

Women in Multiple Low-paid Employment:

Pathways Between Work,
Care and Health

Final Report

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Contents

Executive Summary 1

Chapter 1: Introduction and Background 9

Chapter 2: Methodology 17

Chapter 3: Prevalence and Trends in Multiple Low-paid Employment (MLPE)21

Chapter 4: Who is Involved in MLPE and What They Do 33

Chapter 5: MLPE and Choice47

Chapter 6: MLPE and Financial Circumstances..... 59

Chapter 7: MLPE and Caring Responsibilities..... 85

Chapter 8: MLPE and Health 101

Chapter 9: Conclusions and Recommendations 117

Appendix 125

Executive Summary



Background and Methods: This project (2020-2024) is the first to study the nature and extent of women's multiple low-paid employment (MLPE), and to estimate the rate of MLPE, in the UK. It examines the relationships between MLPE, caring responsibilities, health and well-being using a complementary mixed methods study of women in MLPE. The quantitative study included the analysis of three large-scale UK-representative survey datasets: the Family Resources Survey, the Labour Force Survey and Understanding Society. For the qualitative study, 105 women in the West of Scotland who self-defined as being in MLPE participated in an in-depth interview.

Project Aims: (1) To provide an overview of women engaged in MLPE in the UK over the past three decades, through secondary analysis of national survey data across time; (2) To investigate the lived experiences of women in MLPE; (3) To give voice to women experiencing MLPE and to the organisations supporting them and provide opportunities to raise the profile of MLPE as an important and growing phenomenon.

Defining Multiple Low-Paid Employment (MLPE): *we adopted two definitions of MLPE*

For the analysis of national data, we define an individual as being in multiple low-paid employment if they have more than one job (including self-employment) and their total earnings are equal to or less than two-thirds of the UK median weekly earnings for the year in which they were surveyed. We define the rate of MLPE as the proportion of working adults (separately for women and men) who are in MLPE.

For the qualitative study, women self-defined as being in MLPE if they worked more than one job and considered that they were not paid sufficiently for their efforts or not paid what they thought the work was worth across their jobs, taking into account not only wages but also job (in)security, hours and patterns of work, and considering their household incomes, resources and outgoings.

The Prevalence of MLPE: Each year from 2007 onwards around 3% of working women have been in multiple low paid employment (MLPE). In 2019 this amounted to 425,000 women across the UK. However, nearly one-in-five women (18%) have at least one spell of MLPE over the period of a decade.

Who is Involved in MLPE: Compared with all working women, more women who are separated, divorced or widowed, more informal carers, and fewer women from ethnic minorities are in MLPE. Women are more likely to be involved in MLPE if they have children of school age and less likely if they have children aged under five years old. More than two-in-five women in MLPE are aged 46 and over. In contrast, there is notable under-representation in MLPE of women aged 26-35. Almost half of the women involved in MLPE (47%) are degree educated.

Key Findings

Labour Market, Pay and Hours

- Women in MLPE work across a wide variety of jobs and can have complicated employment configurations. Around six-in-ten of women in MLPE in the UK have jobs that span across different industry sectors and/or occupations. The qualitative study provides illustrations of job configurations.
- 29% of women in MLPE mix employment with self-employment.
- 50% of women in MLPE work in the public sector in their main job. More women in MLPE work in the Hospitality and Arts sector than among all women, both for their first and second jobs. Around three-in-ten women in MLPE have an ‘elementary occupation’ (for which educational qualifications are usually not required) as their first or second job.
- Women in MLPE face a higher degree of insecure employment than all working women, in terms of self-employment or fixed term/temporary contracts. However, 89% of women in MLPE have a permanent contract of employment for their first job. 5% of women in MLPE are on a zero-hours contract in their main job. The majority of women in the qualitative study had a mix of secure and insecure work, including work in the informal economy.
- The weekly pay for MLPE is 40% lower than all working women. For 46% of women in MLPE the combined hourly pay rate across all their jobs falls below the National Minimum/Living Wage
- Women in MLPE work fewer hours per week on average than all working women. The qualitative study illustrates different work patterns and hours women in MLPE work and includes full-time hours or equivalent (largest category), protracted hours, term-time hours and non-standard hours.

Financial Security

- Compared to all working women, women who are in MLPE are more likely to have worse financial circumstances: they are more frequently in debt; have more experience of arrears; and are more likely to be in material deprivation.
- In the short term, moving into MLPE is associated with a reduction in material deprivation a year later, but an extended period in MLPE is associated with higher material deprivation.
- 40% of women in MLPE are in receipt of working age benefits.
- Seven-out-of-eight women in MLPE who are on working-age benefits work fewer than 35 hours per week suggesting that the vast majority may be subject to the Department of Work and Pensions’ (DWP) work regime, despite already working multiple jobs. Qualitative evidence found that women in MLPE experienced the social security system as over-complicated and as a deterrent to applying for benefits.
- Almost one third (32%) of women MLPE cannot afford to save £10 per month regularly. There is evidence from the qualitative study of women finding ways to manage on their income, being resourceful and undertaking careful budgeting. Others were struggling, had no savings, and worry and stress about money was a major concern.

Caring Responsibilities

- Just over half (51%) of women in MLPE have caring responsibilities: 15% are informal carers and 5% provide both childcare and informal care. In the qualitative study approximately two thirds of participants had a caring responsibility (n=68).
- 42% of women in MLPE have dependent children: 10% of women have pre-school children, and 37% of women have children between the ages 5 and 18.
- In the qualitative study, there are examples of women managing pre-school care, school-age childcare, complex and/or additional support needs care, family care and multiple caring responsibilities. There were different experiences of funded childcare (positive and negative), and particular needs were identified regarding childcare for school-age children, caring for children with complex and/or additional support needs, childcare during non-standard working hours, and support issues for lone parents.
- Receipt of Carers Allowance (CA) was particularly low despite nearly one-in-seven women in MLPE being an informal carer providing more than 35 hours care per week. Six women (out of 105) in the qualitative study were in receipt of CA.

Health

- 27% of women in MLPE report having a long-term condition compared to 23% of all working women.
- Moving into MLPE does not worsen an individual’s physical health, and has a small, but positive effect on mental health.
- There is no long-term impact of MLPE on physical or mental health for individuals who experience just one MLPE spell of short duration.
- The qualitative study found that women in MLPE endure significant and enduring physical and mental health conditions whilst many more have lower-level symptoms.
- Work and MLPE benefit women’s mental health but there are also ways in which work and MLPE can have negative mental health impacts. In addition, physical symptoms can be exacerbated by work for those in manual jobs.

Conclusion

For most women, MLPE is not a sustainable way of working in terms of providing financial security. We recommend a series of policy measures across the domains of labour markets, social security, care and health.

Recommendations

See Chapter 9 for the full version of the Recommendations.

For the UK and Scottish Governments

- We recommend that the UK and Scottish Governments implement reforms to Universal Credit.
- We recommend that the UK and Scottish Governments, Third Sector, Advocacy and Campaigning Organisations, introduce a take-up campaign for a reformed Universal Credit aimed at low-income workers to expand its reach and enable access to other benefits.
- We recommend that the UK and Scottish Governments implement reforms to Carers' Benefits.
- We recommend that the UK and Scottish Governments, Third Sector, Advocacy and Campaigning Organisations, introduce a take-up campaign for reformed Carers' Benefits aimed at low-income workers to expand their reach and access.
- We recommend that the UK and Scottish Governments undertake a re-evaluation of the real value and eligibility criteria for student support through loans to ensure that students do not feel they have to engage in MLPE to survive financially.
- We recommend that the UK and Scottish Governments apply a standardised approach to scrutinise and evaluate social security policies through a gender and intersectionality lens, ensuring fair treatment for all.
- We recommend that the UK and Scottish Governments, Local Authorities and Childcare Providers review childcare provision to meet the support needs of women in MLPE and other low-income families requiring care for pre-school children, children with additional support needs, school-age children, and wrap-around provision.
- We recommend that the UK and Scottish Governments fully fund social care and create provision that goes beyond the bare minimum of support that is currently provided to allow families and individuals to thrive. This action would reduce the necessity for unpaid caring.
- We recommend that the UK and Scottish Governments support the introduction of paid carers leave, expanding the right to take five days of unpaid leave each year within the Carers Leave Act 2023.
- We recommend that the UK and Scottish Governments, Local Authorities and Employers ensure adequate support for those with unpaid caring responsibilities to enable them to access, return to or remain in good quality and decent paid employment.
- We recommend that the UK and Scottish Governments, and NHS providers, increase flexibility of appointment times for healthcare appointments for those with work and caring responsibilities.
- We recommend that the UK and Scottish Governments consider the scope for flexible state pension and occupational retirement policies to support those women (and men) working with long-term conditions or in physically demanding jobs to exit the workplace earlier.
- We recommend that the UK and Scottish Governments, and Occupational Health Leads, facilitate opportunities for Small and Medium-sized Enterprises to strengthen and pool occupational health resources about Return-to-Work policies (following time off for sick leave).

For the Scottish Government

- We recommend that Public Sector Employers should take the lead in establishing exemplary work conditions and setting fair wages.
- We recommend that the Scottish Government continues its work in modelling a Minimum Income Guarantee for all adults, to the benefit of women in MLPE and unpaid carers.
- We recommend that the Scottish Government and Third Sector Organisations engage with unpaid carers in MLPE to influence the development of the National Care Service.

For the UK Government

- We recommend that the UK Government enhance enforcement efforts to ensure every worker receives their lawful wages.
- We recommend that Public Sector Employers should take the lead in establishing exemplary work conditions and setting fair wages.
- We recommend that the UK Government consider policies to ensure fair minimum rates of earnings for the self-employed.
- We recommend that the UK Government implement legislation that establishes a clear definition of worker status that reflects modern work practices.
- We recommend that the UK Government expands The Employment Rights (Flexible Working) Act 2023, which allows employees to seek flexibility from day one, to include flexibility options at the job advertisement stage.

Other Recommendations

- We recommend that all Employers should pay at least the real Living Wage, which is based on what employees and their families need to live. Employers should also endorse the Living Hours Standard, which ensures a minimum of 16 hours per week unless the worker opts out.
- We recommend that Employers reclassify part-time contracts to full-time when employees consistently work full-time hours for a set period, with specific conditions for re-classification to be determined through a consultation.
- We recommend that Third Sector, Advocacy and Campaigning Organisations, working alongside researchers and the media, influence national conversations about the variability and implications of unpaid care emphasising its social and economic value, and the implications of its gendered nature.

18%

Almost 1-in-5 women experience multiple low-paid employment at some point over a decade.

3%

Each year around 3% of working women are in multiple low-paid employment.

66%

Two-thirds of spells in multiple low-paid employment last for a year or less. A further 1-in-6 spells last for two years.

44%

Just under half of women in multiple low-paid employment are in self-employment in one or more of their jobs.

40%

Weekly pay for women in multiple low-paid employment is forty percent of that for all working women.

46%

For almost half of women in multiple low-paid employment the combined hourly pay rate across all their jobs falls below the National Minimum/Living Wage

59%

The majority of women in multiple low-paid employment are not in receipt of any benefits.

11%

Just over 1-in-10 women in multiple low-paid employment were in debt in the previous year, with 1-in-20 in arrears on their utility bills.

32%

Almost one third of women in multiple low-paid employment cannot afford to save £10 per month regularly.

51%

Half of women in multiple low-paid employment have care responsibilities.


15%

1-in-7 women in multiple low-paid employment are informal carers. 1-in-20 provide both childcare and informal care.

27%

Almost 3-in-10 women in multiple low-paid employment have a long-term health condition or illness.

Chapter 1: Background and Introduction



The Research

This project is the first to study the nature and extent of women's multiple low-paid employment (MLPE), and to estimate the rate of MLPE, in the UK. It examines the relationships between MLPE, caring responsibilities and health through a complementary mixed methods study, and makes a series of policy recommendations to address the issues raised though the research.

The Context

The study was envisioned and designed in 2018/19 in the economic context of austerity which frames the project. Although the project was designed in a pre-covid era we started work in 2020, and the fieldwork took place between 2021 and 2023 so was influenced by the economic and other changes that were consequences of the pandemic. At the end of 2021 there was a “cost of living crisis” that again influenced and shaped the project’s findings. Austerity policies implemented since 2010 have not been substantially reversed or retracted in recent years and they have often been levelled at the most marginalised social groups. There is evidence of growing numbers of people in the UK struggling with everyday costs of living¹.

In 2010, the Conservative and Liberal Democrat coalition government embarked on a programme of deep spending cuts and tax increases as a response to the 2008 financial crisis. These included significant cuts to social security, central and local government budgets, and the loss of public sector jobs between 2011 and 2018². During this period, the labour market became more flexible and less protected with downward pressure on terms and conditions of employment. There was a significant increase not only in low paid self-employment, but also in the number of contracts with no stated working hours.

“Zero-hour contracts” are a prime example of the increase in flexible labour arrangements as they require individuals to be ready for work but with no certainty about how many hours of work (and thus income) they will receive from week to week. In 2008 there were approximately 143,000 zero-hour contract workers in the United Kingdom; by the end of 2014 there were nearly 700,000 (2.3 per cent of all people in employment)³. New data suggests three in four (73.5%) of the record 1.1 million people (aged 16-65) currently on zero-hour contracts in the UK are in severely insecure work, meaning they face contractual and financial insecurity, and a lack of access to rights and protections. Only 6.1% of the 1.1 million are in secure employment, with a regular income and access to rights⁴.

The gig economy in the UK is estimated as just under half a million people (463,583). Gig economy workers operate as freelancers or as independent contractors to provide services to a third party for particular tasks or shifts, often (though not always) via online platforms. In a labour force of over 32.5 million, workers in the gig economy make up just 1.4% of the total in employment. One in five of those who do gig economy work of any kind are using the gig economy as their main source of income⁵.

Universal Credit (UC) was introduced in 2013, via the Welfare Reform Act 2012, and was the Coalition Government’s flagship policy approach to the future of social security in the United Kingdom. Prime aims of UC were to increase the fairness of the welfare system, to ensure individuals are better off by working, and to simplify the welfare system by replacing six separately administered benefits into one single monthly payment⁶. By the end of 2018 the system had been rolled out to all new claimants, by mid-2022 4.2m households across the UK received UC. A further 2.5m households will be transferred from previous “legacy” systems to UC by March 2025⁷.

Alongside the introduction of UC, the social security system was significantly overhauled including extending mainstream job search conditionality and sanctions to groups previously exempt, such as lone parents, the under-employed, those with young children, and disabled people. However, the implementation of UC has been controversial, with critics arguing that the reduction in payments has contributed to a welfare crisis in the United Kingdom⁸. There were changes to in-work conditionality in 2023 to require people earning the equivalent of over 15 hours per week at National Living Wage, but less than full time hours, to look for more work or better paid work. Highest levels of foodbank use have occurred where there have been the highest rates of benefit sanctioning, unemployment, and cuts in central welfare spending⁹.

The Covid-19 pandemic (2020) came on the back of over a decade of austerity in the UK, affecting already socially and economically marginalised groups. The pandemic had a dramatic effect on the labour market. Over 11.7 million jobs were furloughed in total on the Coronavirus Job Retention Scheme, and 1.3 million claims were made to the Self-Employment Income Support Scheme. Low paid workers were more likely to work in sectors most affected by the pandemic, particularly hospitality and non-essential retail, so were most likely to be put on furlough or experience falls in income at the beginning of the pandemic¹⁰. The £20 uplift to UC in March 2020 was to “strengthen the safety net” during the pandemic but was withdrawn at the end of September 2021¹¹.

The “cost of living crisis” refers to the fall in “real” disposable incomes (that is, adjusted for inflation and after taxes and benefits) that the UK has experienced since late 2021. Those on lower incomes are disproportionately impacted¹² and there is mounting evidence that the rising costs of living are having unequal effects across the UK¹³.

The impact of the above developments in public services, the economy and society more generally have had a disproportionate effect on women in their dual capacity as workers and carers with higher female representation in the care, service and public sectors. Women make up a greater proportion of the workforce in some of the lowest-paid sectors of the economy such as social care, education and hospitality¹⁴. Furthermore, women use more public services, are the majority of social security benefit recipients, and are more likely than men to have to make up for lost services by increasing the amount of unpaid care work they perform in looking after children and family members¹⁵. The rising costs of essentials (especially housing, food, and energy) is having a greater impact on women, prompting several recent reports in different parts of the UK to describe women as the “shock absorbers’ of poverty”¹⁶. The UK Parliament Women and Equalities Committee launched a new inquiry examining the impact of the rising cost of living on women (2023)¹⁷.

A Focus on Women in MLPE

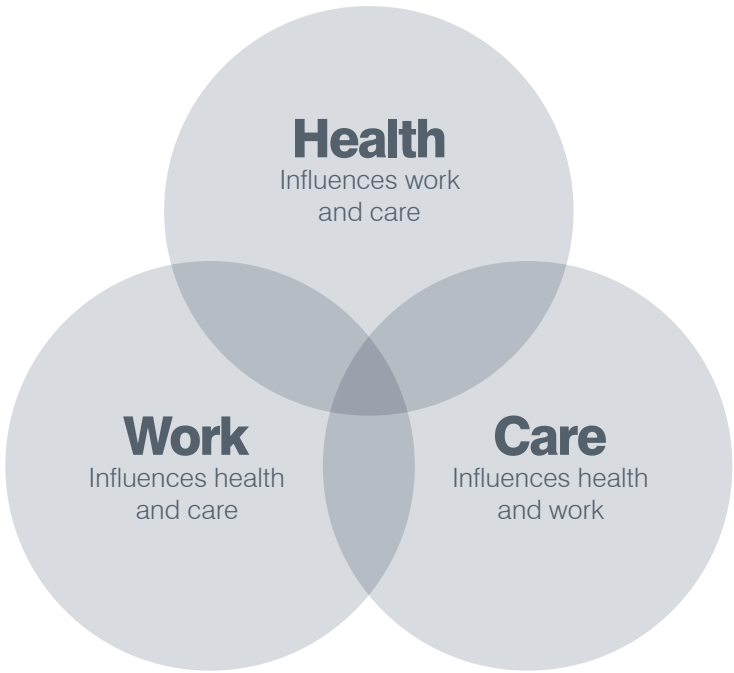
The economic, political and policy environment have had disproportionate impacts on women. Within this context, we decided to focus on women in multiple low paid employment as a phenomenon that has not attracted much research interest¹⁸. The emergence of the cost-of-living crisis underscores the increasing relevance of MLPE. Furthermore, as women take on more unpaid labour and are more likely than men to engage in part-time and multiple employment. As such, this is an increasingly relevant and timely issue in UK society.

Headlines have been seen recently such as “‘I’m knackered’: people forced to take second jobs amid cost of living crisis¹⁹”; “Cost of living crisis leaves millions taking on second job” and “Income doesn’t meet outgoings leaving many in a perilous state²⁰”; “More than four million UK workers considering a second job to combat cost of living, survey finds²¹”; and, “Millions forced to turn to second jobs²²”. It is also a topic of conversation on the social media site mumsnet: “To think I shouldn’t have to work a second job to make ends meet²³”. Politicians have also referenced the need for people to work extra hours or jobs if they are struggling: “Minister says people could ‘take on more hours’ at work or move to a ‘better paid job’ to protect themselves from cost of living surge²⁴”.

Work, Care and Health Nexus

This project study is about the lives of women in MLPE and provides an opportunity to address the inter-relationships between work, care and health – how the three domains affect each other in all directions, and contribute to “quality of life” – to demonstrate how action in multiple policy sectors can address these inter-related areas of people’s lives.

Figure 1.1: Work, Care and Health Nexus



Work

Paid work is said to be ‘hallmark of the dutiful, responsible citizen’²⁵ and ‘the best route out of poverty’²⁶. The mantra of all governments is for people to get a job: in addition to being a route out of poverty, it is said that “work transforms lives” and references are made by politicians to “strivers” and “hardworking families”. Even for disabled people and people with mental health issues, work over not working is prioritised. This contrasts with the disdain, or at least a lower priority, afforded to non-workers. The term “sicknote culture” was recently coined by Prime Minister Rishi Sunak with reference to the significant rise in people being unnecessarily signed off work and “parked on welfare”²⁷.

Paid work is an important protective factor for health and well-being. However, there is a growing recognition of the importance of psychosocial work environments and promotion of the concept of “good work” characterised by job security, sufficient income, a safe physical work environment, clear responsibilities and procedures, a positive mental health environment, and employment rights²⁸. There is consistent evidence that persistent precarious employment is associated with a range of adverse health outcomes²⁹. However, not all work is “good work”. As such, the government’s narrative fails to take into account the huge variability in terms of job opportunities, access, pay and security, the “low pay no pay cycle”, and gives little recognition to the reasons why some people cannot or do not work, given that it is not always a choice. The role of social security, as a dignified and financial protection and “safety net” for those unable to work, is often vilified rather than valued.

Gender inequalities in the labour market affect women through occupational segregation which sees most high paid work done by men, and most low paid work done by women, overrepresentation in less-valued sectors such as care and social work activities, hospitality and retail, which means that women have lower current and future earnings (and pension gaps), and more likelihood of caring responsibilities. Women's experiences of multiple forms of insecure work compared to men's have been documented³⁰.

Care

Women face discrimination because of the unequal share of care and the lack of recognition and value placed on both the paid and unpaid work that many undertake, factors that can impact on women's agency within the labour market. Women's responsibility for childcare, and the challenges and costs associated with childcare have been well documented, with particular issues raised for one-parent families and families with children or family members who are disabled or in poor health, and the lack of available support³¹. Chronic underfunding of social care, severe workforce issues, a fragmented system and a growing older population means that many people do not get the care and support they need; as such there are implications for family members – often women – who step in to provide unpaid care³²

Unpaid carers are more likely to be women and age 50 or older. Carers providing more than 20 hours of care a week are more likely to live in low-income households than non-carers. Only around a third of those providing substantial hours of care are entitled to Carer's Allowance³³. There is a relationship between the number of hours spent doing unpaid care and occupation type which raises a question about causality: unpaid carers in employment caring for over 50 hours a week are more likely to be working in elementary occupations, and less likely to be working in professional occupations or as managers, compared to carers in employment caring for 19 hours or less³⁴.

Caring can have a significant impact on health and wellbeing and more than half of carers report a long-term health condition or disability³⁵. The demographic characteristics and the demands of caring have led to carers being characterised as a group at risk of adverse outcomes, with unpaid caring being considered as a potential social determinant of health³⁶.

Health

Social, economic, political and environmental conditions are the strongest determinants of people's health. This includes people's access to homes that are safe, stable and warm; the availability of an adequate financial safety net; access to healthy, affordable food; and the type and quality of their work. The presence, adequacy and quality of work matters for health directly, as well as underpinning other determinants of health such as income or social networks. There is a long-established literature that demonstrates the clear direction of causality, and which shows a clear social gradient in health outcomes at the population level with those in lower occupational grades faring worse than those in higher grades. At the individual level, though, it is likely to be the case that whilst low-quality work leads to poor health, some people are more likely to be required to enter low-quality work because their health prevents them from acquiring better work. Within individual lives, the relationship may be complicated and likely to change over time³⁷.

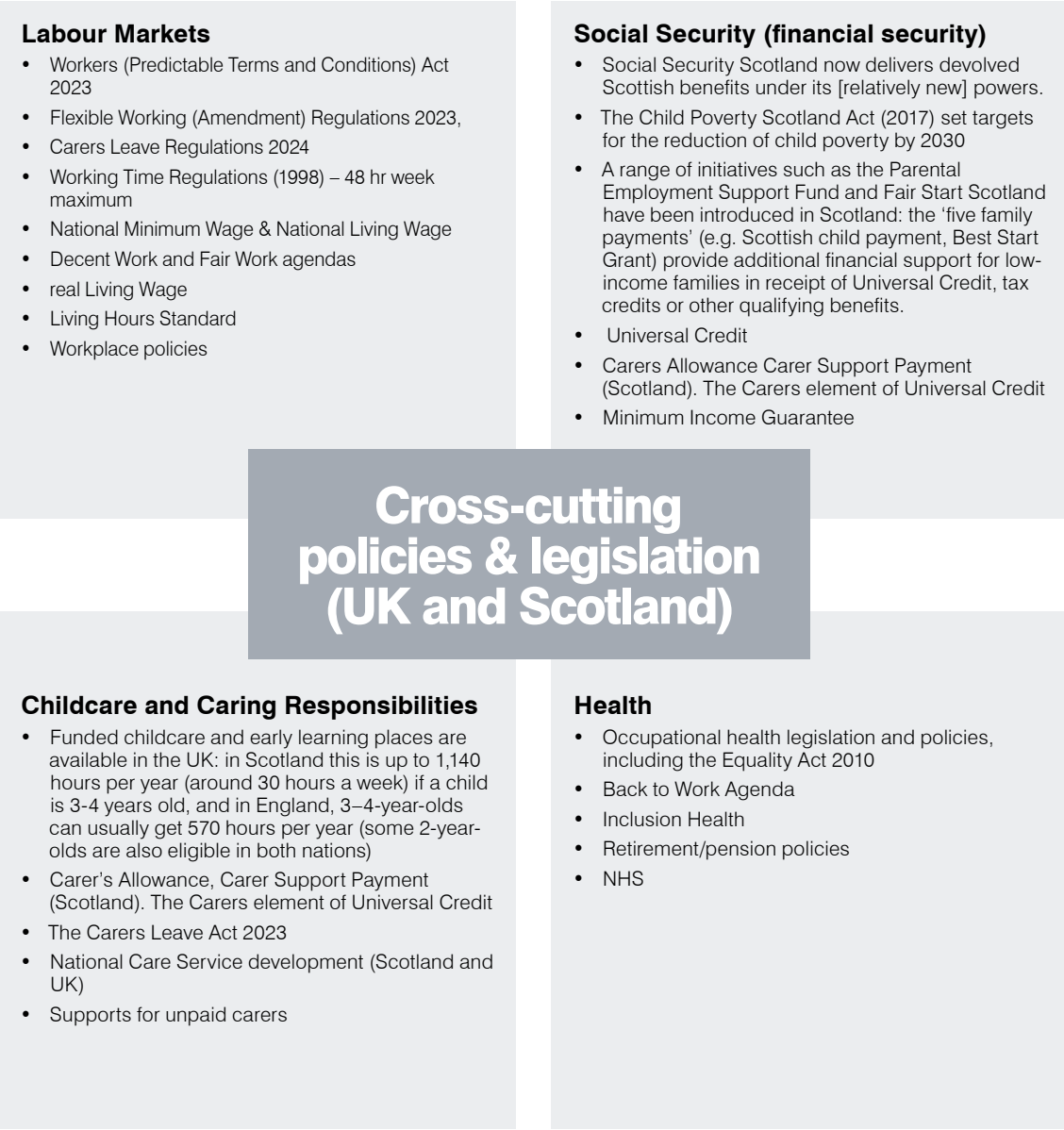
There is a proportionally higher rate of work-limiting conditions among working-age women (22%) compared to men (17%) that holds across all age groups³⁸. The prevalence of work-limiting health conditions is consistently higher among people with lower education attainment, especially those without a university degree or equivalent. This partly reflects a "social gradient" where people with more opportunities in the labour market tend to experience better health outcomes.

It also highlights the fact that people with higher qualification levels are more likely to experience better employment conditions, which can make it easier for them to remain in work if their health deteriorates. There are clear, systematic differences in health between genders and there are clear and stark inequalities in health between women in different socio-economic groups, ethnicities and geographic regions³⁹.

Policy Domains

The project intersects with various policy domains (UK and Scotland): labour markets; social security, caring responsibilities and health. As well as focusing on these areas, tackling in-work poverty and MLPE requires action at multiple levels including adequate protections through the social security system, targeted poverty strategies, and policies that protect the living standards of the families affected, taking into account factors such as the cost-of-living crisis, and rising energy and housing costs.

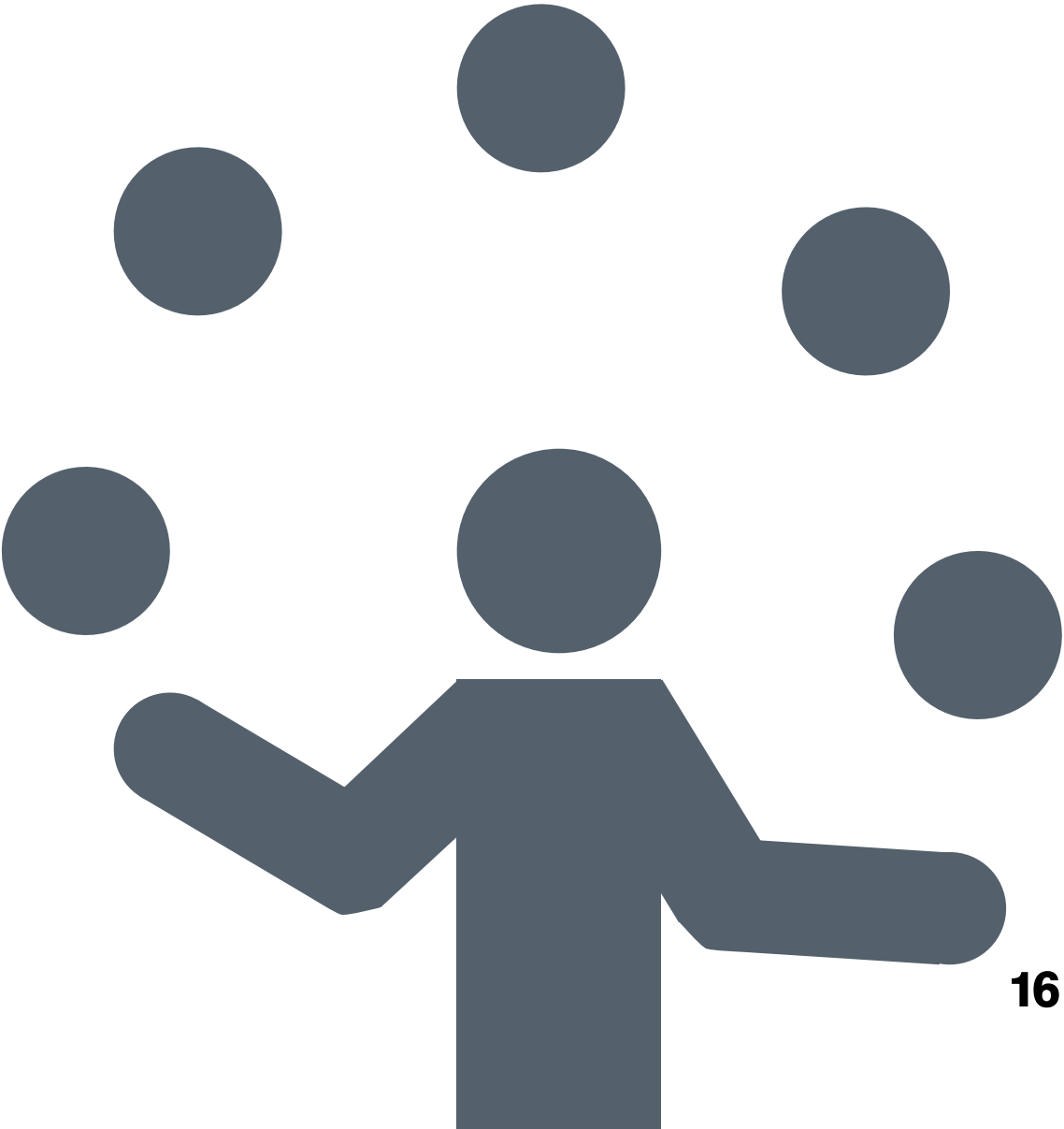
Figure 1.2: Policy Domains



Report Structure

The remainder of the report is structured as follows:

- Chapter 2:** Methodology details the project’s aims and its mixed methods approach.
- Chapter 3:** Prevalence and Trends in MLPE, summarises the prevalence and trends in MLPE over time, and outlines the multi-dimensional concept of MLPE.
- Chapter 4:** Who is Involved in MLPE and What They Do, presents a profile of women involved in MLPE in the UK over a ten-year period (2010-2019).
- Chapter 5:** MLPE and Choice proposes a ‘choice typology’ and discusses the factors that drive or influence decisions around MLPE.
- Chapter 6:** MLPE and Financial Insecurity looks at the evidence and experience of household finances for women in MLPE. The chapter covers: earnings and income; engagement with social security and receipt of benefits; debt and arrears; material deprivation; and perceptions of financial circumstances.
- Chapter 7:** MLPE and Caring Responsibilities examines the relationship between MLPE and caring responsibilities focusing on the extent and nature of caring responsibilities, including women’s experiences of different types of caring responsibility.
- Chapter 8:** MLPE and Health seeks to understand the relationships between work, MLPE and health, building on previous chapters and is set in the context of health as the end point of a complex and intersecting chain of social determinants.
- Chapters 9:** Provides a Conclusion and series of Recommendations aimed at UK and Scottish governments, other organisations and bodies.



Chapter 2: Methodology

We use a complementary mixed methods study of women in MLPE to address the project's aims:

1. To provide an overview of women engaged in MLPE in the UK over the past three decades, through secondary analysis of national survey data across time, with a specific focus on the dynamic relationships between MLPE and health, including the mediating role of care responsibilities.
2. To investigate the lived experiences of women in MLPE, and to examine the mechanisms between MLPE and health, and the mediating role of care responsibilities.
3. To give voice to women experiencing MLPE and to the organisations supporting them, and provide opportunities to raise the profile of MLPE as an important and growing phenomenon.

Aim One

Aim One was addressed through quantitative analyses of three UK-wide datasets: the Family Resources Survey, the Labour Force Survey and the UK Household Longitudinal Study. For the analysis to be comparable across these datasets and among individuals across the UK and over time, for consistency it is necessary to specify a particular definition of MLPE.

The OECD definition of low pay, which has been adopted by the UK's Office for National Statistics, is earnings which are two-thirds of the national median pay, or less. In studying multiple employment, there is a dilemma between examining hourly pay or weekly pay to identify low pay. Although hourly pay may seem the more natural unit of measurement, with a multiple jobs measurement the question is whether the definition should require an hourly wage to be below this threshold in each job, or whether the definition should be calculated from an aggregation of hours and earnings across all jobs.

To circumvent this issue we adopt the definition that an individual is in MLPE if they have more than one job (including self-employment) and their total earnings across all their jobs are equal to or less than two-thirds of the UK median weekly earnings for the year in which they were surveyed. This allows an overall assessment of someone's economic circumstances to be made across different employments. In using the weekly measure, we note that someone may be in MLPE either because one or more of their jobs have low hourly wage rates and/or because they work insufficient hours.

The Family Resources Survey (FRS) surveys a representative sample of households across the UK, providing information on around 20,000 individuals per year, and enumerates up to three jobs per individual, including 'odd jobs' or casual jobs. The key purpose of the survey is to meet the information requirements of Department for Work and Pensions (DWP) and therefore it captures detailed information on financial circumstances of individuals and households, including income from all sources and collects earnings for all jobs, thus enabling us to identify individuals in MLPE.

We also make use of the Households Below Average Income (HBAI) dataset which is derived from the FRS survey. The HBAI measures household income to evaluate material living standards applying the concept of equivalised income to ensure comparability among diverse household types. Importantly the FRS also captures socio-economic characteristics of respondents, as well as information on household composition, and caring responsibilities. A drawback of the FRS is that it does not ask detailed employment questions, for this information we turn to the Labour Force Survey.

The Labour Force Survey (LFS) is the largest household-level survey in the UK, with around 20,000 households across the UK interviewed each month. The LFS is the prime source of information on labour market outcomes, and is used by the Office of National Statistics to calculate official statistics such as unemployment rates. To that end the LFS collects detailed information on employment outcomes (such as hours, contract type, occupation and industry sectors) for up to two jobs per individual, as well as demographic information. The LFS does not collect information on casual employment and earnings data are not collected for the self-employed and thus provides an under-estimate of the prevalence of MLPE.

Both the FRS and LFS interview different respondents in each year. To examine outcomes over time we use the UK Household Longitudinal Study (UKHLS). The UKHLS is an annual repeat survey of c.40,000 households, collecting employment information for up to two jobs, including casual jobs, from all adult household members and earnings information is collected on all jobs. The UKHLS is an omnibus survey comprising many modules of questions, with some modules asked each year (employment, health, caring, financial perceptions) other modules are asked less frequently (financial circumstances, material deprivation).

For the analysis, in all datasets we restrict the samples to include women of working age (aged 18-64 for the FRS and LFS; aged 18-55 at first enumeration in the UKHLS). When relevant, monetary values are converted to 2022 prices using the annual (mid-year) consumer price index measure from the Office of National Statistics. Survey weights are used in the analysis to ensure the estimates presented are representative of the UK working population.

Aim Two

Aim Two was addressed through a large qualitative study utilising semi-structured interviews conducted in person or online over a period of 24 months. A total of 105 women were interviewed with interviews lasting between 30 and 100 mins.

Women were recruited through a range of methods and self-identified as being in multiple low paid employment. Whilst the majority of women lived in Glasgow City, a small number lived in the wider Greater Glasgow area and beyond. For the first wave of recruitment, we used a combination of posters in local shops, supermarkets, pharmacies, GP surgeries and community centres. To boost our sample we used social media, networks of our partner organisations (such as The Poverty Alliance and Close the Gap) and we targeted community groups where we expected to identify women meeting our criterion of working in multiple, low-paid employment. Finally, we paid for a recruitment company to identify possible participants, and a delivery company to post leaflets in a neighbourhood in Glasgow with high levels of poverty.

The characteristics of women in the qualitative sample (their age, qualifications, jobs undertaken, receipt or not of working age benefits, and family/caring responsibilities) can be seen in a table in Appendix 1.

Qualitative Sample Characteristics (n=105):

- 70% were in the age range 18-49 (n=74) with 30% age 50 and over (n=31)
- Approximately two thirds had a caring responsibility for children and/or family members (n=68)
- Just less than a fifth were lone parents (n=19), and just over a quarter lived alone (n=28)
- Two fifths were in receipt of in-work social security benefits (n=42)
- Just under half had a degree level qualification (n=46)

Interviews were transcribed in full and coded within NVivo. The coding frame was developed abductively with in vivo coding of emergent ideas and coding also against existing concepts such as multi-scalar social determinants of health and that of health protecting resources (derived from Link and Phelan’s Fundamental Cause Theory⁴⁰). Coding was undertaken by one researcher and 20% of transcripts were double coded with data surgeries undertaken to discuss the evolving framework. The themes that form the qualitative findings represent the dominant ideas and patterning within our data.

Ethical approval for the study was granted by the University of Glasgow College of Social Sciences Research Ethics Committee.

Aim Three

Aim Three was addressed by the qualitative study described above as well as through a range of engagement activities relating to the knowledge exchange and impact. The qualitative interviews provided access to rich data on lived experiences and women who participated in the interviews were invited to take part in further opportunities to have their voices heard. These included their involvement in co-producing materials for an art exhibition held at Glasgow Women's Library (Title: ‘Pouring Out, Pouring In – Mapping Women's Work’, Artist Ailie Rutherford), October to December 2023 and at the University of Glasgow’s Advanced Research Centre as part of a wider exhibition and set of discussions (Title: ‘Women's Work: The Juggling Act of Multiple Jobs’), March 2024. Organisations working with women in low pay have been engaged with the project from the outset with key third sector organisations and academics with existing government advisory roles sitting on our Project Advisory Group. We involved stakeholders from this group in planning and facilitating our Roundtable Policy Discussion event, held on 1 March 2024. This event helped to hone our recommendations and future knowledge exchange and impact plans. We and our exhibition materials were hosted by the Scottish Parliament on 29 May 2024 to distribute and discuss our final report and its recommendations.

Chapter 3: Prevalence and Trends in MLPE

This chapter sets out the definition of MLPE deployed in our quantitative study and summarises the prevalence and nature of MLPE and trends over time for the UK. It then provides an outline of how the multi-dimensional concept of MLPE is understood by the women in our qualitative study.

Summary

- The phrase multiple low-paid employment (MLPE) is an umbrella term and does not have a single accepted definition. For analysis of official data, we adopt the definition that an individual is in multiple low-paid employment if they have more than one job (including self-employment) and their total earnings are equal to or less than two-thirds of the UK median weekly earnings for the year in which they were surveyed.
- Our qualitative participants defined MLPE as multiple work that was not paid sufficiently or paid what it is worth, considering a combination of wages, job (in)security and hours/patterns of work, also taking into account wider household incomes and resources, and outgoings.
- Using official survey data, 3% of working women were in multiple low paid employment (MLPE) each year in the past decade. In 2019 this amounted to 2.8% of working women, or 425,000 women across the UK. However, a higher proportion, almost one-in-five women, had at least one experience of MLPE between 2010 and 2019.
- Two-thirds of MLPE spells last for one year or less; around one-in-six last for three or more years. Most experience of MLPE, however, is transient. Three-in-five women in MLPE in any one year do not report being in MLPE the following year.
- The rate of MLPE amongst women varies across the UK, being higher in regions with more employment opportunities (East of England; South-East; South-West). The MLPE rate in Scotland is just below the UK average.
- Women in MLPE face a higher degree of insecure employment than all working women, in terms of self-employment or fixed term/temporary contracts. However, nine-out-of-ten women in MLPE have a permanent contract of employment for their first job, while one-in-twenty report a zero-hours contract for their primary job.
- Women in MLPE work fewer hours on average than all working women, with one-in-five working 35 or more hours per week in total.
- There are various patterns and configurations of MLPE in the qualitative study including working more than full-time, full-time and part-time hours, and working patterns that include protracted working hours, non-standard hours and term-time hours. The most common patterns among our participants were to work full-time equivalent but non-standard hours (i.e. not Mon-Fri between 9 and 5).

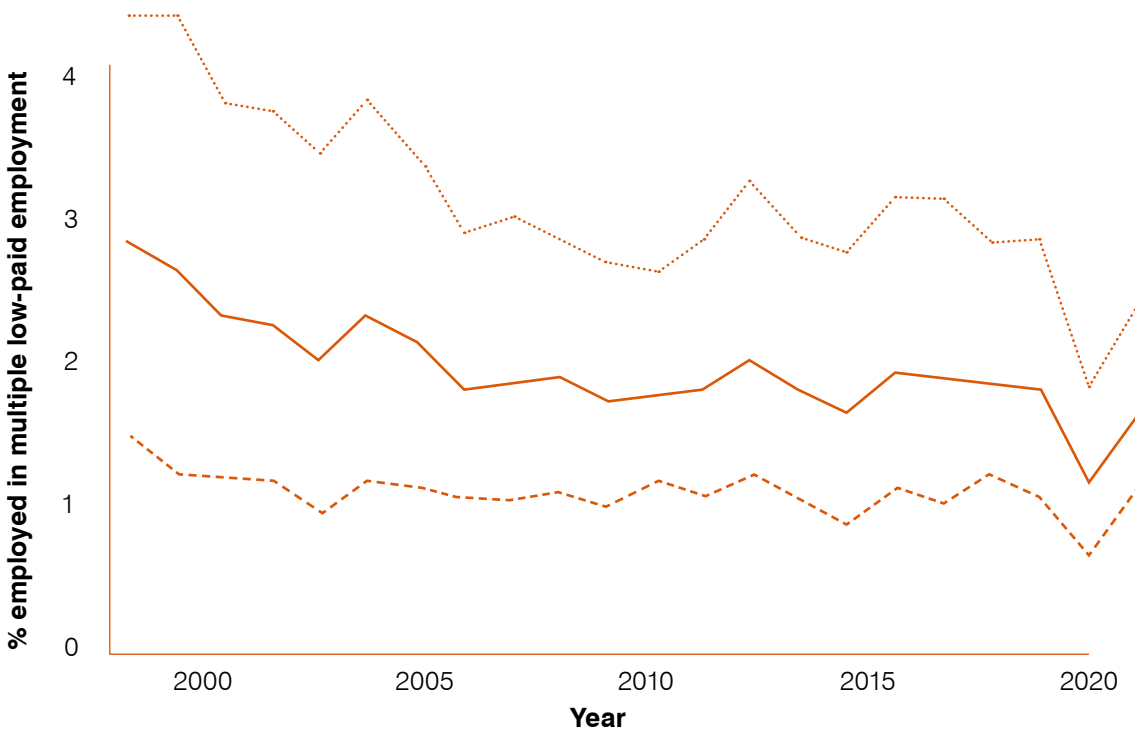
The phrase multiple low-paid employment (MLPE) is an umbrella term and does not have a single accepted definition. The OECD definition of low-paid employment, which has been adopted by the UK's Office for National Statistics (ONS) is: work where earnings are below two-thirds of the national median pay. In the context of a single job, hourly earnings may seem the appropriate unit of measurement to identify whether a job is classified as low paid. However, when studying multiple employment, it is debatable whether having a low hourly wage in all jobs is necessary for someone to be classified as low paid, or whether a measure that takes into account differences in hourly wage rates between jobs is more appropriate, so that an overall assessment of someone's economic circumstances can be made across different employments.

In order to investigate the prevalence of MLPE among individuals across the UK and over time, for consistency it is necessary to specify a particular definition of MLPE. For the analysis of official data, we adopt the definition that **an individual is in multiple low-paid employment if they have more than one job (including self-employment) and their total earnings are equal to or less than two-thirds of the UK median weekly earnings** for the year in which they were surveyed.

In this chapter we use three UK-wide datasets to examine the prevalence of MLPE per year and per region, the types of employments and contracts used by women in MLPE, and women's experience of spells of MLPE across a ten-year period.

Prevalence Over Time

Figure 3.1. Trends in Multiple Low Paid Employment, 2000-2021



Source: Family Resources Survey 2000-2021.

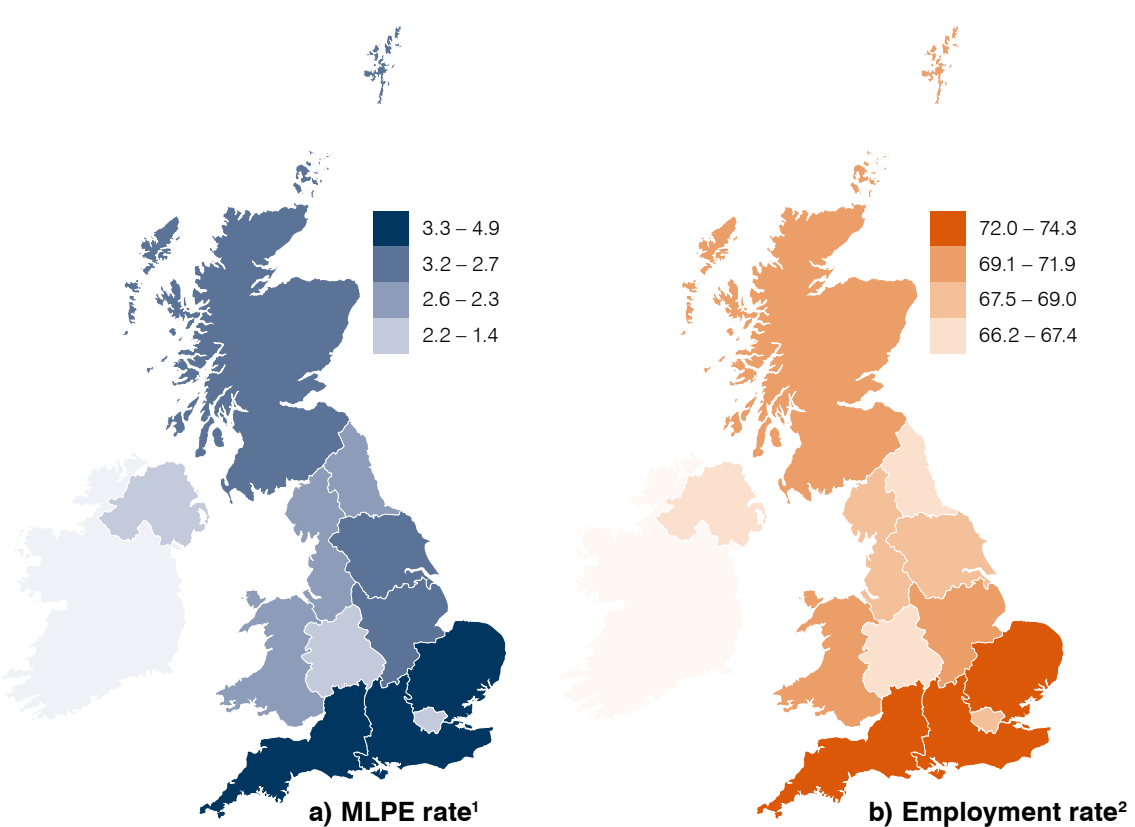
Figure 3.1 shows the trend in MLPE according to our definition between 2000 and 2021. The overall rate of MLPE (solid line) was decreasing in the period up to around 2007, after which it remained constant at around 2% of working adults up to 2019. The graph indicates that the rate of MLPE has consistently been 2-3 percentage points higher for women (dotted line) as compared to men (dashed line). In contrast to the downward trend seen for women, the rate of MLPE for men has been fairly static over time. In the last period before the pandemic, 2019, the proportion

of working men in MLPE was 1.1%, compared with 2.8% of women. Bringing this latter figure into context, this equates to approximately 425,000 women across the UK being in MLPE in the year before the pandemic.

In 2020 there was a sharp fall in MLPE, indicating the effects of the lockdowns experienced in the UK as a consequence of the Covid-19 pandemic. Although the rate of MLPE increased during 2021 it did not reach the pre-pandemic level. As data on subsequent years are not yet available, it is too early to say whether MLPE will return to its pre-pandemic trend quickly, whether the influence of the pandemic on MLPE will be felt over a longer period of time⁴¹, or whether individuals will permanently change their working practices because of their pandemic experiences. In our data analysis we therefore focus on the experience of women over the previous decade (2010-2019).

Prevalence Over Regions

Figure 3.2. Regional variation in Multiple Low Paid Employment versus Employment, 2010-2019



Source: Family Resources Survey 2010-2019.

Notes: 1. Percentage of working women aged 18-64, who are in MLPE. 2. Percentage of women aged 18-64 in work.

Examining the extent to which MLPE differs across the UK, Figure 3.2 Panel a) indicates that the proportion of women in MLPE is higher in the south of the UK, specifically three regions – the East of England, South-East and South-West regions, where 2.9-4.3% women are in MLPE, as compared to the UK average of 2.4% between 2010 and 2019. The regional rate of MLPE closely follows regional variation in the employment rate, suggesting the availability of labour market opportunities are an important determinant of holding more than one job. Indeed, as shown in Panel b) East of England, South-East and South-West are also the regions with the highest rates of working women. In Scotland, where we recruited participants for the in-depth interviews, the MLPE rate amongst women is just under the national average, at 2.3% of working women aged between 18 and 64.

Prevalence Over Employment Types

Most working women are employees, with only 8% of all working women reporting self-employment in their main job (Table 3.2). However, self-employment is markedly more prevalent for women in MLPE, with 25% of women in MLPE being self-employed in their main job and 34% in their second job. Indeed considering all employments, 92% of all working women are employees in their main employment, whereas for women in MLPE just over half (56%) work as employees only. Eight percent of all working women are self-employed across all their jobs, compared to 14% of women in MLPE. A combination of waged employment and self-employment is seen amongst 1.5% of all working women, whereas almost three-in-ten women in MLPE have jobs spanning both types of employment. Thus, women in MLPE are more likely to be self-employed, and more likely to mix self-employment with employment, than all working women.

Table 3.2. Types of employment (col. %)

	Working ¹	MLPE ²	
		Main Job	2nd Job
Employee	91.7 ^a %	75.4%	66.5%
Self-employed	8.3%	24.6%	33.5%
Employed in all jobs	90.6%	56.4%	
Self-employed in all jobs	8.0%	14.1%	
Mixed: employed and self-employed	1.5%	29.4%	
<i>N</i>	<i>94,753</i>	<i>2,390</i>	<i>2,157</i>

Source: Family Resources Survey 2010-2019. Notes: 1. Women aged 18-64 in work. 2. Women aged 18-64 in MLPE. a. Employment in main job

Prevalence Over Employment Contracts and Working Arrangements

For individuals who work as employees we can examine the permanency of their employment contracts using information from the Labour Force Survey. As indicated in Table 3.3 most employees have a permanent contract. This applies for all working women as well as women in MLPE, where permanency is lower for the second job (80%) as compared to the main reported job (90%). This suggests that for women in MLPE who are employees in all their employments, most jobs consist of standard employment relationships. However, as noted above only around half of women in MLPE work as employees across all their jobs. Women in MLPE working fully in self-employment or a mix between waged and self-employment may face a higher degree of insecure employment, e.g., in the form of fixed-term or temporary contracts.

Table 3.3. Contract types (col. %)

	Working ¹	MLPE ²	
		Main Job	2nd Job
Permanent contract	94.1	88.9	79.8
Working from home	12.4	9.1	28.5
Zero-hours contract	1.9	4.9	
<i>N</i>	<i>841,458</i>	<i>4,884</i>	<i>4,854</i>

Source: Labour Force Survey 2010-2019. Notes: 1. Women employees aged 18-64. 2. Women aged 18-64 in MLPE, who are employees in both jobs.

Around 12% of all working women work from home⁴². For women in MLPE a smaller proportion work from home in their main job (9%) but working from home is substantially higher in their second job (29%). Although zero-hours contracts are more common for women in MLPE as compared to all working women (5% vs 2% respectively), such contracts are very much a minority form of engagement in the labour market.

There are only small differences between all working women and women in MLPE in the time that work takes place (see Table 3.4) in terms of daytime, evening and weekend work⁴³. A slightly higher proportion of women in MLPE work evenings (77%) and weekends (24%) than all working women, but women in MLPE are substantially less likely to work during the night (6%) than all working women. Despite having more than one job, women in MLPE work on average five hours per week fewer than all working women, and are substantially less likely to state they work full-time (11% of women in MLPE vs 59% of all working women). More women self-report that they work full-time in their main job as compared to a definition of 35 hours per week as full-time equivalent work. However once additional hours from the second job are taken into account, 20% of women in MLPE work full-time defined by working at least 35 hours per week, compared to 11% who self-report working full-time.

Table 3.4 Working patterns and hours (col. %)

	Working ¹	MLPE ²
Works daytime	95.6	93.3
Works evening	75.1	77.4
Works night	9.1	6.0
Works weekends	23.2	24.4
Mean hours worked per week	30.9 hrs	25.9 hrs
Reports full-time working	58.6	10.9
Works 35+ hours in main job	50.8	5.7
Works 35+ hours over all jobs	51.7	20.4
<i>N</i>	<i>841,458</i>	<i>4,884</i>

Source: Labour Force Survey 2010-2019. Notes: 1. Women employees aged 18-64. 2. Women aged 18-64 in MLPE, who are employees in both jobs.

Individual Experience of MLPE

We use the UK Household Longitudinal Survey (UKHLS) to investigate how individuals experience MLPE over time. In order to focus on employment experiences during working age, we restrict the sample to women who are aged between 18-55 at their first enumeration in the survey and are enumerated at all waves throughout the decade. We thus consider responses collected in waves one (interviews conducted in 2009/2010) up to wave eleven (interviews in 2019/2020); for the latter wave we do not use data collected during the pandemic due to the disruption to usual working arrangements.

We first examine year-on-year transitions between MLPE, other forms of employment (employment in one job only or multiple employment which is not low paid), unemployment and economic inactivity⁴⁴, for all women who responded to the survey at least twice between 2009-2019 yielding a sample of 22,238 women. Table 3.5 presents a transition matrix which describes the average annual transition rate between the four employment states over the period.

Table 3.5. Average annual transition rates (col %)

Employment Status in Year = (Column %s)				
Employment Status Year = t+1	MLPE	Other Employment	Unemployment	Economic Inactivity
MLPE	44	3	1	1
Other Employment	51	90	26	16
Unemployment	1	2	36	7
Economic Inactivity	4	5	37	77

Source: UK Household Longitudinal Survey 2010-2019. N=22,238

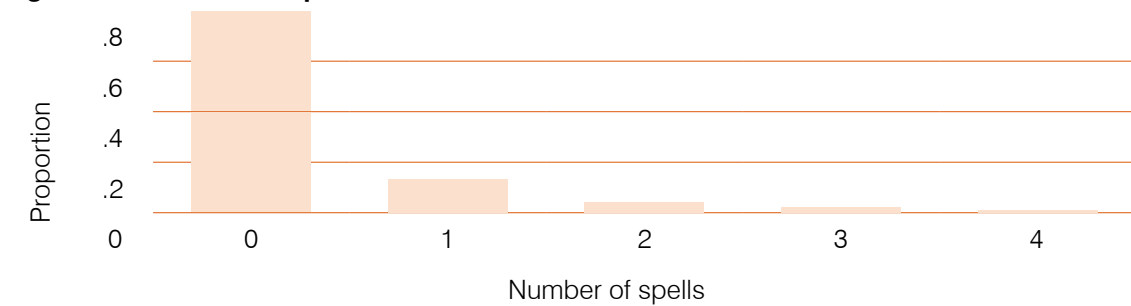
The table shows the average transition rate between each type of employment state in year t (over columns) and in the following year t+1 (over rows). The pattern of transition rates in Table 3.5 highlights that the experience of MLPE is mostly transient. Of all individuals in MLPE in any particular year, 44% are also in MLPE one year later. Nearly all of the remaining individuals (51%) move into other forms of employment in the subsequent year, with only a small proportion transitioning to unemployment (1%) or exiting the labour force (4%).

In contrast, employment other than MLPE is more stable over time. For individuals currently in other forms of employment, nine out of ten remain in this state in the following year, with only 3% transitioning to MLPE, 2% to unemployment and 5% to economic inactivity. Those currently in unemployment are almost equally likely to be in unemployment or out of the labour force one year later (36% vs 37% respectively), with 26% transitioning to employment, only 1% of which is MLPE. Finally, there is persistence in economic inactivity, where a large percentage of those who are economically inactive in any given year are still out of the labour force one year later (77%), with 7% transitioning into unemployment and 16% to employment, of which 1% is MLPE.

Although over half of women in MLPE transition to a different employment state between one year and the next, the overall rate of MLPE is fairly constant at around 3.5% each year. This implies that roughly an equal number of women move into MLPE as move out of MLPE between years.

Figure 3.3 examines the number of spells⁴⁵ of MLPE experienced by women across the decade and shows that (a) 82 % of women do not experience any MLPE over the decade; (b) for those that do experience MLPE most have one spell only; and (c) the maximum number of spells (i.e. transitions in and out of MLPE) over a decade is 4.

Figure 3.3. Number of spells of MLPE over the decade

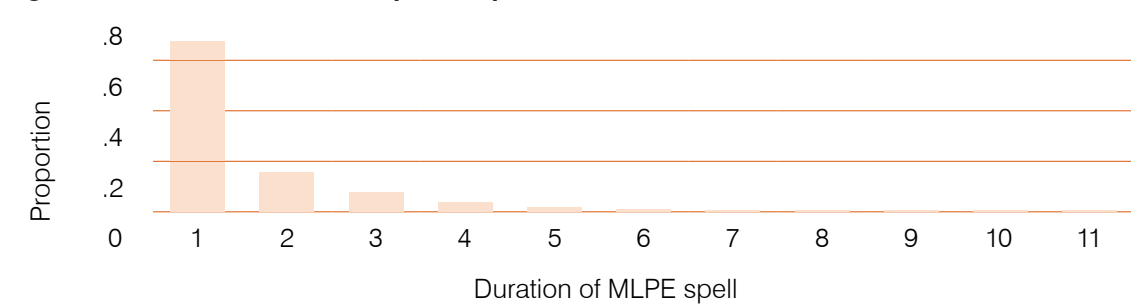


Source: UK Household Longitudinal Survey 2009-2019. N=6,672

Note: Base is all women aged 18-55 in 2009 and surveyed for ten years thereafter.

Figure 3.4 shows that two-thirds of MLPE spells last for one year or less, around one in-six spells last for up to two years, and the remainder (c.16%) last for three or more years.

Figure 3.4. Duration of MLPE spells experienced



Source: UK Household Survey 2010-2019. N=1,210

Note: Base is all women aged 18-55 in 2009 and surveyed for ten years thereafter.

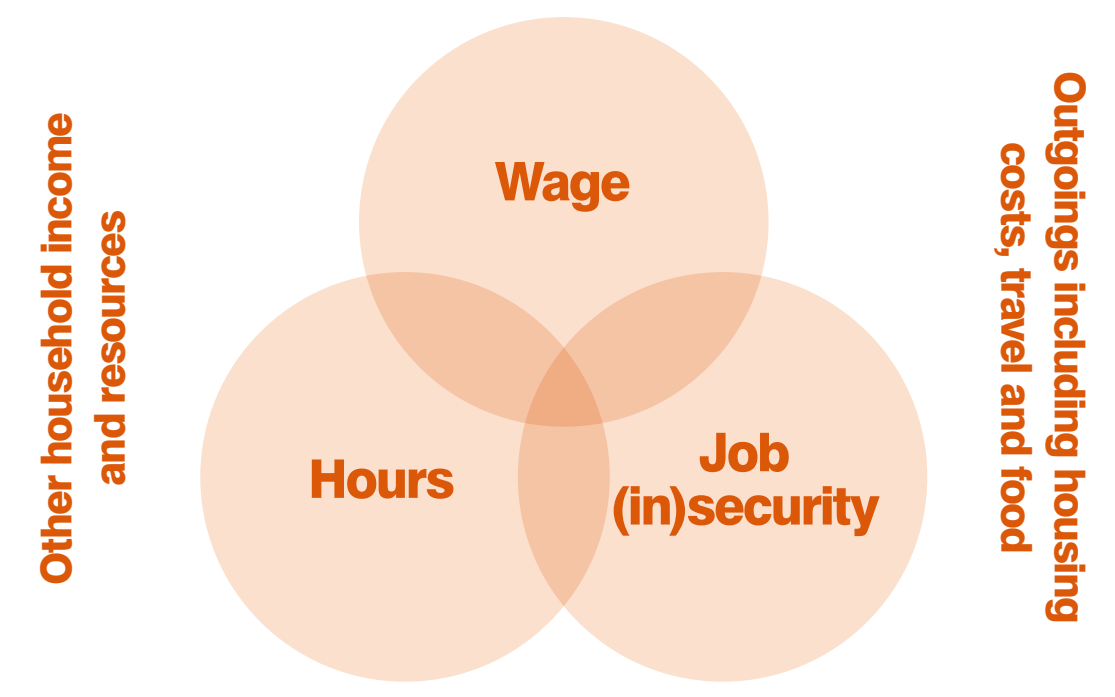
Definition of MLPE in the Qualitative Study

In contrast to the quantitative analysis using official data sources, participants in our qualitative study self-identified as being in MLPE without any initial reference to their pay according to pre-defined monetary values. Rather the definition used by women in the study is based on the perception that the sum of their jobs amounts to low-paid work, or work not paid its worth.

This means that for women in our sample, MLPE is not only about the value of the take-home pay – in addition to wages, job (in)security and working hours/patterns are inherent in viewing employment as MLPE.

These three elements are influenced by two other factors: household income and resources (by resources we mean, for example, the opportunity to borrow or accept money from family members), and outgoings (e.g. food, bills, travel costs). Someone may be perceived to be on a ‘decent’ income, above the living wage for instance, yet their income could be the sole household income combined with high housing costs and debt, hence their perception of MLPE is based on these factors combined. Similarly, another person may have minimal earnings from two jobs but there is a second higher household income and limited outgoings.

Figure 3.5 A Qualitative Model of MLPE



The core components of the model are explained here in further detail.

Wages, as Experienced by the Sample

Unlike for the quantitative definition, which is fixed, the subjective definition of MLPE with regard to wage, incorporates various rates of pay and is not defined by the minimum wage for instance:

- “Typical” low pay rates such as cleaning, care work, retail and hospitality, at minimum or living wage rates.
- Pay higher than minimum wage (e.g., admin, support roles) or in professions such as teaching and allied health professions. A few highly paid jobs (by women’s own definition) but this was mainly short-term employment such as freelance work and acting.
- Pay at rates lower than the minimum wage and/or that involve irregular hours and wages e.g., delivery drivers, jobs for cash (informal labour market); overseas agency work, micro-tasking work; selling things; some zero-hour contract jobs.
- Self-employment and freelance rates vary from nothing or very low pay to higher rates (usually infrequent work).

Types of Job (In)Security, as Experienced by the Sample

Job security is an aspect of MLPE in that it influences perception of MLPE:

- A “secure” job: a “permanent contract” or job that is considered reliable (e.g. reliable agency or a zero-hour contract work; self-employment).
- “Insecure” or precarious work: “casual” employment, zero-hours contracts, bank/relief/sessional work; temporary contracts, agency work, and jobs in the informal labour market usually for poor rates of pay.
- Self-employment and/or freelance which can be secure or insecure depending on the type and nature of the work and circumstances of employment.

Work Patterns and Hours

The job hours and working patterns presented here are based on the qualitative data and are approximations based on the information available: working hours varied and were not always fixed, and self-employment was difficult to quantify so it was not always possible to get an accurate assessment of working hours.

Figure 3.6 illustrates the various categories of work patterns and hours. The top layer has three discrete quantities of working hours (based on approximate numbers of hours worked over all jobs). The second layer depicts four overlapping ways in which these working hours are patterned. Table 3.6 provides the detail for each of the categories.

Figure 3.6 Categories of work patterns and hours in the qualitative sample

Full-time hours equivalent or more than 35hr/wk		Part-time hours 15-34hr/wk	Short hours typically <15hr/wk
n=56		n=42	n=7
Protracted Working hours	Non-standard hours	School or term-time hours	Flexible hours (variable)
n=10	n=45	n=13	n=39

Table 3.6. MLPE work patterns and hours explained	
Fulltime equivalent or longer	There is no legal number of hours that makes someone full-time, but a full-time worker will usually work 35 hours or more a week. This category includes full-time hours or more either as one full-time job and one or more part-time jobs, or two or several part-time jobs, including self-employment.
Part-time	Part-time hours are defined as fewer than 35 hours a week, but 15 hours or more for the purposes of the study. This category generally involves two or more part-time jobs, including self-employment.
Short hours or shifts	Short hours in this study are defined as working less than 15 hours a week. Such short hours are mainly due to care commitments, rules about social security eligibility (e.g. Carers Allowance), and/or other life circumstances. This category involves two or more “short” jobs, typically short shifts, and includes self-employment.
Protracted working days	Also described as a “stretched day” usually involving an early start and a late finish (non-standard hours), particularly common in cleaning jobs which involve early starts at one end of the day and late finishes at the other end of the day, involving either a gap or a further job in the middle.
Non-standard hours	Standard hours are typically Monday to Friday, 9am to 5pm. Non-standard work is work outside of these hours and includes shift and night work, week-end work, split shifts, on-call work, compressed work weeks, and extended hours.
Term time hours	These are contracts that require staff to work term-time hours only but with pay split across 12 months, ordinarily used within the education sector for jobs in schools such as catering assistants, teaching assistants and afterschool care.
Flexible hours (variable hours)	This typically involves having more choice and control over hours e.g. relief, bank and sessional work, zero hours contracts, “casual work”, self-employment, and sometimes working from home.

Conclusion

The rate of MLPE steadily declined, particularly for women, from the turn of the millennium until the financial crash in 2008 and remained fairly constant from then until 2019, when 2.8% of working women in the UK were in MLPE, equivalent to 425,000 women. A further decline in the first year of the pandemic appeared to be reversing at the time of writing, though it is too early to tell if this has continued. MLPE has consistently been more common among women than men in the 21st century.

MLPE is mostly a transient experience, lasting for one year or less. However, for one-in-six women involved, their MLPE spell lasts for three or more years. Across the period of a decade, nearly one-in-five working-age women (18%) have experience of MLPE.

Although self-employment and non-traditional contracts of employment are more common among women in MLPE compared with all working women, the majority of women in MLPE are employees and have permanent contracts of employment. Women in MLPE work fewer hours per week than all working women and are no more likely to work anti-social hours (nights and weekends). However, the most common patterns reported by our qualitative participants were to work full-time equivalent hours and non-standard hours (i.e. not Mon-Fri, 9-5).



Chapter 4: Who is Involved in MLPE and What They Do

In this chapter we present a profile of women involved in MLPE in the UK over a ten-year period (2010-2019). MLPE is again defined as individuals with more than one job (including self-employment) whose total weekly earnings are equal to two-thirds or less of UK median weekly earnings for the year in question.

Summary

- Compared with all working women, women in MLPE are more likely to be separated, divorced or widowed, to be non-cohabiting (although two-thirds do cohabit) and to be an informal carer. Women are more likely to be in MLPE if they have school-age children, and less likely if they have pre-school children. In contrast, men's involvement in MLPE is independent of responsibility for children. Women of minority ethnic backgrounds were under-represented among women in MLPE, compared with their presence among all working women.
- Women in MLPE work across a wide variety of jobs and can have complicated employment configurations. Around six-in-ten of women in MLPE have jobs that span across different industry sectors and/or occupations, which implies having a larger skillset than individuals in single employment. Almost half of women working in MLPE are degree educated.
- In the qualitative sample of women in MLPE, four broad types of employment conditions exist: contracted employment; zero hours contract work; agency work; and self-employment. Jobs in caring, education and retail appear in at least three of these categories. Most women in the qualitative study were working two jobs, though some were working more than two jobs (n=18).
- In terms of job security, the most common configuration in the qualitative study was to have a combination of a secure job (usually involving a permanent contract or a job considered reliable) and an insecure job (n=66). The other configurations were either both/all secure jobs (n=19), and both/all insecure jobs (n=20). Insecure jobs included cleaners and restaurant workers.

We use the Family Resources Survey, which collects information on around 20,000 individuals per year from representative households, to compare the characteristics of women in MLPE to those of all working adult women. In doing this, we also refer to the results of multiple regression analyses for the predictors of MLPE which included sociodemographic, health, economic and regional variables (see Appendix, Table A1). The FRS collects employment and income information for up to three jobs, including 'odd jobs', thus giving a very full picture of multiple low paid employment.

We follow this with a consideration of the sectors of employment and types of first and second jobs that women in MLPE are involved in, using Labour Force Survey data over the same period. The Labour Force Survey collects employment and income information for up to two jobs, but does not collect details on earnings from self-employment, and therefore it is only possible to examine MLPE for individuals who are employees in both jobs, which will underestimate the prevalence of multiple low paid employment. Finally, we use our own qualitative research data to give a fuller picture of the combinations of jobs of different types that women who define themselves as being in MLPE.

Who is Involved in MLPE?

Age Group

Comparing the age-profile of women in MLPE with that of all working women (Table 4.1) we see notable and statistically significant over-representation of two age-groups, those aged 25 and under and those aged 46-55. More than two-in-five women in MLPE are aged 46 and over. In contrast, there is notable under-representation in MLPE of women aged 26-35. Women aged 36-45 and 46-55 make up over half of those in MLPE compared with just over a third of women who are not working.

Table 4.1 Age Profile of Women in MLPE (col.%)

	All Working ¹	MLPE ²	Not Working ³
18-25	14.0	17.4	20.1
26-35	23.4	15.4	18.3
36-45	24.1	25.1	17.1
46-55	25.4	28.1	17.1
56-64	13.0	14.1	27.5
<i>n</i>	<i>(95,531)</i>	<i>(2,390)</i>	<i>(44,280)</i>

Source: Family Resources Survey, 2010-2019. Notes: 1. Women aged 18-64 in work. 2. Women aged 18-64 in work, who are in MLPE. 3. Women aged 18-64 who are not working (unemployed or economically inactive).

Household Circumstances

Reflecting what we have seen in age terms, i.e. that involvement in MLPE increases with age and particularly from mid-40s onwards, Table 4.2 shows women in MLPE are less likely than all working women to be cohabiting/living with a spouse or partner (65%) but are more likely to be cohabitating than non-working women. Both women in MLPE and non-working women are almost a third more likely to be previously married than all working women (13% vs 10%). The proportion of women in MLPE who are lone parents is marginally higher than for all working women, but lower than for non-working women. Women in MLPE are more likely to have children of school age (37%) than all working or non-working women, but are less likely to have pre-school children. Women in MLPE have informal caring duties⁴⁶ at the same rate as non-working women (15%), which is a third higher than for all working women.

Table 4.2 Family Circumstances of Women in MLPE (col.%)

	All Working ¹	MLPE ²	Not Working ³
Marital Status:			
Single ⁴	38.9	38.3	39.0
Married	51.3	49.1	48.3
Separated, divorced, widowed ⁵	9.8	12.6	12.7
Cohabitation Status:			
Cohabiting	69.2	64.2	59.6
Non-cohabitating	30.8	35.8	40.4
Lone parent ⁶	7.5	8.7	11.5
Dependent children (up to 18)	39.1	42.3	39.7
School-aged children (5-18)	29.8	37.0	28.1
Children under 5	14.6	10.2	21.4
Mean no. of children	0.64	0.74	0.76
Informal carer	10.4	14.6	14.9
<i>n</i>	<i>(95,531)</i>	<i>(2,390)</i>	<i>(44,280)</i>

Source: Family Resources Survey, 2010-2019. Notes: 1. Women aged 18-64 in work. 2. Women aged 18-64 in work, who are in MLPE. 3. Women aged 18-64 who are not working (unemployed or economically inactive). 4. Never married. 5. Previously married. 6. Non-cohabitating adult with dependent child(ren)

Ethnicity

Over nine-in-ten women in MLPE are of white ethnicity (Table 4.3), slightly more than among all working women. Asian and Black women are under-represented among women in MLPE by around a third compared to their presence among all working women, and women of ‘Other’ ethnicity are under-represented among those in MLPE by forty percent. It is only for women of ‘Mixed’ ethnicity that differences are not statistically significant. Asian women in particular are less likely than others to be attached to the labour market with 12% either unemployed or economically inactive; the corresponding figure for Black women is 3.9%.

Table 4.3 Ethnicity of Women in MLPE (col.%)

	All Working ¹	MLPE ²	Not Working ³
Asian	5.4	3.4	12.0
Black	2.8	1.9	3.9
Mixed	1.3	0.9	1.4
Other	1.2	0.6	2.5
White	89.2	93.1	80.2
<i>n</i>	<i>(95,531)</i>	<i>(2,390)</i>	<i>(44,280)</i>

Source: Family Resources Survey, 2010-2019. Notes: 1. Women aged 18-64 in work. 2. Women aged 18-64 in work, who are in MLPE. 3. Women aged 18-64 who are not working (unemployed or economically inactive).

Housing and Education

Seven-out-of-ten women in MLPE live in owner occupied homes, one-in-five live in private renting, and one-in-ten live in the social rented sector. This mirrors the housing profile of all working women (Table 4.4). Almost half the women working in MLPE (47%) have a degree level qualification; it is not the case that MLPE is undertaken predominantly by individuals with lower levels of education attainment, which is often used to assess the degree of skills or capabilities held by an individual. Women who are not working are far more likely to be renting and less likely to have a degree than either women in MLPE or all working women.

Table 4.4 Housing and Qualifications of Women in MLPE (col.%)

	All Working ¹	MLPE ²	Not Working ³
Asian	5.4	3.4	12.0
Black	2.8	1.9	3.9
Social renter	10.7	11.5	27.9
Private renter	20.1	19.2	23.8
Owner occupier	69.2	69.3	48.4
Degree	53.0	47.4	31.7
<i>n</i>	<i>(95,531)</i>	<i>(2,390)</i>	<i>(44,280)</i>

Source: Family Resources Survey, 2010-2019. Notes: 1. Women aged 18-64 in work. 2. Women aged 18-64 in work, who are in MLPE. 3. Women aged 18-64 who are not working (unemployed or economically inactive).

Gender Differences in Involvement in MLPE

Table A1 in the Appendix shows the statistical results of a multiple regression for the predictors of MLPE among adults in work, with Table 4.5 below summarising the significant predictors for men and women.

For both women and men, there are similarities in the likelihood of being in MLPE according to age, where the youngest (18-25) and oldest (56-64) age groups are more likely to be in MLPE than prime working-age (26-45) individuals. For women the increase in MLPE status is also evident in the 46-55 age group.

With regard to the influence of education, which is sometimes used to proxy the skill level of an individual, the results reveal that men with degree level qualifications are more likely to be in MLPE than other men. However, education is not a strong determinant of MLPE for women.

In terms of living arrangements, marital status is not a strong predictor of MLPE for men or women. Women with dependent children of school age are more likely to be in MLPE than other women, but women with young children aged under 5 have a lower likelihood of being in MLPE while those with school age children are more likely to be in MLPE. On the other hand, male experience of MLPE is not related to whether they have children, neither young nor school-age children. These results suggest that the presence of children, and in particular the caring requirements for children, are an important determinant of MLPE, but only for women.

There are also similarities between women and men in the influence that informal care responsibilities, long-standing illness or conditions, receipt of working-age benefits and being in material deprivation have on the likelihood of being in MLPE. For all these factors, the effects are positive for both men and women, but are greater for men than for women.

Table 4.5 Predictors of MLPE by Gender

	Men	Women
Age reference category: 36-45		
Aged: 18-25	+	+
26-35	ns	-
46-55	ns	+
56-64	+	+
Ethnicity reference category: White		
Asian	ns	-
Black	ns	-
Mixed	ns	ns
Other	ns	-
UK Born	ns	ns
Degree educated	+	ns
Housing tenure reference category: Owner-occupier		
Social renting	-	ns
Private renting	ns	ns
Marital status reference category: Married		
Single	ns	ns
Previously married	ns	ns
Has children under 5	ns	-
Has school-age children	ns	+
Informal carer	+	+
Has long-standing illness	+	+
Receiving working-age benefits	+	+
In material deprivation	+	+

+ Likelihood of MLPE increased. – Likelihood of MLPE reduced. ns No statistically significant association with the likelihood of MLPE.

What Women in MLPE Do

Sectors of Employment

Women in MLPE have a similar distribution of ‘first jobs’ across industrial sectors as all women in work (Table 4.6), however fewer than half (41%) of women in MLPE have multiple employments in the same sector, thus requiring more varied knowledge and skills than simply ‘doubling-up’ in the same sector.

More women in MLPE work in the Hospitality and Arts sector than among all women, both for their first and second jobs, giving this sector prominence among women in MLPE. Other Services, which include community social and personal services such as care work, are also more common among second jobs for women in MLPE than among all working women. Professional Services feature less prominently for women in MLPE than they do among all working women.

Table 4.6 Sectors of Employment for Women in MLPE (col.%)

	Working ¹	MLPE ²	
		Main Job	2nd Job
Agriculture, construction and manufacturing	23.8	21.8	18.1
Hospitality and arts	7.8	13.6	15.8
Professional services ³	13.4	5.4	8.6
Public services	46.7	49.5	40.4
Other services ⁴	8.3	9.7	17.1
1st and 2nd jobs in same sector		40.9	
<i>n</i>	<i>867,655</i>	<i>3,903</i>	<i>3,843</i>

Source: Labour Force Survey, 2010-2019.

Notes: 1. Women aged 18-64 in work. 2. Women aged 18-64 in work, who are in MLPE. 3. Professional Services includes, for example: law, accounting, architecture, engineering, marketing, science. 4. Other Services refers to community, social and personal service activities.

Types of Job

Similar to industry sector, the labour force survey data indicates that 39% of women in MLPE work in the same type of occupation across their employments, meaning that three-in-five women in MLPE utilise different skills across their jobs. Women in MLPE are far less likely than all working women to be engaged in managerial, professional or administrative jobs: around a third of women in MLPE do one or more of these types of jobs, compared with 60 percent of all working women (Table 4.7). In contrast, women in MLPE are three times more likely to be engaged in elementary jobs: around three-in-ten women in MLPE have an elementary occupation as their first or second job. These are jobs involving routine or manual tasks for which educational qualifications are usually not required.

Table 4.7 Job Types among Women in MLPE (col.%)

	Working ¹	MLPE ²	
		Main Job	2nd Job
Managerial, professional and administrative	59.9	33.7	36.6
Skilled: trades, services, machinery	30.2	37.2	28.9
Elementary occupations ³	10.0	29.2	34.6
1st and 2nd job in same occupation		39.3	
<i>n</i>	<i>752,161</i>	<i>3,446</i>	<i>3,414</i>

Source: Labour Force Survey, 2010-2019.

Notes: 1. Women aged 18-64 in work. 2. Women aged 18-64 in work, who are in MLPE. 3. Elementary Occupations refer to jobs mainly involving routine and/or manual tasks, for which educational qualifications or previous experience are usually not required.

Hours of Work

Table 4.8 gives details of the hours worked by women in MLPE, overall and according to their receipt of working-age benefits. On average women in MLPE work six fewer hours per week (25.5) than all working women (31.9), and the vast majority work fewer than 35 hours. This may reflect the other responsibilities than many women in MLPE have in the family domain, as well as the challenge of travelling between jobs.

Around a fifth (21.8%) of women in MLPE work fewer than 16 hours per week, the amount recommended by the Living Wage Foundation⁴⁷ as necessary for a ‘real living wage’. We cannot tell if these women want to work more hours, but it is important that they have the ability to do that if they wish without having to take on a further job (in addition to the two or more that they already have) in order to achieve more hours.

In addition, seven-out-of-eight women in MLPE who are on working-age benefits, work fewer than 35 hours, suggesting that the vast majority may be subject to the Department of Work and Pensions’ (DWP) work regime, despite already working multiple jobs (see chapter 6 for further discussion).

Table 4.8 Weekly Hours of Work by Benefit Receipt

	All working ¹			MLPE ²		
	All	WA Benefits	No WA Benefits	All	WA Benefits	No WA Benefits
Mean hours	31.9	25.3	32.9	25.5	22.3	26.2
<16 hours (%)	9.0	13.4	8.4	21.8	23.8	21.4
16-34 hours (%)	35.6	61.0	31.2	55.6	63.9	53.7
35+ hours (%)	55.4	25.6	59.9	22.5	12.2	24.9
<i>n</i>	<i>95,531</i>	<i>15,022</i>	<i>80,501</i>	<i>2,390</i>	<i>526</i>	<i>1,864</i>

Source: Family Resources Survey 2010-2019.

Notes: Working-age benefits includes any of the following: universal credit; housing benefit; working tax credit; child tax credit; income support; jobseeker’s allowance; employment and support allowance; and their precursors. 1. Women aged 18-64 in work. 2. Women aged 18-64 in work, who are in MLPE.

Configuring MLPE: Combining Multiple Jobs and Conditions of Employment

Since the Labour Force Survey only asks respondents about two current jobs and collects tightly pre-defined information on those jobs, we turn to our qualitative research to gain a richer picture of the types of jobs that women in MLPE do, and how they combine jobs into MLPE portfolios.

The jobs reported by participants in our qualitative research fell within four broad types of employment conditions:

- Contracted employment included working in retail, office administration, social care and ancillary health work, teaching assistants and lecturers, and social housing.
- Zero-hours contract work also included retail and social care as well as cleaning work, private tutoring, and dog walking.
- Agency work also included cleaning, social care and hospitality work.
- Self-employment and freelancing included a wide range of jobs such as bookkeeping, online sales, fitness and beauty therapy, musicianship, and tutoring and learning sector jobs.

Jobs in caring, education and retail appeared in at least three of the above MLPE categories among our qualitative sample.

The vast majority of women had two jobs at the time of interview. A minority had fewer than two jobs because they had recently quit one job, had previous experience of multiple jobs, or were about to enter MLPE. 18 participants (out of 105) had more than two jobs. In terms of job ‘security’, the most common configuration was to have a secure job (usually involving a permanent contract or a job considered reliable) and an insecure job (n=66). The other configurations are either both/all secure jobs (n=19) and both/all insecure jobs (n=20). Where someone had only one job, as per the explanation given previously, they were classed by this job. The three types of employment configurations, with examples, are illustrated in Table 4.9 below.

Jobs in the Informal Economy

Jobs in the informal economy were mainly second jobs but there are a few cases where all jobs were in this bracket (e.g. Naga who had two ‘cash’ jobs in retail and cleaning). There are examples of ‘cash’ jobs for cleaning, shop work, care work, tutoring, and dog walking: jobs that often involved helping family, friends or neighbours. The rates of pay were often described as ‘decent’ e.g. equivalent to living wage (but without proper conditions and security). For some women there were implications for social security: ‘cash in hand basically was the game changer’ for Imelda (admin worker and retail worker) in her shop job as she could gain extra money without it affecting her social security entitlements (see Chapter 6).

There are also examples of low rates of pay although this was sometimes regarded as ‘better than nothing’. Zuman (two cleaning jobs) did agency work, cleaning offices every weekday (6-10am) earning £7.50 an hour but she needed the work. Donna (three cleaning jobs and previously a shop worker) was paid at the rate of £6 an hour for working in a shop at the weekend (2-10pm) so her take home pay for 16 hours work was £96 in cash, yet she valued this extra money as it was better than not having the job. Cathy (teaching assistant and chip shop worker) earned £67 for eight hours work in a chip shop saying ‘it just tops my money up that little bit’ and loved the job. Sava (teaching assistant and takeaway delivery driver) earned £2 per delivery to supplement her income as a teaching assistant.

A minority of participants were involved in exploitative working practices out of desperation. Sofia (online tutor and online platform worker) had experienced a relationship breakup and without the contribution of her partner's earnings was left to care for her nine-year-old son: ‘Now I have to take everything I can’. Her two jobs, which allowed her to work from home were unregulated and caused a lot of anxiety for little reward but she still feared their loss. Kimberley (retail worker and takeaway delivery driver) was a driver for a restaurant where there was ‘no contract... no insurance. It’s all cash in hand...there’s no security whatsoever with it, but it’s a job, it’s money, I was desperate... I don’t even make minimum wage sometimes’.

Table 4.9 Employment Configurations in the Qualitative Sample

Employment Configuration	Examples
Secure and insecure jobs n=66	Secure: NHS receptionist (permanent contract) Insecure: Online tutor (agency)
	Secure: Library assistant (permanent contract) Insecure: Bar worker (zero-hr)
	Secure: Admin worker Insecure (two jobs); Waitress (agency) and Ebay seller (self-employed)
Both or all secure jobs n=19	Cleaner; Lab technician (permanent contracts)
	Teaching assistant; Assistant janitor (permanent contracts)
Both or all insecure jobs n=20	Restaurant worker (zero hr); TV extra (agency)
	Office cleaner (agency); Hotel cleaner (zero hr)

In addition, below we present three pseudonymised scenarios from our participants, which demonstrate the varied manner in which women combined their jobs and forms of employment in relation to the typology presented.

Secure and Insecure Jobs

Sava – Two jobs in the formal and informal sectors. Sava is 26, she has two young children and a partner who works. She has a childcare qualification. She works 30 hours as a Teaching Assistant in a secondary school which is a secure job (9am-3pm every day). Her second job is a delivery driver for a chip shop, two evenings a week 5-10pm. She gets petrol money and £2 for each delivery so the pay varies depending how many deliveries she makes. She earns an average of £30 a night and gets some free food. She is in receipt of Working Tax Credit and Child tax credits.

Both Insecure Jobs

Sofia – Two jobs in the unregulated market with no contract. Sofia is 42 years old; she is a single parent with a ten-year-old son. She has a degree. Her first job is with an overseas online tutoring agency teaching English as a foreign language to children (for up to 5 hours a day when the work is available). The hours vary: she said she can be expected to work at a minute's notice, and she fears if she turns down work, she will be offered less work or will lose her job. Her second job is micro-tasking for a crowdsourcing website which requires completing short online tasks. The micro-tasking can be done in her own time, but the pay can be as low as 10p for a ten-minute task, not earning much more than 20 dollars a week and a fee is incurred in the transfer from dollars to pounds. She works from home. She is in receipt of Working Tax Credit.

Both Secure Jobs

Ellen – Two secure part-time permanent jobs. Ellen is 49, a kinship carer, and single. She is a cleaner at a local authority community centre (15 hrs/week, 8am-11am) and is a local authority nursery catering assistant (15 hrs/week; 11.30am-2.30am). She has a college qualification. She says she earns the minimum wage in both jobs. She is in receipt of Working Tax Credit.

Conclusion

Women's involvement in MLPE is strongly associated with their personal and family circumstances, with the likelihood of MLPE being higher if a woman is aged 25 or under, has school age children, or is an informal carer; the likelihood is lower with pre-school children or if a woman is of an ethnic minority background.

In most cases, women in MLPE combine two or more jobs in different sectors or of different skill levels, suggesting a range of capabilities are required to maintain MLPE. Women in MLPE have a different profile to non-working women: nearly half women in MLPE have a degree level of education and seven-out-of-ten live in owner occupation.

A great deal of MLPE involves combining both secure and insecure jobs, the former involving a permanent contract or a strong perception of reliability. MLPE is not confined to those involved in skilled-manual or unskilled jobs: a third of MLPE involves a white-collar professional, managerial or administrative occupation as the 'first' job. However, elementary occupations are three-times more common among women in MLPE than they are among all working women, indicating a relative concentration in low-skilled jobs.

Women in MLPE work fewer hours per week on average than all working women, which may reflect the impact of other responsibilities and the logistics of moving between jobs. At the lower end of the spectrum, it is important that women with multiple jobs working less than 16 hours per week are able to work more hours if they so wish. Since half or more women in MLPE work in public service jobs, a minimum hours guarantee adopted by the public sector and related employers would not only directly benefit their own employees but also to serve as an exemplar to private and third sector organisations.

At the upper end of the spectrum, the fact that the vast majority of women in MLPE work fewer than 35 hours, irrespective of whether they receive working-age benefits, raises concerns about women with multiple jobs who need benefits income being subject to a DWP work regime that may require them to work 'full-time' by taking on yet another job (see chapter 6 for further discussion).

Chapter Five: MLPE and Choice

Using data from the qualitative study, this chapter considers the factors that influence women's choices around work and decisions to enter MLPE. This is done through an analysis of women's job/career trajectories, histories and expectations of work in the wider context of their lives to ascertain the factors and decisions affecting women's routes into MLPE. The preceding chapters have illustrated that MLPE is a broad phenomenon incorporating various types of jobs and job configurations within a wide definition of low pay and job security (in the qualitative study). This chapter starts with a brief discussion of what we mean by choice in the context of MLPE, then using a "typology of choice" it explores choice from different perspectives in order to illustrate the situated nature of choice.

Summary

- Situated choice (or agency) refers to the ways in which individuals live within, and beyond, the social and economic limitations of their various contexts, cultural discourses, personal biographies, and spatial relations.
- Choices about employment, the type of work, number of hours and working patterns are influenced by constraints and opportunities in the labour market, family and caring responsibilities, health issues, and financial and other supports, or lack of.
- The term 'critical moment' is adopted to refer to a key event, turning point or biographical disruption that can alter someone's circumstances and considerations and lead to MLPE.
- Through analysis of the qualitative data, a typology was developed to illustrate the nature of choice in the context of MLPE: (1) normalised and situated choices; (2) choices necessitated by financial and caring responsibilities (disruption to job/career trajectory); and (3) pre-career (interregnum) supports. The three types are influenced by labour market constraints and critical moments.
- Normalised and Situated Choice: Two fifths of the women in the qualitative sample are in this group, working all jobs in the traditional low paid sector usually with few formal qualifications or education, usually entering the labour market straight from leaving school.
- Choices Necessitated by Finance and Caring Responsibilities (Disruption to Job/Career trajectory): Just less than half of the women in the qualitative sample are in this category. Women in this group are on a more clearly defined career trajectory and the need for MLPE is primarily for financial reasons and/or the need to reduce hours or change career due to caring responsibilities.
- Pre-Career (Interregnum) Support: Most women in this category were en route to a better job or career in that they had recently graduated or were students, and MLPE was a short-term or transient situation.
- Critical Moments: Focusing on critical moments provides a lens by which to understand how health issues and life events can drive women towards MLPE.

What is Choice

Choice is an elusive concept: it can be the outcome of a process which involves assessment and judgement; that is, the evaluation of different options and making a decision about which option to choose. However, choices are not made in a vacuum and the level of autonomy and/or agency that individuals have is contingent on a range of circumstances. Factors such as gender, class, and ethnicity operate to restrict an individual's available options; or, to put it another way, the possibilities that are available are largely determined by an individual's background and the conditions of the society in which they operate. Situated choice (or agency) refers to the ways in which individuals live within, and beyond, the social and economic limitations of their various contexts, cultural discourses, personal biographies, and spatial relations. It acknowledges that these factors provide individual with constraints and opportunities from which to generate a sense of agency⁴⁸.

Factors Influencing Choice about Work and MLPE

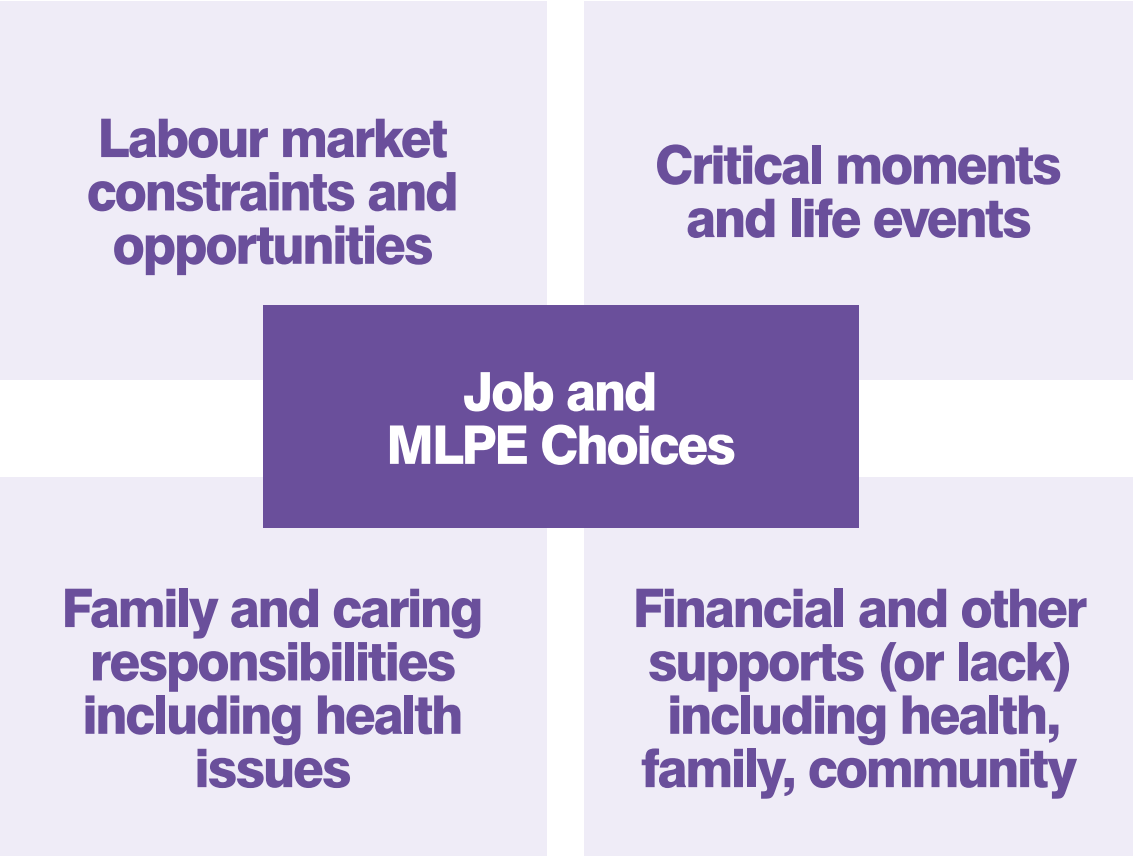
Choices about employment, the type of work, number of hours and working patterns are partially bound by constraints and opportunities in the labour market. Chapters 3 and 4 detail the prevalence and trends in MLPE and who is involved in MLPE and the types of work they do. A key constraint leading to MLPE is the lack of availability of decent paid work, or work not paying sufficiently in terms of needs and outgoings (either due to low pay, low hours or both), uncertain earnings, and/or part-time work through choice or necessity, and hours constraints such as term time hours or short working hours. Additionally, insecure work (including self-employed work) and the lack of proper protections such as flexible working, sick pay and pension rights is a contributory factor.

Most employees have the right to take a second job and there is no legal requirement to report a second job to their employer. There are opportunities within the low-paid labour market for women to take on second jobs in a myriad of ways, albeit often with a lack of protection and security e.g. on zero-hour contracts, agency work, online platforms and apps, bank and sessional work, self-employment, the informal economy and “side hustles” such as selling online.

Whilst the labour market provides the context for choice, decisions about work and MLPE are influenced by the factors that determine women's job or career choices. Women with fewer formal qualifications are more constrained by the labour market compared to those with formal education and training, yet it is still the case that almost 50% of women who are in MLPE are degree level educated. In a broader sense, job and career choices – and MLPE – are shaped by upbringing, family and peer expectations, social and cultural norms, and location. The broader structural context and other factors in a person's biography influence the choices and decisions women make about work.

As we go on to see in Chapters 6, 7 and 8, choice is affected by circumstance and support (or lack of) including financial [in]security and social security protections (Chapter 6), caring responsibilities including all aspects of care and the protections that are available or lacking (Chapter 7), and the relationship between health and MLPE (Chapter 8). Certain factors such as lone parenthood, living alone and lacking support generally can be an influencing factor for MLPE. The term “critical moment” is adopted to refer to a key event, turning point or biographical disruption that can alter someone's circumstances and considerations and lead to MLPE. Many women in the study experienced critical moments that pushed them into MLPE or altered a projected career path. Figure 5.1 illustrates the key factors influencing choice.

Figure 5.1: MLPE and Choice



The quantitative study showed that for many women MLPE is mostly a transient experience, lasting for one year or less. However, for one-in-six women involved, their MLPE spell lasts for three or more years. Across the period of a decade, nearly one-in-five working-age women (18%) have experience of MLPE. The qualitative study was cross-sectional but through in-depth interviews women talked about their current jobs in the wider context of their life circumstances, employment history and background and projected job or career plans, so can offer insights into transience from this perspective.

A Typology of Choice in the Context of MLPE

Through analysis of the qualitative data, a typology was developed to illustrate the situated nature of choice in the context of MLPE as seen in Figure 5.2. Labour market constraints influence the three categories that can also be affected by critical moments.

Figure 5.2 Typology of MLPE and Choice



Normalised and Situated Choice

Two fifths of the women in the qualitative sample are in this group, working all jobs in the traditional low paid sector (on minimum wages) such as cleaning, care, retail and hospitality, many involving non-standard working hours and shift work. Most of the women have few formal qualifications or education and entered the labour market straight from leaving school, although some women did training later on in life.

The common trajectory was to either start out working fulltime then to move to MLPE due to circumstances such as factories closing or personal circumstances changing (getting married, children), or a career of multiple low-paid jobs. Women are more likely to be in MLPE for long spells, or the entirety of their career, rather than it being transient, although there is transience in terms of moves within the sector, and there is some variation in how and where women see the future from staying put, or planning to re-train or work full-time eventually.

MLPE is for financial necessity and there are varying levels of satisfaction with this way of working. Heather, age 60, has two cleaning jobs (50hr/week) which initially started as part time, gradually increasing to more than part-time, then fulltime then with overtime, then an extra job on top of a fulltime job. Heather had worked in factories after leaving school; after then a period of unemployment (during the 'Thatcher years') she moved into cleaning. At the time of interview, Heather was fed up and ready to quit work.

Liz, a college technician, with no formal qualifications, was working term-time hours with a second job in a shop at weekends. In the past she had a variety of jobs including shop work, bar work, working on market stalls and hairdressing. A split from her partner and with no childcare support, she trained to become a technician. She had a second job because she was struggling to live off her technician wage: 'I couldn't afford to do it.. it was just my income coming into the household.. I couldn't manage'. She wished she had just one job:

'As I'm getting older now I keep thinking to myself I just wished I earnt enough money with my one job so I didn't have to do two jobs'

Other women in this category were more positive because their multiple jobs had benefits that were more than financial. Nancy had worked multiple jobs ever since leaving school age 16. In her two current jobs as NHS clinic assistant and healthcare support worker, and doing extra NHS bank work, she regularly worked between 40 and 48 hours a week. Although she was also 'done in', she anticipated staying in the NHS until retirement because her work was a release from her home life and caring responsibilities for her husband and adult son. In a similar way, Ellen had also 'always worked two jobs ... I've always worked since I was 16...you were probably doing 60 [hours] the way that it worked out...full-time, basically'. She had mainly worked in retail and cleaning, but her current jobs as school catering assistant and cleaner suited her kinship care responsibilities:

'I see myself being where I am until I retire, yes, definitely'

The move to MLPE was sometimes precipitated by an external event such as redundancy (see the category on "critical moments"). Mavis (age 68) had a clerical career starting as 'wages clerkess' moving to 'stock control clerkess' then office manager. After being with the company for 19 years the accounts department moved to Manchester which necessitated Mavis identifying a different career path which she found in the new territories of cleaning and university lab work. For Mavis this new way of working brought about opportunities. She enjoyed both jobs:

'Once I started doing cleaning I thought, it's quite therapeutic this, I quite enjoy this. So I got another wee job, and then after I would leave there, I would come, make the dinner, and go out to another cleaning job at night time'

Within this group there is transience in MLPE in terms of moving around jobs, and an element of being "strategic" especially when women have caring responsibilities and need jobs to fit around their family needs. Nikki has worked fulltime in a bakery and hotel housekeeping but moved to cleaning (9-1pm) and caring (evenings) which suited her as she could work around her care needs. Linda previously worked in retail but moved into two cleaning jobs finishing at 2pm so she was home before school finished and worked weekends when her children stayed with their dad: 'I'd had my family and gone back to work and then my partner had left...and it just seemed quite an easy thing to do, so I just thought, do you know what, I'll do this'. Carol previously worked as a chef and in social care but moved to two cleaning jobs as the hours worked better around her partner's job and childcare arrangements.

Several women work multiple part-time jobs in schools (e.g. school catering, breakfast and after-school care, support roles) often to accommodate their family's needs. Some women start off as volunteers then manage to get paid jobs which snowball into other jobs. Sandra had always worked several jobs – 'I've always had two or three jobs' – including work in a chip shop, fishmongers, off-licence and part-time bar work as well as taking time off work to care for her mum. After she had her child, she got a job as a school catering assistant so that she

could work around her child’s needs then got a second job as a school escort. Tracy moved from hairdressing to nightclub stewarding to school kitchens after her children were born. Sam volunteered in her children’s school before eventually training as a teaching assistant and getting four jobs in the same school her children attended.

In summary, there is situated choice within the context of the low-paid labour market, often finding jobs to fit around family commitments and caring responsibilities. These traditional low-paid jobs and feminised career trajectory patterns represent normalised way of working for some women with different levels of satisfaction.

Choices Necessitated by Finance and Caring Responsibilities (Disruption to Job/Career trajectory)

Just less than half of the women in the qualitative sample are in this category. Women in this group are trained or qualified in a particular field or profession reflecting a more clearly defined career trajectory in their primary job more aligned to interests, qualification and experience. The need for MLPE is primarily for financial reasons due to jobs not paying enough or not paying in relation to their worth (this is a key difference), the lack of fulltime hours or job security, or the need to reduce hours or change career due to family or caring responsibilities.

The lack of availability of fulltime hours or better working conditions in primary jobs explain the need, or choice, for some women to move into MLPE, and is particularly the case for women working term-time hours. It is also the case that women with children and/or caring responsibilities are more likely to work term-time hours. Sava (who had two young children) is a fulltime teaching assistant on pay she described as ‘*just above minimum wage*’ and was only paid for 38 weeks a year. She said she really enjoyed her job but wasn’t paid enough. To supplement her income she did chip shop deliveries twice a week for cash. Sava did not like her second job and wished she did not have to do it.

Jill’s situation relates to organisational cutbacks. Jill described her job as classroom assistant in a college (25hr/wk) as ‘*brilliant, just the dream job*’ and had worked very hard with getting her union involved to secure a permanent contract. She only got paid during term-time and her overtime, which she felt was a vital component of her income, had recently been cut which meant a ‘*reduction in time and a reduction in pay as well*’. The cut in pay and hours at the college meant she needed to increase her hours on her second job in social care on a zero-hour contract at weekends where ‘*the pay is really bad*’.

Certain sectors such as the charity and third sector are regarded as having specific risks in relation to job security and relative low pay: several women were working in support jobs for such organisations and undertaking relief or sessional work as a second job in these sectors. Marika has a degree and a varied career history in the arts working part-time (4 days/wk) for a charity that she described as ‘*definitely the best work environment I’ve ever had*’ and ‘*a dream organisation to work for*’, but the organisation could not offer her full-time employment. Her second job in hospitality was to boost her income. She would prefer fulltime work at the charity instead of having to work a second low paid job in hospitality.

Conversely some women are unable to undertake full-time work (when available) or do flexible working due to their circumstances, such as childcare or caring responsibilities, and the types of jobs they do. Jane is trained in medical administration and works as a GP receptionist. She was offered fulltime work but turned it down as she could not get childcare when she needed it, early in the morning to accommodate her job needs. Her second job as an online tutor for an overseas agency suits her in terms of her interests and working around her family needs but the pay and conditions are poor.

Angela went part-time in her job as a primary school depute head mainly to accommodate her child’s complex health needs and her caring responsibilities. Although this might be considered a well-paid job, her part-time wage in a stressful and responsible job, did not match her overall income expectations. Her second and third jobs in education were flexible as she could do them during the evening and at weekends.

‘It was far too much on us as a family as well, the trying to get the kids ready, get them out, get them to school, do all this sort of thing. It was just overwhelming... on top of that my son has severe eczema and allergies so there’s a lot of hospital appointments and there are prescriptions to order and collect’

Self-employment can be a choice in either the primary or secondary job but the key issue is that self-employment (or freelance) does not provide an adequate income or security, for most women, as the only job. Lia enjoys her second job (her first job is fulltime in the NHS) as a self-employed musician during evenings and at the weekend, but she cannot commit to being a fulltime musician because ‘*it’s just too changeable. There’s not the stability of income, and I couldn’t live on it basically*’.

Self-employment is the primary job for several women. Christine, quit her studies when she was offered an acting role and had been acting on and off ever since, working other short-term jobs including waitressing, running a bookstall and selling on eBay. She was quite happy with the situation as she also needed the flexibility to care for her parents. Similarly, Rachel, a freelance artist who loved her work said: ‘*I guess that’s the reason why I’ve been doing it for 25 years, you know, I have real passion for it*’. She says she is constantly ‘*juggling multiple jobs*’ to earn a living exacerbated by the ongoing cuts in the arts: ‘*[trying] different things, occasional bits of teaching work, doing talks, project commissions, residency, fundraising for projects and stuff*’. Here there is some overlap with the previous category in that there is some normalisation of MLPE for women in the creative industries and arts-based sector with regard to the structure of funding and nature of employment in this field, but their choices are also necessitated by financial constraints.

In this category we also see examples where women step down altogether from their preferred careers moving into MLPE through caring responsibilities. Joan was a social worker but was now working as a part-time support worker and self-employed trader selling sensory toys. She cared for her adult daughter and was in receipt of Carers Allowance which restricted her choice to continue with her career. Janey had a commerce degree and previously worked in the oil and gas industry, but turned to jobs in cleaning and support roles to enable her to accommodate the needs of her partner and three children.

To summarise, preferred job/career choice is constrained by the labour market in terms of the lack of full-time jobs or secure jobs with decent pay or work that is not valued sufficiently, and there are particular issues within certain sectors and for women who are self-employed or freelance. In addition, circumstances including caring and family responsibilities push women into MLPE, sometimes into jobs outside of their career trajectory or preferred choice.

Pre-Career (Interregnum) Support

Most women in this category were en route to a better job or career in that they had recently graduated or were students, and MLPE was a short-term or transient situation. Maura referred to her situation as a “stepping stone”: ‘*it’s not what I want to do... I’m on a stepping stone at the moment*’. Maura worked as a bookkeeper and in a coffee shop, but was studying accountancy where she hoped her career would take her in the future.

Financial motives and the lack of social security eligibility is a key issue for some in this category explaining their move into MLPE. Kelsey was training to be a dentist. As she came from a ‘poor background’ and had always had to fend for herself, Kelsey worked as soon as she left school and as a student, mainly doing bar jobs and agency work. Her current jobs were bar work and freelance art, and she had an interview to work in a chip shop. Kelsey was brought up by her grandparents and was currently her grandad’s carer, and was helping her sibling deal with issues of drug addiction and homelessness. She hoped in the future she would be making enough money to live comfortably and be able to buy her own house. Her reasons for MLPE were partly due to her background and upbringing, but also because of the lack of financial support for students:

‘During the summer months it’s just really hard if you’re not working ... I had to take a month off during the term time for a mental health break, I had to work into the summer, so financial support had stopped...like in terms of my student loan it had stopped, but I still had to be working at uni full-time’

There is some overlap with normalised and situated choice, but Kelsey’s motivation was for some stability in her life and to not worry constantly about money: low-paid employment was a short-term way to achieve this:

‘I would probably see in the next ten years ... living a lot more comfortably and doing one job...that pays well rather than doing three that pay rubbish’

Others in this category were in MLPE through necessity and because they did not have any financial support from other sources such as family or social security. Kimberley was a science student and wanted a career in chemistry or STEM. She had two jobs in retail and takeaway delivery driving and said she had worked ‘56 hours this week’ on minimum wage or less. Collette was a fulltime (mature) medical student with three part-time jobs in hospitality, medical administration and NHS bank staff, and was also her gran’s carer. Although the prospect of a career in medicine lay ahead she explained:

‘As a medical student having to work three jobs the strain on me and the strain on my grades and the strain on my health is obviously going to be more significant than 18-year-old straight out of school whose family are paying for everything’

Eva had recently graduated with a fulltime job in administration and second job in hospitality. She found her main job ‘very boring...very average wage for fulltime work’ and had signed up with an agency for bar work and did several shifts a month to top up her income. This was her first job after graduating and she explained that you ‘just get what you can get at the time. And this was like a slow step towards doing something that I wanted to do’ although added ‘it’s not necessarily my career trajectory but I was just looking for something different at the time’. She was looking for a new job ‘with purpose’ and was hoping to eventually to get a job in project management in the third sector or charity:

‘I would like to be able to just have one job and get paid enough from it to not have to do anything else’

In summary, MLPE is a support during the interregnum prior to embarking on a selected career, post-education. In the meantime, however, women are pushed into low-paid and often insecure jobs through financial necessity in the absence of better job opportunities and in the context of their circumstances and responsibilities.

Critical Moments

Focusing on critical moments is relevant to all three categories and provides a lens by which to understand how life events can drive women towards MLPE. Critical moments in the study refer to a range of life events including relationship breakups, bereavement, personal or family health issues, debt and redundancy. The examples in this section serve to provide a range of experiences.

The following examples of Colleen and Kath illustrate how circumstances beyond their control forced them to quit their professions, although the consequences of moving into MLPE have been beneficial in different ways. Colleen, who had been a fulltime college lecturer, quit her job after the loss of her child:

‘Because I didn’t have a little core group of colleagues around me – I hardly ever saw them because we were just anonymous, like bees in a massive hive – I found it really, really difficult to maintain that work because I was suffering with major depression and PTSD’

After retiring from her profession on the grounds of ill-health, Colleen bought a sewing machine and a mannequin and went on a variety of courses to learn to make lampshades and household items. Her two jobs as a seamstress doing clothing alternations, and making and selling household items does not provide a decent income – ‘[you] don’t make any money, they don’t even cover your time’ – but this less stressful way of working helped her with her grief and coming to terms with the loss of her child.

Kath, previously an overseas civil servant with a ‘top job’, endured a serious illness, subsequent mental health issues and a diagnosis of neurodiversity. Kath made a complete life change and got jobs in a launderette and coffee van which she found more satisfying given her current situation, except that they were low-paid jobs and did not cover her living expenses:

‘I just thought, ultimately, I would like a stress-free job where I didn’t work all the time. I would like a very fixed routine, but I would like to not take my work home with me. I wanted a very monotonous job.. then I thought, laundrette was perfect, you literally just put the clothes in the machine and take it out, forever on loop...for an autistic person’

Whereas the move to MLPE worked to an extent for Colleen and Kath, others were forced into moving into jobs they did not particularly want or like because of critical moments. Sofia, an archaeologist, ended up in MLPE in the unregulated market due to a relationship breakup which ‘pushed her to the edge’. Her jobs as online tutor for an overseas agency and a micro-tasker for an online platform were unregulated, poorly paid and with no protections. As she was a lone parent with no support from her child’s dad, these were the only jobs she could take for now, physically and emotionally, as she could work from home and do them in her own time and around her child’s needs.

Maureen's critical moment was having to take on the role of full-time carer for her aunt (with dementia) as a result of family bereavements. Maureen (age 24) is trained as a teacher and has undertaken advanced training in education, but was doing two part-time tutoring jobs (6 hours work in total). She is in receipt of Carers Allowance which means her earnings have to be kept under a threshold (under £139) to qualify, and being a tutor with an hourly rate of between ten and twenty pounds means she can only work about six hours a week. Maureen feels she cannot take full-time work because of the lack of support for her aunt: *'If I did get a full-time job, what happens to my auntie ... So I'd need more support for my aunt to be then able to commit myself to a full-time job'*.

Also related to a caring responsibility, Carolyn's critical moment relates to her kinship responsibility for a young child. Carolyn was previously a social worker but had to quit this job due to her commitment as a carer and her MLPE is in home care and retail. She did not get the same pay or satisfaction as she did in her previous career and says for her it is not a choice but a means to an end:

'So if you had the choice...if it wasn't for all that situation I probably would not entertain the type of jobs that we're talking about. Because I don't agree with a lot of things with the wages, with money. ... There's a lot of things that I see quite clearly with my eyes open that aren't the way they should be aren't right, but as I say for me this is a means to an end'

For some women already in low paid work critical moments created more hardship. Marjory was working as a part-time cleaner when her husband died: *'obviously you were that full wage down, so I was on my own and I was doing 14 and a half hours'*. She claimed for Universal Credit and got an extra £34 a month which she said was a *'kick in the teeth'*. The change to income meant that Marjory upped her cleaning hours to 25 hours a week and took on extra work as a dog walker.

Some women experience several critical moments or a cascade of issues that affect their life or career trajectory. Sue was made redundant from her cabin crew job because of Covid-19. She had three school-age children; in a relatively short space of time her relationship with her partner ended and her parents, who helped with childcare, both died. She said *'I've had my long career in life'* but now had to find work that she could do alongside her family commitments. In her job search Sue discovered there was a lack of suitable part-time work or flexible jobs, and eventually got a part-time job in a restaurant and occasional work as a TV extra. In terms of her situation she said:

'Because I don't work much, it's manageable just now, support wise. Financially, I'd love more money'

In summary, for most women critical moments forced women out of their way of working/career into MPLE and pushed them into, or increased, their financial hardship or circumstances. For a few women the move out of their career and into MLPE, forced by a critical moment, provided a benefit to their mental health.

Conclusion

Choice is determined by the conditions of the labour market and personal career trajectories and job options based on experience and qualification. Situated choice broadens this by focusing on structural, social and economic conditions as well as personal biographies and circumstances including health, caring responsibilities, social security and other supports, and critical moments.

In the context of choice around MLPE, the key driver is for financial necessity. A typology was developed to illustrate what drives choice in this context. These include feminised career trajectories that represent normalised way of working for some women; labour market constraints in terms of hours, pay and job security; women's expectations of the value of work; circumstances including caring and family responsibilities that push women into MLPE and sometimes into jobs outside of their career trajectory or preferred choice; and, MLPE as interregnum with the prospect of a better job and income in the future. The role of mental health and critical moments can also influence choice and push women into MLPE at any stage in their life or career.

For discussions on choice and agency see, Hoggett, P, 2001, Agency, rationality and social policy, Journal of Social Policy 30, 1, 37–56; Wright, S (2016) Conceptualising the Active Welfare Subject: Welfare Reform in Discourse, Policy and Lived experience, Policy & Politics, 44, 2, 235-52

Chapter 6: MLPE and Financial Circumstances

This chapter looks at the evidence and experience of household finances for women in MLPE. The chapter covers: earnings and income; engagement with social security and receipt of benefits; debt and arrears; material deprivation; and perceptions of financial circumstances. In each case we present both quantitative and qualitative findings.

Summary

- The hourly rate of pay for women in MLPE is just under two-thirds of that for all working women and individual gross weekly pay is forty percent lower than for all working women.
- Over a period of a decade, 46.1% of women in MLPE had an aggregate hourly rate of pay below the relevant National Minimum Wage (NMW)/National Living Wage (NLW) level for the year in question, with the rates lowest for those in self-employment in one or all jobs.
- Net weekly equivalised household income for women in MLPE is 25% higher than for non-working women, though 16% lower than for all working women.
- Women in MLPE have higher rates of benefit receipt than all working women, in particular for working-age benefits and child benefits, but much lower rates than for non-working women. However, the majority (59%) of women in MLPE are not in receipt of any benefits.
- The majority of women in MLPE, whether in receipt of benefits or not, have a level of earnings such that they would be subject to the benefits taper and to DWP labour market regimes were they to receive Universal Credit.
- Despite having similar rates of informal care responsibilities, the rate of receipt of Carer's Allowance by women in MLPE is much lower than among non-working women.
- Women in MLPE experienced the social security system as very complicated and as a deterrent to applying for benefits. They often weighed up doing additional hours, or taking another job, against the potential impacts on their benefits. Working for "cash in hand" was one way to avoid the "benefit system".
- In comparison to all working women, women who are in MLPE are more likely to have worse financial circumstances: they are more frequently in debt; have more experience of arrears; and are more likely to be in material deprivation. Nevertheless, on all these measures, women in MLPE are better off than non-working women.
- In the short term, moving into MLPE is associated with a reduction in material deprivation a year later, but an extended period in MLPE is associated with higher material deprivation.
- Women in MLPE tried to avoid being in debt, though many were paying off what they termed 'petty debts'. Sometimes personal circumstances and events, such as relationship breakdowns, resulted in debt and influenced the move into MLPE.
- Women in MLPE are more optimistic about their future finances than either all working women or economically inactive women, though less optimistic than women who are unemployed.
- Analysis of survey data suggests that moving into MLPE can be a response to an individual's perception of poorer current financial circumstances. However, moving into MLPE improved an individual's expectation about their future financial position, both immediately and across the period of a decade.
- Most participants felt that they were finding ways to manage on their income, though this was by being resourceful and undertaking careful budgeting. Others were struggling, with worry about money being a constant stress.

Earnings and Income

In order to understand whether it “pays” to take on multiple jobs, we examined earnings and incomes for those in MLPE with the equivalent figures for people not working and for all working adults. Table 6.1 uses the Family Resources Survey, where we can see that the average hours worked by those in MLPE across all their jobs is six hours per week less than for all working women, very similar to the finding from the Labour Force Survey reported earlier (Table 3.4).

Hourly pay averaged across all jobs for women in MLPE, at £9.59, was above the national legal minimum wage (at 2020 prices) of £8.21 for those aged 25 and over⁴⁹, but just under two-thirds of the hourly rate for all working women (£14.92). Gross weekly pay (from all jobs, before tax) for women in MLPE was 40% of that for all working women, with gross weekly income (from all sources) for individual women in MLPE being relatively higher at 62% of that for all working women.

An alternative way to examine the earnings of women in MLPE is to compare the aggregate hourly rate of pay across all jobs with the relevant National Minimum Wage (NMW) and National Living Wage (NLW) in force at the time of each survey year. The key findings from this analysis are summarised below:

- 46.1% of women in MLPE have an aggregate hourly rate of pay below the relevant NMW/NLW level for the year in question.

The equivalent rates of insufficient aggregate rates of pay for different ME circumstances are as follows:

- 43.1% for those who are employees in all their jobs.
- 69.8% for those who are self-employed in all their jobs.
- 40.4% for those who combine employment with self-employment across their jobs , 19.2% of whom are an employee in their main job and self-employed in their second job; 78.8% are self-employed in their main job and an employee in their second job.

These figures highlight that self-employment is associated with lower hourly earnings than employment, and reflect the fact that the NMW and NLW do not apply to the self-employed. Nevertheless, a significant proportion (more than two-in-five) of those women in MLPE who are employees in all their jobs earn an aggregate hourly rate of pay below the legal minimum.

We merged the FRS data with the Households Below Average Income (HBAI) datasets in order to derive the means to equalise household incomes for further comparison. From Table 6.1 (lower half) we can see that net weekly equalised household income for women in MLPE is 25% higher than for women not working but 16% lower than for all working women. Similarly, the prevalence of low-income households among women in MLPE, at 18%, is half that for women not working but higher than for all working women.

Table 6.1 Earnings and Income

	All Working ¹	MLPE ²	Not Working ³	Unemployed	Inactive
Family Resources Survey					
Gross Weekly pay (£): all jobs	480	193	-	-	-
Hours worked: all jobs	31.9	25.5	-	-	-
Hourly Pay (£): all jobs	14.92	9.59	-	-	-
Gross weekly income (individual) (£): all sources	562	346	200	147	206
Gross weekly income (household) (£): all sources	1119	840	646	434	671
Households Below Average Income dataset					
Gross weekly equivalised hhd. income (£)	1134	894	712	587	726
Net Weekly equivalised hhd. income (£)	834	699	561	462	572
Low-income household (%) ⁴	11.1	18.3	39.3	53.0	37.7
<i>n</i>	<i>95,226</i>	<i>2,386</i>	<i>44,115</i>	<i>4,265</i>	<i>39,850</i>

Source: Family Resources Survey merged to Households Below Average Income datasets, 2010-2019. Figures in 2020 prices

Notes: 1. Women aged 18-64 in work. 2. Women aged 18-64 in work, who are in MLPE. 3. Women aged 18-64 who are not working (unemployed or inactive). 4. Less than two-thirds of average net disposable income (before housing costs).

Receipt of Benefits and Engagement with the Social Security System

Table 6.2 shows women's receipt of working-age and other benefits as recorded in the Family Resources Survey. Women in MLPE are more likely than all working women to receive working-age and child benefits, but there is little difference in the receipt of disability benefits. Benefit receipt is markedly higher for non-working women.

Although 10% of all working women and 15% of women in MLPE and 15% of non-working women have informal care responsibilities (see Table 4.2), only small proportions of working women and women in MLPE receive carers allowance (0.5% and 0.8% respectively) compared with 7% of those not working. This is perhaps unsurprising given the restrictive eligibility criteria to receive carer's allowance⁵⁰. It may be the case that women take on MLPE to fit around their caring responsibilities rather than applying for carer's allowance given its low value and the restrictions it places on working hours (see Chapter 7 for further discussion of caring and carer's allowance).

Table 6.2 Benefit receipt (col. %)

	All Working ¹	MLPE ²	Not Working ³	Unemployed	Inactive
Working-age benefits ⁴	13.2	18.6	37.5	44.3	36.7
Child benefits	32.9	37.7	33.8	36.3	33.5
Disability benefits ⁵	1.1	1.0	10.8	2.6	11.7
Carers Allowance	0.5	0.8	6.8	2.2	7.2
In receipt of any above benefits	35.3	41.2	52.3	55.1	51.9
<i>n</i>	<i>95,531</i>	<i>2,390</i>	<i>44,280</i>	<i>4,278</i>	<i>40,002</i>

Source: Family Resources Survey, 2010-2019.

Notes: 1. Women aged 18-64 in work. 2. Women aged 18-64 in work, who are in MLPE. 3. Women aged 18-64 who are not working (unemployed or inactive) 4. Working-age benefits includes any of the following: universal credit; housing benefit; working tax credit; child tax credit; income support; jobseeker's allowance; employment and support allowance and their precursors. 5. Disability benefits include any of the following: personal independence payment, Disability living allowance, attendance allowance, severe disablement allowance, incapacity benefit, industrial injuries disablement benefit.

Working-Age Benefits (WAB) / Universal Credit (UC)

We use FRS data to examine how UC regulations might apply to those in MLPE, given that fewer than in fifth of women in MLPE report receiving working-age benefits (UC and its predecessor legacy benefits).

Work Allowance and Benefit Taper

Under DWP rules, each applicant with children has a “work allowance” or amount they can earn before their WAB/UC is withdrawn by the application of a 55% taper (tax) applied to earnings above the work allowance. The work allowance is lower, at £379 per month, for those who receive help with housing costs, and higher, at £631 per month, for others. For those without children, no work allowance is applied. Table 6.3 shows that of those women in MLPE with children who receive WAB, nearly nine-in-ten is subject to the taper due to earnings exceeding the lower threshold and three-in-five due to exceeding the higher taper. Furthermore, of those not in receipt of WAB, 70-80% would be subject to the taper were they to apply for benefits (depending on whether or not they were to receive help with housing costs).

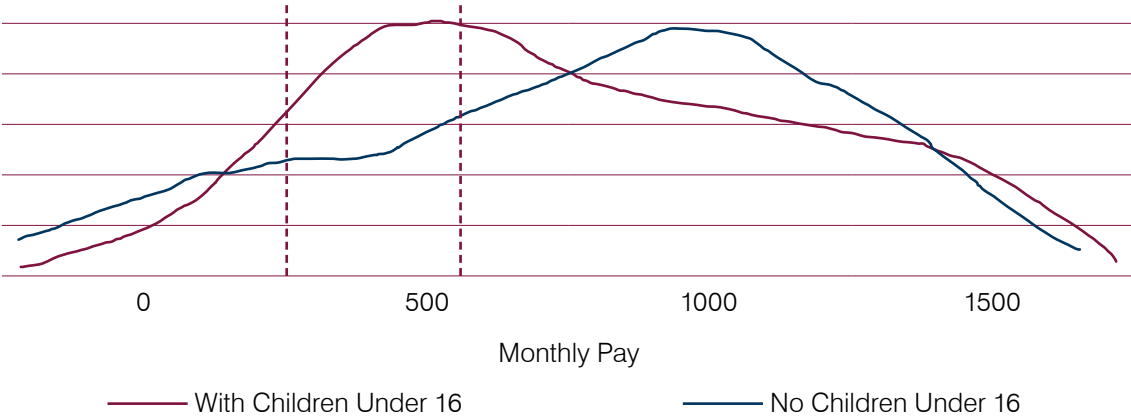
Table 6.3 Applicability of Work Allowance Thresholds to women in MLPE who have children

Receives help with housing costs	Work allowance threshold (2022 prices)	Receives Working Age Benefits (%)	Not receiving Working Age Benefits (%)
Yes	£379 p.m.	88.9	81.6
No	£631 p.m	61.8	70.0
	<i>n</i>	<i>385</i>	<i>596</i>

Source: Family Resources Survey, 2010-2019.

The fact that most women in MLPE are, or would be, subject to the benefit taper despite their low incomes is both a source of a poverty-trap and a potential disincentive to engage with the benefits system. Figure 6.1 shows that the work allowance may also be serving as a disincentive for women to work or earn more. For those with children, the peak of their earnings distribution sits around the level of the upper work allowance threshold and below the peak earnings for women without children.

Figure 6.1 Distribution of Earnings for Women in MLPE Receiving Working-Age Benefits



Source: Family Resources Survey 2010-2019

Conditionality Thresholds

UC operates with two conditionality thresholds: the lower Administrative Earnings Threshold (AET) and the higher Conditionality Earnings Threshold⁵¹. These thresholds determine what kind of labour market regime applicants are subject to: those with earnings below the AET are subject to the ‘intensive work search regime’ which includes being required to search and be available for more work; those with earnings above the AET but below the CET are subject to the “light touch regime” which includes being available for work-focused interviews and work-preparation activity.

The two thresholds are calculated differently and have been raised from 2022 onwards to bring more claimants within the two labour market regimes. The AET is a multiple of the NMW – 15 hours for a single person and 24 hours for a couple – but the assessment does not apply to individuals who receive earnings from self-employment. The CET is equivalent to the NMW for a 35-hour week, and the assessment includes self-employment earnings. The CET for a couple is a combined assessment of two individuals but if one of the adults earns above the individual CET both are considered to be “working enough”. Note also that as the NMW and NLW have been increased over time, the two conditionality thresholds are also raised.

In Table 6.4 below, we calculate the proportions of women in MLPE who fall below each of the conditionality thresholds, showing the results under both individual and household assessments, i.e. for individuals who are part of a couple we show what the proportion is under the couple assessment used by DWP and alternatively under an assessment where each person was assessed on an individual basis. These calculations are done irrespective of whether or not the person is in receipt of WAB.

Table 6.4 Conditionality and Administrative Earnings Thresholds for Women in MLPE (col. %)

	IN COUPLE HH		SINGLE ADULT HH	
	Under (individual)	Under (household)	Under (individual)	Under (household)
CET current threshold ¹	98.7	35.2	97.0	97.0
AET current threshold ¹	12.2	10.9	16.6	16.6
Difference	86.5	24.3	80.4	80.4
CET pre-2022 threshold ²	81.2	29.9	78.7	78.7
AET pre-2022 threshold ²	8.0	7.3	11.9	11.9
Difference	73.2	22.6	66.8	66.8
<i>n</i>	<i>1,519</i>	<i>1,519</i>	<i>871</i>	<i>871</i>

Source: Family Resources Survey, 2010-2019.

Notes: 1. Proportion under the threshold, calculated using the DWP rules applicable in 2024. 2. Proportion under the threshold calculated using the DWP rule applicable in the year the respondent was enumerated in the survey.

The vast majority of single women, and of women in couples if assessed individually, have earnings below the CET, which would bring them into at least the light-touch regime. In reality, the proportion of women in couples who would fall within the CET is less than half that for single women due to the couple assessment. It is important also to note that the CET is calculated using the NMW/NLW which does not apply to those in self-employment, and yet over 40 percent of women in MLPE are self-employed in one or more of their jobs, typically earning less per hour than employees.

The increase in the thresholds from 2022 onwards, as expected, brings more women in MLPE into the intensive and light-touch regimes. There are similarly large relative increases in the proportions of women in couples (+49%; from 7.3% to 10.9%) and single women (+39%; from 11.9% to 16.6%) who fall within the parameters for the intensive work regime. The relative increase in the proportions of women who fall within the parameters of the light-touch regime is greater for single women (+20%; from 66.8% to 80.4%) than for women in couples (+7.5%; from 22.6% to 24.3%) due to the couple assessment in the CET.

We next estimate, for those women in MLPE who have earnings below the two thresholds in real terms over the decade, what proportion receive WAB and how many hours they work. These estimates are presented in Table 6.5 below, which highlights three important issues. First, half or more women in MLPE have earnings below the upper CET threshold in real terms, and one-in-eight have earnings below the lower AET, indicating significant numbers with low incomes for which benefits could provide assistance.

Second, only around a quarter of those with earnings below the thresholds actually receive benefits, despite their low incomes. This might be due to ineligibility, for example having savings exceeding the UC threshold of £16k, or due to women opting not to apply for WAB/UC due to the complexities involved, particularly for those with multiple jobs and/or fluctuating hours and earnings, and due to the potential requirement to take on more work. Although the FRS does not contain a very accurate assessment of savings, our rough estimate is that around three-quarters of those who have earnings below the conditionality thresholds have savings under £20k, and thus savings above the eligibility threshold does not explain most of the cases of non-receipt of WAB.

Third, around a fifth of those below the CET already work 35 or more hours per week, as do 6 percent of those below the AET. Thus, some women who are eligible for WAB/UC may refrain from applying as they would be subject to the DWP's labour market regimes despite already having multiple jobs and working a full-time week.

Table 6.5 Conditionality Thresholds, Working Hours and Receipt of Benefits for Women in MLPE (col. %)

	All	Couple	Single	All	Couple	Single
	Current Rates ¹			Pre 2022 rates ²		
Under CET	57.3	35.2	97.0	47.4	29.9	78.7
Of which:						
Work 35+hours	23.1	21.1	24.3	18.1	18.0	18.1
Receives WA benefits	24.3	15.9	29.9	26.0	17.3	32.0
<i>n</i>	<i>1,402</i>	<i>555</i>	<i>847</i>	<i>1,160</i>	<i>473</i>	<i>687</i>
Under AET	12.9	10.9	16.6	9.0	7.3	11.9
Of which:						
Work 35+hours	6.4	6.2	6.5	6.7	8.6	4.6
Receives WA benefits	25.9	18.9	34.1	24.1	18.4	30.3
<i>n</i>	<i>304</i>	<i>171</i>	<i>133</i>	<i>209</i>	<i>116</i>	<i>93</i>

Source: Family Resources Survey, 2010-2019.

Notes: 1. Proportion under the threshold, calculated using the DWP rules applicable in 2024. 2. Proportion under the threshold calculated using the DWP rule applicable in the year the respondent was enumerated in the survey.

The above findings strongly suggest that a large proportion of women in MLPE who have incomes within the levels for which WAB are designed to help, choose not to seek that assistance for whatever reasons, though these are likely to include the complexities involved and the operation of conditionality-based labour market regimes.

Passported Payments

An added importance of receiving WAB is that they can act as a “passport” to other payments. One of the most important for low-income families is the Scottish Child Payment (SCP), paid at the rate of £26.70 per week for each child under the age of 16⁵². Another is the ability of those on UC to reclaim 85% of the costs of childcare (if they can afford to pay those costs upfront).

Analysis of FRS data for women in MLPE indicates that of those households where the woman’s earnings from MLPE are below the CET and they are not currently in receipt of WAB, one-in-eight have children under 16; for those women whose earnings are below the AET who are not receiving WAB, one-in-five have children under 16. Given the low take-up of WAB among women in MLPE, significant proportions of families may be missing out on the SCP and the ability to reclaim childcare costs.

Qualitative Experiences of Social Security

In the qualitative study 42 participants (40%) were in receipt of working age social security as follows: Universal Credit n=19; Working Tax Credits n=14; Employment and Support Allowance n=3; and Carers Allowance n=6. We have identified four key issues from the qualitative study relating to experiences of the social security system as shown in Figure 6.2 and discussed below. The issues identified are also of relevance to women in low-paid employment, but the examples cited show how keeping track is even harder for women in MLPE.

Figure 6.2: Qualitative Experiences of Social Security and MLPE



A Complicated System for MLPE

Few issues were reported by participants on tax credits compared to those in receipt, or making a claim, for Universal Credit (UC). For some participants, claiming Universal Credit (UC) was straightforward and ‘no hassle’ was involved, especially during the pandemic when the system was online and there was little obligation to fulfil other requirements when employment generally was in upheaval. There was help available for filling out forms (e.g., from a welfare advisor, midwife) and some participants felt it was straightforward because they were already working more than enough hours as indicated Linda (two cleaning jobs):

‘I’m actually working and I don’t get very much from Universal Credit that they’re not giving me any hassle’

However, many of the women thought the social security system was over-complicated in terms of the hassle or effort involved.

If working patterns remain the same weekly, then claiming UC is a relatively straightforward process once ‘you’re in the system’. However, for many women in MLPE, working patterns are not static. Moreover, having more than two jobs can be a complication for UC, especially when the payment date of each job differs, and the UC system cannot accommodate this. Mandy (two support worker jobs) was in receipt of UC and her experience related to having a different pay day for each job:

‘You’re getting £600 one month and then the next month you get 300...So because I’ve got two jobs, cause they’re not paid monthly...so it changes all the time. So you can’t really ever rely on it...I kind of now treat that as whatever I get I get’

A few participants had considered making benefit claims but had been put off. Ellen (support worker and sessional worker) had looked into making a UC claim and said she would only be eligible for about five pounds extra a month adding that, ‘having a zero-hours contract, sometimes I can earn more or less, and I was like, do you know, it’s actually more effort than it’s worth’. Eileen (museum attendant, concert hall attendant and self-employed massage therapist) had considered making a claim for her self-employment, but decided against this in the end:

‘I just can’t be bothered. It’s very stressful, I’ve tried it before and I just thought, I’m not going to bother with it, I’d rather just manage on what I’ve got. They do make it very difficult, you’ve got to jump through so many hoops’

Employment income can vary when people receive a one-off payment, extra amount or bonus in their pay packet this is then deducted if the total amount is above a certain level meaning the recipient may receive no extra money that month. Sam (four jobs in school: breakfast club, lunchtime supervision, afterschool care and teaching assistant) had received a one-off pay bonus that was included in one pay packet and then automatically deducted from her UC the following month – ‘which isn’t fair really, it’s annoying’.

Self-employment can be problematic in this respect too because it is often demand led and therefore variable in hours worked. Rita (interpreter and self-employed therapist) who received UC said her work varied depending on how many clients she had:

‘I can have like a really good month and I can have like a bad month, ...in the last six months, I have four months which I was not getting any money and two months when I actually still got the money from Universal Credit’

Weighing Up Work and Social Security

In the context of financial hardship, there can be the need to weigh up the benefits of working extra hours if it has implications for social security. For some, working an extra shift or extra hours can leave them worse off. Helen (cleaner and catering assistant) who at one point was working seven days for about six weeks (to cover staff absence) said that it had got to the stage where she decided she could not work the Sunday:

‘Because I try not to claim overtime because it does affect your tax credits at the other side’

Marianne (breakfast club worker and school lunchtime supervisor), who was in receipt of Carers Allowance, had turned down extra shifts at the school breakfast club (that were available to cover staff absence), as earing ‘5p extra’ would negate any benefit from the carers component of her benefit.

Alicia (admin worker and bar worker) said she had to turn down overtime. She had also considered working fulltime but then she would lose the rent component of her UC and be worse off.

‘it’s not worth it. Because anything I earn over what I do just now I need to declare to them, tell them what it is’

Cash-in-hand was seen as a means of earning extra income without it affecting social security payments. Nikki (cleaner and carer) said if she accepted the extra shifts on offer in the care home where she worked, she would lose some of her social security payment. However, she was able instead to earn an extra £80 a week cash as her neighbour’s carer.

Lorraine (cleaner and dog walker) said there was no point taking more hours in her cleaning job as there would be no overall financial advantage as it would be deducted from her UC. Lorraine’s second job as a dog walker gave her £40 extra a week and enabled her to keep UC which paid her rent:

‘What money I earn, universal credit take 55 pence off your benefit. So, for every pound that I earn they are taking 55 pence and I get 45 pence of it...If I earn say £50 I will only end up with £25 in my hand. It just means I will need to pay more of my rent’

Imelda (admin worker and retail worker) worked a day in a shop for cash so that it did not affect her tax credits and said it was a ‘game changer’. Naga (cleaner and retail worker) worked two jobs for cash-in-hand. Naga preferred to work this way as it meant she could earn extra money and keep her UC:

‘I still want to get my benefit money, and I don’t know how many hours I would need to work to still keep them, I think it’s only 16 hours, I’m sure that’s what I’ve heard’

Eligibility Issues

Some of those who lived alone, or were single, perceived themselves to be missing out on entitlements or tax credits, and did not understand why they did not qualify for extra help when their earnings were so low yet they were working really hard. Donna (three cleaning jobs) was puzzled as she appeared to be given conflicting information about her entitlement to social security, for example she was told if she worked more than 30 hours or less than 16 hours she would be entitled to some help. She had taken on an extra hour’s work in her school cleaning job to clean the school minibuses and wondered if this had affected her entitlement as she did not qualify for UC.

Marjory (cleaner and dog walker) was working 14.5 hours as a cleaner when her husband died, and she was then entitled to £34 a month from UC which she described as a ‘kick in the teeth’. She has since upped her hours to 25 a week to ‘make ends meet, to survive’ and consequently lost eligibility:

‘It’s strange how you get nothing off nobody and I’m on my own, do you know what I mean. The only thing I get is the council tax rebate that every single person [gets], but I get no more’

As with Lorraine and Nikki in the previous section, Marjory supplemented her income by taking on a second job as a dog walker which earned her £20 every time she took the dog out.

The fact that UC entitlement takes into account partner earnings was problematic for some. Ellen (support worker and sessional worker) had the following view:

‘If I was a single parent, I would be able to get a fair bit, but because it’s attached to what your partner earns as well, we’re sort of just out the bracket for it’

Nicki (support worker and sessional worker) looked into the benefits system when she had children to see if she was entitled to anything, saying she wasn’t ‘because of my husband’s wage’. Harriet (hospitality staff, freelance artist and invigilator) lived with her partner who owned his flat and she was not eligible for UC even though some weeks ‘I may only work 15 hours one week and I am looking for other work’. She thought it was unfair that she could not get support in her own right and the assumption that women can borrow money from their partners:

‘Although I’m in the situation where I can borrow money from my partner I’d still rather not...that just doesn’t seem quite right to me, like, in terms of feminism’

Employment and Support Allowance (ESA) and Carers Allowance (CA) have restrictions regarding the number of hours recipients can work, and maximum level of pay for CA entitlement. In the study nine women were in receipt of either ESA or CA: some of these women were forced to work more hours than they were meant to, due to health reasons, because they were unable to manage on the money they were getting from their job and entitlement. Lauren (bar worker, retail worker and cleaner) was in receipt of ESA due to her mental health issues. Her doctor deemed her unfit for more work because of her mental health meaning she could not move onto UC: ‘my doctor refused to sign me off so I could go back into employment’. She was frustrated as she was ‘skint’ and could not work more than 15 hours. Her official job was in a bar but she took on a series of unofficial jobs to supplement her income:

‘I work in a [picture] framing shop. I have a cleaning job, I have an ironing job....and I also do floristry work’

Kath (laundrette worker and coffee van manager) was on ESA and was about to manage a coffee van as her second job, but the hours would take her over the ESA limit; a move to UC from ESA might be less supportive of her health needs:

‘I’ll decide whether I want to do both. If I want to work in the coffee van fulltime, and what I’m going to do about the future of ESA and whether to move to UC’

Ann (cleaner and previously also a driver) claimed CA and could only work 12.5 hours: she would need to work more than 15 hours to qualify for UC but then she would lose her CA. She might be slightly better off financially but would lose her recognition as a carer and still be doing the same amount of caring.

The System as ‘Derogatory’ and a Deterrent

The social security system itself was regarded as a deterrent by some. Sue (restaurant worker and TV extra) had three children, had been through redundancy and her partner had left when she re-entered the job market. She claimed UC. Sue said she would get constant messages saying: *‘there’s a job here, there’s a job there, there’s courses here, there’s courses there’*. She said she felt ‘threatened’ by the prospect that *‘your money will be sanctioned’* if she did not get more work. For this reason Sue said she decided to take any job *‘just do any job just now’* and she believed that was the intention, *‘for people to do any kind of job, regardless of what your health state, mental stage, physical state’*. She felt she was being forced into fulltime work, but with three children it was impossible:

‘I said to them, you know, how can I do that with three children...I said, no, I can’t physically do full time, no’

Tara (teaching assistant and school janitor) who had been through a relationship breakup with her son’s dad and had to move out of the family home said her experience of claiming UC was ‘awful’ but *‘it had to be done’*. Karolyn (home care worker and retail worker) who was in receipt of UC felt that the system was ‘derogatory’ and lacked humanity:

‘It’s not a very inclusive service. It’s not a very approachable service... they don’t make it easy for people’

Related to Karolyn’s view, there are emotional impacts for some when claiming social security. Mandy (two support worker jobs) who was in receipt of UC said that every month it was:

‘A pain in the neck. And in my heart of hearts, I would like to not have to have it, I’m like, one day I will not have to suffer this’

Rita (interpreter and self-employed therapist) who worked more than fulltime equivalent yet still claimed UC said she felt *‘punished by the system’* when she was told she wasn’t working hard enough:

‘[I] felt, like, broken [this was the] last drop to the cup, you know...you really try, you try... and then suddenly you would just feel like I cannot do anymore’

MLPE and Debt

FRS data indicates that taking on multiple jobs does not serve to reduce the incidence of debt among low-paid women. Table 6.3 shows that 11% of women in MLPE have been in debt in the past twelve months, compared to 8% of all working women. Further, women in MLPE are not only more likely to be in arrears, compared with all working women, but also more likely to be behind more frequently with necessities such as housing costs, utility bills and loans, than all working women. On all measures however, non-working women have worse financial circumstances with more debt and arrears than others.

Table 6.3 Debt (col. %)

	All Working ¹	MLPE ²	Not Working ³
Within last 12 months:			
Has been in debt	7.7	10.9	18.2
Has been behind with housing costs ⁴	2.5	3.5	5.6
~ on at least two occasions	1.4	2.0	3.2
Has been in arrears on utility bills	4.5	6.2	13.2
~ on at least two occasions	2.2	3.4	7.0
Has been behind with loans and other repayments	2.2	3.1	5.1
~ on at least two occasions	1.4	1.9	3.2
<i>n</i>	<i>(95,531)</i>	<i>(2,390)</i>	<i>(44,280)</i>

Source: Family Resources Survey, 2010-2019.

1. Women aged 18-64 in work. 2. Women aged 18-64 in work, who are in MLPE. 3. Women aged 18-64 who are not working (unemployed or economically inactive). 4. Includes mortgage and rent payments

Less than a third of the women (n=33) in the qualitative sample had some form of debt at the time of interview or had experienced debt in the past which was a reason for entering MLPE. Examples of debt in the study included overdrafts, credit card bills, credit union loans, student debt. and car finance, as well as ongoing “petty” debt (although not petty for those experiencing it) and a few larger debt issues as we go on to discuss.

For some women, particularly those in low status jobs, there is a mindset that debt is bad and that they must therefore live within their means. Many women said they did not have any debt, and a few were adamant they did not ever want debt seeing it as a *‘slippery slope’*. Sandra (school catering assistant and school escort) said *‘I refuse to [get in debt]’* while Heather (two cleaning jobs) said, *‘I’ve not got any debt, that is one good thing’*. Ann (currently one job as a cleaner) in receipt of Carer Allowance summarised the position:

‘It is a struggle sometimes... I don’t have any debts but I have just had to just cut my cloth accordingly’

What we term “petty” or small debt was more common amongst those in jobs at the lower end of the pay scale in low status jobs. The examples provided illustrate that smallish debts can have huge implications for women dealing with them, sometimes pushing them further into poverty. Macy (care worker) had a debt from a utilities contract, £40 a month, that she took out without understanding its terms:

‘We [had] a contract on light and gas and we really never understood it’

At the end of six months, Macy’s family had used too much electricity and that was how the £1,000 debt came about, ‘so we’ve *not been able to really pay off the debt*’. Macy and her family were really struggling as she found it difficult to keep jobs due to her caring responsibilities for her children, especially her son who had complex needs:

‘We are really low in income ...at times maybe paying off insurance, doing some things that consume a lot of money...there is a community centre I normally go to to get a voucher then I would take it to the food bank’

Other examples of women struggling to pay off such debts include Lorraine (cleaner and dog walker) who was paying off sofa debt at £25 a month over four years, and Bet (two cleaning jobs) who was paying back a credit union loan since the previous Christmas. Bet’s loan was £750: she was paying off £30 a week until she had a dispute with her ex-partner leaving her worse off and the debt was reduced to £10. Although she was getting support in dealing with the debt, she described herself as:

‘Skint and living week to week’

Difficult personal circumstances or critical moments had in some cases led to more serious debt, and sometimes this in turn led to a need for MLPE, rather than MLPE being a cause of the debt. There are several examples of relationship breakdowns leading to debt. Nicky (cleaner and carer) ended up in a lot of debt after a bad relationship when her partner stole her money:

‘He did put me in debt for a while until I started hiding money and stuff’

After her break-up, Lina (admin worker, four cleaning jobs, and retail worker) ended up paying mortgage and rent at the same time and borrowed money from a friend. She was still in debt: ‘*I’ve probably got around 15 grand worth of debt*’ and she explained that this was the reason for her MLPE:

‘It’s let’s try and get rid of the debt, reduce the outgoings, and get rid of all these jobs’

Mia (health co-ordinator, helpline advisor and gym coach) had debt after her partner left and she had to move out of her home and start again. Her debts included a student loan, credit cards, and a bank loan which meant her outgoings were very high:

‘If I didn’t have debt I would say I have a well-paid job but because my outgoings are quite high, it makes me feel like I’ve got a low paid job ... if I had no other outgoings other than my essential, I would think I’ve got enough to do what I need to do’

There are some examples of debt arising because of problems with the social security system, including overpayments (mistakes) or delays in payment. Janine (cabin crew, marketing officer and community pioneer) was in a situation she was paying back a Department of Work and Pensions overpayment for her partner’s PIP claim:

‘So that was a bit of a body blow, because we’ve lost the money and now we also owe money to the Department of Work and Pensions ... we owe about three thousand or something like that’

Lauren (bar worker, retail worker and cleaner) lost her previous job (before her move into MLPE) due to a ‘nervous breakdown’ and had to make a benefits claim. Her debt came about because of the subsequent delays in getting social security.

‘The money that I was getting from the government, I didn’t get anything for the first six to eight weeks, so obviously, all the debts started building up... I got into £5,000 worth of debt...they managed to get rid of my debt for me, put me on some kind of plan ... I did say that I was going to be going back to work. But I got told that I could only go back to work parttime’

When Lauren was able to enter back into work, she was only allowed to work part-time due to her health state, so although she eventually managed to pay off her debt she was never in a situation to feel comfortable financially and would prefer full-time work:

‘But I would love to be earning and pulling my own weight, and not have to worry and think about, oh, I can’t do them hours because I’d be breaking the law. I’d love to be back on a fulltime job’

MLPE and Material Deprivation

We examine material deprivation (MD) following the same approach as the Department for Work and Pensions in assessing whether working-age adults lacked items commonly available to the UK population because they could not afford them (as opposed to the item being unwanted, unneeded or not applicable). The responses to the nine items in the MD scale are also combined into a scale from 0 to 100, with a score of 25 or more indicating that the adult in question is “materially deprived” overall⁵³:

Table 6.7 shows the proportion of women meeting this definition of material deprivation, as well as reporting the nine individual items in the scale. On all measures, all working women as a group have the least experience of material deprivation and non-working women the most experience, with women in MLPE lying between the two.

Nearly one-in-four women in MLPE meet the definition of being materially deprived, as compared to 18% of all working women. Women in MLPE are less likely than all working women, by five percentage points or more, to be able to make regular modest savings, to take a holiday for a week away from home, and to have money to spend on themselves. Women in MLPE are also notably less able than all working women to afford to keep their home in a decent state of decoration, to replace worn out furniture, or to adequately heat their homes in the winter. In summary, for women in MLPE as compared to all working women, having multiple jobs does not reduce the prevalence of material deprivation or serve as a means of raising living standards or protecting against poverty.

Table 6.7 Material Deprivation (col. %)

	All Working ¹	MLPE ²	Not Working ³
Materially deprived (score 25+)	18.0	23.8	37.5
Cannot afford:			
Regular savings of £10 a month or more	24.5	31.7	49.9
Have a holiday	20.3	25.3	43.4
Money to spend on self each week	16.9	22.7	38.0
Replace worn out furniture	17.9	22.3	35.8
Keep home in decent state of decoration	10.1	14.6	24.0
Replace or repair major electrical goods	11.7	12.9	29.5
Home contents insurance	9.0	10.2	28.3
Keep home warm enough in winter	5.6	9.6	15.6
Keep up to date with bills and debts	4.9	6.3	14.2
<i>n</i>	<i>95,531</i>	<i>2,390</i>	<i>44,280</i>

Source: Family Resources Survey, 2010-2019.

Notes: 1. Women aged 18-64 in work. 2. Women aged 18-64 in work, who are in MLPE. 3. Women aged 18-64 who are not working (unemployed or economically inactive).

Using the UK Household Longitudinal Survey (UKHLS), which follows individuals over time, we take two approaches to examining the effects of a woman’s experience of MLPE on material deprivation⁵⁴ (and later, on perceptions of financial circumstances). First, we examine MLPE Transitions, relating year-on-year changes in MLPE status over a ten-year period to changes in their experience of material deprivation. In order to investigate whether any effect is due to an immediate or past transition, we examine both contemporaneous transition and lagged effects (i.e., we examine both changes in MLPE status since the previous year as well as transitions in MLPE up to the previous year on MLPE status for each of our financial health indicators). In the analysis we control for between-year changes in individual and household circumstances.

From Figure 6.3 we see that a transition into MLPE since the previous year is associated with a higher material deprivation score – i.e., a transition occurs when individuals are less able to afford commonly available items. But a past transition into MLPE is associated with a later decrease in material deprivation, suggesting that because an individual has previously taken an additional job, their ability to afford common items has improved.

Figure 6.3 MLPE Transitions and Material Deprivation

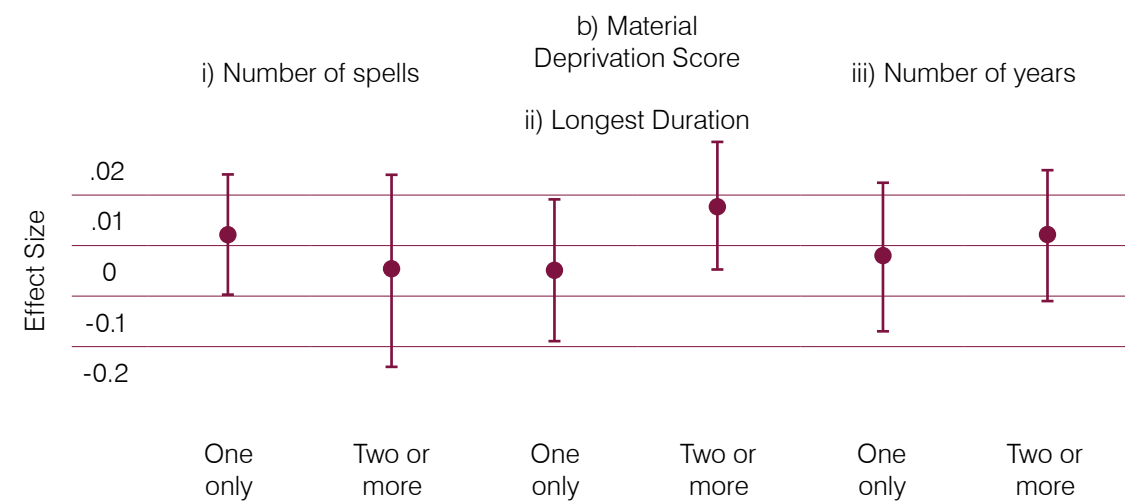


Note: The charts for transitions depict the coefficient estimates (dots) with 95% confidence intervals (bars) from separate regression analysis, with the full table of results presented in the Appendix. Regressions include individual and household characteristics, and controls for regional and time effects. The sample contains all working-age women (18-64) enumerated in the UKHLS between 2009-2019.

In our second approach we examine the cumulative experience of MLPE for women over a decade. Here, we relate the MD position at the end of the decade to the three measures of MLPE Spells discussed in Chapter 3: the number of spells experienced over a decade; the longest duration of any spell experienced; and the total number of years in the decade spent in MLPE. The analysis includes controls for the respective financial position and for individual and household level characteristics at the beginning of the decade, and for changes in characteristics over the decade. As was shown in Chapter 3, almost one-in-five women experience MLPE in a ten-year period, with most experiencing only one short spell of a year’s duration. We therefore distinguish between the effect of one compared with two or more spells/durations/years.

Figure 6.4 shows that experience of MLPE over a decade has no significant impact on an individual’s level of material deprivation in terms of the number of spells of MLPE or the total number of years of MLPE experienced. However, individuals with longer MLPE spell durations at some point during the decade have a higher level of material deprivation at the end of the decade.

Figure 6.4 MLPE Duration and Material Deprivation



Note: The charts for durations depict the coefficient estimates (dots) with 95% confidence intervals (bars) from three separate regression analyses – one for each measure of MLPE experience – with the associated full tables of results presented in the Appendix. Regressions include the respective financial health measure as well as individual, household characteristics and regional controls at the beginning of the decade, and controls changes in key characteristics over the decade. The sample contains all working-age women (18-64) enumerated in the UKHLS between 2009-2019 at least ten times.

MLPE and Perceptions of Financial Circumstances

To investigate the impact of MLPE on perceived financial circumstances with survey data we once again use the UKHLS which contains two questions asking individuals to rate their current financial situation and whether they expect their financial position to change in the future. The current situation is measured on a five-point scale, from 1 “living comfortably” to 5 “finding it quite difficult”. Regarding future finances, respondents are asked whether they expect their future financial situation to be better, worse or the same as now. We reverse code both questions so that a higher score represents a better financial position.

To compare the perceptions of those in MLPE with others, Table 6.8 examines the responses of women who were enumerated across all ten years of the survey (the sample we also use below to investigate transitions)⁵⁵. In terms of current financial circumstances, women in MLPE are more positive than non-working women but less positive than working women as a whole. The number of women in MLPE who find their current financial circumstances difficult is 40% lower than for non-working women but 45% higher than for all working women. In terms of perceptions of future finances, the net optimism of women in MLPE, i.e. how many people expect their future situation to be better than now minus the number who expect it to be worse, is higher than for all working women and for inactive women but lower than for unemployed women, who are the most optimistic – despite being the group most often finding current circumstances difficult.

Table 6.8 Perceptions of Financial Situation (col. %)

	All Working ¹	MLPE ²	Not Working ³	Unemployed	Inactive
Current Financial Situation (mean)	3.9	3.7	3.5	3.0	3.5
Living Comfortably	29.1	21.5	20.3	10.0	22.1
Doing alright	40.6	39.3	30.9	22.9	32.3
Just about getting by	22.7	28.0	30.5	36.3	29.5
Finding it quite difficult	5.9	8.4	11.8	17.4	10.8
Finding it very difficult	1.8	2.8	6.5	13.5	5.4
Future Financial Situation (mean)	2.1	2.2	2.1	2.2	2.0
Better off than now	23.9	28.2	23.1	38.8	20.8
About the same	62.9	60.3	59.9	47.0	62.1
Worse off than now	13.2	11.5	17.0	16.2	17.1
Net optimism (better-worse)	10.7	16.7	6.1	22.6	3.7

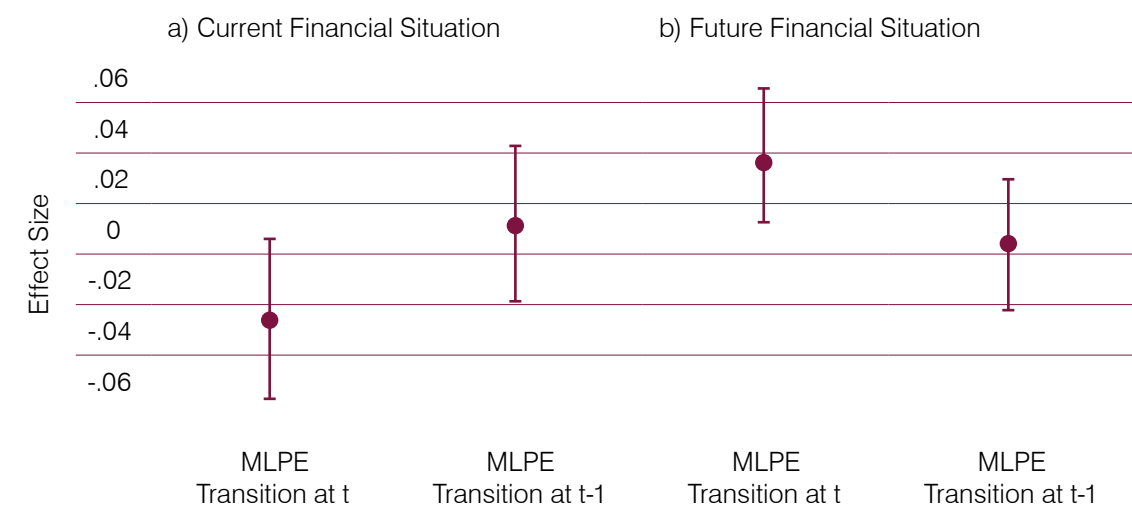
UK Household Longitudinal Survey 2009-2019. N=6,672.

Notes: 1. Women aged 18-64 in work. 2. Women aged 18-64 in work, who are in MLPE. 3. Women aged 18-64 who are not working (unemployed or inactive)

MLPE Transitions and Durations

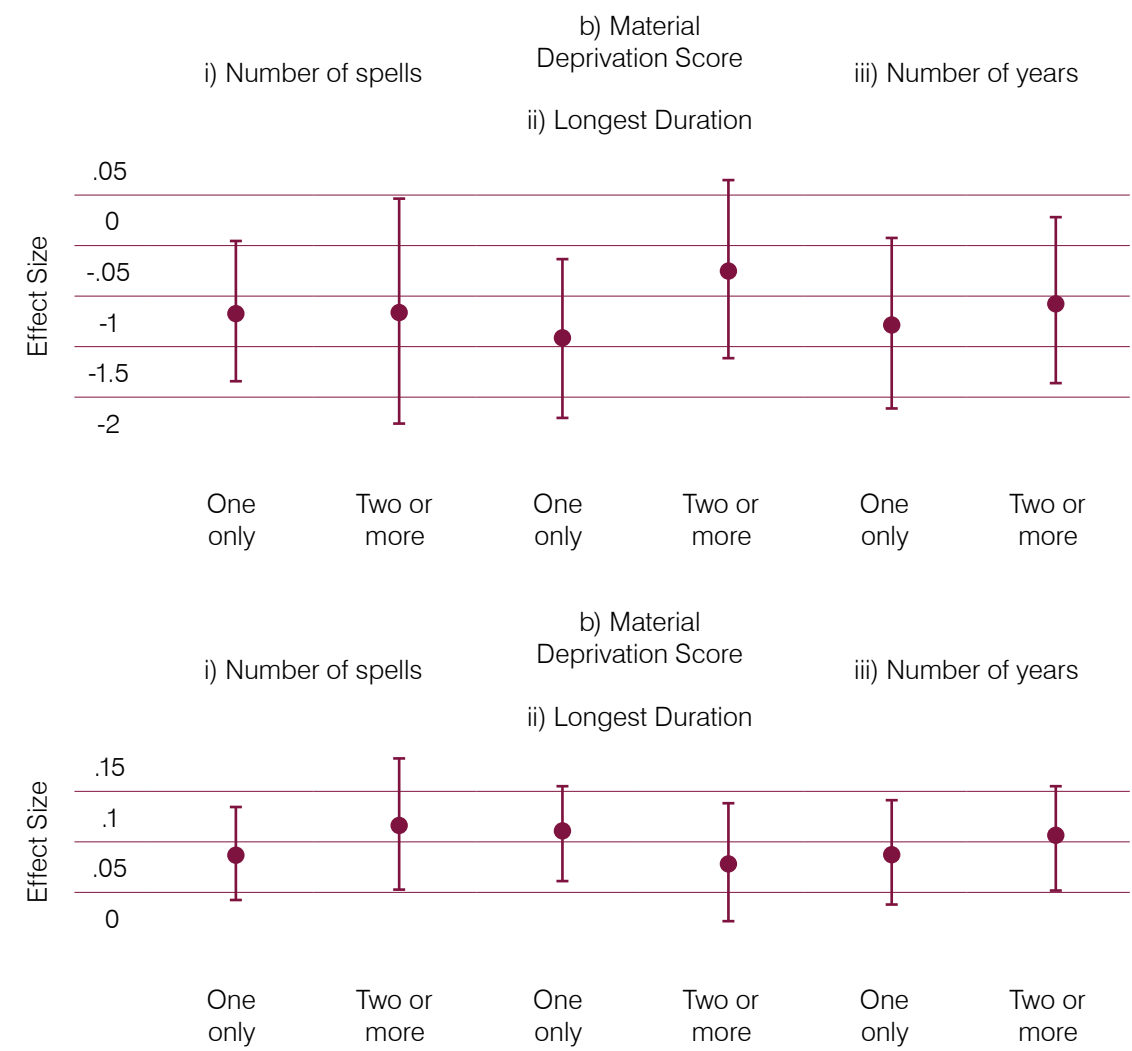
Figure 6.4 shows that a transition into MLPE is associated with a downward impact on an individual's perception of their current financial situation (panel a), but is associated with a positive effect on their expectation of their financial situation (panel b). These effects are driven by transitions occurring since the previous year, past transitions do not have a meaningful effect. These results suggest that because of their financial position individuals may take on an additional job, which then leads them to feel more optimistic about how their financial situation will be in the future.

Figure 6.4 MLPE Transitions and Perceived Financial Circumstances



The results of the regression analyses for MLPE durations are displayed in Figure 6.5. Paralleling the findings for the year-on-year transitions above, an individual's perception of their current financial situation at the end of the decade (panel a) is negatively related to whether s/he has experienced MLPE for all three measures of MLPE spells, but the association between MLPE experience and future expectation of financial health is positive. The effect size for individuals with only one spell or year of MLPE experience are similar in magnitude to the effect sizes for those with two or more spells/years. This finding, along with the evidence from the transition analysis, suggests that the impact of MLPE on financial health is a short-term phenomenon and does not persist for many periods after a single MLPE spell.

Figure 6.5 MLPE Durations and Perceived Financial Circumstances



Experiences of ‘Managing’ and ‘Struggling’

We used concepts of “managing” and “struggling” to understand our participants’ experiences of financial security from the qualitative data. There is a continuum of experience as the concepts of “managing” and “struggling” are not discrete; here we disentangle the factors associated with each category (see Figure 6.6).

Figure 6.6: Managing and Struggling Continuum



Most participants said they were managing or ‘getting by’ and there are several examples of resourcefulness and budgeting. Managing referred to being able to afford the essentials, occasional treats, using “budget” shops such as Lidl and Primark, making concessions and compromises, all with the intention of keeping ‘*above board*’ or ‘*afloat*’. Some women had savings, paid into a pension, and had low or no housing costs, which made their situations more favourable.

‘*I’m never left with nothing*’ was a common theme in that some women were able to manage within their means but used up every penny. They were able to keep up with payments for things like gas and electricity, feed their families, buy clothes for their children and occasionally go on holiday. Cathy (teaching assistant and chip shop worker) who described being ‘*hard up*’ due to the cost-of-living increases, kept lists to keep on top of her spending and saved for a cheap caravan holiday every year with her family:

‘As long as I’ve got money to do something with my kids, there’s food in my cupboard, my gas and electric’s [okay]... sometimes I find myself in overdraft, but I’m never left with nothing’

Jane (GP receptionist and online tutor) says she doesn’t want for much and describes herself as ‘*lucky*’:

‘I just need to remind myself that we’re healthy, we’ve got a roof over our heads. We might not be able to have all the fanciest of things but we have the essentials...I feel quite lucky to have the jobs I have, even though they are both quite low paid...I mean, we don’t save a lot, but my bank balance is in the black, ...I’m not in debt, I don’t have credit card debt, so I feel quite lucky, and for what we want to get ourselves, I have enough to do that. We eat quite well, we don’t have a car, but we’re able to get our shopping delivered...so I feel like for what we want, maybe we have quite simple wants, but I have enough money to cover, if my kids want new shoes, it’s fine, they can have new shoes’

For some women, the idea of being lucky or making comparisons with people who were worse off was relatively common as a means of justifying their financial situation. Bet (two cleaning jobs) who described herself as ‘*living week to week*’ added, ‘*I think there’s people worse off, to be fair*’. Geraldine (admin worker and cleaner) who worked part-time, and approaching retirement age, says she feels ‘*comfortable compared to so many people, so financially I don’t feel really vulnerable*’.

Some of the women attempted to rationalise their spending, explaining how they managed their finances without appearing flippant or wasting money such as by using cheap shops and making cutbacks as illustrated by Nancy (clinic assistant, healthcare support worker and NHS bank work):

‘I don’t think I’m a frivolous woman...I’m not away to the hairdresser’s every week, or getting my nails done, or gallivanting. And I try not to waste money. I mean, I try to, I just tend to buy what I need. Occasionally, you think oh they pyjamas are done, or my socks are done, [you go to] Primark or Asda, or you pick things up in a sale’

Sue (restaurant worker and TV extra) talked about her lifestyle and where her money went:

‘I don’t drink, I don’t smoke. And we eat quite reasonably healthy. We don’t go out. We don’t do entertainment... one child does Scouts. Apart from that, my money goes on petrol, household bills, and food, and that is all I do. There’s nothing else’

Linked to the above comment, there were several examples of being “frugal” or “thrifty” and of budgeting strategies with several women using lists, spreadsheets or apps to keep in control of their finances and spending. Rozanna (admin worker and health coach) said, ‘*everything that’s non-essential has to be really thought about. Do I need it? Do I need it right now? Can I get it cheaper?*’.

Eva (admin worker and bar worker) said she had become more conscious of her spending recently:

‘I feel like I’m getting through my wage a lot faster than I used to. I’ve been trying to sell old clothes and stuff like that, just to get an extra 20, 30 quid here or there’

Maja (school support worker and cleaner) reported that every time she went shopping she had to ‘*think twice before I put something into my basket*’ but still felt lucky that she could share her shopping and cooking with her adult son who lived with her. Julie (secretary and carer) kept on top of her finances by keeping track of incomings and outgoings:

‘I do, I know when he [partner] gets paid, I know when I get paid, and I know how much is always in the bank, and I know when everything comes out’

Struggling, compared to managing, referred to the immediate state: being ‘*skint*’, no savings and occasional debt, and living day-to-day with no money beyond the essentials. Strategies to keep afloat were described such as sitting with the lights out and wearing bed socks in the house. Worry about money was also a big stressor in this category (see chapter 8). Here we see some cross-overs between managing and struggling; the main difference appears to the acute nature of those struggling and the stress associated with it. Bet (two cleaning jobs) for instance described herself as ‘*skint*’ (struggling) yet also recognised others were in a worse off situation (managing).

Worry and stress about money was a big concern for some women who were struggling. Cathy (support worker) just missed out on her entitlement to social security because she earned £10 too much, and she talked about the impact her poverty had on her, especially during the winter and during the pandemic when people were offered various types of support and she missed out, ‘*because I had earned £10 too much*’. Although she got ‘*absolutely nothing*’ (from the state) she added:

‘Financially, I would say, it’s a stress and a struggle. We manage but sometimes it’s just so stressful’

Imelda (admin worker and retail worker) was finding it hard meeting her bills and this was causing her huge stress:

‘[I’m] thinking about] food, mortgage and gas and electricity all at the one time, ...it was really getting very stressful...I’m literally spending all the time worrying about money’

Lauren (bar worker, shop worker and cleaner) worried about her financial situation because she could not see an end to it, and detailed the practical implications of this:

‘I’m sitting without having the heating on, sitting under a blanket, or boiling the kettle and having a hot water bottle, or putting a pair of bed socks on... Because I’m shit scared of what’s going to happen if those bills start coming in and I can’t meet the bills’

The concept of back-up or “emergency money” was noted. Some women in the study referred to their second job as their ‘safety net’ or buffer. Other participants expressed concern about not having savings if something unexpected occurred. Joan (support worker and self-employed online seller) who was in receipt of Carers Allowance said ‘*if an emergency does come up you’ve not really got the money for that*’. Eleanor (support worker and sessional worker) said she had about £1,000 in savings:

‘I wanted to save that in case, you know, the washing machine breaks...like an emergency type thing. I wouldn’t feel comfortable having absolutely nothing saved up. Or, you know, like if my pram got nicked or something’

Carol (two cleaning jobs), who had previously used a foodbank, said ‘*all it takes is for something like the washing machine to break down*’. She tried to save a bit but said that money got used up easily, and she worried about her children needing new shoes and clothes as they grew up.

Conclusion

Women in MLPE are generally in better financial circumstances than women who are not working (due to unemployment or inactivity). However, their rates of pay and weekly incomes tend to be substantially lower than those of all working women, despite most of the latter having a single job rather than two or more. A substantial proportion of women in MLPE earn an aggregate hourly rate of pay across their jobs below the legal minimum wage, highlighting the problem of enforcement for employees and the importance of establishing an equivalent minimum earnings requirement for the self-employed.

Nevertheless, women in MLPE tend to be more optimistic than most other women about their future finances, perhaps seeing the taking on of additional jobs as a direct (financial) or indirect (skills and experiences) route to better circumstances in due course.

Only one-in-five women in MLPE are in receipt of working-age benefits (WAB), despite having low incomes. Not only are women potentially missing out on income support, but if not receiving Universal Credit they also forego passported payments such as reclaiming childcare costs and receiving the Scottish Child Payment.

A significant minority of those in receipt of WAB, and a majority of those not receiving WAB, have earnings such that they would be subject to the benefits taper. Moreover, the level of the work allowance (earnings not subject to the taper) appears to deter women from working more hours and earning more income. Similarly, a majority of women in MLPE fall within the UC conditionality earnings threshold and would be subject to the DWP labour market regimes, yet of these only a quarter receive WAB; this may reflect the existence of “hidden conditionality” due to the nature of the benefits regime acting as a deterrent rather than a support to women in MLPE. Further, the way UC is administered disadvantages women in MLPE who have lower hourly earnings due to self-employment, and also disadvantages single women in MLPE who are more likely to be subject to conditionality than women in couples.

Many women in MLPE reported difficulties with a complicated benefits system ill-suited to their fluctuating working patterns (particularly for Universal Credit), and felt disadvantaged by the assumption that they would have access to their partner’s income; as a result, some women in MLPE resorted to working for cash-in-hand.

Restrictions on working hours for benefits such as Employment Support Allowance and Carers Allowance were problematic for women in MLPE, often preventing them from improving their circumstances. Receipt of Carers Allowance was particularly low among women in MLPE (at <1%) despite nearly one-in-seven women in MLPE being an informal carer (see Chapter 7 for further discussion).

Chapter 7: MLPE and Caring Responsibilities

This chapter examines the relationship between MLPE and caring responsibilities. We begin by using the Family Resources Survey and our own qualitative sample to look at the extent and nature of caring responsibilities among women in MLPE. We then proceed to look more closely at the accounts given by our participants in order to describe the various care configurations among our sample, and to consider how women manage and negotiate these responsibilities alongside MLPE.

Summary:

- The quantitative data show that just over half (51%) of women in MLPE have caring responsibilities across the UK. The proportion of women in MLPE who provide care is 1.5 times higher than for men in MLPE (at 34%). The proportion of women in MLPE who provided informal care, at 15%, is higher than for all working women (10%) but similar to that for women who are not working.
- Only one-in-twenty women in MLPE who provide informal care are in receipt of Carer's Allowance, despite one-in-seven of such women providing more than 35 hours care per week. A small number of qualitative participants were in receipt of Carers Allowance (CA) which had implications for earnings and income.
- In the qualitative sample, approximately two thirds of women had a caring responsibility.
- There were different experiences of funded childcare (positive and negative), and particular needs were identified regarding childcare for school-age children, caring for children with complex and/or additional support needs, childcare during non-standard working hours, and support issues for lone parents.
- Childcare for school-age children was a particular issue requiring reliance on family and friends, leaving children to their own resources, taking children to work (before/after school), and choosing shifts around children's needs and available care.
- A number of women had children and family members with additional and/or complex needs and conditions, including health conditions, neurodiversity, mental health issues and dealing with trauma. These needs necessitated attending medical appointments, social work meetings and education services at various time (often requiring women to take unpaid leave from work to attend). In addition to these formal aspects, some participants talked about the impact of caring on their daily lives, the stress and emotional factors involved, and the lack of supports available.
- Caring for family members was variable encompassing a wide spectrum from occasional caring for grandchildren to regular care for ageing parents, partners, and adult children with conditions, as well as multiple and sandwich care.
- The option of flexible working, self-employment or working from home provided more ease and flexibility over care arrangements but these options were frequently unavailable to women in MLPE. Some women adapted their jobs or roles to give them more control over their working lives and care e.g. stepping down from a career, doing part-time hours, jobs in schools, working for organisations who understood their needs e.g. third sector or charities. Shift work or non-standard hours allowed some women to manage their caring responsibilities alongside work.
- Caring is a cause, or a push, for MLPE. Factors such as lone parenthood, lack of support and the unavailability of suitable jobs or hours can push women with caring responsibilities into MLPE.
- The consequences of combining MLPE with caring responsibilities include negative impacts on job choices and career progression, and the stress of physical and emotional demands. Government-funded childcare and social care are often insufficient or insufficiently flexible to suit the needs of women in MLPE.

The Extent and Nature of Caring Responsibilities

We use the Family Resources Survey once again to provide a comparison between all working women and women in MLPE regarding caring responsibilities, see Table 7.1. We use a definition that a woman has caring responsibilities if there are any dependent children in the household, or that she identifies as an informal carer – either providing care for an adult or a relative within the household, or to a person outside the household such as a relative, friend or neighbour for which she does not receive monetary compensation.

Following this definition, just over half (51%) of women in MLPE have caring responsibilities as compared to 46% of all working women. Both of these figures are higher than the equivalent rates of caring by men; indeed, the proportion of women in MLPE who provide care is 1.5 times higher than for men in MLPE (at 34%).

Table 7.1 Caring responsibilities (col. %)

	All Working ¹	MLPE ²	Not Working ³
Provides any care (child or informal)	45.5	50.7	48.4
Has dependent child(ren) – Age 0-18	39.1	42.3	39.7
Has young child(ren) – Age 0-4	14.6	10.2	21.4
Has school age children – Age 5-18	29.8	37.0	28.1
Provides other care (informal)	10.4	14.6	14.9
Provides childcare and informal care	4.0	6.2	6.2
<i>n</i>	<i>95,531</i>	<i>2,390</i>	<i>44,280</i>

Source: Family Resources Survey, 2010-2019.

Notes: 1. Women aged 18-64 in work. 2. Women aged 18-64 in work, who are in MLPE. 3. Women aged 18-64 who are not working (unemployed or economically inactive).

Most of the care provided by women is for the care of dependent children. As highlighted in Chapter 4, Table 4.2, women in MLPE are more likely to have dependent children up to the age of 18 (42%) than all working women. A higher proportion of these children are of school age (37%) than is the case for all working women or for women not working. Fifteen percent of women in MLPE provide informal care, which is almost a third higher than all working women (10%) but similar to women not working. Finally, we consider the mix of both childcare and informal care responsibilities, again seeing that women in MLPE are more likely to be providing both types of care (6%) than all working women (4%).

In the qualitative study approximately two thirds of participants had a caring responsibility (n=68). The term ‘caring responsibility’ here refers to any form of care identified by participants and includes childcare, family care, additional care needs and other care types where the help is being provided because someone is vulnerable, or has additional physical or mental health needs (e.g. to neighbours, friends). Table 7.2 shows the distribution of types of care within our qualitative sample, where again, caring for children is by far the most common type of care provided, but caring for others (family members or close friends) is more common than in the FRS data.

Table 7.2 Types of Care in the Qualitative Sample (categories are not discrete)

Type of care	n
Pre-school care	9
Childcare (school age)	41
Family care (incl. close friends)	27
Care for children/family with complex or additional needs	12
In receipt of Carers Allowance	6
Multiple care	8
No caring responsibility	37

Informal Care and Carer’s Allowance

As reported earlier, few women in MLPE who provide informal care are in receipt of Carer’s Allowance (CA): approximately 5% do so. We can examine how the eligibility criteria for CA operate for our FRS sample. The three key criteria for UK adults to receive CA are (i) the person being looked after receives a disability benefit (ii) the carer earns no more than £139 per week (net) and (iii) the carer provides at least 35 hours per week of care⁵⁶. We cannot tell from the data whether FRS respondents care for someone receiving a qualifying disability benefit, but we can consider the other two criteria.

One-in-seven women in MLPE who also provide informal care do so for more than 35 hours per week (1.9% of the 14.6%), but of this group, only 31% receive CA. Similarly, of those women in MLPE who earn below £139 and provide at least 35 hours of care per week, only 33% receive CA. Considered alongside the low rate of receipt of CA overall, these figures suggest that there may be poor awareness or promotion of CA to those who might benefit from it, or that the earnings and disability benefit criteria could be preventing many women on low incomes and with multiple jobs in addition to caring responsibilities from receiving much-needed financial help.

On average, a woman in MLPE with informal care responsibilities does 25 hours of paid employment per week, plus 15 hours of care, i.e. 40 hours labour in total, but 29% of these women perform over the working time directive (WTD) of 48 hours labour per week. The current CA rules imply that a carer should perform 47 hours, just under the WTD limit: 12 hours paid work (£139/£11.44 NLW) plus 35 hours caring. The low rate of CA, at £76.75 per week, could be contributing to some women having to work more than 12 hours in paid employment in order to survive financially, thus pushing them over the ‘safe’ limit for total weekly working hours. The other issue with the rate of CA is that it places a very low value on informal caring, being equivalent to a payment of £2.19 per hour, or a fifth of the value placed on paid employment at £11.44 per hour. If CA was paid at the same rate as the minimum wage, it would be worth £400 per week.

In contrast to the above, and as reported below, there are some women in receipt of CA who may not need to provide 35 hours labour to care for their family and who wish to work more hours in paid employment: half of women in MLPE who provide informal care perform between 35 and 48 hours labour per week (jobs+care). However, women fear the loss of the regular income CA provides if they drop below 35 hours caring.

Thus, there are several areas where CA might be improved, related to its promotion, public awareness, eligibility criteria, (in)flexibility, and rate of payment. CA is made even more important by the recent addition of one-off payments by the Scottish Government of Carer’s Allowance Supplement to those who receive CA (two payments of £288.60 in 2024)⁵⁷ something being campaigned for in England as well.

The rest of this chapter is structured around summaries from the qualitative study of the main types of care provided and the implications of these, each accompanied with a vignette.

MLPE and Pre-school Childcare (n=9)

State provision partially covers pre-school care needs in the UK. In Scotland specifically (other UK nations differ slightly), all children aged 3-4 years old are entitled to 1,140 hours of funded early learning and childcare a year: this is the equivalent of 30 hours a week during term time or 22 hours a week if taken all year round. There are no work or earnings requirements and families do not have to be in receipt of certain benefits or meet any other eligibility criteria in order to qualify. The same provision is available for two-year-olds if families are in receipt of a qualifying entitlement, or their child has experience of care. Furthermore, although funded care is only available from age three (or two if eligible), a portion of childcare costs are covered by tax credits and Universal Credit if the household is in receipt of these.

In the study we see participants using the funded care provided, but this was not always sufficient or convenient, and availability of places was crucial as well as entitlement. Victoria (research assistant and freelancer) deemed herself lucky that she got the full allocation:

‘I was lucky that the nursery gave me three days and not the mornings, sometimes they give you the mornings but we got the block, for some reason, I don’t know why’

In contrast, Kathleen (physiotherapist and bank work physio) was only able to get a one-and-a-half-day placement, so had a patchwork arrangement of combining pre-school care with a childminder, plus her parents drove from their home approximately 100 miles away once a week to provide childcare.

Other participants were allocated their full provision of funded care, but it did not always cover their working hours so was supplemented with other arrangements, usually family care. Shannon (auxiliary nurse and sandwich shop worker) usually worked two shifts a week, either 7am-7pm or 7pm-7am, regularly involving weekends. She relied on her mum’s help in both jobs when funded childcare was unavailable. Kellie (teaching assistant and waitress) had a child in nursery, but her step-mum helped with childcare over the weekends when she worked in the café.

A few of the women had arrangements that involved leaving their children at home part – or full-time through choice or necessity. Julie (secretary and carer) had a two-year old and worked from home fulltime. It was her choice to keep her child at home until she got a funded nursery place:

‘When he naps, I’ll get a couple of hours ... or at night-time, if I didn’t get finished what I needed to do [I do it] once he’s in bed’

She admitted it was difficult getting work done with a baby in the house, *‘when he’s sleeping, it’s fine, but when he’s awake, I can’t really get much done’* but she hoped things would improve when her child went to nursery. Due to increasing costs, Sava (teaching assistant and takeaway delivery driver) made the decision to cut back on one day of nursery care (she had three funded days and two paid days), leaving her child at home with her dad who worked from home:

‘We feel bad ...she’s [child] sort of just sat in front of the TV for one day a week’

Some women described good employment conditions and the provision of flexible working around their care needs. Nikki (support worker and sessional worker) worked from home in her first job, *‘if I have to swap days, or work different hours. I think as long as I give them notice, she’s [the manager] fine with it’*. Her mother-in-law helped out when her child wasn’t at nursery (he went five half days) or she asked her partner to come home early if she was working a back shift on her second job. Alicia (admin worker and bar worker), a lone parent who previously worked in management, put in a flexible working request to reduce her hours in one job *‘and they were fine with it, they were totally flexible and just great’*. She hoped to move to a better role when her child was older, but for now wanted to spend more time with her child.

Figure 7.1: Pre-school care vignette

Eleanor

Eleanor, age 36, lives with her partner and two-year-old child. She has college qualifications in social care and has two support jobs with different housing associations; one a permanent job (2 days/wk), the other sessional work (zero hours; weekend or night shifts).

Eleanor’s case illustrates how caring for very young children can be a cause of MLPE due to lack of state support, the cost of childcare, and the notion that childcare is paid for by the female partner in a household.

Eleanor previously worked full-time for a housing association; after having her child she went part-time with the housing association and got a second job doing relief work for a different housing association at weekends. Her child goes to a private nursery as there was no place in the ‘council’ ones that were over-subscribed. She reduced her hours to two days a week in her first job saying that if she had gone back to work full time and paid fulltime nursery fees, then she would be worse off.

For her second job she picked shifts – ‘like a night shift, or an evening shift’ – to fit around partner or family availability. Hence, her second job was of benefit in that it meant she did not need to pay for childcare, and she earned extra income although it did not cover sick pay: ‘if I manage to get these shifts outwith the time that I’d need childcare...when my partner’s home, then it just tops up my income’.

She thinks she is eligible for Universal Credit but with her second job hours being variable, the amount was so small that ‘it’s actually more effort than it’s worth’, and as it was attached to partner earnings she felt it would work out about five pounds extra a week. Eleanor has a predicament in that ‘I feel like that...it’s [childcare] coming out of my salary, but I guess it’s a joint thing’.

MLPE and School-age Childcare (n=41)

This is the largest caring group in the qualitative sample. Formal provision of childcare is in the form of breakfast and afterschool clubs funded by local authorities, childcare providers and the private sector, so is partly state funded. Caring for school-age children can be complicated due to the length and timing of the school day, lack of formalised care for non-standard working hours (common in MLPE), and school holidays. Childcare needs also vary depending on the age and needs of the child and the availability of family and community supports, and as children grow up their needs change so it is a constantly evolving process.

There were variable experiences of breakfast and afterschool clubs. Imelda (admin worker and retail worker), a lone parent, used after-school care four times a week and her ex-partner collected her child the remaining day. Nicki's (support worker and sessional worker) child used afterschool care regularly:

'I pick him up at home time if I'm not working, and if I'm working, my mother-in-law picks him up'

Sue (restaurant worker and TV extra) said there was a waiting list for her afterschool club and *'you still need someone to go and pick them up at six o'clock when the after-school club finishes'* adding *'I don't have any parents as well, both my parents are dead'*.

Although not specific to MLPE, various strategies are used to manage childcare for school-age children, especially when there is the lack of other support in the home (particularly for lone parents). For jobs that involve non-standard hours, or early starts, some participants go to work leaving their children in bed, giving their children keys to let themselves in and out, letting children walk to school alone, and phoning children from work to get them up. Lynn (two cleaning jobs) said she had to *'phone my daughters [from work] to get them up for school'*. These practices are often stressful for parents in that they 'feel bad', fear for the safety of their children, and also feel guilty for not being around, as indicated by Jane (GP receptionist and online tutor):

'You know, so it stresses me out, I wish I didn't have to do it, I wish I did have somebody to collect them from school and walk them to school, but I don't, so it's just something we have to do'

There is a reliance on neighbours, friends, and family members, especially older siblings to help out with childcare. Carolyn (retail worker and paid carer) relied on her older son being off college and work to help with her child:

'It's a juggling game between his part-time job and what I'm doing as well. So that's, kind of, what we do', adding that it is "...a lot of organisation. A lot of pre-organisation'

For lone parents in particular it was often a case of managing work around the availability of care and turning down shifts if care wasn't available. Tracy (catering assistant and nightclub door steward) was a *'bouncer'* during weekends (7.30pm-2am) and could only work her second job if her mum could watch her children. Linda (two cleaning jobs), a lone parent, arranged her jobs around her care needs; her second job involved weekend work when her children could stay with their dad or extended family.

Sue (restaurant worker and TV extra) said she was constantly looking for jobs, *'just to see what could fit in with me, what could fit in with the wee one'*. Her main restriction was the school run so her jobs had to work around that; she often worked a restaurant shift 5-10pm after she had collected her child who could then stay at home with older siblings.

Patience (two jobs in care) chose her shifts in the care home round her child needs, using a breakfast club when she could:

'I go eight until two. I can drop her in breakfast club, because there is one shift and it's very close to my house, very close, so I always take that shift. It's just like two minutes away from my house'

There were also women who collected their children and took them to their work. Melissa (community enterprise director and tutor) did this saying, *'it was a good compromise because at least they saw me...they would just have to sit it out the two hours before we then went home together'*. Janine (cabin crew, marketing officer and community pioneer) took her children to work at weekends if she had to finish off a job:

'if there's any mop ups (leftover jobs such as taking down promotional materials in supermarkets) needed done at the weekend, sometimes I'll take the kids with me'

Cathy's (teaching assistant and chip shop worker) child went to the same school where she worked so she took her child with her to the breakfast club then at the end of the day they walked home together. Indeed, many participants worked in schools as they offered a flexible option for childcare.

The option of flexible working, self-employment or working from home provided more ease and flexibility over childcare for some participants. Some participants had moved into self-employment for a better work-life balance. Eva, (college lecturer and self-employed franchise worker), had a patchwork care arrangement:

'My mother-in-law helped out when I returned to work and then I used after school care one day a week and then changed my working from home a bit more'

Figure 7.2 School-age childcare vignette

Carol

Carol, age 35 lives, with her partner (who works) and two children aged six and nine. She is a trained chef and has a qualification in social care. Carol has two cleaning jobs: she is a supermarket cleaner (permanent, 30hr/wk) and works as a cleaner/home-help (zero-hr; 10hr/wk) for a private client.

Carol's case illustrates the dynamics involved in household MLPE and care and reliance on family support. Carol is trained as a chef but took up cleaning jobs after having her two children. Carol works approximately forty hours in her two jobs. In her main cleaning job she works 6am-12, Monday to Friday on a thirty-hour contract for minimum wage. Her second job is as a cleaner and home help for a private client working Saturday morning and two evenings a week, about ten hours on 'Scottish Living Wage' but on a zero-hour contract. She is in receipt of Working Tax Credit and Child Tax credits.

During the week Carol is up about 4.30am so is never able to see her children or take them to school during the week and arranges for family to help if her partner is working: 'my partner, he works two nights a week nightshift so if he's not at home my brother thankfully lives two doors down from me so he comes and sits with the kids and gets them ready for school'. She can collect her children from school. She works 6pm-9pm two evenings a week and on Saturday morning. She feels she is missing out on her children: 'I am missing a lot of the kids...My youngest...he's usually asleep when I come home at night'. Her partner's job was quite flexible, and she also had two brothers, nephews and a niece who helped out: 'They tend to help us all out – we kind of help each other out'. Carol would prefer a more stable life and a nine-to-five job covered by childcare support. About her work, she says there is no flexibility: you go for a contract that's offered, there is no room for negotiation.

MLPE and Caring for Children with Complex and/or Additional Needs (n=12)

In the qualitative study there were a range of children (and some adults) with additional and/or complex support needs and conditions, including neurodiversity, mental health issues, physical conditions, behavioural issues, and dealing with trauma. Participants referred to attending medical appointments, hospital clinics, social work meetings, youth health services, children’s hearings, court, mental health services, school meetings and education services at various points. In addition to these formal aspects, some participants talked about the stress and emotional factors involved when dealing with these issues (although a few participants had a ‘just get on with it’ mentality). Dealing with complex needs – depending on the nature of the needs and availability of support – pushes some women into MLPE because it is difficult, often impossible, to do one fulltime job in such circumstances.

For some participants, the unpredictability of their child’s behaviour was a key issue that they found hard to deal with, not knowing what to expect day-to-day, with impacts on their working lives. It is perhaps unsurprising that two of the participants worked in support roles, one for a parent carer charity, where they felt supported by working for an organisation and with people in similar situations to their own. Cathy’s (support worker and parent carer) children had a range of conditions including autism, anxiety and visual impairment. Working part-time gives her more control over dealing with her children’s needs. She was a lone parent and discussed the struggle of keeping on top of her jobs:

‘It’s exhausting... Just keeping on top of everything... I need to be the person that’s there and realistically the last 18 months have been really difficult for me with work and managing my caring role and having no respite or any support’

Nikki (cleaner and paid carer), a lone parent, has a teenage son with autism and who is a school refuser, causing a lot of stress for Nikki:

‘If I can’t get him out of bed before I go to work, I have to leave him knowing he’s not going to go to school that day’

She worried every day about what he was up to when she was at work but said that at least her employer was supportive allowing her to start later and finish earlier if necessary. Imelda (admin worker and shop worker), a lone parent working fulltime, was dealing with her child’s autism – ‘*like meltdowns as in really hitting me*’ – and found it difficult dealing with this situation daily. She tried to keep her situation private from her employer which had made life more difficult when she had to return to the office after working from home during the pandemic.

A few participants in this category worked in schools, which provided a supportive environment for women in these circumstances. Sam’s (four school jobs: breakfast club, lunchtime supervisor, aftercare worker and teaching assistant) children, who all had severe health problems requiring hospital treatment, attended the same school where she worked. Sam’s travel to hospital appointments was paid for (by social security) but she had to take unpaid leave from work when attending the appointments.

Marianne (breakfast club and school lunchtime supervisor) was working full-time in telesales, but became a full-time carer when she had her children who were disabled (with cystic fibrosis). She said she loved working in school and was planning to get a better qualification eventually. Although the school was supportive, she also had to take unpaid leave from work when attending her children’s medical appointments:

Figure 7.3 Additional support needs care vignette

Mandy

Mandy, age 49, is a lone parent. She has two teenage children living at home who both have Asperger’s Syndrome; one child also has ADHD and complex mental health issues. Mandy has a degree, is a family support worker for a charity (she had recently reduced her hours from 21 to 7hr/wk) and her second job is a facilitator for a charity supporting parents and families (25hr/wk). She is in receipt of Universal Credit.

Mandy’s case illustrates how her children’s complex care needs have impacted on her career and caused her to enter MLPE. She needs full-time work to survive but is unable to work fulltime hours hence the need for two part-time jobs in a sector that is low pay. Her choice to work with parental organisations was because they could relate to her situation and be supportive, ‘they grasp it a wee bit that perfect lives are not there...’ adding later ‘I think having real understanding with real empathy in the workplace makes a huge difference’.

She enjoyed her jobs (‘fulfilling’) but described her care situation as ‘an absolute strain’ involving everyday ‘battles’, tantrums and refusal to co-operate, but especially the unpredictability of the every-day, ‘I think the unpredictability of change is the worst part of it... you genuinely don’t know what you’re walking in to... Every time the phone rings and you see it’s the school or ...the doctor...and everything’s a fight and a drain and a strain’. She also described her battles in ensuring her children’s needs got met such as fighting for two years for a place in a mainstream school which was eventually successful.

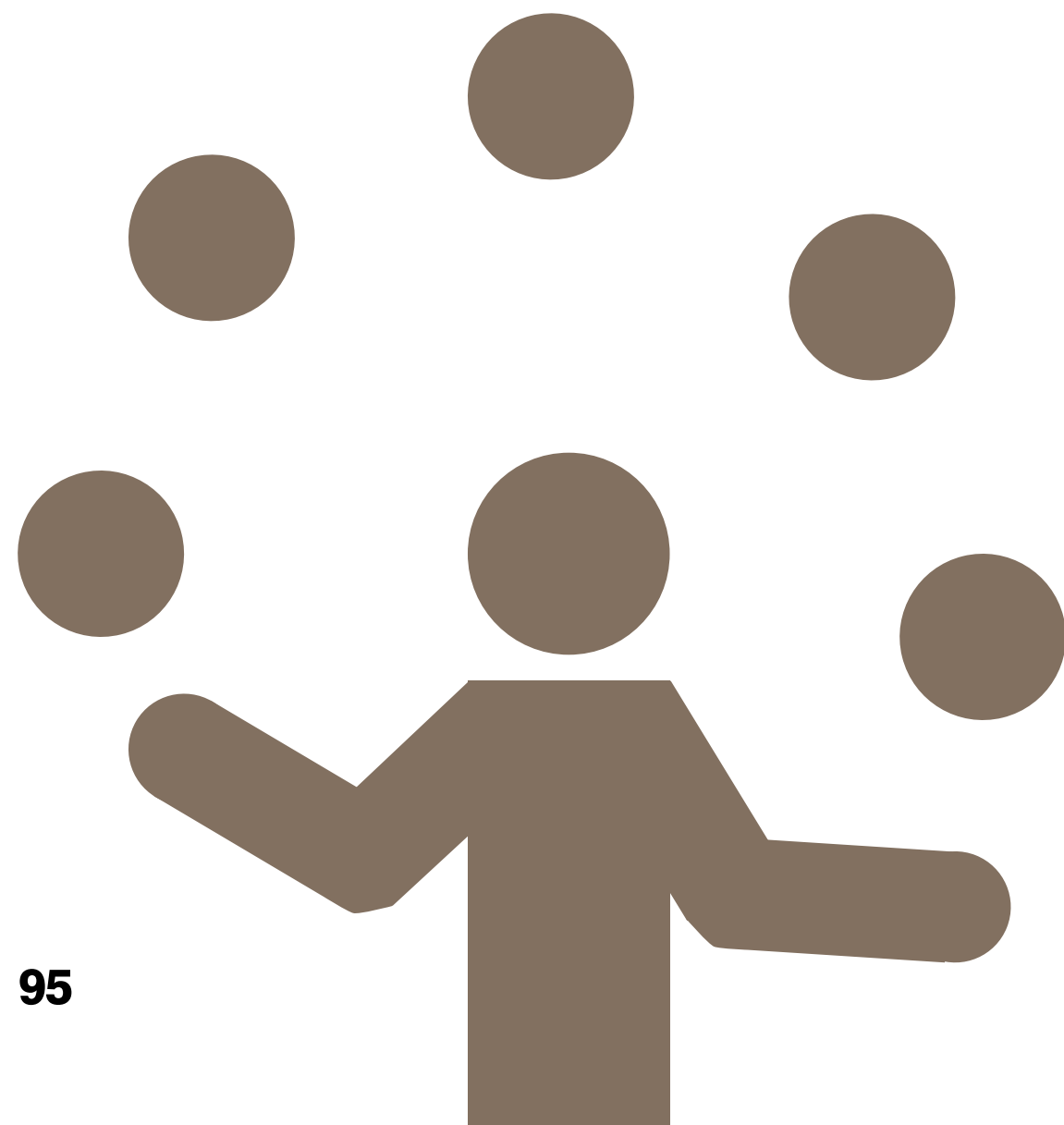
Mandy had a supportive employer. However, she lacked wider support in her life, and this was complicated by frequently dealing with ‘big issues’. She referred to the children and adolescent mental health service ‘intensive support’ not being available when needed i.e.. during the night. Her daughter received funding for self-directed support from social work for three hours ‘respite’ a week but this was described by Mandy as ineffective. Her older children had left home, and her children’s dad had his own issues so could not help. Mandy said it was easier when she worked from home but, with hybrid working, it was getting trickier and her son was frequently seen as the ‘adult responsible’ if she was home late. She called for more rights for carers in the workplace, ‘solidified piece of legislation that does say, you know, people need to be heard, they need to be listened to...And anybody that is working two jobs is genuinely usually working their socks off... just give them a break’.

There was an element of resignation – or resilience – in her situation, ‘I do sometimes think that I’ve just been managing so long that you just get used to doing it....so it is what it is’. She had little optimism that things would change soon and saw herself as ‘working my socks off’ for the foreseeable future.

'the problem is you don't get paid if you've got time off (for family medical appointments)'

Some participants mentioned adapting their jobs or roles to give them more control over their working lives. Isla (school catering assistant and hospitality worker) stepped down from a management job in hospitality to work in school kitchens so that she was more able to keep an eye on her son, who went to the same school, who she suspected was neurodiverse. Angela (deputy head teacher and two further jobs in higher education) reduced her hours in her main job to give her more control and flexibility as her other jobs could be done in the evenings and weekend. Angela's child had severe eczema and allergies which involved treatment on a daily basis and regular hospital appointments:

'It was just overwhelming so I went part-time...not working full-time is my control of making sure that all the prescriptions are done...the nurses know Monday, Tuesdays is our day for visiting. They don't make us appointments anymore for Wednesday, Thursday, Friday because I can't get out of school'



MLPE and Caring for Wider Family Members, Including Multiple Care (n=27)

Family care is variable and encompasses a wide spectrum from occasional caring for grandchildren to regular care for ageing parents and adult children with conditions. There is little recognition of, or support available, for family care unless it falls within very strict criteria (when social care might be involved, or there is entitlement to social security such as Carers Allowance). As such, the time spent caring for wider family can range from the occasional drop-in or once a week to several times a week, or from a specific day to every day, with different implications for MLPE.

There are several examples where participants did occasional or intermittent care that had little impact on their work but are indicative of women's obligations. Martha (cleaner, transcriber and admin worker) said she was an 'intermittent carer' for her mum who had mental health issues, *'it's more of a phone thing'*.

Mia (health co-ordinator, telephone helpline, and gymnastics coach) looked after her grandchild at least twice a week, or stepped in to *'take over'* when her daughter was unable to cope, but it did not affect her jobs. Collette (hospitality worker and two admin jobs) said her family (sister and mum) shared the care of her granny:

'She [gran] lives in my mum's house, but she is just not able. In the morning, for example, before I go to uni or work I will go and get her down the stairs and then just go to uni or work, just for her safety. Make her a cup of tea, coffee, what have you'

Several women did more regular care for family members which was often described as physically and mentally tiring on top of work. Although this did not affect the jobs they were doing it did impact on time, or they built time into their day to do the caring. Sava (teaching assistant and takeaway delivery driver) had young children and cared daily for her mother-in-law:

'After work I go round, make the dinner and stuff ... And then go down and do like her ironing ... and her medication and things before she goes to bed'

Colleen (two seamstress jobs) cared for her mum who had Alzheimer's. While her dad was her mum's main carer, Collette helped with showering, getting her clothes ready every other night and helping out generally:

'What I can be doing during the day is running the house, doing the washing, looking after my step kids, helping out at my mum's and then at night after I've done all that is when I do all my sewing [paid work]'

For some participants their caring responsibility did impact on work in that care was organised around work, or work around care. Kirsten (fours jobs – admin worker, takeaway delivery driver, steward, and drama teacher) was her mum's carer, which she shared with her sister, and involved shopping, washing her mum's hair, cleaning and 'odd bits and bobs'...*I don't need to be there every day...I do speak to her every day*'. On occasion she organised her work around her care:

'I do two jobs over the course of one day instead of over the course of two days. Especially if I'm working from home and, I could do a day shift between, like, 7:00 and 3:00 for the theatre company, and then be doing the Indian [takeaway delivery] that night...And it means that the next day, if I spend the day with my mum or something like that, I don't feel like I haven't worked or I'm losing out on money'

Jill (classroom assistant and social care worker), cared for her 90-year-old dad: 'every Wednesday I go out to my dad's house and usually at the weekend too'. Caring for her dad restricted her ability to work more hours and prompted her need for a second job:

'I would like to work full-time but I go to my dad's on a Wednesday so it would disrupt everything if I didn't go and see what was happening there'

Angela (admin worker, hospitality worker and online seller) did compressed hours because she needed Friday afternoons to care for her parents 'to be able to take them to hospital appointments and things like that. I wanted to have that flexibility'.

Caring has been described as 'valuable but tiring', but also 'draining and exhausting'. Nancy (clinic assistant, healthcare support worker and NHS bank work) who cared for her husband and adult son, and worked fulltime equivalent, described what the 'stress' of caring felt like for her illustrating the sometimes-emotional impacts of caring when support is lacking:

'It kind of builds up sometimes, and it's like, I don't mean they drain you.it's not a kind of tiredness, or overworked, or jetlag. It's like a different kind of exhaustion... it is sometimes stressful'

A small number of participants (n=6) were in receipt of Carers Allowance (CA). Maureen (two tutoring jobs) age 24 was a qualified teacher and worked approximately 8hr/week. She was a fulltime carer for her aunt who had Down's syndrome and dementia, and which she describes as a 'massive responsibility'. Maureen described the rate of CA as 'absolutely nothing' and being a barrier to the type of work she would like to do.

Marianne (breakfast club and school lunchtime supervisor) cared for her disabled partner and three children, two of whom had complex conditions, whilst working short jobs in a primary school. She was only allowed to earn £128 a week to qualify for her entitlement to CA and said she would prefer to work full-time and lose the entitlement. To further complicate it, she said if she was offered extra shifts to cover staff absence, she had to turn down the work:

'I'm like, I'm really sorry, I can't do it...even if I earn 5p more than what I'm allowed, they'll take the whole £62 off me'

Figure 7.4 Family/multiple care vignette

Isla

Isla, age 40, lives with her partner and nine-year-old child. She has qualifications in catering. Isla is a school catering assistant (permanent term-time contract; 20hr/wk), works in hospitality at the weekends (zero hours contract) and just started working in the school breakfast club.

Isla's case is illustrative of the multiple care roles that many women take on, its impact on employment involving the necessity to change career path, and the competing demands and hard work involved with this type of MLPE/care arrangement.

Isla has a nine-year-old child with suspected neurodiversity; she also cares for her mother, who has pulmonary heart disease, every day after work, and 'takes care' of her brother who has autism and collects him from college most days of the week. She had previously worked as a manager in hospitality but gave up this job due to her child's needs and got a job in school so she 'could keep an eye' on him but also for the school holidays: 'so I gave up the job full-time and ended up going and working in the dinner halls'. She described her situation as '[coming out of] management to go and watch my wean'.

Isla now takes her son to the breakfast club with her every day (although she needs to pay two pounds for his breakfast) then he goes to school while she has a break and starts her next job at 10am. After work (2pm) she visits her mum then collects her son from school then collects her brother from college, then goes back to tend to her mum. On Friday her partner finishes work at 1pm; he takes care of their son so Isla can get ready for her hospitality job (which she works Friday and Saturday until 1am). About her hospitality job Isla said, 'you've got no rights, you don't get sick pay or anything' but it made her feel good, adding 'I could put my suit back on again'. She said that she had taken on too much but that she held the family together and that they would 'crumble if [she] wasn't there'.

Conclusion

Women in MLPE are more likely to have caring responsibilities (childcare and/or informal care) than all working women, or men in MLPE: 51% of women in MLPE have caring responsibilities across the UK. Caring has been categorised as pre-school care, school-age childcare, complex and/or additional support needs care, family care and multiple caring responsibilities. Each category poses a series of specific issues relevant to the type of care presented. Dealing with care involving complex or additional support needs was a particular issue for many women due to the lack of available supports and the associated implications for women's employment choices.

Much care goes unrecognised as it is part and parcel of daily life for many women. The time and effort involved in managing childcare, complex care and family care can be physically and emotionally demanding. The lack of available supports – such as paid carers leave, better social security protections, mental health support, and jobs that accommodate the needs of women carers – can drive women into MLPE. Caring in conjunction with lone parenthood or absent fathers, the lack of support networks (including family and wider), and the working hours of other family members are factors contributing to financial insecurity and MLPE.

A lack of job flexibility prevents some women from doing fulltime work and drives them into jobs, often involving term-time or non-standard hours, that enable them to meet their care responsibilities e.g. school hours or shifts when other family members can provide care. Conversely, the preference for flexible hours (e.g. zero-hour contracts, casual work) pushes women into low-paid and insecure work, yet enables them to pick and choose hours and organise their work around care rather than the other way round. Furthermore, a lack of adequate social security protections and state support for caring means some women are pushed into extra work instead of being protected by the system.

Financial support for women in MLPE who are informal carers is low, with very few women receiving Carers Allowance. For those receiving Universal Credit a carer's supplement is available, the eligibility criteria for which is also the provision of 35 hours of care per week, although the earnings limit does not apply. There are four issues worth reconsidering. First, CA places a meagre value on informal caring compared to paid employment. Pegging the rate of CA to the NLW rate could help solve this issue and convey a more explicit societal value on unpaid and informal caring. Second, the low earnings cut-off for CA serves to confine many women with caring responsibilities to a low-income existence. Third, more flexibility in how informal caring and paid employment can be combined within CA rules and the carer's element of UC would benefit many women whose caring responsibilities may not amount to 35 hours per week. Lastly, raising awareness of the existence of CA (and its Scottish supplement), especially if CA is reformed in the ways suggested, and of the carer's element of UC, should result in more than a small fraction of women in MLPE who are informal carers receiving financial support for providing care.

Chapter 8: MLPE and Health

This chapter seeks to understand the relationships between work, MLPE and health using our quantitative and qualitative evidence (both forms of data come from self-reported assessments of health and wellbeing). It builds on previous chapters and is set in the context of health as the end point of a complex and intersecting chain of social determinants⁵⁸. Previous chapters have set out the nuanced ways in which, for example, MLPE impacts on, and is shaped by, income, financial security and caring responsibilities; these are recognised social determinants of health.

Summary

Our quantitative data show that:

- There is little difference in reporting being in bad health between women in MLPE and all working women. However, women in MLPE are more likely to have a long-term condition or illness affecting their ability to carry out day-to-day activities. In both cases, women in MLPE report substantially better health than women who are not working.
- Women in MLPE report very similar mental wellbeing to all working women, though slightly better than for women not working. Moving into MLPE does not worsen an individual's physical health, and has a small, but positive effect on mental health.
- There is no long-term impact of MLPE on physical or mental health for individuals who experience just one MLPE spell of short duration. More experience of MLPE over a decade does not impact physical health but is associated with improved mental health.

Women in our qualitative sample are:

- Heterogeneous in their health profiles and in how they report their health. Women's physical and mental health conditions are shaped by both their working and home lives, including caring responsibilities and financial circumstances.
- Many women in MLPE endure significant and enduring physical and mental health conditions whilst many more have lower-level symptoms. In both cases, health conditions co-exist and interact with their working and home lives. The data echo current Scottish and UK data on the relatively young age at which women start to experience chronic conditions that compromise healthy life expectancy.
- Overall, work and MLPE benefit women's mental health but there are also ways in which work and MLPE can have negative mental health impacts. In addition, physical symptoms can be exacerbated by work for those in manual jobs.
- Work and MLPE shape health experiences in positive and negative ways and occupational choices are sometimes made on the back of these health experiences.
- Many women in MLPE do not have sick pay rights and must choose between pay and recovery from ill-health. There are many examples of positive support from line managers but occupational health policies are not uniformly perceived to operate in ways that benefit health.
- Women in MLPE whose employers or employment situations make it difficult to access health care, are potentially at risk of exacerbating illness and chronic conditions especially at a time of increasing waiting times for secondary care diagnoses and treatment in a time of NHS 'permacrisis'.

Work, MLPE and Health

Overall Health

The comparison between the health status of all working women and women in MLPE is limited as the Family Resources Survey contains very few questions regarding the health of individuals, and these questions do not distinguish between mental and physical health. Respondents are asked to rate their general health on a five-point scale, from 1 “Very Good” to 5 “Very bad”. Looking at the proportion of individuals who report bad/very bad health, there is little difference between the self-reported health of all working women as compared to women in MLPE: 18% vs 19% respectively, but the health of women in MLPE is substantially better than for non-working women and inactive women in particular (Table 8.1).

In contrast, there is a distinct difference between all working women and women in MLPE in terms of having a physical or mental condition or illness which has lasted or is expected to last for at least one year: 27% of women in MLPE report having a long-term condition as compared to 23% of all working women. The survey also includes information on whether this condition limits an individual's day-to-day activities. Those who respond affirmatively to this question meet the definition of having a disability under the Equality Act (2010): 19% of women in MLPE meet this definition of having a disability as compared to 16% of all working women, though again far less than for women who are not working (37%).

Table 8.1 General Health (col. %)

	All Working ¹	MLPE ²	Not Working ³	Unemployed	Inactive
Self-reported health – bad/very bad	17.9	19.4	40.0	28.8	41.3
Has long-term condition or illness	22.8	27.2	42.1	29.6	43.6
Meets Equality Act (2010) disability definition	16.5	20.3	37.2	23.9	38.7
<i>n</i>	<i>95,531</i>	<i>2,390</i>	<i>44,280</i>	<i>4,278</i>	<i>40,002</i>

Source: Family Resources Survey, 2010-2019.

Notes: 1. Women aged 18-64 in work. 2. Women aged 18-64 in work, who are in MLPE. 3. Women aged 18-64 who are not working (unemployed or economically inactive).

Since 2014 the Family Resources Survey has included questions on an individual's perception of their well-being, specifically they are asked on a ten-point scale whether they are satisfied with life, whether they feel the things they do are worthwhile and whether they felt happy or anxious in the previous day. As shown in Table 8.2, there are no differences in the average responses between all working women and women in MLPE, while women who are not working report slightly lower wellbeing.

Table 8.2 Wellbeing (col. %)

	All Working ¹	MLPE ²	Not Working ³
Self-reported (scale 0=not at all, 10=completely)			
How satisfied with life?	7.6	7.4	6.9
Feel things do in life worthwhile?	7.4	7.4	7.0
How happy felt yesterday?	8.0	8.0	7.4
How anxious felt yesterday?	3.0	3.2	3.6
<i>n</i>	<i>48,574</i>	<i>1,353</i>	<i>22,170</i>

Source: Family Resources Survey, 2014-2019.

Notes: 1. Women aged 18-64 in work, who are in MLPE. 2. Women aged 18-64 in work. 3. Women aged 18-64 who are not working.

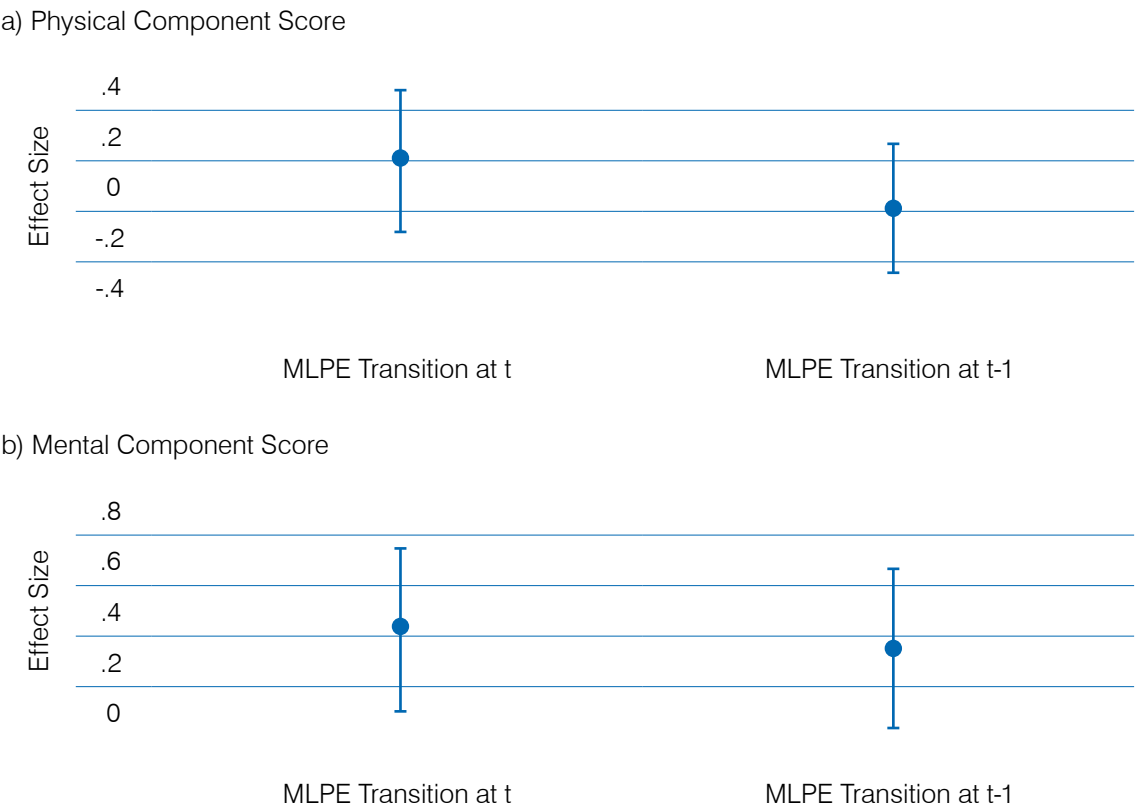
MLPE and Health over Time

In contrast to the Family Resources Survey, the UK Household Longitudinal Survey (UKHLS), contains a variety of health measures, which allow the distinction between physical and mental health. We focus on two summary measures, the physical component score (PCS) and mental component score (MCS), derived from the widely used 12-item Short Form Health Survey, which is included in the UKHLS each year. Responses are coded on a scale from 0 to 100, where a higher score indicates a better health outcome.

As with the analysis of financial health in Chapter 6, we take two approaches in our examination of the experience of MLPE, first examining MLPE transitions (i.e. year-on year changes) over a 10-year period (Figure 8.1); secondly investigating the cumulative effect of MLPE spells experienced over a decade (Figure 8.2).

Figure 8.1 panel a) shows that year-on-year transitions into MLPE do not have an impact on physical health, the estimated effect sizes for both immediate and past transitions are small and not statistically different from zero. Conversely, the impact of MLPE transitions on mental health, as shown in Fig 8.1 panel b), is positive both in the short-term (immediate transitions, occurring since the previous year) and in the longer-term (past transitions). This latter result is consistent with our findings regarding financial health in Chapter 6.

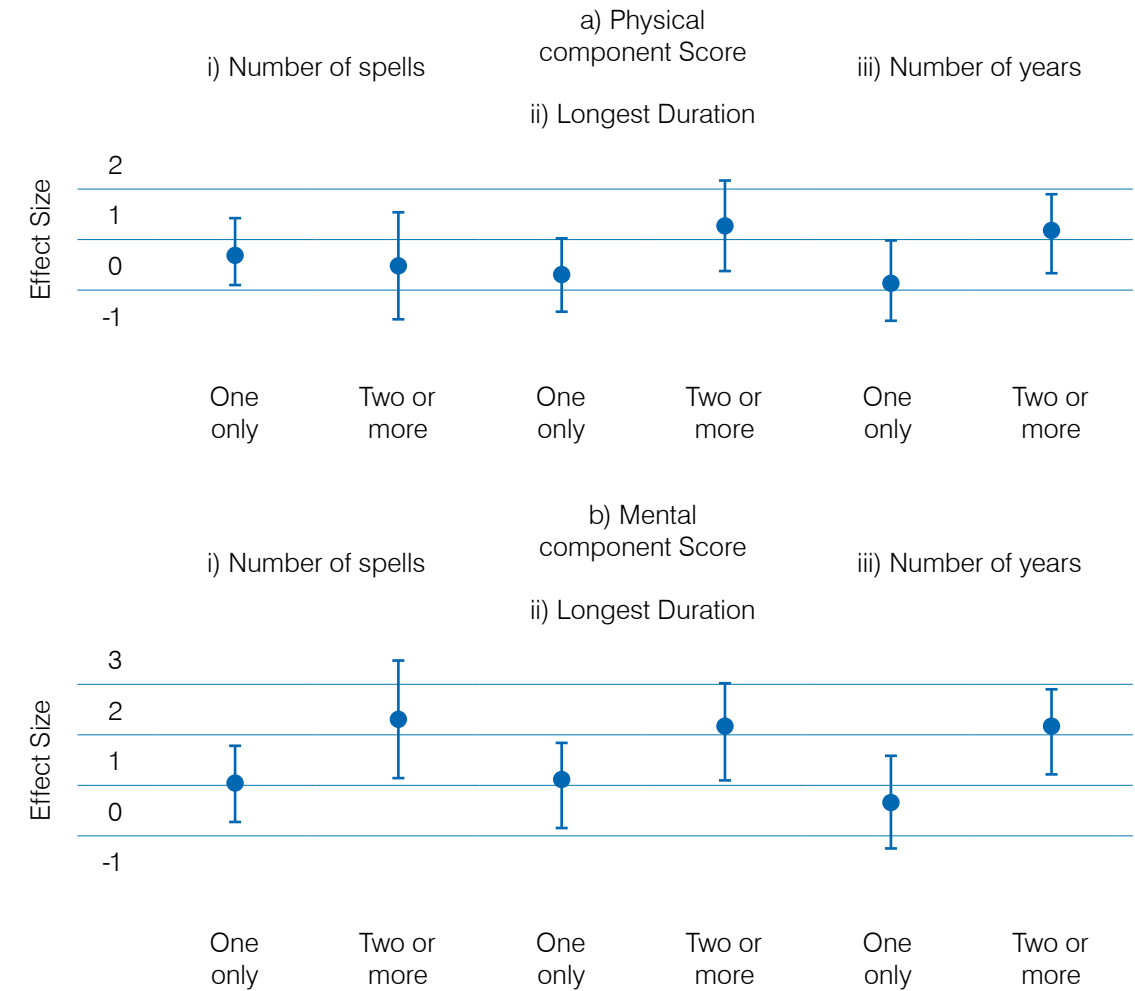
Figure 8.1 Health and MLPE transitions



Note: Each panel depicts separate regression analysis, with the full table of results presented in the Appendix. Regressions include individual and household characteristics, and controls for differences between regions of residence and economy-wide time effects. The sample contains all working-age women (18-64) enumerated in the UKHLS between 2009-2019.

The analysis of the cumulative effect of MLPE experience is consistent with the findings for the year-on-year transitions. Figure 8.2 panel a) shows that experience of MLPE over a decade does not have a meaningful impact on an individual's physical health in terms of the number of spells or length of time spent in MLPE, for both the majority of individuals who experience only one or a short period of MLPE and for those who experience more frequent or longer MLPE spells. In contrast, Fig 8.2 panel b) shows that there is a difference in mental health effects between those who experience only one or a short spell of MLPE, for whom their MLPE experience does not impact their mental health over the decade, and those who experience more frequent or longer MLPE spells, for whom there is a small, but positive impact of MLPE experience on mental health.

Figure 8.2 Health and MLPE spells



Note: Each panel depicts the coefficient estimates (dots) with 95% confidence intervals (bars) from three separate regression analyses – one for each measure of MLPE experience – with the associated full tables of results presented in the Appendix. Regressions include the respective financial health measure as well as individual, household characteristics and regional controls at the beginning of the decade, and controls changes in key characteristics over the decade. The sample contains all working-age women (18-64) enumerated in the UKHLS between 2009-2019 at least ten times.

Women’s Experience of Health and MLPE

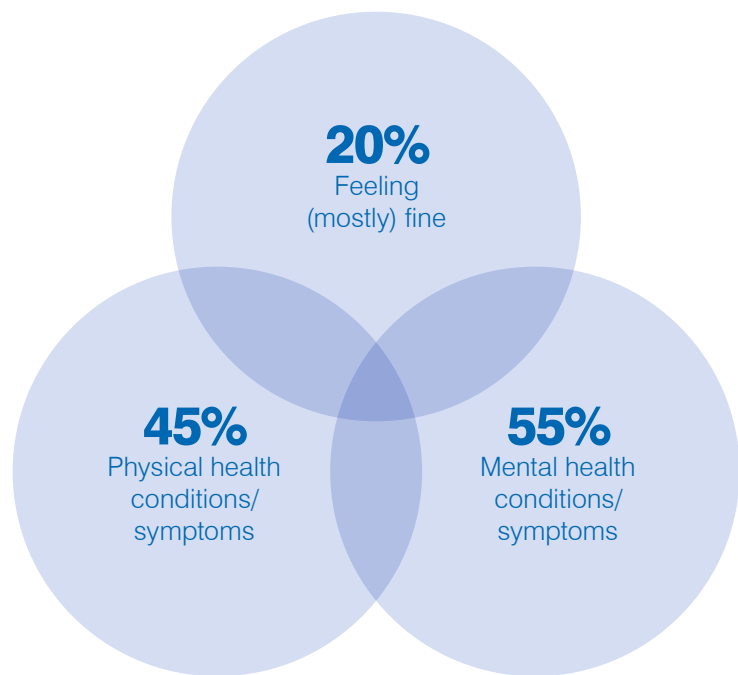
Health is an important societal outcome in its own right but is important also in relation to the capacity to work and care for others. As such, healthy life expectancy is a concept of relevance. In Scotland, we know that there are significant inequalities in health (across socio-economic status and gender) as measured by a range of morbidity and mortality indicators including life expectancy but these are matched by significant differences in healthy life expectancy (HLE). HLE for women in Scotland is lower than for women in the rest of the UK and the three-year average has decreased in the decade from 2009/11 to 2019/21. Whilst women have a higher HLE than men, this gap has narrowed to less than a year and, because of higher life expectancy, spend longer with life-limiting illness and disability. Women living in the areas of highest deprivation expect a HLE of 48.1 years compared to 70.4 years for those in the most affluent areas⁵⁹. The comparable data for England (ONS, 2022) are 51.9 years for those in areas of highest deprivation compared to 70.7 for their more affluent counterparts. With pensionable age rising, a sizeable proportion of the working life, for some women, therefore, is spent in poor health. To understand women’s experiences of health and work in MLPE specifically, we turn to our qualitative data. We consider what kinds of health issues our participants report, the extent to which these are

perceived to be caused or exacerbated by their working lives or, on the contrary, whether work is thought to prevent ill health or alleviate symptoms. Where relevant we draw out evidence of how this is patterned by life circumstances. Finally, we report on the extent to which women feel supported by their employers in maintaining their health or in dealing with their symptoms.

Health Conditions/Symptoms Reported

Women were asked directly about their physical and mental health: around half of the qualitative sample reported some type of mental health symptom or condition; just under a half identified physical symptoms or conditions; one third of the sample identified both physical and mental symptoms/conditions; and, one fifth of the sample reported being ‘fine’. This breakdown is shown in figure 8.3.

Figure 8.3. Experience of health conditions/symptoms



The overlap between the “(mostly) fine” category and other symptom categories is indicative of an interesting feature of the qualitative health data – the majority in this category reported feeling fine for both mental and physical health but, at other points they also discussed feeling stressed or experiencing physical symptoms such as aches and pains – the kinds of symptoms that some of those reporting that their mental or physical health was not “fine”, were also experiencing. This may point to some women having normalised stress, depressive symptoms or joint pains. Shona (housekeeping and admin jobs), a woman with no qualifications, and who has suffered from negative menopausal symptoms said of her health ‘everything is ok, touch wood’ but she also identified that:

‘Physically I have noticed as I have got older things ache a bit and I can’t do what I used to do’ and ‘obviously everyone has down days but if I have a down day, it is like, well tomorrow will be better and it just passes. I wouldn’t say I was depressed or anything’

Feeling fine is contingent to an extent, therefore, on health expectations. Keeping mental health on an even keel is also mentioned by those whose health is “fine”. Ruth (two cleaning jobs), said:

‘I think my mental health is ok. ‘Cause I just, kind of bob along and have a wee sing song, keep myself going sort of thing ... sometimes it’s good and sometimes it just depends on my day’

Mia, a public sector administrator and fitness coach with degree levels of education, is one of the relatively few in the “fine” category who is unequivocally positive about her health (and her perceived role in achieving this):

‘My health is really good. I’ve always, you know, I invest a lot of time, you know, being healthy is really important to me ... I’ve read a lot and listened a lot. Sometimes, you just got to sit with it but most times I get up and I start my day, no phone, meditation, stretch, exercise and that, I think, has made the world of difference.’

In Chapter 6 we have highlighted that, despite our focus on MLPE, our sample is relatively heterogeneous when it comes to financial security. Stress, anxiety and low mood are, however, common across the sample (around half), higher numbers than might be expected from the national survey data. In some cases, these conditions required medication and/or therapy and, for a small minority of women, mental health issues were both severe and enduring. For example, some women had mental health histories since childhood, with some experiencing childhood or sexual trauma. Two examples illustrate cases at this more extreme end of the spectrum: Mairi (fitness, NHS and self-employed), said, ‘I’ve suffered with depression since I was 13 and I’m also a recovered anorexic and bulimic’ whilst Kelsey (student, barwork) who was care experienced, viewed her mental health issues (anxiety, depression, eating disorder, emotional dysregulation) as ‘Common in children who have experienced trauma’.

Stress and low mood appeared to be particularly palpable in the here and now for lone parents juggling both work and young children. Examples of this are given by Jane (NHS and online tutoring) and Sofia (online tutoring and online piecework for a major retail platform). Jane reported telling her GP that she had been:

‘One text ping away from [hospital admission]. I’m on a knife edge ... [and after being offered medication], I really didn’t want to take medications, I didn’t want to take something to help me sleep ... I need to be awake in case my children get up, I can’t not be alert’

Sofia described long term mental ill-health and admitted to feeling suicidal:

‘My mental health is a mess right now ... because after 15 years [of marriage] you don’t think you can end up like this. And, like, alone with a child ... I phoned Samaritans a couple of times’

Grief was also mentioned by a small number of women as a drag on their mental health with the death of parents being the most common cause, although one woman, Colleen (two seamstress jobs), was struggling to cope with the loss of a child.

Physical health problems are also common across the sample (almost one half) and range across a severity continuum. At the more extreme end, there was one woman recovering from cancer, and a handful of women with relatively rare and debilitating conditions. Gynaecological or menopausal symptoms were not uncommon, likewise asthma, anaemia and diabetes. Whilst joint or muscular pains were mentioned by women with different kinds of jobs and life circumstances, such symptoms appeared to be more commonly mentioned by those in physical jobs such as Naga (cleaner and retail) and Marjory (cleaner, care).

Within and across the mental and physical health categories, a sizeable proportion of women are dealing with co-morbidities. For some, these co-existing conditions are at the less severe end of the spectra (for example, co-existing diabetes and stress or arthritis and anxiety). There were cases where physical conditions or illness had resulted in psychological sequelae (such as malaria leading to PTSD) and, conversely, where physical conditions like temporomandibular joint pain had resulted from stress.

A small number of women also reflected on health issues (both mental and physical) that they were awaiting treatment for and where waiting times were felt to be problematic – this included referrals to menopause clinics and rheumatologists as well as mental health specialists such as psychotherapists.

The qualitative and quantitative data are not directly comparable as they are based on different kinds of questions, but the qualitative data support the fact that a sizeable proportion of women in MLPE are working with long-term physical health conditions and that, in addition, a larger proportion of women have physical symptoms which they may or may not normalise as 'just the way it is'. Reporting of mental health symptoms are higher in the qualitative study and may be a feature of the sample or of the method and its foregrounding of MLPE as a potential burden on health. What is clear is that many women in the sample experience severe and enduring mental health issues as well as more quotidian stress and anxiety which is tied up with the challenges of daily living at home and in work.

Work, MLPE and Health

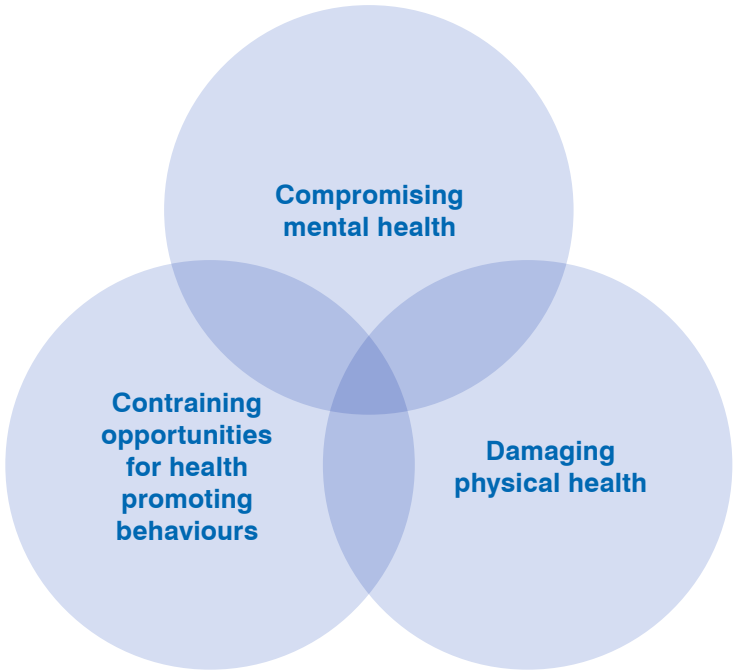
Earlier chapters have set out the ways in which MLPE shapes and is shaped by financial circumstances and the caring responsibilities. This is the context too in which health is partially determined, with financial, familial and work stressors and health outcomes intertwining. As women talk about how work and their working patterns affect their health, they commonly do not distinguish between impacts that come from specific jobs and those that emerge from the confluence of work/home, or of juggling time and money. In this section, therefore, we discuss the three main ways in which the health/work nexus is experienced by women in our sample, highlighting where MPLE is particularly implicated.

Very few women in the sample described their health conditions as caused solely by their work or their work patterns. Instead, health conditions (both physical and mental) were mainly viewed as interwoven with work (and life) in complex ways that are both positive and negative. In the next two sections we will set out how work and MLPE constrain and boost health.

Work/MLPE-related Ill-health

There were three main mechanisms via which work and or MLPE were perceived to cause or worsen poor health by almost half of the women. As summarised in figure 8.2, these were: by compromising mental health; by damaging physical health; or less directly, by constraining opportunities for health promoting behaviours.

Fig 8.2: Work/MLPE-related ill-health



Compromising mental health. For a small number of women who tended to have more secure, professional jobs (such as lecturing with secondary associated jobs), stress was caused by an overload of work within a specific job rather than through undertaking MLPE per se. For example, June (NHS project management and massage therapist) said:

'During the day sometimes I can get quite overwhelmed because I am trying to do something and emails are just coming in thick and fast, ding, ding, ding, ding'

For most women, work/MLPE impacts on mental health through the stress of long, exhausting shifts and this goes hand in hand with financial pressures. This is illustrated by Karolyn (retail and home care) who had a diagnosis of multiple sclerosis) and Kimberley (student, retail and delivery driver) who had multiple co-existing mental health problems): Karolyn said:

'I think you end up with more fatigue. More tiredness. More burnout... you feel as if it's just like a rollercoaster sometimes. That you're just never getting off. You're just kind of doing it, but you're not doing it for satisfaction. You're doing it for a means to an end'

Kimberley was also feeling exhausted but, in addition, worried about the risk of greater financial insecurity in the long run as a result of one of her jobs:

'I don't have the energy to keep up the amount of hours that I work ..I'm exhausted all the time...the risk of being fined, the risk of not having insurance when anything goes wrong with my car'

The theme of financial insecurity continues with Andrea (supply teaching and acting) for whom the links between MLPE and health were tied up with the insecurity of the work:

‘I think it’s the job uncertainty is what affects my mental health, like, if I know for certain how much I’ve got coming in I know how to pay the bills but if I don’t know what’s coming in or how it’s coming in I don’t know how to pay my bills’

Damaging physical health. Not surprisingly, women who discussed how work affected their physical health, tended to be those in manual jobs such as cleaning or kitchen work or hospitality and whilst some of these jobs are done by women with degree level qualifications, they are predominantly undertaken by those with fewer alternative career options. Whilst the same symptoms would likely occur if these jobs were held singly rather than in combination, they still give an important insight into the ways in which many women in MLPE endure pain as part of their working lives. In the latter category, Marika (library and bar work), described how she has suffered work-related foot issues and joint pains:

‘Physically ... it was being on my feet all day... I had lots of problems with my feet when I’ve been waitressing fulltime and I’ve had like plantar fasciitis and really bad foot and knee pain’

For those in multiple cleaning jobs, arthritis and joint pain were common and associated with the nature of the work – Heather, for example, said:

‘I know anybody can get sciatica, but they gave me 4 houses, 4 flights of stairs, no lift in them ... I kept on telling them because I counted it, I was climbing 20 flights of steps a day’

Donna, also in multiple cleaning jobs, eloquently captured what is known as the ‘miles on the clock’ theory which states that people living in harder circumstances age faster. She says:

‘Sometimes you would come away from the job and your whole body aches and, even your fingers, you couldn’t bend them because ... you’re always tucking bedding in ... I am only 50 and I’m sure I shouldn’t be feeling like a really old lady at 50. I mean I love to walk and I can’t stand for very long because my legs just really hurt me, they feel so heavy.’

Sandra (catering assistant and driver) illustrates that pain is part of the culture of some occupations – she says:

‘There’s only so many times ... your body can keep getting, I mean, to the point of exhaustion in the kitchen. We’re all popping painkillers like ... who brought the painkillers in the day ... because our back’s breaking?’

Constraining opportunities for health promoting behaviours. Juggling different work schedules, combining these with care, long hours and or anti-social hours led to difficulties for many women in prioritising healthy behaviours. As Mairi (fitness and craft jobs) captured, for lots of women in our sample, *‘you don’t have much of your day left to play with.’* A lack of sleep, for example, was raised by a small number of women doing night shifts. Marika said:

‘I definitely started smoking a lot more and it got to a point where I was definitely smoking to get me to sleep in the day because my sleep patterns were really messed up.’

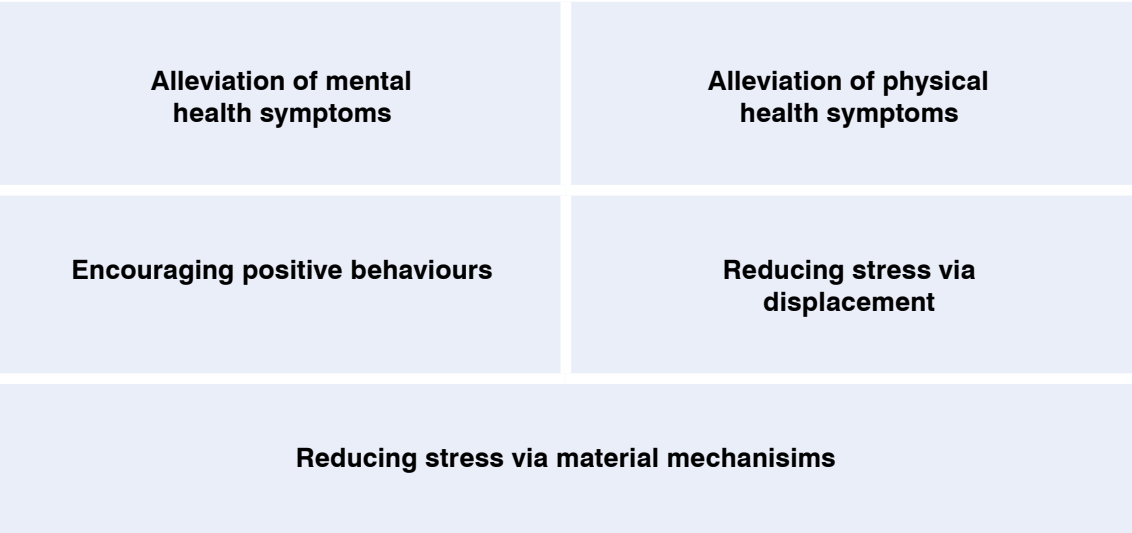
Ellen, (social care support roles) says:

‘I never really sleep properly the next day – it’s maybe lack of sleep, you end up eating like sugary crap to get through the night or drinking loads of caffeine.’

Work/MLPE as a Health Boost

More than half of the women sampled described positive ways in which their health was impacted by their work or by their work patterns. Although, by and large, these are benefits that are related to work or specific jobs rather than to MLPE per se, it is worth noting that women in MLPE nonetheless discussed work and health in these terms. The mechanisms by which these benefits accrued are summarised in figure 8.3.

Figure 8.3: Work/MLPE as a health boost



Work alleviating physical symptoms. A small number of women, predominantly those in cleaning or similar manual roles, identified how the physical nature of their jobs ameliorated existing joint or nerve pains. Denise, for example, (cleaning job and data entry) described how her fibromyalgia was eased through work, *‘it gave me a reason to move and stuff, and I became less stiff’*

Work alleviating mental health. Much more commonly, around half of our sample were able to identify ways in which their work benefitted their mental health, consistent with the earlier UK survey findings. For a small number of women across job types, work was a place where they were valued, for example, Marika (library and bar work) said:

‘It’s been really good for my mental health ... just working somewhere where it’s actually a job that I really want to do and working in an environment that’s really supportive and nurturing.’

Marjory (cleaning and dog walking), who plans to work beyond retirement age said:

‘I love being a cleaner, I love being in and cleaning the place first and then you’re finished, you see how nice and clean, everything’s got to have its place so .. and I love doing cleaning.’

For some women with mental health issues, the structure of work is an important tool in keeping these issues in check. Mairi (fitness and craft jobs) illustrated this view: *‘not having a job with structure can put me in a blip’*, whilst Macy (care jobs) said that with work: *‘I forget about anxiety, I forget about depression.’*

Work, for much of the sample, provides a social network. Tara (teaching assistant and janitor) stated: *‘I class them as my second family.’* This social network can provide an outlet for symptom-talk that provides some release for women. Sandra (catering and driver) shared how women of the same age can discuss menopause in explicit ways:

‘We all just talk about it – you don’t want to know what comes out mouths in that place ...with [male manager] being there we have to be a bit more sensitive right enough but, yeah, we can get quite gritty’

The benefits of work for mental health, for some, go beyond financial recompense, as Nikki (cleaner and carer) said:

‘If I ever did come into any money, I think I would still work because mental health wise, it’s good for you ... I’d like that option whether I could choose or not.’

From the MLPE perspective, a small number of women implicitly or explicitly identified that one job alleviated stress experienced in another job – Suzie, for example, experienced anxiety in her bar work where she experienced racism but this was partially reduced by her dog walking job: *‘so, in the stress I get, dog walking comes as a relief.’*

Reducing Stress Via Displacement. Linked to the category above, many women across career types referred to work as a means of masking or displacing stress encountered in other parts of their lives. These tended to be of two types. First, for women with caring responsibilities, and especially those caring for children and with non-manual jobs, work was viewed as a welcome escape. Jane (GP receptionist and tutoring) joked *‘don’t make me go back home’* but exhibited high levels of stress in describing the worries of being a lone parent. Victoria (student, researcher and freelance tutor) similarly viewed work as less of a stressor than home, *‘I’m going to my work and nobody wants anything from me’.*

Second, and more common in older women living alone and in jobs with social networks, work benefits masked the damaging impacts of loneliness or depression. Denise (cleaning and data entry) said, *‘if I didn’t have jobs that took me out the flat, I just wouldn’t go out’.* Margaret (cleaning jobs) states, *‘it gets me out because I live by myself and it’s lonely’* whilst Isla, also a cleaner, was *‘frightened to stop in case I think too much.’* When asked what she thought would happen if she stopped, she answered *‘Oh, I’d take a breakdown.’*

Work reducing stress via material mechanisms. A small number of women identified that work impacted on stress levels financially. Not surprisingly these women tended to be in less secure occupations or contracts. Imelda (degree educated, administration, retail) stated:

‘I’ve got some health issues like anxiety and ... obviously the money worries are kind of exacerbating that, so weirdly in some ways working more has helped my mental health.’

Lina (cleaning jobs and admin) and Rowan (third sector and hospitality) have similar perspectives. Rowan identified how,

‘I was never sure where the money was going to appear – knowing that I’ve got one salaried job where I’m definitely going to be paid a certain amount which covers my rent, etc, it puts my mind at ease ... I definitely notice an improvement in my mental health.’

Encouraging Positive Behaviours. A benefit identified by a small number of women was that non-desk jobs encourage physical activity, in particular, high step-counts which women named as good for their health. These tended to be mentioned by women doing outdoors or warehouse jobs rather than those in hospitality.

Work Related Support for Health

Many women in the sample had not taken sick leave or engaged in discussion about health in their existing workplaces; a sizeable proportion did not have access to sick pay in one or all of their jobs. In describing how employers supported women to deal with health issues, women described two levels at which support or barriers were experienced: the practices of individual managers; and, institutional policies.

Individual managers. Of those women who commented on how they were treated by individual managers, the vast majority felt supported. Ellen (cleaner and catering assistant) with sick pay in both jobs commented that her boss understood her situation and responded sympathetically to episodes of ill health: *‘she’s been there, she’s done that’.* Other women respected the flexibility shown to them when their own or their children’s health was problematic. Jane (GP receptionist, tutor), who received sick pay in her main job, reported her boss’ attitude as:

‘I know you’re stressed, it’s fine, don’t worry about that, I’ll do it’they were excellent.’

Likewise, Maureen, (tutor and supply teacher) who did not receive sick pay and who suffered painful bouts of endometriosis, said:

‘When I was having flareups [endometriosis] she would just tell me to go home and would get cover for me.’

Ruth (cleaning jobs) who was pregnant and able to claim sick pay, noted that heavier work had been taken off her and that *‘they’re quite coming and going with you.’* Mavis, another cleaner and lab technician praised the academic in charge of her lab who looked out for her when she is in pain:

“”Don’t you dare go onto your knees.” And he’s the type of man that’s like, “right come on, time you sat down for 5 mins, get yourself a cup of tea”, you know. He’s absolutely superb to work for’

Linda (lecturer and other teaching roles), who received sick pay in two out of four roles, on the other hand, separated out the empathy of individual line managers and organisational hierarchies:

'I think with my immediate line managers I think they are very approachable and very human and a lot of the things that staff struggle with are also things that they have to struggle with but I feel like, the further up the food chain you go and when you get into the big sort of dirty system of education, no, I don't think they give a damn. I think it's all a business now and we are a necessary cog in that system.'

Institutional practices. As mentioned above, many women did not have sick pay rights and many did not even know if sick pay was available because they did not believe that they had been provided with this sort of information. Natalie (assistant psychologist and bank support worker in the NHS) who received – sick pay in former but not the latter jobs, believed that some organisations were deliberately opaque about terms and conditions – *'they expect you not to know your conditions'* – in order to get away with poor practices. There is the potential for such practices to compromise access to health care support, of particular concern where waiting times for NHS diagnosis and treatment both in Scotland and England are increasingly problematic⁶⁰ (Baker, 2023; Public Health Scotland, 2023).

Two women in the sample (both with one or more insecure job) commented on how they do not want to risk alerting employers to long-term mental health problems or to neurodiversity. Mairi explained that she doesn't talk about her health:

'Because of the shame and stigma attached'

Occupational health policies around returning from sick leave, including on when to trigger warnings in staff records, were highlighted by a small number of women. Angela (depute head teacher and tutor), able to claim sick pay for both jobs, described the latter in relation to a two-week period of absence for a chest infection whilst Liz (occupational training, technical support and retail worker) identified a perverse incentive linked to the policy of treating each absence as separate:

'If you go back and you realise you shouldn't have gone back and you're off again, it's classed as a separate sickness. So, people are now tending to be off for longer... you get penalised for it otherwise.'

Not many women discussed retirement in relation to health but one, Nancy (support staff employed by NHS on two contracts and agency) who was in receipt of sick pay in her NHS role, raised it as a macroeconomic and health policy issue:

'Why not let us go at 60 and bring the other people in that have not got a job ... let us go at 60 while we're well and able because I would still like to be able to jive in ten years' time and go a bike in ten years' time and not be a drain on the NHS. To think you've ran up, you've worked all your life and then, all of a sudden, you have a health ailment and then you're a drain on the NHS'


Conclusion

Whilst our survey data analysis indicates that women in MLPE are no more likely to report bad health than all working women, it also shows they are more likely to have a long-term condition or illness affecting day-to-day activities. Women in our qualitative sample provide a heterogenous picture of health conditions with many enduring significant and enduring mental and physical health conditions and co-morbidities whilst others report lower-level symptoms – the latter may be less likely to be picked up in survey methods.

The survey analysis indicates that taking on MLPE does not impact negatively on a woman's physical health but that there are positive benefits on mental health. Our qualitative data demonstrates the complex interrelationship between health and women's working and home lives with the latter encompassing caring and financial circumstances. Overall, work benefits women's mental health but there are also mechanisms through which work and MLPE can have negative mental health impacts (such as stress – including associated with finances and care responsibilities). In addition, physical symptoms can be exacerbated by work for those in manual jobs.

The qualitative data also highlight that many women in MLPE do not have the option of sick pay and must choose between pay and recovery from ill-health. There are many examples of positive support from line managers, but occupational health policies are not uniformly perceived to operate in ways that benefit health. Further, for women in MLPE whose employers or employment situations make it difficult to access health care, there is the risk of exacerbating illness and chronic conditions especially at a time of increasing waiting times for secondary care diagnoses and treatment in a time of NHS 'permacrisis'. Financially meaningful flexibility from employers to allow access to health care and flexibility in appointment times within the NHS should be in place. Finally, the physical burden of some MLPE, raises the issue of universal retirement ages and the extent to which low paid workers with existing and long-term health conditions are doubly penalised by the pension system.

Chapter 9: Conclusion and Recommendations



Conclusion

We have produced a broad, yet nuanced, portrait of women in multiple low paid employment (MLPE). MLPE is mostly a transient experience lasting for one year or less, but for some women this is an established way of working: over the past decade 1-in-5 women have had an experience of MLPE with 3% of working women in MLPE in any given year. We see variation in that the jobs women are engaged in span across different industry sectors and/or occupations, and the women working multiple jobs come from a range of backgrounds, with diverse skills and differing levels of education and qualifications: almost half of women in MLPE have degree-level education. But it is also the case that most women in MLPE are in female-dominated industries, on part-time and/or term-time contracts, with over half working in the public sector, and many 'juggling' work and care, thus illustrating the gendered nature of MLPE.

Having multiple jobs does not always protect against poverty or serve as a means of raising living standards. A substantial proportion of women in MLPE are paid below the legal minimum wage across all their jobs, and there is qualitative evidence of very low rates of pay, women struggling to 'make ends meet', and a lack of protection by the social security system. Further, most women in MLPE are, or would be, subject to the benefit taper of Universal Credit despite their low incomes. This suggests a poverty-trap and potential disincentive for women to engage with social security. As such, our work raises policy challenges in several domains.

Measures are needed to ensure that not only should work pay, but that work should be supported by good employment conditions. We support measures to better enforce the National Minimum Wage/National Living Wage (NLW £11.44 as of April 2024), and to extend the adoption of rights to a Living Wage (£12/hour outside London) and Living Hours (minimum 16 hours per week for those who want it). There is also need for better pay for workers in the public sector, from which many women in MLPE come, which is within the remit of national governments, and for more protections and support for self-employed workers.

Access to good quality flexible working should reduce the need for multiple jobs. We found that the lack of availability of flexible working pushes some women into multiple jobs, with poor-quality flexible working (e.g. zero-hour contracts, sessional or relief work and self-employment) providing the opportunity to work a second job. Under the Employment Relations (Flexible Working) Act 2023 employees still only have a right to request flexible working (from day one), and employers are able to draw on a list of broadly defined 'business reasons' to reject such requests. A step change in workplace culture is required to make flexible working the default, which would be particularly beneficial to women managing work alongside caring responsibilities.

Social security should be based on a rights-based approach, yet we identify several issues that demonstrate the stigma and shame associated with claiming benefits. Many women who are eligible for Universal Credit choose not to seek assistance; this is related to the complexities involved and the operation of conditionality-based labour market regimes. Although social security should be an income safety net, we found women experiencing the social security system as complicated and as a deterrent to applying for benefits, often weighing up doing additional hours, or taking another job, against the potential impacts on their benefits. This suggests the existence of "hidden conditionality". Further, the way UC is administered disadvantages women in MLPE who have lower hourly earnings due to self-employment, and also disadvantages single women in MLPE who are more likely to be subject to conditionality than women in couples. While a greater uptake of Universal Credit would assist women financially and enable a "passport" to other benefits, the system as it currently functions is a source of continued financial precarity rather than one of financial security.

Caring responsibilities, and the lack of appropriate supports, can push women into MLPE. The lack of adequate or suitable childcare for children with varying additional needs, school-age children, and the availability of childcare during non-standard working hours, requires solutions which are currently lacking. Other caring responsibilities, such as family care and “sandwich care”, that women perform alongside work are undervalued as evidenced by the limited protections and financial supports available. We recommend large scale reform of “carers benefits” (Carers Allowance/Carers Support Payment and Carers Element of UC).

There is no evidence that MLPE is damaging to health, yet almost a third of women in MLPE have a long-term health condition or illness, and many women in MLPE endure significant physical and mental health conditions, whilst many more have lower-level symptoms. Adopting a social determinants approach to health, we argue that policies to address labour market issues, social security and carers rights will make the largest contribution to the health of women in MLPE. Meanwhile, strengthening occupational health provision and boosting access to health care offer the opportunity to retain women in the workplace.

For most women, MLPE is not a sustainable way of working in terms of providing financial security. We recommend a series of policy measures across the domains of labour markets, social security, care and health.



Recommendations

Here we set out the key recommendations arising from the research including the roundtable discussion of its key findings. We categorise recommendations under the headings of labour market, social security, care and health: whilst these correspond to the chapters within the report, the recommendations are interlinked, for example, recommendations across all policy domains have implications for health. Our recommendations have implications for policy proposals, policy directions, and general discourse in this policy field.

Labour Market

We recommend that the UK Government enhance enforcement efforts to ensure every worker receives their lawful wages⁶¹.

- The National Minimum Wage (NMW) and National Living Wage (NLW) have played crucial roles in supporting low-income workers across the United Kingdom. However, our findings indicate that more than two-in-five women in MLPE earn an aggregate hourly rate of pay below the legal minimum (see Chapter 6).

We recommend that Public Sector Employers should take the lead in establishing exemplary work conditions and setting fair wages.

- Our research highlights that rates of MLPE are particularly high in public sectors such as health, education, and social care (see Chapter 4). By prioritizing improvements in job quality, wages, and working hours, public sector organizations, under governmental influence, should lead the way in demonstrating best practices that others can follow.

We recommend that all Employers should pay at least the real Living Wage, which is based on what employees and their families need to live. Employers should also endorse the Living Hours Standard, which ensures a minimum of 16 hours per week unless the worker opts out⁶².

- Our research shows that limited access to decent-paying jobs or consistent hours pushes many women into MLPE (see Chapter 5). The Scottish Government already endorses the real Living Wage in its Fair Work First Guidance⁶³.

We recommend that the UK Government consider policies to ensure fair minimum rates of earnings for the self-employed, for instance by developing minimum rate guidelines for specific sectors where self-employment is prevalent, such as the gig economy and creative industries.

- Self-employment is markedly more prevalent for women in MLPE, either as a main job or second job (see Chapter 3). Many self-employed workers face unstable incomes and a lack of basic labour protections, leading to precarious livelihoods (see Chapter 6).

We recommend that the UK Government implement legislation that establishes a clear definition of worker status that reflects modern work practices.

- Many women classified as independent contractors and self-employed work primarily for a single employer, effectively making them employees (see Chapter 4). Ambiguous employment classifications lead to a lack of access to employment protections and inconsistent access to benefits.

We recommend that Employers reclassify part-time contracts to full-time when employees consistently work full-time hours for a set period, with specific conditions for re-classification to be determined through a consultation.

- Part-time workers frequently work full-time hours without receiving equivalent benefits. Our research identifies women working full time hours but reporting part time contracts, and some women working several part-time contracts for the same organisation (see Chapter 4).

We recommend that the UK Government expand The Employment Rights (Flexible Working) Act 2023, which allows employees to seek flexibility from day one, to include flexibility options at the job advertisement stage.

- Flexibility helps more people access the labour market and stay in work, manage caring responsibilities and work-life balance, and supports enhanced employee engagement and wellbeing. Our research found a lack of job flexibility prevents some women from doing fulltime work driving them into jobs, often involving term-time, non-standard hours, and/or zero-hour contracts that enable them to meet their personal and family needs (see Chapters 5 and 7).

Social Security

Universal Credit

We recommend that the UK and Scottish Governments implement reforms to Universal Credit.

Our research identified challenges in navigating the social security system, and particularly the complexity of Universal Credit (see Chapters 6 and 7).

Specifically, we recommend:

- Universal Credit to take hours of unpaid caring into account in the calculation of the thresholds used in the operation of conditionality-based labour market regimes.
- Make split payments (i.e. when the household award is divided between two claimants in a household) more easily available, or the default⁶⁴.
- Revise the Work Allowance so that it applies to earnings of each claimant.
- Consider annualised hours and corresponding earnings of individuals with non-standard employment patterns. This approach will provide a more accurate reflection of an individual's yearly financial situation, leading to fairer assessments and more stable financial support, and remove the anxiety facing claimants whose hours and earnings fluctuate on a regular basis.

We recommend that the UK and Scottish Governments, Third Sector, Advocacy and Campaigning Organisations introduce a take-up campaign for a reformed Universal Credit aimed at low-income workers to expand its reach and enable access to other benefits.

- Despite Universal Credit being a passport to reclaiming childcare costs and receiving the Scottish Child Payment, there is low take-up of working-age benefits among women in MLPE (see Chapter 6).

We recommend that the UK and Scottish Governments apply a standardised approach to scrutinise and evaluate social security policies through a gender and intersectionality lens, ensuring fair treatment for all.

- Our research indicates that single women face greater disadvantages than women in couples regarding the conditionality earnings threshold for Universal Credit (see Chapter 6).

Carers' Benefits

We recommend that the UK and Scottish Governments implement reforms to Carers' Benefits.

- The complexity of the system of financial support to carers dissuade many carers from applying for Carer' Benefits, or they are not eligible due to low earnings threshold. For those in receipt, many are constrained by employment criteria (see Chapters 6 and 7). Carer Support Payment (CSP) replaced Carer's Allowance (CA) in Scotland in 2024 and is administered by Social Security Scotland in a phased roll-out. To be eligible for CA or CSP, a carer must spend at least 35 hours a week caring for someone in receipt of an eligible disability benefit, not earn more than £151 per week (after deductions including tax, national insurance and certain expenses), or be in fulltime education. CA/CSP is paid at a rate of £81.90 per week (2024/25). In Scotland carers may also be eligible for Carers Allowance Supplement twice a year (£288.60 in 2024).

Specifically, we recommend:

- A review of all Carers' Benefits, including Carer's Allowance, Carer Support Payment (in Scotland) and the carers element within Universal Credit, to ensure that they work well at supporting unpaid carers who are in employment, and preventing families from falling into financial difficulties because of their caring roles.
- Reform of Carers Allowance/Carer Support Payment, in terms of earnings threshold, other eligibility criteria (e.g. 35-hour requirement), reach, and level of payment, and consideration of families where more than one member requires care.
- Reassess the level of earnings at which Carers Allowance is withdrawn, as well as the way 'overpayments' are reclaimed so that the claimant does not lose all past payments or face prohibitive repayment claims in response to minor earnings infringements.

We recommend that the UK and Scottish Governments, Third Sector, Advocacy and Campaigning Organisations introduce a take-up campaign for reformed Carers' Benefits aimed at low-income workers to expand their reach and access.

We recommend that the Scottish Government continues its work in modelling a Minimum Income Guarantee for all adults, to the benefit of women in MLPE and unpaid carers, and to involve unpaid carers in MLPE and other low-paid workers in the development of the Minimum Income Guarantee Expert Group's report and recommendations⁶⁵.

Student Support

We recommend that the UK and Scottish Governments undertake a re-evaluation of the real value and eligibility criteria for student support through loans to ensure that students do not feel they have to engage in MLPE to survive financially.

- The rising costs of living and of education have significantly impacted the ability of students to cover essential needs. This can push students into MLPE: undergraduate and postgraduate students were represented in our qualitative sample (see Chapters 5 and 6).

Care

Childcare

We recommend that the UK and Scottish Governments, Local Authorities and Childcare Providers review childcare provision to meet the support needs of women in MLPE and other low-income families requiring care for pre-school children, children with additional needs, school-age children, and wrap-around provision.

- Our research highlighted difficulties in accessing affordable childcare, especially out-of-hours childcare and for families with children who have additional support needs, and particularly the needs of lone parents (see Chapter 7).

Specifically, we recommend:

- Increase childcare contributions covered by Universal Credit for low-income families from 85% to 100%.
- Introduce innovative solutions for school-age childcare: e.g. funding or incentives for services such as before and after school clubs, homework clubs, learning support sessions and other similar school-based offerings.
- Introduce innovative solutions for out-of-hours and wrap-around childcare provision e.g. encourage and assist large employers of staff working atypical hours, such as the NHS, to form partnerships with local childcare providers to help build demand, connecting parents to provision.

Unpaid Care

We recommend that the UK and Scottish Governments fully fund social care and create provision that goes beyond the bare minimum of support that is currently provided to allow families and individuals to thrive. This action would reduce the necessity for unpaid caring.

We recommend that the UK and Scottish Governments support the introduction of paid carers leave, expanding the right to take five days of unpaid leave each year within the Carer's Leave Act 2023.

We recommend that the UK and Scottish Governments, Local Authorities and Employers ensure adequate support for those with unpaid caring responsibilities to enable them to access, return to or remain in good quality and decent paid employment.

We recommend that the Scottish Government and Third Sector Organisations engage with unpaid carers in MLPE to influence the development of the National Care Service in relation to 'co-design and lived experience aspirations' which are part of the National Care Service strategy in Scotland⁶⁶.

We recommend that Third Sector, Advocacy and Campaigning Organisations, working alongside researchers and the media, influence national conversations about the variability and implications of unpaid care emphasising its social and economic value, and the implications of its gendered nature.

- Our research identified the often-competing demands of work and caring responsibilities, and the lack of adequate social care (see Chapter 7). In addition to recommending fully funded social care, financial and practical supports for unpaid carers (in addition to Carers' Benefits reform), we recommend the involvement of unpaid carers in strategy development, and to influence wider societal awareness of the economic and social value of unpaid care.

Health

We recommend that the UK and Scottish Governments, and NHS providers, increase flexibility of appointment times for healthcare appointments for those with work and caring responsibilities.

We recommend that the UK and Scottish Governments consider the scope for flexible state pension and occupational retirement policies to support those women (and men) working with long-term conditions or in physically demanding jobs to exit the workplace earlier.

We recommend that the UK and Scottish Governments, and Occupational Health leads, facilitate opportunities for Small and Medium-sized Enterprises to strengthen and pool occupational health resources about Return-to-Work policies (following time off for sick leave).

- In keeping with a social model of health, the recommendations set out in relation to care, social security and the labour market will have direct or indirect implications for the health (physical and mental) of women in MLPE. Our research shows that whilst, on average, MLPE has a small positive impact on women's mental health, women in MLPE have greater likelihood of experiencing long-term conditions compared to all working women and there is qualitative evidence of multiple mechanisms through which work, and MLPE specifically, can have negative mental health impacts. Our qualitative research highlights that working conditions (such as paid sick leave) and levels of employer flexibility impact on the extent to which women can seek health care; further, access to health care can be negatively impacted by NHS appointment systems (see Chapter 9).

Appendix

Qualitative Sample

Pseudonym	Age	Qualifications	Multiple Jobs	Working-age benefits and/or Carers Allowance?	Family and care situation/ responsibilities
1 Jane	40	College qualifications	GP receptionist Online tutor	Yes	Lone parent 2 school-age children
2 Mairi	24	Degree	Vaccine centre worker Tutor Sports instructor Jewellery maker/online seller	No	Carer for family friend
3 Macy	40	No qualifications	Care worker	Yes Carers Allowance	Partner 5 children (ages 4-17). One child has additional needs
4 Kimberley	21	Student	Shop worker Takeaway delivery driver	No	Lives with brother and partner
5 Sofia	42	Degree	Online tutor Online micro-tasker	Yes	Lone parent 1 school-age child
6 Isla	44	College qualification	Catering assistant (School meals) Breakfast club worker Hospitality worker	No	Lives with partner and school-age child Carer for Mum and brother
7 Tracy	37	No qualifications Trained in hairdressing	Catering Assistant (School meals) Door steward (bouncer)	Yes	Lone parent 2 school-age children
8 Maureen	24	Degree Teacher	Tutor Tutor	Carers Allowance	Carer for auntie
9 Linda	40	No qualifications	Cleaner (Agency) Cleaner (Private)	Yes	Lone parent 2 school-age children
10 Victoria	36	Degree Student	Self-employed – runs writing sessions, and book groups Research Assistant	No	Lives with partner 2 school-age children
11 Sandra	55	No qualifications	School catering assistant School escort (disabled children)	Yes	Lives alone
12 Maura	25	Student	Book-keeping/accountancy Coffee shop worker Self-employed bookkeeper	Yes	Lives alone
13 Lillian	60	Nurse trained	Auditor (self-employed) Invigilator	Carers Allowance	Lives with partner Carer for adult daughter

Pseudonym	Age	Qualifications	Multiple Jobs	Working-age benefits and/or Carers Allowance?	Family and care situation/ responsibilities
14 Cathy	35	College qualification	Support Worker Carer	Yes	Lone parent 2 school-age children – both have additional needs
15 Fiona	28	College qualification Student	Resettlement worker Support Relief Worker	No	Lives with partner
16 Eileen	53	College qualifications Trained in massage therapy	Museum attendant Concert Hall attendant Massage therapist (self-employed)	No	Lives alone
17 Suzi	21	Plans to study	Bartender Dog watcher/walker	Yes	Carer for grandma
18 Janine	45	Degree	Cabin crew Agency marketing Community development worker	Yes	Lives with partner 2 school-age children
19 Lina	55	Degree	Admin Assistant Cleaner (firm) Cleaner (gym) Cleaner (private) Cleaner (private) Shop worker	No	Lone parent 2 children – one school-age, one adult
20 Mandy	49	Degree	Family Support Worker Facilitator – charity	Yes	Lone parent 2 teenage children – both have additional needs 2 adult children
21 Joan	49	Degree Social worker	Support Worker Online seller	Carers Allowance	Lives alone Carer for adult daughter and parents
22 Mia	44	Degree	Health Co-ordinator Helpline operative Gymnastics coach	No	Lives alone Frequently cares for grandchild
23 Sabina	37	Modern Apprenticeship College qualification	Administrator Forecourt Assistant	No	Lives alone

Pseudonym	Age	Qualifications	Multiple Jobs	Working-age benefits and/or Carers Allowance?	Family and care situation/ responsibilities
24 Kath	30	Degree	Launderette worker Food truck worker About to start new job in coffee van	Yes	Lives alone
25 Libby	36	College qualification	Afterschool care worker Breakfast club worker Fitness coach Gym cover Personal trainer	No	Lives with Partner and teenage stepdaughter (weekends)
26 Carol	35	Trained chef College qualification	Cleaner (agency) Cleaner (private)	Yes	Lives with partner and 2 school-age children
27 Patience	34	College qualification	Home carer (agency) Carer (day centre)	Yes	Lone parent, 1 school-age child
28 Zuman	39	No qualifications	Cleaner (agency) Cleaning (hotel)	Yes	Lives with partner and 2 school-age children
29 Ellen	49	No qualifications	Cleaner (Community Centre) Catering assistant	Yes	Lone parent and kinship carer of school-age child and young adult
30 Ruth	24	No qualifications	Cleaner (nursery) Cleaner	No	Lives with partner; pregnant
31 Rowan	24	Degree	Advisor for voluntary organisation Bartender/server in restaurant	No	Lives with flatmates
33 Jess	24	Degree Student	Researcher Teaching Assistant Freelance researcher	No	Lives with partner
34 Geraldine	62	Degree Teaching qualification	Admin Assistant Cleaner (private) Cleaner (hospital, previously)	Yes	Lives with partner
35 Janey	45	Degree	Support worker Support worker Cleaner (previously)	No	Lives with partner and 3 school-age children
36 Ellen	31	College qualifications	Support worker Sessional work (housing association)	No	Lives with partner and pre-school child
37 Natalie	24	Degree	Assistant psychologist Mental healthcare support worker	No	Lives with partner
38 Angela	42	Degree	Depute headteacher Tutor Associate lecturer	No	Lives with partner and 2 school-age children. One child has additional health needs Carer for mum

Pseudonym	Age	Qualifications	Multiple Jobs	Working-age benefits and/or Carers Allowance?	Family and care situation/ responsibilities
39 Jill	54	Degree	Classroom Assistant Carer (social care)	No	Lives with partner and teenage sons Carer for dad
40 Donna	50	No qualifications	Cleaner (School) Cleaner (church) Cleaner (Hotel) Shop worker (previously)	No	Lives alone – widowed
41 Shannon	26	College qualifications	Hospital Auxiliary Nurse Sandwich shop worker	Yes	Lone parent with 1 pre-school child
42 Margaret	54	No qualifications	Domestic Support worker (NHS) Cleaner (agency)	No	Lives alone
43 Lauren	47	No qualifications	Bar worker Shop worker Cleaner (private)	Yes	Lone parent with teenage child
44 Ann	60	No qualifications	Admin Officer Lunchtime supervisor (school)	No	Lives with partner
45 Sam	35	No qualifications	Breakfast club worker Lunchtime supervisor (School) Teaching assistant Afterschool club worker	Yes	Lives with partner and 4 children (ages 9-18). Three children have additional health needs
46 Marianne	34	College student	Breakfast club worker Afterschool club worker Lunchtime supervisor (School)	Yes Carers Allowance	Lives with partner and 3 children (11, 14, 17). Two children have additional health needs. Carer for partner
47 Liz	54	No qualifications Cabin crew course	Technical support worker Shop worker	No	Lives alone Cares for grandchildren
48 Kathleen	43	Degree Physiotherapist	Physiotherapist Bank work physio	No	Lives with partner and 1 pre-school child
49 Alicia	38	College qualifications	Admin worker Bar worker	Yes	Lone parent, 1 pre-school child
50 Rosie	26	College qualifications	Gym worker Leisure Centre worker Peer support worker (NHS) Self-employed fitness instructor	No	Lives alone
51 Eva	43	Degree	Lecturer Franchise business	No	Lives with partner and 2 school-age children
52 Tara	25	Degree	Support worker Bar worker	No	Lives alone

Pseudonym	Age	Qualifications	Multiple Jobs	Working-age benefits and/or Carers Allowance?	Family and care situation/ responsibilities
53 Sue	47	No qualifications	Restaurant worker TV extra	Yes	Lone parent with 3 children (ages 6,13, 18)
54 Rita	47	Degree	Interpreter Therapist (self employed)	Yes	Lives alone
55 Karolyn	50	Degree Social worker	Home carer Shop worker	Yes	Lone parent and kinship carer of school-age child
56 Naga	52	No qualifications	Shop worker Cleaner (domestic)	Yes	Lives with mother and son (adult)
57 Sava	26	College qualification	Teaching Assistant Chippy delivery driver	Yes	Lives with partner and 2 children (age 3 and 5)
58 Vivien	62	No qualification	Care worker (agency) Cleaner	No	Lives alone Cares for grandchild
59 Christine	56	No qualification	Seamstress TV extra Cleanser/decorator for partners' flats Care worker (previously)	No	Lives with partner Carer for sister
60 Colleen	42	Degree	Seamstress (alterations) Makes and sells household items and baby clothes	No	Lives with partner and 2 teenage stepchildren Carer for Mum
61 Lia	27	Degree	Community Link Worker Musician (self-employed)	No	Lives with partner and 2 school-age stepchildren (occasionally)
62 Nicki	37	Degree Social worker	Support Worker Sessional worker	No	Lives with partner and 2 children (ages 4 & 8)
63 Martha	36	Degree	Cleaner (pub) Transcriber Admin worker	No	Lives with partner Carer for mum
64 Kelsey	24	Degree	Bar worker Chip shop worker Art worker (freelance)	No	Lives alone Carer for grandad
65 Miriam	57	No qualifications	Administration worker Beauty therapist Carer (previously)	No	Lives with partner and 3 adult children Carer for mother-in-law
66 Rosemary	64	No qualifications	Seamstress Carer	Yes	Lives alone Carer for mother
67 Kirsten	38	Degree	Admin workers Delivery driver Steward (events) Drama teacher	No	Lives with partner Carer for mother

Pseudonym	Age	Qualifications	Multiple Jobs	Working-age benefits and/or Carers Allowance?	Family and care situation/ responsibilities
68 Ann	58	No qualifications	Cleaner Driver escort for local authority (previously)	Carers Allowance	Lives alone Carer for partner
69 Christie	60	Quit studies	Actor Seller at book fairs and online seller	Yes	Lives with partner Carer for mother
70 Angela	55	No qualifications	Administrator Online seller Waitress	No	Lives with partner Carer for parents
71 Bea	56	No qualifications	TV extra Costume maker	No	Lives with partner and 2 adult children Carer for mother-in-law
72 Andrea	45	Degree Teacher	Actor Supply teacher	Yes	Lives alone Carer for uncle
73 Laura	38	College qualifications	Tutor Landlord	Yes	Lives with partner and 2 children (ages 5 and 18). One child has additional needs
74 Becky	18	College qualifications	Baker Shop worker	No	Lives with grandparents
75 Eva	25	Degree	Admin worker Bar worker Online seller	No	Lives alone
76 Rozanna	56	Degree	Admin worker Health coach	No	Lives alone
77 Mavis	68	No qualifications	Cleaner Lab technician	No	Lives alone
78 Nancy	56	No qualifications	NHS Clinic Assistant Health care Support Worker NHS Bank work	Yes	Lives with partner and adult son. Carer for partner and son who have health issues
79 Linda	37	Degree Teacher	Lecturer Associate Lecturer Examiner Freelance teacher trainer	No	Lives alone. Carer for parents
80 Kellie	23	Degree	Teaching Assistant Waitress Small Business (party hire)	No	Lives with partner and pre-school child
81 Cathy	40	College qualification	Teaching assistant Chip ship worker	Yes	Lone parent. 3 children (ages 10, 13 and 21)
82 Tara	38	College qualification	Teaching Assistant Janitor	Yes	Lives with partner and teenage son; pregnant

Pseudonym	Age	Qualifications	Multiple Jobs	Working-age benefits and/or Carers Allowance?	Family and care situation/ responsibilities
83 Mia	28	Degree	Admin worker Research Assistant	No	Lives with partner
84 Shona	59	College qualification	Finance/admin worker Housekeeper/cleaner/carer	No	Live alone
85 June	42	Degree	NHS Manager Massage therapist	No	Lone parent with school-age child
86 Orla	43	Degree	Lecturer Tutor Associate tutor	No	Lives with partner and 2 school-age children. One child has additional needs
87 Maja	66	No qualifications	School support worker Cleaner (private)	Yes	Lives with adult son
88 Korrina	27	Degree	Administrator Music teacher (self-employed)	No	Lives with partner
89 Collette	27	Degree Student	Hospitality NHS admin bank Admin/data entry	No	Lives alone Carer for grandma
90 Sheila	57	No quals	Cleaner Cleaner	No	Lives with partner
91 Lorraine	61	No qualifications	Cleaner Dog walker (Previously barber)	Yes	Lives alone
92 Heather	60	No qualifications	Cleaner Cleaner	No	Lives alone
93 Marjory	61	No qualifications	Cleaner Dog walker	No	Lives alone. Widowed. Carer for parents
94 Abigail	20	Student	Admin worker Event steward	No	Lives with flatmate
95 Krissy	59	No qualifications	Cleaner Cleaner	No	Lives with adult daughter
96 Julie	35	College qualification	Secretary – small business Carer/helper	No	Lives with partner and 2 children (ages 2 and 10)
97 Bet	46	No qualifications	Cleaner Cleaner	No	Lone parent. 5 children (3 at home age 16, 10 and 11)
98 Rebecca	22	Degree	Teaching assistant Counter assistant (deli)	No	Lives with flatmates
99 Rachel	46	Degree	Artist – freelance work Any other work can find e.g. teaching, commissions, talks, short jobs	No	Lives with partner and school-age child

Pseudonym	Age	Qualifications	Multiple Jobs	Working-age benefits and/or Carers Allowance?	Family and care situation/ responsibilities
100 Melissa	53	Degree	Director of small business Tutor	No	Lives with partner and 2 school age children
101 Ariana	30	Degree	Researcher Cat sitter	No	Lives alone
102 Nikki	40	No qualifications	Cleaner/housekeeper Carer	Yes	Lone parent – 3 children (ages 11, 13 and 20). One child has additional needs
103 Imelda	43	Degree	Admin worker Shop assistant	Yes	Lone parent School-age child with additional needs
104 Denise	44	Degree	Cleaner Data entry worker	Yes	Lives with partner
105 Marika	30	Degree	Library worker Bar/restaurant worker	No	Lives alone
106 Harriet	30	Degree	Venue staff/hospitality Invigilator Artist	No	Lives with partner; pregnant

Appendix: Regression Analyses

Table A1 – Predictors of Multiple Low Paid Employment among adults in work

Variables	All	Men	Women
Female	2.392*** (0.10)	-	-
Age reference category: 36-45			
Age 18-25	1.712*** (0.13)	2.080*** (0.29)	1.612*** (0.14)
Age 26-35	0.867** (0.06)	0.879 (0.11)	0.864** (0.06)
Age 46-55	1.101* (0.06)	1.080 (0.12)	1.128* (0.07)
Age 56-64	1.342*** (0.09)	1.864*** (0.22)	1.155* (0.09)
Ethnicity reference category: White			
Asian	0.716*** (0.08)	0.734 (0.15)	0.719** (0.10)
Black	0.821 (0.12)	1.285 (0.32)	0.680** (0.12)
Mixed	0.773 (0.16)	1.069 (0.38)	0.677 (0.17)
Other	0.743 (0.16)	1.066 (0.35)	0.610* (0.17)
Born in UK	1.041 (0.07)	1.237 (0.16)	0.971 (0.07)
Has Degree	1.106** (0.04)	1.594*** (0.12)	0.948 (0.05)
Housing tenure reference category: Owner-occupier			
Social rented	0.810*** (0.06)	0.591*** (0.09)	0.880 (0.07)

Variables	All	Men	Women
Private rented	0.982 (0.05)	1.136 (0.11)	0.919 (0.06)
Marital status reference category: Married			
Single	1.007 (0.05)	1.141 (0.11)	0.964 (0.06)
Previously married	1.085 (0.07)	1.106 (0.16)	1.077 (0.08)
Has young (U5) dependent child(ren)	0.680*** (0.04)	0.838 (0.10)	0.655*** (0.05)
Has school-aged child(ren)	1.233*** (0.06)	0.937 (0.09)	1.374*** (0.08)
Informal carer	1.325*** (0.08)	1.591*** (0.18)	1.252*** (0.08)
Has long-standing illness	1.174*** (0.05)	1.349*** (0.11)	1.108** (0.06)
In receipt of working-age benefits	1.454*** (0.09)	1.745*** (0.25)	1.324*** (0.09)
In material deprivation	1.356*** (0.07)	1.471*** (0.15)	1.329*** (0.08)
Constant	0.005*** (0.00)	0.003*** (0.00)	0.015*** (0.00)
Observations	176,331	89,055	87,276
Additional Controls:			
Regional fixed effects	✓	✓	✓
Time fixed effects	✓	✓	✓

Notes: The table presents the results associated with Chapter 4, section: Gender Differences in Involvement in MLPE. The estimation equation is $y_{ij,t} = \beta_0 + \gamma X_{ij,t} + \delta_t + \eta_j + \varepsilon_{ij,t}$, where $y_{ij,t}$ is a variable indicating whether individual i , living in region j , enumerated at time t is in MLPE; $X_{ij,t}$ is a vector of individual-level characteristics, δ_t and η_j are respectively regional and year fixed effects; and $\varepsilon_{ij,t}$ is the error term. The equation is estimated via logistic regression. Robust standard errors are in parentheses. */**/** denote statistical significance on the 10%, 5% and 1% level respectively. Source: Family Resources Survey, 2010-2019.

Table A2 – MLPE transitions and financial Health

	(1) Current Financial Situation	(2) Future Financial Situation	(3) Material Deprivation Score
MLPE	-0.035**	0.028**	0.956**
Transition at time t	(0.016)	(0.013)	(0.404)
MLPE	0.002	-0.004	-1.395***
Transition at time t-1	(0.016)	(0.013)	(0.408)
Age	0.006	-0.004	0.085
	(0.010)	(0.008)	(0.236)
Has degree	0.047	0.079**	0.238
	(0.038)	(0.033)	(0.622)
Is cohabitating	0.029	0.071***	0.311
	(0.020)	(0.015)	(0.360)
Single (never married)	-0.085***	0.026	0.244
	(0.026)	(0.018)	(0.529)
Previously married	-0.265***	0.033**	2.501***
	(0.025)	(0.016)	(0.474)
Number of Children	-0.054***	0.025***	0.527***
	(0.008)	(0.006)	(0.135)
Additional Controls:			
Individual fixed effects	✓	✓	✓
Regional fixed effects	✓	✓	✓
Time fixed effects	✓	✓	✓
N x T	112,960	110,980	107,035

Notes: The table presents the results associated with Figure 6.3 in the main text. The estimation equation is $y_{ij,t} = \beta_0 + \beta_1 MLPE_{ij,t} + \beta_2 MLPE_{ij,t-1} + \gamma X_{ij,t} + \alpha_i + \delta_t + \eta_j + \varepsilon_{ij,t}$, where $y_{ij,t}$ denotes the financial measure for individual i , living in region j , enumerated at time t ; $MLPE_{ij,t}$ and $MLPE_{ij,t-1}$ are indicator variables denoting whether individual is in MLPE at time t and $t-1$ respectively; $X_{ij,t}$ is a vector of time-varying individual-level characteristics, $\alpha_i, \delta_t, \eta_j$ are respectively individual, regional and time fixed effects; and $\varepsilon_{ij,t}$ is the error term, and the equation is estimated via a fixed effects multiple regression methodology. Standard errors adjusted for clustering at the individual level are in parentheses. **/** denote statistical significance on the 10%, 5% and 1% level respectively. Source: UK Household Longitudinal Survey, 2009-2019.

Table A3 – MLPE experience over time and financial Health

	Current Financial Situation			Future Financial Situation			Material Deprivation Score		
	(i) Spells	(ii) Duration	(iii) Years	(i) Spells	(ii) Duration	(iii) Years	(i) Spells	(ii) Duration	(iii) Years
MLPE experience									
One only	-0.088**	-0.115***	-0.099**	0.065***	0.085***	0.067**	0.007	0.001	0.004
	(0.036)	(0.040)	(0.043)	(0.023)	(0.025)	(0.027)	(0.004)	(0.005)	(0.006)
Two or more	-0.087	-0.046	-0.078*	0.094***	0.057*	0.080***	0.002	0.011**	0.007
	(0.057)	(0.045)	(0.042)	(0.033)	(0.030)	(0.027)	(0.007)	(0.005)	(0.005)
Individual Characteristics									
Age at first enumeration	0.003**	0.003**	0.003**	-0.009***	-0.009***	-0.009***	-0.001***	-0.001***	-0.001***
	(0.002)	(0.002)	(0.002)	(0.001)	(0.001)	(0.001)	(0.000)	(0.000)	(0.000)
Ethnicity: Asian	-0.262***	-0.261***	-0.262***	-0.053	-0.054	-0.053	0.003	0.004	0.003
	(0.055)	(0.055)	(0.055)	(0.036)	(0.036)	(0.036)	(0.008)	(0.008)	(0.008)
Ethnicity: Black	-0.151*	-0.151*	-0.151*	0.123**	0.123**	0.123**	-0.030	-0.030	-0.030
	(0.086)	(0.086)	(0.086)	(0.060)	(0.060)	(0.060)	(0.021)	(0.021)	(0.021)
Ethnicity: Other	-0.094	-0.091	-0.094	0.025	0.024	0.026	-0.003	-0.003	-0.003
	(0.098)	(0.098)	(0.098)	(0.059)	(0.060)	(0.060)	(0.009)	(0.009)	(0.009)
Born in the UK	0.005*	0.005*	0.005*	-0.000	-0.000	-0.000	-0.000	-0.000	-0.000
	(0.003)	(0.003)	(0.003)	(0.002)	(0.002)	(0.002)	(0.000)	(0.000)	(0.000)
Has degree	0.100***	0.101***	0.101***	-0.029	-0.029	-0.029	0.008**	0.008**	0.008**
	(0.026)	(0.026)	(0.026)	(0.018)	(0.018)	(0.018)	(0.004)	(0.004)	(0.004)
Is cohabitating	-0.142***	-0.142***	-0.142***	-0.047*	-0.047*	-0.047*	0.008	0.008	0.007
	(0.041)	(0.041)	(0.041)	(0.027)	(0.027)	(0.027)	(0.006)	(0.006)	(0.006)
Single (never married)	-0.140***	-0.140***	-0.140***	-0.075***	-0.075***	-0.075***	0.004	0.004	0.004
	(0.042)	(0.042)	(0.042)	(0.027)	(0.027)	(0.027)	(0.005)	(0.005)	(0.005)
Previously married	-0.140***	-0.140***	-0.140***	-0.040	-0.040	-0.040	0.005	0.005	0.005
	(0.041)	(0.041)	(0.041)	(0.026)	(0.026)	(0.026)	(0.006)	(0.006)	(0.006)
Number of Children	-0.050***	-0.050***	-0.050***	-0.008	-0.009	-0.008	0.001	0.001	0.001
	(0.015)	(0.015)	(0.015)	(0.009)	(0.009)	(0.009)	(0.003)	(0.003)	(0.003)
Owns home	0.199***	0.198***	0.199***	0.020	0.020	0.020	-0.003	-0.003	-0.003
	(0.032)	(0.032)	(0.032)	(0.019)	(0.019)	(0.019)	(0.004)	(0.004)	(0.004)

	Current Financial Situation			Future Financial Situation			Material Deprivation Score		
	(i) Spells	(ii) Duration	(iii) Years	(i) Spells	(ii) Duration	(iii) Years	(i) Spells	(ii) Duration	(iii) Years
Change in cohabitation	0.089*	0.090*	0.090*	0.091***	0.090***	0.090***	-0.015**	-0.015**	-0.015**
	(0.046)	(0.046)	(0.046)	(0.030)	(0.030)	(0.030)	(0.006)	(0.006)	(0.006)
Change in no. children	-0.047	-0.047	-0.047	0.003	0.004	0.003	-0.030***	-0.030***	-0.030***
	(0.029)	(0.029)	(0.029)	(0.019)	(0.019)	(0.019)	(0.005)	(0.005)	(0.005)
Change in marital status	-0.080**	-0.080**	-0.080**	0.044**	0.044**	0.044**	-0.002	-0.002	-0.002
	(0.035)	(0.034)	(0.035)	(0.022)	(0.022)	(0.022)	(0.004)	(0.004)	(0.004)
Additional controls:									
Initial value of dependent variable	✓	✓	✓	✓	✓	✓	✓	✓	✓
Regional Fixed Effects	✓	✓	✓	✓	✓	✓	✓	✓	✓
N	6,572	6,572	6,572	6,392	6,392	6,392	6,601	6,601	6,601

Notes: The table presents the results associated with Figure 6.3 in the main text. The estimation equation is $y_{ij,t} = \beta_0 + \beta_1 MLPE_{ij,t} + \beta_2 MLPE_{ij,t-1} + \gamma X_{ij,t} + \alpha_i + \delta_t + \eta_j + \varepsilon_{ij,t}$, where $y_{ij,t}$ denotes the financial measure for individual i , living in region j , enumerated at time t ; $MLPE_{ij,t}$ and $MLPE_{ij,t-1}$ are indicator variables denoting whether individual is in MLPE at time t and $t-1$ respectively; $X_{ij,t}$ is a vector of time-varying individual-level characteristics, $\alpha_i, \delta_t, \eta_j$ are respectively individual, regional and time fixed effects; and $\varepsilon_{ij,t}$ is the error term, and the equation is estimated via a fixed effects multiple regression methodology. Standard errors adjusted for clustering at the individual level are in parentheses. **/** denote statistical significance on the 10%, 5% and 1% level respectively. Source: UK Household Longitudinal Survey, 2009-2019.

Table A4 – MLPE transitions and Health

	(1) Physical Component Score	(2) Mental Component Score
MLPE	0.103	0.343**
Transition at time t	(0.144)	(0.165)
MLPE	-0.085	0.273*
Transition at time t-1	(0.131)	(0.161)
Age	0.054	-0.237**
	(0.086)	(0.106)
Has degree	0.448	-0.433
	(0.290)	(0.355)
Is cohabitating	0.163	-0.152
	(0.163)	(0.199)
Single (never married)	0.750***	-0.694***
	(0.210)	(0.264)
Previously married	0.952***	-1.337***
	(0.200)	(0.245)
Number of Children	0.570***	-0.199***
	(0.067)	(0.076)
Additional Controls:		
Individual fixed effects	✓	✓
Regional fixed effects	✓	✓
Time fixed effects	✓	✓
N x T	105,322	105,322

Notes: The table presents the results associated with Figure 8.1 in the main text. The estimation equation is $y_{ij,t} = \beta_0 + \beta_1 MLPE_{ij,t} + \beta_2 MLPE_{ij,t-1} + \gamma X_{ij,t} + \alpha_i + \delta_t + \eta_j + \varepsilon_{ij,t}$, where $y_{ij,t}$ denotes the financial measure for individual i , living in region j , enumerated at time t ; $MLPE_{ij,t}$ and $MLPE_{ij,t-1}$ are indicator variables denoting whether individual is in MLPE at time t and $t-1$ respectively; $X_{ij,t}$ is a vector of time-varying individual-level characteristics, $\alpha_i, \delta_t, \eta_j$ are respectively individual, regional and time fixed effects; and $\varepsilon_{ij,t}$ is the error term, and the equation is estimated via a fixed effects multiple regression methodology. Standard errors adjusted for clustering at the individual level are in parentheses. **/** denote statistical significance on the 10%, 5% and 1% level respectively. Source: UK Household Longitudinal Survey, 2009-2019.

Table A5 – MLPE experience over time and Health

	Physical Component Score			Mental Component Score		
	(i) Spells	(ii) Duration	(iii) Years	(i) Spells	(ii) Duration	(iii) Years
MLPE experience						
One only	0.274	-0.189	-0.306	0.596	0.556	0.251
	(0.351)	(0.375)	(0.413)	(0.380)	(0.423)	(0.461)
Two or more	0.003	0.777*	0.639	1.860***	1.608***	1.615***
	(0.552)	(0.471)	(0.415)	(0.593)	(0.479)	(0.437)
Individual Characteristics						
Age at first enumeration	-0.175***	-0.176***	-0.175***	0.152***	0.152***	0.152***
	(0.015)	(0.015)	(0.015)	(0.017)	(0.017)	(0.017)
Ethnicity: Asian	-1.839***	-1.826***	-1.833***	0.675	0.700	0.694
	(0.566)	(0.566)	(0.566)	(0.612)	(0.610)	(0.611)
Ethnicity: Black	0.177	0.171	0.152	2.005*	2.040*	2.014*
	(0.945)	(0.947)	(0.947)	(1.062)	(1.063)	(1.062)
Ethnicity: Other	-0.923	-0.881	-0.910	1.931**	2.008**	1.983**
	(0.865)	(0.860)	(0.859)	(0.966)	(0.969)	(0.967)
Born in the UK	-0.030	-0.030	-0.030	-0.017	-0.017	-0.016
	(0.031)	(0.031)	(0.031)	(0.036)	(0.036)	(0.036)
Has degree	1.897***	1.899***	1.900***	0.755***	0.756***	0.759***
	(0.244)	(0.244)	(0.244)	(0.287)	(0.287)	(0.287)
Is cohabitating	0.042	0.043	0.042	-1.306***	-1.298***	-1.300***
	(0.397)	(0.396)	(0.396)	(0.461)	(0.461)	(0.461)
Single (never married)	-0.858**	-0.854**	-0.858**	-0.347	-0.333	-0.337
	(0.407)	(0.408)	(0.408)	(0.482)	(0.482)	(0.482)
Previously married	-1.251***	-1.253***	-1.250***	-0.855*	-0.856*	-0.853*
	(0.434)	(0.434)	(0.434)	(0.493)	(0.493)	(0.492)
Number of Children	-0.436***	-0.433***	-0.428***	0.118	0.111	0.119
	(0.139)	(0.139)	(0.139)	(0.156)	(0.156)	(0.156)
Owns home	3.296***	3.281***	3.288***	1.535***	1.520***	1.526***
	(0.320)	(0.320)	(0.320)	(0.363)	(0.363)	(0.363)
Change in cohabitation	0.153	0.157	0.159	1.442***	1.443***	1.446***
	(0.427)	(0.426)	(0.427)	(0.507)	(0.508)	(0.508)

	Physical Component Score			Mental Component Score		
	(i) Spells	(ii) Duration	(iii) Years	(i) Spells	(ii) Duration	(iii) Years
Change in no. children	0.701**	0.700**	0.697**	0.179	0.184	0.180
	(0.281)	(0.281)	(0.281)	(0.330)	(0.330)	(0.330)
Change in marital status	-0.073	-0.076	-0.078	-1.098***	-1.102***	-1.107***
	(0.331)	(0.331)	(0.331)	(0.403)	(0.403)	(0.403)
Additional controls:						
Initial value of dependent variable	✓	✓	✓	✓	✓	✓
Regional Fixed Effects	✓	✓	✓	✓	✓	✓
N	6,235	6,235	6,235	6,235	6,235	6,235

Notes: The table presents the results associated with Figure 8.2 in the main text. Estimation methodology is multiple regression analysis, and the estimation equation is given by $y_i = \beta_0 + \beta_1(MLPE = 1)_i + \beta_2(MLPE = 2+)_i + \gamma X_i + \rho Z_i + (y \text{ at start})_i + \eta_j + \varepsilon_i$ where y_i denotes the financial measure for individual i ; $(MLPE = 1)$ and $(MLPE = 2+)$ are indicator variables denoting an individual’s experience of MLPE; X_i and Z_i are vectors respectively of individual-level characteristics at the beginning of the decade and changes in key characteristics over the decade; η_j are a set of regional fixed effects; and ε_i is the regression error term. Robust standard errors are in parentheses. */**/** denote statistical significance at the 10%, 5% and 1% level respectively. Source: UK Household Longitudinal Survey, 2009-2019.

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43 Respondents are asked about their usual pattern of work, and can select more than one of the options: "During the day; During the evening; At night". Thus, the categories are not mutually exclusive, i.e. most of those working in the evening also work during the day.

44 Inactivity is where individuals are out of the labour force, i.e. they are neither working nor seeking work.

45 By 'spell' we are referring to how many times across the decade a woman reported being in MLPE in each annual survey; it is possible that some women experienced more than one 'spell' of MLPE between the annual surveys but this would not be counted here.

46 Informal care is defined as providing help, outside paid work, to someone else, whether within the same household or to someone living elsewhere because they have long-term physical or mental ill-health issues, a disability or problems relating to old age. Informal care is not prescriptively defined but can include activities such as going shopping for someone, or helping them with paperwork, cooking meals, getting dressed or moving around etc.

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