



## Admission to residential aged care facilities

### *Do families matter?*

Over the past 20 years, social gerontology in Australia has developed from a quiet academic backwater to a somewhat turbulent area, attracting attention not only among senior academics but also among major policy players, including the Australian National Audit Office and the Productivity Commission.

The key question of the moment is the sustainability of policy with respect to our ageing population. While the dominant concern has focused on income support programs and policies, some attention has also been directed towards the health system (particularly in terms of health expenditure) and towards the aged care system (including both residential and home-based care).

Only occasionally do such analysts turn their attention to the actual mainstay of aged care in Australia – the system of informal care provided by family and friends, which looks after the majority of our frail and disabled older people.

This is not to suggest that informal care has not attracted a substantial amount of research interest and activity in Australia over recent years. A great deal of work has been undertaken to establish, describe and analyse the central role played by informal carers in taking care of older people with disabilities (Braithwaite 1990; ABS 1993; Gibson et al. 1996; Herman et al. 1993).

But perhaps because the central role played by carers in maintaining people at home has been so well documented, we tend to assume that those admitted to nursing homes or hostels are less likely than others to have informal carers. It has become part of our 'common knowledge' that those with a spouse or co-resident children are less likely to be admitted to residential care than those with no such family members. Indeed, this is one of the more common explanations given for the higher

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**There has come to be a 'taken-for-granted' relationship between the availability of informal care and admission to residential aged care facilities. In previous times people without partners had higher rates of residency in such facilities, but there was very little by way of formal home-based care services. Today, with a substantially upgraded home-based care system, we might expect to find co-residence of less significance in predicting admission to residential care. But is this the case?**

residency rates observed among women in nursing homes and hostels: women live longer, marry older men, and are thus more likely to be widowed; hence their greater vulnerability to residential care.

There are those who express less certainty about these patterns for the future, raising questions about the continued availability of informal care (particularly family care) in the context of high levels of female workforce participation, high rates of family breakdown and high levels of geographic mobility.

The sustainability of current patterns of informal care in the future is a difficult question, but certainly one worthy of further inquiry. This article, however, has a more modest purpose. It is to revisit the somewhat 'taken-for-granted' relationship between the availability of informal care and admission to residential care. The intent is not to disprove the existence of such a relationship, but rather to provide a quantitative account of that relationship drawing on the national residential care databases. By using 1998 data, we can take into account the current policy context wherein access to residential care has been progressively decreased in favour of an expanded access to home-based care.

In truth, the Australian evidence on these matters to date is sparse. The only large scale analyses which underpin conventional wisdoms concerning the relationship between informal care and institutionalisation were those undertaken by Howe and Preston (1985) and Preston and O'Connell (1985), using predominantly 1981 data. At that time, the level of residential care provision (the ratio of places to older people) was substantially higher than it is today, and the level of home-based care was substantially lower. For those older people who were in need of assistance but did not have informal carers, staying at home was a much less viable option than it is today.

In those earlier analyses, Howe, Preston and O'Connell found that from around age 75, women had higher rates than men of residence in nursing homes. At younger ages, the rates of residence were quite similar. Marital status was highly significant, with the never married having the highest rates of residence, followed by the widowed, and then by married people who had substantially lower rates of residence (roughly one fifth of those in the other marital status categories).

These earlier findings are consistent with what we know of informal care patterns in the community. Based on the 1993 ABS Survey of Disability, Ageing and Carers, 65 per cent of those caring for people aged 65 and over with a profound or severe handicap were spouse carers, while a further 21 per cent were daughters. Family, particularly spouses and children, are the central providers of informal assistance to those older people living in the community who require substantial amounts of help. And, at least back in 1981, the analyses reported above made it clear that the absence of

such family members substantially increased the likelihood of entering nursing home care.

While we have ample evidence concerning the continuing importance of informal care for those who remain in the community, the family circumstances of people admitted to residential care under the current system of provision are less well known. For example, has the greatly increased availability of home-based care (through the creation and expansion of the HACC program, and community options projects, and later community aged care packages) influenced these differential patterns of admission? Is the presence of informal support still an important determinant of admission to residential care?

This paper reports some preliminary investigations of these questions recently undertaken by staff at the Australian Institute of Health and Welfare.

The rates of residence for men and women, by age group, according to their living arrangements when they entered residential care are shown in Table 1. In this analysis, living arrangement at the time of admission is taken to be an indicator of the availability of family support. (It is recognised that this indicator does not include the significant and important assistance provided by non-resident informal carers; such information is not, however, included in the national residential care databases.)

The rates in Table 1 represent the number of residents in each age, sex and prior living arrangement category in relation to the number of people in that specific category in the general population. Thus, the first cell in the table indicates that for every 1000 women aged 65–79 who lived alone, there were 12 who had been living alone at the time of admission who were at 30 June 1998 accommodated in a residential care setting. It should be noted that this is not an exact standardisation technique, as the living arrangement data for residents necessarily apply to their living arrangement at the time of their admission, whereas the data on people in the general population are current. Nonetheless, it provides a reasonable approximation, and allows direct comparison of different prior living arrangements while controlling for the confounding effects of the interactions which occur among age, sex and prior living arrangement in these data.

Rates of residence increase sharply from the younger to the older age group, and women average twice the residence rates of men. However, the main point of interest is the availability of informal support, as suggested by the living arrangements of residents prior to admission to residential care.

The table reveals that for older women (aged 80 and over), the highest rates of residence (898) occurred for those living with children at the time of admission. The next highest rates of residence were among women living alone at the time of admission (204), followed by those living with other family (157), and then by those living with a spouse (95).

For women aged 65–79, those living with children again had the highest rates of residence (122). However, women living alone at the time of admission had the lowest rates of residence (12), with those living with a spouse or other family both having somewhat higher residence rates (32 and 38 respectively).

Among older men (aged 80 and over), those living alone had the highest rates of residence (256), substantially higher than those living with children (130) or with a spouse (93).

For men aged 65–79, the rates of residence were generally quite low, ranging from 17 for those living with a spouse to 10 for those living alone.

**TABLE 1. Age, sex and living arrangements: residents in residential aged care facilities per 1000 people, 30 June 1998**

Sex/Age	Living with			
	Alone	Spouse	Children	Other family members
<b>Females</b>				
65-79	11.7	31.5	121.9	37.5
80+	203.6	94.7	897.8	156.7
65+	48.9	53.0	397.8	87.8
<b>Males</b>				
65-79	9.9	17.3	10.7	14.6
80+	255.7	93.1	129.7	42.6
65+	25.0	34.1	33.8	22.0
<b>Persons</b>				
65-79	11.0	22.4	39.7	22.6
80+	210.8	93.9	473.8	101.4
65+	40.9	41.6	145.1	48.4

Source: The databases used in this analysis were the 1999 SPARC system of the Commonwealth Department of Health and Aged Care, and ABS unpublished population and household data

The picture presented by these data is obviously somewhat less straightforward than that which emerged from the earlier analyses. Among those aged 65–79, living with a spouse does not appear to confer any significant protection from admission to residential care – indeed, for both men and women those living alone had the lowest rates of residence of any group in the table. For women, living with children prior to admission yielded the highest residence rate – which is a counter-intuitive finding if one takes living with children as a measure of the availability of informal support. The explanation may be that this living arrangement is one more frequently entered into as the need for assistance increases. Thus, higher dependency levels rather than the living arrangement per se may be the driving force in explaining the higher residence rates.

On these findings, the various reforms implemented over the past 15 years would seem to have achieved one of their key objectives – providing home-based care as a viable alternative for many people who would formerly have been cared for in a residential setting owing not so much to their level of disability as to the absence of informal care (DHHCS 1991). For those aged 65–79, the lack of a clear relationship between living arrangement and rates of residence suggests that the expansion of home-based care has successfully supplemented the informal care network, decreasing the previously observed vulnerability of those who live alone to admission to residential care.

For the 80 and over age group, the presence of a spouse was associated with the lowest residence rates for both men and women (and the residence rates were virtually identical for men and women). For this group, the presence of a spouse remained a significant protection in comparison to other living arrangements. Interestingly, living alone was more of a risk for men than for women. Again, living with children yielded a very high residence rate for women, suggesting that this living arrangement may be one adopted as the individual's capacity for self-care wanes and the risk of institutionalisation rises. For those over 80, then, the policy changes of the last 15 years do not appear to have removed the greater vulnerability associated with living alone.

The overall picture is by no means straightforward, and the questions around these issues beg for further analysis. While living arrangement prior to admission did not appear to affect rates of residence for the 'younger' old, other data (Table 2) suggest that for all age groups dependency levels are substantially higher on admission for those living with a spouse than for those living alone; those living with children have dependency levels which are somewhere between those two.

So, for example, among women aged 65–79, 20 per cent of those who were living alone when admitted were Category 1 or Category 2 (high dependency), compared to 46 per cent of those living with a spouse and 29 per cent of those living with children.

The implication of these data is that family support does indeed 'delay' the timing of admission; older people with family support are much more likely to enter residential care as high support need clients than are those who live alone.

This brief foray into the relationship between the availability of informal care and admission to residential care using the national residential care database suggests, at a minimum, that these are questions which require further exploration. These questions could be addressed using other

variables (such as marital status and length of stay) and alternative standardisation techniques.

On the basis of the present findings, it seems clear that families do continue to matter in reducing the vulnerability of frail and disabled older persons to admission to residential care. There are also indications that the expansion of home-based care may have been successful in reducing the rates of residence among the 'young' old who live alone, bringing their residence rates to a level similar to those of married couples.

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**TABLE 2. Dependency level by living arrangement prior to admission, people admitted into residential aged care facilities for permanent care, 1 January to 30 June 1998 (%)**

Age/Sex/living arrangement	CAT 1&2	CAT 3 to 5	CAT 6 to 8	Total (N)*
<b>Age 65–79</b>				
<b>Females</b>				
Alone	19.8	29.2	51.1	1478
Spouse	46.0	30.7	23.2	869
Children	29.0	35.4	35.6	480
Other family members	23.0	46.9	30.1	113
Other	34.8	38.0	27.3	561
<b>Total</b>	<b>29.9</b>	<b>32.2</b>	<b>37.9</b>	<b>3574</b>
<b>Males</b>				
Alone	24.2	29.8	46.0	822
Spouse	48.3	31.9	19.7	1196
Children	31.7	37.9	30.3	145
Other family members	27.4	44.0	28.6	84
Other	31.1	41.6	27.3	517
<b>Total</b>	<b>36.3</b>	<b>33.5</b>	<b>30.2</b>	<b>2809</b>
<b>Age 80+</b>				
<b>Females</b>				
Alone	18.5	31.3	50.2	4231
Spouse	37.4	32.6	30.0	947
Children	33.0	35.5	31.5	1465
Other family members	30.4	35.2	34.4	273
Other	38.3	40.3	21.4	1704
<b>Total</b>	<b>27.1</b>	<b>33.9</b>	<b>39.0</b>	<b>8773</b>
<b>Males</b>				
Alone	23.7	31.1	45.2	1249
Spouse	43.0	32.4	24.5	1647
Children	32.6	32.4	35.0	417
Other family members	30.7	32.5	36.8	114
Other	38.8	33.3	27.9	673
<b>Total</b>	<b>34.9</b>	<b>32.0</b>	<b>33.1</b>	<b>4165</b>

(\*) The differences between the sums of the living arrangement categories and the totals in this column are those residents whose living arrangements are unknown.

Source: Department of Health and Aged Care, and ABS