



Labour Market Characteristics of Unpaid Carers



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Research, Evaluation, and Monitoring Division
Department of Labour

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INTRODUCTION

A substantial part of the workforce — about one-eighth — engage in unpaid care for "persons with ill health, a disability, mental illness, an addiction, or in their old age."¹ In the five years from 2001 to 2006, this section of the workforce grew at a faster rate than the general population, and it is thus important from a labour market perspective to examine the labour market characteristics of this growing population in order to facilitate effective policymaking for unpaid carers.

This report provides the Carers' Governance Group with a detailed picture of the labour market characteristics of unpaid carers, and uses data from the 2001 and 2006 Censuses of Population and Dwellings. The labour market indicators examined include employment status, educational attainment, income, and skills of carers.

Key Points

- Carers comprised a greater proportion of the general population in 2006 compared with 2001.
- The proportion of older carers grew between 2001 and 2006, especially among those aged 55 years or over.
- Female carers outnumbered male carers in every age group in 2006, sometimes by as high as two to one. However, the age profile of male carers was similar to that of female carers.
- By ethnicity, female Māori were most likely to be carers, followed closely by female Māori/Europeans. Asians were least likely to be carers.
- Older carers were more likely to have higher qualifications; this may reflect the gradual lifting effect of lifelong education, in which people take up opportunities to engage in training and education as they age. It may also reflect a wealth effect, with skilled and well-off older workers being able to afford more time to devote to caring.
- Carers were less likely to be in full-time employment and more likely to be working part-time.
- Male carers were far more likely to be employed full-time; female carers more likely to be employed part-time.
- Carers tended to have lower incomes than the general population, but the differences were not large.
- By industry, those carers who worked were more likely to be employed in health care and social assistance or education and training than people in the general population.

¹ Definition of unpaid carers from *The New Zealand Carers' Strategy and Five-Year Action Plan, 2008* (Ministry of Social Development).

- By occupation, those carers who worked were most likely to be employed as community and personal service workers or professionals than people in the general population.

CHARACTERISTICS OF CARERS

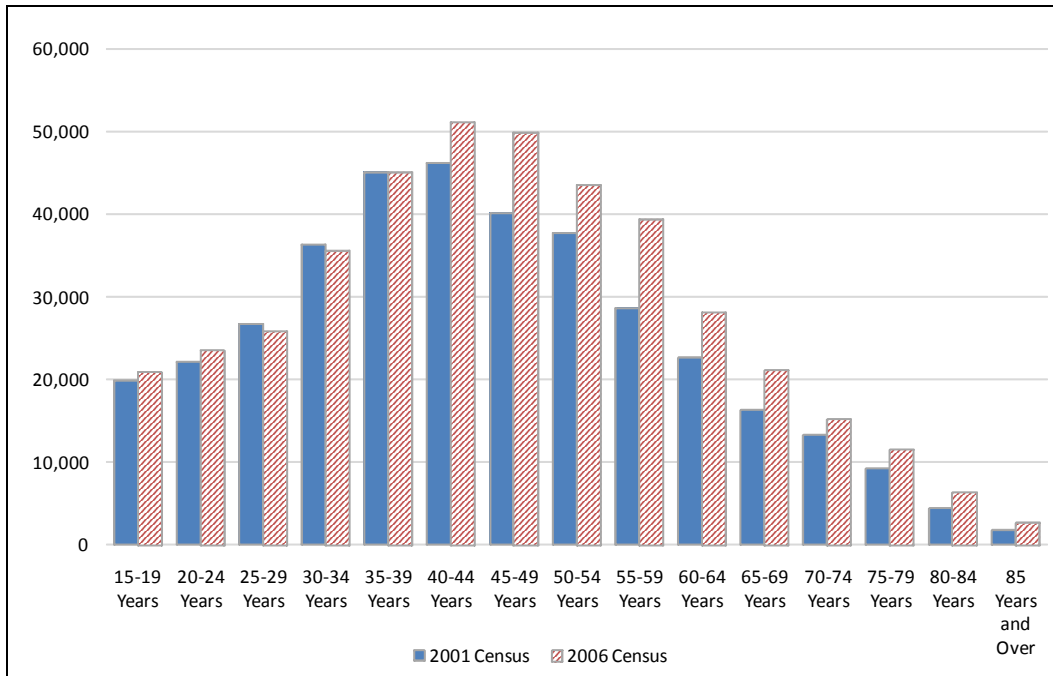
The number of carers grew at a faster rate than the general population between 2001 and 2006. There were 419,300 carers² in the 2006 Census aged 15 years or older, 13% more than the 370,700 carers in the 2001 Census. By comparison, the general population grew just 9% in the same period.

Thus, carers comprised a slightly greater proportion of the general population aged 15 years or older, increasing by 13% between 2001 and 2006.

Age

The 2001 and 2006 Censuses shows that New Zealand's population has grown older alongside a growth in the proportion of carers, and that carers are growing older as a group (Figure 1). Between 2001 and 2006, the number of carers in the older age groups grew at almost double the rate of the general population. The number of carers aged 55 years and over increased by 29% between 2001 and 2006, from 96,600 older carers (26% of all carers), to 124,300 in 2006 (30% of all carers). By contrast, the number of older persons in the general population increased by only 15% in the same time.

Figure 1: Carers age profile (2001 - 2006 Censuses)



Source: 2001 and 2006 Census of Population and Dwellings, Statistics New Zealand.

² All counts are rounded to the nearest 100. All percentages rounded to the nearest percentage point.

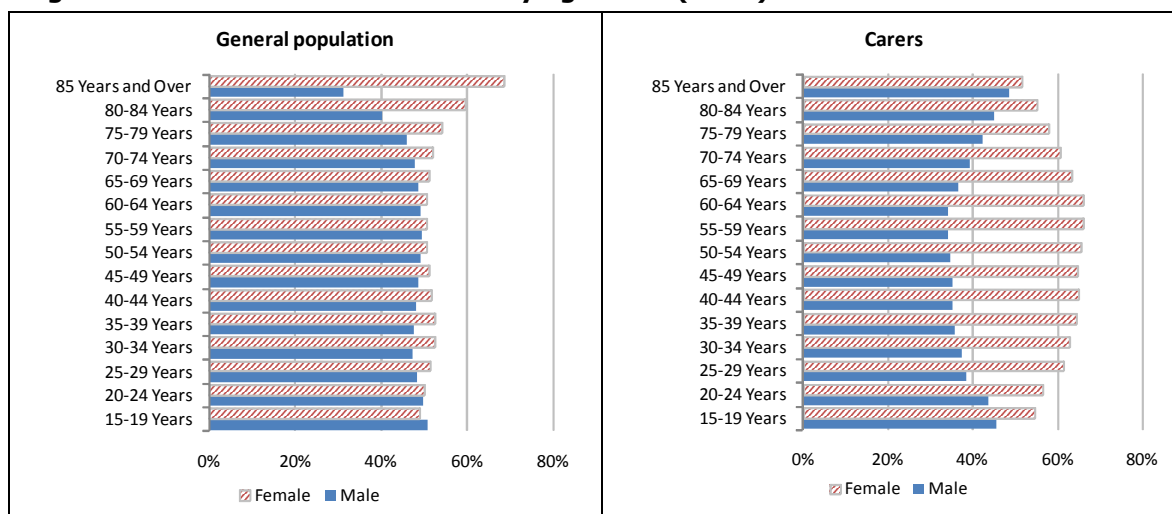
Gender

Female carers outnumbered male carers in every age group in 2006, sometimes by as high as two to one (Figure 2). Among the general population, the ratio of males to females was roughly equal for the 15-74 year-old age groups. However, for 75 year-olds and over, lower male life expectancy resulted in more females surviving into advanced ages. The higher proportion of female carers at all age groups is consistent with lower rates of employment among females, including lower rates of full-time employment (see discussion later in "Labour Force Status" section).

In older age groups, the proportion of males in the total population fell, leading to a drop in the proportion of female carers and a rise in the proportion of male carers at these ages. This may be because female carers were outliving their spouses, whom they cared for.

There was little change from 2001 to 2006 in terms of male-female ratios in both the general population and the population of carers. In terms of population, growth in the population of carers (up by 13% from 2001 to 2006) outpaced growth among the general population (up by 9%).

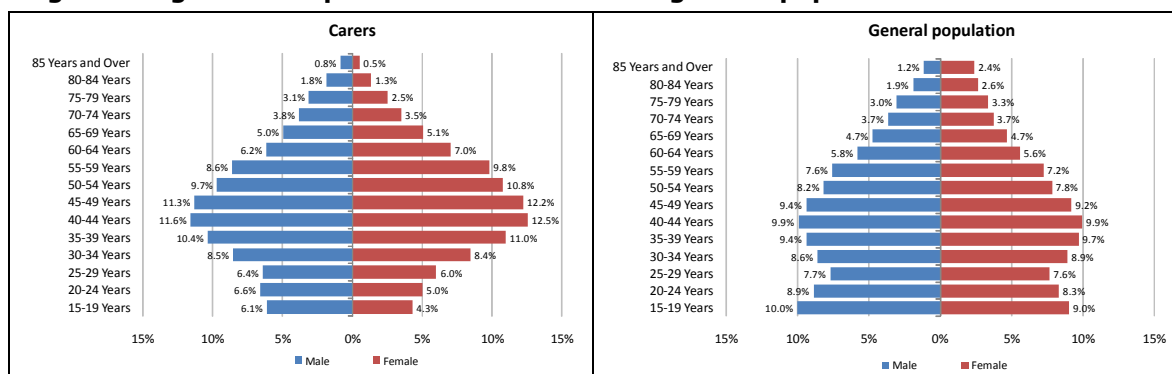
Figure 2: Ratio of males to females by age band (2006)



Source: 2006 Census of Population and Dwellings, Statistics New Zealand. Proportions sum to 100% for each age band.

Figure 3 presents the age profile of carers by gender. While Figure 2 showed the proportion of males and females within an age band, Figure 3 presents the proportion each age group makes up of the total population. In 2006, the age profile of male carers was largely similar to that of female carers, with the greatest disparity at younger ages. Of the total number of male carers, 6% were aged 15-19 years, whereas only 4% of all female carers were in the same cohort.

Figure 3: Age and sex profile for carers and the general population



Source: 2006 Census of Population and Dwellings, Statistics New Zealand. Proportions sum to 100% for each gender.

A major difference between the age profile of carers and the general population is that a far greater proportion of carers are of prime working age; carers aged from 35 years to 64 years form a greater proportion of carers as a whole (61%) than people of the same age group in the general population (50%). This may be due to the prevalence of prime-aged people caring for their parents or parents-in-law.

Carers are also less likely to be aged 15-24 years than people in the general population: 11% of all carers are youth although they comprise 18% of the general population. There is little difference at older ages, with 14% of all carers aged 65 years and over, compared with 16% of the general population.

Ethnicity

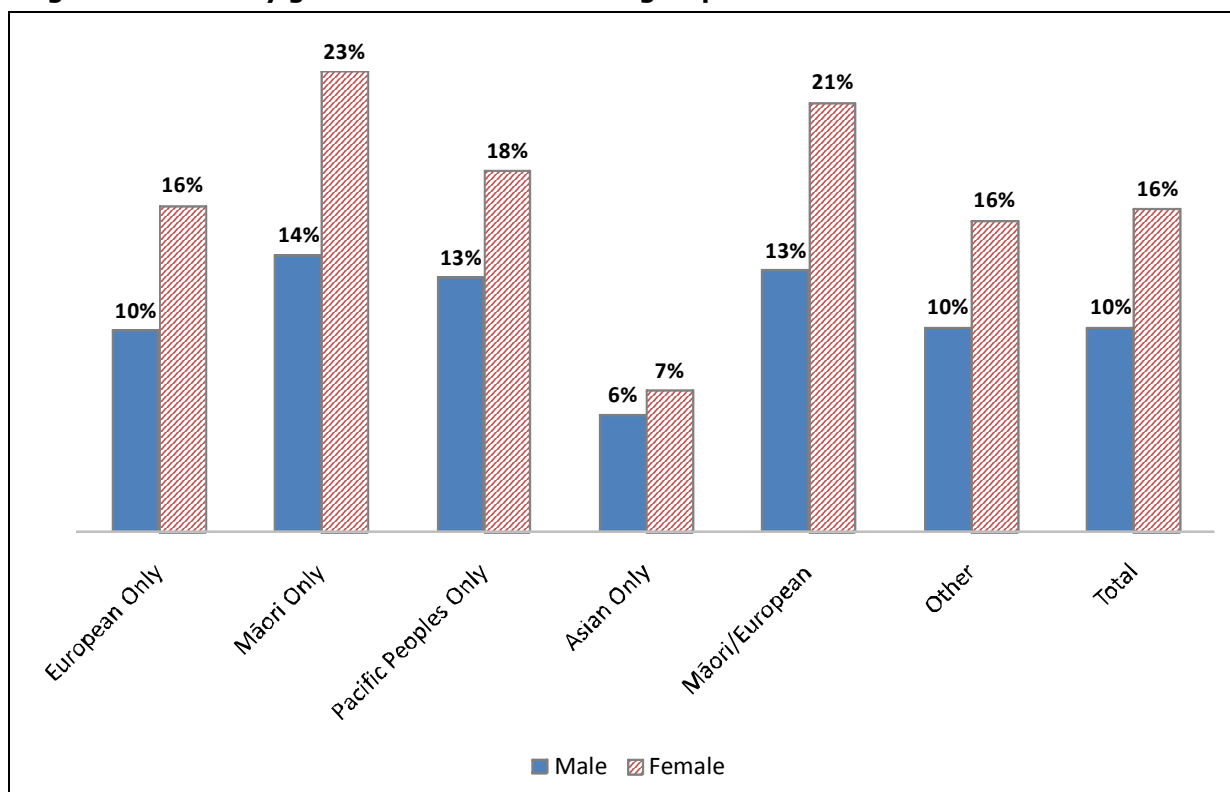
Analysis of the ethnic profile of carers (see Figure 4) shows that, among all ethnic groups, females were more likely to be carers in the 2006 Census. This disparity was most pronounced among the "Māori only" ethnic group, with 23% of Māori females acting as carers, compared with just 14% of Māori males. Among all ethnic groups, 16% of females were carers and 10% of males were carers.

The lowest share of carers was among those who identified as "Asian only", with just 6% of Asian males acting as carers and 7% of Asian females acting as carers.

The low proportions of carers among the Asian workforce is probably due to its youthfulness, which is a result of several factors: the presence of large numbers of Asian international students; the youthful age of the children of those who came to New Zealand in the mid-1980s wave of Asian immigration; and immigration policy that favours young immigrants.³ The flipside of this is that there are relatively fewer Asians aged over 65: 16% of the general population was aged 65 years and over in the 2006 Census, but just 6% of all Asians were the same age.

³ Badkar, J. and Tuya, C. *The Asian workforce: a critical part of New Zealand's current and future labour market*. Department of Labour, Wellington, 2010.

Figure 4: Carers by gender as share of ethnic group



Source: 2006 Census of Population and Dwellings, Statistics New Zealand. Proportions refer to carers as share of all people of that gender and ethnic group.

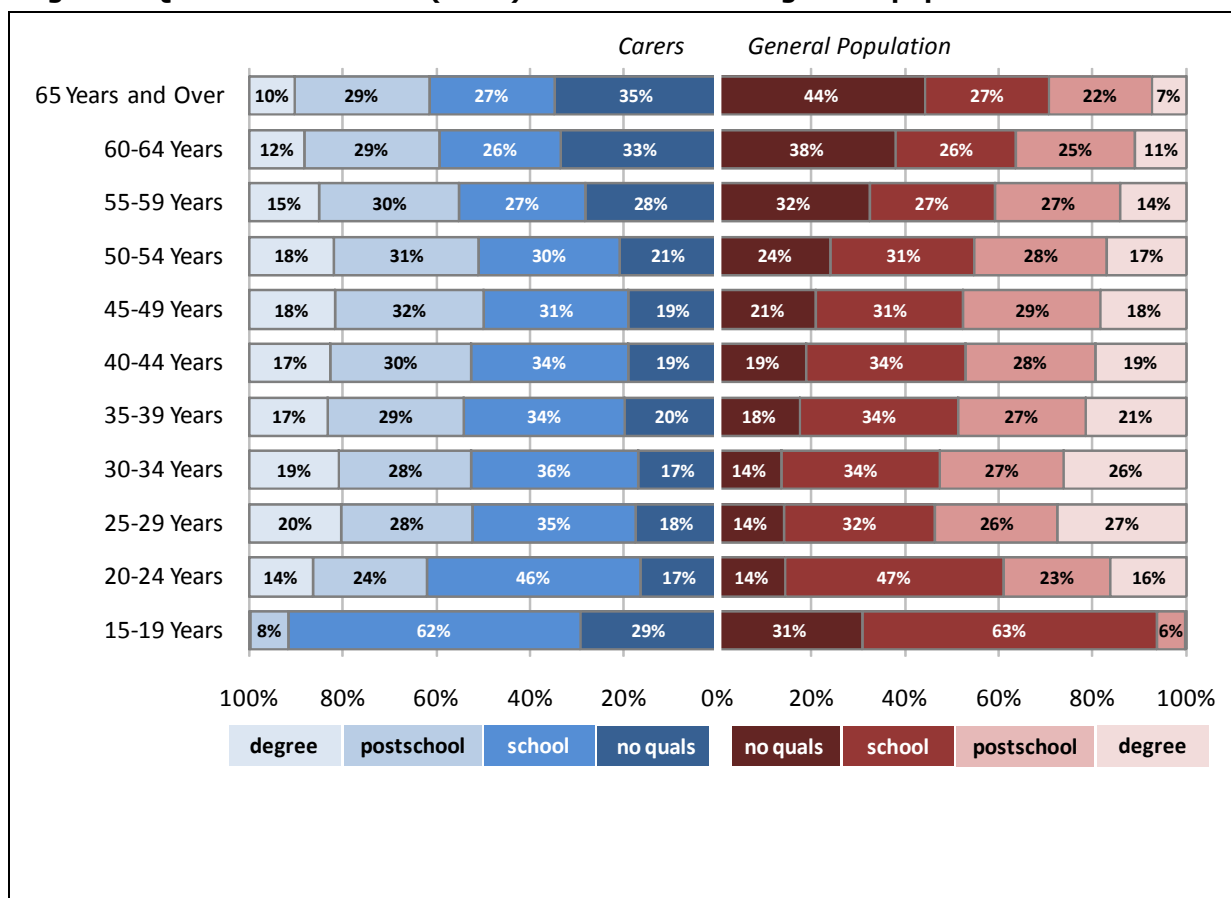
Qualifications

Figures 5 and 6 present the qualification shares by age for carers against the general population, and the qualification shares by age for males against females. A comparison of the shares for carers and general population (Figure 5) shows that, at younger ages, carers tended to have lower qualifications than similarly aged people in the general population but, at older ages, they tended to have higher qualifications.

About half of all people of prime age (25-54 years) among carers and the general population had post-school or higher qualifications. However, a greater share of older carers (those aged 55 years and over) had post-school or higher qualifications (41%) compared to older workers among the general population (34%).

This may suggest that older carers have had more opportunities to engage in training and education. It may also reflect a wealth effect, with skilled and well-off older workers being able to afford more time to devote to caring.

Figure 5: Qualification shares (2006) for carers and the general population

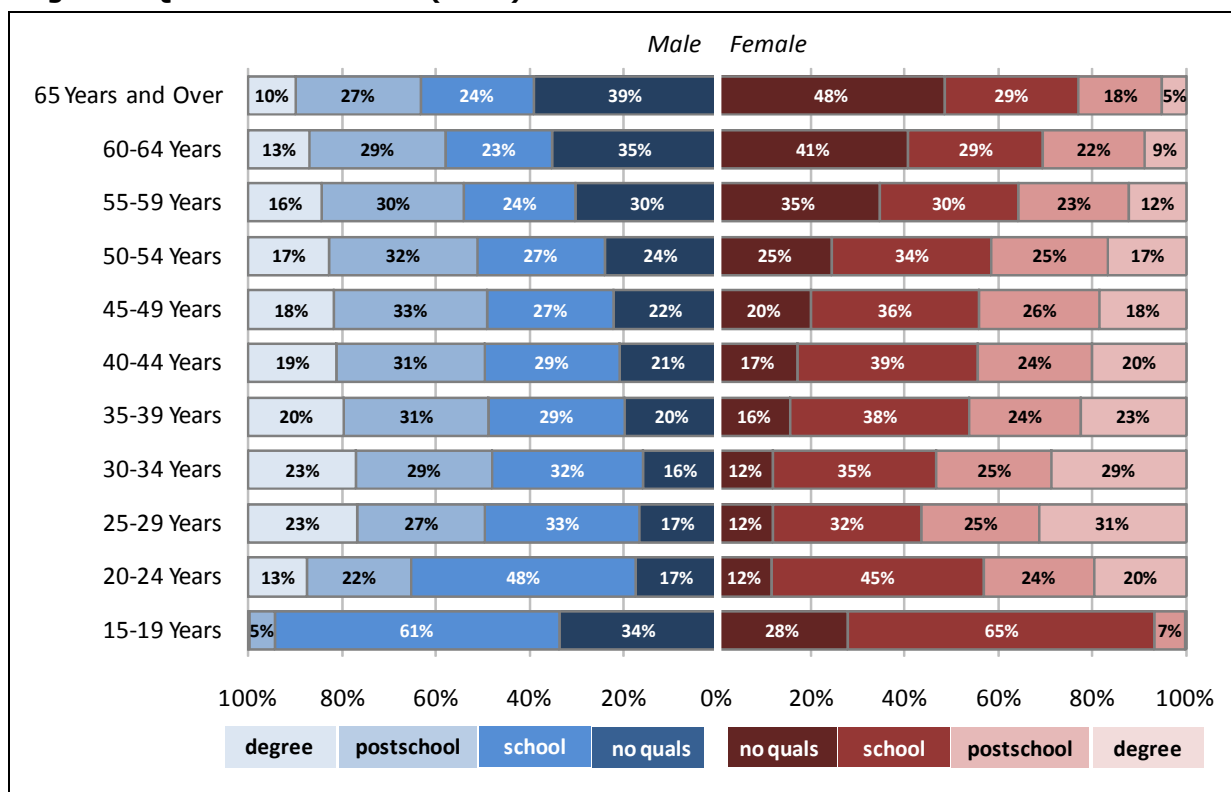


Source: 2006 Census of Population and Dwellings. Non-responses are excluded.

When comparing male carers with female carers (Figure 6), we can see that male carers of prime working age are slightly more likely to hold post-school qualifications, while female carers of prime working age are more likely to hold degree-level qualifications. On balance, male and female carers are equally likely to hold post-school or higher qualifications.

However, older male carers (those aged 55 years and over) are much more likely to have post-school or higher qualifications (47%) compared with female carers (38%). This may be a consequence of the ageing effect discussed earlier.

Figure 6: Qualification shares (2006) for male and female carers



Source: 2006 Census of Population and Dwellings. Non-responses are excluded.

Figure 7 shows that for each age group, carers were more likely to hold post-school qualifications than similarly aged people in the general population. For other qualifications, there was little difference between carers and the general population in terms of the proportion of each age bracket holding the qualification.

Figure 7: Share of age group with corresponding qualification (2006)



Source: 2006 Census of Population and Dwellings, Statistics New Zealand. Shares are expressed as proportion of all carers in age group (or all people in age group).

Table 1 shows that the qualification breakdown of carers (expressed as a percentage of the total working age population) hardly changed between 2001 and 2006.

Table 1: Carer qualification (2001 - 2006)

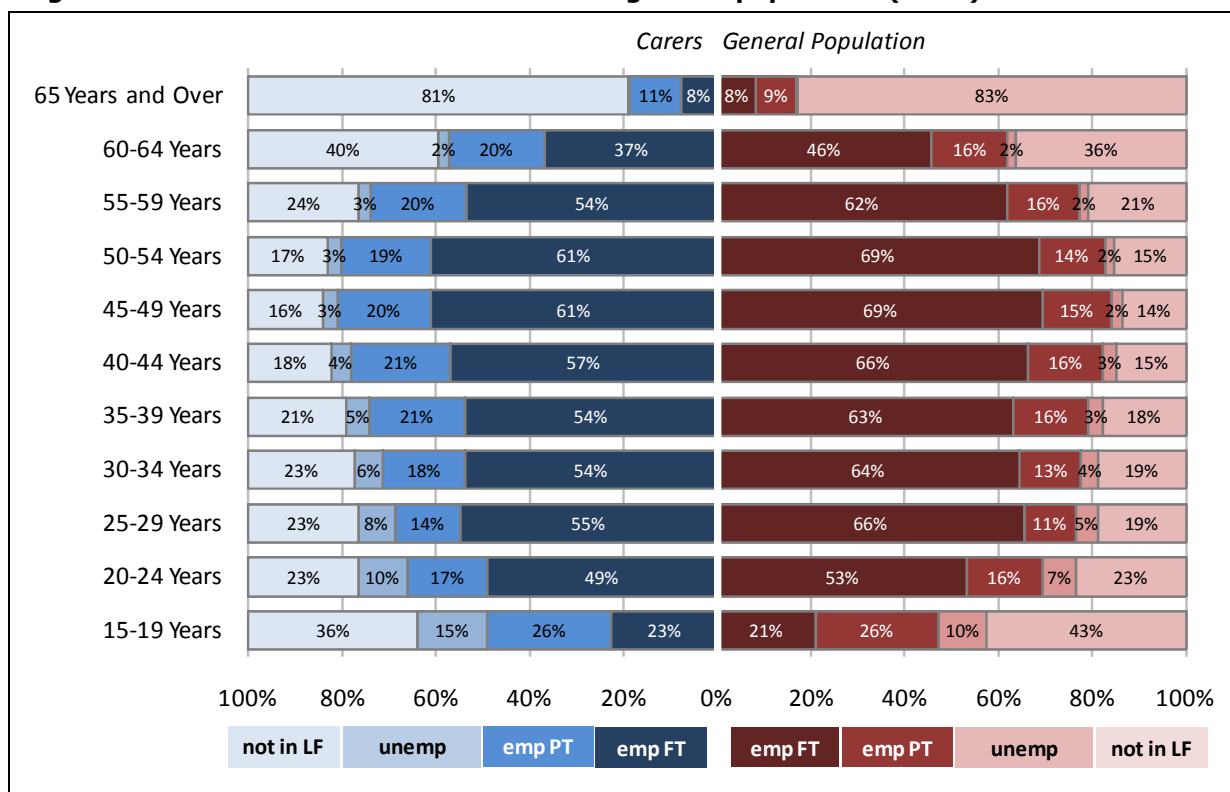
Highest qualification	2001			2006		
	Carers	General pop'n	Carers (% of general population)	Carers	General pop'n	Carers (% of general population)
No Qualification	89,730	686,223	13.1%	92,871	708,432	13.1%
School Qualification	129,588	995,889	13.0%	132,780	992,568	13.4%
Post-school Qualification	81,981	507,891	16.1%	112,677	683,580	16.5%
Degree or Higher Degree	36,852	292,086	12.6%	60,678	447,777	13.6%

Source: 2001 and 2006 Censuses of Population and Dwellings, Statistics New Zealand.

Labour Force Status

Figure 8 shows that, in 2006, carers of prime working age (25-54) were less likely to be employed full-time (57%) than people in the general population (66%), and more likely to be employed part-time (19% for carers compared with 14% for the general population).

Figure 8: Labour force shares for carers and general population (2006)



Source: 2006 Census of Population and Dwellings, Statistics New Zealand. Working age population excludes those with unidentifiable labour force status.

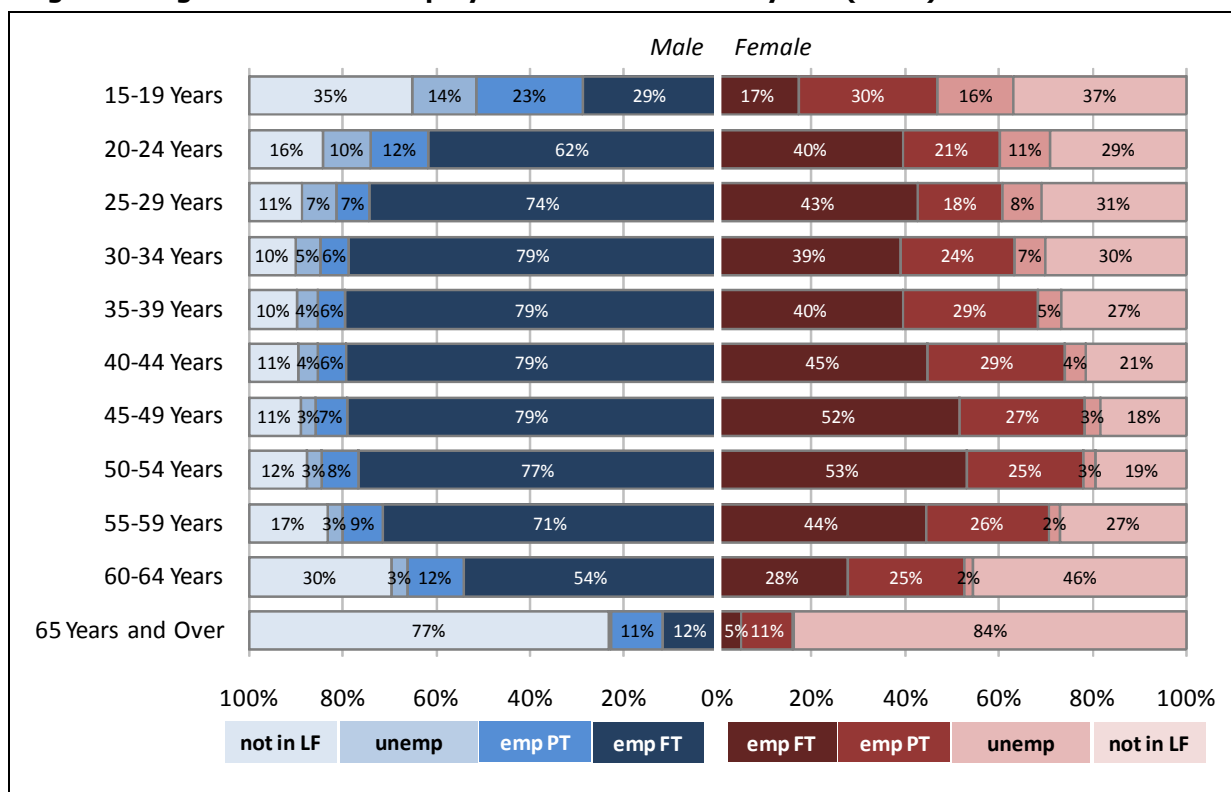
In terms of gender, male carers were far more likely to be employed full-time at any age group, and female carers were more likely to be employed part-time (Figure 9).

Among female carers of prime working age (25-54 years), 26% were employed part-time, compared with just 7% of male carers in the same age band. These figures narrowed somewhat at older age bands, with 19% of older female carers (aged 55 years and over) employed part-time, compared with 11% of male carers.

In terms of full-time work, 78% of prime-aged male carers worked full-time compared with 46% of prime-aged female carers, and 38% of older male carers working full-time compared with 23% of older female carers.

Compared with the general population, the proportion of male carers working full- and part-time was similar. Female carers, however, showed bigger difference, with 26% of prime-aged female carers working part-time compared with 22% of the general population, and 19% of older female carers working part-time compared with 14% of the general population.

Figure 9: Figure 9: Carers' employment status shares by sex (2006)



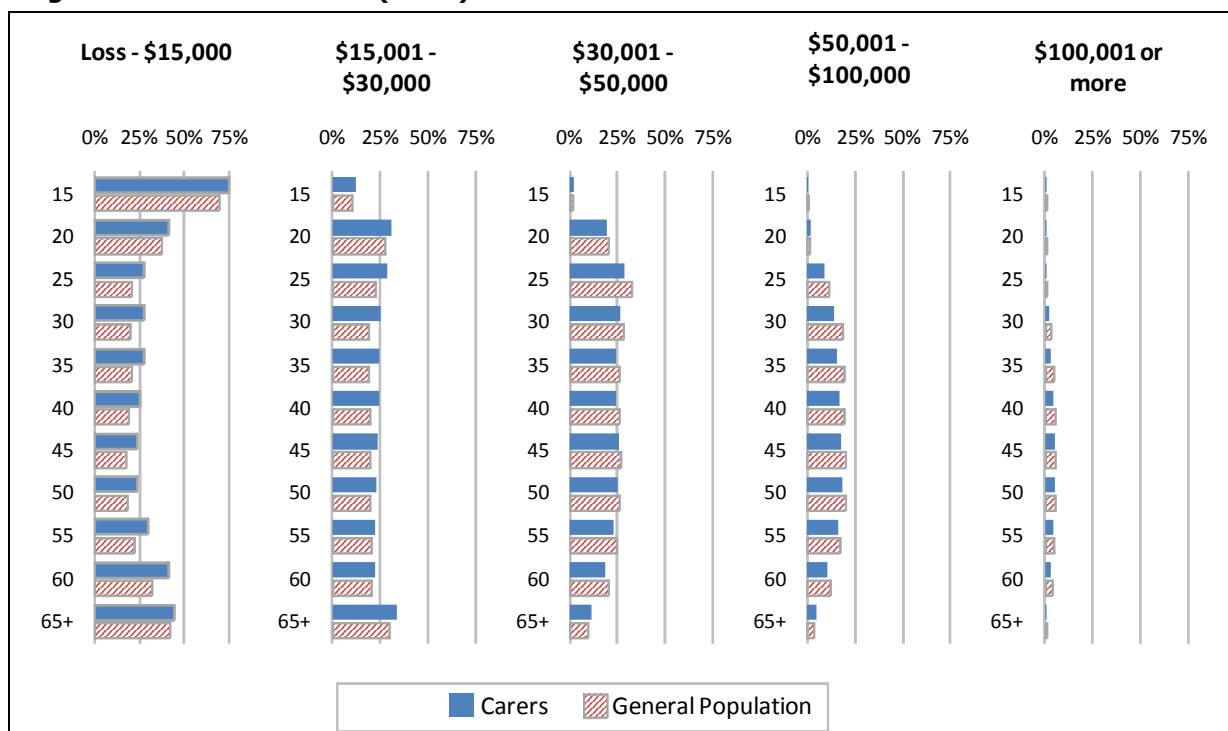
Source: 2006 Census of Population and Dwellings, Statistics New Zealand. Working age population excludes those with unidentifiable labour force status.

Income

As Figure 10 shows, carers tended to earn less than the general population, being more likely to have a total personal income of \$30,000 or less in 2006. Carers are also less likely to earn higher incomes. Only 14% of carers aged 30-34 years had a total personal income between \$50,001 to \$100,000, compared to 19% for all people in the same age band.

Carers' lower incomes are likely a result of the higher incidence of part-time work among carers (see above).

Figure 10: Income shares (2006)



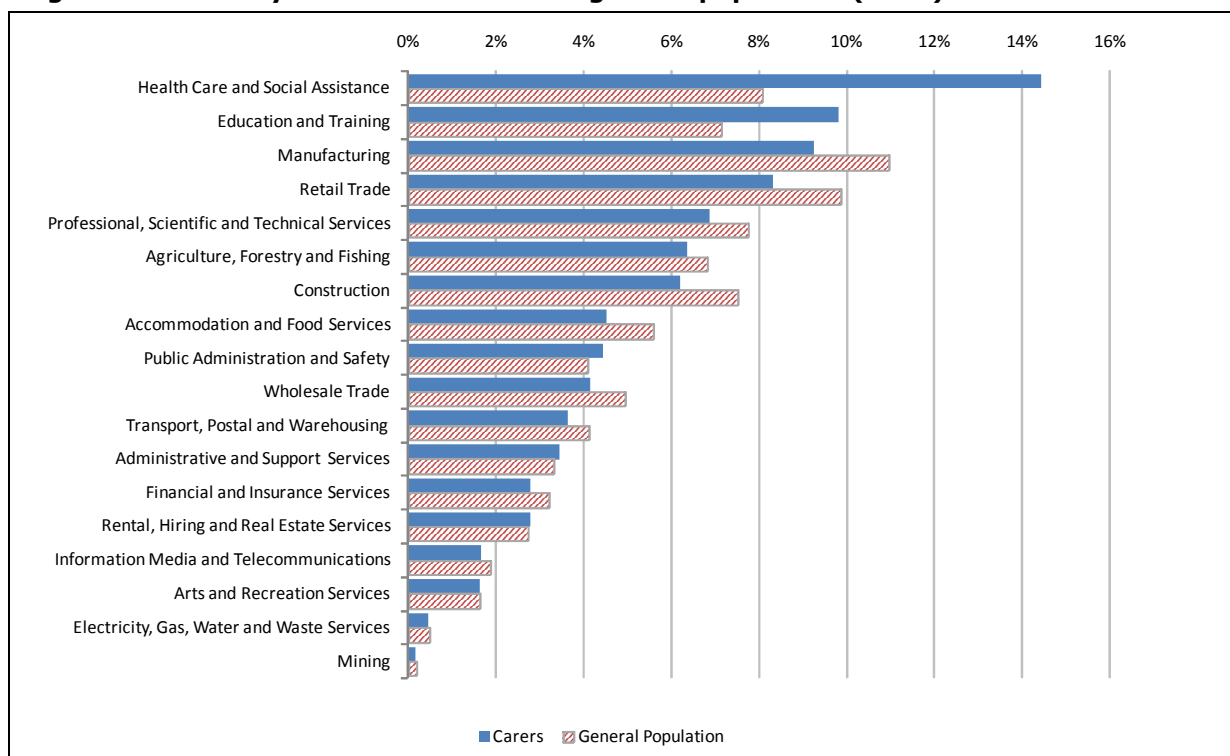
Source: 2006 Census of Population and Dwellings, Statistics New Zealand.

Industries and Occupations

Census data (Figure 11) shows that, in 2006, the industries that accounted for the biggest shares of the total number of employed carers⁴ were: health care and social assistance (which comprised 14% of all carers, but just 8% of all industries); education and training (10% of carers; 7% of the total population); public administration and safety (4%; 4%); and administrative and support services (3%; 3%).

⁴ 'Employed carers' here refers to workers who perform unpaid caregiving and not to paid caregivers.

Figure 11: Industry shares for carers and general population (2006)



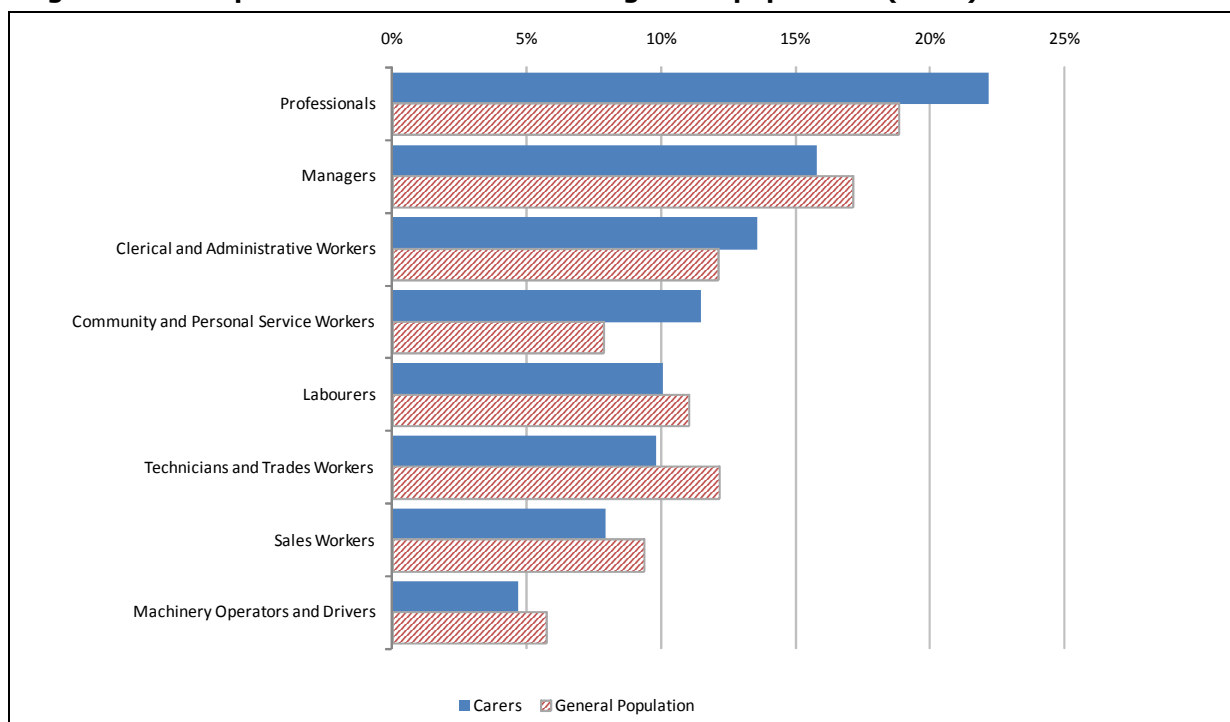
Source: 2006 Census of Population and Dwellings, Statistics New Zealand.

The large disparity in the share of employed carers in the health care and social assistance industry compared with all industries is likely because of the proximity of the industry to the nature of unpaid caring.

The industries least represented among employed carers were: accommodation and food services; construction; mining; wholesale trade; and retail trade. This may largely be owing to the lower proportions of older workers in these industries.

The occupations that accounted for the biggest shares of the total number of employed carers in 2006 (Figure 12) were: community and personal service workers (who made up 12% of carers, but just 8% of all workers); professionals (who made up 22% of carers, compared with 19% of all workers); and clerical and administrative workers (14% and 12%, respectively).

Figure 12: Occupation shares for carers and general population (2006)



Source: 2006 Census of Population and Dwellings, Statistics New Zealand.

The greater proportion of employed carers in occupations such as professionals and clerical and administrative workers may be due to the greater flexibility over working hours in these occupations. By contrast, sales workers and technicians and trades workers are more likely to be tied to shift work, constraining their ability to engage in caring activities.

Managers may have flexible working hours, but will also tend to have more workplace responsibilities.

CONCLUSION

The number of unpaid carers grew at a faster rate than the general population from 2001 to 2006, underlining the importance of developing effective policy solutions to ease the burden they shoulder in engaging in informal caring activities.

In particular, the proportion of older carers grew from 2001 to 2006.

Female carers outnumbered male carers in every age group in 2006, sometimes by as high as two to one. However, the age profile of male carers was similar to that of female carers.

By ethnicity, female Māori were most likely to be carers, followed closely by female Māori/Europeans. Asians were least likely to be carers.

Older carers were more likely to have higher qualifications; this may reflect the gradual lifting effect of lifelong education, in which people take up opportunities to engage in training and education as they age. It may also reflect a wealth effect, with skilled and well-off older workers being able to afford more time to devote to caring.

Carers were less likely to be in full-time employment and more likely to be working part-time.

Those carers who worked were more likely to be employed in the health care and social assistance industry, or the education and training industry than people in the general population.

Carers who worked were most likely to be employed as community and personal service workers or professionals than people in the general population.



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