

INFORMAL-FORMAL CAREGIVER RELATIONSHIPS WITHIN CARE NETWORKS OF OLDER ADULTS.

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BACKGROUND

- Rising demand for long-term care for older adults
- Shifting responsibilities in both informal and formal care
- Policy in Western countries aimed at cooperation: ‘A good connection between informal and formal caregivers is in the interest of all parties involved’ (Ministry of Health, Welfare and Sport).
- Research (e.g. Jody Gittel: Cooperation is a prerequisite for a good quality of care)

—————→ Mixed care networks

?



THEORETICAL FRAMEWORK

If and when informal and formal caregivers contact each other can be explained by:

- Characteristics of *the older adult*: age, sex, functional limitations
- Size, proportion of informal caregivers in the *care network*
- *Dyadic characteristics*: Similarity of tasks (task overlap); meeting opportunities (number of hours and years involved)

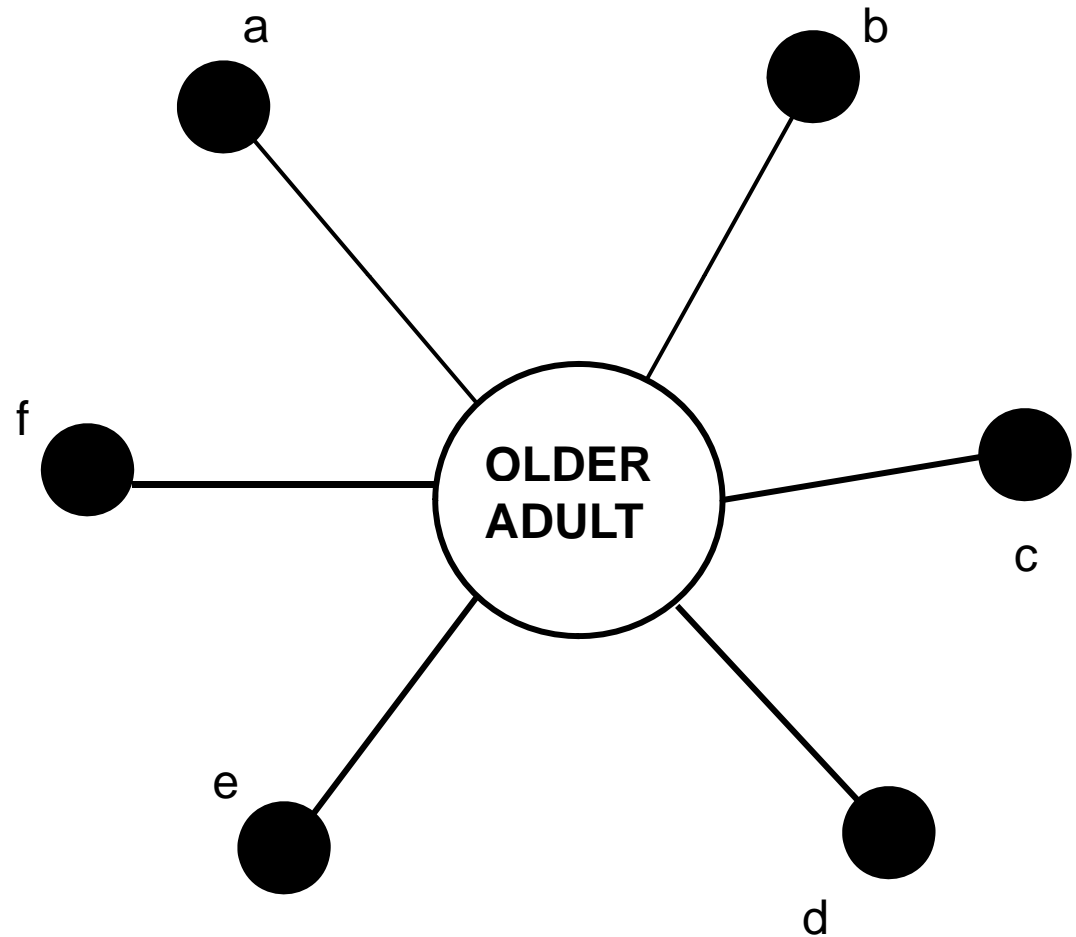
SAMPLE

- 119 older adults identified via eight homecare organizations and three voluntary care organizations in Amsterdam and surroundings
- 75 older adults eventually participated:
 - They were cognitively able to participate in a face-to-face interview
 - They were aged 65 or older
 - They received care from at least two types of the following caregivers: informal caregivers, formal caregivers or volunteers.
- 94 informal caregivers and 102 formal caregivers are interviewed as well

METHODS: EGO-NETWORK OLDER ADULT

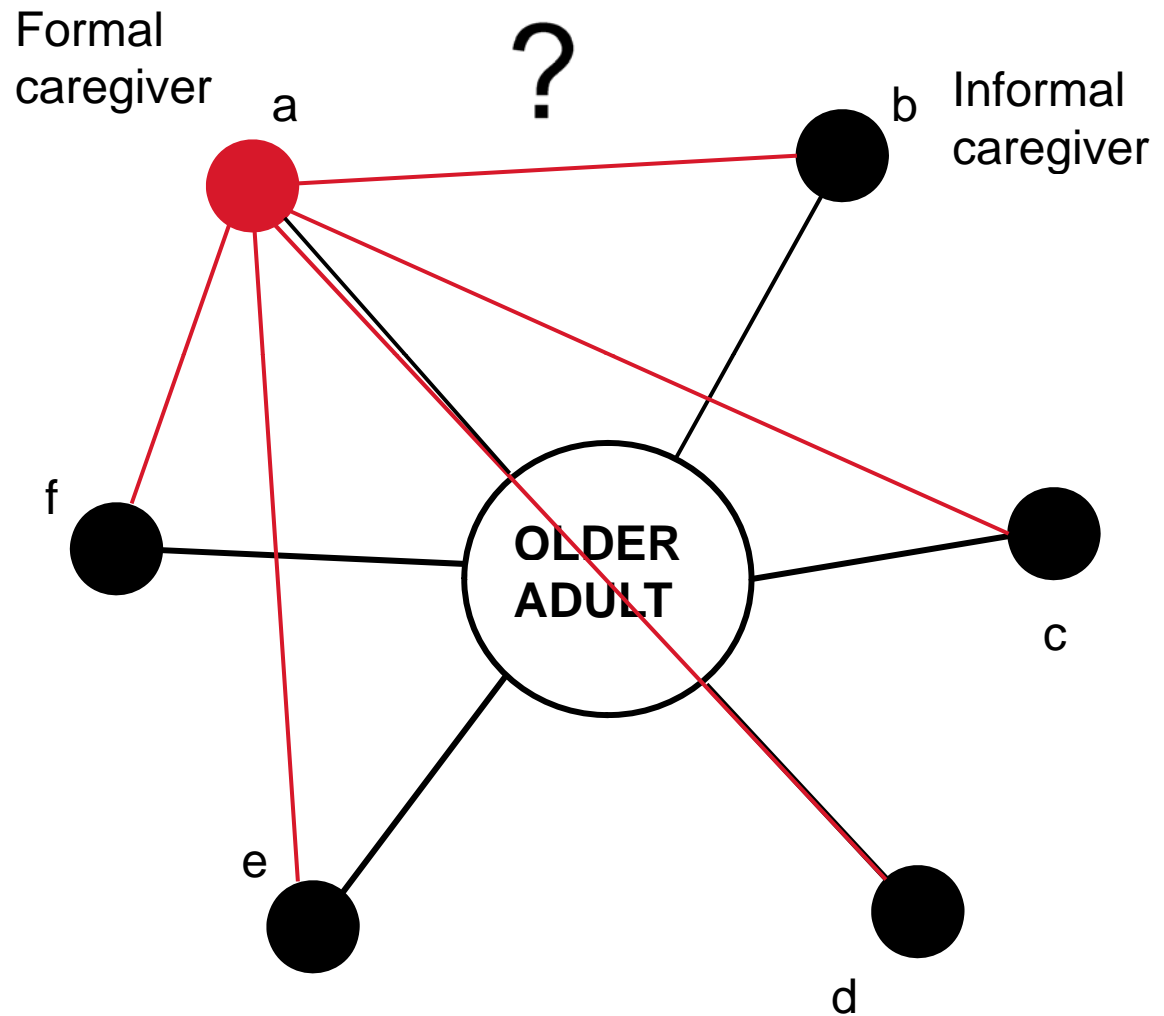
> *For each caregiver:*

- Relationship to older adult (e.g. partner, nurse)
- Hours of care
- Duration
- Type of care (task overlap)



METHODS: CAREGIVING NETWORK

- > Cooperation with other caregivers:
- > **Frequency of contact with..**
- > How well can you cooperate with..
- > How often do you experience friction with..



VARIABLES

Older adult and network:

- Sex & Age
- IADL and ADL limitations
- Perceived control of the care
- Number of caregivers
- Proportion informal CG

Formal and informal caregiver:

- Relationship
- Hours
- Duration
- Number of tasks
- Task overlap

Dependent variable: Contact with other CG (yes/no)

RESULTS: OLDER ADULT CHARACTERISTICS (N=74)

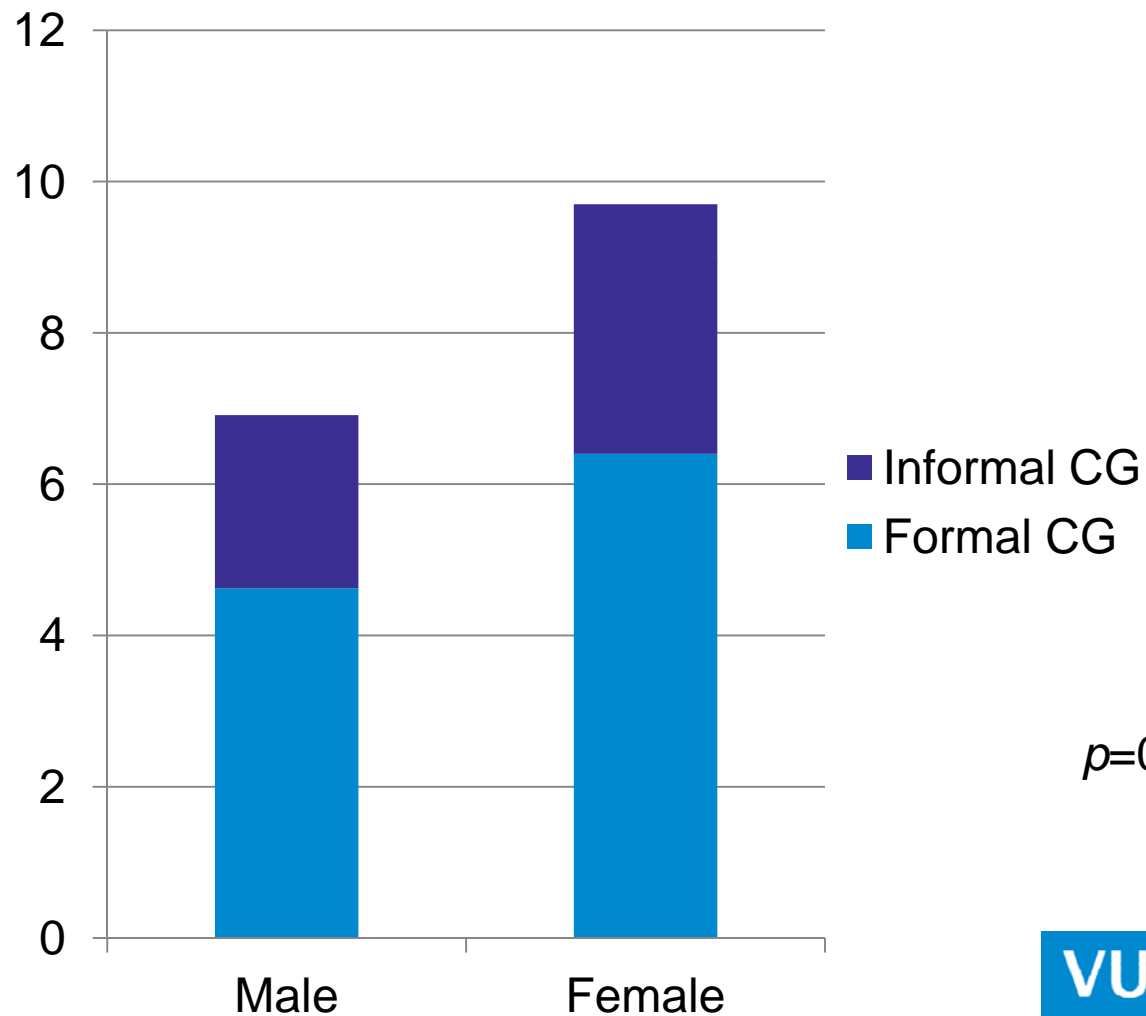
	Mean/%	SD
% Female	68	
Mean age in years (66-99)	83.30	7.67
Mean IADL & ADL limitations (17-74)	35.69	11.16
% Perceived control of the care		
Older adult only	15	
Older adult with CG	19	
CG only	60	

RESULTS: NETWORK CHARACTERISTICS

	Mean	SD
Number of informal CGs (1-9)	2.97	2.05
Number of formal CGs (1-18)	5.82	3.75
Total number of CGs (2-22)	8.80	4.42
Proportion of informal CGs (0.08-0.83)	0.36	0.19

NETWORK SIZE BY SEX

Total number of caregivers



$p=0.01$

RESULTS: INFORMAL- AND FORMAL CAREGIVER CHARACTERISTICS

	Contact 30%	No contact 70%	P-value
Relation informal CG			
1 Partner and children (in law)	64.3	35.7	<0.01
2 Other family	30.7	69.3	
3 Friends/neighbours/acquaintances	24.5	75.5	
4 Volunteers	2.1	97.9	
Relation formal CG			
1 Household carer	22.0	78.0	<0.01
2 Personal carer	33.3	66.7	
3 Nurse	36.8	63.2	
4 Other	19.2	80.8	

RESULTS: INFORMAL- AND FORMAL CAREGIVER CHARACTERISTICS

	Contact 30%	No contact 70%	P-value
Mean hours informal CG (0-112)	12.62	4.52	<0.01
Mean duration informal CG in years (0-32)	6.59	4.65	<0.01
Mean hours formal CG (0-21.75)	4.26	4.04	0.54
Mean duration formal CG in years (0-34)	3.70	4.01	0.47
% Task overlap (vs. not)	31.6	21.4	0.01

RESULTS: INFORMAL- AND FORMAL CAREGIVER CHARACTERISTICS

	Contact 30%	No contact 70%	P-value
Number of tasks informal CG			
1	17.1	82.9	<0.01
2	48.7	51.3	
3	52.9	47.1	
4	78.6	21.4	
Number of tasks formal CG			
1	26.0	74.0	<0.01
2	44.7	55.3	
3	50.0	50.0	

RESULTS: MULTILEVEL REGRESSION ANALYSIS (N DYADS=508)

	Model 1	Model 3
IADL and ADL limitations older adult	0.043**	0.031
Total number of caregivers	-0.101*	-0.077
Proportion informal caregivers	-4.531***	-3.010
Number of tasks informal caregiver (1-2+)		1.944***
Number of tasks formal caregiver (1-2+)		1.682**
Informal CG=partner or child		1.360**

* $p < 0.05$ ** $p < 0.01$ *** $p < 0.001$

N.B. only significant results showed

CONCLUSION

- Large networks with high percentage of formal caregivers
- Contact in few formal-informal relationships
- Number of tasks matter → The more tasks one caregiver performs, the higher the chance (s)he will get in contact with other caregivers

DISCUSSION

- Policy → need for central informal and formal caregiver
- Policy: more tasks per formal caregiver (i.e. less task differentiation) → characteristics of care/voluntary organization matter as well (see presentation of Marieke van Wieringen)

THANK YOU FOR YOUR ATTENTION



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