

Will I Care: The Likelihood of Being a Carer in Adult Life.

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Will I care?

The likelihood of being
a carer in adult life



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Foreword from Helen Walker



Our population is ageing and people with disabilities are living longer in the community – this should be celebrated – but it is also a critical moment to look at the impact of caring and the likelihood of becoming an unpaid carer. Which is why I am delighted that this report, released to mark Carers Rights Day 2019, looks at this very topic.

It reveals the simple fact that most of us will be unpaid carers for our family members or friends at some point in our lives. You are just as likely to become a carer as you are to own your own house, despite caring being as common as many life events the public conversation and the private expectations are not matched.

While we will not be able to predict when someone will care – it can happen overnight; through an accident or sudden illness, or it can creep up gradually, through a degenerative condition or increasing frailty. There is more that we can do as a society to ensure that people are more prepared and are able to access the support and information they need. Action is needed from government, our employers, our public services, our communities and the private services we use.

As this research shows the impact is not felt equally, and women are more likely to care and take on a larger responsibility for care. As the spotlight has been shone on gender equality in the workplace, we need to ensure that understanding the impact of caring is included in workplace support.

Carers UK's research has shown again and again that caring can have a profound impact on people's lives. Many carers are juggling work and unpaid care, but too many people simply cannot continue to manage the balance and we estimate that 600 people a day give up paid work to care. Carers can find themselves in poverty or financial hardship, struggling to make ends meet for themselves and the people they care for. Caring can seriously affect health, wellbeing and relationships. It is not just the challenges faced, this report sets out the clear reason that caring must be centre stage in public policy and decision-making – it simply is the everyday life of families.

It has been a great pleasure to work with researchers from the Universities of Birmingham and Sheffield on this report. As a charity, we will use this information to work with governments and administrations across the UK, employers, public services across health and social care, the voluntary sector, carers, their families and the public to ensure we see changes which mean carers get the support they need.

Helen Walker, Chief Executive, Carers UK

Introduction



We have prepared this special report in collaboration with Carers UK to mark Carers' Rights Day 2019, and to highlight the growing role caring plays in all our lives.

Caring is vital for us all and a precious support for those we love at critical times. Provided by millions of women, care also features strongly in the lives of men. Yet too often carers pay a heavy price for the support they give – financial strain, poorer health, social isolation.

We know from past research¹ that caring occurs across the country and that many carers are people of working age. 'Working carers' are found in every occupation and all industrial sectors. We know reliable and flexible services for those they support are most carers' top priority. And that when good support is available, it makes a difference².

In 2015, in another joint report, we showed carers were doing more than ever to support others, providing care worth £132 billion a year – similar to the total cost of our NHS.³ Carers are thus both the backbone of our health and social care system and provide its 'life support'.

Carers' organisations have long used research to secure rights for carers – their rights to claim Carer's Allowance; to have their own needs assessed; and to request flexible work.

The findings released in this report add crucial new data. Past studies have often relied on 'snapshot' data (which capture a moment in time), or research that shows what caring means for individuals but that is not representative of the whole population. Our new findings are from the highest quality UK surveys, based on data collected over decades from large representative samples of people regularly asked about caring and other aspects of their lives. We hope this new analysis will also contribute to achieving progress for carers, who, across the UK, urgently need better services and more support to manage work and care.

I am grateful to Dr Matthew Bennett and Dr Yanan Zhang, University of Birmingham, for the statistical analysis in this report. Both are members of a large team working with me, and in close partnership with Carers UK, in the *Sustainable Care: connecting people and systems* research programme.

Sue Yeandle

Professor Sue Yeandle, Principal Investigator, *Sustainable Care: connecting people and systems*, CIRCLE (Centre for International Research on Care, Labour and Equalities), University of Sheffield



- 1 Sue Yeandle and Lisa Buckner (2007) *Carers, Employment and Services: time for a new social contract?*, Published by Carers UK
- 2 Sue Yeandle and Andrew Buckfield (2011) *New approaches to carers' health and wellbeing: evidence from the NCS Demonstrator Sites programme*
- 3 Sue Yeandle and Lisa Buckner (2015) *Valuing Carers 2015: The rising value of carers' support*, Published by Carers UK

The likelihood of being a carer in adult life

Dr Yanan Zhang and Dr Matthew R. Bennett, University of Birmingham

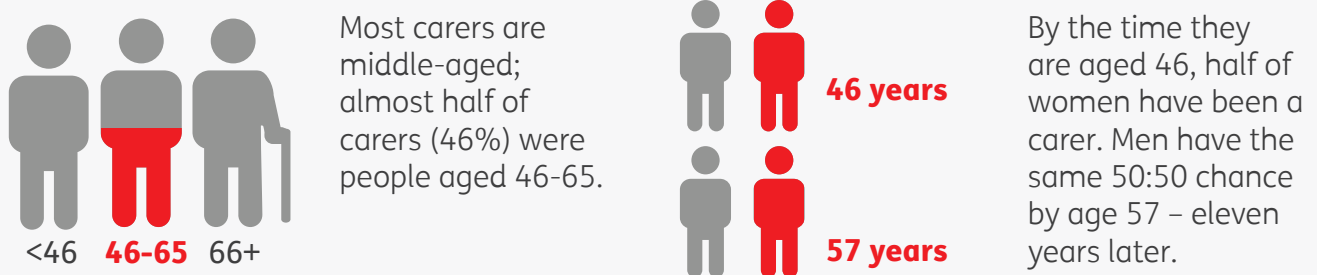
Key findings

New analysis for the period 1991–2018 shows that:

Chance of providing care in their adult life, for people in the UK



Age of carers



Carers' occupations



Variation across the UK

Chance of providing care varies across the UK

Scotland	65%
Northern Ireland	66%
Wales	70%
England	63%



Prevalence of caring



Most people are carers at some point in their lives

Data for the years 1991–2018, from the longitudinal household panel studies *British Household Panel Survey* and *Understanding Society*, show that two-thirds of adults had at some point been the carer of someone who was sick, disabled, or who required support in old age.

This varies by sex: 7 in 10 women had been carers, and 6 in 10 men (*Table 1*). These figures almost certainly underestimate the true figure, as they do not include data on people who were carers before entering the study.

Table 1: Adults who were carers, 1991–2018⁴

Country	All	Women	Men
UK	65%	70%	60%

⁴ Source for Tables 1–4: Waves 1–18 (1991–2009) of the harmonised British Household Panel Survey (BHPS) and waves 1–8 (2009–2018) of Understanding Society, authors' own calculations.

By age 50, half the population had experienced providing care (*Table 2*)

Table 2: Age at which people have a 50:50 chance of having provided care

Country	All	Women	Men
UK	50	46	57

Each year, about 1 in 5 people provide care.

Why does this matter?

This means most adults will provide care at some point in their lives, whether for a number of years or for a shorter period of time.

Gender and caring



More women are carers than men

Of those people questioned during 2016–18, 23% of women were carers, compared with 17% of men (Figure 1).

More than half of current carers were women (58%), while 42% were men (Figure 2).

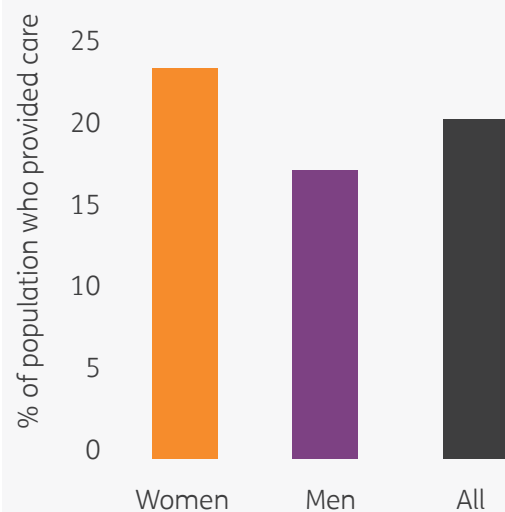
Women are more likely than men to care early in life

Longitudinal data (for the period between 1991 and 2018) collected at intervals across adults' lives show that half of women had provided care by age 46, eleven years before men, who on average had done this by age 57 (Table 2).

The percentage of carers who are women increases with care intensity⁵

Women were 57% of all carers providing under 10 hours or between 10 and 19 hours of care per week, but 62% and 63% respectively of those caring for 20 to 49 hours and for 50+ hours per week (Figure 2).

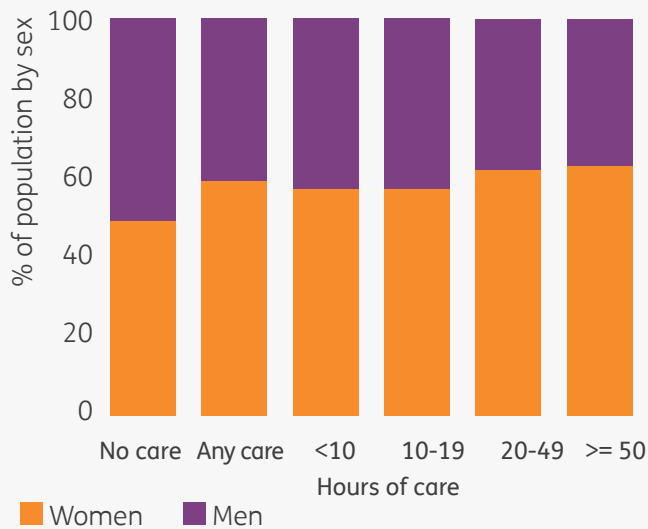
Figure 1: Carers by sex, 2016-18



Source: Authors' calculations based on wave 8 (2016–2018) of Understanding Society

⁵ Care intensity is measured in weekly hours of care provided.

Figure 2: Population by sex and caring, 2016-18



Source: Authors' calculations based on wave 8 (2016-2018) of Understanding Society-see Table A.1

Why does this matter?

These findings indicate that caring features especially strongly in women's lives. Caring typically happens at a younger age for women than for men. Women are thus especially likely to be caring at ages when they would expect to be in paid work. This often affects their participation in paid work and reduces their lifetime earnings, with wider gender equality implications. Being a carer is an important reason why women are more likely than men to experience low income in later life, including after their caring role has ended.



Caring and age



The percentage of adults who are carers changes with age

Caring peaks at around age 60 - more than 1 in 3 (35%) of this age group are carers. This percentage drops slightly for those in their 60s and 70s, but rises again at about age 80 (*Figure 3*).

Most carers are middle-aged

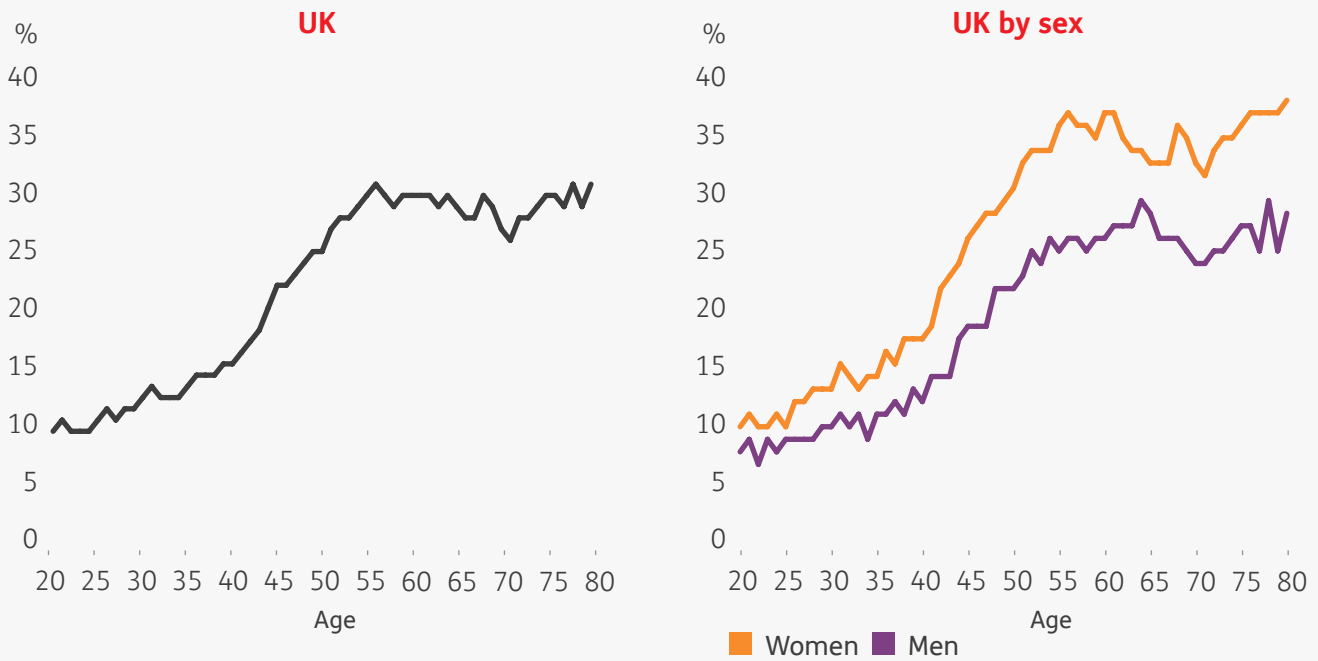
Almost half of carers (46%) are people aged 46 to 65, whereas about a quarter (26%) are aged 66 or older. Caring is also seen at other ages: 17% of carers are aged 31 to 45 and 11% aged 15 to 30 (*Figure 4*).

Carers are more likely to care intensively in some age groups

The percentage of carers who are aged 31 to 45 and 66+ increases with greater hours of care. By contrast, the share of carers aged 15 to 30 and aged 46 to 65 falls with weekly hours of care.

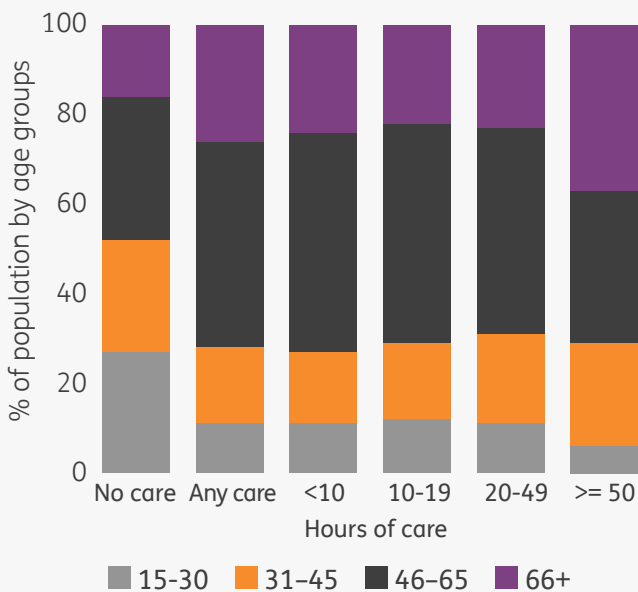
Among those who care for 50+ hours per week, more than 1 in 3 are carers aged 46 to 65 and 66+ (34% and 37% respectively). Caring at this intensity occurs less frequently among those aged 15 to 30 and 31 to 45 (6% and 23% respectively) (*Figure 4*).

Figure 3: Carers by age, 2001–18



Source: Authors' calculations based on waves 11–18 (2001–2009) of the harmonised British Household Panel Survey (BHPS) and waves 1–8 (2009–2018) of Understanding Society

Figure 4: Age structure of population by weekly hours of care, 2016–2018



Source: Authors' calculations based on wave 8 (2016–2018) of Understanding Society - see Table A.2

Why does this matter?

Lifetime patterns of caring, and the life stages at which caring is especially time-consuming, have important implications for policymakers and employers. Services that support carers need to be organised so that when caring intensively carers can access suitable support. Employers need to know how they can support working carers at different points in their careers.

Caring and employment

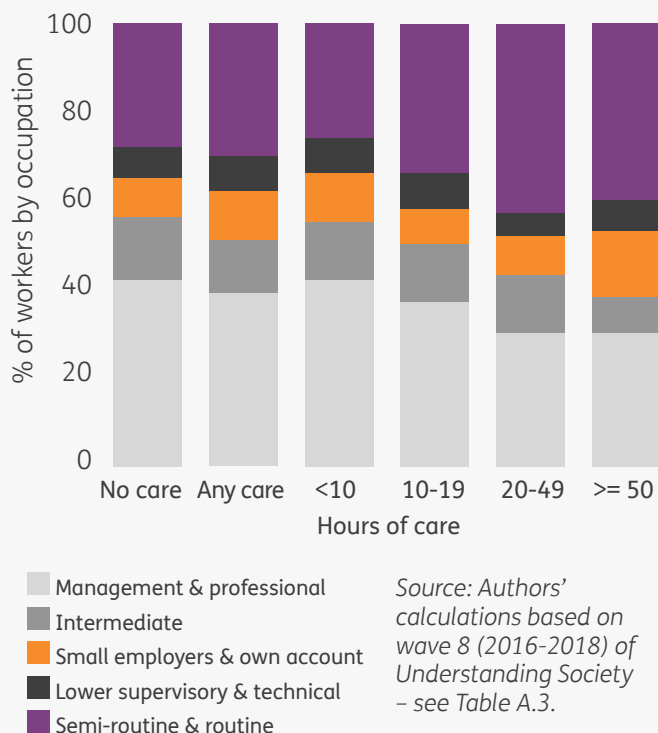
Caring affects people across the workforce

All major occupational categories include people with recent caring experience.⁶ In 2016-18, almost 1 in 5 workers (18%) in the categories 'semi-routine and routine', 'lower supervisory and technical' and 'small employers and own account' had experience of caring. The figure for workers in the 'intermediate' and 'management and professional' categories was 15%.

Among workers who cared for 50+ hours per week, 40% were in 'semi-routine and routine' jobs and 30% in 'management and professional' roles.

Among workers who cared for fewer than 10 hours per week, 27% were in 'semi-routine and routine' occupations and 42% in 'management and professional' roles (Figure 5).

Figure 5: Working population by weekly hours of care and occupational group, 2016-18



Why does this matter?

These data confirm that combining paid work with caring is the experience of many workers across all occupational groups. It makes caring an issue in almost every workplace, and a feature of working life that all employers, managers and supervisors need to be prepared for.

⁶ For details of occupation categories, see 'About this research' section.

Caring in the four UK nations

Patterns of caring are different in the UK's four nations, England, Scotland, Wales and Northern Ireland.

The percentage of adults who had been carers during their adult life was 63% in Wales, 65% in Scotland, 66% in Northern Ireland and 70% in England (Table 3).

The distribution also varies by sex. Among women, 73% had been carers in Wales, compared with 70% in Scotland and 69% in both England and Northern Ireland. Among men, 66% had been carers in Wales, compared with 62% in Northern Ireland, 60% in Scotland and 58% in England (Table 3).

Table 3: Adults who were carers, 1991–2018

Nation	All	Women	Men
England	63%	69%	58%
Scotland	65%	70%	60%
Northern Ireland	66%	69%	62%
Wales	70%	73%	66%

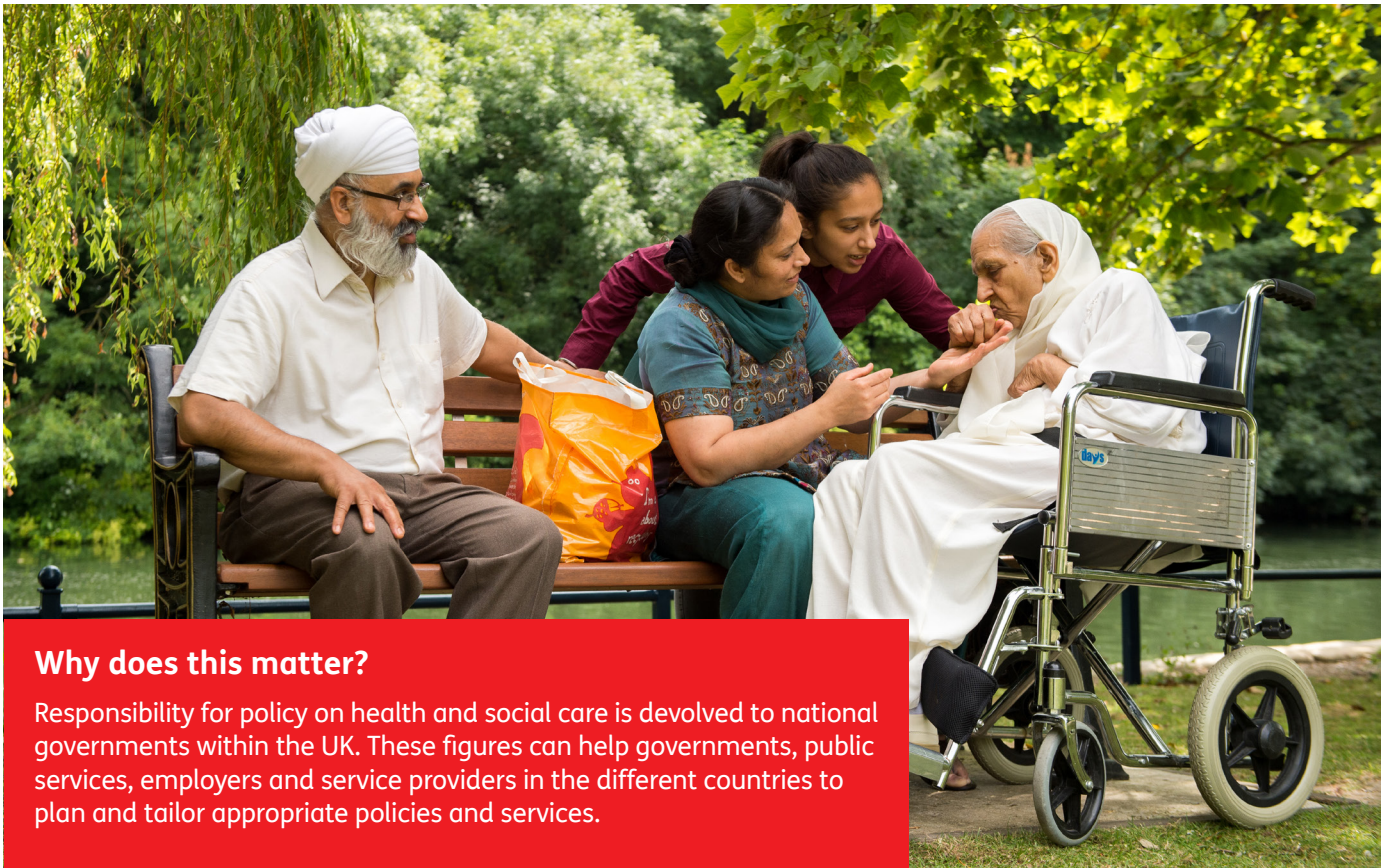
The age by which half the population had experienced being a carer was 45 in Wales, compared with age 47 in Northern Ireland, age 49 in Scotland and age 51 in England (Table 4).

Half of all women in Wales had experienced being a carer by age 42, compared with by age 43 in Northern Ireland, age 45 in Scotland and age 47 in England (Table 4).

Half of all men experienced being a carer by age 50 in Wales, and by age 52 in Northern Ireland, age 57 in Scotland and age 60 in England (Table 4).

Table 4: Age at which people have a 50:50 chance of having provided care

Nation	All	Women	Men
England	51	47	60
Scotland	49	45	57
Northern Ireland	47	43	52
Wales	45	42	50



Why does this matter?

Responsibility for policy on health and social care is devolved to national governments within the UK. These figures can help governments, public services, employers and service providers in the different countries to plan and tailor appropriate policies and services.

Policy recommendations, Carers UK

Based on this new analysis of longitudinal data in the British Household Panel Survey and Understanding Society, as well as on other research evidence, Carers UK proposes the following:

Raise awareness of caring and care – make it a public issue

- In England, the Government should introduce a national public health campaign, aimed at increasing awareness, recognition and support for carers and care more generally, so that carers can identify themselves and know how to access support and advice.
- To improve the visibility of carers, and promote equality for them, the UK Government should consider introducing caring as a new ‘protected characteristic’ under the Equality Act 2010 (which already protects people with nine other characteristics from discrimination)⁷.
- In England, Wales and Northern Ireland, the Government and devolved assemblies should introduce a new duty on the NHS to identify carers, to ensure they are routinely identified and that their health and wellbeing is promoted.



Ensure carers' health and wellbeing is maintained and improved

- National and local governments across the UK should invest in services, support and mechanisms that reduce carers' loneliness and isolation in order to improve carers' emotional wellbeing.



Ensure the sustainability of social care

- In England, the Government should provide an urgent and significant increase in funding for social care services. The role of families and friends in providing care is becoming increasingly unsustainable, as more carers report being pushed to breaking point by lack of support.
- In England, the Government should consider new funding models for social care. Priorities for future NHS spending must have carers' contributions, financial and practical, at their heart, and should deliver a sustainably funded health and care system that is fair for all families.



⁷ The existing protected characteristics are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation

Ensure carers can manage work and care – increasing work prospects

- To enable more carers to remain in the workplace, the UK Government should create a new right for employees to paid care leave of at least 5 to 10 days.
- In England, the Government should increase its short and longer term investment in social care to enable more carers to work by providing access to high quality care.
- Employers should increase awareness of caring in their own organisations, by creating processes to help carers identify themselves, introducing policies and procedures to support carers and signposting carers to support and advice. This could be achieved through the Carer Confident benchmark (across the UK) or (in Scotland) through the Carer Positive standard.
- To retain the talents and skills of more carers, employers should review job design and ensure most jobs are available flexibly. They should also consider offering mid-career ‘MOTs’ that include a focus on managing work and care.



Ensure carers do not suffer financial hardship

- In England, Wales and Northern Ireland, the UK Government should increase the level of Carer’s Allowance, Carer Premium and Carer Addition.
- The UK Government should raise the earnings limit for Carer’s Allowance, to enable carers to take on more hours and increase their pay without losing access to this vital benefit.
- The UK Government should introduce a second pension for carers (a Carers Pension) into which carers would be auto-enrolled, to reduce the enduring financial hardship faced by many carers who reduce working hours or give up work.



Appendix

Table A.1: Population by sex and weekly hours of care provided (UK, 2016-2018)

Hours of care	Gender	
	Men (%)	Women (%)
No care	51	49
Any care	41	59
<10 hrs	43	57
10-19	43	57
20-49	38	62
50+ hrs	37	63

Table A.2: Age structure of population by weekly hours of care (UK, 2016-18)

Hours of care	Age group			
	15-30 (%)	31-45 (%)	46-65 (%)	66+ (%)
No care	27	25	32	17
Any care	11	17	46	26
<10	11	16	49	24
10-19	12	17	49	23
20-49	11	20	46	24
50+	6	23	34	37

Table A.3: People in employment, by occupational group and weekly hours of care, 2016-18

Hours of care	Major occupational category				
	Management & professional (%)	Intermediate (%)	Small employers & own account (%)	Lower supervisory & technical (%)	Semi-routine & routine (%)
No care	42	14	9	7	28
Any care	39	12	11	8	30
<10	42	13	11	8	27
10-19	37	13	8	8	34
20-49	30	13	9	5	44
50+	30	8	15	7	40

About the research

- This work was undertaken as part of the *Sustainable Care: connecting people and systems* programme. The authors gratefully acknowledge the support of the Economic and Social Research Council (award reference ES/P009255/1, 2017-21, Principal Investigator Sue Yeandle, University of Sheffield).
- In figures relating to people's lifespans, figures are calculated using data for the period 1991 to 2018. The sample includes individuals who participated in the surveys British Household Panel Survey/ Understanding Society for more than 15 years between 1991 and 2018.
- For the figures in the UK and Northern Ireland, the data covers the period from 2001 and 2018 as respondents in Northern Ireland have only been included in the BHPS and UKHLS since 2001.
- Figures relating to 'recent' experience of caring are based on Understanding Society wave 8 (2016-18). Respondents were interviewed once between January 2016 and June 2018.
- The five occupational categories defined in the BHPS and UKHLS are based on the eight analysis classes of the National Statistics Socio-economic Classification (NS-SeC). NS-SeC (an adaptation of the Goldthorpe schema which was first known as the Nuffield Class Schema) is an Office for National Statistics standard classifier. The NS-SeC includes: 1) Higher Managerial, Administrative and Professional; 2) Lower Managerial Administrative and Professional; 3) Intermediate; 4) Smaller Employers and Own Account; 5) Lower Supervisory and Technical; 6) Semi-routine, 7) Routine, and 8) Never worked and long-term unemployed'.
- Semi-routine and Routine occupations refer to positions with a basic or slightly modified labour contract, where the quality and quantity of work are easily supervised and replaced (such as cleaners and drivers). Lower supervisory and technical occupations are positions with a modified form of labour contract, where monitoring the quality of work could be difficult, and specific skills are needed – for instance: plumbers and telephone engineers. Own account workers are those who are self-employed and engage in any trade, service, or other occupation. They do not have any employees other than their own family. Small employers are those who have fewer than 25 employees. Intermediate occupations refer to 'higher grade white-collar workers', which involves working, management, and professionals in an ancillary role, such as office clerks. Management and Professional occupations are those with an attenuated form of service relationships. Employees in these groups are professionals or monitor and plan for employers (lawyers and CEOs).
- All percentages have been rounded.
- Unless otherwise stated, all data is for the UK.

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Sustainable Care

The *Sustainable Care: connecting people and systems* research programme is a multi-disciplinary Economic and Social Research Council-funded programme (2017-2021) exploring how care arrangements, currently 'in crisis' in parts of the UK, can be made sustainable and deliver wellbeing outcomes. It aims to support policy and practice actors and scholars to conceptualise sustainability in care as an issue of rights, values, ethics and justice, as well as of resource distribution. Led by Professor Sue Yeandle at the University of Sheffield, Sustainable Care brings together academics from eight universities, including the University of Birmingham, and works with an extended network of national and international policy, practice and academic partners.

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Across the UK today 6.5 million people are carers – supporting a loved one who is older, disabled or seriously ill.

Caring will touch each and every one of us in our lifetime, whether we become a carer or need care ourselves. Whilst caring can be a rewarding experience, it can also impact on a person's health, finances and relationships.

Carers UK is here to listen, to give carers expert information and tailored advice. We champion the rights of carers and support them in finding new ways to manage at home, at work, or in their community.

We're here to make life better for carers.

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