The pivot generation

Informal care and work after fifty

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Contents

Acknowledgements

Introduction and background to the study

"We hear an awful lot about the value of families, well then I think somebody should start recognising that if you value the family you should start giving that family the respect it deserves.... I think it has to be supported, and I think that if you support the family then you make for a much healthier society. I'm not talking about necessarily a nuclear family, I'm talking about a family with all that implies ... the responsibility that we each have for one another as human beings." (Ellen Humphreys, interviewee)

By the age of 50, three fifths of people still have a living parent and just over a third are grandparents (Grundy et al, 1999). At the same time, 69% of men aged 50-64 and 63% of women aged 50-59 are in paid employment (Campbell, 1999). This generation of people in their fifties and sixties may thus be combining paid work with caregiving, either for young grandchildren while their parents work, or for elderly relatives and others who require care. Some may be doing both, and perhaps also have dependent children still living at home. This 'sandwich' or 'pivot' generation may therefore have a multiplicity of roles, in both their work and family lives. Yet little is known about how caregiving activities figure in the decisions that people in this age group make about remaining in or leaving paid employment.

This report presents the findings from a study carried out by the Thomas Coram Research Unit between October 2000 and March 2002, which considered how older workers' decisions about withdrawing from employment or changing their working patterns were influenced by the desire or need to provide informal care. We have defined this as care provided on a regular basis for family members, friends or neighbours who need support because they are ill, frail or have a disability; and care provided for grandchildren while their parents are at work. Care for dependent children was not included, unless the child had a disability, since this has been widely studied (see Brannen et al, 1994 for a review). The study was funded by the Joseph Rowntree Foundation as part of the Transitions after 50 research programme, which aims to provide a better understanding of what is happening to people in the transitions around the end of their working lives and the factors that affect retirement decisions (Hirsch, 2000).

Background

An ageing population

Significant changes in the UK population have led to there being fewer younger people, and a larger number of older people requiring support and care. Future predictions suggest that this situation will continue. The number of people aged over 75 is projected to increase by over 70% over the next 35 years or so (Carers UK, 2001). Increasing numbers of older men will be living on their own – predicted to rise from 1 in 10 men over the age of 60 to as many as 1 in 3 by 2020 (Scales and Scase, 2000). Over the same period, the number of people most likely to provide care – those aged between 45 and 65 – is projected to rise by only 11%. These demographic changes have an impact on the demand for, and supply of, care and also on the labour market. With fewer younger people in the population, employers are endeavouring to retain older workers and to attract and retain older female workers. Traditionally, women have taken on caregiving

roles. Women are more likely than men to provide substantial amounts of care and to do so at a younger age (Hutton and Hirst, 1999). This results in a situation whereby women in their forties and fifties are being targeted by employers to enter and/or remain in the labour market, while at the same time there are more care demands being made on them.

The changing nature of work

Alongside these demographic changes is the changing nature of work itself. Working hours have increased over the last 10 years for both men and women, and especially among managers and professionals. One in six UK workers now puts in more than a 48-hour week and around 11% of full-time employees work 60 or more hours a week (Hogarth et al, 2001; TUC, 2002); British employees now work the longest hours in Europe (TUC, 2002). As well as long hours, the demands on employees are also increasing. Following periods of downsizing, those who are left in work are required to expand their skills and responsibilities: "The result is an extraordinary intensification of work pressures" (Burchell et al, 1999, p 60). Authors of a recent research report argue that there has been a marked deterioration in people's experience of work, with as many as 40% experiencing what they described as 'excessive' pressure of work (White et al, forthcoming).

Extent and nature of informal care

Of the estimated six million carers in the UK (excluding parents caring for non-disabled children), it is thought that half are aged between 50 and 64 years old (Kodz et al, 1999). Generally speaking, being in paid employment tends to reduce the likelihood of being a carer, but there are still a large number of employees who have caring responsibilities. An analysis by Joshi (1995) found that one in seven of the workforce in 1990 were involved in caregiving, and that the majority of caregivers (80% of men and 60% of women) were employed. Over their working lives, as much as a third of any workforce will be carers (Phillips, 1995).

A number of factors affect the likelihood of someone providing informal care. There is a greater likelihood of becoming a carer if married

or cohabiting. Of less importance than marital status, but still significant, is socioeconomic status. People in professional occupations are less likely to become carers, and this is particularly the case for men. There are also gender differences in the amount of care provided. Under the age of 65, women have been found to provide, on average, twice as much care as men, although there is no gender difference in the hours of care provided by carers who are over 65 years (Arber and Ginn, 1991). However, there are indications that an increasing number of male caregivers are being identified in the workplace (Phillips, 1999).

Grandchild care

Most studies of informal care have focused on care provided for elderly or disabled relatives, neighbours and friends. Studies of grandchild care are more often in the context of grandparents taking over the parenting role when parents are unable to cope rather than studies of childcare provided by grandparents (for example Richards, 2001). Yet grandparents make a significant contribution to meeting childcare needs. Surveys of mothers' use of childcare have shown that care by relatives, in particular grandparents, is the most common form of care while they work (Melzer, 1994; LaValle et al, 1999). The National Childcare Strategy requires a large increase in the number of childcare places and it has been suggested that grandparents could contribute. But little is known about how grandparents feel about providing such regular care, or how far it figures in their decisions about withdrawing from work. We therefore included in our study grandparents who were looking after their grandchildren to enable the child's parents to work.

The rural dimension

A number of differences between rural and urban areas may affect the caring responsibilities of people in their fifties and sixties. Compared to urban areas, people in rural areas are more likely to be of pensionable age, live longer and be in better health (Cabinet Office, 2000). Health and community care services are often less accessible (Hale and Associates, 1997) and there is a lack of childcare facilities for children in rural areas (Stone, 1994; RDC, 1998). Traditionally, the

extended family was a common feature of rural life, but this has changed, with increased inward migration of retired people and more young people leaving the countryside (Cloke, 1994). There are also employment differences: rural areas tend to have fewer large employers (who are more likely to offer flexible working practices), higher rates of self-employment and small businesses, and lower wages (Shucksmith, 2000). We therefore included both a rural and an urban area in our study.

Aims of the study

The main aim of our study was to look at how decisions about work interact with the caring responsibilities of people in their fifties and sixties, taking into account gender and possible geographical differences. In particular, we aimed to:

- analyse trends in employment at the household level in the '50 plus' age group;
- explore how caring responsibilities are combined with other forms of paid or unpaid work for both men and women and in rural and urban areas;
- explore people's experience of providing such care, including their motivation, satisfaction and expectations for the future;
- investigate to what extent providing care for grandchildren or elderly relatives is a factor leading people in this pivot generation to leave paid work or to alter their working patterns;
- examine how decisions are reached about employment and caregiving.

How the study was conducted

The study had three stages and adopted a multi-method approach that included analysis of national employment statistics, a large-scale survey of employees and in-depth interviews with both carers and non-carers.

Employment context

We looked first at the changing employment context in which people are making decisions about work and care, by undertaking secondary analysis of the Labour Force Survey (a large government survey of over 60,000 households) between 1979 and 1999. This focused particularly on changes over time in employment patterns at household level, and the implications of this for the availability of people in their fifties and sixties to provide care.

Employee survey

Next, we carried out a postal survey of all council employees in two local authorities aged 50 or over or who had recently retired, one in a rural county in South West England and the other in London. The aim was to provide information on the extent to which older workers have caring responsibilities or will have in the future, who they care for and what they do. Of particular interest was the impact their caring responsibilities have or will have on the decisions they make about paid work. Council employees were chosen because local authorities have large workforces with a variety of occupations and a high rate of people taking early retirement. We should stress, however, that the sample is not necessarily representative of the population as a whole, and that employment practices have been shown to be more flexible in the public sector than elsewhere (Hogarth et al, 2001).

Workforce profiles and family-friendly policies in the two local authorities

The urban authority employed around 10,200 people, a quarter of whom were aged 50 or over. Of those aged 50 plus, three quarters were women and 20% from a minority ethnic group. Almost one half of this group (43%) worked part time, the majority of whom were women (89%). The rural authority employed around 6,300 people, three quarters of them women and less than 1% from minority ethnic groups. This authority employed proportionally more people aged 50 or over (just under a third of the workforce) than the urban authority. Just over half of the workforce in the rural authority worked full time.

Both authorities had formal written policies that could help employees with informal care responsibilities. These included flexible working hours, career break schemes, leave for dependants and job sharing. For example, in the

urban authority employees could be granted up to five days' special leave, which were paid, and reasonable periods of unpaid leave. Formal policies were also in place in the urban authority for home working and reduced hours, whereas these were informal in the rural authority and subject to consideration of individual circumstances. Managers took into consideration the needs of the service when approving requests, and implemented both formal and informal policies. Thus, these family-friendly practices were not necessarily an automatic right for all employees.

Characteristics of survey respondents

From 2,632 questionnaires distributed, 1,011 were returned, representing an overall response rate of 38%. This was higher in the rural area (47%) than in the urban area (32%). Three quarters of the replies were from women and a quarter from men, which is reasonably representative of the workforce in the two councils. The average age was 56, with three quarters in their fifties, 20% aged 60-65 and 5% over 65; 6% were from minority ethnic groups, almost all of these in the urban area. Although this is representative of the rural council, it under-represents minority ethnic employees in the urban council.

In both rural and urban areas, most of our sample (78%) was married or living with a partner. Three quarters were still working, and a quarter had recently retired. Half worked full time, or had done so before they retired, with the remainder evenly divided between those working under 20 hours and 20-34 hours a week. There were clear gender differences in hours worked. More men worked full time (72% compared to 39% of women) and nearly a quarter of the women worked less than 20 hours a week compared to only 12% of the men. Over a third of both sexes regularly worked overtime. The largest occupational group was professional/managerial (41%), which included a high proportion of teachers, while 26% were skilled workers and 27% manual/semi-skilled workers.

In-depth interviews

From those responding to the survey we selected 32 case studies – 16 from each authority. Each was interviewed in their own home (or occasionally at their workplace) for between one and two hours and the interviews were taped and transcribed. The case studies were chosen to cover a range of circumstances and caregiving activities (see the Appendix). Of the case study respondents, 22 were currently providing informal care, or had done so in the previous 12 months, and 10 could be providing care (that is, there was someone who needed it) but were not doing so at present. Within these two groups of carers and non-carers, we selected half who said in the survey that their work had been affected by their caring responsibilities (or would be if they provided care in the future), and half who said this was not the case. Within each group we tried, where possible, to include both men and women, and a range of ages, occupations and employment statuses. Those we interviewed were providing care to different people (elderly relatives, grandchildren, their own children, spouses, friends and neighbours) and some had multiple care responsibilities while others undertook just one type of care.

The five 'pen portraits' on the pages that follow illustrate some of the diverse circumstances in which those we interviewed were providing care. They provide an insight into some of the factors affecting people's decisions about combining work and care, such as their financial situation, their health, their feelings about work, and the impact that caring has on their lives. Throughout the report, names have been changed to protect confidentiality.

Case 1: Pauline Booth

Pauline lives in a remote farmhouse that was tied to her husband's farm employment, but which they have recently bought. She is 58 and has a son in his thirties, who still lives at home, and a married daughter with a four-year-old son who lives close by. Pauline works two nights a week as a care assistant in a nursing home and juggles this with the care of her elderly aunt and grandson. Pauline also cared for her mother until her death last year. Her mother was in her nineties, severely arthritic and partially sighted. Pauline's caregiving responsibilities had intensified over the last five years as her mother and aunt required an increasing amount of help with both personal and practical tasks, and, at the same time, her daughter asked if she would care for her baby so that she could return to work. Because Pauline works different nights each week, she sometimes found herself going without sleep for 48 hours when her shifts coincided with the days she cared for her grandson. Her employers have not been prepared to let her organise swaps with colleagues to avoid this.

Pauline describes her husband as very supportive, mostly by 'not minding' that she is often out looking after her relatives and the food is not always on the table. She wanted to look after both her mother and aunt and enjoyed their company, but also found it hard when she felt she was neglecting their needs because providing childcare for her grandson had to come first. Better support services, which she has struggled to obtain for her aunt, would have helped, as would a more understanding and flexible attitude on the part of her employers.

Case 2: Hilda Davies

Hilda is 57 and retired. She and her husband have three children and their three grandchildren are under the age of five. All her family live very close. Hilda has been supporting her father, who is now 93, since the death of her mother 19 years ago, and she also provided support and care for her mother-in-law until her death two years ago. She returned to secretarial work at the age of 37 having taken time out to bring up her children, and over the following 15 years moved from part-time to full-time work, eventually becoming personal assistant to a senior manager in the council.

Over these years, however, her caring responsibilities also increased. Both her mother-in-law and father were becoming more dependent, and the strains of caring for elderly relatives combined with a stressful job – which she nevertheless loved – resulted in a breakdown in her health. At this time her husband was made redundant and so was able to take on more of the caring role, but when he returned to full-time work, the strains of effectively running three households affected her health again. Hilda decided she should move to a less stressful job, or find another job working fewer hours. She took early retirement at 52 with every intention of returning to a different job. However, her son and daughter-in-law then announced they were expecting their first child and Hilda decided not to return to paid work, but to care for her grandchild. As other grandchildren came along she cared for them too. She loves doing it, but finds that meeting the demands of different generations at the same time can create tensions.

When she took early retirement Hilda considered she had achieved what she wanted to in her career and was happy to provide childcare and eldercare. If retirement had not been an option she would still have left work because she would not have wanted anyone else to care for her granddaughter. Although early retirement has reduced her pension, she was fortunate in not having to continue for financial reasons. If her financial situation had been different she would still have stopped, but would have expected to be paid for childcare.

Case 3: Graham Lewis

Graham is a teacher in his mid-fifties. He moved to the countryside 10 years ago with his wife and 25-year-old son, who has learning disabilities. His parents followed and bought a house nearby. Graham supports them by doing some shopping, gardening and light tasks around the house, but most of his caregiving centres on his son Peter. Although Graham's wife gave up work to provide most of the day-to-day care, Graham helps out when he senses that his wife is very tired or frustrated, and he spends many evenings and weekends transporting his son to various activities. By the end of the working week he is often extremely tired, and envies younger colleagues who seem to have more energy, drive and enthusiasm. He would really like to become more involved in making changes within the school but tends not to mention this at meetings for fear of having more work put upon him.

The headteacher at Graham's school is very supportive, as are many of his colleagues. He attributes this to the fact that many of them also have caring responsibilities, including the headmaster. However, he still feels guilty taking time off. Although he would be eligible to retire next year, he thinks he will probably need to carry on for another year or two for financial reasons.

Case 4: Ellen Humphreys

Ellen is 57 and has three children, two step-children with her second husband, and four grandchildren. She is a full-time teacher and, like Hilda, assumed her caring role (in this case for her parents) well before the age of 50. However, she did not see herself as a carer until some years later when outside agencies were involved and told her that she was. This was despite the fact that she had been providing a high level of care from the beginning – visiting daily, cooking all her parents' meals because her mother would not accept meals-on-wheels, and effectively running two households. Ellen employed a carer to provide care during the day while she was at work.

Financially Ellen could not afford to give up work or reduce her hours, particularly because of the effect on her pension. If the option to go part-time with no implications for her pension had been available, Ellen feels she could have given her parents more time and returned to work full-time when she was no longer needed. After a day's teaching, she could not always provide a positive interaction for her father, which is what he wanted. Although it gave Ellen much pleasure to support her parents, it has nevertheless been stressful, particularly trying to fit it all in. As a teacher she cannot let it affect her work. Instead, what is affected is time for herself, and to some extent her health.

Unlike Hilda, Ellen would not willingly provide childcare for her grandchildren because she enjoys her job and because of the financial implications it would have if she stopped work. She intends retiring at 60 and, although she would help out if her children were in financial difficulty and needed to work but could not afford childcare, she would prefer to pursue her own interests when she retires including helping within the community.

Case 5: Bill Holmes

Bill is 61 and his wife is 57. They have a son and daughter in their late thirties and three grandchildren aged between 6 and 14 who all live close by. Bill's mother, who is 79, also lives within two miles, but at the moment needs very little support. Bill works full time as a machine driver at a civic amenity site and, although he was eligible to begin drawing his pension at 60, he cannot afford to stop work. He will continue until 65, although he dislikes his work and would stop if he could. He has not provided any care to date and, although he would provide support for his mother after he retired he cannot see himself being able to do so if she needed care before this. He could not afford to stop work or reduce his hours, and explained that his shift pattern would make it difficult to provide help on his days off. He also felt that it would be difficult for him to provide personal care for his mother, although he would provide transport and do shopping and so on. Any care of the grandchildren has fallen to Bill's wife and not him. If childcare were needed for his grandchildren it would be his wife who would bear the brunt of it, although he would support her.

Outline of the report

The issues raised by these brief case studies are explored in the rest of this report. In the next chapter, we focus on how changes in employment patterns may affect people's availability to provide informal care, using data from secondary analysis of the Labour Force Survey. The chapter also looks at the extent and nature of caring responsibilities, particularly gender and rural/urban differences, using the employee survey and case study data. Chapter 3 examines the impact of caring responsibilities on paid work and considers factors that may affect this. Chapter 4 uses case study data to investigate the factors that influence decisions about care and employment. In Chapter 5, we look at what participants said would help people who are combining care with paid work. The final chapter provides the conclusions and policy implications of these research findings.

2

Who will care?

This chapter begins with a review of trends over time in the employment characteristics of men and women in their fifties and sixties. We draw on secondary analysis of the Labour Force Survey between 1979 and 1999 to consider how changing demographics and employment patterns might be affecting the availability of people to provide informal care. Using data from our survey and case studies we look at the nature and extent of informal care and whether there are any significant differences between men and women or between those living in rural and urban areas.

Employment trends

We reanalysed statistics from the Labour Force Survey (LFS) – a large government survey of over 60,000 households (sampled quarterly), which includes questions about the employment and training of household members – looking at:

- changes in employment patterns for men and for women over the last 20 years (1979 to 1999);
- the relationship between men's and women's employment at the household level;
- changes over time in the economic activity of households.

We first established whether each member of a household was working, inactive (not looking for work) or unemployed (looking for work) and then, if working, how many hours each person worked. The analysis focused on people aged 50 or over, but under the state pension age. The analysis therefore selected women aged 50-59 years and men aged 50-64 years (living alone or in couples).

Changes in employment patterns

As many others have reported (for example, Campbell, 1999), we found that there has been a substantial decrease in economic activity among older men. The decline was particularly marked in the 1980s and continued at a slower rate over the 1990s. Between 1979 and 1989 the proportion of men in their fifties who were economically inactive doubled, from 13% to 26%. There was also a growth in the number of men taking early retirement, for instance, 27% of males aged 60-64 years were economically inactive in 1979 compared with over 50% in 1999. The biggest change was again during the 1980s when unemployment was high and government policy encouraged early retirement.

Among women, the opposite happened, although the change was not so dramatic. The proportion of women in work increased, with the growth being especially notable in women aged 50-54 years. In 1979, approximately 62% of women aged 50-54 were working compared with 69% in 1999.

There were also changes in the hours that men and women worked, which may have particular consequences for their availability to provide informal care. Since 1979, those men who are employed have been increasing their working hours, especially men in their early fifties (Table 2.1). The proportion working 31-40 hours more than halved between 1979 and 1999, and there has been a big increase in those working long hours (over 40 hours a week). For men over this period, there have been two trends: to not work at all, or to work increasingly long hours.

Table 2.1: Number of hours worked (1979–1999) for men aged 50-54 (%)

	1979	1989	1999
Part time (up to 30 hours)	2	2	5
31-39 hours	56	28	27
40+ hours	34	53	51
Total in employment	92	83	83

Source: Secondary analysis of LFS 1979, 1989, 1999

For women in their fifties, the general pattern of employment has not changed so much (Table 2.2). Although more women in this age group are entering the labour force, the majority of them still work part-time hours. However, there has been a significant rise in the proportion of women, like men, who are working long hours, again particularly among those in their early fifties. Although they form a small part of the female workforce, there has been more than a threefold increase in the proportion of women aged 50-54 years who are working 40 or more hours a week.

Further analysis revealed that social class (defined by the LFS in terms of the Registrar General's classification of occupations) and ethnicity did not affect employment status. There were no statistically significant differences in the employment status of people in their fifties and sixties for either each level of social class or by ethnic group.

Employment patterns within households

We also used the LFS to look at how the employment status of men and women in their fifties and sixties was related to the employment status of their partners. For this couple analysis, we could not use 1979 as our base year (since the

Table 2.2: Number of hours worked (1979–1999) for women aged 50–54 (%)

	1979	1989	1999
Part time	30	32	31
31-39 hours	27	21	25
40+ hours	4	9	13
Total in employment	**62**	**62**	**69**

Source: Secondary analysis of LFS 1979, 1989, 1999

data collected in this year did not permit matching of men and women in the same households), so we compared 1984, 1989 and 1999.

For each of the three years, both men and women were more likely to be in a couple (married or living together) than living alone. They were also likely to have a partner within five years of their own age (men with partners younger than them and women with partners older than them). This was not a surprising finding. What was interesting was that men and women appeared to 'mirror' the economic activity status of their partners. For instance, if one was working, the other was also more likely to be working, and if one was economically inactive, the partner was more likely to be so too. This pattern does not change much over time.

As well as looking at the relationship between the economic activity of couples, we also considered whether there were changes in the working patterns of households. When looking at different types of household, the most striking trends were those shown in Table 2.3. Between 1984 and 1999, the number of couples in which only the male was in work decreased, while the number of couples where both partners were in work increased. This was especially true for couples in the age range 50-54.

The findings from our analysis of the LFS have a number of implications for the provision of informal care by people in their fifties and sixties. More men in this age group are no longer in employment and hence are potentially available as caregivers. On the other hand, those men who remain in work are working increasingly long

Table 2.3: Working patterns of couples, 1984 and 1999 (%)

	Couples in which only male works		Couples in which both partners work	
	Men 50–54 and partner	Women 50–59 and partner	Men 50–64 and partner	Women 50–59 and partner
1984	25	21	37	35
1999	17	14	43	42

Source: Secondary analysis of LFS 1984 and 1999

hours, which would make them less able to combine work and care. Women have traditionally worked part time, which has arguably made it easier for them to combine work with caring responsibilities, but growing numbers of women are also now working long hours, especially in their early fifties. Increasingly, men and women in their fifties and sixties are living in households where both partners work. Thus, the provision of informal care is likely to involve more juggling of schedules and time commitments than when one partner is at home full time.

Extent of caring responsibilities

We turn now from the national picture of changes over time in employment patterns, to consider the extent of caring responsibilities among our sample of council employees and recent retirees. We provided a broad definition of caregiving, asking survey respondents to indicate whether they regularly (at least once a month) looked after their grandchildren while the child's parents worked or studied, or provided care/help for elderly or disabled relatives, neighbours or friends. Help included personal care, domestic tasks, providing transport and managing finances. We asked about both the current situation and how such care had been provided on a regular basis over the last 12 months but had now ceased. Almost half (48%) of our sample were providing care or had done so in the previous year. This estimate for the extent of caregiving is broadly similar to other studies (for example Phillips et al, 2002), which have also looked at mostly public sector employees and adopted a broad definition of caregiving (but excluding parents' care of their own children).

Unlike some studies of informal care, we did not restrict our sample only to those providing significant amounts of care or living with those they cared for. Over a third of those providing care in our survey were doing so for less than five hours a week, although a quarter of female and one in eight of the male caregivers were providing 20 or more hours of informal care a week. The amount of care needed was not static: a substantial number anticipated that their caring responsibilities would increase over the next five years (41% compared to only 15% who thought it would decrease) and over half of those who were

not currently providing care thought that they might need to do so in the next five years.

Over a longer time period, even more employees are likely to have caring responsibilities. 'Snapshots' taken at a particular point in time, even those asking about care provided regularly over a 12-month period as our survey did, underestimate the true extent of informal care (Hutton and Hirst, 1999). This was reinforced when we considered the detailed histories of work and care provided by the people we interviewed. Some we had selected because they were non-carers, but in the interviews they revealed that they had in fact provided care in the past. Their care histories also demonstrated how caring often started before the age of 50 – this was the case for half of those interviewed, although for some these previous care episodes had now ceased. People moved in and out of caring roles for different family members over time, as well as responding to changes in the type and amount of care that was needed. This has implications for the kind of support that is needed to help employees with caring responsibilities, to which we return in Chapter 5.

Who is caring?

Almost as many men as women reported providing care (42% compared with 50%), but women's caregiving was more intensive. While over half of the male caregivers provided less than five hours care a week, this was the case for less than a third of female caregivers. Women were also nearly twice as likely as men to report being the main caregiver (Table 2.4) and were more likely to provide personal and domestic care, as we show later in this chapter. They were

Table 2.4: Hours of care per week for women and men (%)

	Women (*n*=369)	Men (*n*=108)	All (*n*=477)
Under five hours	31	52	36
5-19 hours	38	29	36
20 or more hours	25	12	22
Other (eg varies)	6	7	6
Is main carer	48	27	43

also more likely to provide childcare for grandchildren (Table 2.6).

Demographic differences between carers and non-carers

There was no difference in the ethnic backgrounds of carers and non-carers, although the small numbers from minority ethnic groups in the survey make it difficult to draw firm conclusions. Nor were there any rural and urban differences. The average age of caregivers and non-caregivers was 56 years, but there were fewer carers aged 50-55 than aged over 55 (43% compared to 51%). Those who had recently retired were also more likely to be caregivers than those who were still working (53% compared to 46%).

Carers compared to non-carers were more likely to be married or living with a partner, to have children and grandchildren, and to have a parent or parent-in-law still alive, although the differences were usually small. Not surprisingly, carers were over twice as likely to report that a parent or parent-in-law required help to carry out everyday tasks (59% compared to 28%). This still leaves over a quarter of non-carers not providing care despite the fact that it was perceived as being needed. In Chapter 4 we discuss the reasons why people are unable or choose not to provide care.

Factors influencing the likelihood of being a carer

More workers in manual or semi-skilled jobs were carers (56%), although a substantial proportion of workers in professional and managerial jobs (46%) and in skilled jobs (47%) had caring responsibilities.

We found that hours of work was related both to the likelihood of providing care and to the amount of care that was provided. While over half (52%) of those working part time (under 35 hours a week) provided care, this fell to 41% of those working full time. Full-timers were also more likely than those working part time to be providing small amounts (less than five hours a week) of care (Table 2.5).

Table 2.5: Hours worked and time spent caring (%)

	Hours spent caring	
Hours worked	Less than five hours (*n*=130)	Five or more hours (*n*=221)
Part time	45	62
Full time (35 hours plus)	55	38

We were interested in whether caregiving was more likely in certain types of household and how this related to findings from the secondary analysis of the LFS. We found no significant differences between household types in the likelihood of providing informal care, although in couples where both were working, the respondent was more likely to be caring for less than five hours and was also less likely to report being the main caregiver.

Overall, our survey found little evidence that informal care was restricted to particular groups of employees. Caregiving activities were undertaken by men and women, working full time and part time, and at all levels of the organisation. The main differences were that women's caregiving tended to be more extensive, and that working full time or being in a household where both partners worked, appeared to limit the hours of care that could be provided.

Who is being cared for?

In our survey, we asked about care both for elderly relatives and for grandchildren. Although we excluded parental care for their own children (unless they had a disability), approximately one in six of this sample of employees in their fifties and sixties still had at least one child under the age of 17 living at home with them. Two per cent had a child under the age of 11, and so would need to organise childcare for them as well as possibly provide care for other generations.

We found that, among all the survey respondents, 17% were providing childcare for at least one grandchild and 41% for elderly or disabled relatives, neighbours or friends. One in ten were caring for *both* elderly relatives and grandchildren, and so were counted in both categories.

Table 2.6: Person cared for, by gender, as a proportion of carers (%)

	Women (*n*=374)	Men (*n*=108)	All (*n*=482)
Parent	48	37	45
Parent-in-law	18	29	20
Grandchild (daughter's child)	26	19	25
Grandchild (son's child)	16	9	15
Friend or neighbour	13	16	14
Spouse or partner	7	8	7
Aunt/aunt-in-law	8	5	7
Son or daughter (ill/disabled)	4	4	4
Other	5	5	5

Table 2.6 provides more information on the 482 caregivers, showing who they were supporting.

Care of relatives is still influenced by kinship hierarchies with help sought first from a spouse or partner, followed by another relative living in the same household, a daughter, then daughter-in-law, son, other relatives, then neighbours (Carers UK, 2001). The most common recipients of informal care in our survey were elderly parents and, in particular, mothers and fathers rather than in-laws. However, while it was more common for both men and women to provide care for their own parent than for their parent-in-law, the difference was especially marked for women. Nearly three times as many women cared for their own parent as for a parent-in-law, whereas men were almost as likely to say they provided care for a parent-in-law as for their own mother or father (Table 2.6). One explanation for this might be that an important aspect of men's caring role was in assisting their wife or partner with the support of her parents, rather than taking on a primary care role themselves. Nevertheless, as we show later, some men could and did take on substantial caring responsibilities for their own elderly parents.

In line with other studies (for example Hutton and Hirst, 1999; Bernard et al, 2000), we found that caregiving was not just confined to family relations but could extend to members of the community – 14% of those providing care did so for a friend or neighbour. For example, one of the carers interviewed in depth for this study, Ann

Lawrence, was caring for her neighbour Nell who she saw as 'one of the family'. In the past, Nell and her husband had helped Ann and her family. Nell was deaf and, since the death of her husband, Ann had provided more help. She took Nell shopping, to hospital appointments, organised services and provided personal care at times when Nell had fallen and suffered fractures. She popped in to check on Nell most days.

Less than one in 10 of those providing care were doing so for a spouse or partner who was ill or disabled. It is possible that support for a partner in these circumstances is not perceived as 'caregiving' until it involves substantial additional responsibilities, which may lead to withdrawal from the labour market rather than combining care with work. Hutton and Hirst (2001) found that carers were less likely to be in work if they were caring for a spouse/partner compared with other caring relationships. The age profile of our sample, with three quarters in their fifties, also means that the incidence of care for a spouse/partner is lower than would be the case if the sample had been in an older age range. Analysis of the 1990 General Household Survey found that the majority of informal care is provided for parents and parents-in-law and a much smaller proportion of care is for a spouse or child (Evandrou, 1995).

The survey indicated a considerable potential for multiple care responsibilities. Forty per cent of all survey respondents had grandchildren, one in four of whom was in a childcare service while their parents worked or studied. Nearly two thirds had a parent or parent-in-law still alive, the majority of whom were aged over 80 and one in four of whom was described as needing help to carry out everyday tasks. As described above, 10% of the total sample (20%, or one in five, of those providing care) were supporting both elderly relatives *and* caring for grandchildren. As shown in the next chapter, such multiple care roles can be particularly demanding, especially when the needs of the two generations are hard to reconcile.

What do the carers do?

As we saw earlier, the majority of those providing care were doing so for elderly or disabled relatives, neighbours or friends. The most

Table 2.7: Caregiving activity, by gender (%)

	Women (*n*=361)	Men (*n*=110)	All (*n*=471)
Transport	58	60	58
Domestic	57	48	55
Helping to manage finances	35	49	39
Personal care	20	13	18
Regular financial support	10	13	11

common type of care or help was providing transport, for example taking the person shopping or to appointments (Table 2.7). Although there were no rural/urban differences, some interviewees emphasised the importance of ensuring that those in more isolated rural areas were able to access services. One rural teacher described how transport was "a major issue in this rural area, for example reaching hospitals for appointments ... it's very difficult for me to give help during term-times".

Help with domestic tasks, such as washing, cooking, cleaning and shopping, was also provided regularly by six in 10 of caregivers. Most needed to travel to provide this help: only 6% had a parent or parent-in-law living with them (we look at the effects of proximity and geographical distance in Chapter 4). As other studies have found (for example, Twigg and Atkin, 1994), women were more likely than men to provide personal care (such as bathing, dressing or helping to bed) and domestic help, while men were more likely to say they helped with managing finances (see Table 2.7). This was not to say that men did not take on substantial caregiving activities, but there were differences in what was seen as appropriate support for men and women to provide both in terms of care provided and support to one another. For example the husband of Hilda Davies provided a lot of support for his mother, but Hilda still met her physical requirements, "like bathing and washing her hair, cutting her toenails". Most female respondents with partners, although not all, described their partners as supportive, though support was more likely to be emotional and taking more responsibility at home, rather than directly helping with the caring role.

Caring has been defined in much social policy as referring exclusively to co-resident caring, often with an assumption that it is a full-time activity. However, this limited view of caring excludes much of the caregiving activities of those who are in paid employment. Watson and Mears (1999) have distinguished four categories of caregivers:

- *Major carers:* who care for relatives who may need help with bodily necessities such as using the toilet and eating. Such a relative often lives with them and the time demand is considerable and regular if not constant.
- *Semi-carers:* who care for someone who needs help with activities such as shopping and heavy cleaning, and may live in the same neighbourhood.
- *Monitoring carers:* who may need to visit the relative every week and telephone more regularly to 'keep an eye on things'.
- *Short-term crisis carers:* usually associated with recovery after hospitalisation or serious illness.

In our study, caring responsibilities took many forms. In the case of Susan Ellis, her father-in-law's health had deteriorated and he had moved into a nursing home. The care she provided was no longer hands-on, but in addition to regular visiting she and her husband had taken over the management of her father-in-law's business interests. Susan described this as "a different sort of caring, it's not sort of conventional caring but it's ... more responsibility I suppose than caring. We obviously feel responsible now for making sure there's enough money for him to stay there [nursing home] for as long as he lives". Although managing the business was time-consuming and stressful, Susan did not feel she could be paid for doing it: "If I took money it would mean there wasn't the money for his care".

An important aspect of caring was also emotional support and 'keeping an eye' on someone's welfare. Jane Harris described the arrangements she and her brother-in-law had set up for her mother:

"What we do is my mother babysits my sister's dog, so my brother goes there every morning to deliver the dog ... and this is a way of enabling him to see her each day. We have a dog walker that comes in because she isn't able to walk the dog, and while walking the dog will get her the odd thing she needs. So if she says 'Oh I

fancy...', they'll get her that. And we just pay him for whatever it is. And then my brother-in-law will come and pick up the dog at the end of the day, so she has that going on each day, and a dog walker going in each day."

As well as checking on their well-being, such contact was also a form of emotional support. A distinction has often been made between 'caring for' and 'caring about', with the latter involving being available, listening to, taking time with the person, being attentive, as well as attending to their physical needs, which is implied in 'caring for'. As other researchers have pointed out:

caring about someone means that you are never entirely without some anxiety as to their well-being. It is not solely a question of the time taken to perform the physical tasks of caring, it is the recognition that to care for someone is to carry with you concern for that person's needs at every moment of the day, including while at work. (Watson and Mears, 1999, p 176)

This is the case even when someone else, or formal support services, are doing some or all of the 'caring for'.

Caring for grandchildren

Childcare for grandchildren differs in many respects from care provided for elderly relatives or friends. Parents retain the primary responsibility for their children's welfare and the hours required are usually more predictable. Those caregivers in our study who were looking after grandchildren so that their parents could work or study tended to put in more hours than those caring for elderly relatives, neighbours or friends. Four in five looked after their grandchildren for at least five hours a week and just over a quarter provided 20 hours or more of care. Parminder Singh, for example, had left work at 63 to provide full-time care for her first grandchild, moving into her son's home during the week. She provided all the childcare during the day, and also cooked the evening meal for her son and daughter-in-law when they returned from work. More commonly, however, caring for grandchildren was fitted around part-time employment. Kalwant Chaudhry continued working one-and-a-half hours a day as a school

welfare assistant and also cared for her granddaughter. While she was at work, another family member provided childcare. Ann Lawrence, a full-time care assistant working atypical hours, cared for her grandson on her day off in the week. Many grandmothers expressed a reluctance to consider providing full-time childcare, as we discuss in Chapter 4.

The different types of caring responsibilities undertaken by the participants in our study affected their paid employment in different ways, as shown in Chapter 3. The transitions between different types of caregiving, and the expectations of care that would be needed in the future, were also important factors in the decisions people made at this time in their lives about remaining in or leaving paid employment. This is discussed further in Chapter 4.

Summary

From analysis of national statistics

- Changes in the age structure of the population, in the composition of households and in the employment patterns of men and women have combined to affect both the supply and demand for informal care.
- Fewer men in their fifties and sixties are in employment, and hence are potentially available as caregivers, but those men who remain in work are working longer hours.
- Growing numbers of women are also working long hours, especially in their early fifties.
- More people in their fifties and sixties are now living in households where both partners work.

From survey of council employees

- Almost half of employees in their fifties and sixties had some degree of caring responsibility.
- Nearly as many men as women reported providing care, but women's caregiving was more intensive.
- Informal care was not restricted to particular groups of employees. Caregiving activities were undertaken by both men and women, in full- and part-time jobs, and at all levels of the organisations.

- Those working part time were more likely to provide care and more hours of care compared to those working full time.
- More than one in three of the survey respondents was caring for an elderly or disabled relative or friend, or had done so in the past 12 months. One in six was providing childcare for a grandchild, and one in 10 was doing both.

3

The effect of caring on work and family life

In this chapter we look at the impact caring responsibilities have on the carers, their family and their employment. Both negative and positive effects of care on work have been identified in previous studies. Negative effects include carers having less time for themselves, poor concentration, tiredness, having to take time off, poor time-keeping and being unable to pursue career advancement (Whatmore, 1989; Phillips, 1994; Hutton and Hirst, 2001). Other studies have reported a negative impact on the carers' health. For example, in surveys undertaken by the Carers National Association (now known as Carers UK), 65% said their own health had been affected (Carers National Association, 1992) and 52% reported that they had been treated for stress-related illness (Henwood, 1998). However, positive effects such as the satisfaction of helping, enhanced work performance and a better relationship with the care recipient have been found to outweigh the negative effects of combining paid work and informal care in some studies (Scharlach, 1994). Other research has found that the impact of caring on personal, family and work lives is greater for those providing personal care such as help with bathing or dressing, rather than other types of assistance (Martin-Matthews and Rosenthal, 1996).

Analysis of the Family and Working Lives Survey (1994-95) found the onset of caring did not affect work for two thirds of respondents, but 16% had stopped work altogether and 10% had reduced their hours (Evandrou and Glaser, 2001). However, as the time spent caring increases, there is a greater likelihood that those in work at the onset of caring will stop working (Hutton and Hirst, 2001). Our study does not, of course, capture those who have not retired, but have stopped working in order to care, or who have been prevented by caring responsibilities from

entering paid employment in the first place. Employment is likely to provide informal carers with better financial resources than if they were not working [link this sentence to the others?]. We were interested in discovering whether caring responsibilities had influenced retirement, although little evidence has been found of people taking early retirement in order to provide care (Hutton and Hirst, 2001).

Impact on self and family

The majority of carers in our study felt that their caring responsibilities had impacts on their lives, both positive and negative (Table 3.1). The two most common responses were that it made their life more stressful and that it gave them a lot of satisfaction and pleasure. One in seven reported that they found it both stressful *and* satisfying. The impact was more likely to be felt and absorbed in the carer's personal life rather than having an effect on their work lives. Almost a half reported that it made their lives more stressful and around a third reported respectively that they had less time for their families and for themselves. As demonstrated by the descriptions of carers at the beginning of this report, their health could also suffer as a consequence of absorbing the impact themselves rather than allow caring responsibilities to interfere with their ability to do their paid job properly.

There was little difference between men and women in the reported impact of caring on self and family. Women were more likely than men to say that they had less time for other members of the family and that it was hard to find time for themselves, but these differences were not statistically significant (Table 3.1). There was a

difference between those who were still working and those who had recently retired. A negative impact, such as increased stress and less time for self and family, was more likely to be felt by those who were still in work. This difference may be due to some retirees not having had to combine work and care, since the onset of care may have occurred after retirement. This was the situation for Derek Patterson, who retired at the age of 58 and whose wife became ill some months later.

Combining work with informal care can be exhausting both physically and emotionally, and can leave the carer feeling guilty about not doing enough. Several interviewees described how they felt that 'there wasn't enough of me to go round' and that the pressures of work and care, and the resulting stress, often affected their relationships at home. They had less patience with their children, less time for partners, and felt less relaxed at home.

Impact on employment

The impact of informal care on employment appeared less than the impact on the carer and their family (see Table 3.1). In response to a question asking about the effect of caring on work, more than half responded that it had no

Table 3.2: Impact of care on paid work (%)

	All (*n*=468)	Women (*n*=360)	Men (*n*=105)	Retired (*n*=108)	Working (*n*=318)
None	57	58	55	65	54
A little	28	27	30	23	31
A lot	15	15	14	12	15

effect. Less than one in seven said caring affected their work a lot (Table 3.2). What emerged was a picture of conscientious workers, who were unwilling to let their caring responsibilities affect their ability to do their paid work well, a point we return to in the next chapter.

Three in five of those who had not already retired when they took on the role of caregiver had not had to make any changes to their work. That still left two out of five employees who had needed to make specific changes to their work or had found it difficult to balance the roles of carer and employee (Table 3.3). Men were somewhat less likely to make a change to their work because of caregiving and women were more likely to take early retirement for this reason, but overall there were few gender differences.

Of the 22 case study respondents providing care, 14 had been selected because they said in the

Table 3.1: Impact of caring on all carers, men and women, retired and non–retired (%)

	All (*n*=482)	Women (*n*=378)	Men (*n*=109)	Retired (*n*=118)	Working (*n*=320)
No impact					
Negative impact on self	20	18	24	20	19
Makes life more stressful	47	47	46	42	51
Less time for self	39	41	30	30	43
Less time for family	33	34	27	33	37
Negative impact on work					
Hard to concentrate	16	16	15	9	19
Difficult to do job properly	7	7	8	5	8
Positive impact					
Satisfying	39	39	38	46	36
Skills can use in job	5	4	4	1	8
Other	10	9	13	10	10

Notes: Respondents could give more than one response to this question; size of subgroups varies as not all respondents answered all questions.

Table 3.3: Changes made to work as a result of informal care for carers who had not already retired at the onset of care

	All (*n*=365)	Women (*n*=288)	Men (*n*=77)
Made no change	61	60	65
Difficult to balance roles	16	17	16
Reduced/altered hours	16	17	14
Changed jobs	8	9	4
Retired early	7	7	4
Stopped working	3	2	3
Other	7	7	7

Note: Respondents could give more than one response to this question.

survey that care had affected their work and eight because their work had not been affected. Although interviewees did not want to let informal care affect their work they were aware that at times their emotions must have some impact:

"I've tried never to let it [informal care] affect my work. That sounds so simplistic, but I kind of put my work in one compartment and that in another. But it must do, because some days I'd go in and I was so stressed out with it all. I'd like to say it didn't affect my work but it must have done." (Eve Walters)

Although very few survey respondents reported either negative or positive effects of care on different aspects of their work, one fifth of those employed said it was hard to concentrate (see Table 3.1). Janice Brown, a learning support assistant, worked part time but found that "[care affected] my concentration span ... I was sitting thinking about my mum and dad and my daughter and ... I mean when you're working with special needs children you've got to be focussed".

Working lives can be affected in other ways, as suggested by our case studies. Finding time to make 'phone calls to formal agencies and services, taking longer lunch breaks to make hospital visits or dash back home to check on someone, and not being able to work more hours were some of the examples given. Such difficulties did not necessarily mean that

employees were unable to do their job properly. Instead, it often placed them under additional stress which affected them in other ways, particularly their health and their ability to progress in their careers.

Taking leave

When time off was needed for informal care, it was much more likely to have been taken as holiday rather than unpaid leave or sick leave. Women were more likely than men to take unpaid leave in these circumstances, but this was still reported by only 17% of female carers, compared to a quarter of both women and men who had used annual leave to provide informal care. As might be expected, those working full time (35 hours or more) were more likely to use annual leave than were those working shorter hours. Although unpaid leave was an option offered by the two authorities and taken up by some we interviewed, many were not in a position financially to take advantage of this policy. Using annual leave was the alternative. Jane Harris told us: "What I've always done is either used my holidays and not had a holiday so that you don't get that break, or juggled my diary so that if I'm doing two or three evenings that week I'm able to have time off in the day". This meant that annual leave had to be 'saved' in case a situation arose when it was needed for informal care. Those who were in a position to take unpaid leave were sometimes reluctant to ask because they were unsure for how long it would be needed and because of fear that a more pressing need for leave would arise in the future. The uncertainty of the course that informal care may take is a point to which we return later.

Early retirement

Nine of our case studies had retired; five primarily because of informal care, while another had retired due to ill-health attributed to the stress of combining care and work. Analysis of the Office for National Statistics Retirement Surveys of 1989 and 1994 (Tanner, 1997) found that family contexts affected retirement behaviour, particularly for women – 11% of whom said they had retired to spend more time with kin and 6% because of the ill-health of others. In our survey, a quarter of respondents had recently retired, and about two fifths (22%) of these said their decision

to retire had been influenced either a little or a lot by their caring responsibilities.

More than half of the retirees had taken early retirement. The prevalence of early retirement has been shown to be particularly high among local authority staff, with three out of four retiring early (Audit Commission, 1997). In our study, more men (73%) than women (40%) had taken early retirement. However, more women than men said that their decision to retire had been influenced a lot by informal care, although the numbers are too small to be significant (Table 3.4). This suggests that many men, particularly within local government, are taking early retirement, but caring responsibilities do not often figure strongly in this decision. Women, on the other hand, are less likely to be in a position to retire early, but when they do, caregiving may be a significant factor.

Lost career opportunities

Although not explored in the survey, it was apparent from the accounts of interviewees that some had not pursued career opportunities because of their caring role. Andrew Forrester, a senior planning officer whose daughter had a severe learning disability, had not pursued promotion because of the additional stress a new job would bring: "I mean, if you've got a stressful job at work and then go home and it's stressful it takes its toll.... I mean I feel I can cope with the stresses here and the stresses at home because I know the ropes here". Eve Walters had been unable to further her career as a school secretary, in part because of caring for her elderly mother: "I love what I do and am excited by new ideas, but feel unable to put myself forward for further

Table 3.4: How caring responsibilities affected decision to retire (%)

	All retirees (*n*=224)[a]	Early retirees (women) (*n*=60)	Early retirees (men) (*n*=68)
Not at all	78	70	84
A little	10	8	9
A lot	12	22	7

Note: [a] 10 cases are missing from this data.

training because I cannot give the best of myself". Her headteacher had asked if she would like to increase her hours, but "I knew I just could not do it along with everything else. I would love to give more of myself to the school, I know it's thought I don't give enough free time to concerts and events, but I just have not got the time". Foregoing career advancement had financial implications, as another interviewee explained:

"And, you know, at 53 would I want to be taking on all of that when, you know, my mum being in her very late seventies? You've got to be realistic about this and thinking that something is likely to happen in the not too distant future and how would that affect it. Whereas the other side of it is, pension-wise, if I was to take on another senior role then the pension would go up. So in the end, on balance, I decided no, I wouldn't apply for it and didn't.... But I can see that if I didn't have the responsibility of my mother then, you know, ... then there would have been nothing to stop me going for it." (Jane Harris)

Factors influencing the impact of caring on paid work

Hours of care

As other researchers have found (for example, McLaughlin, 1994), hours of care do interact with impact on work. The more hours of care provided, the more likely it was for respondents to feel that work was affected (Table 3.5). When we asked about specific ways in which caring might have affected either them or their work, there was a clear difference between those caring less than five hours a week and those caring more than this. However, those in the 5-19 hours bracket were almost as affected, sometimes more so, than those caring for 20 hours or more. Again, it is important to remember that the majority did not find caring had these negative effects on their work.

The two most common effects on the carers themselves of providing care – that it made life more stressful and they had less time for other members of the family – did increase as hours of care increased. Those providing 20 hours or

Table 3.5: How work is affected by increasing hours of care (%)

	Less than 5 hours care (*n*=169)	5–19 hours care (*n*=167)	20+ hours care (*n*=96)
Impact on work			
Not at all	74	47	44
A little	19	38	30
A lot	7	14	26

people perceived caring as having an impact on their paid work. However, those with professional/managerial jobs were more likely to have reduced their hours or changed their jobs to fit around their caring responsibilities, which could explain why they perceived caring as having a greater impact on work although the overall analysis showed no relationship with number of hours worked.

The hours of care that were provided appeared to have a greater influence than hours of work. Those caring for more than five hours a week were more likely to say that work was affected a lot, whether they were working shorter or longer hours, compared with those caring for less than five hours a week (Table 3.7). However, again, it is important to remember that the number saying work was affected a lot was very small.

more of care were twice as likely as those providing less than five hours to say this caused stress and nearly four times as likely to say it was hard to find time for themselves (Table 3.6).

Employment status, working hours and multiple roles

There were some differences between carers in different occupational categories. Carers in manual/semi-skilled jobs were more likely to say that caring had no impact on work (71% compared with 50% for carers in professional/managerial and 51% for those in skilled jobs. They were less likely to say that caring made life more stressful for them (37% compared to 55% for both professional/managerial and skilled groups). This was not just due to the fact that carers in manual/semi-skilled jobs were more likely to be working shorter hours. We found that carers' working hours had little effect on how much

We were interested in whether having flexible working hours made a difference to employees combining care and work. More men than women described themselves as working flexi-time or having flexible working hours (50% compared to 27%). This was largely because those working full time were more likely to report having such flexibility, and a higher proportion of men than women worked full time. We thought that flexible working hours would reduce the impact on paid work, as it would make it easier to fit caring tasks around the working day. In practice, it appeared from the survey to make little difference, apart from the fact that those with flexible working hours were

Table 3.6: How hours of care affect impact on self and paid work (%)

	Less than 5 hours care (*n*=173)	5–19 hours care (*n*=172)	20+ hours care (*n*=104)	Total (*n*=449)
Negative impact on self				
Makes life more stressful	31	54	60	47
Less time for self	15	49	58	39
Less time for family	16	42	46	33
Negative impact on work				
Hard to concentrate	6	22	20	15
Difficult to do job properly	2	12	9	7
Positive impact on work				
Satisfying	33	44	43	39
Skills can use in job	2	6	13	6

Note: Respondents could give more than one response to this question.

Table 3.7: How working hours and hours of care affect impact on paid work (%)

	<20 hours work		20–34 hours work		35+ hours work	
	<5 hours care (*n*=29)	5+ hours care (*n*=61)	<5 hours care (*n*=28)	5+ hours care (*n*=70)	<5 hours care (*n*=71)	5+hours care (*n*=78)
Impact on work						
None or a little	100	85	96	84	100	82
A lot	0	15	4	16	0	18

less likely to say that it was hard to balance work and care (9% compared to 16% of those without flexible hours). Since employees working fewer hours may have less need of such flexibility in order to accommodate their caring responsibilities, we looked separately at those working full time. In addition, we took into account the amount of care provided, since flexibility may only make a difference when employees are providing a substantial amount of care.

None of the full-time employees providing care for less than five hours a week reported that caring had a significant impact on their paid work, whether they had flexible hours or not. Even when the hours of care increased, the ability to work flexible hours seemed to make little difference to the impact of caring on employment. A similar pattern emerged when we considered whether carers who worked flexible hours were more or less likely to adapt their work in particular ways, such as taking time off for informal care, taking sick leave or taking holidays to care. Very few did so, whether they worked flexible hours or not. This does not necessarily mean that flexible working patterns are unimportant in helping employees to combine paid work with caregiving, but it does suggest the need to look more closely at what flexibility means in practice. The case studies provided useful insights into how flexible working patterns operated and how they could help, and we return to this in Chapter 5.

Caring only for grandchildren had least impact on paid work. This could be because childcare for grandchildren may be more enjoyable and less stressful than eldercare, or because, as discussed earlier, the care needed by grandchildren's working parents is more predictable than the care needs of elderly relatives.

Effects of future care on work

Around a half of working caregivers believed that their care responsibilities in the next five years would not involve them having to make changes to their work (Table 3.8). Those in manual/semi-skilled jobs, of whom almost a half were working less than 20 hours a week, were less likely to expect to make changes than those in professional/managerial or skilled jobs. Of those who thought they would need to make changes, more than a quarter thought that there was a strong possibility they would reduce or alter their hours and one fifth a strong possibility of taking early retirement. Graham Lewis, who had been teaching for 33 years, said he would take early retirement should informal care for his parents increase, but could always supplement his pension by returning part time as a supply teacher. Again, those in manual/semi-skilled jobs were less likely to say they would reduce their hours or take early retirement, perhaps because, on average, they were already working shorter hours and may be less well placed financially to take early retirement. For example, Bill Holmes, a full-time manual worker who disliked his job and wanted to stop work as soon as possible, could not afford to retire early even if his elderly mother were to require help in the future.

Table 3.8: Effects of future care on work for employed carers (*n*=295) (%)

Make no changes	53
Reduce/alter hours	26
Take early retirement	19
Change job	10
Stop working	7
Other	13

Note: Respondents could give more than one response.

More than one half of employees (59%) *not* currently caring thought that they may provide care in the next five years. There was little difference between the three occupational groups.

Of those who thought they would be providing care, over half anticipate making some changes to their work as a result – the most likely being to reduce or alter their hours or take early retirement (Table 3.9). Joan Carrington is 59 and could retire at 60, although she is uncertain whether this is what she will do. If her elderly father came to live with her, she says:

> "I think I could probably still cope with my job, as he is now. But if he needed more care I suppose I might cut back. But, in a sense, to be honest, I couldn't say that would be a big problem, because I'm getting near to retirement age anyway and so, you know, I couldn't say that looking after him would be really curtailing my working life."

Jenny Gardener, a senior manager aged 52, knows the time will come when either her parents or her disabled brother will need care. She stated adamantly that she would not allow this to affect her work as she values her job and needs to work for financial reasons. For her, the answer is to employ someone to come in and help. However, this would depend, to some extent, on when the need for care arose. For example, if she were close to retirement age there may be the option for early retirement, although she doubted it. Alternatively, she might consider reducing her hours if necessary. Both for Jenny and Joan the difficulty of planning ahead and making decisions was made more difficult by the uncertainty of not knowing when the need for informal care would arise, the course it would

take and how long it would last. We discuss this in more detail below.

Features of informal care

The case studies were chosen to explore different caring and employment situations, yet a number of common themes emerged, particularly in relation to eldercare. These included the unpredictable nature of caring demands, the attitudes of the person receiving care, and the difficulty of balancing the needs of different generations. Although these features, in themselves, do not necessarily affect work directly, they create additional pressures in what is often an already full and pressured life. This, in turn, may indirectly affect decisions about work. We should perhaps reiterate that these are the views and perceptions of the carer. Had we interviewed the care recipient we may have been given a different perspective.

Unpredictable nature of caring demand

Unlike childcare, the onset of eldercare, its course and duration is more uncertain (Martin-Matthews and Campbell, 1995). Care may be intermittent, for example helping a relative, neighbour or friend over a crisis and having little involvement until the next crisis. This was the case for Susan Ellis: "It was very much an on-and-off affair at first because he'd be ill, you know, we'd put some extra effort into helping him, and then he'd sort of come to again and he'd be fine for a while". For Betty, whose mother lived in sheltered housing some distance away, caring mostly involved taking short periods of annual leave to stay with her mother when she was ill or had an accident. Her main need was to be able to take time off in emergencies. In contrast, Pauline, who cared for her aunt living nearby, found that the care needed had "gradually grown" but then increased dramatically after her aunt became ill, so that she now described herself as having "stepped into the caring role with her in the complete sense, sort of being responsible for her welfare". Since she was also caring for her grandson, this restricted her employment opportunities since she could only work night shifts.

Table 3.9: Impact of anticipated future care on employees not currently caring (*n*=200)(%)

No impact	43
Reduce hours	29
Early retirement	22
Stop working	14
Change job	9
Other	13

Note: Respondents could give more than one response.

Alternatively, care can begin suddenly with little warning, for example with the diagnosis of a chronic illness or the death of one parent, leaving the surviving parent needing more help or support.

These different care trajectories and the uncertainty of the situation can have particular implications for those who are working. Her employers told Cheryl Bates, whose sister was diagnosed with a terminal illness, that she could take time off as and when needed. However, she was afraid to ask for too much time because "I wasn't sure how long everything would go on for and I was a bit worried about people running out [of patience] ... just thinking, 'We've had enough of this' you know". Graham Lewis, who had elderly parents and a son with a disability, said "I think, you know, that it is sort of slightly stressful in that you never know when ... [I'll] have to go to my Head and say, 'Right, you know, mother's sort of ill and my father needs my help there' ... or the other way round".

Independence and resistance to formal support

There is a general expectation within families that older generations will give support to younger generations and that "people in the ascendant generation will continue to be net givers throughout their lifetime, [so] it is a particularly sensitive issue for older people to be in a position of dependency" (Finch, 1989, p 170). There is a need to balance dependence and independence, and interviewees tried to take account of their elderly relatives' feelings about becoming dependent. Hilda Davies, for example, described the lengths she went to in order to ensure her 91-year-old father, who lived on his own, did not feel too dependent:

"He's been very reluctant to give up his independence, and even to this day I have to go and do the domestic work when he's out ... so I fit in the vacuuming, the cutting the hedge, the cutting the grass etc in that time [when he is out]. When he comes for the day on Wednesdays we collect his washing together and bring it back, put the washing machine on whilst he's here and then I will iron it and take it back on a Thursday. So that he still feels that he's in control of his own home."

Some of those who were dependent did receive support from formal services, but carers said how difficult it often was to get such support: "I really didn't realise that there was so little available and the hoops you have to jump through to get it" (Jane Harris). Partly because of the understandable reluctance among older people to admit their dependency, carers described how they needed to advocate on their behalf. Even then, they could encounter a resistance to accepting such 'outside' support. Eve Walters, for example, described organising meals-on-wheels for her mother, "but she didn't like the gravy, so that stopped". Other carers described similar experiences. When the person they cared for was unwilling to accept formal support or to adopt changes in lifestyles, such as using labour-saving appliances, paying bills by direct debit, shopping less frequently or using a freezer, this could increase the burden on working carers.

Attitudes of the older generation to carer's work status

Apart from grandchildren and disabled children, most of those who were cared for in our study were in their late seventies, eighties and nineties. Another theme that emerged from the interview data was that this older generation could sometimes disapprove of their daughter(-in-law) working. This attitude was attributed to the older generation's experience of women traditionally fulfilling caring roles rather than having careers in paid work. Ellen Humphreys talked about her father's views about her job as a teacher: "I think that because it was something outside of his experience he didn't think it was really a proper job". Jean Atkinson's mother resented her working: Jean thought because it meant she had less time for her mother: "I mean on the face of it she'll say, 'Well it's nice for you dear', but actually she often says, 'The worst thing that ever happened was you going back to work'. And that's just very difficult". For those who were caring for their grandchildren this dilemma was less likely to occur, because their daughters(-in-law) were themselves working and of a generation that accepted women's role within the workplace.

Balancing needs of different generations

As reported in Chapter 2, one in 10 of those who took part in our survey were caring for both grandchildren and elderly or disabled relatives, usually parents or parents-in-law. We asked multiple carers how they managed to meet the needs of dependants of different generations or parents and parents-in-law. Some had little difficulty balancing the needs of two different generations, whereas others found it at times stressful. Hilda Davies, for example, described a visit to the supermarket with her young grandson and her elderly father:

> "I've got to have eyes on the 16-month-old and dad is perhaps not quite as organised as I would like him to be with his shopping list. I find I'm split between trying to think of what he might want for the week, keeping a 16-month-old amused and also making sure that dad doesn't fall down. So that is quite stressful."

Graham Lewis felt guilty about not visiting his parents more often because much of his time outside of work was devoted to his disabled son. The time Pauline Booth gave her grandson made her feel at times that her mother came second in her life, "although I know she wasn't as regards having somebody in to clean, and somebody to do the garden. And I used to do all the shopping on the weekend for her and cook meals and freeze them and take them over". Balancing the needs of parents and parents-in-law could also be difficult. Although not working, Elsie Thomas, whose mother-in-law lived with her and had significant care needs, worried that this meant she had less time to give to her own mother.

Summary

- The majority of carers reported that informal care had an impact either on themselves *or* their work. However, the effect of caring was more likely to be felt in the carer's personal life than to have an impact on their work life.
- Less than one in seven said that care affected their work a lot, but a significant minority found it difficult to balance work and care, or had to make changes to their work.
- Working carers often experience a 'time-bind' resulting in less time for themselves and their family and making their lives more stressful.
- When time off was needed for informal care, it was more likely to be taken as annual leave rather than unpaid or sick leave.
- Women were less likely to retire early, but when they did, informal care could be a significant factor.
- The impact of care was perceived as greater by carers in professional/managerial jobs compared with carers in skilled or manual/semi-skilled jobs.
- There was little difference between carers with or without flexible hours in the reported impact of care on work, although this may depend on how such flexibility operates in practice.
- People were more likely to think that they might need to make changes to their work in the future because of caring responsibilities, than they were to report making changes because of current caregiving.
- Caring for grandchildren had less impact on employment and personal life than providing care for elderly or disabled relatives or friends.
- Features of eldercare, such as its unpredictability, the independence and resistance to formal services by some older people, as well as negative attitudes towards the carer being in paid employment, could make the carer's life more stressful.

Making decisions about work and care

From a review of the literature on the reconciliation of work and family life, Deven et al (1998) conclude that many carers do not have an either/or choice between employment and providing care, but rather must adopt compromise solutions involving a number of strategies. In the previous chapter we looked at the impact that caring responsibilities, either current or in the future, had on paid work. In this chapter, we consider what influenced decisions about caregiving and work. The chapter is based on data from our 32 case studies, since information on how decisions were reached about care and work was not collected in the survey.

Reasons for providing care

Respondents had different reasons for taking on informal care. Reciprocity, an important aspect of intergenerational relations that can take several forms (Brannen et al, forthcoming), was mentioned most frequently. With respect to eldercare, there was a sense of wanting to repay parents for the help they had given in the past: "But we had such a wonderful life with my mum and dad and they gave up such a lot for us.... And there's no way that I could [leave the care to someone else] – I would feel so guilty". Reciprocity was not just confined to kin. Ann Lawrence, for example, helped her next-door neighbour, in part because her neighbour had helped Ann and her family in the past.

Care is often seen as being about burden and dependency, but to care for someone can also mean to 'care about them'. Another reason for providing care was the emotional ties and kinship obligation between carer and those they cared for, which has been described in other studies (for

example Finch and Mason, 1993). The importance of family relations and kin supporting one another was often emphasised: "You do it because you love them don't you? 'Cos you want to help, you know. Your mother helps you and you help them". There was a sense of care as a duty, but this was mostly described in a positive light rather than as something the carer would rather not do. Providing care was more likely to be seen as a burden rather than a labour of love when the relationship between carer and cared for was less close.

Other rationales for caring included having a caring nature and wanting to nurture a responsibility among younger generations to care for and about people. Ellen Humphreys made this point in talking about taking her grandchildren with her when she went to help her father: "I like the fact that they [grandchildren] felt that when they were with me they also had a moral responsibility to be there ... because you don't go through life not caring for people". A responsibility to care went beyond the family for Ellen and others like her: "It's all of those things that you write down as family. Or no, not even family, because you don't just ... it's not just your own in that way because that's much too narrow".

Usually carers did not make a decision to care. A decision implies a choice and carers rarely felt they had one, as Pauline Booth said: "There is no choice, is there? ... Because look what our parents do for us when we're young, and that's the time to pay it back isn't it?". Commitment and feelings for the person – the 'caring about' – often meant that the caregiving role was taken for granted. Generally, carers wanted to have a role in the care of someone close to them but often wanted more help to do it: "It's that bit isn't it, the

emotive bit that's about loyalty and it's family. But you do need support to do it" (Jane Harris).

Feelings about caregiving were both positive and negative. On the one hand, there was the satisfaction of helping and giving something back to parents and knowing that the person they cared for was well looked after. On the other, there were the stresses and tensions of coping with illness, physical frailty or disability. Some who were caring for parents or parents-in-law said how hard it was to accept that roles had reversed: "'specially with my father-in-law who's gone from being the sort of senior member of the family and now he is sort of completely dependent on us". There was little negative feeling expressed about childcare for grandchildren. Hilda Davies sums up her feelings about caring for her grandchildren and her father:

"I love having the grandchildren. I don't find it onerous at all. I love my dad and I want to support him, but I can't say it's always a pleasure. There's lots of times when it is a pleasure, but lots of times when it's difficult."

Reasons for not providing care

The availability of other family members to take on the caregiver's role was another factor influencing decisions. For some, there was no one else. Others explained why they exempted themselves or others from becoming involved. This included other kin with blood-ties living closer, for example sisters-in-law living nearer to the respondent's mother-in-law, daughters being involved more than sons in the care of a parent, age and family circumstances. Jenny Gardener, for example, despite having four younger siblings, foresaw the care of their eldest brother who had Down's syndrome falling entirely on her because "they haven't the means or the inclination".

In the survey, 515 respondents (just over half) did not have current or recent caring responsibilities. Of these, 73% said this was because there was no one needing care. Of the remaining 27%, the most common reason for not providing care was living too far away. The role of proximity in determining the extent and nature of participation

in eldercare is well established (see Joseph and Hallman, 1998, for a review of this literature). The further away caregivers live the less they are involved in eldercare, although women are willing to travel further, more often, than their male counterparts (Joseph and Hallman, 1998).

Proximity influences not only the extent to which one becomes involved in caring, but also affects the ability of siblings and other kin to support the carer(s). Such support can be important in easing the strain of caregiving. The following two cases illustrate this point. The members of Andrew Forrester's family have been as supportive as they can, but "they're all living in [another part of the country] and it's just that much too far. I had thought about getting a job down nearer the family for that sort of support". In the last year, Joan Carrington's father had moved to live with her sister in the North of England, some considerable distance from Joan's London home. Since the move, Joan saw less of her father and was unable to support her sister as much as she would like.

However, distance did not necessarily preclude respondents taking on caring responsibilities. Some had or did travel great distances to provide care, such as Glyn Morgan who every fortnight had visited his elderly mother living 200 miles away. Leaving after work on Friday and returning Sunday night, Glyn spent the weekend washing, cleaning and shopping for his mother, although he did not provide any personal care. During the week, a neighbour and homehelp came in. He did this for 18 months until his mother could no longer live independently and came to live in a nursing home in Glyn's village.

Childcare for grandchildren

Of the 19 interviewees who were grandparents, eight (all women) provided or had recently provided regular childcare for their grandchild while parents worked or studied. Not wanting their grandchildren to be looked after by someone else, particularly a stranger, was the principal reason for providing such care. In two of our case studies, it was taken for granted that childcare would be provided. Asked if she had volunteered to take care of her first grandson, Parminder Singh answered: "They didn't ask me; I

didn't offer. I took it for granted that I was needed over there and I was going to do it".

Three women had stopped working or not returned to work in order to care for their grandchild(ren), while five fitted this childcare around their employment. Only one grandmother provided childcare full time, suggesting that grandmothers may not want to be tied to full-time childcare. Janice Brown certainly did not want this sort of commitment: "I just don't want to commit myself to having to take children everywhere I go. I like my freedom, you know – the bit I've got". This corresponds with findings from the 1999 British Social Attitudes Survey, which showed that grandmothers were more likely to provide childcare when their daughters (-in-law) worked part time, and were often reluctant to take on a more substantial caring role (Dench et al, 2000).

In our study, this was illustrated by Dorothy White, who fitted in looking after her grandchildren around her part-time jobs and would not have wanted to increase her commitment: "I enjoy the job ... I'm not sure that I'd be willing to give all that up to help look after the children. I suppose I would if it was really necessary but ... no, I quite enjoy my own independence as well". Enjoyment of their work was a strong reason not to stop working to provide childcare. These women had often returned to the labour market after a long break for childrearing and they were understandably reluctant to leave again and resume childcare. Others did not agree that grandparents were always the best option and felt that their children should be encouraged to find alternative childcare, with grandparents helping if necessary with childcare fees.

With the introduction of the Childcare Tax Credit (CCTC) in 1999, working parents on lower incomes using registered childcare providers, such as childminders and nurseries, can apply for help with childcare costs. Informal caregivers, such as grandparents, are not registered providers and parents using this type of care are therefore not eligible for CCTC. There have been discussions about extending CCTC to include grandparents (Childcare Commission, 2001) and, in March 2002, the Department for Work and Pensions (DWP) raised the possibility of paying grandparents a small allowance if they provided childcare for grandchildren so that their parents

could work (Carvel, 2002). We therefore asked respondents if they would be more willing to provide childcare if they were paid through a government subsidy.

There was overwhelming endorsement for grandparents who wanted to provide childcare being subsidised by the state for doing so. Difficulties in accepting payment from your children was one reason, probably because intergenerational transfers usually pass from older to younger generations (Finch, 1989). As Janice Brown explained, "I think that would be good for people who want to look after their grandchildren and can't take the money off their own children". However, few of the grandparents we interviewed who were not providing childcare would change their minds, even with a financial incentive. Some pointed to the fact that they might feel differently if they were in low paid or unsatisfying jobs, although the small sum being considered by the DWP at the time of writing (up to £25 a week) would be unlikely to make this a realistic proposition.

Factors affecting decisions about work and care

From our case study data a number of factors emerged that either encouraged people to remain in work without making changes or, alternatively, lead them to consider changing their employment status. These 'push' and 'pull' factors include financial circumstances, satisfaction with and commitment to work, work stress and their health and well-being, availability to care, and the potential of work to offer a respite from caring responsibilities. We address these factors separately below, but, in fact, they tended to interact to influence decisions, rather than operating independently.

Financial circumstances

Whether one can afford to change employment status is clearly a significant factor. Eve Walters, who had dependent children at home, struggled to combine caring for her mother with her job working 15 hours a week as a school secretary: "Our [combined] income is under £20,000, so my wage is very important, I have to work". Those with dependent children often referred to the

need to continue working to finance their higher education: Andrew Forrester explained that "[early retirement] would be nice, but with a nine-year-old son who is very bright and likely to be going to university, I don't think we can afford that luxury". Angela Gibbon's preference was to retire at 60, but contributing to her grandchildren's childcare fees meant she was likely to continue working until she was 62.

Being able to retire early with a full occupational pension or being offered a favourable retirement package were strong incentives to leave the labour market. This was particularly the case for men, who were more likely to have had a continuous employment career and therefore accrued sufficient pension contributions to make early retirement financially viable. Having insufficient pension contributions was a significant factor encouraging employees to both stay in work and not reduce their hours, since reducing their hours and thus their income had negative consequences on future pensions. This was particularly so for women who, among this generation, were unlikely to have had continuous employment careers. Of the 24 women with children, all but one had left work at the onset of motherhood. Although not always withdrawing entirely from paid work, the jobs they took while their children were young were those that could be fitted around care of their children. These jobs were usually part time and short term. Since returning to the labour market, often developing new careers, many of these women were keen to continue working so that they could maximise their pension contributions. Men in low paid occupations, such as Bill Holmes, could also be prevented by their financial situation from retiring early, even though they disliked their job and would like to have stopped.

However, being able to afford early retirement was not the only consideration. For example, Derek Patterson had accepted a financial incentive to retire early, and would not have done so otherwise. However, if his wife had become ill while he was still in work, rather than after his retirement (as was the case), he would have retired irrespective of the incentive. Hilda Davies would have left whether or not early retirement was available. She found combining the roles of caring and full-time work were having a detrimental effect on her health. Retiring early meant a reduced pension for Hilda, since, unlike Derek, she did not have sufficient contributions to

retire on a full pension. This was not a consideration in her decision. More influential was the feeling that she no longer needed a career: "I felt I had achieved all I wanted to achieve. And in a way that helped to make the decision".

As shown earlier, many of our respondents had taken early retirement and others expected to do so, some in order to meet anticipated caring responsibilities. Research has found that among professional and managerial workers, "an expectation of early retirement has become entrenched which will be difficult to change" (Scales and Scase, 2000). However, the trend towards early retirement is facing a considerable challenge, as the financial incentives that encouraged people to leave the labour market early during the 1980s and early 1990s are being eroded and changes are being made to both public and private pension schemes. The government now needs older people to continue working and has proposed to raise the minimum age at which a personal or occupational pension may be paid from age 50 to 55 between 2010 and 2020 (PIU, 2000). At the same time as the need for informal care rises, early retirement is becoming increasingly unavailable as an option.

Enjoyment of work

Retirement, even at statutory pensionable age, was not something that was welcomed by all those in our study. Some indicated, both in the interviews and the survey, that they would like to continue working beyond the age of 60 or 65, especially if they could do so on a part-time basis. Many enjoyed their work and were very committed to it. The identity they achieved through paid work appeared to be particularly important to women of this generation, who had often returned to the labour market and begun a new career after a break. Not only did they enjoy their work, but it presented them with another identity. Typical was Betty Young, a clerical worker, who said, "I've spent so much of my sort of early married life [being] somebody's wife, somebody's mum, and that's a part of coming out to work that I'm me.... I do like coming out to work". A paid job is usually essential to achieve material prosperity, but it can also bring a greater sense of self-esteem.

The intensification of work

Balanced against this enjoyment of their work was the growing intensification of paid work. In the introduction to this report, we described how working hours have increased and how the world of paid employment has become increasingly demanding and insecure. In interviews and in the comments added to the questionnaire, participants made clear the extent to which the demands and stress of work had increased in recent years and the impact this was having on their health and their decisions about continuing in employment. This was particularly the case for teachers, who referred to the "huge increase in paperwork" and the increasingly demanding nature of their work. Barbara Hughes, for example, was paid to work three days a week as head of department in a local school, but almost always put in five days: "But that's what sort of job this is. You have to put in the time". Another teacher (Graham Lewis) wanted to give up some of his extra-curricula activities to spend more time with his disabled son, but felt guilty about letting his pupils down if he were to do so. Intensification of work was not, however, restricted to teachers. Andrew Forrester described how many of his colleagues in the planning department were in a similar position: "Everyone's doing 1½ or 2 jobs. And so you know there's a constant feeling that you're not doing your job as well as you could anyway ... you feel guilty about taking time off". Jane Harris, a full-time officer in the local authority Youth Service, described how "we're supposed to work 35 hours, but you couldn't get your job done in that".

This extension and intensification of work sometimes resulted in a wish to move to a less stressful or part-time job, both to make it easier to combine work and care and also to protect their health. There was strong support for the option of 'winding down' before ending employment, rather than facing what has been described as the 'cliff edge' of retirement. A teacher referring to plans to encourage public sector workers to remain in work commented: "this is what's worrying me, you know, that if I try to carry on too long I'm going to run myself into an early grave. If I go at 57 and pace myself, doing something part time, then I can.... I've got the prospect of a longer life". Andrew Forrester speculated that if he "could take early retirement and get sort of a half salary pension I could take a less stressful job to top it up and have more time

at home that way ... but we really need to do the sums quite carefully". Finances were an important consideration and could make such plans difficult to achieve; however, at least one in five of those who reported in our survey that they had retired, did appear to have resumed employment after retirement. With the opportunity of supply teaching, which offers some flexibility in terms of when one chooses to work, teachers were one occupational group who seemed particularly likely to do so.

It is perhaps not surprising that increased workloads and longer hours combined with caregiving could force people out of work. Janice Brown, a part-time learning support assistant with multiple caring responsibilities, resigned because

"I just couldn't cope with everything. And obviously I didn't think it was fair that I wasn't giving as much to the children [as] I should have been. And things did change at the school ... when I first started there, you know, there wasn't a lot of paperwork, but in the end ... I used to spend any spare time doing my paperwork. And then even when I came home."

Availability to care

For some interviewees, caring responsibilities were not a factor in their decision to leave work, but did then come into play because they were seen as available to provide care once no longer in the labour market – even if they had intended to return. Hilda Davies, for example, had taken early retirement, intending to return to a less stressful, part-time job, but on learning she was to become a grandmother her plans changed. She decided she would provide childcare as well as care for her father, rather than find another job. Susan Ellis's redundancy meant she was more available than when she was working and, as a consequence, care for her grandchildren and father-in-law increased. This made it difficult for Susan to find another job as intended, which had financial implications for her and her husband. Not only was there a significant drop in their income, but their future income was affected too, since Susan would receive a reduced pension.

Some of those who were working wanted to make changes in their employment status to

create more time for themselves and ease the pressure, but were worried that reducing their hours would result in an increase in caregiving. Cheryl Bates, for example, would have liked to work four days a week instead of five, but "I thought as soon as I do that [daughter] will move in on me and say 'can you look after [granddaughter]'. My mother ... as soon as she knows I'm off, she'd want to see me". Although it can produce stress, paid work could also act as a buffer against the stress of caring or provide social contacts that may be lost because of care (Phillips, 1994). Even when work was demanding, it was sometimes viewed as 'less of a strain' than caregiving. One of our interviewees, Jean Atkinson, had trained as a translator but had been unable to work due to her daughter's special needs. After many years, she took a job as a learning support assistant at a special needs school to 'escape' some of the stresses of a difficult caring role. Another learning support assistant described how working with children was all consuming and stopped her worrying about her mother.

Achieving a balance

The overall impression from the interviews was that people wanted to achieve a balance between work and caring responsibilities. Although there were some examples of giving up work to take on a caring role, few wanted to give up work entirely. Those who had reduced their hours, or were intending to do so in the future, generally did not want to stop work to become full-time carers. Having other interests, such as work, were important as well as feeling unable to take on caring full time. Jenny Gardner knew she would probably care in the future for her brother with Down's syndrome, but also knew that she would want to continue in paid employment:

"I'm not the sort of person who would say 'I must give up work' ... even if I could afford to ... to devote myself full-time to [brother]. You know, I didn't do it with my own children – I would not want to have to do it now.... I've become too much of a career person to be happy with spending long hours at home. I would look for a compromise. I would not want to compromise [brother's] health or well-being but I have to consider my own and my husband's needs as well."

The reluctance to take on full-time care is perhaps reflected in the responses to the vignette we presented to respondents (Box 4.1). When asked to choose which employment option would be best for a couple where the husband's mother needed more care that could not be combined with them both working full-time, the majority (19 of 32) opted for both of them reducing their hours of work and sharing the care. The rationale for this choice was that the fictitious couple both enjoyed their work and it would be fairer if one did not give up their job and take the full responsibility of caring.

Box 4.1: Vignette used for case studies

Susan is 58 and her husband, Don, is 60. Both Susan and Don work full time. They very much enjoy their jobs, but they could manage financially if they had to work fewer hours or if one of them retired. Don's elderly mother who lives nearby needs an increasing amount of support. With full-time jobs the couple cannot provide the support she needs. What should they do?

- Don should retire
- Susan should retire
- They should both reduce their hours and share the care
- Neither should make any changes to their jobs
- Something else

The fact that they both enjoyed their work was the rationale given by the nine respondents saying that they should both continue working full time and pay for care. Only four thought that one should retire and one continue working. Many said the hypothetical couple's decision would depend on other important factors, such as whether they had chosen or felt obliged to make changes in their employment situation. Making a decision that resulted in feelings of resentment would, it was strongly felt, affect the quality of care and the relationship between caregiver and care receiver. As Angela Gibbons said, "If you can't do it happily then there wouldn't be any point in you doing it would there? You know, if you're feeling bitter and making the person feel bitter".

The role of the family also figured prominently in these discussions.

"Because I think it's important that you give support to your parents because they're not going to be with you forever. And if, financially, you don't need to go to work – I know there's job satisfaction, but your family's not going to be there forever."

Family care was perceived as the preferred choice of older people and therefore better than formal care (although some added that they would not have similar expectations of their own children). However, Susan Ellis thought that formal care might be preferable because "there's not the emotional ties and the sort of emotional strings that can be pulled".

When discussing their own situation, it was clear that their own health, or life-changing events, could also change attitudes and affect decisions about the balance between work and personal life. Janet Butler's husband had needed a heart by-pass operation, which they attributed to the stress of running their own business. They sold the business, but Janet decided not to return to teaching. Although it would have paid more than the job she took instead, as a classroom assistant, the scare over her husband's health had led both of them to re-evaluate their working life and led to a decision to take less demanding jobs because "you only have one life".

Harriet Jackson was 52 and thought she would carry on teaching until she was 60. The sudden death of her mother and, some months afterwards, of her father from a long-standing illness had changed her views on retirement:

"Work isn't the be-all and end-all of everything. I'm now thinking that when the children have gone through college ... I'll stop then. And we'll have a bit of enjoyment ... because for a long time I kept saying to [partner], 'I could die tomorrow, and what am I doing, stressing myself out at work? You know, this is mad, I could die tomorrow and we've done nothing and we've been nowhere'. It has affected me quite considerably actually."

Available support

The support and help available to both the carer and care recipient was a final factor influencing

decisions about leaving or staying in work. As we saw in Chapter 3, formal support services had often been difficult to obtain and were generally perceived as inadequate. Support for dependants could help those caring for them to feel more able to continue in paid work. Barbara Hughes explained how, if she knew she would be able to access support services for her mother, this would "relieve my feelings of guilt that I'm being selfish in wanting to continue to work and not therefore provide the care she will need". In the next chapter, we consider the kinds of help that the participants in our study thought would help employees combine work and care.

Summary

- People took on caring responsibilities for a variety of reasons, including reciprocity (repaying care they themselves had received), love, and a sense of family obligations and responsibilities.
- Those who did not provide care, more often stated that this was because of the person living too far away or because others were providing the care, than that they were prevented from doing so by the demands of paid work.
- Caring responsibilities interacted with many other factors to influence the decisions people in their fifties and sixties made about staying in or leaving work.
- Factors encouraging people to stay in paid work included financial necessity, satisfaction with and commitment to work, and the potential of work to offer a respite from caring responsibilities.
- Factors leading people to leave work included the increasingly demanding and stressful nature of many jobs, the negative impact of work on their health, the ability to take early retirement with a full pension, and life events which led them to prioritise their personal and family lives over paid work.
- Female employees in their fifties had often taken time out of the labour market to bring up their own children and now wanted to remain in paid work, both to build up their pensions and to develop their careers.
- Grandparents in their fifties and sixties were unlikely to meet the increased demand for childcare while parents worked or studied. Although some were prepared to give up work

or reduce their hours to do so, there was a general reluctance to offer full-time care, even with a financial incentive.

- Most people wanted to achieve a balance between paid work and caregiving, rather than to give up work completely.

What would help?

This chapter examines what policies and practices would benefit employees combining work and care. Various kinds of support have been suggested in other studies. These include changes to benefits and pension entitlements, more extensive provision of community services, flexibility in the way work is organised and specific provisions within the work environment such as access to telephones and work-based counselling services (Watson and Mears, 1999; Hutton and Hirst, 2001). The availability of such support may influence the decisions people make about combining employment with caregiving, as we saw in the previous chapter.

We should emphasise again that this is a sample of local authority employees and not wholly representative of the general workforce. In a large survey of both public and private sector employers, public sector workers were more likely to have access to work–life balance practices and were more likely to take them up than employees in the private sector (Hogarth et al, 2001). Another survey of local authorities found that nine in 10 allowed staff to vary their standard working hours and that part-time working, job sharing and flexi-time were almost universally practised (Birch and Purdy, 2001). It was not clear, however, how many staff had access to these flexible working practices.

In our survey, we asked which workplace practices would be useful in helping people aged over 50 to combine their paid work with caring responsibilities (Table 5.1). Both carers and non-carers answered this question and there was little difference between the two groups. Both gave strong support for family-friendly working practices. In fact, a higher proportion of non-carers thought such facilities would be useful than those who were actually providing care. For example, flexible working hours was the most common response from both groups, but 71% of non-carers thought it would help compared to 61% of caregivers.

In the interviews, we explored in more depth how some of these measures would help, and this is discussed below.

Flexible working hours

Flexible working hours was the most frequently cited way in which employers could help employed carers (see Table 5.1). Yet, as discussed earlier, the survey found no significant difference between employees with and without flexible hours in terms of the reported impact of caring on employment, even when considering only those who worked full time. The case study interviews provided some insight into this apparent anomaly. Some of those who, in the survey, had said that they did not have flexible hours were, in practice, able to adapt their hours to suit their caring needs, but this was at their

Table 5.1: What would help? (*n*=928) (%)

Flexible working hours	66
Reducing working hours	63
Availability of unpaid leave	51
Working from home some of the time	50
Emergency care provided	46
Availability of career break	36
Counselling/helpline	34
Daycare for older people at workplace	25
Other	11

manager's discretion rather than an employment right. Ann Lawrence, for example, had classed herself as not having flexible hours because, as she later explained, "in the job we do [care assistant], we have specific times for specific jobs". In the interview she then went on to describe how her manager was prepared to rearrange shifts: "if something urgent comes up, they can rearrange, you know, get someone else to take over and you do theirs later on. They're very good like that". Andrew Forrester, on the other hand, did have a contract permitting flexi-time, but found that the demanding nature of his job, which involved some evening and weekend work, meant that he never had sufficient time to take the hours owed him. Others described how flexibility could be difficult to achieve in some kinds of job, particularly teaching.

There were also different interpretations of what was meant by 'flexible hours' and 'flexi-time'. Some supply teachers counted themselves as working flexible hours because they could accept or reject work. Others did not consider this as flexible working because, once they had accepted a contract, the hours were fixed, and what was really needed was the ability to take time off at short notice. Most survey respondents who were working flexible hours were working flexi-time, which is a particular form of flexible hours. Although employees can vary their arrival and departure time, building up hours to take time off, on working days they must be at their workplace during core time (usually between 10am and 4pm). However, there are often restrictions on the flexible leave period. For example, in one of the authorities surveyed, employees could only take one day or two half-days per calendar month. Where employees had greater flexibility, this appeared more helpful in enabling them to combine work and informal care. Jane Harris, for example, had a job in the youth service, which involved some evening work. She valued the ability to juggle her workload so that she could take time out during the day for organising services and attending hospital appointments with her elderly mother. Perhaps employees who are combining work and care need greater flexibility than flexi-time may provide.

Reducing working hours

In the last chapter we saw how increased workloads and pressures at work could result in wanting to move to part-time work. The second most popular option among survey respondents was the opportunity to reduce working hours. Andrew Forrester commented, "If you can get the best of both worlds by keeping the job interest and reduced hours and, at the same time, feel you're fulfilling your responsibilities or whatever for an aged relative, then I think that would be to my mind a good compromise". However, part-time work needs to attract the same benefits and pay as full-time work. Christine Cooke, who worked part time in order to care for her partially disabled mother, noted that "it's difficult to get well paid part-time work and, more often than not, you find you are doing a full-time job in half the time, working flat out with no breaks". As discussed earlier, reducing hours was not always a feasible option because of its financial impact on pensions.

Others went further and suggested the government should meet the financial cost to carers: "I feel people who look after others should be allowed to reduce their hours at work and have their salary reimbursed by the government so they don't incur any loss of salary, pension rights or status". Various suggestions were put forward, including legislation to introduce paid caring leave, National Insurance contributions paid by the government for those providing informal care and a second personal allowance for people with caring responsibilities. In fact, Home Responsibilities Protection does offer some protection to the retirement pension for carers who do not work or whose earnings are low, although they need to be offering a substantial amount of care to qualify.

The fact that caring needs fluctuated over time meant that employees needed the flexibility to move between full- and part-time work as their family circumstances changed, not just the flexibility to reduce their hours. It was also true that not all carers necessarily wanted to work part time even if financially possible. This reinforces the need for a range of measures, including improved formal care services, to support those combining care and employment. For example Hilda Davies, who had taken early retirement, was clear that she would not have wanted to

reduce the hours she worked as a personal assistant to a senior council officer: "No, no. I was very much into my job, I wouldn't have wanted to do a job share. I wanted to be in control of the job myself. I was very much into giving a service to my boss, I wouldn't have wanted to job share or do less hours". What was needed was a choice of options to suit different circumstances and preferences.

Time off for caring responsibilities

Linked to the issue of flexible working practices was employees' need to be able to take time off to meet caring responsibilities. Depending on the nature and extent of the care required, carers could require a complete break from employment or time off on occasions to meet specific needs. Half of our survey sample supported the idea of being able to take unpaid leave[1]. However, there were a number of restrictions on how this operated in practice. First, time off for caring responsibilities often had to be negotiated, rather than something that could be treated as a right. The extent to which employees had been able to take time off for caring responsibilities was variable and appeared to depend more on the attitudes of line managers than on the existence of formal policies (see also Yeandle et al, 2002). Respondents stressed the importance of having a sympathetic manager and colleagues, and often attributed this to their manager having had experience of combining care and work themselves and thus understanding the difficulties this could create.

On the other hand, unsympathetic managers could block access to leave and other kinds of support, something that other studies have also found (Gilhooly and Redpath, 1997; Bond et al, 2001; Phillips et al, 2001). Jane Harris noted that, "if I hadn't gone beyond my line manager when I needed support, then, you know, I may have just accepted that I couldn't have that". Others described having to go 'cap in hand' to ask for time off to fulfil caring responsibilities and

thought that it was important that senior and middle managers were made aware of company policies, as well as understanding that taking time off for caring responsibilities is acceptable.

A second difficulty was that leave for informal care was usually available only to care for immediate family members. Betty Young, for example, asked for leave to care for her grandchildren while their mother went into hospital for an operation, but was told that carers' leave was "not meant for grandparents". Jane Harris was refused bereavement leave when her uncle died on the grounds that he was "not a close relative", although he had lived with her parents for 20 years and she had been providing his care for the last four years of his life. Interviewees acknowledged that there needed to be safeguards in place to ensure that policies were not abused, but thought there was a case for greater flexibility.

A third difficulty was also caused by a lack of flexibility, this time in the way that requests for leave were dealt with. Often carers needed to be able to take time off when the need arose, for example in emergencies or for visits to hospital and the doctor. Unpredictable crises could be the most difficult to accommodate. One carer replying to our survey explained how "the biggest problem was the stress caused by being 'on call' for parents who did not live in [residential] care but couldn't really cope alone" and added that "sympathetic employers are the biggest help in this situation". Some of our interviewees told us that applications for leave had to be made in advance of when leave was required, undermining the idea of leave for emergencies.

Some employed carers may need extended leave in the form of a career break, especially when they provide a significant amount of care. Carers in this situation have been shown to be more likely to leave the labour market and less likely to return to work after caregiving has ceased (Hutton and Hirst, 2001). Around a third of our sample were in favour of career breaks to fulfil caring responsibilities. It was important to find ways for people to remain in contact with the labour market even if they took time out for caring responsibilities. The cyclical nature of caring meant that people moved in and out of caring roles, and some wanted to be able to return to paid employment once the caring

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[1] The 1996 Employment Rights Act, as amended by the 1999 Employment Relations Act, does, in fact, give employees a right to 'reasonable' (unpaid) time off for dependants, but this does not appear to be well known. It is likely to cover only emergencies or a breakdown of normal care arrangements.

episode had passed, even towards the end of their working lives.

"I think the government could probably help by letting people resume the career path when they've had to have a period when their career's really been put on the backburner while they've been involved in a caring situation. I mean, they do this fairly effectively with mothers who have time off for childrearing, but it would be worth acknowledging that there's another end to people's lives where similar things are required." (Richard Butler)

As with the option of reducing hours, taking a career break was only feasible if caregivers could afford to give up their income. Participants in our study suggested that workers providing informal care should be entitled to paid caring leave in much the same way as maternity leave: "I can't afford not to work. But if I could work and if I lost time through looking after my mum, pay me. Or pay my employers. I don't know, make it so that nobody loses out" (Eve Walters). Many of those we interviewed noted that informal care saved local and national government a significant amount of money, and it was generally felt that more should be invested in support for carers. Others pointed out that, when significant sums of money had been invested in their training, as was the case for many professionals, this was lost if they had to stop work in order to provide informal care.

A common theme was that, although the workplace was supportive, there was a limit to how much employees could expect: "If I've needed to take time off then they've been understanding, but I haven't pushed that. If I were to push it beyond a certain limit, who knows?" (Andrew Forrester). Those who had taken time off often felt that they had needed to earn this by being good at their job or having worked for a long time with the same employer. Both managers and employees put forward a 'business case' for allowing flexible working: "I think you get far more out of your employee if you are seen to be a caring authority". On the other hand, those in management roles, although endorsing flexible working practices, did point to the difficulties. Jenny Gardner, a senior manager, said:

"I'm aware that it becomes more difficult to manage those situations [flexible working practices]. When you want somebody you want to be able to get them and you want them to be able to be reactive right there and then, and they're at home and they're not in a situation where they can be reactive."

Another interviewee, Jane Harris, accepted the necessity for such practices "because people are living longer and we don't live in close proximity to each other anymore the way we used to, so there has to be a way to take account of that". However, she also noted that "we still have to run a service, so you have to balance it out".

Advice and information

Most survey respondents were unaware of any council policies to support carers, although some made the point that they had not needed to find out. There was generally a low level of awareness of the benefits and support to which they might be entitled, which again reflects the findings of previous studies (for example, Twigg and Atkin, 1994). Interviewees generally felt that they had had little help in finding out what support was available, and would have liked "a person to befriend and show you the way to go". They would have particularly welcomed something like a 'one-stop shop' to inform them, not only about their employer's policies and the implications of different actions, but also about the availability of local support services and benefits to which they or the person they cared for might be entitled. Jane Harris described how, when she was first trying to combine care and work, "I felt I was going round in circles, and if there was someone in the authority that I could go to and say, look I've got this situation, what am I entitled to ask for ... it would have saved me stress. It would have saved me hours of time".

Some of the changes to the workplace that would help people to combine work and care were relatively minor. For example, ensuring that information about support services and workplace policies was widely available, or providing access to a 'phone line so that employees could make or receive telephone calls to check on the welfare of someone they cared for or to make arrangements for services that the person needed.

Formal support services

Carers had often found it difficult to access support services in the community and many felt that there was insufficient government support, especially for older people. Eve Walters felt that "we've put children first – that's great – but we've kind of missed out on the old folks, and the old people are growing in number and they're sliding by the wayside. You just see it all the time". She pointed to the reduction of geriatric health visitors, the long wait for chiropody appointments and the lack of suitable day centres offering interesting activities for older people. Others mentioned the need for more carer relief services, meals-on-wheels, care assistants and provision such as sheltered housing. Not only practical help was required. Several interviewees mentioned the importance of company and social interaction, the need for "somebody to visit for a chat", and social or luncheon clubs. One participant who lived in an isolated rural area noted the lack of accessible services for older people and suggested "travelling libraries, perhaps minibuses offering chiropodist care".

Such services in the community were not seen as a substitute for family care, but a means of supporting it. However, as shown in Chapter 3, the person needing care sometimes resisted formal care services. This was particularly the case when the standard of service was felt to be poor, although, as we showed earlier, it was also common among this generation of elderly parents to expect and prefer care from family members. Formal support services needed to be dependable, flexible and properly staffed if they were to be helpful.

Although more and better care services would help many employees to combine work and care, they would not remove the need for flexible working practices. As one survey respondent commented, "having access to facilities for the elderly is good, but if they will not use them it makes life difficult for the carer". Even when formal support services were used, family members still provided emotional support – the 'caring about' rather than the 'caring for' – and were often involved in organising such services and making emergency arrangements when they broke down.

A change of culture

Employees with caring responsibilities wanted to do their paid work well, and were reluctant to let their caregiving have a negative impact on their job. They were concerned about letting colleagues or clients down and were aware that flexible working patterns could sometimes cause difficulties for employers. However, they also wanted their family responsibilities acknowledged and respected. In line with the recommendations of a growing number of researchers and writers in this field, some of our participants concluded that what was needed was a fundamental rethinking of the nature of work and care – to balance the current 'ethic of paid work' with an 'ethic of care' (Williams, 2001). They rejected what has been described as "the organisational culture that operates in workplaces across the globe [which] compels workers to act as though there was no home and family, as though there were no caring responsibilities" (Watson and Mears, 1999, p 177). They felt it was important that government set a lead:

> "The whole ethos of the workplace and the workforce has to change, and it has to come from the top. We have to see it in government offices, we have to see examples of it ... laws are necessary, but it would be much better if we could do it because people understand that this is a good way of moving rather than doing it because they have to." (Jenny Gardner)

Summary

- Flexible working hours came top of the list of benefits that employees thought would help those who were combining work and care. Non-carers were even more likely than carers to think this would help.
- There was strong support for the opportunity to reduce working hours, but the working conditions for part-time work, particularly pay and pensions, are often less attractive than for full-time work.
- Implementation of flexible working practices depended on awareness and attitudes of line managers, who sometimes blocked access to support.

- Flexible working practices often had to be negotiated, rather than accepted as a right.
- Employees could often see the difficulties in implementing such practices, although this was not considered a justification for not putting such practices in place.
- Many people were unaware of their employer's policies in this area. A one-stop shop offering advice to carers on what is available both in the workplace and wider community would save time and reduce stress.
- Formal support services for older people and their carers need to be easily available and of good quality if they are to assist employees with caring responsibilities.
- Employees need a range of options to help them combine work with informal care. A flexible response from employers is required that takes individual circumstances into account, rather than a 'one size fits all' policy.
- There is a need for a change of culture within the workplace and wider society to recognise and value employees' caring responsibilities and develop an 'ethic of care'.

6

Conclusions

This final chapter summarises the main findings of the study and discusses the implications for government and employers.

A key finding is that this generation of working people in their fifties and sixties are making a substantial contribution to caring, with half of them involved in some kind of care. Most people, both men and women, have a strong sense of wanting and needing to provide care for those they are close to. In the debate about informal care, and also in the provision of state benefits and support, most attention has been focused on co-resident carers and those providing significant amounts of care. However, the contribution of working carers to supporting people who may not live with them, and may not yet require significant amounts of care, should not be underestimated.

Although this care is often undertaken willingly and can become extensive, our study identifies a number of areas of concern. The first concerns supply and demand. There is likely to be an increasing demand for both care for older people and childcare for young children, because of population trends and the current government emphasis on encouraging as many people as possible to enter and stay in paid employment. Yet, the same trends mean that there will be fewer people available to provide informal care. Women are increasingly moving into the labour market and working longer hours than in the past. The demands of work are intensifying for both sexes, and many jobs are becoming increasingly insecure so that it is harder to consider taking time out or altering hours of work to fit caring responsibilities. In addition, one of the effects of the much discussed 'pension crisis' is to make early retirement, whether to provide care or for other reasons, an increasingly unrealistic option for many people.

A second concern is that the costs of caring are carried largely by individuals, despite the value to society of the informal care they provide. It was estimated nearly 10 years ago that the cost of replacing the support provided by informal carers was at least £34 billion a year (Nuttall et al, 1994), and the figure is likely to have increased substantially since then. Yet it is individuals who bear the financial consequences if they retire early without a full occupational pension, take a career break, forgo career advancement or reduce their hours of work in order to provide care. The financial consequences in terms of impact on pensions can be long term, especially for women who have often been less able to build up their pension entitlement over the years.

It is not just financial costs that are incurred by carers. We found that the main consequence was not drawing this generation of people in their fifties and sixties away from paid work or affecting their performance at work, but instead to affect their personal lives, health and relationships. Combining work and care was often achieved at a personal cost such as tiredness, ill-health and lack of leisure time. Most carers did all they could to avoid their caring responsibilities having a negative impact on their paid work. In a labour market in which employees feel increasingly less secure, this may also reflect a reluctance to admit any 'weaknesses' to their employer. However, the impact of caring on work performance is likely to grow, as many jobs demand increasingly long hours, despite attempts to limit this through legislation. Without more resources to support carers, both in and out of work, their contribution may not be sustainable.

This brings us to a third cause for concern, which is the lack of support for those who are working and providing care. Public sector employers, like the councils in our study, are likely to be further ahead than many in developing family-friendly policies but, even so, the support available in practice for those who are combining work with care appears to be limited. Middle managers act in the role of gatekeepers and may not publicise or implement their company's family-friendly policies,

or even know about them. There is a lack of accessible information about sources of help for people wanting to combine paid work with informal care, and community services such as homecare, meals-on-wheels or day centres may be difficult to access or not of an acceptable quality.

What could be done? Implications for policy

Although the development of 'family-friendly' policy is currently high on the agenda of both government and employers, until recently such policies have focused mainly on working parents with young children. Very few policies and programmes have specifically targeted employed carers of older people (Phillips, 1999) or those who are caring for grandchildren (Richards, 2001). However, issues of work and care, both in the workplace and in the community, have begun to be addressed. A National Carers Strategy was introduced in 1998, which aims to support carers in their caring activities, sustain their other roles, including paid employment, and improve long-term financial security. A Work–Life Balance Campaign was launched in 2000, and the Cabinet Office initiative 'Better Government for Older People' aims to encourage local authorities to improve services for older people.

In this study, we have seen how diverse informal care can be and how people can move in and out of different caregiving situations. This suggests that a 'one size fits all' approach is unlikely to work. Those who are combining informal care and paid work need a range of options from which to choose the best to fit their situation. This is what has been referred to as a menu of policies, services and benefits (Phillips, 1995). Flexible working practices can be broader than traditionally conceived. For example, phased retirement or career breaks without incurring pension penalties, extended lunch breaks, home working and opportunities for working in the evenings. Rather than targeting these policies at informal carers, many could be available to the whole workforce. Non-carers as well as carers endorsed a range of practices to help people combine care and work. Carers may be more likely to take advantage of such practices if they are available to all employees, since they are less likely to feel singled out for special treatment.

Having policies is one step in the right direction, but they are insufficient on their own. Our study has shown that employees were generally unaware of the formal policies their employers had in this area, so employers need to think about how their policies are disseminated and ensure that policies are accepted and implemented at all levels of the organisation. A recent study highlights the key role line managers play in operating policies, despite receiving little or no relevant training (Bond et al, 2001). Moreover, such policies must be adequately resourced within organisations. Managers may feel unable to implement them if they do not have recourse to a budget that covers these measures.

Formal services play an important part in supporting both carers and those they care for, but access to affordable, good quality services is variable. An adequate supply of good quality services very much depends on the workforce; yet, the social care workforce is facing a crisis. The 1999/2000 report of the Chief Inspector of Social Services (2000), for example, points to acute staffing problems in the social care field. Part of the problem is that care work is seen as women's work, characterised by poor training, poor pay and low status. At the very time that the demand for services is increasing, there are insufficient numbers of people to do the work. The strain on informal carers, which is often already large, looks likely to grow. To avert this crisis will require both political will and financial investment.

We closed the last chapter by discussing the need for a change of culture and for a fundamental rethinking of the nature of work and care, not only within the workplace, but also in the wider society – a culture which values caring and confers legitimacy on caring responsibilities. This is echoed in the following quote from Ellen Humphreys, ending the report in the way that it began, in the words of one our interviewees:

"I think that we need to look at the whole situation of the family in the broader context and just recognise that everybody has needs and those needs should be met. And it shouldn't be down to individuals to go and beg for half-hours off, hours off ... we should have a far more inclusive situation so that these should just be somebody's right. If I have a need to take a grandchild somewhere, to take a parent somewhere, to take a husband somewhere, then I think that should be my right."

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Appendix: Characteristics of the case study participants

| | | Number of cases | | |
		Rural	Urban	Total
		16	16	32
Gender	Men	3	3	6
	Women	13	13	26
Marital status	Married/cohabiting	13	14	27
	Divorced	1	0	1
	Single	0	1	1
	Widowed	2	1	3
Ethnicity	White	16	14	30
	Asian	0	2	2
Age	Average	58	57	58
	Range	52-64	50-64	50-64
Children	Has children	16	14	30
	Has grandchildren	9	10	19
Occupational status	Professional/managerial	9	6	15
	Skilled	5	4	9
	Manual/semi-skilled	5	6	11
Working hours	Full time	6	7	13
	Part time	7	6	13
	Not working/retired	3	3	6
Household employment	Both working	6	10	16
	Both not working	1	2	3
	Female only working	3	0	3
	Male only working	3	2	5
	Single household	3	2	5
Caring	Providing care	11	11	22
	Not providing care	5	5	10
	Single carers	8	6	14
	Multiple carers	3	5	8
Who is cared for	Elderly relative	7	6	13
	Grandchildren	4	4	8
	Own (disabled) child	1	2	3
	Spouse	1	1	2
	Friend/neighbour	0	2	2