#### Expert Meeting on "Monitoring Long Term Care of the Elderly" Jerusalem, September 6-9, 2009

## Strategic dimensions for the provision of LTC in the context of European elder care regimes

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### **Contents of presentation**

### **Introduction:**

- data sources
- a conceptual model of elder care
- elder care regimes in Europe: an update

### **Relevant dimensions for home care provision:**

• health related needs

- socio-economic needs

b. care provision: - informal care

- formal care



### 1. Introduction: data sources

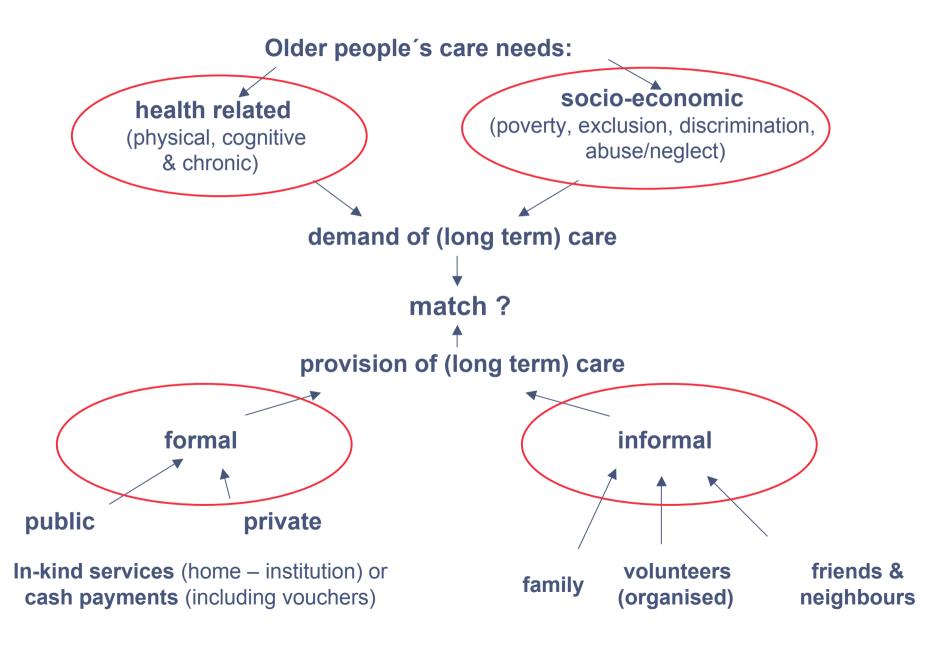
### the EUROFAMCARE study (2004-2005):

- > topic: situation of family care of older people in Europe
- > methodology: 1.000 face-to-face interviews per country
- > countries: Germany, Greece, Italy, Poland, Sweden, UK
- > web-site: www.uke.uni-hamburg.de/eurofamcare

### • sources of macro-data for country clusters (2003-05):

- > EUROSTAT;
- > EUROBAROMETER;
- WHO-Europe;
- ➤ EPC (DG-ECFIN).

### Conceptual model of LTC demand & provision

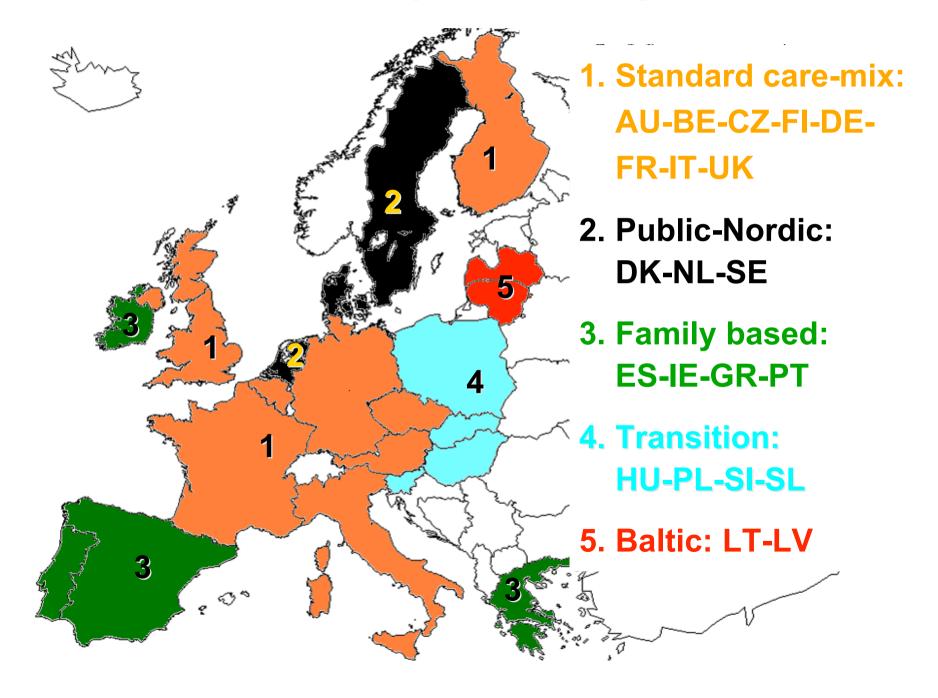


### Possible LTC indicators for elder care

Social & economic needs: Health related needs: 2. % older people at risk of poverty 1. % of over 80 year old (income level) demand of (long term) care match? provision of (long term) care Formal care Informal care (family, voluntary, friends etc.) **Public Private** 3. female employment rate 55-64 6. elder care expen-7. % out-of-pocket 4. % extended households (3+ adults) diture (% of GDP payments for per capita) health care 5. % informal carers of older people, 8. % over 65 receiving home care

9. % over 65 in residential care

### LTC country clusters/regimes



### **Characteristics of LTC country clusters/regimes**

	Country clusters/regimes					
Macro-indicators	Standard care-mix	Public- Nordic	Family based	Transition	Baltic	
Demand of care:	Medium-high	Medium	(High)	Medium-low	Medium- low	
Health related: oldest-old population	+	+	=	•	-	
Economic: Older people at risk of poverty	=	_	+++	-	-	
(Income level: GDP per capita)	(+)	(++)	(=)	()	()	
Informal care provision:	Medium-low	( Low )	Medium	High	High	
Female employment rate in 55-64 old (-)	=			+	-	
Diffusion of extended households	-		+	+	++	
Diffusion of informal care to older people	=	=	-	•	++	
Formal care provision:	Medium	( High	Low	Low	Very low	
Public expenditure on elder care	-	+ + +		-		
Out of pocket payments for health care	_		++	Ш	+++	
Older people receiving home care	_ = /	+++				
Older people in residential care	+	+	-	-	-	

### **Characteristics of LTC country clusters/regimes**

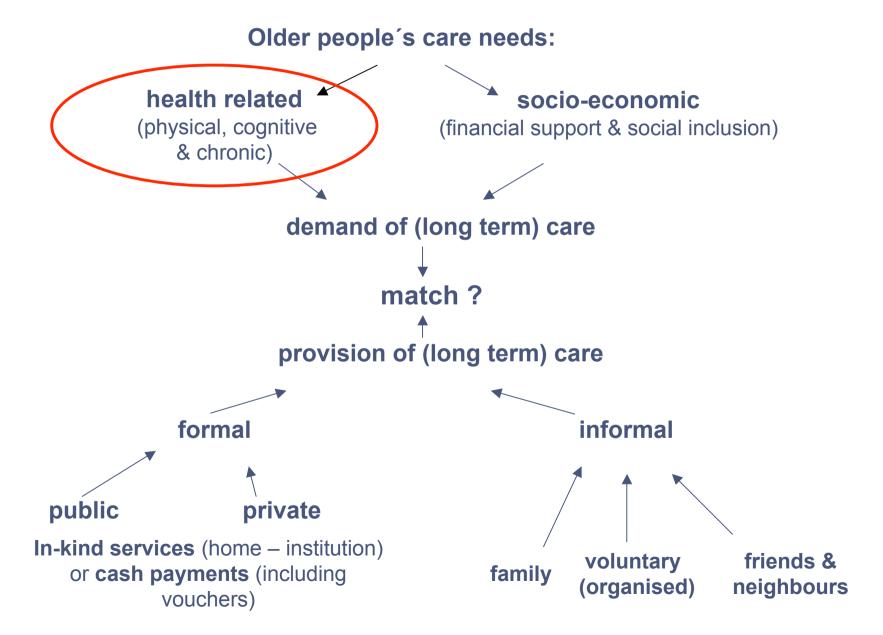
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Macro-indicators	Standard care-mix	Public- Nordic	Family based	Transition	Baltic
Demand of care:	Medium- high	Medium	High	Medium-low	Medium- low
Health related: oldest-old population	+	+	=	-	-
Economic: Older people at risk of poverty	/ = \	-	+ +€		-
(Income level: GDP per capita)	(+)	(++)	(=)	()	<del>\( \)</del> -)
Informal care provision:	Medium- low	Low	Medium	High	High
Female employment rate in 55-64 old (-)	= /		= (	+	-
Diffusion of extended households	-		+	7	++
Diffusion of informal care to older people	=	=	-	-	++
Formal care provision:	Medium	High	Low	Medium-low	Very low
Public expenditure on elder care	-	++			<b>&gt;</b>
Out of pocket payments for health care	-		+		++
Older people receiving home care	= (	++			<b>—</b>
Older people in residential care	+	+	-	-	-

### Elder care country-clusters & care regimes

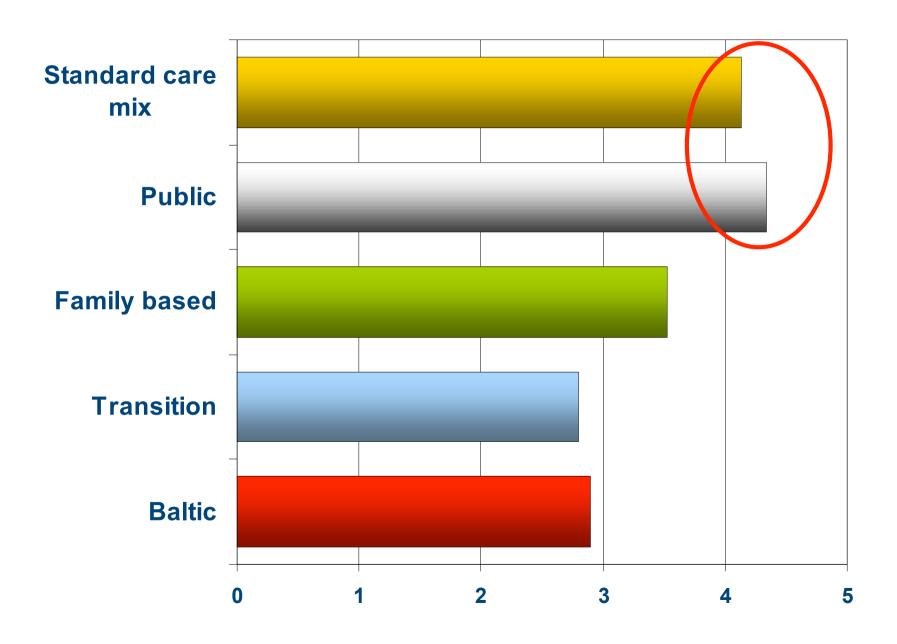
### Micro-data provided by the EUROFAMCARE project:

Country cluster	Care regime	EUROFAMCARE	
1: standard care-mix	Conservative-corporatist (Bismarkian-type)	Germany	
	Familistic	Italy	
	Liberal-residual (Beveridge-type)	United Kingdom	
2: public-nordic	Nordic-Scandinavian	Sweden	
3: family based	Familistic	Greece	
4: transition	Transition	Poland	
(5: Baltic)	(Transition)	-	

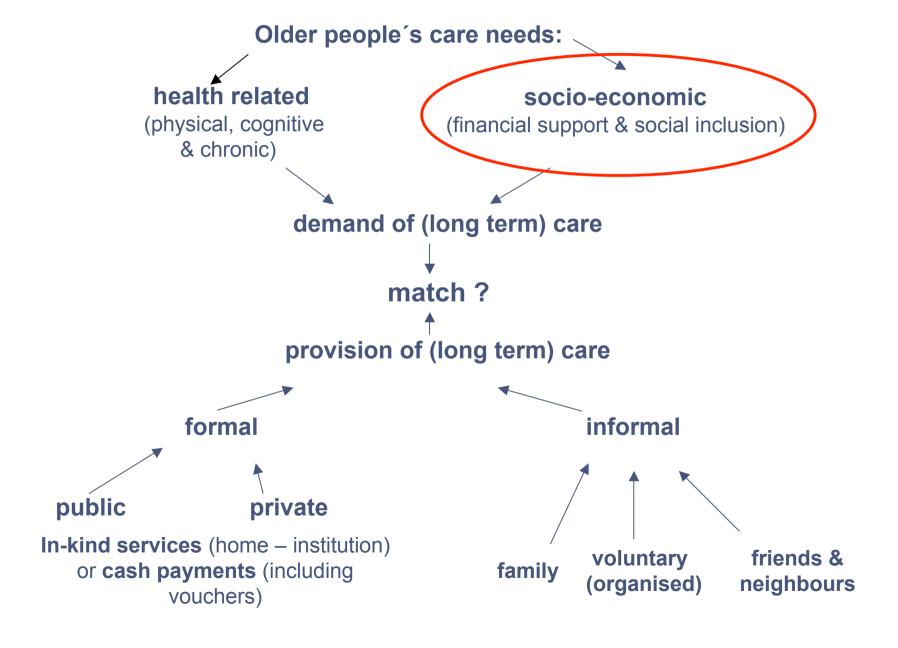
### 2a. Care demand: health related needs



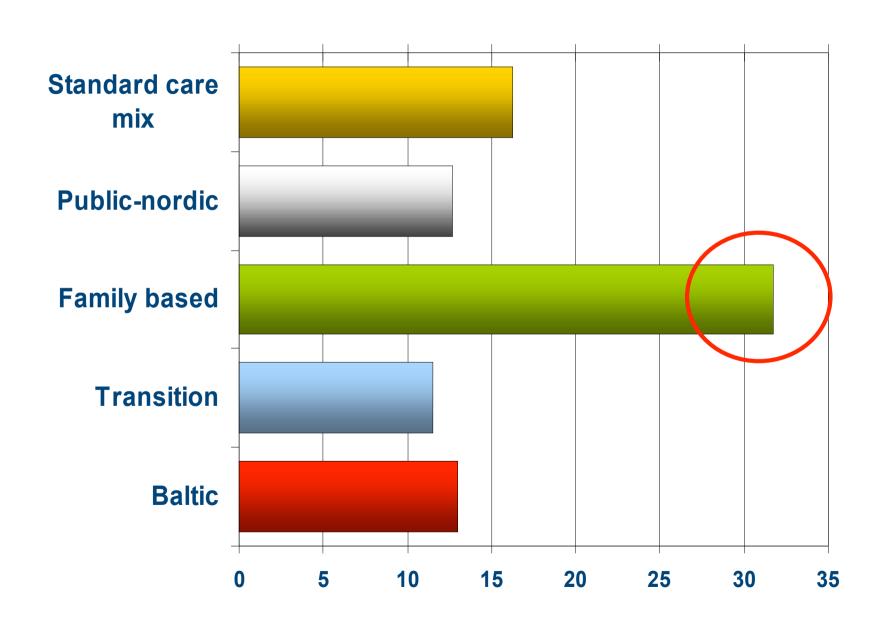
### Over 80 year old population (% on total)



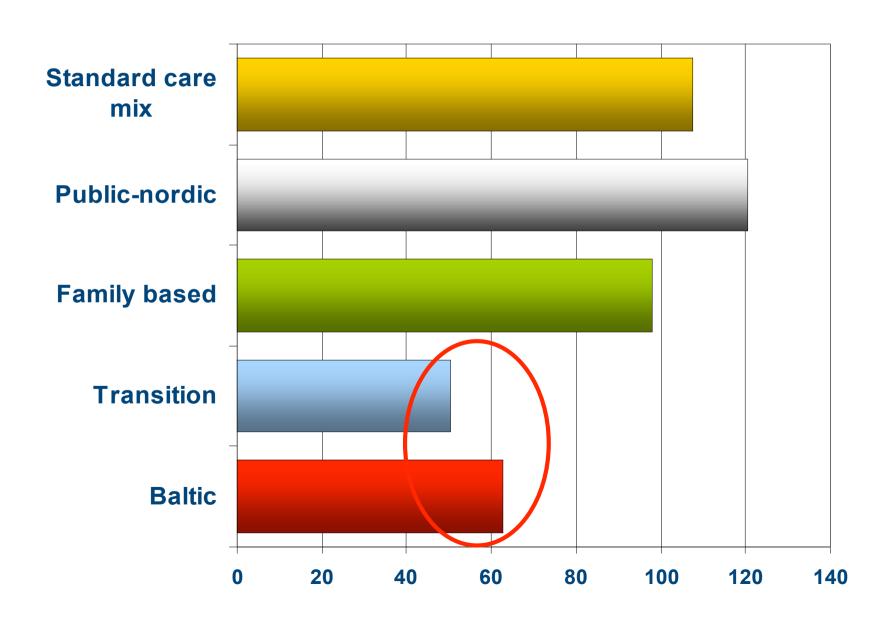
### 2a. Care demand: socio-economic needs



### Older people at risk of poverty (% on total)

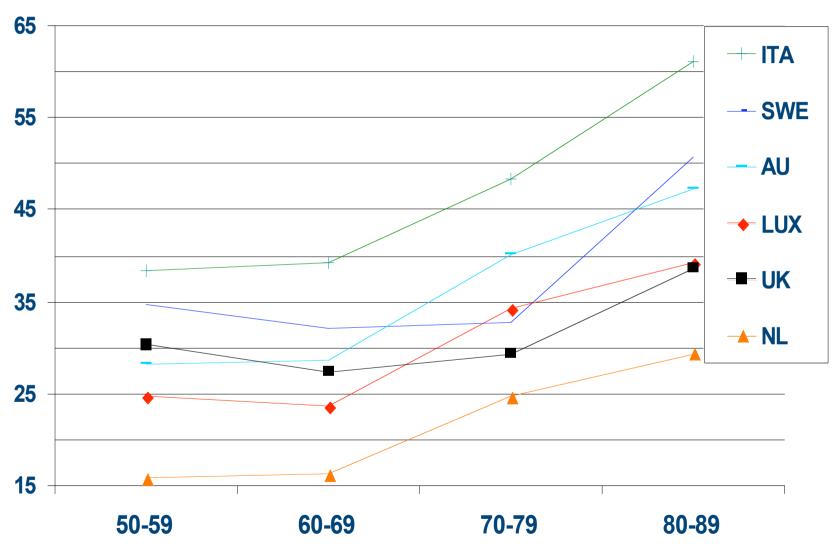


## Income level (GDP per capita as % of EU-average)



### **Diffusion of Ioneliness**

("feeling lonely often or sometimes", by age group, in %)

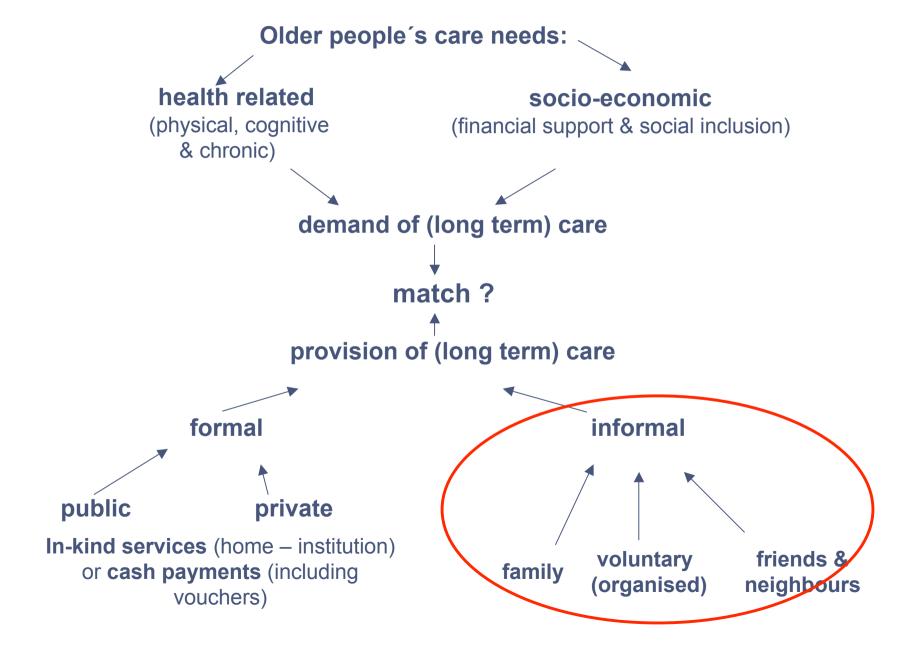


Source: ESAW (European Study on Adult Well-being) 2003

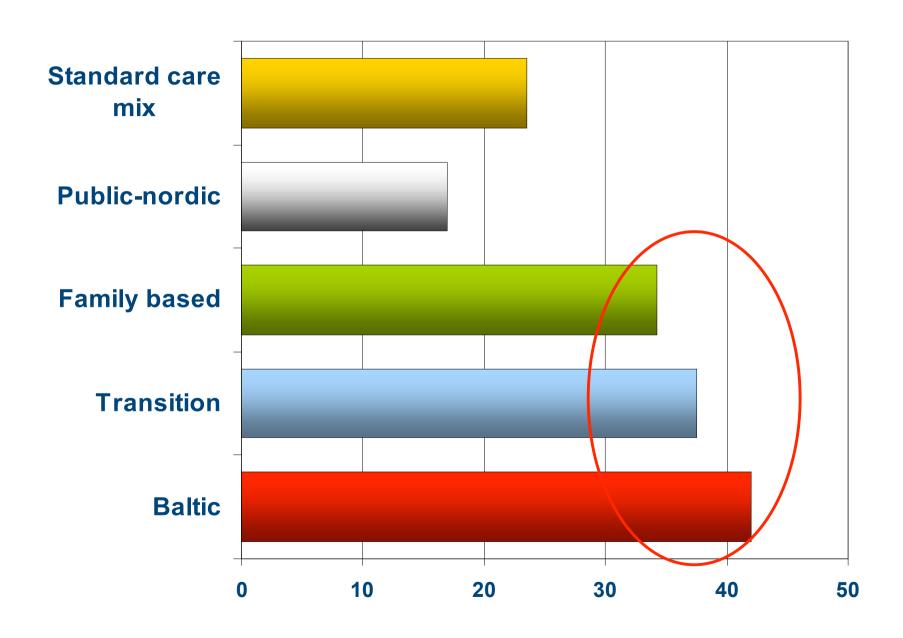
## **Message 1:** priorities for LTC emerging from the demand side:

- > family based: to fight income inequality
- transition & Baltic: to improve general economic conditions, also through international cooperation
- > all countries: improve social integration of older people.

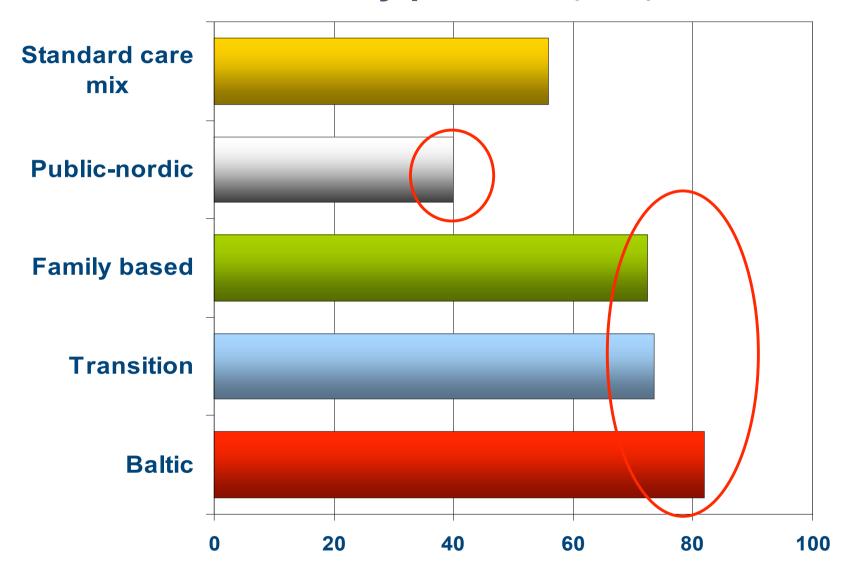
### 2b. Care provision: informal care



### Households with three or more adults (in %)

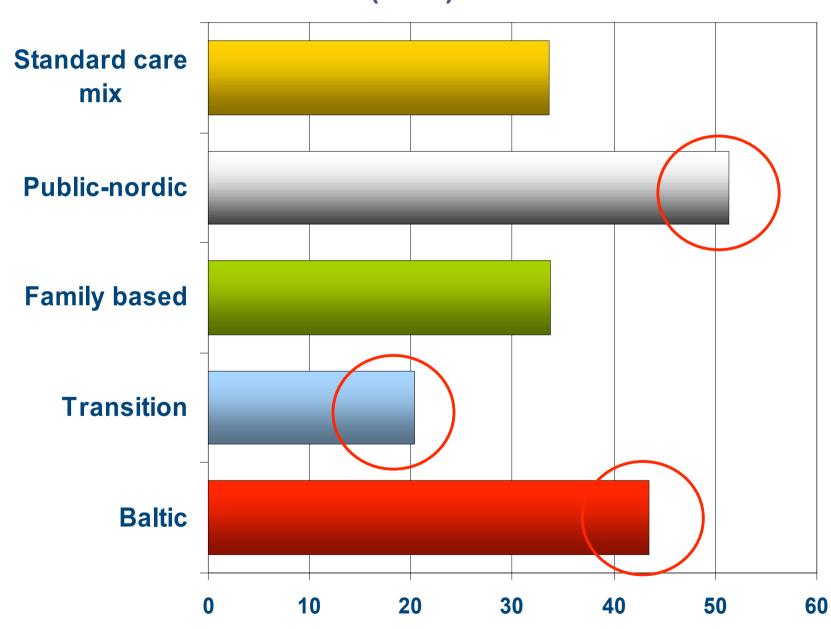


## Yes, working adults should look after their elderly parents\* (in %)

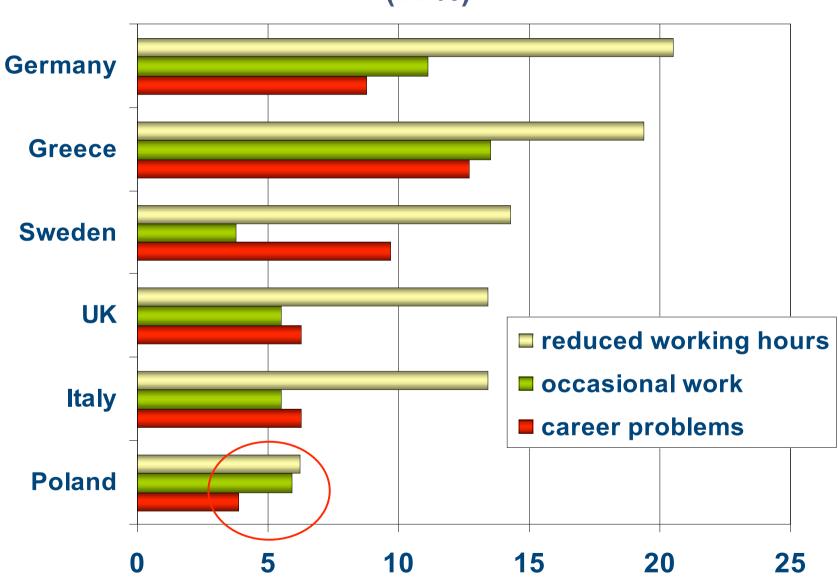


**Source: EUROBAROMETER ("**If, in the future, working adults would have to look after their elderly parents more than nowadays, would you say that this would be rather a good thing or rather a bad thing?", Alber & Köhler 2004)

## Female employment rate of 55-64 year old (in %)

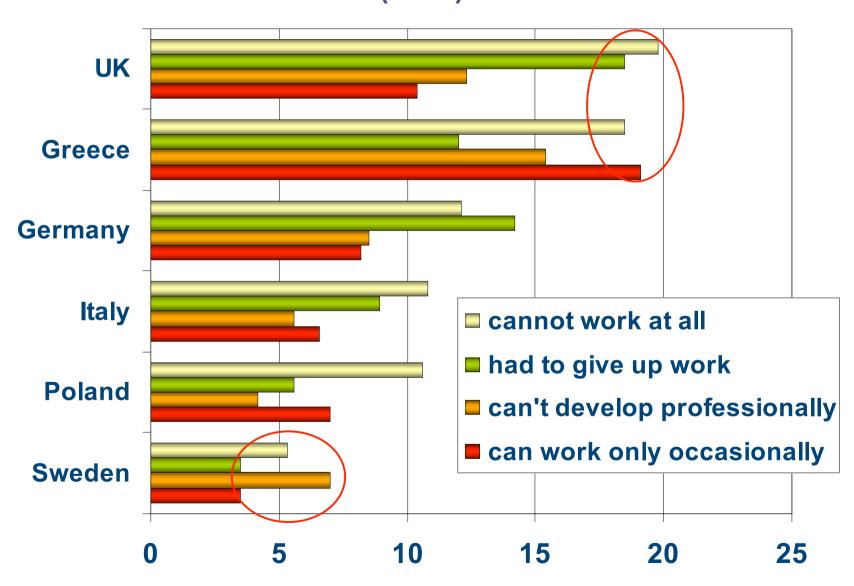


## Restrictions reported by employed carers (in %)



N = 4427; only carers <= 65 years

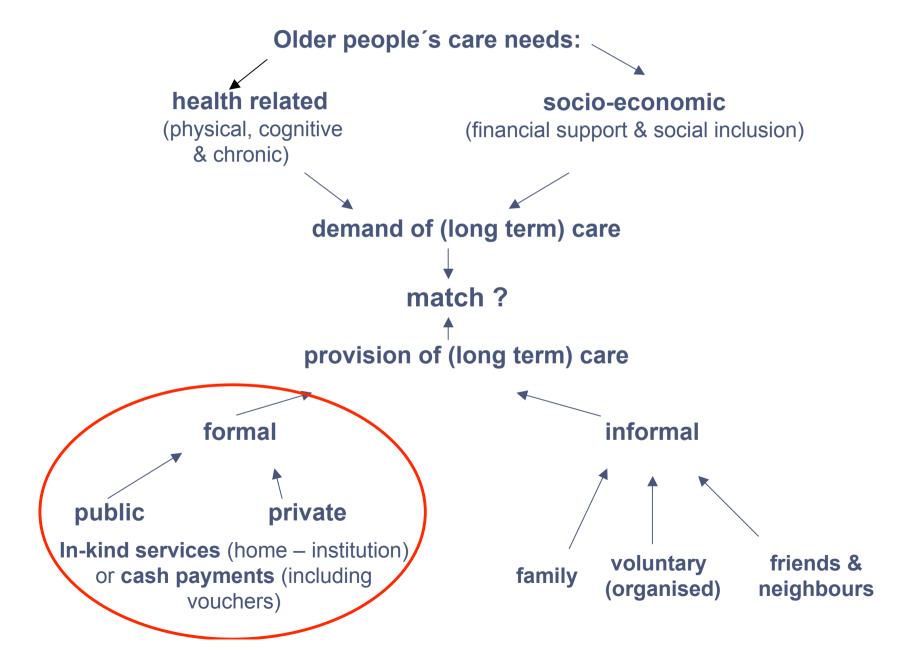
## Restrictions reported by not employed carers (in %)



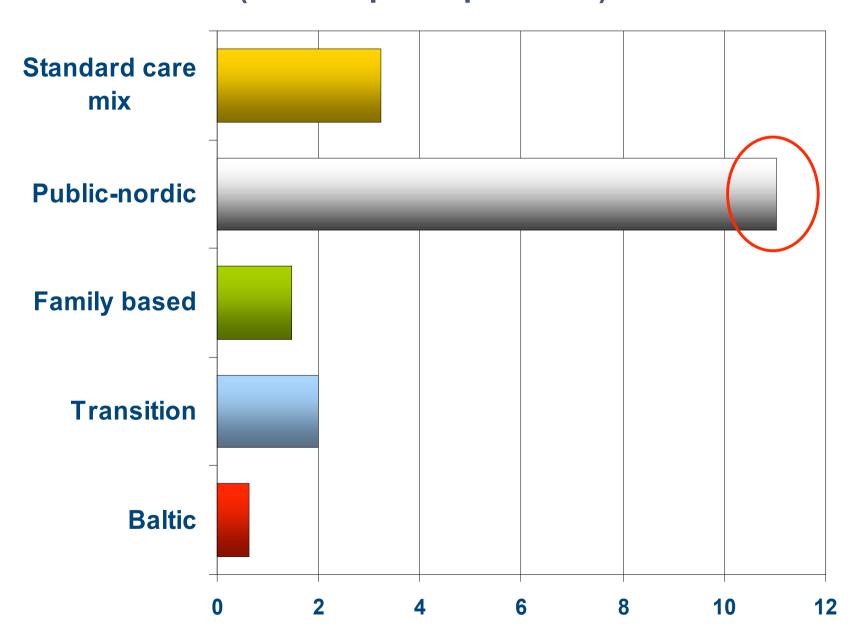
Message 2: it is crucial to strengthen measures to better reconciliate paid work and informal elder care, by acting both on:

- -the **labour market**, by improving care leaves, flexible working hours etc.;
- -the care sector, by strengthening support services, including respite and home care.

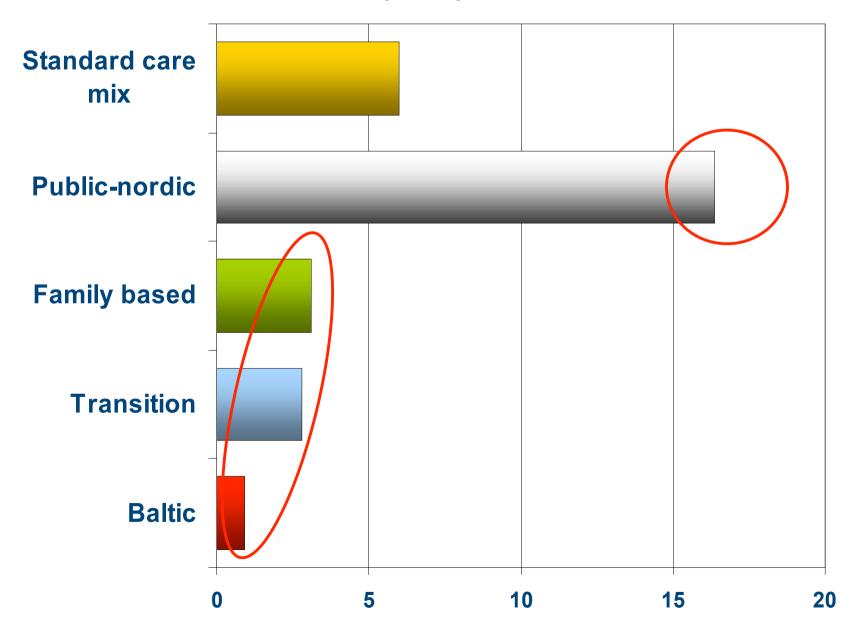
### 2b. Care provision: the formal sector



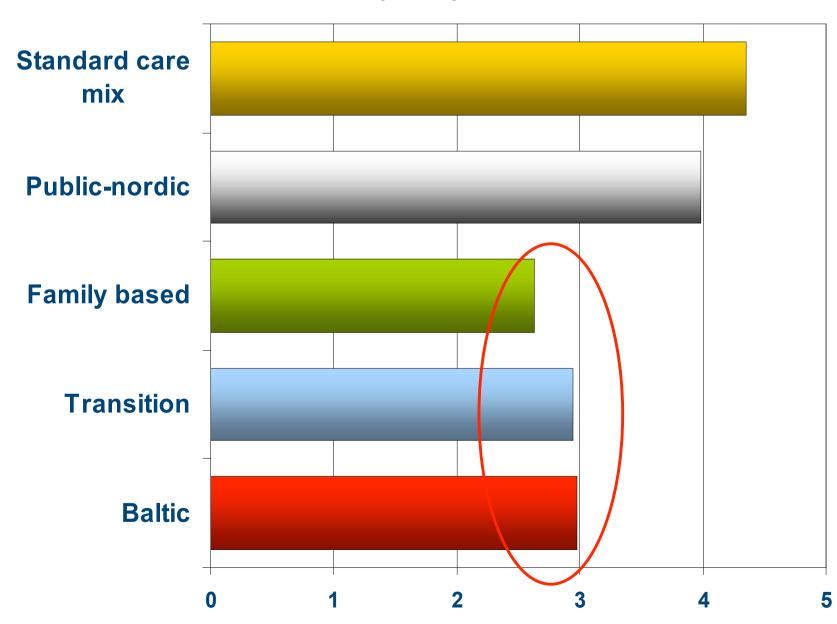
## Elder care expenditure (as % of per capita GDP)



### Over 65 year old people receiving home care (in %)

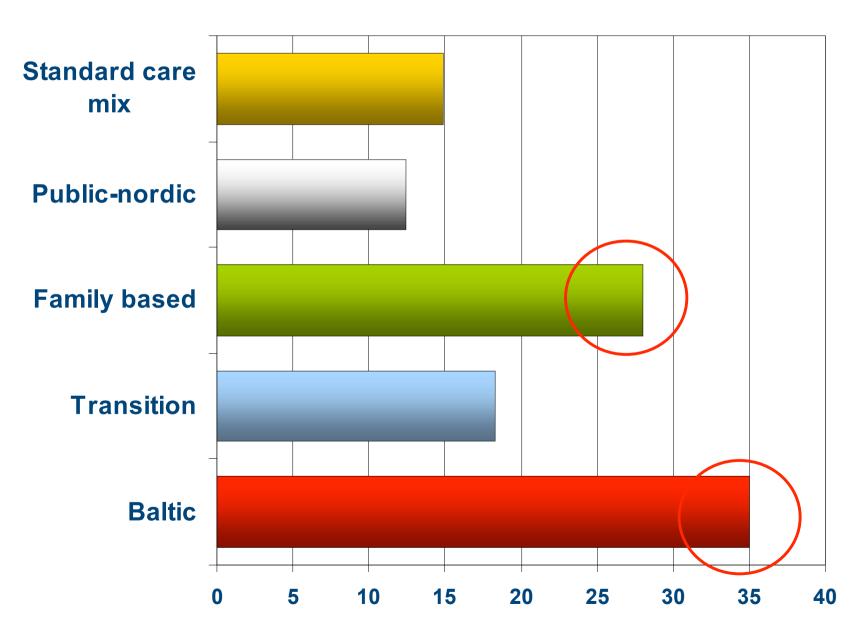


## Over 65 year old people in residential care (in %)



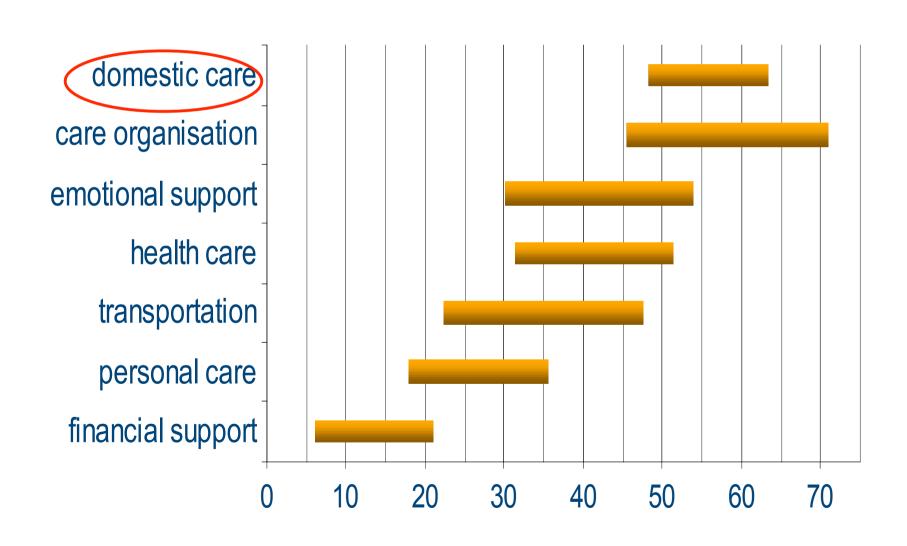
### Private health care expenditure

(out of pocket payments as % of total expenditure)



# How many users are reached by care services in the different areas of need?

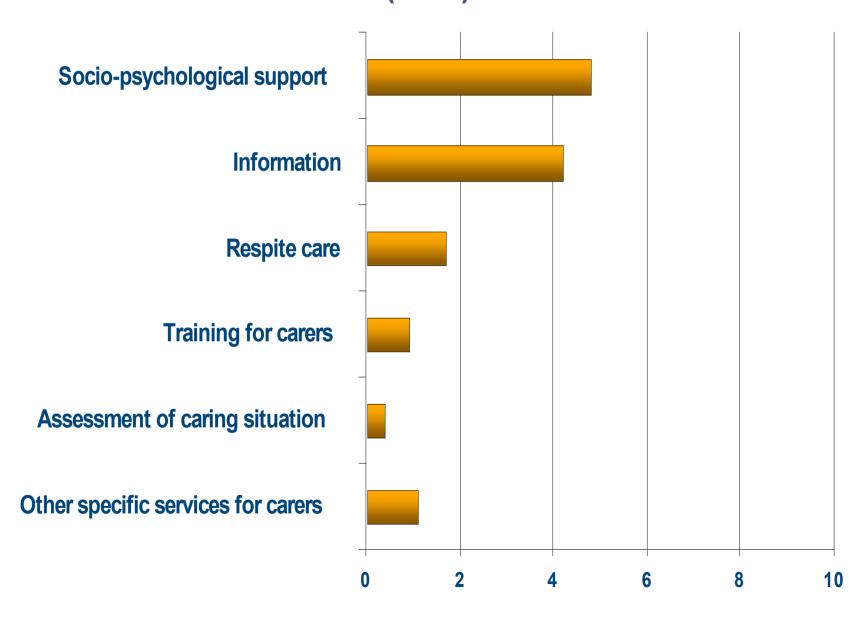
## Areas of need for which older people are completely dependent on others for help (in %)



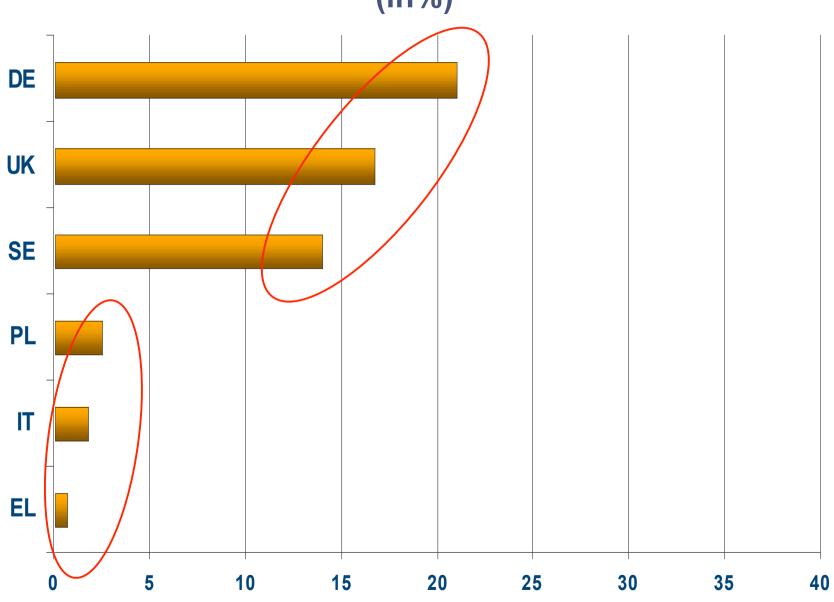
### **Provision-mix in domestic care** (in %)



## Use of specific support services for carers (in %)



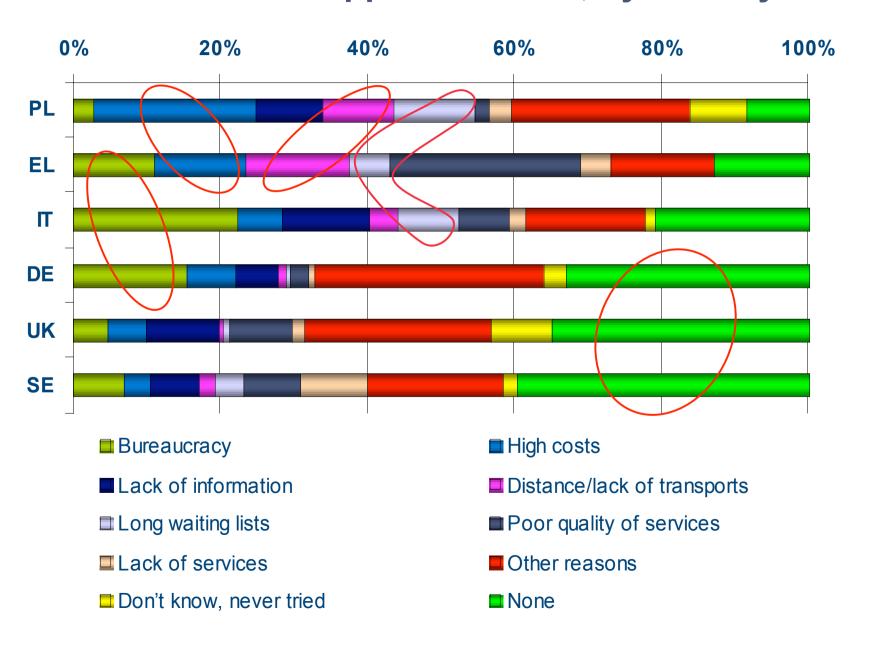
## Use of support services for carers, by country (in%)



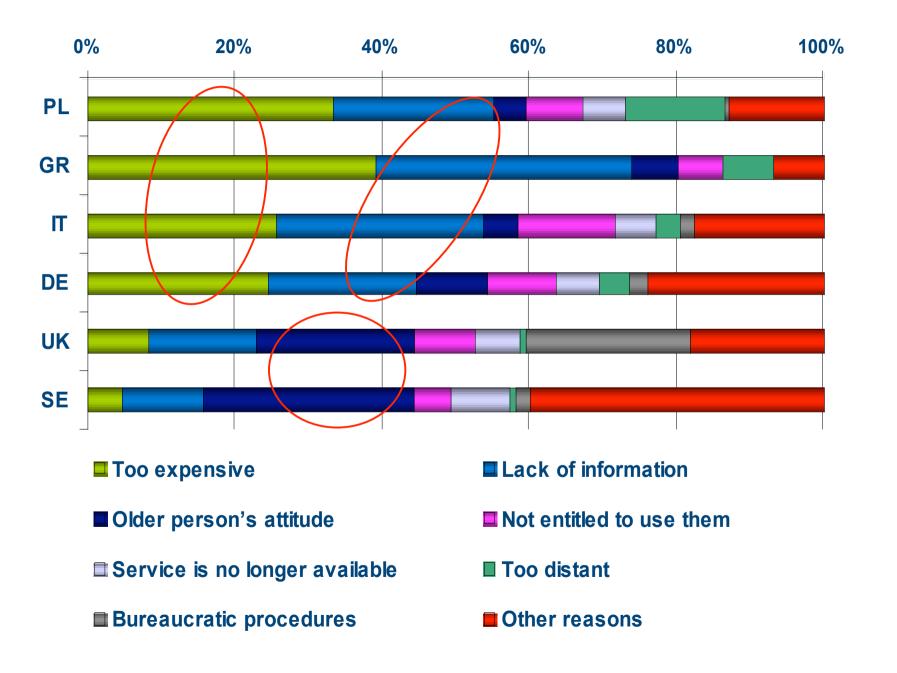
Message 3: Formal services reach only a small minority of both dependent older people and their family carers, even in countries traditionally investing many resources in the elder care sector.

# Which difficulties do users experience in accessing services?

## Difficulties experienced by families in accessing elder care & support services, by country



### Reasons for not using needed services & supports

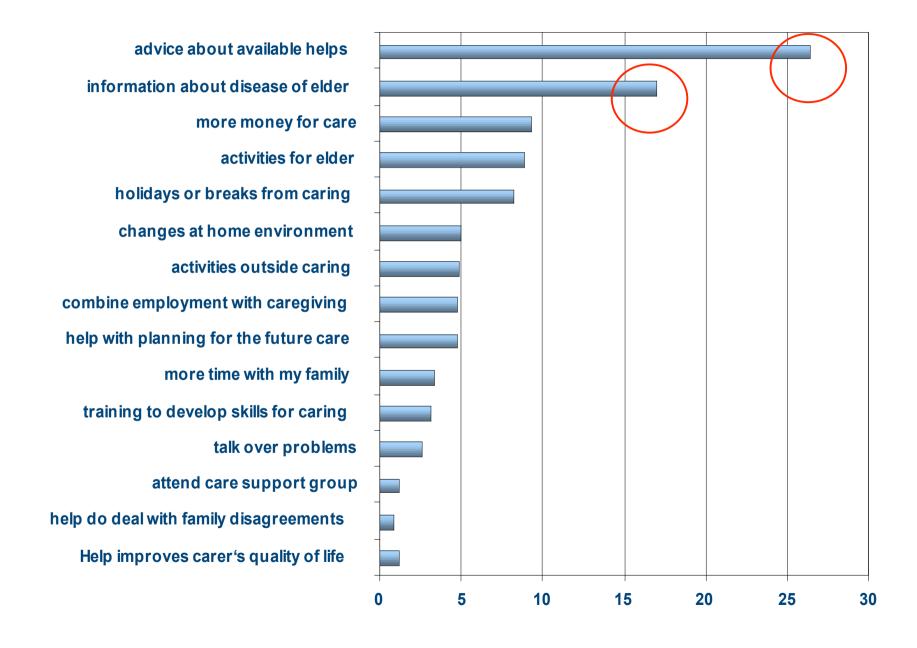


# Message 4: The main barriers to care service use in the different care regimes are:

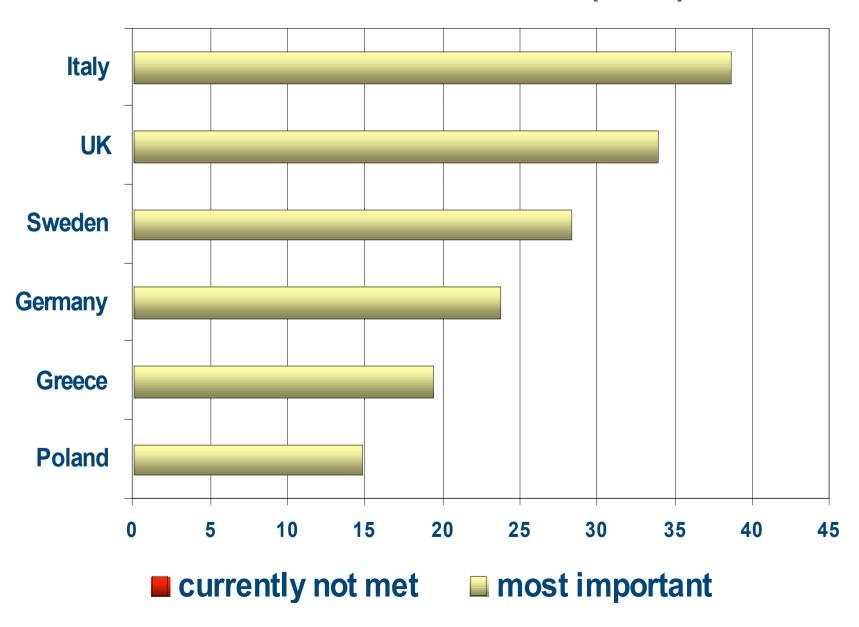
	standard care-mix		Family based	Transition
Lack of information	X	X	X	X
High costs	X		X	X
Long waiting lists	X		X	X
Bureaucracy	X		X	
Lack of transportation			X	X
Older person's attitude		X		

# What are the most important supports and service characteristics for users?

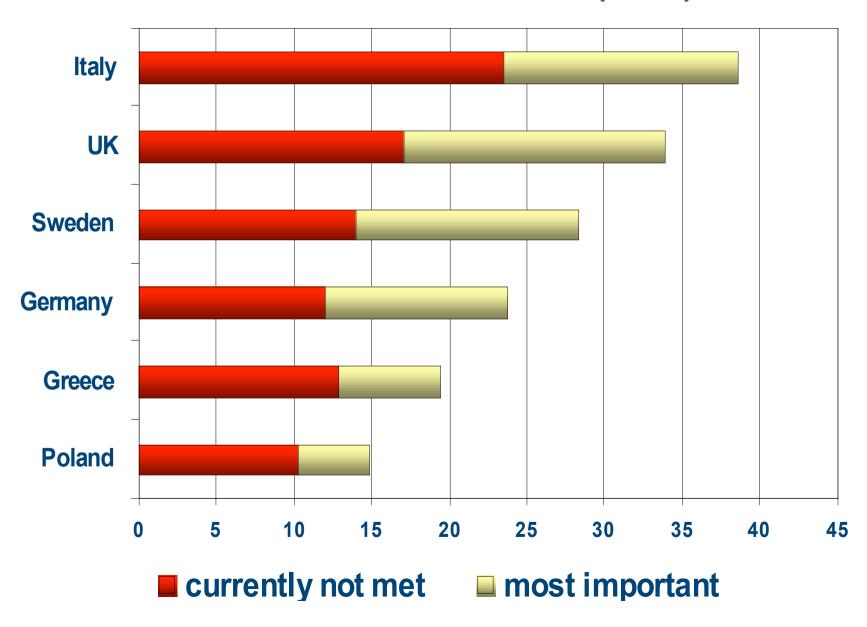
### Most important types of support (in %)



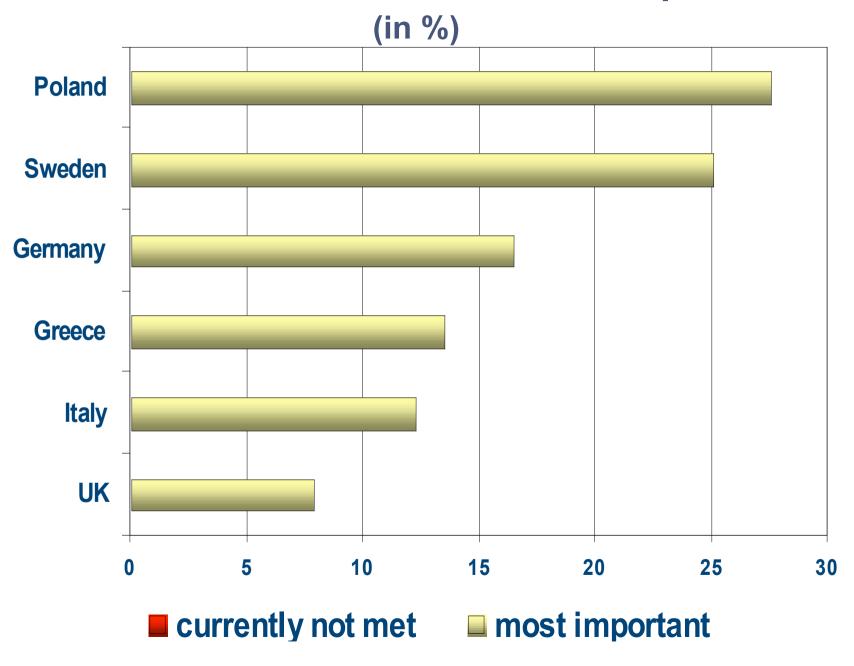
# Advice about available helps & how to access them (in %)



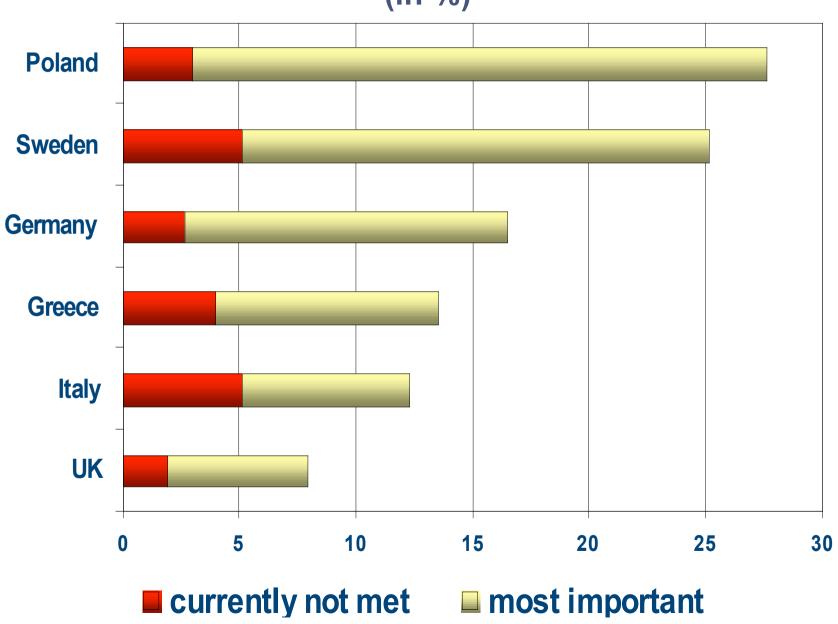
# Advice about available helps & how to access them (in %)



### Information about disease of older person

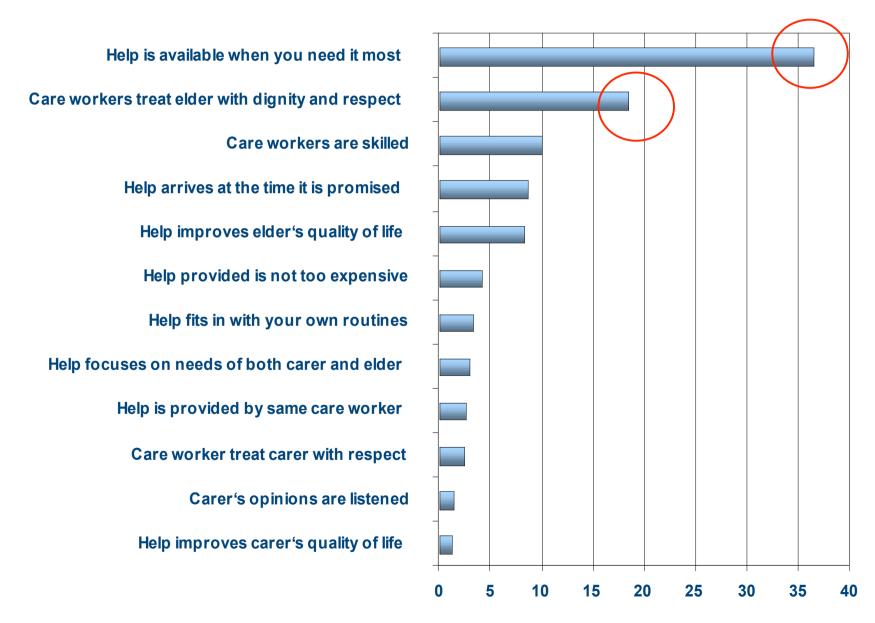


### Information about disease of older person (in %)

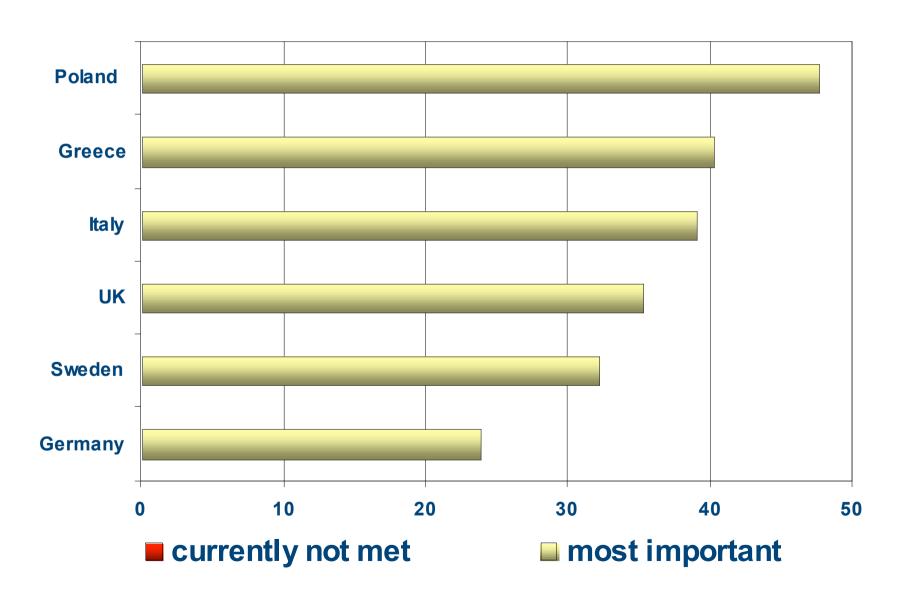


### Most important service characteristics

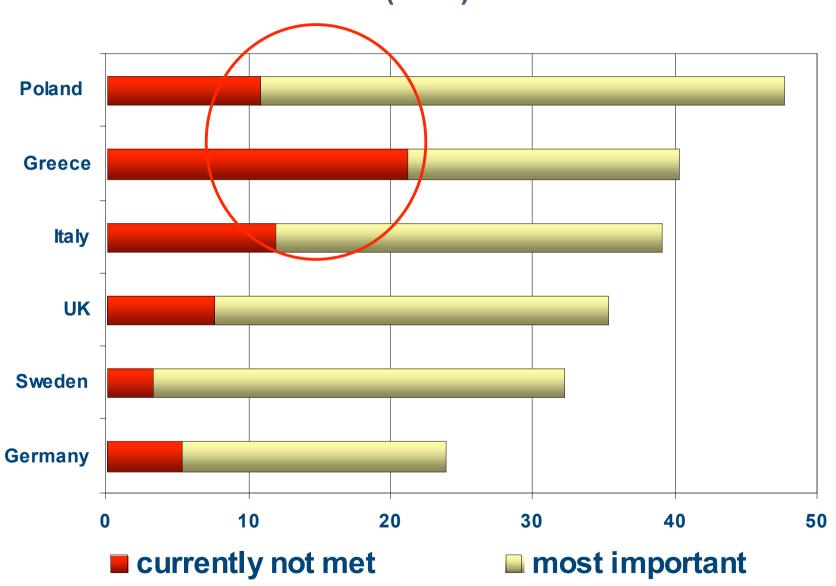
(in %)



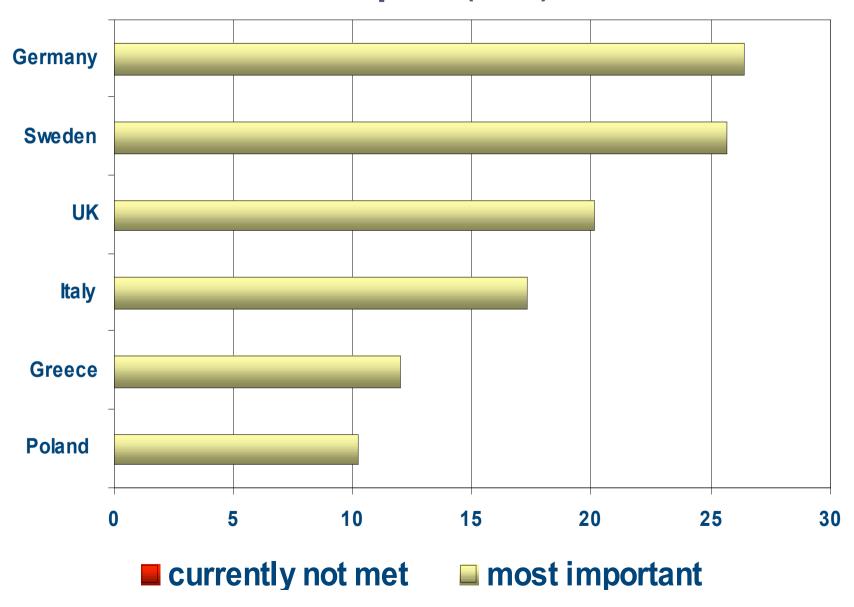
### Help is available at the time you need it most (in %)



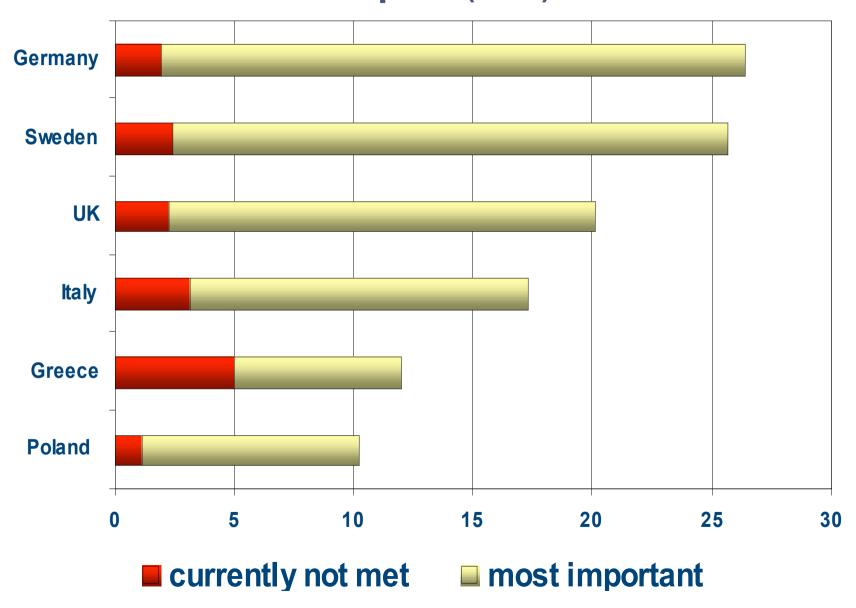
### Help is available at the time you need it most (in %)



# Care workers treats elder with dignity and respect (in %)



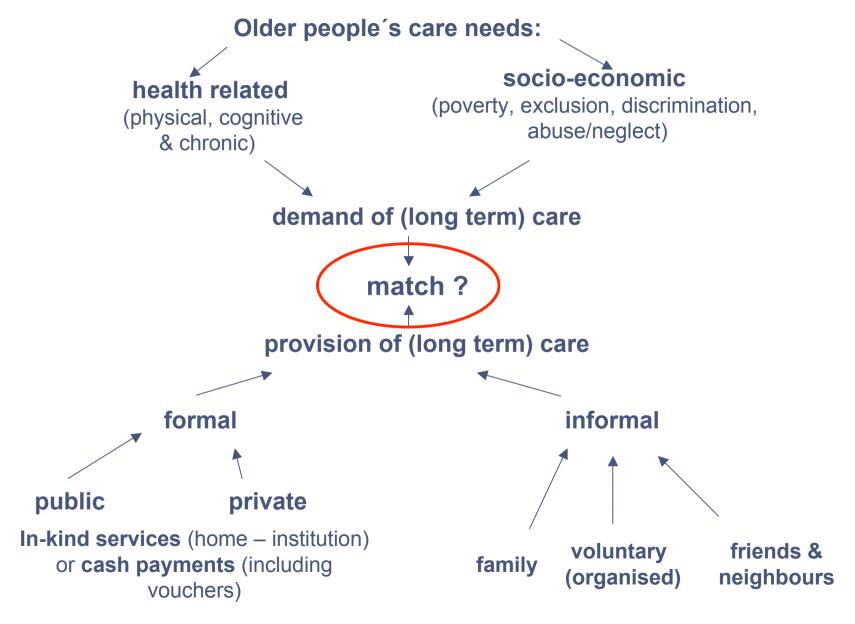
### Care workers treats elder with dignity and respect (in %)



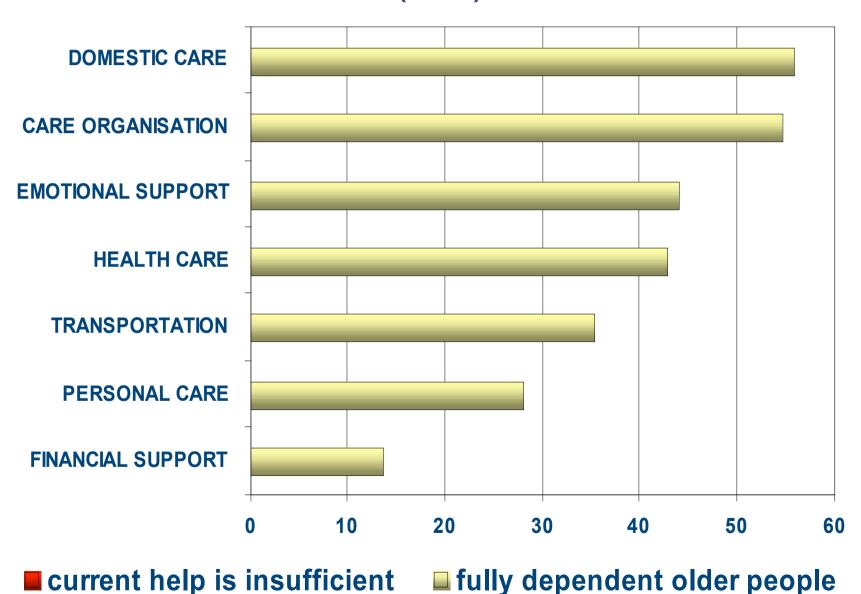
### Message 5: More/better support is needed in:

- -all countries: in terms of advice about how to use existing services;
- -family based & transition: for a more timely delivery (continuity!) of care;
- and, in general, paying attention to the **dignity** of the older person (more relevant than technically perfect care!).

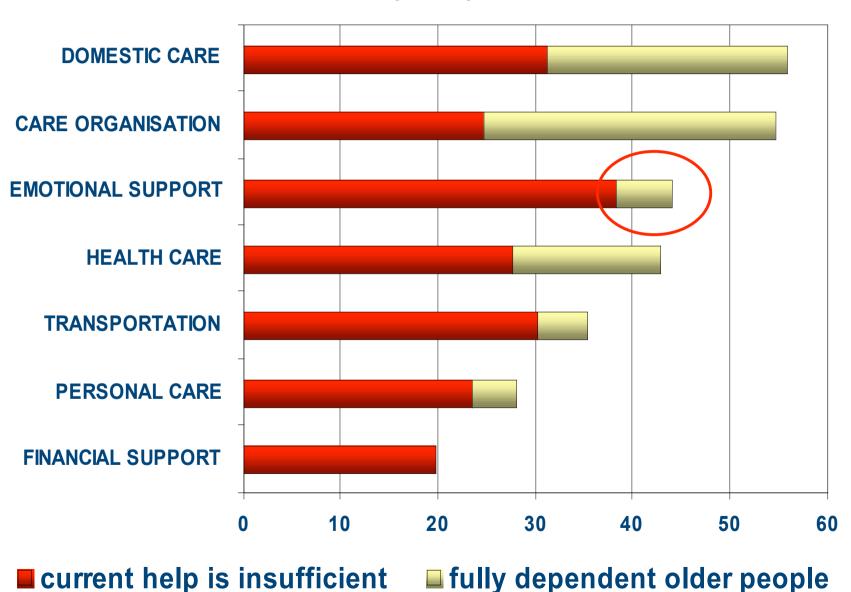
# 3. Final remarks: do demand & provision of elder care match?



### In which areas do older people need <u>more</u> help? (in %)

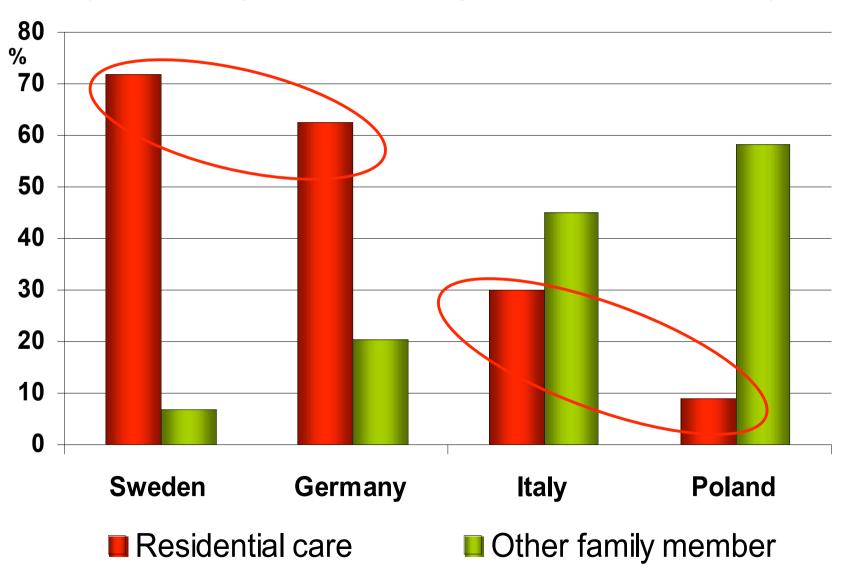


### In which areas do older people need <u>more</u> help? (in %)

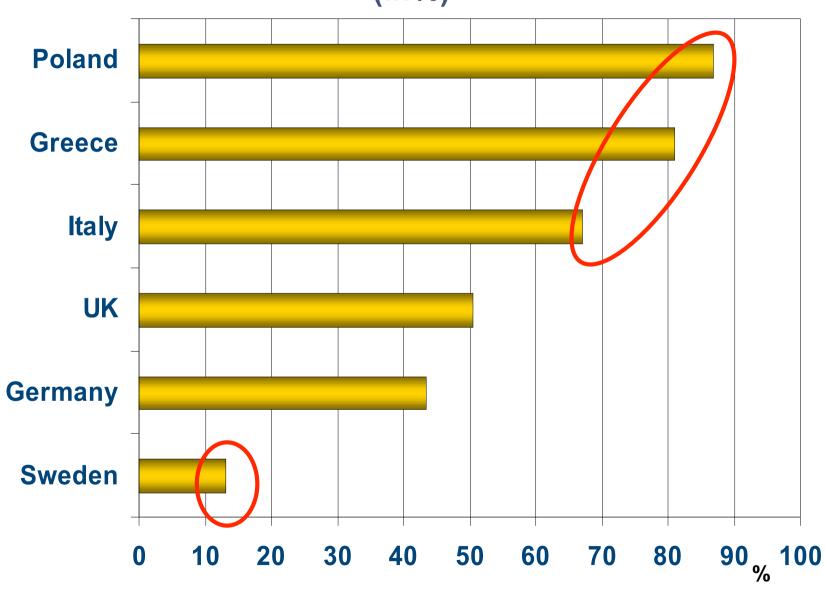


# Who cares for the older person when the primary family carer stops careviging?

(after one year, excluding elder's death, in %)

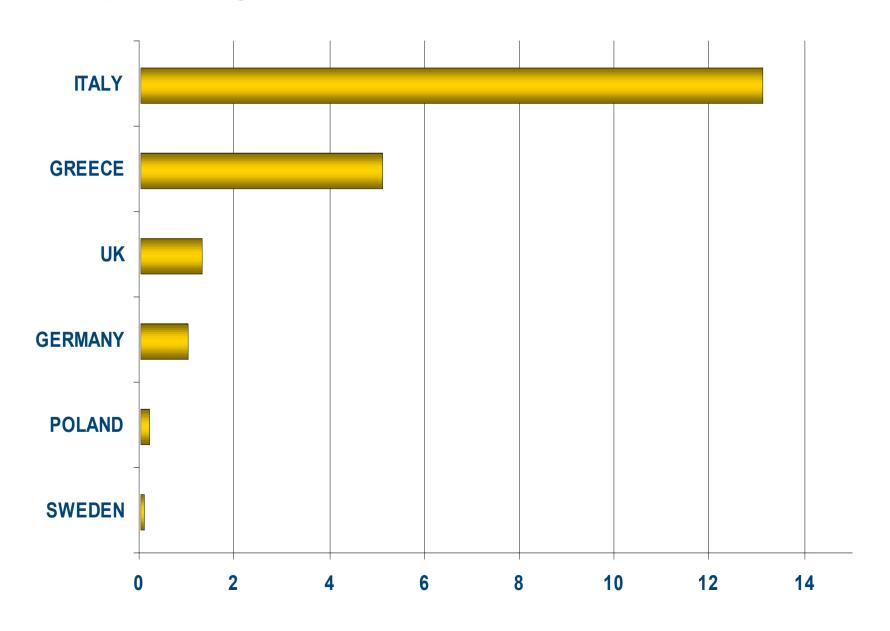


### Denial of residential care as future option\* (in%)



<sup>\*:</sup> Would you be prepared to consider elder's placement in a care home? ("no, not under any circumstances")

# Households employing privately paid home care workers (in %)



### **Domestic workers in Italy by nationality**

with forcion

		with foreign	
	Total	nationality	%
1991	181.096	35.740	16,5
1995	192.942	67.697	35,1
2000	256.803	136.619	53,2
2001	268.730	139.505	51,9
2002	541.098	409.307	75,6
2003	542.651	411.425	75,8
2004	502.547	371.830	74,0
2005	471.085	342.065	72,6
2007	774.000*	700.000*	90,4*

<sup>\*:</sup> estimates

### Migrant care workers: opportunities & challenges

#### **Opportunities:**

- economic convenience: to both recipients and migrants (low housing costs, wage differentials & "black market")
- publicly incentivated by increasing cash-for-care schemes
- tailored care: personalised response to elders and carers
- delayed or lower institutionalisation rates

#### Challenges:

- quality of care: qualification of migrant care workers
- labour market: control of undeclared work
- exploitation of migrant care workers: overlap with gender
- care drain in sending countries: who provides care there?

- Message 6: Crucial issues for ensuring an appropriate LTC care in Europe are:
- all countries: improve the emotional & psychogical support of older people;
- all except public-nordic: increase diffusion of home care & innovate residential care options;
- family based & standard: verify conditions for a proper employment of migrant care workers;
- transition countries: check impact of possible "care drain" effects due to migration of care workers.

### Thank you!