



**Eurocarers Annual General Assembly**

**3<sup>rd</sup> June 2021**

# **KEY LEARNINGS FROM THE EUROCARERS SURVEY ON COVID-19 AND CARERS**

**Marco Socci**

**on behalf of Sabrina Quattrini, Sara Santini, Mirko Di Rosa, Giovanni Lamura,**

**Olivier Jacqmain and Stecy Yghemonos**

**IRCCS-INRCA - National Institute of Health and Science on Ageing**

**Centre for Socio-Economic Research on Ageing**

**Via Santa Margherita 5 – 60124 Ancona, Italy**

**E-mail: [m.socci@inrca.it](mailto:m.socci@inrca.it)**

# Background

- Many studies have been conducted on the clinical outcomes of the pandemic and on formal carers, but fewer research (mainly at national level) focused on the impact of the COVID-19 outbreak on informal carers
- To fill this gap, an ad hoc cross-national study was launched

# Study on the consequences of the COVID-19 outbreak on informal/family/unpaid carers across Europe

- Promoted by Eurocarers, in collaboration with the Centre for Socio-Economic Research on Ageing at IRCCS INRCA - National Institute of Health and Science on Ageing, and with the support of the European Commission
- Targeted at all informal/family/unpaid carers of older, frail or disabled people across Europe willing to share their experience during the COVID-19 crisis

# Aims

- **To map and analyse the impact of the COVID-19 pandemic on informal carers** across Europe (e.g. on carers' health, caregiving situation, support networks, access to health and social services, working status, work-life balance and finances)
- **To collect carers' opinions and suggestions** on how to be appropriately supported in pandemic times and in the future
- **Provide policy suggestions** to better support informal carers

# Methodological aspects 1/2

- **Online survey** available in 10 European languages (Czech, English, Estonian, Finnish, Finnish/Swedish, French, German, Italian, Portuguese, Swedish)
- **Data collection:** 24<sup>th</sup> November 2020-8<sup>th</sup> March 2021

# Methodological aspects 2/2

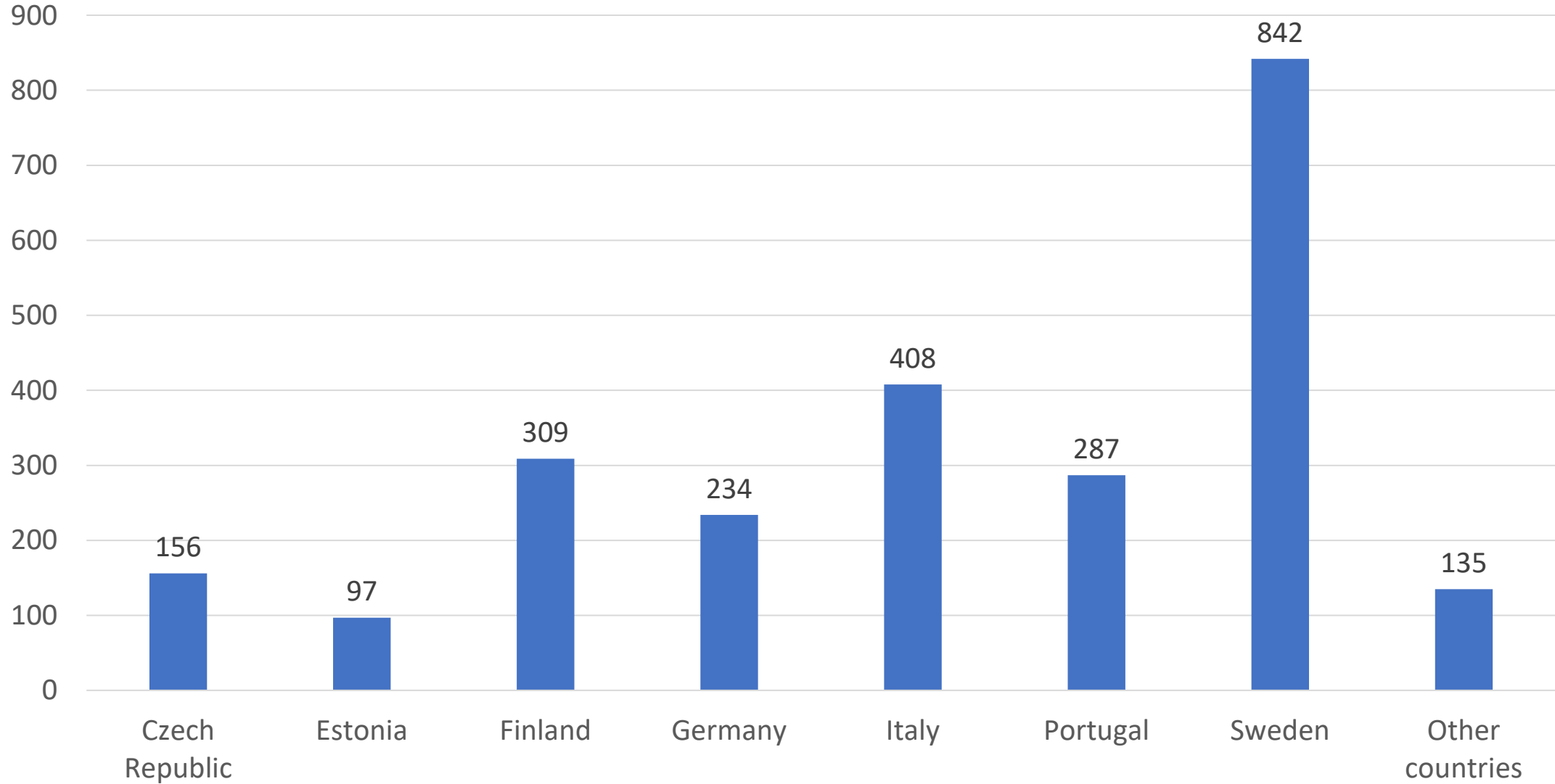
- **Dissemination:** cross-national activities coordinated by Eurocarers, through its broad network of member organisations; country-specific activities and strategies put in place in order to respond to national/local specificities
- **Recruitment:** respondents mainly recruited from among the membership of carer/patient organisations, or via them, by means of mailing lists, websites, newsletters, or through social media channels (e.g. Facebook, Twitter)

# Online questionnaire

1. Socio-demographic and personal information on survey respondents and care recipients
2. Impact on personal and caring circumstances
3. Impact on health and social services for carers and care recipients
4. Impact on working status and finances
5. Use of technology to face the consequences of the COVID-19 outbreak
6. Opinions and suggestions on better supporting carers in times of a pandemic

# The sample

(N=2,468)

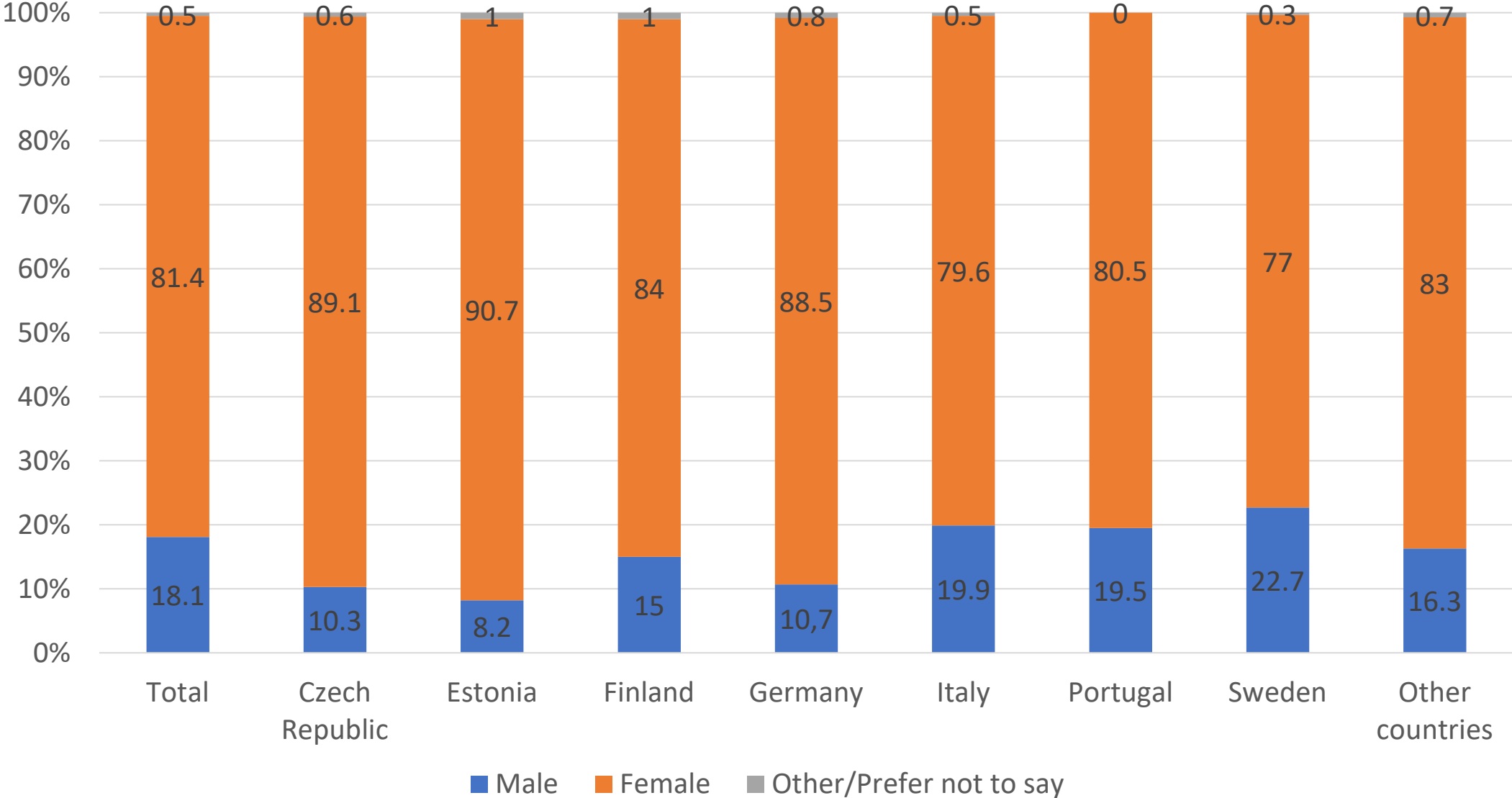




# Main results

# **Socio-demographic and personal information on survey respondents and care recipients**

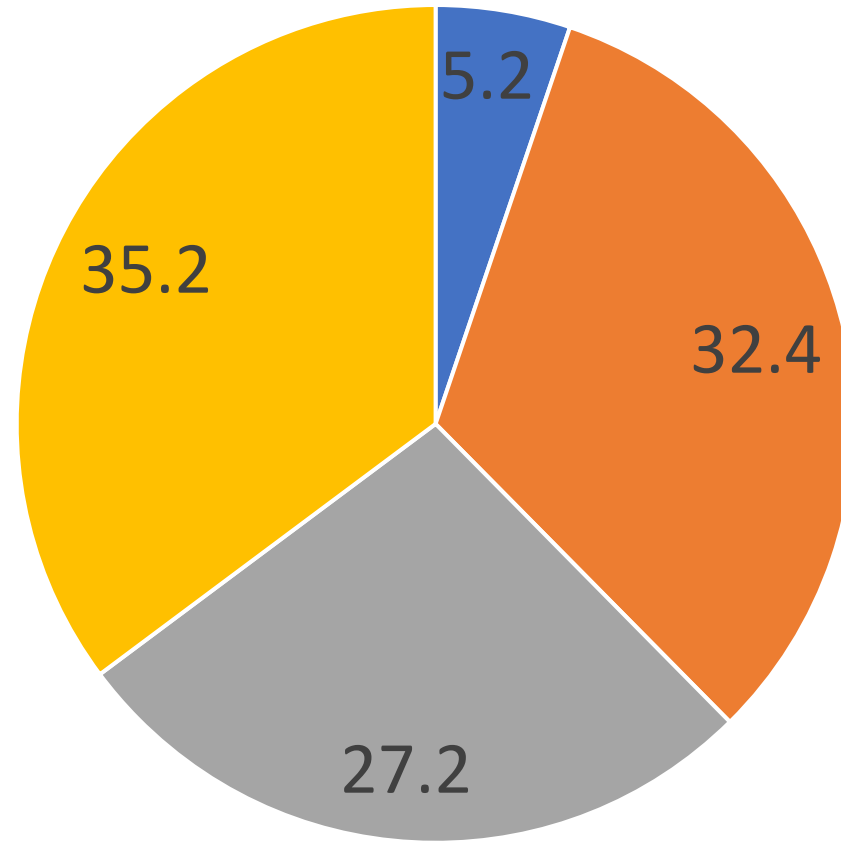
# Carers respondents, per gender (%)



# Other carers' characteristics

- Mean age: **57.3 years**
- Age brackets: 65 or older: 29.5%; **18-64: 70.1%**; under 18: 0.4%
- **73.8% married or cohabitant**
- **High educational level** (87.7% upper secondary education or university)
- **22.5% care for more than one person**
- **60.8% carers** assert that their **health status** has been **negatively affected by their caregiving**

# Duration of the caregiving experience (%)

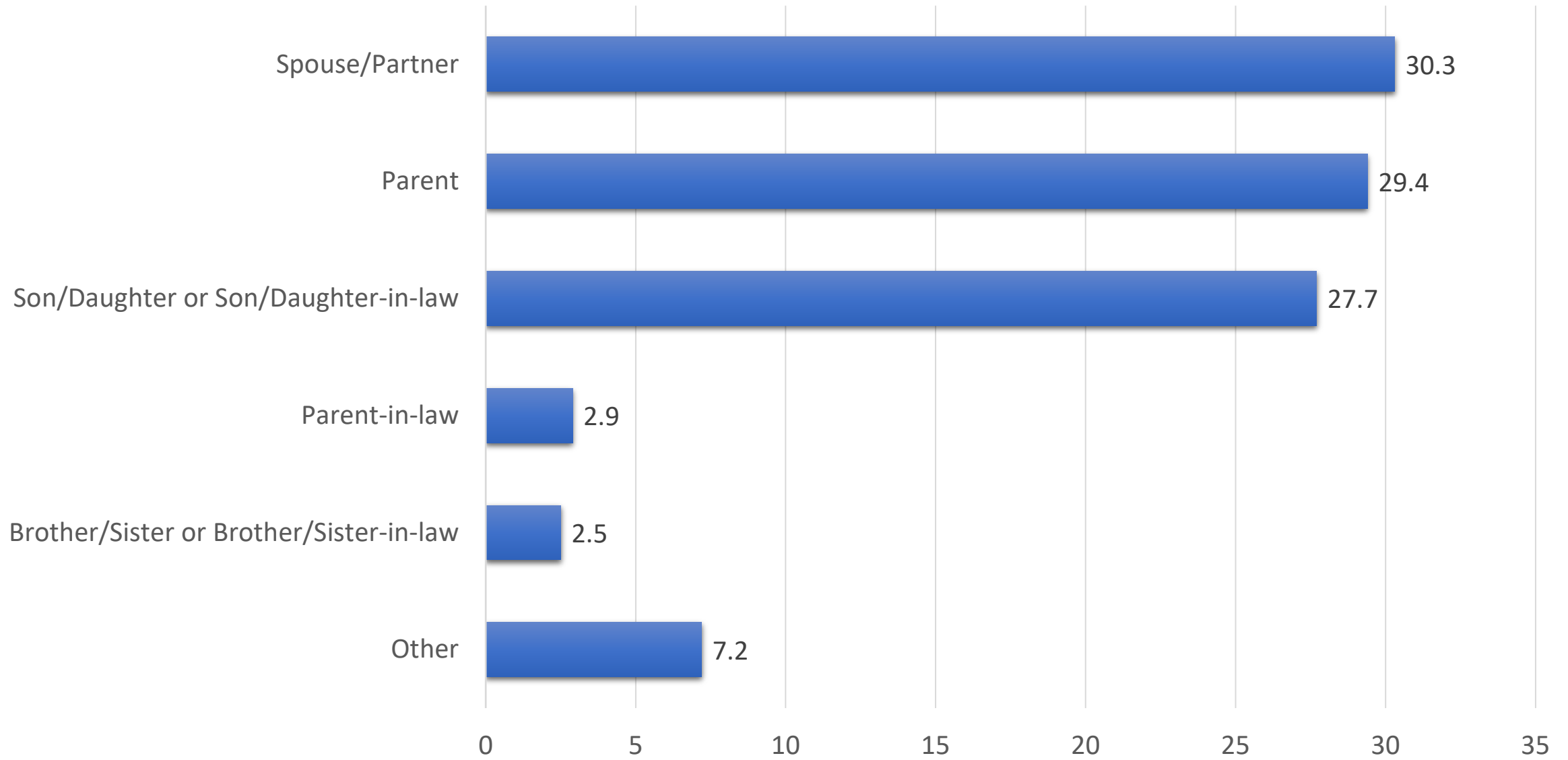


■ Less than 1 year ago   ■ 1-4 years ago   ■ 5-10 years ago   ■ More than 10 years ago

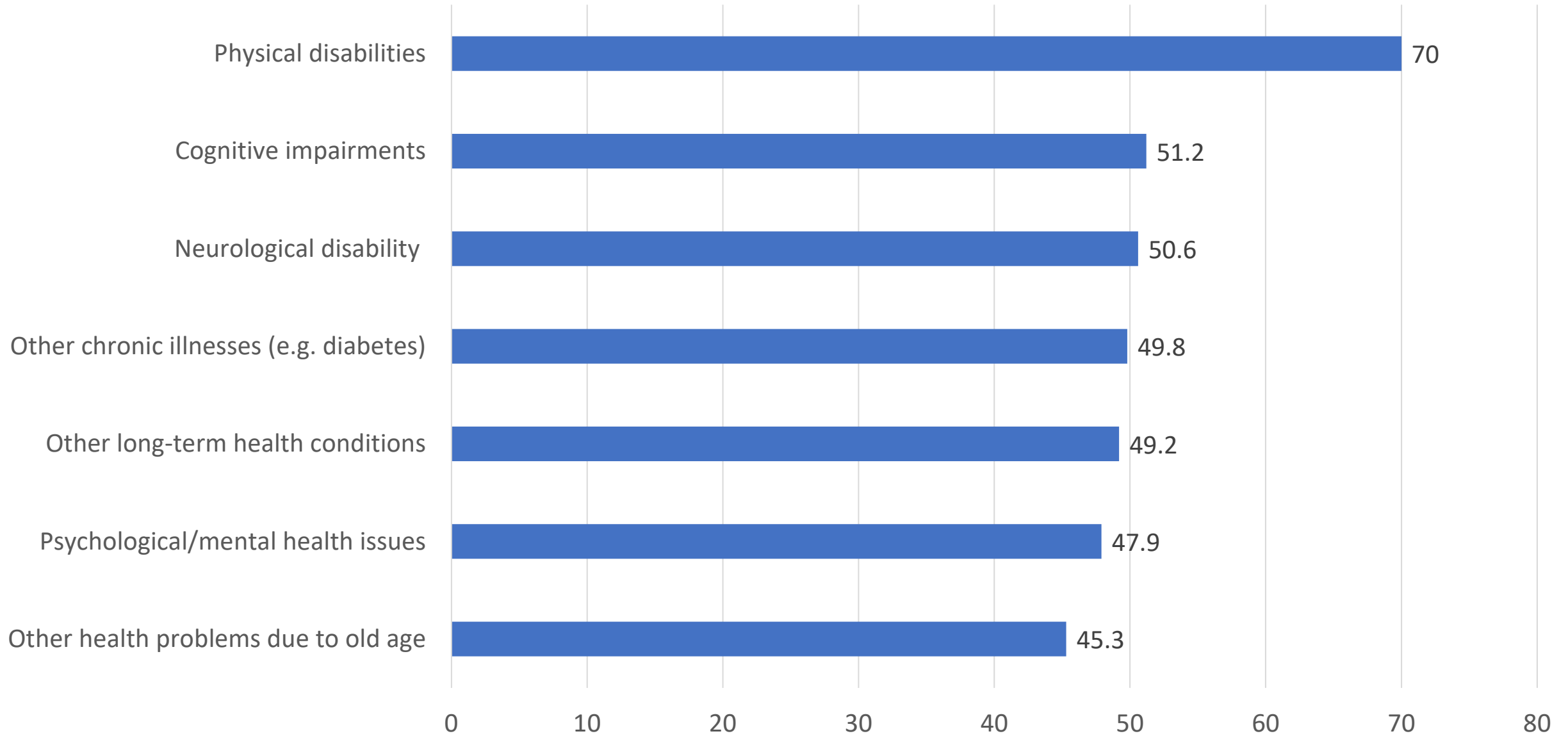
# Care recipients' characteristics

- **Gender almost equally distributed** (males 50.4%; females 48.5%)
- Mean age: **60.5 years**
- Age brackets: **65 or older: 59.5%**; 18-64: 28.7%; under 18: 11.8%
- **63.4%** of care recipients **live with the carer**
- **Almost one out of four care recipients (23.7%) live alone**

# Relationship between carer and cared for person (%)



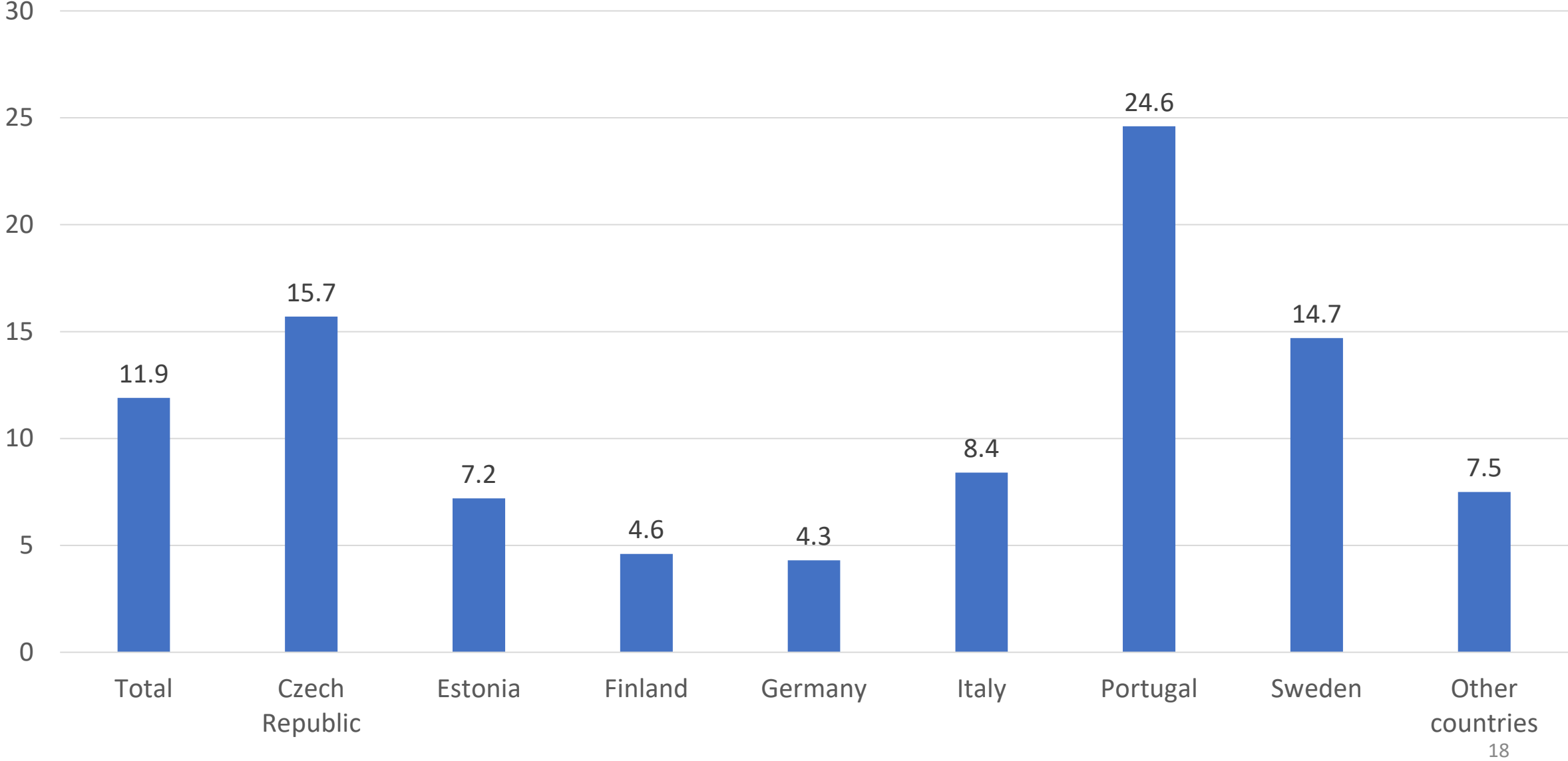
# Chronic diseases/health conditions of the cared for person (%)



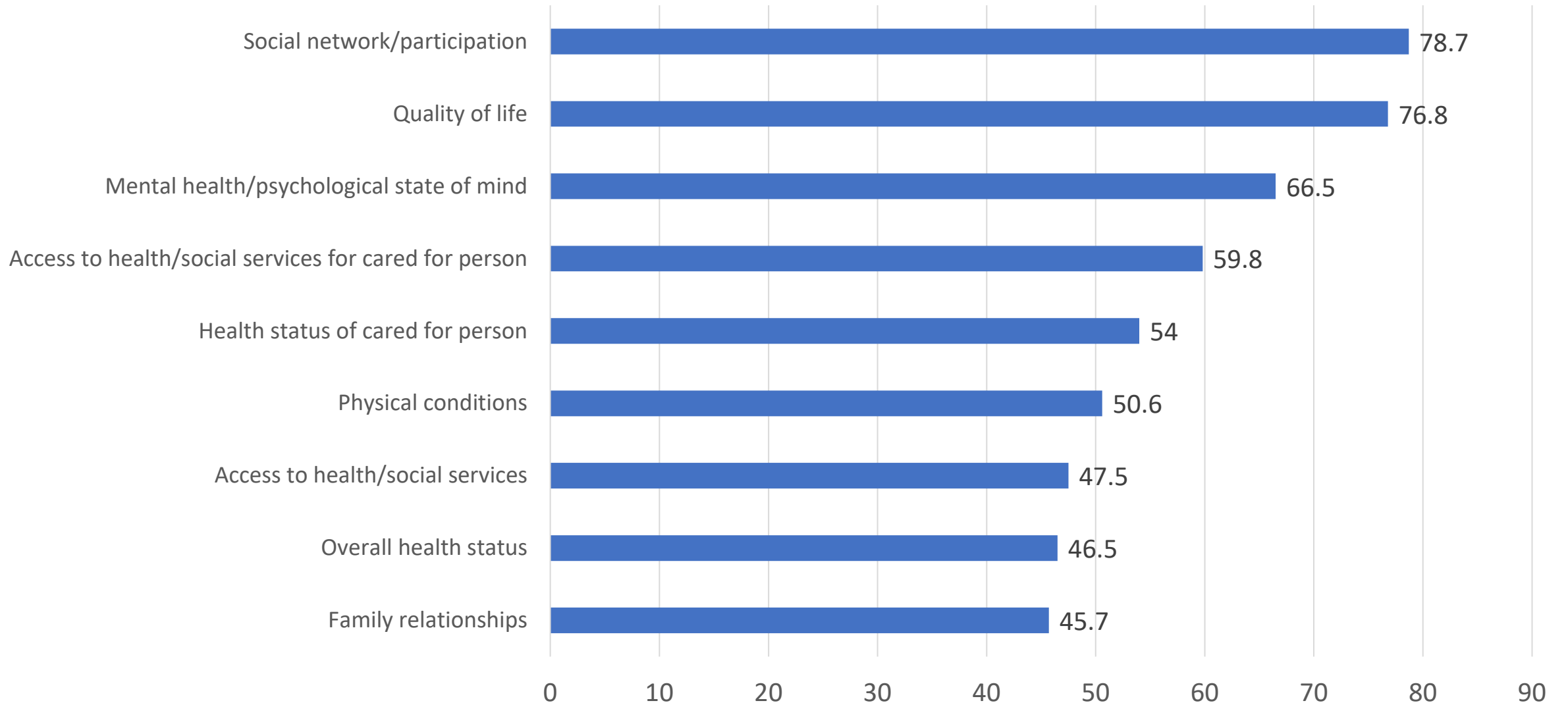


# **Impact on personal and caring circumstances**

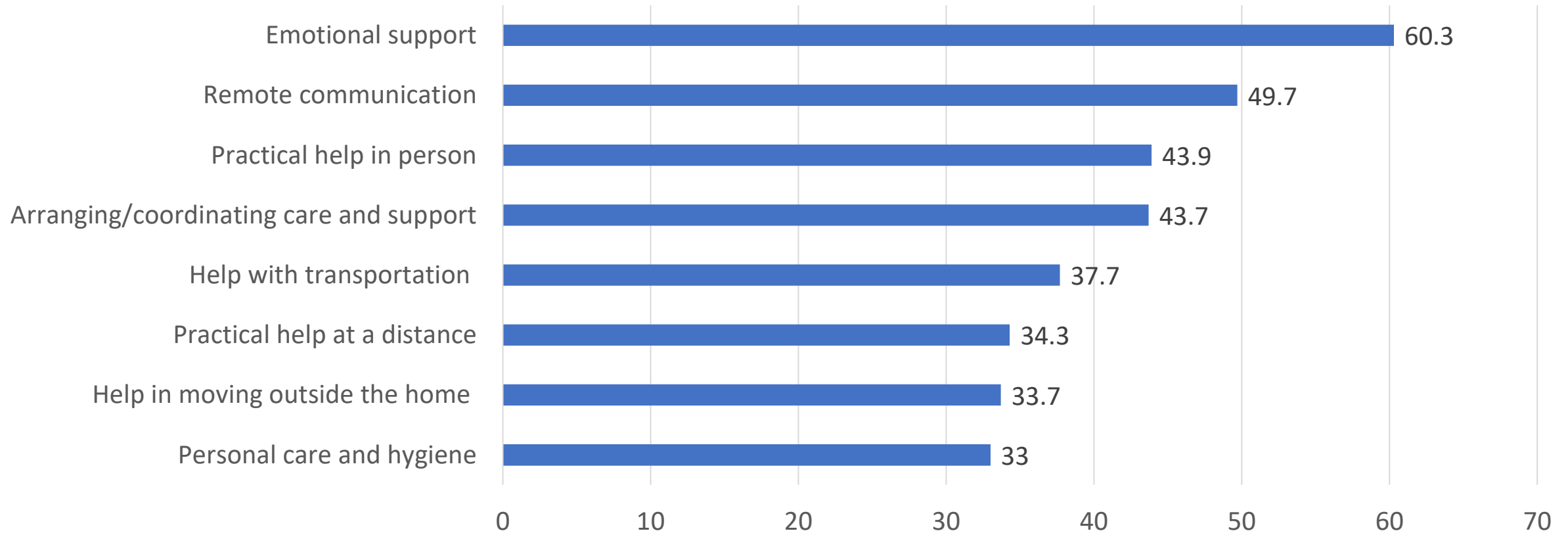
# Carers who started providing care due to the COVID-19 outbreak, per country (%)



# Aspects of life most negatively impacted by the pandemic (%)



# Increased intensity in care activities provided by the carer since the start of the COVID-19 outbreak (%)



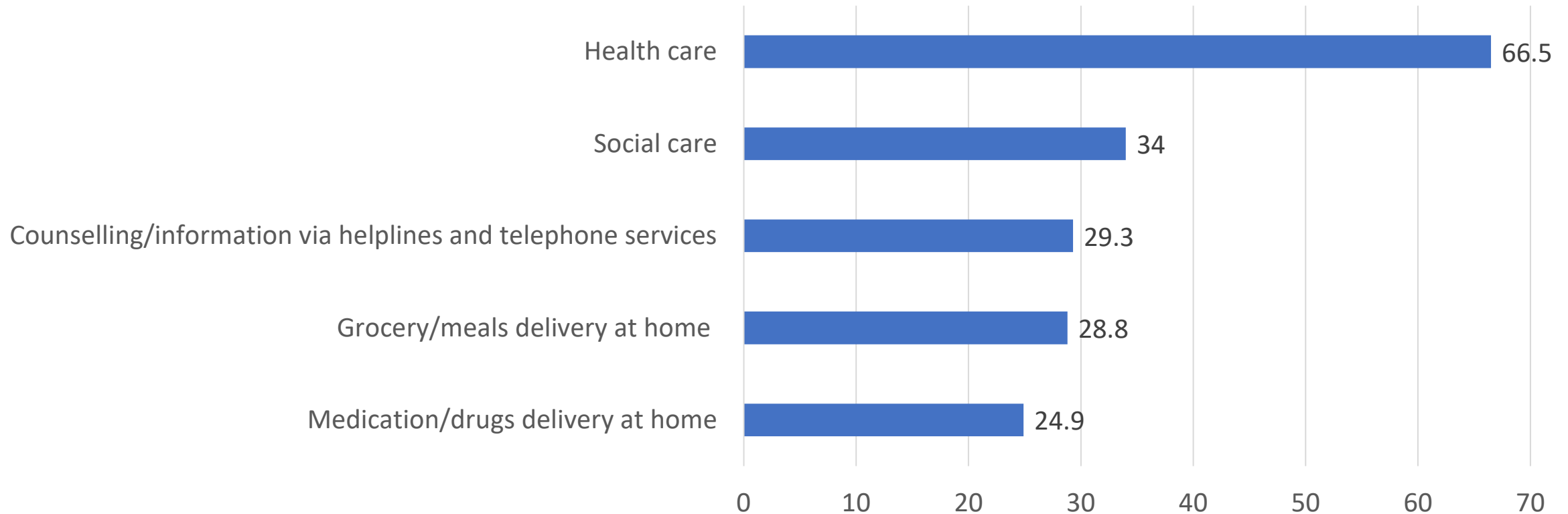
- **The average number of weekly hours of informal care provided has increased from 46.6 before the COVID-19 outbreak to 54.5 (+17%) by the time of the survey**
- **Women experienced a higher increase in the average number of weekly hours of care compared to men (from 47.9 to 56.5 and from 39.2 to 45.2, respectively)**

# Other consequences

- **14.5% of carers and 14% of care recipients** have been **infected** by the COVID-19 coronavirus
- **A huge majority of carers (90.6%) are concerned** by the consequences of COVID-19 on their **caring role**
- **Most carers (61.7%) feel overwhelmed** as a result of the pandemic and **just about half of them (51.5%) feel able to look after their own health and wellbeing**
- **Only 17.5%** of informal carers **feel that their caregiving role** during the COVID-19 crisis has been **well valued by society**, just like the one of healthcare workers

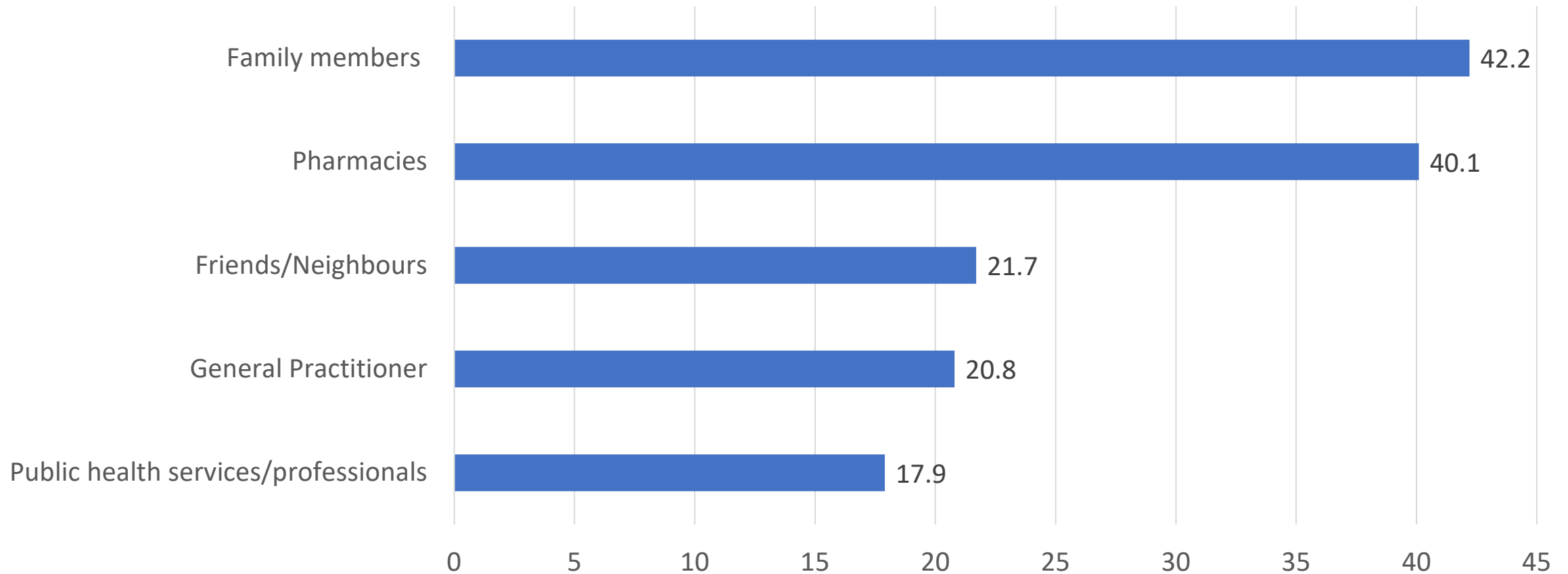
# **Impact on health and social services for carers and care recipients**

# Services most used by carers during the COVID-19 outbreak (%)



- **Nearly half of respondents (47.6%) benefited from the support of public or private health and/or social services in their caring role, while 31.9% reported that this service provision decreased after the outbreak**
- **29% of carers experienced difficulties in accessing and receiving public or private health and/or social services for themselves and 37.1% faced difficulties for the care recipient**

# Most effective sources of support during the pandemic (%)

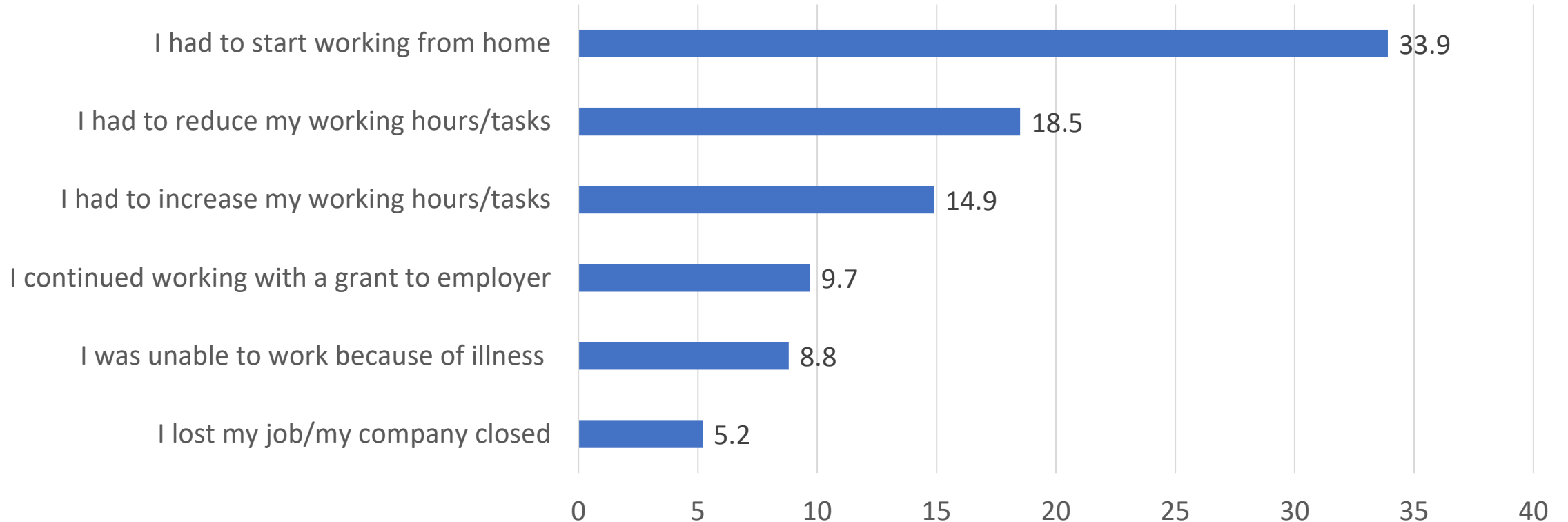


- **6.8% of carers are supported by care workers with a migrant background; high proportion in Italy (21.6%)**
- **More than half of carers (58.5%) feel that are not sufficiently supported in their caring activities**



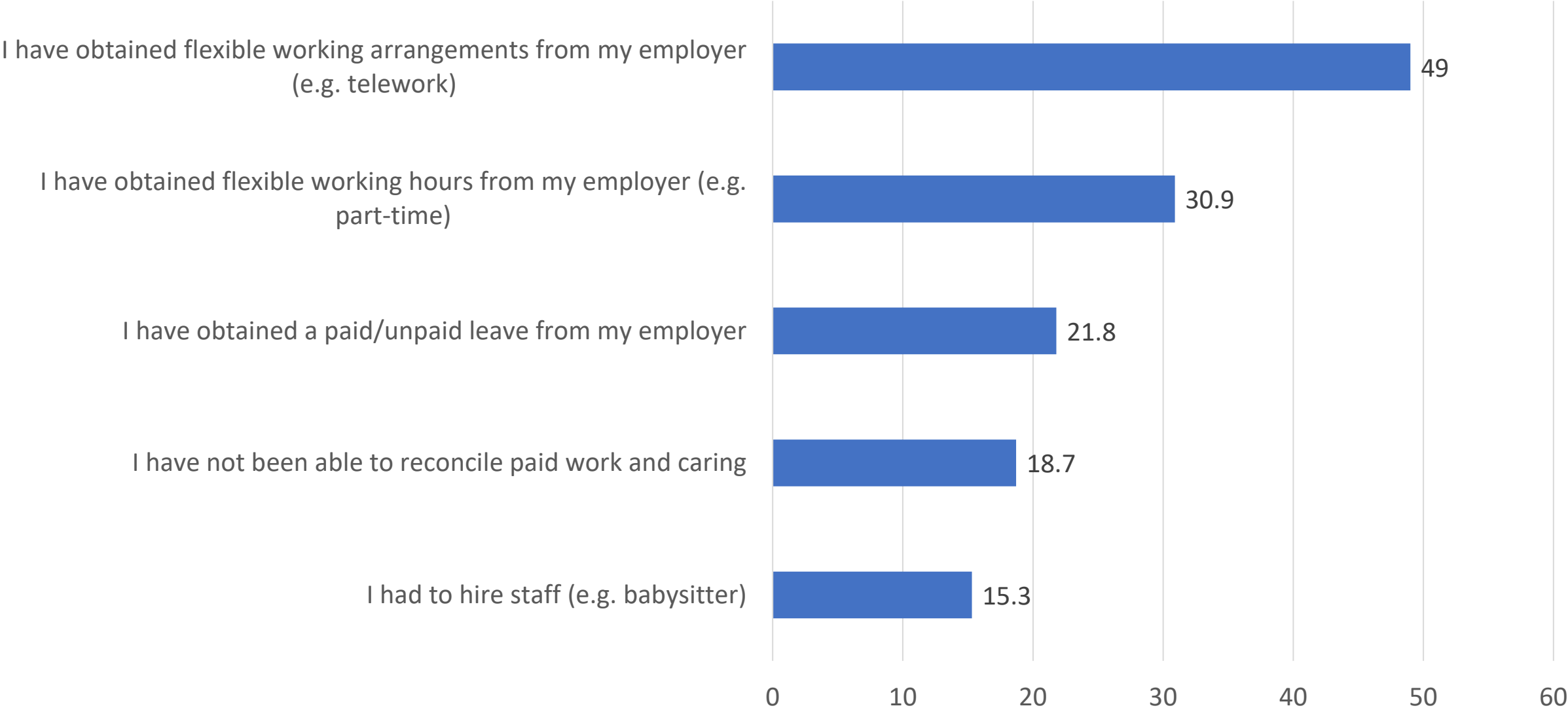
# Impact on working status and finances

# Impact of the COVID-19 outbreak on carer's employment status (%)



- **The adverse consequences of the pandemic on the employment status have mainly affected female respondents (24% become unemployed or had to reduce working hours/tasks; men: 22.4%),**
- **20.1% informal carers experienced a decrease in their income as a result of the pandemic (of whom 45.3% has had a highly negative impact on their income)**

# Most common measures to reconcile paid work and caring duties (%)



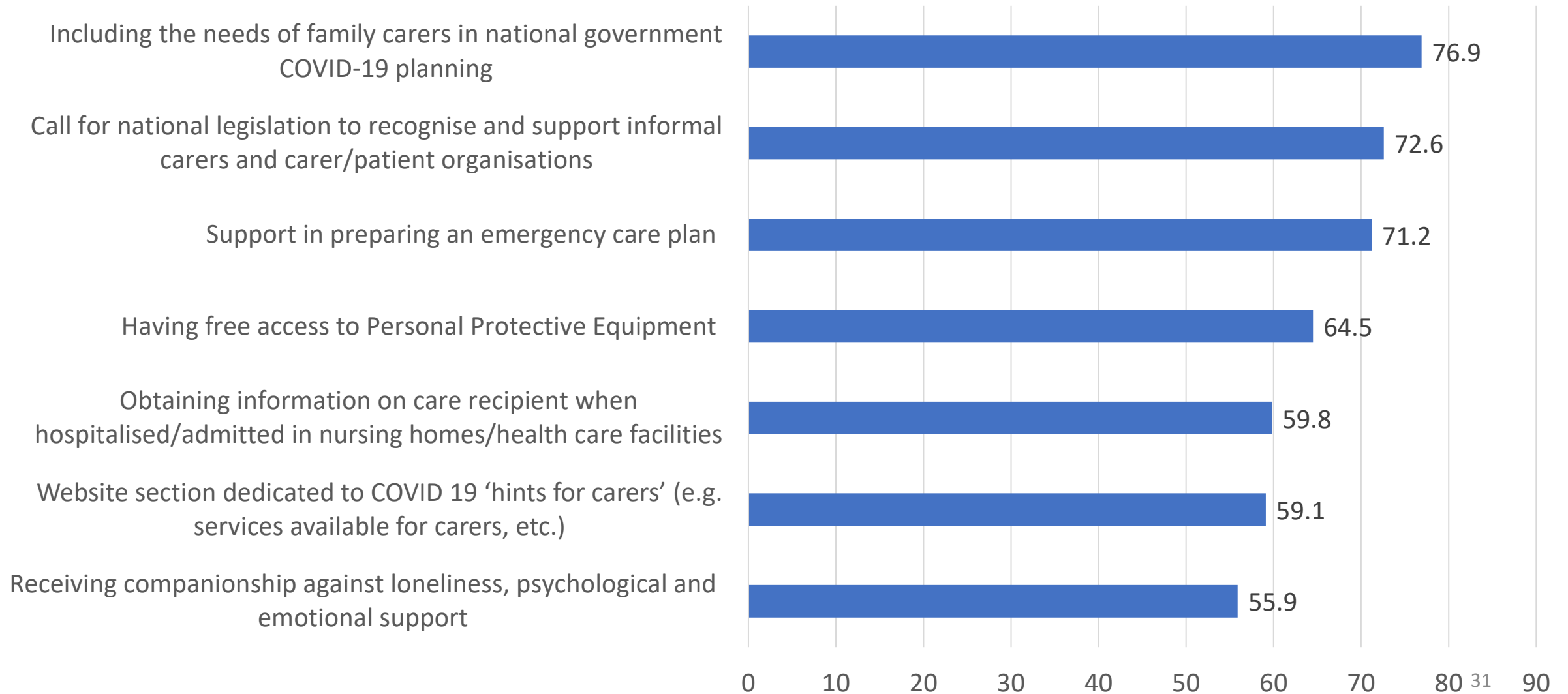
# **Use of technology to face the consequences of the COVID-19 outbreak**

# Use of technology

- **Widespread use of tools and technologies** during the pandemic, mainly smartphones (93.7%), personal computers (89.2%) and social media (84.3%)
- **Main reasons for using technologies: to keep in contact** with family members, relatives and friends (95.4%); **to take care of finances** (e.g. pay bills, check bank accounts, 90.8%); **to obtain information** on current events and the COVID-19 outbreak (89.3%)
- **More than three out of four respondents (77.8%) have never used care-related technologies** (e.g. telecare systems); among them, **27% would be interested in accessing them**

# **Opinions and suggestions on better supporting carers in times of a pandemic**

# Main supports/measures considered helpful during the COVID-19 outbreak, but not received (%)



# Conclusions

- The pandemic has **exacerbated aspects and issues** facing carers that **pre-existed the outbreak**, and generated a **new set of challenges**
- The COVID-19 outbreak had an **impact on various aspects of life of both carers and their care recipients**
- **The negative impact** of the pandemic was **more severe for women** than for men
- There are **national peculiarities**, however the **main consequences of COVID-19** on the condition of European carers are **substantially common in the various countries**

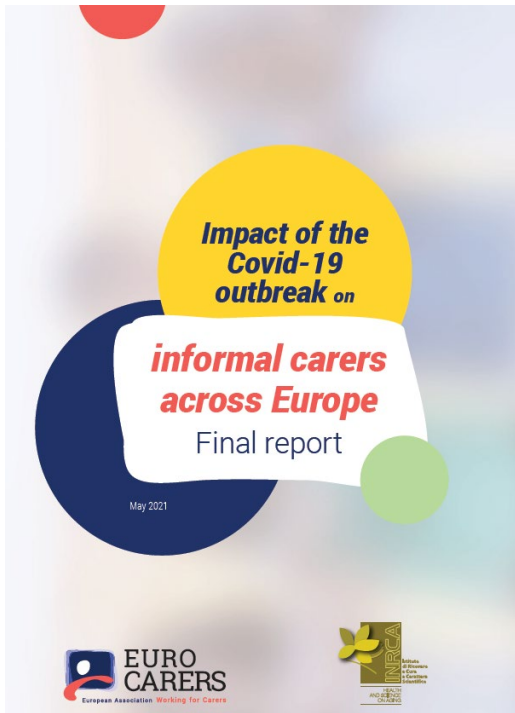


# Policy implications 1/2

- **Promoting laws for recognising and supporting informal carers** in every European country
- Developing **comprehensive and coordinated policy actions, support measures, cross-sectoral policies** to ensure fair, equal and integrated long-term care systems
- Boosting the provision of **social** (in addition to health) **services and reliable information**
- **Involving informal carers in the co-design** of support measures and policies

## Policy implications 2/2

- **Filling the gender gap**
- **Addressing the digital divide**
- Strengthening **work-life balance measures** for reconciling paid work and caring duties
- Strengthening investment in **research on informal carers**



# Thank you!

**Marco Socci**

**IRCCS-INRCA - National Institute of Health and Science on Ageing  
Centre for Socio-Economic Research on Ageing  
Via Santa Margherita 5 – 60124 Ancona, Italy  
E-mail: [m.socci@inrca.it](mailto:m.socci@inrca.it)**