

# Ageing in Europe: Supporting policies for an inclusive society

## First Results from the SHARE Survey Wave 5

### 3rd annual scientific conference – SHARE France

Wednesday 25th November 2015 9.30 – 17.00

#### I. General introduction (Florence Jusot)

This conference was about “Ageing in Europe: Supporting policies for an inclusive society”, and this document presents the first results from the SHARE Survey Wave 5. Florence Jusot has introduced the conference with a general presentation of the Deprivation concept.

Deprivation is the state of not having something that people need. It can be material and/or social deprivation which will have strong consequences on well-being, health status, family situation... Deprivation means not having enough money to buy what we want, not having specific goods. The issue of deprivation (as poverty) differs from the issue of inequality. Material and social deprivation are rarely measured and analysed longitudinally.

#### II. The concept of deprivation (Michal Myck)

Michal Myck was in charge of the addition of new questions related to deprivation in SHARE wave 5. The main topic of his presentation was to describe how deprivation can be measured with the SHARE Data.

Quality of life (or welfare) can be seen as a key general objective for socio-economic policy. The questions are: how to measure it for monitoring and evaluation purposes across Europe? How to measure welfare? It can be evaluated as:

- Material conditions (objective, subjective, material deprivation),
- Looking beyond material conditions (social network, access to services, concept of social deprivation),
- Looking broader (deprivation and “social exclusion”).

Deprivation is, in a certain way, the opposite of Welfare. There are two dimensions of deprivation: material (items as failure in affordability and financial difficulties) and social (participation, local area). A degree of arbitrariness is always necessary to measure deprivation and exclusion (in the survey, for the index, in the weights used to aggregate items). Moreover, it is important in a survey like SHARE to take into account the ageing dimension when measuring exclusion.

There are some additional “deprivation” items in the wave 5 of the SHARE survey: affordability of food consumption, new items of material deprivation, local area information, and access to local services.

### III. [Deprivation in institutional perspective: material and social deprivation in the macroeconomic context \(Mateusz Najsztub\)](#)

The aim of this article presented by Mateusz Najsztub is to compare the level of deprivation in the European countries. The authors use a deprivation index in order to measure deprivation in Europe. Two dimensions are analysed: material (13 items in SHARE) and social (15 items in SHARE) deprivation. For aggregation of the items in a score, the authors took hedonic weights from an ordered probit regression of deprivation items on self-reported life satisfaction (Cavapozzi et al., 2015).

What they find is that material and social deprivation fall with rising GNI per capita, but also depend on income distribution. Poverty is correlated with material deprivation, while little evidence suggesting the same relation with social deprivation. The less income there is, the more social and material deprivation we find. So we need to support policies targeted for lower income households. Moreover, we observe that improving health care may lower the level of deprivation. Besides, there is a huge inequality between countries concerning social and material exclusion.

#### Discussion and remarks:

- How did the authors select the different items to measure deprivation in SHARE?

They didn't conduct any survey on a focus group to build the list but they started with a long list of questions. This list has been tested through two tests phases (a pilote and a pre-test) and a short list has been validated after. Experience from Eurostat about this topic has been also used.

- A person in the Audience suggest to drop the conclusion “*Importance of support targeting for lower income households*” because the results depend on the choices made for computing the deprivation score. Other weights could have been used and other target groups would have been identified.

According to Mateusz Najsztub, weights have be defined as simple as possible for the simplicity of interpretation.

- The score EPICES (*Evaluation de la Précarité et des Inégalités de santé dans les Centres d'Examens de Santé*) in France is an individual indicator for insecurity which takes into account the multi-dimensions of insecurity. This score could be used to improve the SHARE Questionnaire.

- Other statistical methods (like multiple correspondence analysis) could have been used to validate the selection of the different items and better understand the links between them.

The authors have not tried to compute hedonic weights for each country. They are using the same weights for every country to simplify the comparisons between countries. If we use different hedonic weights for different countries we would be able to get more inside each different country but the interpretations of the comparisons between countries would be more difficult. Maybe, we could apply the weight of a country to another and see how the results look like.

#### **IV. Older adults living with cognitive and mobility-related limitations: social deprivation and forms of care received (Nicolas Briant and Matthieu Plichart)**

##### Summary:

In Europe, 9.95 millions of people aged 60 and over live with dementia. Mobility limitations would concern about 20% of persons aged 65 or older, increasing with age, and are also related to disability. Both cognitive and mobility related limitations in old age are associated with several adverse outcomes (Health, Economic, Social). The aim of this study is to identify the impacts of each limitation on deprivation. In fact cognitive and mobility limitations are both associated with social deprivation and differed with the “living-alone” status. Besides, the authors show different patterns of associations with the type of care received.

##### Discussion and remarks:

- There are differences between countries in terms of formal care. Analyses by country could help to identify different patterns of care.
- It would be important to improve the strategy taking into account the non-response. In the case of dementia, the non-response is clearly dependant on the health status of the individual. There could be a missing value because of a proxy interview or because of a refusal. The use of covariates (like depression) could be interesting.
- The results to physical measurements could also be used.
- Looking at the intensity of care could be interesting (you can have the information in SHARE). It would also be interesting to distinguish between the people aged below 75 years old and the 75+.

## V. [Growing old abroad: social and material deprivation among first-and-second generation migrants in Europe \(Christian Hunkler\)](#)

### Summary:

The aim of this article is to study the links between immigration and deprivation in Europe. The first difficulty to answer the question is related to the design of SHARE. The SHARE survey is only conducted in the official language(s). These rules exclude migrants who only speak their native language. In fact, only a very small fraction of the sample is affected and the coverage of migrant population is good. "Integration" is difficult to measure for migrants, especially for older migrants. A multi-dimensional approach has been used with 11 material items and 15 social items.

The main result is that migrants are more often deprived materially but also socially. Moreover, migrants in late life are more disadvantaged than those whose parents migrated. The next step is to identify changes in integration policy over time.

### Discussion and remarks:

- Possibility of naturalization is not everywhere the same. It depends on the time you came and where you came from.
- It could be interesting to use information from the life histories (SHARELIFE):
  - Where they leave,
  - Find the time they arrived and the time they got a new job.
  - Separate countries of origin and the country where they arrive.
  - Use of job episodes information.
- It could be important to separate the analyses by country because the scheme for integration are different in each country. But this strategy could face statistical limitations due to the size of the sub-samples.
- It could be an idea to follow the SHARE respondents when they move from one SHARE country to another SHARE country.

## VI. [Eligibility regulations and formal home-care utilisation among the vulnerable older people in SHARE Wave 5 \(Ludovico Carrino\)](#)

### Summary:

Eligibility rules of long-term programs in some selected SHARE countries have been exhaustively analysed to better understand the coverage of each program. Then, a score is defined for each individual in order to classify people in different groups (non-eligible, eligible I, II, or III) according to their eligibility to Long-term-Care (LTC) legislation.

Using SHARE, a medical profile is built for each individual based on limitations in ADL, IADL, mobility and cognition. The determinants of the access to care and the articulation between formal and informal care according to the eligibility to LTC programs are analysed.

The authors find that significant heterogeneity exist (with respect to assessments-of-need, eligibility condition and inclusiveness) and that determinants of formal-care utilisation differ between eligible and not eligible individuals. Education has an effect: lower schooling increase risk of not receiving any formal care although being entitled to it.

Moreover there is no crowding-out of informal by formal care. One extra hour of formal care increase of 8 hours and 14 minutes of informal care per year. Besides, living with a spouse reduces the probability of receiving help from outside the household. Cognitive impairments increase informal assistance at the intensive margin.

#### Discussion and remarks:

- How did the authors do to identify eligible people ?

They took the administrative rules in order to make a careful identification. Sometimes the words are different between SHARE and administrative criteria but not in all countries and sometimes, it is easy to identify eligible people

- The authors want an instrument to analyse formal care but it could be better to ask your respondents if they know whether there is a program (like APA in France) in their country to have directly the amount of formal care that is provided.

### **VII. Unmet need for long-term care and social exclusion (Anne Laferrère)**

#### Summary:

The aim of this article is to focus on the dependant study and their difficulties to get the care they need. Need for care is strongly associated with material and social deprivation, even when controlling for health, demographic and other socio-economic characteristics. The association is stronger for social deprivation than for material deprivation, and social deprivation seems to become relatively more important than material deprivation at higher levels of need.

One interpretation is that social (?) deprivation, more than material deprivation, is a consequence of the need for care (shops, banks, doctors and the pharmacy became inaccessible when the respondent acquired limitations), in addition to being a cause of need.

30% of older persons in need did not receive adequate care. At most level of need, persons in Northern and Central Europe are more likely to receive only formal care than in Southern and Eastern Europe.

Deprivation determines needs and possible unmet needs. And unmet need is associated with material and social deprivation. At high levels of need, the association is only with social deprivation.

Discussion and remarks:

- Belgium is very different for ADL and IADL between “Flandre” and “Wallonie”... Maybe it could be a good idea to split the criteria of evaluation for countries like Belgium.
- Change the definition of unmet needs by changing the number of hours or using the guidelines that are used in Europe for ADL and IADL (Austria, Italy) could be some another idea.