

Care for a frail elderly relative in France, Belgium, Italy and Norway. Profile of informal caregivers, norms and habits of populations.

By Mélanie Bourguignon (Université Catholique de Louvain) and Catherine Gourbin (Université Catholique de Louvain)

Objectives

Population ageing, implying high proportions of elderly people and very elderly people, stands as one of the major challenges for western societies of the 21st century. Combined with the increase of functional disabilities with age, the caring for elderly people and their dependence raise more and more questions. On the one hand, the lack of financial means challenges the ability of policies to offer a wide range of services for the elderly. On the other hand, the ongoing weakening of family structures (high frequencies of divorces and remarriages) and the women's participation in the labour force affect the availability of relatives to care for parents. These evolutions challenge the durability of systems and risk to affect the efficiency of welfare states.

Using demographic, socio-anthropological and political theories, this research concerns the impact of institutional contexts on the characteristics of informal care. It aims to fulfill two main objectives. The first aim is to **understand**, the second to **compare** the systems of informal care. This research is focused on France, Belgium, Italy and Norway, especially because these countries embody different models of welfare states, providing specific answers to the needs of elderly people and/or dependent. The Norwegian system illustrates the Beveridge and social-democratic models, which are based on universality: every citizen dispose of formal services, whereas informal care is known to be less developed [1-3]. On the contrary, the Italian model is typical of Southern Europe, where systems of care are almost universally based on the family, in response to an inadequate offer of services for the elderly [2; 4]. French and Belgian cases are more likely to be intermediate models (Bismarck and corporatist welfare states) based on the repartition of responsibilities between state and family. Many formal services are available for elderly people and/or dependent but the family still plays an important role [2; 5]. These differences are expected to affect the care for ageing and dependence, as well as the role expected from the relatives.

Beyond these specific objectives, this research is based on the perspective of informal carers. If the thematic of ageing is not a new subject in social sciences, the aspect of informal carers is much less discussed in the literature. Though, the informal carers are the best actors to contribute to maintain elderly people at home, especially because old people require help and assistance in the daily activities, rather than a medical support provided by professionals. For these reasons, a study based on the informal carers point of view promotes the discussion about the recognition of their status.

Research question and hypotheses

This research is based on the following research question: how do institutional contexts, and especially the availability of formal care for elderly people in France, Belgium, Italy and Norway, affect the characteristics of informal care provided to an elderly parent and/or dependent?

Two hypotheses are considered. The first one concerns the profile of people who declare themselves as informal carers for at least one of their parents. French, Belgian, Italian and Norwegian welfare states are considered to be different, essentially from the political, economic and social point of view, implying that formal care is unequally developed in the different countries. Therefore, we suppose that the configuration of the formal care affects the

profile of informal carers. On the one hand, the division of responsibilities for care between men and women is affected by the type of welfare state and the weight of family-oriented culture. In Norway, as in other Nordic countries, the gender-division of responsibilities for care is more equitable than elsewhere. Thus, women are not necessarily the main carers for old people. On the contrary, in Italy and, to a lesser extent, in Belgium and in France, where traditionalist values are more prevalent, women are still recognized as main caregivers for old people. On the other hand, cohabitation between old parents and adult children is frequent in Italy and rarely depends on the needs of the former. Therefore, this living arrangement does not imply that children participate differently in activities of care for parents. However, in other countries, cohabitation between adult children and parents facilitates intergenerational transfers and, especially, caring for old people.

Our second hypothesis is focused on the normative aspect of intergenerational relationships. On one hand, we assume that generosity of welfare states affects opinions of people in terms of familial obligations. Where caring for ageing and dependence is essentially based on relatives and where laws consider children as responsible for care for old parents, people prefer systems of care based on relatives than on professionals. If formal care is however more prevalent and efficient, people consider more frequently that the state is responsible. Besides, we assume that generosity of welfare states affects opinions related to the articulation between formal and informal care. In extreme cases, where formal care are either available or unavailable, people opt for a substitution of state and familial responsibilities. In France and in Belgium, informal carers participate more frequently to complete help supplying by professionals. Instead of a substitution, people prefer a division of responsibilities between the state and the family.

Data and methods

Based on the perspective of informal carers, this research uses data from the first wave of French, Belgian, Italian and Norwegian surveys issued of the *Generations and Gender Programme*. Data about 10.000 respondents were collected between 2003 and 2010 in each country. We focus on respondents who are aged between 18 and 64 years old¹ and have at least one parent alive².

Binary logistic regression analysis is used in a main effect model to estimate the probability that a respondent gives help to at least one of his/her parents during the last twelve months³. We use a set of explanatory variables related to the respondent or to the parent(s) of the respondent. Age and gender of the respondents are used as the main independent variables to estimate the probability to be an informal carer. According to the sociological literature, the older the respondent is, the higher probability he has to help at least one of his parents. Women are also more involved in informal care for parents than men. We also use other explanatory variables such as respondent's education, respondent's job, respondent's marital status and the number of young children. Three variables related to the situation of the parents are also integrated in our statistical model: the time distance to parents' residence, the living arrangement of parents and the parents' health (presence/absence of limitation or disability).

Results and discussion

¹ As the Italian sample is only constituted of people who are under 65, in order to keep comparative analysis, we restrict the other samples to respondents aged less than 65.

² The characteristics of respondents who have not any parents alive should not be considered: if they are not involved in activities of care for parents, it is because of the absence of potential beneficiaries and not because of a specific socio-demographic profile.

³ In the Italian questionnaire, people were asked about the help they gave during the last four weeks.

Caring for old parents depends on a limited number of factors. In the four countries, the respondent's gender, his/her age, the time distance to parents' residence and the parents' health are significant. We observed that, controlling for other explanatory variables, women, people aged between 45 and 64 years old, respondents who live close to their parents' residence and those who have at least one parent who present some disabilities in daily activities have the higher risk to be an informal carer.

The odds ratios for women are at least 1.5 times higher than for men. We also observed that the risk increases with the respondents' age, especially after age 45. People aged between 55 and 64 years old have respectively odds ratios that are 3.8 times, 9.0 times, 10.6 times and 13.0 times higher in Italy, France, Belgium and Norway. This observation is not surprising if we hold that a respondent aged between 45 and 64 years old have more likely old parents which required some help. Besides, women have higher risks to be an informal carer for their parents and some theories allow us to understand the reasons related to this observation. According to the socialization theory, women are educated during the childhood to acquire the necessary skills to perform as the main informal caregiver [6-8]. They are socialized to take more care responsibilities than men [8]. Care responsibilities are also generally less compatible with a job which limits the ability of worker to care for parents and other relatives. Therefore, seeing that the employment rate is lower for women than for men, there is a gender-division of responsibilities for care based on the availability of people and the flexibility at their work [6; 7]. Finally, some theories recognized that daughters and sons have not the same relationship with their parents. The former develops closer and stronger relationships with their parents, which contribute to explain why daughters are more involved in caring them (Horowitz, 1985 et Johnson, Bursk, 1977 *in* [6]). Even if women play an important role everywhere, we observed however that their odds ratios are particularly high in Norway (2.2) and in Belgium (3.1). These results are quite unexpected: in Norway and, in a lesser extent in Belgium, the gender-division of responsibilities for care is more equitable than elsewhere.

Results also show that the shorter the time distance to parents' residence is (especially if the respondent live with one of their parents), the higher risks the respondent has to care for at least one parent. If the contacts face-to-face are not a necessary requirement for intergenerational transfers, they are however on the basis of many services, especially if the beneficiary suffers from disabilities in the daily activities [9-10]. Moreover, some authors accept the idea that the time distance to parents' residence affects the frequency of contacts [11-12]. Therefore, a respondent who live closer to his parents' residence (or who lives with his parents) has higher risks to be an informal carer. Nevertheless, the results show some national exceptions, reflecting the generosity of welfare states, cultural preferences, norms and habits of people. Contacts and cohabitation between parents and adult children are generally more frequent in the South of Europe [13]. Therefore, we are not surprised if cohabitation between respondents and their parents implies higher risks to be an informal carer. However, only in Italy, a respondent who lives with at least one of his parents has the lowest risk⁴, revealing that cohabitation is not necessarily related to the needs of care for parents.

Results also show that generosity of welfare states affects opinions of people in terms of filial obligations and repartition of responsibilities between the state and the family. Opinions

⁴ Note that after discussion, **the results observed in Italy cannot be compared with the ones observed in the three other countries**. In Italy, respondents give some information about the care they provide, only if they don't live with the person(s) who receive(s) their help.

related to familial obligations are less strong if welfare states are more generous. Moreover, the generosity of welfare states helps to promote a replacement of familial responsibilities with state responsibilities. In Belgium and in France where family still plays an important role for care even if professionals are available, people prefer that state responsibilities complete the familial involvement. In other words, the low availability of formal help and the legal obligations establishing children responsible for the care for their parents contribute to increase the opinion related to the involvement of relatives in care.

We generally suppose that differences between welfare states (in terms of generosity) imply differences in terms of characteristics of informal care. If France, Belgium, Italy and Norway belong to economic, political and social spheres which are similar, it does not imply that their social policies have the same goals and are based on the same principles. We also cannot omit the role played by cultural values. In Mediterranean Europe, family-oriented culture is more prevalent than in Scandinavian societies which are known to be more individualistic [4; 14]. Children are more frequently considered as the main caregivers in societies where the family-oriented culture is much developed [15]. Both societal and individual factors contribute therefore to explain the articulation between the different systems of care and the opinion of population.

References

-
- [1] ASSOUS, L., RALLE, P. (2000a). La prise en charge de la dépendance des personnes âgées : une comparaison internationale, *Etudes et Résultats*, n° 74, Direction de la recherche, des études, de l'évaluation et des statistiques (DREES), 8 p.
- [2] MATHIEU, C. ET STERDYNIK, H. (2008). Le modèle social européen et l'Europe sociale, *Revue de l'OFCE*, n° 104 : 43 – 103.
- [3] MARTIN, C. (2006). Prendre soin des personnes âgées dépendantes : Le défi européen et le modèle français, *Revue suisse de sociologie*, vol. 32, n° 3 : 495 – 509.
- [4] REHER, D. (1998). Family Ties in Western Europe : Persistent Contrasts, *Population and Development Review*, vol. 24(2) : 203 – 234.
- [5] ESPING-ANDERSEN, G. (1999). *Les trois mondes de l'Etat-providence. Essai sur le capitalisme moderne*, Paris, Presses Universitaires de France.
- [6] SPITZE, G., LOGAN, J. (1990). Sons, Daughters, and Intergenerational Social Support, *Journal of Marriage and Family*, vol. 52(2) : 420 – 430.
- [7] GERSTEL, N., GALLAGHER, S. K. (2001). Men's caregiving: Gender and the contingent character of care, *Gender and Society*, vol. 15(2) : 197 – 217.
- [8] BRACKE, P., CHRISTIAENS, W., WAUTERICKX, N. (2008). The Pivotal Role of Women in Informal Care, *Journal of Family Issues*, vol. 29(10) : 1348 – 1378.
- [9] JOSEPH, A., HALLMAN, B. (1998). Over the Hill and Far Away : Distance as a Barrier to the Provision of Assistance to Elderly Relatives, *Social Science and Medicine*, vol. 46(6) : 631 – 639.
- [10] HANK, K. (2007). Proximity and Contacts between Older Parents and Their Children. A European Comparison, *Journal of Marriage and Family*, vol. 69 (1) : 157 – 173.
- [11] BAWIN-LEGROS, B., STASSEN, J.-F. (2002). Intergenerational Solidarity: Between the Family and the State, *Current Sociology*, vol. 50(2) : 243 – 262.
- [12] RÉGNIER-LOILIER, A. (2006). À quelle fréquence voit-on ses parents ?, *Population & Sociétés*, Institut National d'Etudes Démographiques, n° 427, 4 p.
- [13] TOMASSINI, C., KALOGIROU, S., GRUNDY, E., FOKKEMA, T., MARTIKAINEN, P., BROESE VAN GROENOU, M., KARISTO, A. (2004). Contacts between elderly parents and their children in four European countries: current patterns and future prospects, *European Journal of Ageing*, vol. 1(1) : 54 – 63.
- [14] GLASER, K., TOMASSINI, C., GRUNDY, E. (2004). Revisiting convergence and divergence: support for older people in Europe, *European Journal of Ageing*, vol. 1(1) : 64 – 72.
- [15] SUANET, B., BROESE VAN GROENOU, M. et VAN TILBURG, T. (2012). Informal and formal home-care use among older adults in Europe: can cross-national differences be explained by societal context and composition?, *Ageing and Society*, vol. 32(3) : 491 – 515.