The prevalence of informal care and its association with health: longitudinal research using census data for England and Wales

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Research motivations

“There were approximately 5.8 million people providing unpaid care in England and Wales in 2011, representing just over one tenth of the population”. (ONS, 2013a).

“...as the level of unpaid care provision increased from 1 to 19 hours to 50 or more hours per week, the proportion of people with ‘Not Good’ health increased. As would be expected, those with no unpaid care responsibilities had lower levels of ‘Not Good’ general health than those providing unpaid care”. (ONS, 2013b).
Background / Research motivations (1)

What is known about informal caring in England and Wales?

• 2001 Census data identified the full scale of informal (unpaid) caregiving in E & W for the first time.
  – Over 1m informal carers 65+ (Doran et al., 2003).

• 2011 Census results highlight informal caring has increased in prevalence at higher intensities.
  – Increase in those providing 20hrs + informal care per week (ONS, 2013).

• Timing and intensity of informal care provision.
  – Informal caring more common among people in ‘mid-life’ but older people tend to care at higher intensities (Dahlberg et al., 2007).

• Informal caring is of increasing importance in the context of social care provision.
What is known about the health of informal carers?

- Varied associations between informal caring and health have been identified depending on the study type (cross-sectional vs. longitudinal) and the health outcome measured (Vlachantoni, 2010; Jones and Peters, 1992; Capistrant et al., 2011).

- An association between poor self-reported health and provision of 20 hours or more care has been found (Young et al., 2005).

- Other studies found that, generally, care-givers are less likely than non-caregivers to report a Limiting Long-Term Illness (LLTI) (O’Reilly et al., 2008).
What is known about the health of informal carers?

- Results from the 2011 Census show that informal carers are more likely to report ‘not good’ general health and a worsening likelihood with increasing unpaid care provision (ONS, 2013a).

- One review article has argued that the overall negative evaluation of informal caring is ‘generally unjustified’ and that there has been a lack of longitudinal comparisons (Brown and Brown, 2014).
Research questions

1. What became of carers in 2001 ten years later?  
   How is the number of hours of caring associated with transitions in/out of caring between 2001 and 2011?

2. How is past (2001) and present (2011) provision of informal care, and the amount of care provided, associated with reporting of bad or very bad health (2011)?
Data and method (1)

Data: ONS Longitudinal Study (LS) – 1% sample of linked census records (1971-2011).

Question wording: ‘Do you look after, or give any help or support to family members, friends, neighbours or others because of either: long-term physical or mental ill-health / disability/ problems related to old age?’ (Nothing as part of paid employment or childcare).

1. What became of the carers in 2001?

• Sample: ONS LS members aged 16-74 years at both 2001 and 2011 Censuses (N=317,752).
• Cross tabulations.
• Binary logistic regression to identify characteristics associated with caring at 2011 for those who were caring at 2001.
Data and method (2)

2. Patterns of informal care and health

• Sample: ONS LS members aged 35-85 years at 2011 (N=270,054) and resident in England and Wales at the 2001 Census.
• Binary logistic regression.
• Outcome: reporting bad or very bad self-reported health at 2011 (henceforth ‘not good health’).
• Controls (2011): demographic characteristics, socio-economic characteristics, baseline health (2001), LLTI (2001), area effects (Carstairs Index) and co-morbidity (LLTI within the household).
1. What became of carers in 2001 ten years later?
Results (1)

Table 1: Identifying carers at 2001 and 2011

<table>
<thead>
<tr>
<th>2001</th>
<th>2011 Carer</th>
<th>2011 Non-carer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carer</td>
<td>Caring at 2001 and 2011 (a)</td>
<td>Caring at 2001, not caring at 2011 (d)</td>
</tr>
<tr>
<td>Non-carer</td>
<td>Not caring at 2001, caring at 2011 (c)</td>
<td>Not caring at 2001 and at 2011 (b)</td>
</tr>
</tbody>
</table>
Results (1)  

Around 4% of informal carers in 2001 were also caring in 2011

Table 2: Change in informal caring provision between 2001 and 2011

<table>
<thead>
<tr>
<th></th>
<th>2001</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Carer</td>
<td>Non-carer</td>
</tr>
<tr>
<td>Carer</td>
<td>9.0%</td>
<td>7.1%</td>
</tr>
<tr>
<td></td>
<td>N=37,837</td>
<td>N=29,649</td>
</tr>
</tbody>
</table>
Results (2) What characteristics are associated with caring at 2011 among informal carers at 2001?

Characteristics associated with any level of informal caring at 2011 for those providing informal care at 2001:

- Being female (compared to male).
- Being aged 45-54 years (2011) (compared to all other categories).
- Owning outright (tenure) (compared to all other categories).
- Being White British or Irish (compared to all other categories).
- Being married (compared to all other categories).
- ‘Looking after the home’ (compared to all other categories).
- Reporting fairly good health (compared to all other categories).
- Providing 50 hours or more care at 2001 (compared to all other categories).
Those providing 50 hours or more care at 2001 were most likely to be caring at 2011.

Figure 1: Predicted probabilities of any level informal caring at 2011 by caring intensity at 2001 and gender.

- Age in 2001=35-44 years,
- Marital status in 2011=Married or in a registered same-sex civil partnership,
- Ethnic group in 2001=White British,
- Tenure in 2011=Owned outright,
- Health in 2011=Fair,
- Limiting long term illness in 2011=Yes, limited a lot / a little,
- Highest educational qualification in 2011=Level 4 (first degree) or above,
- Economic activity status in 2011=Looking after the home.
2. How is past and present provision of informal care, and the amount of care provided, associated with reporting of bad or very bad health?
Results (4) Carers at 2001 and 2011 are less likely to report not good health than non-carers (2001 & 2011)

Figure 2: Odds ratios and 95% confidence intervals of reporting not good health at 2011

Source: Authors own analysis of ONS LS.
Results (5) Light informal carers are less likely to report not good health than non-carers

Figure 3: Odds ratios and 95% confidence intervals of reporting not good health at 2011

Source: Authors own analysis of ONS LS.
Results (5)

Light informal carers are less likely to report not good health than non-carers

Figure 3: Odds ratios and 95% confidence intervals of reporting not good health at 2011

Light informal carers are less likely to report not good health than non-carers

Figure 3: Odds ratios and 95% confidence intervals of reporting not good health at 2011

**Results (5)**

Light informal carers are less likely to report not good health than non-carers

Figure 3: Odds ratios and 95% confidence intervals of reporting not good health at 2011

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Figure 3: Odds ratios and 95% confidence intervals of reporting not good health at 2011

Source: Authors own analysis of ONS LS.
Light informal carers are less likely to report not good health than non-carers.

Figure 3: Odds ratios and 95% confidence intervals of reporting not good health at 2011

Source: Authors own analysis of ONS LS.
Summary of results – Care provision

- Over one third of those caring at the 2001 census were also caring ten years later.

- Of all informal carers at both 2001 and 2011, a total of 16.8% were providing 50 hours or more care per week at both dates.

- Among those providing 50 hours or more care per week in 2001, 55% did not provide care at 2011.

- Informal carers who were providing care at 2001 and 2011 were mainly aged between 55-85 years in 2011.
Summary of results – Health

• Compared to non-carers (2001 & 2011):
  1. Light carers (2001 & 2011) and heavy carers (2001 & 2011) are less likely to report not good health.
  2. Non carers in 2001 who were light or heavy carers in 2011 are less likely to report not good health.
  3. Light informal carers at 2001 who were not caring at 2011 show no difference in the likelihood of reporting not good health.
  4. Heavy carers at 2001 who were not caring at 2011 show a 20% higher likelihood of reporting not good health.

• Such results require careful interpretation; causality between caring and health is difficult to ascertain.

• Consistent with Brown and Brown (2014), informal caring and health interrelations need more careful consideration.
Acknowledgements

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References


