

Comparison of the Cost of Home Care and Social Care for Disabled Elderly People

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Abstract: The results of the data show that both home care and social care are significantly associated with the number of hours of care and the cost of care. The degree of disability of the elderly with disabilities also significantly affects the hours of care and the cost of care, with higher levels of disability significantly increasing the number of hours of care and the cost of care. Demographic characteristics such as age, gender, and urban/rural location of the disabled elderly also significantly affect the cost of care. Therefore, the improvement of the elderly service system should be based on the intensity and characteristics of the care needs of the elderly.

Keywords: Disabled Elderly; Family Care; Social Care; Care Costs

Introduction

With the deepening of population aging, the number of elderly people is increasing, and along with it, the size and proportion of the disabled elderly group is also increasing. A large number of disabled elderly implies a huge demand for care, and the demand for care inevitably generates care costs. On the one hand, home care is still the mainstay of elderly care in China, and care provided by children, spouses and other family members is still the most important form of care for the elderly in China. However, under the influence of urbanisation and population mobility, new changes have occurred in China's family structure, family size has become smaller, and the traditional intergenerational support model of care provided by children is facing new challenges, and the cost of family care is increasing^[1]. On the other hand, in recent years, China's professional carers, elderly care institutions and other social care gradually developed, the proportion of its scale has increased, to a certain extent, supplemented or replaced the function of the elderly care for the disabled elderly.

There is a certain difference in the cost of care between family care and social care, and people tend to prefer the care model with lower cost of care based on rational choice. Research on the cost of care by scholars at home and abroad is controversial, with most scholars believing that family care is less costly than formal care, and a small number of scholars arguing that it is still debatable whether or not family care will be more economical or effective than social care when the opportunity cost to the family is taken into account. Therefore, there are still difficulties in deciding the more appropriate type of care for the disabled elderly, especially those with different levels of disability.

1. Literature Review and Research Hypotheses

Research in the field of long-term care for the elderly has concluded that older people themselves prefer family care, and that family care is the most advocated mode of care because it reduces the pressure on medical resources and saves public resources. However, some studies have found that home care is not only more expensive than social care in terms of long-term care, but also less effective in improving activities of daily living (ADLs)^[2]. Further studies have pointed out that, in fact, an important factor contributing to the differences in care costs between care models is the degree of disability of the elderly. The cost of care in home care or social care varies considerably across different levels of disability. For severely disabled elderly people, the cost of home care is much higher than the cost of social care^[3]. Therefore, to compare the differences in care costs between different care models, the degree of disability of the elderly needs to be taken into account.

The economic and time costs of caring for the disabled elderly and the factors influencing them have been widely discussed in relevant studies. There are differences in the costs of care between family care and social care, but there is still debate about which model of care is more costly. The degree of incapacity of the older person themselves is an important moderating factor influencing the differences in the cost of care between care models, and therefore, the following research hypotheses are proposed in this paper:

Research Hypothesis a: Home care results in higher care costs.

Research hypothesis b: The higher the degree of incapacity, the higher the cost of care resulting from family care.

2. Data and Methods

2.1 Data sources

This study uses data from the China Learning Health Influences Tracking Survey on the Elderly (CLHLS) 2018. The total number of CLHLS samples is 7,192 cases, of which 7,168 cases are elderly people aged 60 years and above. The target population of this study is the disabled elderly, and after excluding the samples with missing key variables, the final number of samples included in the analyses is 1,273 cases.

2.2 Research Design

The dependent variable is the cost of caring for the disabled elderly, which is mainly divided into economic cost and time cost. Economic cost refers to the cost of daily care for the disabled elderly, and time cost refers to the time that the disabled elderly need others to provide care. The data were all treated in terms of weeks.

The independent variable was the degree of disability of the elderly with disabilities. The CLHLS questionnaire used the Katz scale to measure the ability of the elderly to perform activities of daily living (ADLs). According to the international standard, those with one to two ADLs were classified as mildly disabled; those with three to four ADLs were classified as moderately disabled; and those with five or more ADLs were classified as severely disabled.

The care model for the disabled elderly is divided into two types: family care and social care. Family care means that the elderly with disabilities live at home and are cared for by their spouses, grandchildren and their spouses, siblings and other relatives; social care means that the elderly with disabilities live at home but their primary caregivers include specialists such as social workers, nannies or carers.

Combined with the results of previous research, the gender, urban and rural areas, age, and number of children of the disabled elderly will have an impact on the cost of care for the disabled elderly^[4-5].

Table 1: Variable description of the cost of care and its influencing factors

Variables	Variable name	Description	Percentage (%)
Care model	Family care	Living at home with family members	92.6
	Social care	social professionals care	7.4
Cost of care	economic cost	No care costs incurred	35.0
		1-100	19.4
		101-400	22.8
		>400	22.9
	time cost	0-8	26.5
		9-24	24.8
		25-70	24.3
>70		24.4	
control variable	degree of incapacity	mildly impaired	47.1
		moderate incapacity	21.1
		profoundly disabling	31.8
	age	60-69	.8
		70-79	10.4
		>80	88.8
	gender	male	35.3
		women	64.7
	city and countryside	municipalities	19.9
cities and towns		33.6	
villagers		46.5	

3. Analysis of different care models

3.1 Significant differences in the cost of caring for the disabled elderly across care models

On the economic cost of care, there is a significant difference between home care and social care. The mean value of the care cost re-

Table 2: Descriptive statistics for family care and social care

		significance	Family care (N=1172)		Social care (N=94)	
			Mean/percen	S.D.	Mean/Percen	S.D.
Weekly care costs		**	493.25	3661.38	862.28	1100.07
Weekly hours of care		**	52.83	62.49	21.76	45.20
degree of incapacity	mildly impaired	**	48.3%		30.9%	
	moderate incapacity		21.2%		19.1%	
	profoundly disabling		30.5%		50%	
age	60-69	**	0.3%		6.4%	
	70-79		10.1%		16.0%	
	>80		89.6%		77.7%	
gender	male	**	34.4%		47.9%	
	women		65.6%		52.1%	
city and countryside	municipalities	**	18.5%		37.2%	
	cities and towns		32.9%		43.6%	
	villagers		48.5%		19.1%	

*Note:*** p<0.001, ** p<0.01, * p<0.05.*

quired for social care is RMB 862.28, which is higher than the cost of family care by about RMB 369. There is also a significant difference between family care and social care in terms of the cost of care time. Family care requires 52.83 hours per week, while social care requires only 21.76 hours, which is less than one half of the time required for family care. The comparison shows that family care is relatively less expensive but requires more time from family members, while social care is more expensive but requires much less time from family members.

3.2 Significant differences between the two modes of care for elderly people with different levels of disability

Among the elderly with disabilities who chose the family care mode, the proportion of those with mild disabilities was the highest at 48.3%, followed by those with severe disabilities and those with moderate disabilities. Among the elderly with disabilities who chose social care, the proportion of elderly with severe disabilities was the highest, while the proportion of elderly with moderate disabilities was the lowest. On the whole, the elderly with high degree of incapacity are more inclined to choose social care, while the elderly with mild and moderate incapacity are inclined to choose family care. This is also consistent with the findings of previous scholars that elderly with high care dependency tend to seek help from formal care^[2].

3.3 There are also significant differences in the cost of caring for the elderly with disabilities by age, gender and urban/rural areas

In terms of gender, the younger and middle-aged elderly tend to choose social care, while the older elderly tend to choose home care, and the proportion of older disabled elderly choosing home care is 89.6%, which is consistent with the conclusion that the older elderly have a high demand for care and that home care is still the most important form of care for the elderly^[3]; in terms of gender, men tend to choose social care, while women tend to choose care at home. In urban and rural areas, the proportion of disabled elderly people in cities and towns choosing social care is higher than that choosing home care, with the proportion of disabled elderly people in cities and towns being the highest at 43.6% and the proportion of disabled elderly people in villages choosing social care being the lowest, whereas the proportion of disabled elderly people in villages choosing home care is 48.5%, which is much higher than that of the other two categories. This may be due to a combination of objective reasons, such as the unequal distribution of care resources between urban and rural areas, and subjective reasons, such as the economic constraints of the rural elderly.

4. Conclusion

The study found that, firstly, the mode of care for the disabled elderly in China is dominated by family care, and the mildly disabled elderly and the senior disabled elderly tend to choose family care. Second, there is a significant difference between family care and social care in terms of time cost of care and economic cost of care. The cost of care in social care is significantly higher than in family care, while the number of hours of care in family care is significantly higher than in social care.

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