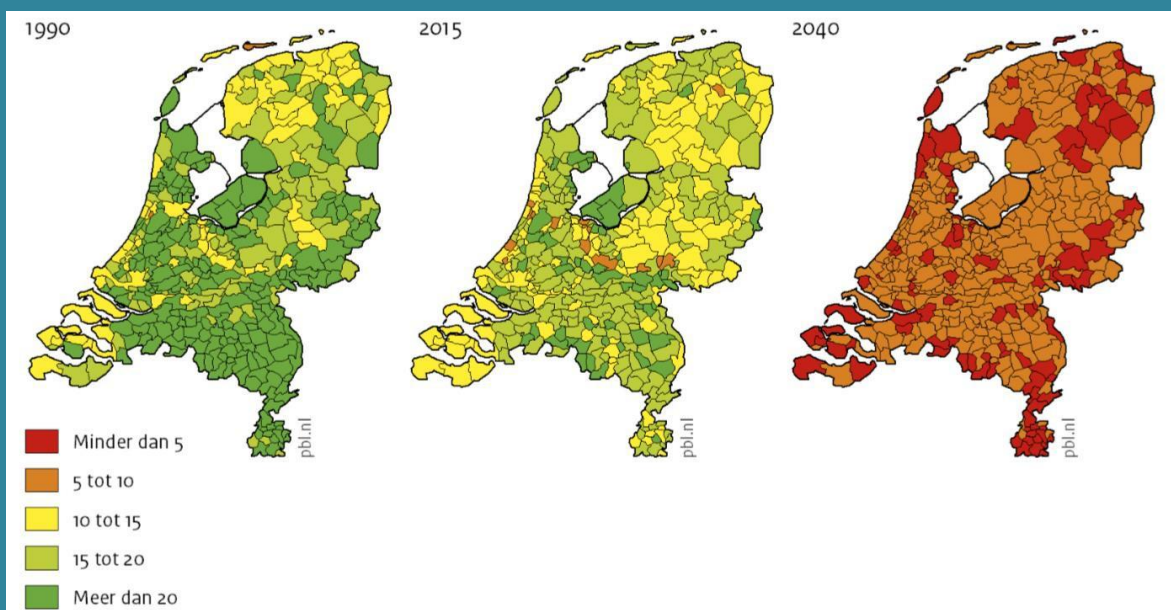


# Informal caregiver consultant: saving or expense?

## Background

- The western world is aging, making the provision of / pressure on informal care an increasingly important social and political issue.
- The Oldest Old Support Ratio (OOSR), the number of people aged 50 to 75 divided by the number of people aged 85 plus, has declined from 30 to 15 from 1990 to 2015, and will decline even further to 6 in 2040 (**PBL, 2018**).
- 11.52% of the 18-plus Dutch citizens (~ 1.5 million people), mostly females and people aged 45 to 64, provide intensive informal care (**SCP, 2016**).
- The burden of informal care leads to substantial costs for Dutch employers due to employees' absenteeism and loss of productivity.
- This report evaluates the cost-effectiveness of an informal caregiver consultant (ICC) in mitigating caregivers' burden of informal care from employer perspective.



**Figure 1.** Oldest Old Support Ratio (OOSR) per Dutch municipality 1990-2040 (**PBL, 2018**)

## Health impact

- Previous research shows a direct effect of informal care on mental fatigue ( $p < 0.01$ ), which is 23% larger for employed people (**Broese Van Groenou, 2015**).
- Similar findings from local projects in Assen and Hoogeveen with right-skewed burden of informal care distributions (**Pardoel & Dijkstra, 2018, 2019**).
- **De Boer et al. (2010)** demonstrate that awareness and coping strategies on work could partially explain the variance in burden of informal care.

## ***Societal cost***

- The economic value of informal care *from a societal perspective* is estimated at €6 billion (**SCP, 2013**), but what are the costs if caregivers fall ill or work less?
- Direct costs *from an employer perspective* due to absenteeism is estimated at €38 million of which 68% is related to burden of informal care (**UMCG, 2017**).
- Further research is needed to estimate the costs due to loss of productivity.

---

## ***Intervention: informal caregiver consultant***

- **Pardoel & Dijkstra (2019)** show that an ICC shifts the burden of care distribution leftwards, i.e. positively affects caregivers' health.
- Next, we assume (i) annual cost due to absenteeism of €68,223 per employee, (ii) annual cost of an ICC of €65,800, and (iii) a reduced probability on absenteeism of 25% after adopting an ICC (**UMCG, 2017; Pardoel & Dijkstra, 2019**).
- Hence, the intervention ICC is dominant *from an employer perspective*, i.e. positively affects caregivers' health and is cost-saving, from a minimum of 8 employees.
- The ICC is dominant for all probabilities from 1-100% and number of employees from 1-7 *from a societal perspective*, as the care replacement cost in case of caregivers' overload outweigh the intervention cost for all parameters (**SCP, 2013**).

---

## ***References***

- Boer, A. de, Broese van Groenou, M.I., & Keuzenkamp, S. (2010). Belasting van werkende mantelzorgers. *Tijdschrift voor Gezondheidswetenschappen*, 88(6), 313-319.
- Boer, A. de, & Klerk, M. de (2013). Informele zorg in Nederland. Den Haag: SCP.
- Broese van Groenou, M.I., Schakel, S. E., & Tolkacheva, N. V. (2015). Werk en mantelzorg. Een risico voor de psychische gezondheid? *Tijdschrift voor Arbeidsvraagstukken*, 31(4), 393-410.
- Jong, A. de, & Kooiker, S. (2018). Regionale ontwikkelingen in het aantal potentiële helpers van oudere ouderen, 1975-2040. Den Haag: PBL.
- Klerk, M. de, Boer, A. de, Plaisier, I., & Schyns, P. (2017). Voor elkaar? Stand van de informele hulp in 2016. Den Haag: SCP.
- Pardoel, Z.E., & Dijkstra, G.J. (2018). Mantelzorgers in Assen. Mantelzorgers en hun behoefte aan ondersteuning. *Toegepast GezondheidsOnderzoek*.
- Pardoel, Z.E., & Dijkstra, G.J. (2019). De inzet van mantelzorgconsulenten in de gemeente Hoogeveen. *Toegepast GezondheidsOnderzoek*.
- UMCG (2017). Jaardocument: cijfers ziekteverzuim. Groningen: UMCG.

---

This research is performed by the Aletta Jacobs School of Public Health in collaboration with Toegepast GezondheidsOnderzoek of the University Medical Centre Groningen as part of In for Care, an Interreg project.

Roel Freriks, MSc.  
Aletta Jacobs School of Public Health  
Rijksuniversiteit Groningen  
Landleven 1, 9747 AD Groningen  
r.d.freriks@rug.nl

**Interreg**  
North Sea Region  
**In For Care**

European Regional Development Fund



EUROPEAN UNION