London, 10th May 2022

Socio-economic inequalities in care users' and caregivers' and well-being across European long term care contexts

Background: Care use, caregiving, and well-being

- As we saw yesterday:
- Across Europe, increasing care needs and decreasing care potentials

and

- widening inequality in formal and informal care use,
- potentially affecting the well-being of care users and caregivers (differently)

- Thus, growing focus on the well-being of care users, caregivers, the role of formal and informal care resources and SES

Project research questions

- Address gaps
  - Do the effects of care use and caregiving on well-being vary by socio-economic status (SES)?
  - Do such differential effects depend on care contexts?

- WP 2 & 3: Analyses of the SHARE data, SES measured by income, wealth, education; well-being measured by CASP, life satisfaction, EURO-D

WP 2: SES inequalities in care users' well-being

Ginvera **Floridi** | Ludovico **Carrino** | Karen **Glaser**

Background

- Mixed evidence for SES differences in care use and well-being

- Informal/formal care use has a negative association with well-being
  - Lower self-perceived autonomy and independence (Kwak et al., 2014; Lin & Wu, 2011)
  - Negative or non-reciprocal relationships with (informal) caregivers (Cahill et al., 2009; Wolff & Agree, 2004)
- Informal/formal care use has a positive association with well-being
  - (Informal) care contributes to expand social network and increases social support (Silverstein & Bengtson, 1994)
  - Care use mitigates physical health (Barnay & Juin, 2016; Carrino et al., 2022)

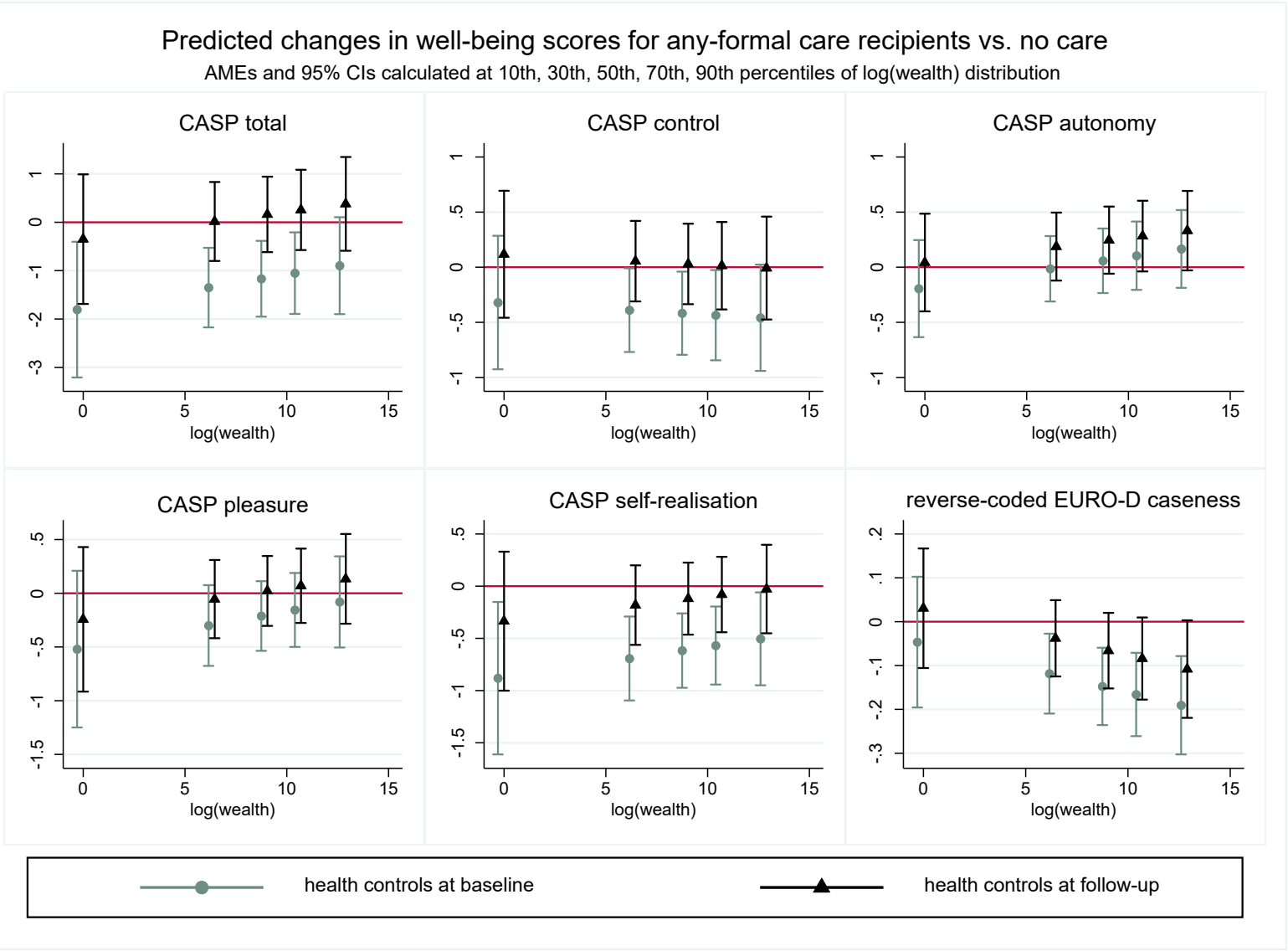
Contribution

- Association between formal/informal care use and well-being is socio-economically stratified?
- Direction may depend on SES as social integration, self-perceptions of autonomy, relationships with caregivers and physical functioning are SES stratified (Nazroo, 2017)
- Floridi, Carrino & Glaser (2021)
  - First to examine SES stratification in the association between informal/formal care and psychological well-being

Hypotheses

Informal care	More beneficial / less detrimental for lower-SES	H1a pro-poor
	Less beneficial / more detrimental for lower-SES	H1b pro-rich
Formal care	More beneficial / less detrimental for lower-SES	H2a pro-poor
	Less beneficial / more detrimental for lower-SES	H2b pro-rich

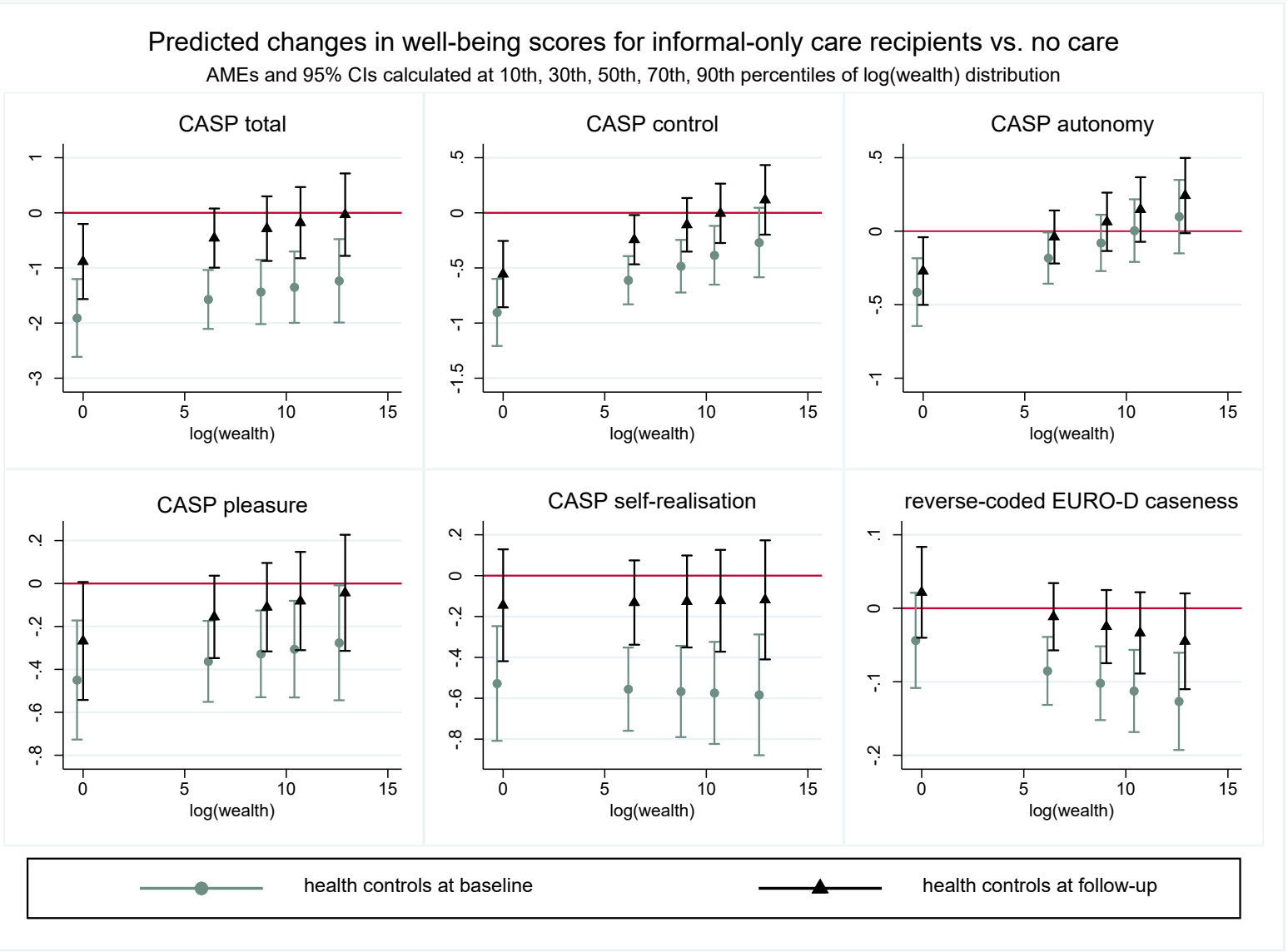
SES Differences in care use and well-being



Any formal care:

- Controlling for health at follow-up, formal care is not associated with deteriorations in well-being (compared to continuing to receive no care).
- We find no SES gradients in the association between any-formal care and subsequent well-being.

SES Differences in care use and well-being



Informal-only care:

- Controlling for health at follow-up reduces/turns the negative association between receiving (only) informal care and well-being
- We find pro-rich SES gradients in the association between informal-only care and well-being (CASP control & autonomy)

Summary

- Exclusive reliance on informal care is more detrimental/less beneficial for self-appraised control and autonomy among lower-SES individuals
- Less generous formal LTC provision potentially exacerbates inequalities in well-being – but more research needed on the mechanisms (social integration, relationship with caregivers, self-perceived identity…)

WP 3: SES inequalities in caregivers' well-being

Martina **Brandt**| Judith **Kaschowitz** | Nekehia **Quashie**

Background

- Findings from Japan (Saito et al., 2018) suggest
  - higher risk of depressive symptoms for caregivers with lower income
  - For all income groups: caregivers were more likely to report depressive symptoms
- Findings from Switzerland (Tough et al., 2020) suggest
  - (objective & subjective) caregiver burden was higher in lower SES groups
  - Potential explanations: poor health status of the care receiver and thus higher care load, fewer psychological resources of the caregiver to cope with burden, or unmet care needs of caregivers

Contribution

- Previous studies do not
  - examine changes in caregiving and well-being
  - adopt a European focus

- Brandt, Kaschowitz and Quashie (2021)
  - H1: Caregivers with lower SES experience lower levels of well-being than those with higher SES
  - H2: The well-being decline due to caregiving is steeper for caregivers with lower SES

Multivariate results: Life satisfaction

	POLS				FEM			
	Model 1		Model 2		Model 3		Model 4	
	b	s.e.	b	s.e.	b	s.e.	b	s.e.
Care Provision (No)								
Yes	-0.35***	(0.02)	-0.32***	(0.05)	-0.18***	(0.02)	-0.17***	(0.00)
Wealth Quintile (1)								
II	0.29***	(0.02)	0.30***	(0.02)	0.07***	(0.02)	0.08***	(0.02)
111	0.44***	(0.02)	0.45***	(0.02)	0.10***	(0.02)	0.10***	(0.02)
IV	0.58***	(0.02)	0.59***	(0.02)	0.15***	(0.02)	0.15***	(0.02)
V	0.73***	(0.02)	0.74***	(0.02)	0.19***	(0.02)	0.19***	(0.02)
lnteractions								
Care Provision x Wealth								
Gave Care x Quint II			-0.05	(0.06)			-0.04	(0.05)
Gave Care x QunitIII			-0.04	(0.06)			-0.004	(0.06)
Gave Care x Quint IV			-0.05	(0.06)			0.00	(0.06)
Gave Care x Quint V			0.01	(0.06)			0.02	(0.06)
Constant	7.41 ***	(0.05)	7.41 ***	(0.05)	5.57***	(0.76)	5.57***	(0.76)
R-squared		0.1513		0.1513				
F		591.68***		521.60***	96.43***			72.42***
Likelihood Ratio Test				2.92				3.28
Obs/lndividuals	146,559/76,293		146,559/76,293		154,306/79,014		154,306/79,014	

SHARE (2,4,5,6). Obs= person-years, b=coefficient, se=standard error, clustered at the individual level in POLS models. Models control for age, gender, household size, limitations with instrumental activities of daily living, urban-rural residence, country, and wave; own calculations, unweighted; ***p<0.001.

Summary

- Caregivers in lower wealth have lower well-being, however,
- the relationship between caregiving and well-being **does not** vary by wealth
- For each wealth group we find that caregiving decreases well-being similarly
  - But: Different underlying mechanisms in different wealth groups?!

- Since we did not find the expected differential effects of caregiving on well-being, step III – looking into contextual effects on the latter – became obsolete; instead we focused on:

WP 2 & 3:
Partner care arrangements and well-being:
The role of gender across care contexts

Ginvera **Floridi** | Nekehia **Quashie** | Karen **Glaser** | Martina **Brandt**

Background

- Care arrangements influence caregivers' well-being but depend on gender (Swinkels et al., 2019) & welfare context (Wagner & Brandt, 2018)
- Partners as first/primary source of support (Agree & Glaser, 2009; Pickard et al., 2015)
- Care can be provided alone, shared, or outsourced completely (Bertogg & Strauss, 2020)

Contribution

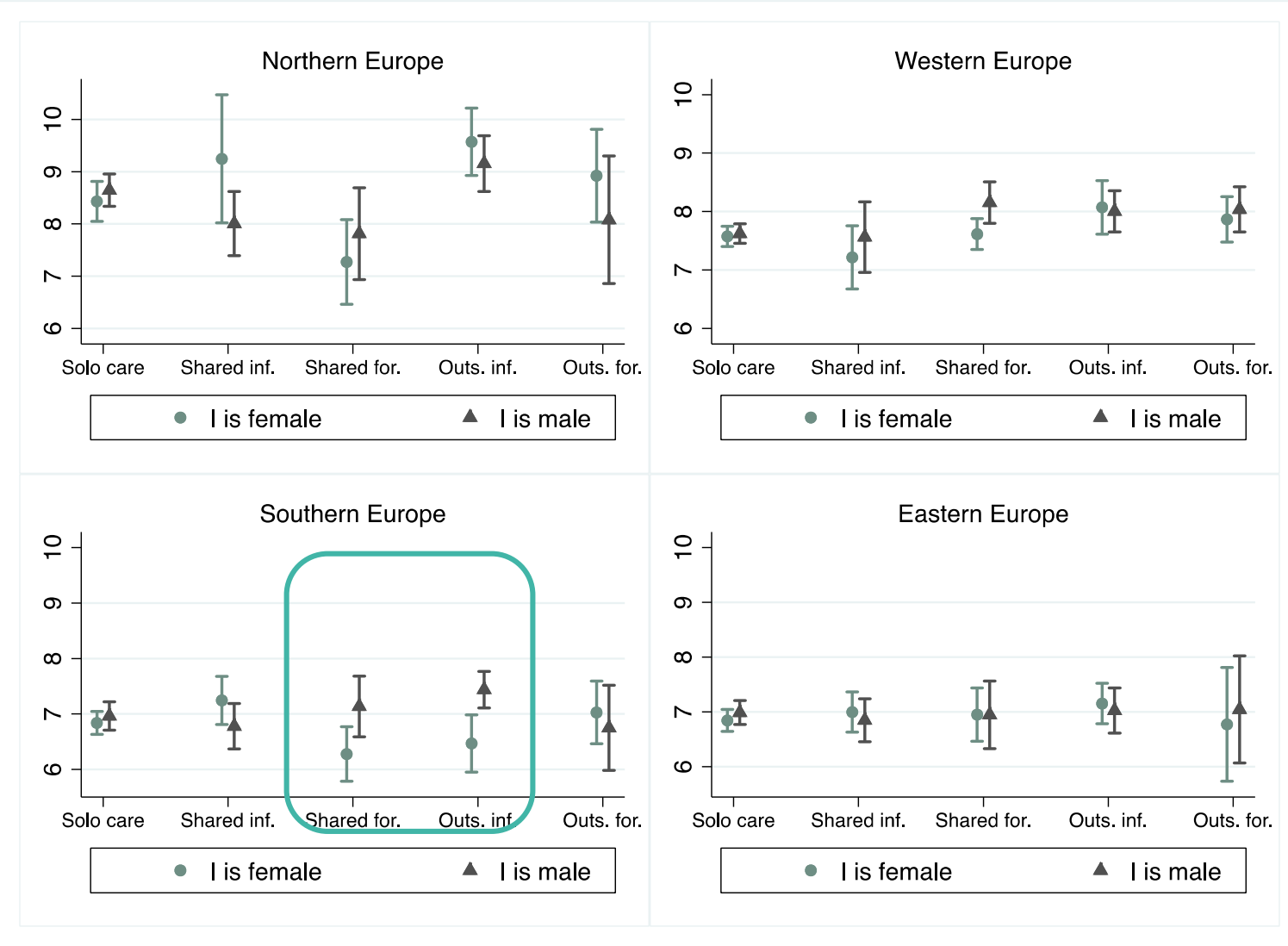
- Explore differences in individuals' well-being by partner care arrangements
  - Solo care
  - Shared care (formal or informal)
  - Outsourced care (formal or informal)
- Examine gender variation in these associations across European care contexts

Hypotheses: Care context and gender

- Care context shapes alternatives to and preferences for family or state care, gender divisions in family care and its intensity, and thus possibly gendered well-being impacts of care

	Service-based care	Family-based care
Gender role differentiation weak	North -arrangement -gender	East +arrangement -gender
strong	West -arrangement +gender	South +arrangement +gender

Results: Life satisfaction



Conclusion

- Outsourced > solo > shared care for well-being
  - Gender differences most pronounced in Southern (as well as Western) Europe
- Having partners in shared formal care arrangements is associated with lower well-being for women than men, especially in Southern Europe
- Having partners in outsourced informal care arrangements is associated with higher well-being for men across care contexts
- Southern European women with partners in outsourced informal care arrangements have lower well-being

Take home

- SES inequality in care use and well-being
  - Onset of receiving formal care is not associated with well-being declines
  - No SES disparities in the well-being upon receiving formal care
  - Onset of receiving informal care (vs no care) mitigates well-being declines
  - Lower SES individuals experience well-being declines upon receiving informal care
- SES inequality in caregiving and well-being
  - Lower well-being among lower SES individuals
    - Declines in caregivers' well-being does not vary by SES

Take home

- Partner care arrangements and well-being: role of gender and care contexts
  - Outsourcing care is especially detrimental for well-being of women in the South
  - It is the combination of care context and gender that matters! -> gender as THE inequality dimension in care!

Outreach

- Floridi, Carrino, & Glaser
  - Paper in progress
  - Nuffield College Seminar, February 2022
- Brandt, Kaschowitz, & Quashie, 2021
  - Aging & Mental Health: https://doi.org/10.1080/13607863.2021.1926425
  - Gerontological Society of America (GSA) 2020
  - European Sociological Association (RN01 mid term conference) 2021
  - Transforming Care Conference 2021

Outreach

- Floridi, Quashie, Glaser, & Brandt, 2022
  - The Journals of Gerontology Series B: https://doi.org/10.1093/geronb/gbab209
  - Population Association of America 2021
  - Gerontological Society of America 2021

WP 4: LTC and SES inequality in well-being in the Netherlands

Jens **Abbing** | Bianca **Suanet** | Marjolein **Broese van Groenou**

Background

LTC use and Wellbeing

- Previous research inconclusive, but formal care primarily associated with worse wellbeing (e.g. Pepin et al., 2017)
- Likely due to a loss of control, which compromises wellbeing (De Quadros-Wander et al., 2014)
- We expect that this is primarily problematic for publicly provided care, less so for informal care and least for privately paid care

Subjective evaluation of Care

- Crucial to identify whether not receiving care is perceived as problematic
- Perceived insufficiency of care indicates struggles in daily life (Na & Streim, 2017)
- Sufficiency potentially explains the link between LTC and Wellbeing

Background

Changing context

- More limited public LTC resources might impact care sufficiency and thus wellbeing negatively
- Also indirectly: Leads to less desirable care arrangements and thus to worse wellbeing among informal and privately paid care receivers
- Lower SES-groups might be increasingly disadvantaged, due to the lack of financial means and reliance on family (loss of control, overburdening family members)

Our analysis: Are there SES inequalities and do they increase?

- No, wellbeing did not differ between SES-groups, differences in wellbeing due to differences in health.
- This was consistent in 1998, 2008, and 2018
- But: The link between LTC use and subjective evaluation of care sufficiency still interesting

Method

Research Question

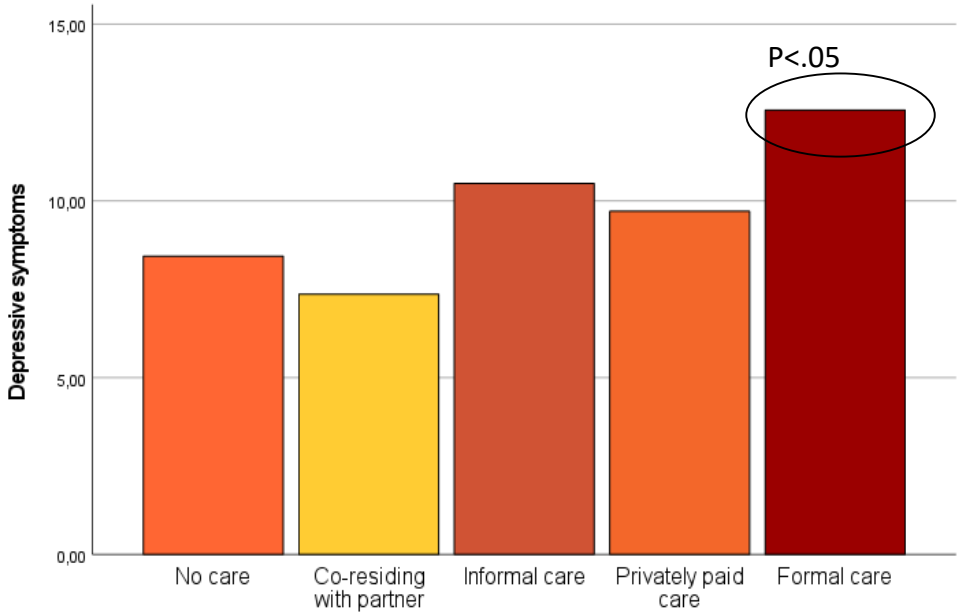
To what extent does the association between LTC use, perceived care sufficiency and psychological wellbeing change between 1998, 2008 and 2018 among older adults in the Netherlands?

- **Sample**
  - 1456 participants 75-85, living at home
  - Three independent observations: 1998, 2008, 2018

- **Analysis**
  - Multiple regression with Depressive symptoms as outcome, separate for 1998, 2008, 2018
  - Controlled for age and gender, additional explanatory variables health (ADL) and education
  - 5 exclusive groups: no care/partner, living with partner, only informal, privately paid care, publicly paid care
  - Perceived care sufficiency as mediator
  - Multigroup analysis (SEM) to investigate differences in models for 1998, 2008 and 2018

Results

Findings



- Only formal care had a negative impact on wellbeing, only in 2018, not in 1998, 2008
- But: Difference over time not significant
- Large effect of care sufficiency but weaker over time
  - (1998: B=-6.049, 2018: -2.786)

Conclusions (Abbing et al. 2022)

- Subjective perspective highly important, more than LTC type

Interpretation:

- Wellbeing of LTC recipients comparable to earlier cohorts
- Policy measures might have limited the negative impact of budget cuts

Open Question:

- Is there a trend towards worse wellbeing among LTC recipients in the future?

IN-CARE

INEQUALITY IN LONG-TERM CARE