

Care Situations in Different European Countries: The Impact of Formal and Informal Support

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on behalf of the EUROFAMCARE group¹

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Methodology

- Personal interviews were conducted from 1,000 Family Carers in each of the six Core Countries (DE, EL, IT, PL, SE, UK)
- A Common Assessment Tool (standardised questionnaire) was used
- A cluster analysis was used to construct six clusters which are identical in each of the six countries.
- The clusters represent different care situations which are comparable on a national as well as European level.



Content

- Domains that describe care situations
- Characteristics of care situations
- Prevalence of care situations in the six countries
- Country comparison according to support by informal network and professional services



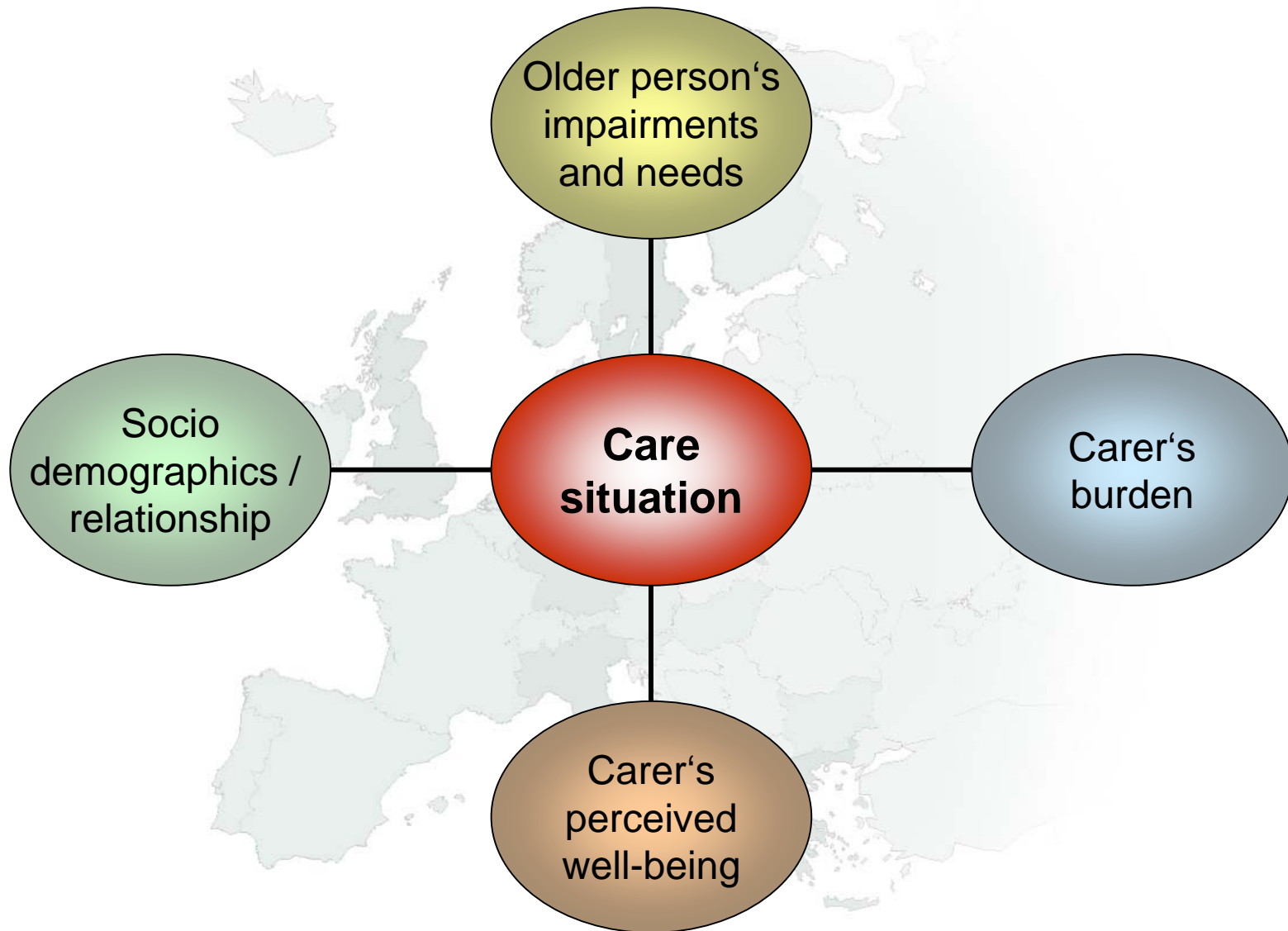
Aspects to be reflected in comparative studies

- Possible bias between countries due to partly different recruitment strategies
- Country specific care structures, which also affect the observed phenomenon, e.g. more intra-generational care within one country or a higher rate of women carers in employment
- If possible, these effects should be controlled. This can be achieved by **cluster building**





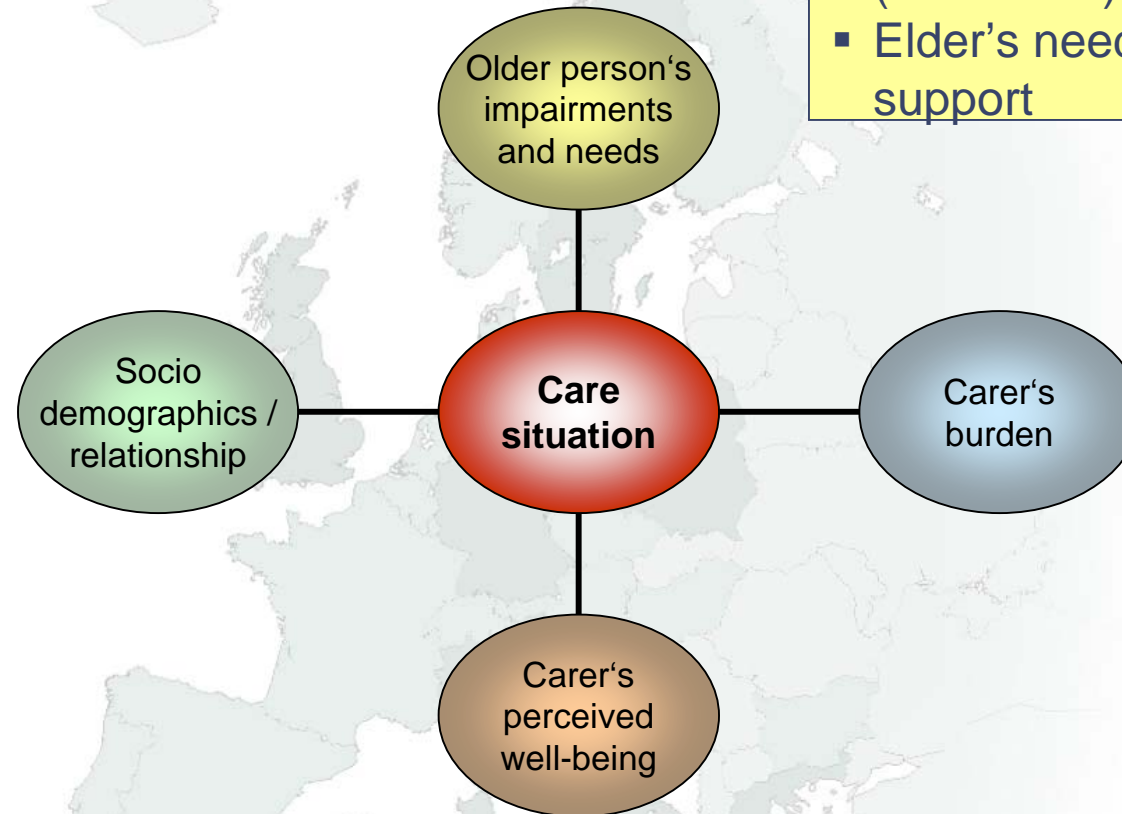
Selection of Variables (1)





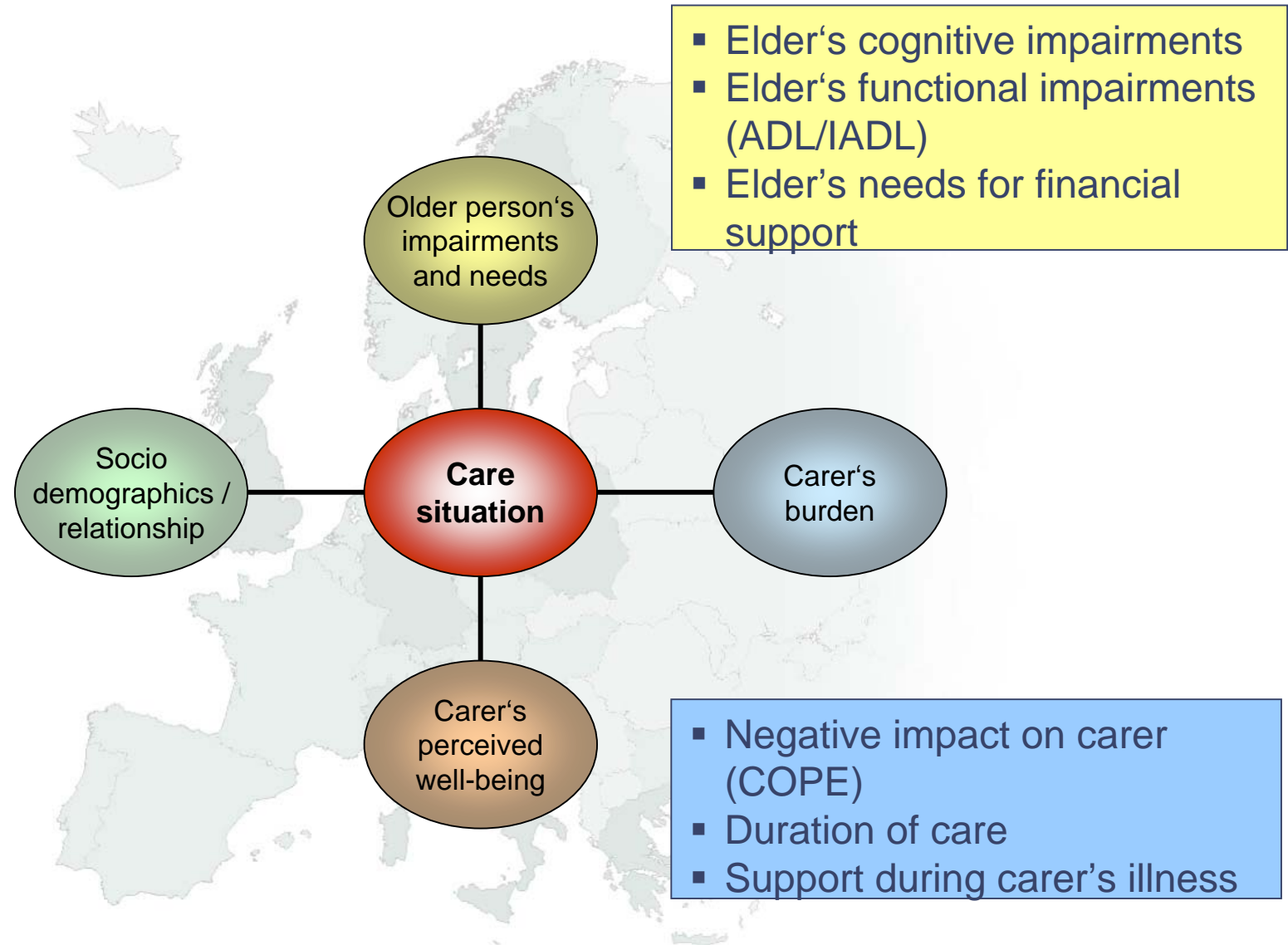
Selection of Variables (2)

- Elder's cognitive impairments
- Elder's functional impairments (ADL/IADL)
- Elder's needs for financial support





Selection of Variables (3)

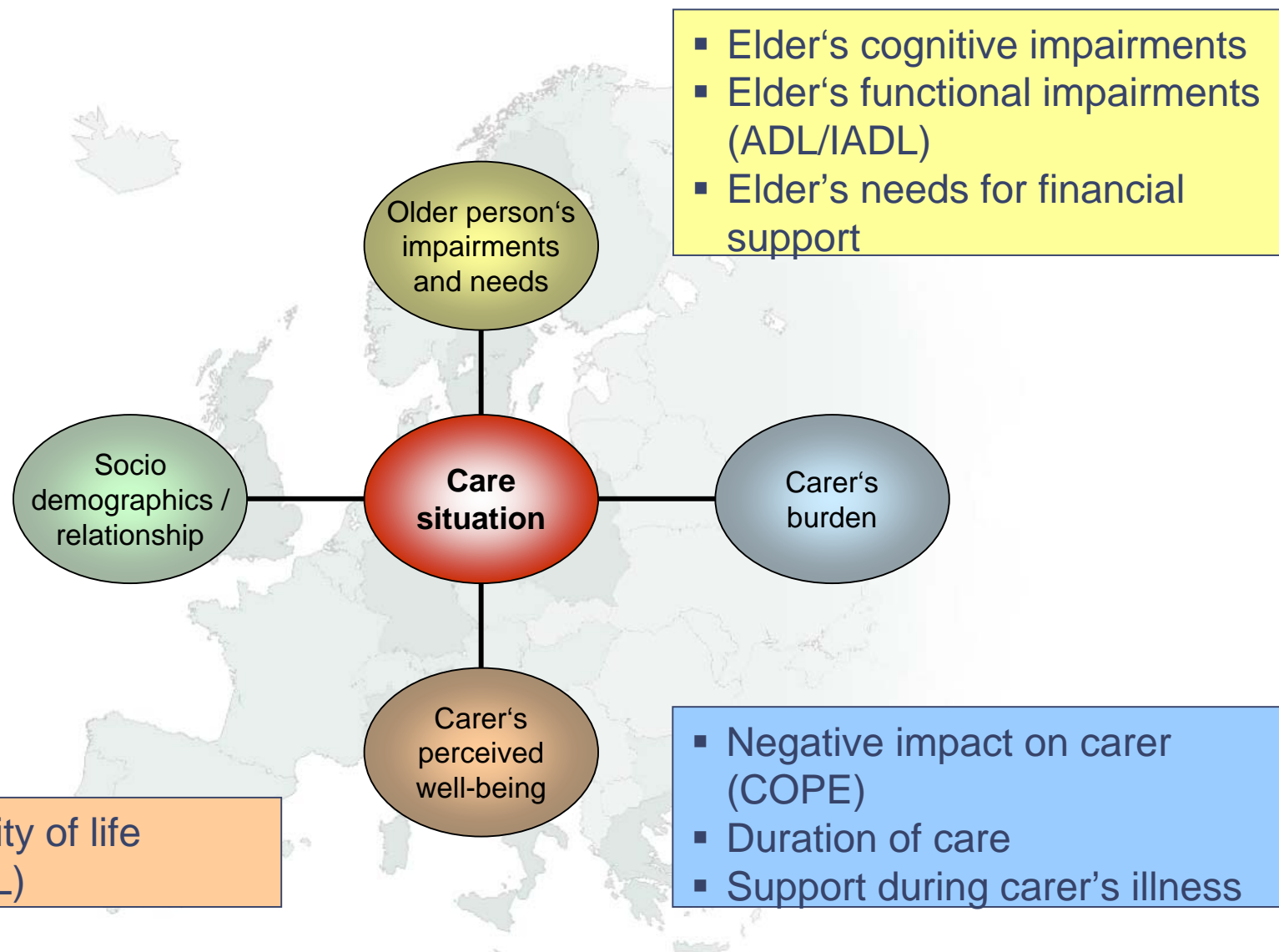


Pan-European Network





Selection of Variables (4)

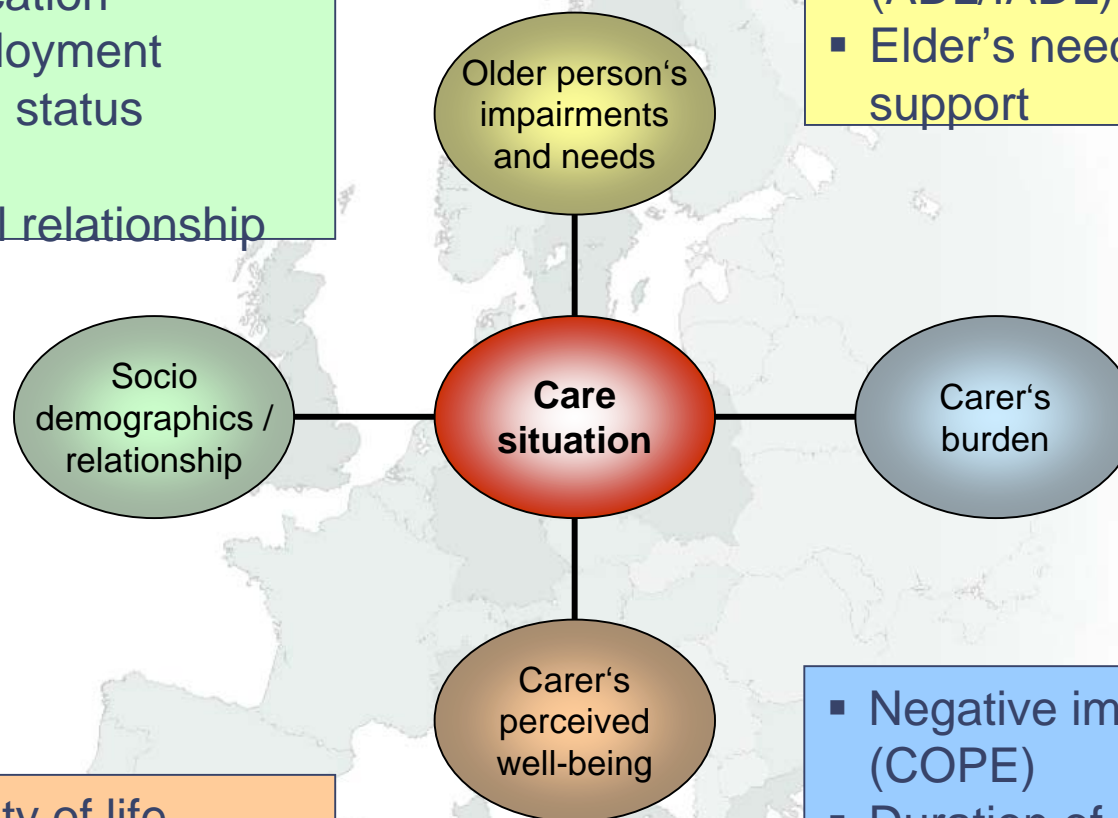




Selection of Variables (5)

- Sex of carer/Elder
- Elder's age
- Carer's education
- Carer's employment
- Cohabitation status
- Locality type
- Generational relationship

- Elder's cognitive impairments
- Elder's functional impairments (ADL/IADL)
- Elder's needs for financial support



- Carer's quality of life (WHO-5 QoL)

- Negative impact on carer (COPE)
- Duration of care
- Support during carer's illness





Characteristics of the six Care Situations

Cluster no.	1	2	3	4	5	6
Gender (% female, carer)	+++	++				
Gender (% female, older person)	++	++				
Generation (% same)	---	---				
Cohabitation status (% same house)	o	-				
Caregiving duration (% > 2 years)	+	+				
IADL abilities (% higher impairment)	+++	++				
Cognitive status (% higher impairment)	++	++				
Burden (% higher)	+++	+++				
Quality of life (% better)	--	-				
Help if ill (% "no")	+	o				
Working status (% „yes“, carer)	---	+++				
Education (% low, carer)	-	---				
Age (% > 80, older person)	++	o				
Place of residence (% urban)	+	++				
Financial support (% needed)	o	o				





Characteristics of the six Care Situations

Cluster no.	1	2	3	4	5	6
Gender (% female, carer)	+++	++	+++	---		
Gender (% female, older person)	++	++	---	+++		
Generation (% same)	---	---	+++	+++		
Cohabitation status (% same house)	o	-	+++	+++		
Caregiving duration (% > 2 years)	+	+	++	++		
IADL abilities (% higher impairment)	+++	++	++	+		
Cognitive status (% higher impairment)	++	++	+	o		
Burden (% higher)	+++	+++	+	+		
Quality of life (% better)	--	-	-	o		
Help if ill (% "no")	+	o	++	++		
Working status (% „yes“, carer)	---	+++	---	---		
Education (% low, carer)	-	---	o	-		
Age (% > 80, older person)	++	o	-	--		
Place of residence (% urban)	+	++	+	+		
Financial support (% needed)	o	o	-	o		





Characteristics of the six Care Situations

Cluster no.	1	2	3	4	5	6
Gender (% female, carer)	+++	++	+++	---	++	++
Gender (% female, older person)	++	++	---	+++	++	++
Generation (% same)	---	---	+++	+++	---	---
Cohabitation status (% same house)	o	-	+++	+++	-	--
Caregiving duration (% > 2 years)	+	+	++	++	+	o
IADL abilities (% higher impairment)	+++	++	++	+	+++	---
Cognitive status (% higher impairment)	++	++	+	o	o	--
Burden (% higher)	+++	+++	+	+	---	---
Quality of life (% better)	--	-	-	o	++	++
Help if ill (% "no")	+	o	++	++	--	--
Working status (% „yes“, carer)	---	+++	---	---	o	+
Education (% low, carer)	-	---	o	-	---	---
Age (% > 80, older person)	++	o	-	--	+	-
Place of residence (% urban)	+	++	+	+	+	+
Financial support (% needed)	o	o	-	o	--	--





Characteristics of the six Care Situations

Cluster no.	1	2	3	4	5	6
Gender (% female, carer)	+++	++	+++	---	++	++
Gender (% female, older person)	++	++	---	+++	++	++
Generation (% same)	---	---	+++	+++	---	---
Cohabitation status (% same house)	o	-	+++	+++	-	--
Caregiving duration (% > 2 years)	+	+	++	++	+	o
IADL abilities (% higher impairment)	+++	++	++	+	+++	---
Cognitive status (% higher impairment)	++	++	+	o	o	--
Burden (% higher)	+++	+++	+	+	---	---
Quality of life (% better)	--	-	-	o	++	++
Help if ill (% "no")	+	o	++	++	--	--
Working status (% „yes“, carer)	---	+++	---	---	o	+
Education (% low, carer)	-	---	o	-	---	---
Age (% > 80, older person)	++	o	-	--	+	-
Place of residence (% urban)	+	++	+	+	+	+
Financial support (% needed)	o	o	-	o	--	--



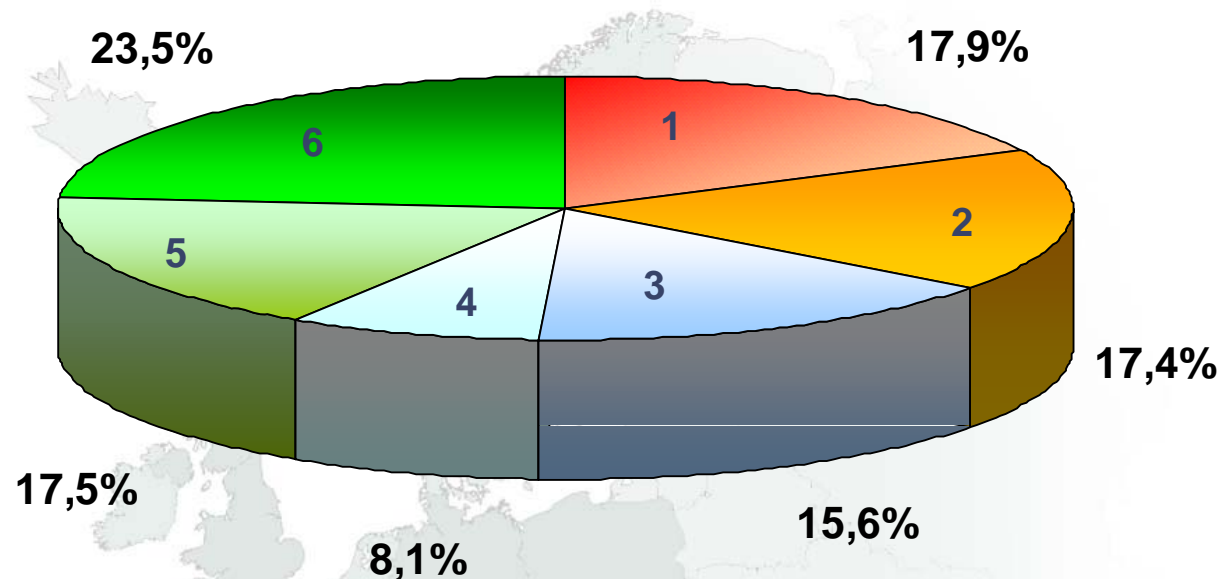
Core Group



Pan-European Network



Distribution of Care Situations*

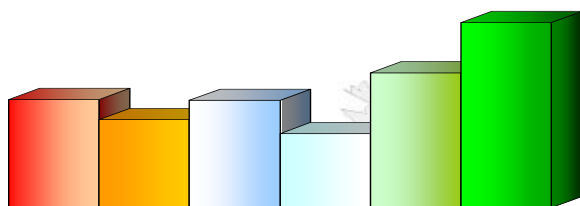


- Unemployed Carers with high levels of objective and subjective burden
- Employed Carers with high levels of objective and subjective burden
- Female carers (spouses and others) with high levels of objective and subjective burden
- Male carers (spouses and others) with high levels of objective and subjective burden
- Carers with objective but no subjective perception of burden who have support
- Carers with relatively low objective and subjective perception of burden who have support

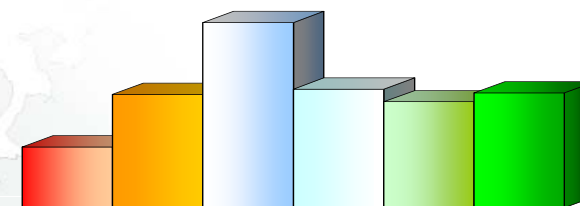
* Ordered by burden for carer



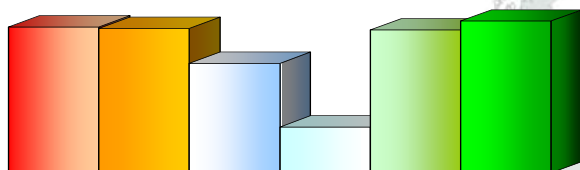
Distribution of Care Situations within the six countries



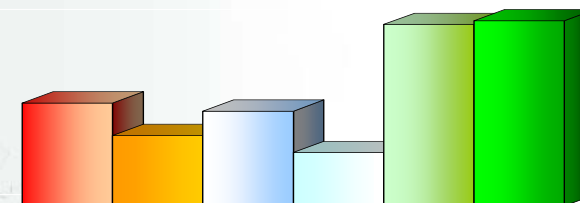
N=889



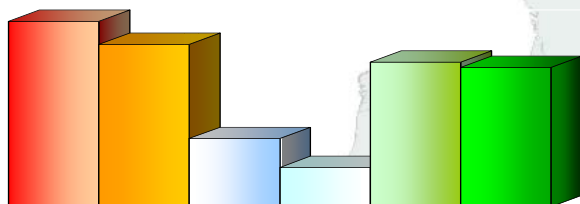
N=792



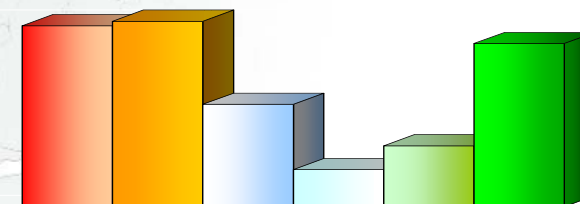
N=884



N=972



N=949



N=898

 Burdened, unemployed

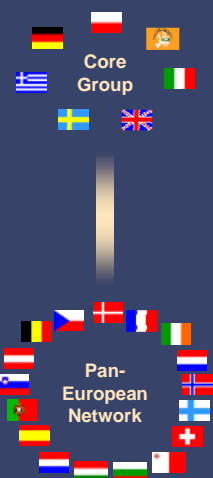
 Burdened wives

 Strained, but unburdened

 Burdened, employed

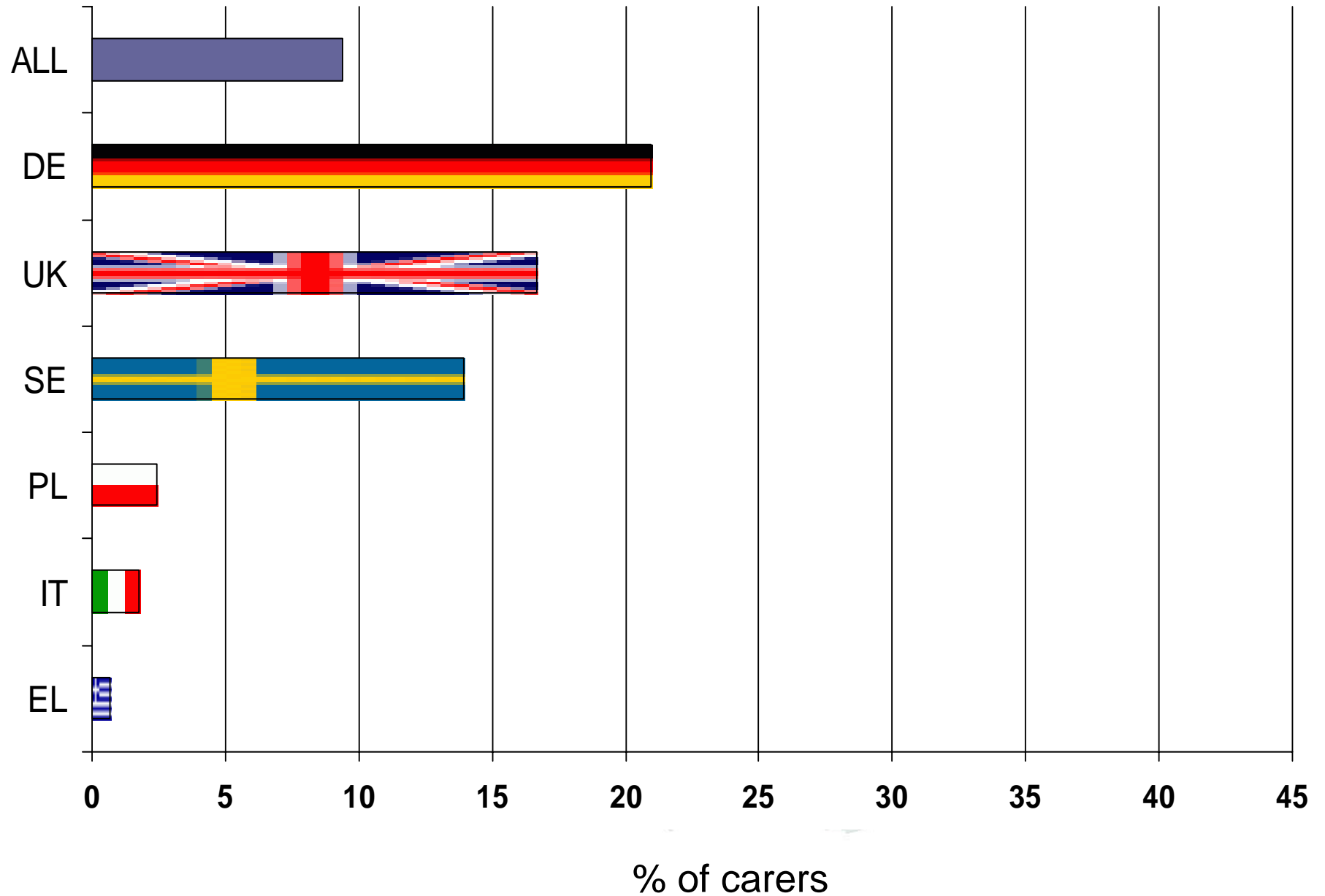
 Burdened husbands

 Unstrained, unburdened





Specific support services (at least one) used by country



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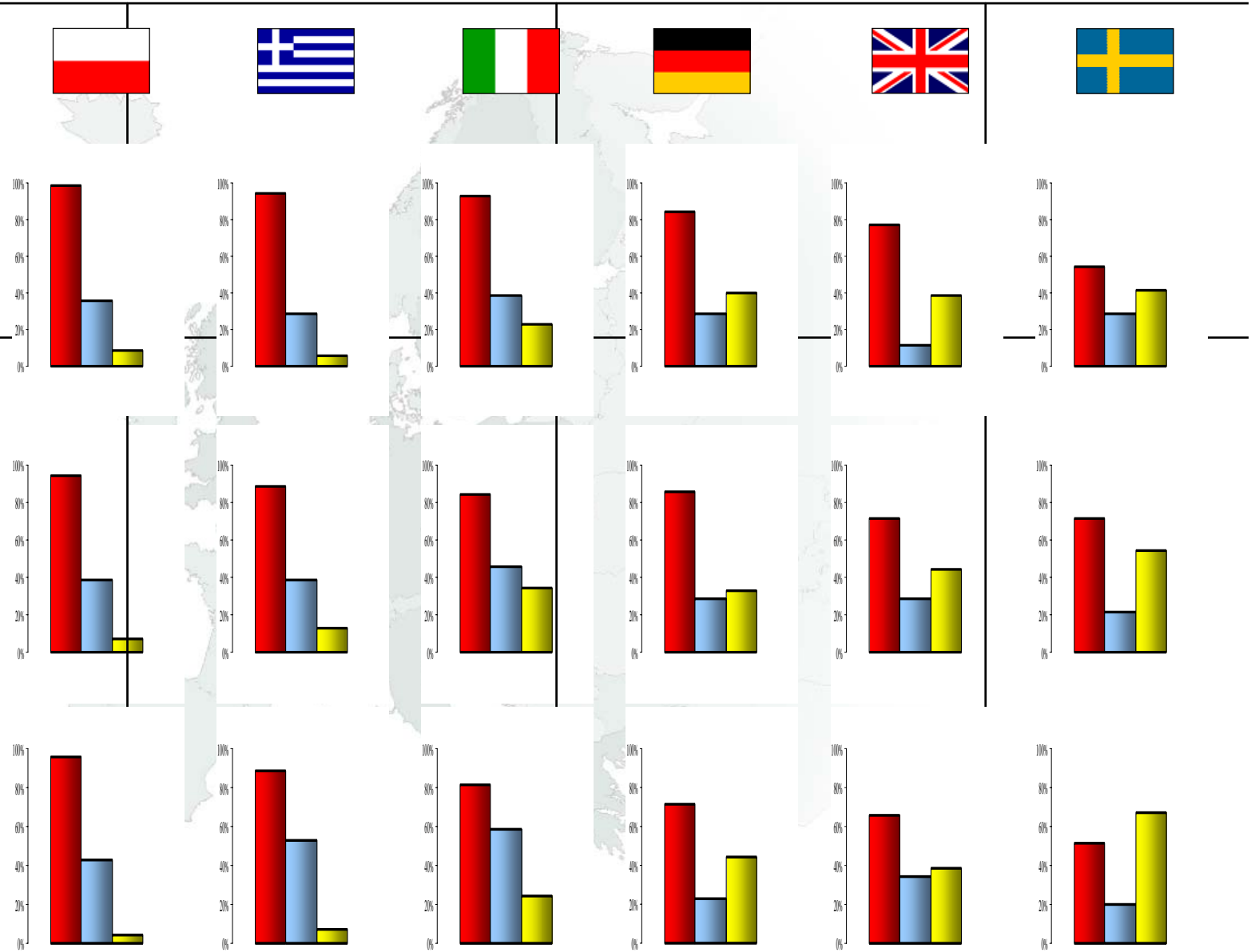
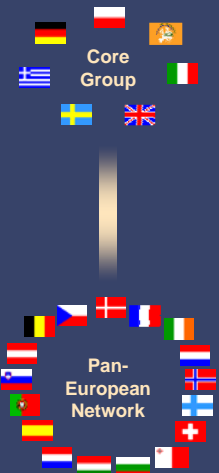




Physical and personal support by...

■ Carers themselves ■ Informal network ■ Professional services

Physical and personal support by...





Summary (1/2)

- Most family carers manage their caring tasks without using *specific professional* support services for *themselves*.
- In DE, SE & UK support services specifically addressing carers' needs are more available, mainly providing psychological help, information or respite care.
- In IT, EL & PL carers rely mainly on “generic” services to find some support (GPs etc.). The availability of home health care services is inadequate.



Summary (2/2)

- We found two major impacts on the perception of burden, which can be described as two important dimensions of mixed care arrangements: informal network and professional help
- Neither the informal network nor the professional support can be seen isolated as the main factor for reducing carers' burden.



Thank you for your attention!

Further information, publications and downloads:

www.uke.uni-hamburg.de/eurofamcare

or

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