

MRC/CSO Social and Public Health Sciences Unit Consultation Response

|  |
| --- |
| **Title of consultation** |
| Making Flexible Working the Default |
| **Name of the consulting body** |
| Department for Business, Energy and Industrial Strategy |
| **Link to consultation** |
| https://beisgovuk.citizenspace.com/lm/flexible-working/ |
| **Why did the MRC/CSO Social and Public Health Sciences Unit contribute to this consultation?** |
| This response is submitted on behalf of the MRC/CSO Social and Public Health Sciences Unit, University of Glasgow and was prepared by Rebecca Phipps. The MRC/CSO Social and Public Health Sciences Unit (SPHSU), University of Glasgow is an interdisciplinary group of sociologists, anthropologists, psychologists, epidemiologists, geographers, political scientists, public health physicians, statisticians, information scientists, trial managers and others. The Unit receives core-funding from the Medical Research Council and the Chief Scientist Office in the Scottish Government Health and Social Care Directorates, as well as grant funding for specific projects from a range of sources. We conduct research to understand the determinants of population health and health inequalities, and to develop and test interventions to improve health and reduce inequalities, using a wide variety of methods including qualitative research, the collection, linkage and analysis of social survey and routinely collected data, evidence synthesis, randomised controlled trials and natural experimental studies. Further information about the Unit is available at [http://www.sphsu.mrc.ac.uk/.](http://www.sphsu.mrc.ac.uk/) |
| **Our consultation response** |
| This response addresses the questions most relevant to the SPHSU’s remit, specific expertise and evidence. Though SPHSU has conducted much work of relevance to this consultation, learning of the consultation late has meant our response is focused on findings from MRC funded PhD research into UK fathers’ experiences of partner bereavement (Phipps, 2021). A summary of the study can be found [here](https://bit.ly/31ZNdY0). The study offers valuable insights into the social reality of fathers bereaved of a partner and provides significant knowledge contributions to the area of enquiry. Despite the modest sample size (18 fathers with dependent age children; aged 38-56 (mean 47 years)) extrapolation and wider inference of findings are enabled by the use of systematic research methods. Questions: 8, 9, 18, 19, 20, and 21 are now addressed.   1. **Do you agree that the Right to Request Flexible Working should be available to all employees from their first day of employment?** 2. **Please give reasons for your answer, including any considerations about costs and benefits that may affect employers and/or employees**. |

|  |
| --- |
| Strongly agree. The timing of adverse life events (such as life limiting illness diagnoses) can occur at any time in the life course and restrictions in eligibility for flexible working from 26 weeks continuous service onwards unreasonably discriminates against relatives with increased care demands who do not meet this threshold. SPHSU findings appear to support the Women and Equalities Committee (2021) suggestion that making flexible working a day one right would contribute towards cultivating greater recognition by employers and employees of the right to flexible conditions of work. Phipps (2021) found that father entitlement to flexible working to perform care-work was inconsistently acknowledged by employers and by fathers themselves. Half of participants previously held senior or management positions and being in such posts appeared to curtail the scope to accommodate fathers changed domestic demands. Despite fathers often describing individual colleagues as supportive, fathers frequently described workplace structures as less so. It was common for fathers in senior positions to describe paid- work demands as rather immovable and not particularly conducive to fulfilling care demands at home. If flexibility became a day one right employers would be expected to build in deputization strategies for every role from recruitment and this would enable more employees to avoid rejection on the grounds of business reason B – ‘work cannot be reorganised among other staff’ – and to better reconcile care and paid work demands.   1. **Do you think that the current statutory framework needs to change in relation to how often an employee can submit a request to work flexibly?** 2. **Please give reasons for your answer.**   Yes. Living with a life limiting illness infrequently involves simple linear decline and trajectories more often involve periods of greater wellness and others of acute ill health. Families with severely ill members are beset by unpredictability and uncertainty and dealing with labour imbalances consume parents’ energy (Aamotsmo and Bugge, 2013, Helseth and Ulfsæt, 2005). Flexible employment arrangements are viewed as essential to fathers balancing childcare and partner illness (Inhestern and Bergelt, 2018). Phipps (2021) found that most fathers utilised flexible working (such as working from home or working less conventional hours) at some time during their partners illness to accommodate increased responsibilities at home. ‘Cancer’ specifically is culturally perceived as life-threatening, and diagnosis is said to initiate a sustained “patient need for high levels of emotional support” (p. 530) partly due to the existential threat experienced (Thomas et al., 2002). Reflecting the dual meaning of ‘caring’ (with reference to hands-on care delivered for a person and care about a person; see: Thomas, 1993) despite not all partners requiring full-time hands-on care, most fathers in Phipps’ study made considerable changes in working arrangements to be more available to their family.  Given the dynamic trajectories of life limiting illnesses and the fluctuating care demands on relatives, the statutory framework needs to allow for multiple flexible working requests within a year to enable relatives to be responsive to their changing circumstances whilst being supported to maintain participation in paid work.   1. **Do you think that the current statutory framework needs to change in relation to how quickly an employer must respond to a flexible working request?** 2. **Please give reasons for your answer.**   Yes. Phipps’ (2021) findings show that if flexible working requests are not responded to and implemented in a timely fashion bereaved fathers will leave the workforce. Our 2021 study  found considerable reductions in fathers’ hours of employment and observations reflected fathers’ difficulty in reconciling paid-work and care-work. A lack of implementation in flexible |

|  |
| --- |
| working led a number of participants (5/18) in this study to cease their employment entirely. Most participants appraised full-time paid-work and primary caregiving as conflicted.  Workplace structures rarely provided adequate flexibility to enable fathers to fully carry out their care duties. For those not financially positioned to cease employment, workplace inflexibility reduced the quality and time spent with their children. For example, “[my boss] does want a full- time manager, but I absolutely crave one day a week at home […] to be able to have a bit more time with my kids” (Kevin, 45-49). Imbalance often left fathers feeling guilty that they were letting their children down.  A proportion of fathers (4/18) were able to negotiate flexible working conditions, such as working from home or organising paid-working hours around the school run. This was not simple, however. For example, one had to give up his senior role to be approved a reduction in hours, and another had to “battle” to action his entitlement to flexible working. While there were a handful of cases where fathers were well supported in their transition (where workloads were divided among colleagues for instance) these experiences were rare among the sample. More often fathers’ entitlement to time with their children was not perceived as a right. Conforming with outdated cultural discourses around father care involvement being unessential, most fathers in this study were confronted by a binary choice to either participate in paid work or be a present primary caregiver. |
| **When was the response submitted?** |
| 1st December 2021 |
| **Find out more about our research in this area** |
| Find out more [here](https://bit.ly/31ZNdY0). |
| **Who to contact about this response** |
| Dr Rebecca Phipps [rebecca.phipps@glasgow.ac.uk](mailto:rebecca.phipps@glasgow.ac.uk) |

**References**

AAMOTSMO, T. & BUGGE, K. E. 2013. Balance artistry: The healthy parent's role in the family when the other parent is in the palliative phase of cancer — Challenges and coping in parenting young children. *Palliative and Supportive Care,* 12**,** 317-329.

HELSETH, S. & ULFSÆT, N. 2005. Parenting experiences during cancer. *Journal of Advanced Nursing,* 52**,** 38-46.

INHESTERN, L. & BERGELT, C. 2018. When a mother has cancer: strains and resources of affected families

from the mother’s and father’s perspective - a qualitative study. *BMC Women's Health,* 18**,** 72.

PHIPPS, R. 2021. *Fatherhood, Bereavement and Masculinity: An exploratory study of partner loss.*

Doctorate of Philosophy Thesis, University of Glasgow.

THOMAS, C. 1993. DE-CONSTRUCTING CONCEPTS OF CARE. *Sociology,* 27**,** 649-669.

THOMAS, C., MORRIS, S. M. & HARMAN, J. C. 2002. Companions through cancer:: the care given by informal carers in cancer contexts. *Social Science & Medicine,* 54**,** 529-544.

WOMEN AND EQUALITIES COMMITTEE 2021. Unequal impact? Coronavirus and the gendered economic impact. *In:* COMMITTEE, W. A. E. (ed.). Online: House of Commons.