

An ordinary life? Caring in Northern Ireland today

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Introduction

Carers provide unpaid care by looking after an ill, frail or disabled family member, friend or partner. Carers can be adults supporting other adults, parents caring for ill or disabled children or young people under 18 who care for another family member. These carers enable many thousands of vulnerable people who need support to keep leading independent lives in the community. At the same time they reduce the amount of input that social services agencies need to make. Carers give so much to society yet, over the years, research in Northern Ireland and beyond has shown that they are prone to poor health, social isolation and poverty because of their caring role.

We are facing an increasing demand for care. People are living longer, resulting in a growth in the numbers of older and frailer people living in the community. In addition, people with learning difficulties and other disabilities now have longer life expectancies. These welcome changes have obvious implications in terms of the demands placed on carers, many of whom are themselves getting older.

In order to provide the support carers need to look after their own physical, mental and emotional health and allow them to keep on caring, public bodies must understand the nature of caring in Northern Ireland and how it is changing. This Research Update presents data from the 2010 **Northern Ireland Life and Times (NILT) Survey**. It also calls on data from both the 2006 NILT and the 1994 **Northern Ireland Social Attitudes Survey (NISA)** to examine changes that have taken place in caring over the years - see Evason (2007).



Who does the caring?

In 2010, approximately one quarter of respondents had caring responsibilities, and this is slightly higher than the figure in 2006 (23%) – see Table 1.

It may be that this rise is our first sign of the impact of the increasing proportion of older people on social care needs. There is also a possibility that the recent economic downturn and increase in

unemployment has left us with more people who are now available to provide support for family members. However, it is clearly not a case of unemployed individuals finding Carers Allowance a more attractive option than Job Seekers Allowance. Aside from the fact that the low level of Carers Allowance makes this unlikely, this benefit is not available for those providing less than 35 hours of care a week.

It is to be hoped that some of the increased volume of caring may be a result of changes in Government policy brought in since 2006 to improve support to carers. In particular, the Work and Families (NI) Order 2006 brought in the right to request flexible working for carers. This should have made it easier for people to juggle both paid work and caring responsibilities, and to sustain both sets of commitments. Also, there has been increased access to Carers Assessment since 'Caring for Carers' (the NI Carers Strategy) was published

Table 1: The volume of caring

	%
Cares for someone in same household	9
Cares for someone in another household	20
All persons who are carers	26

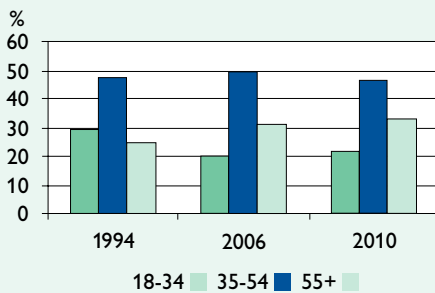
in 2006, which may also have supported some carers to take on or keep on with a caring role.

The NILT data indicate that those caring for someone not living with them are more likely to be caring for more than one person (25%, compared to 7% of those who care for someone living with them). This may reflect the heavier demands that are likely to fall on people who live with the people they care for.

Similar proportions of men as women provide care for someone living in the same household - around one in ten. However, women are more likely to care for someone living in another household (23% and 17% respectively). Overall, then, 22 percent of men are carers, compared with 30 percent of women.

Because of demographic change, we are seeing, as expected, a progressive increase in the proportion of carers in the older (55+) age group in a caring role. However, this progression is slow and steady rather than dramatic and, as Figure 1 shows, care is still most often provided by people in middle age.

Figure 1: Age of carers



Over one quarter (27%) of carers report that they have a long-standing illness, disability or infirmity, compared with one in five of other respondents (21%), and this difference is statistically significant. This may indicate the health impact of long term caring, but it also makes it clear that community care is not just a matter of the young and fit looking after the old and infirm, but is a much more complex picture of mutuality.

Who is being cared for?

Carers were asked about the person that they mainly care for (that is, the person they spend most hours per week caring for), and the data presented in this

Research Update relate to this particular person. However, it is important to bear in mind that NILT respondents are often caring for more than one person. Table 2 shows that the person most likely to be cared for is a parent or a parent-in-law, with four out of ten carers citing this as their main caring role.

Table 2: Who is being cared for, by sex of carer

	%		
	Male	Female	All
Parents/in-laws	35	46	41
Another relative	30	23	26
Child/step/foster child	12	12	12
Spouse/partner	11	12	12
Friend/neighbour	9	5	6

What is interesting is that both men and women are providing care for a wide range of family members. Similar proportions of women as men care for a spouse, partner or a child (including step and foster children). However, a higher proportion of women than men care for a parent or parent-in-law, whilst the reverse is true in relation to caring for another relative. It is clear, however, that caring remains by and large a family affair, with just 6 percent of all carers providing care for a friend or neighbour.

Volume of informal care

The amount of time spent caring varies greatly, as shown in Table 3. Around one

Table 3: Hours per week spent caring

	%		
	Lives with person	Does not live with person	All
Less than 10 hours	7	67	48
10-19 hours	8	18	15
20-34 hours	17	8	11
35-59 hours	17	5	9
60 hours or more	52	2	18

half of respondents spend less than ten hours per week caring for someone. On the other hand, 30 percent spend 30 hours or more, almost exactly the same as in 2006. This is highly significant, as previous research (such as 'Hearts and Minds' from York University in 2004) has shown that once someone is caring over 20 hours per week, many of the potential negative impacts of caring on stress and health levels will begin to take effect. Over a third of carers within NILT (38%) are in this position. In fact, a significant proportion of respondents were at the very heaviest end of caring, with 18 percent of carers spending 60 hours per week or more. Unsurprisingly, this rises to 52 percent among respondents who have caring responsibilities for someone living with them. There are also differences in the amount of hours spent caring by men and women – 52 percent of men spent less than ten hours per week, compared with 45 percent of women.

Approximately one quarter (27%) of NILT respondents who report caring responsibilities care for someone for 35 hours or more per week. These carers could be potentially eligible for Carers Allowance, which is paid to carers looking after someone who gets a qualifying disability benefit. The carer must be looking after the person for at least 35 hours per week, although they must then meet additional criteria around age and employment status.

As expected, those respondents who live in the same house as the person they care for, this is a 24/7 job – see Table 4. However, whilst men spend less hours per week, a higher proportion of men (65%) than women (43%) spend 5-7 days per week caring. This no doubt reflects the finding that a higher proportion of women than men are caring for someone not living with them.

The NILT data also reinforce the long-term commitment of a caring role. Whilst only a small proportion of carers (4%) had been caring for their identified person for less than six months, 7 percent had been doing so for 15-19 years, and a further 20 percent had been doing so for 20 years or more.

Need for care

People require care for many reasons. Among NILT respondents, the most frequently identified reason for giving care was old age or frailty (43%), followed by physical disability (37%) and physical illness (32%) – see Table 5. However, the pattern varied depending on whether the carer lived with the person or not. For example, learning disability and mental illness were identified by a higher proportion of carers who lived with the person than by those who didn't live with them, and the reverse was true in relation to dementia.

Type of care given

Carers provide support and assistance in many ways. Carers were asked to indicate which of a list of tasks they usually carry out for the person that they spend most time caring for. The most frequently identified activity was practical help (shopping and housework) followed by companionship, although the tasks identified often depending on whether the carer lives with the person or not, as evident in Table 6.

Impact of caring

Emotional impact

For the first time, NILT attempted to identify the difficulties and satisfactions that can come along with the caring role. Whilst caring for another person is a labour of love, it also brings difficulties. Carers were asked how often they felt each of four statements applied to them, and the results indicate the mixed feelings that many carers have (see Table 7). On a positive note, three quarters of carers are happy most of the time that they are able to help someone, and only 6 percent do not feel this. Furthermore, six out of ten (58%) feel that they are giving something back most of the time, and a further 28 percent feel this sometimes. However, one in five carers feel under pressure most of the time, and another 40 percent

Table 4: Days per week spent caring

	%		All
	Lives with carer	Does not live with carer	
1/2 days	0	41	28
3/4 days	1	28	19
5/6/7 days*	99	30	52

*Note: 5/6/7 is typically 7

Table 5: Need for care

	%		All
	Lives with carer	Not live with carer	
Old age or frailty	15	55	43
Physical disability	40	36	37
Physical illness	43	28	32
Learning disability	22	3	9
Mental illness	21	4	9
Dementia	5	12	10

Table 6: Types of care given

	%		All
	Lives with carer	Not live with carer	
Help with personal care eg washing, dressing, eating, toilet	54	29	37
Physical help eg helping in/out of bed/chair	41	25	30
Helping up/down stairs	25	17	19
Helping with paperwork/ financial matters	51	35	40
Practical help eg shopping and housework	68	72	71
Other practical help eg gardening and decorating	37	34	35
Companionship	67	70	69
Take him/her out	71	59	63
Give medicine	59	24	35
Supervision	65	24	37
Other	9	5	6

feel this sometimes. Perhaps surprisingly, 42 percent say that they are not at all under pressure. Often, one of the more difficult feelings to publicly acknowledge is resentment. Only 5 percent of carers

say that they feel resentment most of the time, although 25 percent feel this sometimes, whilst the majority say that they do not feel resentment at all.

Impact on health

All respondents were asked to rate their health, compared to people of their own age. More than seven out of ten respondents who do not have caring responsibilities (72%) say that their health is excellent or good. For carers, the relevant proportion is 64 percent.

Financial impact

Respondents were asked about the relationship between their household's income and prices over the past year. Overall, just over half of respondents (57%) say that their household's income has fallen behind prices. However, carers are significantly more likely than non-carers to say this (63% and 55% respectively). It is interesting to compare these results with data from the previous decade. In 2000, a much lower proportion of respondents (31%) said that their household income had fallen behind prices. The higher figures in 2010 no doubt reflect the impact of the current economic recession. Nevertheless, in 2000, carers were still statistically significantly more likely to report that their household income had not kept up with prices, indicating that caring is likely to have a financial impact regardless of the state of the wider economy. This backs up the findings of research conducted amongst carers, such as Carers UK's 'Carers in Crisis' from 2008, which found that carers' experience high levels of debt, difficulty in getting by financially and anxiety about money.

Conclusion

Overall, the results support a picture of caring which shows that large numbers of people in Northern Ireland are providing support to others. Many of us will be involved in caring for a family member at some point in our lives. Carers clearly do want to care, and most feel happy that they are able to give something back. Nevertheless, the data confirm that carers need assistance in order to protect their own financial security, health and well-being, and to have the same chance as anyone else of an ordinary life.

Table 7: Feelings of carers

	%			
	Most of the time	Sometimes	Not at all	Don't know
Under pressure	19	40	42	0
Happy that you are able to help someone	76	18	6	1
Resentment	5	25	69	1
Giving something back	58	28	13	2

References

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The photograph of the Gibson family is used with permission of Sam Bell.

The **Northern Ireland Life and Times survey** is carried out annually and documents public opinion on a wide range of social issues. In 2010, 1205 adults were interviewed in their own homes. Fieldwork was carried out by Central Survey Unit.

The survey is a joint project of the two Northern Ireland universities and aims to provide an independent source of information on what the public thinks about the social issues of the day. Check the web site for more information on the survey findings (www.ark.ac.uk/nilt) or call the survey director on 028 9097 3034 with any queries.

Key points

- Approximately one quarter of NILT respondents (26%) had caring responsibilities.
- 27% meet the Carers Allowance threshold of caring for someone for 35 hours or more per week, and 18% of carers spend 60 hours per week or more
- Caring is an activity mainly undertaken by families, with the proportion of people caring for friends and neighbours low at just 6% of all carers.
- The results demonstrate the impact of caring on the individual's health, emotional well-being and financial situation
- The findings also demonstrate the satisfaction many carers feel in being able to support people that they care about.

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