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Care arrangements for older people in Eastern European Countries

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Overview

1. Provision of care and combining informal and formal care
2. Cross-national context
3. Slovenia and other Central and Eastern European countries
4. Data
5. Results and Discussion
6. Conclusions

1. Provision of care and combining informal and formal care **(for people living in their own homes)**

- Complex process of population ageing puts the question of care in spotlight.
  - who is providing care for older people in need?
  - how societies can address this issue – what can we learn from others?

- Combining informal and formal care*
  - which is preferred?
  - what is the role of formal care against informal care?
  - how the informal and formal carer share the care?

* The hierarchical compensatory model (Cantor 1979, 1989), The substitution model (Greene 1983), The task-specific model (Litwak 1985; Messeri *et al.* 1993), The supplementary model (Edelman and Huges 1990; Stoler and Pugliesi 1991), The complementary model (Chappel and Blanford 1991; Denton 1997), Mixed care arrangements (Noelker and Bass 1987; Chappel and Blanford 1991; Denton 1997; Jacobs *et al.* 2014), Studies using SHARE data: Bolin et al. (2007), Litwin and Attias-Donfut (2009), Bonsang (2009); Suanet et al. (2012); Srakar et al. (2015) and many others..

- **On the individual level t**he care arrangements are linked to several factors*:

The Andersen behavioural model:

- Individual and social predisposing variables (age, gender, education)

- Enabling resources (availability of informal care, living setting, income)

- Care need

*(Andersen 1995; Andersen and Newman 2005; Bass and Noelker 1987; Bokwala et al. 2004; Geerlings et al. 2005; Motel-Klingebiel et al. 2005; Broese van Gronou et al 2006; Litwin and Attias-Donfut 2009; Geerts and Van der Boch 2012; Suanet et al. 2012; Broese van Groenou and Van Tilburg 2012)

2. Cross-National Context*

Cultural context - beliefs and norms about who should provide care, preference to co-reside, legal obligation to provide care

Demographic composition (65+), % of population receiving LTC (in institution or at home), and participation on labor market (%women 50-64 already retired)

Welfare state context

1. **Support for informal carers**
    a. labor market (leave from work, flexible work schedule)
    b. carers' wellbeing (respite care, counseling, training)
    c. financial recognition – cash benefits (to older person, to carer, tax benefits)
2. **Public spending on LTC system**
    a. public spending on institutional care or home based care, private spending on LTC, pension generosity,
    b. scope of entitlement (universal vs. means tested) and organization (single and multiple systems),
    c. cost sharing (means tested, defined public contribution cost sharing as residual, flat rate cost sharing, income and asset related benefits),
    d. comprehensiveness (eligibility, basket of services covered, extent of private cost sharing on public coverage),
3. **Provision of home care ←**
    a. Degree of governance involvement in policy making (vision, regulation of HC, integration of HC policy)
    b. Management of the care process (strength of organizational integration, strength of formal coordination)

Barriers to usage of formal services from user perspective (availability, accessibility affordability, quality) ←

*(e.g. Andersen 1995; Andersen and Newman 2005; Esping-Andersen, 1990; Rostgaard 2002; Bettio and Plantega 2004; Carpenter et al. 2004; Saraceno 2008; Kunemund 2008; Keck 2008; Albertini et al. 2007; Kohli and Albertini 2008; Lamura et al. 2008; Mestheneos and Triantafillou 2005; ; Saraceno and Keck 2010; Kraus et al. 2010; Colombo et al. 2011; Suanet et a. 2012; Gennet et al. 2012),

3. Slovenia and other Central and Eastern European countries

Comparative studies (SHARE) indicate that CEE countries are characterized by

- High share of informal care and lower shares of formal care
- Perhaps owing to familistic orientation and latter development of formal care system?

Having 3 CEE countries (Czech Republic, Estonia and Slovenia) in SHARE data set in 5th wave, is this still OK?

4. The data

- The data was taken from the fifth wave of the SHARE survey (2013-14)
- The SHARE (Survey of Health, Ageing and Retirement in Europe) survey is an interdisciplinary and international panel base of micro-data on health, socio-economic position, family and social networks of over 86.000 inhabitants of 19 European countries and Israel.
- The respondents were individuals over 50 years old (65+ for our study)
- Countries: Austria, Germany, Netherlands, France, Belgium, Luxembourg, Sweden, Denmark, Spain, Italy, Czech Republic, Slovenia, Estonia

4. Results and discussion - Distribution of care arrangements

	No care	Only informal care	Only formal care	Combination
Austria	69.08%	13.85%	6.90%	10.17%
Germany	73.87%	12.24%	5.22%	8.67%
Netherlands	72.63%	8.27%	12.31%	6.78%
France	68.97%	9.42%	11.64%	9.97%
Belgium	62.06%	10.18%	15.81%	11.95%
Luxembourg	69.51%	10.52%	10.37%	9.60%
Sweden	79.50%	10.14%	5.61%	4.75%
Denmark	68.82%	15.04%	7.18%	8.96%
Spain	71.26%	14.33%	7.26%	7.15%
Italy	74.56%	15.81%	5.12%	4.51%
Czech Republic	60.93%	27.92%	3.33%	7.82%
Slovenia	81.60%	13.92%	1.65%	2.84%
Estonia	66.84%	19.28%	3.05%	10.83%
Total	70.46% (24490)	14.24% (4948)	7.17% (2491)	8.13% (2827)

*yellow – 3 highest values, blue - 3 lowest values

Contextual variables - distribution

	Austria	Germany	Netherlands	France	Belgium	Luxemburg	Sweden	Denmark	Spain	Italy	Czech Republic	Slovenia	Estonia
Regulation*	3	3	3	5	4	5	1	1	2	1	3	3	3
Integration*	2	2	3	2	1	2	4	4	2	1	1	1	2
Organizational integration*	1	3	2	2	2	3	2	3	1	2	3	1	1
Formal coordination*	2	2	3	1	2	3	3	3	1	2	1	1	1
Difficult to use TLC / Cost +	20,5%	26,1%	12,5%	27,3%	13,7%	25,0%	7,2%	4,7%	19,9%	28,1%	28,2%	43,6%	56,5%
Difficult to use TLC / Availability ++	22,1%	13,2%	17,0%	26,1%	15,7%	21,9%	15,9%	16,6%	27,6%	29,4%	30,8%	40,4%	40,3%
Difficult to use TLC / Access +++	10,0%	5,6%	12,1%	14,6%	4,5%	5,3%	7,8%	7,3%	13,5%	14,3%	15,0%	17,0%	31,1%
Difficult to use TLC / Quality of care +++	6,8%	11,2%	8,8%	8,6%	4,0%	3,7%	19,2%	8,6%	9,0%	13,6%	11,2%	11,9%	14,8%

Regulation - overall level of national governance in regulation of hc policy (5 - national, 4 - mixed national /regional, 3 - regional or mixed mational/municipal, 2 - mixed regional/municipal, 1 – municipal).
Integration - overall level of national governance in integration of hc policy (* integration - 4 - one ministry, one plicy scheme, 3 - one ministry more schemes, 2 - two ministries, two schemes, 1 - two ministries more schemes).
Organizational integration (1 - segregated, 2 - partly integrated, 3 – integrated).
Formal coordination (1 - hardly anywhere, 2 - in some areas, 3 – usually). /*Nadine Genet, Wienke Boerma, Madelon Kroneman, Allen Hutchinson and Richard Saltman (ed.): Home care across Europe. Current structure and future challenges (2012). Observatory Studies Series 27. WHO 2012. p. 36, 78.
EQLS + Y11_Q56a Q56a Cost / Make it difficult to use long term care services? % Very difficult
EQLS ++ Y11_Q56b Q56b Availability (eg waiting lists, lack of services) / Make it difficult to use long term care services? % Very difficult
EQLS +++ Y11_Q56c Q56c Access (e.g. because of distance or opening-hours) / Make it difficult to use long term care services? % Very difficult
EQLS ++++ Y11_Q56d Q56d Quality of care / Make it difficult to use long term care services? % Very difficult

Contextual variables – modeling (multinomial regression analysis – multilevel; first results)

	IC only	FC only	IC+FC
Regulation*		+++	++
Integration*			++
Organizational integration*	+++		+++
Formal coordination*		+++	+++
Difficult to use TLC / Cost +		---	---
Difficult to use TLC / Availability ++		---	---
Difficult to use TLC / Access +++		---	---
Difficult to use TLC / Quality of care +++		---	---

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EQLS ++++ Y11_Q56d Q56d Quality of care / Make it difficult to use long term care services? % Very difficult

5. Conclusions

- Distribution of care arrangements:
  - CEE countries are very similar in some respects (low usage of FC) and very dissimilar in other respects (IC only, mixed care)
- Contextual factors:
  - CEE countries are very similar with regards to the role of governance in regulation of home care policy (medium) and in integration of home care policy (low level)
  - CEE countries are very similar with regards to organizational integration (low) and formal coordination of home care (low)
- Barriers to usage of formal LTC system:
  - CEE countries are very similar with regards to users' experience with LTC system (low availability, difficult access, costly)
- Future trends:
  - Increasing retirement age will decrease availability of informal carers
  - LTC systems should develop in user oriented direction (integrate, coordinate, provide one entry point) in order to facilitate combined care

The dependent variable is categorical and encompasses different types of long-term care. Our categories for the dependent variable are therefore the following:

- Category 0 (reference category) – respondents with no help received;
- Category 1 – respondents, receiving any type of informal care (within or outside household), but not receiving formal care;
- Category 2 – respondents, receiving any type of formal care, but not receiving informal care;
- Category 3 – respondents, receiving a combination of both types of care, formal and informal.