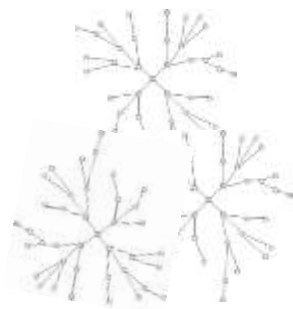# Networks of Informal Caring: a Mixed Methods Approach

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INFORMAL CARE IS COMPLICATED

Objectives

Literature

o Compare the economics and sociological literatures of informal caring

Characteristics

o Explore the characteristics of care and support networks

Decision making

o Explore the decision-making processes that led to the formation of those networks

Literature :: Economics

Gary Becker

o Much of the economic analysis of provision of unpaid or informal care by family members derives from the economic theory of the family (Becker, 1981).

Common Preferences

o His original focus was on a "unitary" or "common preference" view of care provision, where the members of the family share a common set of preferences.

Game Theory

o More recently, contributions such as Hiedemann and Stern (1999) and Engers and Stern (2002) have developed the analysis of the care decision in a game-theoretic framework.

Literature :: Sociology

Care Networks

o In contrast with the one-to-one or many-to-one models of caring favoured in the economics literature there is a sociological literature that describes care relationships as a network both within and outwith families (Phillips, 2007; Keating, Oftinowski et al., 2003)

Characteristics

o Women have larger social networks than men, and amongst older people close relatives dominate the networks (Phillipson, 2001)

Methods: Quantitative

Individual ●
Service ○
Care Relationship ➚

HOUSEHOLD

EXTERNAL

UNOBSERVED
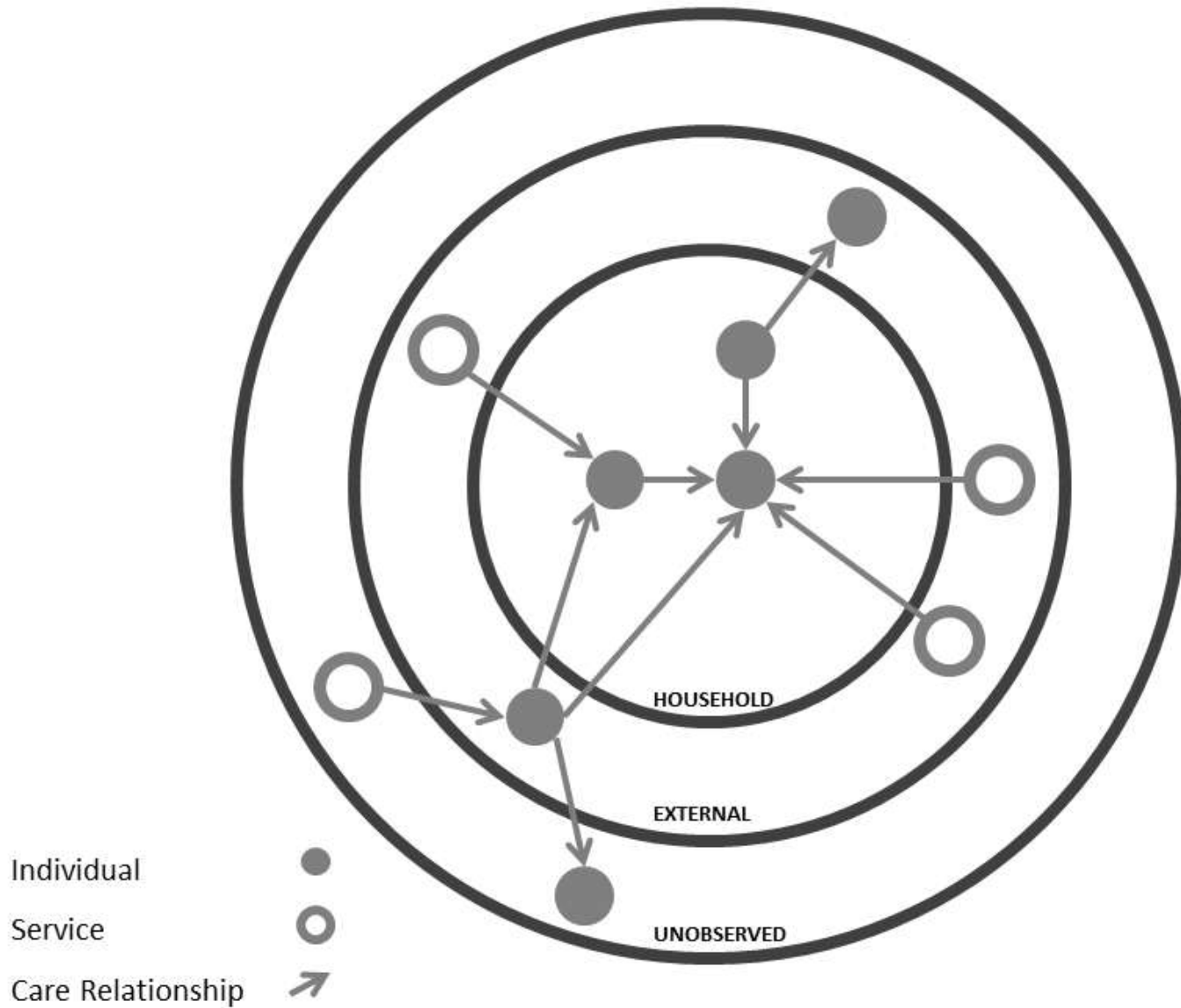
Methods: Qualitative

Semi-structured interviews with 20 older peoples' households

- o Map family locations
- o Housing history
- o Decisions about location
- o Health
- o Formal and informal care
- o Decisions about care

Semi-structured interviews with informal carers (matched where possible)

- o Map family locations
- o Housing history
- o Decisions about migration
- o Caring responsibilities
- o Decisions about care

Household Interviews

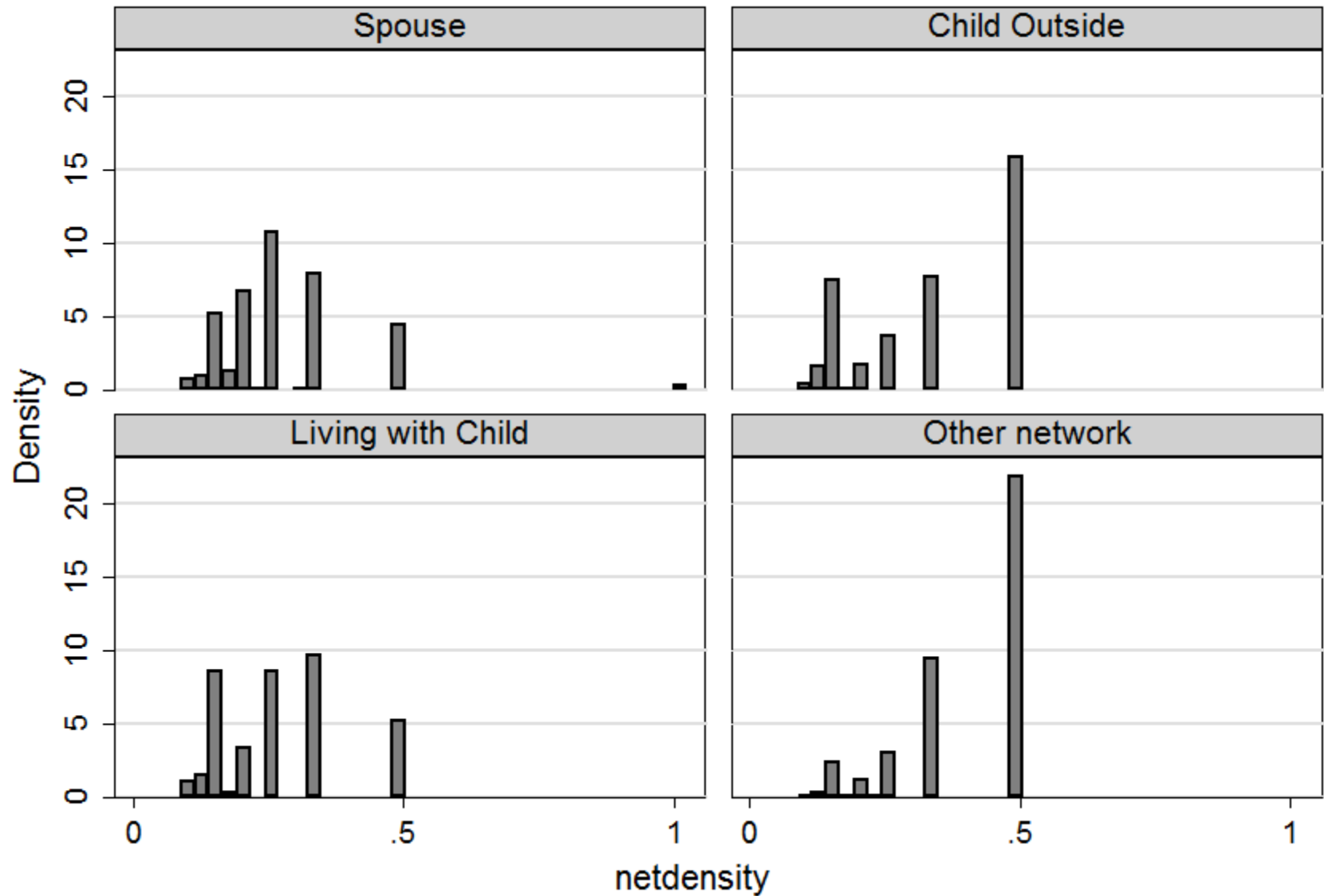| Network Type	Households
1) Living with a spouse providing care	C; G; H; I; P; Q
2) Care from children outside the house	B; L; S; T; W
3) Living with children providing care	E; O; X;
4) Other living arrangements	F; J; Y

Households Numbers

Network Type	No. of Households in Sample	Proportion of Households in the Population[†]
No formal or informal care	2,416	32.75%
1) Living with a spouse providing care	369	7.47%
2) Care from children outside the house	1,616	34.87%
3) Living with children providing care	36	1.62%
4) Other living arrangements	1,420	23.29%

FINDINGS

Network Density by Type

Network Type 1: Living with a spouse

There are however a significant proportion of small care networks with few links

Most networks also include some links to formal care services.

		Informal Care Links				
		One	Two	Three to Five	More than Six	Total
Formal Care Links	None	9.29	11.15	16.69	0.69	37.82
	One	8.24	5.61	9.85	1.61	25.31
	Two	4.89	4.4	9.47	0.57	19.33
	Three to Five	5.68	2.98	6.67	0.1	15.43
	More than Six	0.12	0.63	1.01	0.36	2.12
	Total	28.21	24.77	43.69	3.33	100

More than two-thirds of spousal care networks have at least one other source of informal care.

Network Type 1: Living with a spouse

Carers

o In five out of the six households the wife is the primary care giver for her husband.

Health

o the health of carers is important: a deterioration in their health would have serious knock-on effects for their partners who depend on them for care.

Social Networks

o Social networks are an important form of support, but primarily for carers. Where there is support to the couple from wider social networks this is maintained primarily by carers.

Help

o For most of the households with children there is a reluctance to ask for help.

Planning

o For most of the households very little planning for care was undertaken prior to developing a need. Planning is driven by the spouse providing informal care.

Network Type 2: Living with Support from Children

Nearly two thirds of the households receive only informal support (primarily living alone)

Nearly two thirds of the households receive only informal support

Very few have large care networks

		Informal Care Links				
		One	Two	Three to Five	More than Six	Total
Formal Care Links	None	43.39	15.33	6.37	0.15	65.24
	One	14.39	5.28	2.41	-	22.08
	Two	4.77	2.14	0.75	0.01	7.67
	Three to Five	3.13	1.2	0.4	-	4.73
	More than Six	0.28	-	-	-	0.28
	Total	65.95	23.95	9.94	0.16	100

Network Type 2: Living with Support from Children

Independence

o There was a strong theme of independence. Close family, including children and grandchildren, provide a wide range of different levels of support.

Male involvement

o there is more male involvement in care-giving where the older person lives alone, with both sons and grandsons playing a significant role. However, there is still a gendering of caring roles.

Moving in with children

o None of the interviewees expressed a desire to move in with their children in the future. All said that increased formal care, or ultimately residential care, would be their choice if their needs increased in the future.

Decision making

o In the absence of a spouse, children are more involved in decision making about care for most of the households.

Network Type 3: Living with Children

	Informal Care Links				
	One	Two	Three to Five	More than Six	Total
None	13.43	17.58	6.06	-	37.08
One	15.2	15.88	5.87	-	36.95
Two	4.76	0.5	6.17	0.18	11.62
Three to Five	4.89	6.08	2.76	-	13.73
More than Six	-	-	0.63	-	0.63
Total	38.29	40.04	21.49	0.18	100

Formal Care Links

Over a third of the networks involving parents living with their children have no formal care links.

The informal care networks in this group are much larger

Network Type 3: Living with Children

Network structure

o All three interviewees are female, and two have moved with children in old age when they were no longer able to cope living on their own.

Decision making

o The decision-making process for each of the households is different.

Challenges

o All three acknowledged the challenges of moving to live in someone else's house. For Mrs O and Mrs X, who moved later in life, difficulty in establishing new social networks has led to feelings of isolation.

Wealth

o All three households are relatively wealthy, with the children having houses of sufficient size to accommodate their mothers comfortably.

Mothers and Daughters

o In all three cases it is mothers who have moved to live with their children, rather than the other way round. The daughters were the primary informal carers, with sons mentioned much less frequently in descriptions of caring activities.

Discussion of Findings

Care Networks   o Need to understand the network structure of informal care.

Distance   o Distance is important, but not the whole story.

Planning   o Few networks are planned; those who have planned seem better off (but also *are* better off).

Networks of Care and Support

Network Core

o In most cases the care networks had a strong core, with one primary informal carer. This is most likely to be a spouse or a child, and they may be inside or outside of the household.

Informal support

o There is then typically a secondary layer of informal support. This may be children, other family, friends, neighbours or others in the wider community.

Building networks

o Where older people have moved in later life, particularly those moving in with children, this secondary support network may be missing. However, several households who have moved to new areas either at retirement or in the early years of older age have successfully built up these support networks.

Distance is not the whole story

Distance and resources

o While distance is important in patterns of informal care it is not the whole story. More affluent children move further away, but they are also more likely to have the resources to provide support.

Choice

o However, this needs to be balance with the choice that many older people will face if moving to be nearer to children means sacrificing social networks built up over time.

Isolation

o If this is done too late then it is difficult to rebuild those networks in a new place, and this makes the move harder. Isolation can be a significant problem even for those who have lived somewhere all their lives; particularly driven by physical mobility problems.

Planning for Older Age

Location and care decisions

o Few of the networks are planned; the paths leading to different network types are varied, depending on the decisions of others and the resources available. In several cases this leads to crisis points, or to households being "trapped".

Planning after the fact

o Planning is more evident once an older person needs support, and this seems to be driven by primary informal carers, whether spouses or children.

Minority plans

o A minority of households had made plans for older age, particularly in selecting their locations, choosing appropriate housing, and investigating care options.

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