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Summary

- This chapter presents results about the provision of informal 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.
- Women were slightly more likely than men to provide informal help or support (18% and 15% respectively).
- Provision of informal care increased with increasing age among those aged 16 to 64, and then decreased among older adults. Adults aged 55-64 were most likely to report providing care (23% of men and 29% of women in this age group).
- Most of those who provided care did so for one person (11% of all men, 14% of all women).
- Provision of care tended to decrease with increasing income. Men and women in the lowest income quintile were most likely to provide informal care (18% and 21% respectively), and those in the highest income quintile least likely (14% and 15%).
- Care was most commonly provided to a parent (46% of men and 47% of women who provided care). Just under a quarter of men provided help or support for their spouse or partner (22%), compared with 15% of women. Older carers were more likely than younger ones to mention helping their spouses.
- Most of those who provided help or support did so for 1 to 9 hours in the last week (49% of both men and women). However, around a quarter of men and a third of women (26% and 31% respectively) provided 10 or more hours care in the last week, while just under a fifth (17% and 20% respectively) provided 20 or more hours care in that period.
- Adults providing help or support for at least 20 hours in the last week were asked which activities of daily living (ADLs) and instrumental activities of daily living (IADLs) they had helped with. They were most likely to have helped with IADLs rather than ADLs. Of those providing this high level of support, more than 70% provided help with at least one IADL.
- Among adults providing help or support, almost two thirds of men and half of women said that their health was not affected (63% of men and 50% of women) by their caring activity. Among those who reported an impact on their own health, the most common effects being a general feeling of tiredness (22% of men and 33% of women) and stress (20% and 32% respectively).
- Among informal carers aged 16-64, 58% of men and 48% of women were employed and reported no impact on their employment, while a further 20% of men and 23% of women were not working and reported no effect.

9.1 Introduction

9.1.1 Background

From 2011 coverage of the Health Survey for England (HSE) has been expanded to include a section on adult social care. The survey now 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 whether they provide informal care. These questions will be repeated as a core module of the survey each year, so that consistent data are collected and trends may be monitored in the longer term. This chapter describes provision of social care by adults aged 16 and over. Chapter 8 provides information about receipt of care among adults aged 65 and over.

9.1.2 Provision of 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.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 informal care provided by family, friends or another voluntary source. In 2010 some 1.6 million worked in the social care sector, providing formal care.⁴ The Census included a question about provision of unpaid care in both 2001 and 2011.^{5,6} 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. This was an increase of around 600,000 between 2001 and 2011,⁵ and the number is set to rise in the future, potentially reaching 9 million by 2037.⁷ This increase reflects the increasing demands for care from an ageing population, and the essential role informal 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.⁸

9.1.3 Data on provision of social care

To date there has been a relative lack of survey data about the provision of social care in England. Before 2011 the most recent national survey to cover these topics was the 2009/10 Survey of Carers in Households,⁹ updating the 2000/01 General Household Survey coverage of informal care providers.¹⁰

The current module of questions was developed for use in population surveys and economic evaluations. It was designed to reflect current policy and practice and to provide much needed information about social care in general household settings.¹¹ The shorter version of the module is now a core part of the HSE, included each year. The longer version will be included in the HSE 2013 and a similar module is included in wave 6 of the English Longitudinal Survey on Ageing (ELSA).¹²

In the HSE, questions about need for and receipt of care are asked of adults aged 65 and over (see Chapter 8) while those about provision of informal care are asked of all adults.

9.2 Methods and definitions

9.2.1 Methods

Questionnaire development

The module of questions on adult social care was developed in 2009/2010 and was intended to deliver robust data on the characteristics of people providing and receiving

informal care, and on people receiving formal care and support. Questionnaire development is described in detail in the HSE 2011 report¹³ and further information about receipt of care can be found in Chapter 8 of this report.

Provision of care

Questions about provision of care were asked of all adults aged 16 and over. These assessed whether or not adults provided help and support ('informal care'), 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 to and, for up to three people, their relationship to the person they provided care to, whether they lived in the same or a different household, and the sex and age of the person cared for. Relationship categories included individual relationships for close family members, such as spouse and parent, and grouped categories for other family members, friends, neighbours or other voluntary help.

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 activity of daily living (ADLs and IADLs, see section 9.2.2).

To assess the impact of providing informal care participants were asked whether, in the past three months, their own health had been affected by providing care and whether they had visited a GP about their health concerns. They were also asked whether their ability to take up or stay in employment was affected by the care they provided.

Combined data from 2011 and 2012 have been used in this chapter to allow more robust analysis.

9.2.2 Definitions

Provision of informal care

Provision of informal care was assessed for all adults aged 16 and over. Informal 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.

Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs)

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. **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 following were included:

ADLs

Getting up and down stairs
Having a bath or a shower
Dressing or undressing
Getting in and out of bed
Getting around indoors
Taking medicine
Using the toilet
Eating, including cutting up food
Washing face and hands

IADLs

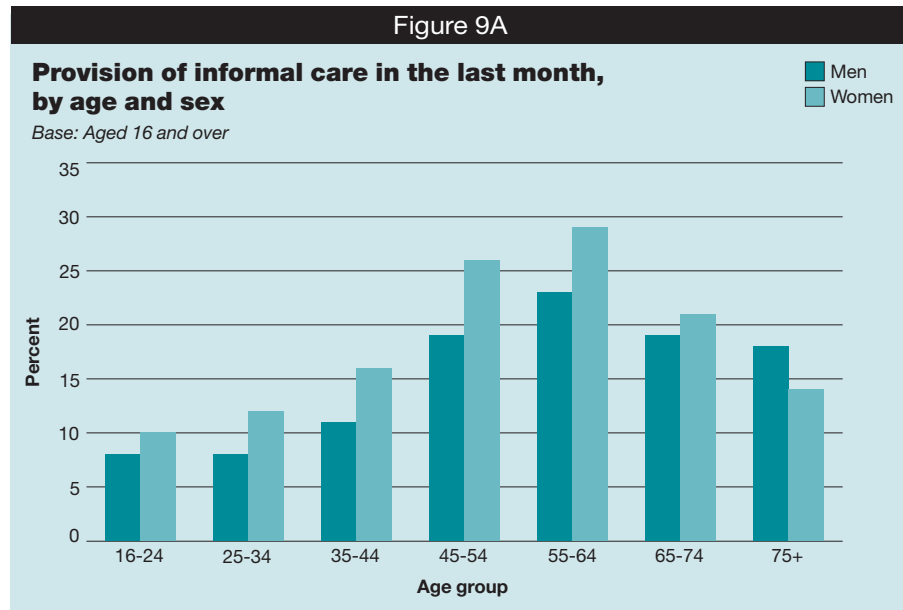
Shopping for food
Doing routine housework or laundry
Getting out of the house
Doing paperwork or paying bills

9.3 Provision of informal care

9.3.1 Provision of informal care, by age and sex

Women were slightly more likely than men to provide informal help or support (18% and 15% respectively). This sex difference was most evident among those aged 35-64 where provision of informal care was 6-7 percentage points higher for women than men.

Provision of informal care increased with increasing age among those aged 16 to 64, and then decreased among older adults. Adults aged 55-64 were most likely to report providing care, with 23% of men and 29% of women in this age group providing informal care. Among the 65-74 age group, around one fifth of men and women (19% and 21% respectively) provided care.



Most of those who provided care did so for one person (11% of all men, 14% of all women reported caring for one person, while 3% and 4% respectively reported caring for two or more). However, 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 7%).

Table 9.1, Figure 9A

9.3.2 Provision of informal care, by region and socioeconomic characteristics

There was no regional variation in provision of care.

Provision of care tended to decrease with increasing income. Men and women in the lowest income quintile were most likely to provide informal care (18% and 21% respectively), and those in the highest income quintile least likely (14% and 15%).

The pattern of care provision with area deprivation, measured by the Index of Multiple Deprivation (IMD), was less clear.

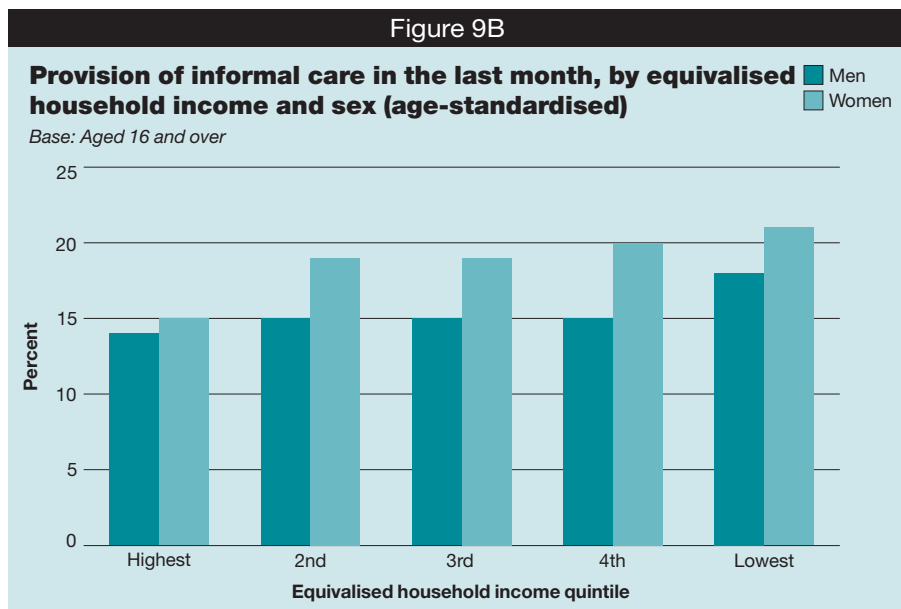
Women in the most deprived quintile were more likely than men to provide care (20% and 12% respectively). This difference is larger than observed in other quintiles and was also observed in 2011, based on HSE 2011 data alone.

Tables 9.2-9.4, Figure 9B

9.3.3 To whom informal care was provided

Care was most commonly provided to a parent, with almost half of men and women who provided care doing so (46% and 47% respectively). The pattern varied with age, with those in the 45-64 age group most likely to help or support a parent (61% of men and 60% of women). Among carers aged 16-44, care for a grandparent was also relatively common (22% of men, 17% of women of this age).

Figure 9B



Just under a quarter of men who provided help or support did so for their spouse or partner (22%), compared with 15% of women. Providing help to other family members, neighbours and friends was relatively less common, varying between 1% of men and women for voluntary help, and 10% of men and 13% of women for friends. Older carers were more likely than younger ones to help their spouses, friends and neighbours; however fewer women than men aged 65 and over cared for their spouse (35% and 44% respectively) reflecting the fact that women in this age group were more likely than men to be widowed (see Chapter 8, Section 8.3.2).¹⁴

The majority of care was provided to someone in a different household from the carer, with women more likely than men to do this. Thus 60% of men and 67% of women provided care for someone in a different household, and 37% and 29% respectively cared for someone in the same household, while 4% of each sex cared for people both in the same and different households. Older men (aged 65 and over) were more likely than others to care for someone in the same household (52%), reflecting the fact that many were caring for a spouse, while as noted above this was less common for women in this age group (39%).

Table 9.5

9.3.4 Number of hours of care provided in the last week

Most commonly, those who provided help or support did so for 1 to 9 hours in the last week (49% of both men and women).

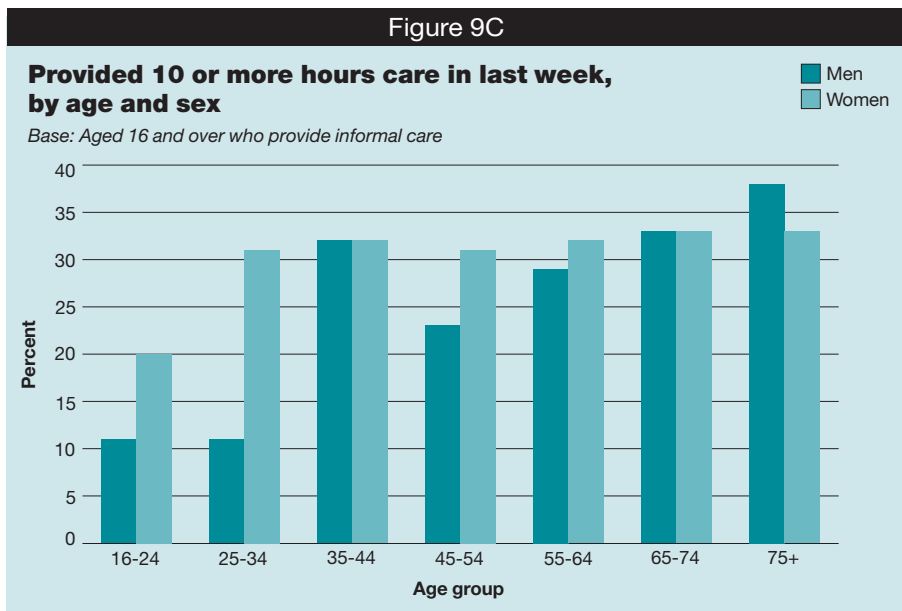
However, a substantial proportion of men and women provided higher levels of care. Around a quarter of men and a third of women (26% and 31% respectively) provided 10 or more hours care in the last week, while just under a fifth of men and women (17% and 20% respectively) provided 20 or more hours care in that period.

The proportion of men providing 10 or more hours care in the past week was relatively high among those aged 35-44, and then increased again among those aged 65 and over, as shown in Figure 9C. For women, the proportion providing this level of care was similar from the age of 25 upwards, with around a third of women in these age groups providing 10 or more hours care in the past week.

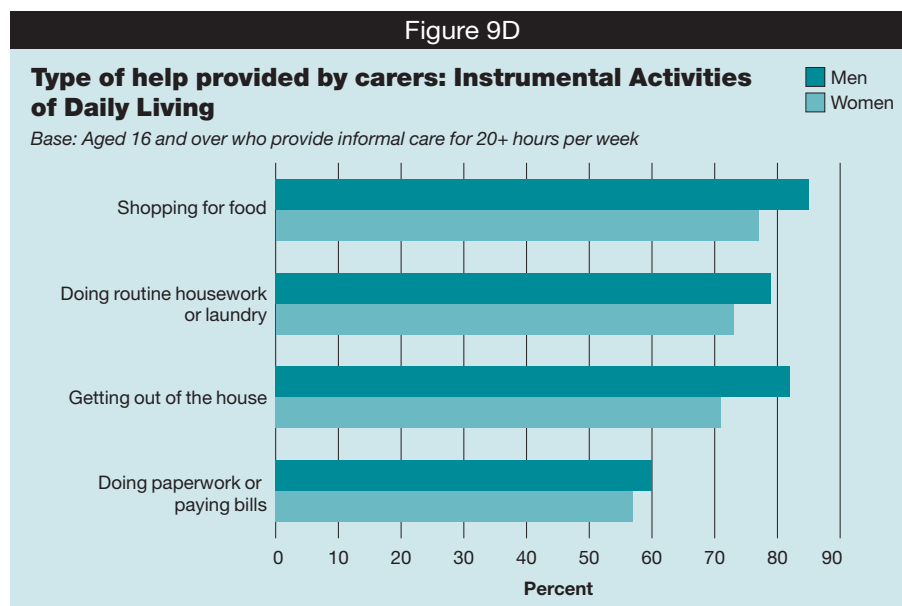
Table 9.6, Figure 9C

9.3.5 ADLs and IADLs for which help was provided

Adults providing help or support for at least 20 hours in the last week were asked which ADLs and IADLs they had helped with. They were most likely to have helped with IADLs like shopping for food, doing routine housework or laundry, or getting out of the house. These activities, while not relating to personal care or mobility fundamental for functioning in the home, are an important part of living independently. Of those providing this high level of



support, the proportion helping with individual IADLs ranged from 79%-85% for men and from 71%-77% of women. Slightly fewer mentioned helping with paperwork and paying bills (60% of men and 57% of women).

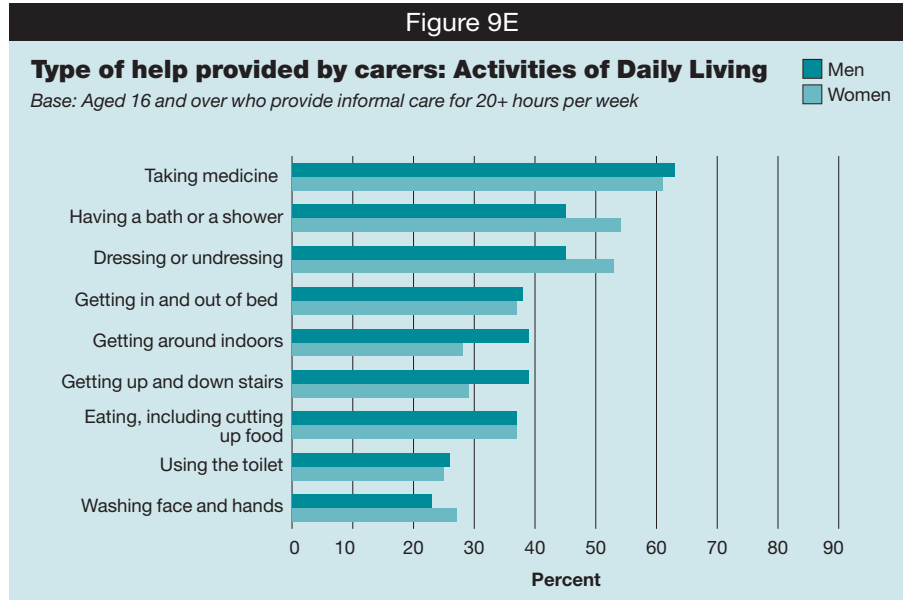


Of the ADLs listed, providing help with taking medicine was most common (reflecting the finding in Chapter 8 that this ADL was one where there was least likely to be unmet need for help; see Section 8.4.7). This was followed by help with bathing and dressing. Overall, 63% of men and 61% of women reported helping with taking medicine; 54% of men and 45% of women helped with bathing or showering; and 45% of men and 53% of women helped with dressing or undressing.

Adults who provided care were least likely to have helped with eating, using the toilet, or washing face and hands, although substantial proportions nevertheless helped with these fundamental tasks for daily living. Around a quarter of men and women reported providing help with using the toilet and with washing face and hands (23%-27%), and over a third reported helping with eating and cutting up food (37%).

Table 9.7, Figure 9D, 9E

Figure 9E



9.4 Effects of providing care

9.4.1 Effect on health of providing care, by age and sex

Among adults providing help or support, 50% of women and 63% of men said that their health was not affected by their caring activity, while around half of women and one third of men reported that it had an impact on their own health.

The most common effects were a general feeling of tiredness and stress. These were reported by around a fifth of men (22% reported tiredness, 20% stress), and by around a third of women (33% reported tiredness, 32% stress).

Women were generally more likely to report each health problem linked to providing help and support. This was particularly evident for disturbed sleep, feeling short tempered, depression and physical strain, where levels reported by women were 5-8 percentage points higher than for men.

Those aged 45-64 were more likely than younger or older adults to report effects on their health, and in particular a general feeling of stress or tiredness, linked to providing care.

Table 9.8

9.4.2 Effect on employment status of providing care, by age and sex

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. Among those who provided care, 58% of men and 48% of women were employed and reported no impact on their employment, while a further 20% of men and 23% of women were not working and reported no effect.

However, 15% of men and 20% of women who provided care said that their ability to take up or stay in employment had been affected by providing care. The most commonly reported effects, each reported by around 5%-7% of men and women, were working fewer hours, leaving employment and, for women, agreeing flexible employment.

Table 9.9

9.5 Discussion

The informal care described here includes help or support given to someone because of long-term illness, disability or problems relating to old age. It includes help given to family, friends or neighbours, or as a volunteer, but excludes that given in a professional capacity. All adults aged 16 and over were asked about their provision of care.

The pattern of care provision was similar to other surveys, with significant variation by sex, age and socio-demographic characteristics.

Care was most often provided to a family member, particularly a parent among younger adults and a spouse among older ones; care was usually for someone in a different household, although this did vary with age. Almost half of all adult carers cared for a parent.

While around half of those who provided care had provided 1 to 9 hours of care in the last week, others reported higher levels. Around a quarter of men (26%) and a third of women (31%) provided 10 or more hours care in the last week; around a fifth (17% of men and 20% of women) provided 20 or more hours care. Although these estimates were lower than those reported in the 2009/10 Survey of Carers in Households the two surveys are not directly comparable.¹⁵

Those who provided care reported that caring had an impact on their own health. Over a third of men (37%) reported a health effect of caring, as did half (50%) of women. A general feeling of stress and tiredness were most commonly reported, particularly among those aged 45-64 where levels of care provision tended to be higher.

Although the reported effects of caring on employment were less common than health effects, these are nonetheless important. The most common effects of caring on employment were leaving employment altogether, working fewer hours or agreeing flexible employment.

The effects of caring on health and employment are similar to those reported in the Survey of Carers in Households.⁹ With increasing integration of informal care into the system of care provision, it is important to take into account the needs of carers and the impact that providing care might have. This has particular implications for health care professionals and employers.

A national strategy for carers – *Recognised, valued and supported: next steps for the Carers Strategy*¹⁶ – sets out a number of intended outcomes, including the aim that by 2018 every carer should be:

- Recognised and supported as an expert care partner
- Enjoying a life outside caring
- Not financially disadvantaged
- Mentally and physically well; treated with dignity

Local authorities are working in partnership with local carers' organisations to develop and implement Carer Strategies tailored to their particular areas.

References and notes

- 1 We acknowledge with thanks the contributions to this chapter of Robin Darton, Ruth Hancock, Catherine Henderson, Derek King, Marcello Morciano, Katharine Sadler, Raphael Wittenberg.
- 2 HM Government. *Caring for our future: reforming care and support*. Cm 8378, London, 2012. www.official-documents.gov.uk/document/cm83/8378/8378.pdf
- 3 Health and Social Care Information Centre. *Community Care Statistics, Social Services Activity, England - 2011-12 - Final Release*. HSCIC, Leeds, 2012. www.hscic.gov.uk/searchcatalogue?productid=11124&topics=0%2fSocial+care&sort=Relevance&size=10&page=1#top
- 4 Fenton W. *The size and structure of the adult social care sector and workforce in England, 2011*. Skills for Care, Leeds, 2011. www.skillsforcare.org.uk/publications/publications_t.aspx
- 5 White C. *2011 Census Analysis: Unpaid care in England and Wales, 2011 and comparison with 2001*. Office for National Statistics, Newport, 2013. http://www.ons.gov.uk/ons/dcp171766_300039.pdf
- 6 The term 'unpaid carers' here refers to friends, family members and others who provide care and support that is not part of a job, or paid work.
- 7 Carers UK. Policy briefing. *Facts about carers*. Carers UK, 2012. <http://www.carersuk.org/professionals/resources/briefings/item/2729-facts-about-carers-2012%20%20>
- 8 The policy context is described in more detail in Chapter 8 of this report.

- 9 Health and Social Care Information Centre. *Survey of Carers in Households 2009/10*. HSCIC, Leeds, 2010.
www.hscic.gov.uk/pubs/carersurvey0910
- 10 Walker A, Maher J, Coulthard M et al. *Living in Britain. Results from the 2000/01 General Household Survey*. The Stationery Office, London, 2001.
www.ons.gov.uk/ons/rel/ghs/general-household-survey/2001-edition/index.html
- 11 The project was funded by the Nuffield Foundation and the Department of Health, and carried out by NatGen Social Research, the Personal Social Services Research Unit (PSSRU) at the London School of Economics and University of Kent, and the Health Economics Group at the University of East Anglia.
- 12 More information about the English Longitudinal Study of Ageing (ELSA) can be found at
www.ifs.org.uk/ELSA
- 13 Craig R et al. Social Care. In Craig R, Mindell J (Eds). *Health Survey for England 2011: Health, social care and lifestyles*. Health and Social Care Information Centre, Leeds, 2012.
www.hscic.gov.uk/catalogue/PUB09300
- 14 See Chapter 8, Table 8.1.
- 15 HSE estimates that around a fifth of men (17%) and women (20%) provided 20 or more hours care a week; the 2009/10 Survey of Carers in Households found that 48% of carers provided care for 20 or more hours per week. It should be noted that in the HSE, where a carer was providing help for more than one person, these estimates related to the person for whom they provided the largest number of hours, rather than the total number of hours. The report on the Survey of Carers in Households notes that it may have under-represented low intensity caring. The different range of tasks covered in that survey also means that the results may not be directly comparable with the HSE.
- 16 Department of Health. *Recognised, valued and supported: Next steps for the Carers Strategy*. DH, London, 2010.
www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_122077

- 9.1 Provision of informal care in the last month, by age and sex
- 9.2 Provision of informal care in the last month (observed and age-standardised), by region and sex
- 9.3 Provision of informal care in the last month (age-standardised), by equivalised household income and sex
- 9.4 Provision of informal care in the last month (age-standardised), by Index of Multiple Deprivation and sex
- 9.5 To whom provided informal care in the last month, by age and sex
- 9.6 Number of hours of informal care provided in the last week, by age and sex
- 9.7 ADLs/ IADLs for which help provided for 20 hours or more in the last week, by sex
- 9.8 Whether own health affected in the last three months by providing informal care, by age and sex
- 9.9 Whether employment status affected by providing informal care, by age and sex

Notes on the tables

- 1. The group on which the figures in the table are based is stated at the upper left corner of the table.
- 2. The data in most tables have been weighted. See Volume 2, Chapter 7, of this report for more detail. Both unweighted and weighted sample sizes are shown at the foot of each table.
- 3. Apart from tables showing age breakdowns, data have been age-standardised to allow comparisons between groups after adjusting for the effects of any differences in their age distributions. See Volume 2, Chapter 8.4, of this report for more detail.
- 4. The following conventions have been used in tables:
 - no observations (zero value)
 - 0 non-zero values of less than 0.5% and thus rounded to zero
 - [] used to warn of small sample bases, if the unweighted base is less than 50. If a group’s unweighted base is less than 30, data are normally not shown for that group.
- 5. Because of rounding, row or column percentages may not add exactly to 100%.
- 6. ‘Missing values’ occur for several reasons, including refusal or inability to answer a particular question; refusal to co-operate in an entire section of the survey (such as the nurse visit or a self-completion questionnaire); and cases where the question is not applicable to the participant. In general, missing values have been omitted from all tables and analyses.

Table 9.1

Provision of informal care^a in the last month, by age and sex

<i>Aged 16 and over</i>								<i>2011, 2012</i>
Whether provided help in last month/number of people helped	Age group							Total
	16-24	25-34	35-44	45-54	55-64	65-74	75+	
	%	%	%	%	%	%	%	%
Men								
Provided help or support	8	8	11	19	23	19	18	15
No. of people helped:								
One	7	7	8	14	17	16	16	11
Two	1	1	2	4	5	2	1	2
Three or more	0	0	0	1	1	1	1	1
No help or support provided	92	92	89	81	77	81	82	85
Women								
Provided help or support	10	12	16	26	29	21	14	18
No. of people helped:								
One	9	10	12	19	21	17	13	14
Two	1	2	3	5	6	3	1	3
Three or more	0	0	1	1	2	1	0	1
No help or support provided	90	88	84	74	71	79	86	82
<i>Bases (unweighted)^b</i>								
<i>Men</i>	<i>749</i>	<i>1032</i>	<i>1271</i>	<i>1281</i>	<i>1253</i>	<i>1101</i>	<i>810</i>	<i>7497</i>
<i>Women</i>	<i>949</i>	<i>1422</i>	<i>1603</i>	<i>1643</i>	<i>1455</i>	<i>1248</i>	<i>1072</i>	<i>9392</i>
<i>Bases (weighted)^b</i>								
<i>Men</i>	<i>1242</i>	<i>1410</i>	<i>1485</i>	<i>1449</i>	<i>1212</i>	<i>864</i>	<i>635</i>	<i>8296</i>
<i>Women</i>	<i>1219</i>	<i>1397</i>	<i>1500</i>	<i>1468</i>	<i>1252</i>	<i>940</i>	<i>875</i>	<i>8651</i>

^a Participants were asked whether they personally had provided help or support to anyone in the last month because they have long-term physical or mental ill-health, a disability or problems relating to old age. Help in a professional capacity was excluded.

^b Bases are for whether provided help; bases for number of people helped are of a similar magnitude.

Table 9.2

Provision of informal care^a in the last month (observed and age-standardised), by region^b and sex

Aged 16 and over

2011, 2012

Whether provided help in last month/ number of people helped	Region								
	North East	North West	Yorkshire & the Humber	East Midlands	West Midlands	East of England	London	South East	South West
	%	%	%	%	%	%	%	%	%
Men									
Observed									
Provided help or support	17	13	15	15	13	14	12	16	16
No. of people helped:									
One	13	11	11	12	11	12	10	12	12
Two	3	2	3	3	2	2	1	3	3
Three or more	1	0	1	0	0	1	1	1	1
No help or support provided	83	87	85	85	87	86	88	84	84
Standardised									
Provided help or support	17	13	15	15	14	14	13	16	15
No. of people helped:									
One	13	11	11	12	11	11	10	12	11
Two	2	2	3	2	2	2	2	3	3
Three or more	1	0	1	0	0	1	1	1	1
No help or support provided	83	87	85	85	86	86	87	84	85
Women									
Observed									
Provided help or support	22	15	20	17	18	21	16	19	19
No. of people helped:									
One	17	12	16	14	14	16	13	15	14
Two	4	3	3	2	4	4	2	3	3
Three or more	1	1	1	1	0	1	1	1	1
No help or support provided	78	85	80	83	82	79	84	81	81
Standardised									
Provided help or support	22	16	19	17	18	21	18	19	18
No. of people helped:									
One	17	12	15	14	14	16	14	14	14
Two	4	3	3	2	4	4	3	3	3
Three or more	1	1	1	1	0	1	1	1	1
No help or support provided	78	84	81	83	82	79	82	81	82
<i>Bases (unweighted)^c</i>									
<i>Men</i>	590	1045	762	678	788	849	851	1173	761
<i>Women</i>	778	1264	941	821	951	1037	1119	1540	941
<i>Bases (weighted)^c</i>									
<i>Men</i>	412	1127	854	709	885	914	1211	1319	864
<i>Women</i>	443	1140	879	744	881	962	1273	1440	889

^a Participants were asked whether they personally had provided help or support to anyone in the last month because they have long-term physical or mental ill-health, a disability or problems relating to old age. Help in a professional capacity was excluded.

^b Regions defined as the former Government Office Regions.

^c Bases are for whether provided help; bases for number of people helped are of a similar magnitude.

Table 9.3

Provision of informal care^a in the last month (age-standardised), by equivalised household income and sex

Aged 16 and over

2011, 2012

Whether provided help in last month/ number of people helped	Equivalised household income quintile				
	Highest %	2nd %	3rd %	4th %	Lowest %
Men					
Provided help or support	14	15	15	15	18
No. of people helped:					
One	10	11	12	12	14
Two	3	3	2	3	2
Three or more	1	1	0	1	1
No help or support provided	86	85	85	85	82
Women					
Provided help or support	15	19	19	20	21
No. of people helped:					
One	11	15	15	16	18
Two	3	3	3	4	3
Three or more	1	1	1	1	0
No help or support provided	85	81	81	80	79
<i>Bases (unweighted)^b</i>					
<i>Men</i>	1314	1362	1214	1105	999
<i>Women</i>	1414	1531	1464	1537	1482
<i>Bases (weighted)^b</i>					
<i>Men</i>	2728	2893	2678	2642	2481
<i>Women</i>	1436	1497	1299	1159	1135

^a Participants were asked whether they personally had provided help or support to anyone in the last month because they have long-term physical or mental ill-health, a disability or problems relating to old age. Help in a professional capacity was excluded.

^b Bases are for whether provided help; bases for number of people helped are of a similar magnitude.

Table 9.4

Provision of informal care^a in the last month (age-standardised), by Index of Multiple Deprivation^b and sex

Aged 16 and over

2011, 2012

Whether provided help in last month/ number of people helped	IMD quintile				
	Least deprived	2nd	3rd	4th	Most deprived
	%	%	%	%	%
Men					
Provided help or support	13	17	15	15	12
No. of people helped:					
One	9	13	12	12	10
Two	3	3	2	2	2
Three or more	1	1	0	1	1
No help or support provided	87	83	85	85	88
Women					
Provided help or support	17	19	18	17	20
No. of people helped:					
One	13	14	14	13	17
Two	3	3	3	3	3
Three or more	1	1	1	1	1
No help or support provided	83	81	82	83	80
<i>Bases (unweighted)^c</i>					
<i>Men</i>	1599	1591	1540	1417	1350
<i>Women</i>	1993	1983	1952	1766	1698
<i>Bases (weighted)^c</i>					
<i>Men</i>	1672	1742	1702	1599	1580
<i>Women</i>	1778	1842	1832	1637	1561

^a Participants were asked whether they personally had provided help or support to anyone in the last month because they have long-term physical or mental ill-health, a disability or problems relating to old age. Help in a professional capacity was excluded.

^b The Index of Multiple Deprivation 2010 (IMD) combines a number of indicators, chosen to cover a range of economic, social and housing issues, into a single deprivation score at the small area level in England.

^c Bases are for whether provided help; bases for number of people helped are of a similar magnitude.

Table 9.5

To whom provided informal care^a in the last month, by age and sex

Aged 16 and over who provide informal help or support

2011, 2012

Who was helped ^b	Age group			Total
	16-44	45-64	65+	
	%	%	%	%
Men				
Mother/father (including parents-in-law)	46	61	17	46
Spouse/partner	10	18	44	22
Son	7	7	4	6
Daughter	3	4	3	4
Grandparent	22	0	-	7
Brother/sister	4	3	5	4
Other family member	4	5	4	4
Friend	8	7	16	10
Neighbour	4	5	13	6
Someone helped as voluntary helper	1	1	2	1
Someone in the same household	38	29	52	37
Someone in a different household	58	67	46	60
Both	4	5	2	4
Women				
Mother/father (including parents-in-law)	49	60	12	47
Spouse/partner	7	13	35	15
Son	9	8	6	8
Daughter	4	6	4	5
Grandparent	17	1	-	6
Brother/sister	6	3	6	5
Other family member	4	5	6	5
Friend	10	10	24	13
Neighbour	3	5	12	6
Someone helped as voluntary helper	1	1	2	1
Someone in the same household	32	22	39	29
Someone in a different household	65	72	58	67
Both	3	6	3	4
<i>Bases (unweighted)^c</i>				
<i>Men</i>	278	520	363	1161
<i>Women</i>	531	841	411	1783
<i>Bases (weighted)^c</i>				
<i>Men</i>	372	550	284	1207
<i>Women</i>	532	735	321	1588

^a Participants were asked whether they personally had provided help or support to anyone in the last month because they have long-term physical or mental ill-health, a disability or problems relating to old age. Help in a professional capacity was excluded.

^b This table shows the categories of people helped; participants may have helped more than one category of person, and therefore percentages do not sum to 100%. Note that participants may also have helped more than one person within a category, for instance they may have helped more than one neighbour. This is not shown in this table. In such cases the person is shown simply as providing help to a neighbour, i.e. 'neighbour' needs to be interpreted as 'one or more neighbours'.

^c Bases shown here are for spouse/partner. Bases for other categories of people helped are of similar magnitude.

Table 9.6

Number of hours of informal care^a provided in the last week, by age and sex

Aged 16 and over who provide informal help or support

2011, 2012

Hours in last week ^b	Age group							Total %
	16-24 %	25-34 %	35-44 %	45-54 %	55-64 %	65-74 %	75+ %	
Men								
No help in the last week	30	19	16	14	15	10	8	15
Less than 1 hour	14	16	11	6	7	12	7	9
1-9 hours	44	54	42	58	49	44	46	49
10-19 hours	6	4	10	8	10	14	9	9
20-49 hours	2	4	12	9	12	7	10	9
50 or more hours	4	3	10	6	7	12	19	8
10 or more hours	11	11	32	23	29	33	38	26
20 or more hours	6	7	22	15	19	19	29	17
Women								
No help in the last week	18	16	13	14	12	13	14	14
Less than 1 hour	10	3	9	4	6	6	13	6
1-9 hours	52	50	46	52	50	48	41	49
10-19 hours	11	10	10	11	11	12	9	11
20-49 hours	9	14	10	13	13	13	9	12
50 or more hours	1	7	12	8	8	8	14	8
10 or more hours	20	31	32	31	32	33	33	31
20 or more hours	9	21	22	20	21	21	23	20
<i>Bases (unweighted)</i>								
Men	60	84	134	238	280	217	143	1156
Women	93	174	264	415	421	262	147	1776
<i>Bases (weighted)</i>								
Men	101	114	157	273	276	167	115	1203
Women	125	163	243	374	356	198	122	1582

^a Participants were asked whether they personally had provided help or support to anyone in the last month because they have long-term physical or mental ill-health, a disability or problems relating to old age. Help in a professional capacity was excluded.

^b In cases where informal care is provided for more than one person, this table shows the hours of help for the person receiving the most hours of help in the last week.

Table 9.7

ADLs/IADLs for which help^a provided for 20 hours or more in the last week, by sex		
<i>Aged 16 and over who provide informal help or support for 20 hours or more in the last week</i>		
<i>2011, 2012</i>		
ADLs/IADLs ^b	Men	Women
	%	%
ADLs		
Taking medicine	63	61
Having a bath or a shower	45	54
Dressing or undressing	45	53
Getting in and out of bed	38	37
Getting around indoors	39	28
Getting up and down stairs	39	29
Eating, including cutting up food	37	37
Using the toilet	26	25
Washing face and hands	23	27
IADLs		
Shopping for food ^c	85	77
Doing routine housework or laundry ^c	79	73
Getting out of the house	82	71
Doing paperwork or paying bills ^c	60	57
<i>Bases (unweighted)^d</i>	<i>214</i>	<i>378</i>
<i>Bases (weighted)^d</i>	<i>214</i>	<i>331</i>

^a Participants were asked whether they personally had provided help or support to anyone in the last month because they have long-term physical or mental ill-health, a disability or problems relating to old age. Help in a professional capacity was excluded.

^b ADLs: Activities of daily living. IADLs: Instrumental activities of daily living.

^c Excluding help because of the way household responsibilities are divided.

^d Bases shown here are for getting up and down stairs. Bases for other ADLs/IADLs vary but are of similar magnitude.

Table 9.8

Whether own health affected in the last three months by providing informal care, by age and sex				
<i>Aged 16 and over who provide informal help or support</i>				
<i>2011, 2012</i>				
Ways own health affected	Age group			Total
	16-44	45-64	65+	
	%	%	%	%
Men				
Feeling tired	19	24	22	22
General feeling of stress	17	23	16	20
Short tempered	14	17	13	15
Disturbed sleep	11	19	16	16
Feeling depressed	8	13	9	11
Physical strain	4	9	5	7
Made an existing condition worse	4	6	4	5
Loss of appetite	2	4	2	3
Developed own health condition	1	2	3	2
Other	0	1	-	1
None of these	67	58	66	63
Women				
Feeling tired	29	37	31	33
General feeling of stress	28	38	25	32
Short tempered	18	24	18	21
Disturbed sleep	19	28	21	24
Feeling depressed	15	21	22	19
Physical strain	8	14	13	12
Made an existing condition worse	6	8	8	7
Loss of appetite	5	5	6	5
Developed own health condition	3	4	3	3
Other	1	1	1	1
None of these	56	44	55	50
<i>Bases (unweighted)^a</i>				
<i>Men</i>	<i>278</i>	<i>517</i>	<i>363</i>	<i>1158</i>
<i>Women</i>	<i>531</i>	<i>837</i>	<i>410</i>	<i>1778</i>
<i>Bases (weighted)^a</i>				
<i>Men</i>	<i>372</i>	<i>548</i>	<i>284</i>	<i>1204</i>
<i>Women</i>	<i>532</i>	<i>731</i>	<i>320</i>	<i>1584</i>

^a Bases shown here are for feeling tired. Bases for other ways own health was affected vary but are of similar magnitude.

Table 9.9

Whether employment status affected by providing informal care, by age and sex

Aged 16-64 who provide informal help or support 2011, 2012

Ways employment status affected	Age group		Total
	16-44	45-64	
	%	%	%
Men			
Worked fewer hours	4	7	6
Left employment altogether	4	5	5
Flexible employment agreed	3	3	3
Reduced responsibility at work	2	1	1
Changed to work at home	2	1	1
Took new job	1	1	1
Other	1	2	2
Employment not affected – employed	57	59	58
Employment not affected – not in employment ^a	31	13	20
Employment not affected – retired	-	11	7
Women			
Worked fewer hours	5	9	7
Left employment altogether	6	7	6
Flexible employment agreed	4	5	5
Reduced responsibility at work	2	3	2
Changed to work at home	1	2	1
Took new job	1	2	1
Other	2	4	3
Employment not affected – employed	48	49	48
Employment not affected – not in employment ^a	35	15	23
Employment not affected – retired	-	14	8
<i>Bases (unweighted)^b</i>			
<i>Men</i>	278	517	795
<i>Women</i>	530	836	1366
<i>Bases (weighted)^b</i>			
<i>Men</i>	372	548	920
<i>Women</i>	531	731	1262

^a Not in employment includes those who were unemployed, and those otherwise economically inactive, for instance looking after a family.

^b Bases shown here are for 'Took new job'. Bases for other categories vary but are of similar magnitude.