Former’ older carers: their profile and needs

Conference or Workshop Item

How to cite:

For guidance on citations see FAQs.

© [not recorded]

Version: Version of Record

Copyright and Moral Rights for the articles on this site are retained by the individual authors and/or other copyright owners. For more information on Open Research Online’s data policy on reuse of materials please consult the policies page.
'Former' older carers: their profile and needs

Dr Mary Larkin
The Open University

Email: mary.larkin@open.ac.uk
Introduction and outline

● older former carers and their experiences post-caring

● the existing evidence base

● ways forward for research and practice

“2.1 million people will end caring every year” (Carers UK 2014:14)

“most of us will have caring responsibilities at one or more stages in our lives” (Department of Health, 2014:7)
Who is an older former carer?

6 possible routes into becoming an older former carer:

- When the cared-for person:
  1. dies
  2. is admitted to a hospital
  3. is admitted to a hospice
  4. is admitted to long-term care (i.e. permanently admitted to a nursing or residential care home or continuing care in hospital)
  5. recovers from their health problem (e.g. hip fracture)
  6. goes into remission (e.g. for cancer patients)
The ‘legacies of caring’

- financial
- employment
- social isolation
- health and wellbeing
Influences on the 'legacies of caring'

- problematic caring experiences
  - intensive caring,
  - lower levels of social activity
  - smaller social networks
  - dissatisfaction with support received
  - strained relationship with the cared-for person

- admission to a care home

- bereavement

- limited support
Research about older former carers

- terminological variation
- methodology-related weaknesses
  - small scale studies
  - conducted by different bodies
  - minimal cross-fertilisation
  - limited geographically
  - focus on one particular group of older former carers
  - sample groups tend to be small
  - few longitudinal studies
  - limited funding available
  - absence of a theoretical and /discipline based lens of analysis
Implications for older former carers

Flaws in the existing evidence base constrains opportunities to increase knowledge about older former carers and identify ways of supporting them and yet..
- there will be a growing number of older former carers who will suffer a range of complex legacies of caring
- more demands are being placed on older carers because of policy changes which will potentially increase these legacies
Ways forward...

• research is required to underpin policy drivers and services tailored to older former carers

• need to address deficits of existing research to
  ➢ develop better understandings of the needs of this group,
  ➢ contribute to older former carers' improved health and well being
  ➢ develop effective ways of supporting them

• central to this is:
  ➢ higher profile for older former carers
  ➢ more funding opportunities to be made available
  ➢ more joined up approach to research into older former carers
  ➢ more longitudinal studies
  ➢ more studies that capture their distinctive needs
  ➢ ringfenced budgeting for support services
The case for focusing on older former carers

• lessening post-caring ‘legacies of caring’ and the factors which exacerbate them for this growing group in our society is a matter of social justice

• social and economic rationale


