Summary

Independent for longer

Growing older with resouces, support and care

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Summary

The Dutch government's reform of the long-term care system is intended to reinforce the trend whereby older persons continue to live independently for longer and the need for admission to a care institution is avoided or delayed. Many older persons in the Netherlands continue living independently until an advanced age: three-quarters of 85-89 year-olds live independently, as do 60% of those aged 90-95 years. It is only above the age of 95 years that a majority (57%) live in a residential care or nursing home (Den Draak 2010; Klerk 2011). Despite this, the percentage of people living in these institutions is higher in the Netherlands than in other European countries, though it has fallen over the last two decades; where 20% of those aged over 80 lived in residential care facilities in 1980, in 2010 the figure was just 14% (Garssen & Harmsen 2011).

How do older persons continue living independently until an advanced age? Do they receive help from family and friends? Do they make use of local authority services? Which medical and nursing care do they use? Do they use their personal and social resources?

In this study we tracked a group of 1,768 persons aged over 65 for a period of fourteen years; we examined which care, provisions and services, personal and social resources they used and how long these enabled them to continue living independently before they moved to a residential care or nursing home or died.

In a previous study we observed wide diversity in the care trajectories of over-65s (Van Campen et al. 2013). They frequently use combinations of care, welfare and housing provisions, medical care, informal and private care. The individual trajectories differ depending on the health and personal and social resources of the person concerned. Some move to a residential care facility at an early stage, while others do so only at a much older age or never.

To enable us to investigate policy issues at national and local level, in this study we aggregated the individual care trajectories based on changes in care use by the population aged 65 years and older, and the groups within that population. By analogy with the classical prints of the Trap des ouderdoms (Stairs of Life, Illustration 1), we describe the care trajectories of the older population as descending a series of care steps. We developed two model variants in our study. In the first variant we describe differences in the care trajectories of groups of people aged over 65 over a period of fourteen years, for example the differences in the care trajectories of men and women.

In the second variant we extrapolate what the effects would be of changes in health status, resources and current care use on the care use of the population aged over 65 over a period of three years. This variant looks at aspects such as what impact increasing the average network size of persons aged over 65 would have on their care use three years later. This model variant can be used for ex ante policy evaluations. Both model variants portray the differences and effects with respect to continuing to live independently for longer.

Model variant 1

A number of determinants can be identified for continuing to live independently for longer. The first is health status: health problems have the biggest impact on the ability to continue living independently, especially having chronic illnesses and physical disabilities. Three-quarters of over-65s without chronic illnesses were still living independently after fourteen years; this was the case for only half the group with more than one chronic illness, and only a third of people with dementia. The others had either moved to a residential care or nursing home or had died.
Material, mental and social resources are also relevant factors. Of people aged over 65 with a low income, 50% were still living independently after fourteen years, compared with 60% of those with a high income. The effect of psychological and social resources is comparable; for example, 10% of over-65s who feel they have little mastery over their lives were living less independently after fourteen years than those who feel they have greater mastery. Similarly, two-thirds of over-65s with a large social network were still living independently after fourteen years, compared with less than half of those with a small social network.

Model variant 2

Policy aimed at influencing the determinants of prolonged independent living can only be conducted on a theoretical basis. By way of experiment, in this study we extrapolated a number of scenarios empirically using ex ante policy evaluations. An empirical computation model was developed for this which predicts the use of care and support by the population aged over 65 over a period of three years.
If a number of over-65s had fewer health problems, it is possible that a higher proportion of them could continue living at home. We tested this by assuming that over-65s with comorbidity had an average of one less chronic illness and one less physical disability. The computation model then shows that under these conditions, 3% more over-65s would still be living independently three years later. In the population as a whole, that equates to approximately 80,000 persons.
A reduction of 10 percentage points in the share of over-65s with cognitive limitations would mean that three years later 1.5% more over-65s (40,000 persons) were living independently. The proportion of people living in a residential care or nursing home would reduce by 10% (15,000 persons).
Promoting people's own mastery also has an effect. A 10 procent point increase in the number of people aged over 65 who feel in control of their own lives would mean that three years later there were 10% fewer over-65s (approx. 15,000 persons) living in a residential care or nursing home.

The government is more able to exert influence on the supply side than the demand side. Although the model does not include any supply factors, it is possible to extrapolate the effects of changes in care use over a period of three years.

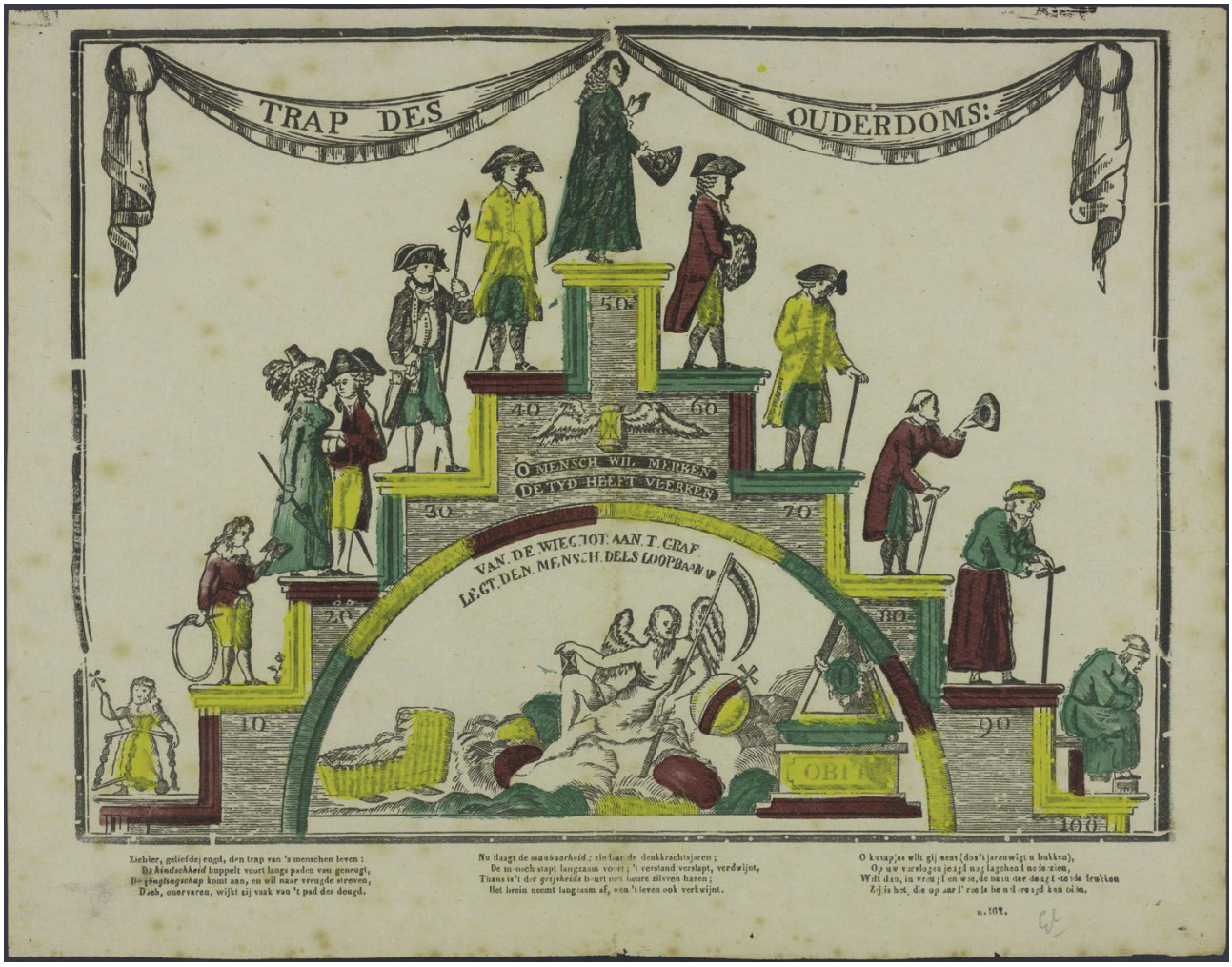
If we increase the number of over-65s in the model receiving specialist medical care by 10 percentage points, while adjusting for health differences, we find that the proportion of people living in a residential care or nursing home reduces after three years by 6% (approx. 8,500 persons). The proportion receiving personal care at home after three years would increase by the same percentage.

One of the ideas underlying the reform of long-term care is that citizens should take more responsibility for their care. A specific goal of the reforms is that citizens who need domestic care should organise that care themselves, via informal care, privately paid care or another solution. What would an increase in the use of informal and privately paid care mean for care use? Extrapolation shows that an increase of 10 procent points in the receipt of informal and/or privately paid care would lead to a reduction (2%) in the use of care packages that include domestic care (approx. 2,500 persons) after three years, and a similar reduction of 2% in the number of people living in a residential care or nursing home (approx. 2,500 persons).

Dutch citizens aged 65 and older succeed, using a range of different types of care and support, in living independently in their own neighbourhood and their own home for a considerable period. They go through different trajectories in their lives, depending on their health status, the presence of a partner, family and/or friends, their perceived capacity to organise their own care, the facilities in their home and the provisions available in the local area. Only a small proportion spend the final years of their lives in a residential care facility. The trajectories leading to that destination are varied. Although the life courses of individual older persons cannot be dictated, at the larger scale of the care trajectories of groups of older persons there are areas where interventions could be usefully made. In this study we have sought to show the potential impact of interventions in those areas. We hope that in doing so we have developed a policy instrument which will enable policymakers to make a quantitative judgement between different alternatives.

Illustration 1

Trap des ouderdoms. Woodcut ca. 1856-1900.[1]



Note

1 Source: Koninklijke Bibliotheek/National Library of the Netherlands. http://www.geheugenvannederland.nl/?/nl/items/KONB14:Borms0643/&p=1&i=5&t=6&st=levenstrap&sc=%28levenstrap%29/&wst=levenstrap