

Article

Full story: The gender gap in unpaid care provision: is there an impact on health and economic position?

An analysis of unpaid care throughout England and Wales, and how this varied by age, sex, general health status and economic activity. The provision of unpaid care has increased since 2001 and projections suggest the demand for such care will more than double over the next 30 years. In 2011, females were more likely to be unpaid carers than males. It has also been found that the general health of unpaid carers deteriorated incrementally with increasing levels of unpaid care provided, up to the age of 65.



Contact:
Peter Stokes
census.customerservices@ons.
gsi.gov.uk

Release date:
16 May 2013

Next release:
To be announced

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1. Key points

- In 2011, females were notably more likely to be unpaid carers than males; 57.7 per cent of unpaid carers were females and 42.3 per cent were males in England and Wales
- Across English regions and Wales, females took on a higher share of the unpaid care burden than males in a similar proportion, regardless of the amount of unpaid care the region's usually resident population provided
- The share of unpaid care provision fell most heavily on women aged 50-64; but the gender inequality diminished among retired people, with men slightly more likely to be providing care than women
- The general health of unpaid carers deteriorated incrementally with increasing levels of unpaid care provided, up to the age of 65; the burden of providing 50 hours or more unpaid care per week appears to have the greatest impact on the general health of young carers in the age group 0-24
- In 2011 in England, 116,801 men (1.0 per cent) and 81,812 women (1.2 per cent) were in full-time employment while providing 50 hours or more unpaid care; in Wales the equivalent numbers were 9,320 (1.6 per cent) and 5,068 (1.8 per cent) respectively
- Economically active women in both full-time and part-time employment provided a greater share of the unpaid care burden than men; in England 12.1 per cent of women working full-time provided unpaid care, and in Wales it was 15.3 per cent
- Approximately half of men who were 'Looking after the home or family' provided some extent of unpaid care, with the majority providing 50 hours or more
- A uniform pattern of deteriorating general health with rising levels of unpaid care provision was present across all economic positions; men and women working full-time in both England and in Wales and providing 50 hours or more unpaid care per week were between 2.4 and 3.2 times more likely to report their general health as 'Not Good' compared with those providing no unpaid care.

2. Introduction

This short story investigates the provision of unpaid care¹ by males and females in England and Wales in 2011, and how this varied by age, general health status and economic activity.

The [provision of unpaid care in England and Wales has grown since 2001](#), and projections estimated by the [Personal Social Services Research Unit](#) suggest the demand for such care will more than double over the next thirty years². The provision of unpaid care is therefore an important social policy issue because it makes a vital contribution to the supply of care, and affects the employment opportunities and social and leisure activities of those providing it. Unpaid carers are a socially and demographically diverse group and as the demand for care is projected to grow, people are increasingly likely to become providers of care at some point in their lives. The importance of unpaid care was reflected by its inclusion as an item in both the 2011 Census and 2001 Census.

The first section of this short story investigates the age profile of all usual residents in households providing unpaid care by gender, and is followed up with a comparison of their general health status by the extent of care they provide. In the final section, differences in unpaid care provision are measured across various economic positions by gender among all usual residents aged 16 years and above living in private households and communal establishments.

Notes for Introduction

1. The [2011 Census forms](#) asked whether respondents provided unpaid care to family members, friends, neighbours or others because of long-term physical or mental ill health or disability, or problems related to old age and for how many hours per week
2. [Informal Care for Older People Provided by Their Adult Children: Projections of Supply and Demand to 2041 in England](#), Personal Social Services Research Unit.

3. Unpaid care provision by age and sex

National level comparison

The 2011 Census shows that there were approximately 3.34 million females and 2.44 million males providing some level of unpaid care in England and Wales, 11.9 per cent and 9.0 per cent of the usually resident female and male household population, respectively. Since 2001, the number of female and male unpaid carers has increased slightly; in 2001 the percentage of females providing unpaid care was 11.5 per cent, while the percentage of males was 8.8 per cent; however, the majority of this increase occurred in the category 50 hours or more unpaid care per week; among females the number increased by around 155,700 from 2.5 per cent of the female population to 2.9 per cent; among males the increase was approximately 116,000 from 1.7 per cent of the male population to 2.0 per cent.

In both England and in Wales, unpaid care provision rose incrementally with increasing age to age 64 (Figure 1). The highest share of the unpaid care burden fell on men and women aged 50-64. In England the percentage of men in this age group providing some level of unpaid care was 16.9 per cent, while for women it was 23.5 per cent; in Wales the provision of unpaid care was greater, with equivalent percentages of 18.7 and 25.5 per cent respectively. In the age group 65 and above, unpaid care provision diminished from the levels observed for those aged 50-64, but the reduction was more marked among women (Figure 1). There are a number of possible explanations for why the fall among women is greater than that among men between these ages. Firstly, research has demonstrated that women in their fifties are more likely to leave the labour market to provide unpaid care for family members than men, boosting their number at ages 50-64¹; secondly the younger retirement age of women frees them to provide care earlier than men; thirdly, those aged 65 and above are likely to be in greater need of care provision, as people of this age have a higher prevalence of activity limitations because of a health problem or disability and men are just as likely as women to have to provide care to spouses.

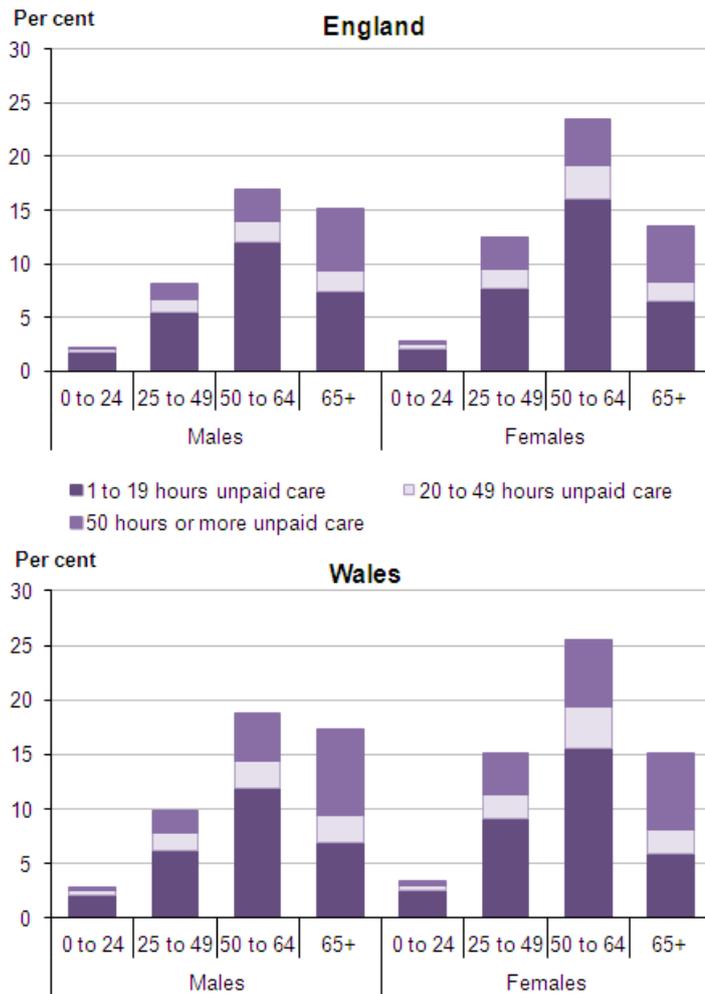
The category 1-19 hours per week of unpaid care was the most common level of provision among males and females at most ages. However, in Wales, 50 hours or more unpaid care was at a similar level to 1-19 hours among men and women aged 65 and above. In general, unpaid care provided at the level of 50 hours or more is more common among those aged 50-64 and 65 and above than at younger ages (Figure 1).

Overall, women provided a higher proportion of unpaid care than men in 2011; in England the percentage difference was 2.9 per cent, while in Wales it was 3.2 per cent. A marked gender gap was particularly notable among those aged 25-49 and 50-64 in both countries (Figure 1), with a smaller gap present at ages 0-24. However, in the age category 65 and above, the disparity reversed, with the percentage of men in both England and in Wales providing unpaid care exceeding the percentage of women. This is largely explained by the sharper tailing off in the number of women providing unpaid care from ages 50-64 to 65 and above, particularly in England where the number of women providing unpaid care diminished by more than half a million, whereas the number of men providing unpaid care fell by less than a quarter of a million.

Given that the provision of unpaid care at ages 65 and above is more likely to be provided for a co-resident, particularly a spouse, and the lack of detail in this broad age category means it is difficult to disentangle the possible mechanisms bringing about the more abrupt reduction in unpaid care provided by women from ages 50-64 to 65 and above. However, evidence from [health expectancy statistics](#) suggest that although females have longer life expectancies than males, they spend a higher proportion of these additional years in 'Not Good' general health, meaning that women in this age range are more likely to be in need of care than providing it than men. Further analyses of unpaid care by co-residency, family type and more detailed age breakdowns among the usually resident population living in households aged 65 and above will enable a better understanding of the inverse gender gap occurring at these ages. The largest gap in unpaid care provision between men and women

occurred in those aged 50 to 64 years. In England the percentage difference was 6.6 per cent, while in Wales it was 6.8 per cent.

Figure 1: Unpaid care provision: by age and sex in England and in Wales, 2011



Source: Census - Office for National Statistics

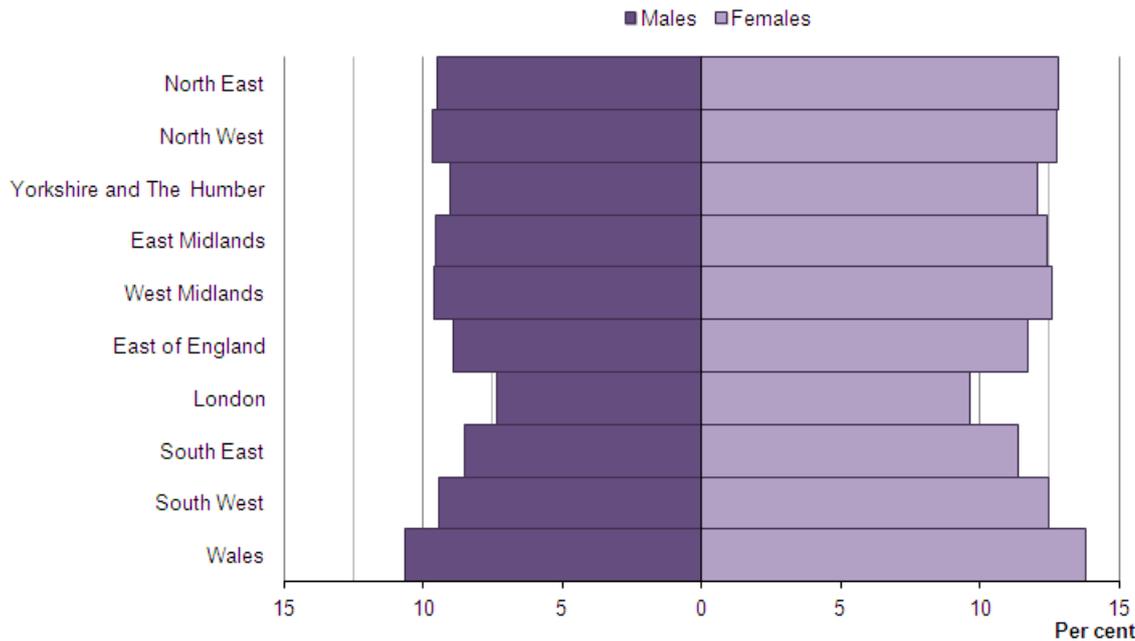
Notes:

1. Children between 0 to 4 years old provided no unpaid care.

Regional comparisons

The higher percentage of total unpaid care provided by females at national level was also present across all English regions (Figure 2). The greatest gender difference was in the North East, with 3.3 per cent more females providing some extent of unpaid care than males, closely followed by Wales where the percentage difference was 3.2 per cent. The lowest gender inequality was in London where the difference was 2.3 per cent; London was also the region with the least provision of unpaid care (Figure 2). The gender gap was wider in those regions providing higher levels of unpaid care such as the North East and North West.

Figure 2: Percentage of unpaid care provided: by sex in English regions and Wales, 2011



Source: Census - Office for National Statistics

The pattern across regions by age also reflected those at national level; females up to the age of 64 provided more unpaid care than males. However, from age 65 and above, males provided more unpaid care than females. The gap was greatest for this age group in the North West and Wales with the percentage of males providing unpaid care exceeding that of females by 2.2 percentage points. Of the four age categories those aged between 50 and 64 provided the most unpaid care in all regions; the West Midlands had the highest percentages at these ages.

Notes for Unpaid care provision by age and sex

1. King, D and Pickard, L. (2013). When is a carer's employment at risk? Longitudinal analysis of unpaid care and employment in midlife in England. *Health Soc Care Community*. 2013 May;21(3):303-14

4. General health of unpaid carers

The 2011 Census asked people to rate their general health on a five category scale; 'Very Good', 'Good', 'Fair', 'Bad' and 'Very Bad'. In this analysis, in order to compare those with 'Good' health and those with 'Not Good' health, the categories 'Very Good', and 'Good' were combined to represent those in 'Good' health and responses of 'Fair', 'Bad' and 'Very Bad' were incorporated to represent 'Not Good' health.

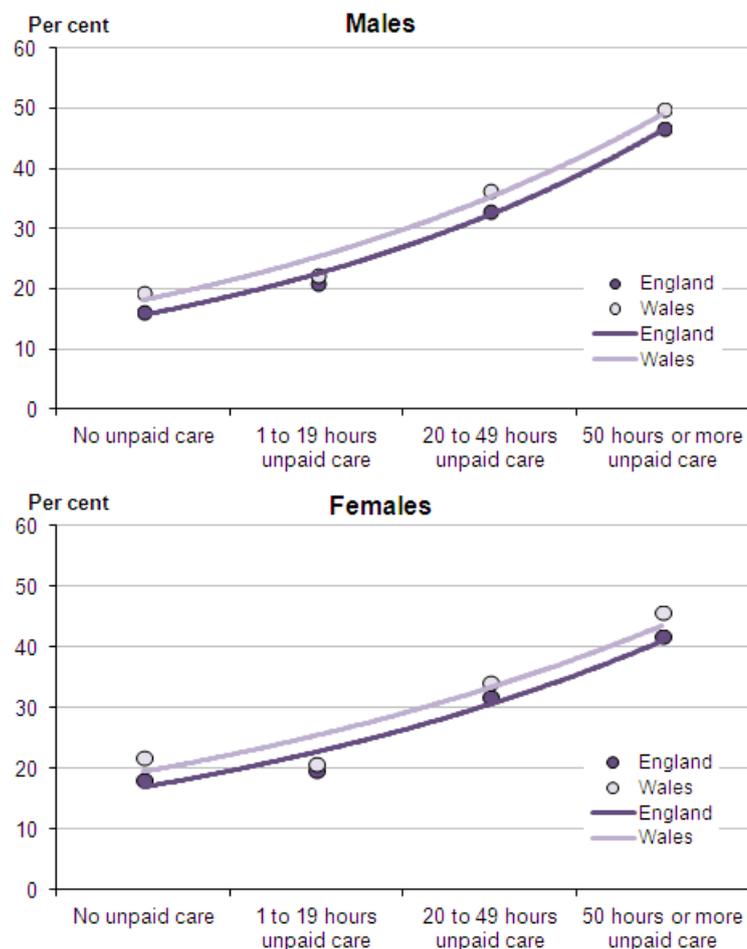
National comparisons

For both males and females, the 2011 Census shows that those providing unpaid care were more likely to report their general health as 'Not Good', compared with those providing no unpaid care. The percentages of males and females with 'Not Good' general health was related to the amount of unpaid care they provided; those providing 50 hours or more unpaid care per week had the worst general health for each gender in both England and in Wales (Figure 3).

For example, in England the percentage difference between those with 'Not Good' health, who were providing 50 hours or more unpaid care and those providing no unpaid care was 30.4 per cent for males and 23.4 per cent for females. The relationship, and potential impact, of unpaid care provision on 'Not Good' general health was stronger for males than for females. For example, in England the prevalence of 'Not Good' general health among males providing 50 or more hours of unpaid care per week was 46.6 per cent, while for females it was 41.7 per cent; in Wales, the equivalent percentages were 49.9 per cent and 45.7 per cent respectively (Figure 3). This means that the general health of between two-fifths and a half of all people that provide 50 hours or more unpaid care per week is 'Not Good'.

The higher percentage of males and females in 'Not Good' health who provided 50 or more hours per week of unpaid care compared with those who provided no care was consistent across ages. However, the difference was most pronounced among those aged 0-24 and least pronounced among those aged 65 and above (Figure 4). This implies that the burden of high levels of unpaid care has the greatest adverse effect on the health of young people. This age group had the greatest gender inequality and was the only age category where the ratio of the percentage with 'Not Good' health providing 50 hours or more unpaid care per week to the same percentage for those providing no unpaid care was larger for males than for females (shown on the right hand axis of Figure 4). The adverse effect of the care burden on health diminished somewhat at older ages, particularly among those aged 65 and above.

Figure 3: Percentage of males and females with 'Not Good' general health: by extent of unpaid care provision per week in England and in Wales, 2011

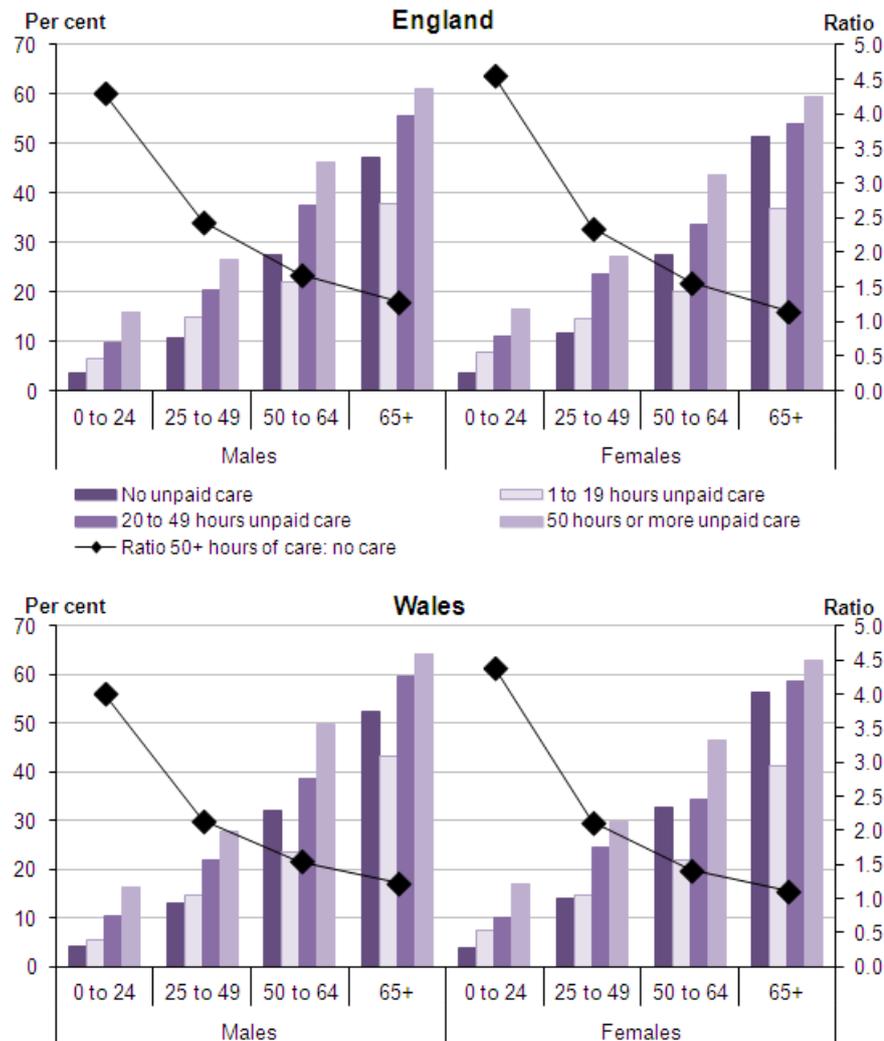


Source: Census - Office for National Statistics

Notes:

1. 'Not Good' health was derived from those who answered 'fair', 'bad' and 'very bad' to the health question in the 2011 Census.

Figure 4: Percentage of males and females with 'Not Good' general health: by extent of unpaid care provision per week and selected age groups, and ratio of those providing 50 hours or more per week to those providing no unpaid care in England and in Wales, 2011



Source: Census - Office for National Statistics

Notes:

1. 'Not Good' health was derived from those who answered either 'Fair', 'Bad' or 'Very bad' to the general health question in the 2011 Census.

Regional comparisons

The proportion of unpaid carers reporting 'Not Good' health was higher compared with those providing no unpaid care across all English regions and Wales. However, at ages 50 and above the relationship between health and care provision weakens for both genders across English regions and in Wales (Table 1).

Table 1: Percentage of males and females with 'Not Good' general health: by age for those not providing unpaid care compared with those providing some level of unpaid care, in English regions and Wales, 2011

Country/Region	Provides no unpaid care				Provides some level of care (1-50+ hours a week)			
	0 to 24	25 to 49	50 to 64	65+	0 to 24	25 to 49	50 to 64	65+
Males								
England and Wales	3.7	10.9	27.7	47.6	7.7	17.8	28.4	49.4
England	3.7	10.8	27.4	47.2	7.8	17.7	28.1	48.9
Wales	4.1	12.9	32.1	52.5	7.4	18.6	31.6	55.1
North East	4.0	13.3	34.1	55.7	7.1	19.5	33.9	57.7
North West	3.9	12.9	31.6	50.8	7.6	19.0	31.1	52.6
Yorkshire and The Humber	3.8	12.0	29.8	50.8	8.0	19.0	30.2	52.5
East Midlands	3.6	11.3	28.1	48.6	7.5	18.0	29.2	50.5
West Midlands	4.0	12.1	29.7	49.2	7.7	18.2	29.9	51.3
East	3.4	9.7	23.8	44.0	7.7	16.7	25.2	46.1
London	4.0	9.6	28.6	49.9	8.2	16.8	29.1	50.0
South East	3.3	9.2	22.2	41.4	7.5	15.9	23.4	42.4
South West	3.5	10.5	24.3	43.1	8.2	17.9	25.7	45.4
Females								
England and Wales	3.6	11.6	27.8	51.6	9.4	18.9	26.4	48.1
England	3.6	11.5	27.5	51.3	9.4	18.9	26.2	47.7
Wales	3.9	13.9	32.8	56.4	9.3	19.9	29.7	53.8
North East	3.7	13.5	33.8	59.1	8.3	19.2	30.8	56.4
North West	3.6	13.2	31.8	54.6	8.8	19.2	28.6	51.5
Yorkshire and The Humber	3.7	12.6	29.9	54.6	9.2	18.8	27.5	50.7
East Midlands	3.5	11.9	28.1	52.8	9.5	19.1	27.1	49.9
West Midlands	3.8	13.1	30.5	54.4	9.1	19.8	28.4	51.4
East	3.4	10.3	23.8	48.1	10.0	17.9	23.5	44.8
London	3.8	11.0	30.4	54.3	9.8	20.2	29.3	49.5
South East	3.3	9.7	21.7	45.2	9.9	17.2	21.5	40.6
South West	3.5	10.9	23.3	46.7	9.9	18.4	23.1	43.6

Source: Census - Office for National Statistics

Notes:

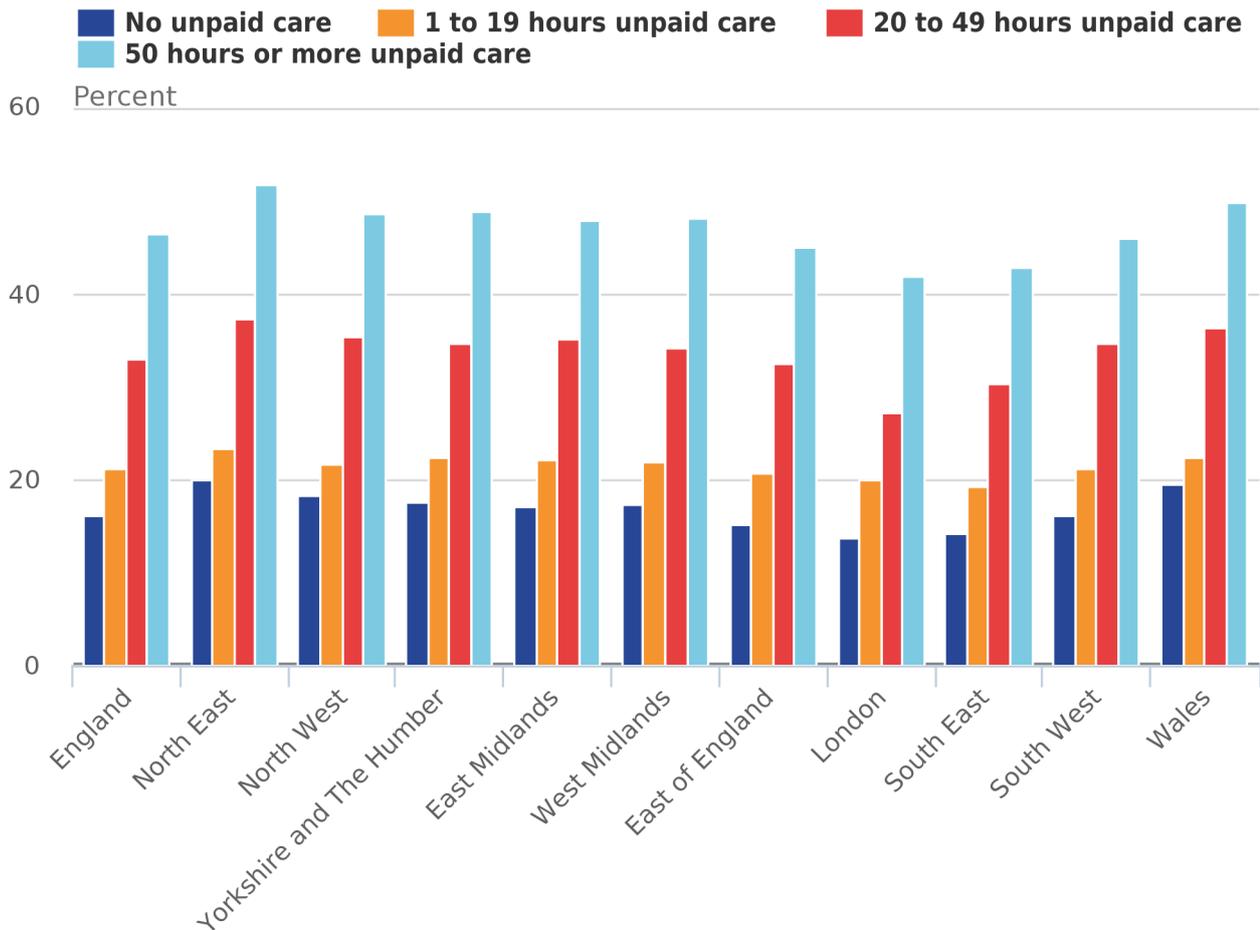
1. 'Not good' health was derived from those who answered either 'Fair', 'Bad' or 'Very bad' to the general health question in the 2011 Census

Among the population aged 65 and above, there were wide differences between regions in the proportion of their usually resident populations with 'Not Good' health among both unpaid carers and those providing no unpaid care. The region with the highest percentage of 'Not Good' health among men providing no unpaid care was the North East (55.7 per cent) and lowest in the South East (41.4 per cent), a difference of 14.3 per cent; among women the difference between these regions was 13.9 per cent. Among men who provided unpaid care, the difference between these regions in the percentages of their population reporting 'Not Good' health was 15.3 per cent, while among women, it was 15.8 per cent. At younger ages the regional disparity in health status is smaller, but still present (Table 1).

As observed at national level, the percentage of the usually resident population with 'Not Good' health generally increased as the extent of unpaid care provision rose; however, 'Not good' health was higher among females providing no unpaid care compared to those providing 1-19 hours of unpaid care per week in the North East and North West regions and in Wales (Figure 5). Males and females providing 50 hours or more unpaid care are more than twice as likely as those providing no unpaid care to report their general health as 'Not Good' across all English regions and in Wales (Figure 5).

Figure 5: Percentage of males and females with 'Not Good' health: by level of unpaid care provision in English regions and Wales, 2011

Males

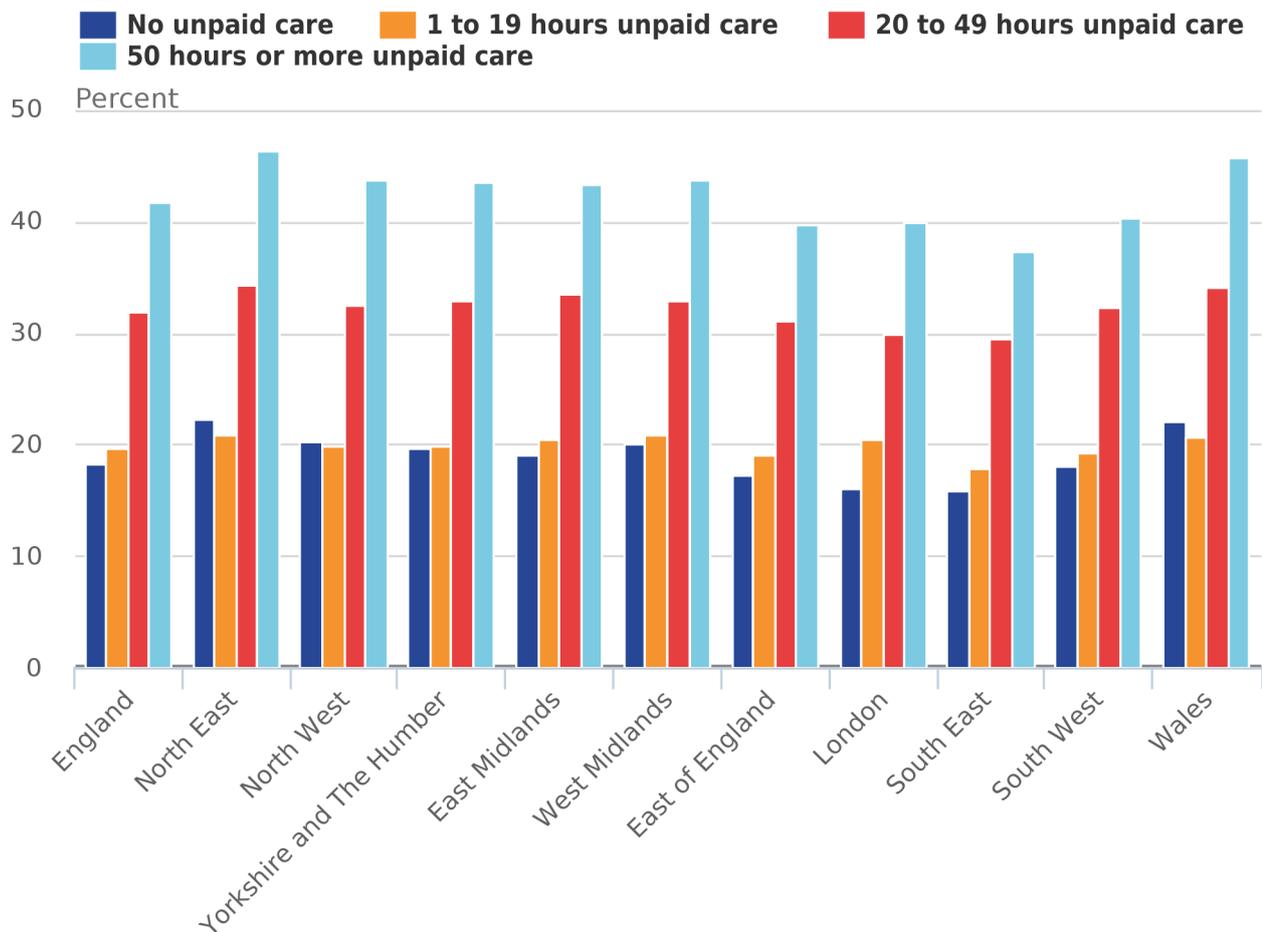


Source: Census - Office for National Statistics

Notes:

1. 'Not Good' health was derived from those who answered fair, bad and very bad to the health question in the 2011 Census.

Females



Source: Census - Office for National Statistics

Notes:

1. 'Not Good' health was derived from those who answered fair, bad and very bad to the health question in the 2011 Census

5. Unpaid care by economic position and health

Introduction

Economic activity relates to whether or not a person was working or looking for work in the week before the census. It provides a measure of whether or not a person was an active participant in the labour market. Those who are active participants are referred to as 'Economically Active' and those who are not as 'Economically Inactive'. To be economically active a person must be either in paid employment working full-time or part-time, be a full-time student in employment or be seeking work (unemployed) or ready to take up a job offered in the next two weeks. A person is economically inactive if he or she is retired, long-term sick or disabled, looking after the home or family, a student not in employment or for other reasons.

The burden and extent of unpaid care delivered by people of working age is important, as it can constrain their participation in the labour market; for example by having to work part-time rather than full-time, or becoming economically inactive themselves to look after family members who are sick or disabled. The impact of unpaid care on the economic support ratio¹ is uncertain; however, the 2011 Census provides an opportunity to measure the balance of the unpaid care burden across economic positions.

Gender inequality in unpaid care provision by economic position

A 2007 study entitled '[Age and gender of informal carers : a population-based study in the UK](#)'² published in 2007, identified a sizeable gender gap in unpaid care provision for others because of illness, infirmity or disability. Women were much more likely than men to supply this type of unpaid care and more likely to experience strain in providing such care in middle-age as they balance the multiple roles of work, care and social and leisure activities.

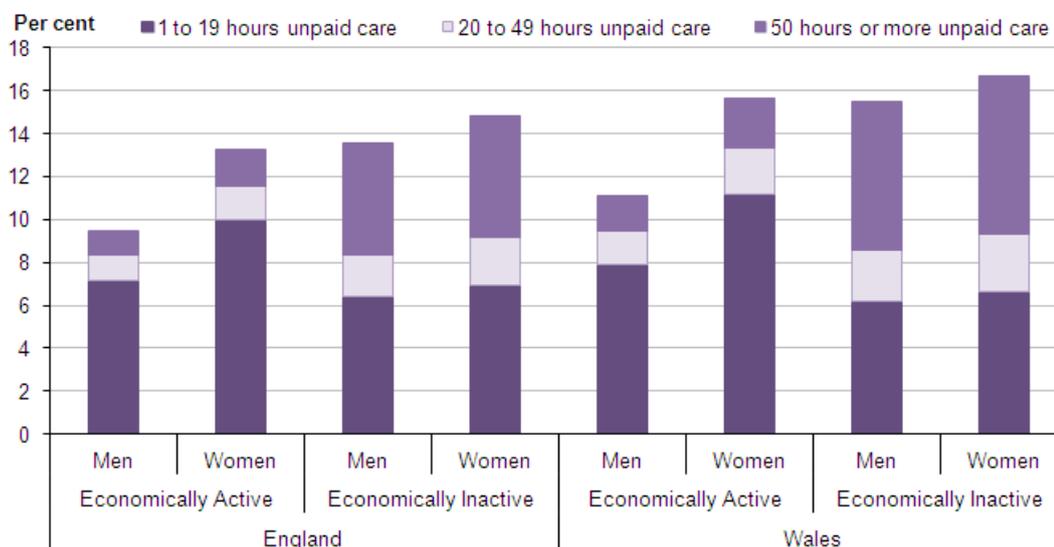
The 2011 Census provides the opportunity to examine this inequality with more contemporary data, and give pointers as to the relationship between general health and the extent of unpaid care provided across different economic positions.

In England, the number of usual residents aged 16 years and above living in private households or communal establishments that were providing unpaid care in 2011 was around 5.3 million, approximately 12.4 per cent of the population. This figure compares well with the [Survey of Carers in households in 2009-10](#)³ commissioned by the NHS Information Centre, which found the number of carers to be 5 million.

In 2011, the Census shows that 44.9 per cent of unpaid carers who were economically active were men and 55.1 per cent were women.

Figure 6 shows that in England, 9.5 per cent of economically active men aged 16 years and above provided unpaid care in 2011 compared with 13.3 per cent of women, a percentage difference of 3.8 per cent. In Wales, unpaid care provision was more common among the economically active than in England and the gender gap wider; 11.1 per cent of men and 15.7 per cent of women, a difference of 4.6 per cent. The largest gender gap was present in the 1-19 hours category with smaller gaps existing in the higher extent categories (Figure 6).

Figure 6: Percentage of unpaid care provision among economically active and inactive men and women aged 16 years and over in England and in Wales, 2011



Source: Census - Office for National Statistics

Among the economically inactive, the gender gap in unpaid care provision was less pronounced (Figure 6), but the percentage of this population providing unpaid care was generally higher; a clear shift occurs between unpaid care categories with lower percentages providing 1-19 hours and higher percentages providing 50 hours or more compared with the economically active.

Unpaid care provision among the economically inactive was also higher in Wales than in England; for Wales, 15.5 per cent of men and 16.7 per cent of women provided some level of unpaid care compared to 13.6 per cent of men and 14.8 per cent of women in England.

As the economically inactive are generally older, with a large proportion at state pension age or above, these results are consistent with the evidence that suggests the likelihood of providing unpaid care becomes more equally distributed between the genders with increasing age⁴.

One of the key objectives of government policy is to encourage work, increase productivity and reduce benefit dependency. Connected with this is the expectation that people will retire later, thereby extending the period they are economically active and increasing the economic support ratio. The provision of unpaid care among the economically active in work and seeking work may compromise this policy objective, and disproportionately disadvantage women wanting to take up employment opportunities, work full-time rather than part-time or to remain in employment. [A study by the National Institute for Health](#)⁵ has shown that both men and women in their fifties faced with a requirement to provide unpaid care at levels in excess of ten hours per week on a co-resident basis were less likely to remain in the labour market than those providing no care. As the care burden falls disproportionately on women, this relationship between care provision and labour market consequences had a greater effect on women's employment than men.

The 2011 Census allows the provision of unpaid care and its extent across detailed economic positions to be quantified for men and women. The percentage of women providing unpaid care whilst working full-time was almost a third higher than it was for men in England, and almost two-fifths higher in Wales (see Table 2).

Across the economic positions of working full-time, working part-time and unemployed, women provided more unpaid care in each category than their male equivalents in both England and Wales. In Wales, the provision of unpaid care was consistently higher than in England for both men and women in each economic position included in Table 2. More than 1 in 10 women usually resident in Wales working full-time were providing between 1-19 hours unpaid care per week. In both England and Wales, there were examples of men and women holding down a full-time job while providing 50 or more hours of unpaid care per week.

Table 2: Percentage of full-time, part-time and unemployed men and women providing unpaid care in England and in Wales, 2011

Level of unpaid care	Men			Women		
	Full-time	Part-time	Unemployed	Full-time	Part-time	Unemployed
England						
1 to 19 hours unpaid care	7.1	9.0	5.9	9.5	11.7	7.2
20 to 49 hours unpaid care	1.1	1.8	1.5	1.4	2.0	1.9
50 hours or more unpaid care	1.1	1.7	1.5	1.2	2.5	2.0
Provides unpaid care: Total	9.3	12.5	8.9	12.1	16.1	11.1
Wales						
1 to 19 hours unpaid care	8.0	9.4	6.2	11.5	12.1	7.5
20 to 49 hours unpaid care	1.5	2.1	1.9	1.9	2.5	2.1
50 hours or more unpaid care	1.6	2.3	1.8	1.8	3.2	2.4
Provides unpaid care: Total	11.0	13.8	9.9	15.3	17.8	12.1

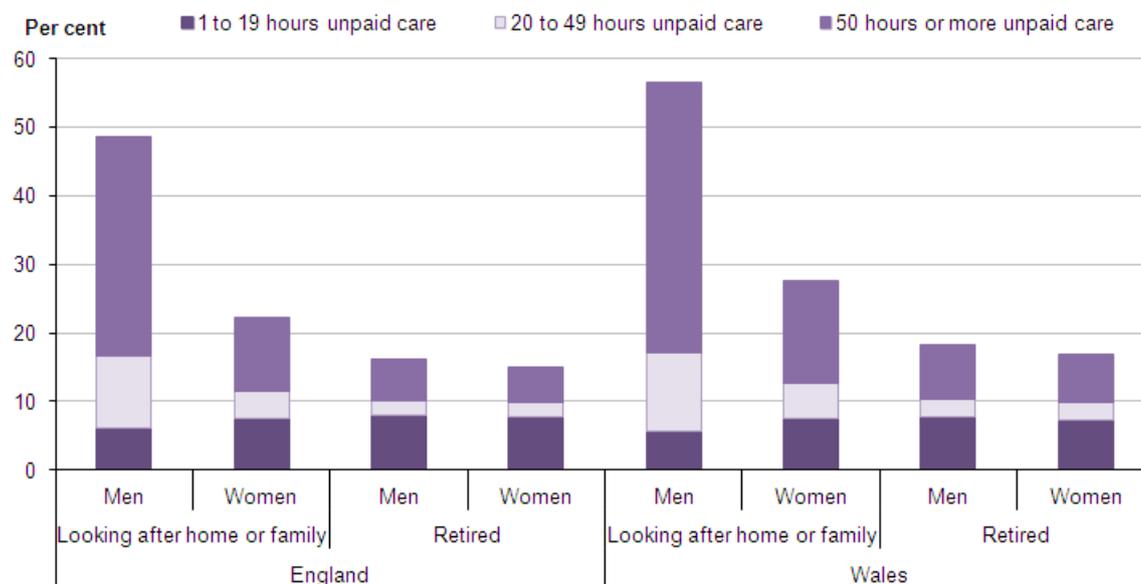
Source: Census: Office for National Statistics

Among the economically inactive, a higher number of women had the economic position 'Looking after the home or family'. The importance of this within the economically inactive group is that most will be below the state pension age, so the care they provide for family members, neighbours or friends who have long-term physical or mental illness or disability is likely to limit their participation in the labour market, and lend weight to the argument that becoming a provider of unpaid care poses a barrier to employment.

The number of usually resident men aged 16 years and above with an economic position of 'Looking after the home or family' in England in 2011 was almost 158,000, compared with more than one and a half million women. In Wales, the differential was smaller but still sizeable. Figure 7 compares the breakdown of extent of care between men and women who were either 'Looking after the home or family' or were 'Retired'⁶.

Although the population of women 'Looking after the home or family' was almost ten times larger than it was for men in England and seven times larger in Wales, proportionally more men in this economic position were providing unpaid care in both England and in Wales (Figure 7); while half of men were providing unpaid care, less than a quarter of women were. The 2011 Census shows there were 82,802 men and 364,359 women 'Looking after the home or family' providing unpaid care for family, neighbours or friends across both countries.

Figure 7: Percentage of unpaid care provision by men and women who were either 'Looking after the home of family' or were 'Retired' in England and in Wales, 2011



Source: Census - Office for National Statistics

Of interest is the higher proportion of men 'Looking after the home or family' providing 50 hours or more unpaid care than any other economic position. This pattern was also observed in the 2001 Census (Table 3). One possible reason for this might be the extent of dependency of the care receiver. Further analysis could explore whether men providing care are more likely to be co-resident with a family member who is limited a lot in daily activities because of a health problem or disability and/or has an economic position of long-term sick or disabled. Also, the investment of time in providing this care may restrict their ability to participate in the labour market.

Table 3: Percentage of unpaid care provision by men and women who were either 'Looking after the home or family' or were 'Retired' in England and in Wales, 2011 and 2001

England				Wales			
Looking after home or family		Retired		Looking after home or family		Retired	
Men	Women	Men	Women	Men	Women	Men	Women

2011								
1 to 19 hours unpaid care	6.2	7.5	8.1	7.9	5.6	7.5	7.8	7.3
20 to 49 hours unpaid care	10.4	4.0	2.0	1.9	11.5	5.2	2.6	2.5
50 hours or more unpaid care	32.1	10.6	6.0	5.2	39.4	14.9	8.0	7.1
Total Care	48.7	22.1	16.1	15.0	56.5	27.5	18.4	16.9
2001								
1 to 19 hours unpaid care	7.3	9.8	10.2	10.4	6.7	10.1	9.9	9.9
20 to 49 hours unpaid care	9.4	3.3	1.6	1.8	9.6	4.5	2.1	2.4
50 hours or more unpaid care	31.2	8.4	4.3	4.9	39.9	12.0	6.3	7.0
Total Care	47.9	21.5	16.1	17.1	56.2	26.7	18.3	19.3

Source: Census: Office for National Statistics

While the gender inequality in care provision was widest among the economically active (Figure 7), for those in retirement, the care burden equalises somewhat, with men providing a slightly higher percentage of the unpaid care in 2011 (Table 3). In 2001 the converse was true, representing an important change in the gender inequality in 2011. Among retired women usually resident in England, unpaid care provision fell from 17.1 per cent in 2001 to 15.0 per cent in 2011; in Wales it fell from 19.3 to 16.9 per cent. Unpaid care provision among retired men in England remained constant and increased marginally in Wales. Overall, unpaid care among the retired remained higher in Wales than in England both in 2001 and 2011 (Table 3).

Health variations among carers across economic positions

In a survey commissioned by [Carer's Scotland in 2012](#)⁷, 96 per cent of respondents reported that providing care impacted negatively on their health and well-being, and that existing health problems suffered by carers were made worse by fulfilling the caring role. More than half of survey respondents also said they felt isolated and restricted in taking part in leisure activities.

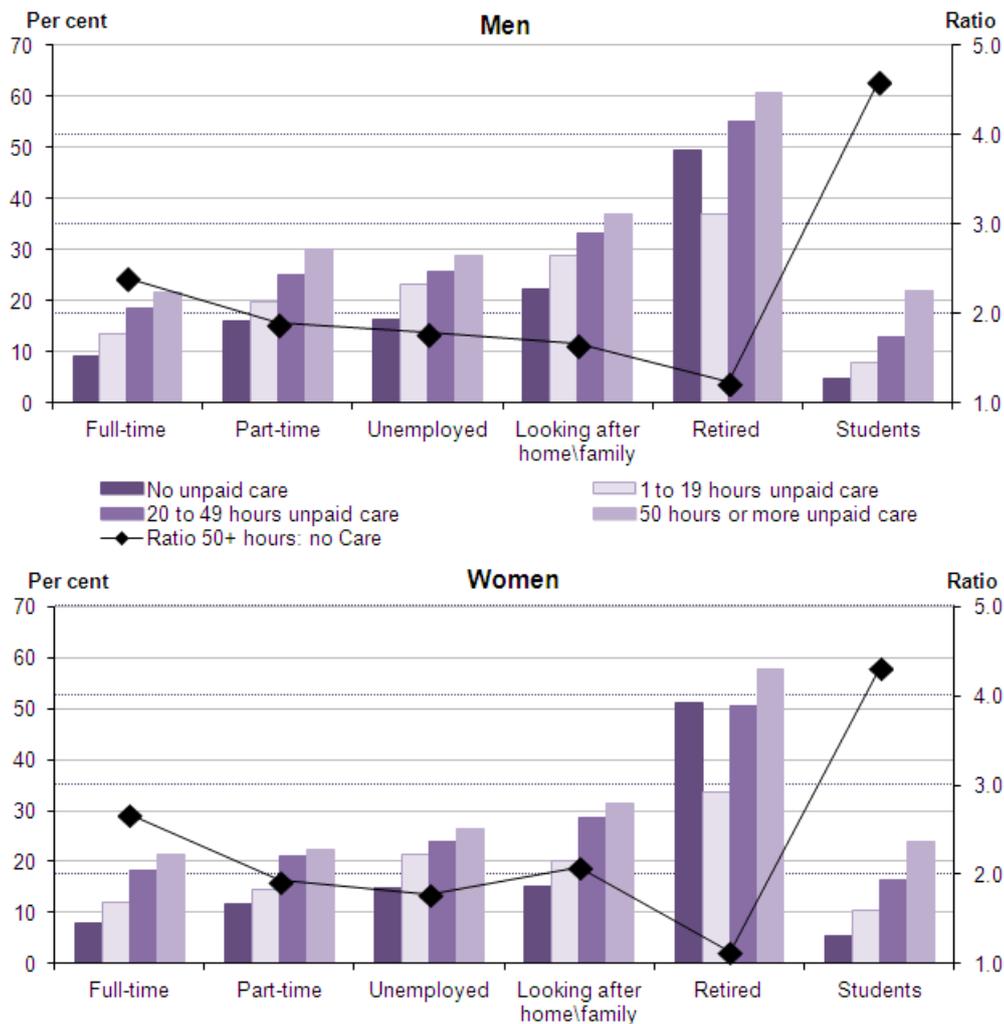
The 2011 Census is able to compare the general health of carers, and identify variations in health status by the extent of care and also by economic position. Subsets of the population are particularly marginalised by the unpaid care burden; specifically those providing unpaid care for 50 or more hours per week who are also in full-time employment. In 2011, 116,801 men and 81,812 women in England were in full-time employment, while additionally providing 50 hours or more unpaid care; in Wales the equivalent numbers were 9,320 and 5,068 respectively.

Figures 8 and 9 below compare the percentages of men and women with 'Not Good' health by extent of unpaid care provision, and the ratio of reports of 'Not Good' health among those providing 50 hours or more per week to those providing no unpaid care by selected economic positions in England and in Wales respectively.

A clear pattern of worsening general health with increasing extent of unpaid care provision was present across economic positions in both England and in Wales (Figures 8 and 9). Those providing no unpaid care experienced the lowest percentage of 'Not Good' health in all economic positions other than the retired. In the retired economic position, a higher proportion were likely to be receiving care than in other economic positions because of the age profile of the retired population and the relationship between worsening health and rising age. However, even among retired men and women, it was those providing 50 hours or more care that had the worst health.

Men and women working full-time in England were around 2.4 and 2.7 times more likely to have 'Not Good' health if they were providing 50 hours or more unpaid care per week than if they provided no unpaid care (Figure 8).

Figure 8: Percentage of men and women with ‘Not Good’ general health: by extent of unpaid care provision and economic position, and ratio of those providing 50 hours or more per week to those providing no unpaid care in England, 2011



Source: Census - Office for National Statistics

Notes:

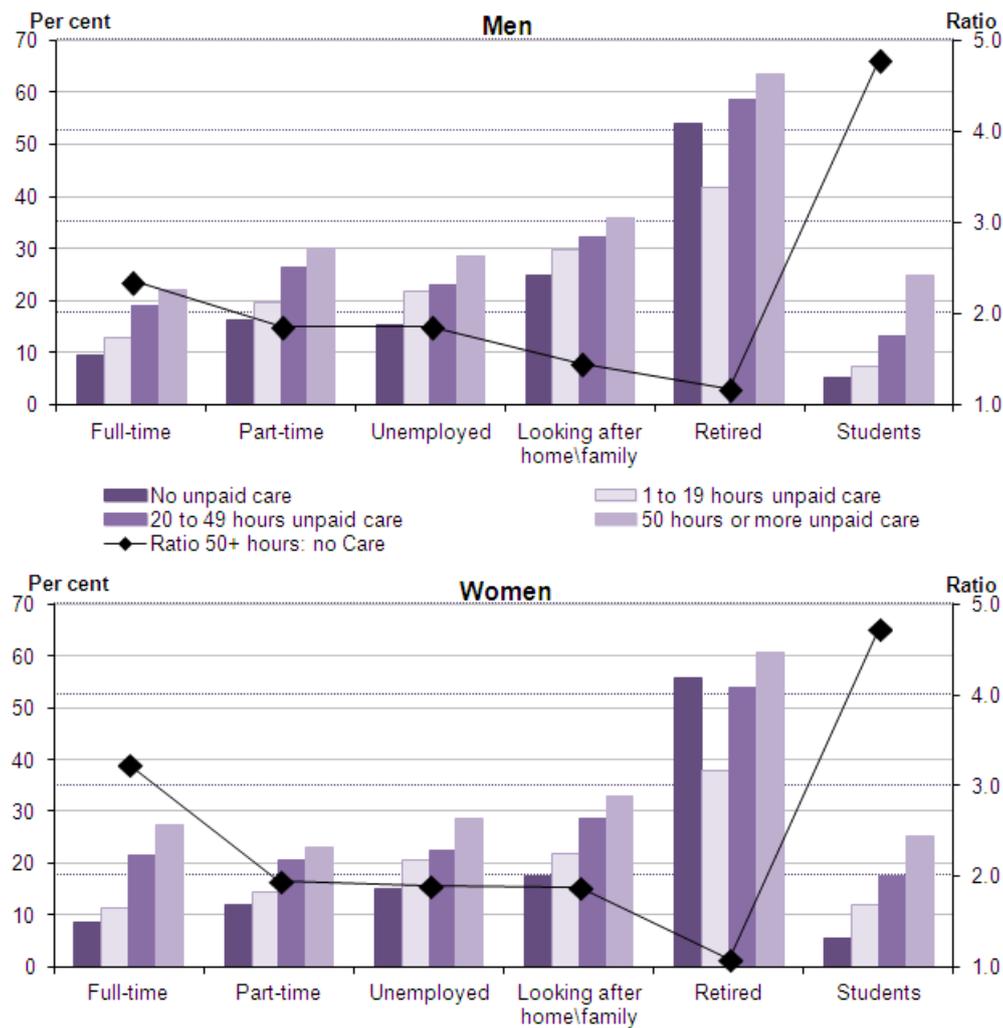
1. Includes economically active unemployed full-time students.

The Census 2011 data suggest that the provision of 50 hours or more unpaid care while working full-time is likely to be more hazardous to women’s health than it is to men’s. Among part-time workers, men’s health appears to be more adversely affected by engaging in the highest level of unpaid care provision than women’s; among part-time working men, 30 per cent had ‘Not Good’ health when providing 50 or more hours per week of unpaid care, whereas among part-time working women, 22 per cent were.

The lowest ratio was observed among retired people, while students were observed to have the widest gap between the unpaid care provision extremes. Male students providing 50 hours or more unpaid care were more than four and half times more likely to have ‘Not Good’ health than their counterparts providing no unpaid care.

In Wales, the ratios were similar to those in England for men, but among full-time working women, those providing 50 hours or more unpaid care per week were 3.2 times more likely to have ‘Not Good’ health than those providing no unpaid care (Figure 9).

Figure 9: Percentage of men and women with 'Not Good' general health: by extent of unpaid care provision and economic position, and ratio of those providing 50 hours or more per week to those providing no unpaid care in Wales, 2011



Source: Census - Office for National Statistics

Notes:

1. Includes economically active unemployed full-time students.

Notes for Unpaid care by economic position and health

1. The economic support ratio is the number of people aged 16 and over in employment divided by every other person of any other age, including children.
2. Dahlberg, L. and Bambra, C. and Demack, S. (2007) 'Age and gender of informal carers : a population-based study in the UK.', Health and social care in the community., 15 (5). pp. 439-445.
3. The NHS Information Centre, Social Care Team (2010).
4. Dahlberg, L. and Bambra, C. and Demack, S. (2007) 'Age and gender of informal carers : a population-based study in the UK.', Health and social care in the community., 15 (5). pp. 439-445.

5. King, D and Pickard, L. (2013). When is a carer's employment at risk? Longitudinal analysis of unpaid care and employment in midlife in England. *Health Soc Care Community*. 2013 May;21(3):303-14
6. The Census 2011 allowed the responder to identify with more than one economically inactive position. The reasons for inactive economic position were subject to some decision rules to determine the precise category. For those which selected both 'Looking after the home or family' and 'Retired', the default economic position was retired. This means the bulk of those designated an economic position of 'Looking after the Home or family' will be below the state pension age'
7. Carers Scotland (2011): Sick, tired and caring: The impact of unpaid caring on health and long term conditions

6. Conclusion

This story describes the provision of unpaid care in England and Wales in 2011, in order to understand how unpaid care, an important voluntary undertaking, varies across gender, age groups and by economic position, and how it might be impacting on the health of carers.

The analysis has shown that women take on a higher share of the unpaid care burden at ages below 65, and unpaid care is associated with higher likelihoods of 'Not Good' general health among all age groups.

Unpaid care is more common among part-time workers than full-time workers, suggesting part-time work provides a greater opportunity to balance work and care commitments, but gender inequalities are present in each with women contributing more unpaid care than men.

A marked health divide is also present between full-time workers providing 50 hours or more unpaid care and those providing no unpaid care, suggesting providing unpaid care to this extent is affecting the health related well-being of both men and women living under these circumstances.

7. More Census analysis

[Census Analysis landing page](#)

8. Background notes

1. This publication follows [previous releases of census data](#) including household and population totals and local authority level Key Statistics tables. The census provides estimates of the characteristics of all people and households in England and Wales on census day. These are produced for a variety of users including government, local and unitary authorities, business and communities. The census provides population statistics from a national to local level. This bulletin discusses the results at the national level for England and Wales.
2. In making comparisons to 2001, the population estimates (by age and sex) have been compared with the mid-year estimates for 2001, 52.4 million. For other characteristics, comparisons are made with 2001 Census estimates, 52.0 million. Footnotes are provided with tables to identify the data sources used.
3. Both 2001 and 2011 Census data are available via the [Neighbourhood Statistics](#) website. Relevant table numbers are provided in all download files within this publication.
4. Interactive [data visualisations](#) developed by ONS are also available to aid interpretation of the results.
5. Future releases from the 2011 Census will include more detail in cross tabulations, and tabulations at other geographies. Further information on future releases is available online in the [2011 Census Prospectus](#).

6. Due to definitional differences, and because the census questionnaire is self completed by the population of England and Wales, the census estimates of people in employment may differ from other sources as, for example, some respondents may include voluntary work when asked about employment. The most authoritative and up to date estimates of the labour market status including employment and unemployment are the labour market statistics that ONS publishes monthly. The census is valuable in providing a detailed picture at the time of the census of the characteristics of the economically active population.
7. ONS has ensured that the data collected meet users' needs via an extensive 2011 [Census outputs consultation](#) process in order to ensure that the 2011 Census outputs will be of increased use in the planning of housing, education, health and transport services in future years.
8. Figures in this publication may not sum due to rounding. Percentage point changes in the text are based on rounded data.
9. ONS is responsible for carrying out the census in England and Wales. Simultaneous but separate censuses took place in Scotland and Northern Ireland. These were run by the National Records of Scotland (NRS) and the Northern Ireland Statistics and Research Agency (NISRA) respectively.
10. ONS is responsible for the publication of UK statistics (compiling comparable statistics from the UK statistical agencies above). These will be compiled as each of the three statistical agencies involved publish the relevant data. The [Northern Ireland census prospectus](#) and the [Scotland census prospectus](#) are available online. The [first release of UK population estimates](#) took place on 17 December 2012.
11. A person's place of usual residence is in most cases the address at which they stay the majority of the time. For many people this will be their permanent or family home. If a member of the services did not have a permanent or family address at which they are usually resident, they were recorded as usually resident at their base address.
12. A household is defined as one person living alone, or a group of people (not necessarily related) living at the same address who share cooking facilities and share a living room, sitting room or dining area.
13. All key terms used in this publication, such as resident and short-term residents are explained in the [2011 Census user guide](#).
14. The 2011 Census achieved its overall target response rate of 94 per cent of the usually resident population of England and Wales, and over 80 per cent in all local and unitary authorities. The population estimate for England and Wales of 56.1 million is estimated with 95 per cent confidence to be accurate to within +/- 85,000 (0.15 per cent).
15. Details of the policy governing the release of new data are available by visiting www.statisticsauthority.gov.uk/assessment/code-of-practice/index.html or from the Media Relations Office email: media.relations@ons.gsi.gov.uk

These National Statistics are produced to high professional standards and released according to the arrangements approved by the UK Statistics Authority.