

# Health and Well-being of Family Carers in Ireland:

Results of a survey of recipients of the Carer's Allowance

Combat Poverty Agency Offices, Tuesday October 28<sup>th</sup> 2008  
12:30-2pm.

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- 66 Member Organisations – 11 Board Members
- We aim to support organisations in their direct work of supporting family carers all over Ireland
- We provide info, education & training regarding the needs of family carers
- We carry out research relating to family carers and promote inter agency collaboration

# Background to Research

## *The context*

- Funding – C.P.A, DSFA, CAI
- Timeframe – 1year – 3 years



# This presentation will:

- Summarise other research on Family Carers Health
- Outline objectives of this piece of research
- Describe the Methodology used
- Present The Findings
- Ask ‘Where do we go from here?’

# The Hypothesis

- **Low Income full-time family carers are (hypothesised to be) a group that are particularly vulnerable to poor health**

# Summary of Irish Research

- Limited, not recent
- Blackwell (1992) 1<sup>st</sup> quantifiable comparisons between carers and non-carers (29.5% carers vs 16.5% non carers at risk of depression)
- O'Connor & Ruddle (1988) caring and link to poor health
- SEHB (2000) caring negatively affects health of large proportion of carers
- O'Donoghue (2003) Importance of looking at health of care recipient and carer together
- Equality Authority (2004) recognition of health problems suffered by carers

# Summary of UK Research

- More comprehensive
- Significantly greater levels of ill-health among carers than reported amongst the non-carer population, particularly for young carers (Carers UK, 2004)
- Positive correlation between intensity of caring and ill health (Maher & Green, 2002)
- Particularly high risk of depression and stress among carers (Boden, 2002; Carers UK, 2006)

# Summary of International Research

- Higher rates of ill health among carers (O'Connell et al, 2003)
- Women experience more negative health effects (Morris, 2001)
- More inclined to worry or be stressed (Cummins, 2007)
- Carers less inclined to visit their GP (Evercare, 2006)



## *The Objectives*

- Original scope:
  - to quantify reported family carer health as compared to the national non-carer population.

# *The Objectives (2)*

- Scope evolved
  - Literature review
    - Mediators of carers health
    - Strategies used
  - Income
  - Household and Lifestyle Q's
  - General Profile

# Sampling Method

- Population – 28,340
- Sample of 10% - 2,834
- Response rate 50% - sample of 1,413. (v's 11% ESRI, 70% DSFA)
- Gender – 80% Female/20% Male
- A Comparative study (in part)
- Control for age, gender, educational attainment (proxy for class/income)

# Socio-demographic profile of respondents

		% of carers
<b>Gender</b>	male	18.9
	female	81.1
<b>Age</b>	<25	0.9
	25-34	8.4
	35-44	23.5
	45-54	26.5
	55-64	25.6
	65+	15.1
<b>Education</b>	none/primary	27.2
	some secondary	37.7
	secondary	22.3
	some 3rd level	7.9
	completed 3rd level	4.8
<b>Marital status</b>	married/co-habiting	72.1
	widowed	2.8
	divorced/separated	6.6
	single/never married	18.4
<b>Location</b>	rural	56.7
	urban	43.3
<b>Household composition</b>	1 person	1.6
	2	31.2
	3	23.9
	4	16.8
	5	13.0
	6	8.3
	7+ persons	5.1
<b>Household with person &lt;16 yrs</b>		37.2

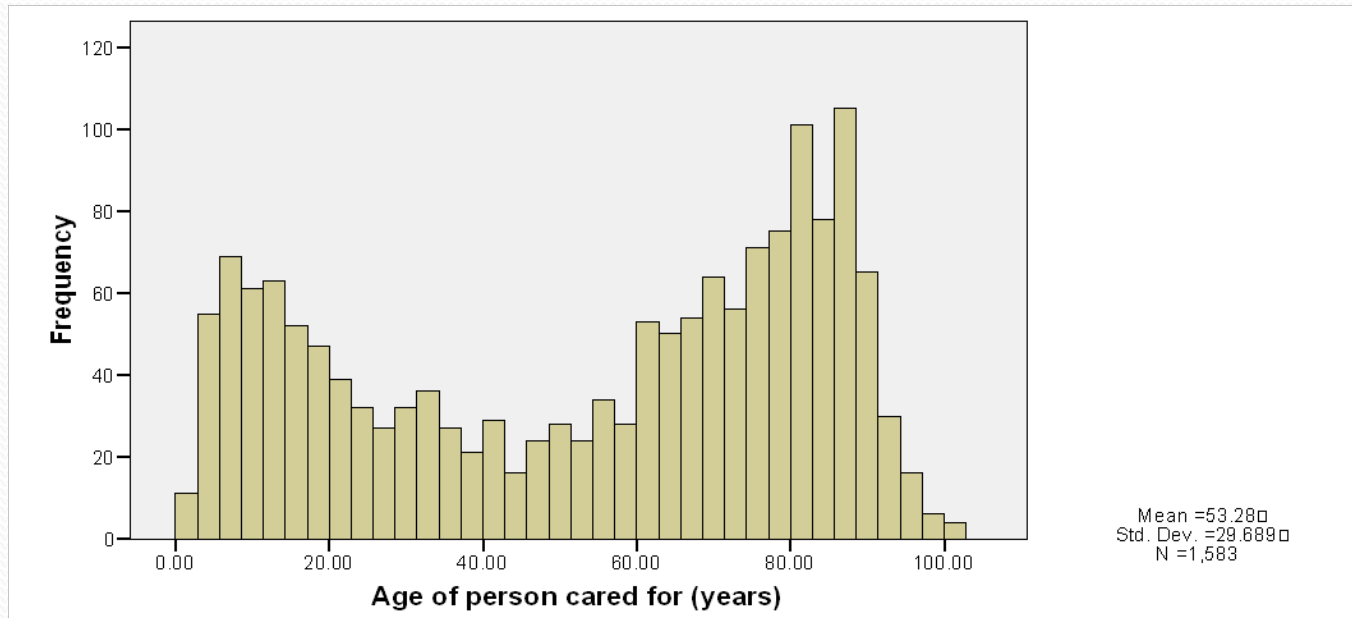
# Income-related characteristics of the carers-

		% of carers
<b>Carer's Allowance</b>	In receipt of full CA	86.1
	In receipt of partial CA	13.9
<b>Medical card</b>	Have a medical card	75.5
<b>Other sources of income</b>	No other sources of income	74.6
	Part-time job	9.6
	Odd job / occasional labour	1.8
	Other social welfare payments	3.3
	Income from relatives / friends	4.8
	Other	5.9
<b>Spouse / partner status</b>	Not living with spouse / partner	28.0
	Spouse full-time employed	25.4
	Spouse part-time employed	4.7
	Spouse unemployed	6.3
	Spouse receiving disability pay	17.0
	Spouse a pensioner	15.0
	Spouse in education/training	0.7
	Other	3.2

# Amount and location of caring- mostly 1 caree >59hrs

		% of carers
<b>Number of people cared for</b>	1	86.5
	2	12.9
	3	0.5
	4	0.1
<b>Hours of care provided</b>	0-19	1.7
	20-39	8.7
	40-59	13.6
	More than 59	76.0
<b>Living with person cared-for</b>	Co-resident	86.8
	Live in different households	13.2

# Age of person being cared for- two peaks – children and over 70's



# Main types of relationship with person cared for – 98.3% Family

	% of carers
Child	33.5
Child < 18	(18.6)
Child ≥ 18	(14.9)
Spouse/partner	25.6
Parent/parent-in-law	30.0
Other relative	9.3
Neighbour / friend / other	1.7



# Self-reported general health ?



# Self-reported general health

	<b>Carers</b>	<b>SLÁN (weighted)</b>
<b>Health rating</b>	per cent of carers	per cent of adult population
5 Excellent	10.5	12.9
4 Very good	25.5	32.0
3 Good	46.1	37.5
2 Fair	16.1	14.8
1 Poor	1.8	2.8
Total	100 per cent	100 per cent

(Base: total sample of carers, missing data = 13;  $\chi^2_{df,4}=46.6$ ,  $p<.0001$ )

# Satisfaction with health



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Satisfaction rating	Carers	SLÁN (weighted)
	per cent of carers	per cent of adult population
Very dissatisfied	3.4	2.5
Dissatisfied	9.3	9.2
Neither satisfied nor dissatisfied	17.1	18.2
Satisfied	55.4	53.1
Very satisfied	14.7	17.0
Total	100 per cent	100 per cent

*(Base: total sample of carers, missing data = 40;  $\chi^2$ df,4=8.9, n.s.)*

# Quality of life



# Quality of life

QoL rating	Carers	SLÁN (weighted)
	per cent of carers	per cent of adult population
Very poor	2.0	1.2
Poor	6.5	2.8
Neither good nor poor	23.3	13.5
Good	52.1	54.8
Very good	16.0	27.7
Total	100 per cent	100 per cent

*(Base: total sample of carers, missing data = 30;  $\chi^2_{df,4}=177.6$ ,  $p<.0001$ )*

# Specific health problems experienced in past 12 months

Experienced in last 12 months	% of carers
Stress / nervous tension	40.8
Headaches	29.8
Lower back pain	26.3
Aching joints	25.8
Anxiety	22.6
Depression	17.6
High blood pressure	15.8
Urinary problems	8.4
Rheumatoid arthritis	8.2
Osteo-arthritis	7.7
Asthma	6.8
Diabetes	3.8
Chest/lung disease	2.6
Angina	1.8
Stroke	0.6
Cancer	0.6
Heart attack	0.4

(Base: total sample of carers for each specific health problem)

# Impact of Caring On Health

Health has suffered	<i>per cent of carers</i>
Yes	29.5
No	70.5
Total	100 per cent

*(Base: total sample of carers; missing data = 30)*

- **Ruddle and O'Connor** - 30% believed that their health had suffered due to the demands of caring(1988)



# Perceived impact of caring role on leisure/recreational activities



# Perceived impact of caring role on leisure/recreational activities

<b>Leisure limited</b>	<i>% of carers</i>
Not at all	16.0
A little	38.6
Quite a lot	26.9
A great deal	18.5
Total	100 per cent

*(Base: total sample of carers; missing data = 39)*

# Specific difficulties experienced by carers

<b>Most difficult things about caring</b>	<i>% of carers</i>
Sadness for person I care for	55.6
Being constantly on call	50.9
Stress	49.2
Emotional strain	43.1
Lack of sleep / tiredness	42.1
Frustration	31.7
Isolation	22.8
Guilt	14.7

*(Base: total sample of carers, multiple response; missing data = 80)*

# Strategies to cope with caring role



# Strategies to cope with caring role

<b>Strategies used to keep going</b>	<i>% of carers</i>
Talk to friends	65.7
Watch TV	62.5
Praying / Faith	39.6
Exercise	35.9
Smoking	19.0
Use respite	13.2
Take medication	11.1
Drink alcohol	9.0
Attend support group	6.8
Use phone line support	4.5
Alternative medicine	4.0

(Base: total sample of carers, multiple responses; missing data =50)

# Rural/Urban Differences



# Rural/Urban Differences

- Rural >
  - Phone line support (4.7% v 3.9%)
  - Exercise (35.1% v 34.2%)
- Urban >
  - Prayer (40% v 36.4%)
  - Use alternative medication (4.1% v 3.6%)
  - Attend a support group (7.8% v 6%)
  - Use respite (13.6% v 11.8%)
  - Use medication (11.4% v 9.7%)
  - Smoke (21.7% v 15.8%)
  - Drink alcohol (10.2% v 7.8%)
  - Watch TV (62% v 59.7%)

# Support

**Support from household, wider family, friends and people in the workplace**

<b>Level of support</b>	<i>% of carers</i>
Little/None	18.7
Some, but no major source	29.0
One major source	32.0
More than one major source	20.3
Total	100 per cent

(Base: total sample of carers)



# Overall Comparative Support Score

Overall Comparative Support Score:

<b>Survey</b>	<b><i>Mean</i></b>	<b><i>N</i></b>	<b><i>St Deviation</i></b>
Carers	8.776	1413	5.98409
Slan (Weighted)	12.8647	5525	9.06480

# Lifestyle - Smoking



# Lifestyle - Smoking

Smoking cigarettes / cigars now	Carers	SLÁN (weighted)
	% of carers	% of adult population
Smoke regularly	25.9	21.0
Smoke occasionally	4.8	3.3
Do not smoke	69.3	75.7
Total	100.0	100.0

(Base: total sample of carers, missing data = 23;  $\chi^2_{df,2}=24.4$ ,  $p<.001$ )

# Lifestyle – Alcohol Consumption



# Lifestyle – Alcohol Consumption

Last time had alcoholic drink	Carers	SLÁN (weighted)
	% of carers	% of adult population
During last week	30.1	54.6
One week to 1 month ago	18.6	13.8
One month to 3 months ago	9.4	5.6
Three months to 12 months ago	8.5	3.6
More than 12 months ago	11.5	5.9
Never had alcohol beyond sips or tastes	21.9	16.6
Total	100.0	100.0

(Base: total sample of carers, missing data = 53;  $\chi^2_{df,5}=296.6$ ,  $p<.00001$ )

# Lifestyle – Alcohol Consumption (2)

Days drinking per week	Carers	SLÁN (weighted)
	% of carers	% of adult population
1	53.5	28.2
2	23.7	28.5
3	11.4	18.0
4	3.8	10.8
5	2.7	6.3
6	0.5	1.8
7	4.3	6.4
Total	100.0	100.0

(Base: people who drank in last 12 months;  $\chi^2_{df,6}=140.6$ ,  $p<.00001$ )

# Injuries

**Table 6.4. Injuries interfering with daily activities**

<b>One or more injuries in last 2 years serious enough to interfere with daily activities</b>	<b>Carers</b>	<b>SLÁN (weighted)</b>
	per cent of carers	per cent of adult population
Any injury	14.0	13.0
(Of which back injury)	(61.1)	??
No injury	86.0	87.0
Total	100.0	100.0

*(Base: total sample of carers, missing data = 55;  $\chi^2_{df,1}=2.0$ , n.s.)*

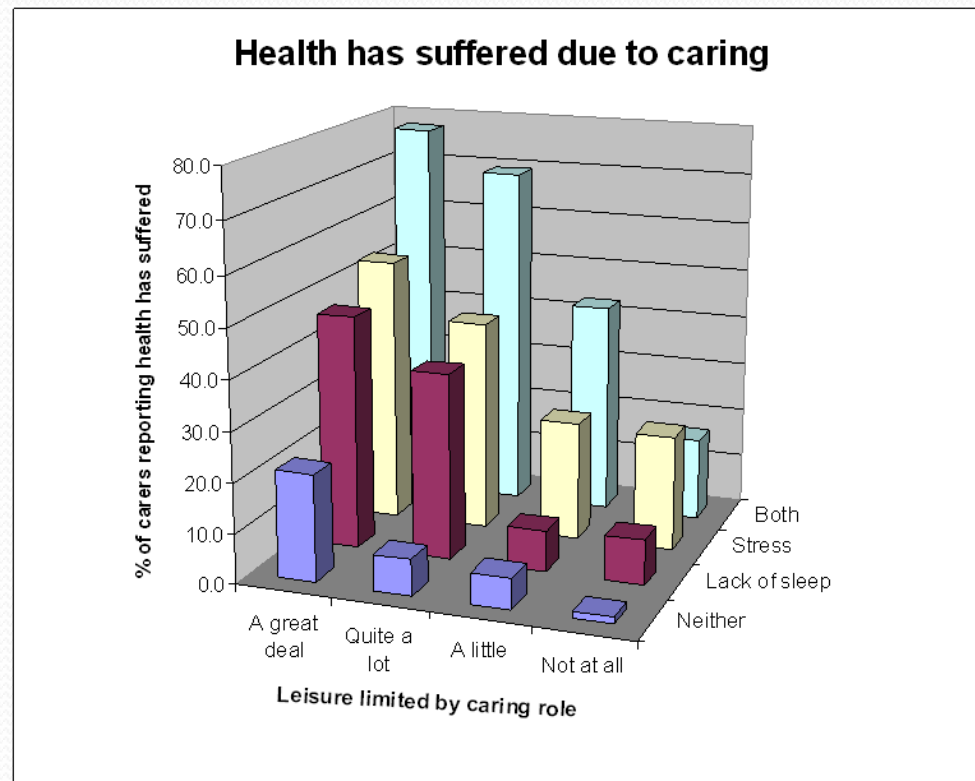
# Factors associated with negative outcomes for carers

**Factors increasing the likelihood of carer's reporting their health suffering due to being a carer**

Dimension	Specific factor	Relative likelihood of reporting health has suffered (compared with the first category in each case)
Type of care-related impact	1. Leisure limited by caring - not at all - a little - quite a lot - a great deal	1 (1.8) 4.6 7.8
	2. Stress - no - yes	1 3.2
	3. Lack of sleep / tiredness - no - yes	1 2.7
	4. Emotional strain - no - yes	1 2.7
	7. Isolation - no - yes	1 1.7
Moderators	6. Talk to friends (as coping strategy) - yes - no	1 1.7
Health-related lifestyle	5. Injury in last two years - no - yes	1 3.1



# Combined effects on health of key factors

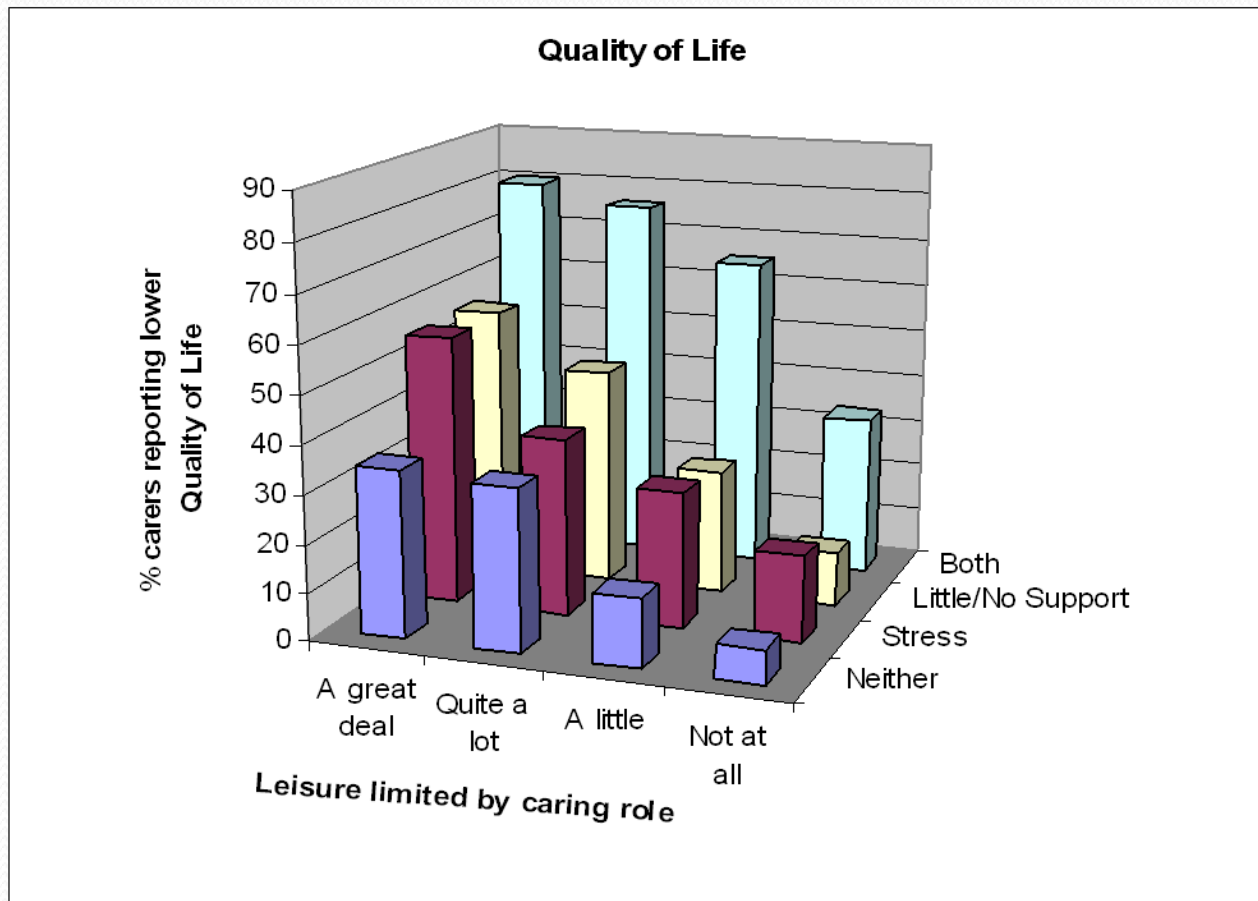




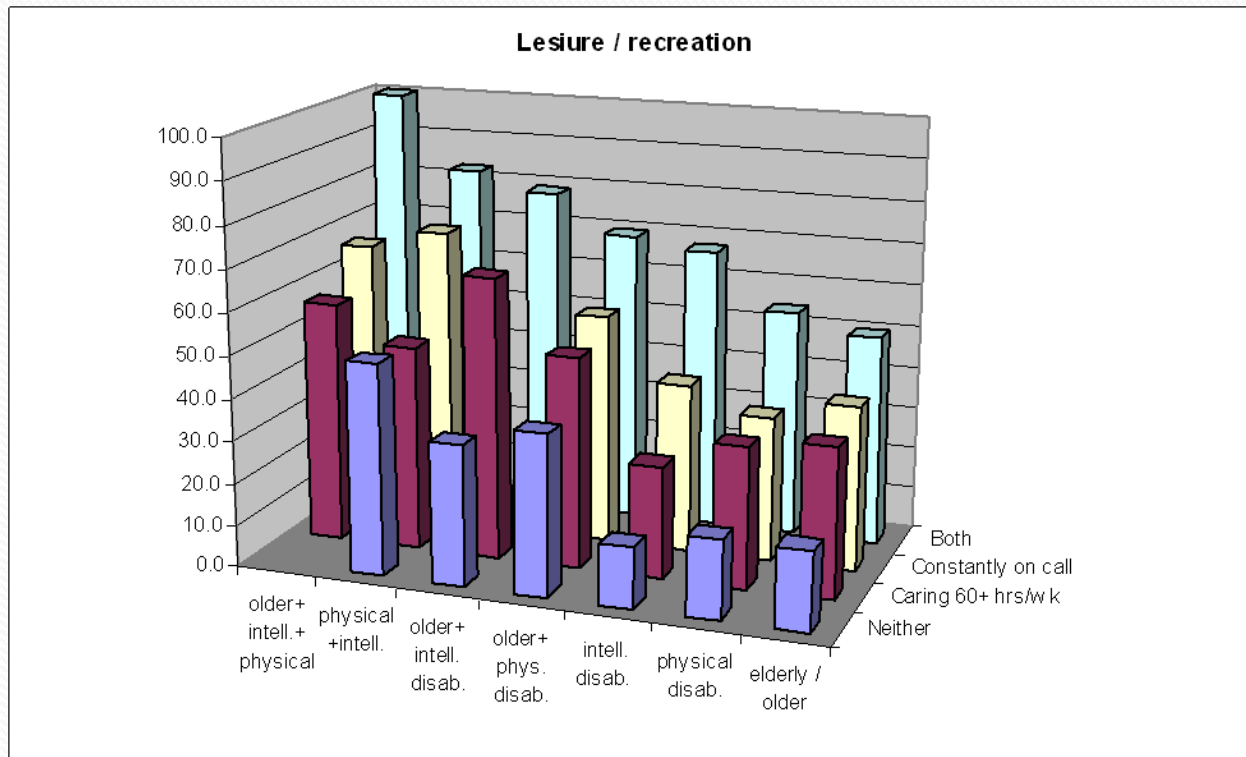
# Quality of Life – Stepwise Logistic Regression

- These variables, in order of statistical significance, were:
- leisure limited by caring (great deal 3.3, quite a bit 3.0)
- availability of support (little or none 2.7)
- Stress (1.9)
- talking to friends ( not reported as coping strategy) (2.0)
- Isolation (1.9)
- spouse in not full-time employment (1.9)
- lack of sleep / tiredness (1.7)
- emotional strain (1.5)
- Gender (1.6)
- prayer / faith (as coping strategy) (1.5)
- injury in the last two years (other than back injury).(2.1)

# Additive effect of interference with leisure, stress and lack of support on quality of life among carers



# Additive effects of hours of care, being constantly on call and type of needs on limitation of leisure/recreation activity



# Summary - 1

- Less like to report Very Good or Excellent Health
- Lower Quality Of Life
- Similar Satisfaction with Health
- High levels of Stress, Headaches, Lower back Pain, Anxiety and Depression
- 30% report caring impacting on their health
- Difficulties include sadness for caree, constantly on call, tiredness

# Summary - 2

- Coping strategies – Friends, TV, Prayer, Exercise
- Support levels – Comparatively low
- Higher levels of smoking
- Lower levels of alcohol consumption

# Key Recommendations

1. Promoting awareness of Family Carers and their support needs
2. Reducing carer stress
3. Targetting Male Carers
4. Carer entitlements and Income
5. Promoting Carers Health

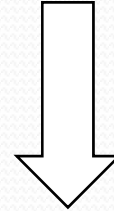
# Where do we go from here?

- Third level Liaison – NUI Galway, UCC, TCD, WIT
- Family Carers Research Alliance
- Further Research
  - Further analysis of existing data – UCD ISSDA
  - SLAN 06 Data Qualitative Research
  - Qualitative – Mediating Factors, Meaning of Support, Expectations, use of Respite care
  - Male Carers
  - Testing of Hypothesis
  - Carers Association Research



# *Proposed Hypothesis Model of Causal Connections*

**Caring**  
+  
**Lack of Leisure**  
+  
**Physical/Mental Strain**  
+  
**Lack of Support**



**Poor Health**

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- DSFA, CPA, Anglo Irish Bank
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- Family Carers

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Final Report will be available on our website in coming weeks

# Appendix 1 - Bibliography

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