

# Policy Briefing: Protected Characteristics and unpaid care in Wales

## Purpose of the briefing

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The purpose of this briefing is to examine the demographic breakdown of people with protected characteristics who provide unpaid care in Wales and who are over the age of 16.

This briefing will discuss:

- Disability
- Ethnic groups
- Religion
- Legal Partnership status
- Sexual orientation

If you would like to know more about gender, age, caring intensity or deprivation, please see our previous briefing – Census 2021<sup>1</sup>

## Context

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The 2021 National Census was undertaken by the Office of National Statistics (ONS) on 21 March 2021<sup>2</sup> under the unique conditions of the global pandemic that had started almost one year before. The census collects the largest pool of data about the population of the United Kingdom, including Wales, from a single time period. In this case, the 21 March 2021. It should be noted that Scotland chose to delay their census by one calendar year so was undertaken on 20 March 2022<sup>3</sup>. This means that no comparative data between Wales and Scotland can be made. The census in Northern Ireland was undertaken on the same date as in England and Wales but, as in Scotland, is overseen by a different agency (Northern Ireland Statistics and Research Agency) so there may be some small discrepancies in this data.

The census could be completed online and via post and was completed by 1,347,114 households in Wales<sup>4</sup>.

A question about whether someone is an unpaid carer has been included in the past three censuses<sup>5</sup> (2001, 2011, 2021) with the question substantially changed on each occasion.

<sup>1</sup> <https://www.carersuk.org/briefings/policy-briefing-census-in-wales-2021/>

<sup>2</sup> <https://census.gov.uk/about-the-census>

<sup>3</sup> Ibid

<sup>4</sup> <https://www.gov.wales/demography-and-migration-wales-census-2021-html#:~:text=On%20Census%20Day%2C%2021%20March,in%20Wales%20on%20Census%20Day>

<sup>5</sup> <https://www.ons.gov.uk/census/planningforcensus2021/questiondevelopment/healthandunpaidcarequestiondevelopmentforcensus2021#:~:text=The%20unpaid%20care%20question%20was,aged%205%20to%2017%20years>.

This means that all figures are comparative, but not identical as with other traditional information gathered by the census.

An unpaid carer is defined by Carers Wales as someone who provides unpaid support and care for one or more people because they are ill; have a disability; are vulnerable; have a mental health condition; have an active addiction; or are older. People were asked to identify within the Census with the question "Do you look after, or give any help or support to, anyone because they have long-term physical or mental health conditions or illnesses, or problems related to old age?"<sup>6</sup>

The data collected has been primarily taken from the 'Unpaid care and protected characteristics'<sup>7</sup> data set, where the population numbers have been rounded to the closest 5 people. This data set only includes adults over the age of 16 unless specifically mentioned. It should be noted that there may be small discrepancies between data sets where binary information such as male/female or disabled/non-disabled may cause some participants to fall outside of the data set<sup>8</sup>.

The census question around disability was in line with the Equality Act 2010<sup>9</sup>. Those who stated that they had a condition which did not limit their day-to-day activities or had no condition were considered non-disabled. The language throughout reflects the terms used with the data and connected documentation. Most notably, this is the use of LGB+ opposed to Carers Wales' usual LGBTQ+ usage.

The ethnic group questions were in two stages. The initial stage identified a person in one of the following five high-level ethnic groups:

- Asian, Asian British, Asian Welsh
- Black, Black British, Black Welsh, Caribbean or African
- Mixed or Multiple
- White
- Other ethnic group

Contributors were then asked to identify through one of the 19 available response options, which include categories with write-in response options. This briefing will utilise data from the 19 response options.

The census asked about religion in reference to a person's religious affiliation, as opposed to active participation in the religion. This question was also optional so could be skipped. This should be considered when reading the analysis.

Legal partnership status was divided into five categories. Analysis in this section compared to 2011 can not be taken into account due to the re-definition of civil partnerships to cover heterosexual as well as homosexual couples.

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<sup>6</sup> Unpaid care, England and Wales: Census 2021

<sup>7</sup> <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/socialcare/articles/unpaidcareandprotectedcharacteristicsenglandandwales/census2021>

<sup>8</sup> Ibid

<sup>9</sup> Equality Act 2010

Information on LGB+ (Lesbian, Gay, Bisexual and other) caring is new as this was the first year the census asked this question. Only people over the age of 16 were asked this question and it was optional so the information is only accurate for those who gave this information. The term LGB+ is used in this document to reflect what was asked in the census survey. At the time of compiling this briefing, there is no regionalised data available for Wales (unlike England) so regional data cannot be provided.

## Headline Figures for Wales

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- Nearly a third of unpaid carers (29.8%) have a disability themselves.
- Most common ethnic group of carers is White: English, Welsh, Scottish, Northern Irish or British at 92.9%.
- Over 90% of carers are made up of Christians (45.5%) or of no religion (45.4%)
- Half of unpaid carers are married or in a civil partnership (50.9%)
- 4% of carers identified themselves as being part of the LGB+ community. That is 16% of the total LGB+ community of Wales.

## Disability and unpaid care

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Nearly 3 in 10 unpaid carers (29.8%)<sup>10</sup> consider themselves to have a disability in line with the Equality Act 2010. This equates to approximately 92,380 people or 3% of the population of Wales being both a disabled person and a carer. For a visual representation, that is enough people to fill the Principality Stadium and still have nearly 18,000 people without tickets.

11.7%<sup>11</sup> of the caring population or approximately 36,270 people are providing unpaid care and have a disability that limits them a lot.<sup>12</sup> Remarkably, this works out as more than 1% of the total population of Wales.

Unsurprisingly, the amount of care someone with a disability provides increases with the number of hours of care they provide. This percentage increases from 17.9% caring for 1 to 9 hours for those with a disability that limits them a little to 20% of those caring for more than 50 hours a week. This increase is even higher for those who are limited a lot where only 7% care for less than 9 hours per week to more than double at 16.8% who provide care for more

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<sup>10</sup><https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/socialcare/articles/unpaidcareandprotectedcharacteristicsenglandandwales/census2021>

<sup>11</sup> Ibid

<sup>12</sup> Disability is defined as 'Disabled: limited a little' and 'Disabled: limited a lot'

than 50 hours per week<sup>13</sup>.

It is highly likely that identification is a key issue where those on the lower time scale of caring take longer to identify themselves compared to those whose caring role has a more noticeable impact. Carers UK research in England also shows that caring has a detrimental effect on a person's health with carers having more back or joint problems and high blood pressure compared to a non-carer<sup>14</sup> with the issues thought to be primarily caused by the caring role.

Looking at the heaviest side of the caring experience, those who care for 50 hours a week or more, more than a third (36.8%)<sup>15</sup> considered themselves to have a disability with more than a seventh (15.8%) having a disability that limited them a lot<sup>16</sup>.

From our previous report<sup>17</sup>, we calculated that 107,000 carers provide more than 50 hours of care per week which means that 39,376 people in Wales are caring for more than 50 hours a week have a disability and 16,906 are caring for than 50 hours and have a condition that limits them a lot.

Comparing people with a disability to those without a disability, someone with a disability (29.8%)<sup>18</sup> is more likely to be a carer per capita than a non-disabled person having a caring role (21.4%)<sup>19</sup>. This is also higher than England where 27.5%<sup>20</sup> of people with a disability also have a caring role.

Per population split, someone with a disability is also more likely to be a carer from the age of 5 to the age of 90 than be a non-carer and have a disability<sup>21</sup>. This strongly suggests that people with additional needs are inherently likely to be connected to other people with additional needs.

Fundamentally, this shows the paramount importance of health in the identification and initial support phases of unpaid care, as such a large proportion of the caring population are likely to attend medical facilities for the person they care for and themselves. This also emphasises the need for fluid thinking when supporting a carer as the likelihood of them having their own additional needs is far higher than those in the non-caring population. This should be considered at local government levels where identification of carers and those who have a disability can be seen as a binary relationship, where the relationship is likely to be reciprocal.

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<sup>13</sup><https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/socialcare/articles/unpaidcareandprotectedcharacteristicsenglandandwales/census2021>

<sup>14</sup> <https://www.carersuk.org/media/shbb4c0s/carers-uk-gp-patient-survey-report-2021-web.pdf>

<sup>15</sup><https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/socialcare/articles/unpaidcareandprotectedcharacteristicsenglandandwales/census2021>

<sup>16</sup> Ibid

<sup>17</sup> <https://www.carersuk.org/briefings/policy-briefing-census-in-wales-2021/>

<sup>18</sup><https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/socialcare/articles/unpaidcareandprotectedcharacteristicsenglandandwales/census2021>

<sup>19</sup> Ibid

<sup>20</sup> Ibid

<sup>21</sup> Ibid

## **Ethnic Groups and unpaid care**

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The largest population group of unpaid carers in Wales are people who identified as White: English, Welsh, Scottish, Northern Irish or British totalling 92.9%<sup>22</sup> or approximately 288,000 people. This is significantly different to England where only 78.3%<sup>23</sup> of carers identified as that ethnic group.

Asian, Asian Welsh or Asian British was the second highest population group, followed by mixed or multiple ethnic groups, Black, Black Welsh, Black British, Caribbean or African and other ethnic groups<sup>24</sup>.

Looking at the breakdown of all 19 ethnic sub-groups, it is more likely for a woman than a man to be a carer in each one. This further reinforces the findings of our previous briefing that there is still considerable social change needed so that unpaid care is not considered a woman's duty<sup>25</sup>.

There are significant differences culturally though with those of Chinese and Indian heritage far more likely to share the care between men and women<sup>26</sup>, while those of a Bangladeshi or Gypsy or Irish Traveller have the biggest discrepancies<sup>27</sup>.

Analysing carers as part of each ethnic group's overall population, there are some interesting insights into reaching carers. Proportionally, those of Asian descent, across four of the five primary ethnic categories, identify as carers less than any other identified ethnic groups<sup>28</sup>. Only those who identified as Asian: Pakistani were above the overall average<sup>29</sup> percentage of carers in an ethnic group.

Considering the Pakistani and Bangladeshi populations reported the same number of people with a disability (12%)<sup>30</sup>, this is highly indicative of these populations not getting the information or advice required whether through cultural differences or a lack of culturally appropriate information and advice.

A similar argument can be made of those of Black: African descent whose population

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<sup>22</sup> Ibid

<sup>23</sup> Ibid

<sup>24</sup> <https://www.gov.wales/ethnic-group-national-identity-language-and-religion-wales-census-2021-html>

<sup>25</sup> <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/socialcare/articles/unpaidcareandprotectedcharacteristicsenglandandwales/census2021>

<sup>26</sup> Ibid

<sup>27</sup> Ibid

<sup>28</sup> Ibid

<sup>29</sup> Ibid

<sup>30</sup> <https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/ethnicity/articles/ethnicgroupdifferencesinhealthemploymenteducationandhousingshowninenglandandwalescensus2021/2023-03-15>

identify as carers far less than those of other Black or Black mixed or multi-ethnic groups<sup>31</sup>. On the other end of the scale are those from a Gypsy or Irish Traveller background where despite this group having one of the two biggest differentials between males and females, it has the highest overall carer population within an ethnic group for both genders at 12% and 16% respectively<sup>32</sup>.

This clearly identifies that focused resource needs to be considered for this population which is backed up by this ethnic group having the highest proportion of people with a disability at 27%<sup>33</sup>.

## Religion and unpaid care

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In Wales, Christianity is the most common religion among carers, closely followed by people who have no religious affiliation (45.5% to 45.4% respectively<sup>34</sup>). The mix of religions follows broadly the overall population composition<sup>35</sup>.

Within each religious population identifying themselves as a carer, the numbers correlates to the ethnic group breakdown. People who identified themselves to be Hindu or Sikh were far less likely to identify as a carer than those of other religions<sup>36</sup>. This is most noticeable in the female population where at 7.5% and 8.7%, they were the only female groups not to identify at more than a 10% average. Interestingly, the next lowest at 10.1% were Muslims further suggesting a lack of identification amongst the Asian population<sup>3738</sup>. Once again, no religious group saw more men as carers than women<sup>39</sup>.

The most likely people to identify as a carer, whether male or female, were those who chose 'other religion' as their choice. Due to the disparate nature and low numbers of these groups<sup>40</sup>, it is not possible to create any firm reasoning for why this is.

Interestingly, there is little statistical difference between people of no religion, Christian and

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<sup>31</sup><https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/socialcare/articles/unpaidcareandprotectedcharacteristicsenglandandwales/census2021>

<sup>32</sup> Ibid

<sup>33</sup><https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/ethnicity/articles/ethnicgroupdifferencesintheemploymenteducationandhousingshowninenglandandwalescensus2021/2023-03-15>

<sup>34</sup><https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/socialcare/articles/unpaidcareandprotectedcharacteristicsenglandandwales/census2021>

<sup>35</sup> <https://www.gov.wales/ethnic-group-national-identity-language-and-religion-wales-census-2021-html>

<sup>36</sup><https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/socialcare/articles/unpaidcareandprotectedcharacteristicsenglandandwales/census2021>

<sup>37</sup><https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/religion/adhocs/10999religionbysexandagegroupinggreatbritain2018to2019>

<sup>38</sup> Ibid

<sup>39</sup> Ibid

<sup>40</sup> <https://www.gov.wales/ethnic-group-national-identity-language-and-religion-wales-census-2021-html>

not answered who are all most likely to identify as the White: English, Welsh, Scottish, Northern Irish or British category<sup>41</sup>. This strongly suggests that religious affiliation among this ethnic group has little effect on awareness of their caring responsibility.

## **Legal Partnership Status and unpaid care**

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Just over half of unpaid carers (50.9%)<sup>42</sup> are married or living as part of a civil partnership. The next biggest population are people who have never married or registered for a civil partnership at 36.4%<sup>43</sup>. This means those who have separated, divorced, or widowed only make up just 12.7%<sup>44</sup> of the caring population.

This is considerably different to the non-carer population where only 42.6%<sup>45</sup> are married and being separated, divorced and widowed make up a far bigger 19.2% of the population. Although it should be noted we have no idea how many of the 7% of non-carers who have been widowed held a caring role previously<sup>46</sup>.

Interestingly, those who are caring for 50 hours or more are more likely to be married or part of a civil partnership with 53.5%<sup>47</sup> of this subset being so.

## **LGB+ and unpaid care**

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4%<sup>48</sup> of unpaid carers identified as being part of the LGB+ community equating to approximately 12,400 people across Wales. This is a 1 in 7 (16%) of the total LGB+ population in Wales<sup>49</sup>. This means someone who is LGB+ is more than 5% more likely to be a carer than the overall carer population

The likelihood of being part of the LGB+ community and being an unpaid carer is higher from the age of 16 to 65+<sup>50</sup> with only women aged between 50 and 64<sup>51</sup> and anyone over the age

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<sup>41</sup><https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/socialcare/articles/unpaidcareandprotectedcharacteristicsenglandandwales/census2021>

<sup>42</sup> Ibid

<sup>43</sup> Ibid

<sup>44</sup> Ibid

<sup>45</sup> Ibid

<sup>46</sup> Ibid

<sup>47</sup> Ibid

<sup>48</sup><https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/socialcare/articles/unpaidcareandprotectedcharacteristicsenglandandwales/census2021>

<sup>49</sup> <https://www.gov.wales/sexual-orientation-and-gender-identity-wales-census-2021-html>

<sup>50</sup><https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/socialcare/articles/unpaidcareandprotectedcharacteristicsenglandandwales/census2021>

<sup>51</sup> <https://www.carersuk.org/briefings/policy-briefing-census-in-wales-2021/>

of 65<sup>52</sup> being within a percentage point of LGB+ people. This means that those who are LGB+ are situationally more likely to start caring at a younger age and to either continue or to go through multiple caring roles throughout their lifetimes.

3.9%<sup>53</sup> of unpaid carers in England also self-described as LGB+. The higher likelihood to care and care younger exists in the English data<sup>54</sup> too. The large number of carers within the LGB+ community can be partly explained by the larger proportion of people with disabilities (7.2%) identifying as being LGB+ compared to those who are non-disabled (2.5%)<sup>55</sup>.

## Conclusion

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This data emphasises how unique and diverse the makeup of the caring population of Wales is. It also reinforces the need to make sure services are easily understandable, flexible to the individual needs of each carer and, fundamentally, available to all who need support. However, there are also some clear areas for additional consideration.

The high number of carers who also have a disability, especially a life-limiting disability, means more research and possible action should be heavily considered. How people with additional needs intersecting with the additional needs of others is poorly understood and is unlikely to be given the deliberation required in current service provision. It raises the prospect of a carer arranging care for someone else while simultaneously having care needs of their own, including potentially their own package of support from external services. This is an area of potential gain for all parties as incorrect assumptions could be creating wastage in the system while preventing those carers from getting the additional support needed.

It is also reasonably clear that more can be done to reach carers from an Asian background to identify themselves as carers and get them the support they need. The considerable differences in self-identification whether looking at ethnic groups or religious identification is causal enough to make this a priority area for assessment.

The proportion of LGB+ carers compared to the overall LGB+ population of Wales, demonstrates that this community needs dedicated support for their caring role, especially with the additional challenges that this community can face<sup>56</sup>.

This is an opportunity to make unpaid carer support part of making Wales an LGB+-friendly country.

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<sup>52</sup><https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/socialcare/articles/unpaidcareandprotectedcharacteristicsenglandandwales/census2021>

<sup>53</sup> Ibid

<sup>54</sup> Ibid

<sup>55</sup><https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/disability/articles/protectedcharacteristicbydisabilitystatusenglandandwalescensus2021/2023-05-17>

<sup>56</sup> <https://www.carersuk.org/media/f4ffnveg/carers-uk-lgbtq-briefing-2023-web.pdf>



Taking the time to understand the demographics of caring is an opportunity to maximise the support of these protected characteristic groups and carers in general. This can only benefit the whole of Wales as caring is ingrained into the very composition of the nation.

## For more information

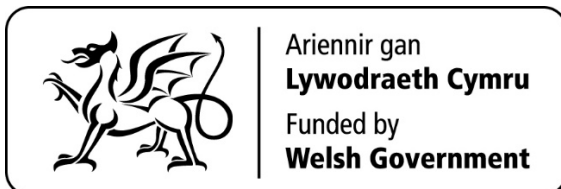
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