The second move and the welfare state: How do long-term care arrangements shape older adults' residential relocations?

[extended abstract]

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ABSTRACT

Many scholars have conducted studies on how formal long-term care arrangements shape the care and help adult children provide to impaired older adults. These studies typically show that, after controlling for the geographical distance between parent and child, adult children are less likely to provide care and more likely to provide practical help to impaired parents when formal long-term care arrangements are more generous. Research consistently shows that children who live near their parents are more likely to provide instrumental support than children who live farther away. Particularly co-resident children are likely to provide care. The geographical distance between an impaired parent and an adult child is not exogenous to the former's need for care, however. In this paper, we intend to assess how the association between older parents' need for care and residential relocations is shaped by formal long-term care arrangements. We intend to use Dutch register data to test our hypotheses that older adults' care need driven transitions to coresidence with children are less likely when residential care arrangements are more generous (H1) and when the older adult receives formal home care (H2).

Word count (main text): 1,075

Population ageing and the associated greater need for long-term care, may cause OECD-countries to see their public long-term care expenditures double, possibly even triple, by 2050 compared to 2008 levels (OECD, 2011). This development signals an ever growing challenge for policy makers to safeguard financial sustainability, while continuing to provide adequate long-term care for those in need. Part of the solution to this puzzle is usually sought in community-based caring for impaired elderly rather than institutional care (Pavolini and Ranci, 2008; Rostgaard, 2002; Rostgaard, 2011), and in maintaining or activating informal caregiving resources (Österle and Rothgang, 2010). Especially family members are increasingly viewed as important potential caregivers (Österle and Rothgang, 2010; Pavolini and Ranci, 2008).

Spouses are impaired persons' preferred source for care (Litwak, 1985; Messeri, Silverstein and Litwak, 1993; Stoller and Earl, 1983). Unfortunately, due to widowhood, divorce or never having been married, many older adults cannot fall back on a spouse when they are confronted with declines in functional capacities. With increasing marital instability in European countries as well as in the United States (Amato and James, 2010), the presence of a spouse when care needs occur is even less self-evident for future generations. Therefore, the role of adult children - the other main source of family care (Dykstra, 2007) - is likely to become even more central than it is today. Accordingly, Wolff and Kasper (2006) found that between 1989 and 1999, adult children have replaced spouses as most frequent primary caregivers of community-dwelling impaired older adults in the United States.

Many studies have been conducted on how formal long-term care arrangements shape the care and help adult children provide to impaired older adults (e.g. Brandt, 2013; Brandt, Haberkern, and Szydlik, 2009). These studies typically show that, after controlling for the geographical distance between parent and child, adult children are less likely to provide care and more likely to provide practical help to impaired parents when formal long-term care arrangements are more generous. Research consistently shows that children who live near their parents are more likely to provide instrumental support than children who live farther away (Knijn & Liefbroer, 2006). Particularly co-resident children are likely to provide care (Soldo & Myllyluoma, 1983). It has to be borne in mind, however, that the geographical distance between an impaired parent and an adult child is not exogenous to the former's need for care. In this paper, we intend to assess how the association between older parents' need for care and residential relocations is shaped by formal long-term care arrangements

Litwak and Longino's (1987; Longino, Jackson, Zimmerman, and Bradsher, 1991; Speare, Avery, and Lawton, 1991) developed a typology of older adults' residential relocations. Applying a developmental perspective, the authors distinguish three types of residential relocations of older people. The so-called *first move* is a residential relocation of a relatively young pensioner to an amenity rich location. First moves are typically associated with an increase in the geographical distance between older parents and their children. The *second move* is a move of older adult who is confronted with declining health. Emerging care needs trigger residential relocations to places close to kin who can provide informal care. Moving in with an adult child can be perceived as a second move in its ultimate form (cf. Speare, Avery, and Lawton, 1991). The *third move* is a relocation to an institutional care setting. It is typically triggered by care needs that are too severe to be met by family caregivers.

Second move and *third move* relocations are triggered by the older adult's need for care. The *extent to which* the parent's need for care predicts these types of relocations may be related to formal long-term care arrangements. When care beds in institutional care settings are widely available, this encourages *third move* relocations (cf. Greene and Ondrich, 1990). Plausibly, some of the older adults who move to institutional care settings in situations of greater care bed availability would have opted for a shared household with adult children if care bed availability would have been scarcer. Public provision of home care can also mitigate the tendency of older parents in need of care to make residential transitions of the second move type, as it increases their ability of to retain residential independence (Pezzin, Kemper, and Reschovsky, 1996). These considerations lead us to formulate the following two hypotheses:

H1. At given levels of functional impairments, *second move* type relocations are less likely when residential care arrangements are more generous

H2. At given levels of functional impairments, *second move* type relocations are less likely for older adults receiving home care than for older adults not receiving home care.

To test these hypotheses, one could choose to adopt a cross-national comparative approach. However, policy makers who effectively determine the generosity of residential care arrangements in a given country may to some extent be guided by the same cultural norms about family responsibilities that also shape the way family members support each other (Pfau-Effinger, 2005). Therefore, associations between residential care generosity and the prevalence of *second move* type residential relocations found in cross-national comparative research may very well be confounded.

We therefore adopt a single country approach in which we assess the changes in the prevalence of *second move* type residential relocations over time in a period of declining generosity with regard to residential care arrangements. The Netherlands are a suitable case for such an approach.

The Netherlands have experienced a drastic decline in the availability of institutional care during the 1990s. This de-institutionalization of elder care was driven by the necessity to contain the rapidly rising costs and a changing ideological climate among policy makers with an increased emphasis on self-reliance and independent living (Lyon & Glucksmann, 2008; Van Hooren & Becker, 2012; Van Oorschot, 2006). Where no European country matched the Netherlands' levels of institutional care availability in the 1970s, the country today has intermediate levels (Van Hooren & Becker, 2012). The number of long-term care beds in the Netherlands dropped from almost 192,000 in 1990 to less than 169,000 in 2000 (source: Eurostat). In the same period, the number of inhabitants of 65 years and older increased from 1.91 million to 2.15 million (source: Statistics Netherlands). The number of long-term care beds per 1,000 inhabitants of 65 years and older thus dropped substantially, from 101 to 78.

We use data from the Social Statistical dataBase (SSB), provided by Statistics Netherlands. The SSB includes data from the population register and other administrative registers.

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