

## Individuals who lived alone or with an unpaid carer approaching the end of life at 2001 and 2011 census in Scotland

### Overview

The census provides invaluable information on Scotland’s population and linking it to other data enables analysis of specific groups to inform policy. To that end, death registrations for all deaths occurring within 12 months of the 2001 and 2011 censuses were linked. Figures are provided for deaths that were linked to the census<sup>1</sup>. The following briefing provides an overview of some key findings relating to the availability of carers.

### Household composition

Living with others is used as a proxy for the availability of a carer. This is particularly applicable where a person was approaching the end of life given the personal and intensive nature of much of the support required at that time. The following table shows that the number of individuals who lived alone at the time of the census and died within 12 months decreased between the 2001 and 2011 census by approximately 400 people, whereas the number of people who lived with a carer<sup>2</sup> increased by approximately 900. In both periods, numbers involved were notable.

Census	Lived alone at census		Lived in same household as unpaid carer at census		Care home resident at census		Total deaths within 12 months, with census linkage	
	No.	%	No.	%	No.	%	No.	%
2001-2002	16,042	32.5	9,279	18.8	8,986	18.2	49,356	100
2011-2012	15,634	33.6	10,135	21.8	8,908	19.2	46,473	100

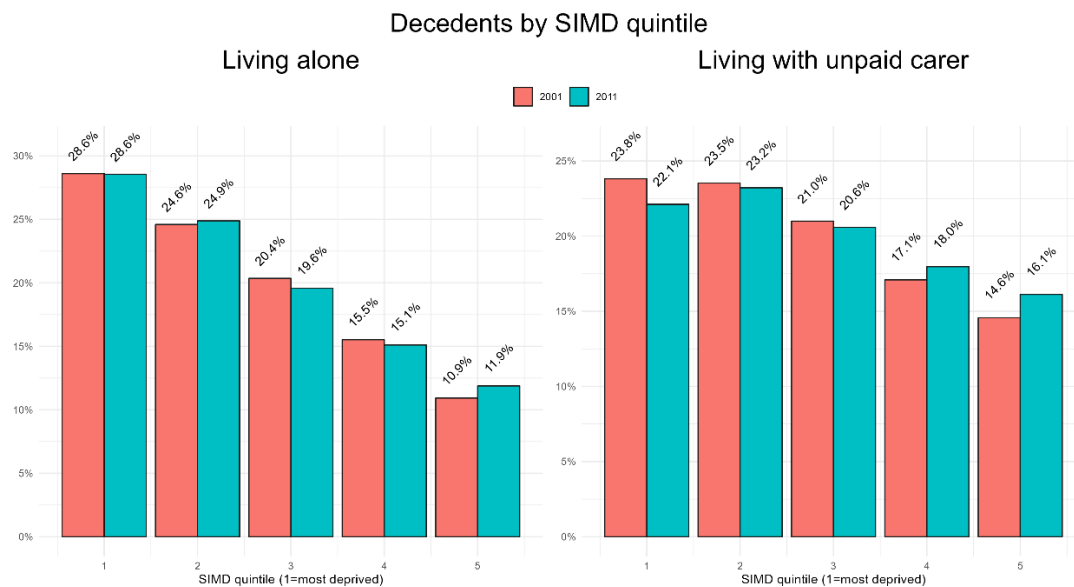
### Deprivation

The figure below shows the distribution of individuals living alone, or with an unpaid carer, across areal deprivation (Scottish Index of Multiple Deprivation, SIMD). In both instances, a gradient is apparent from most deprived (more likely to live alone but also more likely to have someone resident indicated to be a carer) to least. Between 2001 and 2011, the proportion of people living alone in the least deprived

<sup>1</sup> There were 56,766 deaths in the 12 months following the 2001 census of which 86.9% could be matched to a census return, and in 2011 there were 53,517 deaths of which 86.8% could be matched.

<sup>2</sup> Living alone was defined as individuals belonging to single-person households on the census. People living with an unpaid carer were defined as individuals who were members of the same household as another person who reported providing unpaid care. Though the census doesn’t ask who receives the care provided, we make the assumption that coresident individuals had access to unpaid care.

quintile increased by 1 percentage point, whilst remaining very similar across the other quintiles. The deprivation gradient shifted between 2001 and 2011, when most individuals living with an unpaid carer lived in the 2<sup>nd</sup> most deprived quintile.



### *In summary*

At the 2001 & 2011 censuses marked proportions (around a third) approaching their final year of life lived alone. That will have had notable implications for care needs. Living with others though does not necessarily mean that care is immediately available. There are a host of reasons why that might be, including co-residents' own health.

Differences by deprivation are of note. Those in the most deprived areas will have fewer resources to cope with the demands and realities resulting from the long-term illness that have been associated with many of these deaths. That they also are more likely to live alone or have someone with whom they reside providing care will have implications for potential care at a key point in the lifecourse.

However, the deprivation gradient decreased to a small extent from 2001 to 2011 on both measures, with a small increase of people living alone in the least deprived areas, and a general lessening of the gradient for people living with a carer.

Data from which this report has been compiled is now a decade out of date. The 2022 census will provide opportunity to ascertain to what extent any of these patterns have changed. However, given the consistency between 2001/02 and 2011/12 it would be surprising if the headline findings discussed above will have changed markedly.

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