

Article

# Living longer: caring in later working life

Examining the interplay between caring and working in later life in the UK.

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Release date:  
15 March 2019

Next release:  
To be announced

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# 1 . Overview

As the UK population gets older, an increasing number of workers are providing care towards the end of their working life for family members. One in four older female workers, and one in eight older male workers, have caring responsibilities. In this article, we look further at the differences between men and women who work and care, and how who is being cared for drives the number of hours a carer provides and their ability to work.

## 2 . Older workers will increasingly have caring responsibilities

People are living longer and are increasingly likely to have a living parent and/or a grandchild<sup>1</sup>. Unpaid informal care provided by friends and family is essential to our society and the economy.

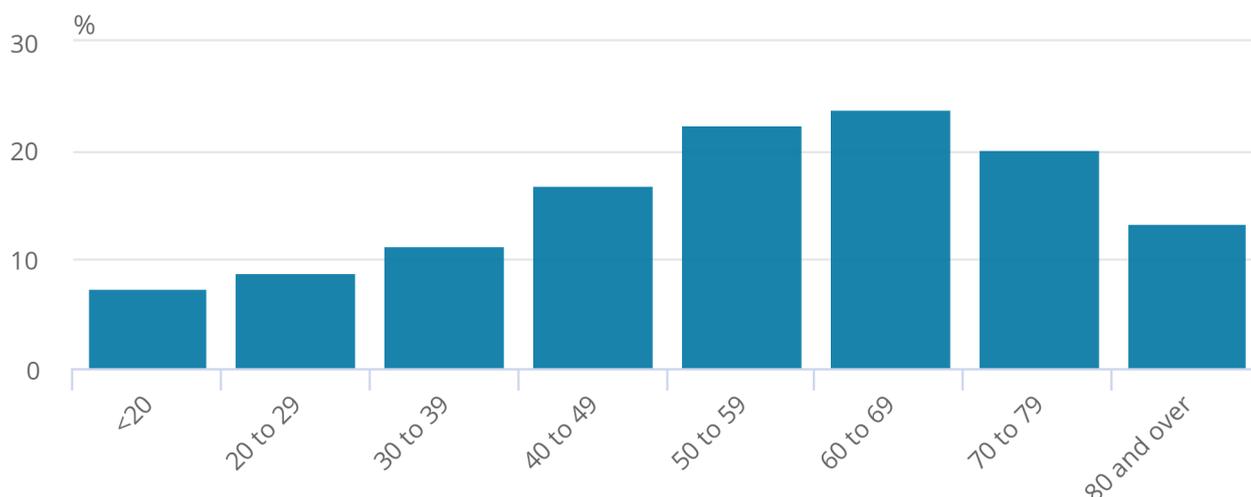
In 2016, [informal adult care was valued at £59.5 billion per year](#), with around 2 million adults in the UK receiving informal care. This is the equivalent of [just over 4 million adult social care workers working every week of the year at their median weekly hours](#).

**Figure 1: People aged in their 50s and 60s are most likely to provide informal care**

Provision of unpaid care by age group, UK, 2015 to 2017

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Provision of unpaid care by age group, UK, 2015 to 2017



Source: Understanding Society

Nearly three in five carers in England and Wales are aged 50 years and over, and one in five people aged 50 to 69 years are informal carers – this is the most common age group for having caring responsibilities<sup>2</sup>.

As our population ages, there will be [increased need for informal care](#), but there is also [a need for older people to stay in the workforce longer](#). People will need to ensure they have adequate funds to support their longer lives. There is also a [policy drive to increase employment among older people](#), to help support the increased costs of providing health and social care services and State Pension provision that an ageing population brings.

To understand the impact of combining work and care we need information on the characteristics of people who do so.

Here we use data from the [English Longitudinal Study of Ageing](#) to highlight gender differences in caring and working, and the relationships between different types of care and employment. We focus on those aged 52 to 69 years<sup>3</sup> as these are the ages where people are approaching retirement and retiring, dropping out of the labour market, and these are also the peak ages for caring responsibilities.

### **Notes for: Older workers will increasingly have caring responsibilities**

1. For more information, see the English Longitudinal Study of Ageing from NatCen Social Research, University College London and the Institute for Fiscal Studies.
2. "A carer is considered to be anyone who spends time looking after or helping a friend, family member or neighbour who, because of their health and care needs, would find it difficult to cope without this help regardless of age or whether they identify as a carer." Carers Action Plan 2018 - 2020 Supporting carers today, Department of Health and Social Care
3. The English Longitudinal Study of Ageing follows a sample of individuals aged 50 years and over through time. As the respondents age, new people are sampled to ensure a representative picture of those aged 50 years and over. The last refresh of the sample occurred in 2012 to 2013 so there are no longer any 50- or 51-year-olds.

## **3 . Who is providing unpaid care**

A substantial proportion of older workers already balance work with caring responsibilities, particularly women: almost one in four (24%) female workers care, compared with just over one in eight (13%) male workers.

We showed in a [previous article looking at working, caring and health in later life](#), that carers are less likely to work than non-carers overall, but this is driven by men. Men who care are less likely to work than men who do not provide care, while women are equally likely to be in work whether caring or not <sup>1</sup>.

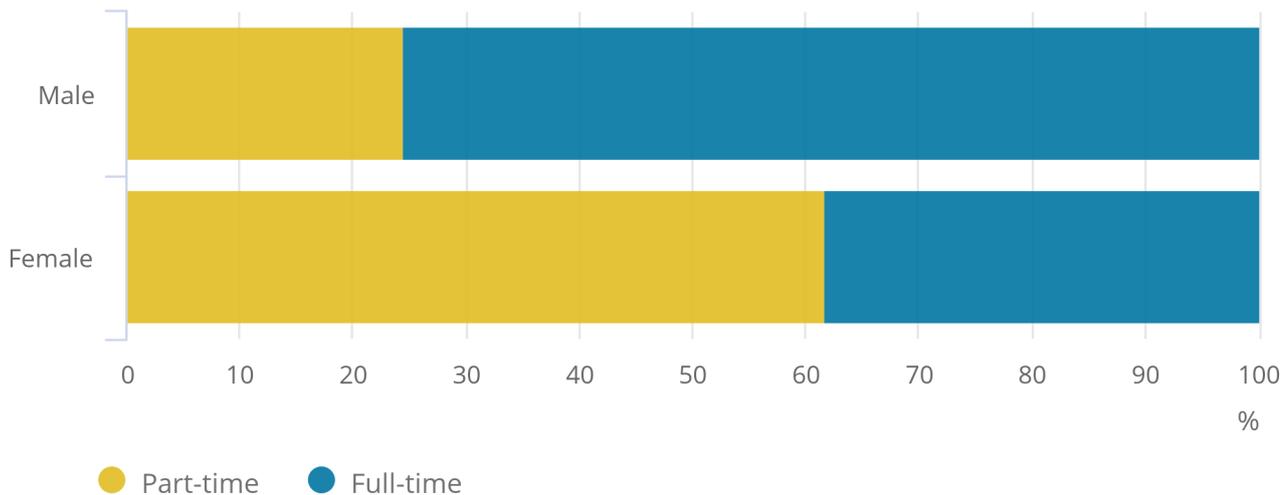
[Older workers who are women are far more likely than men to work part-time](#). Almost two-thirds (62%) of women in employment work part-time, compared with less than one-quarter (24%) of men (Figure 2).

**Figure 2: Older workers who are women are more likely to work part-time than men**

Working patterns by sex, ages 52 to 69 years, England, 2016 to 2017

Figure 2: Older workers who are women are more likely to work part-time than men

Working patterns by sex, ages 52 to 69 years, England, 2016 to 2017



Source: English Longitudinal Study of Ageing

Higher levels of part-time work may allow more women than men to combine work and caring, and may explain men being less likely to work if they are carers. For more information, see [Full story: The gender gap in unpaid care provision](#).

Other studies have shown that both men and women who have had periods of unemployment and/or worked part-time in the past are more likely to provide care<sup>2</sup>. There is also evidence that women who stop working for a period after having a child are more likely to provide care later in life. Having previously adapted their life to care for children, they may be more likely to see the value in providing informal care and take up another caring role in later life, such as looking after grandchildren or caring for their own parents.

There is also still a societal expectation for women, rather than men, to take on caregiving roles<sup>3</sup>. Most of the care that men provide is to their spouse or parents, whereas women are more likely to provide care to a broader range of people including non-relatives.

**Notes for: Who is providing unpaid care**

1. For more information, see [Understanding Society: Wave 7 \(11th edition\)](#), published in 2018, by the University of Essex, Institute for Social and Economic Research, NatCen Social Research and Kantar Public.
2. For more information, please see [Care providers, care receivers: a longitudinal perspective \(PDF, 1.8MB\)](#) by the Joseph Rowntree Foundation.
3. More information is provided in Della Giusta M and Jewell S (2015), '[Unpaid work and conformity: why care?](#)', Cambridge Journal of Economics 2015, volume 39, issue 3, pages 689 to 710.

## 4 . A quarter of male carers provide care for a spouse

The people carers provide care for is influenced by the sex of the carer. Male carers are more likely than women to care for a spouse (Figure 3)<sup>1</sup> .

Typically, when a care need arises, our research suggests it is the wife (rather than the husband) who will usually provide it. But when it is the wife who requires care, there may be no one apart from her husband who can do this. So, among men who are caregivers a large proportion care for their spouse, while women care for a more diverse range of people.

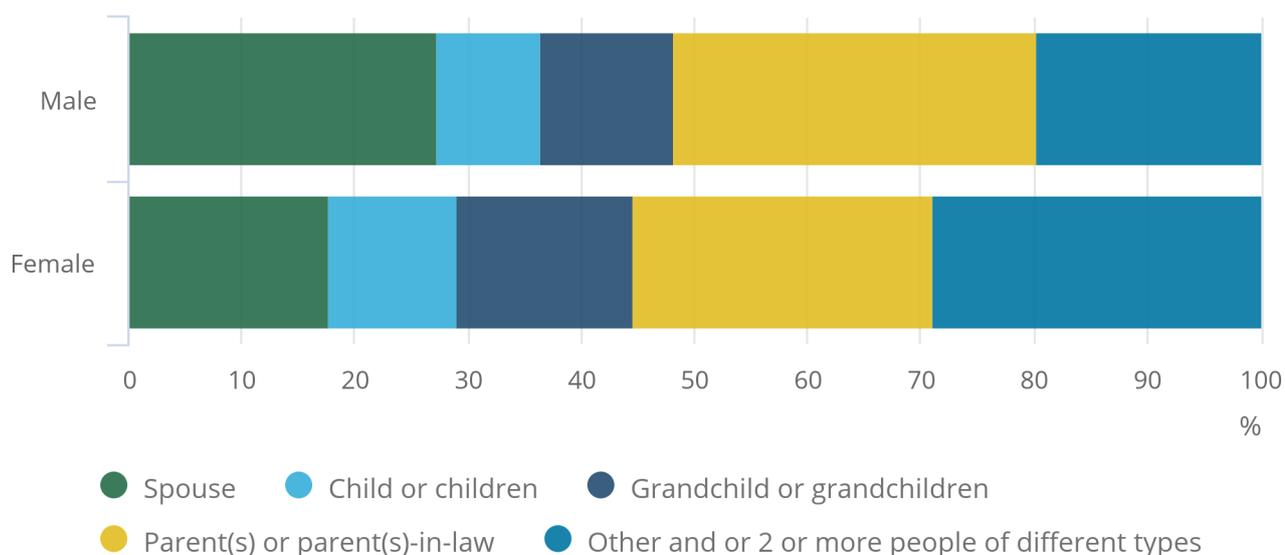
Women are also more likely to juggle multiple caring roles<sup>2</sup>. Almost one-third (29%) of female carers provide care for multiple types of people, which may include people outside their close family, compared with one in five men.

**Figure 3: Men who provide care are more likely than women to care for a spouse**

Who carers provide care for, ages 52 to 69 years, England, 2016 to 2017

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Who carers provide care for, ages 52 to 69 years, England, 2016 to 2017



Source: English Longitudinal Study of Ageing

While overall there is little difference in the likelihood of being in work between male and female carers, men are far more likely than women to work if caring for a spouse. Over two-thirds (69%) of men caring for a spouse are in work compared with less than one-quarter (23%) of women (Figure 4). This may suggest that, as men earn more than women on average, they are more likely to need to work for the financial stability of the household, and /or men traditionally see themselves as the breadwinners and may be less willing to give up work and income to provide unpaid care<sup>3</sup>.

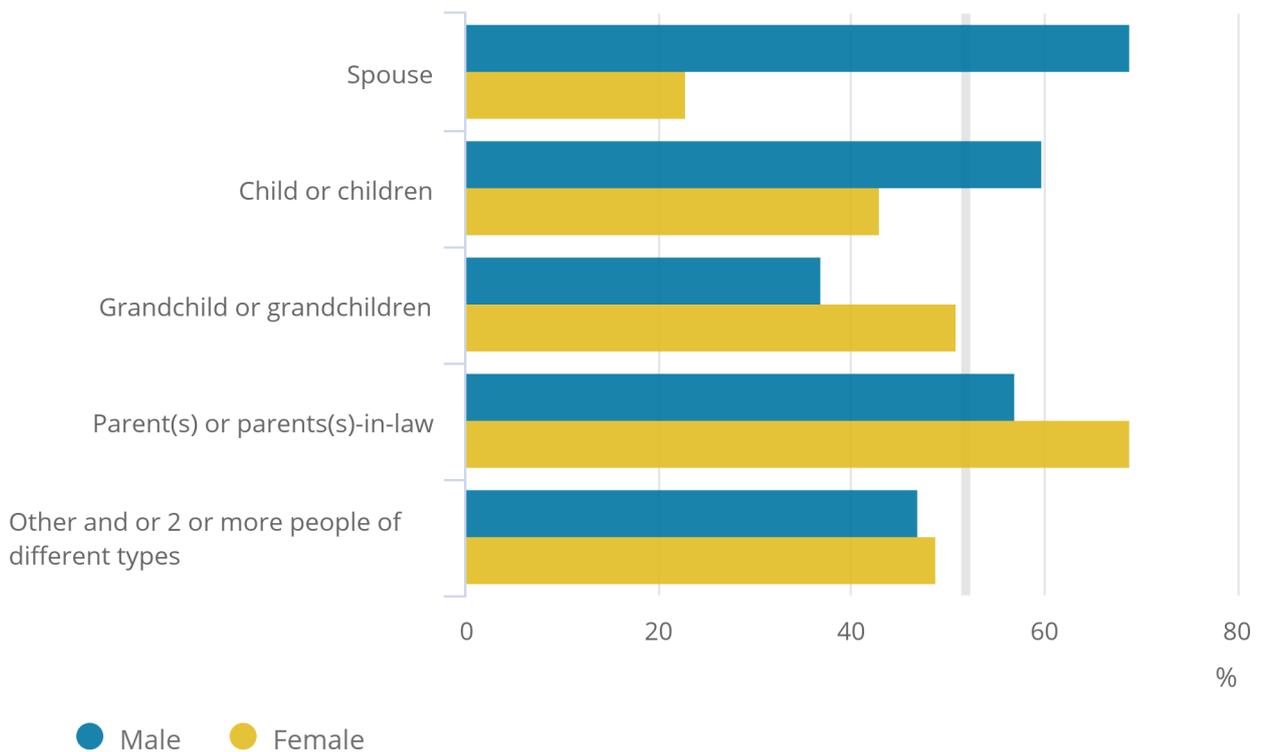
A further explanation could be that men and women have different views on what constitutes care. For example, men may be more likely to consider low-intensity, traditionally female roles such as housekeeping and cooking, which would have previously been done by their spouse and may not interfere with their ability to work, as caring.

**Figure 4: Over two-thirds of men caring for a spouse are in work**

Percentage of carers in work by relationship to the person they care for, ages 52 to 69 years, England, 2016 to 2017

Figure 4: Over two-thirds of men caring for a spouse are in work <sup>52% of carers:</sup>

Percentage of carers in work by relationship to the person they care for, ages 52 to 69 years, England, 2016 to 2017



Source: English Longitudinal Study of Ageing

**Notes for: A quarter of male carers provide care for a spouse**

1. For more information, please see The demographic characteristics and economic activity patterns of carers over 50 in [Population Trends, Number 141, Autumn 2010](#).
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3. For more information, please see [Why care? Social norms, relative income and the supply of unpaid care \(PDF, 206KB\)](#).

## 5 . Caring for a parent is the most common type of caring

Overall, parents are the most common recipient of care by those of older working ages (29% of informal carers provide care to parents; Figure 3). People caring for parents are more likely to be in work than people caring for any other type of person.

Almost two-thirds (64%) of people caring for parents are in work (Figure 4). This is an important finding, because the need for parental care among older workers is likely to increase in the future as the population ages. People in their 50s and 60s will be increasingly likely to have living parents who may develop care needs.

High levels of employment for people who care for parents may be possible due to the relatively low number of hours (caring intensity) people spend caring for a parent (Figure 5).

## 6 . Who is being cared for drives the number of hours spent caring

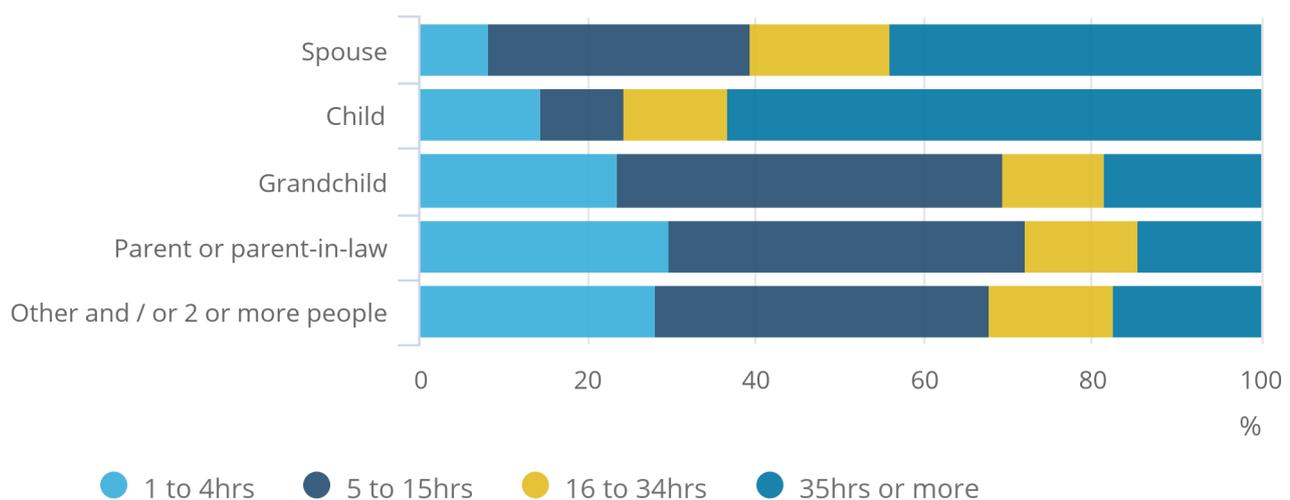
The type of person being cared for largely determines both the level of caring intensity, and whether they live with their caregiver<sup>1</sup> .

**Figure 5: Almost three-quarters of people caring for their parents provide care for fewer than 16 hours per week**

Intensity of care by who is being cared for, ages 52 to 69 years, England, 2016 to 2017

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Intensity of care by who is being cared for, ages 52 to 69 years, England, 2016 to 2017



Source: English Longitudinal Study of Ageing

As with caring for a parent, caring for a grandchild is characterised both by relatively few hours of caring per week, and by a low likelihood of living with the person receiving care. It is not common for people in their 50s and 60s to live with their grandchildren or parents, and any care provided to these relations tends to be low intensity. Fewer than one in five people providing care to a parent or a grandchild live with them.

However, a child requiring care from parents in this age group is likely to be an adult child with a disability, which both prevents them from living independently (73% of children receiving informal care live with their caregiver) and requires intensive levels of care (63% care for 35 or more hours per week).

In contrast, while people caring for a spouse overwhelmingly live with their spouse, this is due to the nature of the relationship rather than the level of care required. The intensity of care associated with caring for a spouse is more evenly distributed than for other types of care (Figure 5).

### **Notes for: Who is being cared for drives the number of hours spent caring**

1. For more information, please see The demographic characteristics and economic activity patterns of carers over 50 in [Population Trends, Number 141, Autumn 2010](#).

## 7 . What impact does caring have on the carer?

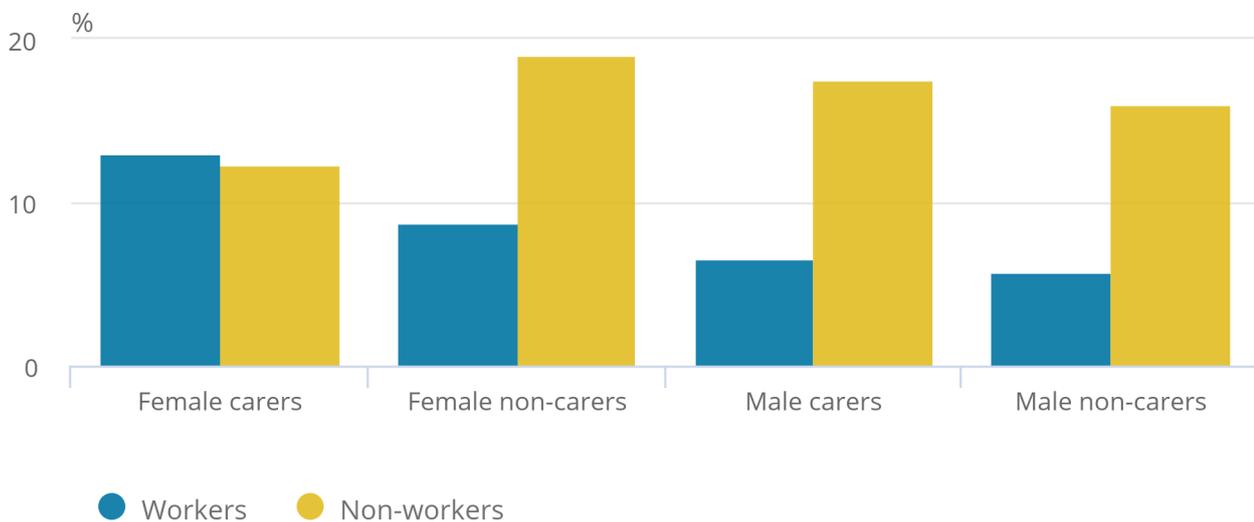
For men, loneliness is far lower for workers than non-workers, regardless of whether they provide care (Figure 6). This could be because men tend to work full-time, so work is a big part of life and leisure time is limited, leading [to men being more likely to develop social networks within work than outside](#). Leaving work therefore has a big impact on how lonely men feel, regardless of whether they provide care. Being a carer does not appear to protect men from loneliness, possibly because of limited previous experience of caregiving and caregiving not traditionally being a male role.

**Figure 6: Women who do not work are less likely to feel lonely if they provide care**

Percentage reporting feeling lonely by caring and working status, ages 52 to 69 years, England, 2016 to 2017

### Figure 6: Women who do not work are less likely to feel lonely if they provide care

Percentage reporting feeling lonely by caring and working status, ages 52 to 69 years, England, 2016 to 2017



Source: English Longitudinal Study of Ageing

For women the picture is different. Women who are neither working or caring are most likely to be lonely. While in general not working is associated with a higher likelihood of loneliness, this is not the case for women who care (Figure 6). Women could have broader social networks outside of work than men, which may have arisen from previous childrearing responsibilities and periods out of work. Experience of caring for children in the past may mean caring in later life is a familiar role, which additionally provides companionship and alleviates loneliness.

## 8 . What does this mean for the future?

An ageing population means that more older workers may need to take on caring responsibilities, particularly for a parent, in the future.

Informal care providers are hugely important to the economy and society. Yet being a carer can come at great personal cost.

Most carers are women, who are likely to be working part-time. These part-time jobs will be lower paid than full-time equivalents, leading to lower future pension security.

We have shown that working and caring can be combined. Currently, most of this care is provided by women. This is associated with women being more likely to work part-time as well as societal expectations of women as caregivers.