DWP Department for Work and Pensions

Research Summary

Health, disability, caring and employment: Longitudinal analysis

By Adele Atkinson, Andrea Finney and Stephen McKay

Introduction

In this report we consider how changes in health status through time are related to a variety of factors including changes in employment, caring, well-being and so on. We make full use of the longitudinal elements of two large surveys, Families and Childrens Study (FACS) and British Household Panel Survey (BHPS). We also report on the usefulness of recent birth cohort data from the Millennium Cohort Study (MCS), and conduct analyses where possible – particularly for smaller subgroups more difficult to capture in FACS or BHPS.

The aim of the research is to explore the relationships between health, disability, caring and employment in families with children in the context of the agenda to reduce child poverty, reduce worklessness within households, and promote the employment and wider participation of disabled people.

The first three years of childhood

We begin this report by considering health changes during the first three years of a child's life using the first two waves of the MCS. The MCS asks about limiting long standing health conditions (LLSC) among children, and long standing illness (LSI), disability and infirmity among adults. It also has information about the main respondent (usually the mother) and the household.

Health of the cohort child and parents

The first wave of the MCS indicated that almost three in ten babies had suffered a chest infection in their first nine months, and six per cent had shown signs of wheezing or asthma. By the second wave, 16 per cent of the children had a longstanding health condition, and one in five of these (19 per cent) were limited in normal activities by their illness.

Around one in five main respondents and the same proportion of partners had a longstanding health condition in the second wave of the MCS, and 13 per cent had such a condition in both waves. Furthermore, respondents with LSI were more likely than other parents to report that their child had a LLSC. This may be due to the hereditary nature of some conditions, or the shared environmental and economic factors.

Parental work and child health

Similar proportions of working and non-working parents reported long standing health conditions among children, but those who were not working were more likely to describe the condition as limiting.

Working hours varied little by the health status of children; the main choice appeared to be whether to work or not, rather than how many hours to work. Parents whose children had an LLSC were far more likely than average to comment that they could not find a job with the right hours (14 per cent compared with eight per cent).

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Importantly, access to appropriate childcare and the cost of childcare were of greater concern to parents of children with long term conditions (and in particular to those with children whose condition limited their activities) than to parents of children with no such health problems. Also of note are the nine per cent of parents with a child who had an LLSC who did not work because they were concerned that they would lose their entitlement to benefits.

The extent of disability

Frequency of suffering long term health conditions

In this section of the report we consider the extent and longevity of disability, both in families with children and by other characteristics. We use all the 14 waves available (at the time of analysis) of the BHPS. It is important to note that the wording of the questions in the BHPS does not seek to identify 'long term' or 'long standing' health conditions.

We have therefore labelled them LHC (limiting health conditions). Two per cent reported a LHC in every wave, but 11 per cent reported one in at least eight of the waves – this varied by gender, with women being one and a half times more likely than men to have an LHC at least eight times. We consider the family type of the respondent in the first wave, and the number of times that they subsequently report an LHC. We find that lone parents with dependent children were more likely to have subsequently reported some period of poor health than any other household with children – whether dependent or not.

Movements into and out of periods of poor health

Perhaps not surprisingly, those who were least likely to have good health in two consecutive years were either retired (42 per cent) or not working because of sickness or disability (28 per cent) at t[1]. When looking at the labour force activity following health transitions, we found that 35 per cent of people who moved out of a period of ill health were in paid employment by t+1, compared with 60 per cent of people who had suffered no LHC for at least two years.

The BHPS identifies adults (usually mothers) with responsibility for a dependent child. When considering adult women aged 50 or below we see that those with dependent children were more likely to switch between active employment and inactivity across two years than women without dependent children irrespective of their health status.

Family poverty

The risk of poverty is considerably higher for lone parents than couples, and represents a statistically more important factor than ill health. This is based on FACS analysis. Where respondents became disabled over the course of the year their poverty rate was 23 per cent, rather higher than the 17 per cent where no such change took place (though the difference should not be exaggerated). Similarly, where the partner became disabled (in couples) the risk of poverty was 11 per cent, compared with seven per cent where the partner remained free of disability. There was little difference in the risk of poverty where a child became disabled in the course of a year (20 per cent rather than 18 per cent, not enough to be statistically significant).

Having a disabled family member was associated with a higher risk of poverty, for those in work, but a lower risk of poverty for non-workers.

In addition, transitions into ill health are more likely to arise from situations of poverty – the directions of cause run in both directions.

Taking those families interviewed in every year 2001-2005, in 61 per cent of cases respondents never said they had a longstanding illness (at least not between 2001 and 2005). By contrast, some ten per cent of respondents said each year that they had such a condition. Naturally there were a range of responses in between, with 12 per cent mentioning this just once.

[1] A shorthand way of referring to 'this year' and 'the following year', for data collected over a range of years (e.g. 2000 and 2001, 2001 and 2002, 2002 and 2003, etc.).

Caring

The 2005 BHPS shows that eighteen per cent of women and 15 per cent of men in total were providing care to someone inside or outside the home, or both. Caring for someone outside the home (11 per cent) was more common than caring for someone inside the home (six per cent). Only a small minority of women and men were providing care of 20 or more hours per week (three per cent).

Overall, in 2005, individuals in families with children were less likely to report caring for others than those without children (13 per cent compared with 18 per cent). However, focusing on families with dependent children, lone parents were slightly more likely to be providing care compared with people in couples (15 per cent compared with 12 per cent).

Although those in active employment were less likely than those who were inactive to have caring responsibilities, the difference is not substantial (15 per cent compared with 19 per cent). Although employed people make up almost half of the population (49 per cent), they represent only one in five of the population of people caring for 20 or more hours per week, but they do make up half of people providing care for less than 20 hours a week (50 per cent).

Number of years caring

Over a half (54 per cent) of people interviewed in all 14 waves of BHPS reported caring for someone in one or more waves and eleven per cent reported caring for someone (not necessarily the same person or persons) in more than half of the interview years (eight or more years). Adults with children (either at wave 1, or wave 14 or both) were slightly less likely to have provided care to others for one or more and eight or more years (51 per cent and nine per cent).

People working part time at wave 1 were more likely than those working full-time and, perhaps surprisingly, those not working at all to go on to provide eight or more years care in the next 14 years. However, the differences were not substantial. People not working at wave 14 were much more likely to report caring in at least one interview (64 per cent) compared with those working part time (52 per cent) and especially full-time in wave 14 (44 per cent). This pattern is repeated for reports of caring in at least eight years, and points to a possible directional effect between the number of years of caring provided and subsequent working status.

Caring transitions

Across the 14 year period of BHPS six per cent of transitions in caring status from one interview to the next were from not providing care to providing care, a further six per cent were caring to not caring, and 10 per cent again involved caring in consecutive years.

Movements in and out of care from one year to the next were about average for people in couples with dependent children (five per cent moving in and five per cent moving out) and lone parents with dependent children (six and six per cent), but these groups both had relatively low proportions of instances of caring in both years (nine and eight per cent respectively).

People stopping caring were slightly less likely to be working at the beginning of the transitional period compared with those who started caring responsibilities in that time (50 per cent compared with 53 per cent). Perhaps surprisingly, the picture is very similar for work status at the end of the transition with 50 per cent of those stopping caring and 52 per cent of those starting caring in full or part-time work.

When people moved into caring they were slightly more likely to move out of economic activity (five per cent) compared with all other caring transitions (four per cent). Surprisingly, a greater proportion of people moving into caring remained economically active (48 per cent) compared with those who either continued caring responsibilities (45 per cent) or stopped caring (47 per cent).

Half as many transitions into care of 20 or more hours per week corresponded with a move into full-time work (two per cent) as either moves out of full-time work (four per cent) or moves into full-time work on average (four per cent). People who stopped providing care of 20 or more hours per week were, however, also slightly less likely than the average to move into full-time work (three per cent compared with four per cent).

There is a particular propensity towards movement into full-time work during the same period that heavy caring responsibilities begin among adults with children. Among adults with children, nine per cent of transitions into heavy caring coincide with a movement into full-time work, compared with six per cent moving into full-time work and, among adults without children, six per cent moving into full-time work.

We are also interested in the interaction between health status and caring responsibilities. Those who had no caring responsibilities and no illness throughout two waves were most likely to be in paid employment or self employment at t+1. Those with caring responsibilities outside the home tended to have a similar work status to people with no caring responsibilities, whatever their own health, whilst those with caring responsibilities for someone they lived with had lower levels of employment.

Regression analysis indicates that age, sex, family type, labour force status and income, among other factors, are independently related to providing any care and care of 20 or more hours per week in any one year, after the influence of other factors – including caring provision in the previous year – have been taken into account.

The full report of these research findings is published for the Department for Work and Pensions by Corporate Document Services (ISBN 978 1 84712 278 0. Research Report 461. October 2007). It is available from Paul Noakes at the address below.

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