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# Intergenerational Help and Care in Europe

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In Europe, on average, three times as many adult children occasionally help their parents with the housekeeping than do provide regular physical care. This is not surprising, considering the great differences between these two types of support. Care follows needs, whereas help tends to be given sporadically when one has the opportunity. In the familial welfare states in Southern Europe, where little professional support is available, provision of care by children is more likely—whereas parents in the north are more likely to receive help in the household or in dealing with the authorities. Logistic multi-level models enable these differences to be traced back to the availability of social and health services in the individual countries. There is a ‘crowding in’ of the help children give their parents, but a ‘crowding out’ of physical care. Overall, the results based on the Survey of Health, Ageing and Retirement data thus support the specialization hypothesis: professional providers take over the medically demanding and regular physical care, whereas the family is more likely to provide the less demanding, spontaneous help. Everyone does what they do best. The overall care of older people thus tends to be assured both quantitatively and qualitatively by well-developed service systems.

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## Introduction

Interest in the increasing number of older and elderly people has been growing continually in recent times. Sociological research mainly focuses on the specific situations of older people, and the relations between the generations. The very old are particularly dependent on multifaceted support in their everyday life. This ranges from occasional help with the housework to round the clock physical nursing and care. As before, the family is primarily providing these services. However, there are indications that relatives will not be able to provide the same extent of support in future. Decreasing fertility, increasing labour market flexibility and higher rates of female employment are jeopardizing the networks of family support for the elderly in most industrialized countries. Whereas, on

one hand, ever more people are in need of assistance; on the other hand, there are ever fewer people able and willing to give the help and care required (Blinkert and Klie, 2004; BMFSFJ, 2006, p. 97). Not only as a result of this, but also on account of generally longer life expectancies, the growing instability of couple relationships and the falling number of siblings, individual parent-child relationships are gaining importance (cf. Bengtson, 2001).

These developments are calling the current societal organization of support into question, and the welfare state faces the immense task of ensuring that the needs of elderly people will continue to be met in the future. The rapidly aging European societies provide an ideal subject for this research. Demographic aging is affecting all these societies to a similar extent, but they differ considerably in other aspects. On one hand, each

country has its own specific cultural norms. These have a formative effect not only for the relationships between relatives but also for the relation between the state and the family. On the other hand, these societies have taken a variety of institutional approaches to providing everyday and medical care to the elderly during the last few decades. Previous studies have found indications of the state displacing family services ('crowding out'), stimulating family support ('crowding in') as well as a 'complementarity' of the two sources of support. Referring to the latter, recent studies also speak of a mixed responsibility, specialization or functional differentiation of family and state (Daatland and Lowenstein, 2005; Motel-Klingebiel and Tesch-Römer, 2006). Nonetheless, there are still crucial gaps existing in the research: no previous international comparison has attempted to trace family support, such as help or care, *directly* back to cultural-contextual factors, such as welfare state and societal conditions. Moreover, most studies have summarized help and care under the concepts 'care', 'support', or 'time transfers' (e.g. Attias-Donfut *et al.*, 2005). However, there are significant differences between these two types of transfers in respect of the frequency, type of activity, and the dependency of the beneficiary on the helper or caregiver (cf. Walker *et al.*, 1995), which may also lead to different conclusions concerning influences on the micro-, meso-, and macro levels.

The following investigation mainly concentrates on two aspects of time transfers in Europe: the systematic separation of help and care on one hand and the influences of cultural-contextual structures on the other hand. The main question reads as follows: how do national support patterns in Europe differ and what accounts for these differences? The study first investigates the extent of the differences between the levels of the two types of time transfers in the European countries. It then explores which individual and family characteristics can explain the help and care activities children perform for their parents. Last but not least, the two forms of family support are traced back to the provision of social services with the aid of logistic multilevel models.

The analyses are based on the Survey of Health, Ageing and Retirement in Europe (SHARE), which facilitates the comparative investigation of intergenerational family relations in 11 European countries—Austria (AU), Belgium (BE), Denmark (DK), France (FR), Germany (DE), Greece (GR), Italy (IT), the Netherlands (NL), Spain (ES), Sweden (SE), and Switzerland (CH).

## Time Transfers and the Welfare State: Theoretical Reasoning and Empirical Evidence

There still remain many and various supportive activities between parents and children throughout life and even beyond. They range from everyday help and care activities to occasional financial gifts and legacies. Empirically, these types of support are frequently subsumed under the concept 'functional solidarity'. One finds a similar pattern among Western industrialized countries: adult children primarily receive financial transfers from their parents, whereas children support their aged parents by means of a variety of activities, that is, they give their time (Rossi and Rossi, 1990; Szydlik, 2000; Attias-Donfut, 2003).

In general, both the needs of the recipients and the opportunities of the givers as well as family structures influence transfers. But the type and frequency of giving differs not only between individuals, families, and age groups, it also takes place under differing contextual conditions (Lowenstein and Ogg, 2003). Cultural-contextual structures represent all societal conditions within which intergenerational relations develop. These include, for example, conditions of the social, economic and tax system, the welfare state, and the labour and housing market as well as the specific rules and norms of certain institutions and groups (Szydlik, 2000, 2008). What their precise effects on family support are has not yet been adequately investigated—not least on account of the limited amount of data that has been available. The SHARE now provides a suitable basis for the investigation of cultural-contextual factors and their influence on time transfers, as it has surveyed help and care services in the family in a comparable manner across the countries involved.

According to welfare state research, these countries represent three different regimes (e.g. Ferrara, 1996; Esping-Andersen, 1999) and four clusters if family policy is specifically taken into account (Pfenning and Bahle, 2000): (1) the Scandinavian social democratic countries (DK, SE), with well-developed services for all citizens, (2) the conservative countries, which can be subdivided into family policy pioneers with pronounced childcare services (BE, FR) and those with less developed family support, which mainly rely on public transfers (AU, DE), and (3) the familialistic regimes in the Mediterranean (ES, GR, IT), where,

according to the subsidiarity principle, the family is least supported by the state. The Netherlands and Switzerland have been categorized as hybrids between liberal, conservative, and social democratic (NL), or liberal and conservative (CH), depending on the focus of study.

The discussion on the influence of welfare state expansion on families involves two hypotheses, which—at least at first glance—seem to be diametrically opposed. On the one hand, the welfare state is regarded as a ‘moral risk’ that is undermining family solidarity (Wolfe, 1989). A historical analysis verifies this ‘crowding’ out. For example, state pensions have taken over the provision of security in old age, which had previously been provided by the offspring. However, on the other hand, sociologists maintain that affection and a sense of obligation provide motives to continue giving support. Notwithstanding state support, the family thus continues to take on tasks and, furthermore, relief provided by state institutions can even stimulate the family to invest more time, the so-called ‘crowding in’ (e.g. Kohli, 1999; Daatland, 2001; Künemund and Vogel, 2006). That is, if family members are relieved of the essential time-consuming support, they are more likely to provide voluntary services and to do this more frequently (cf. Künemund and Rein, 1999, p. 97). For example, if children are relieved of the care of their parents by ambulatory services, they do not have to choose between their own needs and those of their parents. They can attend to both. State and family services are thus complementary (Attias-Donfut and Wolff, 2000), which is why one speaks of mixed responsibility (Motel-Klingebiel *et al.*, 2005).

If support activities are thus selectively subdivided according to the ‘task-specificity’ model (Litwak, 1985), that is, the state and the family systematically take on different services, this can be termed specialization or ‘functional differentiation’ (Motel-Klingebiel and Tesch-Römer, 2006). The individual parties undertake those tasks for which they are most suited. This resolves the conflict between ‘crowding in’ and ‘crowding out’. The ‘modified extended family’ supports the nuclear family in the performance of non-technical tasks, whereas formal organizations tend to take on those tasks requiring technical knowledge (Litwak *et al.*, 2003). This functional specificity of social relations could, for example, lead to the family tending to concentrate on emotional aspects of the relationship and occasional, practical help (cf. Petermann, 2005, p. 202f). Professional providers would then perform the regular, easily scheduled, and medically demanding

support activities in a standardized way. Moreover, the expansion of welfare state services is creating new roles for family care, such as that of the ‘case manager’, who controls the use of care services (Daatland and Herlofson, 2003, p. 284). Formal organizations and families can thus achieve the mutual objective of meeting the demand for support most efficiently in partnership (Litwak *et al.*, 2003).

## Transfers in Europe: Previous Research

‘Crowding in’ and ‘crowding out’ are consequently not mutually exclusive (Künemund and Rein, 1999, p. 101), neither theoretically (‘specialization’) nor empirically, if one takes into account the multitude of different mechanisms manifesting their interactions on the micro and macro levels. State and family influence each other mutually (Daatland and Lowenstein, 2005, p. 176f), and developments take place over long periods of time.

Resulting from different strategies applied to investigate these complex issues, the few previous studies which have explored the influences of cultural-contextual structures on family transfers, draw disparate conclusions: on the one hand, financial transfers are mainly flowing from elderly parents to their adult children, which indicates a stimulation by public pensions (Szydlik, 2000, p. 100). On the other hand, children’s services for their parents are being superseded, or are no longer necessary, as the institutional pension is securing parents against financial risks (Reil-Held, 2006). Time transfers are mainly given by children to their parents, and there are indications that state and family services tend to be complementary (e.g. Attias-Donfut and Wolff, 2000).

Welfare research has neglected the recording of social service regimes for a long time (Alber, 1995), but it is now a promising new line of research (e.g. Bahle and Pfenning, 2001; Bauer, 2001). Previous investigations into the effects of social services on family transfers have either not taken them into account explicitly or tested their influences at the individual level (e.g. Bazo and Ancizu, 2004). The results have nevertheless been transferred to the societal level. The total volume of support for the aged is higher in countries with well-developed social services than in countries where the family has to fend for itself to a greater extent (Motel-Klingebiel *et al.*, 2005). Even when family services are performed less frequently, the demand for support tends, on the whole, to be met. Accordingly, where there are corresponding

institutional alternatives, the family does not withdraw to the same extent as the ‘crowding-out’ hypothesis would predict. The findings show that professionally supported people receive even more help from their family, especially help with the housework (Lingsom, 1997, p. 250), and that overall informal and formal support intermesh (Höpflinger and Hugentobler, 2005, p. 91f).

In the meantime, both the country comparisons of the OASIS project (Daatland and Herlofson, 2003) with its focus on urban populations as well as longitudinal studies have found indications of the validity of the specialization hypothesis, according to which sporadic help is given primarily in the family, whereas, if there are suitable alternatives, intensive support tasks, such as care, are transferred to institutional providers. For example, Lingsom (1997, p. 204) shows that, in Norway, although the amount of family care during the expansion and reduction of state services has remained relatively stable, the number of carers has nevertheless increased but the intensity of family services has decreased. All in all, family members are expected to provide short notice services in particular, whereas long-term services are demanded from the state (Daatland, 1990, p. 7f.). In Sweden, the level of support is higher in those communities with a well-developed service system, and there are indications that professional providers and families are selectively taking on different tasks (Sundström *et al.*, 2006, p. 778).

Using the SHARE data, one can also observe that the prevalence of private support is higher in the Nordic Countries, but its intensity is rather low compared to the Southern European countries (e.g. Ogg and Renault, 2006; Bonsang, 2007; Brandt and Szydlik, 2008; Hank and Buber, 2008). Additionally, the prevalence of intensive types of support, such as co-residence between adult children and parents, is higher in the Southern European countries (Albertini *et al.*, 2007; Hank, 2007). So even if different nationalities do have a different perception of family support according to family culture, and this affects the answers, the overall picture concerning different supportive tasks and intensities is impressively consistent. Moreover, the proportion of those who say they enjoy providing support is much higher in the North than it is in the South, where helping seems to be more obligatory (cf. Ogg and Renault, 2006).

The analysis of the frequency and intensity of support activities is one approach to assessing the specialization hypothesis. Another promising way is the joint analysis of different supportive tasks. The following analysis therefore separates practical help

with the housekeeping from the performance of bodily care activities. Firstly, to take the specific features of both activities into account (cf. Walker *et al.*, 1995) and, secondly, to test whether family and state ‘specialize’ in support activities with different intensity levels. Parents and children help each other throughout their lives, but after the establishment of the children’s own households and families this tends to be sporadic and of relatively low intensity. Care activities—as an intensification of help patterns (Walker and Pratt, 1991)—mainly take place during the parents’ later phase of life and are extensive and needed regularly. Moreover, the well-being of a particular recipient depends to a greater extent on care than it does on occasional help. These differences indicate that (a) overall help is given by more children than care and (b) differing influencing mechanisms may be found.

## Hypotheses

For the following analyses, the preceding theoretical and empirical findings yield specific expectations in respect of the help and care services that children in Europe perform for their parents.

The care of elderly people is an unavoidable necessity if they are frail, and may also place a heavy burden on relatives (Attias-Donfut, 2001). Help is more of a voluntary decision that can be fitted into one’s own available time and is of a less obligatory nature. Thus, in respect of the mechanisms on the individual and relationship levels (need and opportunity structures), we presume that private care services substantially depend on the needs of the recipients and largely follow clear-cut requirements. Individual circumstances and opportunities of helping should have a greater influence on help services.

It can be assumed that, as the distance between residences increases, fewer children will provide care and help services to their parents, as these both require their actual presence (e.g. Höllinger and Haller, 1990)—with the exception of some help with formal matters, which can be dealt with by telephone or mail. Care is mainly provided or has to be provided when the parent is in poor health or very old. As a result of their limited self-sufficiency, such parents are then reliant on the support of others. Help with the housekeeping and in dealing with the authorities have a comparably lower priority. Whether children provide help, therefore also tends to depend on the time they have available, the cost of foregone alternatives (high income, high level of education), and their state

of health. On account of the concepts of reciprocity and fair exchange, children who can most probably expect an inheritance from their parents should be more likely to provide help and care (Silverstein *et al.*, 2002). This also applies to current financial transfers received from a particular parent. All in all, parents with more opportunities to stimulate instrumental services by giving money thus have a better chance of being helped and cared for by their children (Simmel, [1908]1958). Parents in a better financial position could also rely more on costly social services.

All these individual factors are embedded in differing family structures, which also have an effect on the types of support between adult offspring and elderly parents. There may be a lower probability of an individual child helping in families where the help could be shared between siblings. Moreover, having one's own children may lower the levels of support given to one's parents, because there may be competing obligations as the children also have to be cared for. On the other hand, children may increase and intensify the contact between respondents and their parents and thus also lead to more (mutual) support (cf. Hank and Buber, 2008).<sup>1</sup> The gender of both the recipient and the giver also has an effect on time transfers. Women provide more help overall and significantly more care than men (Bender, 1994). The situation is similar on the recipient side, women live longer (alone), and make use of help and care more often (Wurm and Tesch-Römer, 2006).

Even after taking all these individual factors and characteristics of relationships and families into account, there should still be differences between the countries. On account of the stated theoretical and empirical evidence, it can at least be assumed that cultural-contextual structures have a decisive influence on support in the family. We concentrate on national service provision as a functional equivalent to family help and care. This institutional context may not, however, have an identical effect on help and care services. In countries with a well-developed service sector, families may primarily receive support with the medically demanding, often burdensome and intensive care of their relatives, who they can then give into the care of professional providers for at least some of the time. However, children do not totally withdraw support, but tend to provide sporadic, less strenuous services, such as help with the housekeeping. So, provided that there are alternatives, everyone does what they are more qualified to do. The family may take on short-term, spontaneous help, and the state provides easily scheduled, long-term care services. Consequently, our hypothesis is children in countries

with a well-developed social service sector should support their parents more frequently, but provide care less often than in countries with limited professional provision.

## SHARE: Help and Care in Europe

The Survey of Health, Ageing and Retirement (SHARE) surveyed a total of 28,517 people aged over 50 including partners in 11 European countries (AU, BE, CH, DE, DK, ES, FR, GR, IT, NL, and SE).<sup>2</sup> The following analyses take into consideration all child-parent relationships in which the responding child is older than 49 years and lives in a different household to the parents and not in an institution. The operationalization of help and care for parents outside the household<sup>3</sup> used here is given by the SHARE data as follows:

Now I would like to ask you about the help you have given to others. In the last twelve months, have you personally given any kind of help [...] to a family member from outside the household, a friend or neighbour?

Three types of help are presented, of which the first is physical care, and the next two types go into the following evaluations as practical help with the housekeeping:

- personal care, e.g. dressing, bathing or showering, eating, getting in or out of bed, and using the toilet;
- practical household help, e.g. with home repairs, gardening, transportation, shopping, household chores; and
- help with paperwork, such as filling out forms, settling financial, or legal matters.

Children who provide help *and* care to a parent are classified as both helpers and carers, provided that the care (alone or with assistance) has been provided at least once per week during the last 12 months.<sup>4</sup> Detailed information about all operationalizations can be found in the Table A1. Information about the elderly parent is provided by the responding child.

The empirical analyses first investigate the extent to which differences in the help and care of parents remain when individual and family characteristics have been taken into account by means of logistic regression models. The remaining differences are

subsequently explained by the general institutional conditions, initially by descriptive analyses. Finally, both the influences of individual and family factors, as well as the effects of the context are investigated. The latter is measured as the percentage of employees in social services and thus represents the overall public and private provision of professional help and care services for people and families in need.<sup>5</sup>

In order to record the characteristics of dyads, individuals, households, and countries appropriately, random intercept models for dichotomous, dependent variables with four levels (dyads, individuals, households, and countries) are estimated (cf. Hox, 2002, p. 103ff; Snijders and Bosker, 2004, p. 207ff; Rabe-Hesketh and Skrondal, 2005).<sup>6</sup> The multilevel model has four major advantages over binary logistic regression: (1) it facilitates a systematic analysis of the effects of various covariates measured on different levels on the dependent variable; (2) taking the multilevel structure into account provides unbiased parameter estimators; (3) the standard errors are correctly estimated, taking clustering into account (the observations on levels 2–4 do not contribute independent information); and (4) the total variation can be subdivided onto the various levels (Guo and Zhao, 2000, p. 444f). The following can therefore answer the question whether and to what extent there are still national differences after micro and meso factors have been taken into account, and what their causes might be. Composition effects are therefore controlled.

The basic equation for the four-level model with a dichotomous dependent variable  $y$ , an independent variable  $x$  on the first level and random intercepts can be written formally as follows (cf. Guo and Zhao, 2000, p. 446ff):

$$\log \left[ \frac{p_{ijkl}}{(1 - p_{ijkl})} \right] = \text{logit}(y_{ijkl}) = \beta_0 + \beta_1 x_{ijkl} + u_{0jkl} + v_{0kl} + w_{0l} \quad (1)$$

with the subscripts  $i$  for level 1 (dyads),  $j$  for level 2 (individual),  $k$  for level 3 (household), and  $l$  for level 4 (country), the constants  $\beta_0$ , the residuals  $u_{0jkl}$ ,  $v_{0kl}$  and  $w_{0l}$  on levels 2–4 (independent from one another), and  $p_{ijkl} = \Pr(y_{ijkl} = 1)$ , the probability of the event occurring is modelled by means of a logit function.

The overall regression equation (1) derives from the level-specific equations (2)–(5):

$$\log \left[ \frac{p_{ijkl}}{(1 - p_{ijkl})} \right] = \beta_{0jkl} + \beta_1 x_{ijkl} \quad (2)$$

$$\beta_{0jkl} = \beta_{0kl} + u_{0jkl} \quad (3)$$

$$\beta_{0kl} = \beta_{0l} + v_{0kl} \quad (4)$$

$$\beta_{0l} = \beta_0 + w_{0l} \quad (5)$$

A different level of help services on the dyad, individual, household, and national levels is thus modelled explicitly in the concluding analyses.<sup>7</sup> However, random slopes are not introduced, as the effects of individual and family variables do not differ substantially between the countries.

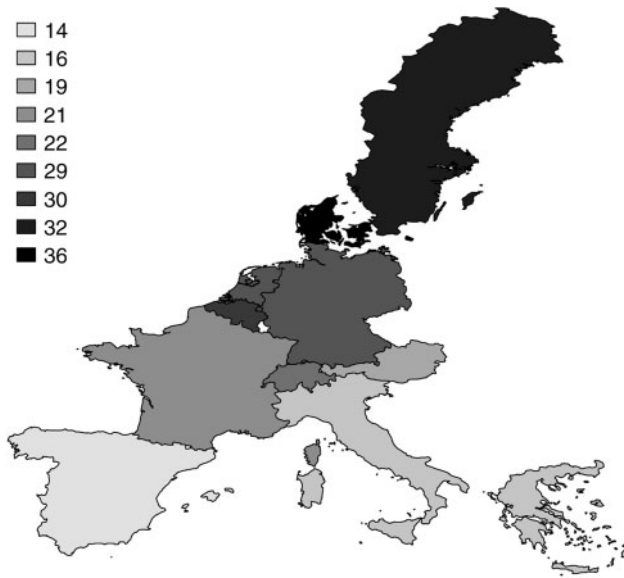
## Findings

There are significant differences in the levels of help in the countries investigated, that is in the proportion of children who have assisted a parent with the housekeeping during the last 12 months. Help with the housekeeping is given to parents in Europe in between 14 and 36 per cent of cases, whereby clear north–south differences can be seen in Figure 1: significantly more children give their parents such help in the north (SE, DK) than in the south (ES, IT, GR).

As Figure 2 shows, children generally provide care less frequently, in between 4 and 10 per cent of cases, and the provision of care has an opposite distribution to that of help: on average, twice as many children care for their parents in the south than in the north. All in all, more children help their parents than provide hands-on care. On a national level, care and help seem to be negatively related: countries with high help levels show low care levels and vice versa.

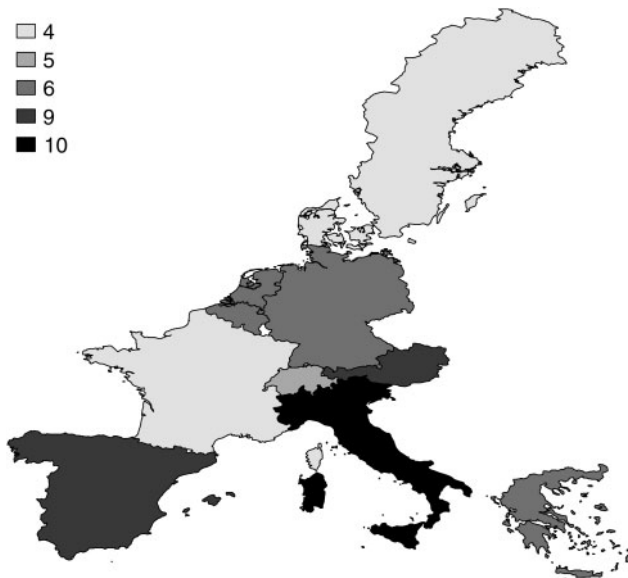
The national differences, recorded in models M1.0, M1.1, M2.0, and M2.1 by means of dummy variables (Table 1) largely remain even when individual opportunities and needs as well as family structures have been taken into account.<sup>8</sup>

According to the descriptive analyses, the Nordic countries are characterized by a higher level of help for parents than Germany, even after individual and family characteristics have been taken into account. However, help is less frequently encountered in the southern countries. The investigation of care reveals a different picture. Particularly, in the Mediterranean countries, but also in Austria, Switzerland, and the Benelux countries, more children seem to care for their parents. On the contrary, care provision tends to be less frequent in the Scandinavian countries and France than in Germany. However, on the basis of this model, one cannot fully determine the extent to which the results of the sample can be extended to the population, partly because using Germany as



Source: SHARE 2004 release 2, own calculations, weighted. n=8021 dyads, percentages per country

**Figure 1** Help for parents during the last 12 months



Source: SHARE 2004 release 2, own calculations, weighted. n=8021 dyads, percentages per country

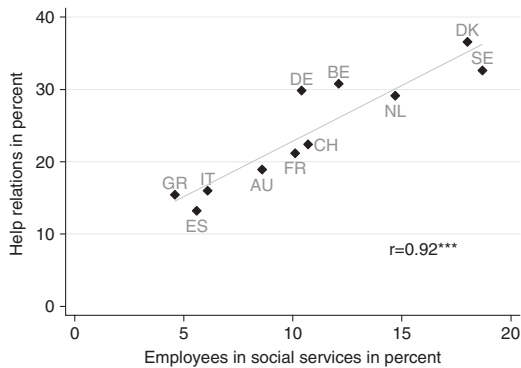
**Figure 2** Care for parents during the last 12 months

**Table 1** Help and care to parents in Europe, and national differences

	Help		Care	
	M1.0 without controls	M1.1 with controls	M2.0 without controls	M2.1 with controls
National indicators				
Sweden	0.20 (1.88)	0.41*** (3.42)	-0.38 (-1.56)	-0.19 (-0.77)
Denmark	0.35*** (2.83)	0.54*** (3.96)	-0.27 (-0.95)	-0.01 (-0.02)
Netherlands	0.06 (0.56)	0.33** (2.66)	0.11 (0.48)	0.45 <sup>+</sup> (1.84)
Belgium	0.03 (0.26)	0.02 (0.12)	0.13 (0.62)	0.30 (1.29)
France	-0.38*** (-3.51)	0.09 (0.71)	-0.47 <sup>+</sup> (-1.93)	-0.03 (-0.12)
Reference Germany				
Austria	-0.56*** (-3.86)	-0.50*** (-3.19)	0.55* (2.27)	0.77** (2.99)
Switzerland	-0.34** (-2.16)	-0.10 (-0.60)	-0.15 (-0.46)	0.30 (0.83)
Spain	-1.00*** (-6.24)	-0.89*** (-4.98)	0.37 (1.52)	0.41 (1.45)
Italy	-0.72*** (-5.27)	-0.70*** (-4.54)	0.57* (2.57)	0.36 (1.46)
Greece	-0.79*** (-6.50)	-0.64*** (-4.62)	-0.01 (-0.05)	0.18 (0.69)
<i>n</i> dyads			7,825	
Log likelihood	-4297.8	-3881.2	-1570.1	-1293.0
Pseudo <i>r</i> <sup>2</sup> (McFadden)	0.03	0.12	0.02	0.19

Source: SHARE 2004 release 2, own calculations, sample weights are not used. Logistic regression, robust standard errors. Z-values in brackets. <sup>+</sup>*P* < 0.1, \**P* < 0.05, \*\**P* < 0.01, \*\*\**P* < 0.001 (two-tailed tests).

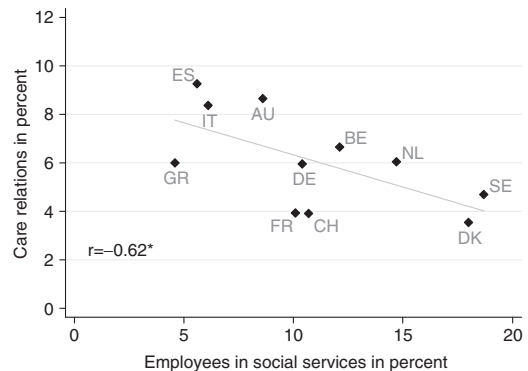
Note: Control variables: see Table A1.



Sources: 1. Help: SHARE 2004 release 2, own calculations, weighted. 2. ISIC N: OECD (2007). *n*=11, Correlation, \*\*\* *p* < .001 (two-tailed test).

**Figure 3** Help for parents during the last 12 months and social services

a reference results in quite moderate estimates due to its average level of support. Moreover, the differences between the countries are more pronounced when care to co-resident parents is included (cf. Haberkern and Szydlik, 2008). All in all, the results clearly show, particularly in the case of intergenerational help, that there are substantial differences between the countries, even after individual and family characteristics have been taken into account.



Sources: 1. Help: SHARE 2004 release 2, own calculations, weighted. 2. ISIC N: OECD (2007). *n*=11, Correlation, \* *p* < .05 (two-tailed test).

**Figure 4** Care for parents during the last 12 months, and social services

Linking the specific national level of help or care with the national provision of social and health services reveals the following pattern (Figures 3 and 4): there is a significant positive connection between the intergenerational help for parents and the proportion of employees in the social services sector in a country. Children are more likely to help their parents in countries that provide extensive support for families and individuals.



The care of parents shows an opposite pattern. Wide-ranging provision, including care of the elderly, is associated with a lower proportion of people cared for by their children.

At this point, one then has to ask, to what extent do these interrelations remain when opportunity, need, family, and other cultural-contextual structures have been taken into account (Table 2)? The investigation of the influences of individual and family characteristics on help and care in Europe<sup>9</sup> shows clearly that a greater distance between households has a negative effect on both forms of support. This is more pronounced in the case of care as, in contrast to help, it always requires personal presence. Children with higher education and sufficient financial means ('household makes ends meet') are more prone to help their parents. These positive effects on help also

indicate class effects. An exchange on the basis of a reciprocity norm can be found (cf. Brandt *et al.*, 2008), above all in the case of help services. Children who expect an inheritance or who are currently receiving financial transfers from a parent are more likely to help, which indicates a reciprocal relationship. Parents with more financial resources are then able to encourage instrumental support by their children—even though they would also be in a better position to purchase professional services. The needs of the parents (health impairments and age) have positive effects on help and care, but to a much greater extent on the latter. To sum up, care mostly follows needs and help is also a matter of opportunities.

In respect of family structures, we find that gender constellations have a substantial effect. Women help and care more frequently and overall also receive

**Table 2** Help and care to parents in Europe

	Help (M1.2)	Care (M2.2)
<b>Opportunity and need structures</b>		
<i>Responding child</i>		
Geographical distance	−0.53*** (−13.16)	−0.81*** (−7.19)
Self-perceived health	0.15** (2.50)	−0.63 (−0.55)
Medium level of education (reference low)	0.32** (2.86)	0.31 (1.08)
High level of education	0.46*** (3.63)	0.31 (1.23)
Household makes ends meet	0.25** (2.30)	−0.14 (−0.62)
Employment	0.11 (1.06)	0.34 (1.49)
<i>Parent</i>		
Financial transfers to child	0.80*** (3.78)	0.20 (0.42)
Gift/inheritance to child	0.27** (2.53)	0.20 (0.88)
Probability of bequest ≥50 per cent (reference <50 per cent)	0.64*** (6.20)	0.58* (2.36)
Probability of bequest unknown	−0.16 (−0.50)	−0.37 (−0.38)
Partner	−0.68*** (−6.02)	−0.47 (−1.61)
Perceived health impairments	0.24*** (5.44)	0.84*** (13.81)
Age (years)	0.03*** (3.89)	0.15*** (8.12)
<b>Family structures</b>		
Son—mother (reference daughter—mother)	−0.76*** (−7.18)	−2.13*** (−6.71)
Daughter—father	−1.11*** (−7.73)	−0.78* (−2.29)
Son—father	−1.40*** (−8.64)	−2.51*** (−4.45)
Number of children	−0.11** (−2.67)	−0.12 <sup>+</sup> (−1.86)
Number of siblings	−0.13*** (−4.93)	−0.07 <sup>+</sup> (−1.86)
<b>Cultural—contextual structures</b>		
Social services	0.14*** (7.81)	−0.04[*] (−1.63) [−2.14]
<b>Model characteristics</b>		
IntraClassCorrelation countries (empty model)	0.05	0.02
<i>n</i> dyads: child—parent-relationship (level 1)		7,825
<i>n</i> individuals: responding child (level 2)		6,350
<i>n</i> households: partners (level 3)		5,595
<i>n</i> countries (level 4)		11

(continued)

Table 2 Continued

	Help (M1.2)	Care (M2.2)
Variances		
Level 1		$\pi^2/3$
Level 2		
Empty model	1.74 (0.51)	11.31 (10.11)
Without macro-indicator	1.52 (0.55)	5.51 (4.70)
With macro-indicator	1.62 (0.58)	5.57 (4.53)
Level 3		
Empty model	1.93 (0.41)	0.22 (1.95)
Without macro-indicator	2.06 (0.44)	1.61 (4.02)
With macro-indicator	2.13 (0.46)	1.53 (3.93)
Level 4		
Empty model	0.39 (0.18)	0.23 (0.09)
Without macro-indicator	0.45 (0.21)	0.47 (0.06)
With macro-indicator	0.03 (0.02)	0.28 (0.05)
BIC	7857.2	2764.5

Source: SHARE release 2, own calculations, sample weights are not used. Logistic multi-level models, seven integration points, adaptive quadrature. Z-values/standard errors in brackets, recalculated for finite samples in squared brackets. All quasi-metric variables proved to have linear effects and mean-centred. <sup>+</sup> $P < 0.10$ , <sup>\*</sup> $P < 0.05$ , <sup>\*\*</sup> $P < 0.01$ , <sup>\*\*\*</sup> $P < 0.001$  (two-tailed tests).

more support. Above all, mothers receive more help, both from daughters as well as from sons. However, daughters are far more likely to provide care—in comparison to help—than sons, which points to the gender-specific connotation of care. Children are more likely to help when they do not have any children of their own, to whom they have to give their time and attention. This leads to the interpretation that children are to be regarded rather as competing obligations than an opportunity for respondents to provide more support to their parents. Additionally, the probability of helping decreases with each additional sibling. However, care does not seem to depend on the number of siblings. This indicates that children probably have to involve themselves jointly in the care of their parents, as care entails a greater overall expenditure of time and money than help activities.

It is of prime importance to establish whether differences in the levels of help and care can actually be located at the national level and, if so, which effects specific national factors have. Overall, the proportion of variation of help services that can be attributed to the national level is 5 per cent. It is 2 per cent for care services. Taking the proportion of employees in social and health services into account as explanatory factor substantially reduces the variance at national level in both models. This indicates that the differences between countries can be correctly identified with the

aid of the selected indicator.<sup>10</sup> The effects fully confirm the descriptive results: the higher the proportion of social and health services, the more children help their parents ('crowding in') and the fewer children care for their parents ('crowding out'). These, at first glance, contradictory results can be reconciled on the basis of the specialization hypothesis: in countries with a well-developed service system, the family tends to give sporadic, practical help, while the state takes on the vital and time-consuming care. However, families tend to have to take on the care in the Mediterranean countries where the provision of institutional care is poor. A low level of state support for the family thus takes its toll on other family services, such as everyday help.

## Conclusion

The initial questions were as follows: what are the differences between help and care services provided by adult children for their parents in Europe and how could these be explained? In brief, the differences are substantial. Help and care each follow their own mechanisms, not only on the individual and family but also on the societal levels. Whereas care is frequently a necessity, the performance of which is determined by the needs of the heavily

dependent recipient, help services are less obligatory and can more easily be performed by children on a voluntary basis. Public provisions, which make it easier for the family to look after the elderly, therefore, have completely different effects on these two types of support. Public and private sector services stimulate familial help activities ('crowding in') but tend to displace intensive care activities ('crowding out'). This supports the specialization hypothesis. Professional providers take over the more challenging, intensive, and essential care of the elderly, whereas children tend to give voluntary, less intensive, and less onerous help.

The finding of a systematic division of labour between state and family thus supports Litwak's 'task-specificity model' on the societal level. Consequently, tasks are not taken on by every available person or institution. On the contrary, the services are divided between them according to the type and scope of the activity, provided that there are alternatives to family support. Viewed from a functionalistic perspective, the relationship between state and family can thus be seen to be a division of labour and less as a mutual advantage or displacement process.

As welfare state institutions reflect cultural norms, one should also note the influence of family culture (cf. Reher, 1998), which is interwoven with social service provision and its acceptance on the one hand and family support on the other hand: if family ties are supposed to be strong and the family community is thus regarded as self sufficient, such as in the Mediterranean countries, the state does not provide much support for individuals or families in need. This may lead to an overtaxing of family (self-)help, as is also shown by the fact that 'too much family' results in too few families (Livi-Bacci, 2001): 'The irony is that what is considered as a pro-family social policy in these countries, maintains family responsibilities by force (lack of alternatives), but at the expense of family formation' (Daatland, 2001, p. 19). The analyses presented here show a similar pattern. The more a family has to fend for itself with the care of elderly parents, the more likely they are to undertake care activities, but this then takes its toll on the less onerous, voluntary support, such as everyday help, and is possibly also at the expense of the quality of the overall support of the elderly.

## Notes

1. We did not include grandchild care in the analyses, because we do not want to limit the analyses on grandparents. Additionally, we see the number of grandchildren as time-restriction for the children that leads to less support to their parents.
2. The following declaration has to be given in conjunction with the use of SHARE data: 'This paper uses data from release 2 of SHARE 2004. The SHARE data collection has been primarily funded by the European Commission through the 5th framework programme (project QLK6-CT-2001-00360 in the thematic programme Quality of Life). Additional funding came from the US National Institute on Ageing (U01 AG09740-13S2, P01 AG005842, P01 AG08291, P30 AG12815, Y1-AG-4553-01, and OGH A 04-064). Data collection in Austria (through the Austrian Science Foundation, FWF), Belgium (through the Belgian Science Policy Office) and Switzerland (through BBW/OFES/UFES) was nationally funded. The SHARE data collection in Israel was funded by the US National Institute on Aging (R21 AG025169), by the German-Israeli Foundation for Scientific Research and Development (G.I.F.), and by the National Insurance Institute of Israel. Further support by the European Commission through the 6th framework program (projects SHARE-I3, RII-CT-2006-062193, and COMPARE, CIT5-CT-2005-028857) is gratefully acknowledged. For methodological details see Börsch-Supan and Jürges (2005)'. Israel is not included in the analyses as it is not a European welfare state.
3. Co-residence is certainly also an important form of support in itself (e.g. Kohli, 2004). This was not taken into account here, as this was the only way that (a) help and care could be quantified comparably, and (b) when investigating adult children, it is questionable who is (more likely to be) supporting whom by 'providing accommodation' (see also Künemund and Vogel, 2006; Ogg and Renaut, 2006). Apart from that, the empirical results and conclusions did not change when co-residence was taken into account as help *per se*, partly, because only very few children over 50 years live with their old parents (less than 1 per cent of all adult children in Europe, ranging from lower than 1 per cent of child-parent-dyads in Switzerland to 8 per cent in

Spain). The contentual conclusions therefore remain valid when co-residence is recorded as support. If we control for parents still having (another) child in their household, the results for help and care do not change either, with this variable having no significant effect.

4. The results do not change substantially if (rare) less regular care activities are included in the analyses, and the interpretations—also in relation to sporadic help—are not affected by this concentration on weekly care. Results concerning North–South differences also still hold if all carers are additionally categorized as helpers.
5. We have tested several different welfare indicators such as ambulant care, family policy expenditure, or social policy expenditure, with service indicators having the most stable and important effects on family help and care. Unfortunately, it is not possible to test macro-factors against each other in one model due to the—from a statistical point of view—few observations on the country level.
6. Each dyad characteristic was only observed once, whereas individual, household, and national characteristics were observed several times. They form levels 2, 3, and 4. For the multilevel analysis of family data, see Snijders and Kenny (1999).
7. The estimation is made with the aid of the GLLMM module and the xtmelogit-procedure in Stata (Rabe-Hesketh *et al.*, 2004; Grilli and Rampichini, 2006). A minimum of eight integration points are used. The method of estimation is the ‘adaptive quadrature’. This numerical integration method has shown itself to be relatively robust in comparison with other estimation processes (e.g. MQL and PQL) in simulations under various random sample conditions (Rabe-Hesketh *et al.*, 2004, p. 31; Skrondal and Rabe-Hesketh, 2004, Chapter 6; Snijders and Bosker, 2004, p. 219). Moreover, in contrast to other methods, the deviance statistics can be interpreted (Snijders and Bosker, 2004, pp. 200, 218f).
8. Although robust standard errors are used, one still has to be careful when interpreting the effects and significance levels. As there are only 11 observations at national level, this method tends to underestimate the standard errors, and the parameter estimation could provide distorted

estimators. Apart from that, there is no correction here for the autocorrelation by means of repeated observations of individuals and households. These problems are eliminated in the following multi-level models (Table 2) by the explicit modelling of the various levels. The individual and familial influencing factors are therefore shown in the multilevel models M1.2 and M2.2.

9. The models are tested for consistency in the individual countries. The direction of significant effects does not differ between the countries and the overall differences are marginal. A pooled cross-country estimation can therefore be made without shedding coefficients and without a major loss of information.
10. The Z-values show that social service provision is a crucial indicator for help in Europe: it is the third most important factor after the geographical distance, which has the greatest influence on help to parents and the gender combination between child and parent. The most powerful predictors of intergenerational care are in descending order: perceived health status of parent, age of parent, geographical distance, and gender constellation.

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## Appendix

**Table A1** Operationalizations

Variables	Values	% [Ø]	Remarks
<i>Responding child</i>			
Self-perceived health	1 (very poor)	0.7	Respondent's estimation, EU categorization SHARE
	2 (poor)	3.7	
	3 (fair)	18.8	
	4 (good)	48.9	
	5 (very good)	27.8	
Level of education	1 (low)	36.7	Summarized classification according to International Standard Classification of Education (ISCED), exclusion of 'still in school' and 'other'
	2 (medium)	36.3	
	3 (high)	27.0	
Household makes ends meet	0 (with great/some difficulty)	33.6	Financial respondent's estimation
	1 (fairly/easily)	66.4	
Employment	0 (no)	42.8	Full or part time
	1 (yes)	57.2	
Number of children	0–10	[2.1]	Own children and children of partner, top-coding for number of children >10
Number of siblings	0–10	[2.4]	Number of living siblings, top-coding for number of siblings >10
<i>Parent</i>			
Financial transfers to child	0 (no)	96.2	Money or non-cash gift worth 250 EUR or more during the last twelve months from mother/father
	1 (yes)	3.8	
Probability of bequest	(<50 per cent)	51.6	Respondent's estimation of the probability of receiving an inheritance within the next ten years as proxy for an inheritance from parents [in most cases one inherits from one's own parents (cf. Szydlik, 2004, p. 39)].
	(≥50 per cent)	46.0	
	(unknown)	2.4	
Gift/inheritance	0 (no)	76.1	Gift/inheritance worth 5000 EUR or more from mother/father
	1 (yes)	23.9	
Perceived health impairments	1 (very good health)	4.9	Respondent's estimation, EU categorization SHARE
	2 (good health)	17.1	
	3 (fair health)	38.8	
	4 (poor health)	29.2	
	5 (very poor health)	10.0	
Age	65–106 years	[82.1]	
Partner	0 (no)	64.5	Proxy: if both parents in same living distance.
	1 (yes)	35.5	
<i>Dyad</i>			
Geographical distance	1 (same house)	3.7	
	2 (<1 km)	15.4	
	3 (<5 km)	19.8	
	4 (<25 km)	23.9	
	5 (<100 km)	16.4	
	6 (<500 km)	13.0	
	7 (≥500 km)	3.8	
	8 (≥500 km and abroad)	4.0	
Gender combination	Daughter–mother	38.7	
	Son–mother	32.8	

(continued)



**Table A1** Continued

<b>Variables</b>	<b>Values</b>	<b>% [Ø]</b>	<b>Remarks</b>
	Son–father	15.4	
	Daughter–father	13.1	
<i>Country</i>			
Social services	4.6–18.7 (% of employees ISIC N 2003)	[10.9]	OECD (2007) Annual Labour Force Statistics: International Standard Industrial Classification (ISIC) 3 revision N ('health and social work'); percentage of all employees (France: dependent employees, therefore slightly underestimated/Belgium: own calculation based on NACE-information), see United Nations (2006) for a precise description of Sector ISIC N.

*Source: SHARE 2004 release 2, own calculations, n=7,825 dyads, 6,350 persons, 5,595 households, and 11 countries.*