

Summary

Caring for older people living at home

Review of care for independent community-dwelling over-75s:
problems and future developments

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Summary

Background

The number of older people in the Netherlands is increasing, and with it the need for care and support. The Dutch Ministry of Health, Welfare and Sport requested the Netherlands Institute for Social Research (SCP) to carry out a review based on the literature available to outline the current status of home-based care for older adults aged 75 years and above, and also to identify which future trends and developments will have an impact on that care. The Committee on the Future of Care for Home-dwelling Older Adults (Commissie toekomst zorg thuiswonende ouderen) will draw on this review and other sources to put forward recommendations on what is needed to maintain the standard of care in the future for older adults living at home.

Characteristics of independent community-dwelling over-75s

There are more than 1.2 million independent community-dwelling adults aged over 75 in the Netherlands. Almost half of them live alone, and nearly one in ten have neither a partner nor children. The proportion of single persons increases with advancing age, as does the share who have to live on a small income. While nearly all over-75s have a chronic disease and a majority have one or more physical disabilities, mental health or memory difficulties, most say they can manage well in their daily lives. Many over-75s accordingly still play an active role in society, with more than eight out of ten going out on a daily basis and regularly meeting friends, and more than four in ten doing voluntary work. Although more than eight out of ten over-75s are satisfied with the lives they lead, 10% of 75-84 year-olds and 15% of those aged over 85 feel lonely or very lonely. All in all, the older population is highly diverse, and the need for care and support among those aged over 75 varies. There is also variation in their ability to organise their own care and support, to secure it from members of their network or to buy it in.

Use of care and support

Almost all over-75s are in contact with one or more medical care providers. A substantial proportion (especially those aged over 85) receive care and support at home, with over four out of ten having received help during the course of a year with cleaning the house, personal care, nursing care or support. Roughly half receive (some of) this care and support from family, friends or acquaintances, and a third buy in all or part of the help they receive. Around a quarter of over-75s receive support funded through the Social Support Act (Wmo 2015), and roughly the same proportion receive community nursing care funded through the Health Care Act (Zvw).

Little or nothing is known about the use of welfare services, such as meal provision services or organised social activities for independent community-dwelling older adults who are lonely, nor about whether there is an unmet care need.

Bottlenecks

Although many aspects of the care and support for independent community-dwelling older adults go well, there are also some problem areas. It is often not known how often such bottlenecks occur, but not being able to obtain the care they need when they need it can have a major impact on older persons.

The strength and capacity of older people and their networks is regularly overestimated and, despite this being expected of them, some older persons lack the skills needed to organise their care and support themselves. Their networks are by no means always able to help, and are sometimes overburdened. The care itself is also generally not provided in a very proactive way, with a view to preventing (more serious) illnesses and identifying care and support needs at an early stage. As regards housing, there appears to be a section of the older population who live in homes that are not appropriate for the support needs they will (probably) have in the future, but who are unwilling or unable to move home. As well as financial considerations, social factors also play a role here, as people become attached to their home and their neighbourhood.

There is also a second group of problems relating to obtaining care and support. The Dutch care system is complex: there are many different kinds of care and support, each provided from different sectors of the care system and each with their own access criteria. The different legislative regimes governing the provision of care and support can make it difficult to obtain the right care, and it is not always clear whether the difficulty lies in the design of the system or in its interpretation and implementation. The information provided is also often unclear, while co-payments can put people off asking for help or aids which they need. There is also a lack of coordination and cooperation between providers of help and care, not only resulting from (the application of) the different legislation and regulations, and the boundaries between the different care sectors, but also as regards sharing information between care workers. When an older person is receiving care and support from several different caregivers, the carers often do not know what care the other caregivers are providing.

A third group of problems relates to the supply of care itself. There is a growing shortage of staff or (bought-in) capacity and a lack of specific expertise (including among GPs and community care teams) to provide adequate support to older people with complex problems in their home setting. Too little care and support or insufficient expertise on the part of care professionals can make it more likely that older persons will be unnecessarily referred to more intensive care, such as residential or hospital emergency care. Finally, the housing stock does not currently appear to be sufficiently adapted to the changing demand created by the expectation that older adults should continue living independently for longer.

Reflections

The principle that people should initially be asked to use their own capacity and resources to meet their needs can be difficult for older persons with few health-related skills, few social skills or low literacy who have difficulty in finding, understanding and requesting information about care and support.

As older people remain living at home for longer than in the past, they more often visit their GP with complex health problems. Home care workers and other professionals are also having to deal with more complex issues; they do not always (yet) possess the knowledge they need, and the cooperation with others is sometimes less than smooth. There is a need for more options to offer specialist care to older persons without requiring admission to a care institution.

Home-dwelling older adults do not always receive the care they need because the rules are not (or do not appear to be) quite appropriate for the individual concerned or due to a lack of clarity about precisely how policy rules should be applied. Policies are based on large groups, and problems can arise when trying to deal with people who form the exception to the general rule. To ensure an elderly care system that is future-proof, it is important not only to have clear rules, but also to facilitate flexible implementation to enable those rules to be applied creatively. This would enable a safety net to be created where necessary for those who fall just outside the rules.

The future

It is clear that the number of independent community-dwelling adults aged over 75 is set to increase between now and 2030. The number of single older persons and the number of people aged over 85 - groups which consume a relatively large share of publicly funded and other care - is also increasing. In addition, people aged over 75 are living independently for longer and face ever more complex problems. This will push up demand for care and support and suitable (types of) housing for older persons. The urgency of finding a solution for the problems experienced by independent community-dwelling older adults in relation to care will also increase. The challenges will be greatest in regions with contracting populations, with a growing proportion of older persons and a dwindling potential labour force.

There are also some future trends which may give cause for hope. An example is the rising education level; older people in the future will be better educated and are therefore likely to be more able to find their way around the system, may be more assertive and demanding, but may also be more capable of organising their own care. A higher income will also mean they have more financial resources to pay for their care themselves. However, there will still be some who have little or no capacity to organise their own care and support. The older population will be more diverse in the future. There will be more older people with a non-Western or other migration background, though their share in the total population aged over 75 will remain small. This, too, will influence the demand for care. To a greater extent than in the past, older people appear to have their own individual wishes and needs, creating a general need for more customisation and giving rise to a greater diversity in the supply of care.

Technological resources are likely to play a bigger role in care in the future and lead to changes in the nature of the work performed by professionals, though at present the use of technology is increasing only modestly. Whether technology will be able to replace human staff and therefore potentially offer a solution to the growing demand for care is unclear at

this point in time. Care provision is also about human contact, and ensuring sufficient staff with the right mix of competences, which match the diverse demand for care, remains one of the challenges for the future.

It is also important not to lose sight of those groups who lack the resources and skills needed to organise their own care and support, to request it from their networks or buy it in themselves. Examples include older people with poor digital skills, unable to take control over their own lives, a small network or a low income.

This review shows that home-dwelling older adults are in many cases doing well, but that there are some who encounter problems in relation to their care and support. The organisation of affordable care and support for older people living at home is a major challenge for the future. As a society, we will therefore have to find (creative) solutions which take account of the existing circumstances and which adequately meet the needs of the older generation. To achieve this, it is very important to continue closely monitoring home-dwelling older persons and how they are faring.