

# 'Ahh sure I'm grand'

Self reported Health and Wellbeing of Family Carers in Republic of Ireland – The Evidence and The Implications.

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# Care Alliance Ireland - *About Us*

*The National Network of Voluntary Organisations for Family Carers*



- 70 Member Organisations
- 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

# This presentation will:

- Summarise recent Irish research on Family Carers Health and Wellbeing
- Reflect on implications for Carer Support

# Our Research Hypothesis

- **Low Income full-time Family Carers are a group that are particularly vulnerable to poor health**

# Summary of International Research

- Limited Irish research, not recent
- International
  - UK – more comprehensive - (Carers UK, 2004, Maher & Green, 2002, Boden, 2002; Carers UK, 2006)
  - Other - O'Connell et al, 2003, Morris, 2001, Cummins, 2007, Evercare, 2006.

# Sampling Method

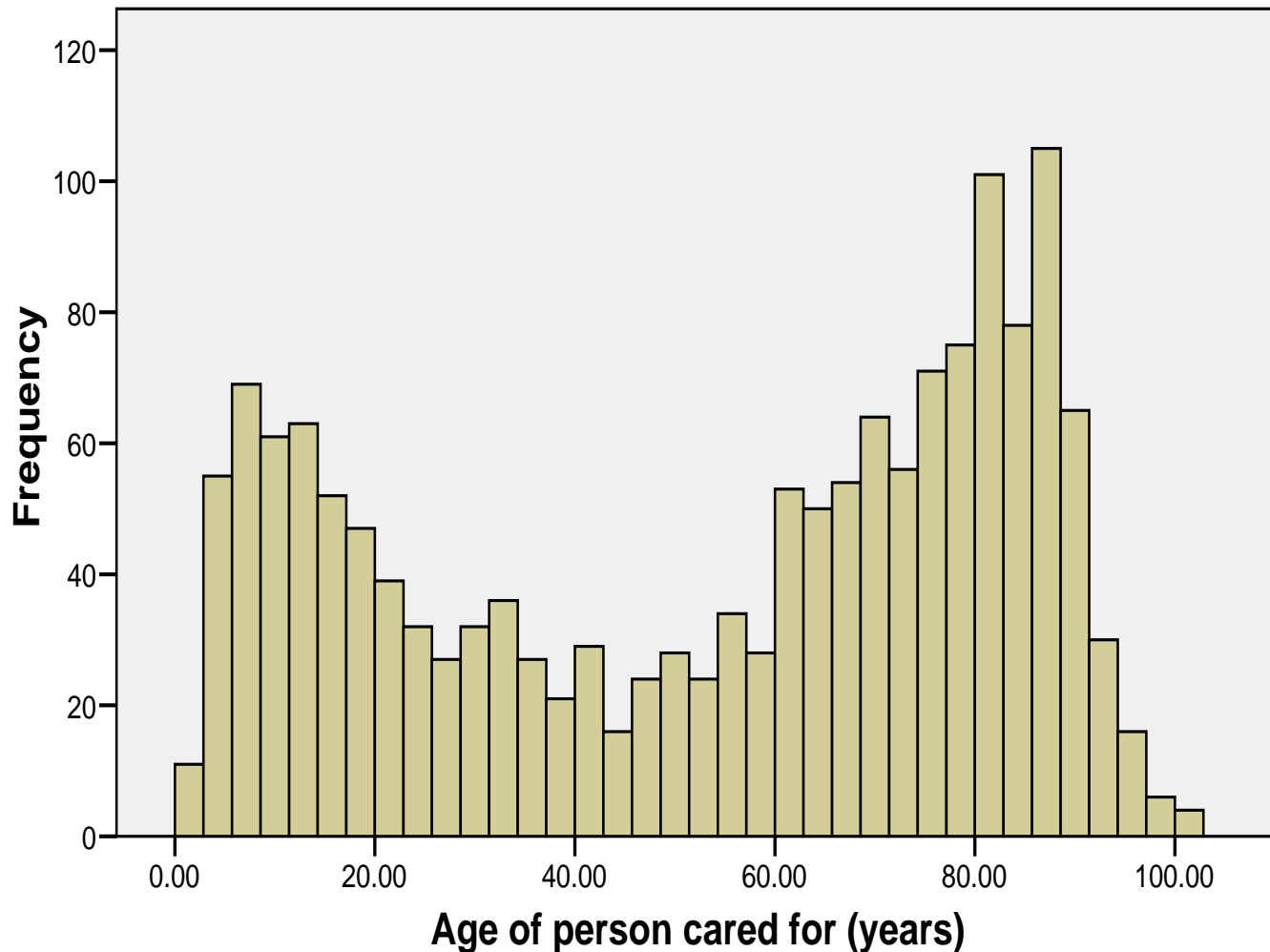
- Population – 28,340
- Sample of 10% - 2,834
- Response rate 50% - sample of 1,413.
- Gender – 80% Female/20%Male
- Control for age, gender, educational attainment (proxy for class/income)

# 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



Mean =53.28  
Std. Dev. =29.689  
N =1,583

# 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

<b>Health has suffered</b>	<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 ,1988- 30%**

# 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)

# 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

<b>Smoking cigarettes / cigars now</b>	<b>Carers</b>	<b>SLÁN (weighted)</b>
	% 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

	Carers	SLÁN (weighted)
<b>Last time had alcoholic drink</b>	% 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;  $\chi^2_{df,5}=296.6$ ,  $p<.00001$ )

# Injuries

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

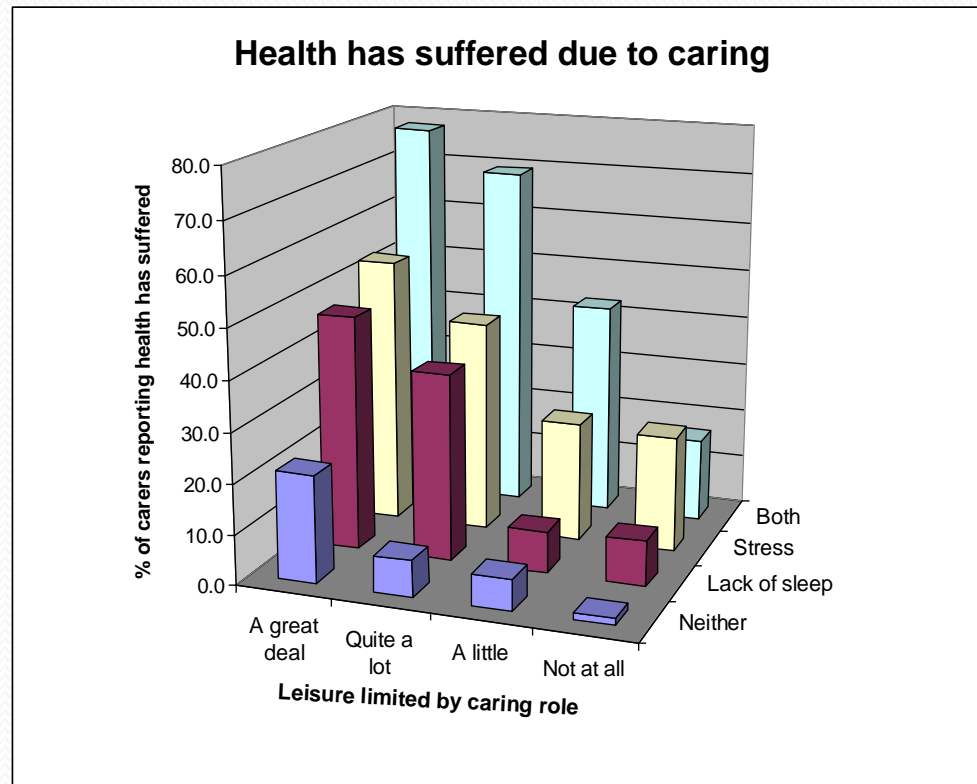
<b>One or more injuries in last 2 years serious enough to interfere with daily activities</b>	<b>Carers</b>	<b>SLÁN (weighted)</b>
	per cent of carers	per cent of adult population
Any injury	14.0	13.0
(Of which back injury)	(61.1)	??
No injury	86.0	87.0
Total	100.0	100.0

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

# Factors 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)

# Research Recommendations

- Opportunities for breaks
- Awareness of Needs
- Targetting Stressors
- Income Supports
- Support Male Carers

# 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

# Other Recent Irish Research (1)

- QNHS (ROI) 2009 –
  - 27% of carers scored 7 or more on the Caregiver Strain Index.
  - Two thirds of carers reported that their own life had been impacted by their caring responsibilities.
  - 38% of carers who looked after someone in the same household reported feeling completely overwhelmed by their caring responsibilities.

# Other Recent Irish Research (2)

- **Carers Assoc/Irish College of Psychiatrists (2009)**
- 71% reported their health as 'quite good' or 'very good', but well over half experienced being mentally and physically "drained" by their role.
- The types of caring tasks most reported to cause ill-health were; dealing with verbal/emotional abuse, coping with bizarre/inconsistent behaviour, and getting up in the night.
- Over half reported having a medical problem, the most frequent being back injury, and over half reported a significant mental health problem, the most frequent being anxiety disorder.
- Most carers worried how the person they cared-for would cope if they could not care any longer due to illness or death, and that they had no time for themselves due to caring.

# Other Recent Irish Research (3)

- Qualitative – Parkinsons – 2010 (Stokes/Care Alliance Ireland)

the role of Family Carer is both physically and emotionally demanding, particularly as the person's condition deteriorates and their caring needs intensify.

High blood pressure, tiredness, lack of physical energy, back problems and arthritis were all seen as consequences of caring. Feelings of loneliness, anxiety and depression were expressed as a result of the physical demands of caring.

**Recommendations** – Time for Self, Supports, Assessments, Collaboration, Health Promotion, Awareness, 24hr HelpLine

# Implications for Policy/Practice

- Strong evidence for over reporting of health – ‘Ahh sure I’m grand’ –uniquely Irish phenomenon?- objective v’s subjective
- How do we reach out to those who do not use respite, support groups, phone line support? Do we need to? Would they benefit? Do they know about the supports? The Hidden Carers?
- Intense Family Caring will drain people – maybe some cope better? Are Carer Assessments accurate predictors of this?
- How to protect services with most positive impact? Useful evaluation tools?
- Likely impact of reduction in supports? - Home Care, Income supports.
- Focus on protecting services or staff conditions? (ROI- NB)

# Resources of Possible Interest (1)

- Overview of Family Caring in Ireland (ROI) See <http://www.carealliance.ie/Family%20Caring%20in%20IrelandAugust2010>
- Invitation to be added onto our e-mail distribution list – occasional circa monthly e-mails on issues pertaining to Family Carers /Research/ Policy/ Practice/Service developments/Newsletter. Send request to [ndo@carealliance.ie](mailto:ndo@carealliance.ie)
- Latest newsletter – Opinion piece – See <http://www.carealliance.ie/pdfs/Final%20Newsletter%20Winter%202010.pdf>

# Resources of Possible Interest (2)

Full Reports/Executive Summaries of Three Research reports mentioned here are available on our website.

<http://www.carealliance.ie/publications.php>

List of recent, current and ongoing ROI Carer Related Research – See

<http://www.carealliance.ie/publications.php>

(July 2010)

# Contact Details

- Full copy of today's paper presentation is available to download on our website. [www.carealliance.ie](http://www.carealliance.ie)
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