Social care among older people in the UK: patterns and implications for policy

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Outline

1. What were the characteristics of informal care provision in 2001 and 2011?

2. What factors are associated with the receipt of support from different sources?

3. Reflections on policy implications

Informal care: background

Informal care provision has important policy implications in the context of an ageing population and changing family structures (Robards et al., 2012).

Association between certain types and durations of caring and poor self-reported health (Young et al., 2005), and higher labour market inactivity (Dini, 2010).

Gendered dimension to care provision – caring role interacting with marital status and employment (Young and Grundy, 2008).

Research questions

Cross-sectional analysis:

1. What were the demographic and socio-economic **characteristics of informal carers** in 2011 and in 2001?
2. What is the **prevalence** (number of carers and proportion in the population) of informal caring and the number of hours of care provided (per week) in 2011, and how do such patterns differ from 2001?
3. What are the **determinants of informal caring** and how do they differ from 2001?

Longitudinal analysis:

4. What were the **transitions in-and-out of informal care** between 2001 and 2011?
5. What are the demographic and socio-economic **characteristics** of each of these four groups of individuals?
6. What are the **determinants** of being in each of the four groups?

Results (I): Informal caring intensities in the ONS LS match national level Census figures

Data: the ONS Longitudinal Study links 1% of the respondents in the UK Census for England and Wales. We are comparing 2001 with 2011.

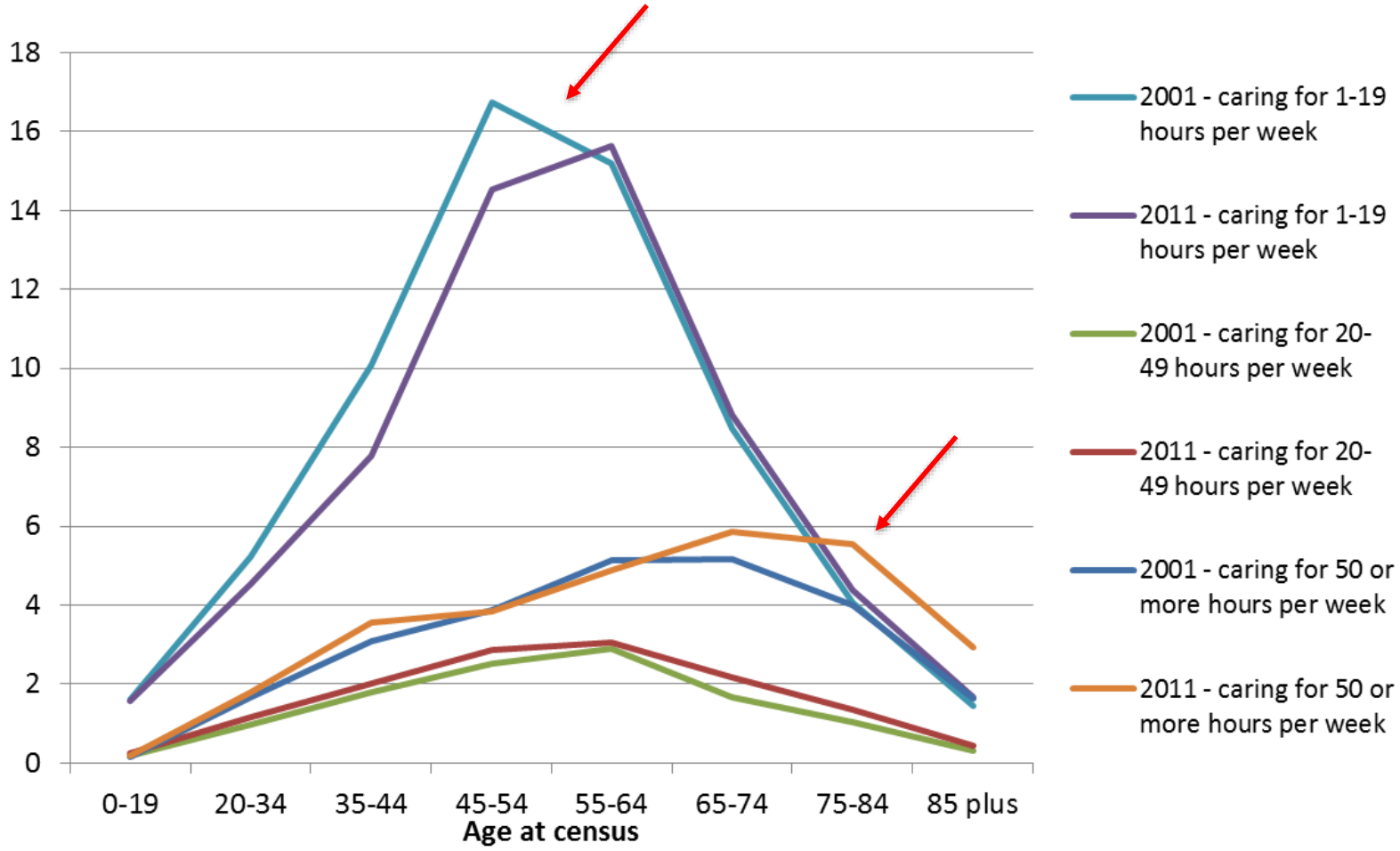
Table 1: Validating caring levels in the ONS LS against Census results

Caring level	Informal caring at 2001 Census				Informal caring at 2011 Census			
	ONS LS		Census		ONS LS		Census	
	N	%	N	%	N	%	N	%
No care provided	482,886	89.7	46,824,111	90.0	521,681	89.4	50,275,666	89.7
1-19 hours per week	37,567	7.0	3,555,822	6.8	38,796	6.6	3,665,072	6.5
20-49 hours per week	6,074	1.1	573,647	1.1	8,428	1.4	775,189	1.4
50+ hours per week	11,663	2.2	1,088,336	2.1	14,738	2.5	1,359,985	2.4
Total carers	*55,304*	*10.3*	*5,217,805*	*10.0*	*61,962*	*10.6*	*5,800,246*	*10.3*
TOTAL	538,190	100	52,041,916	100	583,643	100	56,075,912	100

Source: Aggregate England and Wales informal caring percentages are from 'Office for National Statistics (2013) 2011 Census Analysis: Unpaid care in England and Wales, 2011 and comparison with 2001, 15 February 2013.'

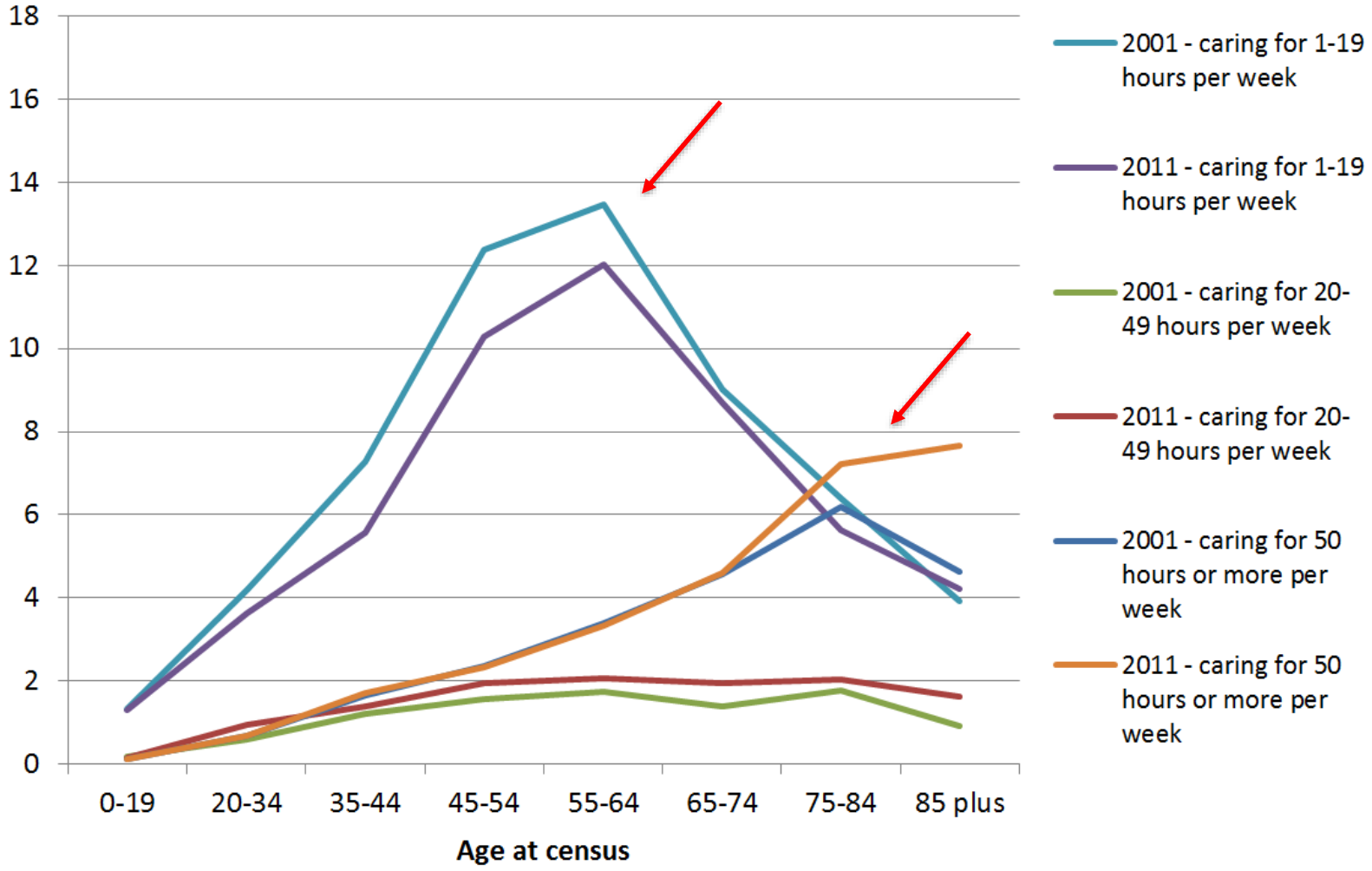
Results (II): High intensity (50hrs+) caring has increased among older females

Figure 1: Percentage of each caring intensity at 2001 and 2011 by age at census - females



Results (III): High intensity increased and low intensity caring has decreased across the life course

Figure 2: Percentage of each caring intensity at 2001 and 2011 by age at census - males



Results (IV): There is stability in the characteristics associated with informal caring

Characteristics associated with any level of informal caring at 2001 or 2011 (cross-sectional analyses):

- Being **female** (compared to male).
- Being aged **55-64** years (compared to other groups).
- Being **married** (compared to other categories).
- Living in the **north west, north east or Wales**.
- Being **employed part-time or 'looking after the home'** (compared to being employed full time).
- **Renting from Local Authority or Housing Association** (compared to other categories).
- Reporting **fairly good health** (compared to other groups).
- Being of a **Pakistani or Bangladeshi** ethnicity (compared to White British).

How many informal carers were also caring ten years later?

Table 2: Identifying carers at 2001 and 2011

		2011	
		Carer	**Non-carer**
2001	**Carer**	a) Caring at 2001 and 2011	(d) Caring at 2001, not caring at 2011
	Non-carer	(c) Not caring at 2001, caring at 2011	(b) Not caring at 2001 and 2011

Around 4% of the population of England and Wales were caring in 2001 and 2011

Table 3: Change in informal caring provision between 2001 and 2011

		2011	
		Carer	Non-carer
2001	Carer	3.7% N=15,698	7.1% N=29,661
	Non-carer	9% N=37,852	80.2% N=336,438

Among high intensity carers in 2001, 17% also provided care at the same intensity in 2011

Any level of informal caring at 2001 and 2011

- Of those caring at 2001, 34.6% were also caring in 2011.
- Of those not caring at 2001, 10.1% were caring in 2011.

High intensity informal caring – 50hrs+ per week

- Of those caring at 2001 and 2011, **16.8%** were providing 50hrs+ care per week at both 2001 and 2011.
- Of those providing 50hrs+ care per week in 2001, **54.8%** were not caring in 2011.
- Among those providing 50hrs+ care per week in 2011, **62.2%** were not caring in 2001.

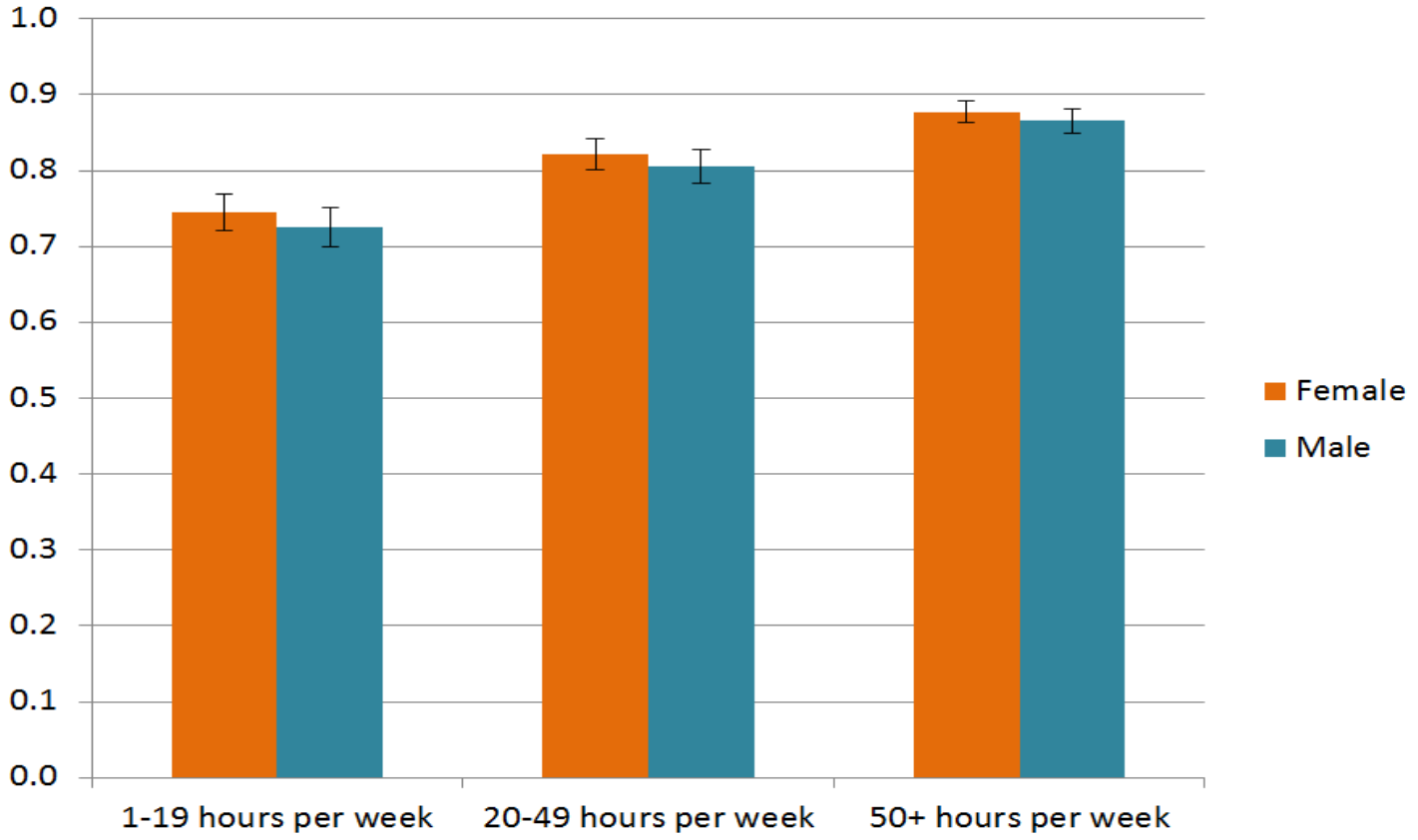
What characteristics are associated with caring at 2011 among informal carers at 2001?

Characteristics associated with any level of informal caring at 2011 for those providing informal care at 2001:

- Being **female** (compared to male).
- Being aged **45-54** years (2011) (compared to other categories).
- **Owning outright** (tenure) (compared to other categories).
- Being **White British or Irish** (compared to other categories).
- Being **married** (compared to all other categories).
- **'Looking after the home'** (compared to other categories).
- Reporting **fairly good health** (compared to other categories).
- **Providing 50 hours or more** care at 2001 (compared to other categories).

Those providing 50 hours or more care at 2001 were most likely to be caring at 2011

Figure 3: Predicted probabilities of any level informal caring at 2011 by caring intensity at 2001 and gender



Age in 2001=35-44 years, marital status in 2011= Married or in a registered same-sex civil partnership, ethnic group in 2001=White British, Tenure in 2011=Owned outright, Health in 2011=Fair, Limiting long term illness in 2011=Yes, limited a lot / a little, Highest educational qualification in 2011=Level 4 (first degree) or above, Economic activity status in 2011=Looking after the home.

Key results

- This is the first analysis to consider whether informal carers at 2001 were also caring ten years later.

- *caveat*: we don't know whether they were caring in between!

- Overall decrease in low-intensity and increase in high-intensity care provision (especially for men)
- A greater number of people may have *started* caring between 2001 and 2011 than *stopped* caring.
- Over one third of those caring in 2001 were *also* caring ten years later.
- A total of 16.8% of carers in both 2001 and 2011 were providing 50 hours or more care per week.
- Among those providing 50 hours or more care per week in 2001, 55% did not provide care at 2011.

Outline

1. What were the characteristics of informal care provision in 2001 and 2011?

2. What factors are associated with the receipt of support from different sources?

3. Reflections on policy implications

Existing research

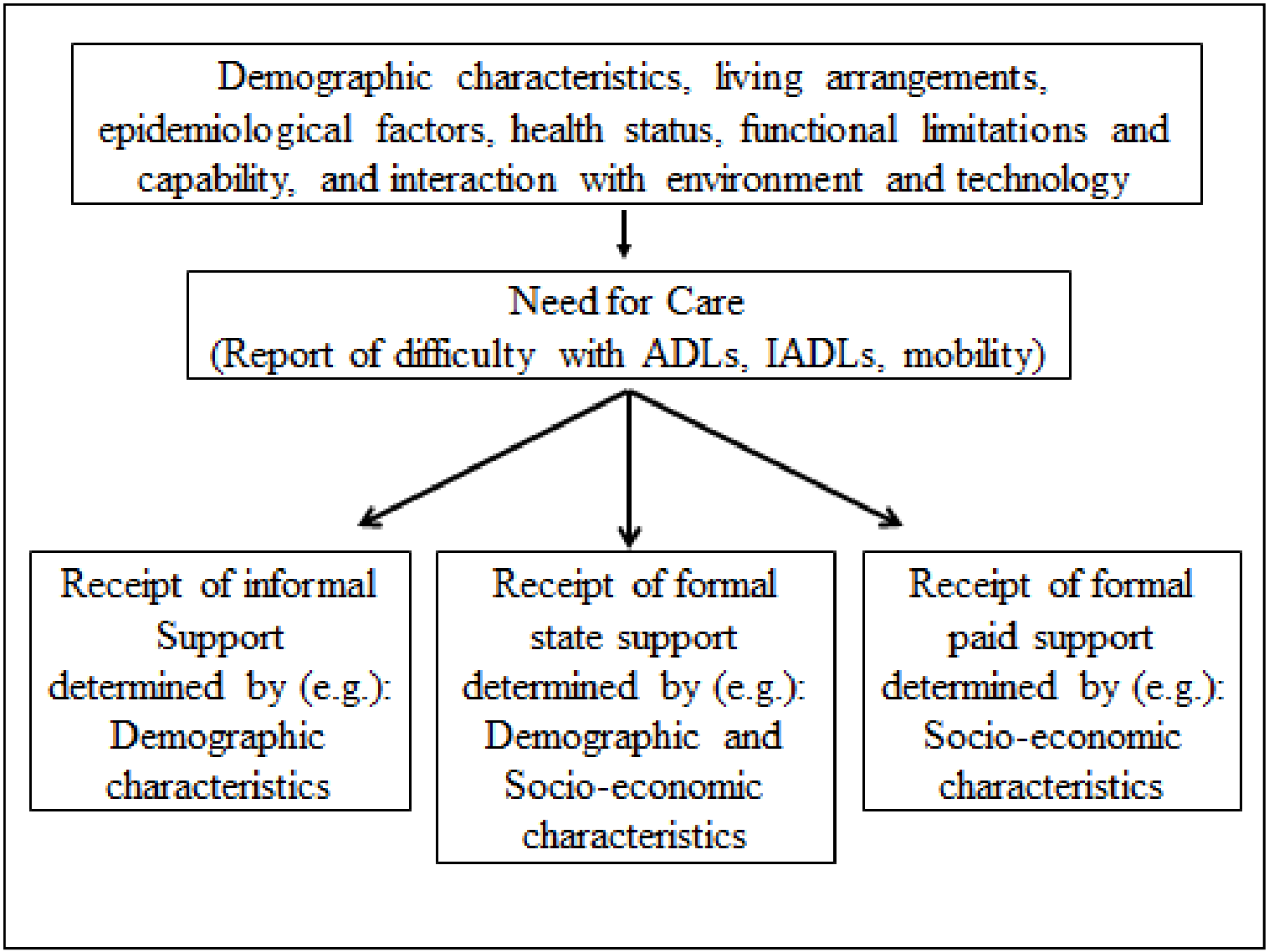
Physical and mental health status is associated with the amount and type of social care support required in later life *(Breeze and Stafford 2010)*.

An individual's marital status, living arrangements and whether they have children, are key indicators of the extent to which they can expect to receive informal support from family in later life (*Glaser et al 2008).*

Higher socio-economic status is negatively associated with the receipt of informal support from family, or formal state support from social services, and positively associated with the receipt of paid for support *(Larrson and Silverstein 2004).*

The 'substitutability' of support from different sources *(Stabile et al 2006; Mentzakis et al 2009).*

Conceptualising the receipt of social care



Research questions

1. What are the determinants of receipt of informal, private and state care for people aged 65+ living in England?

2. Are there gender differences in the determinants of the receipt of informal care?

3. To what extent do state, private and informal care complement or substitute each other?

Data and methods

Wave 4 (2008) of the English Longitudinal Study of Ageing

– Nationally representative of people aged over 50 years and living in the community

Sub-sample of core respondents aged 65 and over with no missing information in their report of:

- difficulty with at least one Activity of Daily Living (ADL) (eg. dressing)
- difficulty with at least one Instrumental Activity of Daily Living (IADL) (eg. doing housework)
-difficulty with at least one mobility task (eg. walking 100 yards)

N= 3,395 individuals (2,051 women and 1,344 men)

Bivariate and multivariate binary logistic regression

Operationalising the receipt of social care

Assessed using questions asking if participants received help with difficulties relating to performing tasks required for every day life

- ADL, IADL and mobility tasks

Informal Care

- Husband, Wife, Partner, Son, Daughter, Sister, Brother, Other relative, Friend or Neighbour

State care

- E.g. Home care worker, District nurse

Privately paid help

Operationalising determinants in ELSA (1): Demographic, Socio-Economic Position, Health

Demographic

- Gender, Age, Marital Status/Cohabitation, Whether Respondent's Children in Household, Number of Respondent's Children Outside the Household, Number of Household Members

Socio-Economic Position

- Benefit Unit Income and Wealth, Access to Car, Housing Tenure

Health

- Self Rated Health, Eyesight, Hearing, Pain, Arthritis, Chronic Lung Disease, Parkinson's Disease, Blood Pressure, Depression, Orientation in Time, Dementia

Operationalising determinants in ELSA (2): Disability/Functional limitations, Environment, Care

Disability / Functional limitations

- Number of Mobility Limitations, Number of Activities of Daily living (ADL), Number of Instrumental Activities of Daily Living (IADL), Walk a Quarter of a Mile, Limiting longstanding Illness

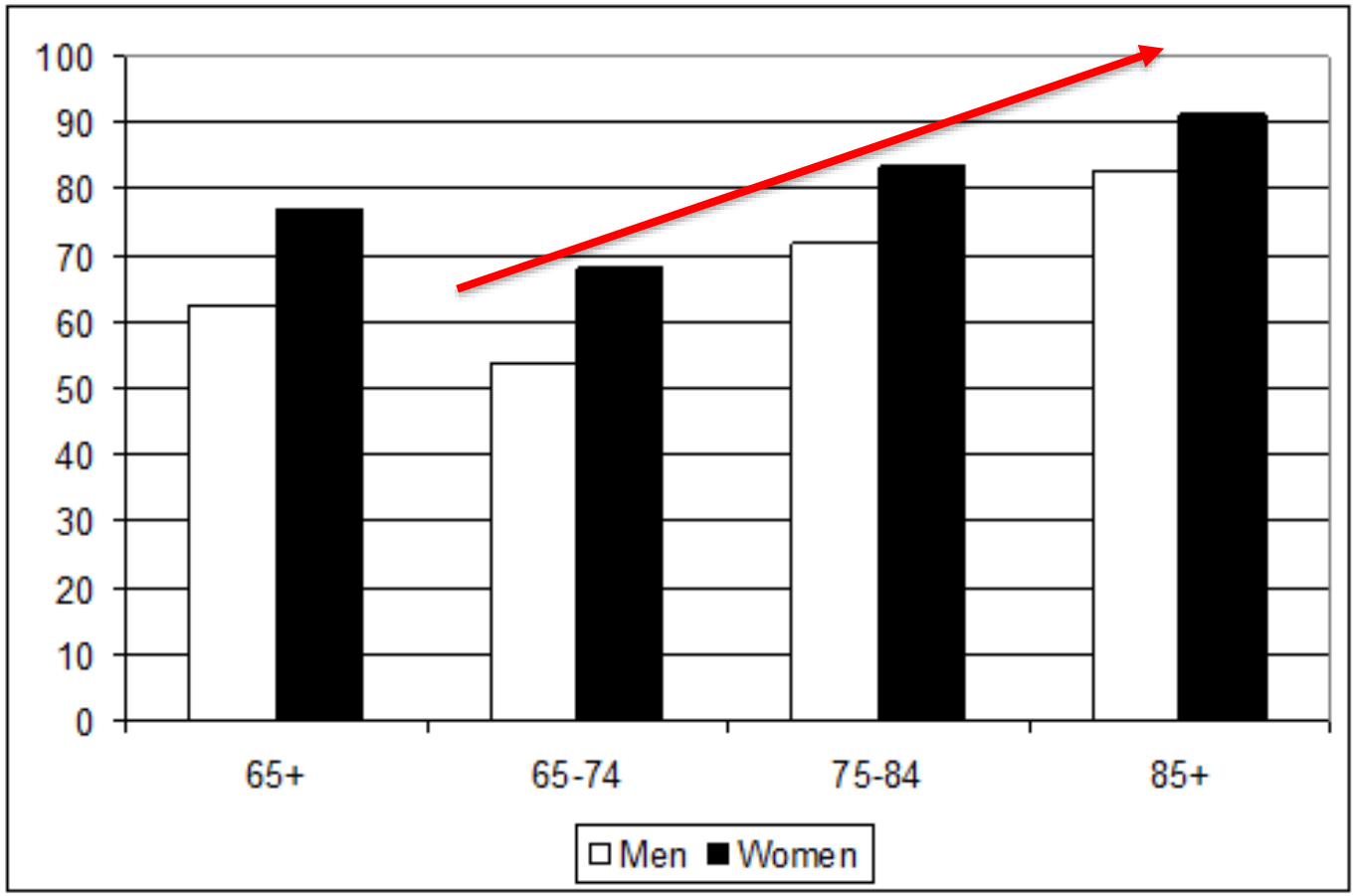
Environment / Technology

- Home Adaptations, Retirement Housing, Walking stick, Zimmer Frames, Wheel Chair, Buggy or Scooter, Personal alarms, Walking Crutches

Support receipt and service use

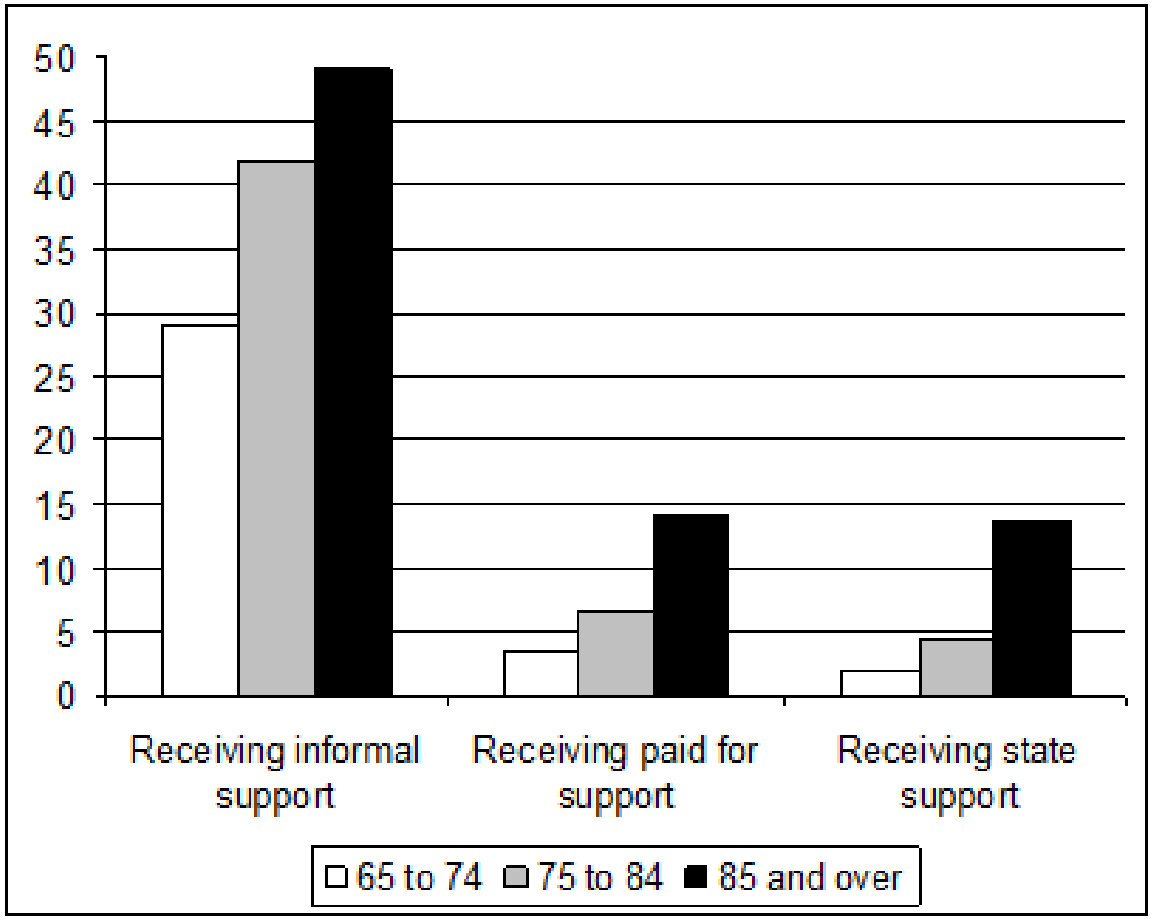
- Informal Care, Private Care, State Care, Other Care, Lunch Club, Day Care Centre, Meals on Wheels, Occupational Therapy, Chiropody, Exercise therapy

Figure 1: Proportion of older people who report a difficulty with ADL, IADL or mobility, by age group and gender, England 2008



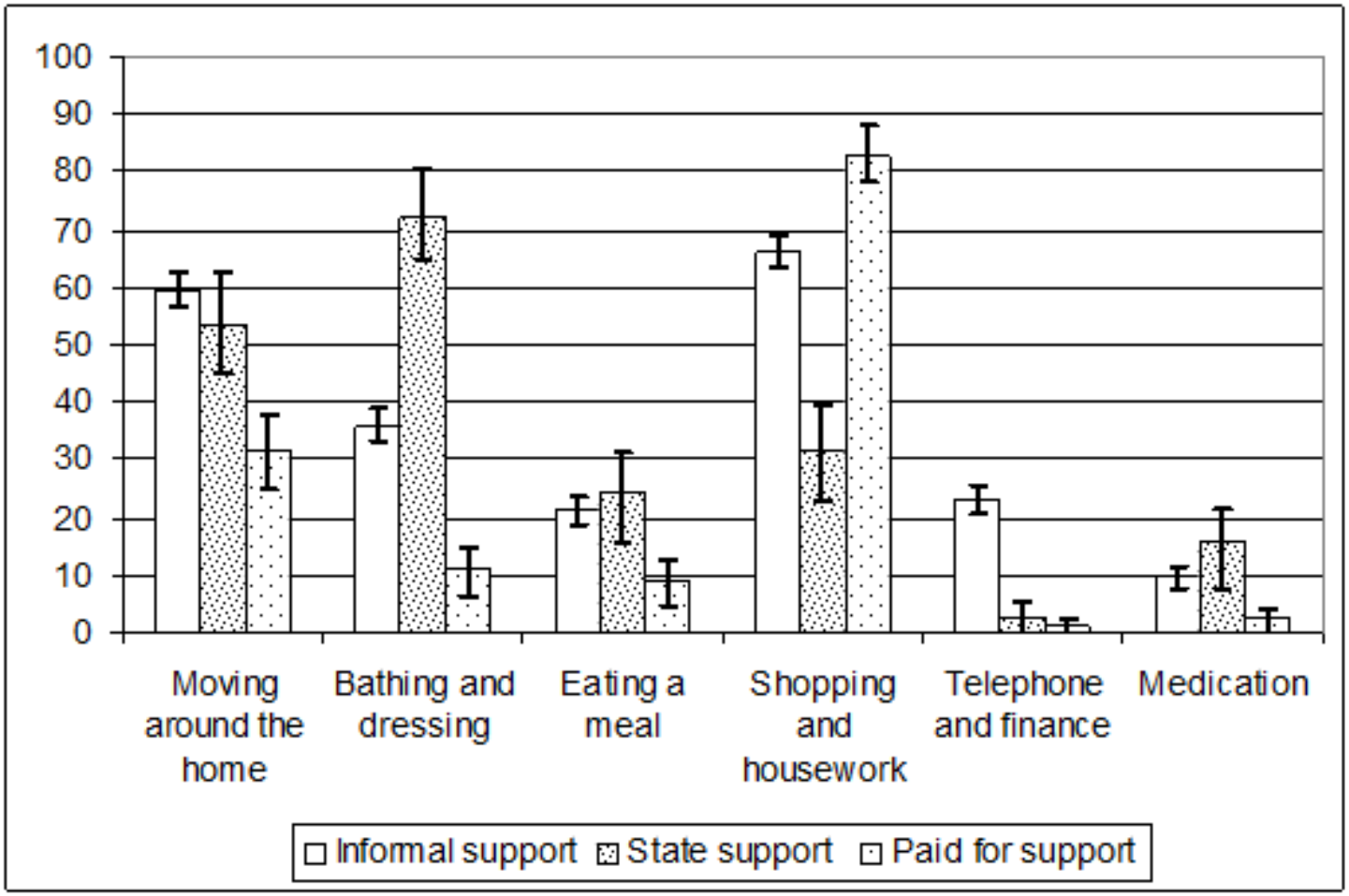
Statistical significance: 65+: p<0.0001; 65-74: p<0.0001; 75-84: p<0.0001; 85+: p=0.0134

Figure 2: Among older people who report a difficulty, percentage who receive support, by age group and source of support, England 2008



Statistical significance: informal support: p<0.0001; paid for support: p<0.0001; state support: p<0.0001

Figure 3: Among older people who report a difficulty and receive support, percentage receiving support by activity and source of support, England 2008



Key multivariate analysis results

- The receipt of **informal** support is associated with:

-the number of ADLs and especially IADLs for men

-the number of ADLs, IADLs, dementia and not receiving paid for support, for women

- The receipt of **formal state** support is associated with:

-the number of IADLs and with mobility difficulties (both men and women)

- The receipt of **formal paid for** support is associated with:

-gender (women more likely), the report of a long-standing limiting illness and the number of IADLs

- **Higher socio-economic status** was generally associated with lower chances of receiving informal or formal state support, but higher changes of paid for support.

Key results

The receipt of support in later life, from any source, is primarily determined by the number of IADLs, and to a lesser extent the number of ADLs, a person has difficulty with.

Different factors are associated with the receipt of support from different sources, and there are key gender differences in this respect (eg. physical health status is associated with men's receipt of informal support, while mental health status is associated with women's receipt of informal support).

Different kinds of needs are associated with the receipt of support from different sources (eg. the receipt of informal and state support is associated with a person's difficulty with ADLs such as bathing, while the receipt of paid for support is associated with one's difficulty with specific IADLs, such as shopping).

Outline

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Reflections on policy implications (I)

- Overall prevalence of informal care provision appears stable, but the decrease in low-intensity care and the increase in high-intensity care might point to an intensification of informal care provision.

Policy challenge: supporting intense carers who themselves are aged over 70

- It is important to consider the duration of care provision: 4% of the total sample cared in both 2001 and 2011; and almost one-fifth of this group were intense carers at both time points

Policy challenge: supporting care trajectories/ 'careers'

Reflections on policy implications (II)

- State support more likely to be received for ADLs; informal + paid for support more likely to be received for IADLS

Policy challenge: how well are older people's needs addressed (and what are older people's preferences?)

- The report of difficulty with ADLs/IADLs is the most important determinant of receiving support, however socio-economic determinants are also part of the story, reflecting the importance of needs assessment by local authorities.

Policy challenge: in times of austerity and budget cuts, addressing people's needs could be affected by available resources and decisions about priorities

- Some indication that support from one source can complement or substitute support from a different source (eg. receipt of informal support is associated with decreased likelihood of receiving paid for support, especially for women).

Policy challenge: if such complementarity or substitutability is possible, what is the role of the welfare state in times of austerity?

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Robards, J., Vlachantoni, A., Evandrou, M. and Falkingham, J. (2015) Informal caring in England and Wales – Stability and transition between 2001 and 2011. *Advances in Life Course Research* 24: 21-33.

Vlachantoni, A., Shaw, R., Evandrou, M. and Falkingham, J. (2015) The determinants of receiving social care in later life in England. *Ageing and Society* 35: 321-345.

Table 1: Determinants of receiving informal support (men)

Variables	Odds ratio
Number of ADLs has difficulty with	
None (ref)	1
One	2.07***
Two to three	2.77***
Four to six	3.18***
Number of IADLs has difficulty with	
None (ref)	1
One	6.25***
Two to four	13.43***
Five to nine	31.00***

Other variables included in the final model: age group, partner, report of lung disease, number of mobility tasks reports difficulty with, report of LLSI, home with adaptation, currently using cane, receiving paid for support, using occupational therapy.

Table 2: Determinants of receiving informal support (women)

Variables	Odds ratio
Number of mobility tasks has difficulty with	
None or one (ref)	1
Two	2.07**
Three to three	4.07***
Four to seven	4.86***
Eight to ten	6.21***
Number of IADLs has difficulty with	
None (ref)	1
One	4.54***
Two to four	17.58***
Five to nine	9.65***
Diagnosed with a type of dementia	
No (ref)	1
Yes	15.34**

Other variables included in the final model: marital status, children in household, wealth quintile, errors in orientation, difficulty with walking, receipt of paid for support, using chiropodist or exercise therapy.

Table 3: Determinants of receiving state support (men and women)

Variables	Odds ratio
Difficulty with walking a quarter-of-a-mile	
No difficulty (ref)	1
Some difficulty	1.51
Much difficulty	3.51***
Unable to do this	6.52***
Number of IADLs has difficulty with	
None (ref)	1
One	5.94**
Two to four	14.50***
Five to nine	21.87***

Other variables included in the final model: marital status, access to a car, number of ADLs has difficulty with, using a cane/ wheelchair/ personal alarm, receiving any other care.

Table 4: Determinants of receiving paid for support (men and women)

Variables	Odds ratio
Gender	
Male (ref)	1
Female	1.63***
Report of a LLSI	
No (ref)	1
Yes	2.76***
Number of IADLs has difficulty with	
None (ref)	1
One	41.86***
Two to four	26.50***
Five to nine	30.29***

Other variables included in the final model: marital status, children in household, household wealth, home adaptation, use of lunch club, current use of chiropodist/ personal alarm/ occupational therapist.