better supported than others.

References

Atkinson, J, (2017) 'Shared Parental Leave in the UK: Can It Advance Gender Equality By Changing Fathers Into Co-Parents?', *International Journal of Law in Context*, (13)3, pp.356–368.

Ball, S., Maguire, M. and Braun, A. (2011) *How schools do policy*. London: Routledge.

Carers Trust (2024) *Government is missing a trick with Employment Rights Bill by delaying Carers' Leave reform*. https://carers.org/news-and-media/news/post/427-government-is-missing-a-trick-with-employment-rights-bill-by-delaying-carers-leave-reform-carers-trust-says?utm_source=chatgpt.com.

Carers UK (2024) *Taking the next step for working carers - a new right to paid Carer's Leave' report*. London: Carers UK.

Carers UK (2014) F*acts about carers*. Policy Briefing. London: Carers UK.

Beech, H, Sutton, A and Cheatham, L. (2021) Parenting, privilege, and pandemic: From surviving to thriving as a mother in the academy. *Qualitative Social Work*, 20(1-2) pp. 625-631.

Butler, J. (2004) *Precarious Life: The powers of mourning and violence*. London and New York: Verso.

Coser, L. (1974) *Greedy Institutions*. New York: Free Press.

Crompton, R, Suzan L, and Clare L, (2007) Work-Life *Boundaries and Gender Relations in Europe*. London: Palgrave.

Crompton, R. (ed.) (1999) *Restructuring gender relations and employment: The decline of the male breadwinner*. Oxford: Oxford University Press.

Department of Health. (2012) *Caring for our Future: Reforming Care and Support.* London: The Stationery Office.

Fraser, N and Gordon, L. (1997) *A genealogy of 'dependency'. In Justice Interruptus: Critical Reflections on the 'Postsocialist' Condition.* Edited by Fraser, N. New York: Routledge, pp. 121–49.

Griesbach, D. (2018) *Hidden in plain sight: Report of survey findings*. London: UCU.

Grummell, B, Devine, D and Lynch, K, (2009) The care-less manager: gender, care and new managerialism in higher education. *Gender and Education*. (21)2, pp 191-208.

Heijstra, T.M. and Rafnsdóttir, G.L. (2010) The Internet and Academic's Workload and Work–family balance. *The Internet and Higher Education*. 13(3), 158–63

Henderson, E and Moreau, M.P, (2019) Carefree conferences? Academics with caring responsibilities performing mobile academic subjectivities. *Gender and Education.* (32)1, pp 70-85.

HESA (2024) Higher Education Staff Statistics: UK, 2022/23. https://www.hesa.ac.uk/news/16-01-2024/sb267-higher-education-staff-statistics.

HESA (2018) Who's working in HE?: Personal characteristics, https://www.hesa.ac.uk/data-and-analysis/staff/working-in-he/characteristics.

Hochschild, A. (1997) *The Time Bind: When Work Becomes Home and Home Becomes Work*. New York: Metropolitan Books.

Hodges, L. Shorto, S. and Goddard, E. (2024) *Childcare Survey 2024*. London: Coram Family and Childcare.

Hodkinson, P. and Brooks, R. (2020) *Sharing care: Equal and primary carer fathers and early years parenting.* Bristol: Bristol University Press,

Hook, G., Moreau, M.P. and Brooks, R. (2022) *Student Carers in Higher Education: Navigating, Resisiting and Re-inventing Academic Cultures*. Routledge: London.

Hook, G. (2016) *Sole Parent Students and Higher Education: Gender, Policy and Widening Participation.* Palgrave Macmillan: London.

Hoskins, K., Moreau, M.P and McHugh, E. (2023) 'From PhD to ECR: Supervisory relationships, precarity and the temporal regimes of academia', Access: Critical explorations of equity in higher education, 11(1), 47–62. https://novaojs.newcastle.edu.au/ceehe/index.php/iswp/article/view/194.

Kitchener, C. (2020) Women academics seem to be submitting fewer papers during coronavirus. 'Never seen anything like it,' says one editor. *The Lily* https://www.thelily.com/women-academics-seem-to-be-submitting-fewer-papers-during-coronavirus-never-seen-anything-like-it-says-one-editor/.

Leathwood, C, and Read, B. (2009) *Gender and the Changing Face of Higher Education: A Feminized Future*. Maidenhead: Open University Press.

Le Feuvre, N. (ed.) (2015) Contextualizing Women's Academic Careers: Comparative Perspectives on Gender, Care and Employment Regimes in Seven European Countries, *GARCIA working paper*. Trento, Italy: GARCIA.

Lynch, K. (2021) Care and capitalism. Bristol: Polity Press, Bristol.

Lynch, K. (2010) Carelessness: a hidden doxa of higher education, *Arts and Humanities in Higher Education*, 9(1): pp54–67.

Lynch, K., Baker, J. and Lyons, M. (2009) *Affective Equality: Love, Care and Injustice*. Basingstoke: Palgrave Macmillan.

MagShamhráin, R. (2024) Care-full academia: From autoethnographic narratives to political manifestos for collective action, *Access: Critical Explorations of Equity in Higher Education*, 12(1), 29-47.

Miller, D. (1981) The 'sandwich' generation: Adult children of the aging. *Social Work*. 26 419–23.

Minello, A. (2020) The pandemic and the female academic. Nature. 10.1038/d41586-020-01135-9. https://www.nature.com/articles/d41586-020-01135-9.

Moreau, M.P. (2016) Regulating the student body/ies: university policies and student parents, *British Educational Research Journal*, 42(5), pp.906–925.

Moreau, M.P. and Hook, G. (2024) Special Issue: 'Radical disruptions: Regenerating care-full academic norms', *Access: Critical explorations of equity in higher education*, 12(1), https://novaojs.newcastle.edu.au/ceehe/index.php/iswp/issue/view/21/27.

Moreau, M.P, and Robertson, M. (2017) *Carers and Careers: Career Development and Access to Leadership Positions among Academic Staff with Caring Responsibilities.* London: Leadership Foundation for Higher Education.

Moreau, M.P, and Robertson, M. (2019a) *'Care-Free at the Top'? Exploring the Experiences of Senior Academic Staff Who Are Caregivers*. London: SRHE.

Moreau, M.P and Robertson, M, (2019b) '"You Scratch My Back and I'll Scratch Yours"? Support to Academics Who Are Carers in Higher Education', *Social Sciences*, (8)6, pp.164–176.

Moreau, M.P. and Wheeler, L. (2024) *Doing the dirty work of academia? Ancillary staff in higher education*. London: SRHE.

Moreau, M.P and Wheeler, L. (2023) Through a glass, darkly: Gazing into the field of carers in academia, *Review of Education*. https://doi.org/10.1002/rev3.3387

Moreau, M.P. and Wheeler, L. (2022) *Towards the 'care-full' university: Caregivers in pandemic times at ARU.* Cambridge: Anglia Ruskin University.

Moreau, M.P. and Galman S.C. (2021) Writing/drawing care-based equity into practice: A research- and art-based collaboration about caring responsibilities in academia [Special Issue], *Access: Critical Explorations of Equity in Higher Education*, 9(1), 59-73, https://novaojs.newcastle.edu.au/ceehe/index.php/iswp/article/view/163.

O'Sullivan, A. (2015). Pulled from all sides: The sandwich generation at work. *Work.* (50)3. pp 491-494.

Raddon, A. (2002). Mothers in the Academy: positioned and positioning within discourses of the 'successful academic' and the 'good mother'. *Studies in Higher Education*. (27)4, pp 387-403.

Robson, C. (1993) *Real World Research: A Resource for Social Scientists and Practitioner-Researchers*. Oxford: Blackwell.

Ronksley-Pavia, M., M.M. Neumann, J. Manakil and K. Pickard-Smith (2022) (eds) *Academic Women: Voicing Narratives of Gendered Experiences*. London: Bloomsbury.

The Care Collective (2020) The Care Manifesto: The politics of interdependence. London: Verso.

UCU (2017) Caring For The Carers: A UCU Guide For Members And Reps, https://www.ucu.org.uk/media/8175/Caring-for-the-carers-a-UCU-guide--2-The-picture-of-caring/pdf/2_-_Picture_of_Caring.docx.pdf.

Vomvoridi-Ivanovic E and Ward, J.K, (2021) Academic Motherhood in Mathematics Teacher Education during COVID-19: Breaking the Silence and Shifting the Discourse. *Journal of Research in Mathematics Education*. (10)1, pp. 41-61.

Ward, K and Wolf-Wendel, L, (2012) *Academic Motherhood: How Faculty Manage Work and Family.* New Brunswick: Rutgers University Press.

Appendices

Appendix 1: Participant Information Sheet – Survey

Participant Information Sheet – Survey

Thank you for your interest in our survey. Please find below some information about the study for you to read prior to completing the survey. Should you require a more in-depth outline of the participant information sheet, please use the contact details below.

National Scope of caregivers in the UK

What is the purpose of this study?

The purpose of this study is to map the experiences of caregivers at HEIs in the UK and to foster the development of a more inclusive culture for carers across the Higher Education sector.

Who are the researchers?

The project team is composed of Prof. Marie-Pierre Moreau (Principal Investigator, ARU) and Lucie Wheeler (Research Assistant, ARU).

Who are we asking to participate?

We are asking staff members based at HEIs in the UK who have caring responsibilities to take part, should they wish to.

Definition of the term 'carer'

For the purpose of this project, 'carer' is defined as being:

an individual who self-identifies as a carer, including, but not limited to, individuals looking after children, parents, friends and other family members.

Do I have to take part and what will it involve? You do not have to take part and can refuse to do so without giving a reason and without repercussion.

If you choose to participate, you will be asked to complete an online survey. A small number of participants will also be invited to take part in a 45-minute interview which will take place via the online platform, Microsoft Teams. However, completing the survey does not mean that you commit to participating in the interview.

Has the study got ethical approval?

The study has received ethical approval from the School of Education and Social Care Research Ethics Panel within the Faculty of Health, Education, Medicine and Social Care at ARU.

What will happen to the results of the study?

The data will be stored on the research team's work computers and password-protected. We will follow the relevant legal and ethical requirements for data storage.

Findings from the research may be presented at events and published in various forms such as journal articles, book chapters etc. Any information used for this purpose will be anonymised.

What are the likely benefits and risks of taking part?

It is unlikely that there will be any direct benefits to individual participants, although the study will contribute to a better understanding of the experiences of caregivers in HE and support further development of equitable practices.

A risk assessment has been conducted and the only perceived risk to the participant is that the survey/interview questions lead to emotional distress. However, this is unlikely to happen as the research team are experienced with these methods and do not anticipate asking any sensitive questions.

What will happen to my data?

Our general privacy policy explaining our use of your personal data for research purposes is available here: **https://www.anglia.ac.uk/privacy-and-cookies/research-participants**

Can I withdraw my data from the study?

You will have the option to withdraw from the study and have your data removed from the survey up until the point of anonymising. After this point, you are free to withdraw, but still be happy for us to use the anonymised data that we have collected up to that point.

Contact for further information and complaints.

Please contact the lead researcher in the first instance**:** **marie-pierre.moreau@aru.ac.uk.**

If your issue is unable to be resolved, please contact: **complaints@aru.ac.uk.**

Appendix 2: Participant Consent Form – Survey

Participant Consent form – survey

Title of the project: **National Scope of caregivers in the UK**

Main investigator and contact details: Professor Marie-Pierre Moreau (marie-pierre.moreau@aru.ac.uk). Other member of the research team: Lucie Wheeler.

1. I agree to take part in the above research. I have read the Participant Information Sheet for the study.

2. I understand what my role will be in this research, and all my questions have been answered to my satisfaction.

3. I understand that I am free to withdraw from the research at any time, without giving a reason.

4. I am free to ask any questions at any time before and during the study.

5. I understand what information will be collected from me for the study.

6. For the purposes of the Data Protection Act (2018), if this project requires me to produce personal data, I have read and understood how Anglia Ruskin University will process it.

7. I understand what will happen to the data collected from me for the research.

8. I understand that quotes from me may be used in the dissemination of the research.

9. I have been informed how my data will be processed, how long it will be kept and when it will be destroyed.

I consent to participating in this study and agree to the points above

participant will check a box to consent

Appendix 3: Online Survey Template (available through JISC online)

Survey Template

Please indicate where your institution is based?

London		Northern Ireland		West Midlands	
North West		South West		Scotland	
Yorkshire and the Humber		South East		North East	
East Midlands		East of England		Wales	

How would you describe your Institution?

Post 1992	
Pre 1992 and Russell Group	
Pre 1992 but not Russell Group	

Please state your age:

18-24		45-54	
25-34		55-64	
35-44		65 and over	

Which of the following options best describes your gender identity?

Male	

Female	
Prefer not to say	
Another gender identity	

If you selected ‘other’, please specify

Which of the following options best describes your ethnic group?

White (English, Welsh, Scottish, Northern Irish		Asian or Asian British - Indian	
White Irish		Asian or Asian British - Pakistani	
White Gypsy or Irish Traveller		Asian or Asian British - Bangladeshi	
Any other White background		Asian or Asian British - Chinese	
Mixed or multiple groups – White and Black African		Any other Asian background	
Mixed or multiple groups – White and Black Caribbean		Arab	
Mixed or multiple groups – White and Asian		Black African or Black British (African)	
Any other mixed or multiple ethnic background		Black African or Black British (Caribbean)	
Other		Any other Black African or Caribbean background	

If you selected ‘other’, please specify

Which job category do you work within (please tick all that apply)

Academic staff	
Professional staff	
Auxiliary staff (e.g. catering, cleaning, security)	

Are you in a leadership and management position (eg Head of School, Dean of Faculty, Finance Manager, Communications Manager etc.)?

Yes	
No	
Prefer not to say	

Do you have formal line management responsibilities?

Yes	
No	
Prefer not to say	

What is your job title?

Are you

Full Time	

Part Time	

How long have you worked at your institution?

0-2 years	
3-10 years	
10-20 years	
20+ years	

Caring Responsibilities

For the purpose of this project, ‘carer’ is defined as being:

an individual who self-identifies as a carer, including, but not limited to, individuals looking after children, parents, friends and other family members.

Do you have caring responsibilities?

Yes	
No	

Please answer the following questions about ONE caring responsibility. All the questions that follow will be in reference to the same role. You will then have the option to add another care responsibility on the next page if you need to and this will ask you the same questions again specifically for the next role.

In which category does your caring responsibility fall?

I am a parent caring for a child(ren) under 18 without SEND	
I am a parent caring for a child(ren) under 18 with SEND	
I care for elderly parents	

I am a carer for my partner	
I care for another relative	
I care for a friend or neighbour	
I have another care responsibility that is not listed	

In relation to this specific caring responsibility, where do(es) the person(s) you care for live? If someone lives with you part of the time, select 'A mix of both'.

With me	
Somewhere else	
A mix of both	

How long have you had this caring responsibility?

0-5 years	
6-10 years	
10+ years	

On average, how long do you spend on this caring responsibility?

A few hours each day	
A few hours each week	
A few hours each month	

I provide 24-hour care	

What types of care do you provide for this particular caring responsibility?

Personal Care (Eg. dressing, bathing, washing, feeding, using the toilet etc)	
Physical Aid (Eg helping to walk, getting up/downstairs, getting in/out of bed etc)	
Administrative Help (Eg filling in forms, making appointments, phones calls etc)	
Practical Support (Eg cooking, cleaning, shopping, housework, gardening etc)	
Social Care (Eg keeping them company, reading, playing games, talking etc)	
Medical Care (Eg administering medicines, changing dressings etc)	
Emotional Support	
Other types of care that I provide and which are not listed:	

Do you wish to add another care responsibility?

Yes	
No	

If you have selected ‘yes’ please answer the following questions about your next care responsibility

If you have selected ‘no’ please go to ‘your experience’

Additional Care Responsibilities

In which category does your caring responsibility fall?

I am a parent caring for a child(ren) under 18 without SEND	
I am a parent caring for a child(ren) under 18 with SEND	
I care for elderly parents	
I am a carer for my partner	
I care for another relative	
I care for a friend or neighbour	
I have another care responsibility that is not listed	

In relation to this specific caring responsibility, where do(es) the person(s) you care for live? If someone lives with you part of the time, select 'A mix of both'.

With me	
Somewhere else	
A mix of both	

How long have you had this caring responsibility?

0-5 years	
6-10 years	
10+ years	

On average, how long do you spend on this caring responsibility?

A few hours each day	
A few hours each week	
A few hours each month	
I provide 24-hour care	

What types of care do you provide for this particular caring responsibility?

Personal Care (E.g. dressing, bathing, washing, feeding, using the toilet etc)	
Physical Aid (E.g. helping to walk, getting up/downstairs, getting in/out of bed etc)	
Administrative Help (E.g. filling in forms, making appointments, phones calls etc)	
Practical Support (E.g. cooking, cleaning, shopping, housework, gardening etc)	
Social Care (E.g. keeping them company, reading, playing games, talking etc)	
Medical Care (E.g. administering medicines, changing dressings etc)	
Emotional Support	
Other types of care that I provide and which are not listed:	

<u>Your Experience</u>

When thinking about your dual role as a carer and employee, how do you find managing your work/life balance?

Very Difficult	
Difficult	

Neutral	
Easy	
Very Easy	

Does your dual role negatively affect your own health and wellbeing?

Always	
Very Often	
Sometimes	
Rarely	
Never	

Does your dual role have any impact on your career development/progression?

No Effect	
Minor Effect	
Neutral	
Moderate Effect	
Major Effect	

What challenges, if any, have you faced as a carer who is also an employee?

Are you able to work flexibly? (for example compressed hours, non-standard working hours etc)

Yes	
No	

If you selected ‘yes’, please specify how

Thinking about your employed role, what flexible working arrangements would be beneficial to you?

What tools/routines, if any, do you use to enable you to carry out your dual role effectively?

Has the pandemic had an impact on your experience as an employee who is also a carer?

Yes	
No	

If you selected 'Yes', please explain:

If research is part of your role, has the pandemic had an impact on your research?

Yes	
No	

If you selected 'Yes', please explain:

What support do you currently feel you receive in your role as a carer who is also employed?

Are you aware of any policies for carers at your institution?

Yes	
No	

If you selected ‘yes’, please specify which policies:

Do your caring responsibilities impact on your employment?

Yes	
No	
Not Sure	

If you selected ‘yes’ please explain how:

Do your employee responsibilities impact on your caring role?

Yes	
No	
Not Sure	

If you selected ‘yes’ please explain how:

What support, if any, would you like to get that you are currently not receiving?

Do you have the option to delegate any of your tasks? (for example, asking a family member/friend/colleague to help with specific tasks)

Yes, with my caring role	
Yes, with my employed role	
Yes, with both roles	
No, I cannot delegate anything	

If you selected ‘yes’ could you give an example of the types of tasks you are able to delegate:

If you are unable to, what would enable you to delegate to others?

Thank you for your time. If you would like to share anything else, please provide any additional comments in the box below:

If you would like to be contacted to be part of an interview, please provide your contact details below.

Appendix 4: Participant Information Sheet - Interviews

Participant Information Sheet – Interviews

Section A: The research project: National Scope of caregivers in the UK

Brief summary of the study:

This project's key ambitions are to map the experiences of caregivers at HEIs in the Uk at a time of considerable changes for the HE workforce and to identify a pathway to impact, so as to foster the development of a more inclusive culture for carers across the HE sector. This is a timely endeavour, as carers represent a significant presence in academia and as the challenges of caregiving were heightened and rendered visible by the pandemic. The project involves a survey and interviews conducted with a broad range of staff at HEIs in the UK.

The project team is composed of Prof. Marie-Pierre Moreau (Principal Investigator, ARU), Lucie Wheeler (Research Assistant, ARU) and Sandra Villadiego (Research Assistant, ARU). The project is funded by ARU. We will treat the information you share with us as confidential and nobody outside the research team will have access to it.

Definition of the term 'carer'.

For the purpose of this project, 'carer' is defined as being:

an individual who self identifies as a carer, including but not limited to, individuals looking after children, parents, friends and other family members.

Why have I been asked to participate?

As part of the project, we would like to conduct a survey of staff at HEIs in the UK, as well as interviews. If you are a staff member who has a care responsibility, we would be happy to speak to you with your consent. If you agree to participate, you will be invited to take part in a 30-minute interview, taking place via the online platform Microsoft Teams.

What are the likely benefits of taking part?

We are hoping that the study will provide some understanding in the experiences of staff with caregiving responsibilities. We also hope that it will generate some more equitable practices in the higher education sector in terms of the support various groups of carers receive.

Can I refuse to take part?

Yes, you can refuse to take part without giving a reason and without any repercussion.

Has the study got ethical approval?

The Study has received ethical approval from the School of Education and Social Care Research Ethics Panel within the Faculty of Health, Education Medicine and Social Care at Anglia Ruskin University.

What will happen to the results of the study?

The data will be stored on the research team's work computers only and password-protected. Data storage will comply with the relevant legal and ethical requirements.

Findings from the research may be presented at conferences and seminars, and published in the form of articles, book chapters, books, media article or blog posts. When writing or talking about the research, we will ensure that the information included is fully anonymised. This will involve using pseudonyms and withdrawing any specific detail that would allow your identification.

Contact for further information

If you have any query, please contact the project's Principal Investigator: marie-pierre.moreau@aru.ac.uk. Thank you.

Section B: Your Participation in the Research Project

What will I be asked to do?

We would like to conduct interviews on your experience of caregiving. We expect interviews to last 30 minutes and to be conducted online via Microsoft Teams, at a time convenient for you. We will only interview you once. With your consent, we will audio-record the interview. You will be given the option to have your video switched on or off.

In relation to this specific research project, we need to make you aware of the following:

<table>
<tr><td>☐</td><td colspan="3">We do not need your personal data at any stage of this research project</td></tr>
<tr><td colspan="4">We are responsible for the personal data you give to us as a:</td></tr>
<tr><td>v</td><td>Data Controller
(We are in sole control over the research)</td><td>Who are we?:</td><td>Anglia Ruskin University</td></tr>
<tr><td>☐</td><td>Joint Controller</td><td>with:</td><td></td></tr>
</table>

	(Where ARU and another organisation are working together on research)		
☐	**Data Processor** (Where the data will belong to another organisation and ARU is being engaged under contract/ agreement to conduct the research and provide an outcome but has no rights over the personal data)	on behalf of:	

I will be asking you for the following information:

Personal Data				**Sensitive Personal data**	
v	Name/ Contact details	☐	Image (Photo or video)	☐	Racial/ Ethnicity data
☐	Age	v	Experiences	☐	Political/ Religious beliefs
☐	Address/ location data	v	Opinions	☐	Trade Union membership
v	Employment & Earnings	☐	[Other]	☐	Genetic/ Biometric data
☐	ID Numbers (e.g. NHS)	☐	[Other]	☐	Health

☐	Online identifier	☐	[Other]	☐	Sex life/ orientation data

What will happen to your data?

We will follow the requirements laid down by Anglia Ruskin University in order to ensure the security of data, as detailed below. The data management plan will also be compliant with GDPR. All data will be anonymised, with the use of a pseudonym and the withdrawal of details allowing your identification. We will adhere to this principle throughout the research, including in publications from this project. We do not plan to take the research data outside the EEA (the EEA includes EU member states and also Iceland, Liechtenstein and Norway).

Storing hard copy project information: Hard-copies of data or documents such as consent forms will be stored in locked filing cabinets with access restricted to the research team. Consent forms will be stored separately from interview files in order to protect participants' confidentiality. We will ensure that documents containing personal information are not left unattended for any significant time on desks. At the end of the project all data and relevant research documents will be provided to administrators for storage. All categories of data will be logged and recorded when they are stored. All data will be retained for a minimum period of 10 years.

Electronic information and digital files: Access to electronically held information relating to project participants will be limited to those who need it through the use of passwords and permissions. Portable storage devices containing transcripts or digital files will be kept in locked cabinets. Digital recordings, interview transcripts, and data analysis files will be kept on a shared network drive in a secure folder with access restricted to the research team. As well as being secure, this will enable ongoing back-up.

Information in transit: We will use a secure, password-protected means of transmitting audio files and transcripts. Recordings will be uploaded to a secure shared folder. Transcripts will be password-protected so that their content can only be accessed by the transcriber and members of the research team. Passwords will be established at an early stage of the project and used consistently thereafter.

Will I receive any payment to take part in the research?

Participants will not receive any payment for taking part in the research.

Are there any possible disadvantages or risks to taking part?

We have conducted a risk assessment for this project. One potential risk to the participant is that the survey questions/interviews lead to emotional distress. However, this is unlikely to happen as the research team are all experienced with interviewing and do not anticipate asking any sensitive questions. Please, note that, in any case, you will be able to take regular breaks and withdraw from the research project up to two weeks after the interview without having to justify your decision. Agreement to participate in the study does not affect your legal rights.

What are the likely benefits of taking part?

It is unlikely that there will be any direct benefits to individual participants although the study will contribute to a better understanding of the experiences of caregivers in higher education and support the development of equitable practices for all staff.

Can I withdraw at any time, and how do I do this?

You will be able to withdraw from the study up to two weeks after the interview and without giving a reason. This can be done through email. Should you decide to withdraw from the study after the interview, we will be unable to remove the data collected up to that point, however the data will be anonymised, and any identifying data removed.

You will have the option to withdraw from the study and have your data removed from the survey up until the point of anonymising. After this point, you are free to withdraw, but still be happy for us to use the anonymised data that we have collected up to that point.

Please note that throughout the interview, you will not have to answer any interview questions you do not wish to answer.

What will happen to my data?

Our general privacy notice explaining our use of your personal data for research purposes is available here:

https://www.anglia.ac.uk/privacy-and-cookies/research-participants

Please visit this link for information about how long we keep your data, how we keep your data secure, how you can exercise your rights over your data, and make a complaint over our use of your data.

Can I withdraw my data from the study?

I can only remove your data if you ask me before I anonymise it. After this, I won't know which is your data so will not be able to do this.

Whether there are any special precautions you must take before, during or after taking part in the study

No, you do not need to take any specific precautions.

Will I pass onto anyone else what you have told me?

We will adhere to the principles of confidentiality throughout the research. However, there are exceptions, for example if we feel that you are at risk or if you reveal anything illegal.

Contact details for complaints

If you have any complaints about the study, you are encouraged to speak to the research lead (marie-pierre.moreau@aru.ac.uk) in the first instance to try and reach an informal resolution. Should you wish to submit a complaint to the University, please use the following contact details.

Email address: complaints@aru.ac.uk

Postal address: Office of the Secretary and Clerk, Anglia Ruskin University, Bishop Hall Lane, Chelmsford, Essex, CM1 1SQ.

Version control

Date 28/07/2024

V1

Appendix 5: Participant Consent Form - Interviews

Participant Consent form – Interviews

The Title of the project: **National Scope of caregivers in the UK**

Main investigator and contact details: Professor Marie-Pierre Moreau (marie-pierre.moreau@aru.ac.uk). Other members of the research team: Lucie Wheeler and Sandra Villadiego.

1. I agree to take part in the above research. I have read the Participant Information Sheet for the study.

2. I understand what my role will be in this research, and all my questions have been answered to my satisfaction.

3. I understand that I am free to withdraw from the research at any time, without giving a reason.

4. I am free to ask any questions at any time before and during the study.

5. I understand what information will be collected from me for the study.

6. For the purposes of the Data Protection Act (2018), if this project requires me to produce personal data, I have read and understood how Anglia Ruskin University will process it.

7. I understand what will happen to the data collected from me for the research.

8. I understand that quotes from me may be used in the dissemination of the research.

9. I understand that the interview will be recorded.

10. I have been informed how my data will be processed, how long it will be kept and when it will be destroyed.

11. I have been provided with a copy of this form and the Participant Information Sheet

Name of participant (print)…………………………………..

Signed…………………….…….

Date………………………………

PARTICIPANTS MUST BE GIVEN A COPY OF THIS FORM TO KEEP

I WISH TO WITHDRAW FROM THIS STUDY.

If you wish to withdraw from the research, please speak to the researcher or email them at ***marie-pierre.moreau@aru.ac.uk*** stating the title of the research or send them this withdrawal slip.

You do not have to give a reason for why you would like to withdraw.

Please let the researcher know whether or not you are happy for the data that has been collected up to this point from the survey to still be used. You are completely free to ask for any data to be removed should you wish it to be, as long as the data is not anonymised. When data is anonymised, it means personal data relating to it has been permanently removed, so the researcher will not know which belongs to you.

You may also withdraw from the interview at any stage, however the data provided up to that point will be unable to be removed.

Appendix 6: Interview Schedule

Introduction:

- Can you tell me a little bit about yourself (prompt: Age, gender, ethnicity)
- Which university and faculty/institute do you work within and what is your job title?
- How long have you been at your institution? How long have you been in this role? FT/PT?
- Current caring responsibilities

Life story

- Can you talk me through the key milestones in your life, focusing on career and caring responsibilities?

Prompts: why/how? What was your experience during the pandemic?

Current times

- How would you describe your experience of being a carer and an employee? How does carrying out care work alongside your paid work affect you?
- What are the challenges linked to your dual status? What are the positives/enablers?
- Does/did care work have an effect on your experience as an employee? (prompt: satisfaction at work, career progression, working patterns)
- Does/did your working life have an effect on your experience as a carer? (prompt: family time, personal time)
- Do you feel that your caring responsibilities are visible / invisible at work? Can you give me an example?'

Support

- Do you receive any support with your caring responsibilities? From whom/what?
- Who do you turn to if you need some support with juggling both roles?
- Who do you think should bear the main responsibilities in relation to juggling care and paid work (probe the individual, the state, the institution, other)?
- Do you receive any support from your employer? For whom/in which form? (prompt: policy, line manager, colleagues on team, other?)
- Are you aware of any carer policies at work?
- What would help alleviate the challenges you face as a carer and an employee?
- Are there specific changes you would like to see implemented at your institution or in the sector to provide a more inclusive culture for carers?
- What about changes outside academia?
- Is there anything else you would like to add?

Appendix 7: Descriptive Sample Table – Survey Participants

Variable	**Categories**	**Number (n)**	**Percentage (%)**
Age Group	18-24	0	0
	25-34	72	6.7
	35-44	433	40.2
	45-54	376	34.9
	55-64	170	15.8
	65+	25	2.3
Gender	Male	176	16.3
	Female	879	81.4
	Prefer not to say	7	0.6
	Another gender identity	18	1.7
Ethnicity	White British	797	73.8
	White other	173	16.0
	Black	12	1.1
	Asian	53	4.9
	Mixed ethnicity	32	3.0
	Another ethnicity or no response	13	1.2
Position	Academic	603	55.8
	Professional	477	44.2
Contract	Full Time	733	67.9
	Part Time	335	31.4
Institution	Pre-1992 Russell Group	450	41.7
	Other pre-1992	285	26.4
	Post 1992	336	31.1
UK Nation	Northern Ireland	14	1.3
	Scotland	83	7.7
	England	964	89.2
	Wales	18	1.7
Main caring responsibility	Parent with child under 18 without SEND	499	46.2
	Parent with child under 18 with SEND	189	17.5
	Elderly Parents	199	18.4
	Partner	86	8.0
	Another relative	47	4.4
	Friend or Neighbour	6	0.6
	Another caring responsibility	52	4.8
2nd caring responsibility	Yes	259	24.0
	No	820	75.9
If 'Yes' to the above	Parent with child under 18 without SEND	71	6.6

	Parent with child under 18 with SEND	16	1.5
	Elderly Parents	84	7.8
	Partner	33	3.1
	Another relative	33	3.1
	Friend or Neighbour	3	0.3
	Not listed	14	1.3
3rd caring responsibility	Yes	44	4.1
	No	1036	95.9
If 'Yes' to the above	Parent with child under 18 without SEND	9	0.8
	Parent with child under 18 with SEND	3	0.3
	Elderly Parents	13	1.2
	Partner	6	0.6
	Another relative	11	1.0
	Friend or Neighbour	0	0
	Not listed	0	0
Caring responsibilities (cumulative)	Parent with child under 18 without SEND	579	53.7
	Parent with child under 18 with SEND	208	19.3
	Elderly Parents	296	27.5
	Partner	125	11.6
	Another relative	91	8.4
	Friend or Neighbour	9	0.8
	Not listed	66	6.1

Note: n is lower than 1080 when participants have not replied; in other cases, n is higher than 1080 when multiple responses are allowed.

Appendix 8: Descriptive Sample Table – Interview Participants

Id.	Pseudonym	Gender	Age Group	Position	Caring Responsibilities	FT/PT	Institution type	Location
1	Alan	M	35-44	Professional	Parent for a child(ren) under 18 no SEND & elderly parents	FT	Post-1992	North West
2	Annie	F	35-44	Professional	Parent for a child(ren) under 18 no SEND	PT	Post-1992	South West
3	Amber	F	35-44	Professional	Caring for a partner	FT	Pre-1992 and Russell Group	East Midlands
4	Amelia	F	35-44	Professional	Parent for a child(ren) under 18 with SEND & Parent for a child(ren) under 18 no SEND	FT	Post-1992	South East
5	Ava	F	45-54	Academic	Caring for a partner	FT	Pre-1992 and Russell Group	North East
6	Alisha	F	35-44	Academic	Parent for a child(ren) under 18 no SEND	FT	Pre-1992 but not Russell Group	South East
7	Bella	F	35-44	Academic	Parent for a child(ren) under 18 with SEND & Parent for a child(ren) under 18 no SEND	PT	Pre-1992 and Russell Group	South West
8	Benjamin	M	55-64	Academic	Elderly parents	FT	Pre-1992 and Russell Group	London
9	Karen	F	45-54	Professional	Parent for a child(ren) under 18 with SEND & Parent for a child(ren) under 18 no SEND	FT	Post-1992	South West
10	Callie	F	25-34	Academic	Parents	FT	Pre-1992 and Russell Group	East of England
11	Caroline	F	25-34	Academic	Elderly parents	FT	Pre-1992 and Russell Group	London
12	Chie	F	25-34	Academic	Relative	FT	Pre-1992 but not	East Midlands

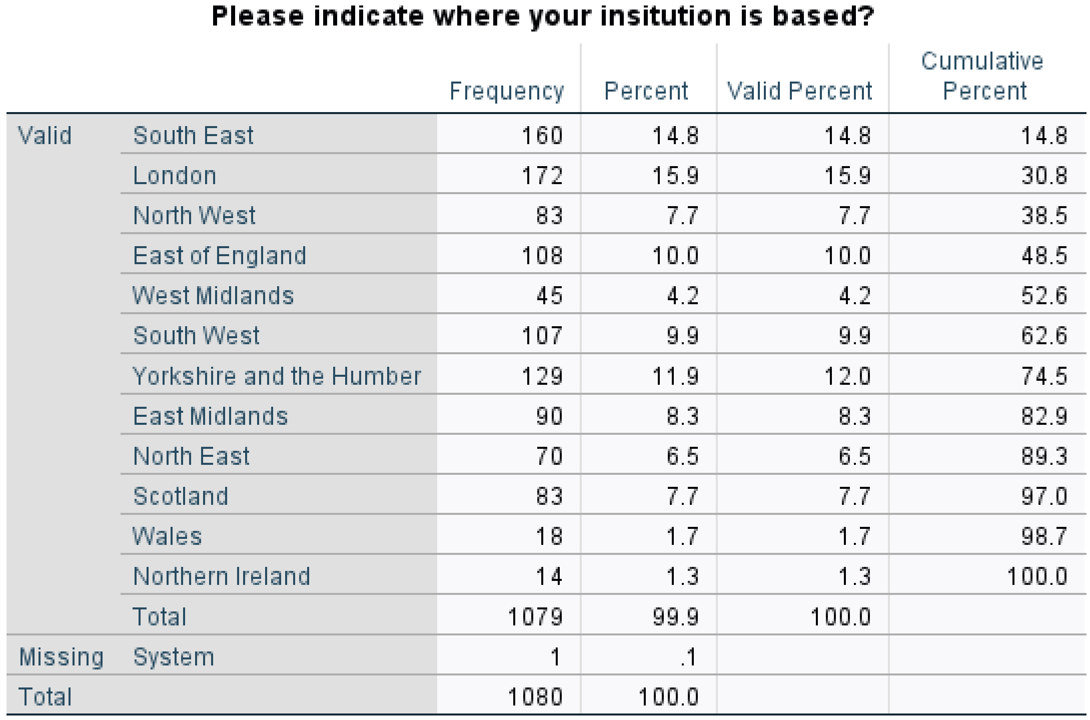
							Russell Group	
13	Christine	F	35-44	Academic	Caring for a partner & elderly parents	FT	Post-1992	London
14	Constance	F	35-44	Academic	Parent for a child(ren) under 18 no SEND	FT	Pre-1992 and Russell Group	South East
15	Cooper	M	45-54	Academic	Elderly parents	FT	Pre-1992 but not Russell Group	South East
16	Connor	M	55-64	Academic	Parent for a child(ren) under 18 with SEND & elderly parents	FT	Pre-1992 but not Russell Group	Scotland
17	Carla	F	35-44	Academic	Parent for a child(ren) under 18 no SEND	FT	Pre-1992 and Russell Group	London
18	David	M	55-64	Academic	Elderly parents	FT	Pre-1992 but not Russell Group	London
19	Drew	M	25-34	Academic	Caring for a partner	FT	Pre-1992 and Russell Group	South West
20	Dan	M	35-44	Professional	Parent for a child(ren) under 18 with SEND & elderly parents	FT	Pre-1992 but not Russell Group	East of England
21	Emily	F	35-44	Professional	Parent for a child(ren) under 18 no SEND & elderly parents	PT	Pre-1992 and Russell Group	South East
22	Ellie	F	45-54	Academic	Caring for a partner	FT	Pre-1992 but not Russell Group	South East
23	Emma	F	35-44	Academic	Parent for a child(ren) under 18 no SEND	PT	Pre-1992 but not Russell Group	South East
24	Eloise	F	25-34	Professional	Caring for a partner	FT	Pre-1992 and Russell Group	London
25	Elsa	F	35-44	Professional	Parent for a child(ren) under 18 no SEND	PT	Pre-1992 and Russell Group	London
26	Fern	F	55-64	Professional	Elderly parents	FT	Post-1992	North East
27	Harriet	F	45-54	Professional	Elderly parents & Parent for a child(ren)	FT	Pre-1992 and Russell Group	South East

					under 18 no SEND			
28	Jane	F	35-44	Academic	Parent for a child(ren) under 18 no SEND	FT	Pre-1992 and Russell Group	Wales
29	Julie	F	55-64	Professional	Caring for a partner	FT	Pre-1992 and Russell Group	London
30	Jacqui	F	35-44	Academic	Parent for a child(ren) under 18 no SEND	PT	Pre-1992 and Russell Group	West Midlands
31	Jamie	F	45-54	Academic	Parent for a child(ren) under 18 with SEND	PT	Pre-1992 and Russell Group	London
32	Jessica	F	35-44	Academic	Parent for a child(ren) under 18 no SEND	FT	Pre-1992 and Russell Group	West Midlands
33	Katrin	F	35-44	Academic	Parent for a child(ren) under 18 with SEND	FT	Pre-1992 and Russell Group	West Midlands
34	Kathy	F	25-34	Academic	Parent for a child(ren) under 18 no SEND	PT	Pre-1992 and Russell Group	South West
35	Kristina	F	35-44	Academic	Elderly parents	FT	Post-1992	West Midlands
36	Kimberley	F	35-44	Professional	Parent for a child(ren) under 18 with SEND	PT	Pre-1992 and Russell Group	London
37	Lauren	F	35-44	Professional	Parent for a child(ren) under 18 no SEND	PT	Pre-1992 but not Russell Group	Yorkshire and the Humber
38	Lacey	F	35-44	Academic	Caring for a partner & parent for a child(ren) under 18 no SEND	FT	Post-1992	East of England
39	Lucy	F	55-64	Professional	Elderly parents & adult children	FT	Post-1992	East Midlands
40	Lianne	F	35-44	Professional	Parent for a child(ren) under 18 no SEND	PT	Pre-1992 and Russell Group	Eat of England
41	Laura	F	35-44	Academic	Parent for a child(ren) under 18 no SEND	FT	Pre-1992 but not Russell Group	South East
42	Lana	F	45-54	Professional	Parent for a child(ren) under 18 no SEND	FT	Pre-1992 and Russell Group	London
43	Mandy	F	45-54	Academic	Parent for a child(ren)	FT	Pre-1992 and	Wales

					under 18 with SEND & elderly parents		Russell Group	
44	Mike	M	55-64	Professional	Elderly parents & care for partner	FT	Pre-1992 and Russell Group	North East
45	Michelle	F	45-54	Professional	Parent for a child(ren) under 18 with SEND & Parent for a child(ren) under 18 no SEND	FT	Pre-1992 but not Russell Group	South East
46	Matthew	M	35-44	Academic	Parent for a child(ren) under 18 with SEND	FT	Pre-1992 and Russell Group	Northern Ireland
47	Nina	F	35-44	Academic	Parent for a child(ren) under 18 with SEND	FT	Pre-1992 and Russell Group	South East
48	Nancy	F	35-44	Academic	Parent for a child(ren) under 18 with SEND	PT	Pre-1992 and Russell Group	North West
49	Nadia	F	45-54	Academic	Parent for a child(ren) under 18 no SEND	FT	Pre-1992 and Russell Group	London
50	Phoebe	F	35-44	Professional	Elderly parents	PT	Pre-1992 but not Russell Group	North West
51	Pauline	F	35-44	Professional	Parent for children under 18 no SEND and SEND	FT	Pre-1992 and Russell Group	London
52	Pia	F	45-54	Academic	Parent for a child(ren) under 18 no SEND	FT	Pre-1992 but not Russell Group	London
53	Penelope	F	65+	Academic	Caring for a partner	PT	Post-1992	Yorkshire and the Humber
54	Patty	F	45-54	Professional	Elderly parents	FT	Post-1992	East of England
55	Rosa	F	35-44	Professional	Elderly parents & Parent for a child(ren) under 18 no SEND	PT	Post-1992	Scotland
56	Rebecca	F	45-54	Professional	Elderly parents & another relative	FT	Pre-1992 and Russell Group	South West
57	Sally	F	65+	Professional	Elderly parents	FT	Post-1992	East of England
58	Sarah	F	55-64	Professional	Adult children with SEND & elderly parents	PT	Pre-1992 but not Russell Group	London

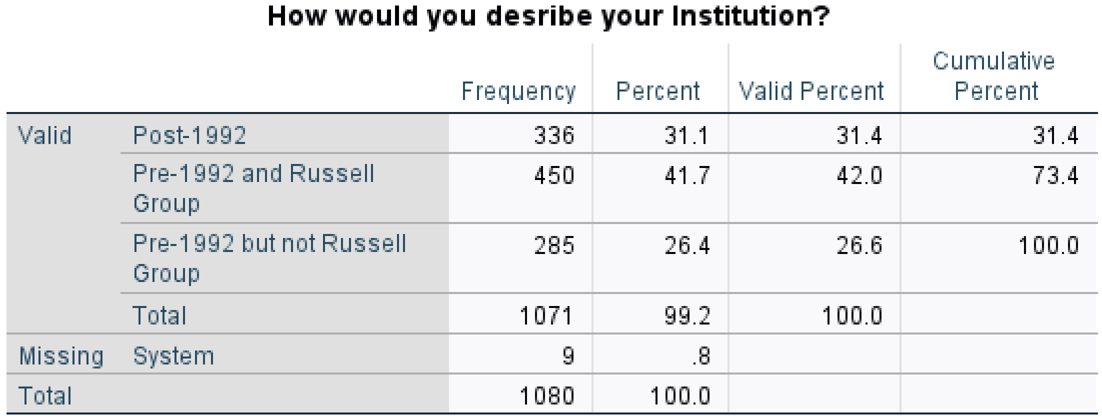
59	Stephen	M	35-44	Professional	elderly parents	FT	Post-1992	South West
60	Saoirse	F	55-64	Academic	Parent for a child(ren) under 18 with SEND & Elderly parents	FT	Pre-1992 and Russell Group	Wales
61	Stan	M	35-44	Academic	Caring for a partner	FT	Pre-1992 and Russell Group	North East
62	Stacey	F	45-54	Academic	Relative	FT	Pre-1992 and Russell Group	North East
63	Steve	M	35-44	Professional	Parent for a child(ren) under 18 no SEND & parent for a child(ren) under 18 no SEND & elderly parents	PT	Pre-1992 and Russell Group	London
64	Shelley	F	45-54	Academic	Parent for a child(ren) under 18 with SEND	PT	Post-1992	South East
65	Sadie	F	55-64	Academic	Caring for a partner	PT	Post-1992	East of England
66	Tracey	F	45-54	Academic	Parent for a child(ren) under 18 no SEND & respite foster carer	FT	Pre-1992 and Russell Group	London
67	Trudi	F	45-54	Academic	Adult child with SEND	FT	Post-1992	North East
68	Tristen	M	35-44	Professional	Parent for a child(ren) under 18 no SEND & care for partner	FT	Post-1992	Yorkshire and the Humber
69	Ulrika	F	55-64	Professional	Adult children with SEND & partner	PT	Pre-1992 and Russell Group	South East
70	Vanessa	F	35-44	Professional	Parent for a child(ren) under 18 with SEND & parent for a child(ren) under 18 no SEND	PT	Pre-1992 but not Russell Group	East of England
71	Zoe	F	35-44	Professional	elderly parents & arent for a child(ren) under 18 no SEND	PTp	Pre-1992 but not Russell Group	North West

Appendix 9: Survey Responses: Frequencies and percentages



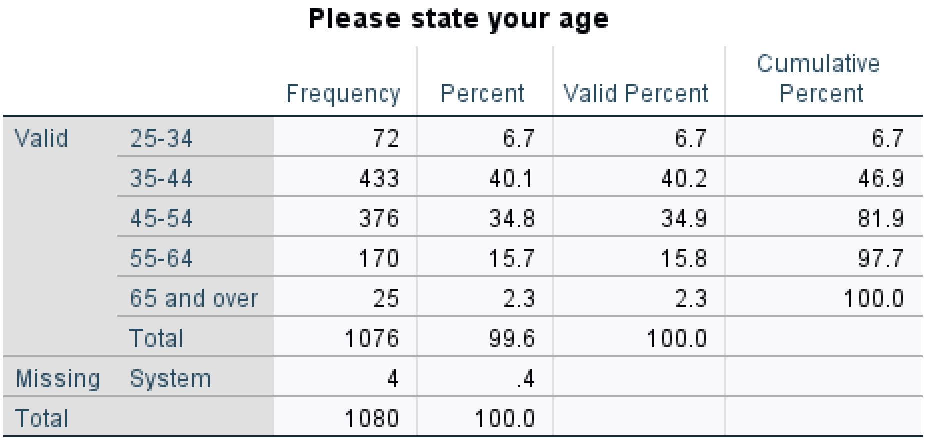
Please indicate where your insitution is based?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	South East	160	14.8	14.8	14.8
	London	172	15.9	15.9	30.8
	North West	83	7.7	7.7	38.5
	East of England	108	10.0	10.0	48.5
	West Midlands	45	4.2	4.2	52.6
	South West	107	9.9	9.9	62.6
	Yorkshire and the Humber	129	11.9	12.0	74.5
	East Midlands	90	8.3	8.3	82.9
	North East	70	6.5	6.5	89.3
	Scotland	83	7.7	7.7	97.0
	Wales	18	1.7	1.7	98.7
	Northern Ireland	14	1.3	1.3	100.0
	Total	1079	99.9	100.0	
Missing	System	1	.1		
Total		1080	100.0		



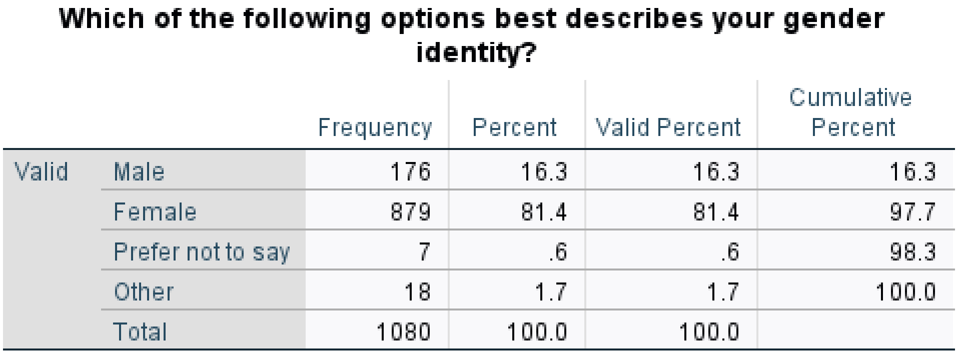
How would you desribe your Institution?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Post-1992	336	31.1	31.4	31.4
	Pre-1992 and Russell Group	450	41.7	42.0	73.4
	Pre-1992 but not Russell Group	285	26.4	26.6	100.0
	Total	1071	99.2	100.0	
Missing	System	9	.8		
Total		1080	100.0		



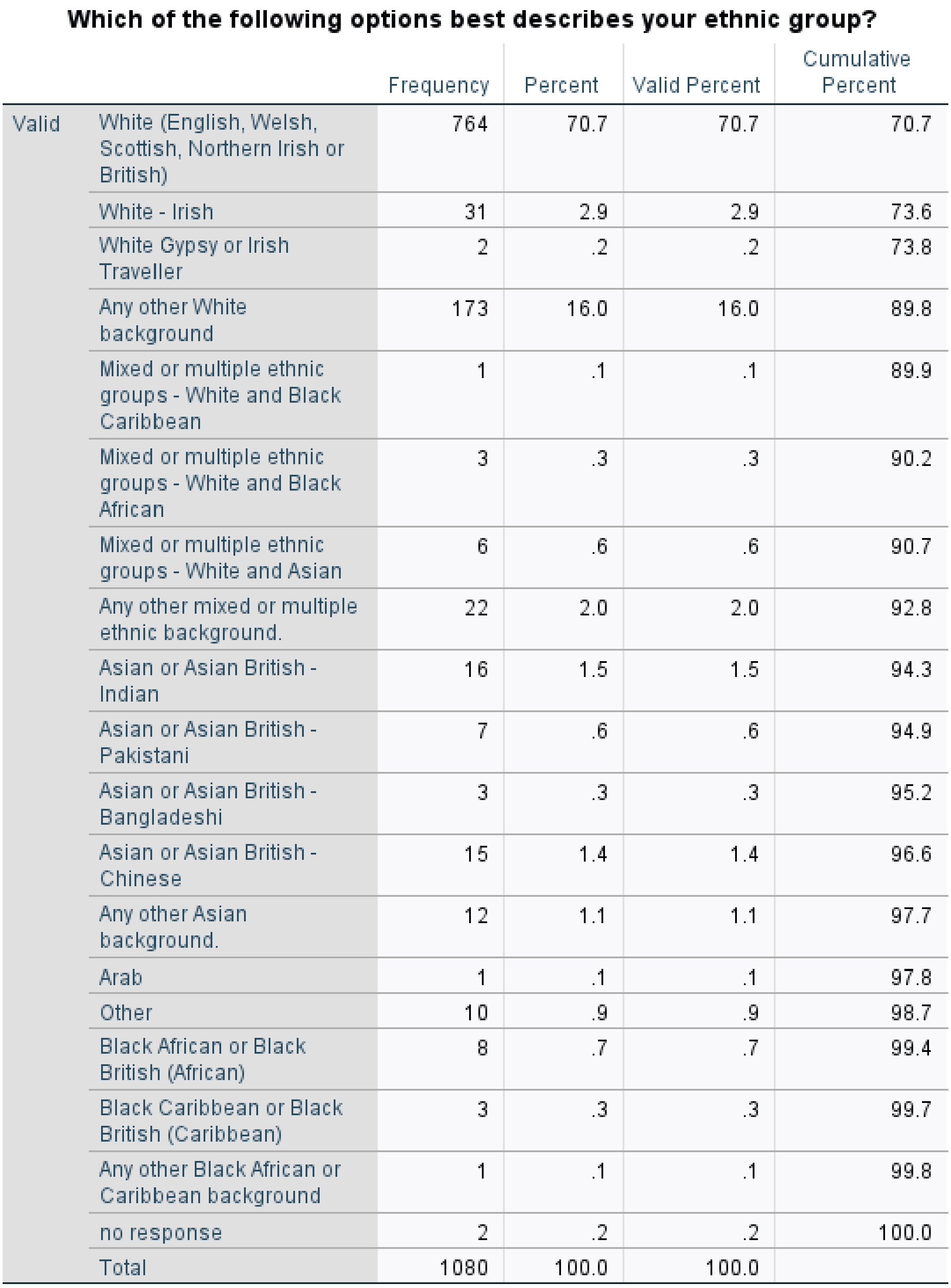
Please state your age

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	25-34	72	6.7	6.7	6.7
	35-44	433	40.1	40.2	46.9
	45-54	376	34.8	34.9	81.9
	55-64	170	15.7	15.8	97.7
	65 and over	25	2.3	2.3	100.0
	Total	1076	99.6	100.0	
Missing	System	4	.4		
Total		1080	100.0		



Which of the following options best describes your gender identity?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Male	176	16.3	16.3	16.3
	Female	879	81.4	81.4	97.7
	Prefer not to say	7	.6	.6	98.3
	Other	18	1.7	1.7	100.0
	Total	1080	100.0	100.0	



Which of the following options best describes your ethnic group?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	White (English, Welsh, Scottish, Northern Irish or British)	764	70.7	70.7	70.7
	White - Irish	31	2.9	2.9	73.6
	White Gypsy or Irish Traveller	2	.2	.2	73.8
	Any other White background	173	16.0	16.0	89.8
	Mixed or multiple ethnic groups - White and Black Caribbean	1	.1	.1	89.9
	Mixed or multiple ethnic groups - White and Black African	3	.3	.3	90.2
	Mixed or multiple ethnic groups - White and Asian	6	.6	.6	90.7
	Any other mixed or multiple ethnic background.	22	2.0	2.0	92.8
	Asian or Asian British - Indian	16	1.5	1.5	94.3
	Asian or Asian British - Pakistani	7	.6	.6	94.9
	Asian or Asian British - Bangladeshi	3	.3	.3	95.2
	Asian or Asian British - Chinese	15	1.4	1.4	96.6
	Any other Asian background.	12	1.1	1.1	97.7
	Arab	1	.1	.1	97.8
	Other	10	.9	.9	98.7
	Black African or Black British (African)	8	.7	.7	99.4
	Black Caribbean or Black British (Caribbean)	3	.3	.3	99.7
	Any other Black African or Caribbean background	1	.1	.1	99.8
	no response	2	.2	.2	100.0
	Total	1080	100.0	100.0	

All three job profiles together

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Academic	603	55.8	55.8	55.8
	Professional	477	44.2	44.2	100.0
	Total	1080	100.0	100.0	

Are you in a leadership and management position (eg Head of School, Dean of Faculty, Finance Manager, Communications Manager etc.)?

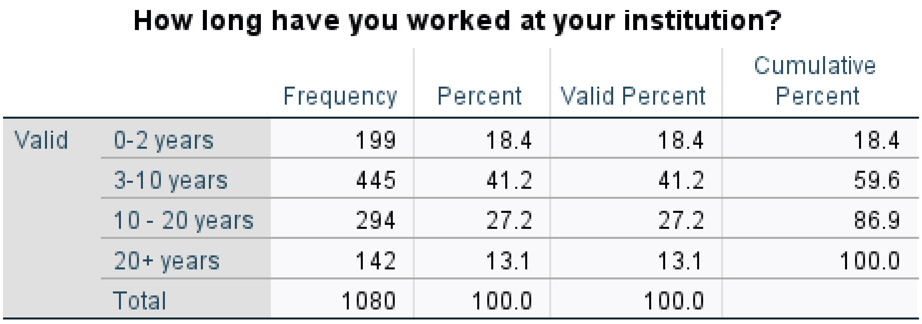
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	238	22.0	22.1	22.1
	No	828	76.7	77.0	99.2
	Prefer not to say	9	.8	.8	100.0
	Total	1075	99.5	100.0	
Missing	System	5	.5		
Total		1080	100.0		

Do you have formal line management responsibilities?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	374	34.6	34.7	34.7
	No	696	64.4	64.6	99.3
	Prefer not to say	8	.7	.7	100.0
	Total	1078	99.8	100.0	
Missing	System	2	.2		
Total		1080	100.0		

Are you

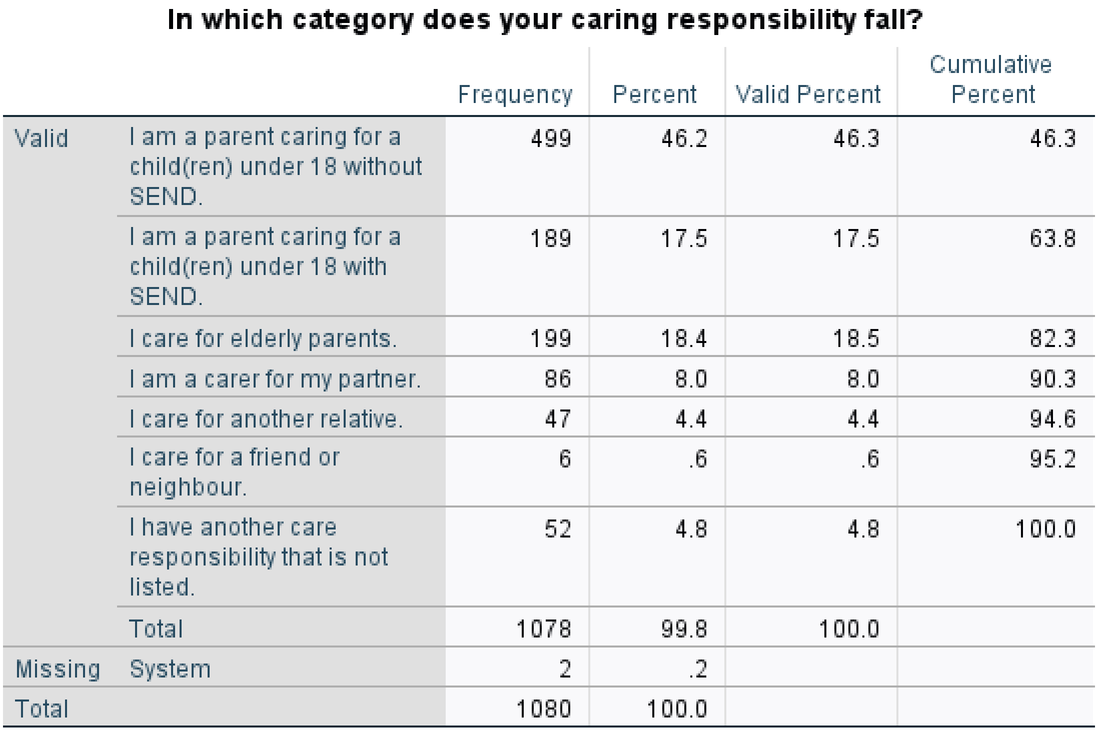
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Full-time	733	67.9	68.6	68.6
	Part-time	335	31.0	31.4	100.0
	Total	1068	98.9	100.0	
Missing	System	12	1.1		
Total		1080	100.0		



How long have you worked at your institution?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0-2 years	199	18.4	18.4	18.4
	3-10 years	445	41.2	41.2	59.6
	10 - 20 years	294	27.2	27.2	86.9
	20+ years	142	13.1	13.1	100.0
	Total	1080	100.0	100.0	

<u>Care category (1)</u>



In which category does your caring responsibility fall?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	I am a parent caring for a child(ren) under 18 without SEND.	499	46.2	46.3	46.3
	I am a parent caring for a child(ren) under 18 with SEND.	189	17.5	17.5	63.8
	I care for elderly parents.	199	18.4	18.5	82.3
	I am a carer for my partner.	86	8.0	8.0	90.3
	I care for another relative.	47	4.4	4.4	94.6
	I care for a friend or neighbour.	6	.6	.6	95.2
	I have another care responsibility that is not listed.	52	4.8	4.8	100.0
	Total	1078	99.8	100.0	
Missing	System	2	.2		
Total		1080	100.0		

In relation to this specific caring responsibility, where do(es) the person(s) you care for live? If someone lives with you part of the time, select 'A mix of both'.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	With me	821	76.0	76.1	76.1
	Somewhere else	190	17.6	17.6	93.7
	A mix of both	66	6.1	6.1	99.8
	No Response	2	.2	.2	100.0
	Total	1079	99.9	100.0	
Missing	System	1	.1		
Total		1080	100.0		

How long have you had this caring responsibility?

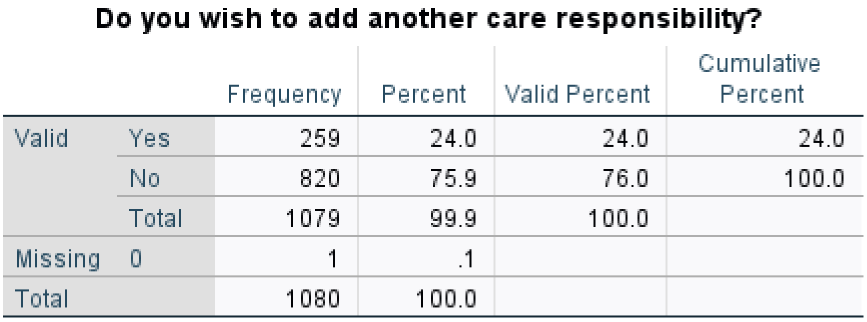
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0-5 years	389	36.0	36.1	36.1
	6-10 years	302	28.0	28.0	64.0
	10+ years	388	35.9	36.0	100.0
	Total	1079	99.9	100.0	
Missing	System	1	.1		
Total		1080	100.0		

On average, how long do you spend on this caring responsibility?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	A few hours each day.	608	56.3	56.5	56.5
	A few hours each week.	174	16.1	16.2	72.7
	A few hours each month.	24	2.2	2.2	74.9
	I provide 24-hour care.	270	25.0	25.1	100.0
	Total	1076	99.6	100.0	
Missing	System	4	.4		
Total		1080	100.0		

Types of care

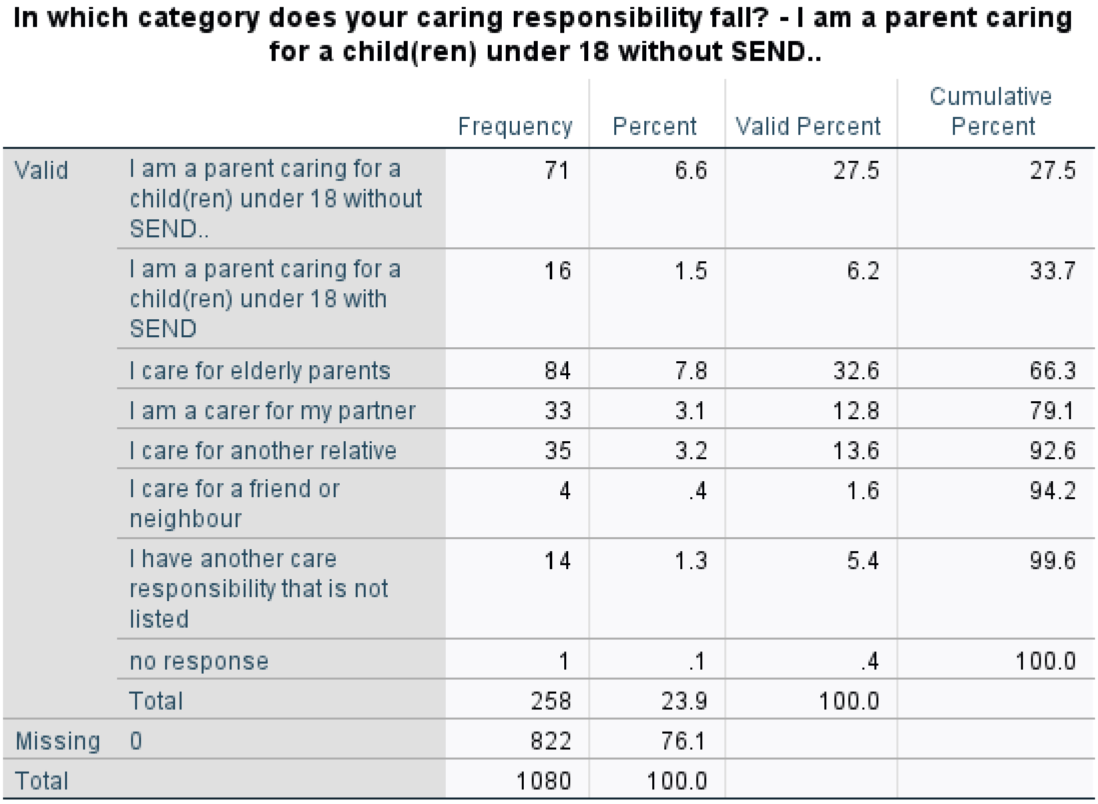
	Personal	Physical	administrative	Practical	Social	Medical	Emotional	Other
Number	597	363	912	958	956	575	1004	801
Percentage	55.3	33.6	84.4	88.7	88.5	53.2	93.0	74.2



Do you wish to add another care responsibility?

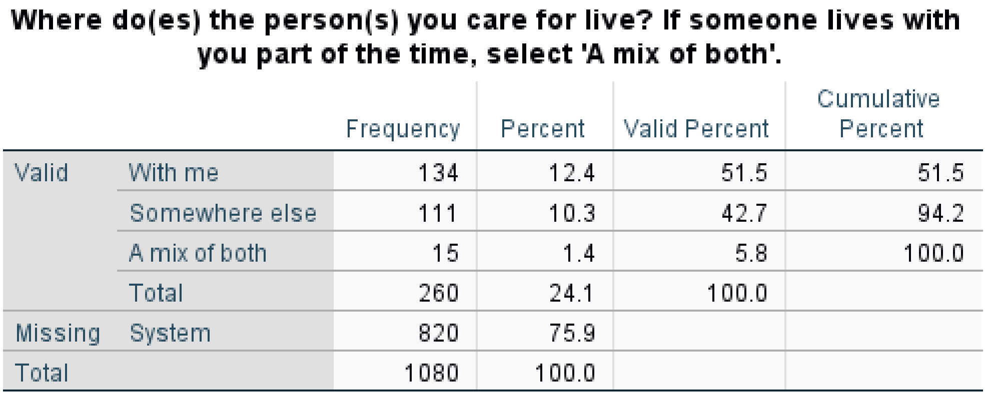
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	259	24.0	24.0	24.0
	No	820	75.9	76.0	100.0
	Total	1079	99.9	100.0	
Missing	0	1	.1		
Total		1080	100.0		

Care category (2)



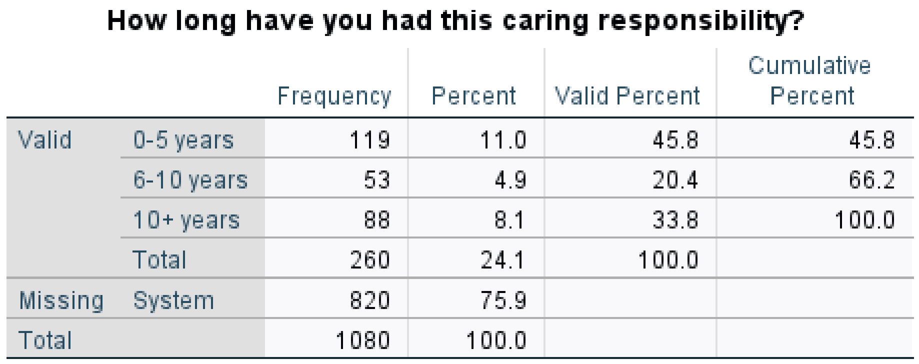
In which category does your caring responsibility fall? - I am a parent caring for a child(ren) under 18 without SEND..

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	I am a parent caring for a child(ren) under 18 without SEND..	71	6.6	27.5	27.5
	I am a parent caring for a child(ren) under 18 with SEND	16	1.5	6.2	33.7
	I care for elderly parents	84	7.8	32.6	66.3
	I am a carer for my partner	33	3.1	12.8	79.1
	I care for another relative	35	3.2	13.6	92.6
	I care for a friend or neighbour	4	.4	1.6	94.2
	I have another care responsibility that is not listed	14	1.3	5.4	99.6
	no response	1	.1	.4	100.0
	Total	258	23.9	100.0	
Missing	0	822	76.1		
Total		1080	100.0		



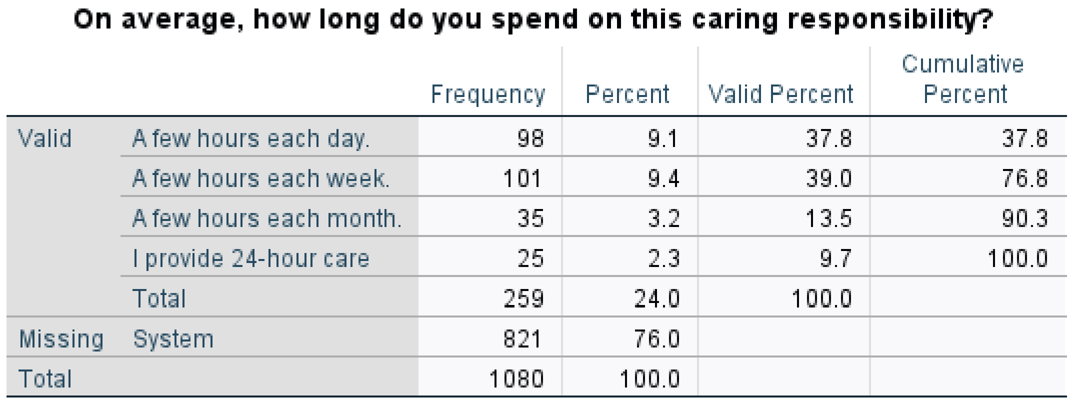
Where do(es) the person(s) you care for live? If someone lives with you part of the time, select 'A mix of both'.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	With me	134	12.4	51.5	51.5
	Somewhere else	111	10.3	42.7	94.2
	A mix of both	15	1.4	5.8	100.0
	Total	260	24.1	100.0	
Missing	System	820	75.9		
Total		1080	100.0		



How long have you had this caring responsibility?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0-5 years	119	11.0	45.8	45.8
	6-10 years	53	4.9	20.4	66.2
	10+ years	88	8.1	33.8	100.0
	Total	260	24.1	100.0	
Missing	System	820	75.9		
Total		1080	100.0		

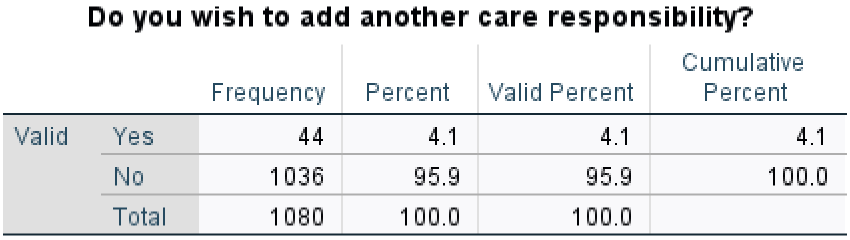


On average, how long do you spend on this caring responsibility?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	A few hours each day.	98	9.1	37.8	37.8
	A few hours each week.	101	9.4	39.0	76.8
	A few hours each month.	35	3.2	13.5	90.3
	I provide 24-hour care	25	2.3	9.7	100.0
	Total	259	24.0	100.0	
Missing	System	821	76.0		
Total		1080	100.0		

Types of care (2)

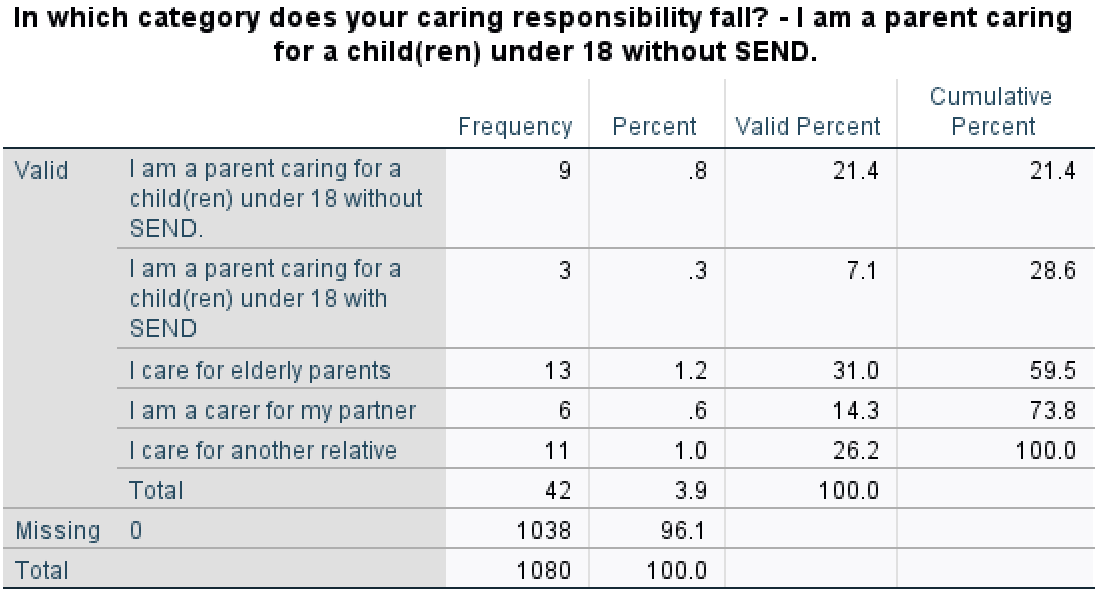
	Personal	Physical	administrative	Practical	Social	Medical	Emotional	Other
Number	60	50	202	184	188	82	233	1021
Percentage	5.6	4.6	18.7	17.0	17.4	7.6	21.6	94.5



Do you wish to add another care responsibility?

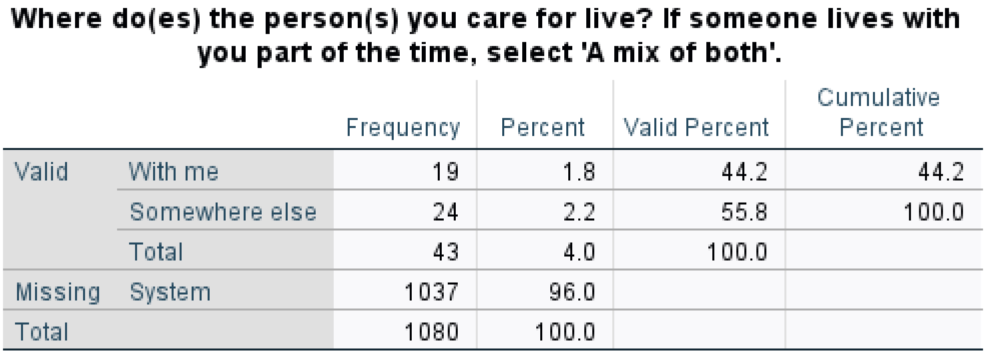
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	44	4.1	4.1	4.1
	No	1036	95.9	95.9	100.0
	Total	1080	100.0	100.0	

Care Category 3



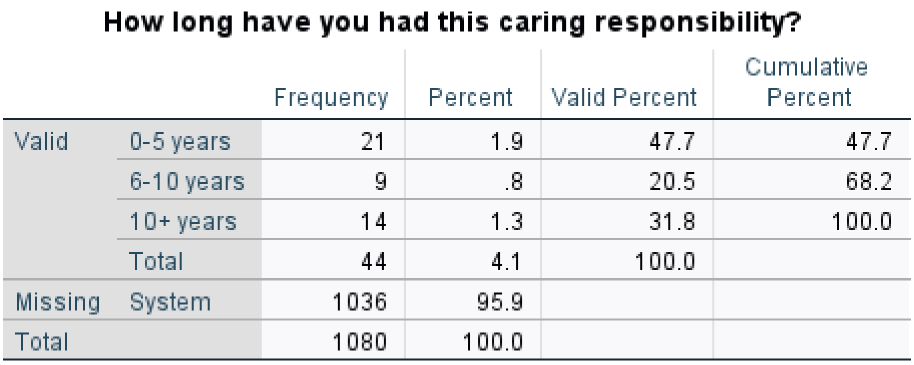
In which category does your caring responsibility fall? - I am a parent caring for a child(ren) under 18 without SEND.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	I am a parent caring for a child(ren) under 18 without SEND.	9	.8	21.4	21.4
	I am a parent caring for a child(ren) under 18 with SEND	3	.3	7.1	28.6
	I care for elderly parents	13	1.2	31.0	59.5
	I am a carer for my partner	6	.6	14.3	73.8
	I care for another relative	11	1.0	26.2	100.0
	Total	42	3.9	100.0	
Missing	0	1038	96.1		
Total		1080	100.0		



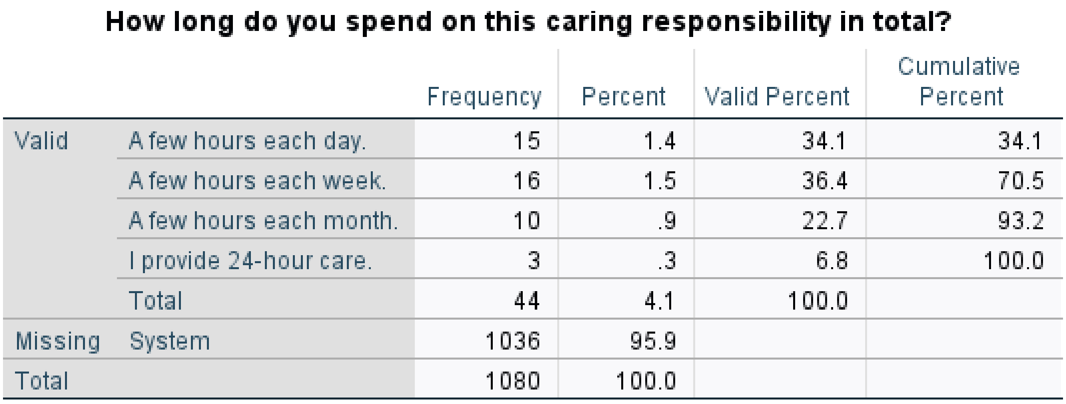
Where do(es) the person(s) you care for live? If someone lives with you part of the time, select 'A mix of both'.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	With me	19	1.8	44.2	44.2
	Somewhere else	24	2.2	55.8	100.0
	Total	43	4.0	100.0	
Missing	System	1037	96.0		
Total		1080	100.0		



How long have you had this caring responsibility?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0-5 years	21	1.9	47.7	47.7
	6-10 years	9	.8	20.5	68.2
	10+ years	14	1.3	31.8	100.0
	Total	44	4.1	100.0	
Missing	System	1036	95.9		
Total		1080	100.0		



How long do you spend on this caring responsibility in total?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	A few hours each day.	15	1.4	34.1	34.1
	A few hours each week.	16	1.5	36.4	70.5
	A few hours each month.	10	.9	22.7	93.2
	I provide 24-hour care.	3	.3	6.8	100.0
	Total	44	4.1	100.0	
Missing	System	1036	95.9		
Total		1080	100.0		

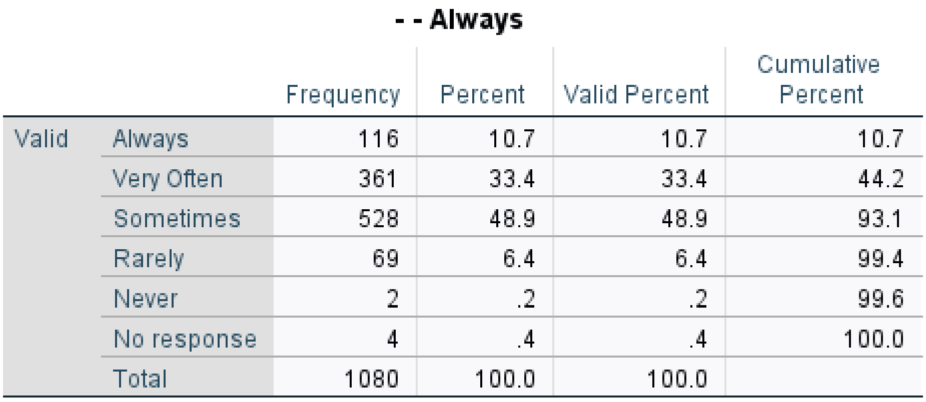
Types of care (3)

	Personal	Physical	administrative	Practical	Social	Medical	Emotional	Other
Number	13	10	31	31	33	14	38	1067
Percentage	1.2	0.9	2.9	2.9	3.1	1.3	3.5	98.8

When thinking about your dual role as carer and employee, how do you find managing your work/life balance?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Very Difficult	193	17.9	17.9	17.9
	Difficult	649	60.1	60.1	78.0
	Neutral	201	18.6	18.6	96.6
	Easy	32	3.0	3.0	99.5
	Very Easy	1	.1	.1	99.6
	No Response	4	.4	.4	100.0
	Total	1080	100.0	100.0	

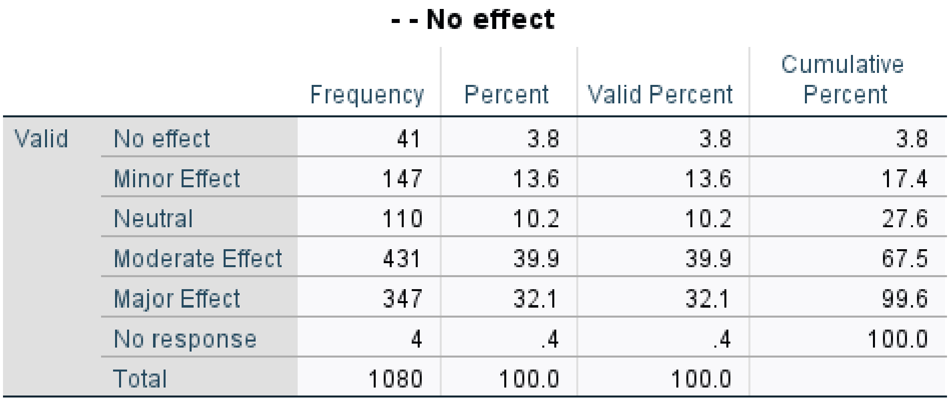
Does your dual role negatively affect your own health and wellbeing?



- - Always

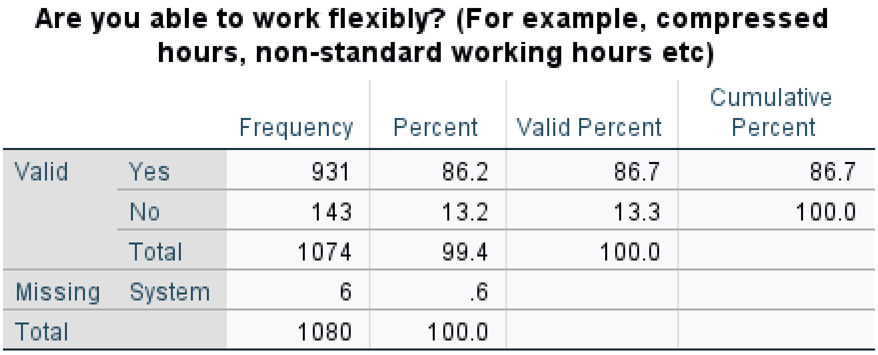
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Always	116	10.7	10.7	10.7
	Very Often	361	33.4	33.4	44.2
	Sometimes	528	48.9	48.9	93.1
	Rarely	69	6.4	6.4	99.4
	Never	2	.2	.2	99.6
	No response	4	.4	.4	100.0
	Total	1080	100.0	100.0	

Does your dual role have any impact on your career development/progression?



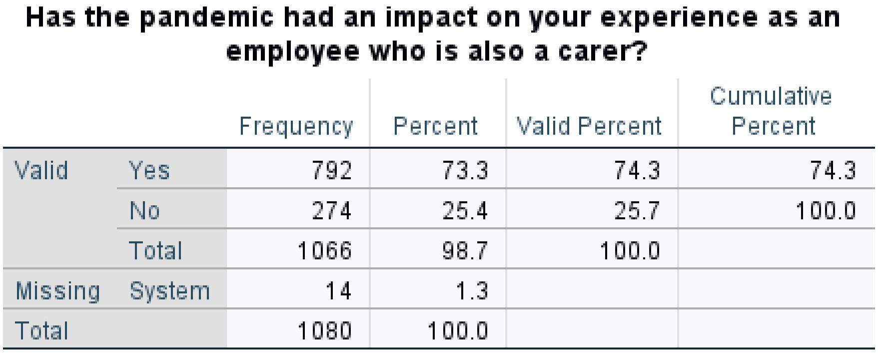
- - No effect

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No effect	41	3.8	3.8	3.8
	Minor Effect	147	13.6	13.6	17.4
	Neutral	110	10.2	10.2	27.6
	Moderate Effect	431	39.9	39.9	67.5
	Major Effect	347	32.1	32.1	99.6
	No response	4	.4	.4	100.0
	Total	1080	100.0	100.0	



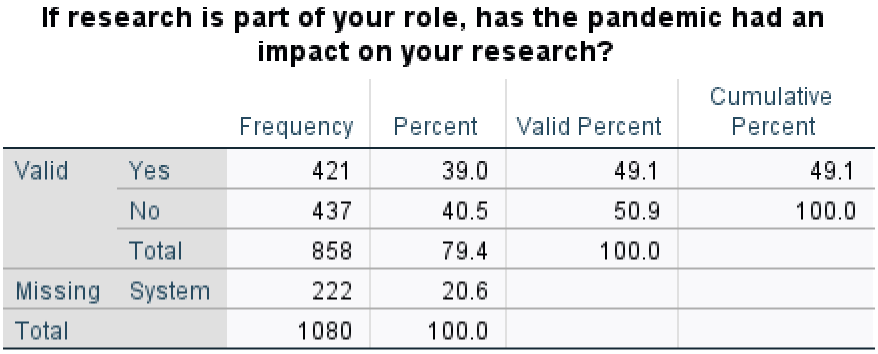
Are you able to work flexibly? (For example, compressed hours, non-standard working hours etc)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	931	86.2	86.7	86.7
	No	143	13.2	13.3	100.0
	Total	1074	99.4	100.0	
Missing	System	6	.6		
Total		1080	100.0		



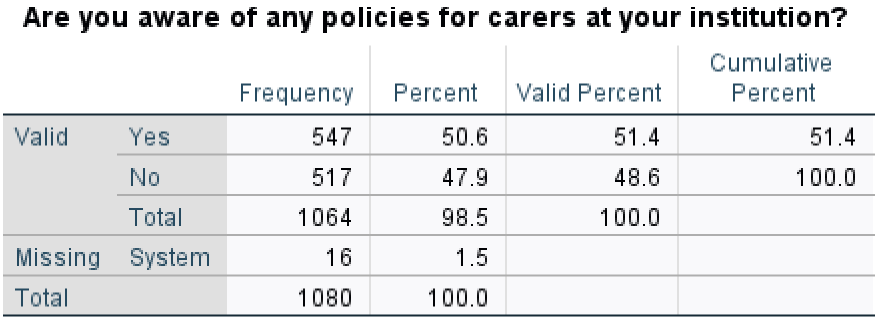
Has the pandemic had an impact on your experience as an employee who is also a carer?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	792	73.3	74.3	74.3
	No	274	25.4	25.7	100.0
	Total	1066	98.7	100.0	
Missing	System	14	1.3		
Total		1080	100.0		



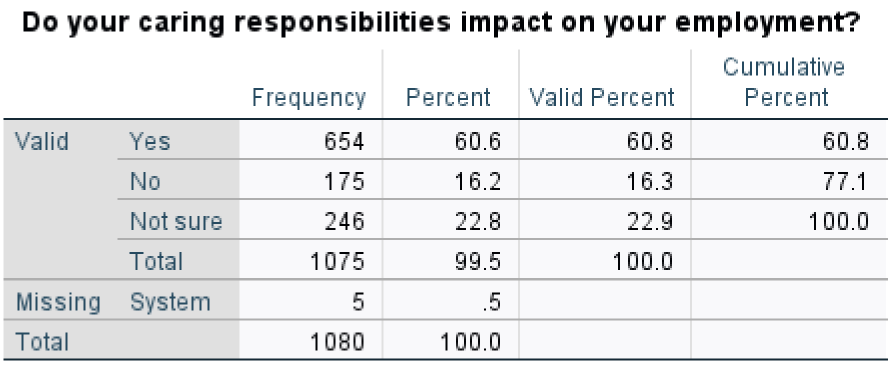
If research is part of your role, has the pandemic had an impact on your research?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	421	39.0	49.1	49.1
	No	437	40.5	50.9	100.0
	Total	858	79.4	100.0	
Missing	System	222	20.6		
Total		1080	100.0		



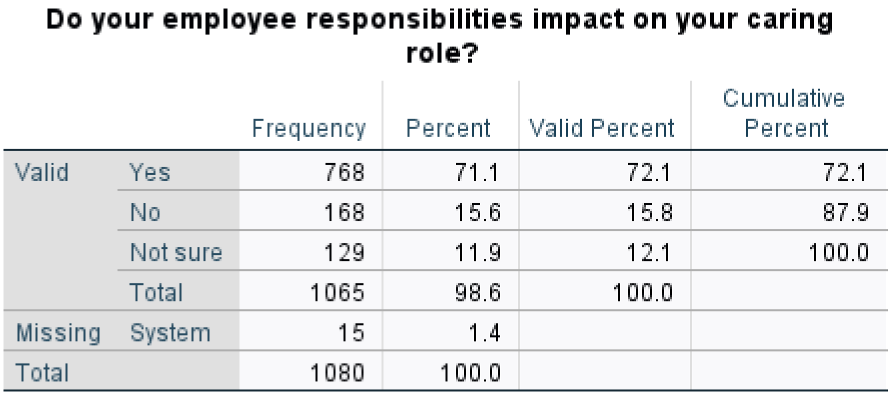
Are you aware of any policies for carers at your institution?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	547	50.6	51.4	51.4
	No	517	47.9	48.6	100.0
	Total	1064	98.5	100.0	
Missing	System	16	1.5		
Total		1080	100.0		



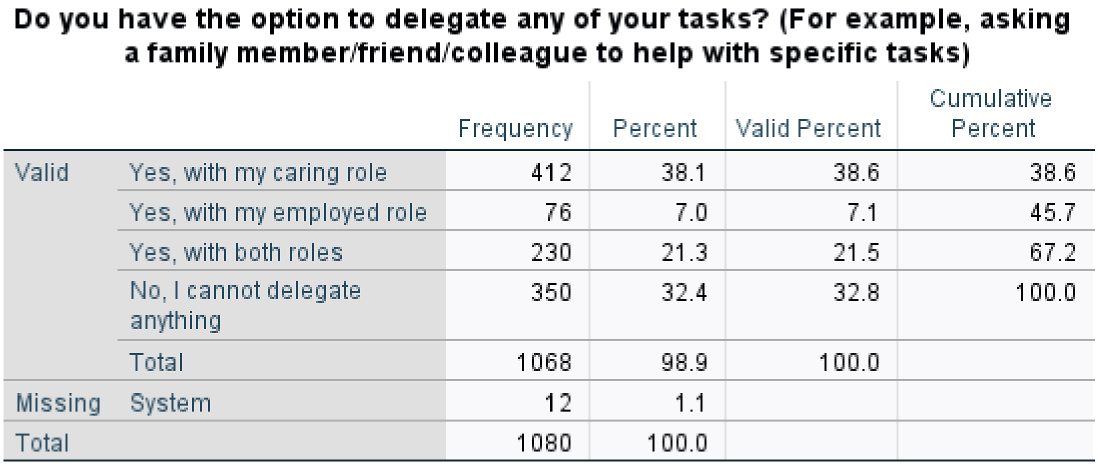
Do your caring responsibilities impact on your employment?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	654	60.6	60.8	60.8
	No	175	16.2	16.3	77.1
	Not sure	246	22.8	22.9	100.0
	Total	1075	99.5	100.0	
Missing	System	5	.5		
Total		1080	100.0		



Do your employee responsibilities impact on your caring role?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	768	71.1	72.1	72.1
	No	168	15.6	15.8	87.9
	Not sure	129	11.9	12.1	100.0
	Total	1065	98.6	100.0	
Missing	System	15	1.4		
Total		1080	100.0		



Do you have the option to delegate any of your tasks? (For example, asking a family member/friend/colleague to help with specific tasks)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes, with my caring role	412	38.1	38.6	38.6
	Yes, with my employed role	76	7.0	7.1	45.7
	Yes, with both roles	230	21.3	21.5	67.2
	No, I cannot delegate anything	350	32.4	32.8	100.0
	Total	1068	98.9	100.0	
Missing	System	12	1.1		
Total		1080	100.0		

Appendix 10: Cross-tabulation Analysis by Position – Survey responses

Gender

			Male	Female	Prefer not to say	Another gender identity	
All three job profiles together	Academic	Count	111	478	3	11	603
		% within All three job profiles together	18.4%	79.3%	0.5%	1.8%	100.0%
	Professional	Count	65	401	4	7	477
		% within All three job profiles together	13.6%	84.1%	0.8%	1.5%	100.0%
Total		Count	176	879	7	18	1080
		% within All three job profiles together	16.3%	81.4%	0.6%	1.7%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	5.170[a]	3	.160
Likelihood Ratio	5.223	3	.156
Linear-by-Linear Association	2.341	1	.126
N of Valid Cases	1080		

a. 2 cells (25.0%) have expected count less than 5. The minimum expected count is 3.09.

Are you in a leadership and management position (eg Head of School, Dean of Faculty, Finance Manager, Communications Manager etc.)?

			Yes	No	Prefer not to say	
All three job profiles together	Academic	Count	104	492	5	601
		% within All three job profiles together	17.3%	81.9%	0.8%	100.0%

	Professional	Count	134	336	4	474
		% within All three job profiles together	28.3%	70.9%	0.8%	100.0%
Total		Count	238	828	9	1075
		% within All three job profiles together	22.1%	77.0%	0.8%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	18.539[a]	2	<.001
Likelihood Ratio	18.432	2	<.001
Linear-by-Linear Association	17.227	1	<.001
N of Valid Cases	1075		

a. 1 cells (16.7%) have expected count less than 5. The minimum expected count is 3.97.

Do you have formal line management responsibilities?

			Yes	No	Prefer not to say	
All three job profiles together	Academic	Count	190	405	7	602
		% within All three job profiles together	31.6%	67.3%	1.2%	100.0%
	Professional	Count	184	291	1	476
		% within All three job profiles together	38.7%	61.1%	0.2%	100.0%
Total		Count	374	696	8	1078
		% within All three job profiles together	34.7%	64.6%	0.7%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	8.660[a]	2	.013
Likelihood Ratio	9.154	2	.010
Linear-by-Linear Association	7.192	1	.007
N of Valid Cases	1078		

a. 2 cells (33.3%) have expected count less than 5. The minimum expected count is 3.53.

Are you Full time or Part Time

			Full-time	Part-time	
All three job profiles together	Academic	Count	433	164	597
		% within All three job profiles together	72.5%	27.5%	100.0%
	Professional	Count	300	171	471
		% within All three job profiles together	63.7%	36.3%	100.0%
Total		Count	733	335	1068
		% within All three job profiles together	68.6%	31.4%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	9.546[a]	1	.002		
Continuity Correction[b]	9.140	1	.003		
Likelihood Ratio	9.513	1	.002		
Fisher's Exact Test				.002	.001
Linear-by-Linear Association	9.537	1	.002		
N of Valid Cases	1068				

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 147.74.

b. Computed only for a 2x2 table

In which category does your caring responsibility fall?

			I am a parent caring for a child(ren) under 18 without SEND.	I am a parent caring for a child(ren) under 18 with SEND.	I care for elderly parents.	I am a carer for my partner.	I care for another relative.	I care for a friend or neighbour.	I have another care responsibility that is not listed.	
All three job profiles together	Academic	Count	282	112	98	54	22	4	29	601
		% within All three job profiles together	46.9%	18.6%	16.3%	9.0%	3.7%	0.7%	4.8%	100.0%
	Professional	Count	217	77	101	32	25	2	23	477
		% within All three job profiles together	45.5%	16.1%	21.2%	6.7%	5.2%	0.4%	4.8%	100.0%
Total		Count	499	189	199	86	47	6	52	1078
		% within All three job profiles together	46.3%	17.5%	18.5%	8.0%	4.4%	0.6%	4.8%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	8.015[a]	6	.237
Likelihood Ratio	8.016	6	.237
Linear-by-Linear Association	.310	1	.578
N of Valid Cases	1078		

a. 2 cells (14.3%) have expected count less than 5. The minimum expected count is 2.65.

In relation to this specific caring responsibility, where do(es) the person(s) you care for live? If someone lives with you part of the time, select 'A mix of both'.

			With me	Somewhere else	A mix of both	No Response	
All three job profiles together	Academic	Count	463	95	42	2	602
		% within All three job profiles together	76.9%	15.8%	7.0%	0.3%	100.0%
	Professional	Count	358	95	24	0	477
		% within All three job profiles together	75.1%	19.9%	5.0%	0.0%	100.0%
Total		Count	821	190	66	2	1079
		% within All three job profiles together	76.1%	17.6%	6.1%	0.2%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	5.937[a]	3	.115
Likelihood Ratio	6.696	3	.082
Linear-by-Linear Association	.044	1	.835
N of Valid Cases	1079		

a. 2 cells (25.0%) have expected count less than 5. The minimum expected count is .88.

How long have you had this caring responsibility?

			0-5 years	6-10 years	10+ years	
All three job profiles together	Academic	Count	204	176	222	602
		% within All three job profiles together	33.9%	29.2%	36.9%	100.0%
	Professional	Count	185	126	166	477
		% within All three job profiles together	38.8%	26.4%	34.8%	100.0%
Total		Count	389	302	388	1079
		% within All three job profiles together	36.1%	28.0%	36.0%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	2.846[a]	2	.241
Likelihood Ratio	2.842	2	.241
Linear-by-Linear Association	1.795	1	.180
N of Valid Cases	1079		

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 133.51.

On average, how long do you spend on this caring responsibility?

			A few hours each day.	A few hours each week.	A few hours each month.	I provide 24-hour care.	
All three job profiles together	Academic	Count	350	89	16	145	600
		% within All three job profiles together	58.3%	14.8%	2.7%	24.2%	100.0%
	Professional	Count	258	85	8	125	476
		% within All three job profiles together	54.2%	17.9%	1.7%	26.3%	100.0%
Total		Count	608	174	24	270	1076
		% within All three job profiles together	56.5%	16.2%	2.2%	25.1%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	3.923[a]	3	.270
Likelihood Ratio	3.946	3	.267
Linear-by-Linear Association	.897	1	.344
N of Valid Cases	1076		

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 10.62.

What types of care do you provide for this particular caring responsibility?

	Personal Care	Physical	Administrative	Practical	Social Care	Medical	Emotional
Academic	323	203	515	533	533	315	562
Professional	274	160	397	425	423	260	442
Auxiliary	0	0	0	0	0	0	0

When thinking about your dual role as a carer and employee, how do you find managing your work/life balance?

			Very Difficult	Difficult	Neutral	Easy	Very Easy	No Response	
All three job profiles together	Academic	Count	145	362	85	10	0	1	603
		% within All three job profiles together	24.0%	60.0%	14.1%	1.7%	0.0%	0.2%	100.0%
	Professional	Count	48	287	116	22	1	3	477
		% within All three job profiles together	10.1%	60.2%	24.3%	4.6%	0.2%	0.6%	100.0%
Total		Count	193	649	201	32	1	4	1080
		% within All three job profiles together	17.9%	60.1%	18.6%	3.0%	0.1%	0.4%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	54.745[a]	5	<.001
Likelihood Ratio	56.842	5	<.001
Linear-by-Linear Association	51.981	1	<.001
N of Valid Cases	1080		

a. 4 cells (33.3%) have expected count less than 5. The minimum expected count is .44.

Does your dual role negatively affect your own health and wellbeing?

			Always	Very Often	Sometimes	Rarely	Never	No response	
All three job profiles together	Academic	Count	74	220	263	42	2	2	603
		% within All three job profiles together	12.3%	36.5%	43.6%	7.0%	0.3%	0.3%	100.0%
	Professional	Count	42	141	265	27	0	2	477
		% within All three job profiles together	8.8%	29.6%	55.6%	5.7%	0.0%	0.4%	100.0%
Total		Count	116	361	528	69	2	4	1080
		% within All three job profiles together	10.7%	33.4%	48.9%	6.4%	0.2%	0.4%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	16.914[a]	5	.005
Likelihood Ratio	17.706	5	.003
Linear-by-Linear Association	6.072	1	.014
N of Valid Cases	1080		

a. 4 cells (33.3%) have expected count less than 5. The minimum expected count is .88.

Does your dual role have any impact on your career development/progression?

			No effect	Minor Effect	Neutral	Moderate Effect	Major Effect	No response	
All three job profiles together	Academic	Count	19	80	49	239	213	3	603
		% within All three job profiles together	3.2%	13.3%	8.1%	39.6%	35.3%	0.5%	100.0%
	Professional	Count	22	67	61	192	134	1	477
		% within All three job profiles together	4.6%	14.0%	12.8%	40.3%	28.1%	0.2%	100.0%
Total		Count	41	147	110	431	347	4	1080
		% within All three job profiles together	3.8%	13.6%	10.2%	39.9%	32.1%	0.4%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	12.256[a]	5	.031
Likelihood Ratio	12.275	5	.031
Linear-by-Linear Association	6.945	1	.008
N of Valid Cases	1080		

a. 2 cells (16.7%) have expected count less than 5. The minimum expected count is 1.77.

Has the pandemic had an impact on your experience as an employee who is also a carer?

			Yes	No	
All three job profiles together	Academic	Count	441	154	595
		% within All three job profiles together	74.1%	25.9%	100.0%

	Professional	Count	351	120	471
		% within All three job profiles together	74.5%	25.5%	100.0%
Total		Count	792	274	1066
		% within All three job profiles together	74.3%	25.7%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.023[a]	1	.881		
Continuity Correction[b]	.006	1	.937		
Likelihood Ratio	.023	1	.881		
Fisher's Exact Test				.888	.469
Linear-by-Linear Association	.023	1	.881		
N of Valid Cases	1066				

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 121.06.

b. Computed only for a 2x2 table

If research is part of your role, has the pandemic had an impact on your research?

			Yes	No	
All three job profiles together	Academic	Count	387	185	572
		% within All three job profiles together	67.7%	32.3%	100.0%
	Professional	Count	34	252	286
		% within All three job profiles together	11.9%	88.1%	100.0%
Total		Count	421	437	858
		% within All three job profiles together	49.1%	50.9%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	237.288[a]	1	<.001		
Continuity Correction[b]	235.061	1	<.001		
Likelihood Ratio	260.477	1	<.001		
Fisher's Exact Test				<.001	<.001
Linear-by-Linear Association	237.011	1	<.001		
N of Valid Cases	858				

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 140.33.

b. Computed only for a 2x2 table

Are you able to work flexibly? (for example compressed hours, non-standard working hours etc)

			Yes	No	
All three job profiles together	Academic	Count	513	85	598
		% within All three job profiles together	85.8%	14.2%	100.0%
	Professional	Count	418	58	476
		% within All three job profiles together	87.8%	12.2%	100.0%
Total		Count	931	143	1074
		% within All three job profiles together	86.7%	13.3%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.946[a]	1	.331		
Continuity Correction[b]	.778	1	.378		
Likelihood Ratio	.951	1	.329		
Fisher's Exact Test				.366	.189

Linear-by-Linear Association	.945	1	.331		
N of Valid Cases	1074				

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 63.38.

b. Computed only for a 2x2 table

Are you aware of any policies for carers at your institution?

			Yes	No	
All three job profiles together	Academic	Count	283	312	595
		% within All three job profiles together	47.6%	52.4%	100.0%
	Professional	Count	264	205	469
		% within All three job profiles together	56.3%	43.7%	100.0%
Total		Count	547	517	1064
		% within All three job profiles together	51.4%	48.6%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	7.996[a]	1	.005		
Continuity Correction[b]	7.651	1	.006		
Likelihood Ratio	8.010	1	.005		
Fisher's Exact Test				.005	.003
Linear-by-Linear Association	7.989	1	.005		
N of Valid Cases	1064				

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 227.89.

b. Computed only for a 2x2 table

Do your caring responsibilities impact on your employment?

	Total

			Yes	No	Not sure	
All three job profiles together	Academic	Count	374	88	138	600
		% within All three job profiles together	62.3%	14.7%	23.0%	100.0%
	Professional	Count	280	87	108	475
		% within All three job profiles together	58.9%	18.3%	22.7%	100.0%
Total		Count	654	175	246	1075
		% within All three job profiles together	60.8%	16.3%	22.9%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	2.676[a]	2	.262
Likelihood Ratio	2.663	2	.264
Linear-by-Linear Association	.373	1	.542
N of Valid Cases	1075		

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 77.33.

Do your employee responsibilities impact on your caring role?

			Yes	No	Not sure	Total
All three job profiles together	Academic	Count	444	81	72	597
		% within All three job profiles together	74.4%	13.6%	12.1%	100.0%
	Professional	Count	324	87	57	468
		% within All three job profiles together	69.2%	18.6%	12.2%	100.0%
Total		Count	768	168	129	1065

% within All three job profiles together	72.1%	15.8%	12.1%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	5.159[a]	2	.076
Likelihood Ratio	5.126	2	.077
Linear-by-Linear Association	1.504	1	.220
N of Valid Cases	1065		

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 56.69.

Do you have the option to delegate any of your tasks? (for example, asking a family member/friend/colleague to help with specific tasks)

			Yes, with my caring role	Yes, with my employed role	Yes, with both roles	No, I cannot delegate anything	
All three job profiles together	Academic	Count	263	32	83	218	596
		% within All three job profiles together	44.1%	5.4%	13.9%	36.6%	100.0%
	Professional	Count	149	44	147	132	472
		% within All three job profiles together	31.6%	9.3%	31.1%	28.0%	100.0%
Total		Count	412	76	230	350	1068
		% within All three job profiles together	38.6%	7.1%	21.5%	32.8%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	58.774[a]	3	<.001
Likelihood Ratio	58.828	3	<.001
Linear-by-Linear Association	2.474	1	.116
N of Valid Cases	1068		

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 33.59.

Appendix 11: Cross-tabulation Analysis by Care Responsibility – Survey responses

Gender			Male	Female	Prefer not to say	Another gender identity	Total
In which category does your caring responsibility fall?	I am a parent caring for a child(ren) under 18 without SEND.	Count	86	405	1	7	499
		% within In which category does your caring responsibility fall?	17.2%	81.2%	0.2%	1.4%	100.0%
	I am a parent caring for a child(ren) under 18 with SEND.	Count	30	155	2	2	189
		% within In which category does your caring responsibility fall?	15.9%	82.0%	1.1%	1.1%	100.0%
	I care for elderly parents.	Count	23	175	0	1	199
		% within In which category does your caring responsibility fall?	11.6%	87.9%	0.0%	0.5%	100.0%
	I am a carer for my partner.	Count	26	59	1	0	86
		% within In which category does your caring responsibility fall?	30.2%	68.6%	1.2%	0.0%	100.0%
	I care for another relative.	Count	3	38	2	4	47
		% within In which category does your caring responsibility fall?	6.4%	80.9%	4.3%	8.5%	100.0%
	I care for a friend or neighbour.	Count	0	5	0	1	6
		% within In which category does your caring responsibility fall?	0.0%	83.3%	0.0%	16.7%	100.0%
		Count	7	41	1	3	52

	I have another care responsibility that is not listed.	% within In which category does your caring responsibility fall?	13.5%	78.8%	1.9%	5.8%	100.0%
Total		Count	175	878	7	18	1078
		% within In which category does your caring responsibility fall?	16.2%	81.4%	0.6%	1.7%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	64.856[a]	18	<.001
Likelihood Ratio	49.194	18	<.001
Linear-by-Linear Association	6.962	1	.008
N of Valid Cases	1078		

a. 15 cells (53.6%) have expected count less than 5. The minimum expected count is .04.

Are you in a leadership and management position (eg Head of School, Dean of Faculty, Finance Manager, Communications Manager etc.)?

			Yes	No	Prefer not to say	Total
In which category does your caring responsibility fall?	I am a parent caring for a child(ren) under 18 without SEND.	Count	112	383	3	498
		% within In which category does your caring responsibility fall?	22.5%	76.9%	0.6%	100.0%
	I am a parent caring for a child(ren) under 18 with SEND.	Count	38	148	1	187
		% within In which category does your	20.3%	79.1%	0.5%	100.0%

		caring responsibility fall?				
	I care for elderly parents.	Count	49	147	2	198
		% within In which category does your caring responsibility fall?	24.7%	74.2%	1.0%	100.0%
	I am a carer for my partner.	Count	21	64	1	86
		% within In which category does your caring responsibility fall?	24.4%	74.4%	1.2%	100.0%
	I care for another relative.	Count	9	35	2	46
		% within In which category does your caring responsibility fall?	19.6%	76.1%	4.3%	100.0%
	I care for a friend or neighbour.	Count	0	6	0	6
		% within In which category does your caring responsibility fall?	0.0%	100.0%	0.0%	100.0%
	I have another care responsibility that is not listed.	Count	9	43	0	52
		% within In which category does your caring responsibility fall?	17.3%	82.7%	0.0%	100.0%
Total		Count	238	826	9	1073
		% within In which category does your caring responsibility fall?	22.2%	77.0%	0.8%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	12.097[a]	12	.438

Likelihood Ratio	10.560	12	.567
Linear-by-Linear Association	.687	1	.407
N of Valid Cases	1073		

a. 9 cells (42.9%) have expected count less than 5. The minimum expected count is .05.

Do you have formal line management responsibilities?

			Yes	No	Prefer not to say	
In which category does your caring responsibility fall?	I am a parent caring for a child(ren) under 18 without SEND.	Count	177	318	3	498
		% within In which category does your caring responsibility fall?	35.5%	63.9%	0.6%	100.0%
	I am a parent caring for a child(ren) under 18 with SEND.	Count	60	129	0	189
		% within In which category does your caring responsibility fall?	31.7%	68.3%	0.0%	100.0%
	I care for elderly parents.	Count	80	117	1	198
		% within In which category does your caring responsibility fall?	40.4%	59.1%	0.5%	100.0%
	I am a carer for my partner.	Count	29	56	1	86
		% within In which category does your caring responsibility fall?	33.7%	65.1%	1.2%	100.0%
	I care for another relative.	Count	12	32	3	47
		% within In which category does your	25.5%	68.1%	6.4%	100.0%

		caring responsibility fall?				
	I care for a friend or neighbour.	Count	1	5	0	6
		% within In which category does your caring responsibility fall?	16.7%	83.3%	0.0%	100.0%
	I have another care responsibility that is not listed.	Count	15	37	0	52
		% within In which category does your caring responsibility fall?	28.8%	71.2%	0.0%	100.0%
Total		Count	374	694	8	1076
		% within In which category does your caring responsibility fall?	34.8%	64.5%	0.7%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	29.221[a]	12	.004
Likelihood Ratio	18.737	12	.095
Linear-by-Linear Association	1.740	1	.187
N of Valid Cases	1076		

a. 9 cells (42.9%) have expected count less than 5. The minimum expected count is .04.

Are you Full time or Part Time

			Full-time	Part-time	
In which category does your caring responsibility fall?	I am a parent caring for a child(ren) under 18 without SEND.	Count	318	176	494
		% within In which category does your caring responsibility fall?	64.4%	35.6%	100.0%
	I am a parent caring for a child(ren) under 18 with SEND.	Count	121	67	188
		% within In which category does your caring responsibility fall?	64.4%	35.6%	100.0%
	I care for elderly parents.	Count	149	46	195
		% within In which category does your caring responsibility fall?	76.4%	23.6%	100.0%
	I am a carer for my partner.	Count	63	22	85
		% within In which category does your caring responsibility fall?	74.1%	25.9%	100.0%
	I care for another relative.	Count	35	11	46
		% within In which category does your caring responsibility fall?	76.1%	23.9%	100.0%
	I care for a friend or neighbour.	Count	5	1	6
		% within In which category does your caring responsibility fall?	83.3%	16.7%	100.0%
	I have another care responsibility that is not listed.	Count	40	12	52
		% within In which category does your caring responsibility fall?	76.9%	23.1%	100.0%
Total		Count	731	335	1066
		% within In which category does your caring responsibility fall?	68.6%	31.4%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	15.857[a]	6	.015
Likelihood Ratio	16.312	6	.012
Linear-by-Linear Association	11.048	1	<.001
N of Valid Cases	1066		

a. 2 cells (14.3%) have expected count less than 5. The minimum expected count is 1.89.

In relation to this specific caring responsibility, where do(es) the person(s) you care for live? If someone lives with you part of the time, select 'A mix of both'.

			With me	Somewhere else	A mix of both	No Response	
In which category does your caring responsibility fall?	I am a parent caring for a child(ren) under 18 without SEND.	Count	483	2	12	1	498
		% within In which category does your caring responsibility fall?	97.0%	0.4%	2.4%	0.2%	100.0%
	I am a parent caring for a child(ren) under 18 with SEND.	Count	176	0	13	0	189
		% within In which category does your caring responsibility fall?	93.1%	0.0%	6.9%	0.0%	100.0%
	I care for elderly parents.	Count	33	145	21	0	199
		% within In which category does your caring responsibility fall?	16.6%	72.9%	10.6%	0.0%	100.0%

	I am a carer for my partner.	Count	74	7	5	0	86
		% within In which category does your caring responsibility fall?	86.0%	8.1%	5.8%	0.0%	100.0%
	I care for another relative.	Count	19	22	6	0	47
		% within In which category does your caring responsibility fall?	40.4%	46.8%	12.8%	0.0%	100.0%
	I care for a friend or neighbour.	Count	1	3	1	1	6
		% within In which category does your caring responsibility fall?	16.7%	50.0%	16.7%	16.7%	100.0%
	I have another care responsibility that is not listed.	Count	33	11	8	0	52
		% within In which category does your caring responsibility fall?	63.5%	21.2%	15.4%	0.0%	100.0%
Total		Count	819	190	66	2	1077
		% within In which category does your caring responsibility fall?	76.0%	17.6%	6.1%	0.2%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	751.913[a]	18	<.001
Likelihood Ratio	661.222	18	<.001
Linear-by-Linear Association	142.712	1	<.001
N of Valid Cases	1077		

a. 12 cells (42.9%) have expected count less than 5. The minimum expected count is .01.

How long have you had this caring responsibility?

			0-5 years	6-10 years	10+ years	
In which category does your caring responsibility fall?	I am a parent caring for a child(ren) under 18 without SEND.	Count	176	153	169	498
		% within In which category does your caring responsibility fall?	35.3%	30.7%	33.9%	100.0%
	I am a parent caring for a child(ren) under 18 with SEND.	Count	22	58	109	189
		% within In which category does your caring responsibility fall?	11.6%	30.7%	57.7%	100.0%
	I care for elderly parents.	Count	123	50	26	199
		% within In which category does your caring responsibility fall?	61.8%	25.1%	13.1%	100.0%
	I am a carer for my partner.	Count	39	22	25	86
		% within In which category does your caring responsibility fall?	45.3%	25.6%	29.1%	100.0%
	I care for another relative.	Count	14	8	25	47
		% within In which category does your caring responsibility fall?	29.8%	17.0%	53.2%	100.0%
	I care for a friend or neighbour.	Count	3	1	2	6
		% within In which category does your caring responsibility fall?	50.0%	16.7%	33.3%	100.0%
	I have another care responsibility that is not listed.	Count	12	9	31	52
		% within In which category does your	23.1%	17.3%	59.6%	100.0%

		caring responsibility fall?				
Total		Count	389	301	387	1077
		% within In which category does your caring responsibility fall?	36.1%	27.9%	35.9%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	147.647[a]	12	<.001
Likelihood Ratio	157.213	12	<.001
Linear-by-Linear Association	.021	1	.884
N of Valid Cases	1077		

a. 3 cells (14.3%) have expected count less than 5. The minimum expected count is 1.68.

On average, how long do you spend on this caring responsibility?

			A few hours each day.	A few hours each week.	A few hours each month.	I provide 24-hour care.	
In which category does your caring responsibility fall?	I am a parent caring for a child(ren) under 18 without SEND.	Count	323	6	2	167	498
		% within In which category does your caring responsibility fall?	64.9%	1.2%	0.4%	33.5%	100.0%
	I am a parent caring for a child(ren) under 18 with SEND.	Count	126	8	0	54	188
		% within In which category does your	67.0%	4.3%	0.0%	28.7%	100.0%

		caring responsibility fall?					
	I care for elderly parents.	Count	69	101	16	12	198
		% within In which category does your caring responsibility fall?	34.8%	51.0%	8.1%	6.1%	100.0%
	I am a carer for my partner.	Count	42	24	1	18	85
		% within In which category does your caring responsibility fall?	49.4%	28.2%	1.2%	21.2%	100.0%
	I care for another relative.	Count	19	19	2	7	47
		% within In which category does your caring responsibility fall?	40.4%	40.4%	4.3%	14.9%	100.0%
	I care for a friend or neighbour.	Count	3	3	0	0	6
		% within In which category does your caring responsibility fall?	50.0%	50.0%	0.0%	0.0%	100.0%
	I have another care responsibility that is not listed.	Count	25	13	3	11	52
		% within In which category does your caring responsibility fall?	48.1%	25.0%	5.8%	21.2%	100.0%
Total		Count	607	174	24	269	1074
		% within In which category does your caring responsibility fall?	56.5%	16.2%	2.2%	25.0%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	389.364[a]	18	<.001
Likelihood Ratio	393.300	18	<.001
Linear-by-Linear Association	.834	1	.361
N of Valid Cases	1074		

a. 9 cells (32.1%) have expected count less than 5. The minimum expected count is .13.

What types of care do you provide for this particular caring responsibility?

	Personal Care	Physical	Administrative	Practical	Social Care	Medical	Emotional
I am a parent caring for a child(ren) under 18 without SEND.	353	172	408	455	457	304	463
I am a parent caring for a child(ren) under 18 with SEND.	104	28	161	163	167	93	182
I care for elderly parents.	60	85	191	175	176	90	182
I am a carer for my partner.	33	40	62	78	62	40	78
I care for another relative.	18	17	39	36	43	20	43
I care for a friend or neighbour.	3	2	4	4	4	2	4
I have another care responsibility	25	19	45	45	45	24	50

that is not listed.							

When thinking about your dual role as a carer and employee, how do you find managing your work/life balance?

								Total	
			Very Difficult	Difficult	Neutral	Easy	Very Easy	No Response	
In which category does your caring responsibility fall?	I am a parent caring for a child(ren) under 18 without SEND.	Count	68	298	108	22	1	2	499
		% within In which category does your caring responsibility fall?	13.6%	59.7%	21.6%	4.4%	0.2%	0.4%	100.0%
	I am a parent caring for a child(ren) under 18 with SEND.	Count	45	111	29	3	0	1	189
		% within In which category does your caring responsibility fall?	23.8%	58.7%	15.3%	1.6%	0.0%	0.5%	100.0%
	I care for elderly parents.	Count	41	125	29	3	0	1	199
		% within In which category does your caring responsibility fall?	20.6%	62.8%	14.6%	1.5%	0.0%	0.5%	100.0%
	I am a carer for my partner.	Count	16	52	16	2	0	0	86
		% within In which category does your caring responsibility fall?	18.6%	60.5%	18.6%	2.3%	0.0%	0.0%	100.0%
	I care for another relative.	Count	10	29	6	2	0	0	47
		% within In which	21.3%	61.7%	12.8%	4.3%	0.0%	0.0%	100.0%

		category does your caring responsibility fall?							
	I care for a friend or neighbour.	Count	1	3	2	0	0	0	6
		% within In which category does your caring responsibility fall?	16.7%	50.0%	33.3%	0.0%	0.0%	0.0%	100.0%
	I have another care responsibility that is not listed.	Count	11	30	11	0	0	0	52
		% within In which category does your caring responsibility fall?	21.2%	57.7%	21.2%	0.0%	0.0%	0.0%	100.0%
Total		Count	192	648	201	32	1	4	1078
		% within In which category does your caring responsibility fall?	17.8%	60.1%	18.6%	3.0%	0.1%	0.4%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	28.119[a]	30	.564
Likelihood Ratio	31.052	30	.413
Linear-by-Linear Association	8.050	1	.005
N of Valid Cases	1078		

a. 21 cells (50.0%) have expected count less than 5. The minimum expected count is .01.

Does your dual role negatively affect your own health and wellbeing?

			Always	Very Often	Sometimes	Rarely	Never	No response	
In which category does your caring responsibility fall?	I am a parent caring for a child(ren) under 18 without SEND.	Count	32	150	273	41	2	1	499
		% within In which category does your caring responsibility fall?	6.4%	30.1%	54.7%	8.2%	0.4%	0.2%	100.0%
	I am a parent caring for a child(ren) under 18 with SEND.	Count	36	76	74	3	0	0	189
		% within In which category does your caring responsibility fall?	19.0%	40.2%	39.2%	1.6%	0.0%	0.0%	100.0%
	I care for elderly parents.	Count	27	60	98	12	0	2	199
		% within In which category does your caring responsibility fall?	13.6%	30.2%	49.2%	6.0%	0.0%	1.0%	100.0%
	I am a carer for my partner.	Count	3	37	37	8	0	1	86
		% within In which category does your caring responsibility fall?	3.5%	43.0%	43.0%	9.3%	0.0%	1.2%	100.0%
	I care for another relative.	Count	8	19	17	3	0	0	47
		% within In which category does your caring	17.0%	40.4%	36.2%	6.4%	0.0%	0.0%	100.0%

		responsibility fall?							
	I care for a friend or neighbour.	Count	0	4	1	1	0	0	6
		% within In which category does your caring responsibility fall?	0.0%	66.7%	16.7%	16.7%	0.0%	0.0%	100.0%
	I have another care responsibility that is not listed.	Count	10	13	28	1	0	0	52
		% within In which category does your caring responsibility fall?	19.2%	25.0%	53.8%	1.9%	0.0%	0.0%	100.0%
Total		Count	116	359	528	69	2	4	1078
		% within In which category does your caring responsibility fall?	10.8%	33.3%	49.0%	6.4%	0.2%	0.4%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	74.868[a]	30	<.001
Likelihood Ratio	78.957	30	<.001
Linear-by-Linear Association	8.338	1	.004
N of Valid Cases	1078		

a. 20 cells (47.6%) have expected count less than 5. The minimum expected count is .01.

Does your dual role have any impact on your career development/progression?

		No effect	Minor Effect	Neutral	Moderate Effect	Major Effect	No response	
	Count	14	58	40	236	149	2	499

In which category does your caring responsibility fall?	I am a parent caring for a child(ren) under 18 without SEND.	% within In which category does your caring responsibility fall?	2.8%	11.6%	8.0%	47.3%	29.9%	0.4%	100.0%
	I am a parent caring for a child(ren) under 18 with SEND.	Count	3	23	9	62	92	0	189
		% within In which category does your caring responsibility fall?	1.6%	12.2%	4.8%	32.8%	48.7%	0.0%	100.0%
	I care for elderly parents.	Count	13	33	37	70	46	0	199
		% within In which category does your caring responsibility fall?	6.5%	16.6%	18.6%	35.2%	23.1%	0.0%	100.0%
	I am a carer for my partner.	Count	6	17	13	27	23	0	86
		% within In which category does your caring responsibility fall?	7.0%	19.8%	15.1%	31.4%	26.7%	0.0%	100.0%
	I care for another relative.	Count	5	4	3	16	17	2	47
		% within In which category does your caring responsibility fall?	10.6%	8.5%	6.4%	34.0%	36.2%	4.3%	100.0%
	I care for a friend or neighbour.	Count	0	2	0	3	1	0	6
		% within In which category does your caring responsibility fall?	0.0%	33.3%	0.0%	50.0%	16.7%	0.0%	100.0%

	I have another care responsibility that is not listed.	Count	0	10	8	16	18	0	52
		% within In which category does your caring responsibility fall?	0.0%	19.2%	15.4%	30.8%	34.6%	0.0%	100.0%
Total		Count	41	147	110	430	346	4	1078
		% within In which category does your caring responsibility fall?	3.8%	13.6%	10.2%	39.9%	32.1%	0.4%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	111.528[a]	30	<.001
Likelihood Ratio	97.299	30	<.001
Linear-by-Linear Association	7.469	1	.006
N of Valid Cases	1078		

a. 16 cells (38.1%) have expected count less than 5. The minimum expected count is .02.

Has the pandemic had an impact on your experience as an employee who is also a carer?

			Yes	No	Total
In which category does your caring responsibility fall?	I am a parent caring for a child(ren) under 18 without SEND.	Count	368	122	490
		% within In which category does your caring responsibility fall?	75.1%	24.9%	100.0%
	I am a parent caring for a child(ren) under 18 with SEND.	Count	144	43	187
		% within In which category does your caring responsibility fall?	77.0%	23.0%	100.0%
	I care for elderly parents.	Count	135	64	199
		% within In which category does your caring responsibility fall?	67.8%	32.2%	100.0%
	I am a carer for my partner.	Count	64	22	86
		% within In which category does your caring responsibility fall?	74.4%	25.6%	100.0%
	I care for another relative.	Count	31	14	45
		% within In which category does your caring responsibility fall?	68.9%	31.1%	100.0%
	I care for a friend or neighbour.	Count	4	2	6
		% within In which category does your caring responsibility fall?	66.7%	33.3%	100.0%
	I have another care responsibility that is not listed.	Count	44	7	51
		% within In which category does your caring responsibility fall?	86.3%	13.7%	100.0%
Total		Count	790	274	1064
		% within In which category does your caring responsibility fall?	74.2%	25.8%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	9.921[a]	6	.128
Likelihood Ratio	10.245	6	.115
Linear-by-Linear Association	.047	1	.828
N of Valid Cases	1064		

a. 2 cells (14.3%) have expected count less than 5. The minimum expected count is 1.55.

If research is part of your role, has the pandemic had an impact on your research?

			Yes	No	Total
In which category does your caring responsibility fall?	I am a parent caring for a child(ren) under 18 without SEND.	Count	195	199	394
		% within In which category does your caring responsibility fall?	49.5%	50.5%	100.0%
	I am a parent caring for a child(ren) under 18 with SEND.	Count	80	75	155
		% within In which category does your caring responsibility fall?	51.6%	48.4%	100.0%
	I care for elderly parents.	Count	66	87	153
		% within In which category does your caring responsibility fall?	43.1%	56.9%	100.0%
	I am a carer for my partner.	Count	36	36	72
		% within In which category does your caring responsibility fall?	50.0%	50.0%	100.0%
	I care for another relative.	Count	17	20	37
		% within In which category does your caring responsibility fall?	45.9%	54.1%	100.0%

	I care for a friend or neighbour.	Count	3	2	5
		% within In which category does your caring responsibility fall?	60.0%	40.0%	100.0%
	I have another care responsibility that is not listed.	Count	23	17	40
		% within In which category does your caring responsibility fall?	57.5%	42.5%	100.0%
Total		Count	420	436	856
		% within In which category does your caring responsibility fall?	49.1%	50.9%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	4.130[a]	6	.659
Likelihood Ratio	4.143	6	.657
Linear-by-Linear Association	.070	1	.791
N of Valid Cases	856		

a. 2 cells (14.3%) have expected count less than 5. The minimum expected count is 2.45.

Are you able to work flexibly? (for example compressed hours, non-standard working hours etc)

			Yes	No	Total
In which category does your caring responsibility fall?	I am a parent caring for a child(ren) under 18 without SEND.	Count	438	57	495
		% within In which category does your caring responsibility fall?	88.5%	11.5%	100.0%
	I am a parent caring for a child(ren) under 18 with SEND.	Count	167	22	189
		% within In which category does your caring responsibility fall?	88.4%	11.6%	100.0%

	I care for elderly parents.	Count	164	35	199
		% within In which category does your caring responsibility fall?	82.4%	17.6%	100.0%
	I am a carer for my partner.	Count	74	12	86
		% within In which category does your caring responsibility fall?	86.0%	14.0%	100.0%
	I care for another relative.	Count	38	7	45
		% within In which category does your caring responsibility fall?	84.4%	15.6%	100.0%
	I care for a friend or neighbour.	Count	4	2	6
		% within In which category does your caring responsibility fall?	66.7%	33.3%	100.0%
	I have another care responsibility that is not listed.	Count	44	8	52
		% within In which category does your caring responsibility fall?	84.6%	15.4%	100.0%
Total		Count	929	143	1072
		% within In which category does your caring responsibility fall?	86.7%	13.3%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	7.486[a]	6	.278
Likelihood Ratio	6.797	6	.340
Linear-by-Linear Association	3.139	1	.076
N of Valid Cases	1072		

a. 1 cells (7.1%) have expected count less than 5. The minimum expected count is .80.

Are you aware of any policies for carers at your institution?

			Yes	No	Total
In which category does your caring responsibility fall?	I am a parent caring for a child(ren) under 18 without SEND.	Count	255	234	489
		% within In which category does your caring responsibility fall?	52.1%	47.9%	100.0%
	I am a parent caring for a child(ren) under 18 with SEND.	Count	87	100	187
		% within In which category does your caring responsibility fall?	46.5%	53.5%	100.0%
	I care for elderly parents.	Count	101	96	197
		% within In which category does your caring responsibility fall?	51.3%	48.7%	100.0%
	I am a carer for my partner.	Count	47	39	86
		% within In which category does your caring responsibility fall?	54.7%	45.3%	100.0%
	I care for another relative.	Count	26	19	45
		% within In which category does your caring responsibility fall?	57.8%	42.2%	100.0%
	I care for a friend or neighbour.	Count	0	6	6
		% within In which category does your caring responsibility fall?	0.0%	100.0%	100.0%
	I have another care responsibility that is not listed.	Count	31	21	52
		% within In which category does your caring responsibility fall?	59.6%	40.4%	100.0%
Total		Count	547	515	1062

	% within In which category does your caring responsibility fall?	51.5%	48.5%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	10.734[a]	6	.097
Likelihood Ratio	13.061	6	.042
Linear-by-Linear Association	.525	1	.469
N of Valid Cases	1062		

a. 2 cells (14.3%) have expected count less than 5. The minimum expected count is 2.91.

Do your caring responsibilities impact on your employment?

			Yes	No	Not sure	Total
In which category does your caring responsibility fall?	I am a parent caring for a child(ren) under 18 without SEND.	Count	297	96	102	495
		% within In which category does your caring responsibility fall?	60.0%	19.4%	20.6%	100.0%
	I am a parent caring for a child(ren) under 18 with SEND.	Count	130	12	47	189
		% within In which category does your caring responsibility fall?	68.8%	6.3%	24.9%	100.0%
	I care for elderly parents.	Count	110	38	51	199
		% within In which category does your caring responsibility fall?	55.3%	19.1%	25.6%	100.0%
		Count	56	13	17	86

	I am a carer for my partner.	% within In which category does your caring responsibility fall?	65.1%	15.1%	19.8%	100.0%
	I care for another relative.	Count	25	10	11	46
		% within In which category does your caring responsibility fall?	54.3%	21.7%	23.9%	100.0%
	I care for a friend or neighbour.	Count	2	1	3	6
		% within In which category does your caring responsibility fall?	33.3%	16.7%	50.0%	100.0%
	I have another care responsibility that is not listed.	Count	33	5	14	52
		% within In which category does your caring responsibility fall?	63.5%	9.6%	26.9%	100.0%
Total		Count	653	175	245	1073
		% within In which category does your caring responsibility fall?	60.9%	16.3%	22.8%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	26.874[a]	12	.008
Likelihood Ratio	29.948	12	.003
Linear-by-Linear Association	.766	1	.381
N of Valid Cases	1073		

a. 3 cells (14.3%) have expected count less than 5. The minimum expected count is .98.

Do your employee responsibilities impact on your caring role?			Yes	No	Not sure	Total
In which category does your caring responsibility fall?	I am a parent caring for a child(ren) under 18 without SEND.	Count	363	77	50	490
		% within In which category does your caring responsibility fall?	74.1%	15.7%	10.2%	100.0%
	I am a parent caring for a child(ren) under 18 with SEND.	Count	133	33	22	188
		% within In which category does your caring responsibility fall?	70.7%	17.6%	11.7%	100.0%
	I care for elderly parents.	Count	145	24	29	198
		% within In which category does your caring responsibility fall?	73.2%	12.1%	14.6%	100.0%
	I am a carer for my partner.	Count	53	17	15	85
		% within In which category does your caring responsibility fall?	62.4%	20.0%	17.6%	100.0%
	I care for another relative.	Count	29	12	3	44
		% within In which category does your caring responsibility fall?	65.9%	27.3%	6.8%	100.0%
	I care for a friend or neighbour.	Count	3	2	1	6
		% within In which category does your caring responsibility fall?	50.0%	33.3%	16.7%	100.0%
		Count	41	3	8	52

	I have another care responsibility that is not listed.	% within In which category does your caring responsibility fall?	78.8%	5.8%	15.4%	100.0%
Total		Count	767	168	128	1063
		% within In which category does your caring responsibility fall?	72.2%	15.8%	12.0%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	19.902[a]	12	.069
Likelihood Ratio	20.056	12	.066
Linear-by-Linear Association	1.658	1	.198
N of Valid Cases	1063		

a. 3 cells (14.3%) have expected count less than 5. The minimum expected count is .72.

Do you have the option to delegate any of your tasks? (for example, asking a family member/friend/colleague to help with specific tasks)

			Yes, with my caring role	Yes, with my employed role	Yes, with both roles	No, I cannot delegate anything	
In which category does your caring responsibility fall?	I am a parent caring for a child(ren) under 18 without SEND.	Count	209	32	123	128	492
		% within In which category does your caring responsibility fall?	42.5%	6.5%	25.0%	26.0%	100.0%
	I am a parent caring for a child(ren) under 18 with SEND.	Count	74	16	31	66	187
		% within In which category does your caring	39.6%	8.6%	16.6%	35.3%	100.0%

		responsibility fall?					
	I care for elderly parents.	Count	73	17	32	75	197
		% within In which category does your caring responsibility fall?	37.1%	8.6%	16.2%	38.1%	100.0%
	I am a carer for my partner.	Count	17	5	16	47	85
		% within In which category does your caring responsibility fall?	20.0%	5.9%	18.8%	55.3%	100.0%
	I care for another relative.	Count	17	3	13	14	47
		% within In which category does your caring responsibility fall?	36.2%	6.4%	27.7%	29.8%	100.0%
	I care for a friend or neighbour.	Count	0	0	3	3	6
		% within In which category does your caring responsibility fall?	0.0%	0.0%	50.0%	50.0%	100.0%
	I have another care responsibility that is not listed.	Count	21	3	12	16	52
		% within In which category does your caring responsibility fall?	40.4%	5.8%	23.1%	30.8%	100.0%
Total		Count	411	76	230	349	1066
		% within In which category does your caring responsibility fall?	38.6%	7.1%	21.6%	32.7%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	48.016[a]	18	<.001
Likelihood Ratio	49.992	18	<.001
Linear-by-Linear Association	8.847	1	.003
N of Valid Cases	1066		

a. 6 cells (21.4%) have expected count less than 5. The minimum expected count is .43.

Appendix 12: Cross-tabulation Analysis by Gender – Survey responses

Gender vs Position

(TOTAL 1073)

Which of the following options best describes your gender identity? * All three job profiles together Crosstabulation

			All three job profiles together		
			Academic	Professional	Total
Which of the following options best describes your gender identity?	Male	Count	111	65	176
		% within Which of the following options best describes your gender identity?	63.1%	36.9%	100.0%
	Female	Count	478	401	879
		% within Which of the following options best describes your gender identity?	54.4%	45.6%	100.0%
	Another gender identity	Count	11	7	18
		% within Which of the following options best describes your gender identity?	61.1%	38.9%	100.0%
Total		Count	600	473	1073
		% within Which of the following options best describes your gender identity?	55.9%	44.1%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	4.691[a]	2	.096

Likelihood Ratio	4.747	2	.093
Linear-by-Linear Association	2.025	1	.155
N of Valid Cases	1073		

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 7.93.

Gender vs Are you in a leadership and management position (eg Head of School, Dean of Faculty, Finance Manager, Communications Manager etc.)?

(total 1068, 5 missing)

Which of the following options best describes your gender identity? * Are you in a leadership and management position (eg Head of School, Dean of Faculty, Finance Manager, Communications Manager etc.)? Crosstabulation

			Are you in a leadership and management position (eg Head of School, Dean of Faculty, Finance Manager, Communications Manager etc.)?			
			Yes	No	Prefer not to say	Total
Which of the following options best describes your gender identity?	Male	Count	45	131	0	176
		% within Which of the following options best describes your gender identity?	25.6%	74.4%	0.0%	100.0%
	Female	Count	189	677	8	874
		% within Which of the following options best describes your gender identity?	21.6%	77.5%	0.9%	100.0%
	Another gender identity	Count	2	15	1	18
		% within Which of the following options best describes your gender identity?	11.1%	83.3%	5.6%	100.0%
Total		Count	236	823	9	1068

	% within Which of the following options best describes your gender identity?	22.1%	77.1%	0.8%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	8.581[a]	4	.072
Likelihood Ratio	7.569	4	.109
Linear-by-Linear Association	4.142	1	.042
N of Valid Cases	1068		

a. 3 cells (33.3%) have expected count less than 5. The minimum expected count is .15.

Gender vs Do you have formal line management responsibilities?

(total 1071, 2 missing)

Which of the following options best describes your gender identity? * Do you have formal line management responsibilities? Crosstabulation

			Do you have formal line management responsibilities?			
			Yes	No	Prefer not to say	Total
Which of the following options best describes your gender identity?	Male	Count	81	94	1	176
		% within Which of the following options best describes your gender identity?	46.0%	53.4%	0.6%	100.0%
	Female	Count	287	585	5	877

		% within Which of the following options best describes your gender identity?	32.7%	66.7%	0.6%	100.0%
	Another gender identity	Count	4	12	2	18
		% within Which of the following options best describes your gender identity?	22.2%	66.7%	11.1%	100.0%
Total		Count	372	691	8	1071
		% within Which of the following options best describes your gender identity?	34.7%	64.5%	0.7%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	38.644[a]	4	<.001
Likelihood Ratio	19.607	4	<.001
Linear-by-Linear Association	14.679	1	<.001
N of Valid Cases	1071		

a. 2 cells (22.2%) have expected count less than 5. The minimum expected count is .13.

<u>Gender vs Are you Full time or Part Time</u>

(1061, 12 missing)

Which of the following options best describes your gender identity? * Are you Crosstabulation

			Are you		
			Full-time	Part-time	Total
	Male	Count	150	25	175

Which of the following options best describes your gender identity?		% within Which of the following options best describes your gender identity?	85.7%	14.3%	100.0%
	Female	Count	568	301	869
		% within Which of the following options best describes your gender identity?	65.4%	34.6%	100.0%
	Another gender identity	Count	10	7	17
		% within Which of the following options best describes your gender identity?	58.8%	41.2%	100.0%
Total		Count	728	333	1061
		% within Which of the following options best describes your gender identity?	68.6%	31.4%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	28.786[a]	2	<.001
Likelihood Ratio	32.315	2	<.001
Linear-by-Linear Association	22.875	1	<.001
N of Valid Cases	1061		

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 5.34.

Gender vs In which category does your caring responsibility fall?

(total 1071, 2 missing)

Which of the following options best describes your gender identity? * In which category does your caring responsibility fall? Crosstabulation

			In which category does your caring responsibility fall?							
			I am a parent caring for a child(ren) under 18 without SEND.	I am a parent caring for a child(ren) under 18 with SEND.	I care for elderly parents.	I am a carer for my partner.	I care for another relative.	I care for a friend or neighbour.	I have another care responsibility that is not listed.	Total
Which of the following options best describes your gender identity?	Male	Count	86	30	23	26	3	0	7	175
		% within Which of the following options best describes your gender identity?	49.1%	17.1%	13.1%	14.9%	1.7%	0.0%	4.0%	100.0%
	Female	Count	405	155	175	59	38	5	41	878
		% within Which of the following options best describes your gender identity?	46.1%	17.7%	19.9%	6.7%	4.3%	0.6%	4.7%	100.0%
		Count	7	2	1	0	4	1	3	18

	Another gender identity	% within Which of the following options best describes your gender identity?	38.9%	11.1%	5.6%	0.0%	22.2%	5.6%	16.7%	100.0%
Total		Count	498	187	199	85	45	6	51	1071
		% within Which of the following options best describes your gender identity?	46.5%	17.5%	18.6%	7.9%	4.2%	0.6%	4.8%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	50.983[a]	12	<.001
Likelihood Ratio	38.640	12	<.001
Linear-by-Linear Association	4.977	1	.026
N of Valid Cases	1071		

a. 8 cells (38.1%) have expected count less than 5. The minimum expected count is .10.

Gender vs In relation to this specific caring responsibility, where do(es) the person(s) you care for live? If someone lives with you part of the time, select 'A mix of both'.

(total 1072, 1 missing)

Which of the following options best describes your gender identity? * In relation to this specific caring responsibility, where do(es) the person(s) you care for live? If someone lives with you part of the time, select 'A mix of both'. Crosstabulation

			In relation to this specific caring responsibility, where do(es) the person(s) you care for live? If someone lives with you part of the time, select 'A mix of both'.				
			With me	Somewhere else	A mix of both	No Response	Total
Which of the following options best describes your gender identity?	Male	Count	140	26	10	0	176
		% within Which of the following options best describes your gender identity?	79.5%	14.8%	5.7%	0.0%	100.0%
	Female	Count	665	158	54	1	878
		% within Which of the following options best describes your gender identity?	75.7%	18.0%	6.2%	0.1%	100.0%
	Another gender identity	Count	11	4	2	1	18
		% within Which of the following options best describes your gender identity?	61.1%	22.2%	11.1%	5.6%	100.0%
Total		Count	816	188	66	2	1072
		% within Which of the following options best describes your gender identity?	76.1%	17.5%	6.2%	0.2%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	31.088[a]	6	<.001
Likelihood Ratio	8.423	6	.209
Linear-by-Linear Association	4.337	1	.037
N of Valid Cases	1072		

a. 5 cells (41.7%) have expected count less than 5. The minimum expected count is .03.

<u>Gender vs How long have you had this caring responsibility?</u>

(total 1072, 1 missing)

Which of the following options best describes your gender identity? * How long have you had this caring responsibility? Crosstabulation

			How long have you had this caring responsibility?			
			0-5 years	6-10 years	10+ years	Total
Which of the following options best describes your gender identity?	Male	Count	63	54	59	176
		% within Which of the following options best describes your gender identity?	35.8%	30.7%	33.5%	100.0%
	Female	Count	315	243	320	878
		% within Which of the following options best describes your gender identity?	35.9%	27.7%	36.4%	100.0%
	Another gender identity	Count	8	4	6	18
		% within Which of the following options best describes your gender identity?	44.4%	22.2%	33.3%	100.0%
Total		Count	386	301	385	1072
		% within Which of the following options best describes your gender identity?	36.0%	28.1%	35.9%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	1.440[a]	4	.837
Likelihood Ratio	1.427	4	.839
Linear-by-Linear Association	.000	1	.992
N of Valid Cases	1072		

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 5.05.

Gender vs On average, how long do you spend on this caring responsibility?

(total 1069, 4 missing)

Which of the following options best describes your gender identity? * On average, how long do you spend on this caring responsibility? Crosstabulation

			On average, how long do you spend on this caring responsibility?				
			A few hours each day.	A few hours each week.	A few hours each month.	I provide 24-hour care.	Total
Which of the following options best describes your gender identity?	Male	Count	113	29	4	29	175
		% within Which of the following options best describes your gender identity?	64.6%	16.6%	2.3%	16.6%	100.0%
	Female	Count	481	141	19	235	876
		% within Which of the following options best describes your gender identity?	54.9%	16.1%	2.2%	26.8%	100.0%
	Another gender identity	Count	9	3	1	5	18
		% within Which of the following options best describes your gender identity?	50.0%	16.7%	5.6%	27.8%	100.0%

Total	Count	603	173	24	269	1069
	% within Which of the following options best describes your gender identity?	56.4%	16.2%	2.2%	25.2%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	9.619[a]	6	.142
Likelihood Ratio	9.965	6	.126
Linear-by-Linear Association	6.764	1	.009
N of Valid Cases	1069		

a. 4 cells (33.3%) have expected count less than 5. The minimum expected count is .40.

Gender vs What types of care do you provide for this particular caring responsibility?

	Personal Care	Physical Care	Administrative Care	Practical Care	Social Care	Medical Care	Emotional Care	Other
Male	89	61	136	159	147	94	163	138
Female	495	291	756	780	789	475	820	646
Other	10	8	13	12	13	5	14	10
Total	594	360	905	951	949	574	997	794

Gender vs When thinking about your dual role as a carer and employee, how do you find managing your work/life balance?

(total 1073)

Which of the following options best describes your gender identity? * - - Very difficult Crosstabulation

			- - Very difficult						
			Very Difficult	Difficult	Neutral	Easy	Very Easy	No Response	Total
Which of the following options best describes your gender identity?	Male	Count	26	102	39	7	1	1	176
		% within Which of the following options best describes your gender identity?	14.8%	58.0%	22.2%	4.0%	0.6%	0.6%	100.0%
	Female	Count	157	538	156	25	0	3	879
		% within Which of the following options best describes your gender identity?	17.9%	61.2%	17.7%	2.8%	0.0%	0.3%	100.0%
	Another gender identity	Count	6	7	5	0	0	0	18
		% within Which of the following options best describes your gender identity?	33.3%	38.9%	27.8%	0.0%	0.0%	0.0%	100.0%
Total		Count	189	647	200	32	1	4	1073
		% within Which of the following options best describes your gender identity?	17.6%	60.3%	18.6%	3.0%	0.1%	0.4%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	13.907[a]	10	.177
Likelihood Ratio	12.500	10	.253
Linear-by-Linear Association	4.519	1	.034

N of Valid Cases	1073		

a. 9 cells (50.0%) have expected count less than 5. The minimum expected count is .02.

Gender vs Does your dual role negatively affect your own health and wellbeing?

(total 1073)

Which of the following options best describes your gender identity? * - - Always Crosstabulation

			- - Always						
			Always	Very Often	Sometimes	Rarely	Never	No response	Total
Which of the following options best describes your gender identity?	Male	Count	9	49	96	21	1	0	176
		% within Which of the following options best describes your gender identity?	5.1%	27.8%	54.5%	11.9%	0.6%	0.0%	100.0%
	Female	Count	105	298	425	46	1	4	879
		% within Which of the following options best describes your gender identity?	11.9%	33.9%	48.4%	5.2%	0.1%	0.5%	100.0%
	Another gender identity	Count	1	8	7	2	0	0	18
		% within Which of the following options best describes your gender identity?	5.6%	44.4%	38.9%	11.1%	0.0%	0.0%	100.0%
Total		Count	115	355	528	69	2	4	1073
		% within Which of the following options best describes your gender identity?	10.7%	33.1%	49.2%	6.4%	0.2%	0.4%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	24.120[a]	10	.007
Likelihood Ratio	24.066	10	.007
Linear-by-Linear Association	9.310	1	.002
N of Valid Cases	1073		

a. 8 cells (44.4%) have expected count less than 5. The minimum expected count is .03.

Gender vs Does your dual role have any impact on your career development/progression?

(total 1073)

Which of the following options best describes your gender identity? * - - No effect Crosstabulation

			- - No effect						
			No effect	Minor Effect	Neutral	Moderate Effect	Major Effect	No response	Total
Which of the following options best describes your gender identity?	Male	Count	12	28	21	73	42	0	176
		% within Which of the following options best describes your gender identity?	6.8%	15.9%	11.9%	41.5%	23.9%	0.0%	100.0%
	Female	Count	29	116	85	353	293	3	879
		% within Which of the following options best describes your gender identity?	3.3%	13.2%	9.7%	40.2%	33.3%	0.3%	100.0%
	Another gender identity	Count	0	3	3	3	8	1	18
		% within Which of the following options best describes your gender identity?	0.0%	16.7%	16.7%	16.7%	44.4%	5.6%	100.0%
Total		Count	41	147	109	429	343	4	1073

% within Which of the following options best describes your gender identity?	3.8%	13.7%	10.2%	40.0%	32.0%	0.4%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	29.066[a]	10	.001
Likelihood Ratio	20.976	10	.021
Linear-by-Linear Association	8.410	1	.004
N of Valid Cases	1073		

a. 6 cells (33.3%) have expected count less than 5. The minimum expected count is .07.

<u>Gender vs Has the pandemic had an impact on your experience as an employee who is also a carer?</u>

(total 1059, 14 missing)

Which of the following options best describes your gender identity? * Has the pandemic had an impact on your experience as an employee who is also a carer? Crosstabulation

			Has the pandemic had an impact on your experience as an employee who is also a carer?		
			Yes	No	Total
Which of the following options best describes your gender identity?	Male	Count	130	43	173
		% within Which of the following options best describes your gender identity?	75.1%	24.9%	100.0%
	Female	Count	644	225	869

		% within Which of the following options best describes your gender identity?	74.1%	25.9%	100.0%
	Another gender identity	Count	13	4	17
		% within Which of the following options best describes your gender identity?	76.5%	23.5%	100.0%
Total		Count	787	272	1059
		% within Which of the following options best describes your gender identity?	74.3%	25.7%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	.123[a]	2	.940
Likelihood Ratio	.124	2	.940
Linear-by-Linear Association	.012	1	.914
N of Valid Cases	1059		

a. 1 cells (16.7%) have expected count less than 5. The minimum expected count is 4.37.

Gender vs If research is part of your role, has the pandemic had an impact on your research?

(total 853, 220 missing)

Which of the following options best describes your gender identity? * If research is part of your role, has the pandemic had an impact on your research? Crosstabulation

			If research is part of your role, has the pandemic had an impact on your research?		
			Yes	No	Total
	Male	Count	90	68	158

Which of the following options best describes your gender identity?		% within Which of the following options best describes your gender identity?	57.0%	43.0%	100.0%
	Female	Count	321	362	683
		% within Which of the following options best describes your gender identity?	47.0%	53.0%	100.0%
	Another gender identity	Count	7	5	12
		% within Which of the following options best describes your gender identity?	58.3%	41.7%	100.0%
Total		Count	418	435	853
		% within Which of the following options best describes your gender identity?	49.0%	51.0%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	5.521[a]	2	.063
Likelihood Ratio	5.532	2	.063
Linear-by-Linear Association	2.308	1	.129
N of Valid Cases	853		

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 5.88.

Gender vs Are you able to work flexibly? (for example compressed hours, non-standard working hours etc)

(total 1067, 6 missing)

Which of the following options best describes your gender identity? * Are you able to work flexibly? (For example, compressed hours, non-standard working hours etc) Crosstabulation

			Are you able to work flexibly? (For example, compressed hours, non-standard working hours etc)		
			Yes	No	Total
Which of the following options best describes your gender identity?	Male	Count	156	20	176
		% within Which of the following options best describes your gender identity?	88.6%	11.4%	100.0%
	Female	Count	755	119	874
		% within Which of the following options best describes your gender identity?	86.4%	13.6%	100.0%
	Another gender identity	Count	16	1	17
		% within Which of the following options best describes your gender identity?	94.1%	5.9%	100.0%
Total		Count	927	140	1067
		% within Which of the following options best describes your gender identity?	86.9%	13.1%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	1.446[a]	2	.485
Likelihood Ratio	1.638	2	.441
Linear-by-Linear Association	.016	1	.901
N of Valid Cases	1067		

a. 1 cells (16.7%) have expected count less than 5. The minimum expected count is 2.23.

Gender vs Are you aware of any policies for carers at your institution?

(total 1057, 16 missing)

Which of the following options best describes your gender identity? * Are you aware of any policies for carers at your institution? Crosstabulation

			Are you aware of any policies for carers at your institution?		
			Yes	No	Total
Which of the following options best describes your gender identity?	Male	Count	87	88	175
		% within Which of the following options best describes your gender identity?	49.7%	50.3%	100.0%
	Female	Count	449	416	865
		% within Which of the following options best describes your gender identity?	51.9%	48.1%	100.0%
	Another gender identity	Count	8	9	17
		% within Which of the following options best describes your gender identity?	47.1%	52.9%	100.0%
Total		Count	544	513	1057
		% within Which of the following options best describes your gender identity?	51.5%	48.5%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	.415[a]	2	.813
Likelihood Ratio	.415	2	.813

Linear-by-Linear Association	.044	1	.834
N of Valid Cases	1057		

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 8.25.

<u>Gender vs Do your caring responsibilities impact on your employment?</u>

(total 1068, 5 missing)

Which of the following options best describes your gender identity? * Do your caring responsibilities impact on your employment? Crosstabulation

			Do your caring responsibilities impact on your employment?			
			Yes	No	Not sure	Total
Which of the following options best describes your gender identity?	Male	Count	96	40	39	175
		% within Which of the following options best describes your gender identity?	54.9%	22.9%	22.3%	100.0%
	Female	Count	539	134	203	876
		% within Which of the following options best describes your gender identity?	61.5%	15.3%	23.2%	100.0%
	Another gender identity	Count	12	1	4	17
		% within Which of the following options best describes your gender identity?	70.6%	5.9%	23.5%	100.0%
Total		Count	647	175	246	1068
		% within Which of the following options best describes your gender identity?	60.6%	16.4%	23.0%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	7.661[a]	4	.105
Likelihood Ratio	7.575	4	.108
Linear-by-Linear Association	.913	1	.339
N of Valid Cases	1068		

a. 2 cells (22.2%) have expected count less than 5. The minimum expected count is 2.79.

Gender vs Do your employee responsibilities impact on your caring role?

(total 1058, 15 missing)

Which of the following options best describes your gender identity? * Do your employee responsibilities impact on your caring role? Crosstabulation

			Do your employee responsibilities impact on your caring role?			
			Yes	No	Not sure	Total
Which of the following options best describes your gender identity?	Male	Count	105	42	27	174
		% within Which of the following options best describes your gender identity?	60.3%	24.1%	15.5%	100.0%
	Female	Count	646	122	101	869
		% within Which of the following options best describes your gender identity?	74.3%	14.0%	11.6%	100.0%
	Another gender identity	Count	11	4	0	15
		% within Which of the following options best describes your gender identity?	73.3%	26.7%	0.0%	100.0%
Total		Count	762	168	128	1058

		% within Which of the following options best describes your gender identity?	72.0%	15.9%	12.1%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	18.030[a]	4	.001
Likelihood Ratio	18.745	4	<.001
Linear-by-Linear Association	8.868	1	.003
N of Valid Cases	1058		

a. 2 cells (22.2%) have expected count less than 5. The minimum expected count is 1.81.

Gender vs Do you have the option to delegate any of your tasks? (for example, asking a family member/friend/colleague to help with specific tasks)

Which of the following options best describes your gender identity? * Do you have the option to delegate any of your tasks? (For example, asking a family member/friend/colleague to help with specific tasks) Crosstabulation

			Do you have the option to delegate any of your tasks? (For example, asking a family member/friend/colleague to help with specific tasks)				
			Yes, with my caring role	Yes, with my employed role	Yes, with both roles	No, I cannot delegate anything	Total
Which of the following options best describes your gender identity?	Male	Count	68	9	40	57	174
		% within Which of the following options best describes your gender identity?	39.1%	5.2%	23.0%	32.8%	100.0%
	Female	Count	338	64	182	285	869

		% within Which of the following options best describes your gender identity?	38.9%	7.4%	20.9%	32.8%	100.0%
	Another gender identity	Count	5	2	6	5	18
		% within Which of the following options best describes your gender identity?	27.8%	11.1%	33.3%	27.8%	100.0%
Total		Count	411	75	228	347	1061
		% within Which of the following options best describes your gender identity?	38.7%	7.1%	21.5%	32.7%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	3.591[a]	6	.732
Likelihood Ratio	3.515	6	.742
Linear-by-Linear Association	.016	1	.900
N of Valid Cases	1061		

a. 2 cells (16.7%) have expected count less than 5. The minimum expected count is 1.27.