



ALMA MATER STUDIORUM  
UNIVERSITÀ DI BOLOGNA

ARCHIVIO ISTITUZIONALE  
DELLA RICERCA

Alma Mater Studiorum Università di Bologna  
Archivio istituzionale della ricerca

Care inequality in later life in ageing societies

This is the final peer-reviewed author's accepted manuscript (postprint) of the following publication:

*Published Version:*

Albertini, M., Prandini, R. (2021). Care inequality in later life in ageing societies. London : Routledge [10.4324/9780429470059-27].

*Availability:*

This version is available at: <https://hdl.handle.net/11585/842044> since: 2024-07-05

*Published:*

DOI: <http://doi.org/10.4324/9780429470059-27>

*Terms of use:*

Some rights reserved. The terms and conditions for the reuse of this version of the manuscript are specified in the publishing policy. For all terms of use and more information see the publisher's website.

This item was downloaded from IRIS Università di Bologna (<https://cris.unibo.it/>).  
When citing, please refer to the published version.

(Article begins on next page)

# Chapter 21

## Care inequality in later life in ageing

### societies: the unequal distribution of the intensity of

### informal support in Europe

Marco Albertini [0000-0003-0344-3002](#) and Riccardo Prandini [0000-0002-2581-3476](#)

#### Abstract

Population ageing is a well-known (and some decades old) phenomenon of European societies: according to Eurostat data in 2017 older persons (i.e. 65 years or more) represented 19.4% of the EU-28 population, an increase of 0.2 percentage points compared with 2016 and of 2.4 percentage points compared with 1997. Even more relevant is the expected doubling of the share of population aged 80 years or more: from 5.5% in 2017 to 12.7% in 2080 (Eurostat 2018).<sup>1</sup> Although population ageing has not always and everywhere translated into an increasing number of individuals who need long-term care support, at the same time a number of studies have suggested that there is not a clear trend towards a compression of morbidity, or that trend can fully compensate for the progressive increase of elderly individuals. As a consequence, it is expected that the need for care services will significantly increase in the next future, especially when the baby-boomer generation will hit age 70–75. In most European countries, the growing need for long-term care services has not been matched by an equal increase in policies addressing these needs. This suggests that the possibility (or not) of receiving informal care in later life will be an increasingly relevant dimensions along which inequalities in well-being later life are structured. Inequalities in care support – given and

received – are clearly the result not only of individuals and household’s situation at the moment in which care needs arises, but most importantly of their life course. Family histories – i.e. marital and parenthood careers of family members – and the characteristics and history of intergenerational family solidarity play a huge role in determining the availability of care. Next, the institutional context – broadly defined in terms of the characteristics of both the welfare and family systems in the country of residence – also dramatically influences the equal/unequal distribution of formal and informal care. Using data from the Survey of Health, Ageing and Retirement in Europe, and adopting the instruments and analytical approach typically utilized in the studies of income inequalities, the present contribution aims at: first, shedding light on the level of inequality of the distribution care support (given and received) characterizing different European societies; second, exploring the possible relations between different levels of inequality in care support and the characteristics of the national family and welfare system; third, analysing the typical life course patterns of households and individuals who are categorized as care-poor, thus identifying the factors that are associated with the lack of informal care in later life; finally, investigating how these factors vary across different European societies.

Population ageing is a well-known phenomenon of European societies: according to Eurostat data in 2017 older persons (i.e. aged 65 years or more) represented 19.4% of the EU-28 population, an increase of 0.2 percentage points compared with 2016 and of 2.4 percentage points compared with 1997. Even more relevant is the expected doubling of the share of the population aged 80 years or more: from 5.5% in 2017 to 12.7% in 2080.<sup>2</sup> Although population ageing has not always nor everywhere translated into an increasing number of individuals who need long-term care support, a number of studies have suggested that there is no clear trend towards a compression of morbidity, or that this trend cannot fully compensate for the progressive increase of elderly individuals (Crimmins & Beltrán-Sánchez, 2010). As a consequence, it is expected that the need for care services will significantly increase in the coming decades, especially when the baby-boomer generation will hit age 70–75.

At the same time, recent social changes have strongly influenced the form and force of family ties in the West and beyond. Many and different social processes generated a growing diversity in family and household structures which, in turn, has led to new patterns of relations between generations and new potential forms of inequalities. Among the many and distinctive societal drivers for the re-shaping of household structures, intergenerational relations and their socio-cultural meaning, we can mention increased female participation in the formal labour market, precariousness in the labour market including job losses and reduced employment security as well as social protection, which are all likely to generate new inequalities among generations around access to and returns from pension funds. Increasing geographic mobility and migration of individuals and families within and beyond national boundaries have also impacted on living arrangements, transforming the traditional family support network. Demographic change, particularly a specific combination of increased longevity and declining fertility, has meant a shift towards a beanpole family structure, characterized by more living generations with fewer members in each generation. At the same time as the average age of women or couples having babies has risen in European societies, the gap between generations has also widened. Next, growing childlessness rates among women born during or after the 1970s suggest that a growing quota of future older population won't be receiving support from adult children, one of the main sources of informal support in later life. Also, the likelihood of receiving personal care by one's partner and children can be jeopardized by the increasing number of marital breakdowns. The current global demographic shifts mean that family support is predicted to be eroding while increased longevity, found especially in the Global North, is likely to increase the need and demand for old age care. In general, in most European countries, the growing need for long-term care services has not been matched by an equal increase in policies addressing these needs (Pavolini & Ranci, 2008; Albertini & Mencarini, 2014). This suggests that the possibility (or not) of receiving informal care in later life will be an increasingly relevant dimension along which inequalities in well-being later life are structured. Moreover, to the extent to which these inequalities are connected with past life course events – such as marrying, having children or remaining childless, divorcing – individual's life course will become the key driving factor in determining people's well-being in later life.

It is clear, therefore, that in order to address the emerging needs of a growing older population, the generosity and design of contemporary welfare states need to be dramatically revised in the next few decades. In order to be effective, however, the restructuring of long-term care policies needs to consider the current demographic trends and, thus, to recalibrate the intersection and interaction between formal and informal care.

Inequalities in care support – given and received – are clearly the result not only of individuals and household's situation at the moment in which care needs arise, but also of their life course. Family histories – i.e. marital and parenthood careers of family members – and the characteristics and history of intergenerational family relations play a huge role in determining the availability of care. Next, the institutional context – broadly defined in terms of the characteristics of both the welfare and family systems in the country of residence – also dramatically influences the equal/unequal distribution of formal and informal care (Albertini & Pavolini, 2017). The availability (and lack) of policy measures, and of different players – public, private or voluntary – supplementing care traditionally provided by family members, does influence the type, likelihood and intensity of support that families (have to) provide to their older members. In this context, the development of public policy is able to dramatically transform the conventional norms and practices of family support exchanges over generations.

Previous studies have found that the largest part of informal support is provided to/received from the members of the family – i.e. grandparents, parents and children. It has also been shown, however, that non-kin networks remain important sources of help in later life. Furthermore, the relevance of the distinction of kin and non-kin support networks has been put into question (Carsten, 2004; Bamford & Leach, 2009): anthropological studies, for instance, have found a substantial overlap between kin and non-kin networks, especially if by kinship we mean a “mutuality of being” (Sahlins, 2013). Therefore, the fact that most studies of the exchange of social support are limited to the analysis of the nuclear family may represent an increasingly relevant limitation. A further important limitation of recent empirical literature on support exchange is also that it looks *separately* at support provided and received, while ignoring the important role that the possibility of reciprocating and balancing support exchanges has on individual's well-being. The literature on the motivations and consequences of intergenerational relations has repeatedly underlined that individual well-being does not only benefit from the availability of informal support, but it is also significantly affected by the possibility for the individual to reciprocate the help received (Lee, 1985; Finch & Mason, 1993).

Adopting the instruments and analytical approach typically utilized in the studies of economic inequalities, the present contribution aims at: first, shedding light on the level of inequality of the distribution care support (given and received) characterizing different European societies, focusing in particular on ageing population; second, providing evidence of the negative association between the lack of reciprocity in social support exchange and older individuals' well-being – and thus considering the individual balance of hours of support given and received; third,

assessing which are the main factors associated with the risk that an older person is in the situation of receiving large amounts of informal social support, both from kin and non-kin members, without being able to reciprocate. In this latter part of the analyses, we will pay special attention to those individuals' characteristics which are connected with individual's family-related life course events, such as marriage, parenthood and marital breakups.

## **Data, variables and methods**

The analyses presented in this chapter are based on data from the first two waves of the Survey of Health, Ageing and Retirement in Europe (SHARE); SHARE is a longitudinal, multidisciplinary, cross-national survey representative of the non-institutionalized population aged 50 and over in several European countries. All persons aged at least 50 in the selected households were interviewed, as well as their partners independently of their age. SHARE includes detailed information on social exchanges between respondents and individuals outside the household – both members of the nuclear family, kin and non-kin network. Furthermore, SHARE contains detailed information on the social, economic and health situation of the respondents and their participation into the social activities of the community where the individual lives.

Our main variables are those derived from a set of questions aiming at recording information on social support (i.e. help with paperwork, household chores or personal care) provided to or received from individuals living outside the respondent's household. In particular, respondents were asked to report if they provided and/or received social support in the 12 months previous to the interview, and if they looked after their grandchildren. Moreover, in the first two waves of the SHARE survey, respondents were also asked to report about the intensity of support exchanges (i.e. number of hours of support given/received). Therefore, using data from these first two waves, collected in years 2004 and 2007, we will be able not only to measure the inequality in the distribution of informal support provided and received, but also to analyse imbalances in support exchanges, their determinants and their consequences.

The sample utilized in the analyses includes respondents aged 50 years or more at the moment of the interview (i.e. eligible partners below this age are not taken into consideration). In particular, the analyses were conducted on the sample of individuals included in at least one of the first two regular waves of the survey. Data from 13 countries are utilized: Austria, Germany, Sweden, the Netherlands, Spain, Italy, France, Denmark, Greece and Belgium took part

in both waves, whereas the Czech Republic, Poland and Ireland only participated in wave 2. Data from Switzerland and Israel were not included in the analyses. The unit of analysis is the respondent; the final sample includes 58,452 observations.

In contrast with much previous research on the topic (Albertini, 2016), our analyses focus specifically on the intensity of support provided/received and its (un)equal distribution. The intensity of support exchanged will be expressed in terms of average hours per year. Amounts of support given/provided have been top-coded at the 99 percentile, in order to reduce the influence of a few extreme outliers on our results. We distinguish three main variables: (i) overall amount of support given by the respondent, (ii) overall amount of support received by the respondent and (iii) the balance between the time given and received. We included in the analyses also those individuals who have reported not to have given nor received any social support in the 12 months previous to the interview (non-exchangers).

Since we are primarily concerned with analysing the inequality of the distribution of informal care across different European societies, the analyses utilize the typical instruments of studies of economic inequality. Therefore, we employ the Gini index as a measure of inequality of care amounts provided/received by the respondents. Next, we focus on individuals located in the different quintiles of the distribution of the informal support balance and in particular at the bottom part of the distribution.

## **The unequal distribution of informal care**

As already noted in previous analyses (Albertini, 2016) the percentage of SHARE respondents who report having provided or received social support is the highest in Nordic European countries and the lowest in Mediterranean ones. The intensity of support, however, follows an opposite gradient: Southern Europeans tend to report significantly higher amounts of support donated/received to/from others than individuals living in other countries. At the same time, the prevalence of households in which there is at least one co-residing individual besides the conjugal couple – and thus a potential source/beneficiary of support within the household – is markedly higher in Southern Europe and Poland, than in other Continental and Scandinavian European countries.

Our main interest, however, is not in describing European patterns of support exchange, but rather in exploring the extent to which informal support availability and obligations are (un)equally distributed in the population. Figure

21.1 reports the value of the Gini index in the distribution of time of (i) social support received, (ii) social support given and (iii) time devoted to looking after grandchildren. In several countries support received is the most unequally distributed attribute, while time devoted to grand parenting tends to be the least unequally distributed. The latter result is probably due to the high level of normativity characterizing support to grandchildren (Glaser & Hank, 2018). Next, it emerges that those countries with the lowest prevalence and the higher intensity of support are also those in which the distribution of care time is more equally distributed: Greece, Italy and Spain. At the same time, these are also the countries where the number of people reporting no exchange of support in the previous 12 months is the highest (Figure 21.2). What we think it is particularly interesting of these results is that while income and wealth inequalities attract much attention in the comparative study of social inequality, the far more unequal distribution of social support is almost completely neglected in studies of social stratification and welfare systems. In consideration of the importance of informal care in determining individuals' well-being in later life, we think these data call for more studies of this dimension of social inequality.

<COMP: Place Figure 21.1 Here>

<COMP: Place Figure 21.2 Here>

## **Informal support exchange and life satisfaction in later life**

As mentioned above, previous studies have provided abundant evidence that social isolation and, more specifically, the exclusion from informal support networks has significant negative implications for individual's well-being. This is confirmed by the analysis of the SHARE data. The average level of life satisfaction (measured with a standard 0–10 scale) of respondents who had not reported any exchange of social support in the previous 12 months is significantly lower than that registered for other respondents: i.e.  $-0.13$  ( $p$ -value 0.02). What is more, the negative association remains statistically significant also after controlling for individual's sex, age, self-perceived health status, limitations with the activities of daily living, having (or not) children and grandchildren, income, marital status and engagement in social activities – such as participating to voluntary, charity or religious organizations:  $-0.12$  ( $p$ -value 0.02).

Adding to previous studies, however, our analyses indicate that it is not only the exclusion from informal support exchange that is negatively associated with individual's well-being, but also being involved in an unbalanced



exchange. The importance of equilibrated support exchange relations emerges very clearly. In particular, the results of our analyses suggest that those individuals who are located at the two bottom quintiles of the distribution of support balance have a significantly lower life satisfaction than those in the middle of the distribution. These are individuals who receive much more hours of support than they give, or who have a very small positive balance (a balance of +10 hours on average for those located in the second quintile). Interestingly, also those respondents who are at the top of the distribution – i.e. net givers of large amounts of support – report lower levels of life satisfaction than individuals in the middle of the distribution. This result suggests that it may be the case that “too much of a good thing” (i.e. providing support) can be detrimental for one’s well-being.

Ultimately, it can be suggested that the overall balance of social support exchange affects the perception and meaning of this type of social relations: giving without receiving may lead to feeling of burden, exploitation and stress associated with competing care demands; receiving without giving can translate into the feeling of representing a dead weight on the shoulders of loved ones and a source of stress in their lives.<sup>3</sup> In addition, while here we can observe the negative correlates of an unbalanced relation only from the viewpoint of the SHARE respondents, these results suggest that it is important that future research looks at the consequences of unbalanced support relations from a dyadic giver-receiver perspective: as a matter of fact, recent studies adopting a linked lives approach have shown the importance of the respective life courses of different family generations in affecting individuals’ well-being (Pillemer & Sutor, 1991; Elder, 1994; Knoester, 2003; Milkie et al, 2008; Tosi & Albertini, 2019).

As for what concerns the cross-country variation of the relation between the balance of support given/provided and life satisfaction, the results reported in Table 21.1 indicate that, irrespective of the prevailing welfare regime and family system, all across Europe being a net receiver of informal support – i.e. being in the first or second quintile – is associated with lower levels of well-being in later life. The negative association appears to be stronger in Mediterranean countries than in Nordic European ones.<sup>4</sup>

<COMP: Place Table 21.1 Here>

## **The risk factors**

The unequal distribution of care can have important negative consequences on elderly people well-being. We have shown that, *ceteris paribus*, being located at the bottom quintile of the distribution of the balance of care provided/received – i.e. receiving large amounts of support without the ability/possibility of reciprocating it – is significantly correlated with lower levels of individual's life satisfaction. Thus, it becomes clear that one relevant task to better address this important dimension of emerging social inequalities is that of exploring which are the main determinants of the risk of being located at the bottom of the informal care distribution. We are particularly concerned with individual's characteristics that are connected with respondents' life course. As a matter of facts, the accumulation of disadvantages across the course of life may result in a further penalization in later life (Dannefer, 2003): being net and heavy receivers of social support in later life, with no possibility of reciprocating and, thus, perceiving lower levels of life satisfaction.

Table 21.2 reports the results of a linear probability model shedding light on the factors that are associated with the individual's risk of being located at the bottom quintile of the distribution of the balance of care. The analysis is first performed on the overall sample and then fitted separately on the data from six countries' representative of the different European welfare and transfer regimes. Older age, bad health and the presence of limitations in carrying out daily living activities are strongly and positively correlated with the probability of having a large "care deficit", thus showing a correlation between different dimensions of individual's social and physical vulnerabilities in later life. In addition, if we focus on characteristics connected with past events in the respondents' life course we see that, as hypothesized, disadvantages tend to cumulate: not having a partner, being divorced or widowed, not having children and grandchildren represent important factors positively correlated with the likelihood of being at the bottom quintile of the care balance distribution and thus, as shown above, report lower levels of life satisfaction. It is also worth noting that it is not only the family network that has a protective role vis-à-vis this risk: being involved in the community's life is also important. The empirical results indicate that an active engagement in the life of the community, through participation in the activities of charity, religious or political organizations, is an important protective factor.

Looking at between-countries variations probably the most striking feature is the similarity of the role of the different demographic and socio-economic factors in affecting the likelihood of being located at the bottom quintile of care balance distribution. In other words, even if there are important between-countries differences in the

inequality of the distribution of informal care, the micro-level factors that are associated with the likelihood of being net support receivers, with no possibility of reciprocating, are strikingly similar in the different countries.

<COMP: Place Table 21.2 Here>

## **Conclusions**

Previous studies have consistently documented that European societies are characterized by quite different patterns of informal social support exchange, with a negative North-South gradient in the likelihood of receiving/providing support and an opposite gradient in the amount of help provided. In the present chapter, we have shown that the prevalence of “non-exchangers” varies considerably across Europe and, what is more relevant, that there is a very high level of inequality in the distribution of informal care, both received and given. The level of inequality characterizing the distribution of care provided or received is significantly higher than that registered for income or wealth. When one considers the importance that the exchange of social support has in affecting individual’s well-being, and how unequal is its distribution in Western societies, it is surprising how little attention this aspect of welfare has attracted vs the attention that has been devoted to economic inequalities.

Our analyses show that receiving large amounts of informal social support without being able to reciprocate is associated with significantly lower levels of individual’s well-being. Furthermore, it emerges that besides respondents’ socio-economic characteristics, what matters in determining the risk of experiencing large-care deficits is the location of the individual within family and community networks, which is in large part the result of their life courses. In other words, having a partner, children, grandchildren and being actively involved in the life of the community is important in order not to be located at the bottom of the care balance distribution. Finally, we have shown that these factors have a similar role across very different European countries. Thus, it seems possible to argue that the relevance of reciprocity for the well-being of the individual and its dependence on the fact of being embedded in rich family and community networks goes well beyond the specific institutional and welfare context in which individuals live. This common, cross-national pattern of micro-levels’ life course-related factors affecting support exchange in later life also calls for an increasing attention being paid to the respective life course of individuals in different family generations, and the reciprocal effects on their well-being and social connectedness. As a matter of fact, our results seem to indicate the importance of adopting a linked lives approach – pointing to the

importance of the intertwined life course trajectories within families, their association with individual's social capital and support networks – in studying life course-related inequalities in later life (Dannefer, 2003).

In this research we focused on the emergence of a new form of inequality which is worth to be strongly highlighted. It's not a form constituted by the sheer amount of individually received or given support: on the contrary, it consists of the actual imbalance between giving and receiving and its consequences on the perceived well-being of the elderly. This imbalance in informal support: (1) is much more unequally distributed in the case of the elderly related support than in the case of income; (2) it has a huge impact on the well-being of individuals. Generally speaking, those who have a very unbalanced budget – whether they receive or give support in an unbalanced way – scored less satisfaction and had lower levels of well-being.

The important result, which really makes a difference, is not that the imbalance is related to individual variables and personal social context, already highlighted in other research (in a nutshell: a negative correlation with being older, being in poor health, being unable to perform daily tasks; a positive correlation with having children, grandchildren, a partner and being active in community life). The point to underline is rather that these correlations apply both to those who receive too much and also to those who give too much. Here is the novelty, also with regard to the theme of new inequalities. It is the “intrinsic quality” of support, understood as the fair equilibrium between being able to give and being able to receive, that makes the difference. It can, therefore, be assumed that we face peculiar norms of justice which people adopt to give meaning to the practices of care and support. We can speculate that caring generates individual well-being, only if it is based on a fair balance between giving and receiving and not, as we might suppose, simply on giving or receiving. If caring is imbalanced (in both receiving or giving), the perception of well-being is dramatically reduced. This seems to reinforce Godbout's theory of a “positive debt” (Godbout, 1995, 2007): intergenerational and intragenerational exchanges generate well-being and personal satisfaction only where the right balance can be found between being able to receive and being able to reciprocate over time. What matters is “the meaning” of caring and not the sheer amount of giving and receiving. Receiving or giving support without reciprocation can affect the intrinsic meaning of social relations.

Another result, which needs to be confirmed by further research, concerns the fact that this imbalance is not strictly related to the famous European welfare regimes. Our analysis seems to confirm a very important insight already observed by other research. Despite the transformation of population and family structures, families have maintained their capacities in delivering help and support, through patterns of reciprocity and kin networks, although the norms

underpinning intergenerational reciprocity may have been challenged by social change. In this context, what looks like new patterns, in fact, could be the re-discovery or emphasis of existing relationships. It could also be an adaptation of culturally and institutionally ascribed norms of family relations.

What does this all mean in terms of social policies capable of facilitating informal care practices? Is it possible to intervene in order to support this balance – or to flatten the imbalance – or is it only possible to map these informal arrangements as a matter of fact? First of all, the clear persistence (or renewal) of informal support – mainly managed on a family basis, but also by the quasi-kinship networks – suggests to offer and manage policies based both on public services supply and on the strengthening of informal and community networks. Support for caregivers should be designed and delivered simultaneously through public policies and supporting informal networks. Second, more attention should be paid to developing innovative policies capable of building informal support networks; our results show a clear negative association between individual’s involvement in community activities, and civic engagement, and the likelihood of experiencing a very unbalanced exchange of social support. Thus, these policies should be implemented in order to develop new forms of communities empowering social generosity, opening new opportunities to be included in vital and vibrant networks, implementing policies that help people to be donors and not only receivers, and to experience the possibility of giving (or receiving) support not only within families and one’s kin-network, but also in the broader society. We could talk about a new field of social policy, namely policies of “regenerating social bonds”.

**Figure 21.1** Inequality in the distribution of social support provided or received, Gini index.

Source: ordinal micro-data from SHARE

**Figure 21.2** Percentage of respondents who report no exchange of social support.

Source: ordinal micro-data from SHARE.

**Table 21.1** Relation between individual’s position in the distribution of support balance and life satisfaction, linear regression model. Overall sample and selected countries

	Full sample	Germany	Sweden	Italy	France	Denmark	Poland
Quintile (ref. 3rd)							
1st	-0.18***	-0.28**	-0.23*	-0.46***	-0.42**	-0.18*	-0.50***
	(-0.27– -0.10)	(-0.55– -0.00)	(-0.46– 0.00)	(-0.76– -0.17)	(-0.75– -0.09)	(-0.39– 0.03)	(-0.88– -0.12)

2nd	-0.09**	-0.08	-0.12	0.07	-0.06	-0.08	-0.35**
	(-0.16-	(-0.31-	(-0.32-	(-0.19-	(-0.33-	(-0.27-	(-0.69-
	-0.02)	0.16)	0.08)	0.33)	0.21)	0.10)	-0.00)
4th	-0.02	0.03	-0.13	-0.28**	-0.05	0.05	-0.22
	(-0.10-	(-0.21-	(-0.34-	(-0.55-	(-0.31-	(-0.14-	(-0.55-
	0.05)	0.27)	0.07)	-0.02)	0.21)	0.24)	0.11)
5th	-0.05	-0.10	-0.15	-0.10	-0.11	-0.07	-0.08
	(-0.12-	(-0.35-	(-0.36-	(-0.38-	(-0.37-	(-0.26-	(-0.41-
	0.03)	0.16)	0.06)	0.18)	0.16)	0.12)	0.25)
Observations	19,079	1,556	1,883	1,512	1,614	1,851	1,354
R-squared	0.17	0.18	0.11	0.21	0.12	0.13	0.16

Notes: c.i. in parentheses; \*\*\*  $p < 0.01$ , \*\*  $p < 0.05$ , \*  $p < 0.1$ ; coefficients for controlling variables are omitted; full model presented in Table A2.

Source: Authors' own elaborations on SHARE data.

**Table 21.2** Linear probability model on the likelihood of being located at the bottom quintile of care balance.

	Full sample	Germany	Sweden	Italy	France	Denmark	Poland
Woman (ref. Man)	-0.006	0.031**	-0.009	-0.042***	-0.005	0.018	0.005
	(-0.014-	(0.006-	(-0.032-	(-0.072-	(-0.028-	(-0.009-	(-0.034-
	0.002)	0.055)	0.014)	-0.012)	0.019)	0.044)	0.043)
Age (centred on the mean)	0.010***	0.010***	0.011***	0.009***	0.011***	0.009***	0.015***
	(0.009-	(0.008-	(0.009-	(0.007-	(0.010-	(0.007-	(0.013-
	0.010)	0.012)	0.012)	0.012)	0.013)	0.011)	0.018)
Self-perceived health status: less than good (ref. Good or better)	0.049***	0.053***	0.052***	0.048***	0.082***	0.053***	0.035*

	(0.040– 0.058)	(0.026– 0.080)	(0.021– 0.084)	(0.019– 0.077)	(0.055– 0.110)	(0.017– 0.089)	(–0.002– 0.072)
Has at least one ADL limitation	0.109***	0.108***	0.128***	0.131***	0.075***	0.122***	0.143***
	(0.093– 0.125)	(0.052– 0.165)	(0.081– 0.176)	(0.065– 0.197)	(0.028– 0.122)	(0.060– 0.185)	(0.084– 0.202)
Has at least one IADL limitation	0.175***	0.173***	0.201***	0.235***	0.247***	0.206***	0.096***
	(0.161– 0.189)	(0.124– 0.222)	(0.158– 0.244)	(0.185– 0.286)	(0.199– 0.294)	(0.153– 0.260)	(0.038– 0.154)
Has at least one child	–0.024***	–0.021	–0.039***	–0.031**	–0.021*	–0.004	–0.015
	(–0.032– –0.016)	(–0.045– 0.004)	(–0.064– –0.015)	(–0.061– –0.001)	(–0.044– 0.002)	(–0.031– 0.023)	(–0.056– 0.027)
Has at least one grandchild	–0.109***	–0.051***	–0.145***	–0.137***	–0.102***	–0.110***	–0.146***
	(–0.119– –0.100)	(–0.078– –0.024)	(–0.176– –0.114)	(–0.171– –0.103)	(–0.130– –0.075)	(–0.144– –0.076)	(–0.212– –0.080)
Household income (in 10,000 euros)	0.001*	0.000	–0.001	–0.002	–0.004***	–0.000	0.000
	(–0.000– 0.001)	(–0.002– 0.003)	(–0.004– 0.002)	(–0.006– 0.001)	(–0.007– –0.001)	(–0.005– 0.004)	(–0.047– 0.047)
Marital status (ref. married/in registered partnership)							
Never married	0.292***	0.274***	0.243***	0.408***	0.166***	0.270***	0.347***

	(0.266– 0.317)	(0.197– 0.350)	(0.167– 0.320)	(0.316– 0.499)	(0.103– 0.229)	(0.193– 0.347)	(0.212– 0.483)
Separated/divorced	0.182*** (0.164– 0.199)	0.206*** (0.146– 0.267)	0.235*** (0.179– 0.291)	0.152** (0.027– 0.278)	0.074*** (0.035– 0.113)	0.155*** (0.110– 0.200)	0.154*** (0.068– 0.241)
Widowed/er	0.246*** (0.231– 0.261)	0.302*** (0.248– 0.356)	0.268*** (0.215– 0.322)	0.165*** (0.112– 0.218)	0.205*** (0.160– 0.249)	0.213*** (0.162– 0.264)	0.113*** (0.051– 0.175)
Participate to social activity (charity, voluntary, political, religious or community organizations)	–0.045***	–0.016	–0.029**	–0.017	–0.055***	–0.034**	–0.072***
	(–0.053– –0.037)	(–0.042– 0.011)	(–0.053– –0.005)	(–0.055– 0.021)	(–0.078– –0.031)	(–0.062– –0.006)	(–0.122– –0.023)
Constant	0.190*** (0.178– 0.201)	0.118*** (0.085– 0.152)	0.251*** (0.211– 0.291)	0.236*** (0.193– 0.279)	0.190*** (0.155– 0.225)	0.181*** (0.134– 0.227)	0.249*** (0.161– 0.336)
Observations	34,936	3,369	3,916	2,697	3,392	3,047	1,353
R-squared	0.286	0.287	0.296	0.272	0.407	0.265	0.313

Notes: c.i. in parentheses; \*\*\*  $p < 0.01$ , \*\*  $p < 0.05$ , \*  $p < 0.1$ .

Source: Authors' own elaborations on SHARE data.

## References

Albertini, M. (2016). Ageing and family solidarity in Europe: Patterns and driving factors of intergenerational support. *Policy Research Working Paper no. WPS7678*. Washington DC: World Bank Group.



- Albertini, M. & Mencarini, L. (2014). Childlessness and support networks in later life: New pressures on familistic welfare states? *Journal of Family Issues*, 35, 331–357.
- Albertini, M. & Pavolini, E. (2017). Unequal inequalities: The stratification of the use of formal care among older Europeans. *The Journals of Gerontology, Series B: Psychological Sciences and Social Sciences*, 72, 510–521.
- Bamford, S.C. & Leach, J. (eds.). (2009). *Kinship and Beyond. The Genealogical Model Reconsidered*. Bergham: New York.
- Carsten, J. M. (2004). *After Kinship. New Departures in Anthropology*. Cambridge: Cambridge University Press.
- Crimmins, E. M. & Beltrán-Sánchez, H. (2010). Mortality and morbidity trends: Is there compression of morbidity? *The Journals of Gerontology, Series B: Psychological Sciences and Social Sciences*, 66, 75–86.
- Dannefer, D. (2003). Cumulative advantage/disadvantage and the life course: Cross-fertilizing age and social science theory. *The Journals of Gerontology: Series B*, 58, S327–S337.
- Elder, G. H. Jr. (1994). Time, human agency, and social change: Perspectives on the life course. *Social Psychology Quarterly*, 57, 4–15.
- Finch, J. & Mason, J. (1993). *Negotiating Family Responsibilities*. London: Routledge.
- Glaser, K. & Hank, K. (2018). Grandparenthood in Europe. *European Journal of Ageing*, 15, 221–223.
- Godbout, J.T. (1995). La norme de justice dans les relations de parenté. *L'Année sociologique*, 45(2), 351–370.
- Godbout, J.T. (2007). *Ce qui circule entre nous. Donner, recevoir, rendre*. Paris: Seuil.
- Godbout, J.T. & Charbounneau, J. (1993). Le dette positive dans le lien familial. *Revue du MAUSS*, 1, 235–256.
- Knoester, C. (2003). Transitions in young adulthood and the relationship between parent and offspring well-being. *Social Forces*, 81, 1431–1475.
- Lee, G. R. (1985). Kinship and social support of the elderly: The case of the United States. *Aging and Society*, 5, 19–38.
- Milkie, M. A., Bierman, A. & Schieman, S. (2008). How adult children influence older parents' mental health: Integration stress-process and life course perspectives. *Social Psychology Quarterly*, 71, 86–105.
- Pavolini, E. & Ranci, C. (2008). Restructuring the welfare state: Reforms in long-term care in Western European countries. *Journal of European Social Policy*, 18, 246–259.
- Pillemer, K. & Sutor, J. J. (1991). "Will I ever escape my child's problems?" Effects of adult children's problems on elderly parents. *Journal of Marriage and Family*, 74, 1101–1113.

Sahlins, M. (2013). *What Kinship Is and Is Not*. Chicago, IL and London: The University of Chicago Press.

Tosi, M. & Albertini, M. (2019). Does children's union dissolution hurt elderly parents? Linked lives, divorce and mental health in Europe. *European Journal of Population*, 35, 695–717.

---

<sup>1</sup> Source: [https://ec.europa.eu/eurostat/statistics-explained/index.php/Population\\_structure\\_and\\_ageing](https://ec.europa.eu/eurostat/statistics-explained/index.php/Population_structure_and_ageing), last accessed October 4th, 2018.

<sup>2</sup> Source: [https://ec.europa.eu/eurostat/statistics-explained/index.php/Population\\_structure\\_and\\_ageing](https://ec.europa.eu/eurostat/statistics-explained/index.php/Population_structure_and_ageing), last accessed October 4th, 2018.

<sup>3</sup> According to the “theory of gift”, elaborated by Godbout and Charbonneau (1993), we could also summarise as follows: (1) the state of “mutual debt” is typical of the experience of a good family bond; (2) the “positive debt”, i.e. the perception that each family member is indebted to the others without requiring to repay or be repaid in the short term, qualifies a “functional” family bond; (3) the experience of a “negative debt”, either in excess or in defect, may be indicative of a possible crisis in family bonds; (4) last but not least, the egalitarian bond (or “equivalent” relationship) does not represent the normality of the family bond, but possibly some of its particular moments (e.g. the beginning or the end of the relationship).

<sup>4</sup> When considering the social significance of this association, it is worth noting the small size of the coefficients reported in Table 1. However, it should be noted that although the life satisfaction scale ranges theoretically from 0 to 10, most respondents report high values: in our sample, about 80% of respondents report a value between 6 and 10. The relative size of the coefficients is also important: having at least one limitation with daily living activities, a very powerful indicator of health status and lack of autonomy is associated with less than a half a point decrease in the level of life satisfaction.