

# Welcome to Hamburg!

EUROFAMCARE Final Conference  
Hamburg 18th of November 2005

## Family Care of Older People in Europe





# The 5<sup>th</sup> Framework Programme: Quality of Life and Management of Living Resources

## Services for Supporting Family Carers of Elderly People in Europe:

### Characteristics, Coverage and Usage

# EUR FAM CARE

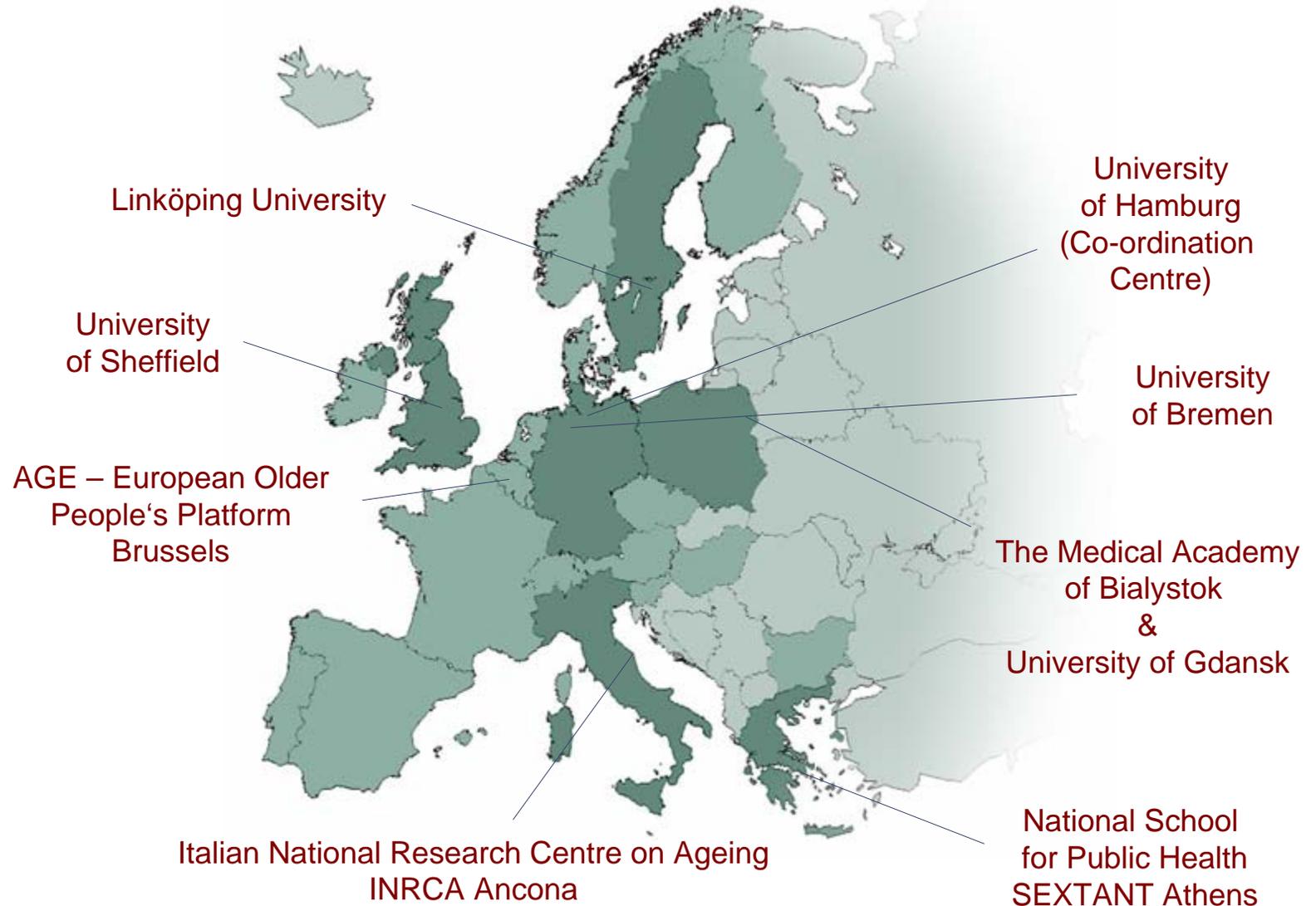
## Key Action 6: The Ageing Population and Disabilities 6.5: Health and Social Care Services to older People

This project (Contract: QLK6-CT-2002-02647) is supported by the European Union in the Vth Framework Programme:  
Quality of Life and Management of Living Resources - Key action 6: The Ageing Population and Disabilities  
6.5: Health and Social Care Services to Older People



# EUROFAMCARE

## Consortium



National Advisory Groups



International Advisory Board



# Typology of Care Situations and Motives for Caring

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# Content

- Domains that describe care situations
- Characteristics of care situations
- Prevalence of care situations in the six countries
- Motives for caring
- Country comparison according to defining motives





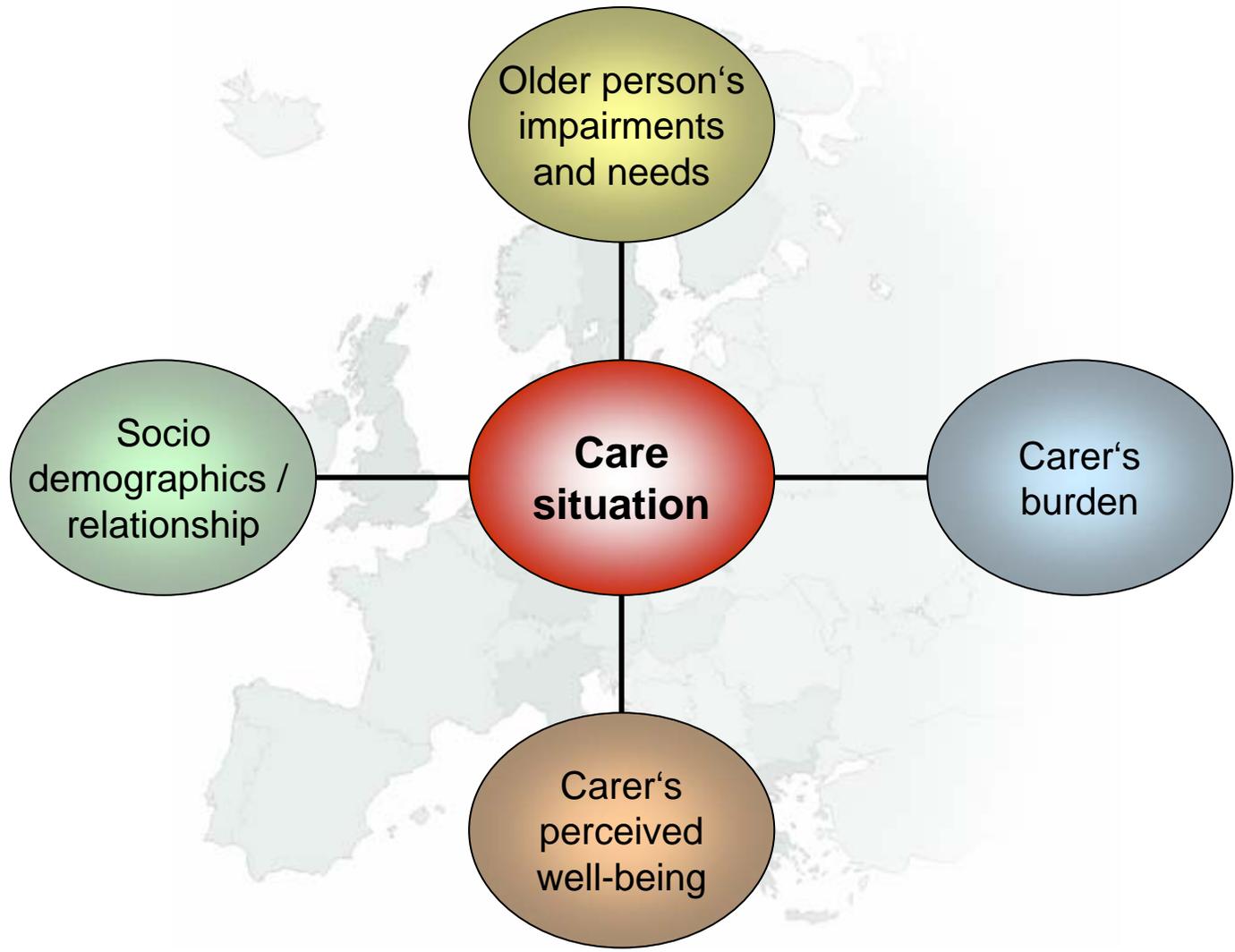


**Which variables may be suitable to define care situations?**



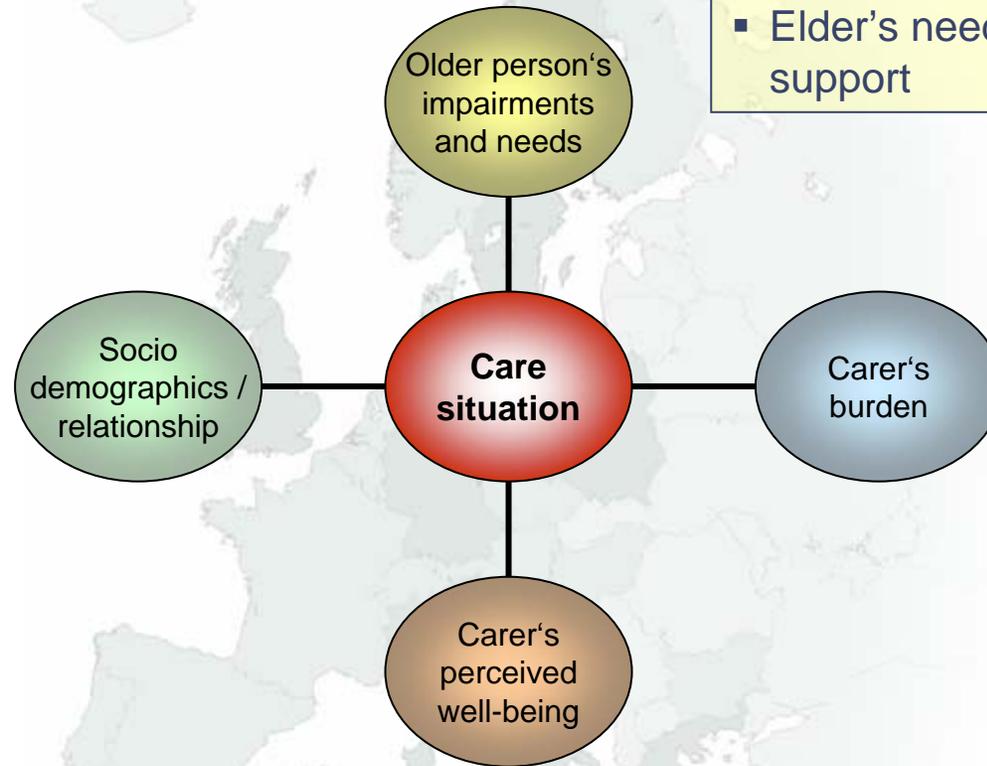


# Selection of Variables (1)



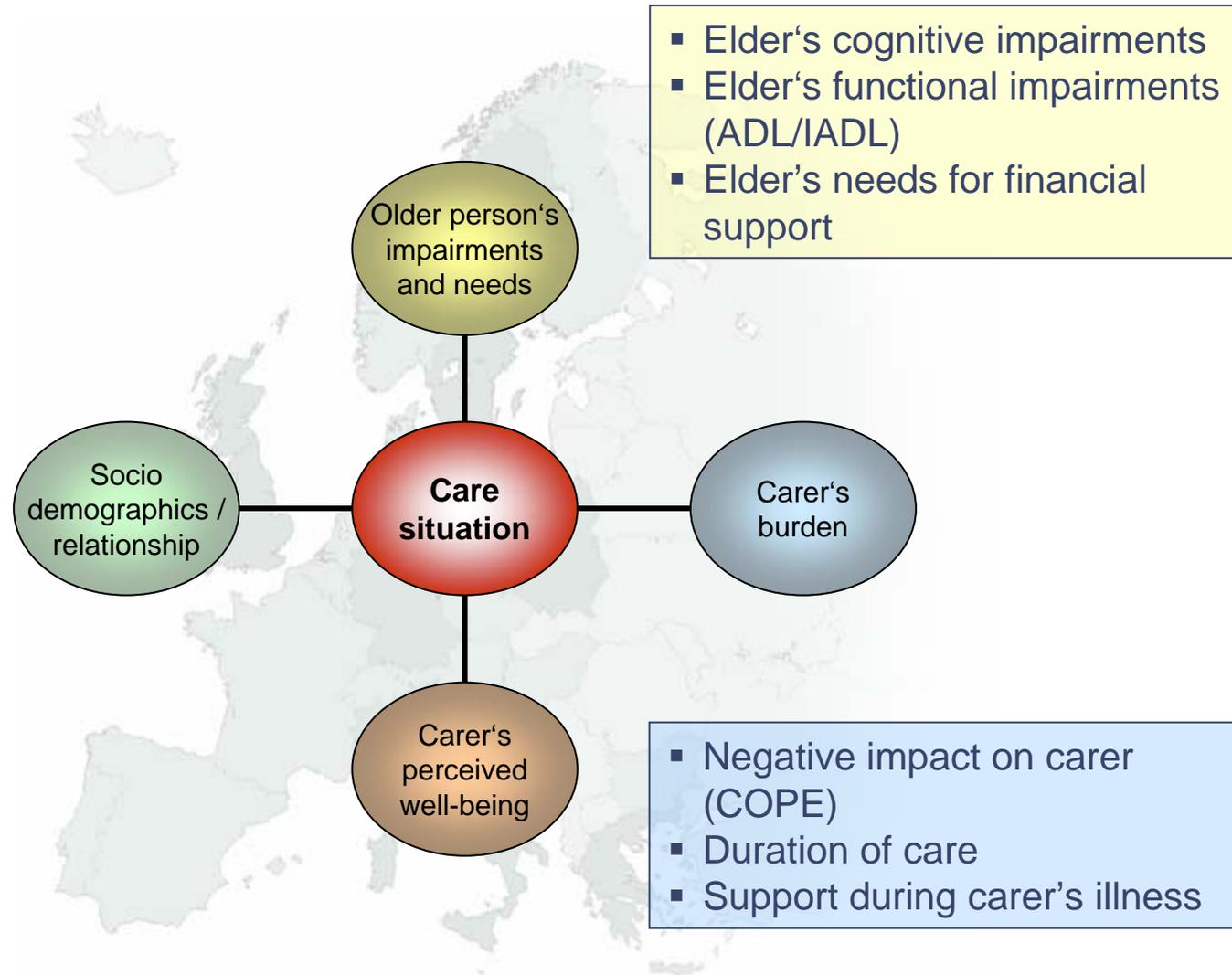
# Selection of Variables (2)

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



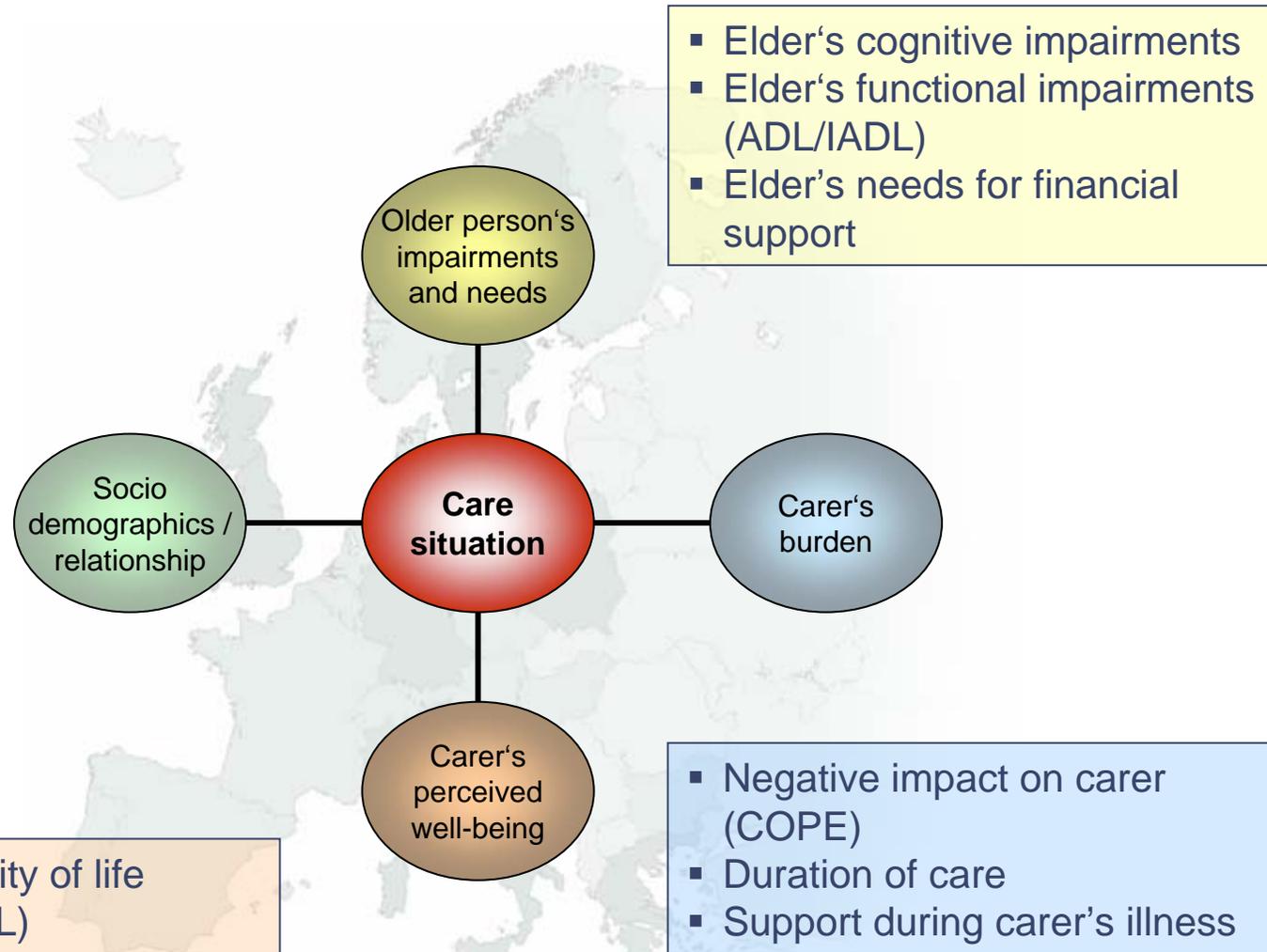


# Selection of Variables (3)





# Selection of Variables (4)

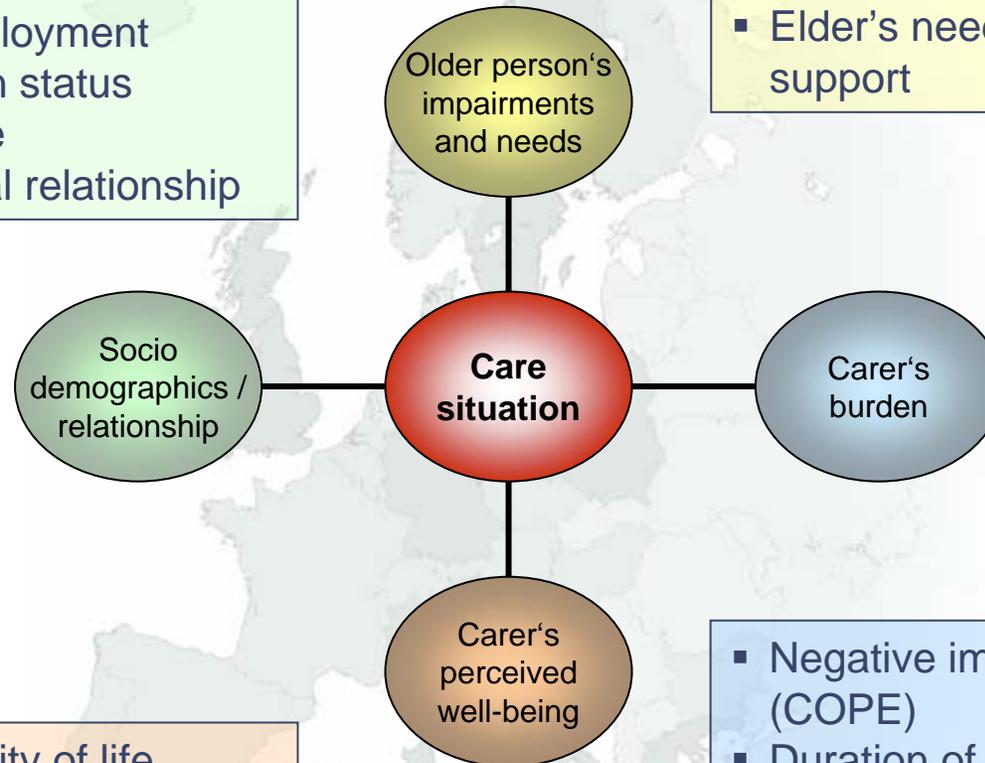




# Selection of Variables (5)

- Gender 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





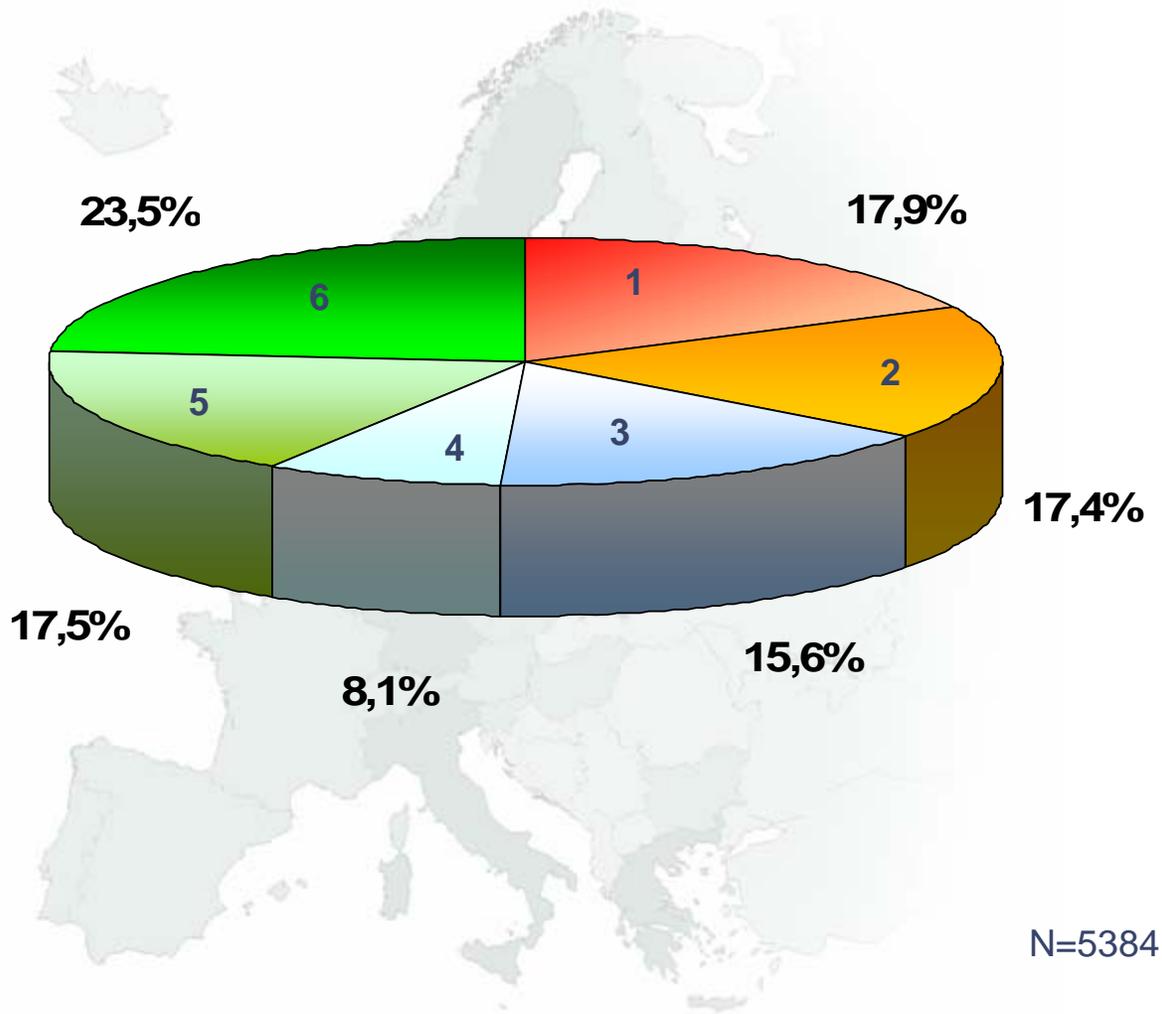
# Method of Cluster Building

- Identification of 15 variables to describe care situations
- Scale-dichotomisation at the median
- Method: Ward (+ Quick-Cluster)
  - six clusters
- Check using discriminant analyses of the 15 chosen variables
  - 92% of cases correctly classified





# Distribution of Care Situations over all six countries



N=5384



# 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")	+					
Working status (% „yes“, carer)	---					
Education (% low, carer)	-					
Age (% > 80, older person)	++					
Place of residence (% urban)	+					
Financial support (% needed)	o					



Core Group



Pan-European Network

# 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)	++	++	+			
Burden (% higher)	+++	+++	+			
Quality of life (% better)	--	-	-			
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	-			



# 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)	+	+	++	++	+	
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	--	



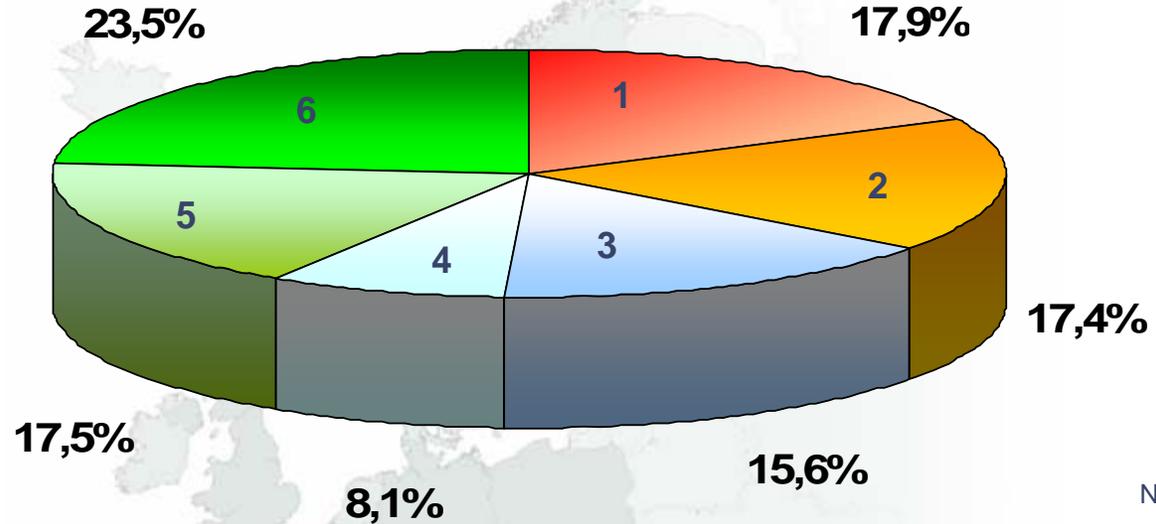
# Characteristics of the six Care Situations

Cluster no.	1	2	3	4	5	6
Gender (% female, carer)	+++	++	+++	---	++	++
Gender (% female, older person)	++	++	---	+++	++	++
Generation (% same)	---	---	+++	+++	---	---
Cohabitation status (% same house)	0	-	+++	+++	-	--
Caregiving duration (% > 2 years)	+	+	++	++	+	0
IADL abilities (% higher impairment)	+++	++	++	+	+++	---
Cognitive status (% higher impairment)	++	++	+	0	0	--
Burden (% higher)	+++	+++	+	+	---	---
Quality of life (% better)	--	-	-	0	++	++
Help if ill (% "no")	+	0	++	++	--	--
Working status (% „yes“, carer)	---	+++	---	---	0	+
Education (% low, carer)	-	---	0	-	---	---
Age (% > 80, older person)	++	0	-	--	+	-
Place of residence (% urban)	+	++	+	+	+	+
Financial support (% needed)	0	0	-	0	--	--





# Distribution of Care Situations\*



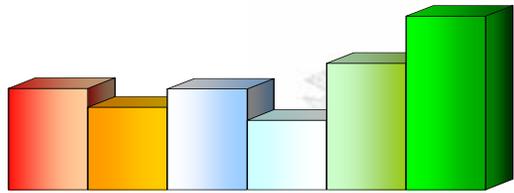
- Unemployed Carers with high levels of objective and subjective burden
- Employed Carers with high levels of objective and subjective burden
- Female carers (spouses and others) with high levels of objective and subjective burden
- Male carers (spouses and others) with high levels of objective and subjective 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

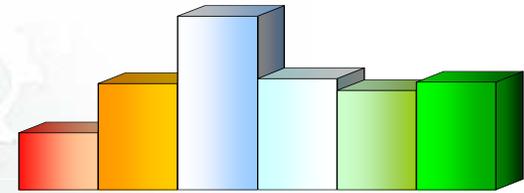




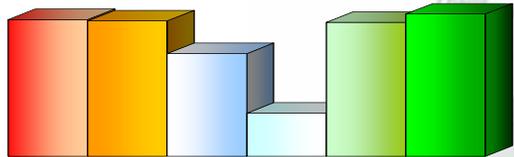
# Distribution of Care Situations within the six countries



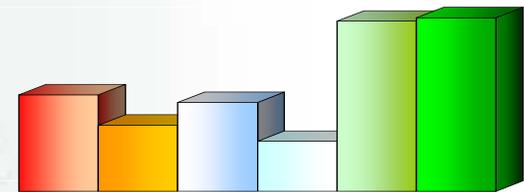
N=889



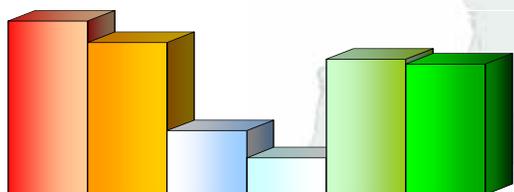
N=792



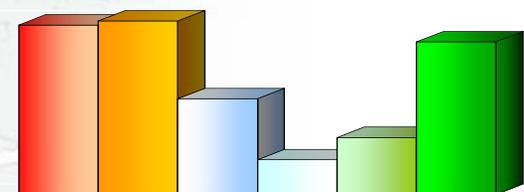
N=884



N=972



N=949



N=898

- Burdened, unemployed
- Burdened wives
- Strained, but unburdened
- Burdened, employed
- Burdened husbands
- Unstrained, unburdened



# Motives for caring: Country or situation effect?





# What factors influenced your decision to care for older persons?

							All
emotional bonds (love, affection)	96,8	96,3	90,5	96,6	94,1	92,6	<b>94,5</b>
a sense of duty	89,3	73,3	79,5	67,7	91,6	85,8	<b>81,4</b>
personal sense of obligation towards elder as a family member	91,4	57,4	75,6	73,6	93,7	90,9	<b>80,6</b>
caring for elder makes me feel good	81,5	56,4	61,9	83,4	77,2	84,2	<b>74,0</b>
elder would not wish anyone else to care for them	43,5	45,4	62,9	46,1	53,6	62,1	<b>52,3</b>
there was no alternative	53,2	30,3	46,0	45,5	45,4	64,4	<b>47,6</b>
I found myself caring by chance without making a decision	37,8	31,5	61,5	65,3	32,3	29,5	<b>42,7</b>
my religious beliefs	40,0	38,0	22,6	8,2	67,7	24,7	<b>33,9</b>
cost of professional care too high	43,8	31,1	30,2	14,8	34,4	45,1	<b>33,5</b>
economic benefits for both carer and elder	8,0	4,3	8,7	13,2	8,1	12,3	<b>9,1</b>



# Dimensional Analysis of Carers' Motives for Caring

<b>Duty</b>	<ul style="list-style-type: none"> <li>▪ A sense of duty</li> <li>▪ Personal sense of obligation towards elder as a family member</li> </ul>
<b>Not by choice</b>	<ul style="list-style-type: none"> <li>▪ Elder would not wish anyone else to care for him</li> <li>▪ There was no alternative</li> <li>▪ I found myself in these circumstances almost by chance without making a decision</li> </ul>
<b>Emotional bonds</b>	<ul style="list-style-type: none"> <li>▪ Emotional bonds (love, affection)</li> <li>▪ Caring for elder makes me feel good</li> </ul>
<b>Religion</b>	<ul style="list-style-type: none"> <li>▪ My religious beliefs</li> </ul>
<b>Financial</b>	<ul style="list-style-type: none"> <li>▪ There were economic benefits for me (carer) and / or elder</li> </ul>



# Defining motives for comparable Care Situations in the six countries

Care situation						
1	religion duty	duty not by choice religion	-	not by choice	emot. bonds	religion financial
2	religion duty	duty	-	not by choice	not by choice	not by choice financial
3	religion duty	duty not by choice religion	-	not by choice	emot. bonds financial	not by choice
4	religion duty	duty not by choice financial	-	not by choice	emot. bonds not by choice financial	duty religion
5	religion duty	duty emot. bonds	-	-	emot. bonds	-
6	religion duty	emot. bonds	-	-	emot. bonds	financial





# Summary

- We used a multivariate typology to get a differentiated picture of care-giving situations within countries.
- Thus, we can analyse whether certain aspects (e.g. motives for caring) can be ascribed to country or care-giving situations.
- The typology is focussed on the care-giving situation and can be used as a basis for further comparative analyses.
- Overall we found that intrinsic motives like “emotional bonds” or “good feeling” are the most frequently mentioned motives in countries.
- But there also appear to be significant differences mainly related to countries rather than care situations – i.e. cultural aspects may play a strong role here, e.g. religion.





**Thank you for your attention!**

