

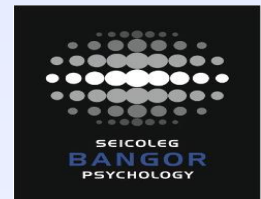
Physical and mental health of families who live with an adult relative with a learning disability

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Ysgoloriaethau Sgiliau Economi Gwybodaeth
Knowledge Economy Skills Scholarships





In the UK, over 35% of adults with a learning disability live with family or friends (Hatton et al, 2014).

Family support contributes a lot to social care system; more than the whole annual budget of the UK health system (Buckner & Yeandle, 2011).

Lack of good housing, has resulted in families continuing to provide a large amount of on-going support to their relatives (White, 2013).



Family carers of adults with a learning disability often have poorer health than families who don't provide support (Seltzer, et al, 2011, Yamaki et al., 2009).

Two main theories about providing care:

- the longer a person provides care the more likely they are to 'burn out' (Johnson & Catalano, 1983).
- people can adapt to caring with enough resources and support (McCubbin & Patterson, 1983).

What did we want to find out?



What do families who care for a relative with a learning disability say about their health?

- How does the health of family carers compare to general population health in the UK?
- Why do some carers say their health is better than other carers' health?

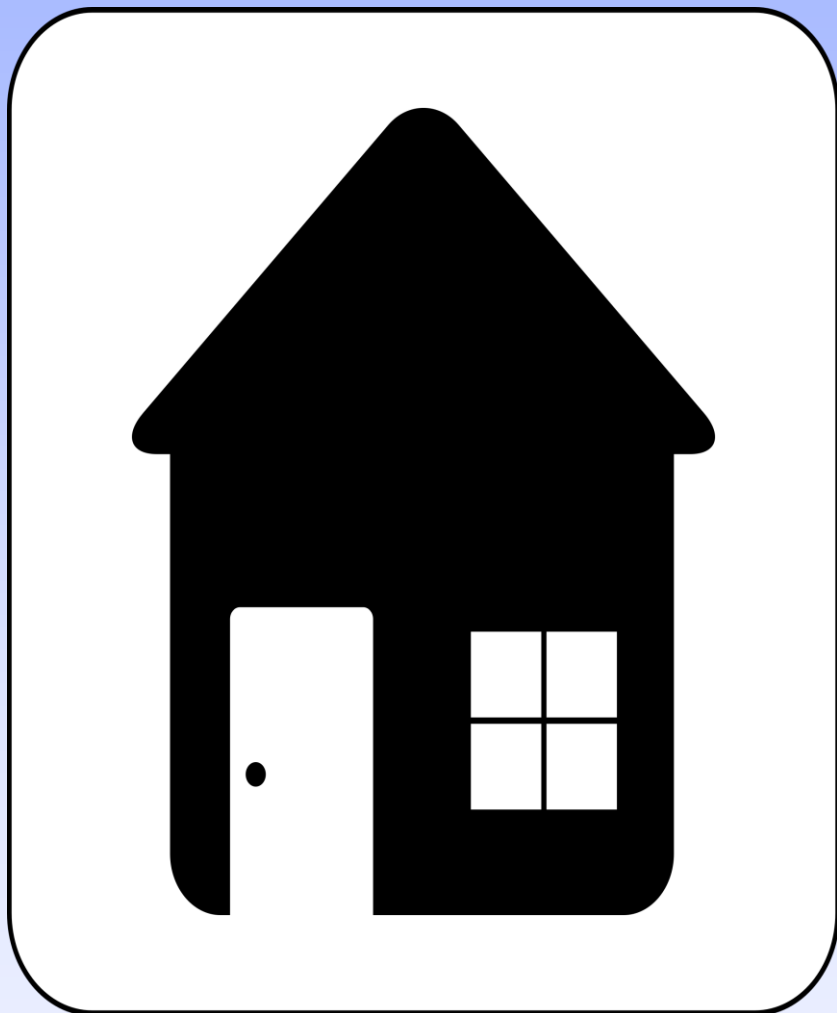
Who did we ask?



- 110 family carers
- Aged 24-90
(average age 60)
- 92 (84%) women
- 18 (16%) men

- 81 (73%) mothers/
stepmothers

What else did they tell us?



- 60 (54%) two parent household
- 48 (43%) lone parent households
- 73 (66%) full time carers
- 36 (32%) full time or part time jobs

Who were families living with?



- Age 18-67
(average age 35)
- 65 (59 %) Men
43 (39%) Women

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Support needs



- 27 (24%) Didn't use words
- 31 (28%) sight or hearing difficulties
- 19 (17%) epilepsy
- 34 (31%) incontinent
- 37 (33%) needs support to eat

What did we do?



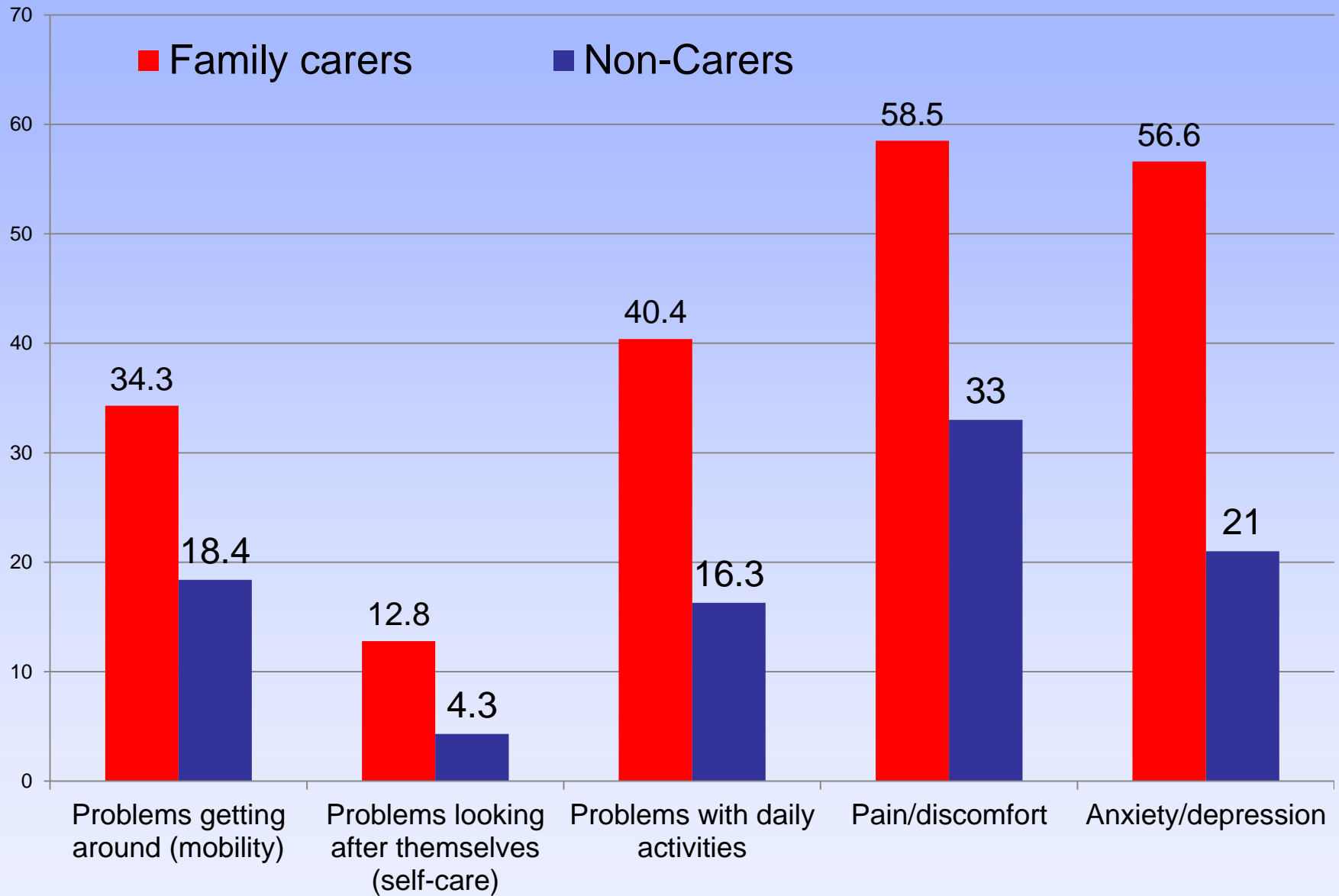
We asked family carers to complete an on-line or paper copy questionnaire.

We asked about:

- carers' physical and mental health
- family stress
- support and resources available to families.
- how carers' cope.
- what were to good things about caring for a relative.



What did we find out?


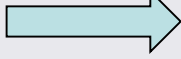
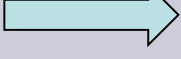
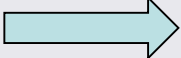

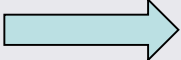


Factors associated with carers' poor health

MODEL 1	Distress	Burden	Good things about caring	Family stress	Overall health
Carer being a man					
Carer being younger					
Relative needing more support					
Not having resources (money, time)					

Factors associated with carers' poor health

MODEL 2	Distress	Burden	Good things about caring	Family stress	Overall health
Carer being a man	Grey	Grey	Grey	Red	Grey
Carer being younger	Red	Red	Grey	Red	Grey
Relative needing more support	Grey	Grey	Grey	Red	Grey
Not having resources (money, time)	Red	Grey	Grey	Grey	Grey
Happy with support received	Grey	Green	Green	Grey	Grey
Active coping skills (seeking help)	Green	Green	Green	Green	Grey

Summary		
Carer being a man		More family stress.
Being younger		More distress, burden and family stress.
Relative needing more support.		More family distress.
Not having enough money and other resources		More distress and poor overall health (poorer health only when not happy with support and poor coping skills).
Happy with support		Less burden and more good things from caring.
Active coping (seeking help)		Less distress, burden, more good things from caring and less family stress.

Conclusions

- This study provides evidence that families supporting a relative with a learning disability in their homes in the UK, poorer health than non-caregivers.
- Suggests family carers become more skilled the longer they provide care (with support and money etc).
- Highlights the importance of families having enough resources and support to their health.
- Findings also suggest that adopting problem solving coping strategies may be important in having better health.



Thank you for
listening

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