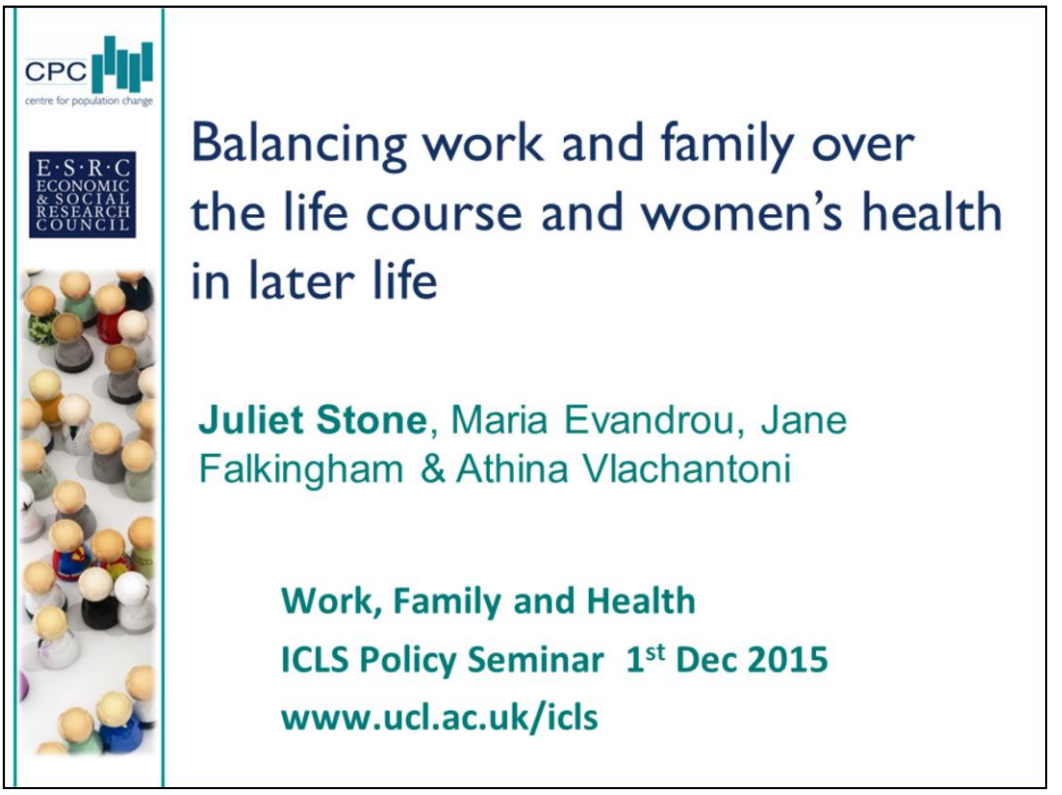


This presentation is based on work that I carried out with colleagues at the University of Southampton at the ESRC Centre for Population Change, looking women's work and family experiences over their lives and how that relates to their health in later life.

Why are we interested in this? In terms of health in later life clearly we have an ageing population so this is a really important issue to try and reduce health inequalities, to try and maximise healthy life expectancy both for individuals and at population level. And we know that health in later life is in part determined by people's experiences throughout their lives. For example their participation in the labour market has a strong effect on their economic resources and the financial resources they have access to in later life. And family life may help build up social resources throughout their lives which again they can draw on in later life.

This is particularly important for women, especially women who are now in later life who are in cohorts where there was still a quite strong division between men who worked and women who looked after the family. Of course there are efforts to try and change that now but for these cohorts that was still very strong.

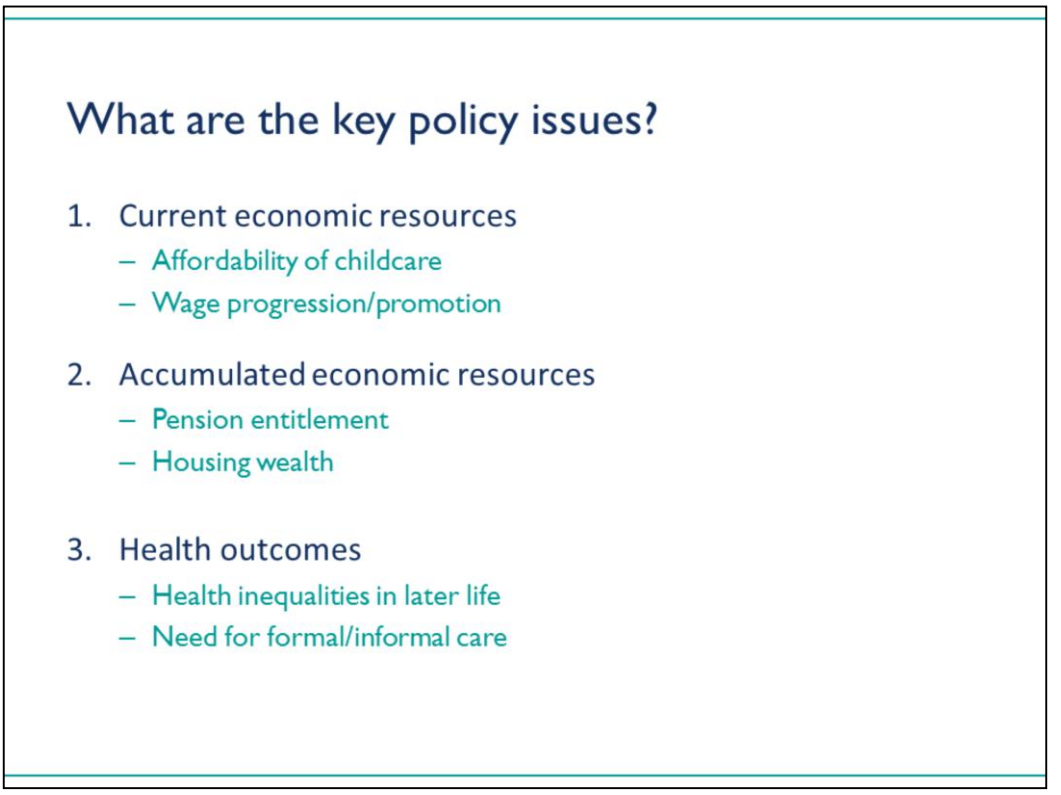
In this presentation I am actually only going to talk about women. For these cohorts there isn't much variation at all in men's working lives. Pretty much all of them just work from when they leave school to when they retire. There is a little bit of variation as to when they start and finish. There are some that are outside the labour market and in more disadvantaged positions but in general

terms there is not a lot of variation.

Aims of this presentation

- Show what patterns of work/family life looked like for women currently in later life in England
- Identify the characteristics of women how follow different paths of work/family through their lives
- Investigate whether these different patterns of work/family life can predict women's health outcomes in later life

Today I am going to talk about what these patterns of work and family look like for these women that are currently in later life in England. I am going to talk a bit about the characteristics of some of these different groups that we find. And then finally going to look at how these different patterns of work and family life relate to women's health in later life.



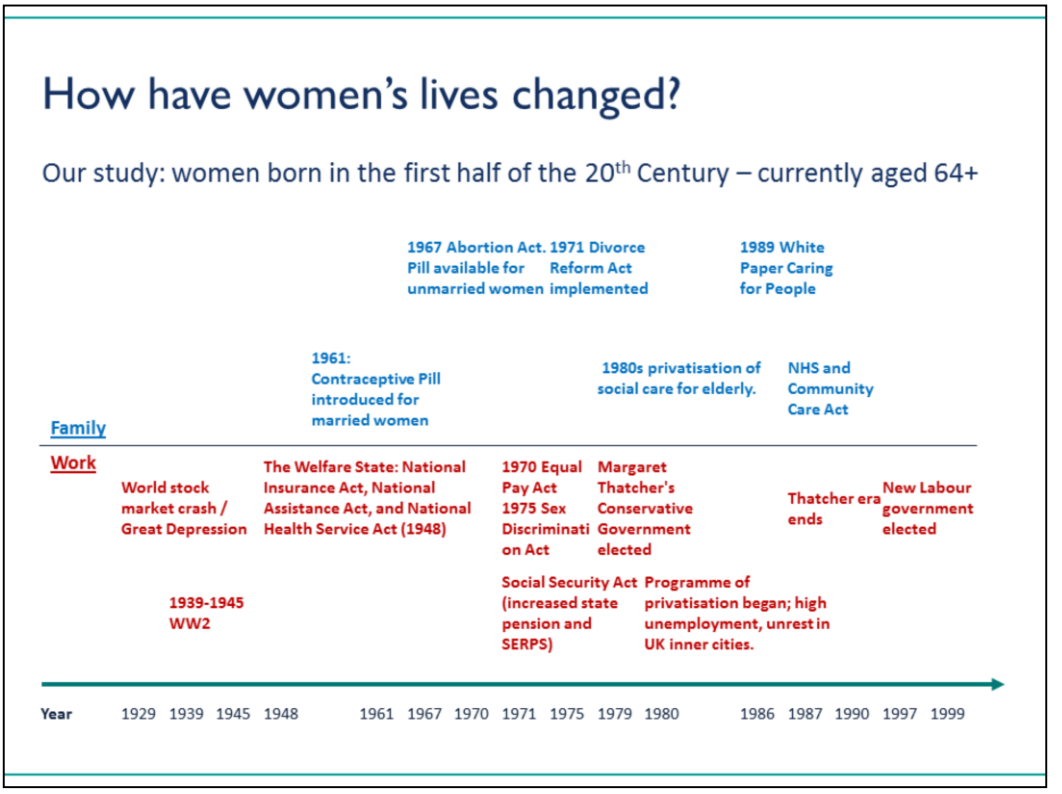
To pre-empt some of the discussion a little bit: What do I see as some of the key policy issues around this? Clearly as we have heard in the previous presentations today the way that you balance work and family life is very much related to economic resources. One important issue is the affordability and availability of childcare. We hear a lot about that in the current media. I saw a headline in the Guardian the other day: “Millennials say that they can’t afford to have children”, suggesting it’s all related to the high childcare costs in the UK. And of course there are things like child tax credits which aim to try and get women and men into work if they have children but that is household based, it’s means tested based on household income. So if one partner earns enough to take you above the threshold that you are not eligible for those tax credits, then for the other partner it may not make sense for them to return to work because the cost of childcare be more than they would earn or will not be offset.

The other issue is having time out of the labour market and as we’ve seen things like flexible working, part-time work may hinder wage progression and promotion which again can affect economic resources both now and in the future.

Thinking a bit more about accumulated economic resources over the life course, one issue is whether people are entitled to a pension. I am not talking just about whether people have paid enough National Insurance to be eligible for the state pension, although you can still be eligible if you claim child benefit which offsets that a little bit. But there are also things like workplace

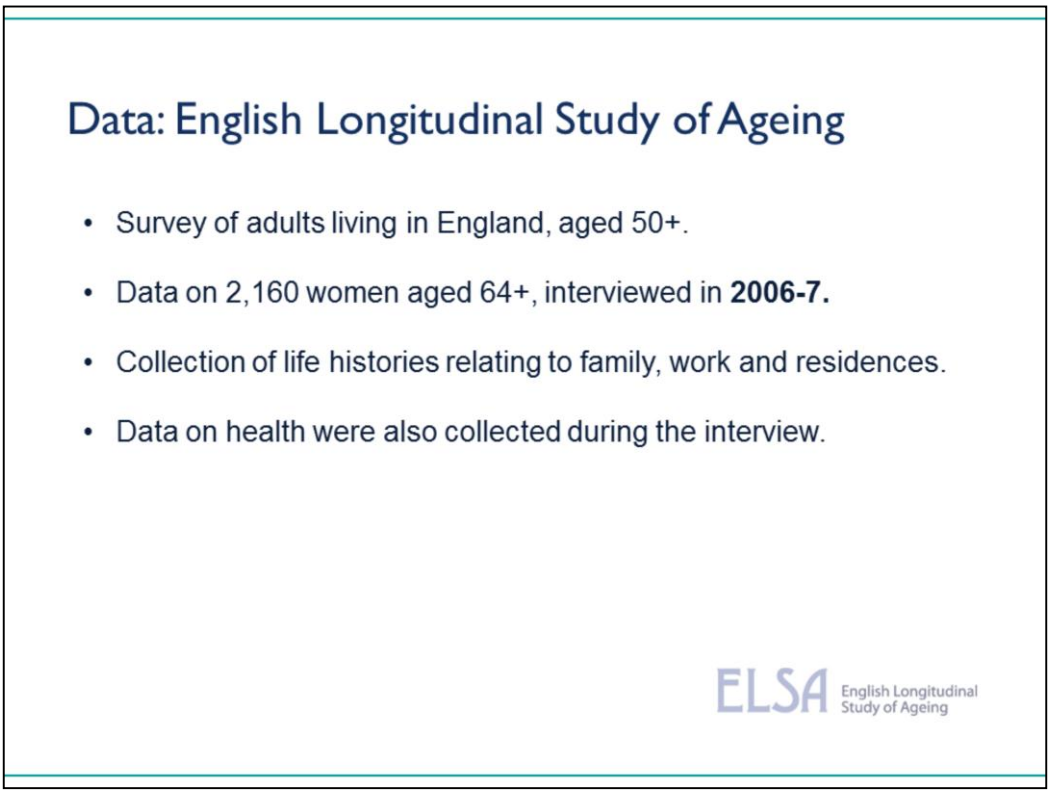
pensions now which again you are only eligible for if you are in the workplace. And access to mortgage credits can be affected by your working patterns.

Finally health outcomes: as I've said I think all these things can then feed into how your health is manifested in later life and we know that health inequalities in terms of differences in health between different social groups are persistent in later life. And in terms of policy this really feeds into how much need there is for formal and informal care for these people in later life.



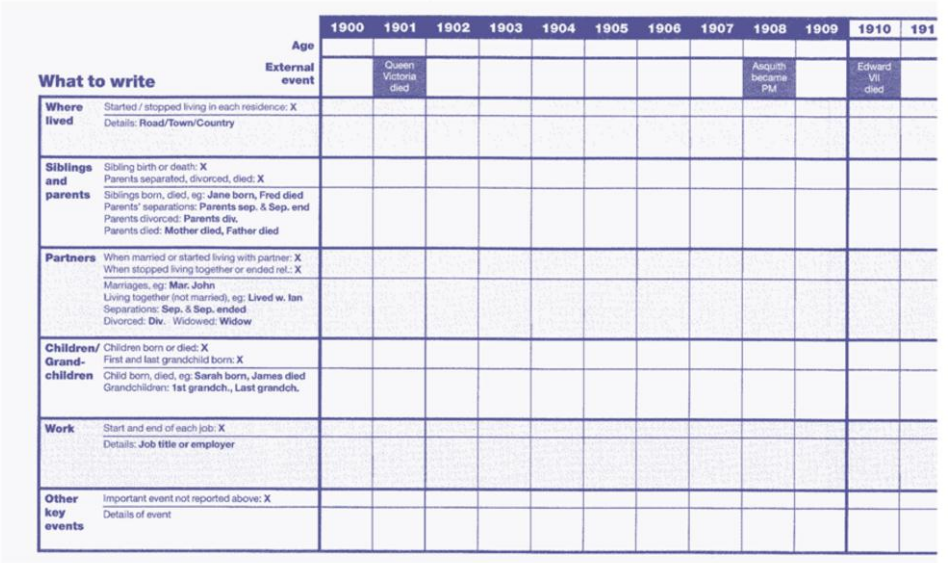
This is quite a busy slide and that's intentional. What I am trying to show here is that in the 20th century - and we are looking here in this study at women who were born in the first half of the 20th century - a lot of things changed.

In terms of the family domain just to pick out a couple of things, in 1961 we had the introduction of the contraceptive pill. This was clearly key in allowing women to plan their childbearing, plan their families more around the rest of their lives, in terms of the timing of children and the number of children. Also we had the Divorce Reform Act which meant that they could have re-partnering throughout the life course. Then in terms of work one of the key things for women was in the 1970s we had the Equal Pay Act and the Sex Discrimination Act which aimed to try and make the workplace more equal which I guess we can argue we've got some way, probably not quite there yet. But as you can see these women have lived through quite a period of change. So we might expect to see some quite varied different pathways through work and family.



To look at this we've used the English Longitudinal Study of Ageing (ELSA), a survey of adult men and women living in England aged 50+. We've just looked at women aged 64+ because we assumed that they had finished their working lives by this point. Around 2,000 women who were interviewed in 2006/7. We chose that year because at that point life histories were collected relating to family, work and residence which allows us to reconstruct women's working and family histories throughout their lives. Data on health were also collected at that point.

ELSA lifegrid



What to write		1900	1901	1902	1903	1904	1905	1906	1907	1908	1909	1910	191
	Age												
	External event		Queen Victoria died							Asquith became PM		Edward VII died	
Where lived	Started / stopped living in each residence: **X**												
	Details: **Road/Town/Country**												
Siblings and parents	Sibling birth or death: **X** Parents separated, divorced, died: **X**												
	Siblings born, died, eg: **Jane born, Fred died** Parents' separations: **Parents sep. & Sep. end** Parents divorced: **Parents div.** Parents died: **Mother died, Father died**												
Partners	When married or started living with partner: **X** When stopped living together or ended rel.: **X**												
	Marriages, eg: **Mar. John** Living together (not married), eg: **Lived w. Ian** Separations: **Sep. & Sep. ended** Divorced: **Div.** Widowed: **Widow**												
Children/ Grand-children	Children born or died: **X** First and last grandchild born: **X**												
	Child born, died, eg: **Sarah born, James died** Grandchildren: **1st grandch., Last grandch.**												
Work	Start and end of each job: **X**												
	Details: **Job title or employer**												
Other key events	Important event not reported above: **X**												
	Details of event												

This is how the data were collected. We've got different domains of the life, so residencies, siblings and parents, partners, children, work. Everything was aligned together so we can get quite detailed histories of how people were living.

Key questions

1. What were the typical patterns of work and family life for women currently in later life in England?

2. How are these patterns of work/family associated with health in later life?

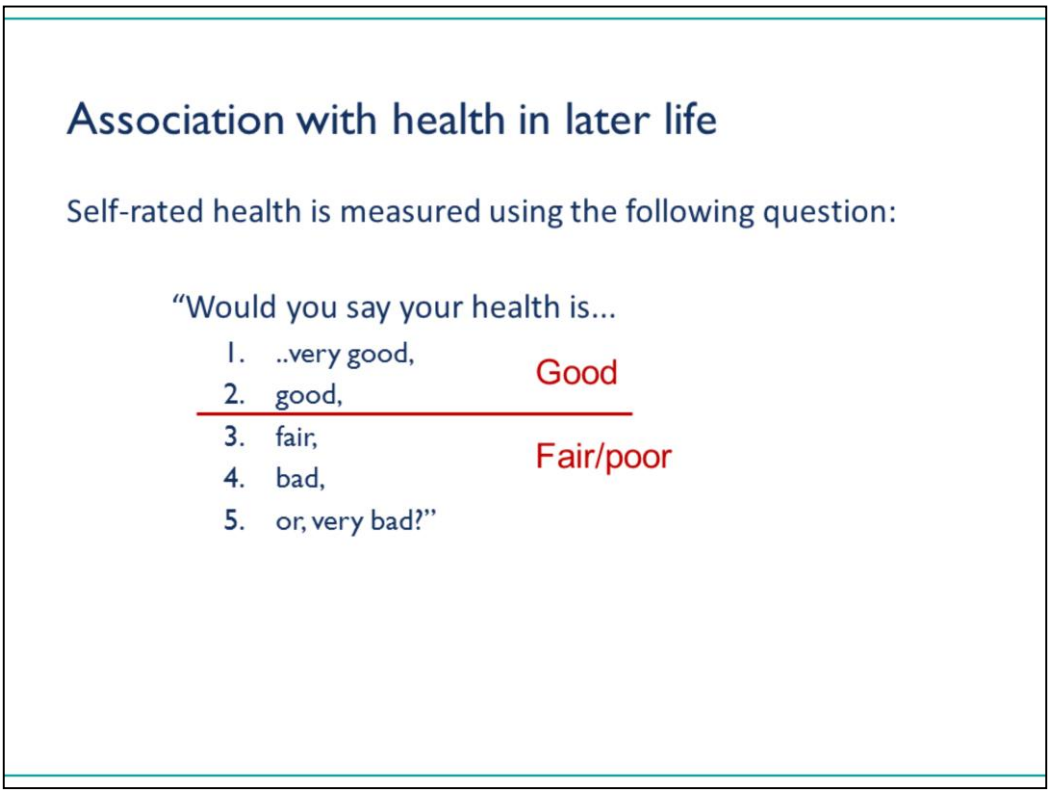
What are the questions we wanted to answer? First I want to see what were the typical patterns of work and family life for women currently in later life in England? So just describing what was happening. And second how do these patterns of work and family relate to health in later life?

Reconstructed histories

We use the ELSA life history data to reconstruct women's work histories from ages 16-60 years, coding their economic activity annually to produce a **sequence** of 45 time-points per individual. Economic activity is classified using a six-category variable:

1. Employed full-time
2. Employed part-time
3. Looking after home/family
4. Unemployed/other inactive
5. In education/training
6. Retired

Using the data that I mentioned, the life histories, we looked at women's economic activity throughout their lives and we coded economic activity into six different categories. We have here divided employment into full-time and part-time - as we've seen that is quite an important distinction - women who were looking after the home or family, unemployed or inactive, women who were long-term sick, in education or retired. And that was coded annually between the ages of 16 and 60 so effectively their working lives.



Just to say about the health measure: we used self-rated health. People are asked the question "would you say your health is….?" and they give one of these responses. It's been shown that self-rated health is a very good predictor of more objective health outcomes like mortality and various other morbidities so it's quite a good global measure of health. We've just put it in two categories which is quite commonly done in research like this. Good or Fair/Poor. This is partly because it's very skewed and not very many people say their health is bad or very bad so in order to be able to do analysis you have to put the cut off there.

Control variables

- Age at interview
- Previous health status
- Multiple role index score
- Occupational class
- Percentage of working life in part-time work.
- Current marital status
- Total number of children

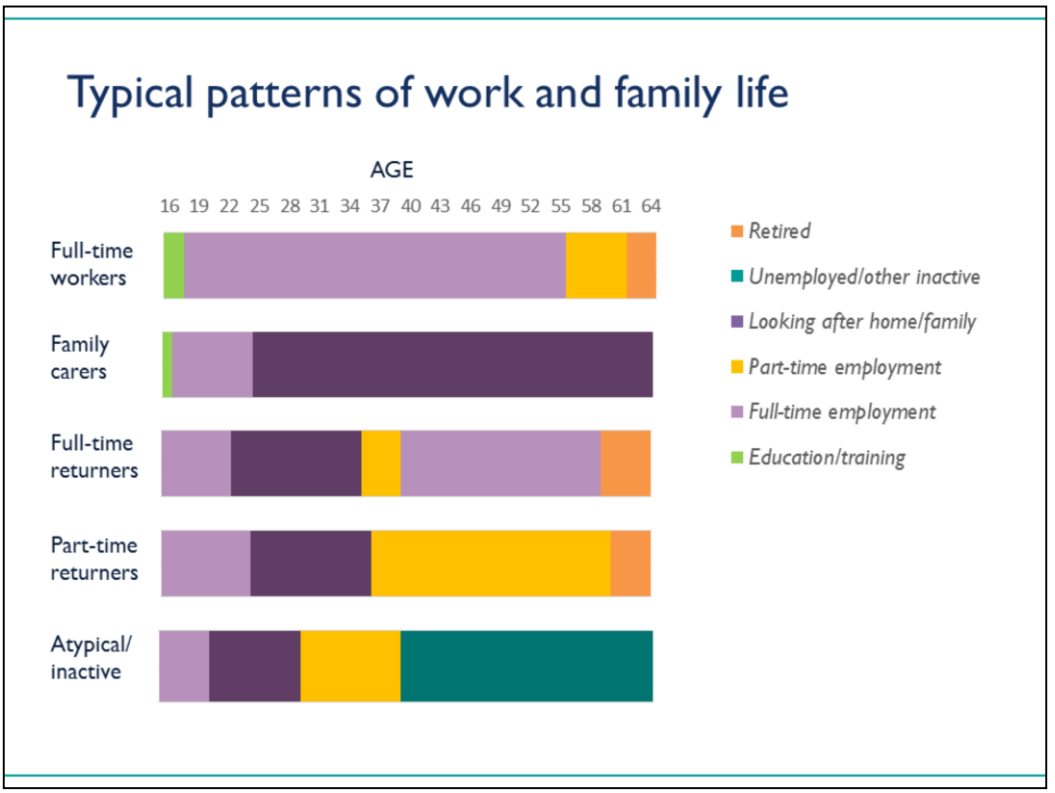
We can think there are lots of other things that might affect people's health in later life. In the analysis I'll show you we do control for quite a few other things including the age and their previous health status throughout their life course. We have information about health in childhood and periods of ill-health in adulthood. We constructed a multiple role index score which I won't go into too much detail but effectively it was looking at for what proportion of their lives these women were occupying more than one role in terms of being a spouse, a mother, an employee. But actually that didn't show very much in these analyses so I won't really talk about it. And their occupational class, as well as the percentage of working life in part-time work, which again is this indicator of the type of work that they were engaged in if they were working. Plus marital status and the number of children.

Results

Sequence analysis identified **five** distinct clusters of economic activity over the life course for our sample of women aged 60 years and older.

1. Full-time workers (23%)
2. Family carers (20%)
3. Full-time returners (23%)
4. Part-time returners (25%)
5. Atypical/inactive (9%)

We did some analysis on these sequences and from this we identified five distinct clusters of economic activity over the life course, and we have named them thus. We can see that the first four are fairly well distributed, around 20 to 25% each, and then we have this residual group, this a-typical group. So we have got full-time workers, family carers, full-time returners, part-time returners, and the a-typical inactive group. I'll now show you a little bit about what those groups looked like.



Here we have got a typical trajectory in the full-time workers group. We have got a timeline from age 16 to age 64, each of the colours represents one of the states of economic activity. We can see that in this group from age around 16 to 18 they were in education and training. Then for the majority of their working lives they were in full-time work which is the light purple. They then had a short period of part-time employment, transitioning into retirement. So we have called these the full-time workers. Some did have short periods out of the labour market but in general they were just in full-time work throughout the majority of their adult lives.

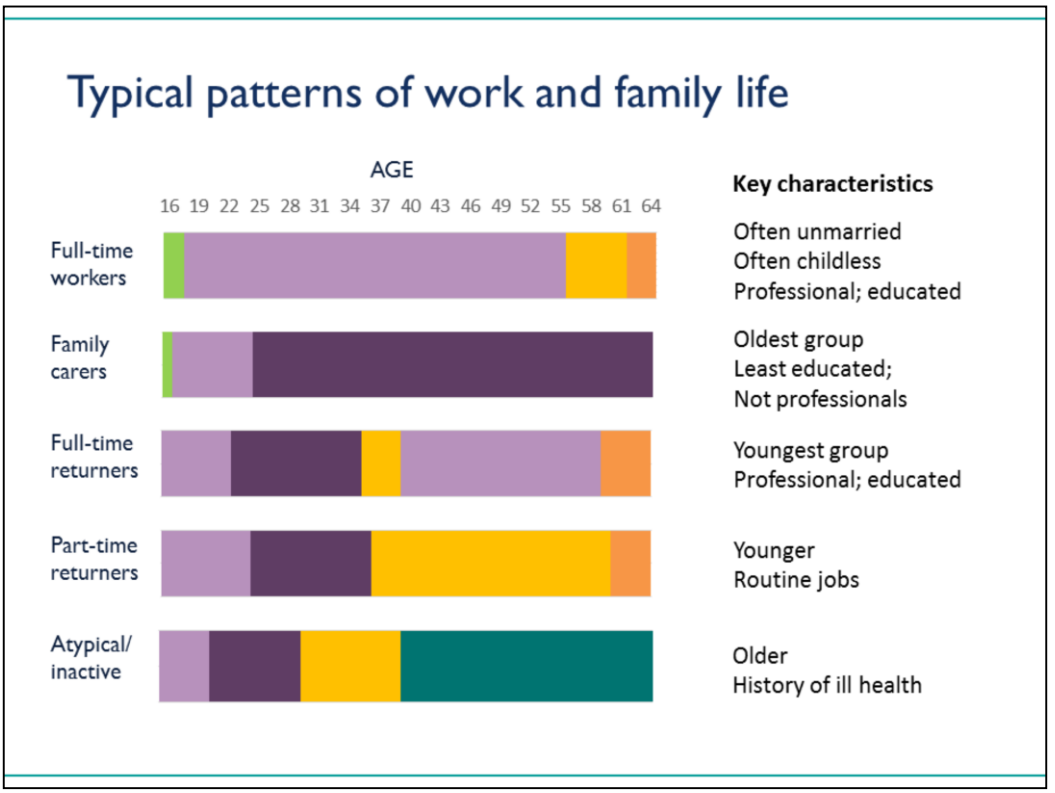
Then on the flipside we have this second group of family carers who left education, worked full-time for a few years until their early twenties and then they were looking after a home or family for the rest of their lives and actually never defined themselves as retired. Because retirement is kind of contingent on having been in work so they don't define themselves as retired, they are still looking after their family. I should say these actually were the older end of the cohort and this reflects of what we were saying earlier about having to make this choice between work or family.

We are now getting to the slightly more varied trajectories. The full-time returners had a period in full-time employment, a period of looking after the home and family, followed by a short period of part-time work and then transitioning back into full-time employment up to retirement – so they had a reasonable break for having a family and then went back to full-time work.

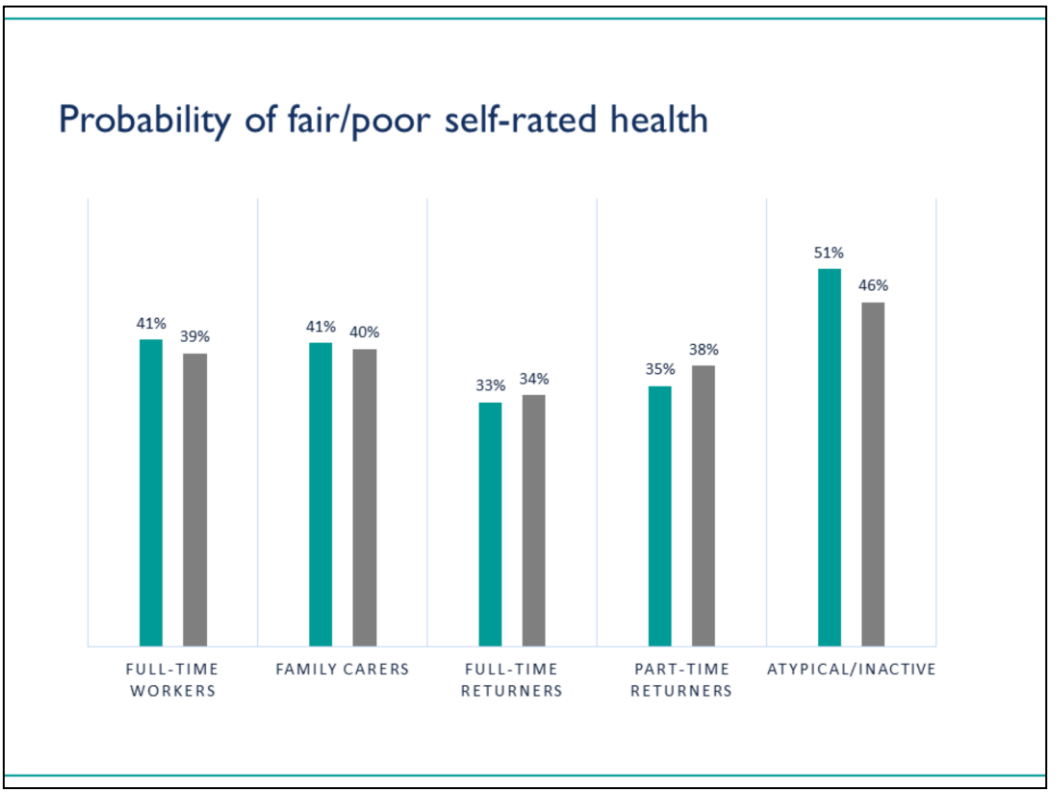
Part-time returners is a very similar pattern but they went back to part-time

work, they never went back into full-time work before retirement.

Finally we have our a-typical group. This was quite a varied group, this is just a example: they are working full-time for a bit, looking after a family for a bit, part-time work, and then unemployed and inactive - as I said, quite a lot of these were long-term sick.

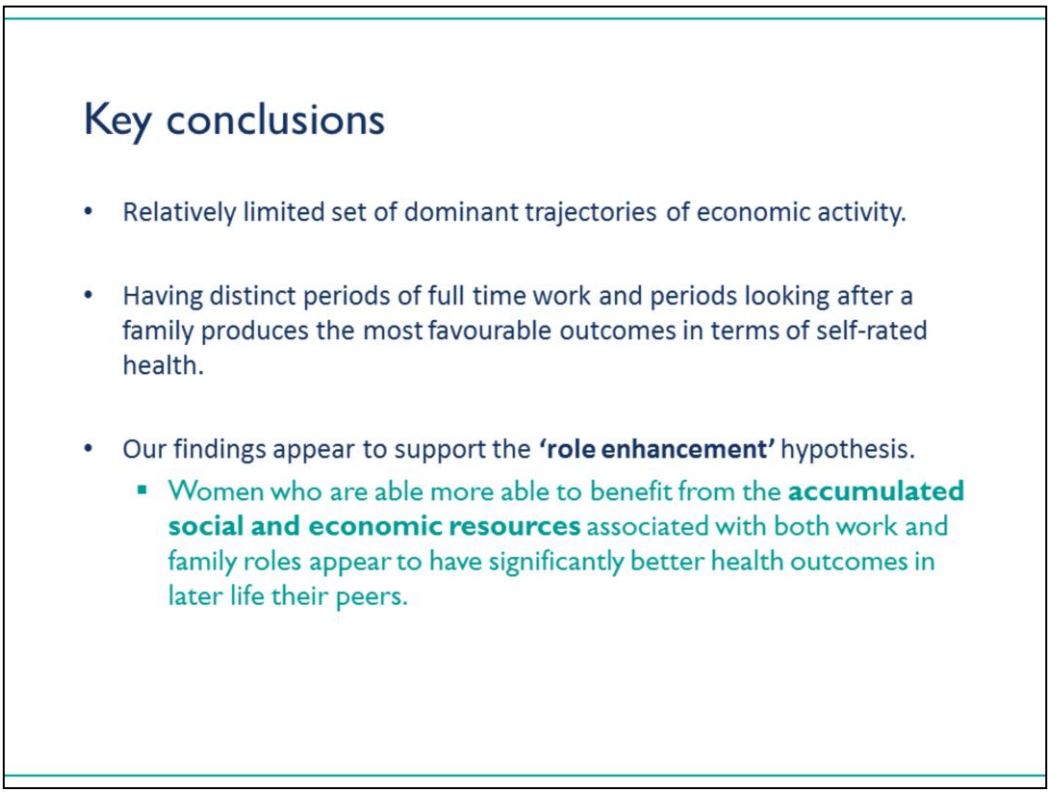


What were the characteristics of these groups? This first group were quite disengaged from family life. They were often unmarried, they were often childless but they were often in professional occupational classes and they were educated. This reflects what we were saying about this being their choice: they chose, or were forced to choose to have a career over family. The family carers are the oldest group, they were the least educated, they were not in professional occupations if they had worked - they are in a sense the opposite of the first group. The full-time returners were the youngest group. Again they were professional and educated. They actually had quite a lot in common with the first group apart from the fact that they were younger and they had families. They were mostly married and they mostly had children. The part-timer returners were similar to the full-time returners but they were a bit younger and they tended to be in routine jobs rather than professional jobs which again reflects what we have been saying about part-time work being a less advantaged position to be in. Finally the a-typical group as I said had a history of ill health and they tended to be a bit older.



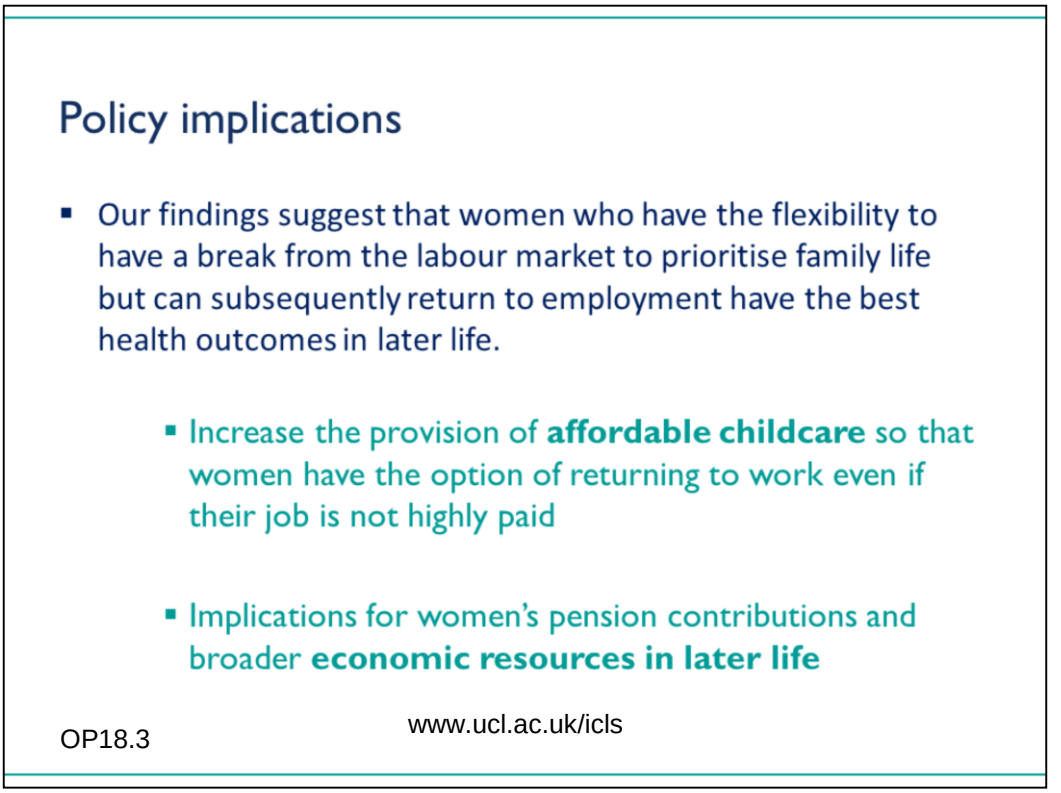
We then looked at how these different trajectories related to self-rated health in later life. Here we can see the proportion of women in these different group that reported having fair or poor self-rated health. As you might expect the a-typical inactive group who had the history of poor health and were often long-term sick were the most likely to have poor self-rated health - not surprising. What was a bit surprising was that it was the two groups who combined work and family life who seemed to do best, they were the least likely to have poor self-rated health.

I mentioned earlier that there were lots of other things that might have affected health in later life so what happens if we adjust these proportions to take those things into account? Well, not a lot. There is a little bit of change but the pattern remains pretty much the same so it's not about their current marital status or about their income or about their wealth or any of those other things I mentioned. We can still see that actually it's the full-time returners, the ones that had that period out of the labour market for family and then returned to full-time work, who are doing the best.



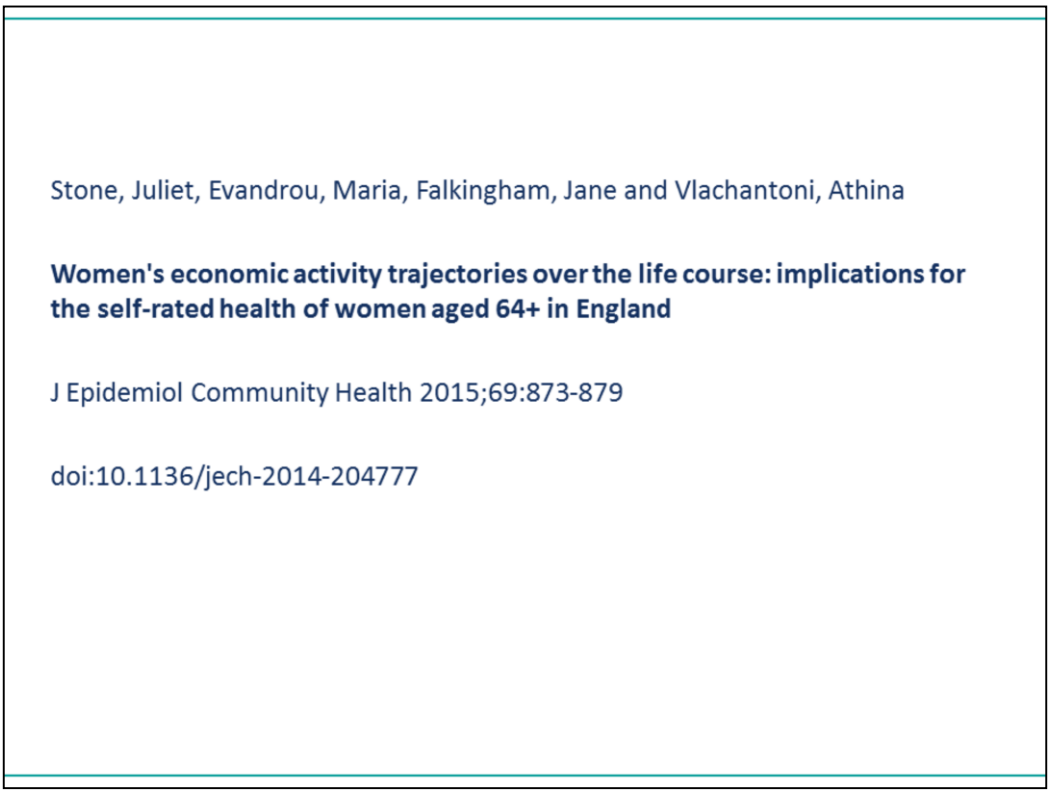
What can we conclude from this? We found a relatively limited set of trajectories that came out of our analysis. We expected to see a bit more variation given the slide I showed with all the things that happened during this period. But it still seems to be fairly limited suggesting that there were still barriers there for women even during this period of change. We also showed that having these distinct periods of full-time work and periods of looking after families produced the most favourable outcomes in terms of health.

It was mentioned in an earlier presentation about this idea of the double burden - having family commitments and work commitments - and how this can cause poor outcomes because of the stress involved. But the flipside of that is that there's an argument that it can in some cases be beneficial and that having these different roles in your life can actually be enhancing because you get different resources from these different roles. So we see that women who were able to benefit from these accumulated social and economic resources seemed to have better health outcomes.



In terms of policy this suggests that the flexibility to have a break from the labour market with subsequently returning to employment is actually beneficial for health. The results suggest that some women weren't able to do that fully because they returned to part-time work and actually weren't able to return to or develop a professional career.

What can we do about this? One thing would be to increase the provision of affordable childcare so that women have the option of returning to work even in lower paid jobs and as I say I think this is quite strongly related to this idea of it being at household level. Where both partners are on a lower income or for lone parents it is a bit different because they do have access to tax credits for example, although whether they will do in the future remains to be seen. Secondly there is the implication for pension contributions and economic resources in later life.



Let's open it up for discussion about some of those issues, I'd be really interested to hear what people think. And if you are interested, this paper has been published and you can access it online using the link shown.

Notes:

ICLS hosted a policy seminar on Work, Family and Health at UCL in December 2015.The seminar was chaired by Richard Bartholomew, (former), Chief Research Officer, Children, Young People and Families Directorate, Department for Education and the presentations coordinated by Dr Anne McMunn, ICLS Co-investigator and UCL Graduate Tutor . Transcripts from this event, including this paper, have been made available via the ICLS Occasional Paper Series. This series allows for those who were not able to attend to read an account of the presentation. Other papers in the series include:

OP18.1 Work to Family conflict and Family to Work conflict- who is more at risk? Tarani Chandola, University of Manchester and ICLS

OP18.2 Gender attitude concordance and relationship satisfaction. Lauren Bird, UCL

OP18.4 Work-family life courses and stress and inflammation in mid-life. Rebecca Lacey, UCL

Speaker: Juliet Stone is a Senior Research Fellow at the ESRC Centre for Population Change (CPC) at the University of Southampton. Her research is situated within an overarching focus on the life-course, with a particular interest in household dynamics and family processes. Juliet's background is in health research, with a doctorate in Social Medicine, and she also maintains an ongoing interest in investigating social determinants of health within a life-course framework.

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