

**Carers and Employment: Socioeconomic Data from the 2011 and 2016
Irish Censuses**



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Introduction

This paper is a supplement to Family Carer's Ireland's briefing paper *Balancing Work and Care: International Challenges and Irish Perspectives*. It provides relevant data from the 2011 and 2016 Irish Censuses to build a picture of working carers in Ireland. Looking at Irish and international research, the briefing paper highlighted recurring trends across different countries and health systems. For example, with regard to carers' health, clinical studies have shown the detrimental effects on health of caring, demonstrating that monitored carers showed diminished immune system responses, greater stress and greater vulnerability to infection. It was noted also, however, that evidence shows that carers who are also in employment, and who therefore retain a working identity, often respond better to the demands of caring, and are not as exposed to some of the risks associated with the caring role, such as social exclusion or isolation, or negative impacts on psychological and physical wellbeing as well as on financial circumstances. Data from the European Quality of Life Survey, conducted by Eurofound, offer clear support for this:

Empirical data from the EQLS show somewhat worse physical and mental health among carers than among non-carers. However, the differences are significant only for carers of working age who are not in employment, among whom for example 16% rated their health as 'bad' or 'very bad', compared with 4% of working carers; and 14% said they felt depressed 'most of the time' compared with 6% of working carers, and 5% of the working age population who were non-carers. The same pattern is evident in relation to social exclusion: among people of working age who were not carers, 10% agreed or strongly agreed that they felt 'left out of society' compared with 11% of working carers, but 16% of working age carers who were not in employment; and 26% of the non-employed carers agreed with the statement that 'people look down on me' compared with 16% of working carers and 17% of non-carers. Clearly the working carers and other carers are different in many respects and may have, to some extent, different starting points in relation to employment, health and social inclusion, but the argument that employment may be supportive of the health and well-being of carers is persuasive.

This is entirely consonant with the considerable amount of research showing that unemployment, especially long-term unemployment, is perhaps the single most significant predictor of unhappiness, loss of confidence and the lack of a sense of purpose. David



Grayson reminds in this respect that ‘many carers describe their job as a form of respite from caring – a welcome opportunity to be absorbed in other things than the needs of the person cared for’. It was also noted in the briefing paper that Scottish studies which examined the correlation between deprivation measures and the prevalence and intensity of caring, while finding no significant difference in the prevalence of caring across five income-related quintiles, showed that intensity of caring increased significantly among those in the lowest two. Similar correlations between deprivation levels and intensity of caring were indicated in the Irish Health Survey 2015. An OECD report on balancing work and care which surveyed carers in 28 countries showed carers were over 50% more likely than non-carers to be homemakers.

These studies would lead one to expect certain trends reflected in census data. For example: that the labour force participation rate of carers of working age would be lower than that of the working age population as a whole, particularly as intensity of caring rises; that lower educational attainment, generally a reliable predictor of lower income or social class, would show some correlation with higher intensity of caring; and that caring, especially higher intensity caring, when other factors such as age and disability are controlled for, would be a predictor of poorer self-reported general health.

The balancing of work and care is, increasingly, a pressing economic issue which ageing western societies must face. As was highlighted in the briefing paper, this is an under-researched area in Ireland, neglected by health, economic and sociological researchers and by planners, and there are many knowledge gaps. The tables provided here are based on Census 2011 and 2016 data published by the Central Statistics Office. Some comments on each and, in some cases, presentation of corollary data, highlight trends in the general population and carers in the workforce. The tables include measures such as Principal Economic Status, Socioeconomic Group, Social Class and Highest Level of Education Completed.¹ These are crude enough metrics, all things considered; but they do afford a snapshot of current employment trends among the caring population in Ireland. Also included are data of broader socioeconomic relevance on education and general health.

¹ It bears mentioning that, with measures such as ‘socioeconomic group’, despite its appearing as a list of professional categories, a person’s belonging to a particular group is determined by household and not professional occupation: so, one need not be surprised by, say, an otherwise strange number of persons under 14 years of age listed as ‘Employers and Managers’ etc.



Census Data

Carers in the 2016 Census

The data relating to carers from the 2016 Irish Census showed that 195,263 people identified themselves as carers. This was up from 187,112 in Census 2011 – a smaller than anticipated increase, representing 4.1% of the total population. It was notable that the increase was fairly evenly spread between males and females, not only proportionately but absolutely. In Census 2011, across all age groups, there were 72,999 male and 114,113 female carers; the latter represents 61% of carers. In the 2016 Census, with the moderate rise in carers, as mentioned, almost evenly distributed between genders, there were 77,112 male and 118,151 female carers, the latter again representing just under 61% of the total. Over half of all carers (52.7%) were in the 40 to 59 age group, while the greatest proportion of carers was in the 50-54 age group, which accounted for 28,703 carers (14.7%). There was a 34.7% increase in carers aged 85 and over, where numbers rose from 1,318 to 1,776. There were 3,800 children aged under 15 providing care, accounting for 1.9% of all carers. Carers provided 6,608,515 hours of care per week, an average of 38.7 hours per carer. This was an increase of 321,005 hours (5.1%) on 2011. There were 83,754 carers (42.9%) who provided up to two hours of unpaid care a day which made up 8.3% of the total care hours provided. There were also 16,926 carers (8.7%) who provided full time 24 hour/seven day unpaid care which represented 43% of total care hours provided.²

² Many of these data are from the CSO's press release on Census 2016 profile 9, [Health Disability and Carers](#). It must be noted that the weekly and hourly figures for provision of care are calculated only from the carers who indicated on the census how many hours they provided. Not all carers did so: of the 195,263 self-identified carers in Census 2016, 24,327, or 12.5%, did not state how many hours care they provided.



Data Tables

1.1 Population and Carers 15+ by Labour Force Participation Rate and Care Provided 2011 and 2016

Hours of care provided	Rate 2011	Rate 2016
Persons aged 15 years and over (population)	61.9	61.4
Persons aged 15 years and over - not stated if providing care	46.7	52.6
Persons aged 15 years and over - do not provide care	62.7	62
1-14 hours caring per week	70.6	71.2
15-28 hours caring per week	61.8	61.7
29-42 hours caring per week	56.4	56.9
43-84 hours caring per week	46.5	44.6
85-167 hours caring per week	43.1	42.7
168 hours caring per week	26.2	24.3
Not stated - hours caring per week	54.2	51.1

1.2 Carers' Labour Force Participation Rate by Sex 2011 and 2016

Hours Caring	Male11	Female11	Male16	Female16
All persons 15 years and over	69.4	54.6	67.8	55.2
1-14 hours unpaid help per week	77.9	65.5	77.1	67.1
15-28 hours unpaid help per week	72.8	55.4	70.7	56.3
29-42 hours unpaid help per week	69.1	48.4	68.3	49.3
43-84 hours unpaid help per week	58.1	39.8	53.4	39
85-167 hours unpaid help per week	53.5	38	51.5	38.1
168 hours unpaid help per week	37.9	21.1	34.1	20.3
Not stated - hours unpaid help per week	64.5	46.4	59.2	45
Persons aged 15 years and over - do not provide unpaid help	69.9	55.6	68.2	56
Persons aged 15 years and over - not stated if providing unpaid help	57.4	36.4	61.4	43.8

There are a few figures in Table 1.1 worth remarking on. It is interesting that the labour force participation rate of those who care for 15-28 hours weekly is not significantly different from the overall rate. The participation rate of those who do not provide care is



slightly higher; most notable perhaps is that the participation rate of those with caring obligations for 1-14 hours weekly is significantly higher than the overall rate. It would be very unusual for anything much above 43 hours to be compatible with employment. Those who provide care for 168 hours weekly (24/7), meanwhile – caring for someone requiring permanent supervision – cannot be in the labour force (the Census wording is not ‘caring’ but ‘unpaid help’). What one may suppose the figures to reflect are differing self-descriptions of those caring or in receipt of Carer’s Allowance. Though the payment is classed as a social welfare payment, it is the only one of that category requiring that recipients demonstrably not be actively seeking work. It may also reflect some respondents interpreting being permanently ‘on call’ to constitute 24/7 care where most do not. We see in Table 1.2 that across the spectrum of caring, labour force participation by males is generally significantly higher than that of females, but that a large gap is also there in the general population. What is interesting about Table 1.2 is that the male participation rate is much higher for those providing 1-14 and 15-28 hours care per week than the overall rate, and that it is also higher for women. It is still higher than the overall rate for males providing 29-43 hours care per week, at which level it has however dropped well below the overall rate for women. Greater burdens of care show, as would be expected, a progressively lower rate of participation for both genders. The overall rate is of course reduced by the cohort of the population over 15 past retirement age. What the figures reflect is the fact that the greatest number of carers are in the 45-54 age bracket, many of these ‘sandwich generation’ carers, caring for both children and parents.

2. Population and Carers (15+) by Principal Economic Status (%) 2011 & 2016

Principal Economic Status	Pop11%	Carers11%	Pop16%	Carers16%
Persons in the Workforce	50.1	49.1	53.4	51.5
(a)Employer or own account worker	8.5	9.9	8.3	9.8
(b)Employee	41.4	38.6	45	41.3
(c)Assisting relative	0.2	0.6	0.1	0.4
Unemployed looking for first regular job	0.9	0.6	0.8	0.6
Unemployed having lost or given up previous job	10.8	9.5	7.1	6.6
Student or pupil	11.3	4.1	11.4	3.8
Looking after home/family	9.4	20.0	8.1	18.5



Retired	12.7	11.6	14.5	13.4
Unable to work due to permanent sickness or disability	4.4	4.3	4.2	4.2
Other economic status	0.4	0.9	0.4	1.6

The figures here present nothing especially surprising or remarkable. A noticeably higher percentage of the overall population than of carers is in the category of employees. A higher percentage of carers, but of a still very low percentage overall, is employed assisting a relative. Fewer carers report themselves 'unemployed, having lost or given up previous job'; this is explainable by the category 'looking after home/family', which, as one would expect, is much higher among carers. Again as one would expect given the age profile of carers, there is a much lower percentage of carers in education.

3. Population and Carers 15+ in the Labour Force by Intermediate Occupational Group (%) 2011 and 2016

Intermediate Occupational Group	Pop11%	Carers11%	Pop16%	Carers16%
Corporate managers and directors	5.4	5.3	5.0	5.2
Other managers and proprietors	2.3	2.7	2.4	2.8
Science, research, engineering and technology professionals	3.5	2.6	4.1	3.1
Health professionals	4.0	5.9	4.1	5.9
Teaching and educational professionals	4.4	5.4	4.4	5.6
Business, media and public service professionals	3.9	3.5	4.4	4.2
Science, engineering and technology associate professionals	1.7	1.4	1.7	1.4
Health and social care associate professionals	1.0	1.5	1.0	1.6
Protective service occupations	1.2	1.2	1.1	1.3
Culture, media and sports occupations	1.3	1.3	1.5	1.5
Business and public service associate professionals	5.1	4.8	5.5	5.4
Administrative occupations	8.3	10.2	8.1	10.4
Secretarial and related occupations	1.9	2.6	1.8	2.5
Skilled agricultural and related trades	4.0	5.9	3.7	5.1
Skilled metal, electrical and electronic trades	4.2	3.3	3.9	3.1
Skilled construction and building trades	4.7	3.7	3.4	2.9



Textiles, printing and other skilled trades	2.8	2.4	2.7	2.4
Caring personal service occupations	4.3	7.2	4.8	7.6
Leisure, travel and related personal service occupations	2.2	1.9	2.4	2.1
Sales occupations	5.9	4.9	5.6	4.7
Customer service occupations	1.0	0.7	1.1	0.8
Process, plant and machine operatives	3.8	3.2	3.8	3.1
Transport and mobile machine drivers and operatives	3.7	3.5	3.3	3.1
Elementary trades and related occupations	2.3	1.9	2.0	1.6
Elementary administration and service occupations	6.7	5.7	6.7	5.6
Other/not stated	8.9	6.4	10.1	6.2
Unemployed - looking for first regular job	1.5	1.0	1.4	1.0
Total	100.0	100.0	100.0	100.0

These figures show that carers proportionally occupy a significantly higher number of roles in ‘Caring personal service occupations’: this is no surprise, particularly given the fact that it is not uncommon for former family carers to become professional home carers. A significantly lower percentage of carers in both Census years falls into the ‘Other/not stated’ category. It is more interesting perhaps that there is a noticeably higher percentage of carers in administrative and secretarial occupations, and among teaching and educational professionals, health professionals and health and social care associate professionals. There is no significant difference in the ‘Corporate managers and directors’ category. Carers are comparatively underrepresented in the category of science, research, engineering and technology professions.

4. Population and Carers by Broad Industrial Group (%) 2011 & 2016

	Pop11%	Carers11%	Pop16%	Carers16%
Total in labour force	100	100	100	100
Agriculture, forestry and fishing (A)	4.1	5.9	3.9	5.2
Mining and quarrying (B)	0.2	0.2	0.2	0.2
Manufacturing (C)	8.2	6.8	8.7	7.3



Electricity, gas, steam and air conditioning supply (D)	0.5	0.5	0.6	0.6
Water supply; sewerage, waste management and remediation activities (E)	0.4	0.4	0.5	0.4
Construction (F)	3.9	3.1	4.4	3.5
Wholesale and retail trade; repair of motor vehicles and motorcycles (G)	11.8	9.9	11.6	10.0
Transportation and storage (H)	3.5	3.5	3.5	3.5
Accommodation and food service activities (I)	4.6	3.5	5.1	3.8
Information and communication (J)	3.1	2.2	3.9	2.8
Financial and insurance activities (K)	4.2	3.3	3.9	3.2
Real estate activities (L)	0.4	0.4	0.4	0.4
Professional, scientific and technical activities (M)	4.2	3.8	4.9	4.5
Administrative and support service activities (N)	2.7	2.4	3.1	2.7
Public administration and defence; compulsory social security (O)	5.1	6.8	4.6	6.8
Education (P)	7.5	9.7	7.7	10.1
Human health and social work activities (Q)	8.8	13.3	9.7	14.5
Arts, entertainment and recreation (R)	1.4	1.2	1.5	1.5
Other service activities (S)	1.8	1.8	1.8	1.9
Activities of households as employers producing activities of households for own use (T)	0.1	0.3	0.1	0.1
Activities of extraterritorial organisations and bodies (U)	0.04	0.02	0.04	0.03
Industry not stated	4.5	4.0	6.9	4.8
Unemployed looking for first regular job	1.5	1.0	1.4	1.0
Unemployed, having lost or given up previous job	17.5	16.1	11.5	11.2

Perhaps the most remarkable general feature of this table is how similar the percentages are across most categories. There is a lower percentage of carers in manufacturing, and a noticeably higher percentage in the category ‘Public administration and defence; compulsory social security’. The significant drop in the category ‘Unemployed, having lost or given up previous job’ reflects the timing of the two censuses, between the near-bottom of a major recession and an economic upswing coming out of that recession. It is noteworthy that both the general population and the population of carers are almost equally affected



(there was a more noticeably lower percentage of carers in this category in 2011 than in 2016, however). This Table is the first where we see the noticeably higher percentage of carers, compared to the general population, in farming, here represented in the broader category 'Agriculture, forestry and fishing'.

5. Population and Carers by Socioeconomic Group (%) 2011 and 2016

Socioeconomic Group	Pop11%	Carers11%	Pop16%	Carers16%
A. Employers and managers	15.4	13.6	15.4	13.9
B. Higher professional	6.4	5.5	7.1	6.2
C. Lower professional	12.1	13.4	13.1	14.2
D. Non-manual	20.3	19.5	20.9	20.7
E. Manual skilled	8.4	7.8	7.6	7.2
F. Semi-skilled	7.8	8.6	7.8	8.4
G. Unskilled	3.3	3.3	3.2	3.1
H. Own account workers	4.3	5.0	3.8	4.5
I. Farmers	3.6	5.8	3.2	4.8
J. Agricultural workers	0.5	0.5	0.5	0.4
Z. All others gainfully occupied and unknown	17.8	17.1	17.4	16.5
Total	100.0	100.0	100.0	100.0

Across socioeconomic groups, according as these are categorised by the CSO for Census information, there are not exceptional differences in the percentages of self-identified carers in any group compared with the general population. As is seen below (Table 6.1), where 'non manual' work is considered as a social class, the percentages of carers are slightly higher in both 2011 and 2016, but they are lower in both years in the category of socioeconomic group. There are slightly lower percentages of carers in the higher professional category, and in employers or managers, and higher percentages in the 'lower professional' category. Perhaps the most significant disparity, proportionally, is the notably higher percentage of carers represented in the category 'Farmers' in both years.



6.1 Population and Carers by Social Class (%) 2011 and 2016

Social Class	Pop11%	Carers16%	Pop16%	Carers16%
Professional workers	7.3	6.2	8.1	6.9
Managerial and technical	27.3	28.3	28.1	28.9
Non-manual	17.5	18.0	17.6	18.6
Skilled manual	15.4	14.7	14.1	13.6
Semi-skilled	10.6	11.5	10.5	11.3
Unskilled	3.7	3.7	3.6	3.4
All other gainfully occupied and unknown	18.2	17.6	18.0	17.3
Total	100.0	100.0	100.0	100.0

6.2 Social Class by Higher-Intensity Caring (%) 2011 and 2016

Social Class	29+hrs caring		43+hrs caring		168 hrs caring	
	2011	2016	2011	2016	2011	2016
Professional workers	4.6	5.2	4.5	5.0	3.8	4.0
Managerial and Technical	23.2	24.4	22.7	24.0	19.1	20.7
Non-Manual	16.3	17.0	15.8	16.3	13.1	14.4
Skilled Manual	15.9	14.9	15.9	14.9	16.4	15.2
Semi-skilled	12.5	11.8	12.2	11.5	12.3	11.4
Unskilled	4.4	4.1	4.5	4.1	4.9	4.5
All other gainfully occupied and unknown	23.0	22.6	24.4	24.3	30.5	29.8

The differences between the percentages of the population and of all carers here are not very marked. There is a lower percentage of carers in the category of professional workers, but a slightly higher percentage in the managerial and technical and the non-manual categories. These latter higher percentages are perhaps in accord with the higher percentages of carers in e.g. teaching and educational professions and health professions seen above (Table 3). The disparities grow, however, when higher-intensity caring is examined. There are slightly higher percentages of higher-intensity carers in the semi-skilled and unskilled categories, and a far higher percentage – understandably, given the ambiguous position of full-time carers vis-à-vis the labour market – in that of ‘All other gainfully occupied and unknown’. The percentages here are noticeably lower than the overall population in the categories of professional workers and managerial and technical,



and lower in the category of non-manual workers. This is most noticeable among carers caring for 168 hours.

7.1 Population and Carers 15+ by Highest Level of Education Completed 2011 and 2016

Education	Pop11%	Carers11%	Pop16%	Carers16%
No formal education	1.2	1.0	1.4	1.2
Primary	11.5	11.7	8.9	8.5
Lower secondary	13.8	16.9	12.0	14.1
Upper secondary	16.7	19.0	15.3	17.6
Technical/vocational	7.2	8.6	7.2	9.2
Advanced certificate/completed apprenticeship	4.8	5.4	4.9	5.9
Higher certificate	3.7	5.2	4.1	6.0
Ordinary bachelor degree/professional qualification or both	6.2	7.4	6.3	8.2
Honours bachelor degree/professional qualification or both	7.5	6.8	8.8	8.6
Postgraduate diploma or degree	6.2	6.6	7.6	8.5
Doctorate (Ph.D.)	0.6	0.6	0.8	0.8
Not stated	3.9	2.2	5.3	2.4
Economic status - total at school, university, etc.	11.3	4.1	11.4	3.8
Economic status – other	5.4	4.5	6.2	5.2
Total	100.0	100.0	100.0	100.0

7.2 High-intensity Carers by Highest Level of Education Completed

Education	29+hrs		43+hrs	
	2011	2016	2011	2016
No formal education	1.3	1.6	1.3	1.7
Primary	17.2	12.0	18.4	13.0
Lower secondary	20.4	17.3	20.7	17.5
Upper secondary	20.6	19.7	20.5	19.6
Technical/vocational	8.6	9.5	8.6	9.6
Advanced certificate/completed apprenticeship	4.7	5.4	4.5	5.3
Higher certificate	4.4	5.5	4.3	5.4



Ordinary bachelor degree/professional qualification or both	6.2	7.3	6.2	7.3
Honours bachelor degree/professional qualification or both	4.7	6.7	4.5	6.6
Postgraduate diploma or degree	4.2	6.0	4.0	5.8
Doctorate (Ph.D.)	0.4	0.5	0.3	0.5
Not stated	2.0	2.3	2.2	2.3
Economic status - total at school, university, etc.	1.5	1.5	1.3	1.3
Economic status - other	3.7	4.6	3.3	4.3
Total	100	100	100	100

7.3 Higher-intensity Carers as % of Total Carers in each Level of Education Completed 2011 and 2016

Education	29+hrs		43+hrs	
	2011	2016	2011	2016
No formal education	38.5	38.1	29.1	29.6
Primary	43.2	41.3	34.2	32.8
Lower secondary	35.5	35.6	26.6	26.4
Upper secondary	31.9	32.6	23.4	23.8
Technical/vocational	29.4	30.2	21.8	22.3
Advanced certificate/completed apprenticeship	25.6	26.7	17.9	19.2
Higher certificate	25.1	26.6	18.1	19.2
Ordinary bachelor degree/professional qualification or both	24.8	26.0	18.3	19.0
Honours bachelor degree/professional qualification or both	20.3	22.8	14.3	16.4
Postgraduate diploma or degree	19.0	20.7	13.2	14.6
Doctorate (Ph.D.)	17.6	17.4	12.8	12.0
Not stated	27.4	27.8	21.5	20.4
Economic status - total at school, university, etc.	11.2	11.7	6.7	7.4
Economic status – other	24.0	25.9	16.0	17.8

Here we see that a slightly higher percentage of carers ceased education at lower secondary or higher secondary. The rise in in percentages with honours bachelor's degrees between 2011 and 2016 occurs evenly in both the general population and caring population. A higher percentage of carers than the general population has as highest stated qualifications a higher certificate or technical/vocational qualification. The exact same percentage in each



cohort has a PhD. Educational attainment would reasonably be expected to be a proxy for earning power or social class. An observed correlation between deprivation and higher intensity caring – which broadly follows and is related to the higher rate of disabilities in lower-income areas – might be expected to show up in disparities in educational attainment; but on the whole, the data do not suggest that caring obligations generally reflect lower educational attainment. As would be expected given the average age profile of carers, a much lower percentage of carers than in the general population is at school or university. When we turn to high-intensity caring, we see slightly higher percentages with no formal education than in the population as a whole or all carers, and significantly higher percentages with a highest educational level of primary or lower secondary education, and a noticeable gap in postgraduate degree qualifications. These figures would seem to back up the data that show a correlation between deprivation and higher-intensity caring, if lower educational attainment is used as a proxy index for deprivation. There is an expectedly much lower percentage of high-intensity carers in education. What is very noticeable across all categories is the large drop between Census 2011 and Census 2016 in the percentage of people stating their highest level of education as primary. Table 7.3 shows the percentage of total carers in each category of highest education level made up by higher-intensity carers. The figures here might be interpreted as suggesting that higher-intensity caring is a barrier to educational attainment; but, again using educational attainment as a proxy for social class or a predictor of deprivation, it more likely reflects the same correlation between deprivation and higher-intensity caring.

8. Population and Carers by General Health (%) 2011 and 2016

General Health	Pop11%	Carers11%	Pop16%	Carers16%
General health - Very good	60.3	47.7	59.4	47.5
General health - Good	28.0	37.1	27.6	37.0
General health - Fair	8.0	12.4	8.0	12.5
General health - Bad	1.2	1.7	1.3	1.8
General health - Very Bad	0.3	0.3	0.3	0.3
Not stated	2.2	0.8	3.3	0.9
Total	100.0	100.0	100.0	100.0



8.2 General Health by High-intensity Caring (%) 2011 and 2016

General Health	29+hrs		43+hrs		168hrs	
	2011	2016	2011	2016	2011	2016
General health - Very good	41.0	41.5	39.3	40.2	36.0	37.1
General health – Good	40.3	40.0	40.9	40.2	41.4	41.4
General health – Fair	15.5	15.1	16.4	16.1	18.4	17.4
General health – Bad	2.1	2.2	2.3	2.4	2.8	2.8
General health - Very Bad	0.4	0.4	0.5	0.4	0.7	0.6
Not stated	0.7	0.8	0.7	0.7	0.8	0.7

Table 8.1 shows clearly that caring is correlated with poorer general health. The percentage of carers with ‘Very good’ health is significantly lower than the general population. It is the case, however, that when ‘Very good’ and ‘Good’ are combined, the difference is not so stark. There is a significantly higher percentage of carers who rate their health as ‘Fair’. Though a low number overall, the incidence of ‘Bad’ health is higher among carers; but, ‘Very bad’ is the same as the general population in both 2011 and 2016. It is interesting that the data suggest that carers are much less likely than the general population not to respond to this question in the census. Table 8.2 shows self-rated general health by higher-intensity carers. Here the differences are much more significant. The percentage rating their health ‘Very good’ is much lower than the general population, and, though the rating ‘Good’ is significantly higher, when these two ratings are bracketed the figure is significantly lower than in the general population, and noticeably lower than the carer population. The percentage rating their health as ‘Fair’ among higher-intensity carers is very much higher than the general population, and the difference in the rating ‘Bad’ is also significant. Given the low overall rating of ‘Very bad’ across all populations, the significant spike in this rating is among those caring for 168 hours weekly (24/7). As a whole, these data would seem to offer a rather stark confirmation of the detrimental effects of high-intensity caring on physical health. The correlation between intense caregiver burden and poor health outcomes shown by the data is an illustration of the causal link between the two which innumerable qualitative international studies have highlighted.



Appendix: Some Headline Figures

	2011	2016
Population	4,588,252	4,757,976
Population 15+	3,608,662	3,751,424
Carers Population	187,112	195,263
Carers 15+	182,884	191,463
Carers under 15	4,228	3,800
Carers 29+hrs	54,121	56,053
Carers 29+hrs 15+	53,851	55,755
Carers 29+hrs under 15	270	298
Carers 43+hrs	39,982	41,185
Carers 43+hrs 15+	39,822	40,975
Carers 43+hrs under 15	160	210