Balancing work and family life during the COVID-19 pandemic: who fared better and worse?

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Summary

It is well established that having care responsibilities can affect paid work and wellbeing, but the last two years have generated new pressures for those with care responsibilities. The coronavirus-19 (COVID-19) pandemic resulted in strict public health and social protective measures that resulted in partial or full closure of essential services for children, people with a disability or chronic illness, and frail older people. Many unpaid carers, including those in employment, found themselves juggling additional care responsibilities with much less of the regular support they would normally receive from family, friends, schools, and formal care services such as early childhood education and care, disability care, aged care, and other community services.

Much of the research on the impacts of the pandemic on work-life reconciliation has focused on parents of young children. People with care responsibilities for other family members, such as ageing relatives, relatives with a disability or chronic illness, or grandchildren, have been much less studied during the pandemic. Carers of these groups are more likely to be aged 45 and above. This report aims to fill this gap in research by exploring the circumstances of mature Australians (aged 45 and above) who had care responsibilities during the first two years of the COVID-19 pandemic.

In order to understand the experiences of mature-aged carers (including carers of an ageing relative, carers of a person with a disability or chronic illness, grandparents, and parental carers, described collectively in this report as ‘carers’), the research team surveyed a panel of Australians aged 45 and above between June 2020 and October 2021 about the impact of the COVID-19 pandemic on various aspects of their work, family lives and wellbeing. Data was collected at four separate time points: June 2020, November 2020, April 2021 and October 2021. This analysis offers insights into how mature Australians reconciled their family and care responsibilities with paid work in the context of the pandemic across the four time points.

6 We use the term ‘parental carers’ to refer to parents and others who provide unpaid care for a dependent child in the family, with the exception of grandparents, who are categorised separately. This group is likely to be comprised mostly of parents, but because of the wording of the question it could technically also include aunts, uncles, siblings or others who provide care for a dependent child in the family.
7 The authors would like to acknowledge that this dataset was put together as part of the Australian Research Council Centre of Excellence in Population Ageing Research (CEPAR) Stream 3 Mature Workers in Organisations Node, and the survey development and data collection was led by Professor Sharon Parker, Dr Daniela Andrei, Dr Jane Chong and Leah Zoszak at Curtin University.
We found that carers and non-carers had equally supportive employers in terms of flexible work options. But this flexibility did not always translate into better work-life reconciliation. Carers struggled more than non-carers to meet their family/care responsibilities because of their work and found it more difficult to carry out their work because of their family/care responsibilities. Female carers fared worse than their male counterparts.

Younger mature carers (aged 45-54) struggled more than their older counterparts, with less support from their employers for flexible work arrangements in the first three surveyed time points and with poorer work-life balance. The better work-life balance and lower work-life conflict observed among carers aged 65 years and above was revealed to be partly a result of working fewer hours per week on average.

Mature Australians with care responsibilities for older relatives reported the least supportive employers when it came to flexibility. They also had the highest levels of work-life conflict among all groups of carers. Respondents caring for people with a disability or chronic illness or dependent children also reported high levels of work-life conflict at particular time points.

**Introduction**

The coronavirus-19 (COVID-19) pandemic resulted in major changes in people's personal lives and their roles within families, as many countries took drastic measures to reduce the spread of the virus, such as social distancing, lockdowns, closing schools, working remotely, and limiting access to services and educational and professional support systems. In Australia, the pandemic prompted state and federal governments to introduce unprecedented restrictions on the movement of large proportions of the population. On 23 March 2020, Australian state and territory governments issued orders for employers to move their employees, where possible, to work from home. These restrictions transformed the way individuals organised their daily lives, how and where they worked, the services they accessed and how they provided care for family members.

Consequently, homes replaced the school, the workplace, the playground, and many other settings. Having to combine the care (and at times, schooling) of children, grandchildren, older relatives, or relatives with a disability or illness, with paid work under these new conditions created intense and sustained pressure on individuals.

This report focuses on Australia and the implications of the COVID-19 pandemic for people with unpaid care responsibilities (‘carers’), exploring the tension between their care responsibilities and their paid work. The study analysed longitudinal data spanning from the intense lockdowns to more relaxed periods during the first two years of the pandemic (June 2020 – October 2021). While most other studies to date focus solely on parents of young children, the present report takes a special interest in mature Australians (aged 45+) balancing paid work and unpaid care. While primary carers of dependent children are more likely to be aged 25-44 years, mature Australians also experienced the widespread reconfiguration of work and care during the pandemic. Research suggests that, as

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people age, they are more likely to assume care responsibilities for grandchildren, older relatives, people with a disability or illness,\textsuperscript{11} or multiple care recipients with different needs simultaneously.\textsuperscript{12} Consequently, their work-life balance is affected in different ways to parents of young children.

Poor work–life balance has important implications for both personal well-being and work.\textsuperscript{13,14} For example, poor work-life balance is linked with decreased commitment to the workplace, lower work engagement, lower productivity, lower talent retention,\textsuperscript{15} lower work and life satisfaction,\textsuperscript{16} lower marital satisfaction,\textsuperscript{17} poorer health and social engagement, higher burnout\textsuperscript{18} and high incidence of depression.\textsuperscript{19} Examining work-life balance is therefore essential for understanding a range of negative outcomes at the personal and community level. Poor work-life balance and the associated outcomes during the pandemic are also likely to have knock on consequences beyond the pandemic, as carers continue to grapple with the social, emotional and work-related impacts identified above. This can be considered a form of ‘long COVID’ that instead refers to the long-term socio-emotional and economic consequences of the pandemic, rather than the long-term physiological symptoms of contracting the disease. We call these longer-term outcomes of the pandemic ‘socio-economic long COVID-19’.

This report sets out to identify who fared better and who fared worse in reconciling work and family life over the surveyed period. This assists in understanding where service systems have worked better or worse in supporting unpaid carers during the pandemic, whether flexibility was provided equally across groups of carers, and whether the type of care responsibilities mattered in the reconciliation of work and life. This contributes to our understanding of what systems can do better to support those at higher risk of socio-economic long COVID-19, and where to invest efforts in future.

**The study**

To understand the impacts of the COVID-19 pandemic on the work and wellbeing of older workers in Australia, we conducted a longitudinal survey, the Mature Workers in Organisations COVID-19 Survey. The survey followed 1583 mature (45+ years old) individuals throughout the first two years of the pandemic and asked questions about their work, life and wellbeing.

This report focuses on a sub-sample of 318 individuals with care responsibilities for either children, grandchildren, older people, or family members with a disability or chronic illness. We explore how those with unpaid care responsibilities reconciled paid work with unpaid care during the four surveyed periods: June 2020, November 2020, April 2021, October 2021. We defined carers as individuals who

\textsuperscript{11} ABS (2015) 4430.0 - Disability, Ageing and Carers, Australia: Summary of Findings, Survey of Disability Ageing and Carers 2015 (abs.gov.au)  
self-identify as having unpaid care responsibilities. Carers were defined as respondents who performed at least one hour of care per week for any type of recipient group (children other than grandchildren, grandchildren, older people, family members with a disability and chronic illness).

The number of surveyed carers for each time point is presented in Graph 1. The survey questionnaire was sent out to the same respondents at all four time points, however the number of carers who filled in the questionnaire declined from one time point to the next (from 318 carers in June 2020 to only 20 carers in October 2021) due to attrition. The small number of carers in the third and the fourth time points restricted the type and the complexity of analyses we were able to perform on the dataset.

Graph 1: Number of individuals with care responsibilities surveyed throughout the four time points.

Most of the respondents with care responsibilities were in paid employment, or self-employed (Table 1). In June 2020, almost 80% of surveyed carers were in paid work and in 2021 over 95% of surveyed carers were in paid work. The difference in employment rates between time points may skew the work-life balance measures presented in this report and results should be interpreted with caution.

Table 1: Distribution of employment status among respondents with care responsibilities.

<table>
<thead>
<tr>
<th>Employment status - carers only</th>
<th>Jun-20</th>
<th>Nov-20</th>
<th>Apr-21</th>
<th>Oct-21</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employed or Self Employed, currently working</td>
<td>63.5</td>
<td>81.8</td>
<td>80.0</td>
<td>65.0</td>
</tr>
<tr>
<td>Employed or Self Employed, temporarily laid off</td>
<td>5.7</td>
<td>1.0</td>
<td>4.4</td>
<td>5.0</td>
</tr>
<tr>
<td>Employed or Self Employed, currently on sick or other leave</td>
<td>2.8</td>
<td>0.0</td>
<td>4.4</td>
<td>5.0</td>
</tr>
<tr>
<td>Partially retired from paid employment (i.e., have some paid employment, transitioning towards full retirement)</td>
<td>7.9</td>
<td>4.0</td>
<td>6.7</td>
<td>20.0</td>
</tr>
<tr>
<td><strong>In paid employment (total)</strong></td>
<td><strong>79.9</strong></td>
<td><strong>86.9</strong></td>
<td><strong>95.6</strong></td>
<td><strong>95.0</strong></td>
</tr>
<tr>
<td>Currently unemployed and currently searching for paid work</td>
<td>12.6</td>
<td>3.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Currently unemployed and intending to search for paid work in the near future</td>
<td>4.1</td>
<td>3.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Fully retired from paid employment recently (within last 12 months)</td>
<td>3.5</td>
<td>6.1</td>
<td>2.2</td>
<td>5.0</td>
</tr>
<tr>
<td>Currently unemployed and no plans to search for paid work</td>
<td>0.0</td>
<td>1.0</td>
<td>2.2</td>
<td>0.0</td>
</tr>
</tbody>
</table>
In this report, we focus on three aspects of work-life reconciliation during the COVID-19 pandemic:

1. **Employer support for flexible work options** expressed as level of agreement with the survey question: My company supports the use of flexible work options.
2. **Work-life balance**, expressed as level of agreement with the survey question: In general, I feel that I have an adequate balance between my work and personal/family life.
3. **Work-life conflict**, expressed as level of agreement with two survey questions: a) It has been difficult for me to fulfill my family/carer responsibilities because of the amount of time I spend on the job; b) I have found it difficult to concentrate at work because of my family/carer responsibilities.

All four questions were measured on a 5-point Likert scale, where 1 means strongly disagree, and 5 means strongly agree.

Other indicators employed in this report include:

a) Age is recorded as self-reported number of years and recoded in three categories: 45-54, 55-64 and 65 and above.

b) Gender is recorded as female, male or other. All respondents self-identified as either male or female so the analyses only include two gender categories.

c) People who provide unpaid care for dependent children in the family other than grandchildren, most likely to be parents, are described in this report as ‘parental carers’.

This report is based on descriptive statistics. We tested for statistical significance, however, due to the very small sub-sample of carers at the last two time points, statistical tests lack power. Instances where sufficient evidence allows for statistical significance to be achieved are described in the footnotes.

**The findings**

The present analyses examined the three aspects of work-life reconciliation from multiple perspectives. We were interested in how carers compared with non-carers, how different groups of carers compared with each other, and how all these types of carers fared over the surveyed time period. Hence, we explored differences between genders, age groups and carers of various types of care recipients, across the four surveyed time points.

**Carers fared worse than non-carers**

While carers and non-carers experienced similar levels of company support for flexibility (see Graph 2), on measures of work-life balance (see Graph 3) and work-life conflict (see Graphs 4 and 5), non-carers fared better than carers, facing less spillover from family/care responsibilities to work, and from work to family/care.
At time 1, June 2020, carers felt slightly less supported than non-carers to use flexible work options. Over the next three time points, November 2020 to October 2021, company support for use of flexible work options reversed so that carers scored slightly higher than non-carers and continued to do so for the next year (see Graph 2). However, across all four time points, carers agreed significantly\(^2\) less than non-carers that they had adequate work/family balance (see Graph 3).

Graph 3: Work-life balance: carers vs non-carers

Carers also reported higher work-life conflict than non-carers. For example, at all four time points, carers agreed significantly\(^2\) more than non-carers that it was difficult for them to fulfill their family responsibilities because of the amount of time spent on the job (see Graph 4).

\(^{20}\) Statistical significance achieved at a 95% level in June 2020 and November 2020. The level of statistical significance might be affected by the very small carer sample sizes in April 2021 and November 2021.

\(^{21}\) Statistically significant at a 99% level, at all four time points.
At all four time points, carers also agreed significantly more than non-carers that they found it difficult to concentrate at work because of their family responsibilities (see Graph 5). This indicates that work-life conflict remained a challenge for carers in spite of company support for flexible work.

**Graph 5: Work-life conflict – difficult to concentrate at work because of family/carer responsibilities: carers vs non-carers**

Women fared worse than men

Studies show women perform most of the unpaid care work within households, often compromising their health and working lives. On average, women allocate more time than men to caring for children,

22 Statistically significant at a 99% level, at all four time points.
grandchildren, older family members or family members with a disability or chronic illness. When considering the spillover effect between care and work, research indicates that children are more likely to seek help and attention by interrupting their mothers rather than their fathers. Consequently, women can experience more interruptions to their work because of their care than men. These effects became more acute during the lockdowns.

Our results confirmed a gender gap in work-life reconciliation during the first two years of the pandemic. Mature women with care responsibilities reported less company support for flexible work options than their male counterparts throughout 2020-2021 (see Graph 6). This gap narrowed towards the end of 2021 (see Graph 6), resulting from both a perceived increase in company support for flexibility among women, and perceived decrease in company support for flexibility among men.

Important to note is that the measure for company support for flexible work options is a self-reported one, based on respondents’ perception. Consequently, results must be interpreted carefully. As the pandemic progressed, care responsibilities increased, and most services (i.e. school, care services) closed or reduced availability, and the need for flexibility increased for all people, but especially for women who shouldered most of the extra unpaid workload. Hence, although objective company support for flexible work might have been similar for both genders, it could be the case that men reported more employer support for flexibility because they needed to use it less.

Graph 6: Employer support with flexible work options: males vs females

Women also had less adequate work-life balance than men, especially in 2021. The largest gender gap in work-life balance was observed in April 2021, narrowing as the lockdown ended in October 2021 (see Graph 7). While women’s work-life balance remained low and stable throughout the period, men’s work-life balance was more variable, improving substantially from November 2020 when restrictions were relaxed, and children were back at school but worsening again during the second long lockdown in several states (see Graph 7).

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27 Statistically significant at a 95% level.

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3.30
3.40
3.50
3.60
3.70
3.80
3.90
4.00

Jun-20
Nov-20
Apr-21
Oct-21

My company supports the use of flexible work options

Males
Females
We know from recent studies\textsuperscript{28} that the closure of schools and early childhood education and care settings disproportionally affected women’s paid and unpaid work. It is then not surprising that women reported higher agreement than men that it was difficult to fulfill their family/care responsibilities because of the amount of time spent on the job at three out of the four surveyed time points (see Graph 8). Women also experienced more difficulty\textsuperscript{29} concentrating at work because of their family/care responsibilities at all four time points (see Graph 9).

\textbf{Graph 8: Work-life conflict – difficult to fulfill life responsibilities due to time on the job: males vs females}

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\textsuperscript{29} Statistically significant at a 95% level in June 2020 and at a 90% level in October 2021.
Graph 9: Work-life conflict: difficult to concentrate at work because of family/carer responsibilities: males vs females

Younger mature carers fared worse than those aged 65+

There was variation across age groups 45-54, 55-64 and 65+ years old (see Graphs 10, 11, 12 and 13) and across observed time points. Younger mature carers fared worse than older ones at most times.

Graph 10: Employer support with flexible work options by age group

Carers aged 45-54 years old agreed the least\textsuperscript{30} at the first three time points that their company supported the use of flexible work options, followed by those aged 55–64 years old and then those aged 65+ (see Graph 10). The longest lockdown (between April and October 2021) saw a decrease in perceived support for flexibility for the youngest and oldest mature workers, and a slight increase for

\textsuperscript{30} Statistically significant at a 95% level in November 2020.
those aged 55-64 years old. This trend must be interpreted with caution as the number of respondents in October 2021 is very small.

Graph 11: Work-life balance by age group

Carers aged 65 and above also reported the greatest work-life balance, even in October 2021 when they scored the lowest on company support for flexible work arrangements.\(^{31}\) Individuals aged 55-64 reported a constant decline in their work-life balance in the first two years of the pandemic even though they felt more supported to work flexibly than the other age groups. The youngest group (45-54 years) reported lower work-life balance across all four time points (see Graph 11).\(^ {32}\)

The youngest group also reported the highest work-life conflict. The spillover effect from work to family was the highest in the case of 45-54 year old carers, at three of the four time points. This group found it the most difficult\(^ {33}\) to fulfill their family/care responsibilities because of the amount of time spent on the job. They were followed by 55-64 year olds, with the exception of the November 2020 time point. Carers aged 65+ did best during the whole observed period (see Graph 12).

The spillover also occurred from family to work (see Graph 13). Carers aged 45-54 and 55-64 years old had most difficulty\(^ {34}\) in concentrating at work because of their family/care responsibilities. The gap between these two age groups peaked during the lockdowns associated with the Delta variant (June-October 2021), with individuals aged 45-54 faring worst. In contrast, 65+ year olds reported relatively low levels of difficulty. While most in the 65+ group were still active in the labour market, their better work-life balance and lower work-life conflict is partially explained by the fact that the older the individuals, the fewer hours they worked on average per week (45-54 year old’s worked about 33 h/week; 55-64 year old’s worked about 30 h/week; 65+ year old’s worked about 22 h/week).

\(^{31}\) Results to be read with caution due to small sample size of 65+ age group in October 2021.

\(^{32}\) Statistically significant at a 99% level in April 2021.

\(^{33}\) Statistically significant at a 95% level in June 2020.

\(^{34}\) Statistically significant at a 90% level in April 2021.
Carers of older people fared worse than other groups of carers

When comparing carers of different types of recipient groups, carers of older people felt least supported by their company to use flexible work options (see Graph 14).
Overall, most carers (except parental carers) reported an increase in company support for flexible work options during the first lockdown, followed by a decrease in between November 2020 and April 2021 (see Graph 14), and an increase once again during the lockdowns associated with the Delta variant (June-October 2021). While the pattern for carers of different types of recipients changed over time, respondents caring for older people had the poorest perceived company support for flexible work options throughout the surveyed period, except at the first time point (June 2020).

Carers of those with a disability or chronic illness also had lower perceived company support than others during the first lockdown, with their access to flexibility increasing slightly over time. Parental carers and grandparents maintained a mid-level position throughout most of the first two years of the pandemic, with parental carers and grandparents seeing a sharp increase in support between April 2021 and October 2021. This overlapped mostly with the longest lockdown in several states.

Carers of older people also reported the lowest work-life balance, with the low level sustained throughout 2020-2021 (see Graph 15). At the opposite end, people with no care responsibilities fared best. Results portrayed a less stable picture for parental carers, grandparents, and carers of a person with a disability or chronic illness, with different periods of the pandemic bringing notable changes in their work-life balance levels. While in the middle of 2020, grandparents caring for their grandchildren scored the best work-life balance, by the end of the 2021 lockdown, their work-life balance had dropped to a similar level to those caring for older people.

The strongest drop was observed in the work-life balance of respondents caring for a person with a disability or chronic illness, with these carers scoring the lowest of all in the final time point (October 2021). Although the work-life balance reported by parental carers increased slightly in between June 2020 and October 2021, data showed changes in this group too, with the longest lockdown corresponding with a descending trend in their work-life balance (see Graph 15).

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35 Statistically significant at a 99% level in November 2020 and at 90% level in April 2021.
36 Statistically significant at a 95% level in April 2021 and October 2021.
Carers of older people, people with a disability or chronic illness, and parental carers experienced high (above 2.5 out of 5) difficulty in fulfilling their family/care duties because of the amount of time they spent on the job (see Graph 16). Among these carers, individuals caring for older people or a person with a disability or chronic illness consistently struggled more than other carers throughout November 2020 to April 2021.

Graph 16: Work-life conflict: difficult to fulfill life responsibilities due to time on the job by care recipient

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37 Statistically significant at a 99% level in June 2020 and at a 95% level in November 2020.
Between April and October 2021, parental carers experienced a noticeable increase in their work-life conflict, overlapping with the longest lockdown. At the opposite end, grandparents and non-carers indicated lower levels of work-life conflict than any other carer group all through 2020-2021.

Graph 17: Work-life conflict: difficult to concentrate at work because of family/carer responsibilities by care recipient

Work-life conflict was also measured as level of difficulty concentrating at work because of family/care responsibilities (Graph 17). While the pattern was somewhat similar (especially during 2020 and beginning of 2021), data showed that the spillover effect of family/care responsibilities on respondents’ work was lower than the spillover effect of work on family life (see Graph 17). In other words, although carers reported struggling to concentrate at work because of their home responsibilities, the level of conflict was somewhat lower. At the first two time points (June 2020 and November 2020), carers of older family members fared worst in concentrating at work because of their family/care responsibilities, while the second year of the pandemic (April 2021 and October 2021) saw carers of people with a disability or chronic illness struggling most.

Conclusions

The COVID-19 pandemic brought with it a series of new challenges associated with large disruptions to formal and informal care provision. Many unpaid carers found themselves navigating new roles and additional care responsibilities, while continuing paid work. This study focused on the implications for reconciling work and family among mature aged Australians providing unpaid care during the first two years of the pandemic.

The changes in work and life brought about by the COVID-19 pandemic exacerbated work-life conflict through the increased reliance on unpaid carers to provide new and intensified forms of care, support and education. Parental carers and grandparents provided additional care (and education) due to interruptions to early childhood education, care and school services. Carers of older people or of people with a disability or chronic illness provided additional care due to interruptions to aged care, disability care and other community services, and due to new care needs arising from the broader circumstances of the pandemic, such as extra support provided to older people whose cognitive and

38 Statistically significant at a 95% level in June 2020.
emotional health declined with the lack of social interaction and increased stress associated with the pandemic. These additional care responsibilities needed to be combined with continuing to carry out their paid employment. This resulted in carers of all four recipient categories reporting work-life conflict and poor work-life balance throughout the observed time points.

Data showed that while company support for flexibility generally increased during the pandemic, it mostly increased during lockdown periods and declined in between, and was not equally accessible to different groups of carers, with men, people aged 65 and over, and people caring for young children (parents and grandparents) reporting the greatest support from their employers. While perceived company support appeared to improve throughout 2020-2021, access to flexibility was not enough to support people with care responsibilities to reconcile work and life, in the absence of or with only limited access to formal education and care services.

Results indicate that carers had more difficulty than non-carers in balancing work and family life and that women fared worse than men. Younger mature carers (45-54 years old) were also shown to have fared worse than older carers in reconciling work and family/care responsibilities. Overall, they reported lower levels of work-life balance and higher levels of work-life conflict than their older counterparts. Data revealed the differences might be explained by the fact that older carers (65+), although still active in the labour market, worked fewer hours than younger ones, resulting in less time pressure. While all groups of carers struggled to reconcile work and family life, carers of older people reported the poorest work-life reconciliation at the most time points and felt, at most time points, least supported by their company.

The study’s findings have implications for policy and practice. The most vulnerable groups of carers were revealed to be women, younger mature carers, and respondents caring for older relatives. All are groups that governments currently aim to keep active in the labour market in order to enhance economic growth and sustainability. Supporting better work-life reconciliation for them and other mature carers is essential for individual and familial wellbeing, and for employer outcomes. As shown, better work-life reconciliation assists in increasing job satisfaction, work engagement, productivity, and talent retention, while also improving aspects of personal life such as health, life and marital satisfaction and social participation.

The struggles in balancing work and family life reported in this analysis highlight the importance of continuous access to company-level flexibility provisions combined with care and support services in enabling people with unpaid care responsibilities to reconcile paid work with family life. These services and flexible work options must also be better tailored and adaptable to carers’ needs, which are shown in this report to be linked to the gender and age of the care provider, and the care recipient type.

Future research is required to determine the profile of ‘socio-economic long COVID-19’ and its implications for unpaid carers’ employment, work-life reconciliation, and wellbeing. Future longitudinal or cross-sectional data analysis, including a larger number of carers, should be undertaken to ascertain how the pandemic has affected different cohorts of carers based on characteristics such as income, employment type, dependency levels of care recipients and levels of social support.