

Home Care Receipt during the Covid-19 Pandemic: Situation of People Aged 50 and Over in Europe

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Motivation

The increasing number and share of older people in the total population that comes together with population ageing can be considered as a challenge for care arrangements in all developed countries. As older people are more frail than the young and middle-aged persons, they also require more personal care to meet their needs. The consequences of the Covid-19 outbreak were particularly affecting the people in need of care as well as care providers. Epidemiological control measures such as physical distancing or recommendations to stay at home increased barriers to receive personal care from outside the household (e.g. due to reduced availability of paid services) and put an additional pressure to both family caregivers and care receivers. In the early phase of the pandemic the provision of personal care towards older family members outside one's own household strongly increased across Europe. The average number of weekly hours of informal care provided in European countries has grew up by almost 8 hours (+17%) compared to before the pandemic, with women experiencing a greater increase than men (Eurocarers/IRCCS-INRCA, 2021). Similarly, in the US informal caregivers reported higher caregiving intensity that translated into increased caregiving burden (Beach et al., 2021; Cohen et al., 2021). The situation of care receivers has deteriorated as well. According to Bergmann & Wagner (2021), about 21% of all care recipients reported difficulties in receiving home care. There were also regional differences as the highest share of respondents with difficulties obtaining adequate care from outside the household during the pandemic was reported in Southern European countries (about 33%) and the lowest in Eastern Europe countries (less than 10%). The study also showed that the longer the period of the stay-at-home orders implemented at the country level, the higher the probability of perceiving difficulties in receiving care by care recipients. From the point of view of the need to meet the care needs, care recipients who strongly rely on personal care, i.e. oldest old and living alone, still received the care they needed during the first phase of the pandemic (Bergmann & Wagner, 2021).

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Research question

The goal of the study is to compare the situation of care recipients aged 50 and over in Europe during the Covid-19 pandemic. Inspired by Bergmann & Wagner (2021), we aim to extend their study by looking into changes in home care provision and its regional variation across Europe between the first and the second phase of the pandemic. We also explore how did selected socio-economic factors affect the respondents to report difficulties in obtaining adequate care from outside the household during the pandemic.

Data and research methods

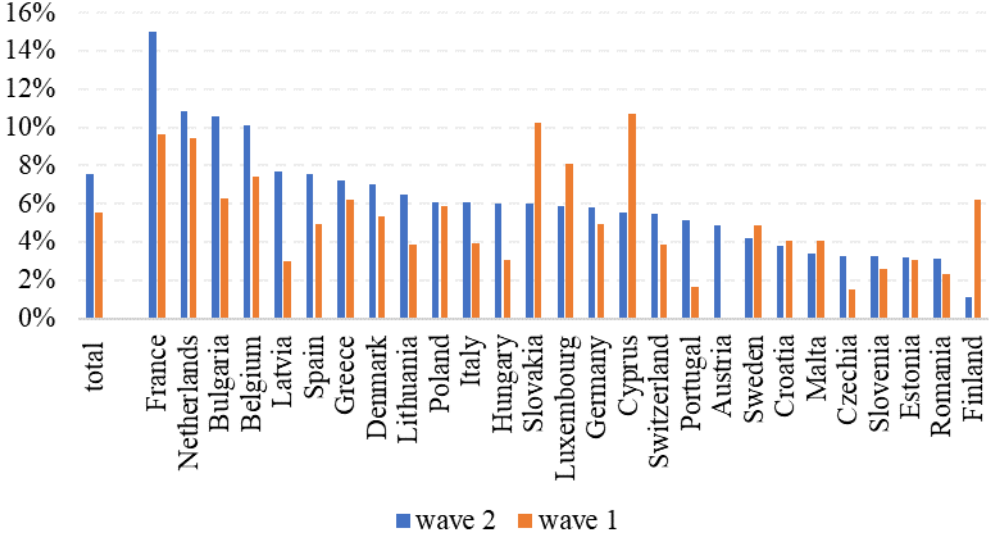
We analyse representative data from Survey of Health, Ageing and Retirement in Europe (SHARE) from 26 countries using the first and second SHARE Corona Surveys carried out in 2020 and 2021 respectively. Due to availability of questions in the SHARE questionnaire we focus on the care received from outside the household only. The effective sample size amounts to 55,668 respondents of the first Corona Survey and 46,948 respondents interviewed during the second Corona Survey. In the analysis of socio-economic factors affecting care receipt we will primarily focus on sex, age groups, level of education, living conditions, physical health before the pandemic, health related outcomes due to Covid-19 and access to medical treatments. We will use logistic regression to analyse the individual characteristics on the probability of reporting difficulties in receiving personal care and assess the stability of the effects between waves.

Expected findings

Our first results indicate an increase in the proportion of regular home care received between the two waves of the survey. In the first wave of the survey 5.6% of respondents declared that they received regular home care before the outbreak, while in the second wave 7.5% indicated they received regular home care during last 3 months. The regional variation between countries remained visible. Similarly, changes in proportion of care received for individual countries between waves were also non negligible (Figure 1). At the same time, the scale of the unmet care needs decreased from around 18% to 4.5% in the respective waves (Figure 2). In the logistic regression results (still in progress) we expect (based on Bergmann & Wagner (2021)) that females, better educated, and care recipients who canceled medical treatment by themselves for fear of a Covid-19 infection will more often indicate unmet care needs, while living alone, in older age groups and reporting more limitations before the outbreak will have lower probabilities in perceiving difficulties in receiving care.

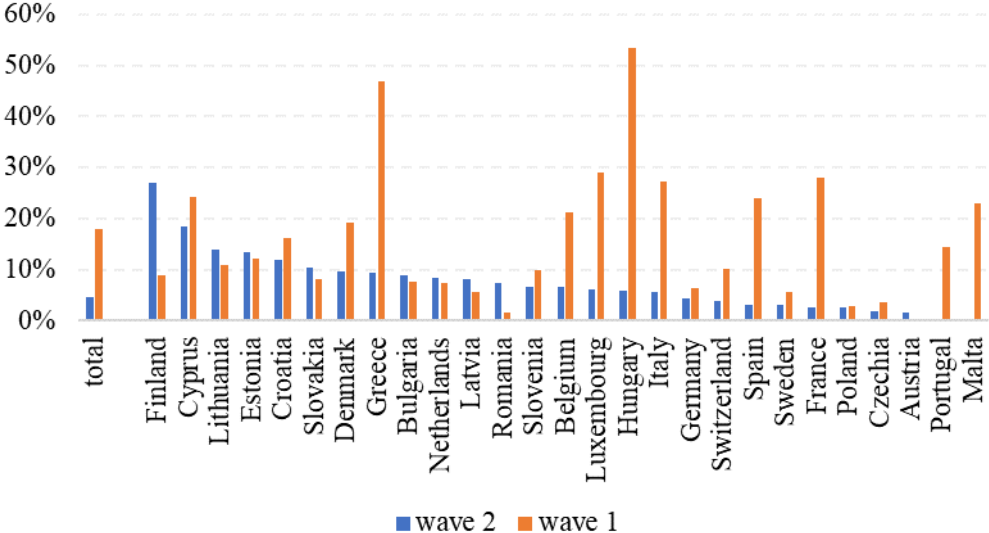
The results of the study may be helpful to identify the most vulnerable group of care recipients whose needs should be prioritised.

Figure 1. Proportion of respondents receiving regular home care before the outbreak (wave 1) and during last 3 months (wave 2).



Source: SHARE Corona Surveys wave 1 and wave 2, own elaboration.

Figure 2. Proportion of respondents reporting difficulties in obtaining home care since outbreak (wave 1) and during last 3 months (wave 2).



Source: SHARE Corona Surveys wave 1 and wave 2, own elaboration.

References

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