The association between unpaid caring and employment and earnings in Northern Ireland

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This project aimed to provide the most comprehensive sociodemographic description of unpaid carers in Northern Ireland. It explores how caring is related to a broad range of aspects associated with employment, income and earnings.

What we did

We analysed the Earnings and Employees Study (EES) 2011, a linked dataset which contains:

- the Northern Ireland Census of Population and Housing 2011
- Capital Value data from Land and Property Services
- the Annual Survey of Hours and Earnings (ASHE) 2011: A UK-wide survey that provides a wide range of information on earnings and hours worked.

ASHE is carried out by the Office for National Statistics in Great Britain and the Northern Ireland Statistics and Research Agency (NISRA) in Northern Ireland. The sample used comprises approximately 1% of all employees in Northern Ireland who were covered by Pay As You Earn (PAYE) schemes.

Background

Currently, it is estimated that one-in-five adults in Northern Ireland have caring responsibilities. A total of 214,000 (12%) people were providing some form of unpaid care on Census Day 2011 in Northern Ireland, compared with 185,066 in 2001 - an increase of 16%.

For people with long-term physical or psychological problems, disability, or problems related to old age, there are many benefits associated with being cared for at home by a family member or friend. They report higher levels of independence, a slower decline in health, and higher levels of life satisfaction. Furthermore, there are enormous economic benefits, with the value of care provided during a full year of the Covid-19 pandemic alone estimated at £6.93 billion for Northern Ireland.

Research has shown that there are benefits associated with being a carer, such as increased confidence, resilience, strengthened emotional bonds with the care recipient, and reassurance that the care recipient is being well cared for. However, caring also comes with many costs to the carer. They can experience high levels of depression, anxiety, distress, stress, poor physical health outcomes, and a lower quality of life.

There is a notable lack of evidence on the impact of caring on employment and income. This includes employment status (casual, temporary, or permanent), employment type (full-time, part-time), occupational sector, hours worked, income, frequency of overtime, absence, and pension contributions.
What we found

Of the total sample (N = 5,770), most (84.8%) reported providing no unpaid care, 10.7% provided 1 to 19 hours of unpaid care per week, 2.1% provided 20 to 49 hours, and 2.3% provided 50 or more hours.

Demographics

Those who provided any level of unpaid care were significantly more likely (compared to non-carers) to be female, aged over 41 years, married or in a registered same-sex partnership, and born in Northern Ireland. They were less likely to be a full-time student.

Carers reported higher levels of disability among themselves. They were more likely to report their day-to-day activities to be limited ‘a little’ or ‘a lot’ than non-carers. They were also more likely to report experiencing one or more long-term health conditions. A higher proportion of carers than non-carers reported their health as ‘Fair’, ‘Bad’, or ‘Very bad’.

Carers were more likely to have ‘Level 4 qualifications and above’ (Higher National Certificate, Higher National Diploma, degree, or higher) and engage in voluntary work. They were more likely to live in adapted accommodation, be owner occupiers, and own one or more cars.

Based on the Northern Ireland Multiple Deprivation Indices, carers were less likely to be deprived in education and housing dimensions.

Employment

Carers and non-carers did not differ in rates of full or part-time employment, whether their contracts were permanent or temporary/casual, and whether their earnings were affected by absence.

Carers were significantly more likely to have more than one job, have a collective (national, sub-national, or industry) agreement, and have a four-week/calendar month pay period.

Earnings

The project examined differences in levels of earnings and contributions across sex and the following levels of caring: No caring; < 50 hours; More than 50 hours. Overall, those who were providing high levels of care were working fewer hours, getting paid less, and receiving less in employer contributions. There was an overall gender effect, with females doing less well on almost all indicators of income and earnings. A supplementary analysis found that those who provided high levels of care (compared to all other caring and non-caring groups) were significantly lower in basic paid hours, basic pay, and total pay. Females were also significantly lower on these compared to males.

Figure 1 shows the estimated mean average findings:
Figure 1: Group differences on earnings and contributions

- Total paid hours by sex and caring group
- Basic pay by sex and caring group
- Gross weekly pay by sex and caring group
- Hourly earnings by sex and caring group
- Stated total pay by sex and caring group
- Employee contributions by sex and caring group
- Employer contributions by sex and caring group

Amount of caring: No caring, < 50 hours, More than 50 hours
Why it matters

Unpaid caring makes a massive financial and personal contribution to the economy and population of Northern Ireland. The findings from this study indicate that providing high levels of unpaid care is associated with poorer earnings and income status. There was also significant evidence that this effect is much stronger for female carers. It is important that the unequal distribution of unpaid caring and its associated economic costs in the Northern Ireland workforce is acknowledged.

What next?

This study has provided important insights into the social and demographic background of unpaid carers in Northern Ireland based on the 2011 Census. Future research on the 2021 Census is required to update these findings. Furthermore, given that ASHE data covers a long period of time, the association between changes in caring status and changes in earnings and employment could be examined.

Acknowledgements

Administrative Data Research Northern Ireland (ADR NI) takes privacy protection very seriously. All information that directly identifies individuals will be removed from the datasets by trusted third parties, before researchers get to see it. All researchers are trained and accredited to use sensitive data safely and ethically, they will only access the data via a secure environment, and all of their findings will be vetted to ensure they adhere to the strictest confidentiality standards. The help provided by the staff of Administrative Data Research Centre Northern Ireland (ADRC NI) and the Northern Ireland Statistics and Research Agency (NISRA) Research Support Unit is acknowledged. ADR NI is funded by the Economic and Research Council (ESRC). The authors alone are responsible for the interpretation of the data and any views or opinions presented are solely those of the author and do not necessarily represent those of the ADR NI. NISRA’s data has been supplied for the sole purpose of this project.

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About ADR UK

ADR UK (Administrative Data Research UK) is a partnership transforming the way researchers access the UK’s wealth of public sector data, to enable better informed policy decisions that improve people’s lives. By linking together data held by different parts of government and facilitating safe and secure access for accredited researchers to these newly joined-up and de-identified data sets, ADR UK is creating a sustainable body of knowledge about how our society and economy function – tailored to give decision makers the answers they need to solve important policy questions. ADR UK is funded by the Economic and Social Research Council (ESRC), part of UK Research and Innovation.

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