

Older and sandwich generation carers and the impact of caring

Older and sandwich generation carers

Sandwich generation carers are those people, predominantly women, who provide unpaid care for an older person while, at the same time, looking after one or more dependent children. The sandwich generation carer may, or may not, also be in paid employment.

Older carers are carers over the age of 50. They have been labelled the ‘pivot generation’ and may also be juggling work and care.¹ Some older carers are also sandwich generation carers, looking after children as well as an older person, while possible also remaining in employment.

Definitions vary. Children may be considered dependent to age 18, 21 or 25 and some see the sandwich as more complex with four generations - great grandparents, grandparents, parents and children involved, with two generations ‘in the middle’. Some studies see children as not being ‘cared for’ unless they are disabled.

The review

This review looks at carers, in particular older and sandwich generation carers, and the impact of caring on health, mortality, personal finances and relationships, with a particularly emphasis on the impact of caring on employment.

Summary and Key findings

- Sandwich generation carers are predominantly (84%) women, younger on average and also less likely to be in full time employment than carers in general.

¹ Mooney et al (2002) *The pivot generation: Informal care and work after fifty*.

- Prevalence estimates of sandwich caring vary considerably but current indicators are that up to 10% of the population provide sandwich care.
- Caring in general and sandwich caring in particular has a detrimental impact on employment, particularly on full time employment. The tipping point is now considered to be providing 10 or more hours per week of unpaid care but, for older carers, there is evidence of a major impact after just 5 hours.
- Older women are much more likely than men to give up work as a result of their caring responsibilities. This disparity is particularly acute for low-income older women
- The public expenditure costs of carers leaving employment in England is at least £1.3 billion per year made up of £1 billion in lost tax revenues and £0.3 billion in carers allowance.
- Flexibility in working hours is the most important thing that employers can offer to facilitate the continuing employment of sandwich carers.
- There is widespread evidence of the negative impact of caring on the health and wellbeing of those providing care but, in the case of sandwich care, the effects are complex and depend on the type and direction of the caring transfers.
- Women are more likely than men to say that caring has had an impact on their health, and carers in middle age are more likely to be stressed by their caring role than either younger or older carers.
- Two thirds (66%) of sandwich carers say that their physical health has been affected by caring while 70% said that their emotional wellbeing has been affected. Around 15% said that physical health and emotional wellbeing are often or always affected.
- Although sandwich caregivers experience stress, anxiety and sadness, and a negative effect on emotional well-being, there is no significant difference between the impact of caregiver stress on members from the sandwich generation and those from the non-sandwich generations. When sandwich generation carers are compared with other carers, physical health is the only health score that differs.

- Over 40% of sandwich carers are struggling to cope financially or are ‘at breaking point’.
 - Although sandwich caring can have a detrimental effect on the carer’s social life and can lead to a breakdown in relationships with other family members, it can also lead to an improvement in relationships, particularly with the person being cared for.
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Older and sandwich generation Care

Care flows and the ‘club sandwich’

In the simplest scenario ‘sandwich’ carers, ‘dual’ carers, or carers ‘in the middle’ are adults, mainly women, who have children under the age of 18, 21 or 25, living at home and who, at the same time, provide care for older people, often parents, living either in the same household or elsewhere.

Even in this relatively simple scenario the caring relationships can be more complex with, depending on age, older people, often grandparents, providing care and support for young children and emotional and financial support for their own adult children.

In some families four generations are involved and the care flows are even more complex with the two middle generations of parents and grandparents providing care for both children and great grandparents. This is sometimes referred to as a ‘club sandwich’ of care.

Grandmothers who care for their grandchildren are more likely to be younger, in work, and belong to low-income households. With 66 per cent of grandmothers who provide between 10–19 hours of childcare a week earning less than £25,999 per year, compared to the 25 per cent who earn £44,000 or more.²

Demographic overview

In the 2011 Census in England and Wales, over 5.7 million people were providing unpaid care. Unpaid carers made up 9% of all men and 12% of women. Fifty eight percent of unpaid carers were women and 42% were men. [Table 1]

² Ben-Galim and Silim, IPPR (2013), *The Sandwich Generation: Older women balancing work and care*

Table 1

Census 2011 – England and Wales - Individuals providing unpaid care					Percentage in each age and sex category that provide unpaid care		
Age	All persons	Males	Females	% Female			
All ages	5,778,619	2,442,812	3,335,807	57.7%		Males	Females
Age 0 to 24	432,250	197,556	234,694	54.3%	Age 0 to 24	2.3%	2.8%
Age 25 to 49	2,010,501	784,824	1,225,677	61.0%	Age 25 to 49	8.2%	12.6%
Age 50 to 64	2,058,175	847,184	1,210,991	58.8%	Age 50 to 64	17.0%	23.6%
Age 65 and over	1,277,693	613,248	664,445	52.0%	Age 65 and over	15.3%	13.6%
Source: ONS							

Although at all ages the vast majority of people (around 80% or more) provide no unpaid care, data from the 2011 census shows that an individual in late middle age (aged 50 to 64) is more likely than any other to be an unpaid care provider, followed by an older person (aged 65+). The likelihood of needing to providing 50+ hours per week of unpaid care increases with the age group of the carer. [Figure 1]

For older carers the nature of the caring relationship changes with age. ‘Younger old’ carers (aged 50-59) are more likely to be caring for parents/parents-in-law or for children/grandchildren while ‘older old’ carers are more likely to care for a spouse/partner or for other relatives/friends/neighbours. The older the carer the more likely they are to be looking after a spouse or partner.³

The population of carers is not static. Around 2.1m adults in the UK take on a caring role each year and a similar number cease care-giving. Around one third of carers have become carers in the past 12 months and one third will cease to be carers within the next 12 months.⁴

³ Vlachantoni (2010) *The demographic characteristics and economic activity patterns of carers over 50*

⁴ Hirst (2014), *Transitions into and out of unpaid care*

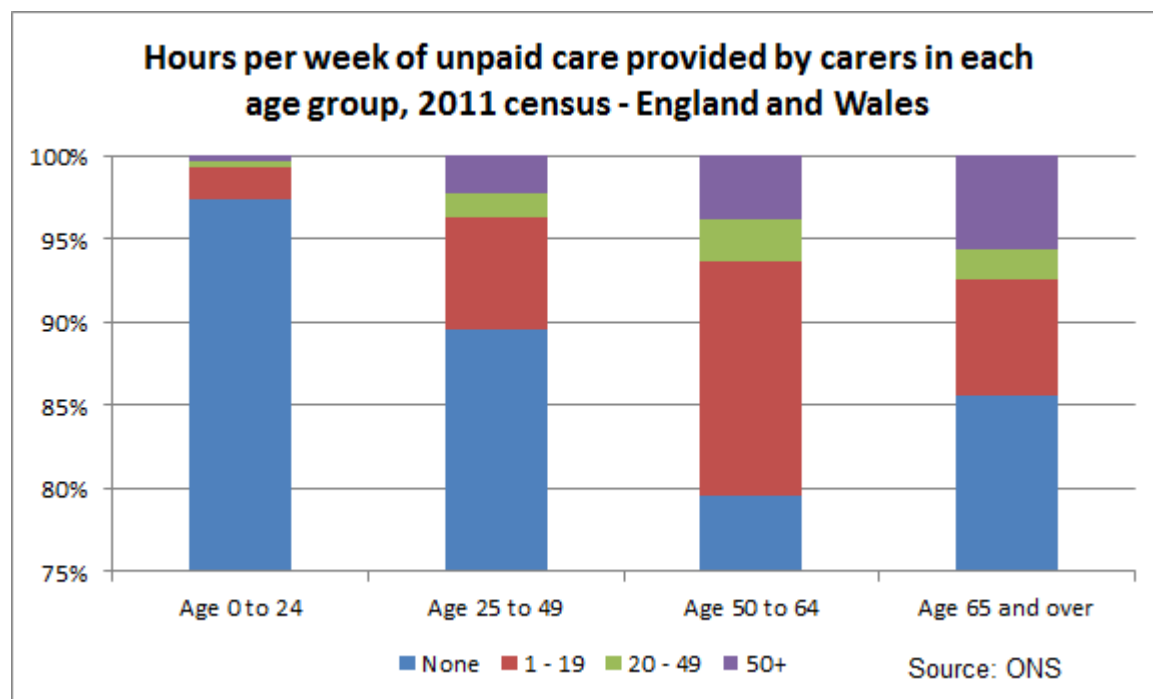


Figure 1

Are sandwich carers different from other carers? A comparison of the Carers UK and Employers for Carers sample of sandwich carers taken in October 2012 with the PSSRU baseline sample of *working* carers taken in 2013 reveals that sandwich carers are younger and a little more likely than working carers in general to be women but are much less likely to be working full time. This is not surprising as one third of sandwich carers are caring full time.[Table 2]

Sandwich carers are much more likely than carers overall to be women (84% compared with 58%), and to be younger (89% aged under 55 compared with 2011 Census data where just 42% of all unpaid carers in England and Wales are aged under 50 and 78% are age under 65).

Table 2

	Sandwich carers (Carers UK and Employers for Carers, 2012)	Working carers (PSSRU 2013)	All carers (2011 Census – England and Wales)
Women	84%	81%	58%
Aged under 55 years	89%	83%	42% (*Aged under 50)
Black and minority ethnic groups	10%	10%	14% (Bame) 10% (Non-white)
Working full time	26%	67%	34%
Caring full time	33%	0%	37% (*provide 20+ hours of care) 23% (*provide 50+ hours of care)

Sandwich carers are predominantly in the 40-55 age group.[Figure 2]. However, as women defer the age at which they have their first child and as mortality and healthy life expectancy for older people improve, it is likely that there will be an increase in the average age of sandwich carers. (There is a need for further comparative research in this area.)

The prevalence of sandwich caring

The recorded prevalence of sandwich caring will vary depending on the upper age limit assigned to children considered dependent and whether only working carers are considered. Samples of middle aged women taken in the USA⁵ and Holland⁶ in the 1990s set the rates at 15% of women age 40 to 65 and 29% of women aged 40 to 54 respectively.

⁵ Nichols L S and Junk V (1997) *The sandwich generation: Dependency, proximity, and task assistance needs of parents*

⁶ Dautzenberg M G (1996) Women-in-the-middle and family care for the elderly. [Dutch] Tijdschrift voor Gerontologie en Geriatrie 27 (4)

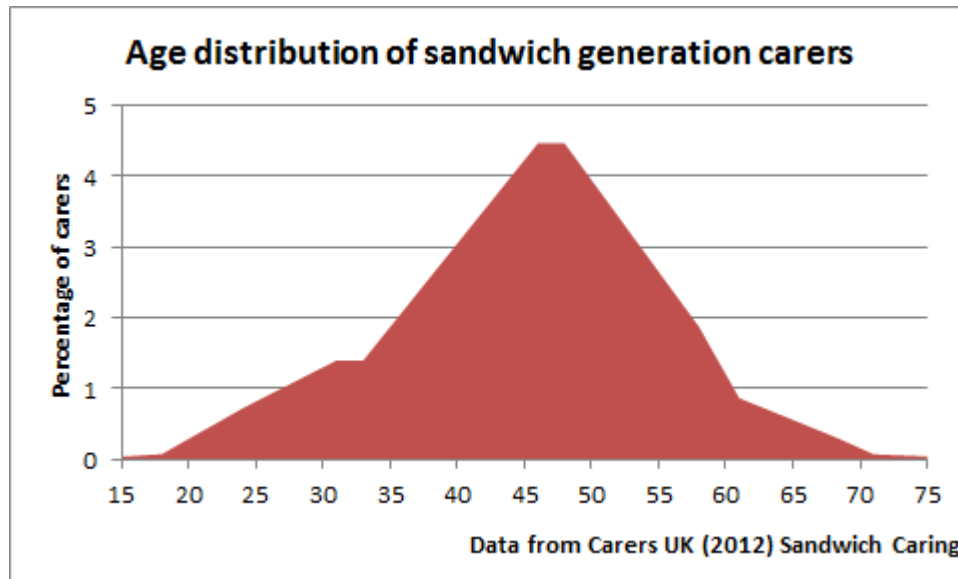


Figure 2

A 2004 study based on a secondary analysis of four surveys found that being ‘caught in the middle’, in terms of having simultaneous care-giving responsibilities for dependent children and frail parents whilst in paid work, has been atypical. “Only one-in-nine British women, and one-in-ten British men, aged 45–49 years (born in 1941–45) were found to occupy all three roles concurrently, but multiple role occupancy was increasing across cohorts, particularly the combination of caring and paid work”.⁷

An earlier analysis of General Household Survey data, carried out in 2003, had set the prevalence of ‘dual care’ even lower in the range 2-8% for women aged under 55 and 2-6% for men depending on age.⁸ [Figure 3]

This study clearly demonstrates that, while older carers aged 50 plus are very likely to be providing parent care, they are much less likely to be sandwich generation carers with children under the age of 18 in the household. [Figure 3]

⁷ Evandrou M and Glaser K (2004) Family, work and quality of life: changing economic and social roles through the lifecourse

⁸ Agree, E, Bissett, B and Rendall, M (2003) Simultaneous care for parents and care for children among midlife British women and men

More recent estimates from the 2013-14 iteration of the 1958 National Child Development Study indicate that nearly one in five respondents regularly help younger and older relatives⁹ while an Ipsos-Mori survey carried out in 2013-14 and including children up to age 25, found that 10% of respondents currently had a 'dual caring' role with a further 16% having previously held such a role.¹⁰

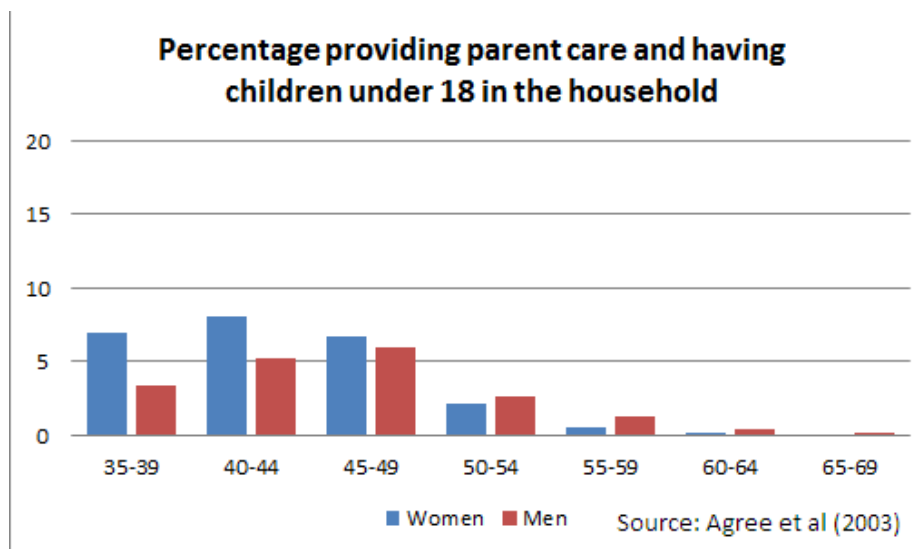


Figure 3

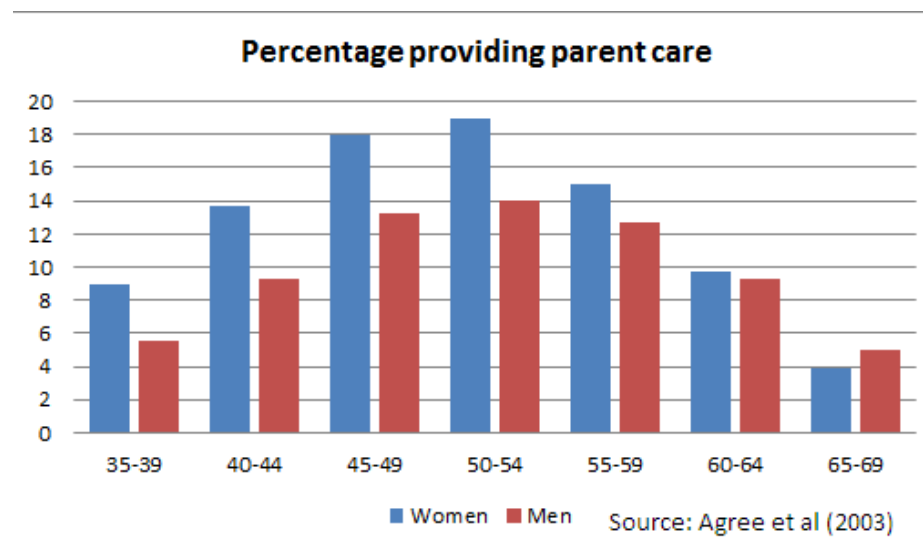


Figure 4

An American survey of women aged 45 to 56 identified that those with sandwich caring responsibilities are more likely to be married, out of the labour force and with a significantly higher average family income.¹¹

⁹Brown M, Dodgeon B and Goodman A (2014) Caring responsibilities in middle age: Evidence from the 1958 National Child Development Study at age 55 - briefing paper Institute of Education

¹⁰Ipsos-Mori (2013) The Sandwich Generation: An exploration of the affective and financial impacts of dual caring

¹¹Pierret (2006) *The 'sandwich generation': women caring for parents and children*

Gender differences

In the 2011 Census in England and Wales 58% of those providing unpaid care were women and 42% men. Samples of working carers however set the disparity much higher. Over 80% of working carers are women¹² and this percentage is even higher in the case of sandwich carers. [Table 2]

Table 3

Unpaid care expectancy (UCE) , Proportion of life providing Unpaid Care (PUC) and Life Expectancy (LE) at ages 15, 50 and 65				
England, 2010-2012				Years, Per cent
Age	Sex	UCE (Years)	LE (Years)	PUC (%)
At age15	Females	9.3	68.4	13.6
	Males	7.1	64.7	11.0
At age 50	Females	5.9	34.4	17.1
	Males	4.9	31.3	15.7
At age 65	Females	2.6	21.1	12.4
	Males	2.7	18.6	14.8
Source: ONS				

While at all ages, in England and Wales, the majority of people providing unpaid care are women, beyond the age of 65 an older man is more likely to be providing unpaid care than a woman in the same age group. [Table 1] This is, at least in part, because older men are more likely to be married and providing care for a spouse.¹³

¹² Pickard et al (2012), *Overcoming Barriers – Unpaid care and employment in England*

¹³ Vlachantoni et al (2013) *Informal care, health and mortality*

Male carers

A comparison of male and female working age carers shows that, not only are carers more likely to be women but that female carers care for longer hours and are more likely to be main carers than men. Nevertheless, more than 10% of men are carers and over a third of these men are sole main carers for some dependent.¹⁴

In youth and middle age, unpaid care is predominantly provided by women but, by age 65 this has equalised. An individual man over the age of 65 is more likely to be providing unpaid care than an individual woman [Table 1] and, because of lower male life expectancy, older men are likely to spend a higher proportion of their life providing care than older women. [Table 3]

The impact of caring on employment

A large number of surveys and other sources demonstrate the inverse relationship between the amount of caring carried out and level of employment. Recent research has clarified the direction of the relationship with the amount of caring having a clear effect on employment levels two years later.¹⁵

Whilst just over 70% of the total working age population were in paid work, the 2011 Census shows that this falls to less than two thirds (63%) amongst carers providing 1-19 hours a week in care, with 21% of those in full-time work and 42% in part-time work. This falls again sharply for carers caring for between 20-49 hours – with only 47% in paid work (17% full-time and 30% part-time). Only 28% of carers providing 50 hours or more a week were in paid work alongside caring (12% in full-time work and 16% in part-time work).¹⁶ [Figure 13]

Data from the 2011 census shows that the likelihood of being in employment declines as the number of hours spent in unpaid care increases, except that carers giving 1-19 hours of unpaid care are more likely to be in employment than those who give no care. This is in part because a higher proportion of those giving no care are economically inactive either as students or long-term sick and disabled. [Figure 5]

¹⁴ Carmichael and Charles (2003), *The opportunity costs of informal care: does gender matter?*

¹⁵ Pickard et al (2012) *Overcoming barriers: Unpaid care and employment in England*

¹⁶ Carers UK (2013), *Caring & Family Finances Inquiry: UK Report*

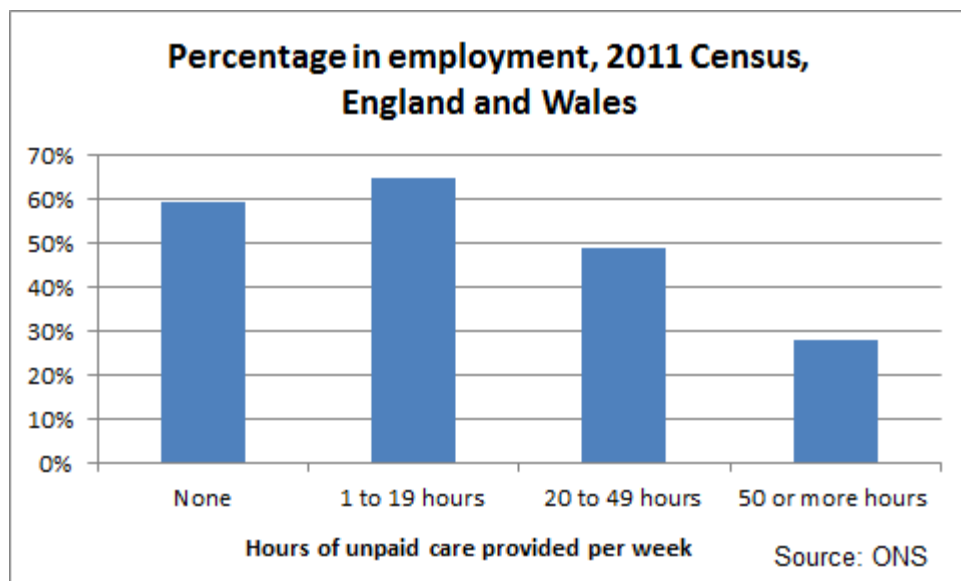


Figure 5

The ‘tipping point’ when levels of care begin to have a significant impact on work had previously been seen as at around 20 hours of care per week^{17,18}, but recent research suggests that it may be significantly lower, at around 10 hours of care each week.¹⁹ [Figure 7] For older carers the ‘tipping point’ may be as little as five hours per week of care.²⁰ [Figure 12]

The public expenditure costs of carers leaving employment in England is at least £1.3 billion per year made up of £1 billion in lost tax revenues and £0.3 billion in carers allowance. Using figures from the 2009/10 Survey of Carers in Households in England and 2010 Office for National Statistics (ONS)

¹⁷ Carmichael F et al (2010) *Who will care? Employment participation and willingness to supply informal care*

¹⁸ Heitmüller, A (2007) *The Chicken or the Egg? : Endogeneity in Labour Market Participation of Informal Carers in England*

¹⁹ Pickard et al (2012) *Overcoming barriers: Unpaid care and employment in England*

²⁰ Mooney, Statham and Simon (2002) *The pivot generation: Informal care and work after fifty.*

population estimates, Pickard et al (2012) estimate that approximately 315,000 carers aged 16 to 64 in England have left employment to provide unpaid care and are currently out of employment. Of these, 120,000 are men and 195,000 are women.²¹

The Survey of Carers in Households 2009/10 revealed that, amongst carers who were of working age, 26% felt their caring responsibilities had affected their ability to take up or stay in employment, although nearly three quarters (74%) did not feel this was the case. Carers aged 35-54 were most likely to say that caring had affected them in this way (32%)²². The Health Survey for England 2012 reported that, for those aged 16-64 who provide informal care and support, 58% of men and 48% of women currently in employment say that their caring role has not affected their employment but this drops to 20% for men and 23% for women for those not currently in employment.²³

Ipsos-Mori report IPPR findings that for more than one half (53%) of sandwich generation carers' work has been affected by the caring role with near one quarter (24%) having to reduce their hours and over one in ten (11%) giving up work entirely. In their own survey Ipsos-Mori report higher figures with 25% reducing hours and 25% stopping work entirely.²⁴

Other studies of informal care in Britain have reported that carers have lower incomes than non-carers and that co-resident carers are less likely to be employed than extra-residential carers and non-carers. Furthermore, it has been found that carers are less likely to be full-time employed than non-carers, and if they are employed, that female carers are more likely to be in part-time jobs than non-carers.²⁵

The impact of caring on employment may vary with the nature of the employment. In a 2004 survey, semi-routine and routine manual workers, both men and women, reported the strongest effects of care-giving, including stopping work. Although women workers in low supervisory or technical occupations have a high propensity to reduce the hours that they work, the association is weak. Part-time workers are more likely than full-time workers to reduce their hours of paid employment when they started caring.²⁵

The most common work restrictions experienced by family carers are a reduction in the number of working hours (often achieved by means of a shift from full-time to a part-time position); problems in career development; and giving up work, including taking early retirement. Women are particularly penalised in employment, in terms of both unstable career trajectories (also as a consequence of lower earnings compared to men) and less frequent training

²¹ Pickard et al (2012), *Overcoming Barriers: Unpaid care and employment*

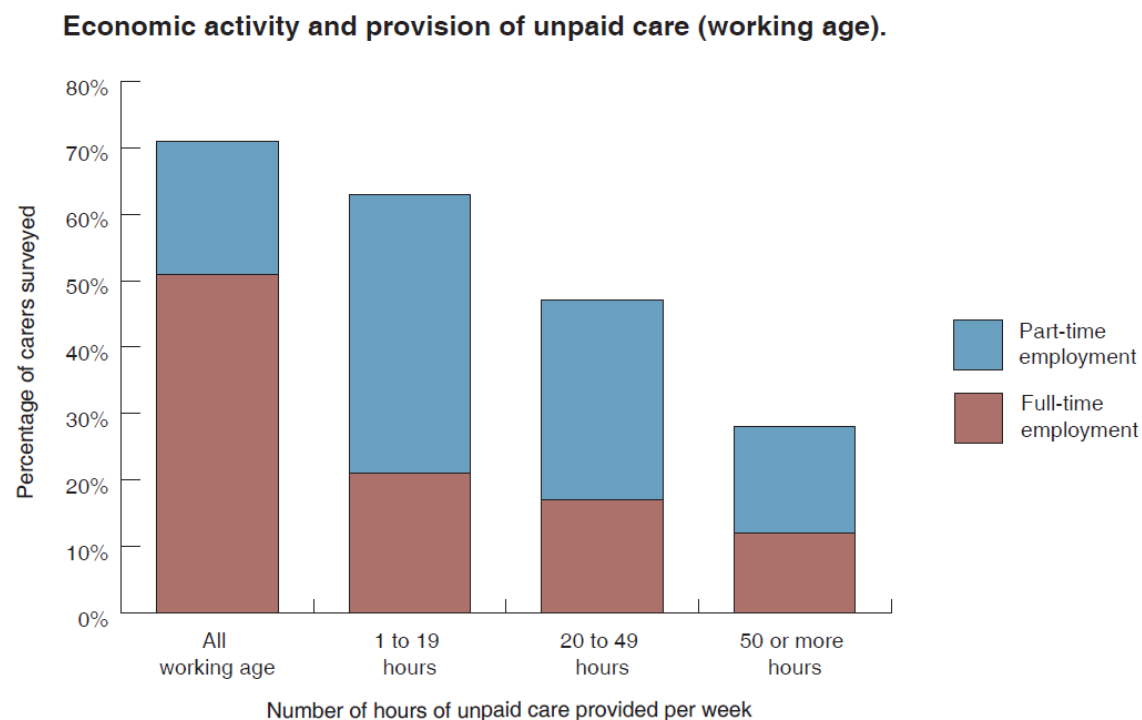
²² Niblett P; The NHS Information Centre, Social Care Team (2010) *Survey of Carers in Households 2009/10*

²³ Doyle M (2013) *Social care Provision In Findings from the Health Survey for England 2012*

²⁴ Ipsos-Mori (2013) *The Sandwich Generation*

²⁵ Henz U (2004) The effects of informal care on paid-work participation in Great Britain

opportunities. A cross-country comparison of measures of the impact of caring on employment for the UK, Germany, Greece, Italy, Poland and Sweden ranks the UK as worst or second worst, for both men and women, for three out of the four measures used.²⁶



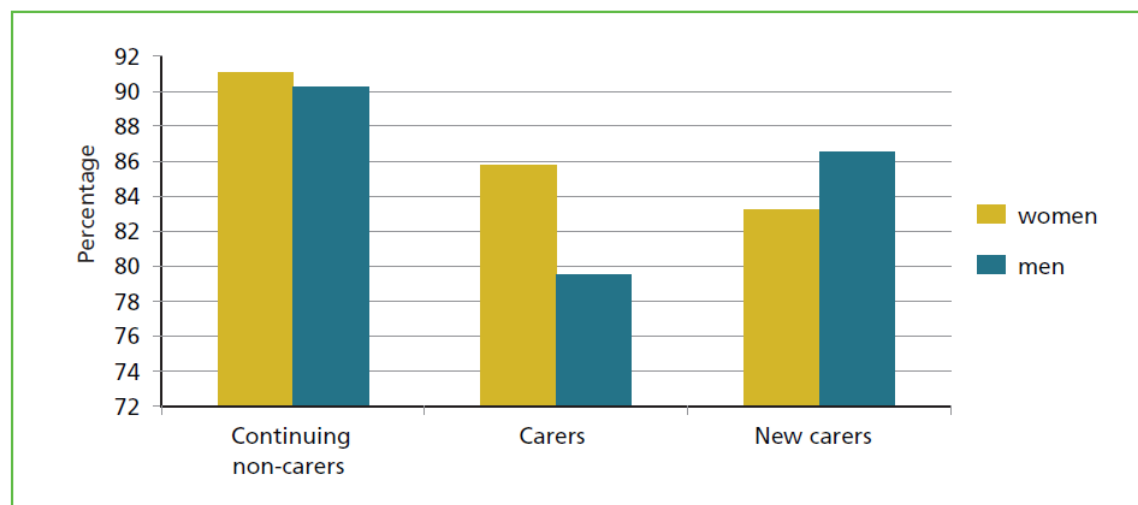
Source: *Census 2011*.

Carers UK (2013), *Caring & Family Finances Inquiry: UK Report*

Figure 6

²⁶ Principi et al (2014), Work restrictions experienced by midlife family care-givers of older people

Employment rates two years later of 'carers' who provide care for 10 or more hours a week, 'new carers' and 'continuing non-carers', by gender, England, 2002/3–2008/9



Source: ELSA Waves 1–4

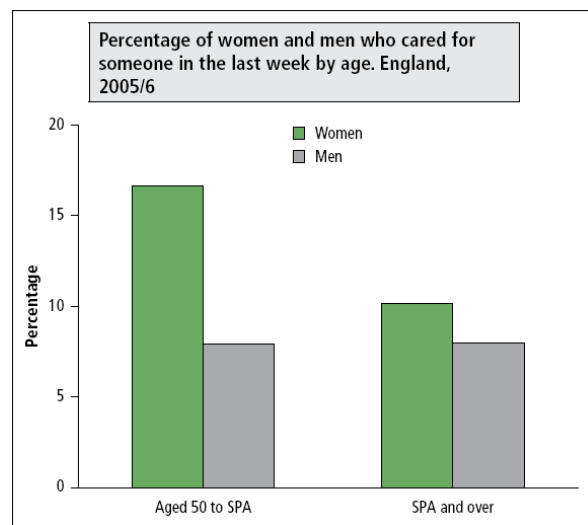
Pickard et al (2012) : Overcoming barriers: Unpaid care and employment in England

Figure 7

The impact of caring on employment – older carers

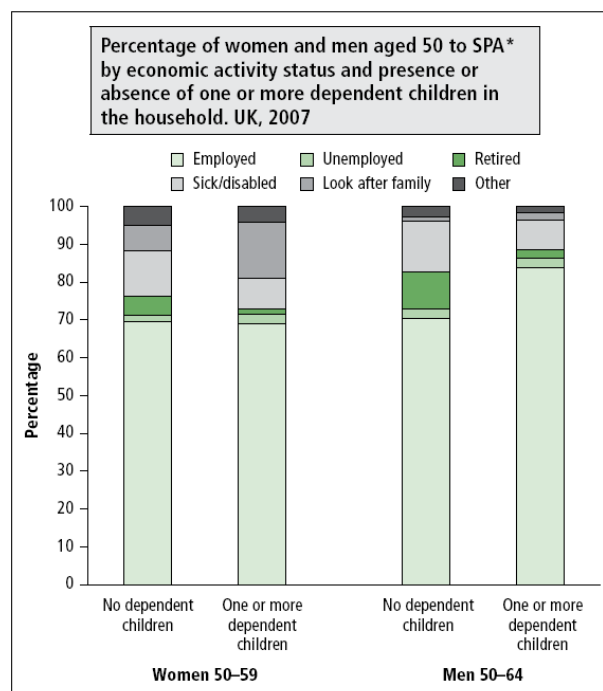
2006 ELSA data shows the impact of caring on employment levels for older carers. While around three quarters (75%) of men and women between the ages of 50 and state pension age in 2005/6 were economically active this drops to less than one half of women and less than one third of men who provide care for 35 or more hours per week.²⁷ [Figure 10]

²⁷ Dini (2009) *Older workers in the UK: variations in economic activity status by socio-demographic characteristics, household and caring commitments*



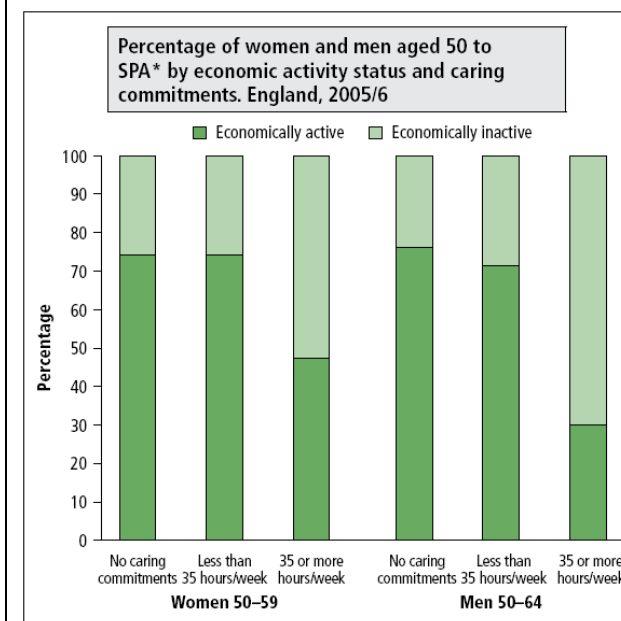
* Age 50 to SPA for women refers to age 50–59; for men refers to age 50–64; SPA and over: for women refers to age 60 and over; for men refers to age 65 and over
Source: ELSA 2005/6, non-weighted data

Figure 8



* Age 50 to SPA for women refers to age 50–59; for men refers to age 50–64
Note: dependent children: children aged 0–16 and aged 16–18 in full time education living in the household
Source: APS Jan–Dec 2007 – household data

Figure 9



* Age 50 to SPA for women refers to age 50–59; for men refers to age 50–64
Source: ELSA 2005/6, non-weighted data

Figure 10

The ELSA data also demonstrates, for older carers, the impact of the number of hours spent providing unpaid care on both the level of employment and self-rated good health.²⁸ [Figure 11]

²⁸ Vlachantoni A (2010) *The demographic characteristics and economic activity patterns of carers over 50: evidence from the English Longitudinal Study of Ageing*

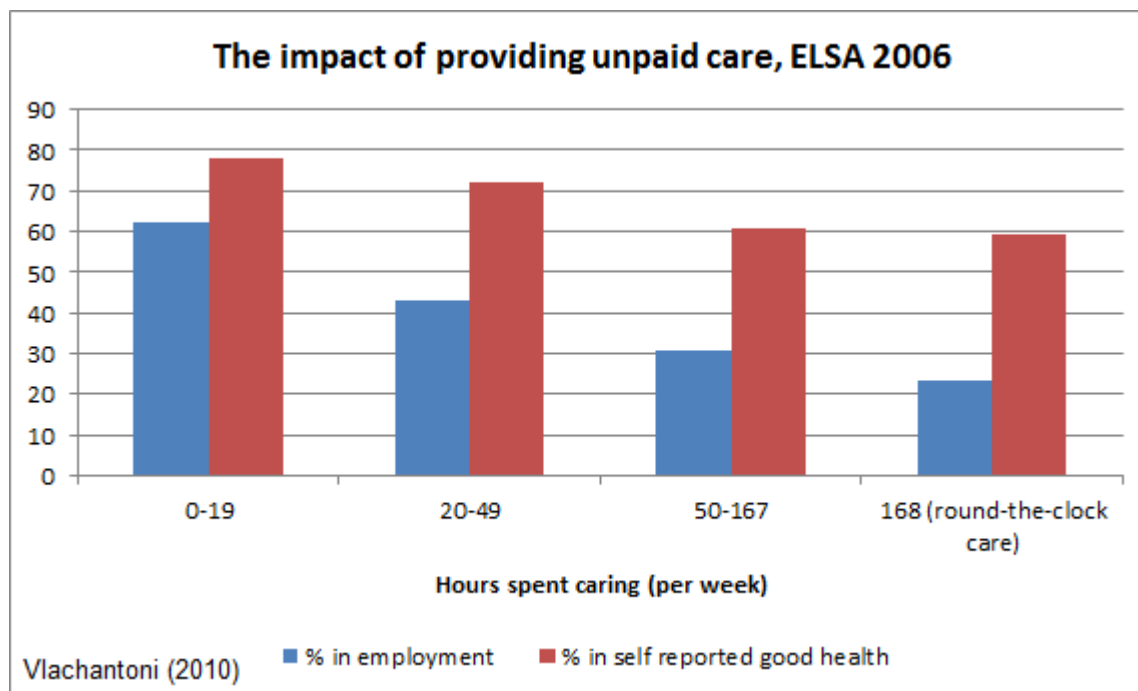


Figure 11

For older carers the impact of the number of hours of care on employment is also demonstrated by a 2002 survey of 1,000+ employees in an urban a rural local authority.²⁹ The study also found that, irrespective of the number of hours per week in employment, almost all older carers who spent less than five hours per week caring report little or no effect on their employment, whereas 15-20% of those caring for 5 hours or more reported a big effect. For older carers in employment, as little as five hours of care may be the 'tipping point' beyond which providing informal care has an impact on their employment. [Figure 12]

²⁹ Mooney, Statham and Simon (2002) *The pivot generation: Informal care and work after fifty*.

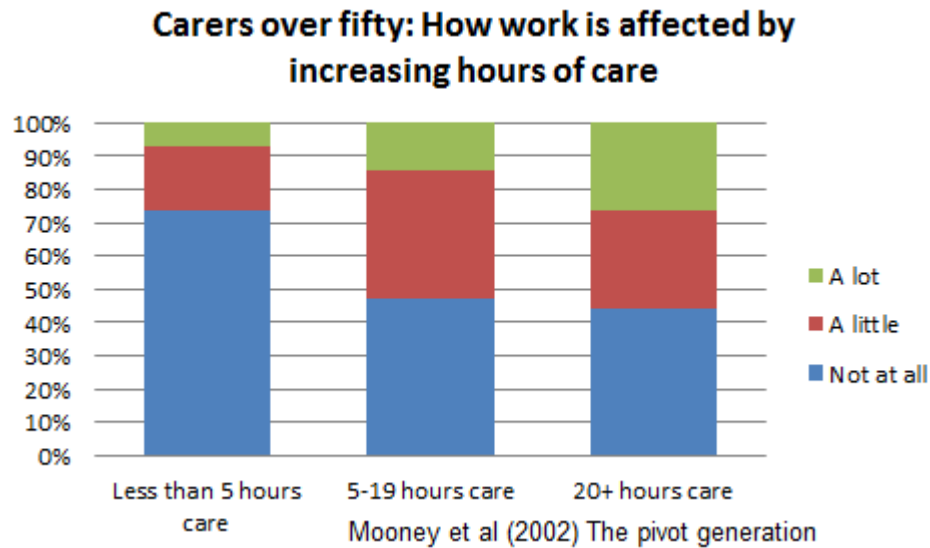


Figure 12

Older carers returning to work

According to Carers UK, carers of older people are themselves older on average, have typically taken on caring responsibilities later and, as a result of being more experienced in the workforce and having higher earnings, their drop in income is likely to be much steeper. Whilst their caring responsibilities are likely to be shorter term, alongside concerns that they could return to work at anything approaching the same pay level, many carers say that they would be surprised if they could return to work at all after several years out of employment and when they were approaching retirement age.³⁰

IPPR found that long-term unemployment among older women can lead to a scarring effect – the return to work tends to become increasingly difficult the longer a person is out of work. IPPR suggest that greater flexibility would be given by introducing a ‘care leave’ policy. In Germany, a new Familienpflegezeit (family caring time) for employees was introduced in January 2012. This allows six months’ unpaid long-term care leave, followed by up to two years of reduced working hours, to a minimum of 15 hours a week. Employees are eligible either through a collective agreement or individual

³⁰ Carers UK (2013), *Caring & Family Finances Inquiry: UK Report*

contract and are paid a lower income (although the reduction in income is less than the reduction in hours). When they return to full-time work, employees continue to receive reduced earnings to pay back the difference.³¹

The most common employer provision to aid the return to work including for former carers, in addition to allowing flexible working arrangements, is the 'return-to-work' interview.³²

Many of those that are unemployed after 50 face additional barriers to returning to work given their skills profile. The over-50s are less qualified (though not necessarily less skilled) than any other age group: one in five 50 to 64 year olds have no qualifications compared to less than one in ten 35 to 49 year olds. However, training opportunities are limited and tend to reinforce disadvantages for the over-50s.³³

Impact of caring on employment – regional variations

Despite the wide variations in informal care provision, it is found that labour market outcomes do not differ markedly by different care categories across geographical locations within England and Wales. However econometric modelling has found that labour market outcomes for males as well as females are heavily influenced for the provision of high levels of caring, especially in the South Wales Valleys. For example, the largest impact of caring on the probability of not working for males and for part-time work for females is seen in this area.³⁴

Gender differences in the impact of caring on employment

The overall impact of informal care on the labour supply of men and women is remarkably similar, but this may be for different reasons. For both men and women, earnings decline as the commitment to caring increases and, if anything, the decline is sharper for male carers. For both sexes, workers who also care for at least 5 hours a week earn less than the average working non-carer.³⁵

Data from the Health Survey for England 2012 shows that women in employment, at all ages, are more likely than men to say that their employment has been affected by their informal caring responsibilities. [Table 4]

³¹ Ben-Galim and Silim, IPPR (2013), *The Sandwich Generation: Older women balancing work and care*

³² CIPD (2014) *Absence management - Annual survey report 2014*

³³ McNair (2011) Older people and skills in a changing economy

³⁴ Drinkwater S (2011) Informal Caring and Labour Market Outcomes within England and Wales

³⁵ Carmichael and Charles (2003), *The opportunity costs of informal care: does gender matter?*

Table 4

Whether employment status affected by providing informal care, by age and sex						
<i>Aged 16-64 who provide informal help or support</i>				<i>2011, 2012</i>		
Ways employment status affected	Age group		Total	Ways employment status affected	Age group	
	16-44	45-64			16-44	45-64
	%	%	%		%	%
Men				Women		
Worked fewer hours	4	7	6	Worked fewer hours	5	9
Left employment altogether	4	5	5	Left employment altogether	6	7
Flexible employment agreed	3	3	3	Flexible employment agreed	4	5
Reduced responsibility at work	2	1	1	Reduced responsibility at work	2	3
Changed to work at home	2	1	1	Changed to work at home	1	2
Took new job	1	1	1	Took new job	1	2
Other	1	2	2	Other	2	4
Employment not affected – employed	57	59	58	Employment not affected – employed	48	49
Employment not affected – not in employment	31	13	20	Employment not affected – not in employment	35	15
Employment not affected – retired	-	11	7	Employment not affected – retired	-	14

Source: Health Survey for England 2012 Chapter 9, Social care provision

A key finding of the 2013 IPPR Sandwich Generation report is that older women are more likely than men to give up work as a result of their caring responsibilities. “Figures from the Equality and Human Rights Commission suggest that 17 per cent of unemployed women left their last job to care for someone, compared to only 1 per cent of men.”³⁶ This disparity is particularly acute for low-income older women.”

Analysis of ELSA data reveals that while women in their fifties entering the caring role for less than 10 hours per week are **more** likely to remain in work 2 years later, those committed to more than 10 hours of caring experience a significant fall in employment participation. Men as carers experience a fall in

³⁶ Smeaton et al (2009), Older workers: employment preferences, barriers and solutions

employment participation over time in all scenarios but new male carers, caring for more than 10 hours per week are more likely to remain in employment than their female counterparts.³⁷

International comparisons across 6 European countries of work restrictions experienced by midlife family care-givers of older people reveals that gender differences within each country are less marked than the differences, particularly for women, between countries.³⁸

Changing work patterns mean that this differential may be more acutely felt as women increasingly become the family ‘breadwinner’. The number of working single mothers and working mothers who earn as much as or more than their partner has dramatically increased in recent years. Particularly striking is the rising proportion of working mothers aged over 45 who are breadwinning. This grew from 23 per cent in 1997 to 37 per cent in 2011.³⁹

The impact of sandwich caring on employment

As ‘sandwich carers’ are predominantly women, the gender differences in the impact of caring on employment, noted above, are likely to disproportionately affect sandwich carers. For example, the 2013 IPPR Sandwich Generation report recorded that older women are very much more likely than men to give up work as a result of their caring responsibilities. The younger age distribution of sandwich carers may however have a mitigating effect.

Evidence from the Carers UK ‘State of Caring’ survey indicates that sandwich carers are the caring situation most likely to be in employment overall and only marginally less likely than someone caring for an older person alone to be in full time employment.⁴⁰ [Figure 13]

The Carers UK and Employers for Carers 2012 survey of sandwich carers paints a different picture however with just 54% of respondents in full time or part time employment which is said to compare unfavourably with the two thirds of working age carers who are employed.^{41,42}

Although these results appear at first sight to be incompatible, that is not necessarily the case. Sandwich carers may be more likely than carers overall to be in employment but less likely than other, comparable, ‘working age’ carers to be employed. We have already seen [Table 2] that sandwich carers are much less likely to be in full time employment (26%) than working carers (67%).

³⁷ King and Pickard (2013), *When is a carer’s employment at risk?*

³⁸ Principi et al (2014), *Work restrictions experienced by midlife family care-givers of older people*

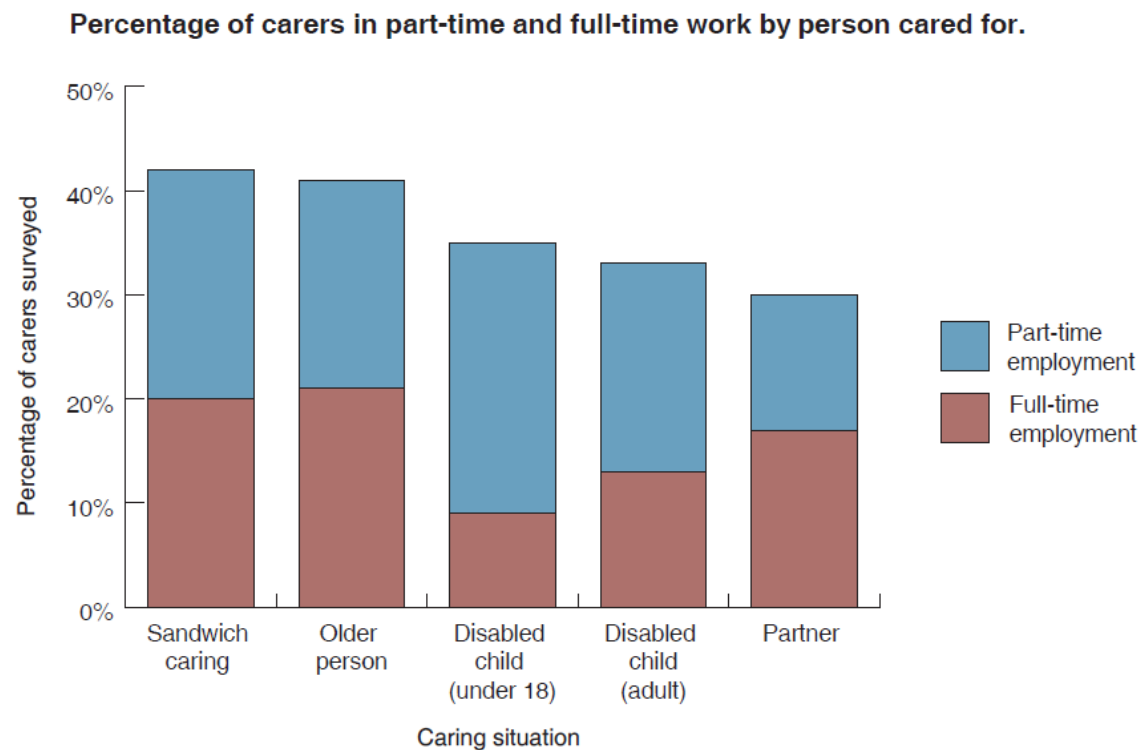
³⁹ Ben-Galim and Silim, IPPR (2013), *The Sandwich Generation: Older women balancing work and care*

⁴⁰ Carers UK (2013) *Caring & Family Finances Inquiry*

⁴¹ Carers UK and Employers for Carers (2012) *Sandwich Caring*

⁴² Carers UK (2012) *Facts about Carers*

In the USA the rates of employment in samples of caregivers consistently report around one third of caregivers are employed and, if spousal caregivers are excluded the rate rises to around 50%. Sample of employees on the other hand show a wide variation of caring rates ranging from 2% to 33%. For corporations the norm is around 20%.⁴³



Source: *State of Caring survey*

Carers UK (2013) - Caring & Family Finances Inquiry

Figure 13

⁴³ Tennstedt and Gonyea (1994), *An agenda for work and eldercare research*.

The impact of caring on employment – International perspectives

Given the relationship between caring and employment, it is not surprising that countries with high older employment rates tend to have a relatively low proportion of over-50s acting as informal carers. For example, Sweden has one of the highest rates of older employment in the OECD and around half the UK's proportion of people acting as informal carers: 8 per cent compared to 15.2 per cent in the UK.⁴⁴ Many of the countries that perform better than the UK on older employment also have more comprehensive state care systems, with relatively high proportions of formal carers and long-term care facilities. "This suggests that another key route to improving older employment in the UK is through the care system."⁴⁴ [Figure 14]

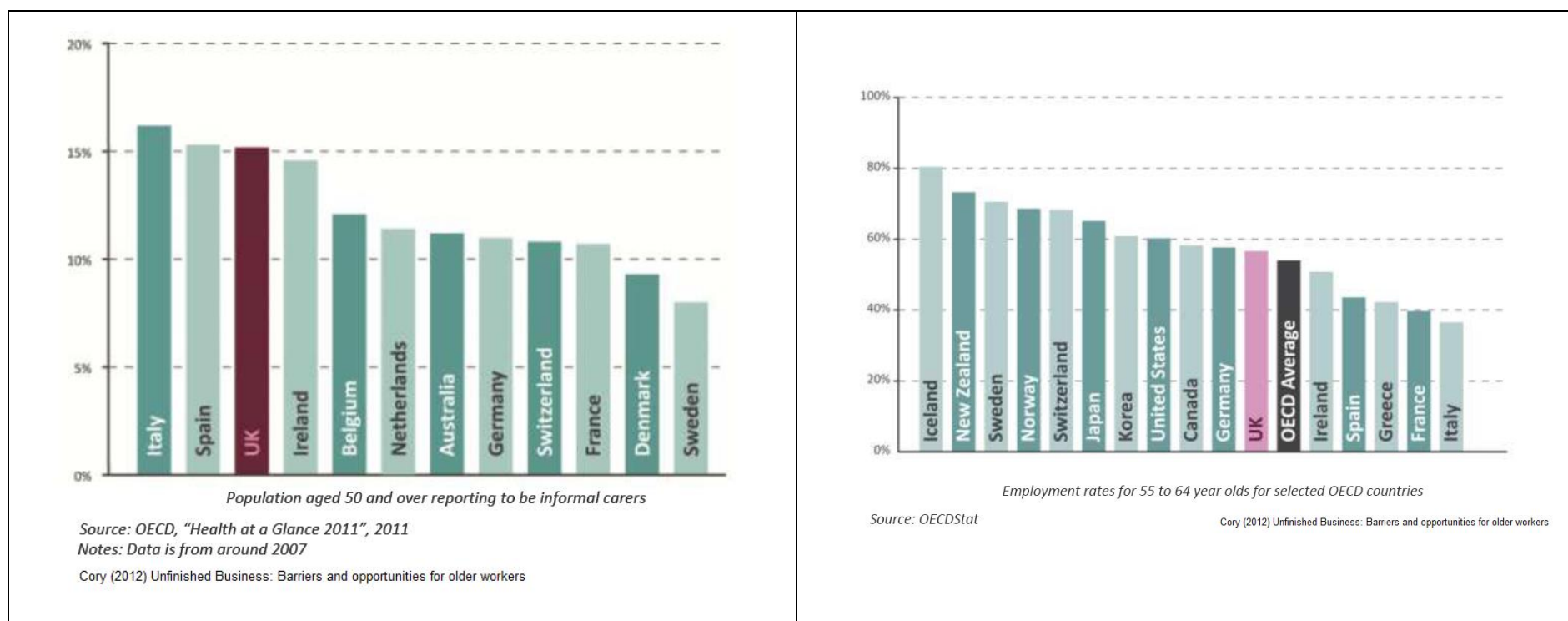


Figure 14

⁴⁴ Cory (2012) *Unfinished Business: Barriers and opportunities for older workers*

Support for working carers

As indicated earlier, the public expenditure costs of carers leaving employment in England is at least £1.3 billion per year made up of £1 billion in lost tax revenues and £0.3 billion in carers allowance.⁴⁵ This helps towards an economic justification of the notion of ‘replacement care’. The 2008 and 2010 Carer’s Strategies and the Care Act 2014 have included the notion of ‘replacement care’ to support working carers. Carers in England are more likely to be in employment if the cared for person receives paid services.⁴⁶

Although more than one in three employers report that absence levels have increased because their staff are struggling to cope with their caring responsibilities outside of work, figures from the CIPD 2014 Absence management survey show that just one in six organisations have policies in place to help achieve a better balance between home and working lives.⁴⁷

The Survey of Carers in Households 2009/10 found that flexibility in working hours was the most important thing that would help carers who wanted to work to take up paid employment (68%); in addition 34 per cent said the ability to work from home would help them. Awareness of the right to request flexible working from an employer was very low amongst all carers (19%), but higher amongst carers who were in work (27% of carers in full-time employment and 24% of those in part-time employment).⁴⁸

A 2015 survey by Employers for Carers and Carers UK revealed that nearly a quarter (23%) of carers received no support from their employer. The top priority for workplace support was improved and consistent manager awareness of caring issues (37%) and more flexible/special leave arrangements (37%).⁴⁹

In terms of support offered by employers, the CIPD 2014 Absence management survey reveals that flexible working arrangements are by far the most common type of support (68%), followed by compassionate leave (53%) and (paid or unpaid) carers’ leave (48%). Two-fifths (42%) of employers offer access to counselling services and three in ten offer career breaks and sabbaticals. One in six organisations offer access to financial services (17%) or options to purchase additional annual leave days (15%).⁴⁷

Meanwhile, recent cuts to social services budgets are having a negative impact on the local authority support received by carers. In the Carers UK State of Caring 2015 survey one third of respondents had experienced a change in support received and, of these, 42% said that the amount of care provided by

⁴⁵ Pickard et al (2012), *Overcoming Barriers: Unpaid care and employment*

⁴⁶ Pickard et al (2015) *The effectiveness of paid services in supporting carers' employment in England*

⁴⁷ CIPD (2014) *Absence management - Annual survey report 2014*

⁴⁸ Niblett P; The NHS Information Centre, Social Care Team (2010) *Survey of Carers in Households 2009/10*

⁴⁹ Carers UK and Employers for Carers (2015) *Caring and isolation in the workplace: Impact report and recommendations*

social services had been reduced, 12% that the service cost had increased or a personal budget did not cover the full cost and 13% that the support service was closed and no alternative had been offered.⁵⁰

The impact of caring on health and wellbeing

There is widespread evidence of the negative impact of caring on the health and wellbeing of those providing care but, in the case of sandwich care, the effects are complex and depend on the type and direction of the caring transfers.

In the Survey of Carers in Household 2009/10, around half (52%) of carers said their health had been affected because of the care they provide. A wide range of effects were mentioned: a third of carers reported feeling tired (34%), 29 per cent felt stressed, 25 per cent had disturbed sleep and 22 per cent reported being short tempered or irritable.⁵¹ The Carers Week 'Prepared to Care' survey 2013 found that over 70% of carers had reduce the amount of exercise taken and over 60% had suffered from depression while over 90% felt more stressed because of their caring role.⁵² In the State of Caring 2015 survey, 82% of carers reported that caring had had a negative impact on their health⁵³ while the 2011 Census revealed that, in England and Wales, women who work full time and provide more than 50 hours of care are 2.7 times more likely to report 'not good' health than women who work fulltime but provide no care. For men the comparable ratio is 2.4 times.⁵⁴

The Health Survey for England 2012, on the other hand, found that, among adults providing help or support, almost two thirds of men and half of women said that their health was not affected (63% of men and 50% of women) by their caring activity. Among those who reported an impact on their own health, the most common effects being a general feeling of tiredness (22% of men and 33% of women) and stress (20% and 32% respectively).⁵⁵

The health impacts of caring vary with both age and gender. Men overall are less affected by their caring responsibilities than women. For example, at all ages, men feel considerably less stress than women. However both men and women in middle age (45-64) are much more likely to feel stressed by their caring responsibilities than either younger or older carers.⁵⁵ [Table 5]

⁵⁰ Carers UK (2015), *State of Caring*

⁵¹ Niblett P; The NHS Information Centre, Social Care Team (2010) *Survey of Carers in Households 2009/10*

⁵² Carers Week Partnership (2013) *Prepared to Care*

⁵³ Carers UK (2015) *State of Caring 2015*

⁵⁴ ONS (2013), 2011 Census - unpaid care snapshot

⁵⁵ Doyle M (2013) *Social care Provision In Findings from the Health Survey for England 2012*

Table 5

Whether own health affected in the last three months by providing informal care, by age and sex					<i>2011, 2012</i>				
<i>Aged 16 and over who provide informal help or support</i>									
Ways own health affected	Age group			Total	Ways own health affected	Age group			Total
	16-44	45-64	65+			16-44	45-64	65+	
	%	%	%	%		%	%	%	%
Men					Women				
Feeling tired	19	24	22	22	Feeling tired	29	37	31	33
General feeling of stress	17	23	16	20	General feeling of stress	28	38	25	32
Short tempered	14	17	13	15	Short tempered	18	24	18	21
Disturbed sleep	11	19	16	16	Disturbed sleep	19	28	21	24
Feeling depressed	8	13	9	11	Feeling depressed	15	21	22	19
Physical strain	4	9	5	7	Physical strain	8	14	13	12
Made an existing condition worse	4	6	4	5	Made an existing condition worse	6	8	8	7
Loss of appetite	2	4	2	3	Loss of appetite	5	5	6	5
Developed own health condition	1	2	3	2	Developed own health condition	3	4	3	3
Other	0	1	-	1	Other	1	1	1	1
None of these	67	58	66	63	None of these	56	44	55	50
Source: Health Survey for England 2012, Chapter 9, Social care provision									

In evidence gathered for the Wanless Social Care Review, Beesley (2006) references a large number of earlier studies that mainly emphasise the negative effects of caring on health and wellbeing. “Despite the assertion by some that a caring responsibility may have an overall positive result, perhaps as a result of the satisfaction derived from the caring role, there is a great deal of work that suggests the opposite to be the case.” The main self-reported problems experienced by carers that have been attributed to some extent to caring responsibilities include: feeling tired and stressed (both 20 per cent); being short-tempered (17 per cent); feeling depressed (14 per cent); and disturbed/loss of sleep (14 per cent).⁵⁶

⁵⁶ Beesley (2006) *Informal Care in England: background paper to the Wanless social care review*

“This is in addition to other problems and conditions that have been associated with caring, particularly when for long hours and over extended periods. These can include anxiety, depression and psychiatric illness, lowered social functioning, increased susceptibility to physical illness, increased rates of chronic diseases during episodes of caring, general negative impact on physical well-being and even increased mortality as a result of mental or emotional distress, especially in more elderly spousal/partner carers. The propensity to experience health problems as a result of caring varies with a range of factors, including severity and duration of need and the intensity and nature of caring (such as the number of people being cared for, the number of hours spent caring per week and the stage of the caring relationship). The characteristics of the carer are also relevant (age, sex, residential status, social class and employment status, relationship with care recipient).”⁵⁶

In the case of sandwich caring, analysis of the Irish Longitudinal Study on Ageing (TILDA) reveals that supporting two generations is associated with both better self-rated health and poorer mental health, depending on the type and direction of the transfers. Women in the sandwich generation who financially support their children have better self-rated physical health while women who provided other care for their children showed evidence of poorer mental health.⁵⁷

Although sandwich caregivers experience stress, anxiety and sadness, and emotional well-being is significantly impacted, there is no significant difference between the impact of caregiver stress on members from the sandwich generation and those from the non-sandwich generations.⁵⁸ When sandwich generation carers are compared with other carers, physical health is the only health score that differs.⁵⁹

The Ipsos-Mori 2012 survey of sandwich carers found that two thirds (66%) said that their physical health had been affected by caring while 70% said that their emotional wellbeing had been affected. Around 15% said that physical health and emotional wellbeing were often or always affected.

The impact on emotional wellbeing is however not always negative. In the same survey two thirds (66%) agree that caring ‘makes them feel good’ while seven in ten (70%) agree that caring has meant that they have a better relationship with their family members.

The impact on relationships and social life

As indicated above, seven out of ten (70%) of sandwich carers in the Ipsos-Mori survey agree that caring has meant that they ‘have a better relationship with their family members’ but four in five (83%) are ‘caring out of a sense of duty’.

⁵⁷ McGarrigle (2014) *The impact of being the intermediate caring generation and intergenerational transfers on self-reported health of women in Ireland*.

⁵⁸ Solberg (2014) *Measuring impact of stress in sandwich generation caring for demented parents*.

⁵⁹ Oulevey et al (2013) *The "sandwich generation" in Switzerland : a better understanding of factors linked with perceived health for health promotion*

For carers in general, the 2009/10 Survey of Carers in Households revealed that around two in five carers (42%) said their personal relationships, social life or leisure time had been affected because of the assistance they provided. Those who had been affected in this way were asked an unprompted question to establish the effects of caring. The most common effects were having less time for leisure activities (69%), being too tired to go out (32%), being unable to go on holiday (23%) and the effect upon their own health (20%). When asked about spending time doing social or leisure activities specifically, 25% of carers said they had less time with friends and 20% had less time for pastimes or hobbies because of their caring responsibilities.⁵¹

In the 2013 Carers Week ‘Prepared to Care’ survey, 42% had experienced a breakdown in relationship with a family member but 43% had seen their relationship with the person cared for improve.⁵²

The financial impact of sandwich care

Sandwich carers struggle to cope, emotionally and financially – “It can be done – juggling dependent children and elderly parents. But at a cost – of friends, social life, personal life and quality time with the children and it takes all my strength and resources to take each day at a time.”⁶⁰

The Carers UK 2012 survey of sandwich carers found that only 12% of sandwich carers felt they were juggling everything well while over four in 10 (42%) were struggling to cope or at breaking point. Three quarters (74%) said that caring for both children and older or disabled loved ones had a negative impact on their ability to earn, while over two thirds (69%) said they had seen a negative impact on their ability to afford household bills.⁶⁰

Nearly half (48%) of carers who responded to the State of Caring survey 2015 are struggling to make ends meet. Of those struggling to make ends meet, 41% are cutting back on essentials like food and heating, 26% are borrowing from family and friends and 38% are using up their savings to get by. Forty five percent of carers responding to the survey say that financial worries are affecting their health.

Sixty percent of respondents to the 2013 Carers Week survey had suffered a reduction in income because of caring, one quarter had found it necessary to take out a loan and half had used savings to buy essentials such as heating or food.

Half (49%) of carers who provide financial support estimate that they spend up to £10,400 per year on the one or more generations that they care for (children tend to make up the majority of this spend). One in eight (14%) spend even more than this. A large number of carers (61%) say that they are saving less money than they could before they started dual caring.⁶¹

⁶⁰ Carers UK and Employers for Carers (2012) *Sandwich Caring*

The personal financial ‘penalties’ of caring can take a number of forms including additional expenditure, loss of income, detriment to pension, and benefit issues. Additional expenditure includes travel costs, household expenses such as heating and food and additional accommodation costs.^{62,63} According to Beesley (2006), the vast majority of carers (85% of carers looking after someone aged over 65) care for fewer than 35 hours per week and the trend is away from residing with the cared for person. Under the regulations in force at the time a large and increasing number of carers did not qualify for receipt of any benefit, acting as a disincentive for the provision of care.⁶²

Since April 2013 in pilot areas, and across England, Wales and Scotland since September 2013, a household benefit cap has put a limit on the total amount in benefits households can receive. The cap has been set at £500 a week for couples and £350 a week for individual claimants. According to Carers UK, The benefit cap will cut at least £72.4 million from carers’ incomes by 2018.⁶⁴ Carers UK are pressing the government to establish a ‘carer income guarantee’ similar to the triple lock on the state pension.

The long-term impact on older and sandwich carers of the household benefit cap and other service and benefit reduction following the 2008 financial crash have yet to be fully seen and will need to be the subject of future research.

There is also a ‘pension penalty’ associated with caring. Fewer men and women who stop work as a result of caring are members of an occupational pension scheme and they have accumulated fewer years of contributions than their counterparts who continued working, with direct implications for their level of pension income in later life.⁶⁵

The ‘pension penalty’ of caring

There has been relatively little research on the extent to which pension income in practice is reduced as a result of time out of the labour market due to care-giving.⁶⁵ What is clear is that an interrupted or short working career is likely to have more implications for occupational and private personal pensions

⁶¹ Ipsos-Mori (2013) *The Sandwich Generation*

⁶² Beesley (2006) *Informal Care in England: background paper to the Wanless social care review*

⁶³ Pickard (2004) *The effectiveness and cost-effectiveness of support and services to informal carers of older people*

⁶⁴ Carers UK (2013) *Caring and family finance inquiry*

⁶⁵ Evandrou and Glaser (2003) *Combining work and family life - the pension penalty of caring*

than for State Pensions.⁶⁶ This is because, prior to 2010, in certain defined circumstances, Home Responsibilities Protection (HRP) provided protection of the State Pension entitlements of some carers. National Insurance credits for parents and carers replaced HRP from 6 April 2010.

Earlier analysis of the Family and Working Lives Survey (FWLS) found that HRP and credits did protect mid-life women's entitlement to the basic State Pension, but their entitlement was only around two thirds that of men.⁶⁶ Currently (August 2015) carers who are on Carer's Allowance are automatically entitled to 'Class 1' National Insurance Credits and those on Income Support and providing regular and substantial care are automatically entitled to 'Class 3' credits. Individuals caring for one or more sick or disabled persons for at least 20 hours a week can apply for 'Class 3' credits. Sandwich carers receiving Child Benefit for a child under 12 will also automatically be entitled to 'Class 3' credits.

The main impact of caring, on pensions, is for members of occupational pension schemes who have stopped work to care and who will have accumulated fewer years of contributions than those who have continued working.⁶⁶ The actual impact of caring on pensions, in monetary terms, will vary widely between individuals and will depend on a complex combination of personal circumstances so that an impact analysis, beyond the generality that caring negatively affects pension provision, is difficult.

The impact of caring on mortality

Longitudinal studies have tended to show no link between care provision in itself and poorer health outcomes, however, care-giving of particular types and intensity has in some cases been associated with a higher risk in later life of reporting poor health or of dying.⁶⁷

Research utilising data from the 2001 Northern Ireland Census to assess the health status of informal carers in 2001 and linked death registration data to assess their risk of mortality in the four subsequent years showed, counter-intuitively, that caregivers have lower mortality than non-caregivers, but the mortality risk increases amongst caregivers with the number of hours spent providing care. However, after controlling for age, marital status, housing tenure, car availability, deprivation quintile, population density quintile, limiting long-term illness and general health in 2001, men providing 50 hours of care per week were 25% less likely than men providing no care at all, to die in the four subsequent years.⁶⁸

⁶⁶ Arksey et al (2005) *Carers' aspirations and decisions around work and retirement*

⁶⁷ Vlachantoni et al (2013) *Informal care, health and mortality*

⁶⁸ O'Reilly et al (2008) *Is caring associated with an increased risk of mortality? A longitudinal study.*

References

- Agree, E, Bissett, B and Rendall, M (2003) *Simultaneous care for parents and care for children among midlife British women and men : In Population Trends vol. 112 (Summer 2003): pp.29-35*, London: ONS
- Arksey H (2002) Combining informal care and work: supporting carers in the workplace, *Health & Social Care in the Community* 10 (3) : 151-161
- Arksey H and Glendinning C (2008) Combining work and care: carers' decision-making in the context of competing policy pressures, *Social Policy & Administration* 42 (1) : 1-18
- Arksey H and Morée M (2008) Supporting working carers: do policies in England and The Netherlands reflect 'doulia rights'?, *Health and Social Care in the Community* 16 (6) : 649-657
- Arksey H, Kemp P, Glendinning C, Kotchetkova I and Tozer R (2005) *Carers' aspirations and decisions around work and retirement*, Social Policy Research Unit - SPRU, University of York; Department for Work and Pensions - DWP
- Aronson M K and Bakur Weiner M (2007) *Aging parents, aging children*, Rowman & Littlefield
- Attias-Donfut C, Ogg J and Wolff F-C (2008) *Evolution of Social Support: In Börsch-Supan et al, First Results from the Survey of Health, Ageing and Retirement in Europe (2004-2007): Starting the Longitudinal Dimension*, Mannheim Research Institute for the Economics of Aging (MEA)
- Aziz R, Roth D and Lindley B (Edited by Ashley C) (2012) *Understanding family and friends care: the largest UK survey*,
- Bastawrous M, Gignac M A, Kapral M K and Cameron J J (2015) Factors that contribute to adult children caregivers' well-being: a scoping review, *Health and Social Care in the Community* 23 (5) : 449-466
- Becker S (1997) Carers: [family care of older people in Europe], Community Care, Sutton, 1997 *Research Matters International, Special issue*,

1997 : 26-30

Beesley L (2006) *Informal Care in England: background paper to the Wanless social care review*, The Kings Fund

Ben-Galim D and Silim A (2013) *The sandwich generation: older women balancing work and care*, London: IPPR

Berry-Lound D (1993) *An employers' guide to eldercare - a guide for employers on practical initiatives in the workplace to assist employees in combining work and caring for adult and elderly dependants*, HOST Consultancy, Horsham, 1993 : 43

Berry-Lound D; Help the Aged, (1994) *The Help the Aged seniorcare survey - a study of two organisations to examine the issues of working carers for older people*, Help the Aged, London, 1994 : 72

Bolin K, Lindgren B and Lundborg P (2008) Your next of kin or your own career? Caring and working among the 50+ of Europe, *Journal of Health Economic* 27 : 718-738

Brown M, Dodgeon B and Goodman A (2014) *Caring responsibilities in middle age: Evidence from the 1958 National Child Development Study at age 55 - briefing paper*, Institute of Education

Buckner L and Yeandle S; University of Leeds (2006) *More than a Job: Working Carers: Evidence from the 2001 Census*, London: Carers UK

Carers in Employment Group, Princess Royal Trust for Carers, (1995) *Carers in employment - a report on the development of policies to support carers at work*, Princess Royal Trust for Carers, London, 1995 : 61

Carers Scotland (2011) *Sick, tired and caring: the impact of unpaid caring on health and long term conditions*,

Carers UK (2015) *Alone and caring: Isolation, loneliness and the impact of caring on relationships*, London

Carers UK (2015) *State of Caring 2015*, London

Carers UK (2013) *Caring & family finances inquiry: UK report*, London

Carers UK (2013) *Prepared to care? Exploring the impact of caring on people's lives*, London

Carers UK (2012) *Facts about carers 2012: policy briefing*, London

Carers UK (2012) *Sandwich Caring: Combining childcare with caring for older or disabled relatives*, London

Carers UK and Employers for Carers (2015) *Caring and isolation in the workplace: Impact report and recommendation*, London

Caring Costs Alliance; Carers National Association (1996) *The true cost of caring - a survey of carers' lost income*, Carers National Association - CNA, London, 1996 : 36pp

Carmichael F and Charles S (2003) The opportunity costs of informal care: does gender matter?, *Journal of Health Economics* 22 : 781-803

Carmichael F, Charles S and Hulme C (2010) Who will care? Employment participation and willingness to supply informal care, *Journal of Health Economics* 29 (1) : 182-190

Castan M C (2004) African American professional women as Sandwich Generation Caregivers: A qualitative study, University of La Verne *Dissertation Abstracts International: Section B: The Sciences and Engineering* 65 (6-B)

Chan T W and Ermisch J (2013) *Family Geography and Family Demography in the UK- Cross-Sectional Perspective*, <http://users.ox.ac.uk/~sfos0006/papers/geo1.pdf>: University of Oxford, Department of Sociology, Working papers

Chassin L, Macy J T, Seo D-C, Presson C C and Sherman S J (2010) The association between membership in the sandwich generation and health behaviors: A longitudinal study, *Journal of Applied Developmental Psychology* 31 (1) : 38-46

CIPD in partnership with simplyhealth (2014) *Absence management - Annual survey report 2014*, London: CIPD

Corti L and Dex S; Research Centre for Micro-Social Change in Britain, Economic and Social Research Council - ESRC, (1995) Informal carers and employment, *Employment Gazette*, March 1995 : 101-107

Counsel and Care; Carers UK; Help the Aged (2008) *Right Care Right deal: the right solution for social care [briefing pack]: Campaign statement; A vision for social care: principles for change; A charter for change; and Carers, employment and services: time for a new social charter?*, London: Right Care Right deal : 4 items in pack

- Crossroads, (1993) *Looking forward to looking after - a new report from Crossroads on people in the workplace*, Crossroads, 1993 : 29
- Cullen K and Clarkin N (1994) *Working and caring - opportunities and social issues raised by technologies*, European Foundation for the Improvement of Living and Working Conditions, Dublin, 1994 : 44
- Dautzenberg M G, Diederiks J P, Philipsen H and Stevens F C (1996) [Women of the middle generation and informal care for the elderly]. [Dutch], *Tijdschrift voor Gerontologie en Geriatrie* 27 (4) : 141-149
- Dautzenberg M G H (1998) Women of a middle generation and parent care, *The International Journal of Aging & Human Development* 47 (4)
- Dawcliffe Hall Educational Foundation, (1991) *Work versus family? - practices at work that unite employment and caring responsibilities*, Dawcliffe Hall Educational Foundation, London, 1991 : 90
- Dellasega C (1989) Health in the sandwich generation, *Geriatric Nursing* 10 (5) : 242-243
- Dellmann-Jenkins M, Bennett J and Brahce C I (1994) Shaping the corporate response to workers with elder care commitments - considerations for gerontologists, *Educational Gerontology* 20 (4) : 395-405
- Department of Health - DoH; Central Office of Information, (1993) *Employers and carers - report of a seminar held by the Department of Health on 9 March 1993*, Department of Health, Heywood, Lancs, 1993 : 11
- Dey I (2006) Wearing out the work ethic - population ageing, fertility and work-life balance, *Journal of Social Policy* 35 (4) : 671-688
- Dini E (2009) *Older workers in the UK: variations in economic activity status by socio-demographic characteristics, household and caring commitments*, Office for National Statistics (ONS)
- Directorate-General for Employment and Social Affairs, European Commission, (1999) *Reconciliation of work and family life and the quality of care services - report on existing research in the European Union*, Office for Official Publications of the European Communities, Luxembourg, 1999 : 63
- Drew E (1995) Employment prospects of carers of dependent adults, *Health & Social Care in the Community* 3 (5) : 325-331

- Drinkwater S (2011) *Informal Caring and Labour Market Outcomes within England and Wales - Discussion paper No 5877*, WISERD, Swansea University,
- Duncan S and Williams F (2002) New divisions of labour - alternatives for caring and working, *Critical Social Policy*, issue, 70, vol 22, no 1, February 2002 : 5-144
- Duxbury L, Higgins C and Smart R (2011) Elder care and the impact of caregiver strain on the health of employed caregivers, *Work: a journal of Prevention, Assessment & Rehabilitation* 40 (1) : 29-40
- Edwards A B, Zarit S H and Stephens M A P (2002) Employed family caregivers of cognitively impaired elderly - an examination of role strain and depressive symptoms, *Aging & Mental Health* 6 (1) : 55-61
- Emmerson C, Heald K and Hood A (2014) *The changing face of retirement: future patterns of work, health, care and income among the older population*, Institute for Fiscal Studies (IFS)
- Eubanks P (1991) Hospitals face the challenges of 'sandwich generation' employees, *Hospitals* 6 (April)
- Evandrou M and Glaser K (2004) Family, work and quality of life: changing economic and social roles through the lifecourse, *Ageing and Society* 24 (5) : 771-792
- Evandrou M and Glaser K (2003) Combining work and family life - the pension penalty of caring, *Ageing and Society* 23 (5) : 583-602
- Evandrou M and Glaser K; ESRC Research Group Simulating Social Policy in an Ageing Society - SAGE, London School of Economics; Growing Older Programme (2002) *Changing economic and social roles: the experience of four cohorts of mid-life individuals in Britain, 1985-2000*, London: ESRC SAGE Research Group, London School of Economics : 21 pp (SAGE discussion paper, no 11) (SAGEDP/11)
- Evandrou M, Winter D; STICERD, London School of Economics and Political Science, (1993) *Informal carers and the labour market in Britain*, Welfare State Programme, Suntory-Toyota International Centre for Economics and Related Disciplines, London School of Economics and Political Science, London, April 1993 : 66
- Evason E and Whittington D; Equal Opportunities Commission for Northern Ireland, (1995) *The cost of caring - longitudinal study into the*

circumstances of carers in Belfast, Equal Opportunities Commission for Northern Ireland, Belfast, 1995 : 77

Folts W E, Sellers C S, Higgins P and Yeatts D E (1992) Employed caregivers - a multidisciplinary issue for gerontological education, *Educational Gerontology* 18 (8) : 803-812

Fredriksen K I (1996) Gender differences in employment and the informal care of adults, *Journal of Women & Aging* 8 (2) : 35-53

Gardiner C, Brereton L, Frey R, Wilkinson-Meyers L and Gott M (2014) Exploring the financial impact of caring for family members receiving palliative and end-of-life care: a systematic review of the literature, *Palliative Medicine* 28 (5) : 375-390

Gaymu J, Ekamper P and Beets G (2008) Future trends in health and marital status: effects on the structure of living arrangements of older Europeans in 2030, *European* 5 : 5-17

Glaser K, Evandrou M and Tomassini C (2005) The health consequences of multiple roles at older ages in the UK, *Health & Social Care in the Community* 13 (5) : 470-477

Glaser K, Stuchbury R, Tomassini C and Askham J (2008) The long-term consequences of partnership dissolution for support in later life in the United Kingdom, *Ageing and Society* 28 (3) : 329-352

Glendinning C, Tjadens F, Arksey H, Morée M, Moran N and Nies H (2009) *Care Provision within Families and its Socio-Economic Impact on Care Providers*, Social Policy Research Unit, University of York in collaboration with Vilans Centre of Expertise for Long-Term Care, Utrecht

Gottlieb B, Kelloway E K and Fraboni M. (1994) Aspects of eldercare that place employees at risk, *The Gerontologist* 34 (6) : 815-821

Grundy E (2010) *The care of older people in the United Kingdom: problems, provision and policy*, London School of Hygiene & Tropical Medicine

Grundy E (2006) Between elderly parents and adult children : a new look at the intergenerational care provided by the 'sandwich generation', *Ageing and Society* 26 (5) : 707-722

Grundy E, Glaser K and Murphy M; (Economic and Social Research Council) ESRC Population and Household Change Research Programme, Oxford Brookes University (1997) *Intergenerational relationships and household change*, Oxford: ESRC : 4 pp (Research results number 5)

- Haynes P, Hill M and Banks L (2010) Older People's Family Contacts and Long-term Care Expenditure in OECD Countries: A Comparative Approach Using Qualitative Comparative Analysis, *Social Policy and Administration* 44 (1) : 67-84
- Heitmüller A (2007) The Chicken or the Egg? : Endogeneity in Labour Market Participation of Informal Carers in England, *Journal of Health Economics* 26 (3) : 536-559
- Henz U (2004) The effects of informal care on paid-work participation in Great Britain: a lifecourse perspective, *Ageing and Society* 24 (6) : 851-880
- Hirst M (2014) *Transitions into and out of unpaid care*, SPRU, University of York
- Hirst M (2001) Trends in informal care in Great Britain during the 1990s, *Health & Social Care in the Community* 9 (6) : 348-357
- Hoerl J (1998) The "sandwich generation": Social reality or gerontological myth? [German], *Kolner Zeitschrift für Soziologie und Sozialpsychologie* 50 (4)
- Hoffman M and Leeson G; European Foundation for the Improvement of Living and Working Conditions, (1994) *Eldercare and employment - workplace policies and initiatives to support workers who are carers*, European Foundation for the Improvement of Living and Working Conditions, Dublin, 1994 : 58
- Hogan S (1990) Care for the caregiver: social policies to ease their burden, *Journal of Gerontological Nursing* 16 (5) : 12-17
- Horgan D and Block S (2009) When your parent moves in: *Every adult child's guide to living with an aging parent*, Avon, MA: Adams Media
- Hoskins I (1994) Working women and eldercare - a six-nation overview, International Federation on Ageing - IFA, June 1994 *Ageing International* XXI (2) : 58-62
- Huffstutter K J (2008) Family-friendly workplace culture, flexibility, and workplace support for dependent care: The perspectives of human resource professionals, Portland State University *Dissertation Abstracts International Section A: Humanities and Social Sciences* 69 (1-A)
- Ipsos Mori (2013) *The Sandwich Generation: An exploration of the affective and financial impacts of dual caring*, Money Advice Service

- Joseph Rowntree Foundation (2002) The experiences of working carers of older adults, York: Joseph Rowntree Foundation - JRF *Findings* 7112 (July 2002) : 4
- Kennedy J, Walls C and Owens-Nicholson D (1999) A national profile of primary and secondary household caregivers - estimates from the 1992 and 1993 Surveys on Income and Program Participation, *Home Health Care Services Quarterly* 17 (4) : 39-58
- King D and Pickard L (2013) When is a carer's employment at risk? Longitudinal analysis of unpaid care and employment in midlife in England, *Health and Social Care in the Community* 21 (3) : 303-314
- Kohli M, Künemund H and Vogel C (2008) *Shrinking Families? Marital Status, Childlessness, and Intergenerational Relationships: In Börsch-Supan et al, First Results from the Survey of Health, Ageing and Retirement in Europe (2004-2007): Starting the Longitudinal Dimension*, Mannheim Research Institute for the Economics of Aging (MEA)
- Kramer B J and Kipnis S (1995) Eldercare and work-role conflict - toward an understanding of gender differences in caregiver burden, *The Gerontologist* 35 (3) : 340-348
- Kröger T and Yeandle S (eds) (2013) *Combining paid work and family care: Policies and experiences in international perspective*, Bristol: Policy press
- Ku Li Jung E (2012) The health impact of caring for grandchildren on grandparent caregivers: A longitudinal study in Taiwan, University of North Carolina at Chapel Hill *Dissertation Abstracts International: Section B: The Sciences and Engineering* 73 (1-B)
- Laczko F and Noden S (1993) Combining paid work with elder care - the implications for social policy, *Health & Social Care in the Community* 1 (2) : 81-89
- Lechner V M and Gupta C (1996) Employed caregivers - a four-year follow-up, *Journal of Applied Gerontology* 15 (1) : 102-115
- Lechner V M and Sasaki M (1995) Japan and the United States struggle with who will care for our aging parents when caregivers are employed, *Journal of Gerontological Social Work* 24 (1/2) : 97-114
- Leopold T, Raab M and Engelhardt H (2014) The transition to parent care: Costs, commitments, and caregiver selection among children, *Journal*

of Marriage and Family 76 (2) : 300-318

Lewis J; Social Policy Association (2000) Work and care In: *Social policy review 12, chapter 3*, Social Policy Association, Sudbury, Suffolk, 2000 : 48-67

Lima J C, Allen S M and Goldscheider F (2008) Spousal caregiving in late midlife versus older ages - implications of work and family obligations, *Journals of Gerontology: Series B, Psychological Sciences and Social Sciences*, vol 63B, no 4, July 2008 63B (4) : S229-S238

Loomis L S and Booth A (1995) Multigenerational caregiving and well-being: The myth of the beleaguered sandwich generation, *Journal of Family Issues* 16 (2) : 131-148

Lundholm E, Malmberg G and Pettersson P (2009) *Trends in multigenerational family patterns -growing numbers of "both-end-carers"? : EAPs/MAP2030 Workshop on the Future of Family Support for Older People, London 15 May 2009*, Centre for Population Studies, Umeå University

Maher J and Green H; Office for National Statistics - ONS (2002) *Carers 2000 ; results from the carers module of the General Household Survey 2000*, London: The Stationery Office

Manthorpe J and Phillips J (1998) Working carers: working with people who juggle both roles, *Practice* 10 (2) : 37-48

McGarrigle C A, Cronin H and Kenny R A (2014) The impact of being the intermediate caring generation and intergenerational transfers on self-reported health of women in Ireland, *International Journal of Public Health* 59 (2) : 301-308

McGrath W L, Mueller M M and Brown C (2000) Caregivers of persons with Alzheimer's disease: an exploratory study of occupational performance and respite, *Physical & Occupational Therapy in Geriatrics* 18 (2) : 51-70

McKinlay J B, Crawford S L and Tennstedt S L (1995) The everyday impacts of providing informal care to dependent elders and their consequences for the care recipients, *Journal of Aging and Health* 7 (4) : 497-528

McNair S (2011) *Older people and skills in a changing economy*, UK Commission for Employment and Skills

McNeil C and Hunter J (2014) *The Generation Strain*, London: Institute for Public Policy Research (IPPR)

- Mestheneos E and Triantafillou J (2005) *EUROFAMCARE - Pan-European Background Report: Services for Supporting Family Carers of Elderly People in Europe, Characteristics, Coverage and Usage*, Eurofamcare
- Mitchell B A (2014) Generational juggling acts in midlife families: Gendered and ethnocultural intersections, *Journal of Women & Aging* 26 (4) : 332-350
- Mooney A and Statham J with Simon A; Joseph Rowntree Foundation (2002) *The pivot generation: Informal care and work after fifty*, Bristol: The Policy Press
- Mumsnet (2014) *Care Quality Commission: Sandwich Generation Survey Summary Report*, Care Quality Commission
- Mutschler P (1994) From executive suite to production line - how employees in different occupations manage elder care responsibilities, *Research on Aging* 16 (1) : 7-26
- Mutschler P (1993) Bearing the costs of our eldercare policies - work constraints among employed caregivers, *Journal of Aging & Social Policy* 5 (4) : 23-50
- National Advisory Council on Aging (NACA) (1995) Men's and women's caring work, National Advisory Council on Aging, Ottawa, January 1995 *Info-Age* 12 (January) : 3
- National Advisory Council on Aging (NACA) (1994) Family care and unusual work arrangements, National Advisory Council on Aging, Ottawa, March 1994 *Info-Age*, no 11, March 1994 : 3
- Niblett P; The NHS Information Centre, Social Care Team (2010) *Survey of Carers in Households 2009/10*, The Health and Social Care Information Centre
- Nichols L S and Junk V (1997) *The sandwich generation: Dependency, proximity, and task assistance needs of parents*, 18 (3)
- Oprea S J and Kalmijn M (2012) Exploring causal effects of combining work and intergenerational support on depressive symptoms among middle-aged women, *Ageing and Society* 32 (1) : 130-146

- O'Reilly D, Connolly S, Rosato M and Patterson C (2008) Is caring associated with an increased risk of mortality? A longitudinal study, *Social Science & Medicine* 67 (8) : 1282-1290
- O'Sullivan A (2015) Pulled from all sides: The sandwich generation at work, *Work: Journal of Prevention, Assessment & Rehabilitation* 50 (3) : 491-494
- Oulevey B A, Wild P, Von Rotz U, Danuser B and Morin D (2013) [The "sandwich generation" in Switzerland : a better understanding of factors linked with perceived health for health promotion]. [French], *Recherche en Soins Infirmiers* 115 : 68-84
- Pagani L and Marenzi A (2008) The labor market participation of sandwich generation Italian women, *Journal of Family and Economic Issues* 29 (3)
- Perez-Cahil D (1999) The impact of multiple caregiving roles on well-being: A longitudinal study of middle-aged adults, University of Massachusetts *Dissertation Abstracts International: Section B: The Sciences and Engineering* 59 (10-B)
- Perrig-Chiello P and Hopflinger F (2005) Aging parents and their middle-aged children: Demographic and psychosocial challenges, *European Journal of Ageing* 2 (3)
- Petrovich A (2008) Lessons learned in the sandwich, *Affilia: Journal of Women and Social Work* 23 (3) : 223-230
- Phillips J (1995) *Working carers - international perspectives on working and caring for older people*, Avebury, Aldershot, 1995 : 161
- Phillips J (1994) The employment consequences of caring for older people, *Health & Social Care in the Community* 2 (3) : 143-152
- Phillips J, Bernard M and Chittenden M; Centre for Social Gerontology, Keele University; Joseph Rowntree Foundation (2002) *Juggling work and care - the experiences of working carers of older adults*, The Policy Press, for the Joseph Rowntree Foundation, Bristol, 2002 : 48
- Phillips J; European Foundation for the Improvement of Living and Working Conditions, (1996) *Working and caring - developments at the workplace for family carers of disabled and older people*, Office for Official Publications of the European Communities, Luxembourg, 1996 : 64
- Pickard L (2015) A growing care gap? The supply of unpaid care for older people by their adult children in England to 2032, *Ageing and Society* 35 (1) : 96-123

- Pickard L (2008) *Informal Care for Older people provided by their Adult Children: Projections of Supply and Demand to 2041 in England. Report to the Strategy Unit (Cabinet Office) and the Department of Health*, PSSRU
- Pickard L, King D, Brimblecombe N and Knapp M (2015) The effectiveness of paid services in supporting carers' employment in England, *Journal of Social Policy* 44 (3) : 567-590
- Pickard L, King D, Knapp M and Perkins M (2012) *Overcoming Barriers. Unpaid Care and Employment in England: Findings from the Scoping Study*,
- Pickard L, Wittenberg R, Comas-Herrera A, King D and Malley J (2012) Mapping the Future of Family Care: Receipt of Informal Care by Older People with Disabilities in England to 2032, *Social Policy and Society* 11 (04) : 533-545
- Pickard L, Wittenberg R, King D, Malley J and Comas-Herrera A (2009) *Informal Care for Older People by their Adult Children: Projections of Supply and Demand to 2041 in England. Poster presentation at 19th World Congress of Gerontology and Geriatrics, Paris, France 5-9th July 2009*,
- Pierret C R (2006) The 'sandwich generation': women caring for parents and children, *Monthly Labor Review* 129 (September) : 3-9
- Pines A M and Neal M (2011) Job burnout and couple burnout in dual-earner couples in the sandwiched generation, *Social Psychology Quarterly* 74 (4) : 361-386
- Principi A, Lamura G, Sirolla C, Mestheneos L, Bie_N B, Brown J, Krevers B, Melchiorre M G and Döhner H (2014) Work restrictions experienced by midlife family care-givers of older people; evidence from six European countries, Cambridge University Press *Ageing and Society* 34 (2) : 209-231
- Rhea J R Jr (2010) *Balancing work and family responsibilities as an Extension 4-h agent*, Mississippi State University 70 (7-A)
- Riley L D and Bowen C "P" (2005) The Sandwich Generation: Challenges and Coping Strategies of Multigenerational Families, *The Family Journal* 13 (1) : 52-58
- Robinson M (2003) The organisational costs of caregiving: a call to action, *Administration in Social Work* 27 (1) : 83-101

- Rosenthal C J (1997) The changing contexts of family care in Canada, *Ageing International* XXIV (1)
- Russell G (1994) Workers with family responsibilities - adopting a wider family outlook, *Australian Journal on Ageing* 13 (4) : 161-163
- Salter K, Zettler L, Foley N and Teasell R (2010) Impact of caring for individuals with stroke on perceived physical health of informal caregivers, *Disability and Rehabilitation* 32 (4) : 273-281
- Scharlach A. (1994) Caregiving and employment - competing or complementary roles?, *The Gerontologist* 34 (3) : 378-385
- Scottish Government; Convention of Scottish Local Authorities (2014) *Reshaping care for older people: a programme for change 2011-2021*,
- Seaward M R (1999) The sandwich generation copes with elder care, *Benefits Quarterly* 15 (2) : 41-48
- Siegrist J (ed) (2008) *Social and Family Context In Börsch-Supan et al (eds) First Results from the Survey of Health, Ageing and Retirement in Europe (2004-2007): Starting the Longitudinal Dimension*, Mannheim Research Institute for the Economics of Aging (MEA)
- Smeaton D, Vegeris S and Sahin-Dikmen M; Policy Studies Institute (2009) *Older workers: employment preferences, barriers and solutions*, Equality and Human Rights Commission
- Smith-Osborne A and Felderhoff B (2014) Veterans' informal caregivers in the "sandwich generation": A systematic review toward a resilience model, *Journal of Gerontological Social Work* 57 (6-7)
- Solberg L M (2014) Measuring impact of stress in sandwich generation caring for demented parents, *The Journal of Gerontopsychology and Geriatric Psychiatry* 27 (4) : 171-179
- Spencer-Cingoz J (1998) *Caring for someone at a distance*, London: Age Concern England
- Spillman B C and Pezzin L E (2000) Potential and active family caregivers: Changing networks and the "sandwich generation", *Milbank Quarterly* 78 (3)
- Spitze G, Logan J R, Joseph G and Lee E (1994) Middle generation roles and the well-being of men and women, *The Journals of Gerontology* 49 (3) : S107-S116

- Stiell B (2006) *Caring for sick and disabled children: parents' experience of combining work and care*,
- Stuchbury R and Read S; London School of Hygiene and Tropical Medicine (2009) *Family Exchanges and Health - Summary*, EAPs/MAP2030 Workshop on the Future of Family Support for Older People,
- Stuifbergen M C, van Delden J J M and Dykstra P A (2008) The implications of today's family structures for support giving to older parents, *Ageing and Society* 28 (3) : 413-434
- Sundström G, Malmberg B, Sancho Castiello M, del Barrio É, Castejon P, Tortosa M Á and Johansson L (2008) Family care for elders in Europe: policies and practices. In: *Szinovacz, M.E. and A. Davey (eds.), Caregiving Contexts: Cultural, Familial, and Societal Implications*, New York, NY: Springer : 235-267
- Szinovacz M E and Davey A (2013) Changes in adult children's participation in parent care, Cambridge: Cambridge University Press *Ageing and Society* 33 (4) : 667-697
- Tennstedt S and Gonyea J (1994) An agenda for work and eldercare research, *Research on Aging* 16 (1) : 85-108
- Triantafillou J, Naiditch M, Repkova K, Stiehr K, Carretero S, Emilsson T, Di Santo P, Bednarik R, Brichtova L, Ceruzzi F, Cordero L, Mastroiannakis T, Ferrando M, Mingot K, Ritter J and Vlantoni D (2010) *Informal care in the long-term care system: European Overview Paper*, Athens/Vienna: Interlinks
- Triulzi S (1994) Eldercare - the employer's responsibility?, *Australian Journal on Ageing* 13 (4) : 164-166
- United Nations Economic Commission for Europe (2010) *Advancing intergenerational solidarity: UNECE Policy Brief on Ageing No. 8 August 2010*, UNECE
- Van Houtvena C H, Coec N B and Skirad M M (2013) The effect of informal care on work and wages, *Journal of Health Economics* 32 (1) : 240-252
- Vlachantoni, A (2010) The demographic characteristics and economic activity patterns of carers over 50: evidence from the English Longitudinal Study of Ageing, *Population Trends* 141 : 51-73

- Vlachantoni A, Evandrou M, Falkingham J and Robards J (2013) Informal care, health and mortality, *Maturitas* 74 (2) : 114-118
- Vreugdenhil A (2014) 'Ageing-in-place': Frontline experiences of intergenerational family carers of people with dementia, *Health Sociology Review* 23 (1)
- Wagner D (2006) Families, work and an aging population: developing a formula that works for the workers, *Journal of Aging & Social Policy* 18 (3/4) : 115-125
- Wagner D and Hunt G (1994) The use of workplace eldercare programs by employed caregivers, *Research on Aging* 16 (1) : 69-84
- Wagner D and Neal M (1994) Caregiving and work - consequences, correlates, and workplace responses, *Educational Gerontology* 20 (7) : 645-665
- Ward-Griffin C, Brown J B and Vandervoort A (2005) Double-duty caregiving, *Canadian Journal on Aging/La Revue canadienne du vieillissement* 24 (4) : 379-394
- White C (2013) *2011 Census Analysis: Unpaid care in England and Wales, 2011 and comparison with 2001*, Office for National Statistics (ONS)
- White-Means S and Chollet D (1996) Opportunity wages and workforce adjustments - understanding the cost of in-home elder care, *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences* 51B (2) : S82-S90
- Yeandle S and Starr M; University of Leeds; Carers UK (2007) *Action for Carers and Employment - impact of the ACE partnership 2002-7*, Carers UK, London, 2007 : 34
- Zal H M (1993) *The Sandwich Generation: Caught Between Growing Children and Aging Parents*,
- Zechner M (2004) Family Commitments under Negotiation: Dual Carers in Finland and Italy, *Social Policy & Administration* 38 (6) : 640-653