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Labour market participation and Unpaid Care Work in the UK: An Intersectional Multilevel Analysis of Individual Heterogeneity and Discriminatory Accuracy (MAIHDA)

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**Context: The number of unpaid carers has risen in recent years, with a growing proportion providing highintensity care. Balancing caregiving with employment can create significant challenges, such as financial strain, poor mental and physical well-being and reduced labour market participation. This study explores how caregiving intensity and socio-demographic characteristics combine to shape labour market outcomes, taking an intersectional approach. The ways in which the caring-employment relationship varies by sociodemographic characteristics is yet to be explored.

**Aims: We address the following research questions: RQ 1 What is the relationship between caring intensity and labour market participation? RQ 2 How does the relationship between care intensity and labour market participation vary across intersectional strata? RQ 3 To what extent is the variation in the care-employment relationship (identified in RQ2) explained by two-way, care-by-demographic-variable interactions, as opposed to higher-order interactions?

Methods: Multilevel Analysis of Individual Heterogeneity and Discriminatory Accuracy (MAIHDA) Regression models with random slopes are used to analyse wave 14 (2022-2023) of the Understanding Society dataset.

**Key findings: Caring is linked to reduced levels of labour market participation, even after accounting for socio-demographic variables. This association was most pronounced for people providing higher intensity care (20 hours or more). There is variation in the relationship between care intensity and labour market participation, however most of this variation is explained by the two-way, care-by-demographic-variable interactions: There is a larger gap in job hours between male non-carers and male high intensity carers compared to females, although females have lower job hours at the baseline. The gap in job hours is the largest between high intensity carers from generation X and Y and non-carers. High intensity carers with secondary school or other education work similar hours to lower intensity carers or non-carers who have no qualifications, and many fewer hours than non-carers with the same qualifications. There are fewer clear differences between ethnic groups.

**Limitations: To maintain large enough sample sizes, detail is lost in the re-categorising of care intensity into fewer categories, and the measurement of care intensity does not include detail about the individual experience of providing care.

**Conclusion: More support for carers should be put in place, such as respite care and improved access to Carers Allowance.

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