

Informal carers

Informal carers are a major – and often the only – source of care for people with LTC needs across OECD countries. Among analysed 19 OECD countries, about 60% of older people reported receiving only informal care (Rocard and Llana-Nozal, 2022^[1]). Informal care is provided by family members, friends and people in social networks to individuals who need support with everyday tasks. Due to the informal nature of care, comparable data are difficult to obtain. The data discussed in this section stem from international and national surveys. There are differences in the definition of informal care across these surveys, which affects the comparability of the data (see the “Definition and comparability” box).

Across 25 OECD countries with comparable data, more than one in eight (13%) people aged 50 and over provided informal care, ranging from 6% in Latvia to more than 20% in Austria and Belgium (Figure 10.15). Care intensity varied among these countries. On average, 8% of survey respondents across 25 OECD countries indicated that they provide informal care on a daily basis, compared to 6% providing care on a weekly basis. The percentage share of those caring daily was highest in Austria (13%), and lowest in the Slovak Republic (3%) and Latvia (3%). Among OECD countries, the share of those providing weekly care was highest in Belgium (14%), and lowest for Greece, Hungary and Latvia (2% each).

Informal carers are predominantly women. Across 25 OECD countries, 60% of informal carers were women, ranging from 37% in Switzerland to 80% in Hungary (Figure 10.16). The share of women was particularly high in South and Southeastern European OECD countries, with more than 70% of daily informal carers being women in Greece, Spain and Hungary. On average across 23 OECD countries, 29% of daily carers reported being employed or self-employed (outside the informal care they also provide), ranging from almost half of informal carers in Switzerland and the Netherlands to 10% or fewer in Latvia and Hungary (Figure 10.17).

Intense provision of informal care is associated with negative effects on mental health and labour market attainment, such as a reduction of hours worked and earlier retirement. At the same time, labour market activation policies can reduce the amount of informal care provided (Carrino, Nafilyan and Avendano, 2022^[2]). About two-thirds of OECD countries have introduced policies to support informal workers and to alleviate the burden of informal care – such as cash benefits paid to carers, those in need of care, or both. In addition, about half of OECD countries offer some form of paid leave for informal carers, although this does not necessarily make up for forgone wages, and may be particularly insufficient where the duration of caring is long (Rocard and Llana-Nozal, 2022^[1]). The degree to which countries can depend on informal care as a dominant provider of LTC is likely to decline in the future. Demand for LTC is going to increase due to population ageing and subsequent increases in LTC needs (see section on “Demographic trends”). At the same time, declines in family size, increases in geographical mobility and increasing female labour market participation are leading to reductions in the supply of informal carers. Countries will therefore have to expand their formal LTC sector to compensate for unmet care needs.

Definition and comparability

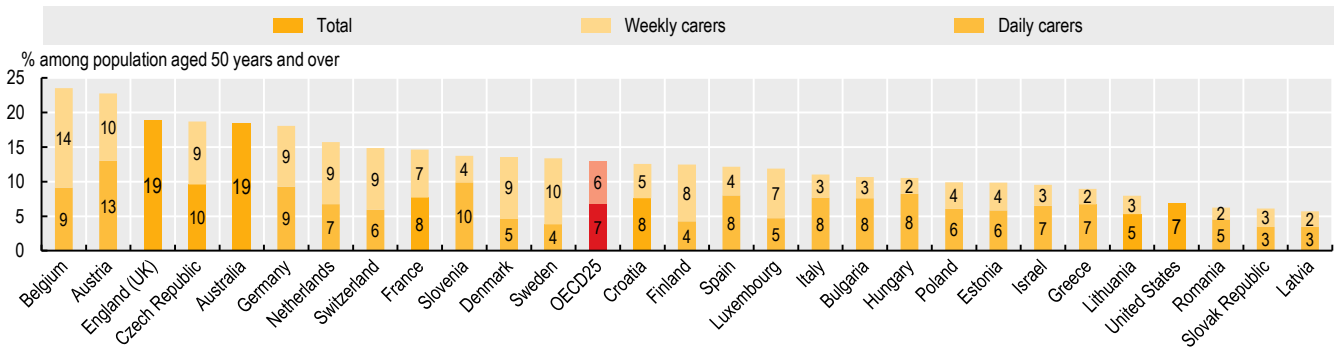
Informal carers are defined as people providing any help to older family members, friends and people in their social network, living inside or outside their household, who require help with everyday tasks. The data presented here relate only to the population aged 50 and over, and are based on national surveys for Australia (Survey of Disability, Aging 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 (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; 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, 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 SDAC, a carer is defined as a person who provides any informal assistance, in terms of help or supervision, to people with disability or older people (65 years and over). The assistance must be ongoing, or likely to be ongoing, for 6 months or more. People caring for disabled children are excluded in 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, while Australia considers all informal carers together (and only primary carers). As a result, data for Australia and the United States may not be comparable with other countries’ data.

References

- Carrino, L., V. Nafilyan and M. Avendano (2022), “Should I Care or Should I Work? The Impact of Work on Informal Care”, *Journal of Policy Analysis and Management*, Vol. 42/2, pp. 424-455, <https://doi.org/10.1002/pam.22457>. [2]
- Rocard, E. and A. Llana-Nozal (2022), “Supporting informal carers of older people: Policies to leave no carer behind”, *OECD Health Working Papers*, No. 140, OECD Publishing, Paris, <https://doi.org/10.1787/0f0c0d52-en>. [1]

Figure 10.15. Share of informal carers among the population aged 50 and over, 2019 (or nearest year)

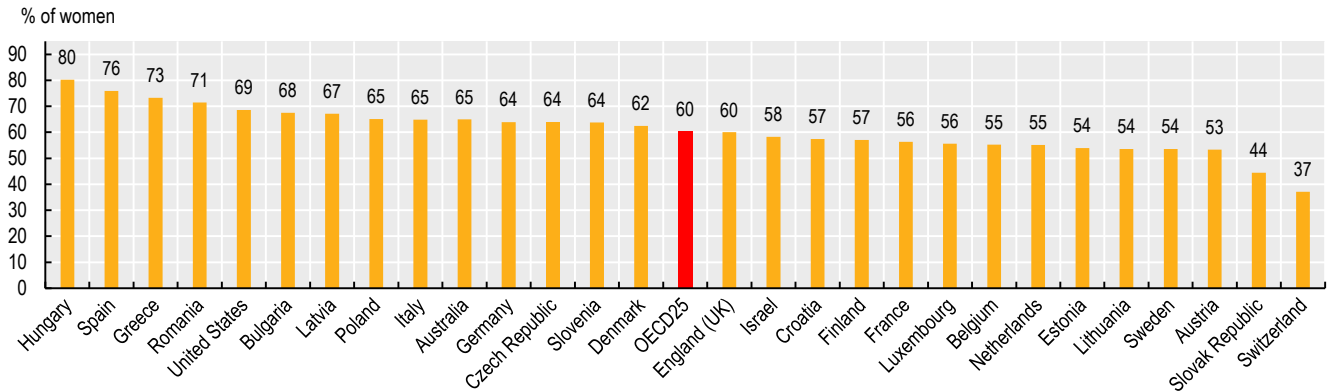


Note: The definition of informal carers differs between surveys (see the "Definition and comparability" box).

Source: SHARE, wave 8 (2019-20); SDAC (2018) for Australia; ELSA, wave 9 (2018-19) for the United Kingdom; HRS, wave 14 (2018-19) for the United States.

StatLink <https://stat.link/eovg59>

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

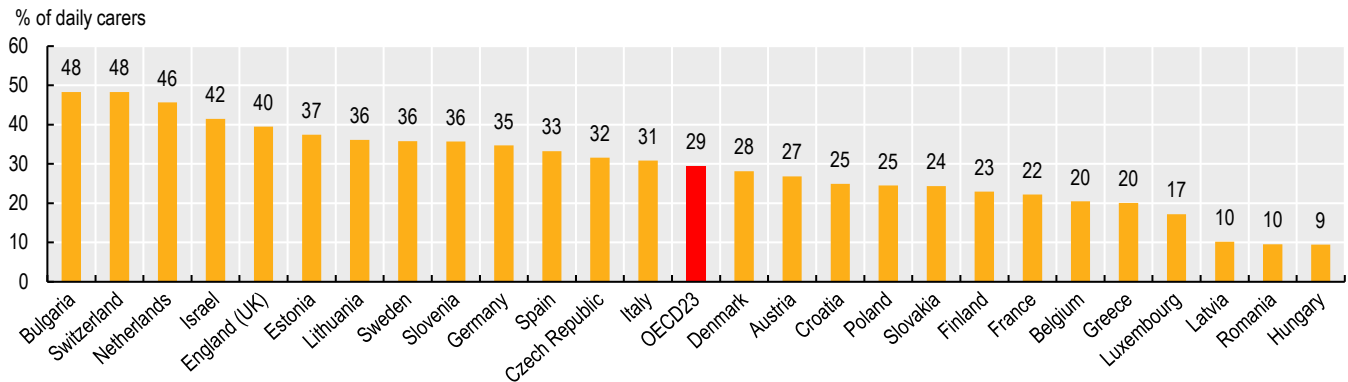


Note: The definition of informal carers differs between surveys (see the "Definition and comparability" box).

Source: SHARE, wave 8 (2019-20); SDAC (2018) for Australia; ELSA, wave 9 (2018-19) for the United Kingdom; HRS, wave 14 (2018-19) for the United States.

StatLink <https://stat.link/51iab7>

Figure 10.17. Share of informal daily carers that report working in addition to caring, 2019 (or nearest year)



Note: The definition of informal carers differs between surveys (see the "Definition and comparability" box).

Source: SHARE, wave 8 (2019-20); ELSA, wave 9 (2018-19) for the United Kingdom.

StatLink <https://stat.link/7pr8fd>



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