4.2 Family Support
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Introduction
Older Europeans give and receive practical help to other family members in many ways. Some of the most important forms of help include caring activities such as helping a disabled family member with personal care or looking after grandchildren. Family help is not simply a private affair. Social policies that are adapted to the needs of families are vital for well-functioning economies and more generally for promoting social cohesion. As Gosta Esping-Andersen notes, the building of successful welfare states for the twenty-first century needs both to acknowledge changing family structures and to support the family (Esping-Andersen 2003). Much of what is known about family support at the European level is confined to transfers that take place within households. However, it is increasingly recognised that the contemporary family is no longer confined to a single household and that support between households is an important component of family help. For the first time, the SHARE data can address the question of how older Europeans give and receive support both within and between different households.

This contribution addresses three crucial areas of family support. The first is looking after grandchildren. In many countries, this task has been a traditional role of women. However, the changing pattern of women’s labour force participation and the availability of alternative forms of childcare for parents strongly influence whether grandmothers look after their young grandchildren regularly. To what extent are European grandmothers implicated in the care of their grandchildren and how is this task combined with paid work? The second question addressed is the personal care that older people with health or disability problems receive from within and outside the family. As shown in the previous contribution, the different living arrangements of European countries determine the availability of intra-household support. Are older people with care needs who live alone disadvantaged in terms of accessing family support? The final question addressed in this contribution is the role of carers—in particular where one member of a couple is helping his or her partner or where an adult child is giving personal care to a parent. Under what conditions is care given and do these conditions differ between countries? And is there a time in the life course when individuals are caught between the dual tasks of caring for an elderly parent and looking after grandchildren?

Grandmothers Largely Involved in Looking After Grandchildren from the North to the South

Grandparents in SHARE were asked whether they had regularly or occasionally looked after their grandchildren without the presence of the parents during the past 12 months. The proportion of men and women who reported looking after grandchildren is identical—43% in both cases. Here, we focus exclusively on grandmothers. As shown in Figure 1, a prominent finding is that grandchild care is mostly uniform across all countries, with around one half of grandmothers having looked after their grandchildren regularly or occasionally within the past 12 months. Moreover, these rates are slightly higher in Sweden, Denmark, the Netherlands and France, where family ties are traditionally weaker than in the Mediterranean countries (cf. Contribution 4.1) and more alternative sources of child care provision are available. Some of this extra involvement by northern grandmothers may be explained by a higher proportion of the grandchildren’s parents who are single or
Grandmothers in Denmark for example, are much more likely to have children who are single parents than in the continental and southern countries. However, this is not the case in the Netherlands, where rates of looking after grandchildren are the highest. The most likely explanation for this high level in the northern countries is that grandmothers—who themselves often are in paid employment—are helping the grandchild’s mother to combine both work and family commitments.

Although there is little variation between the countries in the rates of grandchild care, when the regularity of this task is examined a different story is told. This is shown in Figure 2, where it can be clearly seen that a gradient from low to high frequencies of weekly grandchild care runs from the northern to the southern countries. Among grandmothers involved in weekly grandchild care, Italian, Greek—and interestingly Swiss—grandmothers are more than twice as likely to be heavily involved in grandchild care.

![Figure 1 Percentage of grandmothers who have looked after their grandchildren regularly or occasionally during the past 12 months](image)

What can explain these striking differences in the intensity of grandmothers being involved? Although cultural patterns are likely to be present (for example more ‘familism’ in Mediterranean countries) patterns of supply and demand such as the availability of grandmothers and the need for young parents to solicit their parents for childcare are likely to

![Figure 2 Percentage of grandmothers reporting looking after their grandchildren at least weekly, and percentage of grandmothers who are in paid employment. (Base: grandmothers aged <65 having looked after grandchild in the past 12 months)](image)
be important factors. As shown in Figure 2, more than half of the grandmothers below the age of 65 in Sweden and Denmark are in some form of paid employment compared to only one in ten grandmothers in the Mediterranean countries. In countries with high rates of women in the labour force, intensive grandchild care rates are low, whereas in countries where grandmothers are mostly not in paid employment, rates of intensive grandchild care are high. The lack of alternative sources of childcare other than the family in the southern countries (and to a certain degree in the continental countries) also influences patterns of grandchild care. Different residential patterns of parents and children may also explain these differences—in the southern countries, where there are high rates of close geographical proximity between older parents and their adult children (especially among lower social class groups), grandparents looking after grandchildren is a much cheaper alternative than other sources. In summary, country differences in rates of looking after grandchildren are due to a combination of the supply side factors (availability of grandparents and childcare resources outside the family) and demand factors (the need for young mothers to ask for help, which is dependent on whether they are in paid employment).

**Living Arrangements Strongly Influence Patterns of Family Care-Giving**

As shown in Contribution 3.1, the prevalence of health problems for older Europeans rises steeply with age. This fact implies a greater need for help among the oldest age groups with personal care tasks such as getting dressed, washing and bathing and getting to the toilet. As demonstrated in Figure 3, after the age of 50 the proportion of respondents who have received some form of personal care such as dressing, bathing or showering, eating, getting in or out of bed, or using the toilet during the past 12 months rises gradually up to the age of 75 and steeply thereafter. At every age, rates of having received personal care are higher than rates of disability (having severe limitations), with differences becoming larger with increasing age. After the age of 80, more than two-thirds of respondents have been given some help for their personal care and the SHARE data show clearly that this task is provided first and foremost by other family members.

Helping an individual with personal care is often a heavy, not to mention intimate load for family members. Who are these givers of personal care and how do the different patterns of living arrangements in Europe shape the pattern of care giving? Figure 4
shows that the network of care-givers within the household for respondents indicating that they have received personal care follows closely the pattern of intergenerational co-habitation outlined in the previous contribution. In Denmark for example, personal care within households is almost uniquely undertaken by spouses, whereas in Spain children and other family members are more involved than spouses. As well as reflecting household composition, this pattern of care-giving may also be influenced by the different cultural expectations concerning the roles of spouses and children—in the Mediterranean countries the expectations placed on co-resident daughters to provide personal care may be higher than those placed on spouses, especially where personal care is given to an elderly father.

Living arrangements therefore shape patterns of care-giving. So given that a much higher proportion of older people live alone in the northern and continental countries, to what extent might they be isolated from their family or other forms of social support? This is

![Network of people who help with personal care within the household](image)

Figure 4 Network of people who help with personal care within the household

an important question for social policy, as the heat wave that affected the lives of many older people living alone in France during the summer of 2003 clearly demonstrated. The SHARE data show that considering all forms of help, older people living alone are more likely to receive help than those living with others. For example, one-third of the respondents living alone received help with personal care or practical tasks during the past 12 months, although these rates were significantly lower in Spain, Italy and Switzerland (but interestingly, not in Greece). It would seem that the strong dimension of family support that is manifest in Spain and Italy is weakened when older people are living alone and that these two countries may not have the infrastructure in place that facilitates solo living in old age. This finding supports the 'complementarity' thesis, whereby a mixture of public, voluntary and other forms of civic support does not erode family support (Kunemund and Rein 1999). Instead, family members are 'freed' from the more arduous tasks of intensive personal care (undertaken by professional services) and are able to devote more time to other family relationships (Dautland and Herlofsson 2003). Living alone in countries where service levels are low appears to be a more risky living arrangement than in the northern and continental countries (with the exception of Switzerland). The question of whether older Europeans living alone are isolated from their family or more generally socially excluded is an important social policy question that can be addressed by further analysis of
the SHARE data on intergenerational transfers.

Further evidence of the impact of living arrangements on social support is shown in Figure 5. Here, sources of help outside the household that are non-family are presented for respondents living alone. The SHARE data show that although in all countries the main source of support are children, this is supplemented in the northern countries by non-family sources of support including an array of professional services as well as friends and neighbours. Moreover, older people in the northern European countries (whether living alone or not) are more likely to have received help from someone outside the household (including professional services) than in the southern countries. However, support in the northern countries to older people living alone is more likely to be provided occasionally rather than frequently. These inter-country differences clearly reflect a mix of cultural and institutional differences as well as pointing to the importance of social networks for older people living alone.

![Figure 5 Proportion of respondents living alone who receive non-family help with personal care of practical tasks](image)

**Giving Help Decreases with Age, but Care-Giving Remains Constant**

The final question addressed in this contribution is the flip side of receiving care—care-giving. With increased life expectancy, the probability that adult children will encounter a time when their elderly parents need help is also increasing. However, this moment may arise when individuals have a number of competing obligations, such helping their own children to achieve independence, looking after grandchildren and for many European women doing some form of paid work. About one in ten respondents indicate that they have given some form of personal care to a family member during the past 12 months and about one in three respondents have given some form of help (personal care within or outside the household, practical help outside the household) during the past 12 months. Figure 6 shows that while rates of giving general forms of help and personal care to a parent decrease significantly with increasing age, levels of giving personal care remain constant with age—between the age of 50 and 65 individuals are involved in personal care mainly with their elderly parents, and thereafter with their spouses. Figure 6 also shows that between the ages of 50 and 65, individuals face a particularly busy time as far as family support is concerned.

**The Pivot Generation Is More Prominent in Northern Countries**

The pressures that care-givers below statutory retirement face with competing demands from different family members is commonly invoked as being the burden of the baby-
boomer generation. For the first time, the SHARE data is able to determine precisely in a European context what several commentators have referred to as the ‘sandwich’ or ‘pivot’ (Arriaga-Denfut 1995) generation. This generation is commonly defined in demographic terms as being situated between an ascending generation (elderly parents) and descending generations (adult children and grandchildren). More accurately, the ‘pivot’ generation represents those individuals who are undertaking tasks for their elderly parents as well as helping their adult children in the early stages of their family life—notably with looking after grandchildren. The pivot generation is numerically very high at the present time and this has given rise to concerns about their ability to combine multiple family tasks whilst at the same time staying longer in the labour-market.

The SHARE data show that despite the relative high numbers of individuals belonging to the pivot generation (having at least one parent and one adult child alive) about one in
five individuals belong to what we term the ‘active’ pivot generation—the time in the life stage when both elderly parents and adult children need support. This is evident in Figure 7, which shows the rates of individuals who report having given some form of help to a parent during the past 12 months and who look after grandchildren at least weekly. The data have been grouped by countries to show both different rates of the existence of the active pivot generation and the age at which individuals are most likely to belong to it. Individuals in the northern countries are more likely to be active pivot family members than in other countries, and this difference is in part due to the fertility and mortality characteristics of the specific birth cohorts within countries. But in all countries, individuals in their sixties are most likely to be active pivot family members, with a slight tendency for this to arise in the early sixties in continental countries, mid-sixties in the northern countries and late sixties in the Mediterranean countries.

The finding that the active pivot generation is situated in age groups that are traditionally associated with statutory retirement has important social policy implications. Do these individuals exercise choice in becoming more involved in these family activities when they retire or do the demands made upon them by family members in need coincide with the cessation of paid work? By examining in detail the interaction between these factors—unpaid work within the family, the health and disability status of elderly parents and retirement decisions among care-givers—the longitudinal dimension of the SHARE data will throw important light on how comprehensive social policies can enable family members to combine private and public lives.

Conclusion

In all the European countries in SHARE, older people are at the centre of a complex exchange network within the family where they both give and receive support. Roles change over the life course. For instance between the age of 50 and 65 individuals are involved in personal care mainly with their elderly parents, and thereafter with their spouses. But in all countries, individuals in their sixties are most likely to be active pivot family members. However patterns of support differ between countries, revealing a strong North/South European divide: a higher proportion of older people are involved in family support in the northern and continental countries, whereas in the southern countries help and support tends to be confined to a few individuals within the immediate family who are more intensely involved as either the givers or receivers of care. As a consequence, older people living alone are more likely to be given support in the northern countries. These country differences can be explained by three main factors:

- In the southern countries, rates of cohabitation and the geographical closeness between older parents and their adult children is much higher than in other countries. So family support is focussed around this immediate kin group. In the northern countries, where intergenerational cohabitation is rare, family support tends to revolve around different households.

- Few women aged between 50 and 65 in 2004 in the southern countries are in paid employment, so they are currently available to undertake heavy family tasks.

- The ‘welfare mix’ of services, much more developed in northern countries, releases family members from the heavy duties of family support for close kin (such as personal
care of a parent or looking after grandchildren). Older people therefore have more opportunity to devote their time to other types of social contact that are less arduous but arguably equally important for intergenerational solidarity. Families are therefore not weakened if other sources take on some of the roles of caring. This is an important finding that is made possible only by comparable data such as in SHARE. Further work in this area will be able to address some of the key policy implications concerning the mix of welfare services within countries.

These explanations need to be tested against the evidence from longitudinal data. Will family support, both by and for older people, continue to evolve in the same way as we have outlined in this contribution? How does caring evolve in the life course of individuals and changing family structures? What kinds of events may alter patterns of family support? And perhaps most important of all, how does reciprocity—the key to all systems of family support—operate under conditions of rapid social and demographic change? The first wave of SHARE data provides the building blocks to begin these analyses and future waves will provide critical insights into this important aspect of ageing.

References