



Photo: Maggie Murray/FORMAT

## Informal carers and employment

Who are the groups most likely to be caring for a sick, disabled or elderly person in Britain? To what extent does such informal caring affect the carers' own job prospects?

These and other issues were examined in a project commissioned by the Employment Department which analysed data from the first sweep of the 1991 British Household Panel Study.<sup>1</sup>

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### Key findings

- In 1991 almost one in seven adults aged over 16 provided informal care for someone sick, disabled or elderly either inside or outside their own household.
- Many carers have to forego employment opportunities or change their working patterns to fit around their caring obligations.
- Households containing carers were found to be poorer than those of the general population.
- Over half of the carers identified were looking after their spouse.
- Equal proportions of women and men have caring responsibilities.
- Women spend more time on their caring responsibilities than men.

### Introduction

CARING FOR the elderly, the sick and the disabled in Britain is work which is likely to increase. Over the past decade the UK has seen an ageing of its population, and this pattern looks likely to continue for the next few decades. The issue has been the focus of both government and media attention, since a disproportionate rise in the numbers of people over 75 and 85 years old has profound implications for the provision of care and support for these groups.

According to projections, by the year 2001 the number of people aged 85 or over will have risen by 30 per cent, and by 2031 this could be as much as 50 per cent.<sup>2</sup> Disability is far more common among the elderly and produces the need for caring (*Audit Commission*, 1992). While the elderly constitute the largest group who need care in community, however, there are also smaller groups of

younger sick and disabled people who require care.

Alongside the demographic changes in the population there has been a steady growth in married women's labour market participation since the 1950s.<sup>3</sup> Although caring is by no means entirely a woman's role entirely since a significant number of men are care providers, women are expected to spend longer hours caring.<sup>4</sup> This article examines the extent to which caring responsibilities and a paid job are compatible.

The term 'informal care' is used here to distinguish it from similar care provided on a professional basis. Informal care usually occurs within the family, is unpaid, and draws on the carer's sense of obligation and duty. While caring can refer to many different types of activities and degrees of commitment, this article focuses on co-resident carers who provide care for



dependants living in the same household.

Prior to the *Caring and Employment Report* commissioned by the Employment Department<sup>1</sup>, relatively few major sources of information were available on caring and caring households in Britain. These included a large-scale survey of carers carried out by the Office of Population, Censuses and Surveys (OPCS) in 1985 (which featured as an addition to the General Household Survey - GHS - and was sponsored by the Department of Health), and a more limited carer's module which was included in the 1990 GHS. Two further national studies were a survey on the prevalence of disability among adults in Britain, carried out by OPCS in 1985 (OPCS, 1988), and a survey of Invalid Care Allowance recipients conducted in 1989 (McLaughlin, 1991).

This article updates information on informal carers. The sample size of the British Household Panel Study (BHPS) survey, on which the article is based, is smaller than that of the 1985 GHS additional section on caring, but it constitutes

a representative sample of individuals in private households in Britain.<sup>4</sup>

#### Identifying carers and care

Identifying a carer is not straightforward, and the way in which a survey defines carers will determine estimates of their numbers. For example, people who have been caring for a sick person for a long time may not regard their caring duties to be over and above their usual family responsibilities.

In the BHPS survey people were asked whether they were looking after, or giving special help to, anyone who was sick, handicapped or elderly either living in the same household or in a different household. Individuals were then allowed to define for themselves whether or not they were a carer. Identifying carers was, therefore, to some extent a matter of self-assessment.

The BHPS questions aimed to make sure that the individuals being cared for outside the household were being cared for on a one-to-one basis rather than being helped in a group. In this feature, 'co-

resident carer' is used to denote caring for someone living with the resident and 'extra-resident' carer to define caring for someone not living with the respondent.

#### Who cares?

Table 1 shows that altogether some 15 per cent of adults aged 16 or over reported looking after someone either inside or outside their own household. Just under 5 per cent were co-resident carers, and one in eight of these took on additional extra-resident caring tasks. The majority of co-resident carers cared for one person, with just under 3 per cent caring for two or more dependants.

Just over 10 per cent of adults reported giving help to someone sick, handicapped or elderly living in another private household or in an institution. While two-thirds of these extra-resident carers looked after one person, a fifth gave help to two recipients. These figures from the 1991 BHPS data are similar to those found by the 1985 GHS (Green, 1988).

Overall, one in five households in

Table 1 Percentage of adults with caring responsibilities

Adults aged 16 and over

	Total care provision		Classified care provision	
	Frequency	Per cent	Frequency	Per cent
Provide care inside and/or outside household	1,444	14.6		
Provide care inside own household	435	4.4		
			<i>Cares for:</i>	
			1 person	423 97.2
			2 people	11 2.5
			3 people	1 0.3
				435 100.0
Provide care outside the household	1,066	10.8		
			<i>Cares for:</i>	
			1 person	698 65.5
			2 people	208 19.5
			3+ people	120 11.3
			missing	40 3.7
				1,066 100.0
Provide care inside and outside household	57	0.6		
Provide care inside household only	378	3.8		
Provide care outside household only	1,008	10.2		
			<i>Cares for:</i>	
			1 person	656 65.1
			2 people	201 19.9
			3+ people	113 11.2
			missing	38 3.8
				1,008 100.0
Base = 100% <sup>a</sup>	9,912			

<sup>a</sup> Total excludes 352 cases who were interviewed by proxy.



Britain contained at least one person providing some form of informal care. Six per cent of households contained at least one co-resident carer and a quarter of these households contained at least two such carers. One in six households contained at least one extra-resident carer and a fifth of these contained at least two.

Recent research has suggested that women are usually the main co-resident carer in a household, and that many of Britain's carers have to juggle the tasks of caring and paid employment (Arber and Ginn, 1991; Victor, 1991). The BHPS survey, by contrast, suggests that caring is not an exclusively female task and that similar proportions of men and women aged 16 or over were co-resident carers in 1991. Seventeen per cent of women and 12 per cent of men in the adult population said that they looked after or gave special help to someone sick, elderly or disabled either inside or outside the household.

Figure 1 gives the percentage of adults with caring responsibilities by age and gender. The 45-64 age group were most likely to be carers, particularly women. As many as 14 per cent of male carers and 10 per cent of women co-resident carers were aged over 75. Women of all ages were more likely than men to be extra-resident carers.

The 1991 figures indicate that the prevalence of caring has not changed dramatically since 1985, with two exceptions. A greater proportion of men aged over 65 were co-resident carers in 1991 (10 per cent) compared to 6 per cent in 1985 (Green, 1988) and there was, in 1991, an increase in the number of men aged over 75 describing themselves as co-resident carers.

### Care recipients

Where the person being cared for was in the same household, the design of the BHPS allows this person to be identified. Care recipients were spouses, parents, disabled children and people aged over 65, with an even distribution of men and women. Female recipients were generally older. In the female recipient group, 60 per cent were aged over 65, while among men over 50 per cent were below this age. One in ten live-in dependants were under the age of 16, while just under a third were aged between 40 and 65. Almost a quarter of women were widowed.

Slightly more male than female carers looked after an elderly person in their own household. Those under 30 were most likely to be caring for a parent or a sick dependant child, but very few of this age were caring for an elderly person living with them (figure 2). It should be noted that the numbers of carers aged between 16 and 29 and aged over 75 are fairly small (44 and 54 respectively). Firm conclusions about carers in these age groups cannot therefore be drawn from

this survey.

Of carers aged 44-65, over two thirds cared for their spouse or someone over 65 (half of whom were parents). Three quarters of carers aged over 75 were caring for their elderly spouses.

Four out of five extra-resident carers mentioned looking after, or giving special

help to, someone living in a private household rather than in an institution. Such caring was most likely to involve visiting people in hospital, homes for the elderly or nursing homes. Just under half of extra-resident carers looked after a parent, and a fifth said that they gave help to a friend or neighbour.

Figure 1 Percentage of all adults (aged 16+) with caring responsibilities by age and gender

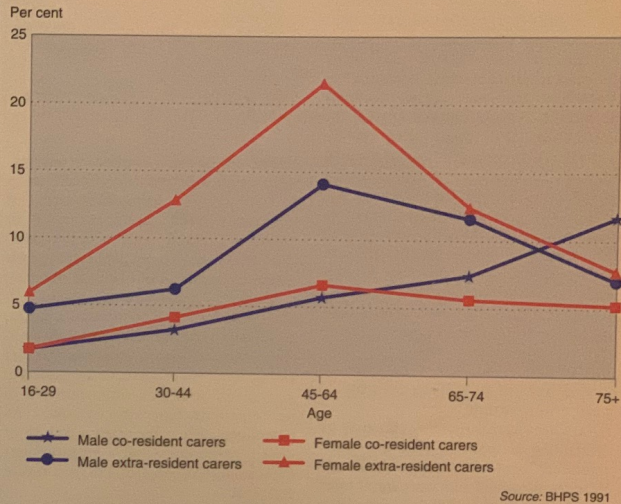
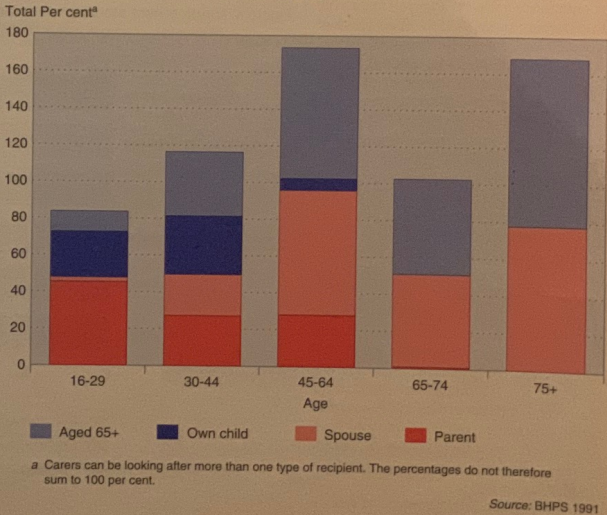


Figure 2 Co-resident care recipients by age of carer





In the BHPS sample, 28 per cent of co-resident carers and 16 per cent of extra-resident carers were aged 65 or over. These groups are therefore not included in the following tables which examine the relationship between paid employment and caring.

### Time spent caring for dependants

Figure 3 shows the amount of time carers devoted to caring for dependants inside and outside their households by gender.

A third of all co-resident carers spent at least 50 hours per week looking after their dependant(s), while over half of extra-resident carers devoted less than five hours per week to such activities. Women spent more time than men caring for their dependants both inside and outside the household. For those with live-in dependants, 41 per cent of women devoted at least 50 hours per week to caring compared with 28 per cent of men.

Carers in paid employment spent less time on caring than those who were looking after the home. The extent of care also varied according to the type of care recipient: those looking after a dependant spouse or a sick or disabled child in their own home were most likely to be caring on a full-time basis.

### The impact of providing care on paid employment

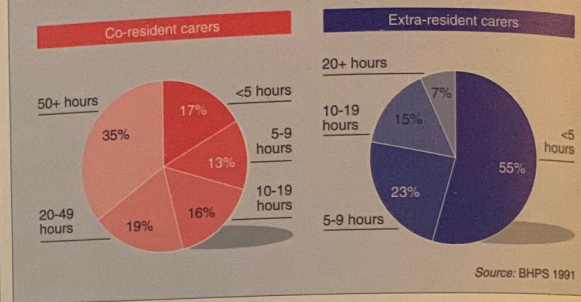
As has been seen, providing care may be demanding in terms of time and some carers are faced with doing it full-time. How does this fit in with working patterns outside the household? Below, only those carers of working age (16-64) are examined.

The employment status of co-resident carers varies markedly from that of the population as a whole. Figure 4 shows the employment status in 1991 of co-resident carers of working age by gender and marital status. First, it should be noted that only 62 per cent of male carers aged 16-64 were in paid employment, compared to 77 per cent of the total population of men in that age group. Furthermore, almost twice as many male carers of working age were working part-time compared with all men of working age, and substantially more male carers of working age were unemployed or long-term sick.

Other studies have helped to show how being a carer can affect a person's employment. Parker's work (1989) suggests that there is a threshold of caring responsibilities up to which married men carers can engage in full-time work and care for a wife. After that threshold has been reached, it is much more difficult for these men to continue to do full-time work. In the severest cases the man would have no choice but to withdraw from the labour market, thereby reducing a couple's standard of living.

In 1991 a smaller percentage of female

Figure 3 Hours spent caring by all carers of all ages



carers, whether non-married or married, was in paid employment than for all women of working age. Some 43 per cent of married women carers managed to combine caring and employment, compared with a 60 per cent employment participation rate for all married women.

Women co-resident carers in employment tended to work similar hours, on average, to those of all women. Overall, the patterns of employment suggest that caring responsibilities have a significant impact on women's opportunities to participate in paid employment. As mentioned earlier, the relative impact of care provision on employment opportunities depends on the type of care recipient.

Figure 5 shows the hours per week devoted to caring by male and female

carers who worked. Forty per cent of both male and female co-resident carers who held full-time jobs spent 20 hours or more a week caring for their dependant. For co-resident carers working part-time, this proportion fell to 30 per cent. This suggests that many carers were managing to combine a full-time job with caring. For extra-resident carers, full-time or part-time status made little difference to the time they devoted to their caring responsibilities.

Over a third of female co-resident carers of working age - twice the proportion for all women in the sample - said that family commitments had prevented them from looking for a job (figure 6). Furthermore, compared with all working women, 4 per cent more carers said they had not been able to accept a full-time job which they

Figure 4 Employment status of co-resident carers by gender and marital status of women (sample aged 16-64)

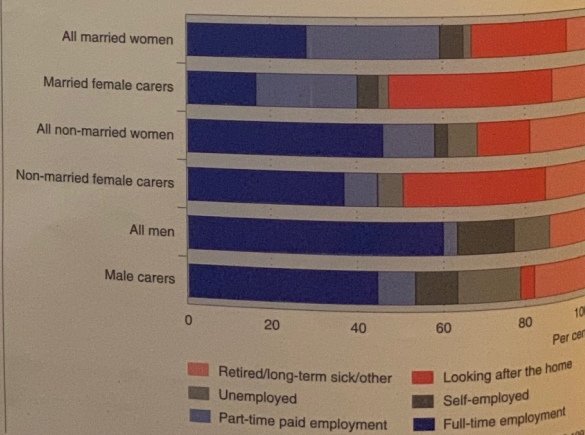






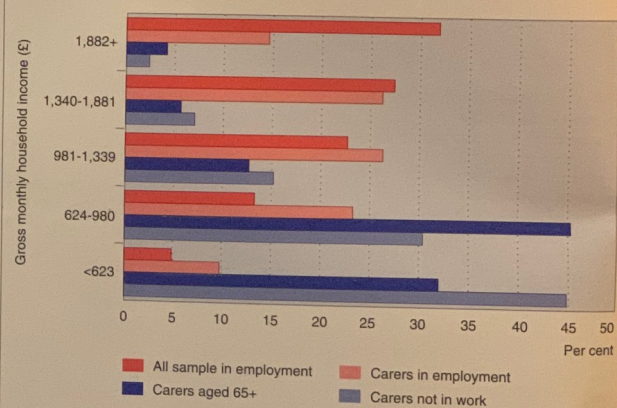
Photo: Barry Lewis/NETWORK

fall into the 45-65 age group, the 1991 figures did show an increase in the number of carers over retirement age. Although this survey is smaller than the sample used in the 1988 GHS, the results are representative of the population of Britain in 1991.

The survey found that caring can have a significant negative effect on employment and on the financial situation of carer households. Carers may have to forego employment opportunities or change their working patterns to fit around their caring obligations. These are overall 'costs' of care which need to be considered in assessing the effects of changing policies on caring. As the BHPS survey findings suggest, however, many carers are combining caring and paid employment. Caring households have lower household income and they rely on Income Support to a greater extent than other households.

Patterns of informal care in the community may be expected to undergo fairly radical changes in the forthcoming years. The timing of this report coincided with the implementation of the National Health Service and Community Care Act 1990 (DH 1989). Under the Government's community care reforms, which were fully implemented from 1 April 1993, local authorities are expected to involve carers in assessments of their dependents' care needs and in the development of care plans.

Figure 7 Gross monthly household income of co-resident carers



Source: BHPS 1991

One of the main aims of the community care reform is to promote the development of day, domiciliary and respite services arranged by local authorities. How will these changes affect the way in which carers combine earning a living with caring responsibilities? The research reported in this feature provides some baseline information on the numbers and

characteristics of carers against which future changes can be compared.

Since, over the next few years, the BHPS will be following the carers, care recipients and their households who have been identified in this report, the data will provide a useful vehicle for examining the consequences of this Act. ■



## Footnotes

- 1 This research feature is based on the report *Caring and Employment*, L Coti, H Laurie and S Dex; Employment Department Research Series No 39, November 1994. It is available free of charge from: Employment Department, Research Strategy Branch, W441, Moorfoot, Sheffield S1 4PQ.
- 2 These figures are cited in the Audit Commission (1992) report.
- 3 The figures for married women's participation rates from 1951 to 1971 can be found in Joseph (1983, page 1). The same figures for the period 1975 to 1992 can be found in the General Household Survey for 1992 (OPCS, 1994).
- 4 Arber and Ginn (1990) in an analysis of the 1985 General Household Survey found that women co-resident carers spent 12,092 hours on caring compared with 8,142 hours for men. The gap was wider in the case of extra-resident caring with women spending 9,034 hours and men 3,978 hours.
- 5 The 1985 GHS sample size was 18,330 adults aged over 16 and the survey identified 712 co-resident carers and 1,662 extra-resident carers. The 1991 BHPS survey interviewed 10,264 individuals of which 435 were co-resident carers and 1,066 extra-resident carers. Our conclusions are limited to analyses where adequate sample sizes were available.

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## Technical note

### The British Household Panel Study

The data used in this feature are drawn from Wave 1 of the British Household Panel Study (BHPS), a national household panel survey of more than 10,000 individuals in some 5,500 households in Britain. The sample was drawn from the small users file of the Postcode Address File and covers non-institutional residences in England, Wales and Scotland (north of the Caledonian Canal excluded). The BHPS is an annual survey which started in September 1991 and will return to re-interview panel members on an annual basis over the coming years.

At Wave 1 of the survey 13,840 individuals were enumerated in 5,511 households. Of these, 9,912

eligible adults aged 16 and over were interviewed and 352 proxy interviews taken giving an upper response rate (full interviews with at least one member of the household) of 74 per cent. For the purposes of the analysis reported here the sample consists of the 9,912 respondents who answered a full individual questionnaire.

The BHPS questionnaire contains a detailed set of questions about caring responsibilities for people inside and outside the respondent's household, including how many people they care for; the relationship to the care recipient; how many hours were spent on caring duties; and whether the care recipient lived in an institution (ESRC Research Centre 1991). The BHPS questionnaire also collects extensive information about the whole household and all adult household

members, thereby permitting detailed examination of the household characteristics of carers, whether other household members are in employment, and the financial situation of the carer's household.

### Definitions

'Carers' were self-identified by screening questions which asked whether the respondent was looking after, or giving special help to, anyone who was sick, disabled or elderly either living in their own household, or outside the respondent's household.

'Co-resident carer' is used to denote caring for someone living with the respondent.

'Extra-resident carer' is used to denote caring for someone not living with the respondent.