

CARING FOR OLDER PEOPLE AS A SOCIAL DETERMINANT OF HEALTH

Melanie Stowell, Gemma Spiers, Patience Kunonga, Catherine Richmond, Fiona Beyer, Dawn Craig, Barbara Hanratty

BACKGROUND

- Unpaid (or informal) care to family members, relatives, or friends is a critical source of support for people with health and social care needs
- Carers (particularly older carers) have been characterised as a group at high risk of adverse outcomes
- The UK's ageing population means that need for care is fast outpacing the growth in supply
- More evidence is needed about who is providing unpaid care to older people / older carers, the consequences for carers, and which groups of carers are most susceptible to adverse outcomes

AIMS

This review aimed to map research evidence from relevant UK cohort studies and identify gaps in evidence to inform the direction of future research.

METHODS

Population	Carers of older people (50+ years). Older carers (50+ years) of any aged recipient, including children.
Exposure	Unpaid caring, including stratification by a measure of socioeconomic status or area deprivation.
Comparator	No comparison (i.e. if a descriptive analyses of carer populations), non-carers, carers of populations other than older adults.
Outcome	Any measure of health, quality of life, economic activity (including employment and volunteering), financial circumstances.
Study design	UK observational studies published 2000-2022.

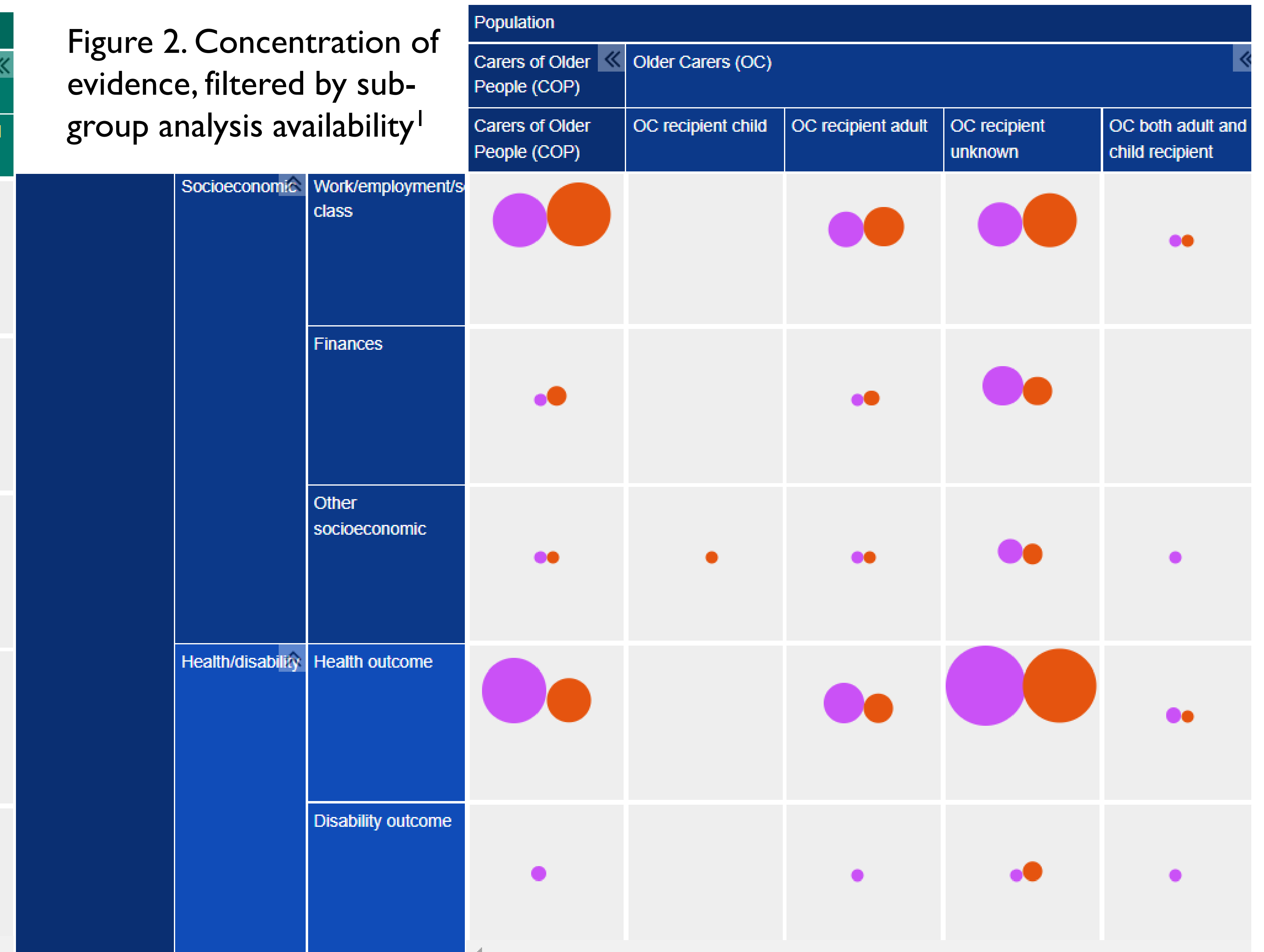
RESULTS

- 85 studies in our review reported evidence about carers of older people / older carers; little information on care recipients
- Majority (n=48) of studies analysed the impact of caring, in particular the health outcomes for carers of older people / older carers
- Associations of caring and health / social outcomes were mixed or inconsistent; caring was linked to negative impacts on employment and pensions
- Evidence gaps included carers' long-term health; impact of caring on social outcomes; differential impact of caring on the rich and poor
- Studies are observational and thus we cannot infer causation or rule out reverse causation

Figure 1. Concentration of evidence, filtered by study type¹



Figure 2. Concentration of evidence, filtered by sub-group analysis availability¹



● Impact of caring ● Describes carer populations ● Links with caring (but not impact of caring)

● Sub group analysis available ● No sub group analysis

CONCLUSION

The evidence gaps revealed in this study mean that we know very little from UK cohort studies about who older carers are supporting, and what the consequences are for carers' social wellbeing. We also know very little about how the impact of caring on all outcomes differs by area deprivation or socioeconomic status. Evidence about carers' health offered a contrasting picture. More research is needed to fill these gaps and clarify the impact of caring on health.