

Informal caring in mid-life and its economic consequences

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POLICY BRIEFING

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As our population ages, it is increasingly common for people in mid-life to be providing informal care for family or friends. Informal care is care that is provided without any payment.

Carers Trust statistics show that there are around 7 million carers in total, and one in five people aged 50-64 in the UK is a carer. Caring in mid-life can be damaging to the carers' economic activity and earnings.

This research adopted a mixed-methods approach and used data from the National Child Development Study to examine transitions into and out of economic activity among individuals who work and provide unpaid care.

The study findings help us to understand informal carers' decisions about paid work and providing care, and shed light on future policies aimed at better supporting informal carers who are also in paid work.

Key Points:

- *Providing more flexible working hours and enhancing paid care leave in the workplace could be pivotal for mid-life carers who work.*
- *Mid-life carers are more likely to reduce the amount of paid work they do in order to care if they are female, single/never-married, are in lower paid employment, have poor health themselves and have frequent contact with their parents.*
- *Carers were more likely to reduce their economic activity if they felt their financial situation was 'difficult', compared to 'just about getting by'.*
- *Childless carers tend to face less economic pressure.*
- *Those with no siblings tended to have a closer relationship with their parents and would prioritise their parents' needs, which might in turn be linked to an earlier exit from employment.*
- *Having family-oriented values and a clear identity as a carer may relate to reducing economic activity among informal carers.*

Introduction

National statistics show that about 5.8 million people were providing informal care in England and Wales in 2011, up by 600,000 since 2001. A recent release from the Carers Trust suggests that the total number of informal carers in the UK is nearly 7 million, representing approximately one in ten persons in the total population, and this number is still on the rise. Existing research indicates that providing informal care to one's parent may negatively impact the carer's economic activity, working hours and income, with women usually being the worst affected.

The study

Our research investigated the decisions of mid-life informal carers on reducing their economic activity, and sought an in-depth understanding of these decisions using mixed methods. We used data collected in the National Child Development Study (NCDS), a cohort study of over 17,000 children born in Britain in a single week in 1958 who have been followed up through the course of their lives. We conducted a multivariate analysis of the sample aged 50 (wave 8) and 55 (wave 9) to investigate any change in economic activity patterns among carers. We carried out a thematic analysis of interview transcripts from 48 identified carers in the NCDS conducted between 2008–11 to understand the carers' decisions about reducing or stopping their economic activity.

Main findings

Among the 2,233 persons who were providing care at both ages 50 and 55 and who had at least one parent/parent-in-law alive at both time points, 1,926 did not change or increase their economic activity, while 307 reduced or stopped their economic activity, accounting for almost 14% of the total sample (see Table 1).

Between 50 and 55 years old	Frequency	Percent
No change or increase in economic activity	1,926	86.18
Reducing/stopping economic activity	307	13.82
Total	2,233	100

Table 1. Change in economic activity between age 50 and 55 among carers who had at least one parent alive

1. What factors are associated with a reduction/stop of economic activity among working mid-life carers?

Quantitative analysis suggested that being female, frequently meeting one's parent, being single / never-married, reporting poor health, and being an employee (other than a supervisor / manager) were associated with a higher likelihood of reducing one's economic activity, holding all other independent variables constant.

Carers in the sample who felt that they were 'just about getting by' financially were less likely to reduce their economic activity than those who described their financial situation as 'difficult' (see Figure 1).

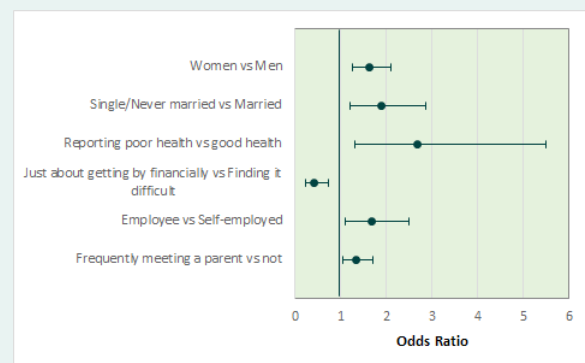


Figure 1. Odds of reducing economic activity by carers' characteristics

2. What else influences informal carers' reduction/stop of economic activity?

Family structure

Evidence from the carers' narratives indicated that being an only child may result in a closer relationship with one's parents. Being an only child may lead to having more contact and providing more help since there are fewer siblings with which to share care. This is demonstrated here by a woman carer who took early retirement:

Q. Were you an only child?

A: Oh yes. A huge label, huge label. Yes. So closer to mum, probably because over the years she's needed me more... She has friends and they're probably in this second circle. So I would be in there with her, we're very, very much together... She calls me her carer and I'll do whatever she needs to have done. (Case 149, woman)

Values and identity

Having family-oriented values and having a clear “carer’s identity” were related to the carer’s decision on reducing their economic activity.

I would have said I had a career in a management career, yes. But I would say I’m having a different type of career now. I would say what I’m doing now is probably more harder than what I did when I worked, although I do not get recognised for it and I do not get paid for it... Here I am doing a job that other people are doing in a community and, you know, like a home or something but I’m doing it at home so my father doesn’t go into a home, but I don’t get the same pay or recognition for what I actually do. (Case 187, woman)

Care intensity

The carers who had given up their employment altogether were likely to live in the same household with the person they cared for, and to provide intense care, as this carer who stopped working explained:

I look after my father 24/7 which is Monday to Sunday. (Case 187, woman)

Life course events

Being at a life stage which entitles the carer to a pension was related to some carers’ decisions to stop their economic activity altogether. Importantly, the retirement decision could be triggered by adverse life events, as illustrated by this carer’s experience:

I--, I hadn’t been well, I mean we--, we’ve had a lot go on with losing [SON2]’ partner, really since my brother passed away it--, it’s just been hard and I’ve had quite a few bouts of like depression, so I--, I had been off work since last April and the thought of going back was just tearing me apart, I just couldn’t--, couldn’t bear the thought of it, and we talked about it and because I was 50 I was able to take my pension. (Case 047, woman)

Policy implications

These findings suggest that providing more flexible working hours and enhancing paid care leave in the workplace could be pivotal for mid-life carers who work.

Employees who are carers and who experience negative life events could be supported by their employers to a greater extent, for instance through greater flexibility in leave policies or the provision of free psychological counselling services during times of pressure.

Social policymakers could also consider mid-life carers who may be at risk of reaching later life themselves with little or no informal support, and for whom formal support is key.

Similarly, the circumstances of mid-life carers with health problems or economic difficulties could be monitored closely by local authorities, in order to facilitate and support the carers’ valued contribution.

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