Designing the Road Map for Ageing Research: Socio-economic Resources

G. Lamura, M. Gabriella Melchiorre, A. Principi, C. Chiatti, C. Greco and M. Lucchetti

I.N.R.C.A., Department of Gerontological Research,
Via S. Margherita 5, 60124, Ancona, Italy; e-mail: g.lamura@inrca.it
Contents of presentation

1. Economic resources, health and well-being
2. Support to working family carers
3. Ageing and migration
4. Quality care in residential settings
5. Elder abuse and neglect
6. Intergenerational solidarity
Contents of presentation

1. Economic resources, health and well-being
2. Support to working family carers
3. Ageing and migration
4. Quality care in residential settings
5. Elder abuse and neglect
6. Intergenerational solidarity
Economic distress by health status in a 50-90 year old population (ESAW data)
Respondents with “worse health” (wave 2 vs. wave 1), by age and poverty status (SHARE data)

Source: Lyberaki & Tinios 2008
Economic distress by frequency of loneliness (ESAW data)
Message:

1. The interconnections between wealth, health and physical and mental well-being need to be explored more systematically...

2. .... in order to understand the underlying dynamics producing long-term effects...

3. .... and thus identify the most appropriate policy measures to tackle them.
Contents of presentation

1. Economic resources, health and well-being
2. Support to working family carers
3. Ageing and migration
4. Quality care in residential settings
5. Elder abuse and neglect
6. Intergenerational solidarity
Change in employment rate of 55-64 year old in EU-25 (2000-2005)

Source: Aliaga and Romans, 2006
Female employment rate 1994 -2005

Source: Eurostat 2006
Restrictions reported by employed carers (in %)

- Germany
- Greece
- Sweden
- UK
- Italy
- Poland

- Reduced working hours
- Occasional work
- Career problems

Source: Lamura et al. 2008
Restrictions reported by not employed carers (in %)

- UK
- Greece
- Germany
- Italy
- Poland
- Sweden

- cannot work at all
- had to give up work
- can't develop professionally
- can work only occasionally

Source: Lamura et al. 2008
Carers using support services, by country

Source: Lamura et al. 2007
1. The European Employment Strategy should address more directly the needs of working carers of older people...

2. ... recognising the crucial role played by informal care in meeting the increasing long term care needs of our ageing societies.

3. More focused research is needed to identify effective practices and policy measures for an improved work-family balance.
Contents of presentation

1. Economic resources, health and well-being
2. Support to working family carers
3. Ageing and migration
4. Quality care in residential settings
5. Elder abuse and neglect
6. Intergenerational solidarity
Key health & social needs of older migrants (OM):

Older migrants’ needs, compared to those of older “natives/nationals” show (Watson 2004):

- **worse health status**, due to: heavier working circumstances; lifestyle; hereditary diseases; psychological distress; lower/improper use of services/care. Possible “premature ageing” of OMs?

- **lower socio-economic status**: lower income/educational level;

- **information gap**: low familiarity with services provided by local care system, due to language barriers & cultural differences;

- **cultural differences**: represent a reason for refusal of some services which do not fit with habits/value systems of the OM;

- **role of informal care**: OM rely more than natives on family care (possible reason for intergenerational conflicts with children)
Employment of migrant care workers in elder care

- **Greece**: 26% of migrants (but 80% of women!) are employed in personal care/household services (2007);
- **Italy**: 13% of households caring for older people employ privately migrant care workers (Lamura et al. 2008);
- **Spain**: permits for domestic work to foreigners raised from 33,000 in 1999 to almost 230,000 in 2006;
- **Turkey**: “it has almost become normal to employ Moldovan [ & Bulgarian] domestic workers in private households” (Kaska 2006 in Suter 2008);
- **Israel**: “About one-third of migrant workers in Israel are women, mostly employed in the 24-hour home care industry” (Kruger 2005)
- **Austria**: over two thirds of home care workers have a migration background (Wiener Institut für Sozialpolitik, 2008)
- **UK**: 16% of home carers are foreign-born (Rawles 2008);
Italian households with a migrant home care worker by “type” of employment

- No migrant carers (87%)
- With migrant carers (13%)

... for cohabitation (71.3%)
... during the day (22.5%)
... at night (6.2%)
Households with migrant home care workers by dependency level of older person (Italy)
Employment of migrant care workers by cognitive status of cared-for older person

- Dementia
- Memory impairment only
- Behavioural without cognitive disorder
- No cognitive disorder

%
Carers employing migrant care workers, by relationship and working status

- Daughter
- Son
- Daughter-in-law

Employed

Not employed
Employment of migrant care workers by attitude on residential care („Would you consider Elder’s placement in a care home?“)

- yes, even if Elder's condition remains the same
- yes, but only if Elder's condition gets worse
- no, under any circumstances
Service characteristics considered most relevant by carers, by employment of migrant care workers

- Help is available at the time carer need it most
- Care workers treat elder with dignity & respect
- Care workers are skilled
- Help provided improves elder's quality of life
- Help arrives at the time it is promised
- Help provided is not too expensive
- Others

<table>
<thead>
<tr>
<th>Service Characteristics</th>
<th>No Migrant Carer</th>
<th>Migrant Carer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Help is available at the time carer need it most</td>
<td>35%</td>
<td>30%</td>
</tr>
<tr>
<td>Care workers treat elder with dignity &amp; respect</td>
<td>15%</td>
<td>20%</td>
</tr>
<tr>
<td>Care workers are skilled</td>
<td>10%</td>
<td>15%</td>
</tr>
<tr>
<td>Help provided improves elder's quality of life</td>
<td>5%</td>
<td>0%</td>
</tr>
<tr>
<td>Help arrives at the time it is promised</td>
<td>2%</td>
<td>3%</td>
</tr>
<tr>
<td>Help provided is not too expensive</td>
<td>1%</td>
<td>2%</td>
</tr>
<tr>
<td>Others</td>
<td>0%</td>
<td>-</td>
</tr>
</tbody>
</table>
Migrant home carers in Italy, by kind of employment contract

- No answer: 4%
- Other: 2%
- Unlimited contract: 22%
- Short-term contract: 11%
- Without regular contract: 61%

Lucchetti et al. 2005
Migrant care workers: opportunities and challenges

Opportunities:

• tailored care: personalised response to elders and carers
• delayed or lower institutionalisation rates
• economic convenience: for recipients, migrants and public budget

• Policy challenges:
  • quality of care: through qualification of migrant care workers
  • labour market: control of undeclared work
  • exploitation of migrant care workers: ethnic-gender overlap
  • “care drain” in sending countries: who provides care “there”? 
Message:

1. Current health and social care systems are “ethnocentric”, and need to provide a more culturally sensible support to ethnic minorities of older migrants.

2. The employment of migrant care workers can improve elder care provision, but needs appropriate investments to ensure high care quality and prevent exploitation as well as care drain phenomena in sending countries.
Contents of presentation

1. Economic resources, health and well-being

2. Support to working family carers

3. Ageing and migration

4. Quality care in residential settings

5. Elder abuse and neglect

6. Intergenerational solidarity
Definition

“Elder abuse is a single or repeated act, or lack of appropriate action, occurring within a relationship where there is an expectation of trust, which causes harm or distress to an older person”.

Source: Toronto Declaration on the Prevention of Elder Abuse (WHO, 2002)
Recent empirical evidence

- **different forms** of mistreatment: physical, psychological, sexual, financial exploitation and neglect;

- on average, about 6% of older people report abuse, but this is just top of the iceberg, since most episodes remain unreported and unidentified (WHO 2002): an “invisible” reality!

- single country **findings**:
  - UK (one-year prevalence): 2.6% (Biggs et al. 2008)
  - NL (one-year prevalence): 5.6% (Comijs et al. 1998)
  - US (overall prevalence): 3-5%; caregiver neglect 21.6% (NCEA, 2005)
  - Israel (overall prevalence): 18.6% (Lowenstein et al. 2008)

- **outcomes** of abuse:
  - direct: costs for interventions, services, criminal procedures etc.
  - indirect: lower quality of life, emotional suffering, premature death.
Frequency of elder abuse by family carers

Different definitions and methodologies in collecting data lead to divergent findings in terms of prevalence of elder abuse perpetrated by family caregivers (NCEA 2002). Taking for instance physical abuse:

- 5% (Paveza et al 1992);
- 6% (Pillemer & Suiter 1992);
- 11% (Compton et al. 1997);
- 12% of all callers to a help line for caregivers (Coyne et al 1993);
- 23% of non-spousal carers (Wolf 1996).
Prevalence of elder abuse and neglect in the EU

Question: QA30. Could you please tell me whether, in your opinion, poor treatment, neglect and even abuse of dependent elderly people is very widespread, fairly widespread, fairly rare or very rare in (OUR COUNTRY)?

Answers: Widespread

Source: Special Eurobarometer 2007
Message:

1. National prevalence studies and cross-national opinion surveys provide evidence that EAN is a problem of European scope.

2. Little is known about the details of different forms of abuse (financial, physical, psychological, and sexual) and neglect, their effects on relationships and the dynamics of effective intervention.

3. More in-depth studies are needed to collect the ‘voice’ of victims and professionals, to investigate how abuse and neglect are perceived by different cultural and professional groups, and thus identify the mechanisms that perpetuate or prevent abuse and implement interventions that work.
Contents of presentation

1. Economic resources, health and well-being
2. Support to working family carers
3. Ageing and migration
4. Quality care in residential settings
5. Elder abuse and neglect
6. Intergenerational solidarity
How is the quality of nursing homes?

Source: Special Eurobarometer 2007
How affordable are nursing homes?

Source: Special Eurobarometer 2007
Do nursing homes offer insufficient standards of care?

Source: Special Eurobarometer 2007
Elder abuse in institutional care

Very few studies have dealt with elder abuse in institutional care (Buzgova & Ivanova 2009):

• **Sweden**: 11% of employees aware of elder abuse taking place in their institution;

• **Germany**: 23.5% of employees in LTC facilities confessed to physical abuse and 53.7% to psychological;

• **US**: 10% of nursing staff committed physical abuse and 40% psychological abuse;

• **Canada**: 20% of employees had witnessed the abuse of elderly people in institutionalized care.
Who are the people most likely to carry out mistreatment, neglect or even abuse of the elderly? (% on EU-27, max. 2 answers)

- Staff in a care home: 32%
- Care workers/Home help/Nurses working in the person’s own home: 30%
- Children of an elderly person: 23%
- Hospital staff/nurses: 11%
- Acquaintances: 11%
- Spouse or partner of an elderly person: 8%
- Siblings of an elderly person: 5%
- Others (SPONTANEOUS): 2%

Source: Special Eurobarometer 2007
Message:

1. Until “ageing in place” through home care and other strategies will not become the rule, the aim of ensuring decent living conditions to older people in residential settings must remain high on the scientific and political agenda.

2. Cross-national evidence on how to prevent abuse in institutional settings is urgently needed.
Contents of presentation

1. Economic resources, health and well-being
2. Support to working family carers
3. Ageing and migration
4. Quality care in residential settings
5. Elder abuse and neglect
6. Intergenerational solidarity
Balance of financial transfers and social support by age group and regime

Source: Kohli, 2008
Final message:

- Family support may be costly for those who give (especially women), and lead to individual and policy dilemmas, especially between family care work and employment.

- A more systematic approach is needed to strengthen intergenerational solidarity and fight ageist attitudes, by providing evidence of the crucial contribution provided by older people to other generations and society as a whole.

- Cross-cutting strategies:
  - promote a multidisciplinary perspective;
  - keep a longitudinal, life-course approach;
  - engage with users and older people.
Thank you!
References


