Informal carers

Family and friends are the most important source of care for people with long-term care (LTC) needs in OECD countries. Because of the informal nature of care that they provide, it is not easy to get comparable data on the number of people caring for family and friends across countries, nor on the frequency of their caregiving. 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 family members and friends.

On average across OECD countries for which data is available, around 13% of people aged 50 and over report providing informal care at least weekly – but this figure is more than 20% in the Czech Republic and Belgium and less than 10% in Poland and Portugal (Figure 11.16). There is also variation in the intensity of the care provided. The lowest rates of daily care provision are found in Sweden, Switzerland, Denmark and the Netherlands – countries where the formal LTC sector is well-developed and public coverage is comprehensive.

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

On average across OECD countries, 60% of those providing daily informal care are women (Figure 11.17). Poland and Portugal have the greatest gender imbalance, with 70% of informal carers being women. Sweden is the only country where more men than women report that they provide at least weekly informal care.

Around two thirds of carers are looking after a parent or a spouse, but patterns of caring vary for different age groups. Younger carers (aged between 50 and 65) are much more likely to be caring for a parent (Figure 11.18). They are more likely to be women – daughters provide much more care to their parents than sons – and may not be providing care every day. Carers aged over 65 are more likely to be caring for a spouse. Caring for a spouse tends to more intensive, requiring daily care, and men and women are equally likely to take on this role.

The fact that fewer people provide daily care in countries with stronger formal LTC systems suggests that there is a trade-off between informal and formal care. Declining family size, increased geographical mobility and rising participation rates of women in the labour market mean that there is a risk that fewer people will be willing and able to provide informal care in the future. Coupled with the effects of an ageing population, this could lead to higher demand for professional LTC services. Public LTC systems will need adequate resources to meet increased demand while maintaining access and quality.

Definition and comparability

Informal carers are defined as people providing any help to older family members, friends and people in their social network, living inside or outside of their household, who require help with everyday tasks. The data relate only to the population aged 50 and over, and are based on national surveys for Australia (Survey of Disability, Ageing and Carers, SDAC), the United Kingdom (English Longitudinal Study of Ageing, ELSA), the United States (Health and Retirement Survey, HRS) and an international survey for other European countries (Survey of Health, Ageing and Retirement in Europe, SHARE).

Questions about the intensity of care vary between surveys. In SHARE, carers are asked about how often they provided care in the last year and this indicator includes people who provided care at least weekly. In ELSA, people are asked if they have provided care in the last week, which may be broadly comparable with “at least weekly”. Questions in HRS and SDAC are less comparable with SHARE. Carers in HRS are included if they provided more than 200 hours of care in the last year. In SDAC, a carer is defined as someone who has provided ongoing informal assistance for at least six months. People caring for disabled children have been excluded for European countries but are included for the United States and Australia. However, the United States data only include those caring for someone outside of their household. As a result, data for Australia and the United States may not be comparable with other countries.

References


11. AGEING AND LONG-TERM CARE

Informal carers

11.16. Share of informal carers among population aged 50 and over, 2015 (or nearest year)

Note: The definition of informal carers differs between surveys (see Definition and comparability).
1. United Kingdom refers to England.
StatLink http://dx.doi.org/10.1787/888933605939

11.17. Share of women among informal daily carers aged 50 and over, 2015 (or nearest year)

Note: The definition of informal carers differs between surveys (see Definition and comparability).
1. United Kingdom refers to England.
StatLink http://dx.doi.org/10.1787/888933605958

11.18. Share of informal carers in European¹ population aged 50 and over, by recipients of care and age, daily and weekly, 2015

1. Data refer to population aged 50 and over for countries included in SHARE wave 6.
StatLink http://dx.doi.org/10.1787/888933605977