

Characteristics of care providers and care receivers over time

This study examined the characteristics, past and present, of different groups of unpaid caregivers in England and Wales in 2001. As not all people with care needs can be looked after at home, it also examined characteristics of older people who had moved into institutional care, and those who had moved in with other relatives. The research, by a team from the Centre for Population Studies, London School of Hygiene and Tropical Medicine, used data from the Office for National Statistics Longitudinal Study, including individual-level census information. Key findings were:

- There were geographic variations in the proportion of the England and Wales population providing unpaid care for 20 hours or more per week in 2001. The likelihood of caregiving was highest in Wales and the North of England and lowest in the South East of England.
- Caregiving was associated with disadvantage. The proportion of the population providing unpaid care was higher in deprived areas and areas with higher levels of poor health. Carers were also relatively disadvantaged and more likely than others of the same age to be in poor health themselves.
- Those from Bangladeshi and Pakistani ethnic groups were more likely to provide care than those from other ethnic groups, once age profile and gender were taken into account.
- Caregivers were less likely than others of the same age to be employed. Among those who were employed, women working in the public sector were more likely than those in the private sector to be carers. Women who had worked in a caring profession were more likely to become unpaid carers.
- Some 9 per cent of women and 4 per cent of men aged 65 and over and living in the community in 1991 were in institutional care by 2001. These proportions were slightly lower than the equivalent between 1981 and 1991. Characteristics associated with increased chances of moving into institutional care included older age, being unmarried, poorer health, being a tenant rather than an owner occupier and, among women, having no children.



Background

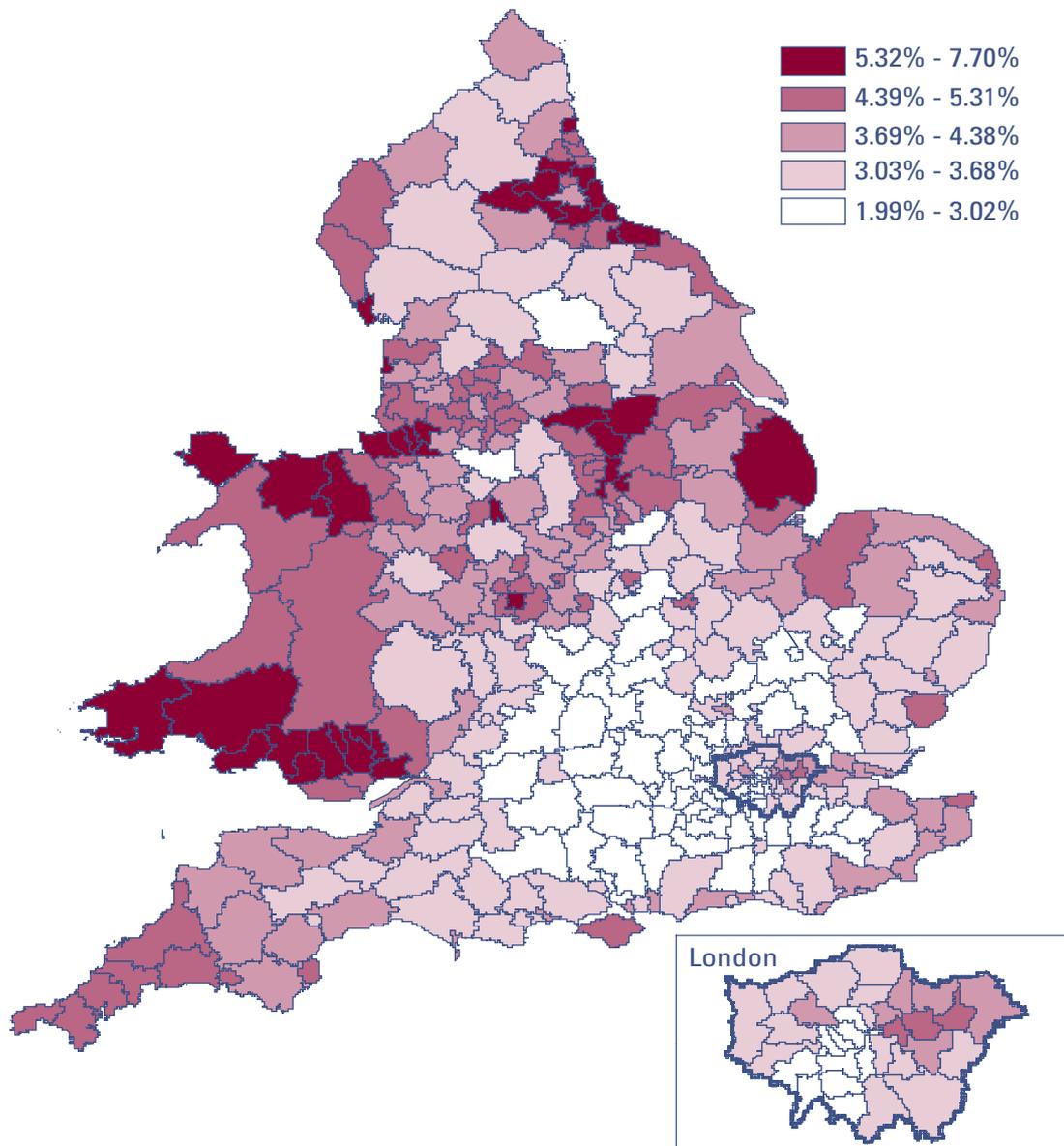
Much long-term care for disabled people or people with health problems is provided by unpaid informal carers, usually family members. Increases in the number and proportion of very old people in the population imply that needs for care, including unpaid care, will increase, even if progress is made in delaying the onset of disability. Although needs for care may be increasing, there is widespread concern that changing family patterns and women's increased labour-market participation will lead to reduced willingness to provide extensive unpaid care.

This study used data from the Office for National Statistics Longitudinal Study (ONS LS) and aggregated data from the 2001 Census to examine:

- geographic variation in caregiving, focusing on health, deprivation and ethnicity;
- present and past characteristics of carers in terms of employment, marital status and socio-economic status;
- characteristics of older people moving into a residential or nursing home or to live with relatives.

The ONS LS includes individual-level information from the 2001 and earlier censuses for a sample of the England and Wales population. The 2001 Census included a question on whether people provided unpaid care and, if so, whether they spent fewer than 20, 20-49, or 50 or more hours per week providing such care. This study focused on people who spent at least 20 hours a week on caregiving; all the results presented here refer to these more extensively involved carers.

Figure 1: **Proportion of the population aged 16 and over in England and Wales providing unpaid care for 20 hours or more, 2001**



Source: Census data in Young, Grundy and Kalogirou (2005), Population Trends vol 120, Office for National Statistics

Who are the carers?

Place

The proportion of the adult population providing care for 20 hours or more per week was highest in Wales and northern regions of England, and lowest in the South East of England. On average, 4 per cent of adults in each local authority area were caregivers, with this proportion ranging from 2 to 8 per cent. Areas with the highest proportions of caregivers in the population included: Conwy, Denbighshire, and the Isle of Anglesey in North Wales; most unitary authorities in South Wales; Merseyside; Durham; Tyne and Wear; and parts of Lincolnshire, South Yorkshire and Derbyshire (see Figure 1).

The more deprived an area, the higher the proportion of people providing 20 or more hours of care per week. The proportion of the population providing extensive care was also greater in areas with higher levels of poor health.

Age, gender, marital status and ethnicity

People of all ages were caregivers, but the proportions varied considerably by age. In 2001, 1 per cent of people in their twenties were providing 20 or more hours of care per week, compared with 6 per cent of people aged 50-59 (peak age) and 5 per cent of those aged 75 and over.

People from Bangladeshi and Pakistani ethnic groups were much more likely to be carers than those from other ethnic groups, taking account of differences in age structure. In all age and ethnic groups, women were more likely to provide care than men, although the size of this differential varied by age and ethnicity. The gender difference was most pronounced in Bangladeshi and Pakistani ethnic groups (see Figure 2).

Differences in caregiving by marital status also varied by age and gender. Among those aged 60 and over, married people were more likely than unmarried people to be carers, reflecting the fact that much care is for spouses. Middle-aged carers more often cared for parents, and

among men aged 40-59, single (never-married) men were more likely than other men to provide care. Among both men and women in this age group, divorced and widowed people were the least likely to provide extensive care.

Health and socio-economic status

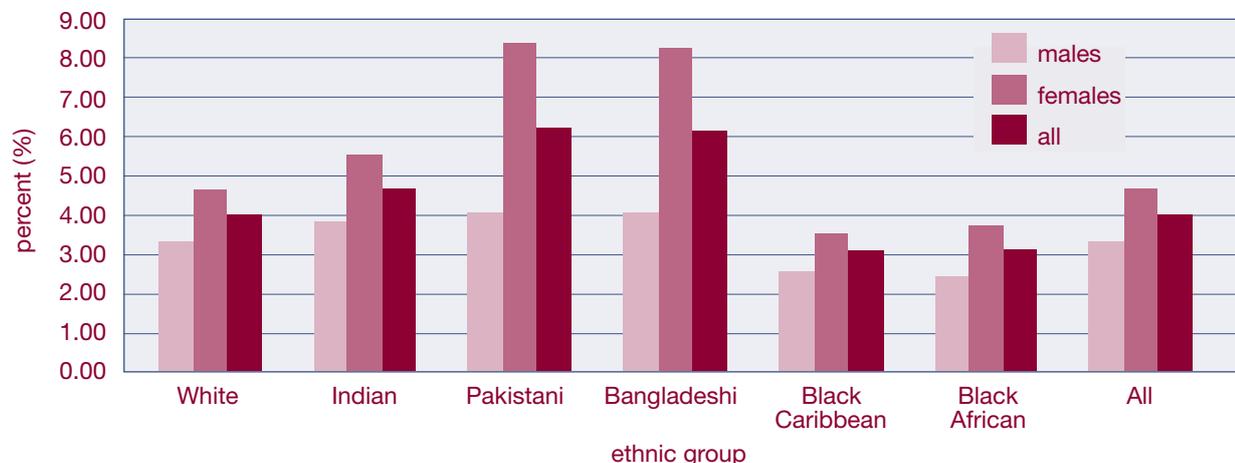
Proportions of carers among those aged 20-59 were higher among people with no or few educational qualifications. In older groups too there were more carers in less advantaged groups. Older carers (aged 65 and over) looking after a spouse were less likely than other married people of the same age to have central heating, own their home or have a car. Taking account of these differences, carers were also more likely to be in poor health themselves than others of the same age.

Employment

The analyses showed that young and mid-life carers providing care for 20 hours or more per week were less likely to be employed than non-caregivers or those providing less care. Middle-aged carers in 2001 were more likely to have given up employment since 1991. It is not possible to tell if this reflected giving up work because of caregiving; it could be that people who gave up work for other reasons were more likely to take on a caregiving role.

Women were more likely than men to combine caregiving and paid work. Women working in the public sector were more likely than those in the private sector to be caregivers. Employment history was also associated with being a carer. Women who had previously had a job with a caring element were more likely to be providing care in 2001. Additionally, mothers who were in employment in 1991 after having had children in the 1980s were less likely than mothers not working outside the home in 1991 to be providing care in 2001.

Figure 2: **Proportion of the population aged 16 and over providing unpaid care for 20 hours or more per week by ethnic group and gender**



Source: 2001 Census, Office for National Statistics. Authors' analysis.

Intergenerational co-residence and care involving mid-life adults

In 2001, only 4 per cent of men and 2 per cent of women aged 35-54, and 2 per cent of men and women aged 55-64, lived with a parent. These were lower proportions than in 1991. However, nearly a quarter of never-married men aged 35-54 lived with a parent, and most of these seemed to be men who had never left home. Only about a fifth of co-resident children were providing 20 or more hours per week of care. In about 5 per cent of these intergenerational households, it seemed likely that the older parent was providing care for the adult child.

Moves to institutional care or to live with relatives

Some 9 per cent of women and 4 per cent of men aged 65 and over and living in the community in 1991 were in institutional care ten years later. These proportions varied considerably with age and gender; for instance, nearly a third of women aged 80 and over in 1991 were in institutional care ten years later. Characteristics associated with increased chance of this type of move included older age, being unmarried, poorer health, being a tenant rather than an owner occupier and, among women, having no children.

Overall, the proportion of people moving from living in the community to institutional residence between 1991 and 2001 was slightly lower than the equivalent figure for 1981 to 1991. In some cases, moving to live with relatives was an alternative to institutional care. However, the proportion of people who lived alone or just with a spouse in 1991 and with relatives by 2001 was very low. Widowed people were the most likely to move in with relatives, while never-married people had the highest chance of moving into institutional care.

Conclusion

Unpaid carers are an essential and vitally important component of the system of support for people with assistance needs. Many of those needing care are older people, and much of this care is provided by other older people or people in late middle age. However, there are caregivers of all ages, and caregivers are a heterogeneous group. Nevertheless, certain common features can be identified, including an association between caregiving and disadvantage. In general, people providing care for 20 or more hours per week are more likely to have health problems themselves and to live in poorer areas, and less likely to have educational qualifications, be in employment or be home owners. Additionally, people of lower socio-economic status have higher chances of moving into institutional care, even taking account of other factors influencing this transition.

About the project

The study used aggregated data from the 2001 Census and data from the ONS LS, including anonymised individual-level census data for an approximate 1 per cent sample of the population of England and Wales. The Longitudinal Study was initiated in 1974, and includes information from the 1971, 1981, 1991 and 2001 Censuses. This made it possible to look back at earlier circumstances of people who were carers in 2001 and examine changes in household type and other characteristics between one census and the next. The authors are grateful to the Office for National Statistics for access to the data, and to the ESRC-funded Centre for Longitudinal Study Information and User Support Service (CeLSIUS) for assistance.

For further information

The full report, **Care providers, care receivers: A longitudinal perspective** by Harriet Young, Emily Grundy and Mark Jitlal, is published by the Joseph Rowntree Foundation (ISBN 978 1 85935 516 9, price £16.95). You can also download this report free from www.jrf.org.uk.

Printed copies from York Publishing Services Ltd, 64 Hallfield Road, Layerthorpe, York YO31 7ZQ, Tel: 01904 430033, Fax: 01904 430868 (please add £2.00 p&p per order).

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