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Informal caring in England and Wales – Stability and transition between 2001 and 2011

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ABSTRACT

Informal caring is of significant and increasing importance in the context of an ageing population, growing pressures on public finances, and increasing life expectancy at older ages. A growing body of research has examined the characteristics associated with informal care provision, as well as the impact of caring for the carer's physical and mental health, and their economic activity. However, only a relatively small body of literature has focused on the study of 'repeat' or continuous caring over time, and the factors associated with such trajectories. In 2001, for the first time, the United Kingdom census asked about provision of informal care, enabling identification of the prevalence of informal caregiving at a national level. This paper follows up informal carers from the 2001 Census in order to examine their characteristics and circumstances 10 years later using a nationally representative 1% sample of linked census data for England and Wales, the *Office for National Statistics Longitudinal Study*. The analysis classifies the range of possible combinations of caring and non-caring roles between 2001 and 2011, focusing on the characteristics of those who were providing care at one, or both, time points. Among other results, the analysis identified that, among those who were carers in 2001, caring again in, or continuing to care until, 2011 was associated with being female, aged between 45 and 54 years in 2011, looking after the home, and providing care for 50 hours or more per week in 2001. Such results contribute to our understanding of a particular group of informal carers and provide a more nuanced picture of informal care provision at different stages of the life course.

1. Introduction

The 2011 Census showed that approximately 10% of the population of England and Wales provided some form of unpaid or informal care, i.e. "look[ed] after, or [gave] 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" (ONS, 2013a). Inclusion of the informal carer question in the 2001 and 2011 UK Censuses reflects the importance of informal caring as a social policy issue (Blackwell, Akinwale, Antonatos, & Haskey, 2005). Increasing public policy recognition of the significance of informal care provision in the last few years (Commission on Funding of Care and Support, 2011; Department of Health, 2012) has

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been matched with expanding academic research examining different aspects of care provision, such as the relationship of carers with the labour market and the impact of caring in the short- and long-term (Berecki-Gisolf, Lucke, Hockey, & Dobson, 2008; Carmichael, Charles, & Hulme, 2010; Dini, 2010). Research on the characteristics of informal carers has consistently shown that women are more likely to provide care than men in most age groups (Glaser, Grundy, & Lynch, 2003; Shaw & Dorling, 2004) but that in later life, men's care provision towards their spouse is more prevalent (Arber, 2006; Dahlberg, Demack, & Bambra, 2007; Del Bono, Sala, & Hancock, 2009). Being married is strongly associated with caring across the life course (Robards, Evandrou, Falkingham, & Vlachantoni, 2012). Researchers have also linked the activity of caring to adverse outcomes for the carer in terms of physical health (O'Reilly, Connolly, Rosato, & Patterson, 2008; Young, Grundy, & Kalogirou, 2005), mental health (Taylor, Ezell, Kuchibhatla, Østbye, & Clipp, 2008) and participation in the labour market (Dini, 2010; Lilly, Laporte, & Coyte, 2010). However, such links are not straightforward (Brown & Brown, 2014) and depend on the particular characteristics of the caring activity such as the number of hours of care provided, the relationship to the person cared for and the health status of the person cared for (Vlachantoni, Evandrou, Falkingham, & Robards, 2013).

Existing studies of 'caring trajectories' have often focused on relatively short periods (Burton, Zdaniuk, Schulz, Jackson, & Hirsch, 2003) and much less is known about the characteristics of individuals who provide care over a prolonged time period or the propensity to repeatedly provide care over a longer time period. Demographic changes point to the increasing importance of older carers for the future supply of informal care, particularly in relation to increasing life expectancy at older ages which can result in longer co-residential living arrangements and therefore prolonged informal caring roles associated with health problems at older ages (Pickard, Wittenberg, Comas-Herrera, Davies, & Darton, 2000). Therefore, this study contributes to the part of the literature which aims to understand patterns of transition in and out of caring activity over time, and the factors associated with such transitions over a 10-year period. Overcoming challenges related to low cell counts or the lack of a representative dataset, the study uses the Office for National Statistics (ONS) Longitudinal Study (LS), a nationally representative 1% sample of linked census data for England and Wales. The study utilises longitudinal data to follow up on informal carers from 2001 to examine how many were providing care 10 years later and what factors were associated with such care, including the hours of care provision at both points in time.

2. Previous research on informal care provision: characteristics, impact and trajectories

A large body of literature has focused on the study of informal care provision at one point in time, shedding light on the demographic, socio-economic and health characteristics of informal carers, as well as the characteristics of their caring activity, such as the number of hours of care and relationship to the person they care for (ONS, 2013a; Young & Grundy, 2008; Young et al., 2005).

Recent results from the 2011 Census for England and Wales have highlighted that just over two-thirds of informal carers are aged between 35 and 64 years and provide up to 20 h of care per week (ONS, 2013a). The number of hours of care provided typically increases with age, and research has linked specific demographic characteristics, such as being a woman and being married, with a higher likelihood of being an informal carer (Arber & Ginn, 1995; ONS, 2013b; Shaw & Dorling, 2004). This gender differential is reversed in later life, when men are more likely to be spousal carers and to provide a high number of hours of care per week (Del Bono et al., 2009). Both male and female carers bear indirect costs from informal caring whereby they earn less when in work and are less likely to be in paid work than non-carers (Carmichael & Charles, 2003). Research has also aimed to understand the health status of carers, producing sometimes contradictory results (Brown & Brown, 2014; Doran, Drever, & Whitehead, 2003, Ross, Lloyd, Weinhardt, & Cheshire, 2008; Young et al., 2005). However, such evidence of the informal carers' 'profile' is often derived from cross-sectional research, which cannot capture the direction of causality between informal care provision and specific characteristics.

A relatively small number of researchers have investigated informal care provision over time, often in order to understand the impact of caring on the carer's economic activity, morbidity and mortality. For example, O'Reilly et al. (2008) examined carers' mortality risk over time, showing a lower mortality risk for caregivers than non-caregivers, but an increasing risk with the number of hours spent providing care. In a similar vein, research in the US (Rahrig Jenkins, Kabeto, & Langa, 2009) and in the UK (Fredman, Cauley, Hochberg, Ensrud, & Doros, 2010) has argued that overall, caregivers tend to report better health than non-caregivers, although other health-related impacts (e.g. stress, mental health) may be identified among caregivers. Research on the health impact of informal care provision has produced complex results depending on the relationship between the care provider and the care recipient, the health status of both parties at baseline, the particular nature of the caring activity such as the tasks included in the care provision, as well as other roles combined simultaneously with that of a caregiver (Glaser, Evandrou, & Tomassini, 2005; Keene & Prokos, 2008; Schulz & Beach, 1999). Finally, evidence has been found of the impact of health status on one's chances of providing informal care, pointing to a 'healthy carer selection effect' (Young & Grundy, 2008).

Similar complexity underscores the study of the impact of care provision on the carer's economic activity. One side of this debate has provided evidence that taking up caring results in reduced labour market participation in the form of reduced hours, rather than participation per se (Berecki-Gisolf et al., 2008). The other side of the debate points to the importance of including the number of hours informal care provided in the equation, and argues that once such a factor is taken into account, the negative impact of caring on economic activity is viewed at the level of labour