

# SRHE

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## **‘Care-free at the top’? Exploring the experiences of senior academic staff who are caregivers**

**Research report**

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Disclaimer: The views expressed in this report are the authors' and do not necessarily reflect those of the Society for Research into Higher Education

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## Executive summary

- Very little is known about academics with caring responsibilities, and even less so about those in senior positions. Most research in this area focuses on ‘balancing’ motherhood and academic work and tends to ignore those in the most senior positions and with other types of caring responsibilities.
- This report represents an attempt to address this dearth of research. In particular, it explores how care and academic work intersect and play out in the experiences of senior academic staff, how these experiences are framed by institutional policies and practices, and how they are ‘shaped’ by gender, in intersection with other identity markers.
- The research was informed by a post-structuralist feminist perspective. Fieldwork involved conducting 20 semi-structured interviews with senior academics based in England.
- Findings highlight how the demands of senior academic work and care work often conflict.
- Yet participants often draw on a rhetoric which separates care and academia, and locates care outside the academic sphere.
- While they are in favour of institutional support for carers, senior academics are often reluctant to use this support and commonly resort to individualised practices.
- There are however considerable differences across the academic workforce. Those fitting the figure of the ‘bachelor boy’ (i.e. a White, middle-class, heterosexual academic) are less likely than those belonging to marginalised groups to experience the tensions arising from combining care and paid work.
- The tensions between care and academic work also depend on the nature of the position, with leadership and management positions in particular viewed as little compatible with caring responsibilities.
- Recommendations include: the collection of intersectional data about academics who are carers; the mainstreaming of care in policies and practices; and the development of ‘flexible’ policies which acknowledge the diversity, intersectionality and fluidity of care.

## Introduction

In England, as in other parts of the global North, the academic workforce has considerably transformed over the past decades (Leathwood and Read, 2009). Those with caring responsibilities now represent a significant presence in academia and in other sectors of employment (Carers UK, 2014; Griesbach, 2018). In a societal context that continues to position women as the main carers, the feminisation and ageing of the academic workforce imply that caring responsibilities are likely to become widespread and increasingly complex (HESA, 2018). While extant literature provides some information about the experiences of mothers who are academics, there is a dearth of research about fathers and on academics with other types of caring responsibilities, particularly about those in senior positions.

Both academia and the family have been described as 'greedy institutions' (Coser, 1974; Hays, 1996). Managing the demands of paid and care work brings particular challenges for those in senior academic jobs, often characterised by heavy workloads and expectations of full availability. Senior academics also tend to be older than their early career or mid-career counterparts and thus are more likely to have complex caring responsibilities (e.g. caring for an elderly parent or for an adult with long-term illness, while sometimes still caring for their own children and/or grandchildren). Our previous research on academics who are caregivers suggests that, at senior level, academic cultures can be particularly exclusionary for caregivers, with caring responsibilities described by one interviewee as 'glossed over' (Moreau and Robertson, 2017). While this earlier research covered issues around access to senior positions, it did not focus on the experiences of those who have 'made it' to such levels. And yet, this is a significant equity matter, which ultimately affects the retention of a group of highly experienced staff, with financial implications for universities and society at large.

With the above in mind, this report represents an attempt to explore the care issues faced by senior academics and to examine how their position and a range of other factors (e.g. the nature of their caring responsibilities, gender and other identity markers) play out in their experiences. More specifically, this report addresses three overarching questions:

1. How do care and academic work intersect and play out in the experiences of senior academic staff?
2. How do institutional policies and practices affect their experiences?
3. How are these experiences shaped by gender, in intersection with other identity markers?

Following the presentation of the methodological and theoretical frameworks, we discuss the key findings and conclude with some recommendations.

## Methodological and theoretical frameworks

On a methodological level, the research consisted of two main phases. We started with a search of the literature on academic identities and care work, the results of which were updated throughout the project. This involved conducting a search of the EBSCOhost and similar databases, using key words to identify relevant publications. The literature search served two main purposes: ensuring that the research built on rather than reiterated extant research, and informing the data analysis.

Second, we conducted twenty semi-structured interviews with senior academic staff in a range of roles and institutions across England.<sup>1</sup> The methodology was designed to maximise the recruitment of senior academics who are caregivers (a group with limited availability) and to reach out to a diverse sample. With this in mind, we decided to recruit participants through an open call broadly circulated through a range of professional networks, online media and institutions, rather than to proceed through institutional case studies. The recruitment of volunteers was closely monitored to ensure maximum diversity, particularly in relation to position, subject and institution, all of which have been shown to affect the production of academic identities (Clegg 2008; Deem 2003). Due to the centrality of gender in this project, we sought to interview equal numbers of men and women. Attracting significant numbers of men and Black and Minority Ethnic members of staff (men and women) proved particularly challenging, leading to further circulations of the call.

The recruitment of participants was informative on a variety of levels and as such the 'data collection' phase provided an early answer to some of our questions, shedding light on the time constraints of being a senior academic and a carer, for example. Also informative was the fact that the more senior members of staff in our sample were able to delegate the process of arranging the interview to a third party, usually a woman in an administrative role. This is in itself an example of the support networks and relationships of care playing out within academia, displaying how individuals can simultaneously be care givers and care recipients (Barnes, 2011), albeit in ways that are not always reciprocal and that follow gendered cultural scripts.

The interviews were conducted by phone at a time convenient to participants. While we originally aimed for one-hour long interviews, the lack of availability of some participants meant that

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<sup>1</sup> Due to the variety of care and higher education policies in place in different parts of the UK and to the size of this project, the study focused on England, where the research team is based.

interviews varied considerably in length (from just under twenty minutes to well over an hour). Interview questions were grouped into four main sections: personal circumstances; working life; the challenges and benefits of being a senior academic with caring responsibilities; and national and institutional policies and practices. We then concluded each interview by checking the socio-demographic details for each participant and by providing them with the opportunity to add any information that they felt had not been covered.<sup>2</sup> Interviews were all audio recorded and professionally transcribed. Each was then summarised, following a thematic structure which loosely reflected the interview schedule. This enabled us to retain the wholeness of each narrative, while the identification of themes structuring each summary allowed us to draw comparisons between interviews with specific attention given to differences relating to the position, and to gender and its intersections with other identity markers.

Despite our concern for the intersectionalities of care, we would be remiss not to acknowledge the tensions inherent to conducting intersectional and ethical research. The research received institutional ethical approval. Ethical guarantees to participants involved gaining informed consent and commitment to the principles of anonymity and confidentiality. Participants were provided with a consent form including an information sheet about the project and the interview process, and were able to make further enquiries before giving consent. They were made aware that they could withdraw their consent at any stage of the research without justifying their decision. Because of the small numbers involved and the relative lack of diversity of senior academics working in England, upholding the promises of confidentiality and anonymity to which we are deeply committed meant that we had to be particularly selective in relaying participants' insightful but deeply personal circumstances. In particular, the small numbers of Vice-Chancellors and other high-profile academics within the English academy and the fact that these are often public figures posed a problem of identification if certain personal and professional details were shared. This was more particularly the case for BME staff, women and, *a fortiori*, BME women who, as a result of the racialised and gendered relations of power which exclude and marginalise these groups, are in a very small minority at that level of the hierarchy (Bhopal, 2016; Bhopal and Pitkin, 2018; HESA, 2018). For these reasons, we have carefully selected the amount of details included in this report and have decided against providing an intersectional description of our sample, only a broad overview.

On a theoretical level, this report is underpinned primarily by social constructivist and, particularly, post-structuralist feminist theories, which acknowledge that identities are framed by the

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<sup>2</sup> The interview guide is available in the appendix.

discourses of care and academia which circulate at national, sectorial, institutional and inter-individual levels. However, rejecting a social determinist approach, we agree with Burr that:

*Discourses provide us with conceptual repertoires with which we can represent ourselves and others. They provide us with ways of describing a person, such as 'feminine', 'young' and 'disabled'. And each discourse provides a limited number of 'slots' for people. (1995: 141).*

While discourses are gendered, classed and raced and delineate the positional identities available to individuals, they do not 'shape' who we are and are constantly negotiated. The 'ease' however with which one can 'do' resistance and the cost of doing so are themselves much linked to gender, class and ethnic identifications, to only quote a few identity markers (Foucault, 1976 ; Mendick, 2006 ; Walkerdine, 1998). Consistent with this post-structuralist approach, we think of identities as fluid, precarious, always 'worked on' and constructed at the intersection of several power relationships and discourses.

In addition, this report builds on earlier research highlighting how 'doing academic work' and 'doing care work' can be fraught with tensions, particularly for women who tend to be held responsible for the latter, whether inside or outside academia (Acker, 2012; Acker and Armenti 2004; Acker and Dillabough 2007; Le Feuvre, 2015). Some of these tensions are examined in the following sections. Prior to this, however, it is worth mentioning that, consistent with the post-structuralist approach underpinning this report, definitions of 'senior academic' and of 'carers' were interpreted broadly throughout the research process. Most interviewees were Professors and/or in a management position (from Head of Department upwards), without the latter being always reflected in their job title. Who counts as a 'senior academic' is further complicated by the occasionally loose linkage between role and position and by the different structures and career paths in place across the sector. This led to the inclusion of a senior lecturer with extensive management responsibilities. Likewise, for the purpose of this project, 'carer' was understood in a broad sense, e.g. including those who care for children or for other relatives, partners or friends who are elderly, disabled or in poor health (see also Henderson et al, 2018). Fifteen women and five men were interviewed. All men identified as 'White British', while two women identified as belonging to a Black and Minority Ethnic group (with further detail retained to protect anonymity), nine as 'White British' and four as what would be classified as 'White Irish' or 'White Other' in the UK census. Age varied between 40 and 60.

# Doing care, doing senior academic work: Entanglements and separateness

## Entanglements of care and paid work

Though a few of the interviewees expressed a sense of struggle relating to their emergent and ongoing caring responsibilities, the issues differed in some respects from those experienced by the early or mid-career academics we talked to in an earlier project (Moreau and Robertson, 2017). Financial matters, for example, were hardly mentioned, with narratives focusing instead on the temporal, organisational and emotional aspects of being a senior academic and a carer. Interviewees were usually aware of the privileges associated with their past and current social class and employment-related position, with many, although by no means all, self-identifying as middle-class. Although still affected by the worsening working conditions inside academia, the seniority of the participants, both in terms of position and length of career, sheltered them from financial precarity and from the casualisation of the academic labour market (Lynch and Ivancheva, 2015).

In relation to temporal matters, interviewees expressed repeatedly the benefits and pitfalls of 'flexible' working. Almost all highlighted the ability to defer work time till later in the day/week as a 'perk' of their academic job, and saw flexibility as a key feature of academic life. This is maybe best encapsulated in Jeremy's<sup>3</sup> (Professor and Dean) words: 'I think autonomy and flexibility are the hallmarks of what academics do'. Yet interviewees were often unhappy about the tendency for their working lives to bleed into their home lives,<sup>4</sup> the ease in which they could switch in and out of work mode being discussed both as a help to get work completed on time when caring and other responsibilities were pressing, and as an invasion of those same responsibilities.

More often than not, the flexibility being discussed in these narratives tends to be the flexibility to perform care and other social reproductive work, rather than, for example, to leave work early to engage in some form of 'personal' activity. In a context where both care and academia are greedy 'institutions' (Coser, 1974) which demand full availability, it is maybe unsurprising that, when participants talked about their 'free time', they usually mentioned activities that could be described as leisurely *and* as parental work (e.g. enjoying an activity with their children) or self-

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<sup>3</sup> Pseudonyms are in use.

<sup>4</sup> As well as taking their work home, including on a practical and mental level, some academics argued that the demands associated with their work had led to relationship breakdowns.

care (e.g. putting some time aside for a run or a swim), with other individual leisure (e.g. an art practice or going to the cinema) rarely talked about, particularly among women:

*I think more generally, it doesn't leave any room for anything else, for my wider family, there's not time, they know there's not time, my parents need me to start thinking about care for them, but they're really worried about how that could ever be accommodated because they quite rightly look at me think I'm collapsing already, where is the space for those things? (Jade, Professor)*

In a neoliberal context, the mention of these practices can thus be read as a way to perform the identity of the ideal (academic) worker and carer; as someone who is healthy, resilient and independent. While institutional support to carers is valued and seen as legitimate, participants often refuse to position themselves as the recipients of institutional support. This view and their practices of self-care are also part of a broader discourse of self-discipline, with participants describing the minute planning of their rather regimented timetables. Yet they often simultaneously resisted this discourse through a range of cynical comments - for example Esther (Professor), who noted that it is: 'cheaper to get people to tell you to meditate' than challenge the structural roots of inequalities.

Delegating care was a common occurrence, possibly because of the resources available to participants. Many used child or elderly care services. Some employed a cleaner or a gardener. However, while their socio-economic position enabled them to delegate some care work, two aspects were not so easily delegated. Many mentioned the mental burden associated with organising care. Many also mentioned the more emotional side of care work, including the joy and pleasure of caring for another human being during happy times, as well as the sadness and pain deriving from less fortunate circumstances (Lynch et al, 2009). As we shall see in a later section, this organisational and emotional labour was not distributed equally across participants.

### **Separateness of paid and care work**

All participants had a very secure academic identity and often presented themselves as academics with caring responsibilities. This aspect appears in sharp contrast with their more junior counterparts we talked to in our earlier study, among which some saw themselves as a carer who also happens to be an academic (Moreau and Robertson, 2017). Jenny (Professor and Institute Director), for example, emphasised how her male partner had given up his career to be the main day-to-day carer, something she argued facilitated her own career:

*... basically, I'm the breadwinner and my partner has really given up his career in order to, that's the sort of deal between us, to facilitate mine, and he does some project work, but he has always been flexible, so, since I returned to work from maternity from the second child, he has been the person that's done the mainstay of school pick up and drop and so forth.*

Many alluded to a range of strategies that enabled them to enforce a separateness which, however, often remained elusive. Christina (Professor, Research Centre Director) talked of travelling from a city in the South of England, where the family home is based, to another city in a different part of the country, where she stays during the week. While this came with some challenges, the geographical dissociation between the family home and her 'other home' was constructed as facilitating the performance of a senior academic identity. Many of the senior academics we interviewed talked of the challenges of combining care and senior academic work. However, this group appeared more likely than their early and mid-career counterparts to discuss the merits of the separateness of paid and care work in its multiple forms and to emphasise how the tensions between the two can be conquered, with care 'kept at bay'.

These narratives acknowledge the structural issues at play in academia and society are large. Yet storying the senior academic self is often informed by a neoliberal discourse of the successful academic who is agentic and resourceful enough to make up for the tensions between care and academic endeavours through 'hard work', often in conjunction with a rhetoric of 'luck'.<sup>5</sup> For example, several participants explained how attending conferences and other work-related trips created a logistical problem. However, rather than framing these issues as insurmountable, participants often emphasised how they were able to 'compensate' for their caring responsibilities through a strategic investment in other activities and self-discipline ('working clever'). Christina, for example, explained how she has focused on article-writing to compensate for her lack of mobility.

*I've managed to be senior without vast amounts of conference attending, and I don't do networking in that way. I just don't do it, I never have. Or I haven't since, I did, yeah, I did before having children, but I haven't since then. So, you know, people get very upset about conferences and things, but actually you know, if you don't go to the conference you can write a paper usually in that time.*

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<sup>5</sup> 'Talent' or 'abilities' were rarely mentioned by participants in an explicit fashion. This may have been because the educational and career paths of our participants 'spoke for themselves' and thus did not need to be made explicit. All had been very successful academically from a young age and a disproportionate share had attended some of the most academically selective universities in the country.

## Hierarchies and intersectionalities of care in senior academic positions

In our methodological section, we have discussed the tensions between our ethical commitment and the doing of intersectionality. Yet the narratives of participants highlight the hierarchies of care in their lives and how these play out in intersectional ways.

Sociological and philosophical understandings of social justice in education and the workplace have been primarily concerned with the dominated rather than the elite (Bourdieu and Passeron, 1970; Kenway et al, 2017) and with access to senior positions rather than with the experiences of those 'who made it' through the glass ceiling (Wirth, 2001). While all participants experienced what could be described as a 'successful career', inequalities subsist among this group, including gender-based ones. First, men and women<sup>6</sup> were differently located in the job market, with men tending to be senior to the women interviewed and taking on the more managerial roles, while women were more likely to follow a research route to a senior position. Managerial routes were viewed as particularly hostile to carers due to expectations of full-availability and the 'ever present' culture they were linked with. Catherine (Professor), for example, described these as 'positions that expect you to be available around the clock, which seems to me, senior management', while Esther (Professor) noted:

*I think being Head of Department would be incredibly difficult and I didn't feel I could do it while I had a young child. I'm not even sure I want to do it now with an older child. I certainly wouldn't feel up to doing something at the level of Dean, Head of Faculty, that role which requires a combination of total focus and being very, very physically present.*

Likewise, the global and frequent mobility expected of the most senior leadership and management positions (e.g. Pro Vice Chancellors and Vice Chancellors) located these positions as hard to reach for carers (see also Morley, 2013). Managerial positions that still involved academic work (i.e. a Pro Vice Chancellor or a Dean) were deemed the most problematic in terms of workload. Dave, for example, noted that his workload had slightly decreased with his move to a Vice Chancellor position:

*I think the problem with pro-vice-chancellors, and ours are the same, is that at that level, which is what I was before, pro-vice-chancellor of the [Faculty], they want to and are expected to be still active in research, so they are really doing two jobs...*

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<sup>6</sup> None of the participants identified as non-binary.

Second, gender differences were also visible in relation to participants' positional identities as carers. Women held a range of different caring responsibilities, often assuming multiple duties simultaneously. All the men we talked to were fathers and all but one had younger children, born once they had reached a fairly senior position. None of them was or had been a single parent, in contrast with some of the female participants. Women were less likely than men to have children of their own. In relation to the doing of care work, none of the male interviewees were solely responsible for the care in their lives and all had a partner who was actively involved. None could be described as the main carer, though most described themselves as the joint carer.

It also emerged from participants' narratives, that men tended to enjoy a higher degree of choice regarding the combination of care and paid work: they were often in a relatively comfortable and senior position before having children; they could rely on the support of others to produce the bulk of the care work; and their involvement as carers tended to be constructed as circumstantial, whereas women's caring responsibilities were almost always constructed as unconditional. Dave, for example, called himself a 'weekend father', though acknowledging he had time set aside during the week for childcare when he was a more junior academic. Jenny talked of how she was often positioned by others as a main carer, for example in her interactions with her children's school or GP practice. These gender differences also played out along family lines. For example, Christina emphasised how she had taken charge of the care of her mother far more than her brothers. Some interviewees alluded to a brother who was the main carer for an elderly parent, usually because they lived in the same area. However, women talked of relocating themselves or their parents to be able to provide elderly care in a more efficient way in a way that men did not. This linkage of women with care work is also reflected in this project's recruitment process. While women hold less than 20% of professor-level positions in UK academia (UCU, 2013), they make up the bulk of the senior academic interviewees in this report, despite our attempts to gain a more gender-balanced sample.

Third, also evident from participants' narratives was the fact that women's professional identities were more at risk of being threatened by their carer status than men's. While both men and women drew on a rhetoric of 'separateness' and 'entanglements', it is clear from their stories that this separateness is much more difficult to enact for women, due to their primary positioning as carers. This may explain why the senior academic women we talked to spent considerable energy playing down their caring status, despite most of the care work accruing to them (Moreau and Robertson, 2017). Related to this point, many women voiced their concern about making their caring responsibilities visible in the workplace, as this could potentially bring misrecognition and compromise their professional status. In contrast, men were more open about this, as if these caring responsibilities strengthened instead their status as a senior academic, with one

interviewee mentioning how the communication team in his institution had wanted to publicise his parental status:

*...when (son) was born in (month), the PR people I work with were very keen for it to be very public that I was taking some paternity leave, that I wasn't just rushing straight back to work, because to demonstrate from the top down that we thought it was a sensible thing that fathers took time off work and spent time with their newborn children. (Dave, Vice-Chancellor)*

Fourth, women were more likely to emphasise the difficulties of combining care and senior academic work, men to downplay these, echoing in this prevailing gender norms which construct men as 'able to cope' and 'strong' under all circumstances. Michael, for example, talked about feeling overwhelmingly positive about his experience as an academic carer, while acknowledging that others have much more 'challenging' care responsibilities than he does. He viewed seniority and the flexibility associated with it as granting him a fair amount of leeway. Likewise, Jeremy talked about loving his job and feeling 'relentlessly positive' about it, with academic life constructed as eminently flexible and allowing him to care for his children when and where others might find it hard. Combining caring and academia was 'a very natural experience' for him. He did not identify any negative impact from being an academic carer, nor did he think there were any senior roles which might be challenging for carers to hold:

*... but is any post not attainable? No, I don't think that's correct at all, I think all senior management posts are entirely compatible with having a very active family life or indeed, a very active life without a family outside work.*

The diminishing of research and extracurricular activities as a result of the tensions between care and paid work that most women interviewees described was usually not mentioned by men, whose career paths had not been curtailed in the same fashion as women's. Aspects of senior academic work, such as international travels, were still a concern for most of the men and for women (Henderson and Moreau, forthcoming). Reduced hours and career breaks were the preserve of women, although this was usually for a short duration and on a part-time contract close to a full-time.

This in/visibility and mis/recognition of care also relate to the nature of participants' caring responsibilities. As we have shown elsewhere (Moreau and Robertson, 2017), those with caring duties other than the parenting of a healthy, able-bodied child are the less likely to share these in the open and to feel supported. Since women often alluded to caring needs other than parenting, this may also have contributed to them feeling that their caring needs were overlooked within the institution. While parents described childcare as a choice that is 'hard but rewarding', those with

different care roles often shared a sense of struggle and emotional turmoil. Catherine, for example, a Professor who had cared for several elderly relatives, talked of the strong impact of being a carer on her life and of the limited support she had received ('I'd had a lot of years of caring for older relatives and their deaths, and it pretty much wore me down'). She felt strongly that provision for academic carers is unduly focused on childcare, with academics caring for elderly people extremely hard done by in comparison:

*There's been a real concentration on people who have got families, so younger members of staff and I think there's a lack of balance across that age spectrum, in terms of universities taking responsibility for supporting people who maybe don't have families, but have caring responsibilities for elderly relatives...*

Yet the organisational and emotional labour provided was sometimes extensive, for example when the care recipients had complex needs, as was the case for Rosie's (Professor) parents, both diagnosed with dementia:

*That's the other thing as well that's probably worth highlighting, that even when professional services are involved and are supposedly responsible for the person you were caring for, I am still responsible for my mum (...) So this issue affects your day-to-day living, your life, your working life, because if there's a problem they ring you, she's refusing personal care, she's locking herself in her room, she's throwing things, she's abusing staff, and you're the one responsible. It all comes back to you.*

While we are limited in the way we can talk about intersectionality, it is however obvious from the data that there are significant differences *between* and *within* the group of men and women we interviewed, including in relation to social class background. The senior academics we talked to tended to live comfortable lives. Some were wealthy due to financial capital inherited or accumulated throughout their academic career or other professional activities. This capital helped to ease the tensions between doing academic and care work, although as we have alluded earlier, not all aspects of care work can be outsourced. A small number talked about growing up in poverty and, while they were now living comfortable lives, this had not always been the case and their options sometimes remained limited in terms of how much outsourcing they were able to rely on.<sup>7</sup> The small numbers of men and women from BME groups hinder our ability to draw any firm conclusion. Yet some of the women who had experienced the highest level of struggle

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<sup>7</sup> We are aware that class is multifaceted and not simply about financial capitals. Interestingly, none of the participants talked about 'not fitting in' or of experiencing a sense of othering in relation to their senior academic identity, despite evidence that these are widespread feelings among working-class academics (see, e.g., Coate et al, 2015).

and the least institutional support were from BME background. The small numbers of BME participants in this study needs to be related to their relative exclusion from senior academic positions and to the disproportionate share of paid and unpaid work women from BME groups in particular are often expected to take on (Stockfelt, 2018). It is also clear that those who identify as LGBTQ are exposed to additional difficulties, both in terms of their career and of the support they get in relation to their carer status in the context of academic cultures which remain predominantly heteronormative (see also our discussion of Kat's experience, in Moreau and Roebtson, 2017). Nationality also seemed to be a key factor in these narratives. Jana, for example, travelled regularly between three countries for 'personal' reasons, visiting a range of other countries for work motives. She mentioned how care policies and practices are not designed with the figure of the 'non-UK national' in mind.

## Conclusions

Very little is known about academics with caring responsibilities, and even less so about carers in senior academic positions. So far, most research in this area has focused on ‘balancing’ motherhood and academic work and has often ignored those with caring responsibilities other than the parenting of a healthy, abled child. The demands of care and senior academic work bring particular challenges, in a context where this level of hierarchy is often described as ‘care-free’ or ‘glossed over’ and where limited institutional and societal support is available (Le Feuvre, 2015; Lynch et al, 2009; Moreau and Robertson, 2017).

Drawing on a post-structuralist feminist perspective and a corpus of semi-structured interviews with ‘senior academics’ based in England, we discussed how this group experiences their dual status. Participants’ narratives foreground the entanglements of care and academic work. Yet they also simultaneously draw on a discourse of separateness which keeps care ‘at bay’ – a separateness facilitated by the privileges which, as often acknowledged by the interviewees themselves, are associated with their social and employment-related status. The report also highlights the hierarchies and intersectionalities at play in the lives of senior academic carers. While further research would be needed to draw more definitive conclusions on this point, it is clear that those who are the more likely to fit the default figure of the ‘bachelor boy’ (i.e. a White, middle-class, heterosexual academic) are less likely to experience the tensions arising from combining care and paid work than those who belong to marginalised groups. Their narratives are also more likely to be informed by a discourse of separateness, which constructs care as a small part of their lives. In comparison, although White and BME women also take up a discourse of separateness, their narratives highlight the tensions associated with their hyphenated identity. These groups and those with responsibilities other than the parenting of a healthy, abled child were, overall, the more dissatisfied with the support received from their institution on a formal basis, and the more pessimistic about significant improvements to this support in the future. While we have not discussed in depth disciplinary differences in this report, it is clear that the discourse of separateness is also impeded by some subject cultures, for example when academics doing experimental science are expected to spend long hours in the lab.

In the context of an ageing and feminised academic workforce, the combination of paid and care work is likely to remain a key concern for the sector for many years to come. To challenge the status quo, we argue that we need to move away from a conception of carers as ‘encumbered’ and of care as ‘getting in the way’ of performing the neoliberal dream of the care-free, globally mobile and fully available academic. Instead, care needs to be conceptualised as a part of life that calls for recognition, with the figure of the carer normalised. This requires challenging care-

free academic cultures – something individualised practices cannot achieve and even help to maintain.

Based on the results of this project, we would make the following recommendations:

Recommendation 1: There is a considerable dearth of data regarding carers, including in senior academic positions. The HESA and individual institutions should consider collecting data on academic staff's caring responsibilities in intersection with other identity markers (e.g. position, gender and ethnicity).

Recommendation 2: The sector and individual institutions should mainstream care in university policies and practices so as to ensure that senior leadership roles are compatible with caring responsibilities. While this study highlights particular issues at this level of the hierarchy (e.g. mobility requirements, a 'long hours' culture, heavy workloads), these are likely to vary across institutions and subject areas. Thus, the views of carers should be sought before reviewing extant policies and developing new ones.

Recommendation 3: Institutions need to acknowledge the diversity, intersectionality and fluidity of care. This means a 'one fits all' solution is unlikely to be satisfactory. Policies should be flexible enough so that they can be tailored to suit the needs of various groups of carers, particularly women and those with caring responsibilities other than parenting, whose careers and well-being are more likely to be affected by their dual roles.

# Appendix

## Interview schedule for senior academic staff with caring responsibilities

### 1. Your personal circumstances

**Would you like to start by introducing yourself and telling me about your personal circumstances?**

Probe: where they live, who they live with (children and adults), if partner ask for their job and if full-time/part-time/has taken time off, etc.

**What about your caring responsibilities?**

Probe: are you the main carer? Since when have you had your current caring responsibilities? Have you had any other caring responsibilities or do you foresee any other? Do you externalise any domestic or care activities?

### 2. Your working life

**Could you tell us about your academic background and your current role at (university)?**

Probe: Ask about exact job title (position) and roles (e.g. Professor who is Director of Research or Head of Department). Any other significant responsibility outside the university (e.g. chair of a professional organisation, journal editor, experience of being on a REF panel).

**Could you describe a typical working day or working week?**

**In which circumstances did you become an academic?**

Probe: family/socio-economic background, schooling history, higher education history, previous career, have they taken time off or worked PT

**Can you tell me briefly about the different posts you have occupied since joining the HE sector?**

Probe: when they started at (university), any promotion, time in current role?

### **3. Being a senior academic with caring responsibilities-challenges and benefits**

**Do you want to tell me about your general experience of being an academic and a carer?**

Probe: positives and negatives.

**Have there been any particular issues you would like to mention?**

Probe: lack of availability, work-life balance and well-being issues, financial issues, elderly/child care; are these issues specific to academics or do they apply across the board?

**Do you think having caring responsibilities has had or has an impact on your work?**

Probe: what about access to leadership positions? Any particular post which may be particularly out of reach or more challenging for carers?

**What about the impact of your work on your personal circumstances?**

**Are there any particular aspects of your job and various roles which hinder the combination between academic and care work?**

Probe: expectations of being on-site, travels, workload

How does your job compare with other senior jobs in relation to being a carer? Are some senior positions more carer-friendly than others?

### **4. National and institutional policies and practices**

**What has been your main source of support as an academic who is also a carer?**

Probe: family/friends; colleagues; line manager; others

**How easy is it to be an academic with caring responsibilities? Do you feel that you receive the support you need?**

Probe: why?

**Are you aware of any institutional or national policies/practices in place to support academics with caring responsibility?**

Probe:

\* Financial support, flexible times, on-site nursery, etc.

\* Have you received any support? Did you benefit from that and how?

**Have you used any of these? What else could help you as an academic who is also a carer?**

**Do you see it as a role of the university to support academics and other staff with caring responsibilities?**

Probe: why? Any barriers in doing that? Anything that could encourage universities to support this group?

**How could the university best support academic staff with caring responsibilities?**

Probe: How could the university best support their career development and access to the more senior positions

Considering the challenges facing academics who are also carers, what was it that allowed you to face these challenges and got you to the senior position you now hold?

**Job title:** .....

**Highest qualification:** .....

**How long have you been in your current post? ..... years.**

**Gender:**                      **Male**                      **Female**                      **Other**

**Age:** .....

**How would you describe your ethnicity?**

.....

Any questions, things you would like to add?

Anybody you know we could interview?

Thank you.

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