

Research Briefing

This document aims to inform ageing research and add to existing discussion on policy and research developments.

Care and Caring in Ireland, North and South: Older People as Both Recipients and Givers of Care

Introduction

This briefing summaries three research reports to provide a greater understanding of the changes in care provision and the implications of caring on older people as both recipients of care and givers of care. It aims to outline the main findings for current research and the implications for public policy in Ireland, north and south.

The research reports include:

- *Older people – recipients but also providers of informal care: An analysis among community samples in the Republic of Ireland and Northern Ireland*¹;
- *Health and Well-being of Family Carers in Ireland: Results of a survey of recipients of the Carer's Allowance*²; and
- *Who Cares Now? Changes in informal caring 1994 and 2006*³.

Research and Public Policy

Current government policy in both jurisdictions supports the concept of older people remaining in their homes. *Towards 2016*, the *National Action Plan for Social Inclusion 2007-2016* and the *National Development Plan*, recognise the role that family carers play in supporting government policy on caring in the home and community. Public policy identifies that carers require a range of supports including financial, education and training, and that respite/day-care service places need to be part of a comprehensive community service to give a much needed break to carers in the home. Public policy relating to care and caring in Northern Ireland including, *Ageing in an Inclusive Society, Lifetime Opportunities* and the *Programme for Government*, aims to support people in their own homes with the necessary services. The carers' strategy in Northern Ireland, *Caring for*

Carers, reinforces these commitments and recognises that carers reduce the amount of input that health and social services make. However, current research highlights the lack of recognition in current policy, both north and south, to the demographic changes taking place in the provision of care and the increase in dependency on older family members and the implications alike.

Research Overview

McGee (2008) *et al*, in their study on informal care, evaluated both the provision and receipt of informal care provided by older adults in the Republic of Ireland and Northern Ireland. A cross-sectional community-based population survey was conducted and 2,033 randomly selected older people aged 65+, with an average age of 74 years, provided information on the provision and receipt of care, its location, and the person(s) who provided the care.

O'Sullivan (2008) examined the relationship between caring and health and well-being of family carers in the Republic of Ireland. He focused on a sample of recipients in receipt of the Carer's Allowance, using a self-administrated questionnaire. He also compared key responses of the questionnaire with a wider population sample using data from the Survey of Lifestyle, Attitudes and Nutrition (SLAN) 2002 Survey.

Evason (2007) compared data from the 1994 Northern Ireland Social Attitudes (NISA) survey and the Northern Ireland Life and Times (NILT) 2006 survey. The NISA survey included questions on informal caring. Informal care is care that is provided, in the main, by family members on an unpaid basis to older persons and persons with a disability. In order to update research on this topic, questions were included in the 2006 NILT survey.

Statistical Context

- The Census data for 2006 show that there are 160,917 carers in Ireland of which 18,152 are over 65 years of age.
- Northern Ireland Census data for 2001 shows that there are 185,066 people who provide unpaid care of whom 12% are aged 65 or over (approx 22,000) and a quarter are 60+ (around 46,000).
- Women in both jurisdictions are more likely to provide care than men.

Main Research Findings on Carers in Ireland, North and South

All surveys revealed that the majority of people surveyed are caring for parents, parents-in-law or a partner in an older couple.

McGee (2008) *et al*, comment that despite the inclusion of questions in the Census (since 2001 in the United Kingdom and 2002 in the Republic of Ireland), on whether an individual provides care and the amount of time typically devoted to this over a week, the provision and receipt of care are seldom considered together. The current debate centres on older people as recipients of care and the failure to capture data on the amount of care provided by older people is significant. In addition, demographic changes and increasing economic activity amongst older people could mean that they are less able to provide care into the future. This may put additional strain on the formal health and social services in both regions.

McGee indicates that the average age of care recipients was 76 years, with 65% reporting a long standing illness or disability and 49% rating their health as good or excellent. The average age of care givers was 73 years, and corresponding figures for care givers were 57% rating their health as good and 60% as excellent. In relation to care received a few times each week, this was most commonly provided by a relative not resident in the participant's household. On the other hand continuous care was most often provided by spouses or other relatives co-residing with the older person. McGee suggests that the levels of informal care provided and received by older adults may be higher than reported in the census data from both jurisdictions.

Evason (2007) outlines how policy direction in the 1980's held that networks of carers existed or could be developed in communities with friends, neighbours and relatives providing support and assistance to those who needed it. The implication was that statutory provision could be limited. Informal care is, by and large, deemed as family care and often consists of one person with limited additional help and at considerable personal cost. The report indicates that whilst less people are engaged in informal care, for those that are; informal care is more intensive and demanding. Some of the key findings are:

- The proportion of carers who assist for less than 10 hours fell from 57 % in 1994 to 40% in 2006
- Over the same period those who cared for more than 30 hours per week increased from 13% to 31%, with 62% caring for someone 5-7 days per week
- 46% of carers aged 50 or over cared for 30 hours or more compared to only 17% of those aged 18-49.

Evason (2007) shows that from 1994 to 2006

Legislative Protection for Carers

- The Employment Equality Acts 1998 and 2004 prohibit discrimination in the workplace and the Equal Status Acts 2000 to 2004 prohibit discrimination in the provision of goods and services, education and accommodation. The 'family status' ground in equality legislation covers some people with caring responsibilities.
- Section 75 of the Northern Ireland Act 1998, which imposes a statutory duty on designated public authorities to have, due regard to the need to promote equality of opportunity to ensure that equality and good relations considerations are central to policy development by Government and public authorities. The 'person with dependents' ground covers those with caring responsibilities.

the boundaries of care were being drawn more tightly around family members, with fewer people providing care to other relatives outside the immediate family. Only 3% provided care for neighbours or friends in 2006 as opposed to 10% in 1994.

O'Sullivan's 2008 survey finds that the vast majority of carers (86.5%) were caring for just one person. More than three-quarters (76%) of carers reported providing more than 59 hours of care per week and a further one-in-seven (13.6%) reported providing between 40 and 59 hours. Just over one-in-ten carers (10.4%) reported providing less than this.

Overall Conclusions

In planning for an ageing population there is a need to recognise that older people are not only recipients of care but increasingly care givers and that the numbers of family care givers, over 50 is increasing. Greater recognition is needed on the contribution made by unpaid older people to the economy, as well as the implications of an increasing workload on the health and well being of older carers and those not part of family networks. The research highlights that carers require a comprehensive support package including: financial, educational training and respite day care provision.

Key points

- The current debate on an ageing population often centres on older people as recipients of care and fails to recognise the growing level of care provided by older people.
- Mc Gee (2008) found the average age of care givers for an older person is 73 years.
- Informal care is, by and large, family care and often consists of one person with limited additional help providing more than 59 hours of care per week.
- Informal care is becoming more intensive and demanding than a decade ago with a decrease in the number of carers and an increase in the hours provided by those older people providing care.
- The levels of informal care are likely to be underestimated as those providing care often do not recognise themselves as care givers.
- There is a need to understand the long term implications of this approach towards caring for our ageing population especially for those not part of family networks and the health and well being of those providing unpaid care.

International Context

Issues of caring have also been placed on the international arena. *The Madrid International Plan of Action on Ageing 2002* backed up by the *UN Research Agenda on Ageing for the 21st Century*, has identified care systems and changing structures and functions of families as priorities for research for member states. Ireland and the United Kingdom, through their *Regional Implementation Strategies* report on how they plan to meet such commitments now and in the future

References:

- 1 McGee, H. *et al* (2008) *Older People – Recipients but also providers of care: an analysis among community samples in the Republic of Ireland and Northern Ireland. Health and Social Care in the Community* 16, (5), 548-553
- 2 O’Sullivan, L. (2008) *Health and Well-being of Family Carers in Ireland: Results of a survey of recipients of the Carers Allowance*. Combat Poverty Agency and Care Alliance Ireland, Dublin.
- 3 Evason, E. (2007) *Who Cares Now? Changes in Informal Caring 1994 and 2006*. ARK, Belfast.

Further Reading

Facts About Carers (2004), Carers UK
www.carersni.org/Policyandpractice/Policybriefings/FactsaboutCarers2004.pdf

Irish Census 2006, Volume 11 - Disability, Carers and Voluntary Activities
www.cso.ie/census/census2006_volume_11.htm

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Implementing Equality for Older People (2005),
Equality Authority, Dublin.
www.equality.ie/index.asp?locID=107&docID=504

Towards 2016: Ten Year Framework Social Partnership Agreement 2006-2016 (2006),
Department of the Taoiseach, Dublin.
www.taoiseach.gov.ie/index.asp?locID=181&docID=2755

The National Development Plan, 2007-2013: Transforming Ireland (2007),
Stationary Office, Dublin.
www.ndp.ie/docs/NDP_Homepage/1131.htm

Ageing in an Inclusive Society (2005)
OFMDFM, Belfast.
www.ofmdfmni.gov.uk/index/equality/age.htm

The Programme for Government 2008-2011:
Building a Better Future (2008)
Northern Ireland Executive, Belfast.
www.pfgbudgetni.gov.uk/

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