

Informes de projectes:

EUROCARE, team. 2024. Later-life Caring in Europe. Zenodo.

Carers in Europe

Mid-life caring in Europe

Findings from the Eurocare project



Foreword

I am delighted to present this report on mid-life caring across European countries, which not only provides valuable insights into significant variations in caring experiences but also prompts us to reflect on broader societal implications.

One key finding from this report is the remarkable **diversity in the prevalence** of informal care among individuals aged 30-64 across Europe. From Cyprus to Denmark, the proportion of mid-life carers varies dramatically, reflecting the complex interplay between societal norms and state support for caring. Unsurprisingly, countries with more limited state support for care tend to exhibit higher shares of high-intensity carers.

The report also confirms the prominent **gender disparities** in caring, with women disproportionately assuming caring roles and dedicating more hours per week compared to men. This gender imbalance is particularly pronounced in countries with fewer state provisions for carers, highlighting an urgent need to challenge societal perceptions and advocate for equitable policies targeting care-related leave.

Furthermore, the **influence of socioeconomic factors** on caring dynamics is equally significant, with caring prevalence higher among those in disadvantaged households.

Importantly, the report addresses the critical concern of the impact of caring on **mental health**, revealing declines in psychological well-being in settings with limited state support and among those providing intensive care.

In light of these findings, the policy implications presented in this report are clear and compelling. Efforts to **combat inequalities** in caring must be prioritised through educational initiatives, adequate financial support and equitable care leave policies. Moreover, enabling greater access to quality alternative care, flexible working arrangements and strengthened carer leave provisions are vital steps towards supporting employed carers, particularly those facing financial constraints.

I commend the authors of this report for their comprehensive analysis and insightful recommendations. I am confident that the evidence-based policy directions outlined herein will inform and inspire meaningful action to enhance support for mid-life carers across Europe.

Stecy Yghemonos
Executive Director of Eurocarers
7 May 2024

Key Findings



The proportion of people caring in mid-life (between ages 30-64) **varies dramatically across European countries**, from 8% in Cyprus to 39% in Denmark, and increases with age.



Carers in countries with less **state support** for care spend much more time caring than carers in countries with more state support.



In England & Wales, **intensity of caring has increased** in recent decades for carers in early mid-life.

Gender inequalities in mid-life care



- Women are more likely than men to provide care in mid-life and to care for longer hours each week.
- The gender difference in care hours for those in early mid-life (age 30-49) is particularly strong in European countries that provide less state support for carers.

Socioeconomic inequalities in mid-life care



- There is clear income inequality in the likelihood of being a carer in early mid-life, with caring more likely in disadvantaged households.
- Becoming a carer in mid-life is linked with early retirement for both men and women in high-income and high-wealth households where carers are more likely to be able to afford to retire.

Mental health and wellbeing of mid-life carers



- Evidence from the UK shows that becoming a carer in early mid-life is linked with declines in mental health. Individuals in mid-life who care for 20+ hours per week or for someone within the household are particularly likely to experience significant declines in mental health.
- In Norway, where state support for care is more readily available, becoming a carer in mid-life was not associated with changes in psychological well-being.

Sandwich care in Europe



- 'Sandwich care' – providing care to an adult while parenting dependent children – is not very common in most European countries.
- In the UK, parents who take up care of an older family member experience small but significant declines in mental health that persist for several years. This decline worsens with increasing weekly hours of care, and parents caring for an older family member for 10 hours or more per week also experience deteriorations in physical health functioning. In Germany this was only the case for women.
- In Germany, becoming a sandwich carer was associated with salary reductions amongst women. Becoming a sandwich carer also led to a reduction in working hours for women and men, but the difference was more pronounced for women.

Policy Implications

- There are strong **gender inequalities** in who becomes a mid-life carer and in intensity of care provision. Explicit efforts should be made to shift gendered perceptions of care through education and promoting gender-neutral caring policies, advocating for equal and paid parental and carer leave entitlements for men and women and raising awareness about gender biases in caring roles.
- There are strong **socioeconomic inequalities** in who becomes a mid-life carer. Financial support for carers must be sufficient for those in low-income households to meet their needs. This could include targeted financial assistance programmes, carer tax credits and social safety nets for low-income carers.
- As early retirement in response to becoming a carer is only affordable in advantaged households, greater support is required for employed carers in lower-income households, including via access to good quality alternative care, more flexible working arrangements, **carer-friendly employment policies** and strengthened carers leave.
- Becoming a carer in mid-life is linked with deteriorating **mental health**, particularly in countries with less state support and for those caring more intensively. High quality respite care, counselling services and carer support groups, particularly for those caring for 20+ hours per week should be made available.
- **State support** – in terms of both care provision and financial support for carers – allows family members to participate more fully in care, but at levels that are compatible with maintaining employment and good health. Countries with lower proportions of mid-life carers and higher state support for care could serve as examples for implementing policies aimed at supporting informal carers, including via increased funding for carer respite services, financial assistance and access to professional caring support.

Introduction

The **Eurocare** project brings together researchers from the UK, Germany, Spain and Norway to investigate inequalities in caring and the impact of caring across European countries at different stages of the life course. This is because the nature and impact of providing care is likely to differ at different life stages.

What do we mean by 'care'?

We use the term 'care' to refer to help or assistance that is provided usually unpaid to family members or friends with mental and physical health conditions, disabilities, and addictions.

This report shares some of the Eurocare project's findings on caring in mid-life which we generally define as ages 30-64. Because this is a broad age range, we have divided this further into carers aged 30-49 ('early mid-life') and carers aged 50-64 ('late mid-life').

Understanding more about carers is important in the context of ageing populations, increasing levels of ill health and increasing inequalities in many countries. While all countries rely on care provided by family and friends to some degree, this reliance varies dramatically across European contexts, with an impact on carers themselves and society as a whole. During mid-life, individuals often provide care to parents, in-laws or grandparents, but also partners or adult disabled children. A key feature of care provision in mid-life is that often intersects or may conflict with employment and parenting responsibilities. In this report, we look at how common caring is during mid-life in Europe and explore inequalities in caring based on gender and socioeconomic position. We then investigate how caring relates to employment and health outcomes. Throughout, we also focus on care intensity and 'sandwich care', the simultaneous care for dependent children and older family members. We use a combination of national survey and census data as well as longitudinal surveys that track the same individuals over time where possible. This allows us to observe whether becoming a carer leads to changes in health and employment.

How common is mid-life caring in Europe?

In 2019, levels of caring amongst 30-49-year-olds in Europe ranged from just 8% in Cyprus to over a quarter in Croatia, Denmark and Iceland (Figure 1). Caring levels were even higher amongst those aged 50-64. Similar to the early mid-life group, levels of caring in this age category were highest in Denmark, Iceland, Croatia, Germany and Finland, reaching nearly 40%, while considerably lower in Romania at 10%.¹ It is important to note that estimates of caring can vary depending on the specific question asked and may also differ due to cultural and social variations in interpretation.

Percentage providing care by country in early and late mid-life

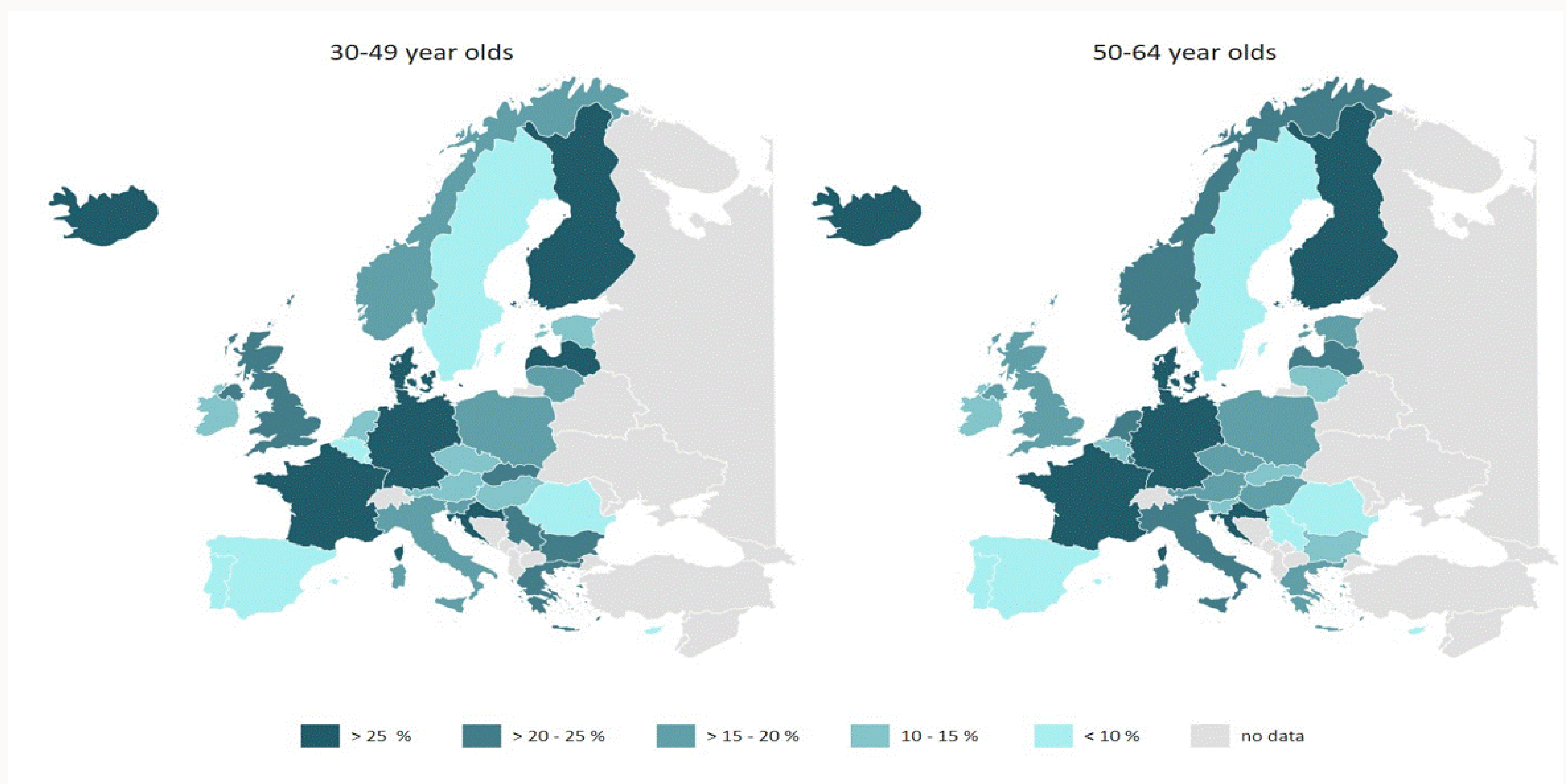


Fig. 1 Map of caring in Europe in early and late mid-life, 2019.

Source: European Health Interview Survey (UK Household Longitudinal Survey in UK only).

We grouped 24 European countries into high, medium and low levels of state support for carers based on several factors: expenditure on long-term care services as a share of GDP, the number of long-term care beds per 1,000 people aged 65+, the number of long-term care workers per 100 people aged 65+, carers leave provision, and financial support for carers. As depicted in Figure 2, the high-support countries include the 'Nordic' countries and the Netherlands. The mid-support countries encompass North-West European countries, while the low-support countries are predominantly located in Southern and Eastern Europe.

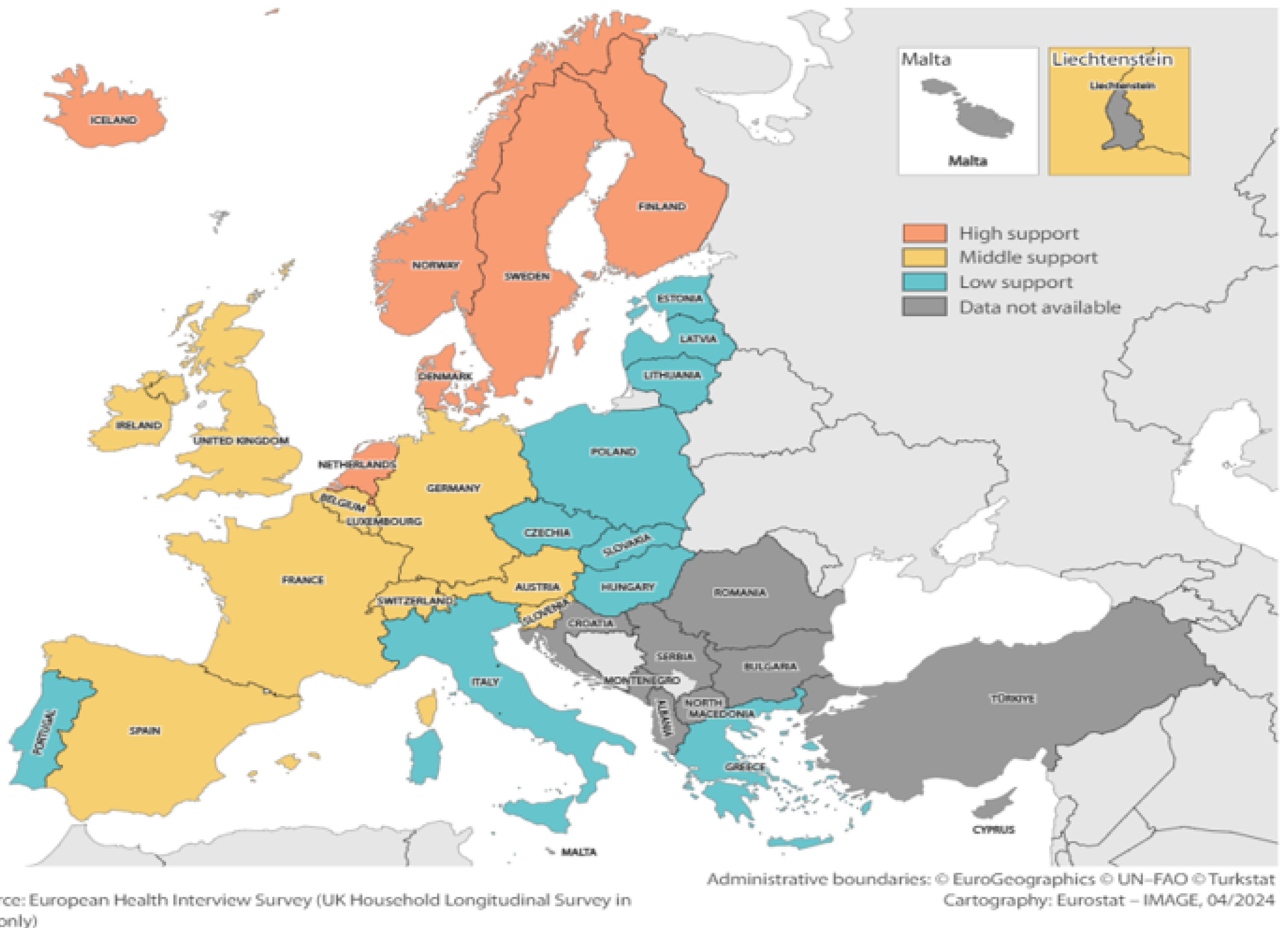


Fig 2. Map of countries grouped by levels of state support for carers^a, 2019

^a Based on state support is based on expenditure on long-term care services as a share of GDP, # of long-term care beds per 1,000 people aged 65+, # long-term care workers per 100 people aged 65+, carers leave provision and financial support for carers.

Figure 3 illustrates that caring in mid-life is less common in countries with lower levels of state support for carers. However, carers in those countries with less state support are much more likely to care for 20+ hours per week compared to carers in countries with higher levels of state support.^{1,3} For example, amongst those aged 50-64, 24% of carers provided care for 20+ hours per week in countries with low levels of state support for carers, compared to 15% in countries with medium levels and 8% in countries with high levels of state support for carers. This pattern aligns with previous research indicating that family members are more likely to undertake less intensive care in countries where the state provides a significant portion of care or handles more demanding personal care tasks.⁴

Carers in countries with less **state support** spend more time caring.



In countries with low state support, 24% of carers aged 50-64 provide 20+ hours of care weekly, versus 8% in countries with high support

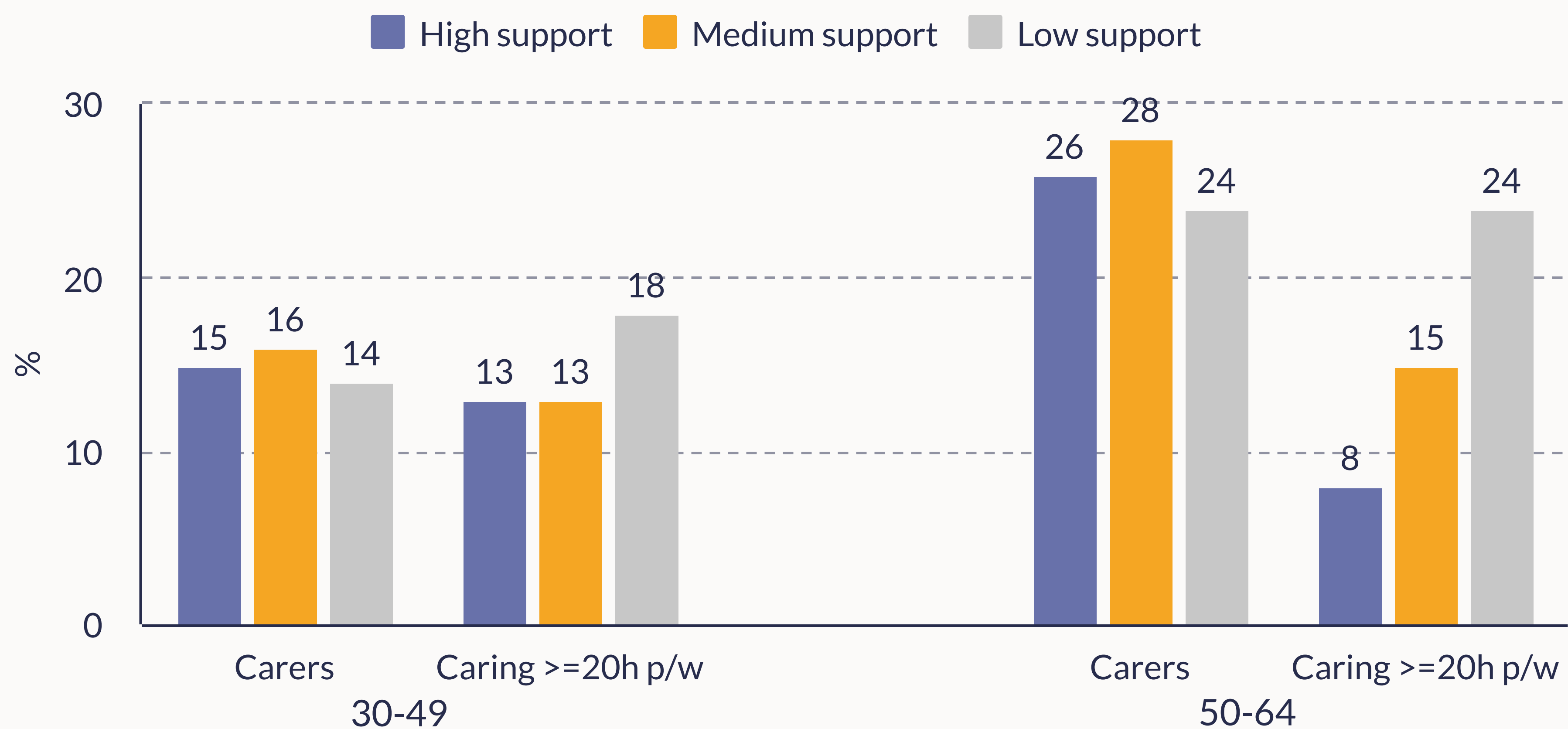


Fig 3. Percentage of 30-49 and 50-64 year olds providing care by state support*, 2019
 *Source: European Health Interview Survey

* Based on expenditure on long-term care services as a share of GDP, # of long-term care beds per 1,000 people aged 65+, # long-term care workers per 100 people aged 65+, carers leave provision and financial support for carers..

In England & Wales

The % of carers aged 35-49 caring for 50+ hr/week rose from 18% in 2001 to 30% in 2021

According to the census in England & Wales, levels of caring in mid-life have shown a slight decline over the past ten years; however, there has been a clear increase over the past twenty years in the number of weekly hours carers spend caring. Figure 4 shows that the percentage of carers aged 35-49 caring for less than 20 hours per week decreased from 71% in 2001 to 64% in 2011 and further to 47% in 2021.

This coincided with an increase in the percentage of carers caring for 50+ hours per week from 18% in 2001 to 22% in 2011 and then 30% in 2021. For those aged 50-64, the increase in the number of weekly hours spent caring has been less pronounced and has been concentrated in the past ten years. It should be noted that the 2021 census was conducted during the COVID-19 pandemic, which may have contributed to these observed differences in caring patterns.

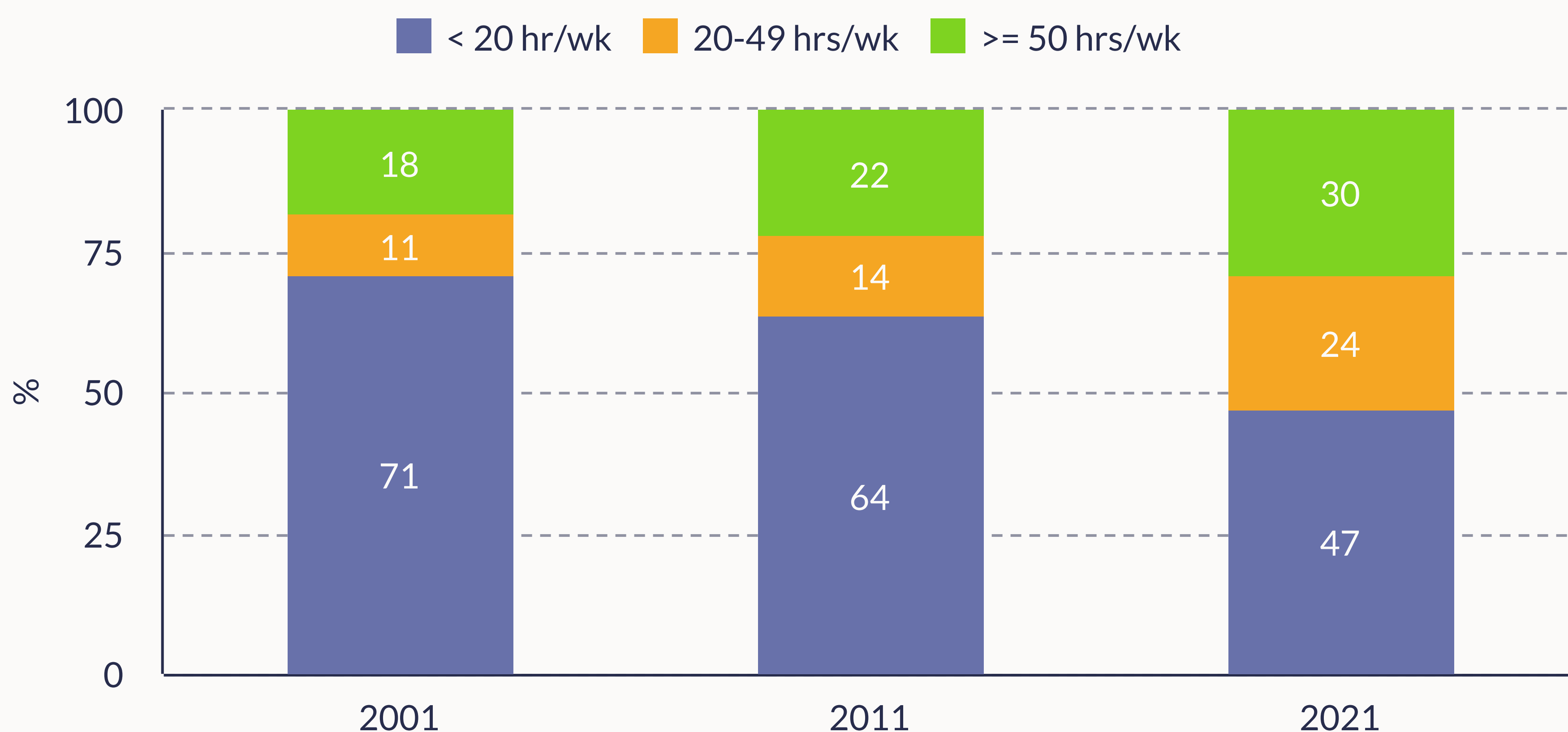


Fig. 4 Percentage of carers aged 35-49 by weekly care hours in England & Wales, 2001, 2011, 2021
 Source: Census in England & Wales

How common is sandwich caring in Europe?

Mid-life is a period when individuals often find themselves juggling care for older generations, such as parents, with caring responsibilities for dependent children. We investigated how common it is to simultaneously care for adults at the same time as providing parental care for dependent children -- what we call 'sandwich care' -- in Europe. Our findings reveal that across many European countries, approximately 4% of individuals are engaged in 'sandwich care', balancing care for dependent children under the age of 14 with caring for adults. Levels of 'sandwich care' are slightly higher – closer to 6% – in the UK, Ireland, Latvia and Norway. Notably, Denmark, Iceland, Hungary and Croatia exhibit even higher levels, with about 10% of individuals engaged in 'sandwich care'.² These variations may be influenced by differences in family size and the timing of parenthood across countries.

Are there inequalities in mid-life caring in Europe?

Gender

In this report, we adopt a binary categorisation of gender to reflect traditional norms that consider caring to be primarily a feminine labour form. According to European survey data, women are more likely than men to provide care in mid-life, and, amongst those who do, women tend to devote more hours per week to caring than men. In 2019, 12% of men aged 30-49 were carers, whereas the percentage was higher among women at 17%. Similarly, among individuals aged 50-64, 27% of women were carers compared to 20% of men. Figure 5 illustrates that among carers in both age groups, women were more likely than men to provide care for more than 20 hours per week. For example, amongst carers aged 30-49, 17% of women care for 20+ weekly hours compared to 11% of men.¹

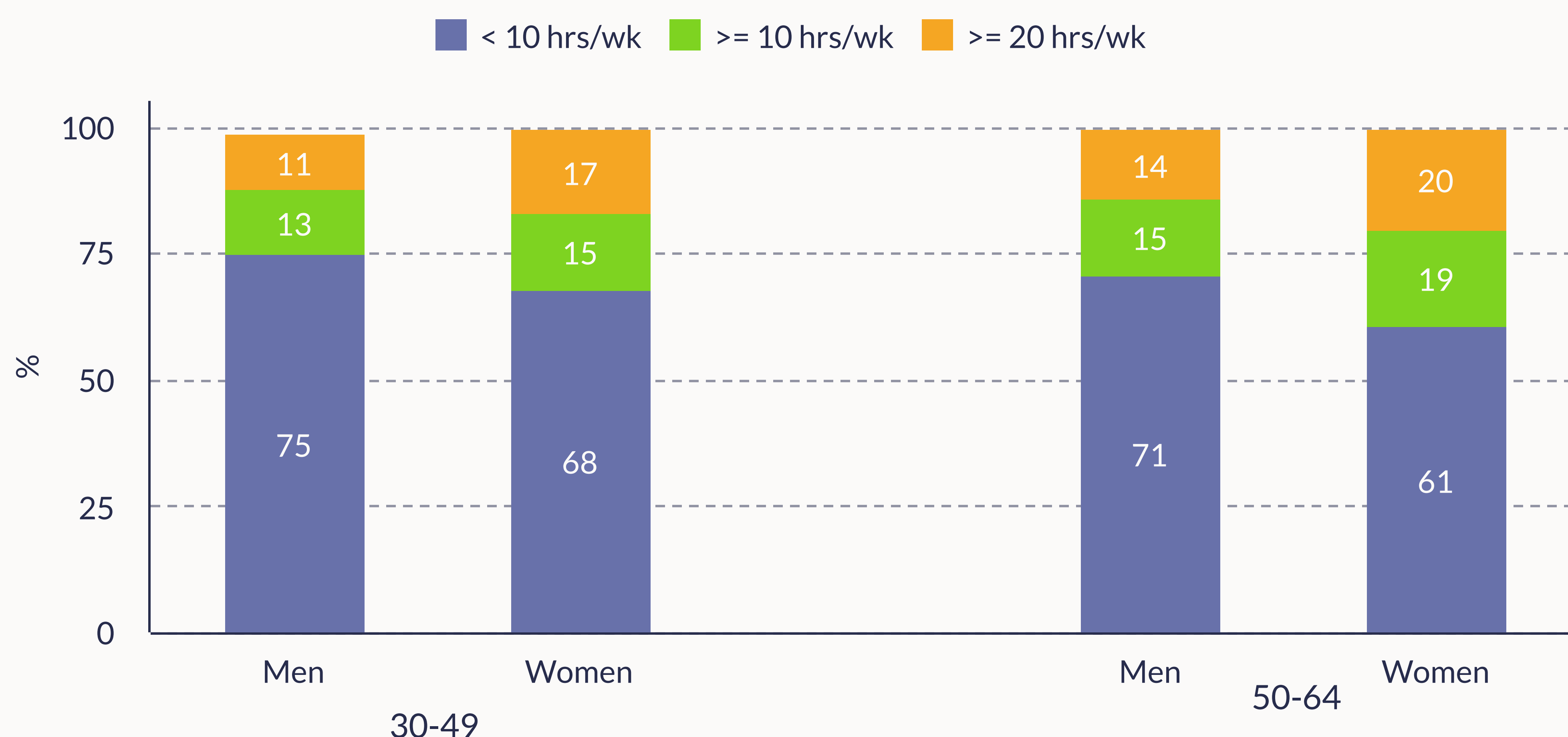


Fig. 5 Care hours among carers in Europe aged 30-49 and 50-64 years by gender, 2019
Source: Census in England & Wales

Every census in England & Wales since 2001 indicates that women are more likely than men to provide care in mid-life, and this gender difference has remained relatively stable over the past twenty years.

For individuals aged 35-49, the census for England & Wales suggests that gender differences in weekly hours spent caring have increased over time. In 2001, there was no gender difference in weekly care hours in 2001, However, by 2011, differences emerged, with 19% of male carers compared to 23% of female carers providing 50+ hours of care per week. By 2021, this disparity widened further, with nearly a third of female carers caring for 50+ hours per week compared to a quarter of male carers.

In contrast, for carers aged 50-64, the census for England & Wales suggests that gender differences in weekly care hours have remained modest and stable over the past twenty years.



Women are more likely to provide care and to care for longer hours in mid-life

In England & Wales - **Gender disparities** in caring increased from none in 2001 to one-third of female carers vs one-quarter of male carers providing 50+ hr/week by 2021.



In countries with low state support, female carers are about **50% more likely** to care for 20+ hrs/week

Gender, care hours and state support

Figure 6 shows that the gender difference in care hours is more pronounced in countries with lower levels of state support. In countries with low state support, women who are carers are about 50% more likely than men to provide care for 20+ hours per week, whereas gender differences are much smaller in countries with higher levels of state support.^{1,3}

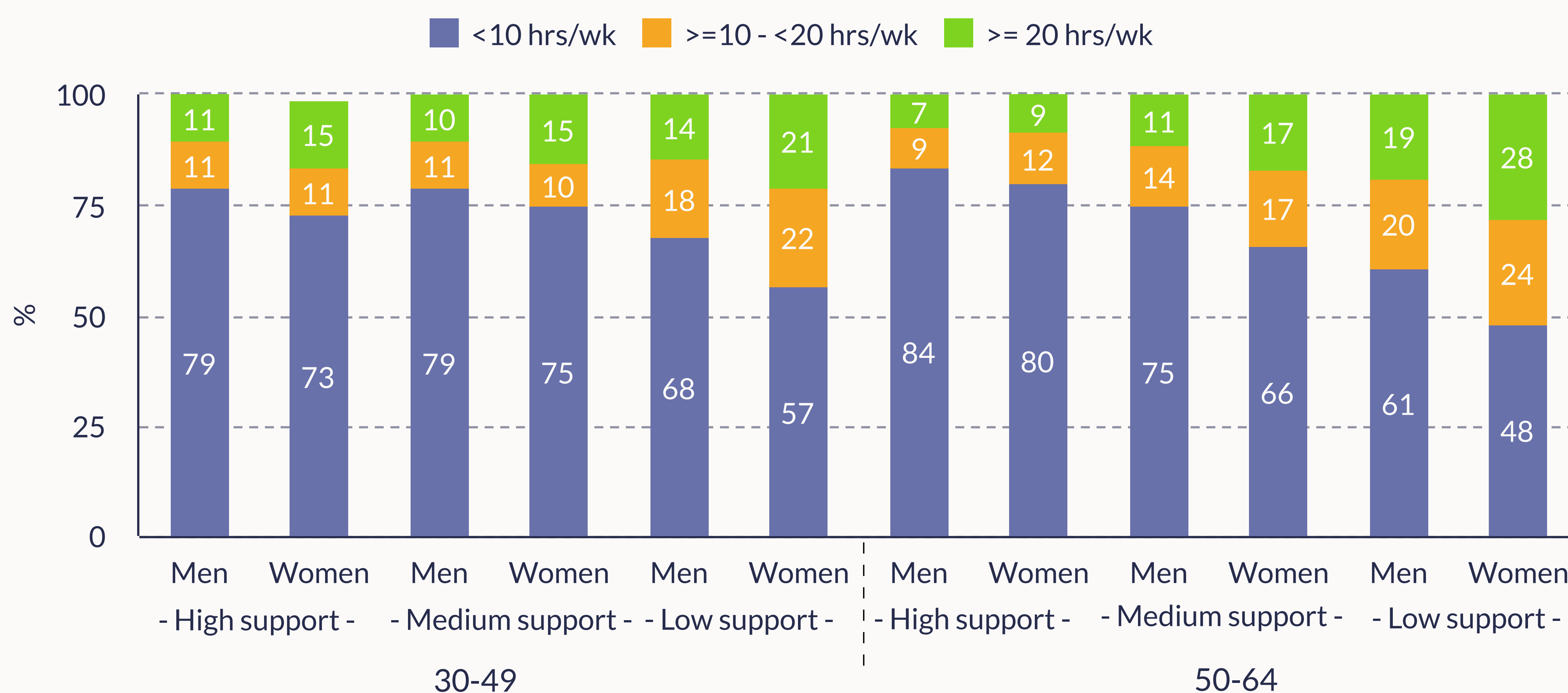


Fig. 6 Hours of care among carers aged 30-49 and 50-64 by gender and state support in Europe, 2019
 Source: European Health Interview Survey

Gender, care and employment

Figure 7 shows that, overall, women are more likely than men to be out of employment while providing domestic labour/care full-time. Among individuals aged 30-49, those who are carers are less likely than non-carers to be employed, and this difference in employment status is relatively similar for both men and women. In contrast, among individuals aged 50-64, there is no difference in employment status between men who are carers and those who are not. However, among women in this age group, carers are slightly more likely than non-carers to be employed.¹

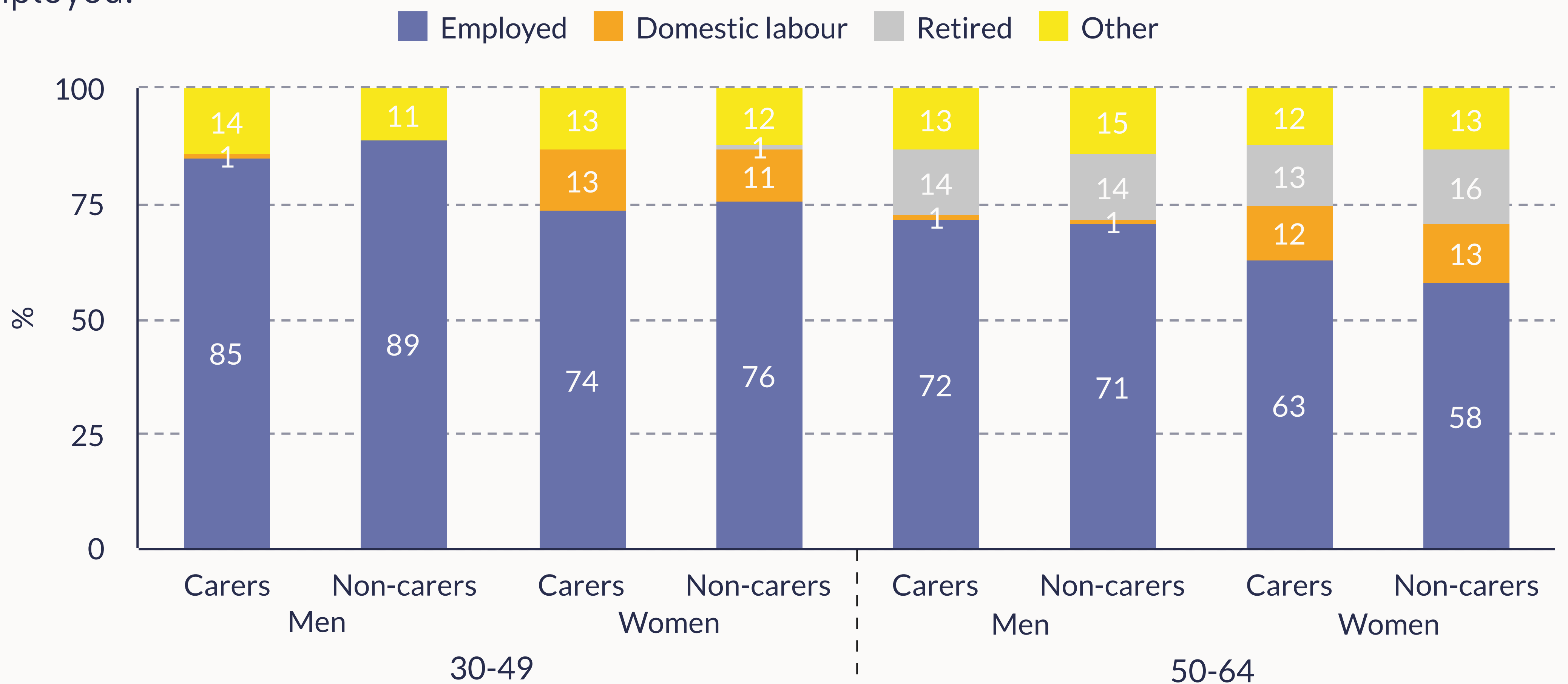


Fig 7 Employment by carer status, gender and age group in Europe, 2019
Source: European Health Interview Survey

Income

Figure 8 shows income inequality in the likelihood of being a carer in the 30-49 age group, with higher levels of caring observed in more disadvantaged households. The pattern in earlier mid-life may be attributed to socioeconomic inequalities in health, where individuals in advantaged households tend to maintain better health and functioning for a longer period.

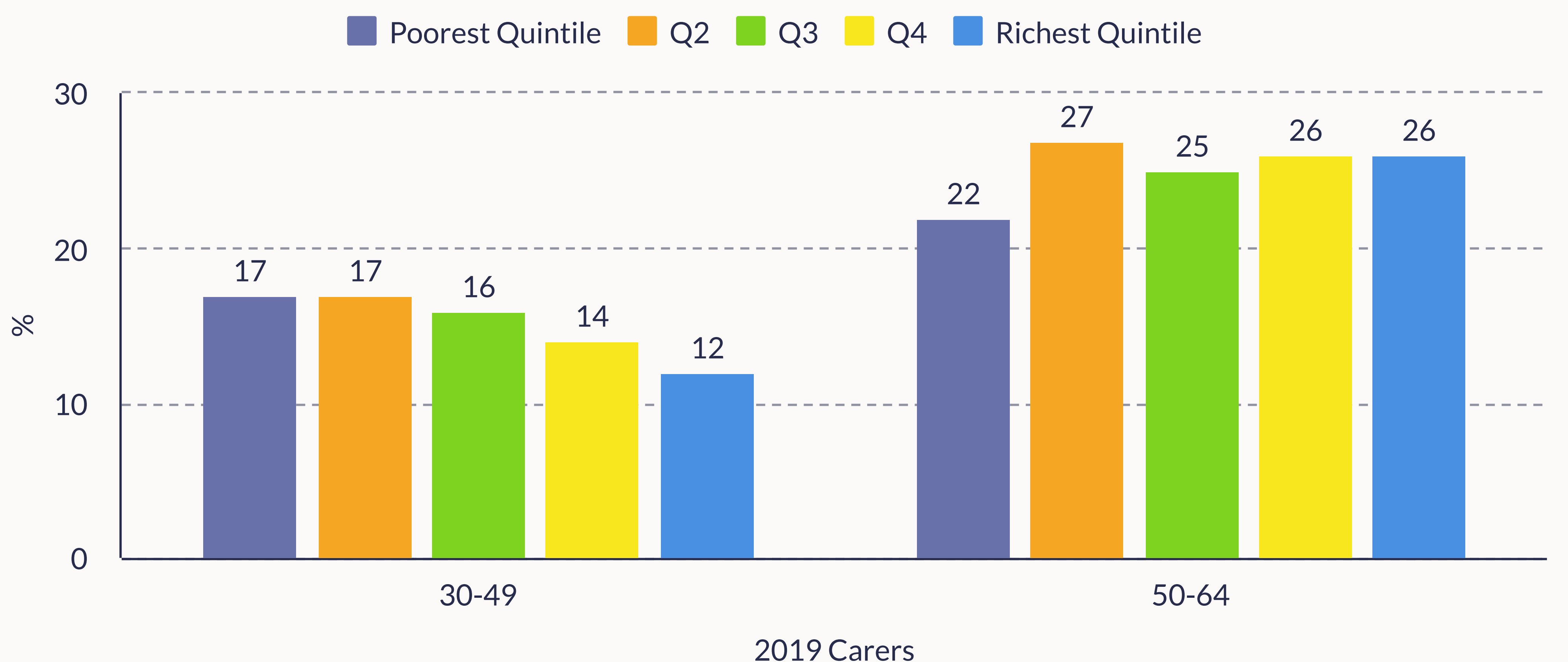


Fig 8 Percentage of 30-49 and 50-64 year olds in Europe who are carers by household income, 2019
Source: European Health Interview Survey

Figure 9 illustrates that sandwich carers were slightly more likely than others to be in a low-income household and less likely to be in a household within the highest fifth of income. For example, among individuals without children and not caring for an adult, 27% are in the richest fifth of household income compared to only 16% of sandwich carers.²

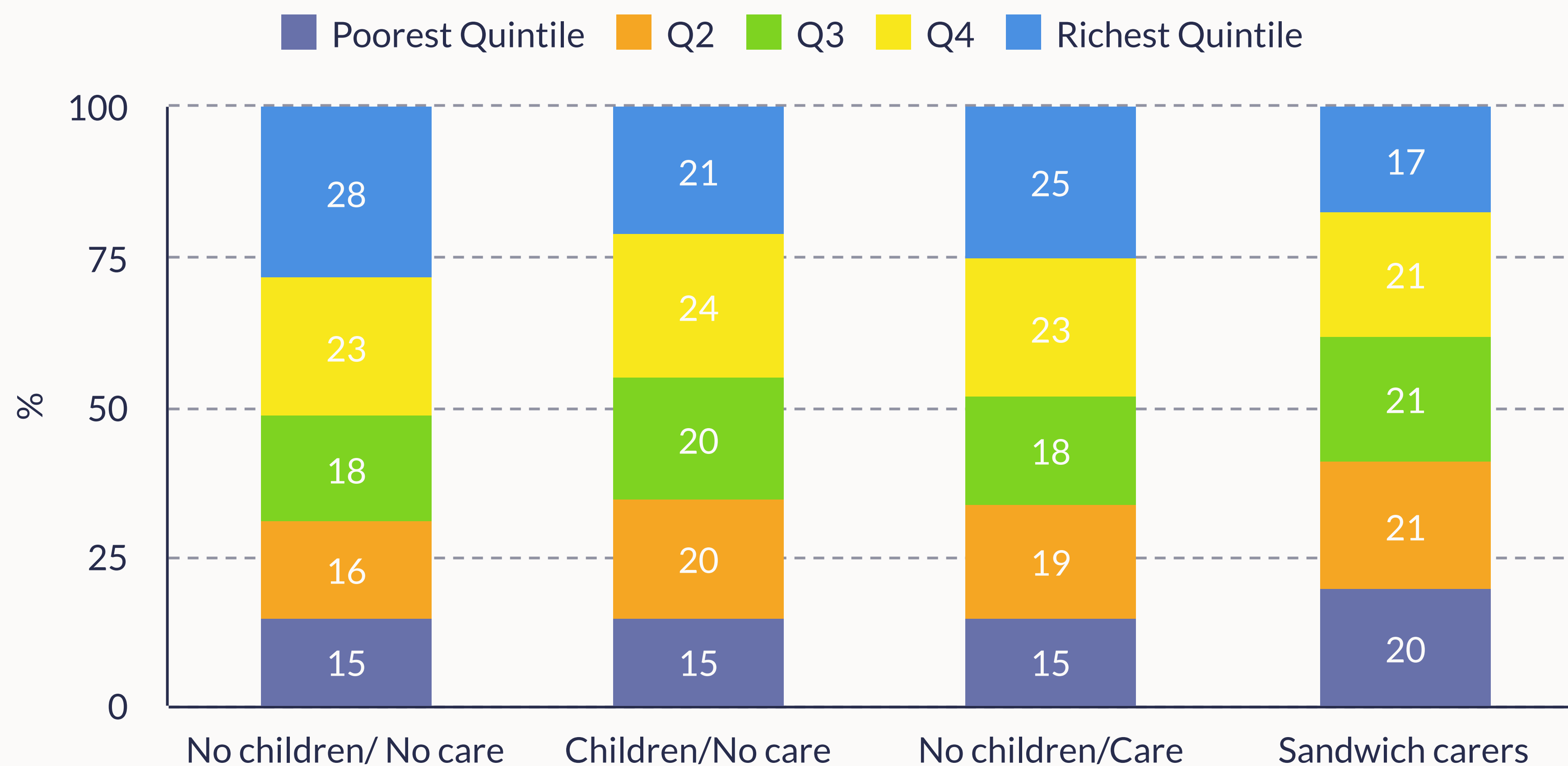


Fig 9 Care & parent status by fifths of household income, 2019
Source: European Health Interview Survey

Becoming a carer and employment exits in Europe

Data on workers aged 50+ from across Europe indicate that becoming a carer results in reduced working hours amongst men and often leads to early retirement for both men and women. However, early retirement in response to becoming a carer is concentrated in high-income and high-wealth households.⁵ In addition, men in countries with low state support for care or in low-wealth households are less likely to exit the labour market when they take on a caring role.⁵

In Germany, becoming a sandwich carer is associated with reductions in working hours for both men and women but difference was more pronounced for women than men. Becoming a sandwich carer also led to reductions in employment earnings for women only.⁶

Becoming a carer and health

In the UK, becoming a carer is linked to worsening mental health for people aged 30-49, with this decline persisting for several years after assuming caring responsibilities. The impact on mental health is more pronounced for women compared to men. Transitions into intensive caring, defined as providing 20 hours or more per week of care or caring for someone within one's household, are associated with dramatic deteriorations in mental health for mid-life carers across all age groups.⁷

In contrast, in Norway, where state support for care is more readily available, becoming a carer in mid-life is not associated with changes in psychological well-being.⁸

Sandwich care and health

European survey data indicates that parents with children under age 14 at home who also care for an adult for 20+ hours per week report worse general health and mental health than parents not providing adult care.²

In the UK, parents with dependent children who take up care for older family members experience a small but notable decline in mental health that persists for at least six years after taking on caring responsibilities. This decline is more pronounced with increased weekly caring hours and parents providing 10+ hours per week of care also report deterioration in physical health functioning.⁹

In Germany, becoming a sandwich carer is associated with reduced life satisfaction among women, but not among men.⁵



May

May is 51 and lives in a small village in the south of the Netherlands. May was born in Beijing and her husband Jan is Dutch. They met and married in Beijing when Jan was working there. They have two children, Henk now 18 and Marieke now 12.

Jan has been living with left-side paralysis and seizures following breaking his neck in an accident when he was 17. May and her family moved to the Netherlands 8 years ago after Jan's health had been deteriorating for some time. He is unable to drive, prepare meals, maintain the house or manage all of his personal care. May is his only carer, managing the household, children and Jan's personal care and medication. Jan was able to access social housing on his return, but it took 3 years for Jan to be classed as sufficiently disabled to be granted disability benefits. During that time, May accepted jobs as a cleaner and in a supermarket. In China, May was a qualified teacher and had a driving license but neither of these were recognised in the Netherlands. Now that Jan qualifies for full disability benefits, May is recognised as a Mantelzorger (Hearth Carer), meaning that she is not compelled to look for and accept any job. She chooses to work part-time as a teacher, partly to dispel prejudice she has faced from neighbours, describing her as an undeserving immigrant seeking state handouts. Her earnings are deducted from Jan's benefits. Life has been very difficult for May, moving to an unknown country for the good of her family, learning a new language and carving out a career and identity as a contributing member of society. Her work and caring responsibilities mean she is exhausted and money remains tight.

Acknowledgements

The Eurocare project was supported by funding within the JPI MYBL from the following national funding bodies: the UK Economic and Social Research Council (ES/W001454/1), The German Federal Ministry of Education and Research (16SV8702), The Research Council of Norway (327659), and The Spanish Ministry of Science, Innovation (PCI2021-121983).



Cite this as:

The Eurocare Team (2024) Mid-life Caring in Europe. DOI:10.5281/zenodo.11199246

Find out more:

<https://www.ucl.ac.uk/epidemiology-health-care/research/epidemiology-and-public-health/research/eurocare-inequalities-informal-caregiving-over-1>

References

1. Almeida P, Lacey R, Xue B, Di Gessa G, McMunn A. Inequalities and changing prevalence of care in Europe across the adult life-course: Evidence from the European Health Interview Survey. Forthcoming.
2. Renteria Perez E, et al. Sandwich Caring and Health in Europe. Forthcoming.
3. Van Damme M, Spijker J. A Care Regime Typology of Elder, Long-term Care Institutions. Under review Eur J Ageing.
4. Brandt M, Deindl C. Intergenerational Transfers to Adult Children in Europe: Do Social Policies Matter? *Journal of Marriage and Family*. 75(1):235-251. doi:10.1111/j.1741-3737.2012.01028.x
5. Spijker J, Van Damme M, Arpino B. The impact of care in mid-life on employment transitions in Europe. Under review, Eur J Ageing.
6. Deindl C & King M. Sandwich caring and health in Germany. In preparation for submission to *European Sociological Review*.
7. Lacey RE, Xue B, Di Gessa G, Lu W, McMunn A. Mental and physical health changes around transitions into unpaid caregiving in the UK: a longitudinal, propensity score analysis. *Lancet Public Health*. 2024;9(1):e16-e25. doi:10.1016/S2468-2667(23)00206-2
8. Methi F, Bang Nes R, Skirbekk V, Hansen T. (2024) The Double-Edged Sword of Becoming a Caregiver: Dynamic Impact on Four Dimensions of Well-Being in Norway. *Plos One*. doi:10.1186/s40359-024-01623-x
9. Xue B, Lacey RE, Di Gessa G, McMunn A. Do mental and physical health change around transitions into sandwich care? Results from the UK Household Longitudinal Survey. Under review, *Lancet Public Health*.