

... It could be you

a report on the chances of becoming a carer
summary

Carers look after family, partners or friends in need of help because they are ill, frail or have a disability. The care they provide is unpaid. Almost all of us have been or will be a carer during our lifetime.

In any one year over 301,000 adults in the UK become carers; equivalent to a 6.6% chance of any one of us becoming a carer.¹ Women have a fifty-fifty chance of having substantial caring responsibilities at least once before they are aged 59.² Men, on the other hand, reach this point when they are 74 years old.

Surveys carried out throughout the 1990's have consistently found that at any time there are at least six million carers in the UK, with women being 25% more likely than men to be carers.³

The health, social and economic value of this support is immense. The basic saving to the NHS, social services and other statutory bodies resulting from the work of carers starts at something in excess of £34 billion a year.⁴ This is what it would cost the state if carers' support had to be replaced.

Despite this enormous amount of support being the cornerstone of the UK's health and social care, successive Governments have never matched their supportive rhetoric with adequate help. As a whole, carers continue to be disadvantaged in many ways, and long-term carers in particular suffer from discrimination, and social and economic exclusion. For example, the tax and benefits system discriminates unfairly against carers looking after an adult as compared with parents, who receive tax credits in recognition of the costs of caring for a child.

The issue of economic and social injustice also has immense importance for the future of the UK's health and social welfare policy. Over the

next 30 years, the proportion of the population aged over 65 will rise from around 17% to 24% while there will be an additional three million people aged over 75.⁵ While we hope that more older people will be fitter and healthier than they are now, we cannot be truly confident about that. Improvements in healthcare also mean that greater numbers of severely disabled people are living longer.

In addition, changes in family formation with, for example, higher rates of divorce and more lone parent families, plus increasing geographical mobility within families, could result in fewer people being available, able - and willing - to be carers.

So there is a powerful argument for treating carers far better than we do: it is not only a moral and equal opportunities issue, but an economic necessity if carers are to continue to provide the support they do. A failure to recognise and act on this could herald a return to large NHS and other institutions which essentially warehouse massive numbers of disabled, frail and vulnerable people.

For fifteen years or more, Governments have been dismantling these old hospitals and homes in favour of community care policies and programmes. What they must realise more than they do, is that without carers, the whole thrust of community care is put in jeopardy.

It will also be put in jeopardy if policy makers and managers continue to fail to provide the sorts of support which alleviate the physical and mental health problems which can and do accompany caring. Helping to keep carers healthy is of course crucial if they are to continue to provide this essential support: it is also a matter of human rights - it is unacceptable that in addition to other disadvantage and exclusion, carers are also more likely than others to suffer from health problems.⁶

Women are more likely to experience caring responsibilities at a younger age than men. The chance of becoming a carer in any one year for is 7.25% for women and 5.8% for men.⁷

The likelihood of caring responsibilities is lowest in our early twenties. Obviously the patterns of caring episodes vary widely, with some carers engaging in just one short episode of a few hours help a day, while others may have multiple and intensive caring episodes, or perhaps just one lengthy and continuous one. For this and other reasons there is obviously a turnover - over half of the caring population is replaced by another group of carers every five years.⁸

Past surveys for Carers UK indicate roughly equal proportions of carers who say they are providing support because:

- ♦ they see it as their natural duty
- ♦ of their relationship with the care recipient - either family or friendship-based
- ♦ they perceived that there was no alternative⁹

Despite changes in societal norms, in reality the care of older relatives is still influenced very heavily by hierarchies of expectations based on kinship - the spouse or partner first, followed by another relative living in the same household, a daughter, then daughter-in-law, son, other relatives, then neighbours.¹⁰ Most support occurs between people who are related either by birth or marriage, or who co-habit.

Generally speaking, being in paid employment tends to reduce your likelihood of being a carer. People who work fewer than 30 hours a week are more likely than those working full time to become a carer. Interestingly, this phenomenon is much more pronounced amongst men than women.¹¹

Whether you have been working part time or not working, there is no significant difference to the likelihood of your becoming a carer. Both men and women are just as likely to become carers in this situation.

Surveys show that when carers live with the person they care for, they are more likely to be providing substantial amounts of care. Men are

much more likely to be carers if they are not in paid employment.

Being self-employed increases the likelihood of taking on a caring role for men and women alike, suggesting that those with more direct control over their working lives are better able to combine caring and paid work.

There are some indications that the prevalence and incidence of caring may be influenced by coming from a black or minority ethnic community, but currently not enough is known about caring in the many different communities in the UK.

Impacts of caring

Recent research by Carers UK, reflecting the experiences of carers providing very substantial amounts of care, found 77% of respondents stating they had become worse off since becoming carers. The majority attributed this to the extra costs of disability.¹² Four out of 10 of the carers cited the payment of charges for community care services as a major financial problem.

On average, those who had left paid work had lost earning power of £188 per week at 1995 prices. And while up to 87% of these carers said they would like to go back to work, four out of five felt that it would be difficult or impossible for them to do so.

Being a carer can and does affect people's health. Not only does this create further problems for carers as individuals, it can make the caring task harder. It can also disadvantage carers financially as they become less able to work as a result of ill health and perhaps incur extra costs of disability themselves.

Demographic changes

The age profile of the UK population is changing significantly, and this is likely to have an impact on both the supply of, and demand for, carers.

Official population projections show that the number of people aged over 75 will increase from 4.4 million now to 5.1 million by 2017, and 7.6 million by 2037.¹³

As some 50% of carers provide care for those

aged over 75,¹⁴ this additional 3.2 million people in 2037 is bound to increase the likelihood that there will be more carers required in the future. There is a need for new thinking about how carers are regarded and about the pressures to care. Rather than being an isolated incident, caring is something that most of us can expect to do in our lives and, possibly, several times over our lifetime.

Much of Carers UK's work over the years has analysed the negative impact of caring on employment, income, loss of social contact, etc. More thought needs to be given to how current policies take account of the cyclical nature of caring and whether they adequately address carers' needs.

Looking to the future, the demographic projections suggest that, unless the amount of formal care provided increases dramatically, the pressure on individuals to become carers will increase substantially. This could have a significant effect on how families manage to maintain paid employment, how they provide for their pensions, the time they have to spend with their children or other family members and the time they have for social activities; with significant economic and social consequences for individuals, communities and the UK as a whole.

Since each one of us is likely to become a carer at some point in our lives, more awareness is needed about the potential impact of caring so that we can seek the appropriate information and take the right decisions at the right time. This is of key importance given the potential health and financial impact of caring.

Recommendations

- ♦ Increased awareness by individuals that caring could affect them at some point in their life.
- ♦ Information strategies around identifying and supporting carers need to encompass the fact that very substantial numbers of carers start caring every year
- ♦ Employers should ensure that their work-life balance policies include explicit policies to

support carers, particularly women, who are most likely to be affected by substantial caring responsibilities during their working life. These policies need to ensure that carers can maintain contact with the labour market.

- ♦ Employers' recruitment drives will have to offer carer-friendly work practices.
 - ♦ Longer term planning must ensure that sufficient appropriate support services will be available for people with disabilities or illnesses and carers.
 - ♦ All health and social care strategies need to ensure that carers needs for support are identified early and the appropriate support provided early to mitigate the negative effects of being a carer.
 - ♦ Government's pensions planning needs to ensure that the tax and benefits system recognises that fact that individuals may experience a series of episodes of caring throughout their life.
 - ♦ The tax and benefits system needs to ensure that carers are able to maximise opportunities to remain in work.
 - ♦ Carers need to be an integral part of back to work schemes, including education and training programmes.
 - ♦ The benefits system must provide adequate financial support to recognise carers' support and keep them out of poverty.
 - ♦ Costs associated with caring, such as charging for non-residential community care services, must be reduced to lower the long term impact of caring.
 - ♦ More research into serial and multiple caring episodes and the impact that this has on key aspects of the carers' life e.g. health, employment, finances, etc.
 - ♦ Independent living and public health strategies need continue to be made a priority to reduce the incidence of illness and the impact of living with a disability.
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Summary of key statistics

- ♦ Over a lifetime, seven out of 10 women will be carers, and nearly six out of 10 men.
- ♦ Women have a fifty-fifty chance of having substantial caring responsibilities by the time they are 59. Men have the same chance aged 74.
- ♦ In any one year, 301,000 adults in the UK become carers.
- ♦ We currently have a 6.6% chance in any one year of becoming a carer.
- ♦ 1.7 million carers provide over 20 hours of care per week. Nearly 900,000 provide over 50 hours of care per week.
- ♦ The chance of a 30 to 54 year old becoming a carer for someone older increases by 88% by 2037.
- ♦ Within 35 to 40 years there could be nearly 60% increase in the demand for support from carers.
- ♦ By 2037, unless services are expanded or people's health improves, there could be pressure on 3.4 million more people to become carers.
- ♦ With the rise in the older population, the number of carers could rise from 5.7 million currently to 9.1 million in 2037.
- ♦ However, if rates of caring remain the same, there could be a shortfall of 2.1 million people providing unpaid care to relatives or friends by 2037.
- ♦ In 2000, 65% of the value of long term care was provided through unpaid support from carers, 25% was paid for by the state and 10% of the costs were met privately.¹⁵

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