Multidimensional stratification of informal care giving arrangements. A European perspective.

Giorgio Piccitto (Università di Bologna), Marco Albertini (Università di Bologna), Francesca Zanasi (Università di Bologna)

Introduction

In ageing societies, the increasing quota of older and frail individuals creates unprecedented needs for care. As care is often costly and not adequately covered by the welfare state, especially in some countries, care responsibilities for older individuals fall on the shoulders of family members, particularly partners and children – the percentages range between 13% in Southern Europe, to 20% in Northern countries (Tur-Sinai et al., 2020). The study of informal care provision (i.e., the role of care-giver) is acquiring centrality both in the social sciences and policy discourse, since the care load can bear negative consequences on a range of outcomes, from health to employment (Robison et al., 2009). In this respect, it is important to better understand which individuals are the most likely to provide informal caregiving, and therefore, face its consequences.

A bunch of studies has explored the socio-economic stratification of informal care provision, with mixed results (see Quashie et al, 2020; Tur-Sinai et al., 2020; Broese van Groenou et al., 2006; Van Doorslaer et al., 2000). In the present study, we aim at uncovering the educational and income differences in the probability of informal caregiving in a longitudinal approach. Namely, we focus on the individual trajectories of informal care provision throughout later life (50-90+), with a comparative approach across European countries.

Data & Methods

To answer our research questions, we employ the waves (2015-2020) of the Survey of Health, Ageing, and Retirement in Europe (SHARE), a biennial longitudinal survey that covers several key areas of life (health, socio-economic status, social and family networks, etc.) of people aged 50 or older from 28 European countries and Israel (Börsch-Supan et al., 2013). For our analyses, we retain individuals who participated in the survey at least twice, amounting to 230,000 observations.

Our dependent variable indicates whether the respondent gave any informal care (help with personal care, practical household help, or help with paperwork) to

spouses, relatives (including parents, in-laws, and siblings), or non-relatives (including friends, neighbors) in the last year.

The first key independent variable is educational level in three categories: primary education (ISCED 0, 1, 2); secondary education (ISCED 3, 4); and tertiary education (ISCED 5, 6). The second independent variable is household-level total income, a sum of respondent's and cohabiting family members' (if any) all income after any taxes and contributions (earnings from employment, retirement pensions, unemployment or disability benefits and other forms of social assistance, and capital income); divided in terciles. We also include a basic set of socio-demographic variables: gender, age, health (ADL), and country of residence.

We employ growth curve models (Curran et al., 2010) that allow estimating individual trajectory of informal caregiving over time, in our case, with ageing.

Preliminary results

Selected results are presented in figures 1 and 2. Generally, it emerges that the likelihood of providing informal care decreases with ageing. Considering the heterogeneity by education, the lower educated are overall the least likely to provide informal care, but it is among the tertiary educated that the negative association between age of the care-receiver and probability of providing informal care is strongest. Looking at the heterogeneity by income, the differences between 1st tercile and the other terciles are much more pronounced than those observed among different levels of education. Also, the patterns by income tercile are not converging in later life.