

### Informal carers

Family and friends are the most important source of care for people with LTC needs in OECD countries. Because of the informal nature of the care 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 are available, around 13% of people aged 50 and over reported providing informal care at least weekly in 2019. The share of people aged 50 and over providing informal care was close to or over 20% in Belgium, Austria, the Czech Republic, the United Kingdom and Germany, and less than 10% in Portugal, Greece, Lithuania, the United States, Ireland, the Slovak Republic and Latvia (Figure 10.16). There was also variation in the intensity of the care provided. The lowest rates of daily care provision were found in the Slovak Republic and Latvia.

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. Two-thirds of OECD countries provide care leave, whether paid or unpaid, while respite care remains fragmented in many countries. Moreover, two-thirds of OECD countries provide cash benefits to family caregivers; cash-for-care allowances for recipients, which can be used to pay informal caregivers; or periods of paid leave for informal carers. Some countries (such as Australia, Germany and Luxembourg) also provide counselling/training services, but many rely heavily on the voluntary sector (OECD, forthcoming[9]).

On average across OECD countries, 62% of those providing daily informal care were women in 2019 (Figure 10.17). Spain, Greece and Portugal had the greatest gender imbalance: over 70% of informal carers were women. Around two-thirds of carers are looking after a parent or a spouse, but patterns of caring vary for different age groups. The survey found that younger carers (aged between 50 and 65) were much more likely to be caring for a parent (Figure 10.18). They were more likely to be women and might not be providing care every day. Carers aged over 65 were more likely to be caring for a spouse. Caring for a spouse tends to be more intensive, requiring daily care, and men and women are equally likely to take on this role.

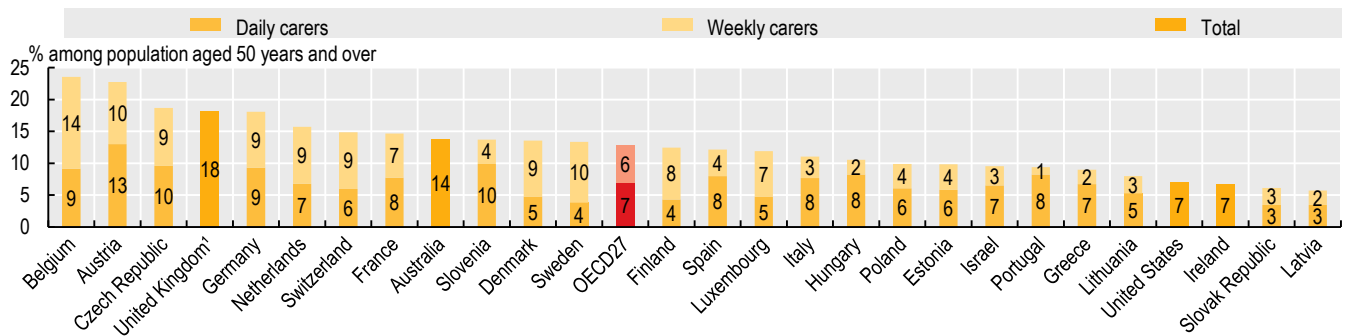
The fact that fewer people provide daily care in countries with stronger formal LTC systems suggests that there is a trade-off between informal and formal care. Declining family size, increased geographical mobility and rising participation rates of women in the labour market mean that there is a risk 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 their household, who require help with everyday tasks. The data presented here relate only to the population aged 50 and over, and are based on national surveys for Australia (Survey of Disability and Carers – SDC), 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 (SHARE). Data for Ireland were taken from its 2016 census.

Questions about the intensity of care vary between surveys. In SHARE, carers are asked about how often they provided care in the last year; this indicator includes people who provided care at least weekly. It is important to highlight that the COVID-19 pandemic might have made people realise their role of and identify as informal caregivers. In ELSA, people are asked whether they have provided care in the last week, which may be broadly comparable with “at least weekly”. Questions in HRS and SDC are less comparable with SHARE. Carers in HRS are included if they provided more than 200 hours of care in the last year. In SDC, a carer is defined as someone who has provided ongoing informal assistance for at least six months. People caring for disabled children are excluded for European countries but included in data for the United States and Australia. However, the US data only include those caring for someone outside their household. Australia and Ireland consider all informal carers together. As a result, data for Australia, Ireland and the United States may not be comparable with other countries’ data.

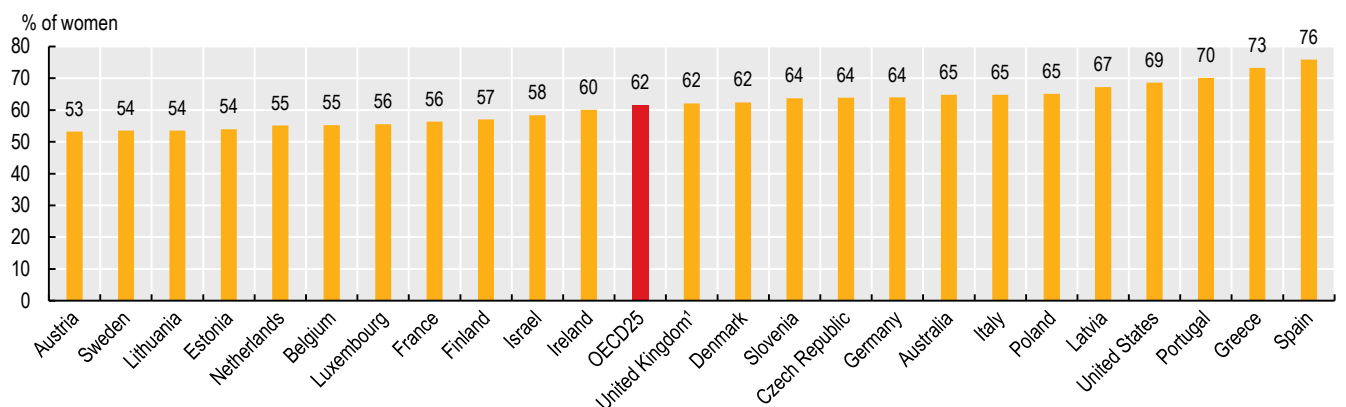
Figure 10.16. Share of informal carers among the population aged 50 and over, 2019 (or nearest year)



Note: The definition of informal carers differs between surveys (see "Definition and comparability" box). 1. Data refer to England only.  
 Source: SHARE, wave 8 (2019-20); SDC (2018) for Australia; ELSA, wave 8 (2017) for the United Kingdom; HRS, wave 14 (2018-19) for the United States; Census 2016 for Ireland.

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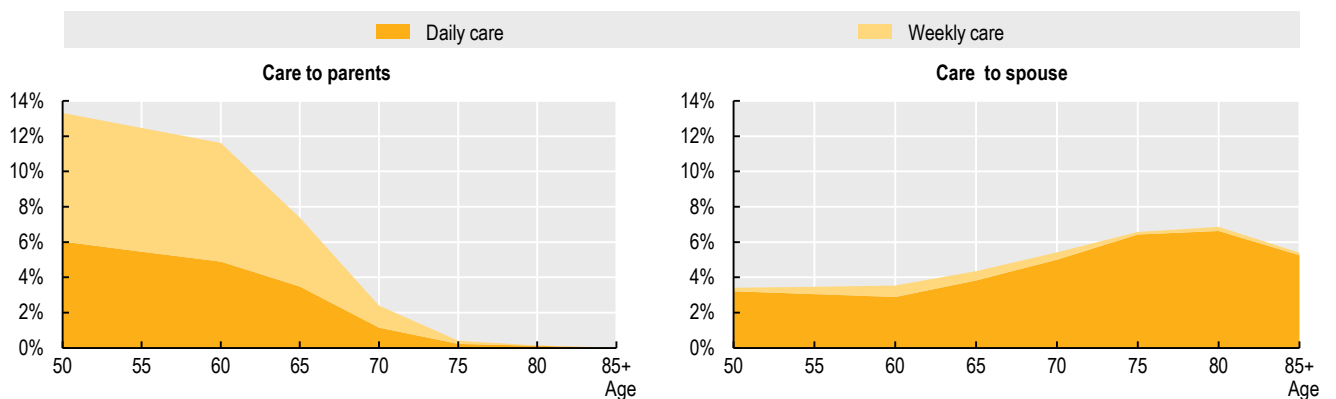
Figure 10.17. Share of women among informal daily carers aged 50 and over, 2019 (or nearest year)



Note: The definition of informal carers differs between surveys (see "Definition and comparability" box). 1. Data for England only.  
 Source: SHARE, wave 8 (2019-20); SDC (2018) for Australia; ELSA, wave 8 (2017) for the United Kingdom; HRS, wave 14 (2018-19) for the United States; Census 2016 for Ireland.

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Figure 10.18. Share of informal carers in the population aged 50 and over, by recipients of care and age, daily and weekly, European OECD countries, 2019-20



Source: SHARE, wave 8 (2019-20).

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