

Key Findings

from

The Report on the Value of Caring

based on



Cost of Caring



The EUFAMI Caring Survey

carried out jointly by EUFAMI and the
Care and Policy Centre at the LSE

September 2020

This survey and report were possible thanks to the sponsorship of Ferrer Internacional S.A, Janssen Pharmaceutica NV, Lundbeck A/S and Otsuka Pharmaceutical Europe Ltd. The sponsors did not have any influence over the content.

The **average length** of the caring week **exceeds** the **length of the working week**

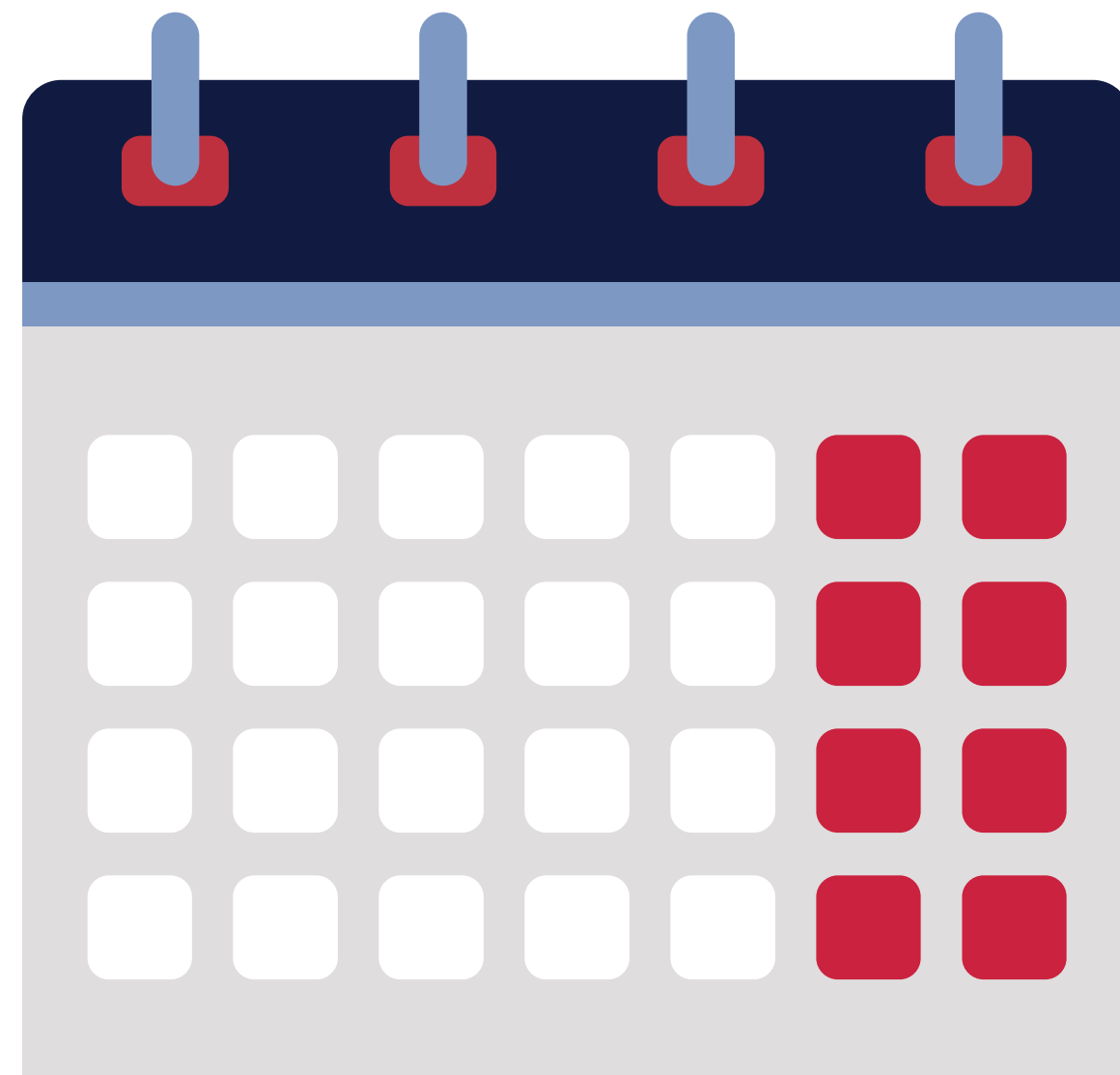


43 hours

of care every week – well in excess of the average working week.

41%

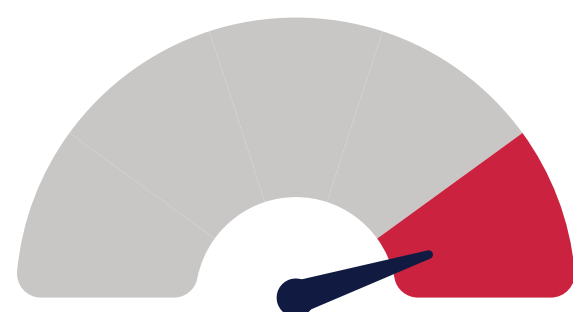
of all carers have to balance caring with employment.



Much **longer** 'caring weeks' for Carers who **live with the** **person they support**

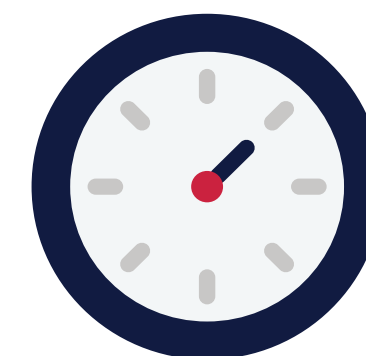


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**Significantly higher
levels of care**

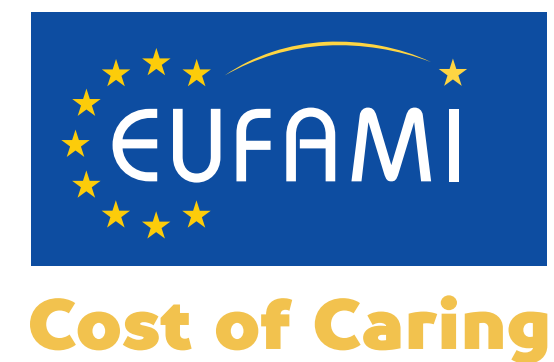
than carers who live
apart from the person
they support



On average more than
65 hours a week

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Between **€23.62** and **€28.75**
is the value of a **‘Caring Hour’**



€23.62
What carers would
pay a person to
provide an extra
hour of care



Carers estimated
the value of an extra
hour of care to be
€28.75

The estimated **economic value of informal care time** is substantial



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€74,907

per annum using the
willingness to accept
approach



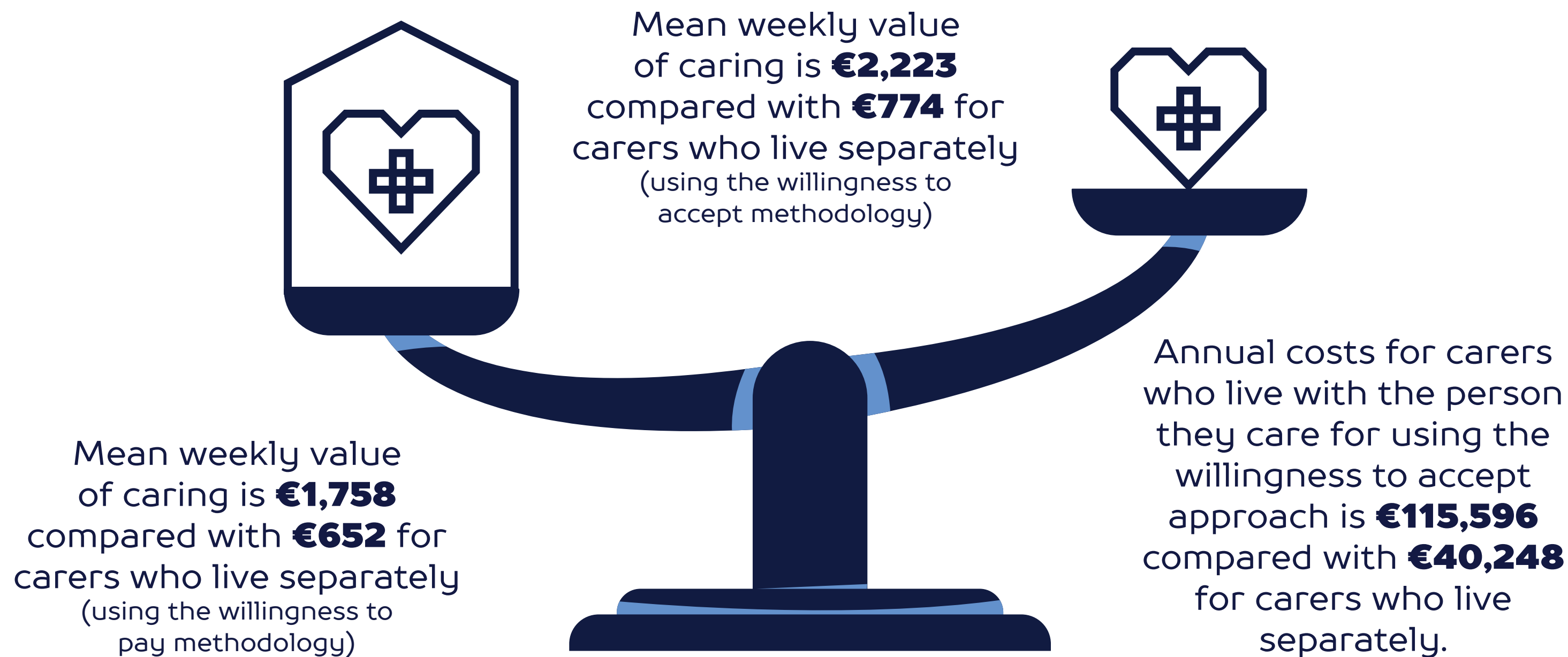
€61,026

per annum using the
willingness to pay
approach

The estimated **economic value of informal care time** is significantly **greater for carers who live with the person they support**



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The **value** of caring time is just **one part** of the true value of caring



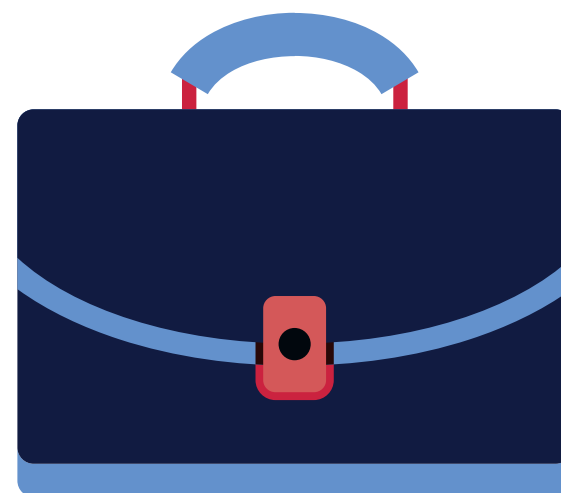
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Other impacts which should be considered when putting a value on caring:



Loneliness



Long term impacts on career progression



Associated possible stigma

€84,605:

Total average economic impact of caring, up from **€74,907** when the above impacts are taken into consideration.
(using the willingness to accept value of carer hours methodology)

Carers are **much more lonely** than the general population



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5.88

mean loneliness score – significantly greater than typical scores of between 3 and 4 for European populations



5.62

care recipients with one mental morbidity

5.99

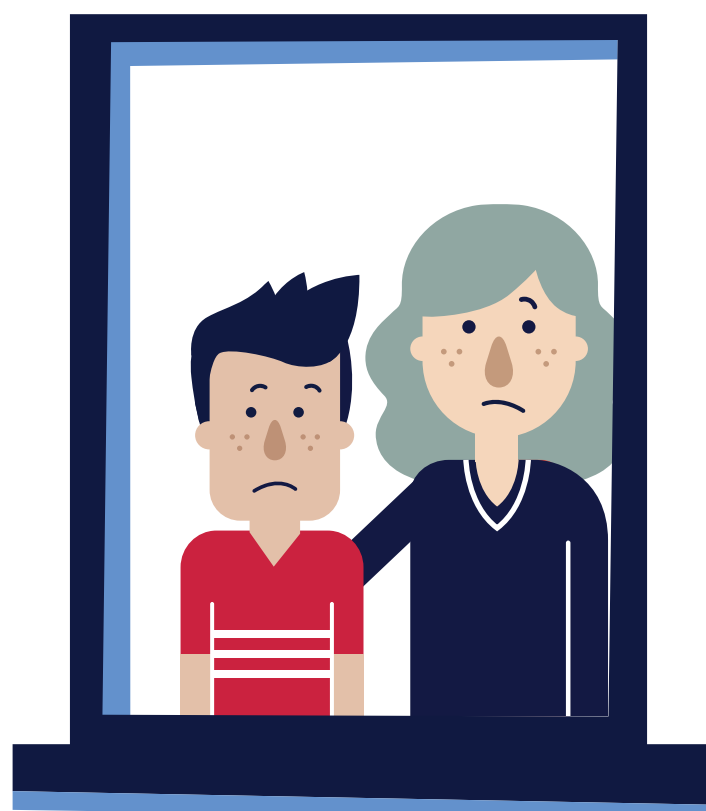
care recipients with two morbidities

6+

for all additional levels of morbidity.

3 item short form UCLA-3 loneliness instrument. Scores range from 3 (the lowest level of loneliness) to 9 (the highest levels of loneliness). Scores of 6 and above are often thought to indicate substantive loneliness

Longer 'caring weeks' and living with the person carers support are among potential factors associated with higher levels of loneliness

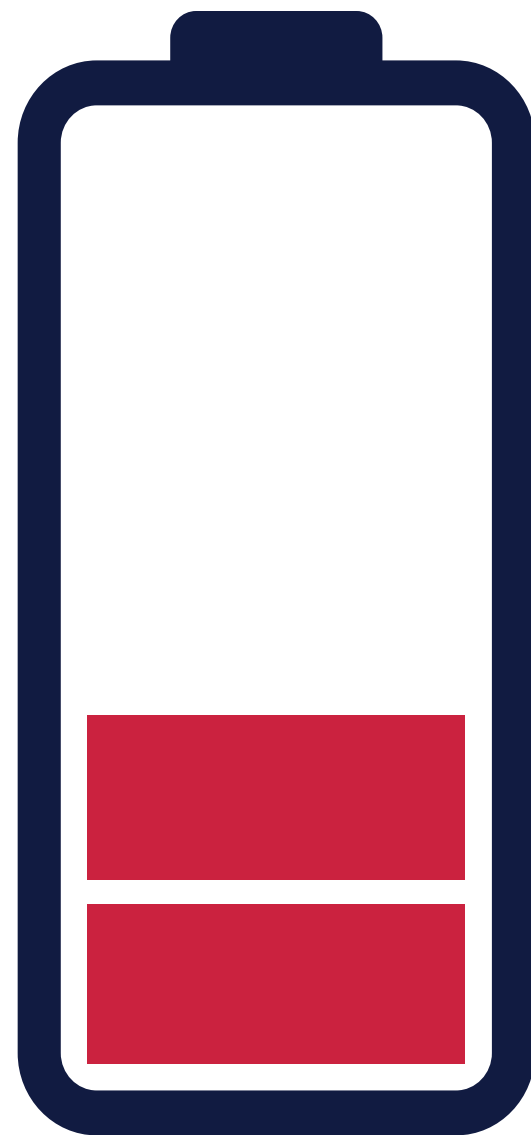


In regression modelling **potential factors** that influence loneliness levels in carers include **living with the person they support** (and spending more time on caring activities).



Carers were **less lonely** when they reported having higher **levels of happiness** (using the CQOL happiness instrument)

Quality of Life for carers is
40% lower than if they
were not caring



40%

lower levels of QoL than
if they were not caring.

60.29

is the mean quality of
life score

(100 is highest value where caring has no impact on quality of
life and 0 lowest value – CarerQOL-7d)

Quality of Life is significantly lower for carers who live with the person they care for



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56.17

QoL scores for carers who live with the person they care for



63.78

QoL scores for carers who live separately from the person they care for

Quality of Life for carers is **lower** when the care recipient has **multiple mental disorders**



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QoL score declines
as the number of
mental disorders
increases.

Carer QoL scores
are lowest
where care recipients have a
personality disorder or an
eating disorder, partly because
most of these care recipients also
have other diagnosed mental
health problems .

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Carers **reduce their time** in **work, education, volunteering and leisure**



43%

of carers have reduced their work hours in work due to caring responsibilities: on average by 19.49 hours a week



33%

reduced their participation in educational activities: a mean reduction of 9.62 hours per week

82%

gave up an average of 12 hours of leisure a week because of caring

Over 50%

reduced volunteering time: a mean reduction of 6.15 hours per week

A quarter of carers self-report having a diagnosis of **depression or anxiety disorder**



71%
of carers had been in **contact with primary care doctors** at least once in the previous 3 months.

27%
of all carers reported having a diagnosis of **depression and/or anxiety disorders**.

Musculoskeletal health problems were also frequent with 23% of carers reporting having **arthritis** and 26% **back pain**.

The **majority** of carers **do not receive formal support** to help with caring



Only 15%
of carers are **complemented by paid carers**, on average receiving 4 hours of paid care per week



33%
of carers indicated **receiving some other form of additional support**

43%
of care recipients **attended some regular external activity**, on average 2.6 days every week – each activity on average lasting 75 minutes

45%
of carers were involved in **peer support groups** for an average of 2 hours per week

The **majority** of carers **have not** had a **formal assessment** of their **caring needs**



Only **23%** of respondent carers had requested or had a formal assessment of their care need



Carer assessments are an important way to identify needs and help prevent crisis events occurring

Carer assessment provides an opportunity to determine whether a carer may benefit from access to respite services