# FORMAL -INFORMAL INTERFACE IN ADVANCED OLD AGE; A TEN-YEAR FOLLOW UP

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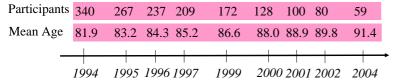
## INTRODUCTION

### *Does the help provided by formal services substitute the informal support?*

Previous research which answered this question were mainly based on younger elderly and cross sectional data. In this study three models will be tested: the **substitution model** (formal services replace the support provided by informal networks), the **readjustment model** (increase of formal services is accompanied by a decrease of informal services) and the **complementary model** (introduction of formal services is not accompanied by a significant decrease in the amount of informal services).

## DESIGN OF SWILSOO

Swiss Interdisciplinary Longitudinal Study on the Oldest Old

| Participants | 340 | 267 | 237 | 209 | 172 | 128 | 100 | 80 | 59 |
|---|---|---|---|---|---|---|---|---|---|
| Mean Age | 81.9 | 83.2 | 84.3 | 85.2 | 86.6 | 88.0 | 88.9 | 89.8 | 91.4 |

*1994   1995  1996 1997   1999   2000 2001 2002   2004*

- 340 community-dwelling elders aged between 80 and 84 years old at baseline
- two contrasting regions of Switzerland (urban and semi-urban)
- interviewed up to 9 times (between 1994 and 2004)
- face-to-face interviews (total N=1592)
- During the ten-year follow-up, 17.3% participants moved to a nursing home. Those interviews were not considered here.

## INDICATORS

### RECEIVED SERVICES

- Frequency of instrumental services that the very old persons received from non-household informal networks (family and friends; varying between 1- *never* and 4 - *daily*)
- Frequency of instrumental care received from formal network (varying between 1- *never* and 6 - *daily*)

### HEALTH STATUS

Robust = no ADL incapacities and not suffering more than one dimension of frailty (mobility, memory, energy, physical ailments, sensory capacities)

ADL-independent frail = no incapacities on the ADL, but two or more deficiencies on the dimensions of frailty

ADL-Dependent = frail persons with one or more ADL incapacities

## RESULTS

**Correlation between the frequency of formal care and the frequency of informal services – global analysis across the 10 years - Multilevel analysis with controls**

| Characteristics | Informal services |
|---|---|
| Gender (woman) | 0.06* |
| Socio-economic status (middle/upper-class) | -0.05* |
| Geographical area (urban) | -0.10*** |
| Lives with a cohabitant | -0.10** |
| Has at least one descendent | 0.11*** |
| ADL-dependent *vs* ADL-independent frail | 2.01* |
| Age*ADL-dependent | -0.02* |
| Frequency of formal care | 0.08*** |

$p < 0.05$; ** : $p < 0.01$; *** : $p < 0.001$; Only significant variables are represented here

**Percentage of cases in which substitution or complementary occurs – diachronic analysis on two successive waves**

When Formal Services ↗

Informal Services
- Increased — 45.3% ⎫
- Remained stable — 26.6% ⎬ 72% Complementary
- Decreased — 21.1% → Readjustment
- Stopped — 7.1% → Substitution

## CONCLUSION

- In 7% of the cases **substitution** occurs when formal services increase: either because of the loss of a caregiver or changes in household composition, or because of a withdrawal of the caregivers (but it seldom occurs; Garant, 1990)
- In 21% of the cases an increasing of formal services leads to a decreasing frequency of informal services: we can see here a **readjustment** of the cares and a reduction of the burden for the caregivers.
- In 72% of the cases formal and informal networks are **complementary**: additional needs are taken in charge by formal network in 27% of the cases and by both networks in the remaining 45%.

**Formal and informal networks cooperate in 93% of the cases**