

A large, stylized blue graphic on the left side of the slide. It depicts a hand with fingers spread, holding a cat. The hand is positioned above the cat, with the fingers appearing to support or cradle it. The cat is shown in profile, walking towards the right. The entire graphic is rendered in various shades of blue, with some areas being more opaque than others, creating a layered effect.

Care Potential in the Networks of Older Adults

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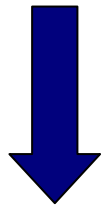
A network perspective on informal care

- Go beyond the dyadic approach
- Look beyond the family
- Networks are social capital and
- Care is a return on earlier investments

Network and care

In order to receive support/care:

- Relationships should be present
- Embedded in social structure
- Exchange of support



- The personal network is conditional for the receipt of support and care in later life
- Networks and relationships have 'care potential'

Networks of older people are changing due to:

- Change in individual resources (health, education)
- Changes in family structures



- Change in leisure style and social participation of older adults



- Availability of age-peers
- More choices in relationships





Leading questions

- Will future generations of older people have different networks than their predecessors?
- If so: is the ‘care potential’ of the networks of future older adults smaller or larger?



Research questions

- 1) To what degree does the **size** and the **care potential** of the personal network of older adults aged 70 to 80 change between 1992 and 2008?
- 2) Does the change in care potential vary by **type of relationship**?
- 3) What are **characteristics of older adults** with no, little or plenty of care potential in their network?

Design

- Longitudinal Aging Study Amsterdam
- National survey of older adults aged 55-85 year old at baseline in 1992
- Social, emotional, physical and cognitive functioning
- 3-year intervals of face-to-face interviews between 1992 and 2009 (6 waves)



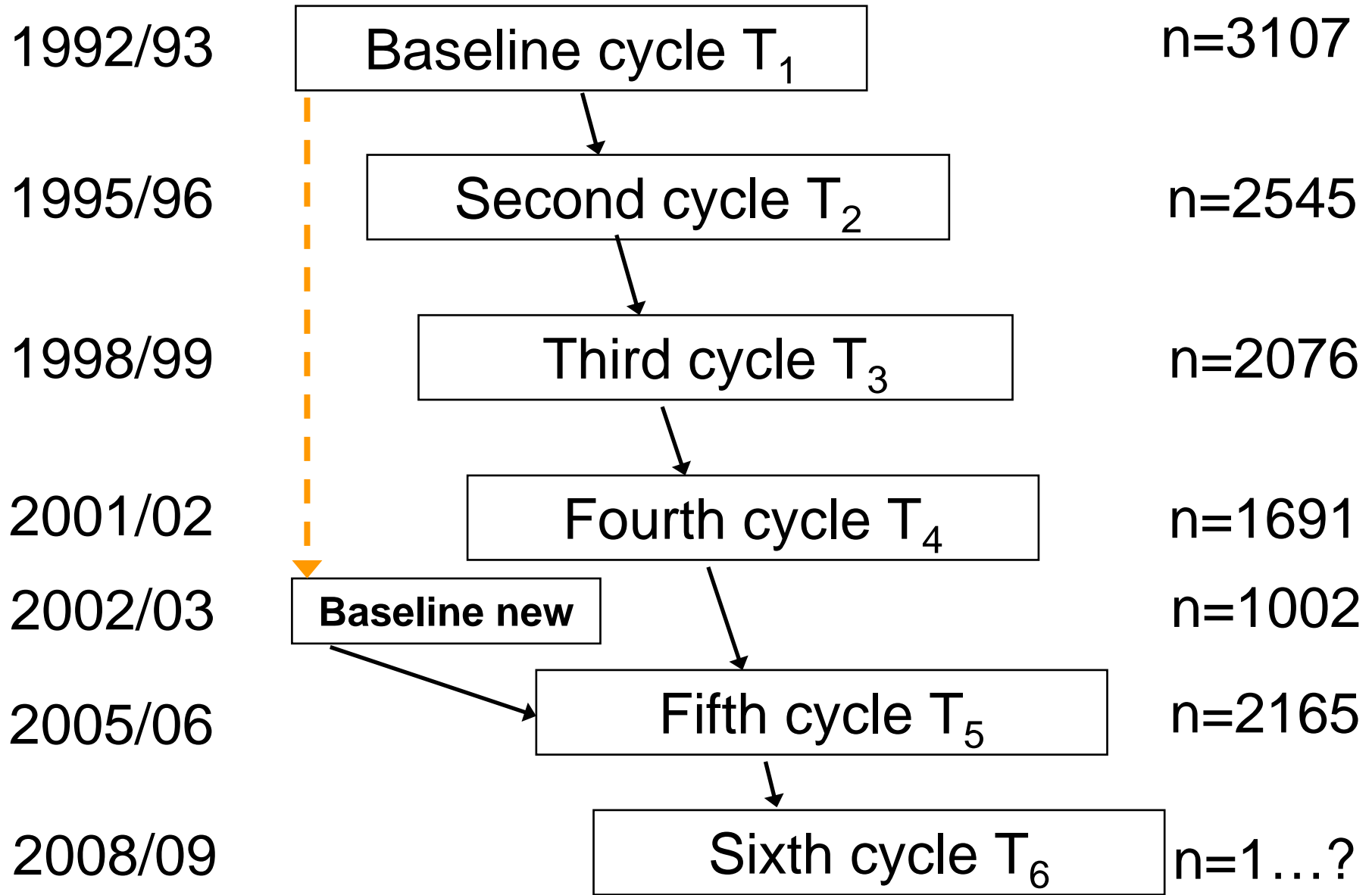
Longitudinal Aging Study Amsterdam

Three geographical regions

- Secularised West
- Protestant Northeast
- Roman Catholic South



LASA time schedule



Sample

Wave	70-80 year olds: N
1992	957
1995	717
1998	621
2001	594
2005	538
2008	168
Total	3595

Personal network

Identification of relationships in seven social domains;

- E.g. 'Name the neighbors with whom you have frequent contact and who are important to you' (range network size 0-77)
- Top-9 with most frequent contact: exchange of emotional and instrumental help (range 0-9)

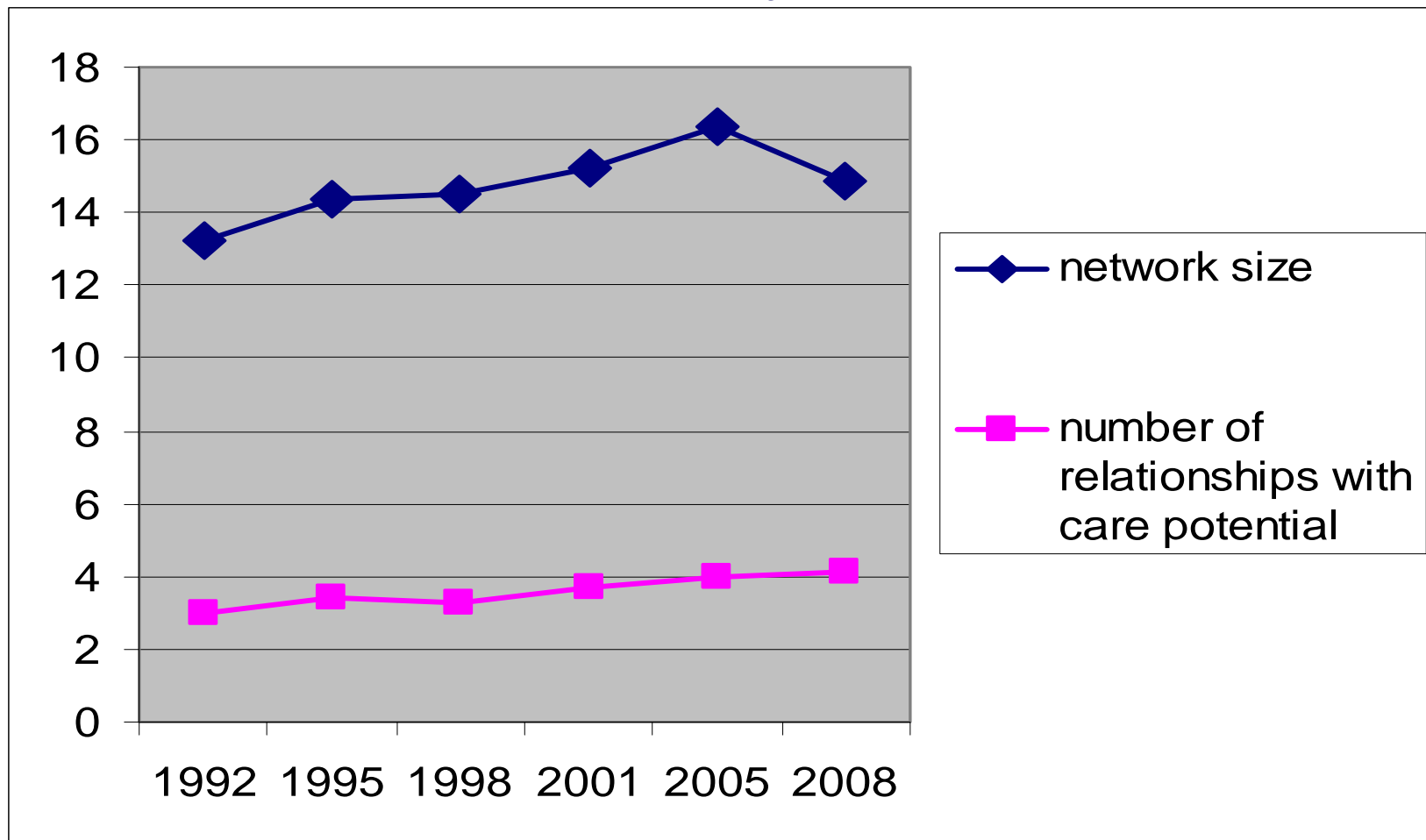


Operationalisation of care potential

Number of persons in total and partial networks
with:

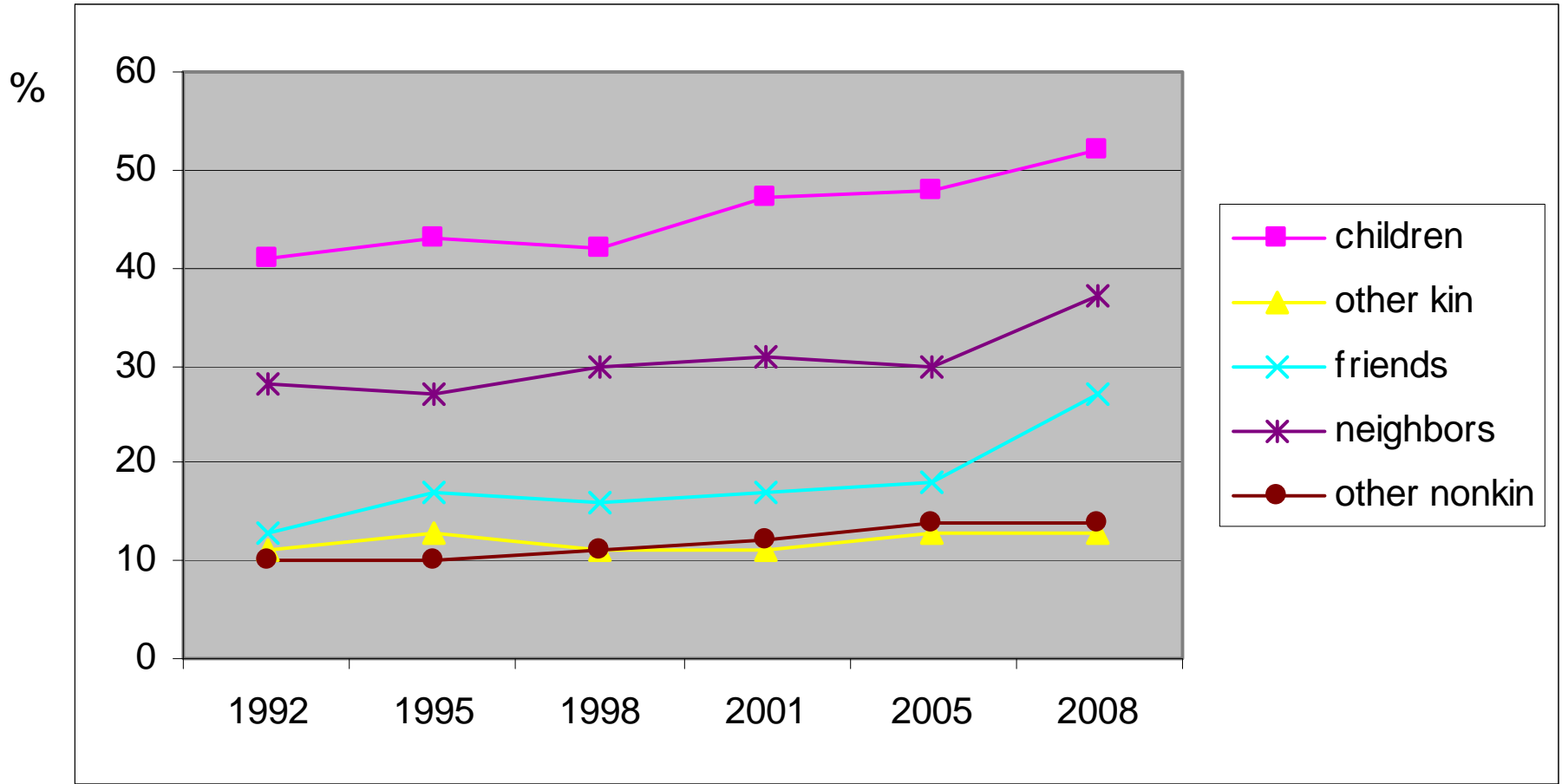
- Active relationship: at least monthly contact
- Potential carer: at least some exchange of emotional and/or instrumental help

Mean network size and number of relationships with care potential in 1992-2008 of 70-80-year-olds

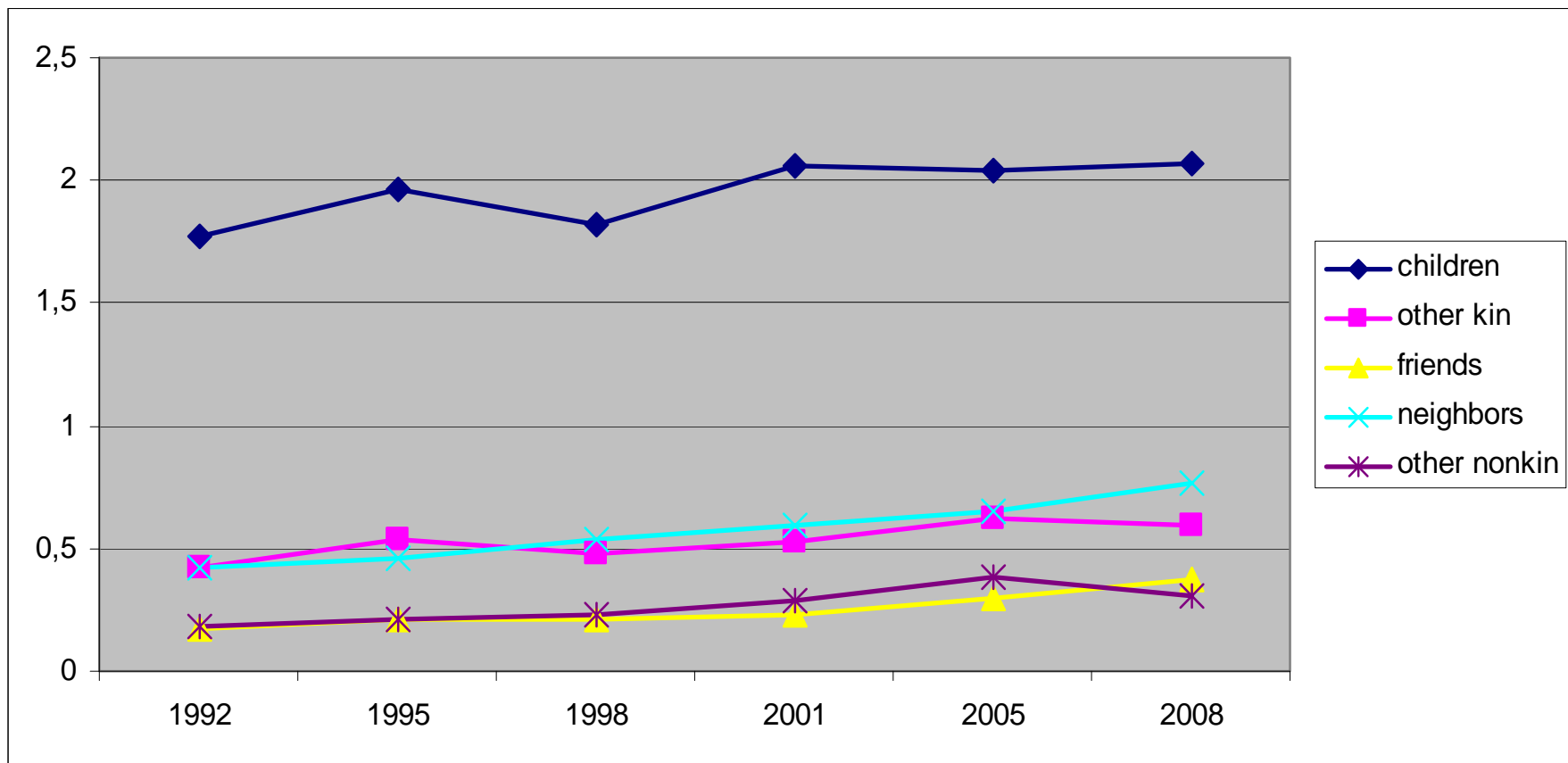


Care potential: at least monthly contact and some exchange of emotional and/or instrumental support

Proportion of relationships with care potential in partial networks



Absolute number of relationships with care potential

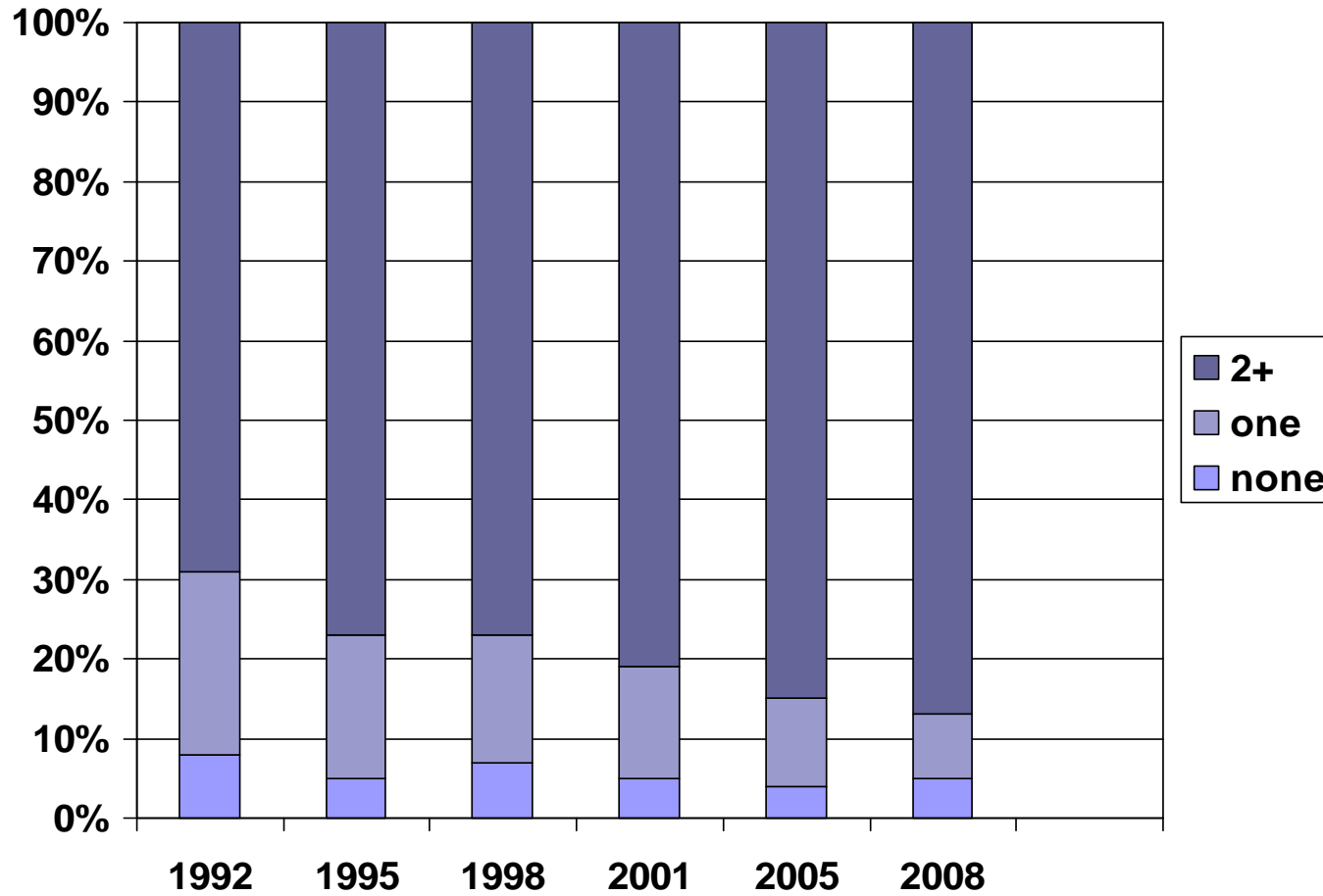




Frail older adults

- No care potential: no spouse and zero relationships with care potential;
- Little care potential: spouse or one relationship with care potential;
- Two or more relationships with care potential;

Proportion of older adults (aged 70-80) with no, one or 2+ relationships with care potential between 1992-2008



Determinants of number of relationships with care potential in 2001

	Beta
Never married (vs married)	-0.06*
Divorced (vs married)	-0.03
Widowed (vs married)	-0.02
Number of children	0.18**
Educational level	0.09**
Calvinist (vs no aff)	-0.03
Orthodox (vs no aff)	-0.01
Catholic (vs no aff)	0.08*
Cognitive functioning (MMSE)	0.10**

Non-significant: sex, age, income, physical health, degree of urbanization

Conclusions

- Network size of 70-80 year olds increased over time
- Between 3 en 4 relationships with care potential in network: in particular children and neighbors; small increase over time
- Fewer older adults with little care potential
- Care potential depends on social structure and educational level

Discussion

- Older people with no care potential remain a group of risk
- Community social structure (church, neighborhood) is important next to family
- Larger networks due to more non-kin, but will they actually provide care in times of need?
- Investing in relationships will pay off later; start networking before old age!

- Thank you!
- Questions?

