8.5. Informal carers

Informal carers are the backbone of long-term care systems in all OECD countries, although there are substantial variations across countries on the relative importance of informal care giving by family members compared with the use of more formal long-term care providers. Because of the informal nature of care provided by family members, it is not easy to get comparable data on the number of informal carers across countries, nor on the amount of time that they devote to care giving. The data presented in this section come from national or international health surveys, and refer to people aged 50 years and over who report providing care and assistance to a family member for activities of daily living (ADL).

On average across OECD countries, one-in-nine people aged 50 and over reported providing care and ADL assistance for a dependent relative around 2007. The percentage ranges from a low of 8% in Sweden, where formal care provision is more developed, to a rate about two-times greater in Italy and Spain (Figure 8.5.1). In Italy, the high proportion of people reporting to provide care to a family member is associated with relatively few formal (paid) LTC workers (see Indicator 8.6 "Long-term care workers").

Most informal carers are women. On average across countries, about 66% of carers between the age of 50 and 64 are women. Among the population aged 75 and over, this percentage drops slightly to about 60% (Figure 8.5.2).

Many informal carers provide a limited number of hours of care per week, although there is wide variation across countries (Figure 8.5.3). On average across countries, slightly more than 50% of carers provide less than ten hours of care per week. This proportion is particularly high in some Nordic countries (Denmark and Sweden), where a greater share of LTC services is provided by paid workers. By contrast, in Korea as well as in some southern European countries (Spain, Greece and Italy) and in the Czech Republic and Poland, most informal care givers spend more time providing care to a family member. In the United States also, a high proportion of informal care givers provide over ten hours of care per week, with many of them providing more than 20 hours.

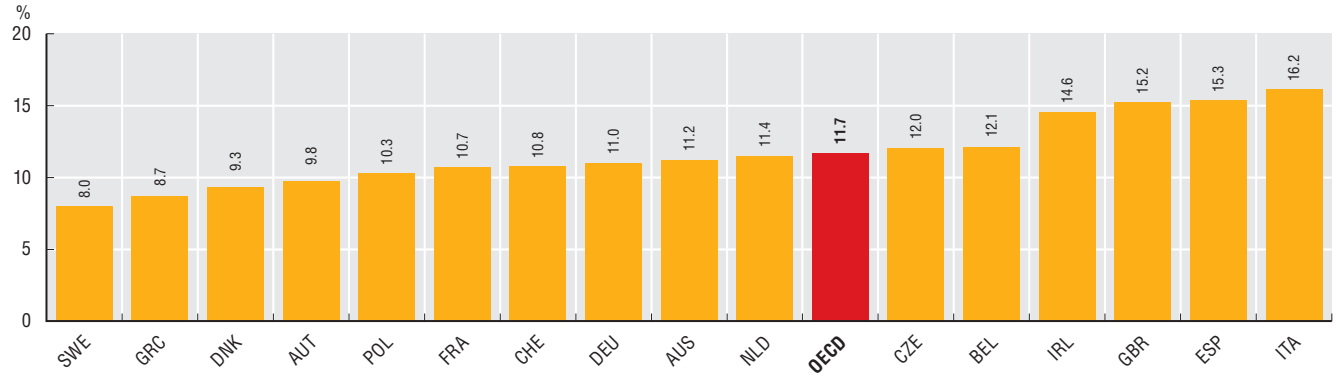
Intensive care giving is associated with a reduction in labour force attachment for care givers of working age, higher poverty rates, and a higher prevalence of mental health problems. Many OECD countries have implemented policies to support informal carers with a view to mitigate these negative impacts. These include paid care leave (*e.g.* Belgium), allowing flexible work schedules (*e.g.* Australia and the United States), providing respite care (*e.g.* Austria, Denmark and Germany) as well as counselling/training services (*e.g.* Sweden). Moreover, a number of OECD countries provide cash benefits to informal care givers or cash-for-care allowances for recipients which can be used to pay informal care givers (Colombo *et al.*, 2011).

Recent OECD work has estimated that the potential pool of working-age and older informal carers is likely to shrink in the coming decades as a result of declining family size, changes in residential patterns of people with disabilities, and rising participation rates of women in the labour market. Across OECD countries, the share of people aged over 80 years, compared with the population share aged 15 to 80, will almost triple in coming decades, rising from 5% in 2010 to close to 13% in 2050. Therefore, it is likely that a greater share of people providing informal care may be required to provide high-intensity care. Without adequate support, informal care giving might exacerbate employment and health inequalities (Colombo *et al.*, 2011).

Definition and comparability

Informal carers are defined as people providing assistance with basic activities of daily living (ADL) for at least one hour per week. The data relate only to the population aged 50 and over, and are based on national or international health surveys. Data for the United States include care provided for parents only. Survey results may be affected by reporting biases or recall problems.

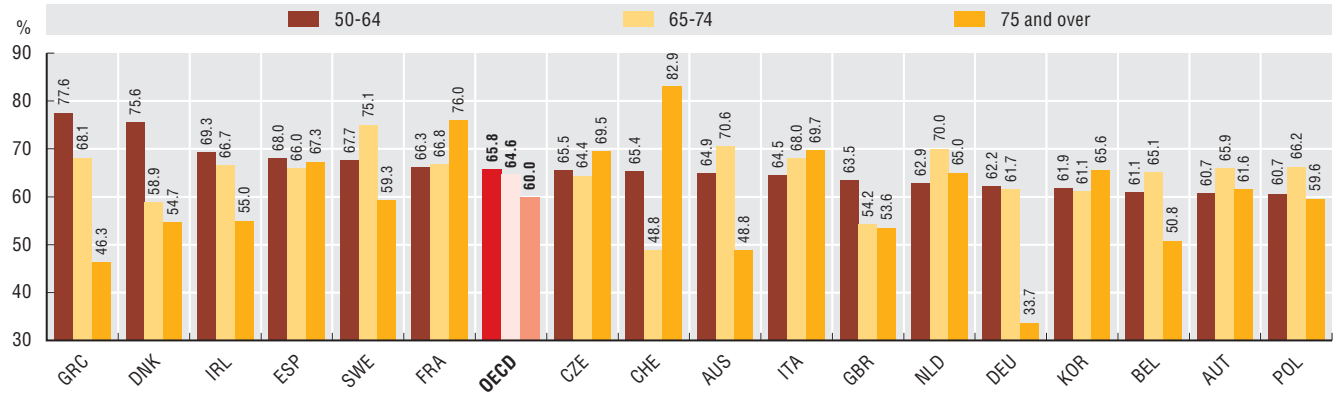
8.5.1 Population aged 50 and over reporting to be informal carers, around 2007



Source: OECD estimates based on the 2005-07 HILDA survey for Australia, the 2007 BHPS survey for the United Kingdom and the 2004-06 SHARE survey for other European countries.

StatLink http://dx.doi.org/10.1787/888932526540

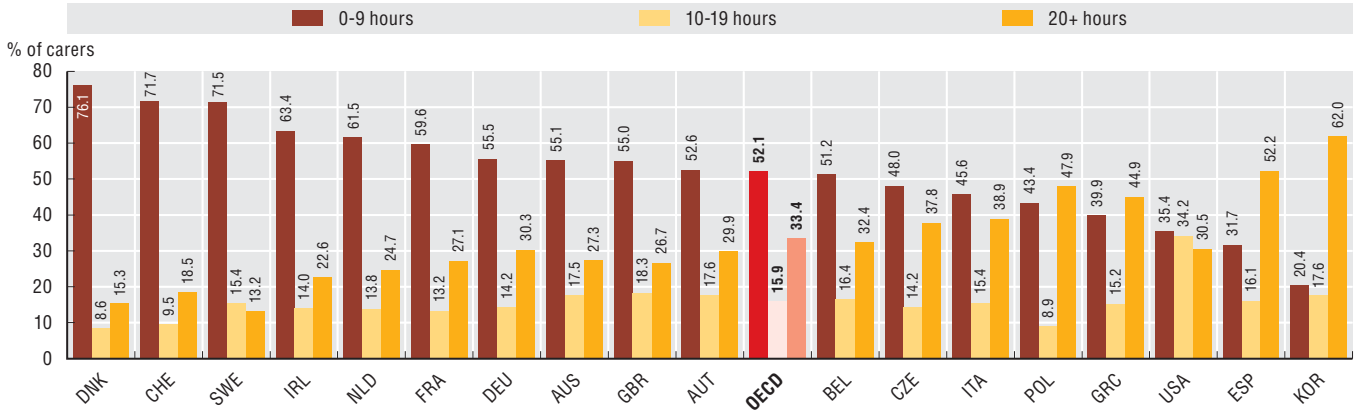
8.5.2 Share of women among all informal carers aged 50 and over, around 2007



Source: OECD estimates based on the 2005-07 HILDA survey for Australia, the 2007 BHPS survey for the United Kingdom, the 2004-06 SHARE survey for other European countries and the 2005 KLoSA survey for Korea.

StatLink http://dx.doi.org/10.1787/888932526559

8.5.3 Weekly hours of care provided by informal carers, around 2007



Source: OECD estimates based on the 2005-07 HILDA survey for Australia, the 2007 BHPS survey for the United Kingdom, the 2004-06 SHARE survey for other European countries, the 2005 KLoSA survey for Korea and the 2006 HRS survey for the United States.

StatLink http://dx.doi.org/10.1787/888932526578

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