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Szkoła Główna
Handlowa
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Trends in home and nursing care in Europe

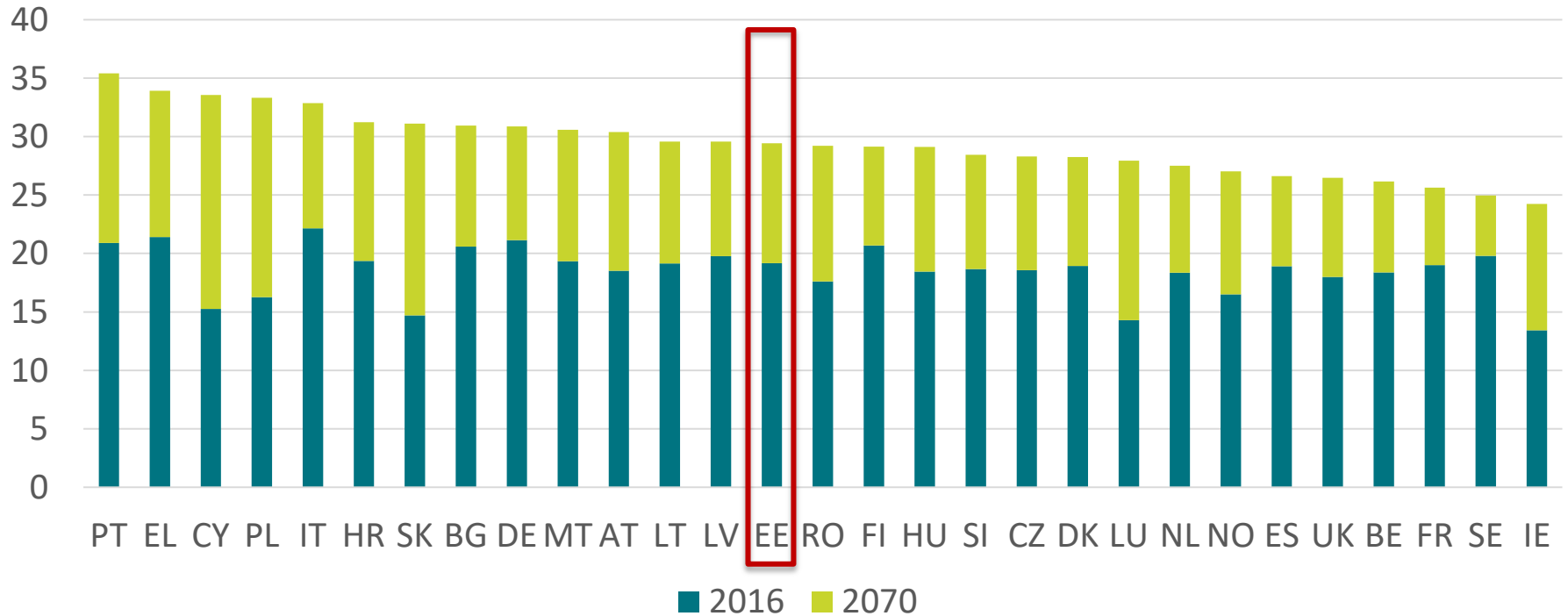
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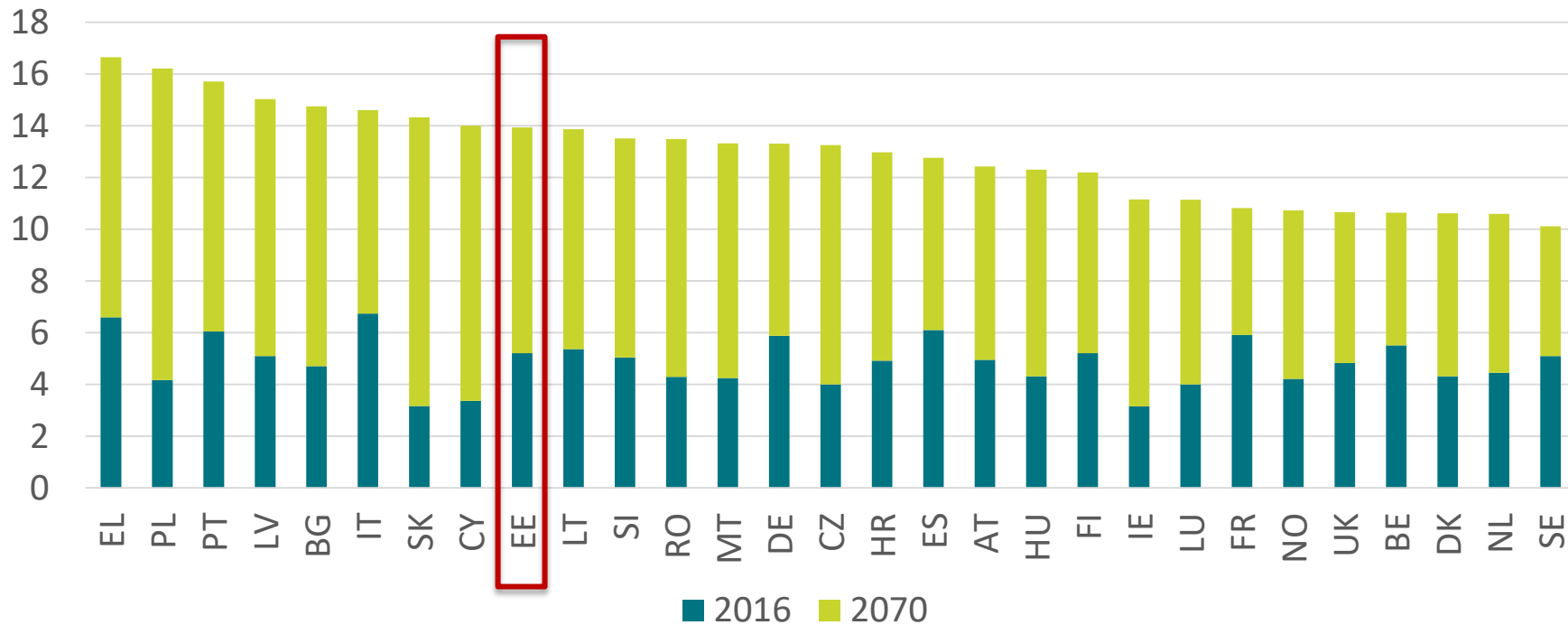
October 29, 2019, Tallinn, Estonia

Share of people aged 65+ (2016-2070) (in %)



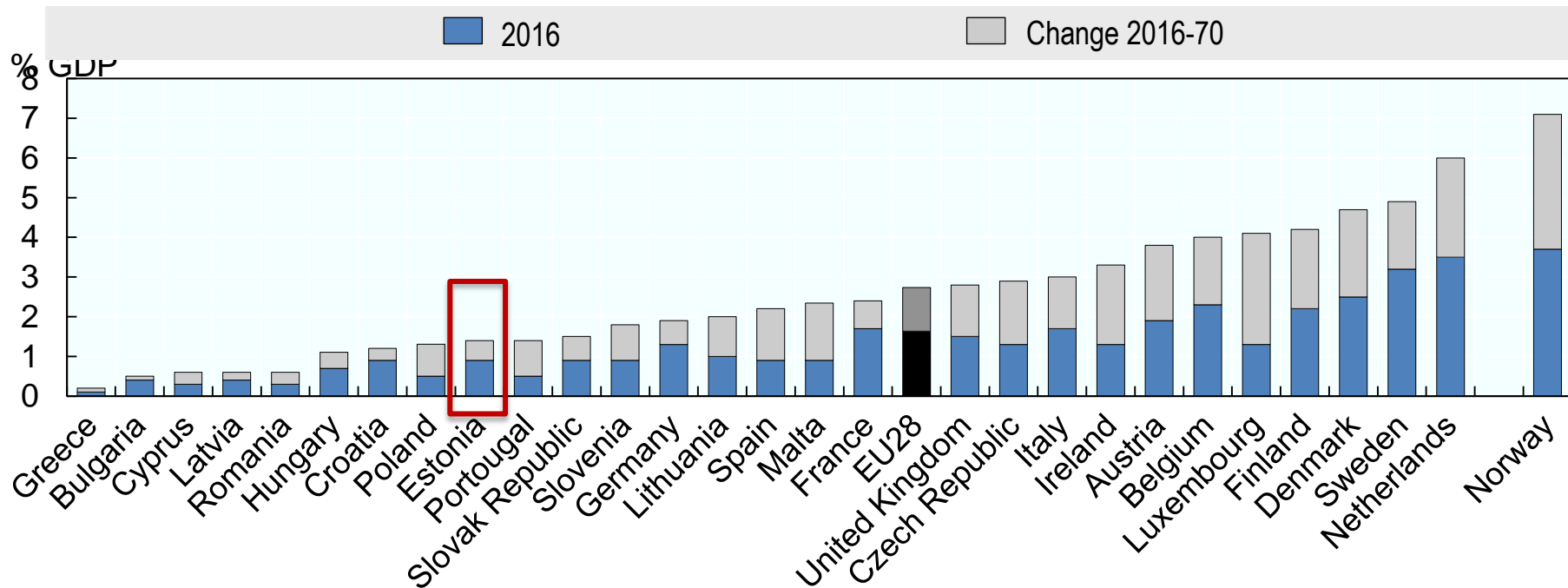
Source: own elaboration based on data from Eurostat.

Share of people aged 80+ (2016-2070) (in %)



Source: own elaboration based on data from Eurostat.

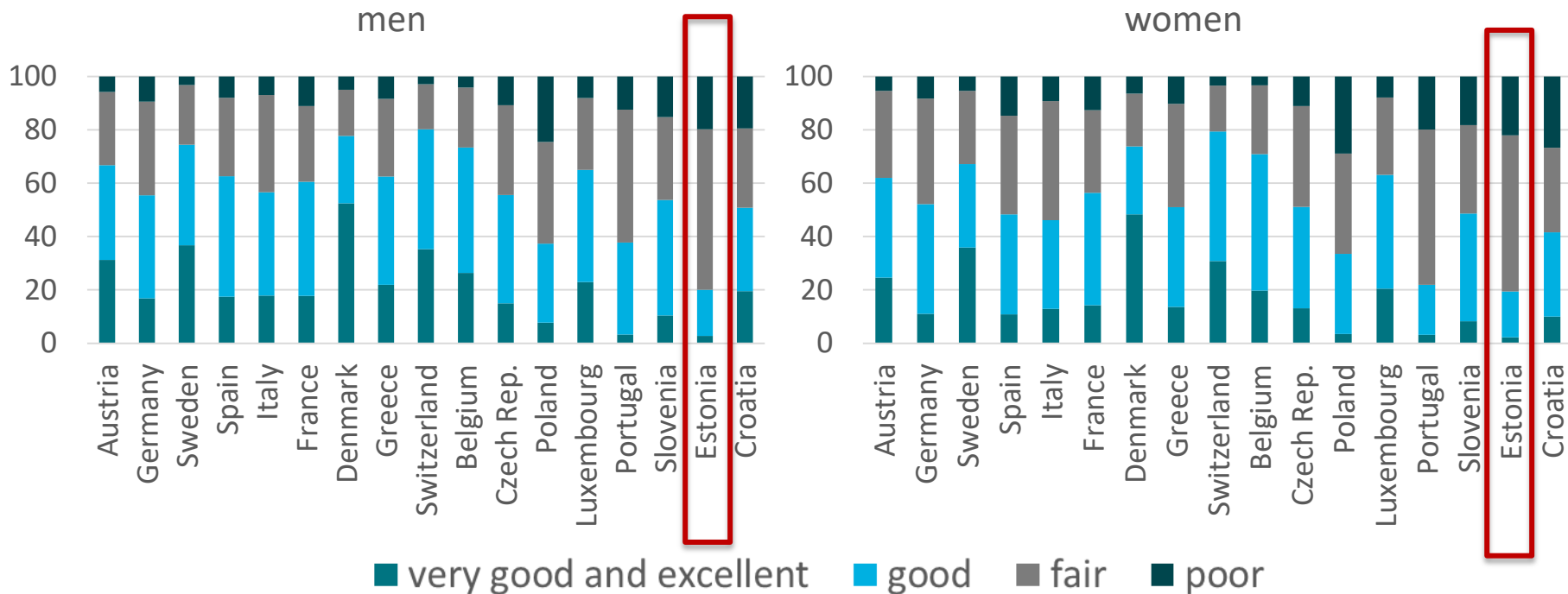
Public spending on long-term care as a percentage of GDP, 2016 to 2070 – AWG reference scenario



Aim of analysis

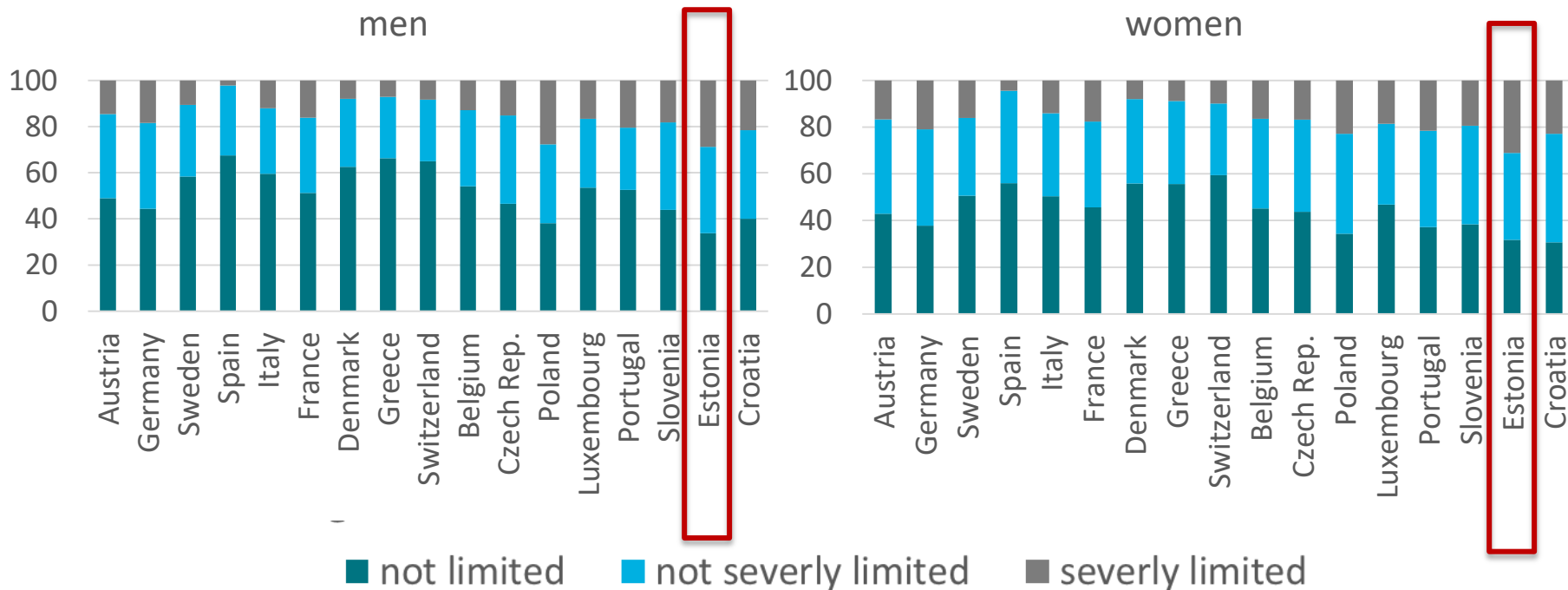
- Health status of older people (as proxy of demand for care/ long-term care)
- Care received by older people (informal care, formal care services)
- Unmet care needs
- Perception of received care (quality of care)
- **Data from the 6th wave of SHARE**

Health status of people 65+: subjective health



Source: own elaboration based on the 6th wave of SHARE (weighted results).

Health status of people 65+: disability level



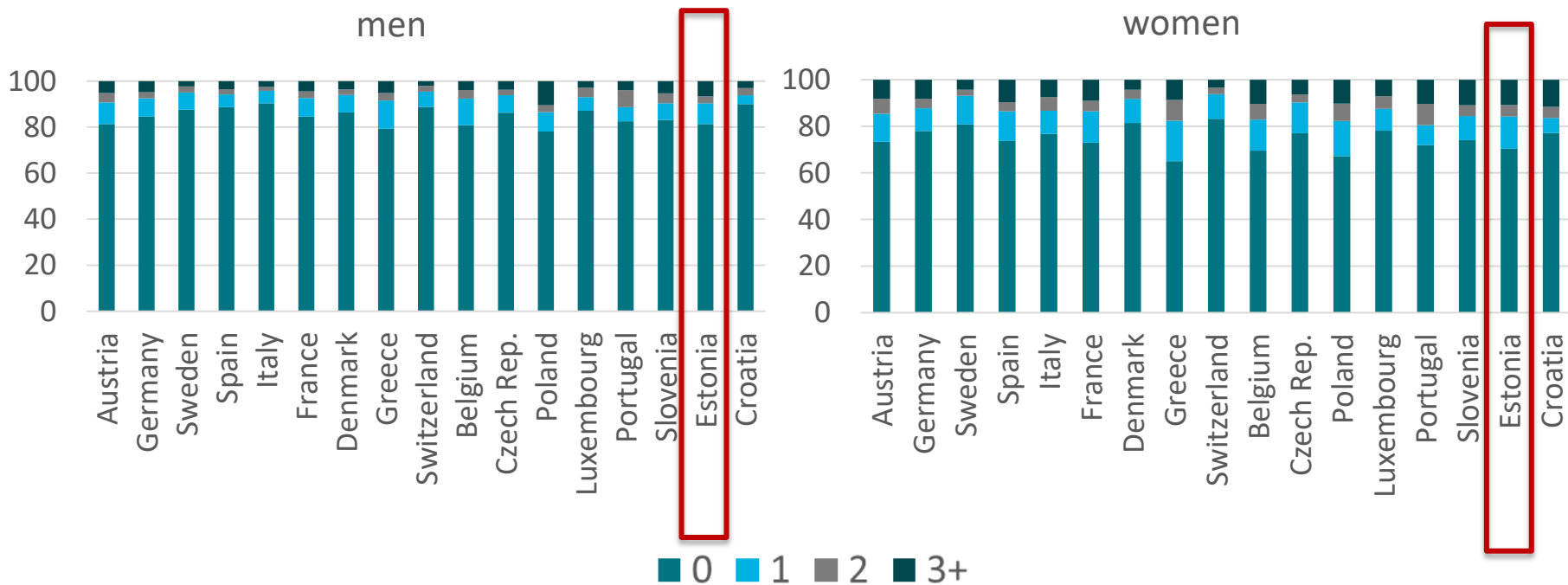
Source: own elaboration based on the 6th wave of SHARE (weighted results).

Health status of people 65+: number of ADL limitations



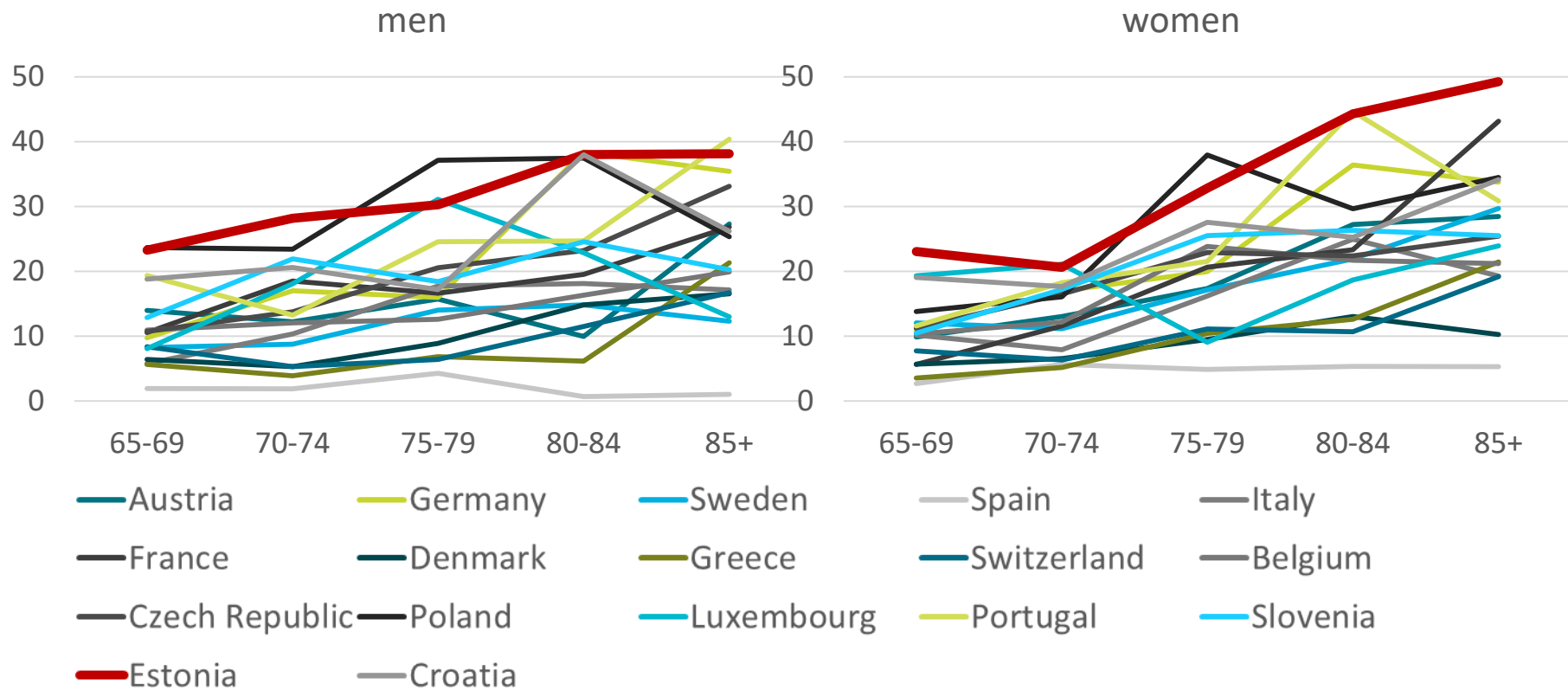
Source: own elaboration based on the 6th wave of SHARE (weighted results).

Health status of people 65+: number of IADL limitations



Source: own elaboration based on the 6th wave of SHARE (weighted results).

Share of respondents aged 65+ severely limited by age-groups

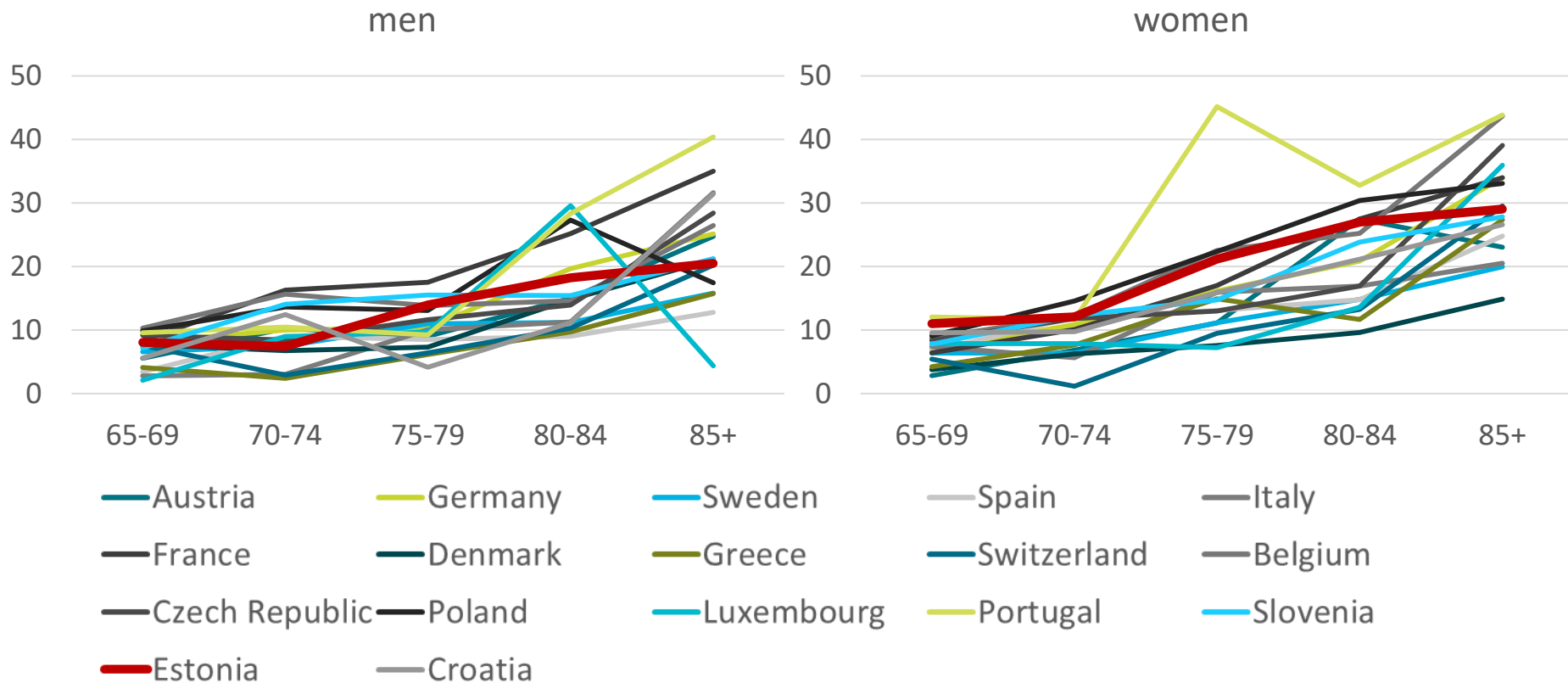


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Source: own elaboration based on the 6th wave of SHARE (weighted results).

Share of respondents with at least one limitation in ADL by age-groups

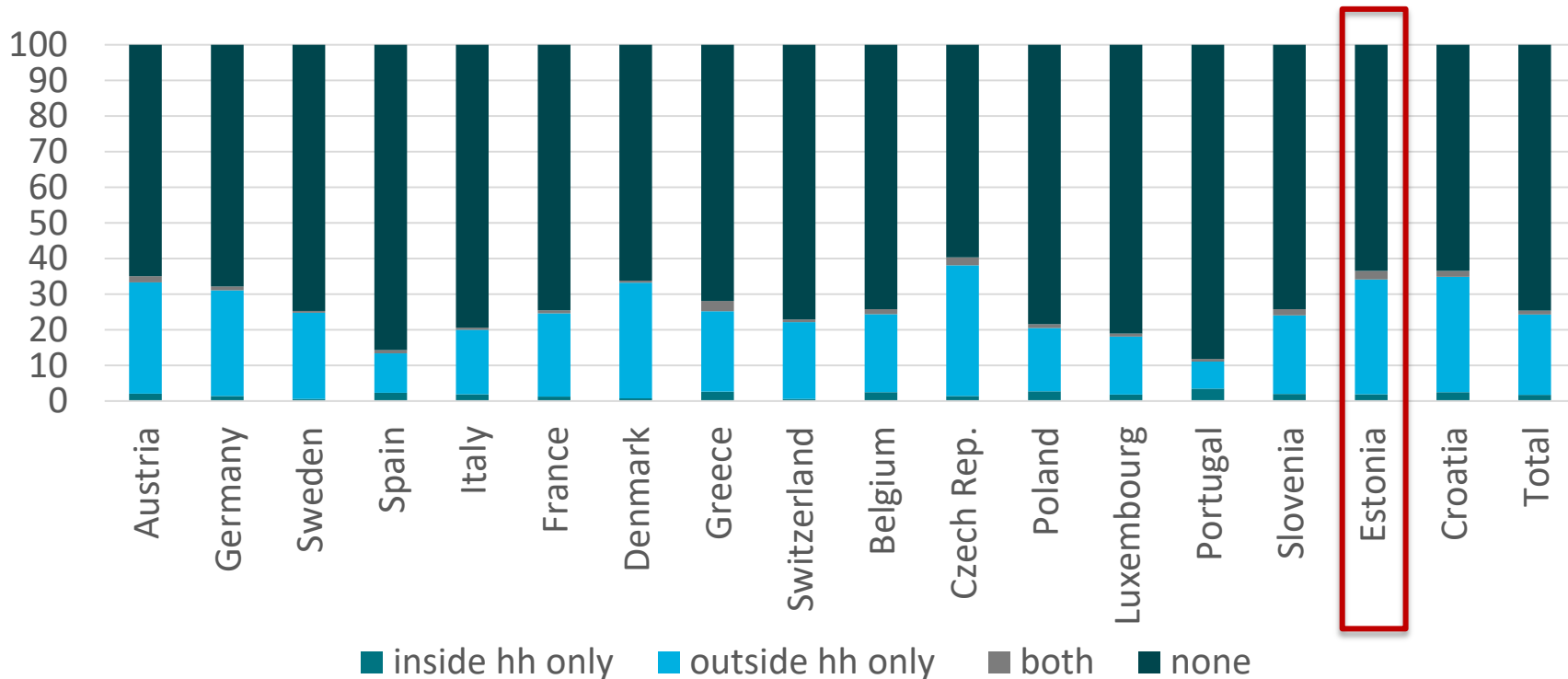


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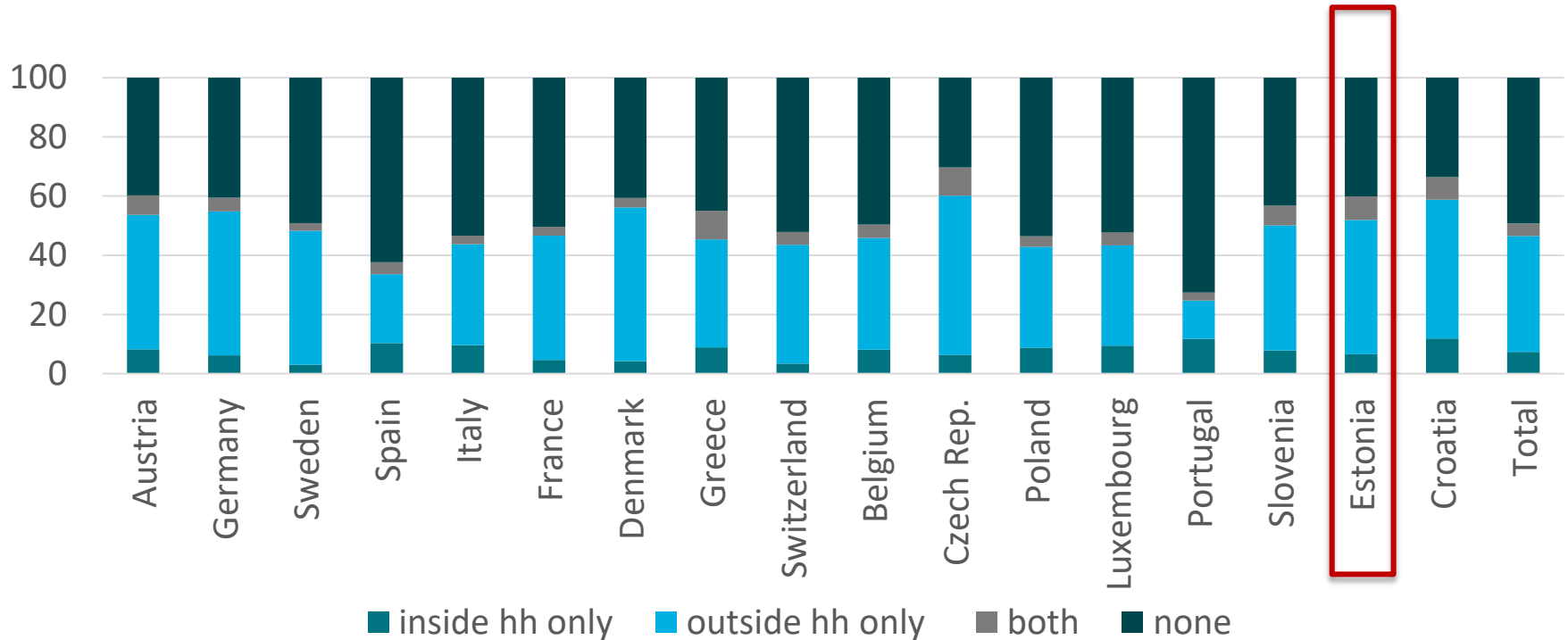
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Source: own elaboration based on the 6th wave of SHARE (weighted results).

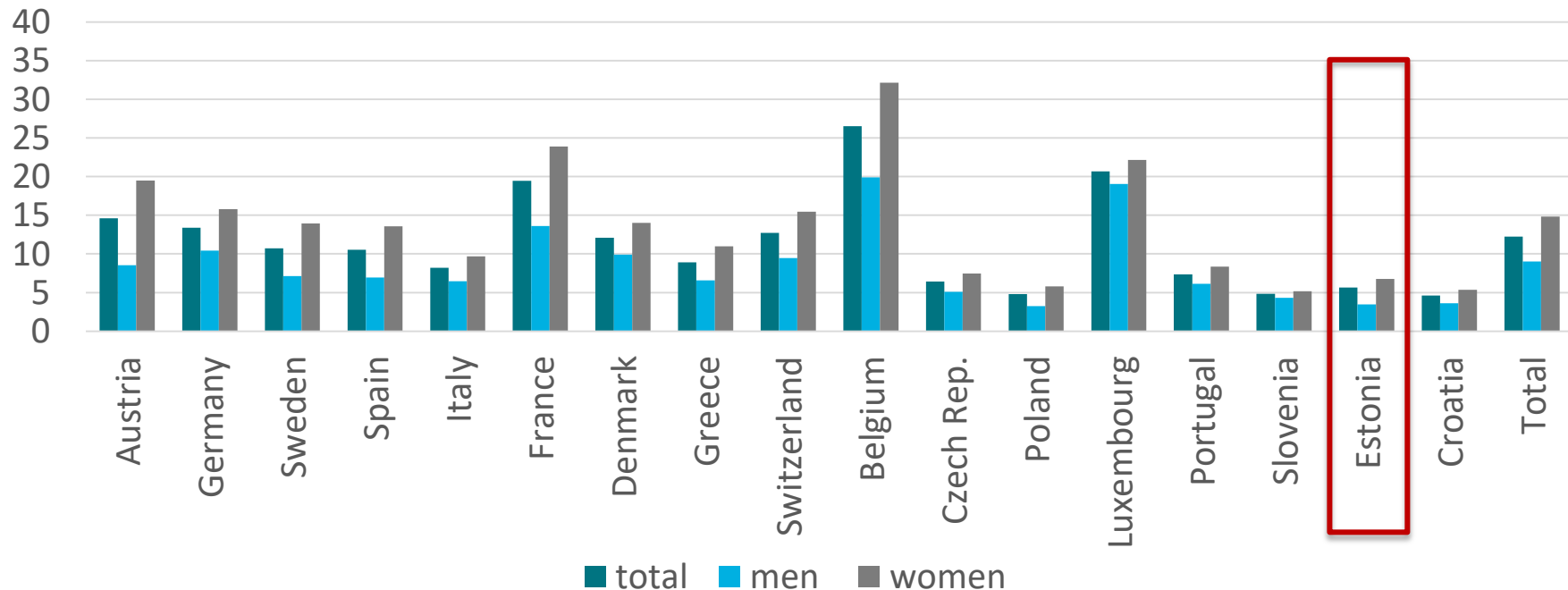
Structure of respondents aged 65+ by the type of received informal care



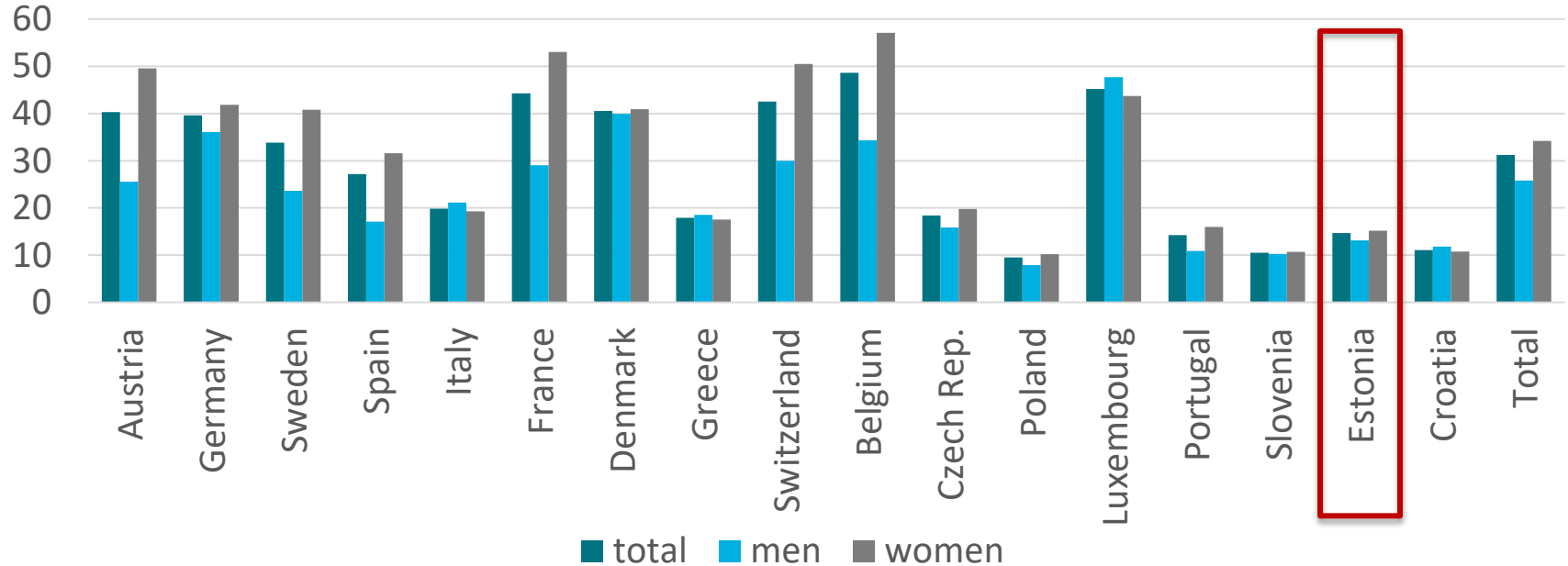
Structure of respondents aged 65+ with at least one ADL or IADL limitation by the type of received informal care



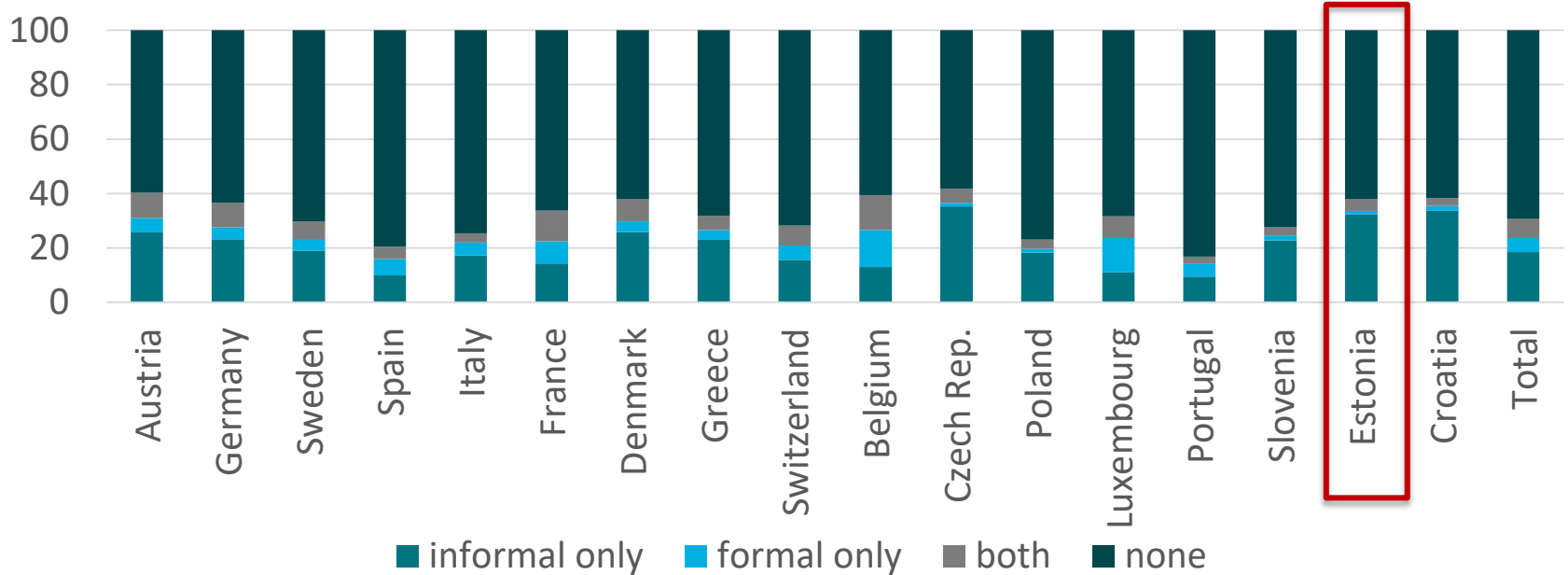
Share of respondents aged 65+ receiving formal care by sex



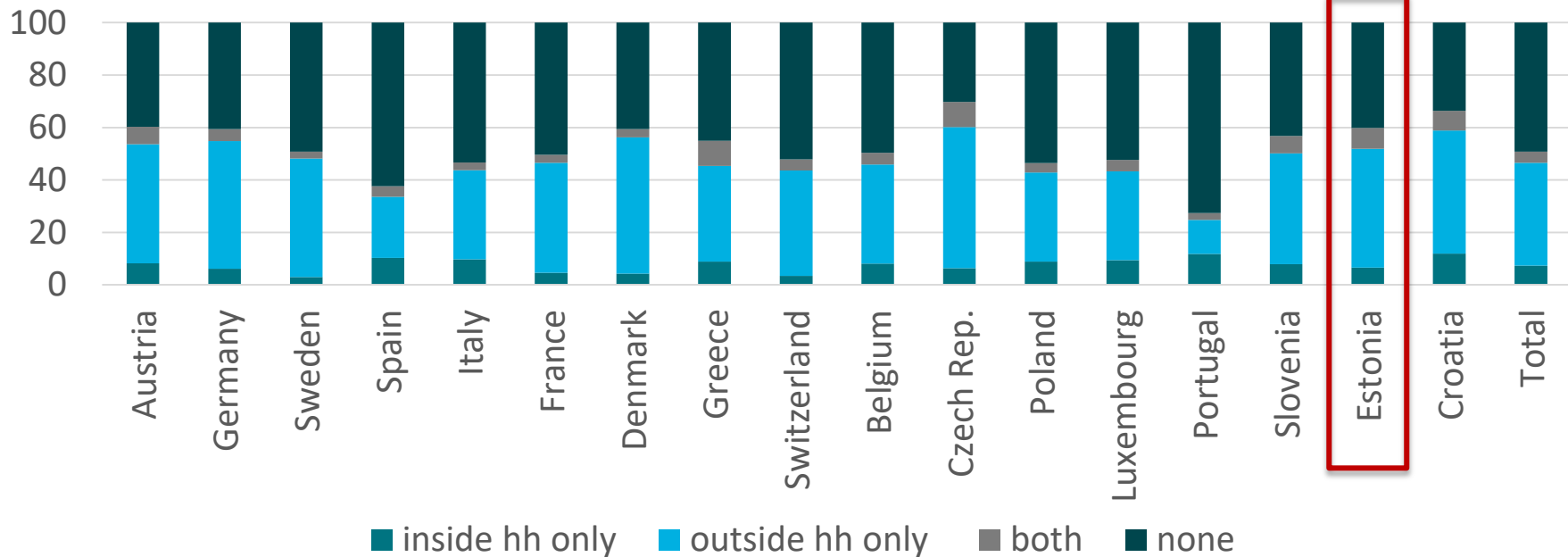
Share of respondents aged 65+ with at least one ADL or IADL limitation receiving formal care



Structure of respondents aged 65+ by the type of received care



Structure of respondents aged 65+ with at least one ADL or IADL limitation by the type of received care



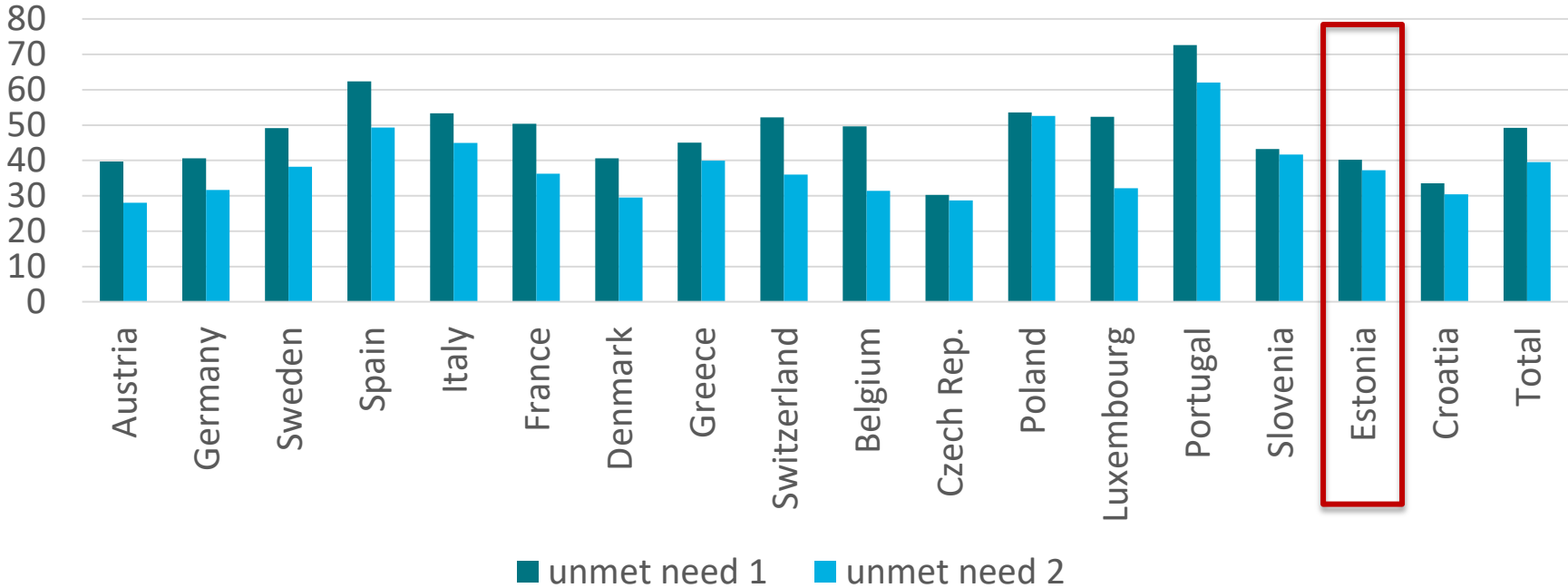
Unmet care needs

- the difference between care needs (expressed by health problems) and received support => **unmet care needs**
- may lower the quality of life and subjective wellbeing of older people
- may create additional demand for LTC

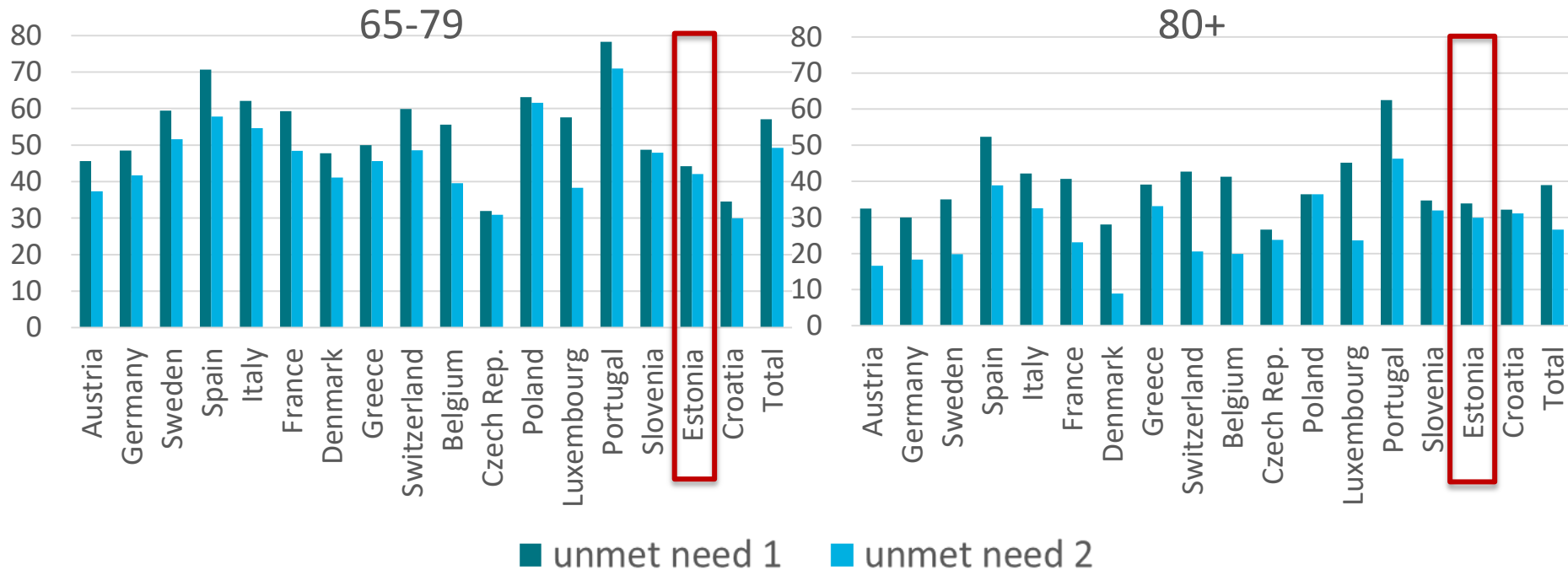
Types of unmet care needs:

- **Type 1:** when an older individual with at least one limitation in ADL/IADL does not receive any kind of informal care
- **Type 2:** when a person in need of care does not receive any type of care (informal and formal)

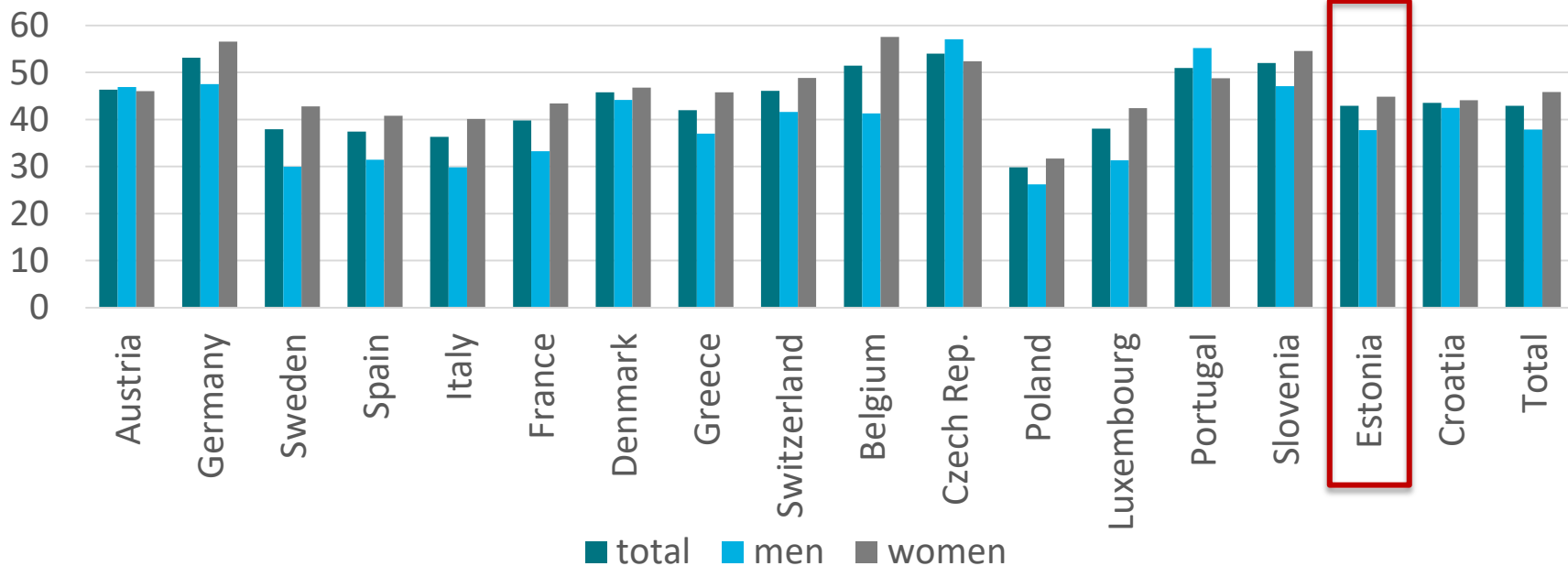
Share of people aged 65+ with at least one ADL or IADL limitation with unmet care needs



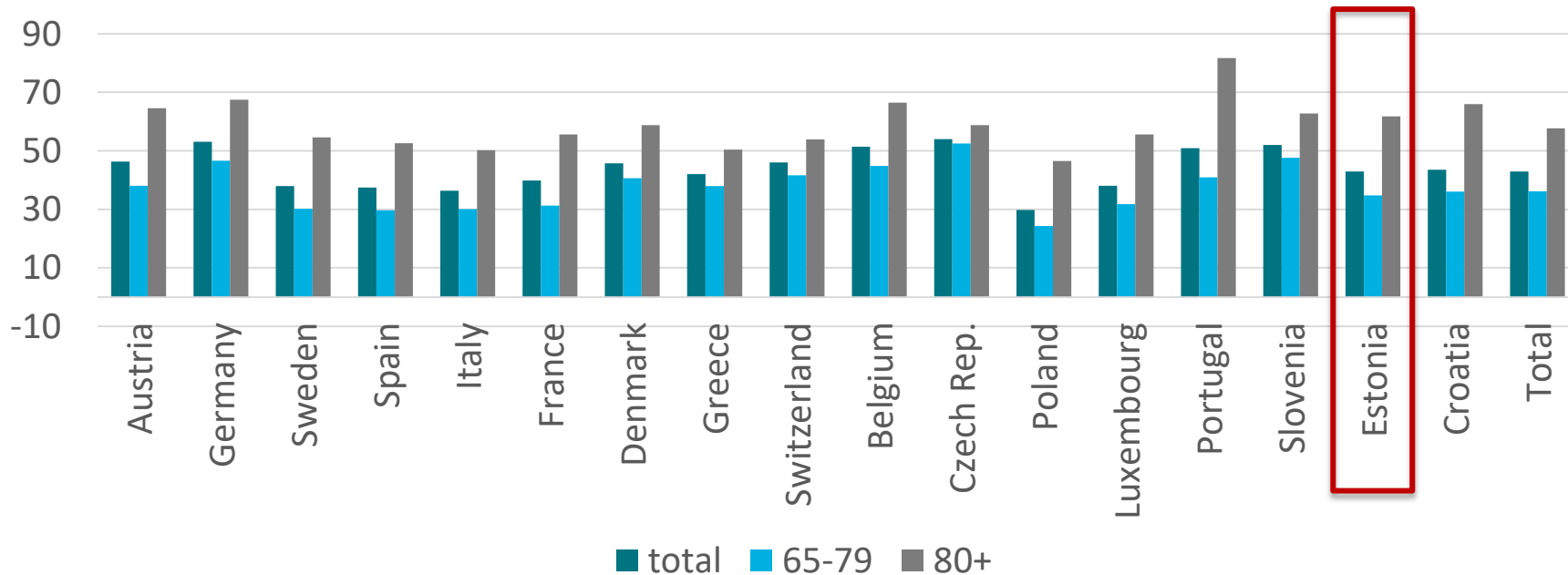
Share of people aged 65+ with at least one ADL or IADL limitation with unmet care needs



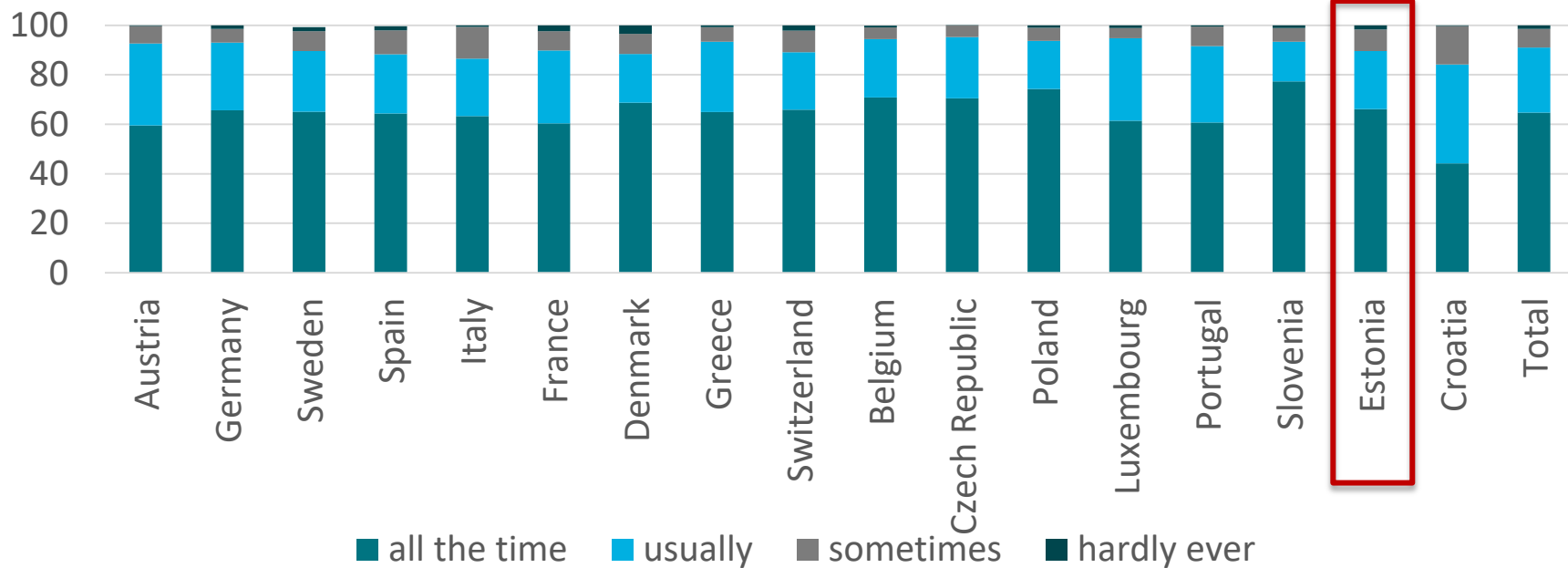
Share of people aged 65+ with at least one ADL or IADL limitation receiving care by sex



Share of people aged 65+ with at least one ADL or IADL limitation receiving care by age



Quality of received help (meeting needs) among people aged 65+ receiving care



Summary

- **Health status:** Western and Northern vs. Southern and Central-Eastern European countries
 - The worst: **Estonia**, Poland, Croatia, and Portugal
 - The best: Belgium, Switzerland, Sweden and Denmark
 - Differences by sex (women), age (and SES)
- Received care:
 - Informal care from someone outside the hh
 - 50% of people aged 65+ with ADL/IADL limitations do not receive informal care => **unmet care needs 1**
 - 1/3 of them use formal care services (F > M)
 - **Unmet care needs 2:** lower by 10 pp.
 - Unmet care needs bigger for people aged 65-79 than 80+
 - Biggest: Portugal and Spain, smallest: the Czech Republic and Croatia
- **Quality of care:**
 - For majority the help met their needs all the time,
 - **10% had needs satisfied sometimes or hardly ever**

Conclusion

- European populations are ageing
 - ⇒ higher demand for informal and formal care
- Changes in family model/ family relationships => smaller support to older people
 - ⇒ higher demand for formal care services (in institutions and at home)
- gap between care needs and provision of care => unmet care needs may increase

Thus, the development of public services is key to the reduction of the number of older people with unmet care needs and in order to increase their quality of life.

Very important in countries such as Estonia and Poland, where formal care services are underdeveloped.

Thank you for your attention!