

Gender disparities in informal social care and how it affects women in the UK

Module: LCHS7008 Practice-Based Research

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Prevalence in health and social care

The rapidly ageing population presents major challenges for health and social care systems. For the first time in history, people aged 65 and older are predicted to outnumber children under the age of 5 globally by 2050 (United Nations, 2022). The World Health Organization predicts that in the same year, the proportion of the world's population aged over 60 will almost double from 12% to 22% (WHO, 2025). Economies, social services, healthcare systems, communities, and families will all be impacted by the aging population (Khan, 2019). Aging increases one's susceptibility to diseases, disabilities, mental health issues, geriatric problems, and other conditions that call for additional care and support (Khan et al., 2024). Despite continued investment and reform, public healthcare services are struggling to keep pace with rising demand, resulting in an increasing dependence on informal care. Across Europe, the overall burden of informal care is projected to grow by 49.7% by 2050 (Cattaneo et al., 2025). One of the defining characteristics of informal care is the unequal burden it places on women compared to men (Peterie et al., 2024 & Zygouri et al., 2021). In the UK, women provide the majority of informal care. In 2023/24, 9.3% of the UK population (5.7 million) provided informal care. Every year since 2009/10, women represented around 60% of these informal carers (Harker et al., 2025).

Research shows that these gendered differences in informal care are a product of traditional gender norms, with women being traditionally identified with caregiving roles (Cohen et al., 2019). These differences in distribution of care have wide implications for women (Fleitas Alfonzo et al., 2023): women are more likely to reduce working hours and leave employment (Josten et al., 2024), experience financial difficulties (Koomson et al., 2024), and suffer physical and mental health complications (Lacey et al., 2019). With an ageing population (Barton et al., 2024) and shrinking formal social care funding in the UK (Stacey, 2025), the reliance on unpaid carers is growing. For women this means informal care contributions are increasingly critical but undervalued.

Researching this issue is incredibly relevant with the shift in population demographic and the increase in care burden (Bou, 2023). This topic also shows how gender, health, work, and social policy are connected, and it can help guide changes to reduce the unfair impact on women.

Introduction

Rapid population ageing has emerged as a key global demographic trend, attributable to long-term reductions in both fertility and mortality rates (Longev, 2021). By 2050, it is projected that one in six people will be aged 65 or over, an increase from 8% in 2019, and the number of adults aged 80 and above is expected to triple (United Nations, 2022). This demographic shift will significantly affect multiple areas of society, particularly through rising demand for health and social care services (Zarzycki et al., 2023). Consequently, the requirement for unpaid care will increase substantially. In the United Kingdom, informal carers constitute the primary source of support for people requiring social care (Brimblecombe et al., 2018). It is estimated that approximately 5.7 million individuals, accounting for 9.3% of the total population, are currently providing unpaid care for family members or friends with chronic illness, mental health needs, or age-related conditions (ONS, 2023). This number is expected to rise in the coming years.

Despite the potential psychosocial and social advantages of informal caregiving, including improved self-esteem, personal development, and closer relationships with care recipients (Mackenzie, 2012), providing informal care remains primarily associated with negative impacts (Bom et al., 2021). Unpaid carers frequently experience caregiver burden, defined as the “multiple physical, psychological, social, and financial stressors associated with caregiving” (Buhse, 2008). A substantial body of evidence demonstrates that caregiver burden is correlated with carers’ quality of life (Settineri et al., 2014). Compared to non-carers, individuals providing unpaid care are at increased risk of mental and physical health problems (Stöckel et al., 2022), social isolation (Bou, 2023), and financial strain (Brimblecombe et al., 2018). These detrimental effects are particularly pronounced when caregiving is undertaken out of necessity rather than as a voluntary choice. In addition, those who provide a higher intensity of caring experience worse health outcomes (Bom et al., 2019).

A substantial body of evidence demonstrates that women have historically undertaken higher levels of informal caregiving than men. Across both high income and low and middle income countries, the informal caregiving workforce is predominantly female (Bhan et al., 2020). Research indicates that these gendered disparities in informal caregiving are shaped by traditional gender norms, with women historically identifying with caregiving roles (Cohen et al., 2019). In the United Kingdom, women also provide the majority of unpaid care representing approximately 60% of carers every year since 2009/10 (Harker et al., 2025). Furthermore, women not only dedicate more time to caregiving than men but also make significant adjustments to their personal and professional lives more frequently in order to assume these responsibilities (EIGE, 2021). It is widely acknowledged

that women continue to shoulder the majority of informal care responsibilities, often experiencing disproportionate physical, psychological, and social burdens as a consequence, relatively few studies have explicitly examined the role of gender, in particular in the UK.

Consequently, the primary aim of the current study is to investigate how differences in the burden of informal caregiving impact women's access to paid work, health, and overall quality of life in the United Kingdom, linking it to perpetual gender norms. Specifically, the study seeks to examine the extent of gender disparities in informal caregiving responsibilities, explore its effects on women's employment, financial circumstances, and physical and mental health, and evaluate existing policy and service provisions to identify gaps in support for female carers. By addressing these objectives, the study aims to provide evidence to inform policy interventions designed to reduce gender inequities in caregiving and enhance the wellbeing and economic participation of women who provide informal care.

Rationale & Research Question

The rapid ageing of populations in the United Kingdom and globally has intensified the reliance on informal care provided primarily by women, highlighting persistent gendered disparities in caregiving responsibilities. Despite the substantial body of literature documenting the challenges faced by informal carers, relatively few studies have specifically examined the differential burden experienced by women and its implications for their participation in paid work, health, and overall quality of life, particularly in the United Kingdom context. Evidence indicates that women disproportionately shoulder caregiving responsibilities due to entrenched gender norms, which influence both the allocation of care within families and wider societal expectations (Cohen et al., 2019; Bhan et al., 2020). Consequently, this unequal distribution of care has numerous consequences, including negative impacts on women's mental and physical health, social isolation, financial strain, and labor market participation (Stöckel et al., 2022; Brimblecombe et al., 2018; EIGE, 2021).

Addressing these gaps is critical not only to understand the experiences of female unpaid carers but also to inform policy and service provision aimed at reducing these gender differences in care and supporting women's economic participation and wellbeing. By investigating the differences between caregiving burden, gender norms, and women's access to paid work and health resources, this study contributes to a deeper

understanding of the structural and social factors that perpetuate different caregiving responsibilities.

Research Question:

The research question is: How does the difference in burden of informal caregiving affect women's access to paid work, health, and wellbeing in the United Kingdom?

Research Aim and Objectives:

This study aims to explore gender disparities in informal social care in the UK and understand how these impact women in different aspects of their lives. Based on this, the following three objectives were outlined:

1. To examine the extent of differences in informal caregiving responsibilities between men and women in the UK.
2. To understand how providing informal care affects women in different aspects of their lives, including employment, financial circumstances, and physical and mental health.
3. To evaluate policy and service gaps in supporting female carers and reducing gender disparities in informal care.

Research methodology

This study adopts a systematic literature review design to synthesize existing evidence on gender differences in informal caregiving and the associated impacts on women's employment, health, and wellbeing in the United Kingdom. A systematic literature review (SLR) is a structured and methodical approach to identifying, critically appraising, synthesizing, and presenting findings from multiple research studies on a specific research question or topic (Pati et al., 2018). This type of review allows for a rigorous and comprehensive evaluation of the literature, facilitating the identification of key patterns, gaps, and policy implications in the field. The review is guided by the PEO framework, given the nature of the research topic:

- Population (P): Women providing informal care in the United Kingdom.
- Exposure (E): The burden of informal caregiving, including intensity and duration of care responsibilities.
- Outcome (O): Impacts on women's employment, financial circumstances, mental and physical health, and access to support services.

This framework is particularly well suited to qualitative inquiries that seek to understand individuals' experiences, perspectives, and the associations between social phenomena. This correlates with the study and the objectives of based on women's experiences association to social phenomena such as gender norms.

Data Collection Method

The Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) protocol will be employed to guide the systematic review process. This framework ensures transparency, replicability, and methodological rigor, facilitating comprehensive reporting of search strategies, study selection, data extraction, and synthesis (Page et al., 2021).

Data Sources

The relevant literature will be sourced from major academic databases, including PubMed, ScienceDirect, TheBMJ and Scopus. Google Scholar will also be used as a supplementary search tool. Additional literature, including government reports, policy documents, and publications from organizations such as the Office for National Statistics (ONS), European Institute for Gender Equality (EIGE) and World Health Organization (WHO) will also be considered for statistical data.

Selection Criteria

A search strategy will be used using a combination of keywords and titles. Key search terms will include: "informal care", "unpaid care", "women", "gender norms", "gender disparities", "employment", "mental health", "physical health", "quality of life" and "United Kingdom". The search will be further refined by focusing on studies from 2010 to 2025, which capture contemporary evidence.

Inclusion Criteria:

- Studies focusing on women providing informal care in the UK.
- Research reporting outcomes related to employment, financial burden, physical or mental health, or quality of life.
- Peer-reviewed articles, systematic reviews, and relevant literature.

Exclusion Criteria:

- Studies focused exclusively on formal care and other forms of professional social care provision.
- Research conducted outside the UK without relevant data.

After data is extracted, a thematic analysis approach will be applied to synthesize qualitative and quantitative findings. Patterns and recurring themes will be identified, and studies will be compared to highlight consistencies, discrepancies, and gaps in the literature. In addition, descriptive statistics from quantitative studies will be summarized to provide an overview of caregiving differences between genders and their impacts for women. The findings will be interpreted in the context of gender norms and policy frameworks in the UK to inform recommendations for supporting female carers and reducing gender disparities in informal care.

Ethical considerations

This study is a systematic literature review which does not involve collecting new data from human participants. Therefore, formal ethical approval is not required. However, several ethical principles will be followed to ensure the review is conducted responsibly. All studies included in the review will be collected from reliable, peer-reviewed sources which will be referenced.

Most importantly, given that the topic concerns gender inequalities, unpaid care, and potentially vulnerable groups, care will be taken to present findings in a respectful, non-stigmatising way. The review will aim to avoid reinforcing stereotypes and will interpret results within their wider social and structural context. By following these principles, the study ensures an ethical and trustworthy synthesis of existing evidence on gender disparities in informal caregiving.

This research has a number of significant implications for UK policy, practice, and future research, especially in relation to the rising demand for informal care. The study will expand knowledge of the difficulties experienced by informal female carers by analyzing gender disparities in caring responsibilities and how they impact women's employment, health, and wellbeing. This is particularly crucial in modern days when the aging population and demands on official health and social care systems are making it increasingly dependent on unpaid care.

The study can also carry significance to society. By synthesizing current evidence, the review can play a role in conversations regarding the importance of unpaid caregiving, the acknowledgment of women's unpaid work, and the necessity to confront gender norms that influence caregiving responsibilities. Finally, the findings in this research can help identify gaps in current research and highlight areas where further research is needed to fully understand and address the long-term consequences of informal caregiving for women in the United Kingdom.

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