



INEQUALITIES IN UNPAID CARER'S HEALTH, EMPLOYMENT STATUS, AND SOCIAL ISOLATION IN ENGLAND

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BACKGROUND

- Unpaid care = biggest source of care provided and received across Europe (1) and worldwide (2)
- Providing care at higher hours or within household associated with negative impacts on carer's paid employment, mental health, and wellbeing (e.g. 3, 4) with associated costs
 - Evidence of effects on physical health is mixed (5)
 - Social outcomes have been much less researched (6)
- Biggest evidence gap = how experiences of carers vary by factors other than type or level of care provision, in particular socio-demographic factors (7)
 - i.e inequalities in carer's outcomes when providing higher hours or within household care
 - some exceptions: gender, care hours/locus of care and employment, mental health

POLICY CONTEXT

- Support for carers is an important part of long-term care policy and practice in many countries
- In England, focus on supporting carers' employment, health, and wellbeing
 - Can be through 'replacement care'
- Inequalities in carer's outcomes and need for support still a limited part of the policy discussion/landscape
- Principle of 2021 Social Care White Paper is 'fairness'
 - For carers in access to information and advice
 - In access to services for care-recipient
- Also relevant to other policy in England

METHODS



- Data from two waves - 2017/19 and 2018/20 - of the UK Household Longitudinal Study (UKHLS, aka Understanding Society)
- Nationally representative longitudinal household panel dataset
- Sample comprised all panel members who took part in the study in both Wave 9 and Wave 10, who were aged 16 or older in Wave 9, and for whom data about caring responsibilities, hours and type were available
- N=25,935: 23,586 non-carers, 2,349 carers caring for 10+ hours a week, 1,768 within household carers

METHODS

Care provision time I (2017/19)

- a. For more than 10 hours a week
- b. Within the household



Socio-demographic characteristics time I (2017/19)

- i. Gender
- ii. Ethnicity
- iii. Socio-economic status
- iv. Age

Two step multivariate regression models which uses the factors on their own and with interaction terms

Outcomes time 2 (2018/2020)

1. Employment status
2. Mental health
3. Physical health
4. Social isolation
5. Earnings from paid employment

RESULTS

	OUTCOMES TIME 2				
	Not in paid employment	Mental health	Physical health	Lonely or isolated	Annual net earnings
	Odds ratio (95% CI)	Coefficient (95% CI)	Coefficient (95% CI)	Odds ratio (95% CI)	Mean cost difference (£) (95% CI)
Care responsibilities					
Providing care for 10+ hours a week compared to non-carer	1.45* 1.30, 1.61	-1.37* -1.66, -1.09	-0.96* -1.26, -0.66	1.15* (1.09, 1.21)	-4,635.04* -5373.71, -3896.38

* p= <0.05

RESULTS

	OUTCOMES TIME 2			
	Not in paid employment	Mental health	Physical health	Annual net earnings
	Odds ratio (95% CI)	Coefficient (95% CI)	Coefficient (95% CI)	Mean cost difference (£) (95% CI)
Interaction of care provision 10+ hours a week and ethnicity				
White#non-carer (ref)	-	-	-	-
White#carer	2.08* 1.64, 2.63	-2.72* -3.32, -2.12	-2.08* -2.73, -1.43	-4,988.23* -5508.89, -4467.58
Asian#carer	3.71* 2.04, 6.73	-2.68* -4.60, -0.75	-3.13* -4.81, -1.45	-7,518.6* -9165.08, -5872.06
Black#carer	5.07* 1.90, 13.55	0.51 ns -2.86, 3.88	-0.34 ns -3.23, 2.54	-1,931.4 ns -7551.52, 3688.62

RESULTS

	OUTCOMES TIME 2			
	Not in paid employment	Mental health	Physical health	Annual net earnings
	Odds ratio (95% CI)	Coefficient (95% CI)	Coefficient (95% CI)	Mean cost difference (£) (95% CI)
Interaction of care provision 10+ hours a week and socio-economic status (highest qualification)				
Degree or higher#non-carer (ref)	-	-	-	-
Degree#carer	2.46* 1.67, 3.61	-3.19* -4.10, -2.27	-1.79* -2.73, -0.84	-5,506.15* -6459.77, -4552.53
Lower qualifications#carer	6.44* 4.90, 8.46	-2.79* -3.51, -2.07	-4.86* -5.11, -3.61	-12,021* -12382.2, -11659.61

RESULTS

	OUTCOMETIME 2		
	Mental health	Physical health	Lonely or isolated
	Coefficient (95% CI)	Coefficient (95% CI)	Odds ratio (95% CI)
Interaction of care provision 10+ hours a week and age band			
Aged 75+#non-carer (ref)	-	-	-
Aged 16-24#carer	-8.61* -12.52, -4.71	10.22* 7.09, 13.35	3.22* 1.99, 5.20
Aged 25-44#carer	-8.52* -9.88, -7.16	8.20* 6.84, 9.57	5.06* 3.99, 6.42
Aged 45-65#carer	-5.11* -6.08, -4.14	4.48* 3.37, 5.59	2.62* 2.16, 3.18
Aged 66-74#carer	-1.92* -3.19, -0.65	2.60* 1.04, 4.16	1.67* 1.26, 2.19
Aged 75+#carer	1.44~ -3.05, 0.17	-0.29 ns -2.26, 1.67	1.60* 1.15, 2.23

* p= <0.05

ACCESS TO SUPPORT

- One pathway by which social and economic factors determine health and other outcomes is via people's ability to access long-term care and other services (CSDH; Solar and Irwin, 2010)
- We carried out
 - a) Secondary analysis of wave 9 of UK Household Longitudinal Study, 2017/19 N=1,141 dyads: people with care needs aged 65+ living in England and their co-resident carers
 - b) Qualitative interviews with 26 co-resident carers

We found inequalities in receipt of formal care for care-recipient for:

- **Black, Asian and minority ethnic care-recipients and carers**
- **People with lower financial resources**
- **People living in areas of high area deprivation**

IMPLICATIONS

Social, economic inequalities in impacts of providing care

AND social, economic, geographic inequalities in receiving support services needed

- Changes to funding of long-term care both overall and in how it is allocated to local authorities
- Tailoring and targeting of support
- More firmly embed an inequalities perspective in long-term care policy, practice evidence-gathering and a long-term care perspective in inequalities policy and practice
- Need for 'beyond long-term care' measures

LIMITATIONS

- Small sample sizes + difficulties of interpretation -> not possible to look at further interactions between, for example, caring, gender, and ethnicity
- Analysis thus lacks an intersectional perspective (beyond the intersection of unpaid caring and each characteristic)
- Even within the broad sub-groups used, there are small sample sizes for some groups
- Potential selection bias
- Addressed this by:
 - (a) regression models: care provision Time 1 and outcomes Time 2, controlling for factors shown in previous research to be associated with providing care and with the outcomes under study
 - (b) using two-part models for cost estimates

DISCLAIMER

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THANK YOU

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