

**FAMILY SUPPORT FOR OLDER PEOPLE:
DETERMINANTS AND CONSEQUENCES (FAMSUP)**

Family care for older people in thirteen European countries
– Standing Committee for the Social Sciences (SCSS)



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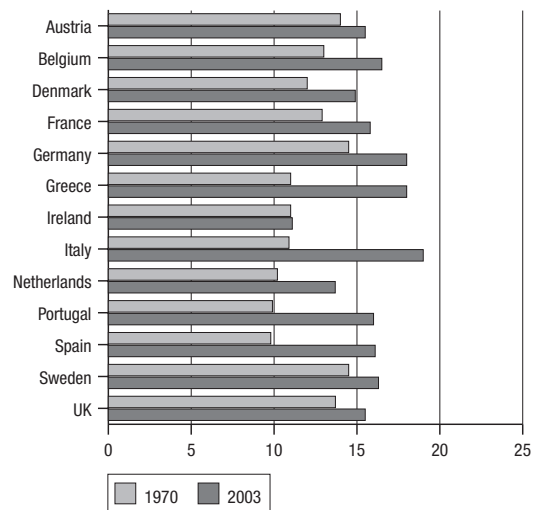
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Population ageing and ageing populations

In Italy around 1970, if 10 people waited for a bus, on average one of the ten would have been an older person. If there was one priority seat for the old or frail, that person would occupy it. Today, among those ten people, two would be over 65. Who gets the priority seat? Or are there more such seats and less standing room for everyone else?

These are the sorts of questions prompted by an 'ageing population' – a change in the relative share of the older to the younger population. Chart 1 shows why this phrase has leapt into fashion all over Europe in the past few years: in most developed countries, the population is ageing fast. Looking at Chart 1, the most striking increases in the relative size of the older population have occurred in Italy and Portugal, where the percentage of people aged 65 and over rose from 10.8 and 9.7 respectively in 1970 to 19.1 and 16.8 in 2003. By contrast, Austria, Germany, Sweden, and the UK already showed high proportions of older people in 1970, with subsequent more modest increases in these proportions during the last three decades when compared with the southern European countries. Differences in the speed of population ageing (i.e. increases in the proportion of the population aged 65 and over) are mainly due to dramatic reductions in family size in the southern European countries, along with an increasing proportion of people who start families late or not at all.

Chart 1:
Percentage of population aged 65+, 1970 and 2003



Source: Calculated from the domain Population, Demography, National Data, Population 'average population by five-year age groups', compiled by The Statistical Office for the European Commission <http://epp.eurostat.ec.eu.int> (extracted November 2005).

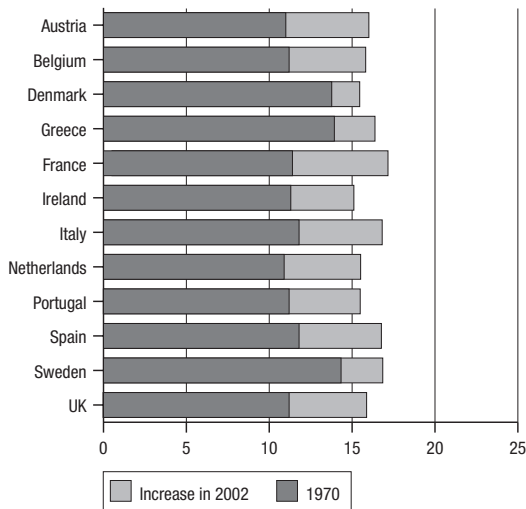
Box A: Causes of population ageing

A popular perception is that the world is older due to improvements in mortality; in fact, in most societies, it is fertility that is the key determinant of population ageing. Initial improvements in mortality were largely due to declines in infectious diseases which primarily affected children so that in the absence of reductions in fertility, improvements in mortality alone would have made the population younger. Prolonged high fertility produces a large proportion of children and small proportion of the aged. Declines in fertility result in fewer young people in the population and hence a rise in the proportion made up of the older age groups. In societies that already have low fertility and mortality levels improvements in mortality are also important factors, especially in the ageing of the older population itself.

Population ageing and ageing populations

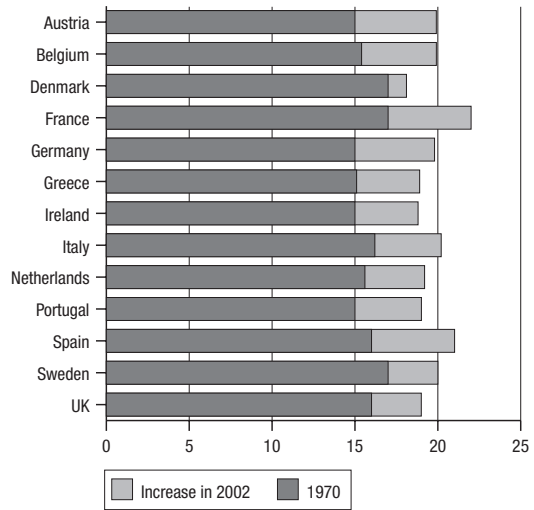
Charts 2a and 2b show how life expectancy has changed. In 1970 a woman reaching the age of 65 could plan, on average, to celebrate fifteen to seventeen more birthdays. But her daughter, on reaching the same age in 2002, can look forward to blowing out the candles three or even four extra times – in fact she might even wonder whether the cake is going to be large enough to hold them all. This trend holds for all the countries shown. For men, life expectancy at the age of 65 in 1970 was around three years less than for women, and the increase by 2002 is slightly smaller than that for women.

Chart 2a:
Life expectancy at age 65 for men



Source: Calculated from the domain Population, Demography, National Data, Mortality 'life expectancy by sex and age', compiled by The Statistical Office for the European Commission <http://epp.eurostat.ec.eu.int> (extracted November 2005).
Note 1: Germany: life expectancy at age 65 for men in 2002 was 16.1. No figure is available for 1970.

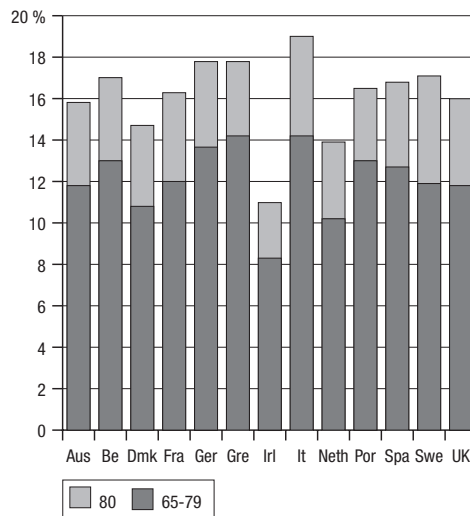
Chart 2b:
Life expectancy at age 65 for women



Source: as Chart 2a

Chart 3 shows the current proportions of the population aged 65 to 79 and 80 or over. Looking ahead to 2025, the proportion of people aged 80 and above is projected to be around half as large again – for example, in France to rise from 4.3% to 6.3%.

Chart 3:
Percentage of population aged 65-79 and 80+ years, 2003

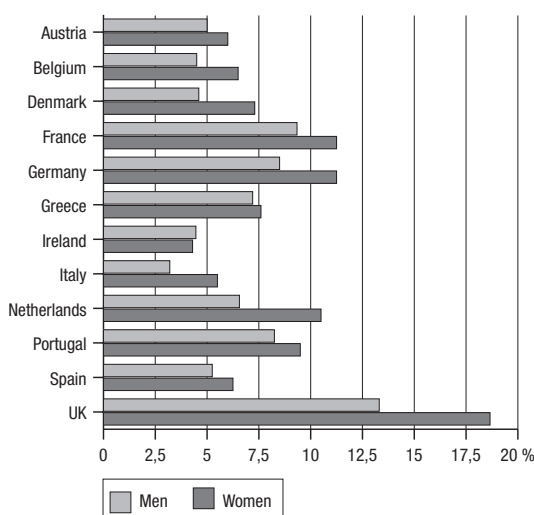


Source: Calculated from the domain Population, Demography, National Data, Population 'average population by five-year age groups', compiled by The Statistical Office for the European Commission <http://epp.eurostat.ec.eu.int> (extracted November 2005).

What nobody knows for sure is if a longer life will mean a healthier life. This is a hotly-debated topic and one to which answers are mixed. It isn't helped by the difficulty in defining good health: am I disabled if I think I am, compared to other people? Or if I can't do what I want to do? (e.g. ride a unicycle?). Or if I can't perform some task set by a physiotherapist, when it may be something I've no desire to do? (Climb stairs, doctor? But I live in a bungalow ...). The difficulties in interpreting people's own assessments of their health are illustrated in Chart 4 which shows the percentages of men and women who are 'severely hampered in their daily activities' by a health problem. We see considerable variation across different European countries: for example, women in the UK are more than twice as likely as Greek women to be severely hampered by a health problem. Even granting the well-documented health advantages of the 'Mediterranean diet' (e.g. olive oil), it's pretty clear that severe disability means something different in the two countries and this makes accurate figures hard to assemble. Moreover, except in the United States, there is a lack of data on health status over time.

However, there are some facts that everyone agrees on. Although most older people are fit and healthy, health problems do increase with age. When frail older people are in need of assistance, who do they turn to for help with household tasks including care? Throughout Europe and the U.S. help is largely provided by spouses and other family members (and not by public social services). Thus the availability of family members (e.g. spouses and children) has important implications for the provision of care in later life. We might see it as demand and supply: the demand – from frail older people – is there. Indeed it may well be growing due to widespread social policy reforms in many countries which have sought to reduce institutional care and to restrict access to home care services, so that they are targeted on those in greatest need. So how about supply?

Chart 4:
Percentage with severe disability, 2001



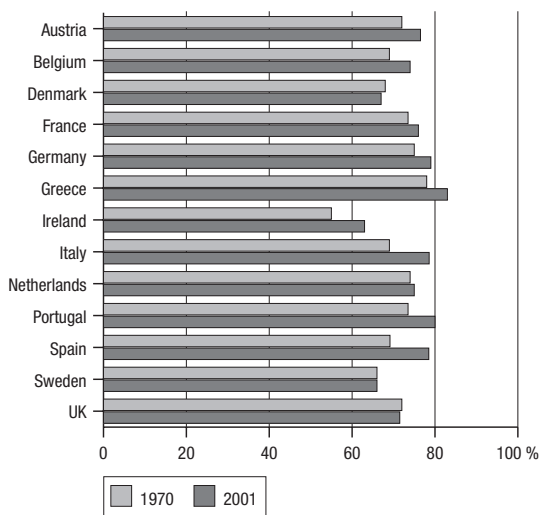
Source: Drawn from 'Hampered in daily activities by any physical or mental health problem, illness or disability', compiled from European Community Household Panel survey by The Statistical Office for the European Commission <http://epp.eurostat.cec.eu.int> (extracted January 2006).
Note: no comparable figures are available for Sweden

Family care: have older people got families?

The good news is, more older women have husbands than used to be the case; men are living longer, and more living men means fewer widows (see Box B for a discussion of men). Charts 5a and 5b show the proportions of men and women aged 65 and over who are married. In most of the countries shown the proportion increased between 1970 and 2001, with larger increases in the southern countries than in the northern.

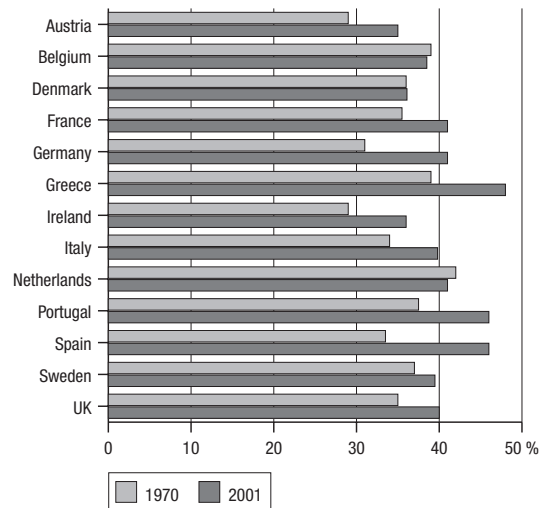
The bad news is, a rise in the number of surviving older men doesn't necessarily mean they are all going to be husbands for older women. The principal reason for the end of a marriage used to be the death of a partner, but in the northern countries a substantial proportion of marriages are now ended by divorce. At present the elderly divorced person is practically an unknown phenomenon (Chart 6); however, there are projected rises in the proportions of both older divorced men and women.

Chart 5a:
Percentage of men aged 65
and over who were married, 1970 and 2001



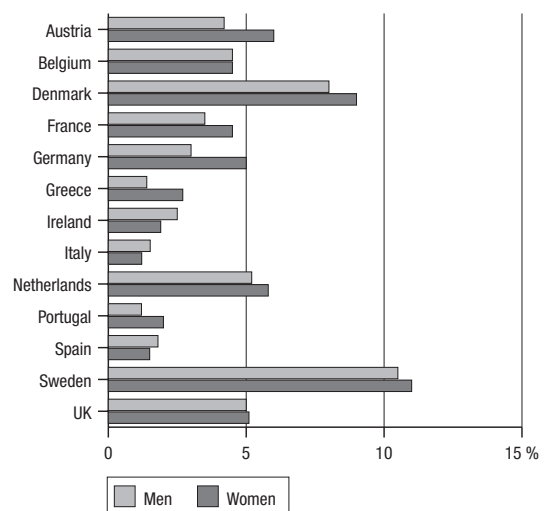
Notes: for Ireland, Italy, the Netherlands, Austria and the UK the percentage shown is for 1971 not 1970. For France it is 1975 not 1970.
Sources: 1970/1971/1975 figures are calculated from 'enumerated and adjusted Census populations by age and sex' and 'population by age, sex and marital status', compiled by the US Bureau of the Census <http://www.census.gov> (extracted January 2005).
2001 percentages are calculated from 2001 Census figures for 'population by age, sex, marital and cohabitational status', compiled by The Statistical Office for the European Commission <http://epp.eurostat.ec.eu.int> (extracted January 2005).

Chart 5b:
Percentage of women aged 65
and over who were married, 1970 and 2001



Notes and source as Chart 5a.

Chart 6:
Percentage of men and women aged 65
and over whose marital status was 'divorced', 2001

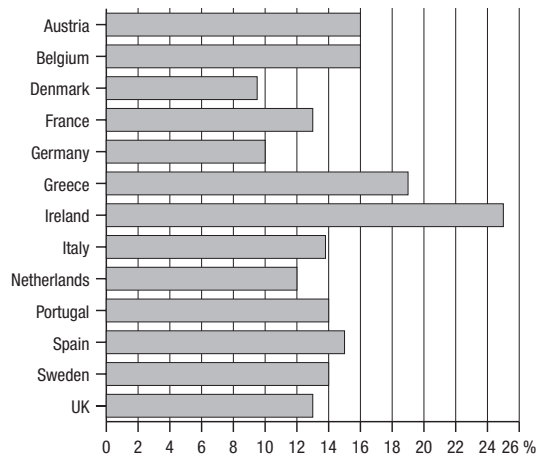


Source: calculated from 2001 Census figures for 'population by age, sex, marital and cohabitational status', compiled by The Statistical Office for the European Commission <http://epp.eurostat.ec.eu.int> (extracted January 2005).

Box B: Older men and marriage

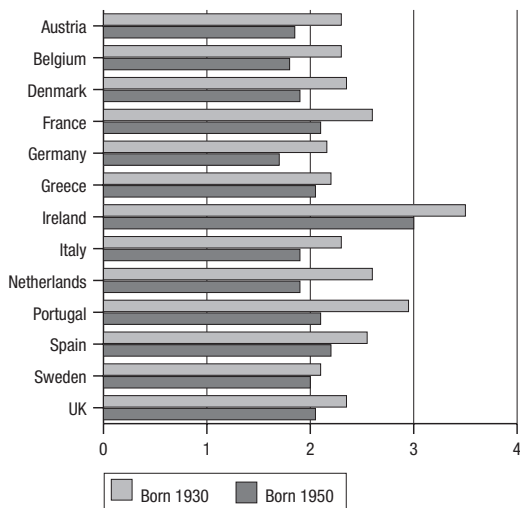
In the past, European men who survived to be old were a minority. Because men tend to marry women younger than themselves and to die younger than women, those fortunate men who did survive mainly had a living wife. They might not be in their first marriage though; until the early 20th century women were at a significant risk of dying in childbirth, TB or other infectious diseases and many men were widowed and remarried, sometimes several times. It is still true that older men are more likely to be married than older women. With the reduction of sex differences in life expectancy we might expect marital status differences to decrease in the future, but this picture is complicated by the rise in divorce. Men are more likely than women to remarry after divorce, and much more likely to remarry after widowhood; if these differences persist, older husbands will continue to be more common than older wives.

Chart 8:
Percentage of women born in 1930 who are childless



Source: drawn from national surveys and publications
Greece: women aged 65+ in 1996. Denmark: women born in 1940

Chart 7:
Average number of children for women born 1930 and 1950



Source: calculated from demographic cohort indicator 'completed fertility',
compiled by The Statistical Office for the European Commission
<http://epp.eurostat.ec.eu.int> (extracted January 2005).

Not everybody may have a spouse or partner in later life, but many have children. As we might expect, Chart 7 shows that the average woman born in 1930 has had two or more children – and, for the first time in history, it's safe to assume that virtually all those children have survived into late adulthood. Mrs Average has a son or daughter to help her mow the lawn and give lifts in a car, as well as carrying the shopping and accompanying her to the clinic; indeed her number of children is noticeably greater than that of the next generation, as the Chart shows. Alas, not every woman is Mrs. Average and the message from Chart 8 dispels this reassuring image: at least one elderly woman in ten has no children and this figure reaches 25% in Ireland.

It is, of course, too sweeping a generalisation to say that elderly women without children are lacking family care. They may not need it; many a hearty 75-year-old is the mainstay of her 90-year-old neighbour, or even her 100-year old mother. Where a need exists, it may be met by younger siblings, or nephews and nieces. But such women may have to do more for themselves than their counterparts who proudly announce the birth of each grandchild; and, if the arthritis strikes hard or the grim spectre of Alzheimer's makes its appearance, they may indeed have acute, unmet needs.

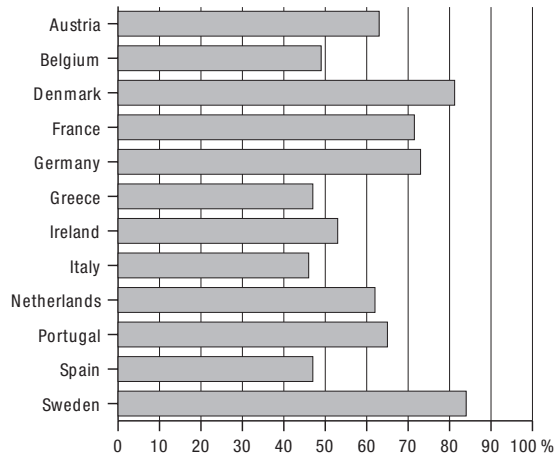
Family care: do families care?

You will have noticed that there's one (or at least one) questionable assumption in the discussion so far: that adult children will automatically offer the care and support needed by their parents. We know that help from children is both widespread and important, but the pattern of exchange and support between the generations is a complex, negotiated network of expectation and compromise.

Some children will take more from their parents than they give back – not only over the nappies-to-shrouds course of the relationship, which is perhaps to be expected, but even in the parent's old age. Some young adult children may continue to live in the parental home, rent-free and with meals and all services provided; although they may assist their parents, most studies show that they are more likely to be receiving help than providing it. The care provided by grandparents to grandchildren is also important, and may enable daughters with young children to undertake paid work.

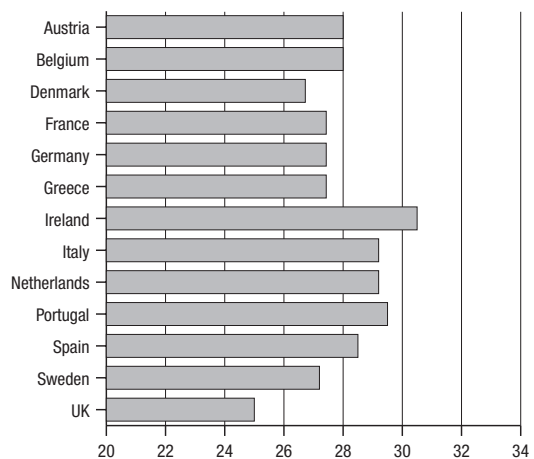
This reminds us that even where adult children are anxious to assist, they may have other priorities. In western Europe, the proportion of women job-seeking or doing paid work has steadily increased in the past fifty years. Chart 9 shows the levels in 2000, and there is a clear north-south divide (although Ireland again resembles Greece more than it does Sweden). Research suggests that many people, especially women, are prepared to add care of older relatives and other family responsibilities to their portfolio of daily tasks without cutting back substantially on paid work or other competing obligations. But we should be cautious before assuming that this means an older parent's needs for care are being satisfactorily met – still less that there are no ill effects on the younger family's well-being. Chart 10 gives an indication of the size of the 'generation gap' and suggests that for women born in 1930 it is on average about 28 years. When those women reach the age of 78 in 2008, their children will be around 50 – probably they will no longer be caring for small children, which may give them more freedom to assist their parents, but they may not have so much energy for caring as they would have had when younger.

Chart 9:
Percentage of women aged 45-59
who are economically active, 2003



Note: No figure for this age group is available for the UK
Source: International Labour Organization yearly data for 'total and economically active population by age group', <http://laborsta.ilo.org/>, extracted January 2006.

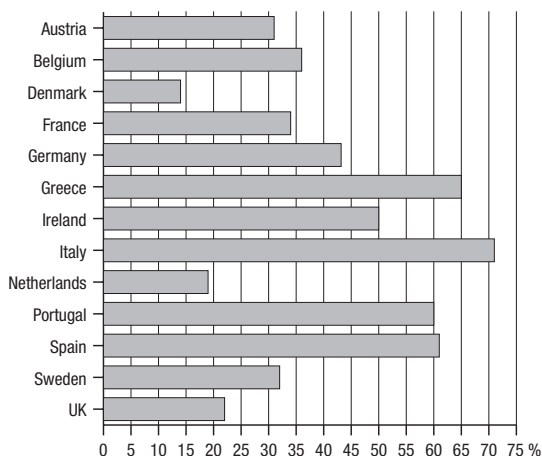
Chart 10:
Women born in 1930: average age at childbirth



Source: from demographic cohort indicator 'mean age of women at childbirth', compiled by The Statistical Office for the European Commission <http://epp.eurostat.ec.eu.int>, supplemented from national surveys and other sources

So are sons and daughters available to help older parents if necessary? Chart 11 suggests that some are. It shows the percentage of people aged 60 or over who report having daily contact with family; the definition of 'family' is left to them, so it may well include relatives who live at the same address as well as those living elsewhere. This shows a clear north-south divide, with much higher levels of daily contact in the southern countries.

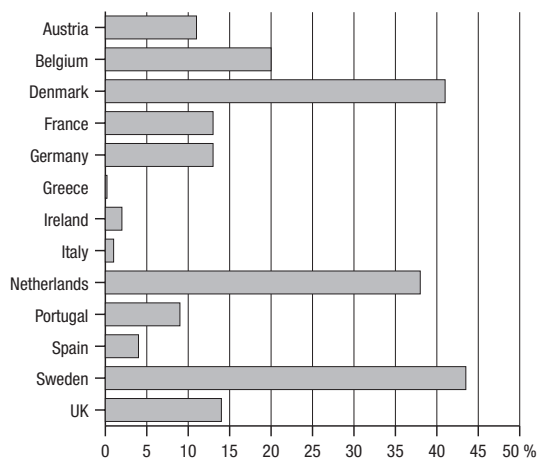
Chart 11:
Percentage of people aged 60 or over having daily contact with family, 1992



The figures are for 1992, the most recent year for which compatible data for these European countries is available.
Source: Eurobarometer Survey, 1992

The north-south divide appears again in Chart 12, which shows the proportion of people in middle age who would prefer their parents to enter a nursing home if they – the parents - became frail. One way of regarding this question is as a measure of the social acceptability of institutional care in different countries: would the people answering the question (to an interviewer of their own national background) consider themselves to be disgraced by answering that they would prefer nursing home care for their frail parents? In sociological terms, would the norms against which they measure their self-esteem be supported or contravened by expressing that preference? If the question is interpreted in such a way, the answers suggest that it is discreditable to consider institutional care in the Mediterranean countries, reasonably respectable in the Netherlands and Scandinavia, and that norms are confused elsewhere. Responses to this question will also influence, and be influenced by, differences in the policy environments across the selected countries, in particular the availability, cost and quality of public service provision.

Chart 12:
Percentage of people aged 40-64 who would prefer their parents to enter a nursing home if they become frail, 1998

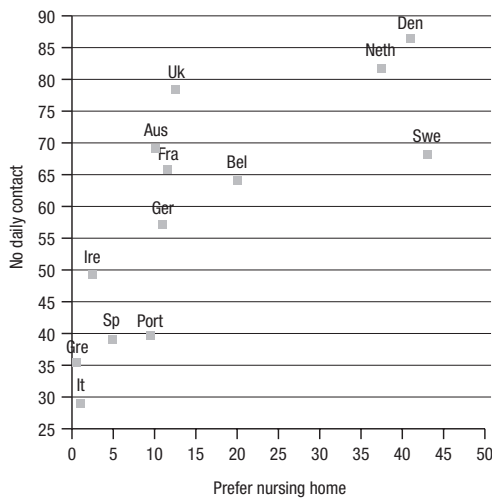


Source: Eurobarometer Survey, 1998

Making one's own arrangements: care beyond the nuclear family

Chart 13 shows the percentage of people aged 40-64 who would prefer their parents to be in a nursing home if they become frail against the obverse of the figures shown in Chart 11, i.e. the percentage of people aged 60 or over who do not have daily contact with family. The countries with the highest daily contact – Greece, Spain, Portugal, Italy and Ireland – form a distinct group on the left of the chart, where preference for institutional care is at its lowest. It seems that, in these countries at least, expressed opinions and actual practice coincide; the middle generation sees its parents very frequently and denies wishing for institutional care for those parents. Perhaps the same consistency can be found in the Netherlands, Denmark and Sweden (the cluster on the right of the chart) where less frequent contact coincides with approval of care in nursing homes if needed. The other countries are less consistent.

Chart 13:
Percentage of people aged 40-64 who would prefer their frail parents to go into a nursing home, by % of those aged 60+ who do not have daily contact with family

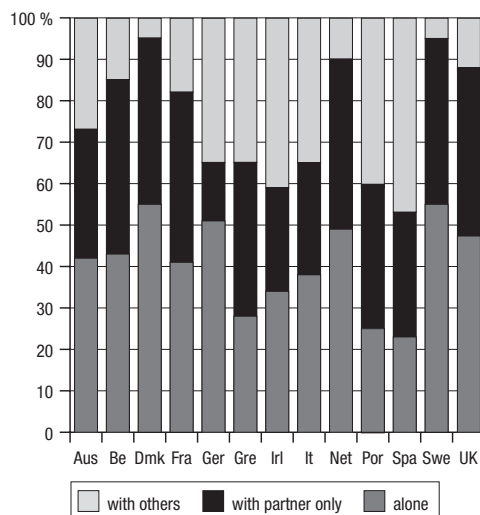


Source: Eurobarometer Surveys, 1992 and 1998

Granted the importance of help exchanged between adult children and their parents, and between grandchildren and grandparents: what about the people who don't conform to the stereotype? What about Miss Alpha who had a teaching career instead of a family - or difficult Mrs. Beta whose children have given up trying to persuade her to let them sweep the floor – or Mr. Gamma, who walked out on his children thirty years ago and has no intention of resuming contact? Human relationships are infinitely varied, and such people may have developed other support systems or ways of meeting the problems of age.

One way of assessing what support is available is to look at the nearest possible source of help: the person, or people, in the same household. Chart 14 shows the living arrangements of women aged 65 and over who live in private households. Interestingly, the countries fall into the same three groups as they did in Chart 13, with older women least likely to be living alone or only with a partner in Spain, Italy, Ireland, Portugal and Greece. Research has shown that the other people in such households are nearly always adult children, sometimes with grandchildren as well, although a small proportion are brothers or sisters or other relatives. By contrast, only a very small proportion of women aged 65 and over in Denmark, Sweden and The Netherlands live with someone other than a partner, and the proportions are not much larger for many other countries. Support for women in Northern European countries, if they need it, is not likely to come from co-residents.

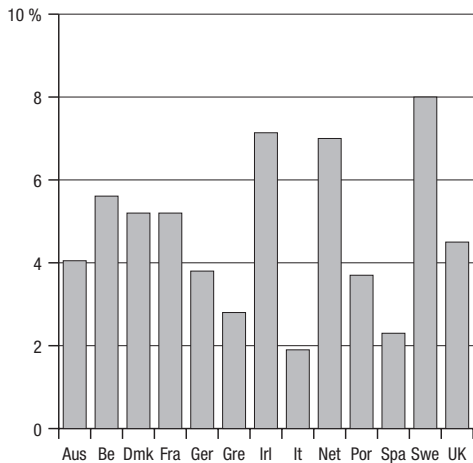
Chart 14:
Living arrangements of women aged 65 years or more who lived in private households in 2000/2001



Source: Censuses and surveys from the individual countries

Security: does it come from money or people?

Chart 15:
Percentage of women aged
65 years or over in an institution in 2000/2001

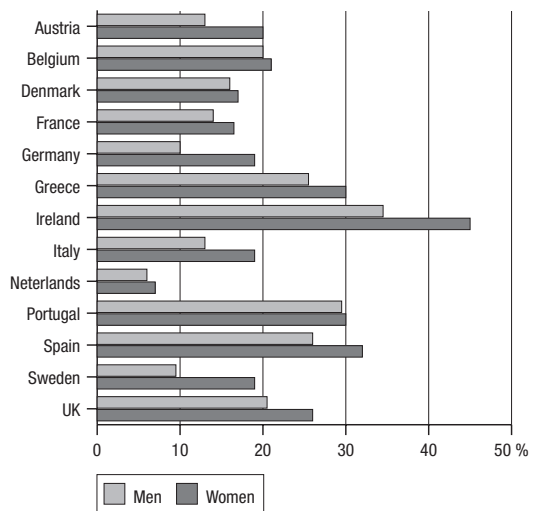


Source: Censuses and surveys from the individual countries

In considering care for frail older people, another option is a move to a care home or even a hospital. Chart 15 shows that in each country a small percentage of older women live in an institution, but the likelihood varies considerably. Those women who no longer live in private households form only 2% of the whole in Italy, the lowest percentage, but as many as 8% in Sweden; once again we see evidence of a north-south divide. One possible reason for differences in institutionalisation rates is that older women are more disabled in some countries than in others; but Chart 4, which gives levels of disability, does not show a north-south divide. Another reason could be that women tend to die earlier in some countries than in others. But again evidence is lacking; Chart 2b shows no clear difference in life expectancy.

Some of the needs we may develop in later life can best be met by ready cash: efficient central heating will do more to alleviate rheumatic pains than a whole string of daughters with bottles of embrocation. People who lack family support have even more need of a financial buffer, a store of funds for the rainy day when the roof springs a leak. Chart 16 shows the proportions of older people who are at risk of poverty. In order to allow for the differences in cost of living between countries, being 'at risk of poverty' is defined as an income at less than three-fifths of the 'typical' (median) income for that country. It can be seen that around a fifth of older women and a smaller proportion of men fall into this category, and we can guess that their choices are considerably restricted by their income even if it suffices to meet their basic needs.

Chart 16:
Percentage of men and women aged
65 years and over at risk of poverty, 2004



Note 1: 'at risk of poverty' is defined as receiving 60% of median equivalised income after social transfers

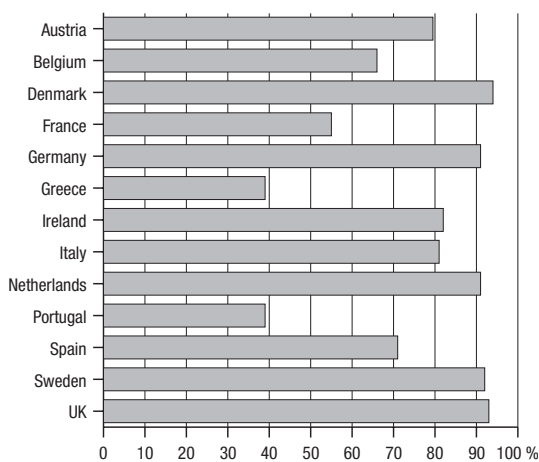
Note 2: Figures for The Netherlands refer to 2003

Source: drawn from 'Income and living conditions: low income', Population and Social Conditions theme, compiled by The Statistical Office for the European Commission <http://epp.eurostat.ec.eu.int> (extracted February 2006).

The levels of perceived poverty are high enough to be startling in Chart 17, where poverty is – more controversially – measured as not feeling comfortable with one's income. In almost all the countries measured, over half the older population expresses dissatisfaction. But what do these figures mean? They may be seen as reflecting relative income levels between the generations: adults of working age are, on average, better off than their parents. Or they may indicate resources diminishing in the course of old age, while the need for money increases; the man who used to mend the roof himself will have to pay a workman once he can no longer balance on a ladder. But neither of these messages takes account of the obvious differences between countries in the chart: once again, there is a north-south divide, and the highest levels of dissatisfaction are found in the wealthier countries.

In terms of material assets, this makes no sense – a Scandinavian lady of 80 is far more likely than her Greek counterpart to own a washing machine. But we have seen in previous charts that the Scandinavian lady may well be living alone (Chart 14) and probably doesn't have daily contact with family (Chart 11). Perhaps her perceived need for a higher income is caused by fear of the unexpected, fear of the demand which she cannot meet, fear of the future which she will have to deal with alone. Money is likely to act as a substitute for family assistance as it enables the purchase of help and care. This may be a conscious choice by the older person themselves. It would be wrong to portray older people as victims or indeed as fearful: perhaps we should picture, not a nervous older woman whose children have moved far away, but a woman of dignity and pride, living in a culture which values independence and self-determination, whose children are near but who would rather have the means to look after herself than be dependent on those whom she has nurtured and protected.

Chart 17:
Percentage of people aged 65 years or over
not feeling comfortable with their income, 2002



Source: European Social Survey 2002.

The public contribution to support

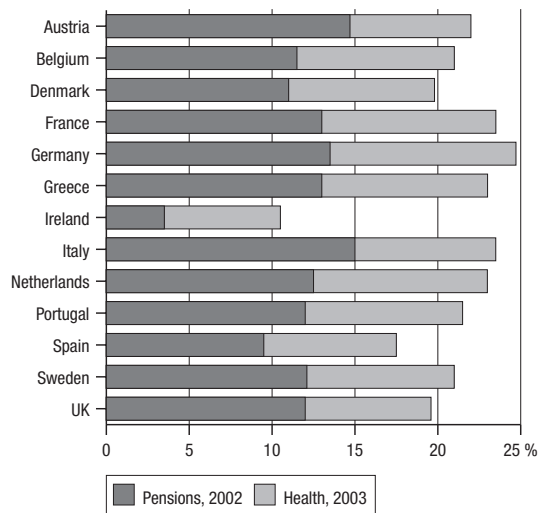
Family support can substitute for a lack of personal funds; this is as true for the enthusiastic but hard-up young student as it is for the elderly widow. Looking at the other side of the coin, private wealth can substitute for family support. Taxis and domestic help may be just as effective as a son and daughter to arthritic, wealthy Mrs. Epsilon in running her household. At the same time, her employment of local people will contribute to the economy – especially if the son and daughter take the opportunity to work full-time themselves.

But for the great majority of people whose private wealth is modest or non-existent, the main source of help outside the family and the household is the state. All the European countries studied provide some form of pension for retired people and a level of health care. Chart 18 shows that the priority placed on these forms of expenditure varies; for example, whereas Germany spends over 13% of its Gross Domestic Product on pensions and 11% on health, the equivalent figures for Spain are only 10% and 8%.

The difference may be related to the higher proportion of retired people in Germany than Spain (Chart 1) though – perhaps not surprisingly – this does not appear to explain all the variation between countries.

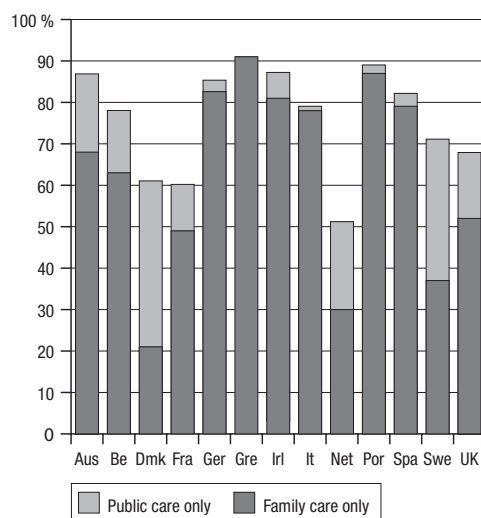
The final chart, Chart 19, gives some idea of the balance between public and family support for older people, if and when it is necessary. It shows people who report receiving only one of the two, as together these proportions account for most of those who receive regular assistance. Others of course, perhaps the more frail or disabled, receive both. As discussed above in connection with residence in institutions, there is wide variation between countries and a noticeable north-south divide.

Chart 18:
Percentages of GDP spent
on pensions (2002) and public health (2003)



Sources: % GDP spent on public health: OECD Health Data (extracted December 2005)
% GDP spent on pensions: from 'Sustainable Development Indicators: Ageing Society',
figures compiled by The Statistical Office for the European Commission
<http://epp.eurostat.ec.eu.int> (extracted December 2005).
Note: figures for % GDP spent on public health refer to 2002 for Ireland,
Sweden and the UK

Chart 19: Percentages
of people aged 60+ receiving
family care only and public care only, 1992



Note: the base for this table is people aged 60 years and over who receive regular help or assistance with personal care or household tasks because they find it difficult to do these by themselves.
Source: Eurobarometer Survey, 1992

Conclusion

The phenomenon of population ageing and, in particular, the decline in fertility which is responsible for this trend, have prompted concerns among commentators and policy makers that family support for older people may be less available in the future. Currently, among most EU countries, family members provide the great majority of care received by older people. There is nevertheless considerable variation across countries, with a higher proportion of older people receiving care and living with family members in southern Europe. There has been little evidence of change over time in attitudes towards elder care according to Eurobarometer Survey data. But it may be too early to judge; at present the older age groups are comparatively rich in family resources, and the older people of the future, with their smaller families, may indeed face a diminished supply of family caregivers and co-residents.

Besides differences in numbers of children born, European and other industrialized countries have witnessed other dramatic changes in family life in the postwar period, including the postponement and easier dissolution of legal marriage and the increase in children born outside legal marriage. These recent trends are less evident among people who are currently in old age but will become more apparent in the future. This means that older people are likely to experience greater diversity in family life than previous generations and although there are no signs that family care will disappear, it may be unavailable to certain groups of people or in particular ways.

The FAMSUP database, on which this analysis is based, is limited by available comparable measures of family support (see Box C for details of data sources and Box D for details of the ESF sponsored FAMSUP network). Better cross-national indicators of family support would have significantly improved the analysis. For example, projects like the Survey of Health, Ageing and Retirement in Europe (SHARE), which involves the collection of household surveys based on the U.S. Health and Retirement Survey (HRS) and the English Longitudinal Study of Ageing (ELSA), will provide future comparable data on the availability of kin and social support (e.g. living arrangements; family contact; and type, frequency and number of hours of household assistance including care) (<http://www.share-project.org>).

Box C

The FAMSUP database uses a variety of nationally representative data sources including:

- Eurostat's (Statistical Office of the European Communities) New Cronos database (<http://europa.eu.int/newcronos>; limited to subscribers);
- the Eurobarometer Surveys (http://europa.eu.int/comm/public_opinion/);
- Council of Europe publications on demographic developments in Europe;
- the U.S. Census Bureau's International Data Base (IDB) (<http://www.census.gov/ipc/www/idbnew.html>);
- the International Labour Organisation (ILO);
- and FAMSUP's own database (which is largely comprised of data from nationally representative surveys, censuses, or official publications provided by FAMSUP members).

For more details please see

- Tomassini, C, Glaser, K, Wolf, DA, Broese van Groenou, MI & Grundy, E 2004, 'Living arrangements among older people: an overview of trends in Europe and the USA', *Population Trends*, vol. 115, pp. 24-34.

Box D

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