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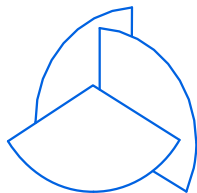
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## **Poverty and Social Exclusion Project**

**Carers in Northern Ireland  
Fiona Scullion and Paddy Hillyard**

**Bulletin No 7 December 2005**



*Northern Ireland*  
**Statistics &  
Research**  
Agency

## Introduction

This bulletin describes the demographic and social characteristics of carers in Northern Ireland. Persons who provide care represent 15 per cent (N=453) of the all persons in the survey of Poverty and Social Exclusion (PSENI) carried out in 2002/2003.<sup>1</sup> The majority of those who provide care (92%, N=415) do not get any financial recognition and the remaining 8 per cent (N=38) do.

## Paid Carers

Paid carers represent 2 per cent of the whole sample (N=38). The figures for paid careers must therefore be treated with caution. Of paid carers these, 58 per cent provide care to another person in the household and 42 per cent provide care to another individual outside the household.

### *Age and Gender*

Females represent 82 per cent of paid carers with males denoting the remaining 18 percent. The age of paid carers ranges from 16 to 73 with the average age (using the median) being 48.

### *Marital Status*

Some 63 per cent of paid carers are married and living with their husband or wife, 19 per cent are single, 8 per cent are married and separated from their husband or wife, 5 per cent are divorced and 5 per cent are widowed.

### *Economic Activity*

Thirty-four per cent of paid carers are economically active, of these 29 per cent are in employment and the remaining 3 per cent are looking for work. Some 66 per cent of carers are economically inactive. The main reason for their economic inactivity is looking after the home/family (62%). Some

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<sup>1</sup> The PSENI was designed and directed by Professor P Hillyard, Professor E. McLaughlin and Mr M. Tomlinson, Queen's University Belfast. The project originated and was funded by OFMDFM and HM Treasury.

7 per cent suffer from an illness, 8 per cent are retired, 8 per cent are students and 15 per cent are so for other reasons.

*For the remainder of the bulletin paid carers will be excluded from the analysis to coincide with the definition used in the Census of Population 2001 on provision of unpaid care<sup>2</sup>.*

## Demographics

Those individuals who provide unpaid care represent 13 per cent of the sample, this is very similar to the finding of the Census of Population 2001 at 11 per cent. The number of hours spent providing care a week ranges from 1 to 168 with the average time (using the median) being 9 hours. On a weekly basis some 68 per cent provide care for 0-19 hours per week, 18 per cent 20-49 hours and 14 per cent 50 or more hours.

### *Age*

The age of carers ranges from 16 to 73 with the average age (using the median) being 47. Approximately half of the individuals (52%) who provide unpaid care are aged between 35-54, 18 per cent are 16-34, 26 per cent are aged 55-74 and the remaining 4 per cent are 75 or over.

### *Gender*

Some 65 per cent of carers are female and the remaining 35 per cent are male.

### *Marital Status*

Twenty-two per cent of carers are single, that is never married, 64 per cent are married and living with their husband/wife and 4 per cent are married and separated from their husband or wife. Five per cent of

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<sup>2</sup> A person is a provider of unpaid care if they give any help or support to family members, friends, neighbours or others because of long-term physical or mental health or disability, or problems related to old age. Note that there is no specific reference to whether this care is provided within the household or outside the household.

carers are divorced and 5 per cent are widowed.

#### *Living Arrangements*

Some 11 per cent of carers live in a pensioner household, 30 per cent live in a household with no children, 25 per cent live in a couple household, 5 per cent live in a lone parent household and 29 per cent live in a family household.

#### *Ethnicity*

The majority of carers are White (98%). Due to the small numbers of carers belonging to another ethnic group further analysis was not carried out.

#### *Religion*

Some 41 per cent of carers are Catholic, 56 per cent are Protestant and the remaining 3 per cent are from another or have no religion.

#### *Education*

Some 21 per cent of carers are educated to degree level or higher education, 9 per cent have A-levels, 35 per cent have GCSE qualifications A-G or equivalent and 35 per cent have no qualifications.

#### *Employment*

Some 58 per cent of carers are economically active, of these 51 per cent are in employment and the remaining 7 per cent are away from work last week or looking for work.

Forty-two per cent of carers are economically inactive. The main reasons for this are looking after the home/family (37%), retirement (34%), illness/disability (23%), being a student (3%) and other reasons (3%).

The rates of economic activity for providers of unpaid care in the Census of Population 2001 were very similar with 60 per cent being economically active and 40 per cent being economically inactive.

#### *Social Class*

The Registrar General's Classification of Social Class is based on present or most recent occupation (kind of work done and skill required) and includes six categories: professional, managerial and technical, skilled non-manual, skilled manual, partly skilled and unskilled manual.

Some 32 per cent of carers are professional, managerial and technical, 23 per cent are skilled non-manual, 15 per cent are skilled manual, 23 per cent are partly skilled and 7 per cent are unskilled manual.

#### *Tenure*

The majority of carers reside in homes owned outright or with a mortgage (73%), 8 per cent reside in private rented accommodation, 2 per cent rent from a Housing Association and 17 per cent rent from the Northern Ireland Housing Executive.

#### **Unpaid Care and Poverty**

The PSENI study used a number of different measures of poverty. They included the UK Government's measure of poverty (the proportion of households which fall below a percentage of either the mean or median income) as well as a consensual measure (lacking three or more necessities).

The nature and extent of poverty can be described using these measures in two ways. First, it is possible to explore the risk of poverty: what groups are most likely to be poor? Secondly we can look at the composition of those who are poor.

**Figure 1. Risk of Poverty and Provision of Care**

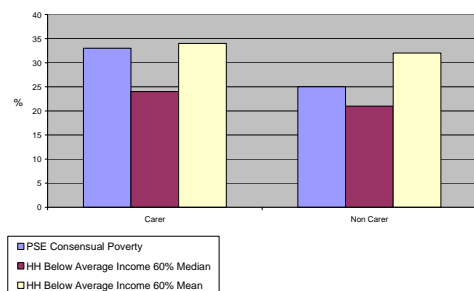


Figure 1 indicates carers are at a greater risk of poverty than non-carers on all of the poverty measures. For example using the PSE consensual poverty measure, 33 per cent of carers are at risk of poverty in contrast to 25 per cent of non-carers.

Analysis of the composition of the poor (using the consensual measure) revealed carers represented 17 per cent of the poor and non carers 83 per cent. For the remainder of the bulletin the measure of poverty used is the consensual measure. This finding is inevitable due to the small numbers in the whole sample who provide care.

*Moving in and Out of Poverty*

The study calculated whether persons were moving in or out of poverty. Some 2 per cent of carers and the same amount of non carers are moving out of poverty. There are 9 per cent of carers and 12 per cent of non carers moving into poverty.

**Subjective Poverty Measure**

To determine whether or not people felt they were in poverty the respondent was asked “how many pounds a week after tax do you think it is necessary to live on?” They were then asked “how far below that level would you say your household is?”

**Figure 2. Subjective Poverty**

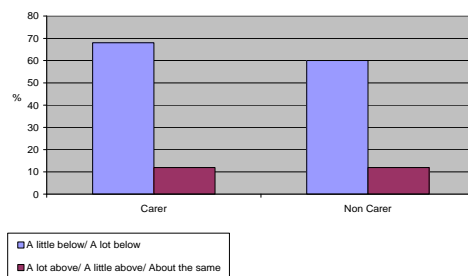


Figure 2 indicates carers and non-carers who live a little or a lot below the adequate level of income are at a greater risk of poverty than carers and non-carers who believe they live a little/ a lot above the adequate level of income.

**Income and Other Sources of Money**

Respondents who were in paid employment were asked what their gross earnings (before any deductions) would be for their pay period. From this gross weekly earnings were calculated. The median value is used as the average.

**Figure 3. Gross Weekly Wage and Provision of Unpaid Care**

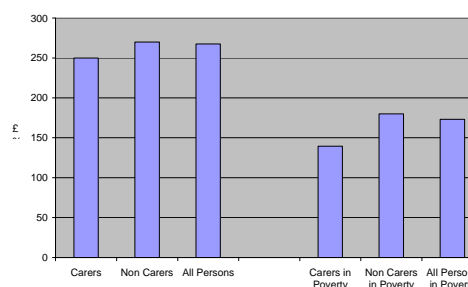


Figure 3 indicates that non carers earn approximately 20 pounds more a week than carers – £270.00 versus £250.00. The pattern is very similar for carers in poverty who earn less money a week than non carers in poverty.

### *Benefits*

Respondents were asked a series of questions on the receipt of various benefits from the government. There were minimal differences between carers and non carers in their receipt of benefits. Twice as many carers received Job Seekers Allowance (4%) in comparison to non carers (2%). Some 10 per cent of carers are in receipt of Income Support and a similar share of non carers (11%). Seven per cent of carers are in receipt of incapacity benefit and 5 per cent of non carers. Slightly more non carers receive the state pension (17%) than carers (14%). Ten per cent of carers and the same share of non carers are in receipt of one or more disability benefits.

### **Ill Health**

All respondents were asked if they have a long-term illness, health problem or disability that limited their daily activities or work. Slightly more carers (35%) than non carers (30%) have a limiting long term illness.

Respondents were asked to rate their state of health. Some 18 per cent of carers and 15 per cent of non carers rate their health as poor. These proportions are very similar to that of all persons (15%).

### *Disability*

A measure of disability was created by analysing the number of persons who had a health problem that affected five areas of their life (See Bulletin 8<sup>3</sup>). These areas included a person's mobility, personal care, paid work, housework and social life. Those persons that were affected very much or quite a lot in one of these areas were defined as disabled and those affected in two or more of the areas were defined as multi-disabled.

There are minimal differences between carers and non carers in the rates of disability. Some 8 per cent of carers and 7 per cent of non carers are disabled. Nineteen per cent of carers and 17 per cent of non carers are multi disabled. This pattern remained similar for the provision of care and poverty.

### *Home and Well Being*

Respondents were asked if aspects of their home such as maintenance, damp, overcrowding, noise, water pollution, air pollution are a risk to their well being.

Less than 15 per cent of carers or non carers indicated each of these factors were a risk to their well being. There were some slight differences between the two populations. These included:

- Some 7 per cent of carers indicated lack of adequate heating in their home was a risk to their well being in contrast to 3 per cent of non carers.
- The general maintenance of the house was twice as likely to have affect on a carers well being (6%) than non carers (3%).
- Finally, inaccessibility of parts of the home was more likely to be a risk to the well being of a carer (3%) than a person who did not provide care (1%).

### **Housing and Environment**

Half of all carers in poverty live in homes owned outright or with a mortgage, 13 per cent live in privately rented accommodation, 3 per cent live in homes rented from a housing association and 34 per cent live in homes rented from the Northern Ireland Housing Executive. This pattern is similar for non carers who live in poverty.

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<sup>3</sup> McLaughlin, E., Kelly, G. and Scullion, F. (2005) *Poverty, Disability and Social Exclusion in Northern Ireland*. Bulletin No 8.

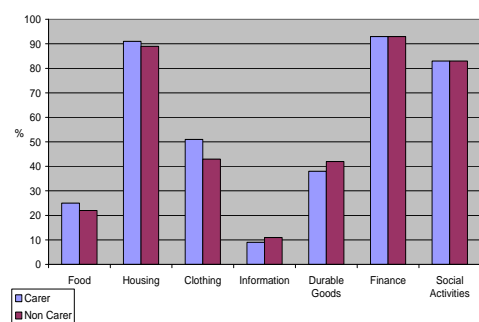
Some 62 per cent of carers live in an urban area and 38 per cent live in a rural area. This pattern is the same for non carers. Some 86 per cent of carers and the same share of non carers perceive the area they live in to be good.

A sub sample of respondents were also asked about problems in their area, these included poor housing, graffiti, paramilitary activity, noisy neighbours and drug use. Non carers are more likely to experience no problems in their area than carers – 47 and 39 per cent respectively. This pattern remained the same for those living in poverty, 37 per cent of non carers in poverty experience no problems in their area in contrast to a quarter of carers in poverty.

### Necessities

Everyone was asked if they possessed a range of items and if they did not, whether it was because they did not want them or because they could not afford them. The items covered seven domains: food, housing, clothes, information, durable goods, personal finances and social activities.

**Figure 4. Percentage of Poor Individuals who Lack at Least One Item in Each Domain of Necessities according to Provision of Unpaid Care.**



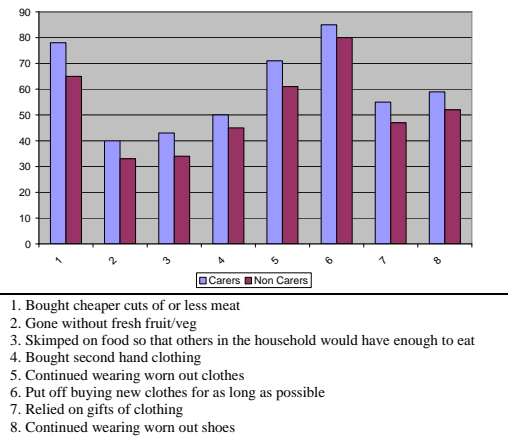
Over eighty per cent of carers and non carers in poverty lack at least one item in the domains of housing, finance and social activities. Slightly more carers in poverty lack at least one item in the domain of clothing – 51 per cent and 43 per cent respectively (See Figure 4.).

### Economising

Respondents were asked if they have economised on items related to food, clothes, dentist/doctor, utilities and social.

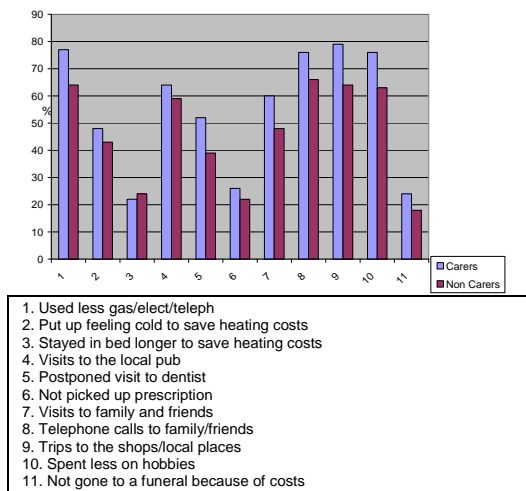
Figure 5 indicates that carers are more likely to economise on all the items related to food and clothing than non carers. For example 78 per cent of carers in poverty bought cheaper cuts of meat or less meat in contrast to 65 per cent of non carers in poverty. Another example is carers in poverty are more likely to continue to wear worn out clothes to save money than non carers – 71 per cent versus 61 per cent.

**Figure 5. Carers and Non Carers in Poverty and Economising**



Carers in poverty are more likely to economise on all items the items of economizing behaviours related to utilities, social activities and health (See Figure 5.). In relation to utilities, 77 per cent of carers use less gas/electricity or telephone to save money than 63 per cent of non carers. Carers are more likely to cut back on visits to family and friends (60%) than non carers (48%). In the instance of health, carers are more likely to save money by postponing a visit to their dentist - 52 and 39 per cent respectively.

**Figure 6. Carers and Non Carers in Poverty and Economising**



**Social Exclusion**

People may suffer social exclusion for a variety of reasons. This section of the analysis focuses on those excluded from public and private services. A sub-sample of respondents was asked if they used a range of services. If they answered ‘yes’ they were then asked whether they believed it was adequate or inadequate. If they answered ‘no’ they were asked the reason why not. Two aspects of social exclusion were analysed for public and private services:

- (i) Collective exclusion - where services were unavailable or unsuitable to everyone in a certain area.
- (ii) Individual exclusion - where services exist but individuals cannot use them because of lack of money

There were no significant differences between carers and non carers on individual and collective exclusion from public or private services.

*Usage rates of Public and Private services*

A usage rate of services was constructed. It was defined as the proportion of individuals using a particular service (irrespective of

whether it was adequate/inadequate) divided by total number of individuals.

Carers themselves are more likely to use the public services of hospitals with A&E, the library, museums and galleries, public sports facilities whilst non carers are more likely to use a public/community village hall (See Figure 7.).

**Figure 7. Usage Rates of Public Services**

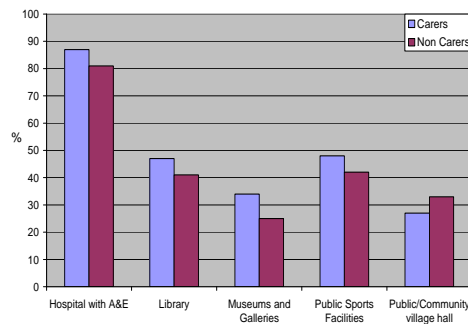
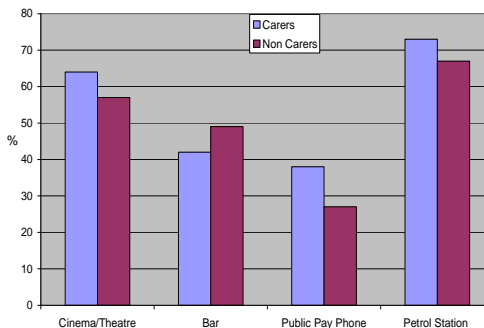


Figure 8 indicates that non carers are more likely to use the private services of cinema/theatre, public pay phone and petrol station than non carers. In contrast non carers are more likely to use a public bar than persons who provide care.

**Figure 8. Usage Rates of Private Services**



*Lack of Social Support*

An indicator of social exclusion is the level of social support available in times of need. A sub-sample of respondents was asked how much support they would get in certain situations. These items were divided into two categories:

- (i) Practical support – items included help when ill, help with heavy household/gardening jobs, help with caring responsibilities and someone to look after home/possessions when away.
- (ii) Emotional support – items included needing advice about life change, someone to talk to if depressed and someone to talk to about problems with a spouse/partner.

Three levels of support were calculated according to responses to items in each of the categories: good, reasonable and poor support. Carers have a good level of practical (73%) and emotional support (77%). This pattern remained the same for those persons who do not provide care.

### **Civic Engagement**

Activity rates were each calculated for individuals in the sample based on their involvement in political activities such as voting in local/general elections and taking part in fund raising or local activities in the community. Individuals were divided into three groups:

- Inactive – those who had not undertaken any of the listed activities
- Fairly Active – those who had undertaken 3 or less of the activities.
- Very Active – those who had undertaken four or more of the activities.

There are significant differences between carers and non carers and their rates of activity. Persons who do not provide care (30%) are more likely to be inactive in any civic engagement than those individuals who do provide care (20%).

### **The Troubles**

A sub-sample of respondents was asked questions on their experiences of the troubles. Items included questions on knowing somebody that was killed or injured and witnessing serious event (s) from the troubles.

A troubles grouping was created from the responses to items related to knowing somebody killed or injured. These were combined into four categories: known nobody killed/injured, known someone injured but no-one killed, knowing someone killed but no-one injured and known persons both killed and injured. Provision of unpaid care is significantly related to the troubles grouping index. More persons who do not provide care (68%) have known nobody killed or injured in the troubles than persons who provide care (55%).

A witness index was created from the respondents' answers to items on witnessing events during the troubles such as a bomb explosion, gunfire, rioting, a murder, an assault or other serious event. Provision of unpaid care relates to the witness index. Significantly more non carers (51%) have witnessed no events during the troubles than those persons who provide care (36%).

### **REFERENCES**

1. Hillyard, P., Kelly, G., McLaughlin, E., Patsios, D. and Tomlinson, M. (2003) *Bare Necessities Poverty and Social Exclusion in Northern Ireland – key findings*, Belfast: Democratic Dialogue Report No. 16

### **FURTHER INFORMATION**

Further information about the bulletin can be obtained by writing to:

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