



Research Update

Who cares?

Eileen Evason

Carers are an important group in our society. Normally relatives, they provide support, on an unpaid basis, for thousands of elderly persons and persons with disabilities. This research update presents data from the 2001 Northern Ireland Household Panel Survey (NIHPS) on the characteristics and circumstances of carers in Northern Ireland.

The extent of caring

The first point to emerge from the data is that a significant proportion of the adult population in Northern Ireland provide support and assistance for someone who needs help; 16% of respondents identify themselves as carers. In other words, approximately one adult in every six has caring responsibilities. Over one third (38%) of carers assist someone living in the same household, more than half (55%) assist someone in another household, while 7% assist someone in their own household and someone in another household.

Who cares for whom?

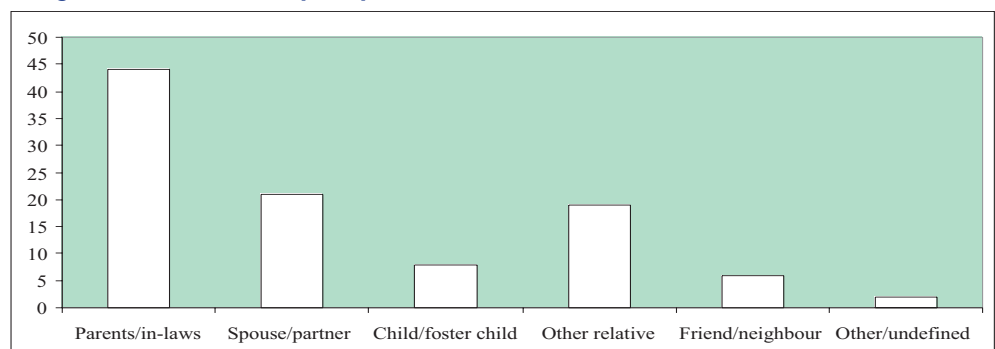
During the 1980's it was argued (Barclay, 1982) that persons in need of support could call on networks of informal carers in the community - friends, neighbours, relatives - and that a central role of social workers should be to support and strengthen these arrangements. This thesis fitted neatly into the perspective of a government seeking to reconcile the growing need for care with its concern to constrain public expenditure. Indeed, the 1981 White Paper *Growing Older* had asserted that 'care in the community must increasingly mean care by the

community' (Department of Health and Social Services, 1981, p.3). Subsequent research (see Evason and Robinson, 1996) failed to uncover the networks said to exist and indicated that informal care consisted, to a large extent, of family care, with women providing the larger part of the assistance required. The data from the

NIHPS confirms earlier work at many points. Figure 1 indicates that caring is still very much a family matter. In the majority of caring situations, support is being provided for parents, parents-in-law, spouses, partners and other relatives. In only 6% of caring situations is help being given to a friend or neighbour.



Figure 1 Relationship of person cared for



What is involved?

For some, caring takes up only a few hours a week. For others it is more than the equivalent of a full time job. It is also likely that more care will be needed as time goes on. An initial commitment of four or five hours may increase substantially as the person cared for becomes, for example, older and progressively less able to cope. As Table 1 shows, just over one quarter (27%) of carers provide care for less than four hours a week while 17% provide care for 35 hours or more a week. Approximately one in eight carers (12%) say their caring responsibilities involve in excess of 50 hours a week.

Table 1 Hours spent caring per week

	%
Less than 4 hours	27
5 to 9 hours	20
10 to 19 hours	17
20 to 34 hours	10
35 hours or more	17
Varies	9

Which kind of caring takes up most time?

Table 2 is further evidence of the very limited role played by those who care for persons to whom they are not related. The table indicates, for example, that half of those caring for spouses or partners provide help for 20 hours a week or more. By contrast, in the few cases where a friend or neighbour is being assisted, this is typically for less than four hours a week.

Table 2 Relationship of person cared for by hours spent caring per week

Hours spent caring	Relationship of person cared for (%)				
	Parents/ in-laws	Spouse/ partner	Child/foster child	Other Relative	Friend/ neighbour/ other/ undefined
Less than 4 hours	22	8	13	52	60
5 to 9 hours	27	9	11	18	19
10 to 19 hours	23	16	7	16	4
20 hours or more	24	50	50	9	9
Varies	5	18	20	5	9

Characteristics of carers

Women provide the larger part of informal care in our society. Almost two thirds (64%) of carers responding to the survey are female and 36% are male. This means that 19% of adult women in Northern Ireland have caring responsibilities compared with 13% of adult men. As well as being more likely to be carers, women spend more hours caring than men. Forty nine per cent of male carers provide help for less than 10 hours a week, while 55% of female carers provide assistance for more than 10 hours a week.

Popular stereotypes suggest that caring is about the young helping the elderly or those with disabilities. In fact, the survey findings indicate that carers are often in late middle age, or of pensionable age, themselves; 54% of carers in Northern Ireland are aged 45 years or over. Just over one in five (21%) are aged 60 years or over.

The majority (67%) of carers are married or have partners but here again, there is a variation between male and female carers. More than one third (37%) of female carers are widowed, separated, divorced or never married compared with 26% of male carers. This means that women are more likely to be providing care without the support of a spouse or partner.

Caring clearly has an impact on people's ability to earn a living. Sixty five per cent of men under the age of 45 with caring responsibilities are

in employment compared with 74% of men in the same age group without such responsibilities. Similarly, 52% of women under the age of 45 with caring responsibilities are in employment compared with 55% of women in the same age group who are not carers. Although the difference in the proportions of female carers and non-carers who are not in employment is relatively small, their reasons for not working differ substantially. Almost one third (32%) of non-employed female carers under the age of 45 describe themselves as engaged in full time home care compared with only 17% of those without caring responsibilities. These respondents are more likely to describe themselves as unemployed or sick.

Other caring responsibilities

As well as having caring responsibilities, many carers may also be looking after dependent children. Data from the NIHPS indicate that 43% of those caring for elderly parents or in-laws also have the additional responsibility of dependent children. This is an important point to remember when considering the needs of carers. Many have a variety of caring roles and one study, carried out by Evason and Whittington (1996), noted the stress some women were under trying to reconcile their roles as wives, mothers and carers and the problem of 'simply not having enough time to get round everything and everyone needing attention' (p.65).

Health of carers

It might be thought that, in the main, caring involves the fit and healthy looking after those with disabilities. This is not always the case. Caring may involve those with some disability caring for those with a greater degree of disability. The survey found that 61% of carers have some health problems. Nevertheless, the majority (68%) rated their health as good or excellent

over the preceding twelve months, although 11% said their health had been poor. Moreover, for 22% of carers, health problems mean they have difficulty with daily activities such as doing housework, climbing stairs or walking for more than ten minutes.

Mental wellbeing

Mental health and wellbeing among adults can be assessed by the General Health Questionnaire, which is a standardised measure used to detect the presence of non-psychotic psychiatric morbidity in community settings. The NIHPS used the 12-item version - the GHQ12 - which the respondents completed themselves. Higher mean scores on the GHQ12 indicate poorer mental wellbeing. Comparing the mean GHQ12 scores for respondents with, and without, caring responsibilities, the data suggest that, with some variations amongst older persons, carers have poorer levels of mental health than non-carers (Table 3). Additionally, female carers have higher scores than male carers. The variation with regard to those over 60 is not entirely surprising, as non-carers in this age group will include many people who require care themselves.

Table 3 Mean GHQ12 scores of carers and non-carers

	Mean GHQ12 scores	
	Carers	Non-carers
Males		
Under 45	11.39	10.35
45-59	11.47	11.09
60+	9.85	11.22
<i>All Males</i>	11.04	10.74
Females		
Under 45	12.24	11.75
45-59	13.19	12.72
60+	11.75	11.90
<i>All Females</i>	12.47	12.00
All Respondents	11.94	11.46

General wellbeing

Respondents were also asked a series of questions about their attitudes towards their own lives and their futures. The data from this part of the survey are generally positive but a minority may be considered to be of concern. As Table 4 shows, 14% of carers say they rarely feel good about the future, 18% say they rarely feel that life is full of opportunities and 27% rarely feel full of energy. One third of carers feel they are often or sometimes left out of things.

Table 4: How often, if at all, do you think the following statements apply to you?

	% saying	
	Often/sometimes	Not often/never
I feel that the future looks good for me	86	14
I feel that life is full of opportunities	82	18
I feel full of energy these days	73	27
I feel left out of things	33	67

Social isolation

There has been some concern from the beginning of the debate on informal care that carers may become socially isolated (Parker, 1985). The data suggest that the picture is generally a positive one, but the circumstances of a minority of carers are a cause for concern. Over half of carers (55%) report membership of religious, voluntary and community groups and other organisations such as trades unions. However, while 40% of carers report talking to their neighbours most days, at the other end of the spectrum, 20% report contacts with neighbours once or twice a month or less. Almost half (49%) of carers meet people from outside their immediate household most days but 8% report such contact only once or twice a month or less. Crucial aspects of social wellbeing and

social inclusion involve the feeling that there is someone who will listen, someone who will help in a crisis. Here again, the overall picture is a positive one but a minority of carers do need more support. Approximately one in ten carers (11%) have no one outside the immediate household who would help if they were depressed, 7% have no one who would listen to them and 10% have no one to turn to in a crisis.

Financial circumstances of carers

Caring and disability can mean additional costs. Extra heating may be needed or there may be the cost of travelling to assist a relative. At the same time, disability and caring may mean a lower income through the absence of wages and reliance on state benefits. Just over two thirds (68%) of carers report that financial constraints limit their activities. While 61% of carers say they are living comfortably or doing all right, 30% describe themselves as just getting by and 9% are finding it quite or very difficult to manage. Only 9% of carers are in receipt of the Carers Allowance. It may be that, in part, this is due to carers not claiming their entitlement. A further, and more likely, explanation is the very tough conditions which govern access to this benefit.

Conclusions

The data from the NIHPS on carers are important in a number of respects. Firstly, although there may be a tendency to think of Northern Ireland as a place which has retained concepts such as neighbourliness and helping out to a greater extent than elsewhere, in practice informal networks of carers are difficult to find. Informal care is, by and large, family care. Secondly, the data demonstrate the persistence of variations by gender in the provision of care. Moreover, informal care may be only part of the total care women provide. Some may be caring for children whilst assisting

a person who is elderly or disabled. Alternatively, it should be remembered - and this may be an appropriate topic for future work - that women may have consecutive caring roles with an interval between responsibility for dependent children coming to an end and the onset of responsibility for caring for elderly parents. The consequences of all of this for the future can be significant. Employment histories fractured by caring mean poorer pension entitlement and a greater risk of poverty in old age. Thirdly, the data demonstrate the unhelpfulness of conceptualising caring as being an exchange between the young and fit and older and disabled persons. The majority of carers are aged 45 years or over and a significant minority of these are aged 60 years or over. In addition, many carers have health problems themselves and the mental health of carers is, to a large extent, poorer than that of non-carers.

Whilst there are many aspects of the data which are positive, nevertheless, they do suggest that carers should be viewed as persons who may need support rather than a resource to fill gaps in services. It can be noted that recent legislation indicates some movement towards this position. In part, this is a consequence of the kind of research presented here. The Carers and Direct Payments Act (Northern Ireland) 2002 gives various rights to carers but these are small beginnings and ongoing research is needed to ensure they are maintained and developed.

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Eileen Evason is Emeritus Professor in Social Administration, University of Ulster and a Visiting Senior Research Fellow at the Institute of Governance, Public Policy and Social Research, Queen's University Belfast.

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Key Points

- 16% of respondents identify themselves as carers.
- Caring is very much a family matter – the vast majority of carers provide help to family members (91%).
- 12% of carers say their caring responsibilities involve in excess of 50 hours a week.
- 64% of carers are female and 36% are male.
- 43% of those caring for elderly parents or in-laws also have dependent children.
- The majority (61%) of carers report that they have some health problems.
- In general, carers have poorer levels of mental health than non-carers as measured by the GHQ12.
- Almost half (49%) of the carers meet people from outside their immediate household most days but 8% report such contact once or twice a month or less.
- Only 9% of carers are in receipt of the Carers Allowance.

The **NIHPS** is an extension of the British Household Panel Survey (BHPS). The Wave 1 sample of the NIHPS consists of 1,978 households drawn randomly from across Northern Ireland. 3,458 adults (aged 16+) living within these households took part in the survey. The interviews were carried out by NISRA.

Fieldwork for Wave 1 of the NIHPS, and Wave 11 of the BHPS, took place in 2001. The UK dataset is available from the UK Data Archive (<http://www.data-archive.ac.uk>). The NIHPS data can be obtained from Katrina Lloyd (K.Lloyd@qub.ac.uk) or Patricia McKee (P.McKee@ulster.ac.uk).

ARK is a joint project between Queen's University Belfast and the University of Ulster and aims to make social and political information on Northern Ireland available to all. Check the web site for more information on ARK (www.ark.ac.uk) and the NIHPS (www.ark.ac.uk/nihps) or call 028 9097 3585 with any queries.

Aberfoyle House
Magee Campus
University of Ulster
Northland Road
Londonderry BT48 7 JA

Tel: 028 7137 5513
Fax: 028 7137 5510
E-mail: info@ark.ac.uk

Institute of Governance, Public Policy
and Social Research
Queen's University Belfast
Belfast
BT7 1NN

Tel: 028 9097 3034
Fax: 028 9097 2551
E-mail: info@ark.ac.uk

In collaboration with Queen's University, Belfast and University of Ulster.