

# FAMILY SUPPORT FOR OLDER PEOPLE IN EUROPE: DETERMINANTS AND CONSEQUENCES

Emily Grundy

## 1. Demographic and health trends influencing needs for support

Declines in fertility in Europe have resulted in substantial shifts towards older age structures, recently accelerated by improvements in mortality at older ages. In most European countries (other than for men in the former Eastern bloc) survival to at least age 65 is now normal and reductions in the overall level of mortality are being achieved through improved survival beyond the age of 65. Both the pace and now the extent of population ageing within Europe is greatest in countries which have experienced age structure changes most recently, raising particular problems in terms of social and policy adjustments.

Controversy surrounds the issue of trends in indicators of the health status of populations, including disability and the extent to which population ageing will lead to higher health care costs. In OECD countries health care expenditure is typically three to five times as high for those aged 65 and over as for those aged under 65 but the growing costs of technological innovations in medicine have had a greater influence than population ageing on past growth in expenditures. Costs of long-term care, however, are strongly related to trends in the prevalence of disability (themselves highly associated with age). Even projections which assume falling rates of disability suggest large increases in the number of older people with ADL due to demographic change. Within Europe there are large variations in the extent to which the state contributes to the provision of the assistance needed by older people with disabilities, but even in the most generous welfare states, family provision of care and support (including provision by elderly family members such as spouses) is pre-eminent so the future availability of family support is an issue of major policy importance.

In many European countries marriage rates were lower, and proportions, especially of women, never-married higher, among cohorts born in the late 19th and early 20th century compared with those born in the 1930s and 1940s. Related to this, levels of fertility were also higher, and levels of childlessness lower, among women born in the 1930s and 1940s than in earlier (or later) cohorts. Moreover, falling mortality and a recent narrowing of gender differences in mortality seen in several European countries (with the notable exception of Eastern Europe), have served to postpone widowhood. As a result, the demographic availability of a spouse and at least one child is increasing in many countries and will do so until cohorts born from the 1950s onwards reach old age. Projections of marital and parenthood status among the population aged 75 and over undertaken as part of the Future Elderly Living Conditions in Europe (FELICIE) project, which included nine European countries showed (Figure 1) that the size of the married population will grow faster than that of the unmarried and the numbers with a child faster than the numbers of childless. The gender composition of the older childless population will also change; currently the proportion of childless people in the population aged 75 and over is higher among women than men, but this will reverse by 2015. These trends mean that in the next twenty to thirty years the potential family support available to older Europeans will tend to increase. Longer term prospects are much less favourable as cohorts born since the mid 1950s have experienced high rates of divorce, as well as a return to higher levels of childlessness and lower nuptiality. Demographic availability does not, however, necessarily correspond with actual provision of support.

Concerns about possible changes in the willingness, or ability, of younger generations to provide support for older relatives have arisen partly because of changes in family and fertility related behaviours and also because of large changes in the living arrangements of older people. There remain big differences between European countries in the living arrangements of older people. This is illustrated in Figure 2 which shows the proportions of people aged 60 and over and aged 80 and over by living arrangement and European region. Among men aged 60 and over in Northern and Western regions well over 80% lived alone or just with a spouse compared with 60% in Eastern and Southern regions. Seventy six per cent of women aged 80 and over in the Northern region lived alone compared with 20% in the South.

Living alone does not in itself indicate an absence of family support. Extensive survey evidence points to high levels of contact and mutual support between older people and their families, even if living separately. Frequent contact is more common in Southern than Northern European countries. Older people and their relatives are also involved in frequent exchanges of help, often reciprocal.

Marital status, living arrangements and availability of children are associated with indicators of well-being and also with use of formal care services. Risks of entering an institution, for example, are much higher among the never- than the ever married and among the childless. One Swedish study showed that among older people who needed help with one or more Activities of Daily Living, 80% of those who lived with someone else and had at least one child received help only from family members (and not from social services) compared with 42% of those who lived alone and had at least one child, and 24% of those who lived alone and were childless. Sweden provides comparatively generous amounts of state support for older people with disabilities and the family role in providing support is much higher in many other European countries with fewer state supports. A dilemma for policy makers is whether prioritising help for older people who live alone and lack family disadvantages family carers to such an extent that they become unable or unwilling to continue. A related question is whether providing more support services 'crowds out' or 'crowds in' family care. On recent of a number of European countries concluded that easier access to welfare services had not 'crowded out' family care but may have enabled elderly people to maintain more independent relationships with their families.

The large increase in the number of very old people in many European populations will almost inevitably lead to greater requirements for assistance of various kinds, even if age specific rates of disability fall. Currently families provide much of this care and despite large falls in co-residence, levels of intergenerational exchange and support are high. Reciprocity is a key feature of such relationships and support flows are often from older to younger people. There are a number of uncertainties about the future. Firstly, characteristics which are associated with reduced levels of contact and support, such as parental divorce and higher levels of education are increasing in many populations. Secondly, in the longer term future the proportion of childless elderly people will increase again. However, more positively, improvements in the health of older people as a whole may effectively expand the pool of potential helpers and further reductions in mortality will further delay widowhood. Moreover there is considerable scope for improving health and reducing disability through better organisation of preventive and rehabilitative services.

#### KEY REFERENCES

Attias-Donfut C, Ogg J, Wolff F. (2005). European patterns of intergenerational and financial and time transfers. *European Journal of Ageing* 2: 161-73.

Daatland SO, Lowenstein A. (2005). Intergenerational solidarity and the family-welfare state balance. *European Journal of Ageing* 2: 174-182.

Grundy E. Population ageing in Europe, in Coleman D, ed *Europe's population in the 1990s*. Oxford University Press, Oxford, 1996, pp267-296.

Grundy, E. (2006). Ageing and vulnerable elderly people: European perspectives. *Ageing & Society* 26: 1-30.

Grundy E, (2008). The challenges of ageing: Prospects for the family support of older people in 21st century Europe. In: *Demographic Challenges for the 21st Century: A state of the art in demography*, Surkyn J; Deboosere P; Van Bavel J (eds), Liber Amicorum Ron Lesthaeghe, VUBPRESS Brussels University Press, Brussels, 2008, pp224-246.

Kunemund H and Rein M (1999). There is more to giving than receiving: theoretical arguments and empirical explorations of crowding in and crowding out. *Ageing & Society* 19: 93-121.

Murphy M, Martikainen P, Pennec S. (2006). Demographic change and the supply of potential family supporters in Britain, Finland and France in the period 1911-2050. *European Journal of Population* 22:219-40..

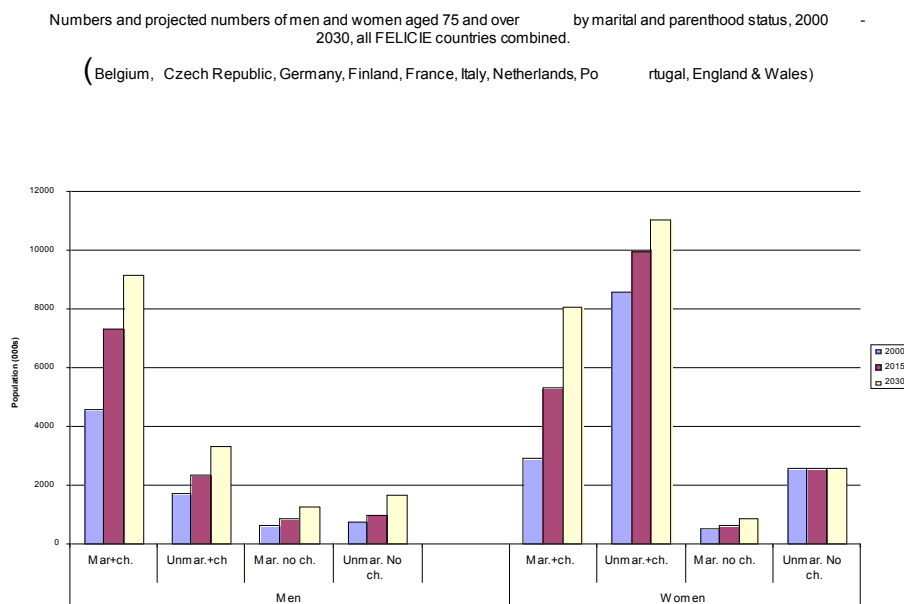
O'Neill, D, Hastie, I, Williams B. (2004). Developing specialist healthcare for older people: a challenge for the European Union. *Journal of Nutrition, Health and Aging* 8:109-12.

Sundström G. Care by families: an overview of trends. In Organisation for Economic Co-operation and Development, *Caring for frail elderly people*, OECD, Paris, 1994.

Tomassini C, Glaser K, Wolf, D. Broese van Grenou M, Grundy E. (2004) Living arrangements among older people: an overview of trends in Europe and the USA. *Population Trends* 115: 24-34.

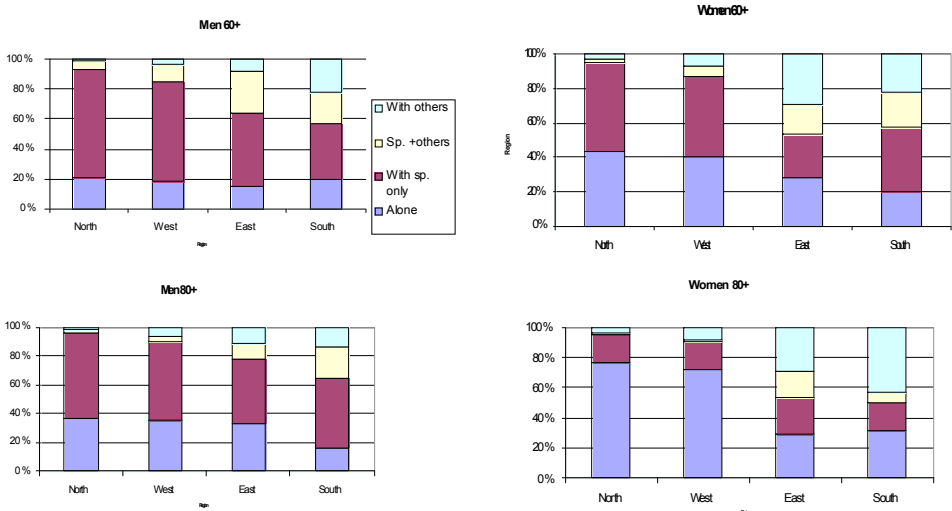
Tomassini C, Grundy E, Kalogirou S. (2008) Potential family support for older people 2000-2030. in: Gaymu J, Festy P, Poulain M, Beets G (eds). *Future elderly living conditions in Europe*. INED, Paris.

Figure 1.



Source: Analysis of FELICIE data on Belgium, Britain, Czech Republic, Finland, France, Germany, Italy, Netherlands and Portugal in Tomassini, Grundy and Kalogirou 2008.

Figure 2. Living arrangements of older Europeans by region, 2002/4.



Source : Analysis of ESS 2002/4. **North**: DK, Fin, Norw, Swe; **West**: Aust, Belg, Ger, Neths, UK; **East**: CzR, Est, Hung, Pol, SlovK, Sloven, Ukr; **South**: Gre, Port, Esp.