Extended Abstract

Socioeconomic Differences in Care Provision in Europe

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Introduction

Due to demographic ageing the share of people who will need and give care will increase in the coming years. At the same time, other societal trends like higher mobility, changing family structures, and increased female labor force participation will decrease the availability of persons who can provide such care (Agree & Glaser, 2009). Yet, in most European welfare states the formal care systems rely heavily on informal support (Albertini & Pavolini, 2015), thereby creating demands for family caregivers. An individual's disposition to provide care to aging family members is shaped by a combination of individual circumstances such as the perceived barriers to provide care (e.g. proximity to care recipients, socioeconomic resources) and contextual factors (e.g. societal norms of family caregiving, the formal long term care context, social policies towards families) (van Groenou & de Boer 2016).

While there is a considerable body of research on the gendered dimension of informal caregiving (e.g. Schmid, Brandt, & Haberkern, 2012), little is known about whether and when care responsibilities fall differentially on disadvantaged populations. How aspects of the country context (e.g. income level or welfare state generosity) differentially shape individual-level socioeconomic inequalities in informal care provision is another open question.

Our study draws on these gaps in the literature and will investigate the impact of socioeconomic status, measured as income, wealth, and education, under different welfare state conditions in Europe.

Theoretical considerations

There are reasons to assume that economically disadvantaged groups are more likely to engage in caregiving. First, caregiving can conflict with full-time employment. Often, caregivers are forced to reduce their working hours (Wakabayashi & Donato, 2005), which can also reduce their earnings. Second, a potential caregiver with more economic resources can more easily delegate care tasks to formal care providers (Saito, Kondo,Shiba, Murata, & Kondo, 2018). Formal care is often costly and, especially in the earlier stages of ill health, not always fully covered by health insurance and social security programs.

At the individual level of the caregiver, the Informal Care Model (Broese van Groenou & de Boer, 2016) predicts that individuals in lower socioeconomic groups are more likely to provide care, due to the poorer health of the care recipient, stronger norms around care provision, fewer resources with which to access formal care, and the lower involvement of other caregivers. Cross-national differences in informal care provision are also likely based on the level of familialization of the welfare state (Saraceno, 2016) and inequality at the national and regional levels (Deindl & Brandt, 2015, 2019).

Although there is a growing body of literature on socioeconomic status differences in informal care use (e.g. van Groenou et al., 2006, Rodriguez, 2018; Rodrigues, Ilinca, & Schmidt, 2018) and cross-national variation in the relationship between socioeconomic inequality and informal care use (Albertini & Pavolini, 2015), empirical evidence of socioeconomic differences in informal care provision is limited. Much of the existing research on socioeconomic inequality

in informal care provision has focused on caregivers' employment situation or the consequences of caregiving for employment, especially amongst women (Vlachatoni, 2010; Moussa, 2019).

Thus, we extend research on socioeconomic inequalities in informal care by examining the association between socioeconomic status and informal care provision within the household. Furthermore, we examine two aspects of the societal context, country income level and the generosity of the welfare state towards families, to identify which aspects of macro-level social inequality may influence individual-level socioeconomic inequalities in informal care provision.

Method

Using pooled data from the *Survey of Health, Ageing and Retirement in Europe* (SHARE), from 2004 to 2015 (release 7.0.0), and the *English Longitudinal Study of Ageing* (ELSA) from 2002 to 2015, this study estimates associations between household socioeconomic status (education, income, and wealth), country social inequality (level of income and income and welfare support to families), and the likelihood of older adults' informal care provision within the household, overall, and to their partners.

Our pooled dataset of the Survey of Health, Ageing and Retirement in Europe (SHARE) and the English Longitudinal Study of Ageing (ELSA) includes data from 102,286 respondents across 20 European countries (Denmark, Sweden, Luxembourg, England, Ireland, France, Austria, Germany, Switzerland, Belgium, Netherlands, Spain, Italy, Portugal, Greece, Czech Republic, Poland, Hungary, Slovenia, and Estonia).

Results

Care Provision Within the Household

Our multivariate analyses of care provision inside the household are based on two different conceptualizations of country differences in inequality: average income level and public spending on families as a percentage of GDP.

Using these two conceptualizations of country differences in inequality, we find similar associations between each of household education and wealth, and informal care provision. Specifically, we find evidence that higher levels of household education and wealth are associated with a lower incidence of care provision within the household, controlling for individual demographic, health, family structure circumstances, and country level inequalities.

For income, however, we find that the relationship with informal care provision differs according to our measure of country differences in inequality. When we examine country differences on the basis of average income levels, we find evidence that both low and high income households show a higher incidence of care provision within the household relative to middle medium income households. When we examine country differences on the basis of public spending on families as a percentage of GDP, lower middle income and poor households show a higher incidence of care provision but high middle income households show a lower incidence of care provision, relative to middle medium income households. As we expected, countries with higher average income levels and public spending on families show a lower incidence of care provision within the household.

Finally, we find statistically significant moderating effects between each of household income and education with the country's income level, and between each of household wealth and education with the country's level of public spending on families in the association with care provision within the household.

Care Provision to Partners Within the Household

Using our two conceptualizations of country differences in inequality, we do not find any statistically significant educational differences in informal caregiving to partners. We do find similar associations between household wealth and informal care provision such that lower household wealth (maximum 50,000 Euros) is associated with a higher incidence of partner caregiving relative to higher wealth (100,000 or more), controlling for individual demographic, health, family structure circumstances, and country level inequalities. Income differences in informal care provision are only evident when we examine country differences in inequality on the basis of average income levels. Specifically, poor households show a lower incidence of partner caregiving relative to middle medium income households.

In terms of country differences, countries with higher levels of average income and public spending on families as a percentage of GDP, medium and high, show a higher incidence of within household partner caregiving compared to those with low levels of income and family spending. We did not find any statistically significant moderating effects between either country income groupings or public spending on families, and household socioeconomic status measures (education, income, wealth).

Discussion and Conclusion

Our study contributes to existing research by examining socioeconomic inequality in informal care provision based on differences in individual socioeconomic resources (education, income, and wealth), the country level inequalities (level of average income and generosity of social welfare towards families), and the intersection of individual and country socioeconomic stratification.

We find evidence of a complex association between individual socioeconomic status and care provision within the household. Higher education and wealth are associated with a lower incidence of care provision within the household. Overall, older adults in lower income households (low and middle income) are more likely to provide care within the household but we also find evidence that higher income households are more likely to engage in informal caregiving within the household. When examining the incidence of caregiving to partners specifically, however, we find that poor older adults are less likely to care for their partners relative to middle medium income households but less wealthy older adults are more likely than their wealthier counterparts to care for their partners.

We also find country differences in informal care provision such that countries with higher average income and public spending on families as percentage of GDP have a lower incidence of caregiving within the household overall. When examining caregiving to partners, countries with higher levels of average income and public spending on families show a higher incidence of partner caregiving. This suggests that aging partners may be better able to support each other in countries with more socioeconomic resources and generous social policies toward families.

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