

# Social care provision in Great Britain: Exploring gender, cohort, and life stage differences

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POLICY BRIEFING

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Informal caregiving is defined as providing assistance to someone who is sick, disabled or elderly, whom you look after or give special help to in a non-professional capacity. They can be living in the same household as you, or not.

Understanding the gender care gap is essential for promoting gender equality. By investigating how caring by gender has changed over time, we can also provide an assessment of the prevalence of informal caregiving in more recent generations, particularly as the population ages.

Examining different age groups and cohorts can highlight disparities in caregiving that result from demographic, economic, and social changes. These insights can help shape policies that ensure all cohorts receive fair support and resources throughout their lifespan caregiving journeys.

## Key Points:

- *The proportion of individuals aged 35-89 providing care increased from 17% in 1985 to 21% in 2010, then declined to 19% in 2020, mainly due to a rise in caregiving within the same household, especially between spouses in later life.*
- *Women provide more care than men across the life course, except in the oldest old ages, with the gender gap widening from 4% in 1985 to 5% in 2020. This gap is most evident in intensive caregiving (20+ hours per week), care for non-household members, and parental care.*
- *Caregiving forms an inverse U-shape across the life course, peaking in middle age for both genders. Women provide more care in early adulthood, middle age, and young-old age, while men slightly surpass women after age 75, reflecting gender differences in spousal survival.*
- *Cohorts born between 1951 and 1970 experienced a wider gender caregiving gap in middle age than earlier or later cohorts. Parental care peaks at ages 40-60, with women predominantly providing this care. Intense caregiving is more common in later-born cohorts, reflecting the increased survival of their parents into older ages.*
- *Part-time workers, the unemployed, the economically inactive, those with long-term illnesses or disabilities, and those married or in civil partnerships are more likely to provide care.*

## Introduction

Understanding the gender care gap over time is essential for promoting gender equality and assessing whether informal caregiving is changing amongst more recent generations, particularly as the population ages. Examining different age groups and cohorts can highlight disparities in caregiving that result from demographic, economic, and social changes. These insights can help shape policies that ensure all cohorts receive fair support and resources throughout their lifespan caregiving journeys.

This briefing explores the trends in informal caregiving in Great Britain from 1985 to 2020, focusing on gender, cohort, and life stage differences. It highlights how caregiving patterns have evolved across generations and how the gender care gap has widened, particularly in middle age and in specific types of care, such as intensive or parental caregiving.

## The study

This study uses data from the General Household Survey (GHS) (1985–2000), the British Household Panel Survey (BHPS) (2005), and the UK Household Longitudinal Study (UKHLS) (2010–2020). Our sample includes adults aged 35–89 living in Great Britain. Caregivers refer to those looking after someone sick, disabled, or elderly, either inside or outside their household. We examine various types of caregiving, including care for someone within or outside the household, parents, or spouses, as well as intensive caregiving (20+ hours per week).

Survey data from multiple years (1985–2020) were combined, and logistic regressions were used to provide estimated probabilities of caregiving by age, gender and cohort. The models account for gender, cohort, and time, with interaction terms to capture differences across groups. The respondents' marital status, economic activities and health were also considered.

## Main findings

### Overall caregiving trend

In 1985, 17% of respondents reported providing care, rising to 21% in 2010 before slightly declining to 19% in 2020 (Figure 1.A). This increase was primarily due to a rise in the number of adults caring for someone in the household (Figure 1.C), which grew by 3 percentage points from 5% in 1985 to 8% in both 2010 and 2020. Additionally, the percentage of spousal caregivers increased by 2 percentage points, from 2% in 1985 to 5% in 2010 and 4% in 2020 (Figure 1.E).

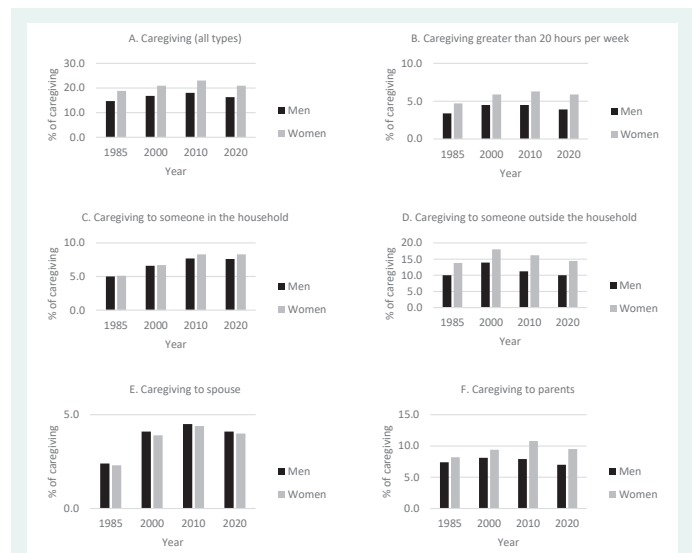


Figure 1: Percentage of adults who provided care (%)

Data sources: Authors' analysis. GHS Waves 1985, 1990, 1995, 2000, BHPS Wave 2005, and UKHLS Waves 2010, 2015, 2020

## Gender differences

Figure 1.A also illustrates that while the percentage of caregivers increased for both men and women over time, women consistently reported higher caregiving rates than men, for most of the age groups. The gender gap widened from 4 percentage points in 1985 to 5 percentage points in 2020. Intensive caregiving (1.3 percentage points in 1985 vs 2.0 in 2020) (Figure 1.B), caregiving for individuals outside the household (3.8 percentage points in 1985 vs 5.0 in 2010 and 4.4 in 2020) (Figure 1.D), and caring for parents (0.8 percentage points in 1985 vs 2.9 in 2010 and 2.5 in 2020) (Figure 1.F) contributed to this increased gender gap.

## Life stage differences

Caregiving follows an inverse U-shape, peaking in middle age for both men and women. Women typically take on more caregiving in early adulthood, middle age, and young-old age than men, while the percentage of men providing care is higher than women at ages 75 and over (Figure 2.A).

## Interrelated age, gender, cohort and life stage effect

The cohorts born between 1951 and 1970 saw a widening gender caregiving gap in middle age compared to later-born or earlier-born cohorts (Figure 2.A). Parental care peaked in middle age (40–60), with women leading in this type of care (Figure 2.F). Intense caregiving is more common among later-born cohorts in their middle-life stage or earlier-born cohorts in their old-old life stage, aged 75–84 (Figure 2.B). Spousal care is more common among earlier-born cohorts in their old life stages (Figure 2.E).

### Influence of employment, health, and marital status

People who worked part-time, were unemployed, or not in the workforce were more likely to be caregivers than those with full-time jobs. Similarly, people with long-term illnesses or disabilities were also more likely to provide care. On the other hand, people who had never married or were divorced/widowed were less likely to be caregivers compared to those who were married.

### Policy implications

The findings on caregiving trends have several important policy implications. The increase in caregiving, particularly spousal care within households, highlights the need for policies that provide support for caregivers, such as tax incentives, paid leave, and access to respite services, especially as caregiving responsibilities disproportionately fall on women during working life.

The widening gender gap in caregiving, particularly in intensive care and parental care, underscores the need for gender-sensitive policies that promote workplace flexibility, support dual caregiving roles, and reduce economic penalties for women who provide care. Since caregiving peaks in middle age and differs across life stages and cohorts, policies must be tailored to address the unique caregiving needs of different age groups.

For instance, middle-aged caregivers may require work-life balance support, while older caregivers may benefit from improved investment in the infrastructure of long-term care for their spouses or other dependents. Given that part-time workers, those who are unemployed, and those with disabilities are more likely to be caregivers, social policies should aim to integrate caregiving into social protection systems, ensuring caregivers receive adequate financial and health benefits to mitigate the physical and economic burdens associated with caregiving roles.



Figure 2: . Estimated probabilities of caregiving by age, gender and cohort in Great Britain, 1985-2020

Data sources: Authors' analysis. GHS Waves 1985, 1990, 1995, 2000, BHPS Wave 2005, and UKHLS Waves 2010, 2015, 2020

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