

A picture of informal care in the Province of Groningen

In the Netherlands many people are informal carers. Informal care is the care provided to loved ones with health problems, a disease, or limitation. There is always a personal relationship between the care provider and the care receiver: partner, parent(s) (in-law), (grand) child, family member, friend or neighbour.

State Secretary van Rijn of the Ministry of Health, Welfare and Sport recently wrote a policy letter to the House of Representatives in which it is stated that he wants to ease the position of the informal carers. In the coming years the government will ask people to dedicate themselves even more to provide care for their loved ones. There is an increasing demand for informal care. What can people do themselves? What can their networks do for them?

However, there are limits to the dedication of informal care givers and volunteers. Where do those limits lie? When is it a matter of asking or asking too much? What kind of support is needed?

These are the questions that will come up for discussion in the first research of the Groningen Panel. In this report, the theme informal care is specifically discussed in details.

How many people are informal carers?

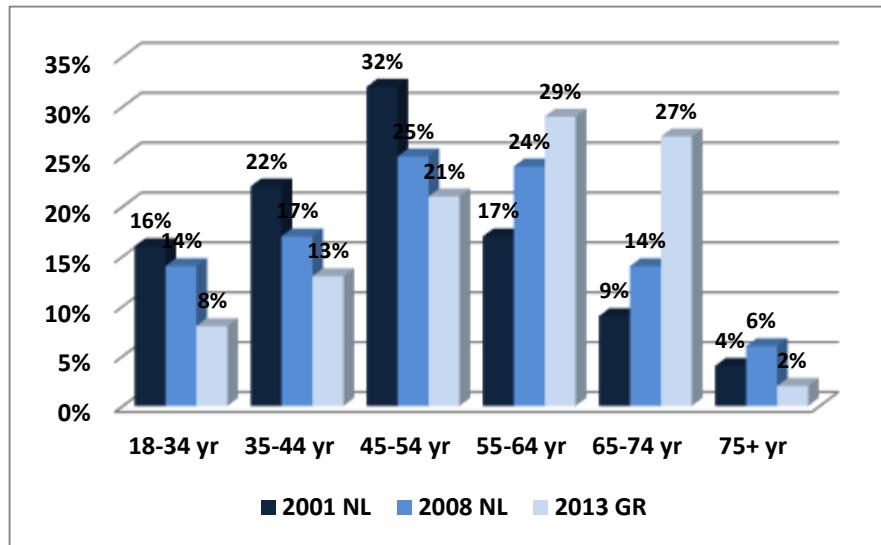
In this research 18,8% of the respondents is an informal carer (N=268). Regarding the Province of Groningen this means that about 90.000 people who are 18 years and older are informal carers. These people have provided informal care the past year for more than 3 months and/or more than 8 hours a week. In 2008 this percentage in the Netherlands was 20% (SCP, 2010).

	Province of Groningen 2013
No informal carer	81,2%
More than 8 hours a week or more than 3 months	8,3%
More than 8 hours a week and more than 3 months	10,5%

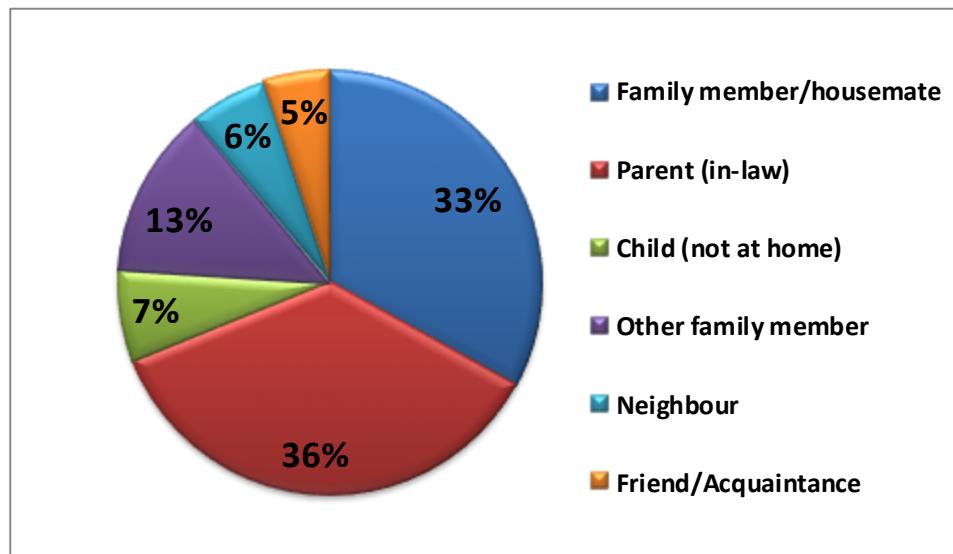
Of the 268 informal care givers, 149 persons provided informal care last year for 8 hours a week and longer than 3 hours; so this is 55,7%. Regarding the Province of Groningen this concerns about 50.130 people of 18 years and older. National this was 42% in 2008 (SCP, 2010).

Which characteristics do informal carers have?

In our panel research 57,8% of the informal carers is female; national this was 60% in 2008. In this division not much has changed in the past decades (SCP, 2010). The table below shows the average age of informal carers in the past years. A comparison is made between the situation in the Netherlands in 2001 and 2008 and in Groningen in 2013. A shift to the older age categories is visible. In other words: during the last decade the average age of informal carers has constantly increased.



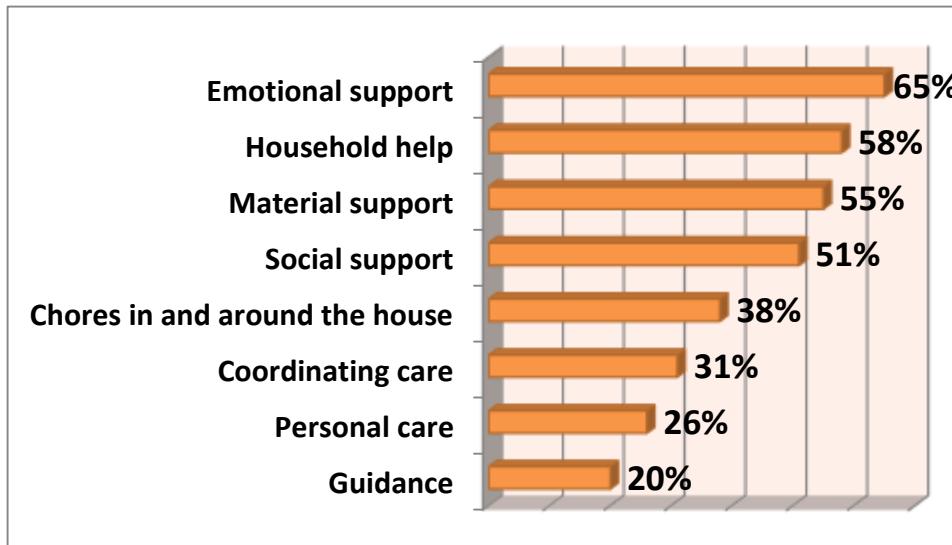
To whom is informal care provided to?



This figure shows that the biggest part of informal care is provided to family members (89%). Within the category family members, especially housemates and parents (in-law) receive informal care.

What kind of informal care is/was provided?

The figure below shows what kind of informal care is provided. Emotional support ranks highest at this. This for example may be offering someone a listening ear or encouraging someone. Help in household work and material support are also provided a lot. Regarding the latter it may include transport or help with administrative work.



What kind of care is given to whom?

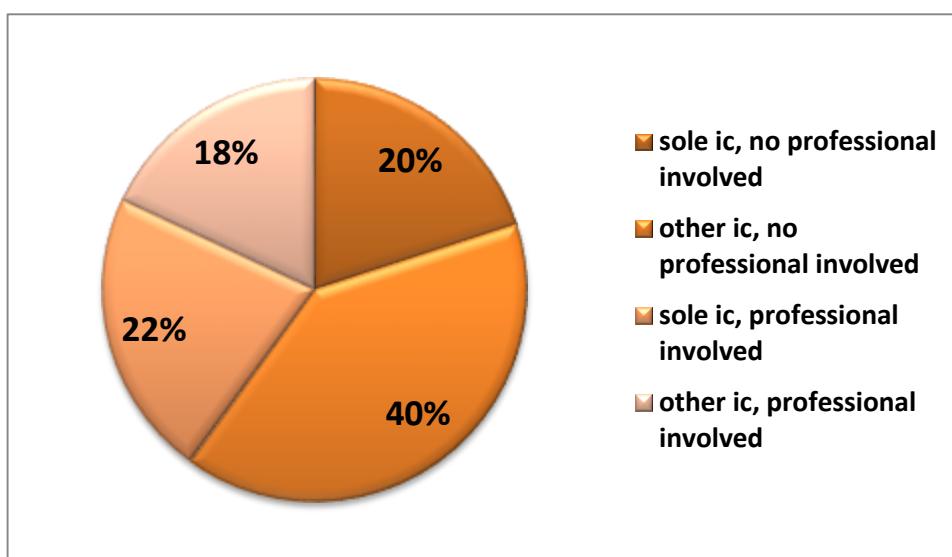
In the research it was considered whether the relationship the informal carer has with the care receiver matters in the type of care provided:

- With family members/housemates the entire range of care can be found;
- With parents (in-law), children who do not live at home and other family members it is especially about household and material help, and about social and emotional support;
- With neighbours, friends and acquaintances it is especially about social and emotional support and to a lesser degree about household help and chores in and around the house.

It is striking that personal care is mainly provided to family members/housemates and only now and then to others such as a child living away from home or another family member.

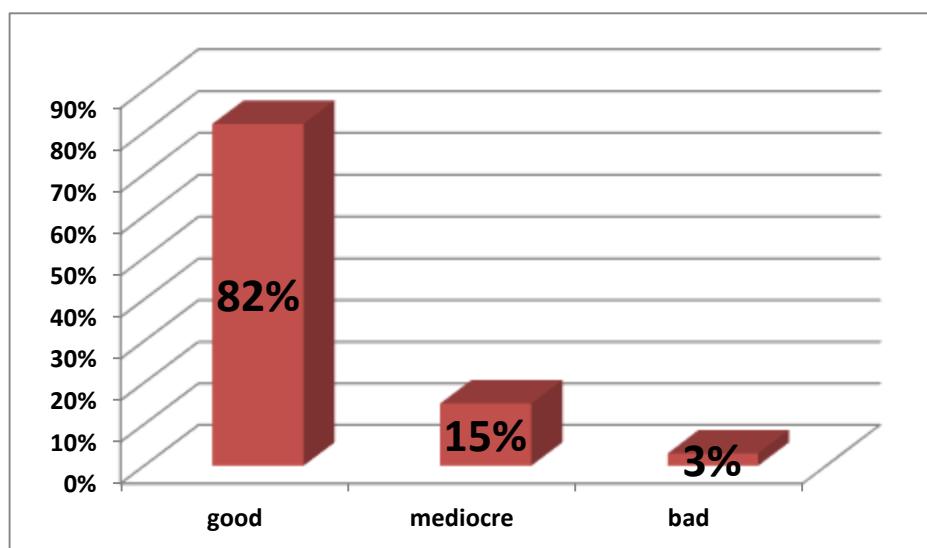
Sharing the care with other informal carers or with professionals

The figure below shows to what extent informal carers share the care with other persons, or whether they are the sole care providers.



The figure shows that one in five informal carers (20%) is the sole informal carer whereby the care is (also) not shared with professionals. With the largest group, namely 40%, the care is shared with other informal carers, but there are no professionals involved yet. With the remaining 40% there are professionals involved in providing the care. This involves household help and/or personal care by home care or district nursing service.

How do you experience the cooperation with other informal carers and/or professionals?



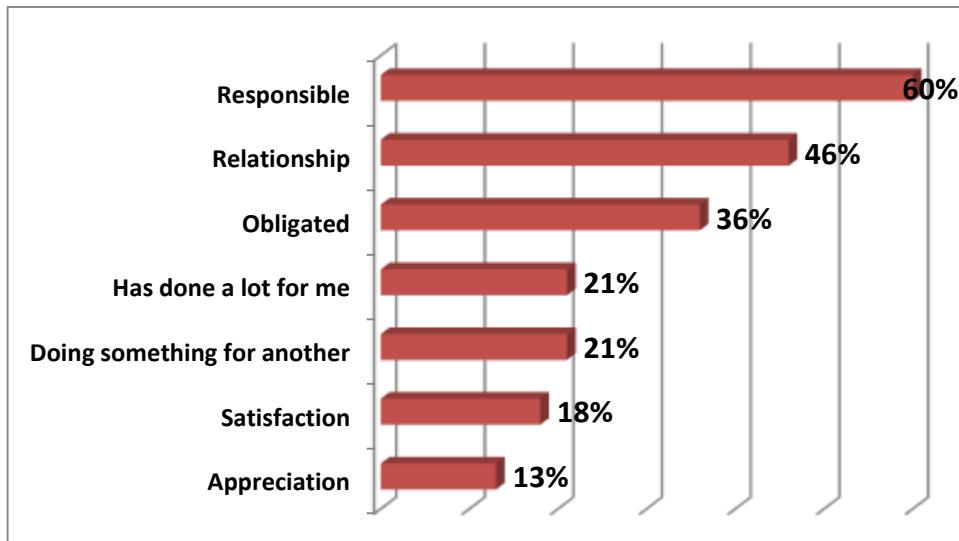
This is a positive image: well over 80% has no complaints about the cooperation with other informal carers and/or professionals.

Can you easily let go of the situation of the person whom you provide care to?

One in three informal carers indicate that they cannot easily let go of the care. The same applies to a greater extent for people who do not share the care with other informal carers: 40%. With informal carers who do share the care with others this percentage is lower: 22%. Shared responsibility apparently works positively.

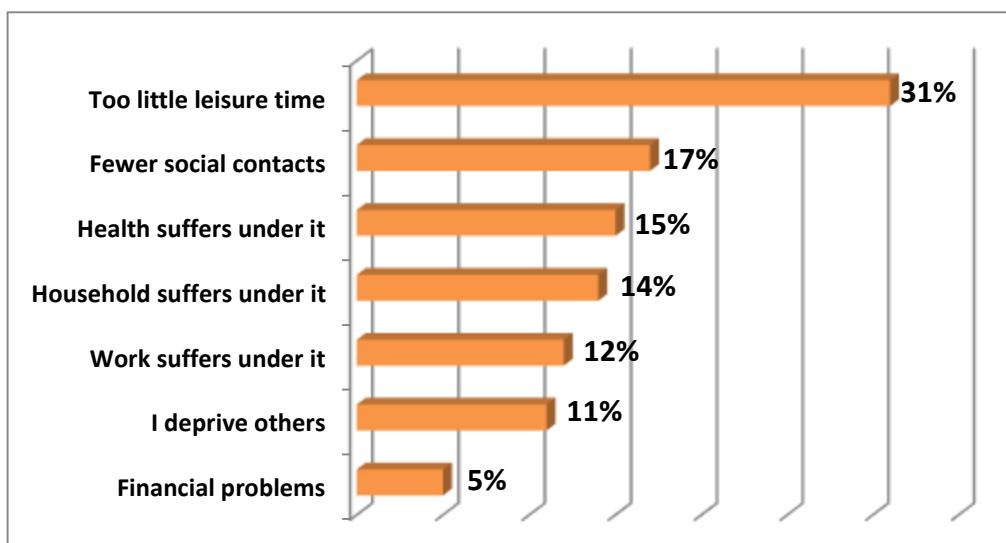
What are the most important reasons/motives to provide informal care?

With the figure below is made clear that the informal care is especially provided, because people feel responsible and obligated because of the relationship they have with someone. This is in line with the starting point that informal care in general is not a choice, but is just provided because it is necessary.



Do informal carers experience limitations in their other occupations?

Well over half of the informal carers (52%) indicate that they experience limitations in other occupations due to providing care. The table below shows that informal care comes at the cost of leisure time. It is imaginable that long-lasting lack of leisure time comes at the cost of the decisiveness of informal carers in time, because they have less time to relax.



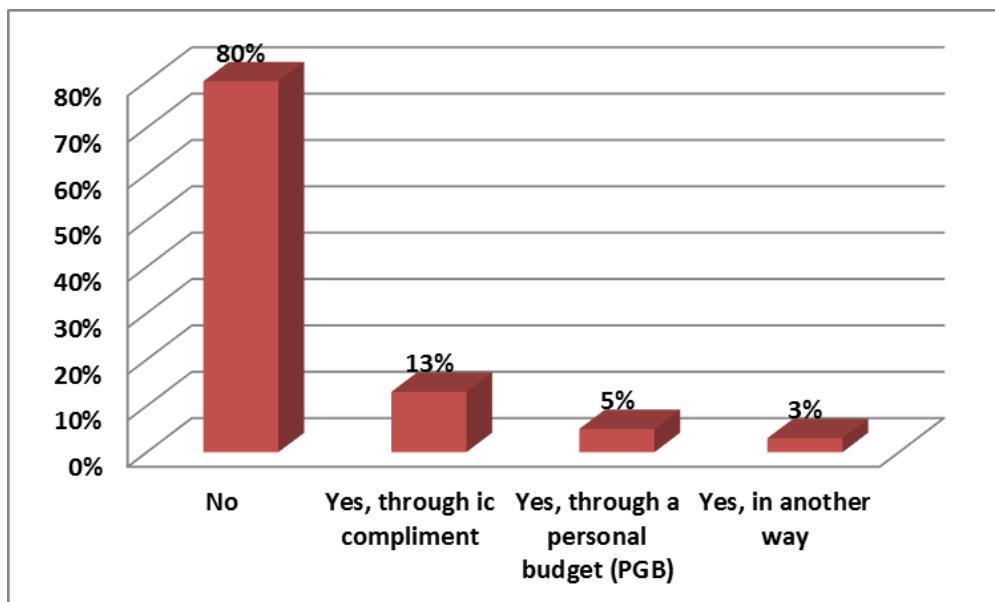
Support by the municipality

In the context of the Social Support Act (Wmo) municipalities must have a vision and policy in the area of informal care support. The municipal policy is meant to support informal carers in their tasks. In the research we registered if, and if so, to what extent informal carers indeed feel acknowledged and supported in their municipality. Below are 10 statements whereby informal carers could indicate whether these applied to them. The percentage behind each statement indicates how many informal carers agreed with the statement.

Statement	%
I can manage fine, I do not expect anything from the municipality or another organisation	58%
I do not know where to go with my questions and problems	22%
In the municipal and regional papers I regularly read about informal care	18%
I do not have to do it on my own, there are enough possibilities to appeal to others	14%
In my municipality activities are regularly organised for informal carers	11%
I know how my municipality wants to support informal carers	8%
I would like to talk sometime with someone from the municipality or an organisation about my care tasks	7%
My municipality shows that they appreciate the work of informal carers	6%
When I want a break from caring, the care can be provided by another (organisation)	4%
In my municipality personal contact with informal carers is sought after	2%

From these results the picture emerges that informal carers see the care especially as their own (private) responsibility. Furthermore they apparently do not have the perception either that they can appeal to others or an organisation if they want a break from the care they provide. These results also show that informal carers are not very familiar with the activities that are organised for informal carers by their municipality.

Do you receive financial compensation for the care you provide?



By far most of the informal carers do not receive financial compensation for the care they provide. A small difference is noticeable between male and female informal carers: about 15% of the male informal carers receives a compensation; 24% of the female informal carers receive a compensation.

Conclusion

One out of five residents in our Province has provided informal care in the past year. Well over half of these informal carers provides long-lasting and intensive informal care (in the past year longer than 3 months and more than 8 hours a week). The average age of informal carers has considerably increased the past 10 years.

Informal care is especially provided because people feel responsible and obligated because of the personal relationship. The information shows that providing informal care especially comes at the cost of the leisure time one has; in short, less time remains to relax. It matters a lot whether they can share the care with others; if there are other informal carers or professionals that can provide care, they feel less burdened and can let go easier of the situation of the person whom they provide care to. Informal carers are in general positive about the cooperation with others.