SESSION 4705 (SYMPOSIUM)

PATTERNS OF (IN)FORMAL CARE IN THE COMMUNITY: DETERMINANTS AND OUTCOMES
Chair: M.I. Broese Van Groenou, VU University, Amsterdam, Netherlands

Due to increased policy on and preferences for ageing in place, many healthy impaired older adults living at home and in home-like settings are in need of (in)formal care. This situation raises questions and calls for more research about the variety in patterns of care and the dependency between formal and informal care use. Moreover, more information is needed on the quality of (in)formal care and how this affects quality of life and ageing in place. This symposium explores patterns of (in)formal care in relation to various determinants and outcomes. The first contribution focuses on the formal-informal care linkage and examines how changes in national home care expenditures affect individual informal care provision in nine European countries. The next study shows how social networks contribute to care patterns among Danish older adults, and whether care patterns differ in overall and care-related quality of life. The third contribution examines whether a larger proportion of informal caregivers increases the perceived quality of care and the overall quality of life of Dutch older care recipients. The fourth study uses a qualitative longitudinal design and adds how patterns of informal care influence residents’ quality of life and ability to age in place in assisted living over time. Together, these studies show that linkages between formal and informal care vary over time and place, and that advancing complementary models of (in)formal care is essential to understanding and improving care quality for older individuals who are required or prefer to age in place.

CHANGES IN HOME CARE EXPENDITURE AND THE COMBINATION OF INFORMAL CARE AND PAID WORK
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In this paper we examine the relationship between rising home care expenditure and the combination of informal care and paid work among the independent community-dwelling persons aged over 50 in nine European countries. We use data from 2004–2013 – a period characterised by rising expenditure and investments in home care. The nine countries studied are Austria, Belgium, Denmark, France, Germany, The Netherlands, Spain, Sweden and Switzerland. We analyse the effect of a change in home care expenditure using logistic regression with fixed effects on the longitudinal data from the Survey of Health, Ageing and Retirement in Europe, combined with national data on home care expenditure from the OECD. Preliminary results show that, when home care expenditure in a country rises, fewer over-50s provide informal care. However, the effects seem to differ for those who work and for those who do not. (140)

VARIATIONS IN CARE PROFILES AMONG DANISH OLDER ADULTS: DETERMINANTS AND CONSEQUENCES
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This study investigates variations in the combination of formal and informal care amongst community dwelling older adults in Denmark, and its determinants and consequences. Using data from the fourth wave of the Danish Longitudinal Study on Ageing, we first classify recipients of municipal home-care into four different care-profiles based on 1) the intensity of formal care and 2) the level of assistance from informal care-givers. Conducting multivariate regression analysis we next investigate the role of social network, in terms of proximity and contact, in explaining care-profile membership while adjusting for age, gender, health and physical functioning. Last, we examine the overall and care-related quality of life associated with each care-profile. Preliminary results indicate that social network has a role in explaining individuals’ care-profiles. Thus, older adults with a poor social network may be in risk of a care deficit despite the dominant formal care regime of the Danish welfare state.

HOW DO PATTERNS OF CARE AFFECT THE QUALITY OF CARE AND QUALITY OF LIFE AMONG DUTCH OLDER ADULTS?
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This study examines how quality of life of community-dwelling older adults is associated with the composition of the care network, the intensity of care provided and the perceived quality of care. Preliminary multivariate regression analyses were conducted using 491 respondents of the 2012 wave of the Longitudinal Aging Study Amsterdam, who received help with at least one of five tasks. Results show that, adjusted for background variables, health status and levels of mastery, a lower proportion of informal caregivers and lower satisfaction of care contributed to higher depressive symptoms. Also, respondents who evaluated the cooperation among the caregivers as more negative reported higher levels of loneliness. Results suggest that the use of informal care and perceived quality of care adds to quality of life. This calls for better working linkages between formal and informal caregivers in order to increase the quality of life of those ageing in place.

FAMILY INVOLVEMENT IS THE KEY: INFORMAL CARE IN ASSISTED LIVING
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This paper presents findings from a 5-year longitudinal qualitative study involving 50 residents and their informal and formal care network members (n= 225) in eight diverse assisted living (AL) communities in the southern US. Previous analysis of data from four settings identified variability in