

## Research Insights

# Safe Caring?

Between 2005 and 2006, the Independent Living Centre of Western Australia joined forces with the Office for Seniors' Interests and Volunteering to research the physical impacts the caring role is having on carers and how training might improve this.

This document summarizes the results and conclusions of this research. It indicates clearly why we should better support family carers and provides insight for decision makers about how improvements could be achieved.

More than 1 600 carers participated in this research.

The full report can be downloaded from [www.ilc.com.au](http://www.ilc.com.au).

- More than 240 000 West Australians are 'family carers' - people who provide daily care for family members or friends who are frail aged or who have a disability. This unpaid and informal system of family carers provides more than 70% of all disability care services. One in three carers have a disability themselves.\*
- The majority of carers suffer from injuries and other physical conditions caused or exacerbated by their carer role.
- While great progress has been made on occupational health and safety for paid support workers, much still has to be done to protect the health and well-being of family carers.
- ILC's research showed that, although injury-prevention training is very effective in reducing injury risk, very few family carers in WA have been given such training.

## Research Project 1

# caring is a health hazard

Caring for someone who has a **disability** or who is frail aged can be an enormous task.

Although there is a **valuable** and growing body of **research** into many of the social and **emotional** impacts on carers in Australia, we have little empirical knowledge about the **physical** effects.

That's why the Independent Living Centre (ILC), with **assistance** from the Office for Seniors' Interests and Volunteering (OSIV), conducted research during 2005-06 into the physical impact of caring.

### Snapshot

63% of carers experienced a medium to large impact on their physical health.

43% have been physically injured through caregiving.

43% of those injured need extra assistance with caring because of their injury.

Of those injured, the recovery of 46% of carers was hindered by their caregiving.

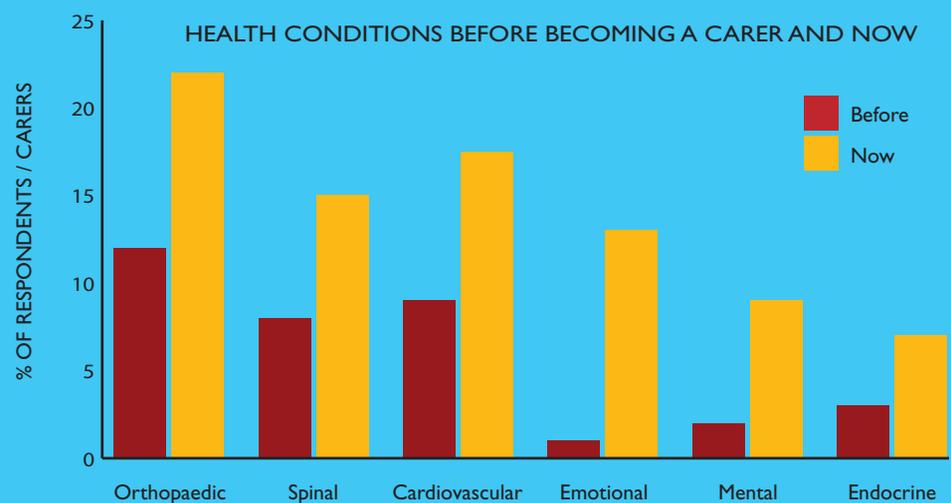
Heavier caregiving workloads increased the chance of injury.

The key health problems include orthopaedic or spinal injuries, cardiovascular conditions and mental health conditions.

### All about the people

With over 1 600 participants, the survey data is comprehensive. It paints a clear picture of carers and their lives:

- 81% are female
- 88% are aged 40+
- 71% are not in paid employment
- 47% provide 6 or more hours of care each day
- 44% care for a spouse, 38% for a child, 18% for a parent
- 53% care for someone aged 80+
- 87% live with the person for whom they provide care
- 87% currently receive only occasional or no help with their caregiving role
- 42% have been providing care for more than a decade
- 38% expect to be a carer for at least another decade



**Figure 1 Health Before and After Caregiving**

This graph shows the level at which carers report their experience of common health conditions before and after they started their caregiving role.

## Research Project 2

# an ounce of prevention

Most caring-related injuries occur through the physical tasks of looking after someone whose disability or physical condition restricts their mobility.

The most important thing any of us can do about injuries is to prevent them in the first place. Research shows that most reported accidents involve back injuries - but few carers know how to prevent this. So the ILC carried out a year-long research project to explore how to provide injury-prevention training for carers.

### The research

Fifty three family carers volunteered to participate in this project.

They were offered three sessions of in-home training on how to minimise injury risk.

The training was provided by a qualified occupational therapist.

More than half of the participants took advantage of all three training sessions.

At the first and third visits, each carer's risk level was assessed across a range of caring tasks.

The results indicate clearly that, although paid support workers receive training and information to reduce their risk of injury at work, this is generally not the case for family carers who are carrying out similar tasks on a daily basis in their own home.

Reassuringly, the research also showed that even relatively basic training can dramatically reduce carers' risk of injury.

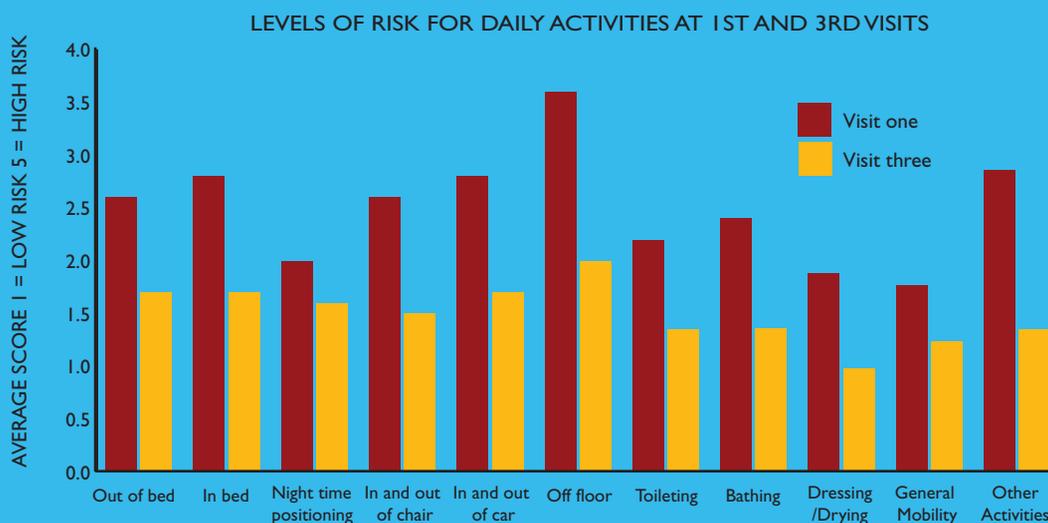
### What the carers told us

- As a result of the training, 92% said they had made changes to how they provided care.
- After training, 64% noticed an improvement in their own physical health.
- 100% felt that it was beneficial for training to be provided in their own home.
- 100% were satisfied with the training – an overwhelming 88% were 'very satisfied'.
- Although 87% were receiving support services, 85% had not had any previous injury prevention training.

### Good news

**The training made a significant difference to the carer's injury risk. The average risk of injury decreased for all of the different tasks assessed. The amount of risk reduction varied from 20% to 50%. Importantly, some of the biggest improvements were recorded for the high risk tasks such as getting someone off the floor and in or out of bed.**

**Figure 2**  
*Risk of Injury to Carers Before and After Training*



## In Brief

These parallel research projects, into both the physical impacts of caregiving and the effectiveness of injury-prevention training, found that:

- Carers experience significant physical impacts from their caregiving role.
- These impacts have the potential to seriously affect not only the carers own quality of life but also their ongoing capacity to provide care.
- Training can dramatically reduce the risk of injury from providing physical care but very few carers are currently receiving such training.
- When carers do access training, it appears to be in an 'ad hoc' manner. There does not seem to be any clear system for preventing injury-related problems among carers.
- Training delivery needs to be flexible to accommodate the varied circumstances of family carers.
- In home injury-prevention training is particularly well received by family carers. This is perceived not only as more convenient and accessible but most importantly, more relevant and likely to result in behaviour change.

## Who is ILC?

The Independent Living Centre of WA (ILC) is a non-government, not-for-profit, community based equipment information and advisory service for people with disabilities, the frail aged and their carers.

**For more information on this project or any of ILC's work, please contact us on 1300 885 886 or [www.ilc.com.au](http://www.ilc.com.au)**

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## Other useful contacts:

### Carers WA

1300 227 377 or [www.carerswa.asn.au](http://www.carerswa.asn.au)

### Office for Seniors' Interests and Volunteering

6217 8500 or [www.community.wa.gov.au/communities/seniors](http://www.community.wa.gov.au/communities/seniors)



Department for Community Development  
Government of Western Australia  
Office for Seniors Interests and Volunteering

## next steps

**This research has highlighted the path ahead for policy developers, decision makers and service providers:**

- 1. It is important for policy makers, GPs, other health professionals and all community-based service providers to recognise the key role they can play in preventing and minimising injury to family carers.**
- 2. Existing health programs should include initiatives that focus on injury prevention for carers and encourage active referrals from GPs and other health professionals.**
- 3. The design of all injury-prevention training programs must accommodate the diversity, and changing nature, of family caregiving situations.**
- 4. Carers at highest risk of injury should be given first priority when training and assistance programs are implemented.**
- 5. In-home models of training delivery should be prioritised through both program design and funding.**