Social care provision

6

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Summary

- This chapter presents results about the provision of unpaid social care by adults aged 16 and over. This is defined as help or support provided to someone because of long-term physical or mental ill-health, a disability or problems relating to old age. It excludes any help given in a professional capacity or as part of a job.
- 17% of adults provided unpaid help or support to other people, with women more likely than men to do so (20% and 14% respectively).
- Provision of unpaid care varied by region. The highest proportions of people providing care were found in Yorkshire and the Humber and the East Midlands for both men and women, and also in the East of England for women (21-23%). Proportions providing care were lowest in the North West for both sexes (10% for men, 16% for women), and also relatively low in the West Midlands and London among men (11-12%).
- Prevalence of providing unpaid care was lowest among those in higher income households (11-13% of men, 17-20% of women in the highest two quintiles), and increased with decreasing income (16-17% of men, 23% of women in the lowest two quintiles).
- There has been little change between 2011-2014 in the proportions reporting that they provide care and support. Over the period, 14-15% of men and 18-20% of women said that they did so.
- Care was most commonly provided to a parent; nearly half of adults who provided care did this (49%). Men were more likely than women to provide help or support for a spouse or partner, with just under a fifth doing so (19%, compared with 12% of women). Help to other categories of family members, neighbours and friends was provided by under 10% in each case.
- The people to whom care was provided varied according to the age of the carer. Those under 65 were likely to be caring for parents (44% aged 16-44, 65% aged 45-64). Among carers aged 16-44, care for a grandparent was also relatively common (21%). Older carers were more likely than younger ones to help their spouses (34% of carers aged 65 and over, compared with 7-12% in younger age groups), friends (15% and 6-7% respectively) and neighbours (16% and 3-5% respectively).
- Most commonly, those who provided help and support said that they did so for between 1-9 hours in the last week (48% of adults providing care). However, a substantial proportion of men and women provided more care: 27% provided 10 or more hours in the last week.
- Carers who provided at least 20 hours of care in the last week were asked about the types of activities they helped with. The most frequently mentioned were two instrumental activities of daily living (IADLs); shopping for food and getting out of the house (each 76%). Of a range of activities of daily living (ADLs), the most common was helping people take their medicine (52%), followed by help with bathing, dressing and eating (between 39% and 43%).

- Adults who provided unpaid care were asked whether their own health had been affected in the last three months by the care they had provided. More men than women said that caring had not had any impact on their health (59% and 47% respectively). The most common effects were feeling tired (31% of unpaid carers), a general feeling of stress (29%), disturbed sleep (22%) or feeling short tempered (20%).
- Adults up to the age of 64 were asked about whether their caring had had any impact on their employment, and most reported that it had not (81% of men, 78% of women). The most frequently mentioned impact was to be working fewer hours (7% of men and 8% of women).

6.1 Introduction

6.1.1 Background

Since 2011, coverage of the Health Survey for England (HSE) has been expanded to include a section on adult social care. The survey each year includes questions for older people (aged 65 and over) about their need for, receipt of, and payment for care, and questions to all adults about their provision of unpaid care. These questions are now a core module of the survey, so that consistent data are collected and trends may be monitored in the longer term. This chapter presents findings about provision of care by adults aged 16 and over. Chapter 5 provides information about the need for social care among older adults aged 65 and over, whether they receive care and how it is provided.

6.1.2 Social care in England

Social care involves provision of help with personal care and domestic tasks to enable people to live as independently as possible. This includes help and support with everyday things that most take for granted, such as getting dressed, taking medication, cooking meals, getting out and about, caring for families, and being part of the community.[1] Social care can also involve providing emotional support such as keeping people company and offering comfort.[2] While those who need care and support are of all ages, many are older people needing help because of problems associated with long-term physical or mental ill-health, disability or problems relating to old age.[3]

Care and support may be formal care arranged by a local authority or privately, or it may be unpaid care provided by family, friends or another voluntary source. The Census included a question about provision of unpaid care in both 2001 and 2011.[4,5] In 2011, around 5.8 million people in England and Wales reported providing unpaid care to family and friends, representing just over a tenth of the population. There was an increase of around 600,000 between 2001 and 2011,[4] and the number is set to rise in the future, potentially reaching 9 million by 2037.[6] A report from Carers UK in 2014 estimated that there would be over 10.6 million new caring episodes over the course of the next five-year Parliament.[7] These estimates reflect the increasing demands for care from an ageing population, and the essential role unpaid carers play in the current policy context where partnership between individuals, communities, the voluntary and private sectors is increasingly important in meeting diverse support needs.

A central aspect of the policies of successive governments has been to help people maintain their independence in their own homes for as long as possible. The availability of early, preventative interventions has been seen as a means of helping to reduce the need for more intensive levels of support or crisis interventions at a later stage.[1,8] However, both the previous and the current administrations have identified a range of long-standing issues related to the provision of social care, including a greater focus on reactive than preventative services; variations in levels and the quality of services; a lack of good information and advice; and a lack of coordination between health, housing and social care agencies.[1,8]

The Government published *A vision for adult social care*[9] in 2010 and a White Paper *Caring for our future: reforming care and support*[1] in July 2012. The Care Act 2014,[10] which came into effect in April 2015, will enact reforms to adult social care announced in the White Paper. These will have substantial impact on the assessment of care needs, determination of eligibility for care, financing, commissioning and provision of adult social services. The Act introduces a new set of criteria that makes it clearer when local authorities across the country will have to provide support to people, and aims to ensure a fairer national system which reaches those most in need. Further important developments include a change to the way in which local authorities complete assessments with those in need of support; greater emphasis on prevention with the aim of reducing the need for more support in the future; and greater emphasis on local authorities providing clear information and advice which will

help the public to make informed choices on their support arrangements. The Care Act also introduces new rights for carers, providing for assessments of their needs and provision of support.

6.2 Methods and definitions

6.2.1 Methods

The current module of social care questions was developed in 2009 and 2010 and first used in the HSE 2011. The aim of the module is to deliver robust data on the need for and receipt of social care services, the characteristics of people providing and receiving unpaid care, and on people receiving formal care and support. More detailed information about the module can be found in the 2011 report.[11]

HSE 2014 included the 'core' short module which was included in 2011 and 2012. A longer module was included in 2013.

All adults aged 16 and over were asked about provision of care to others. The questions established the characteristics of people to whom help and support was provided, the amount and type of care and the impact of providing care on the carers' own health and employment.

Those that provided care were asked how many people they provided care for. Details were collected for up to three people about their relationship to the person they provided care for, whether they lived in the same or a different household and the sex and age of the person cared for. Adults who provided care were also asked how many hours of care they had provided in the last week and which tasks they provided help with from a list of activities and instrumental activities of daily living (ADLs and IADLs, see section 6.2.2). In analyses in this chapter, where information is presented about the hours of help provided in the last week, these relate to one person the participant helped. In cases where a participant had helped more than one person, details are recorded for the person to whom they provided the most help; if they helped two people for the same amount of time, the first one recorded is reported here.

6.2.2 Definitions

Provision of unpaid care

Provision of unpaid care was assessed for all adults aged 16 and over. Unpaid care is defined as help or support provided to someone because of long-term physical or mental ill-health, a disability or problems relating to old age. It excludes any help given in a professional capacity or as part of a job.

In previous reports unpaid carers have been referred to as 'informal' carers, to make the distinction from formal carers. However, the term 'unpaid' carer is preferred, to avoid any implication that these carers provide more casual or less important care.

Activities of daily living and instrumental activities of daily living

A question about the type of care provided was based on the same Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs) used to measure need for and receipt of care in Chapter 5. ADLs are activities relating to personal care and mobility about the home that are basic to daily living, and IADLs are activities which, while not fundamental to functioning, are important aspects of living independently. The ADLs and IADLs included are shown in Table 6A.

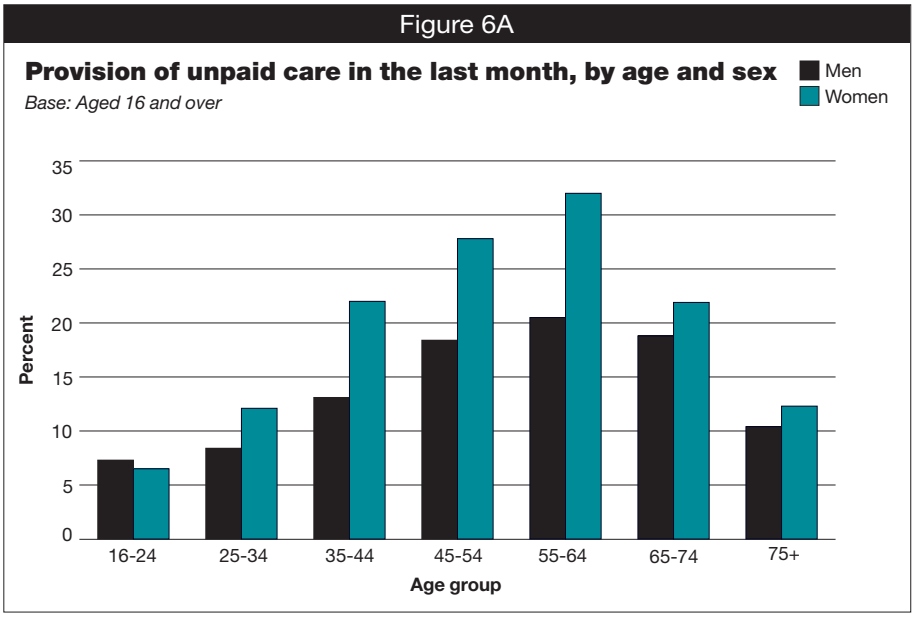
Table 5A	
ADLs	**IADLs**
Having a bath or shower	Doing routine housework or laundry
Using the toilet	Shopping for food
Getting up and down stairs	Getting out of the house
Getting around indoors	Doing paperwork or paying bills
Dressing or undressing	
Getting in and out of bed	
Washing face and hands	
Eating, including cutting up food	
Taking medicine	

6.3 Provision of unpaid care

6.3.1 Provision of unpaid care, by age and sex

17% of adults provided unpaid help or support to other people, with women more likely than men to do so (20% and 14% respectively). As Figure 6A shows, the proportion of adults providing care varied by age, with a similar pattern for both sexes. Men providing care were most likely to be between the ages of 45 and 74. Women carers were most likely to be aged 45 to 64.

Figure 6A

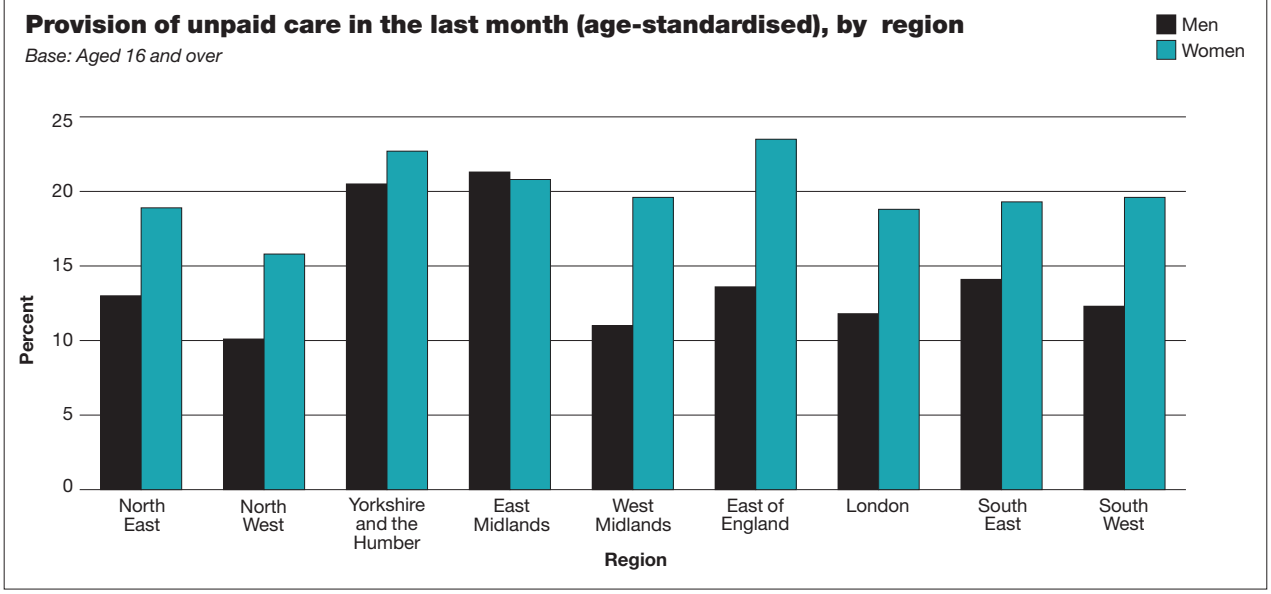


Most of those who provided care did so for one person (10% of all men, 15% of all women reported caring for one person, while 3% and 5% respectively reported caring for two or more). The pattern of care varied with age, and adults in the 45-64 age range were not only among the most likely to be providing care, but also most likely to report caring for two or more people (5% to 8%). **Table 6.1, Figure 6A**

6.3.2 Provision of unpaid care, by region

There was regional variation in the provision of care, with slightly different patterns among men and women, as shown in Figure 6B. The highest proportions of adults providing care were found in Yorkshire and the Humber and the East Midlands, and also in the East of England and the West Midlands for women. Proportions providing care were lowest in the North West for both sexes, and in London among men. **Table 6.2, Figure 6B**

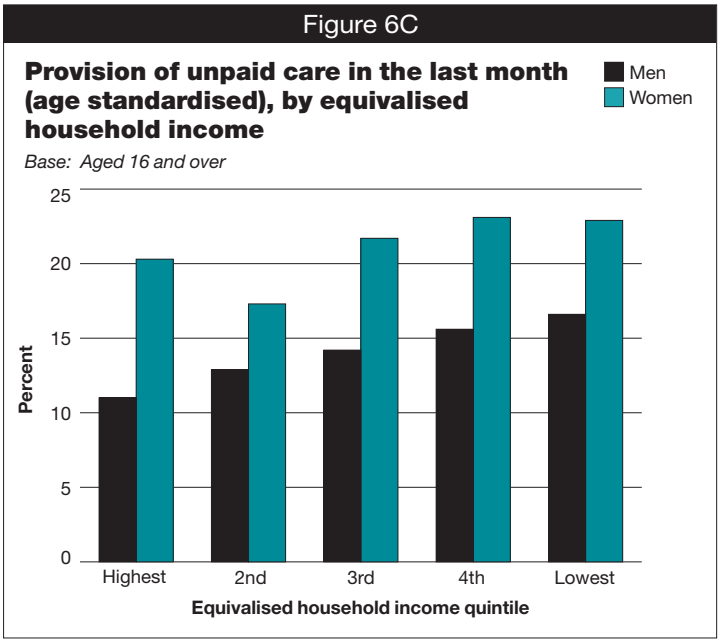
Figure 6B



6.3.3 Provision of unpaid care, by socio-economic characteristics

Equivalised household income takes into account the number of people living in the household.[12] As Figure 6C shows, the proportions of people providing unpaid care were lowest among those in the higher income households, and increased with decreasing income.

Figure 6C



While there is a clear pattern according to income, there is no such variation according to area deprivation, measured by the Index of Multiple Deprivation. **Tables 6.3, 6.4, Figure 6C**

6.3.4 Provision of unpaid care, 2011-2014

There has been a very consistent level of provision of unpaid care across the four years of measurement in the HSE. Between 2011 and 2014, 14-15% of men and 18-20% of women have reported that they provided unpaid care. **Table 6.5**

6.3.5 To whom unpaid care was provided

Care was most commonly provided to a parent, with nearly half of adults who provided care doing so (49%; there was no significant difference between men and women). Men were more likely than women to provide help or support for a spouse or partner, with just under a

fifth doing so (19%, compared with 12% of women). Help to other categories of family members, neighbours and friends was provided by under 10% in each case.

There were markedly different groups of people cared for according to the age of the carer, reflecting different life stages. Figure 6D shows the main groups cared for by different age groups among adult carers; there were generally few differences between men and women. Younger carers below the age of 45 were most likely to be supporting parents or grandparents. Among those aged 45-64, the focus was primarily on parents, with three in five in this group supporting a parent.

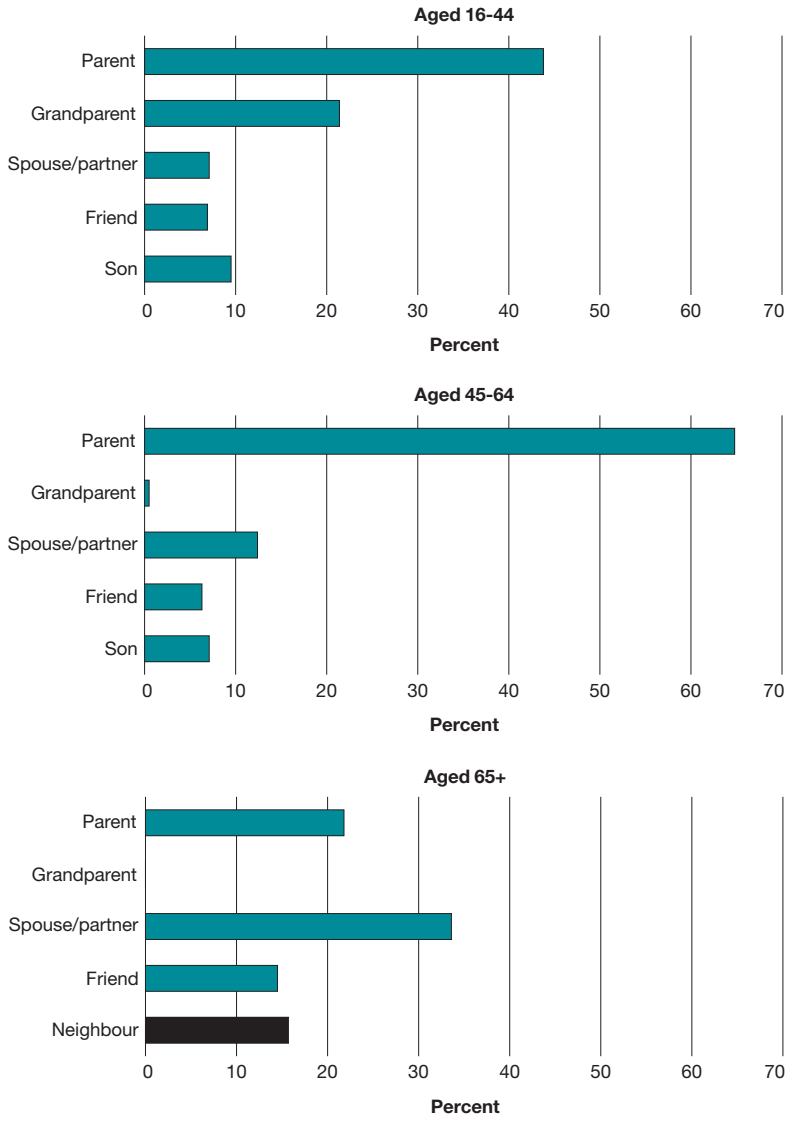
Older carers were more likely than younger ones to help their spouses, friends and neighbours. Fewer women than men aged 65 and over cared for their spouse (29% and 39% respectively), possibly reflecting the fact that women in this age group were more likely than men to be widowed (see Chapter 5, Section 5.4.2).

The majority of care was provided to someone in a different household from the carer, with women more likely than men to do this (72% and 62% respectively). Conversely, men were more likely than women to provide care within the household (34% and 24% respectively), reflecting the higher proportion of men who were caring for spouses. 4% of each sex cared for people both in the same and different households. **Table 6.6, Figure 6D**

Figure 6D

People to whom unpaid help provided in the last month

Base: Aged 16 and over and provided unpaid help



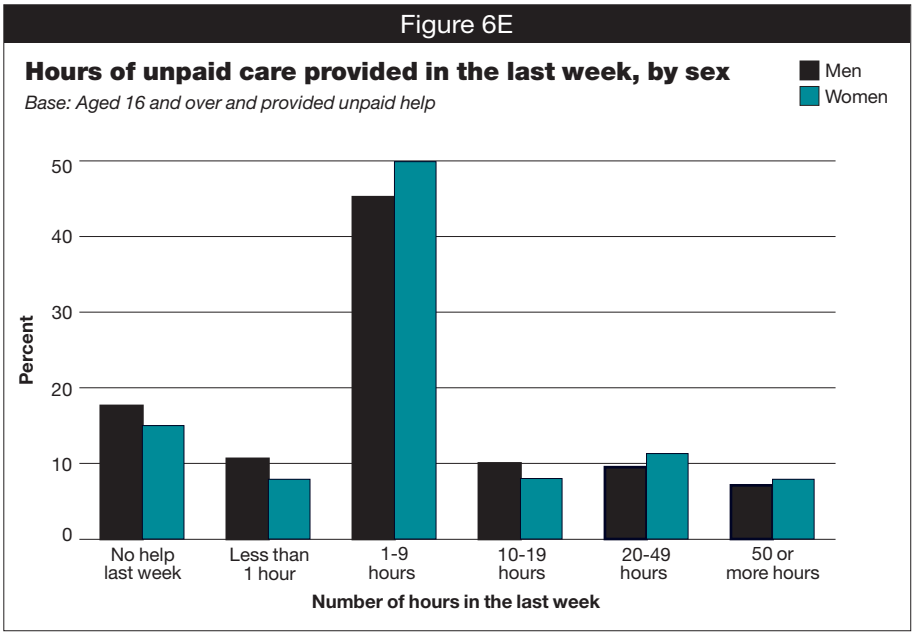
6.3.6 Hours of unpaid care provided in the last week

16% of carers said that they had not provided any care the previous week. As Figure 6E shows, those who provided help and support most commonly said that they did so for between 1-9 hours in the last week (48% of adults providing care). However, a substantial proportion of men and women provided more care: 27% provided 10 or more hours in the last week, 18% provided 20 or more hours, and 8% provided 50 or more hours. Patterns were very similar between men and women.

The number of hours of care provided in the last week has remained broadly similar between 2011 and 2014. The proportion of women providing 10 or more hours of care was slightly lower in 2014 than 2011 (27% and 33% respectively), but this may be a random fluctuation and further years' data will be needed to confirm whether this is a sustained change.

Tables 6.7, 6.8 Figure 6E

Figure 6E



6.3.7 Types of unpaid care provided in the last week

Adults providing help or support for at least 20 hours in the last week were asked which tasks they had helped with. They were shown a list of activities of daily living and instrumental activities of daily living (ADLs and IADLs, see Section 6.2.2). Figure 6F shows the proportion who mentioned each of the activities they helped with. Generally, help was more likely to be given with IADLs than ADLs, with shopping and getting out of the house the most frequently mentioned (both 76%). Of the ADLs, the most common was helping people take their medicine (52%), followed by help with dressing, bathing and eating (43%, 42% and 39% respectively). The most personal tasks, washing face and hands and going to the toilet, were least common (22% and 21% respectively).

For most types of help, men and women were equally likely to be involved, but a higher proportion of women than men helped with taking medicine, getting dressed, and doing paperwork or paying bills.

Table 6.9, Figure 6F

6.4 Effects of providing care

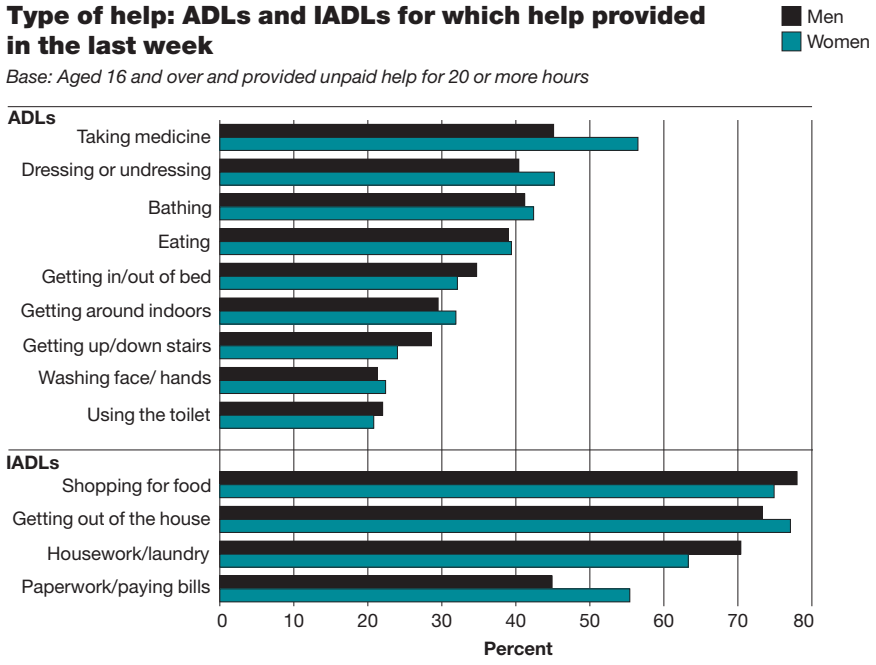
6.4.1 Effect on health of providing unpaid care

Adults who provided unpaid care were asked whether their own health had been affected in the last three months by the care and support they had provided; a list of possible effects was presented to them. More men than women said that caring had not had any impact on their health (59% and 47% respectively). Figure 6G shows the proportion of carers who identified the different health effects they had experienced.

Figure 6F

Type of help: ADLs and IADLs for which help provided in the last week

Base: Aged 16 and over and provided unpaid help for 20 or more hours

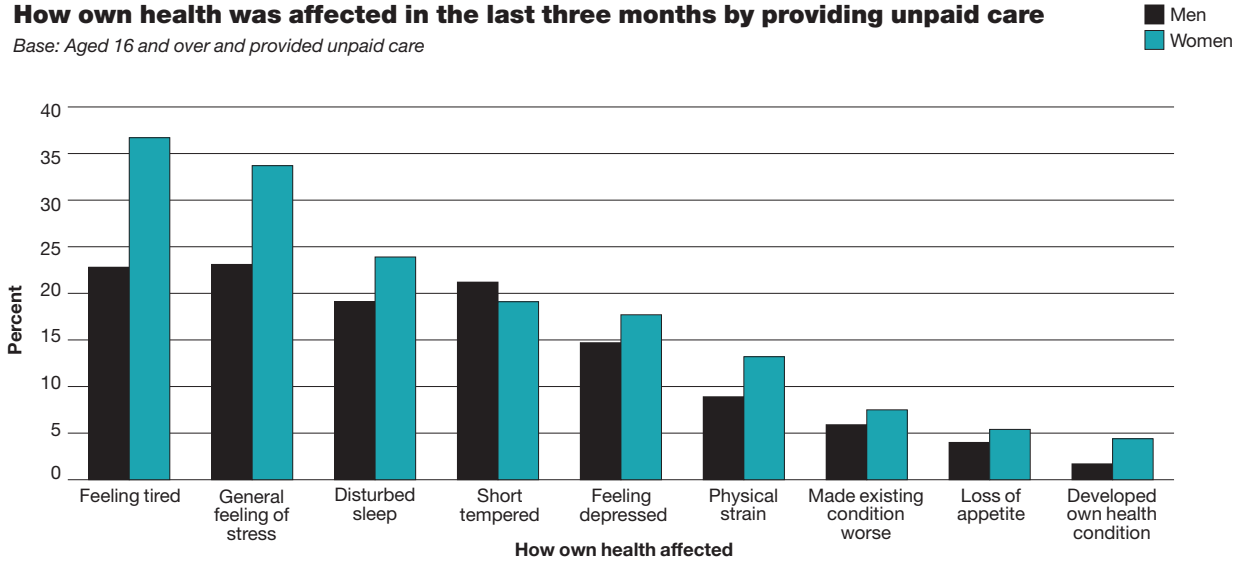


The most common effects were feeling tired (31%), a general feeling of stress (29%), disturbed sleep (22%) or feeling short tempered (20%). Women were more likely than men to experience the first three of these. Women were also more likely than men to report physical strain (13% and 9% respectively). Otherwise there was little difference between the sexes.

Figure 6G

How own health was affected in the last three months by providing unpaid care

Base: Aged 16 and over and provided unpaid care



As Figure 6H shows, those aged 45-64 were more likely than younger or older adults to report that providing care had some effects on their health, and in particular feeling tired or a general feeling of stress.

Table 6.10, Figures 6G, 6H

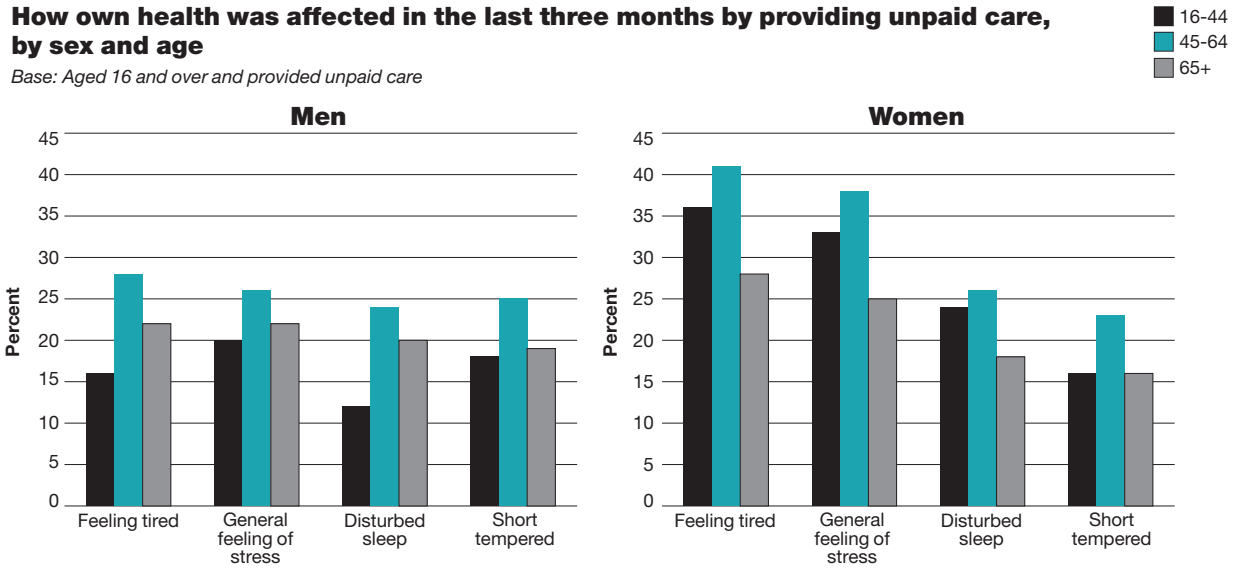
6.4.2 Effects on employment of providing unpaid care

Adults up to the age of 64 were asked about whether their caring had had any impact on their employment. Most reported that it had not had any effect; of these, 58% of men and 52% of women were currently employed, and 23% of men and 26% of women were currently unemployed, retired or otherwise economically inactive.

Figure 6H

How own health was affected in the last three months by providing unpaid care, by sex and age

Base: Aged 16 and over and provided unpaid care

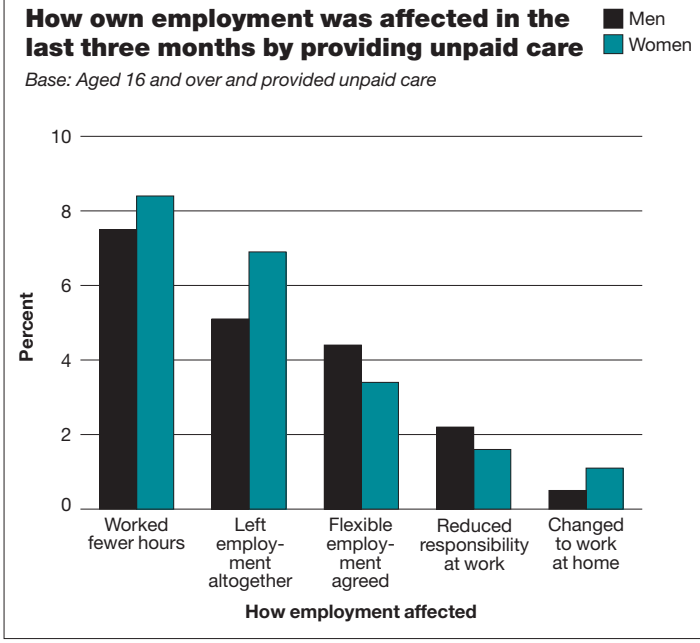


19% of men and 22% of women in this age group reported some impact, most frequently working fewer hours (7% of men and 8% of women). 5% of men and 7% of women reported that they had left employment altogether (Figure 6I). **Table 6.11, Figure 6I**

Figure 6I

How own employment was affected in the last three months by providing unpaid care

Base: Aged 16 and over and provided unpaid care



6.5 Discussion

This chapter offers a snapshot of the provision of social care within the community. As these findings show, within the last month, 17% of adults had undertaken some caring responsibilities. It is likely that, over their lifetimes, the proportions of men and women who spend some time providing unpaid care to family members, friends and neighbours will be greater.

The burden of care falls disproportionately on some groups, particularly the middle aged and those in less well-off households. Adults of working age were most likely to care for parents, and this was particularly the case for women aged between 45 and 65. Elsewhere this group has been described as the 'sandwich generation', looking after their own young

children, as well as caring for elderly parents, often while employed.[13] Childcare was not covered in the questions on caring responsibilities, although the HSE does include data on children within the household, and this might be an area for further analysis.

Although most carers of working age said that their responsibilities had not had any impact on their employment, one in five did report effects, including giving up work altogether, cutting down hours or changing jobs. These changes may have substantial negative financial impacts that could extend beyond the immediate period of providing care, for example in pension entitlement.

Around half of carers reported impacts on their own health, including tiredness, stress and lack of sleep.

The proportions of adults providing unpaid care in the community have been constant in recent years. The 2014 HSE was carried out before the implementation of the Care Act 2014.[10] Future surveys will provide evidence about the impact of this legislation on unpaid carers in the community.

References and notes

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12 Full details on the way that equivalised household income is derived can be found in the Glossary to this report, *Volume 2, Methods and documentation, Appendix C*.

13 See, for example, Ben Galim D and Silim A. *The sandwich generation: older women balancing work and care*. IPPR, London, 2013. www.ippr.org/files/images/media/files/publication/2013/08/sandwich-generation-August2013_11168_11168.pdf?noredirect=1