

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 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 is available, around 13% of people aged 50 and over report providing informal care at least weekly. The share of people aged 50 and over providing informal care is close to 20% in the Czech Republic, Austria, Belgium, the United Kingdom, France, and Germany, and less than 10% in Portugal, Sweden, Poland, the United States, Ireland, and Greece (Figure 11.20). There is also variation in the intensity of the care provided. The lowest rates of daily care provision are found in Sweden, Greece, Switzerland, Denmark and the Netherlands – in most of which 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 and France), flexible work schedules (e.g. Australia and the United States), respite care (e.g. Austria, Denmark, France, 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, or periods of paid leave for informal carers (OECD, 2018[1]). In France, evidence suggests that even short-term respite care solutions for older people with Alzheimer's disease may significantly reduce informal caregivers' psychological burden (Rapp, Apouey and Senik, 2018[2]).

On average across OECD countries, 61% of those providing daily informal care are women (Figure 11.21). Greece and Portugal have the greatest gender imbalance, with over 70% of informal carers being women. 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 11.22). They are more likely to be women 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 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

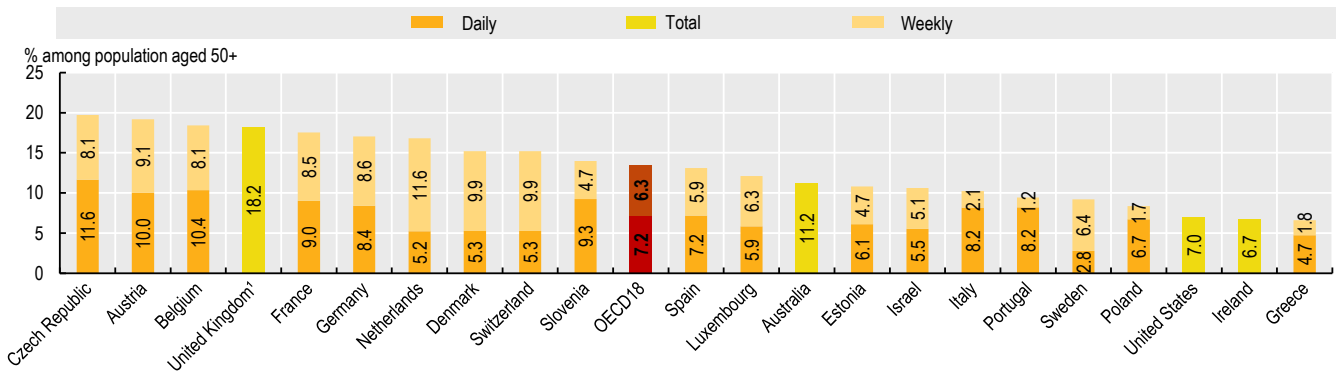
Informal carers are defined as people providing any help to older family members, friends and people in their social network, living inside or outside their household, who require help with everyday tasks. The data relate only to the population aged 50 and over, and are based on national surveys for 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). 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 the change of methodology in SHARE wave 7, in which over four fifths of the respondents answered the SHARELIFE part of the questionnaire only instead of the panel interview. 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 are excluded for European countries but included in data for the United States and Australia. However, the United States 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.

References

- [1] OECD (2018), *Care Needed: Improving the Lives of People with Dementia*, OECD Health Policy Studies, OECD Publishing, Paris, <https://dx.doi.org/10.1787/9789264085107-en>.
- [2] Rapp, T., B. Apouey and C. Senik (2018), "The impact of institution use on the wellbeing of Alzheimer's disease patients and their caregivers", *Social Science and Medicine*, <http://dx.doi.org/10.1016/j.socscimed.2018.04.014>.

Figure 11.20. Share of informal carers among population aged 50 and over, 2017 (or nearest year)



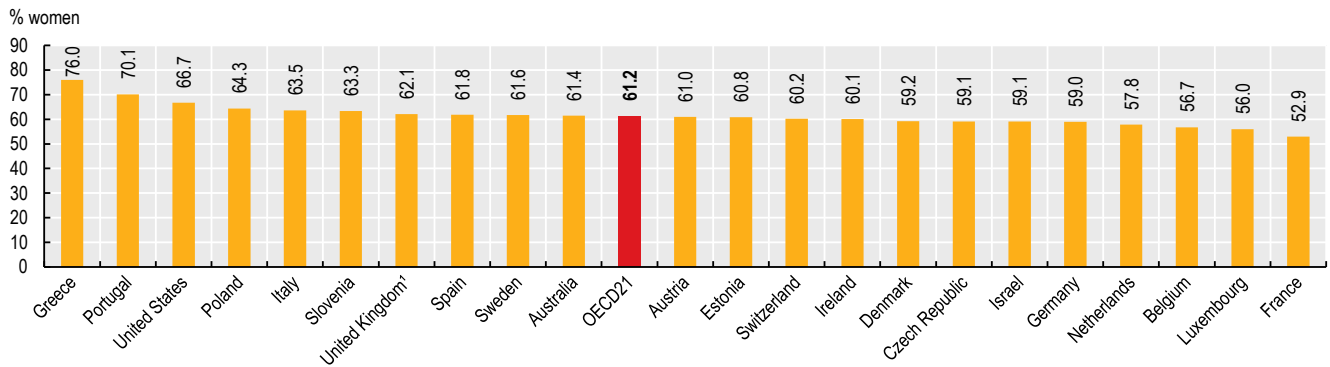
1. The United Kingdom refers to England.

Note: The definition of informal carers differs between surveys (see the “Definition and comparability” box). The United Kingdom and the United States include informal weekly carers. Australia and Ireland include all informal carers together.

Source: Survey of Health, Ageing and Retirement in Europe, wave 7 (2017); Survey of Disability, Ageing and Carers for Australia (2015); English Longitudinal Study of Ageing, wave 8 (2017); Health and Retirement Survey for the United States, wave 13 (2016); Census 2016 for Ireland.

StatLink <https://doi.org/10.1787/888934018621>

Figure 11.21. Share of women among informal daily carers aged 50 and over, 2017 (or nearest year)



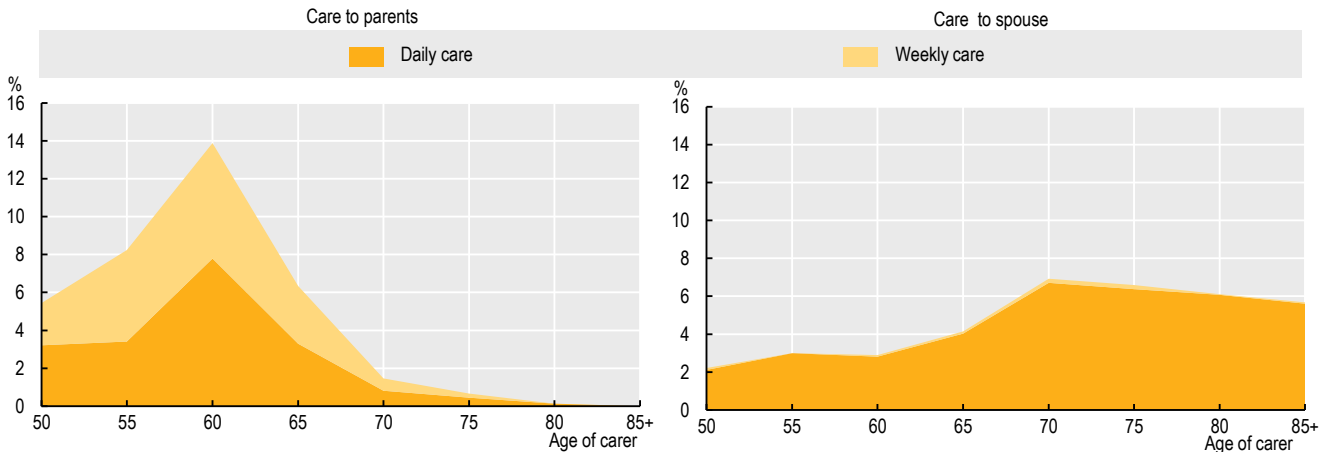
1. The United Kingdom refers to England.

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

Source: Survey of Health, Ageing and Retirement in Europe, wave 7 (2017); Survey of Disability, Ageing and Carers for Australia (2015); English Longitudinal Study of Ageing, wave 8 (2017); Health and Retirement Survey for the United States, wave 13 (2016); Census 2016 for Ireland.

StatLink <https://doi.org/10.1787/888934018640>

Figure 11.22. Share of informal carers in the European population aged 50 and over, by recipients of care and age, daily and weekly, 2017



Note: Data refer to the population aged 50 and over for countries included in SHARE wave 7.

Source: Wave 7 of the Survey of Health, Ageing and Retirement in Europe (2017).

StatLink <https://doi.org/10.1787/888934018659>



From:
Health at a Glance 2019
OECD Indicators

Access the complete publication at:
<https://doi.org/10.1787/4dd50c09-en>

Please cite this chapter as:

OECD (2019), "Informal carers", in *Health at a Glance 2019: OECD Indicators*, OECD Publishing, Paris.

DOI: <https://doi.org/10.1787/a80d9f62-en>

This work is published under the responsibility of the Secretary-General of the OECD. The opinions expressed and arguments employed herein do not necessarily reflect the official views of OECD member countries.

This document, as well as any data and map included herein, are without prejudice to the status of or sovereignty over any territory, to the delimitation of international frontiers and boundaries and to the name of any territory, city or area. Extracts from publications may be subject to additional disclaimers, which are set out in the complete version of the publication, available at the link provided.

The use of this work, whether digital or print, is governed by the Terms and Conditions to be found at <http://www.oecd.org/termsandconditions>.