803 Prospects for the family support of older people and their implications

Family responses to changing care needs of older Europeans

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DRAFT: Please do not quote

Abstract

Although patterns of care giving to older parents in Europe are now well established, much less is known about the dynamics of the relationships between adult children and their older parents over time. The primary question addressed in this paper is whether and how adult children respond to a change in the health status of a parent. The data source is the first two waves of the Survey on Health, Ageing and Retirement in Europe (SHARE)[3], focussing on respondents aged 50-70. Preliminary results show stable rates of help given to a parent at both Waves, and cross-sectional results at Wave 2 confirm Wave 1 findings. We find no clear evidence to link changes in the declining health of a parent to the likelihood of giving help, but declining health of a parent is associated with an intensification of help.

Introduction

Ageing populations and the safeguarding of quality of life in old age present many challenges for European societies. Increases in life expectancy have been one of the major advances of the twentieth and twenty-first century, bringing many benefits to individuals and their families. At the same time, older parents who live longer can place certain stresses on families. There are 'longer years of shared lives' between family members, increasing the likelihood that help and support, where it is given, will be drawn out over a long period of time. Increased life expectancy has not been matched by a decrease in disability free time during the final years of life, and increasing numbers of the older population require some form of assistance to live independently. Current generations of caregivers who are adult children have specific characteristics that can ease or contribute towards the task of helping elderly parents. Some caregiving children are spending many years in this role, at a time when they are making the transition from paid work to retirement as well as experiencing competing demands for support from their children and grandchildren. Caregiving relations with parents can also influence retirement timing and the dynamics of the paid work/care work relationship (Putney and Bengtson, 2004). Because current generations of adult children are among the first to witness the attainment of their elderly parents to an advanced old age, there is also no 'blueprint' of how they are to manage this new family situation.

Cultural changes have accompanied these socio-demographic transformations and they too have an impact on intergenerational relations. Family values and norms are different than in

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[3] This paper uses data from SHARE Waves 1 & 2, as of December 2008. SHARE data collection in 2004-2007 was primarily funded by the European Commission through its 5th and 6th framework programmes (project numbers QLK6-CT-2001- 00360 ; RII-CT- 2006-062193 ; CIT5-CT-2005-028857). Additional funding by the US National Institute on Aging (grant numbers UO1 AG09740-13S2 ; PO1 AG005842 ; PO1 AG08291 ; P30 AG12815 ; Y1-AG-4553-01 ; OGHA 04-064 ; R21 AG025169) as well as by various national sources is gratefully acknowledged (see http://www.share-project.org for a full list of funding institutions.

the past. Gender roles have changed, marriage has declined, divorce and separation has increased, same gender unions are more common. This cultural shift is characterised above all by increasing individualisation and the goal of greater personal autonomy in residential and economic spheres of social life. Intergenerational relations have become less authoritarian, especially between parents and children. Families have become 'destandardized' (Cheal, 1999) and people have more freedom to choose and construct their families and the types of relationships within them. Today, individuals construct their social identity not only in relation to conventional family relations, but also with reference to different 'environments of kin' within the fast changing boundaries of space (Wellman, 1990; Phillipson et al., 2001). The transformation of welfare systems and their retraction are also profoundly affecting intergenerational relations.

Many governments are concerned that on the one hand the demand for long-term care will increase - because the health of older persons deteriorates with increasing age, that more people in their fifties and sixties are likely to have surviving parents, and that they will have to care for one or more frail elderly relatives (parents and parents-in-law, but also possibly aunts and uncles). On the other hand, it is often stated that there will be less children to meet this demand because of fertility decline. Recent research from a demographic perspective has however suggested that the link between increased longevity and a growing care burden of the elderly population cannot be assumed. Results from recent demographic projections show that '*the number of elderly people in need of care will grow the fastest in the group who may benefit from the support of their spouse…*' (Gaymu et al. 2008 p. 258) and that '*not only will the disabled elderly benefit from the support of their partner, but they will also more frequently have children who might contribute to care…*' (ibid. p. 259). The general conclusion concerning the ability of family, in particular spouses and children, to care for older disabled members, is perhaps more optimistic than stated in many government policy documents: '*over the next 25 years, whatever the trend in health, the pool of potential family carers (partners and children) will increase…'* (p. 26).

Previous results on health status and family support of older people

As far as the current health status of older Europeans is concerned, results from SHARE (Survey of Health, Ageing and Retirement in Europe) show that country differences are difficult to explain. Measured according to a self-rated assessment of their health, '*the healthiest elderly live in Denmark, Sweden and Switzerland…the least healthy are French, German, Italian and Spanish elderly*' (Jürges, 2005, p. 95). But the same author concludes that these differences are '*only partly reflected by differences in true health*' (p. 100), since variations in reporting styles in part confound the findings. In a longitudinal perspective, first results from two Waves of SHARE indicate that whilst approximately 20% of respondents move from 'good' to 'bad' health (experience a degradation), a significant proportion of the population experienced better health at the second Wave compared to the first. (Fernandes et al., 2008). At the same time, the oldest old were more likely to '*have disability in physical health, mental and cognitive functions at two-year follow up compared to Wave 1*' (Andersen-Ranberg et al. 2007). As far as gender differences are concerned, preliminary SHARE results confirm the well-known finding that men are at higher risk of dying than women, but women experience more disability than men (Avendano and Mackenbach, 2007)[4].

[4] See also Arber and Cooper (1999) and Nazroo et al. 2008).

Research that has examined the question of the family support of older people in a European context has shown clear country differences in the frequency and type of help given to older family members (Attias-Donfut et al. 2005; Ogg and Renaut, 2006; Albertini et al. 2007). These differences relate mainly to a north-south divide, whereby northern Europeans report higher rates of transfers to and from their parents compared to southern Mediterranean countries. But the intensity and regularity of support to parents by adult children is higher in the southern than northern European countries, a finding that in part reflects higher levels of intergenerational cohabitation in southern Europe. This research has by and large demonstrated that children continue to be actively involved in supporting their parents. Filial responsibility remains mostly intact and has not been corrupted by the development of welfare states or an expanding individualism (Arber & Attias-Donfut 2000). In countries where public, private and voluntary sector services for older people are more widely available, adult children tend to find more indirect, and less burdensome ways of carrying out their responsibilities (Daatland & Lowenstein 2005). But whatever the country, regular levels of help to elderly parents are given when adult children live close by, are not working and when the health status of the parents indicates that help is needed (Ogg and Renaut, 2006). Overall, the evidence seems to suggest that professional services do not 'crowd out' family care (Künemund and Rein, 1999).

These patterns of care giving to older parents in Europe are now well established. However much less is known about the dynamics of the relationships between older parents and their adult children over time. A key question to be addressed is whether and how adult children respond to a major change in the health or disability status of a parent and how changes in their own circumstances may impact upon the propensity to give help and support to their parents. There are many parameters to this question, but it is clear that life events and changes over time for both the givers of help and the elderly receivers must be taken into account in order to understand how families move in and out of care-giving. As Hareven et al (1996) note, '*patterns of providing support and expectations for receiving support in old age are part of a continuing interaction among parents, children, and other kin over their lives as they move through historical time*' (page xi). Transfers depend not only on the needs of recipients, but also the availability of donors and both these situations evolve constantly throughout the life course. A life course approach is needed to study how relationships between adult children and their parents remain stable or change and '*how these processes are linked to multiple and evolving historical contexts'* (Putney and Bengtson, 2003, page 127).

The study of life course patterns presents many challenges for researchers, not least of which is access to longitudinal data. To date, comprehensive longitudinal data in a European context that addresses the question of support by adult children to their parents has not been available. However, the recent availability of two waves of SHARE allows a tentative approach to be made to the complex question of changes over time in intergenerational support. The primary research question to be addressed in this paper therefore is the changes in patterns of support that given to elderly parents over time.

Data source

The data source is the first two waves of the Survey on Health, Ageing and Retirement in Europe. The SHARE survey began in 2004, when respondents aged 50 or above took part in the Wave 1 interviews. Two years later (around 2006) these respondents were re-contacted and invited to take part in the second Wave of data collection. A total of approximately 18,000 people have participated in both Waves. The survey has a module on social support,

and respondents are asked a series of questions concerning the help that they may have given to people they know within the past 12 months. The questions concern personal care, practical household help and help with paperwork that is given outside the household. Respondents are asked to identify (up to three persons) the recipients of each type of help, and the amount of time on average invested in the past twelve months. In addition, there is a question posed on personal care given to someone within the household and the relationship of the recipient of this care to the respondent. Although this (or these) recipients of personal care in the household are identified, the regularity of the care given or received is not measured.

With some minor exceptions, the questionnaire in Wave 2 remained identical to Wave 1. For example, In Wave 1 respondents were asked whether any family member from outside the household, any friend or neighbour had given them any kind of help *in the past twelve months*, in Wave 2 the same question was repeated but the wording changes to '*since the last interview'*. Help given to parents is only examined for those respondents who had at least one parent alive at both Wave 1 and Wave 2. Respondents whose helped a parent in the 12 months preceding the interview but who did not have a parent alive at the moment of interview are excluded from the analysis. Not all respondents took part in both Waves, and this means that examining help and support given to parents-in-law contains many missing data. For this reason, we focus exclusively on help given to parents, thereby confining the analysis to individuals and not couples or households. The final sample base for the analysis is respondents aged 49-70 at Wave 1 and who took part in Wave 2 (n=13,169). The countries participating in the survey for which there are data at both Waves are Austria, Germany, Sweden, Holland, Spain, Italy, France, Denmark, Greece, Switzerland and Belgium.[5]

Help to parents is measured in one of several ways, determined mostly by the wording of the questions in SHARE, the routing, the type and regularity of help, and the distinction between care in the household and care outside the household. The construction of the different variables relating to help given to a parent is detailed in the key to the Tables. In addition, we construct two indicators of support that indicate and high and medium levels. 'High level support' is defined as being involved in personal care with a parent, or helping them in any way on a daily basis; 'medium level support is defined as help given on a weekly basis or personal care given to a parent in the household.

In addition to the response variables of help given to a parent, we use several explanatory variables. These variables relate to characteristics of the parent and changes over the two waves (death, health status, distance between respondent and parent, and frequency of contact between respondent and parent), and characteristics of the respondent (gender, age, household composition, health status, occupational status, and occupational status of spouse).

The health status of the respondent's parent(s) is a self-rated measure of health that the respondent declares for his/her parent (as well as for their own health status). Two measures of subjective health rating exist in SHARE, the US measure and EU measure. In Wave 1, respondents rated their parents' health using the EU version (Very good, good, fair, poor, and very poor). In Wave 2 the US version was used (Excellent, very good, good, fair and poor).

[5] From a methodological standpoint, one of the main difficulties in treating longitudinal data within a short time period (in the case of the first two available waves of SHARE data, approximately 2 years) is the absence of key events for many respondents. Within countries, the number of respondents who experienced key life events that may affect patterns of intergenerational time transfers is often very low and in certain cases it is not possible to proceed with the analysis.

Following Crespo and Miro (2008) we define a decline in the parent's health if there has been a shift from a very good, good or fair health status to a poor health status.[6]

Results

Parents

Figure 1 shows the proportion of respondents aged between 50-70 with at least one parent alive at Wave 1. Rates vary between 43% for France and 30% for Austria. The overall rate for Wave 1, is 37% falling to 29% at Wave 2.

Figure 1. % respondents aged 50-70 with at least one parent alive, Wave 1 and Wave 2

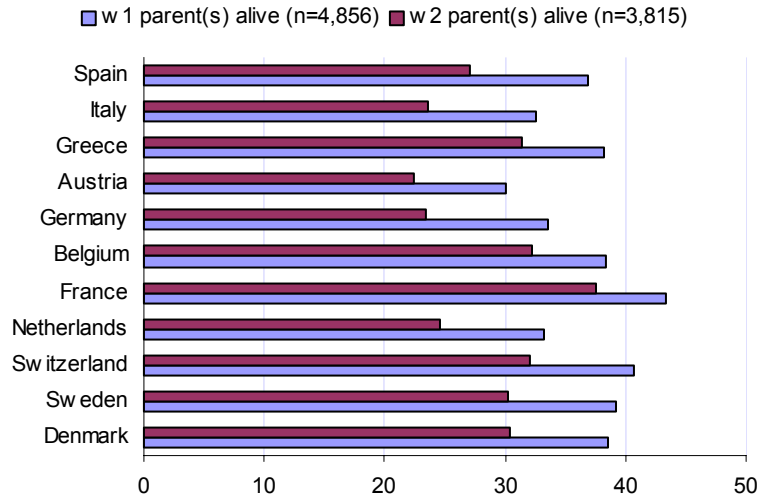


Table 1 shows some details of the basic information that the respondent provides about the health status of his/her parent(s) at both Waves, as well as their own self-rated assessment. Respondents in all countries (with the exception of Denmark) indicate a decline in their health own health status over time. Replicating the findings reported by Jürges, 2005 (p.2), the least healthy respondents are the French, Italian, and Spanish at both Waves. Inter-country patterns concerning the assessment of the parent(s) health are less visible. The Italians for example, still give a lower assessment of their parent's health than other countries, but Swedish and German respondents also give a low assessment. Proportions of respondents who rate their parent's health as poor at Wave 2 show overall similar rates for a bad/very bad health status of the parent at Wave 1. However, Greece stands apart, since 21% rate their parent's health as bad/very bad at Wave 1 compared to only l 9% who rate their parent's health as poor at Wave 2.

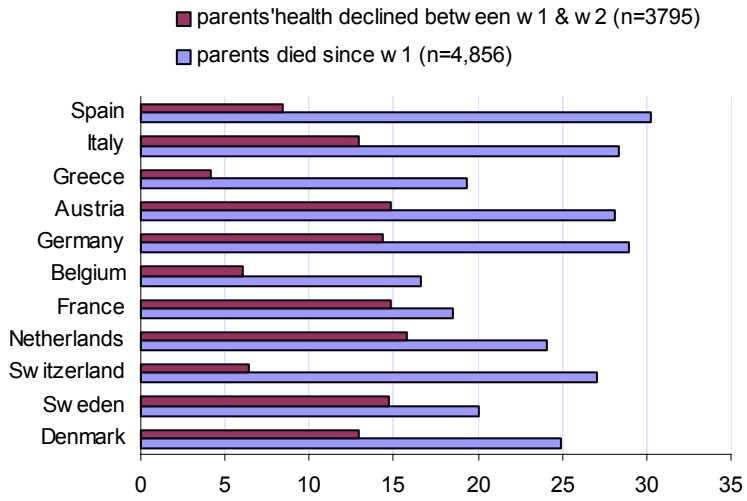
Also shown in Table 1 is the distance that separates the home of the respondent and the home of their parent(s). There are substantial country differences, with one in five respondents in Spain and Italy living either in the same home or the same building as their parent(s) compared to less than 1% in the Netherlands. Moreover, the rates of intergenerational

[6] In addition, we have included respondents who rated their parent's health status as very good in Wave 1 and fair in Wave 2.

cohabitation in Spain and Italy increase between waves. The greater proximity between the respondents and their parent(s) is reflected in contact rates – three in four respondents in the southern Mediterranean have personal contact several times a week their parent. However, in all countries, regular contact is the norm and appears to remain constant over time.

Figure 2 shows the proportion of respondents whose parent or parents died between the two waves, together with the proportion of parents whose health declined. Mortality rates for a parent were the highest in Spain (30.3%) and lowest in Belgium (16.6%). Approximately one tenth of respondents reported a decline in at least one of their parent's health between the two Waves.

Figure 2. % respondents aged 50-70 who report a decline in a parent's health status or the death of a parent between Wave 1 and Wave 2



Support to parents

Cross-sectional patterns of support to a parent at Wave 1 and Wave 2 are shown in Tables 1 and 2. These patterns show a north/south divide that we have reported elsewhere (Ogg and Renaut, 2006). The highest rates at both Waves are found in Sweden, Denmark and the Netherlands, and the lowest rates in Spain, Italy, Greece and interestingly Austria. Rates of caring for a parent that lives in the household are exceptionally low, reflecting of course the low rates of intergenerational living arrangements that are now found in most European countries. Nevertheless, Spain has a rate much higher than the other countries, where almost one in ten respondents who live in households with 2 or more person helps their parents with personal care tasks. This compares with no Danish respondents being involved in caring for a parent living in their household at either Wave.

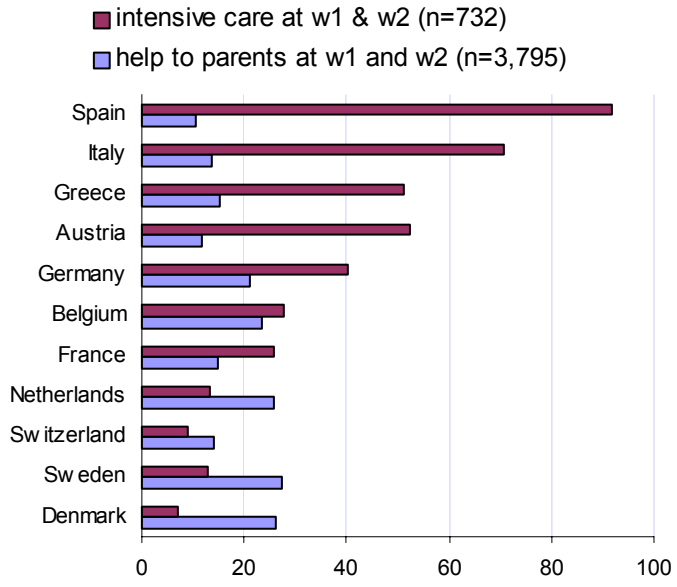
When the two forms of help to a parent are combined (i.e. help given to a parent living outside the household and personal care given to parent living in the household), Denmark, Sweden the Netherlands and Belgium still show the highest rates at both Waves. It is also interesting to note that these countries show higher rates at Wave 2 than at Wave 1, whereas the other countries show a decrease in rates between the two Waves. At the lower end of the

scale, the pattern between the two Waves is less clear, although Greece still shows the lowest rates (22% and 17.4%).

What kind of help to adult children give to their parents? Approximately one in ten give personal care to a parent living outside the household, a pattern that is repeated at both Waves. The bulk of help at both waves concerns practical household tasks (24% at both Waves) with the north/south pattern (higher rates in the northern countries) retained at both Waves. Rates for help with paperwork are again very similar at both Waves and again the north/south pattern is retained. Overall, the results at both Waves are remarkably constant with little or no variation.

Using the high level of support indicator described above, the north/south divide is reversed. Italy and Spain have the highest rates, where approximately one in five respondents are involved in a high level support of a parent at both Waves. Interestingly, Germany rates high on this indicator at Wave 1 and Wave 2). Concerning the indicator of medium level of support, an intermediate pattern of country distribution is observed, with the Netherlands, Germany and Belgium showing the highest rates and France, Greece and Austria the lowest. On this indicator, approximately one in five respondents is involved in a medium level of support for a parent at both Waves. These country differences are observed in Figure 3.

Figure 3. % respondents aged 50-70 who report given 'intensive' care to a parent at Wave 1 and Wave 2 ; % respondents who give help at Wave 1 and Wave 2



We turn now to look at changes in the intensity of help given over Waves (Table 3). The focus is on three types of indicator: an increase in the intensity of help; an increase in intensity plus beginning to help a parent at W2 (and not at W1); and help that is given both at W1 and W2. A deterioration in the health of a parent appears to increase the intensity of help between Waves. When a mother and a father are alive at W1, the death of one of them between the two waves intensifies the level of help given to the surviving parent.

Increasing the intensity of help and support implies also that the distance separating the home of the child and the home of the parents are not large. The data show that rates of increased intensity of help are higher when the geographical distance separating the home of the child

and the parent narrows between waves (presumably due to moving home). The same trend is observed regarding the frequency of personal contact. There is a strong association between changes in the frequency of contact and an increase in intensity of help, with increased contact associated with increased help and vice versa. As expected also, women appear to be more implicated in helping a parent than men. Rates of increased help do not differ significantly among different age groups of respondents. Changes in the household composition of an adult child also do not appear to have an effect on increased intensity of care, with the exception of those respondents who stated that their health was much better than when interviewed at Wave 1. Interestingly, changes in the occupational status of the respondent show little evidence of any clear trends. Finally country groupings do not reveal either any clear trend.

Patterns of changes in support to a parent appear from the descriptive data to be related more to changes in the characteristics of parents than to changing circumstances of the adult child. Moreover, the different indicators of help and support that can be constructed from information available in SHARE (increases or decreases in the intensity of help, helping in one wave but not in the other, persistence of help across waves, etc.), several of which have not been presented in the paper, produce results which overall are difficult to interpret. For the final part of the analysis, we have chosen a response variable of an increase in the intensity of help given to a parent between Waves (from no help or a medium level of help to a high level, or from a low to medium level of help) which is entered in a binary logistic regression (3,795 respondents who have at least one parent alive at both Waves). The results are shown in Table 4. Two parameters of changes in the health status of a parent between Waves are significant – declining health is positively associated with an intensification of help, while better health is negatively associated. The death of father also has the effect of intensifying the level of aid given to a surviving mother. As far as ego's characteristics are concerned, the two significant parameters are women and the Mediterranean grouping of countries.

These results are not easy to interpret and warrant further exploration. We find little evidence to suggest that changes in the characteristics of either elderly parents or their adult children 'trigger' the activation of help and support. It seems likely that several factors not measured in SHARE, particularly the quality of relationships between adult children over the life course, the availability of other family members, including siblings of adult children, play a substantial role in determining the likelihood of providing persistence help over time as well as responding to changing life circumstance. At the same time, the declining health of a parent does appear to be associated with intensification of help by an adult child.

References

Albertini, M., Kohli, M., & Vogel, C. (2007). Intergenerational transfers of time and money in European families: Common patterns - different regimes? Journal of European Social Policy, 17, 319-334.

Andersen-Ranberg, K., Robine, J.M., Thinggaard, M. and Christensen, K. (2007) What has happened to the Oldest Old SHARE participants after two years? In Börsch-Supan, A., Brugiavini, A., Jürges, H., Kapteyn, A., Mackenbach, J., Siegrist, J. and Weber G. (eds.) *First Results from the Survey of Health, Ageing and Retirement in Europe (2004-2007): Starting the Longitudinal Dimension*. Mannheim Research Institute for the Economics of Aging (MEA), Mannheim, pp.66-73.

Arber, S. and Cooper, H. (1999). Gender differences in health in later life: the new paradox.? Soc Sci Med 48(1) 61-76.

Arber, S. and Attias-Donfut, C. (2000), *The Myth of Generational Conflict*, London: Routledge.

Attias-Donfut, C., Ogg, J. and Wolff, F.C. (2005) Family Support, in *Health, Ageing and Retirement in Europe*, Mannheim Institute for the Economics of Ageing.

Attias-Donfut, C., Ogg, J. and Wolff, F.C. (2005) European patterns of intergenerational financial and time transfers, *European Journal of Ageing*, **2**(3) 161-173.

Attias-Donfut, C., Ogg, J. and Wolff, F.C. (2008) 'Evolution of Social Support', in Börsch-Supan, A., Brugiavini, A., Jürges, H., Kapteyn, A., Mackenbach, J., Siegrist, J. and Weber G. (eds.) *First Results from the Survey of Health, Ageing and Retirement in Europe (2004-2007): Starting the Longitudinal Dimension*. Mannheim Research Institute for the Economics of Aging (MEA), Mannheim, pp. 174-181.

Avendano, M. and Mackenbach, J. (2007) Changes in Physical Health Among Older Europeans, in Börsch-Supan, A., Brugiavini, A., Jürges, H., Kapteyn, A., Mackenbach, J., Siegrist, J. and Weber G. (eds.) *First Results from the Survey of Health, Ageing and Retirement in Europe (2004-2007): Starting the Longitudinal Dimension*. Mannheim Research Institute for the Economics of Aging (MEA), Mannheim, pp.116-122.

Bengtson, V.L. and Lowenstein, A. (eds.) (2003) *Global Aging and Challenges to Families*. Aldine de Gruyter.

Cheal, D. (1999), 'The One and the Many: Modernity and Postmodernity', reprinted in Allan, G. *The Sociology of the Family: A Reader* (pp. 56 – 86). Oxford: Blackwell.

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

Fernandes, M., Zamarro, G. and Meijer, E. (2007) Health Comparisons. In, Börsch-Supan, A., Brugiavini, A., Jürges, H., Kapteyn, A., Mackenbach, J., Siegrist, J. and Weber G. (eds.) *First Results from the Survey of Health, Ageing and Retirement in Europe (2004-2007): Starting the Longitudinal Dimension*. Mannheim Research Institute for the Economics of Aging (MEA), Mannheim, pp.30-39.

Gaymu, J., Festy, P., Poulain, M., and Beets, G. (2008) From elderly population projections to policiy implications. In *Future Living Conditions in Europe*. Paris, INED.

Gaymu, J., Festy, P., Poulain, M., and Beets, G. (2008) *Future Living Conditions in Europe*. Paris, INED.

Jürges, H. (2005) Cross-Country Differences in General Health, in Börsch-Supans, A. et al. *Health, Ageing and Retirement in Europe*, Mannheim Institute for the Economics of Ageing.

Künemund H., and Rein M., (1999), 'There is More to Receiving Than Needing : Theoretical Arguments and Empirical Explorations of Crowding in and Crowding out', *Ageing and Society*, 19, pp. 93-121.

Mortimer, J.T. and Shanahan, M.J. (2004) *Handbook of the Life Course*, Kluwer Academic/Plenum Publishers, New York.

Nazroo, J., Zaninotto, P. and Gjonça, E. (2008) Mortality and Life expectancy. In The 2006 English Longitudinal Study of Ageing, Chapter 8.

Ogg, J. and Renaut, S. (2006) The support of parents in old age by those born during 1945-1954 : a European perspective, *Ageing and Society*, 26(5) 723-743.

Phillipson, C. Bernard, M., Phillips,J and Ogg, J. (2001), *The Family and Community Life of Older People: Social Support and Social Networks in Three Urban Areas*, London: Routledge.

Putney, N.M. and Bengtson, V. (2004) Intergenerational relations in changing times. In Mortimer, J.T. and Shanahan, M.J. *Handbook of the Life Course*, Kluwer Academic/Plenum Publishers, New York.

Wellman, B. (1990), 'The Place of Kinfolk in Personal Community Settings'. *Marriage and Family Review*, 15, (1/2), 195-228.

Table 1. Self-assessed health of respondent, of respondent's parent(s), distance separating respndent and parent(s) and contact frequency between respondent and parent (%)

Base	**Health of ego**		**Health of parents**		**Distance ego/parent**		**Frequency contact**	
3795	fair/poor at w1	fair/poor at w2	bad/very bad at w1	poor at w2	same house/building at w1	same house/building at w2	Several times a week at w1	Several times a week at w2
All	16.4	20.5	22.8	20.4	7.9	8.7	58.2	58.7
Denmark	15.2	14.5	23.5	20.9	1.9	1.9	49.8	50.2
Sweden	8.2	18.7	27.2	27.4	1.2	2.4	53.2	51.3
Switzerland	9.6	10.9	14.1	12.2	7.7	5.7	37.8	41
Netherlands	16.7	21.8	17.1	21.8	0.3	0.6	51.3	52.6
France	18.6	26.4	28.8	29.7	3.0	3.2	43.9	44.5
Belgium	16.6	20.4	18.0	12.2	3.4	3.9	60.9	58.9
Germany	19.7	23.4	24.5	24.9	13.2	14.3	57.5	52
Austria	16.4	18.4	22.0	23.1	12.8	14.3	56.9	56.9
Greece	11.4	11.6	21.5	9.3	13.0	13.6	70.9	74.9
Italy	25.1	28.2	28.5	28.8	20.8	23.2	74.2	81.8
Spain	27.6	32.0	23.1	18.2	21.8	25.3	76.9	76.9

Table 2.1. Types of help given to a parent at Wave 1

		Helps parent(s) outside household				Personal care given to a parent living in the same household (e)	Combination of 'Helps parent' + 'Care in household' (f)=(d)+(e)	Level support	
		Personal care (a)	Practical household help (b)	Help with paperwork (c)	Helps parent (d)=(a)+(b)+(c)			High: Personal care to a parent, or helping them in any way on a daily basis	Medium: Personal care to a parent, or helping them in any way on a weekly basis
W1	*4856*	*410*	*1155*	*723*	*1482*	*109*	*1560*	*629*	*951*
		8.4	23.8	14.9	30.5	2.2	32.1	13.0	19.5
Denmark	334	5.7	35.6	14.1	40.1	.	39.8	6.9	17.7
Sweden	549	6.9	31.3	18.6	39.7	0.4	39.7	8.9	18.0
Switzerland	200	8.0	20.0	18.5	34.0	2.0	35.0	10.5	16.0
Netherlands	427	9.1	32.3	17.8	38.2	0.9	38.2	12.2	21.3
France	585	6.3	20.3	16.1	27.7	1.2	28.7	10.1	14.7
Belgium	746	8.6	30.0	17.8	37.1	2.7	38.9	15.3	29.4
Germany	391	10.5	27.9	17.9	34.0	3.1	36.8	16.4	23.5
Austria	263	8.7	17.1	11.4	20.9	1.5	22.4	11.8	15.6
Greece	628	7.5	15.0	10.2	21.3	1.1	22.0	12.3	15.3
Italy	423	11.8	14.2	10.4	20.8	5.0	24.3	18.0	18.7
Spain	310	11.6	11.3	8.4	16.1	9.0	23.9	20.3	18.4

Table 2.2. Types of help given to a parent at Wave 2

		Helps parent(s) outside household				Personal care given to a parent living in the same household (e)	Combination of 'Helps parent' + 'Care in household' (f)=(d)+(e)	Level support	
		Personal care (a)	Practical household help (b)	help with paperwork (c)	Helps parent (d)=(a)+(b)+(c)			High: Personal care to a parent, or helping them in any way on a daily basis	Medium: Personal care to a parent, or helping them in any way on a weekly basis
w2	*3815*	*356*	*911*	*597*	*1168*	*78*	*1212*	*502*	*733*
		9.33	23.88	15.65	30.62	2.04	31.8	13.2	19.2
Denmark	264	7.2	40.2	18.9	43.2	.	42.4	8.0	17.4
Sweden	424	8.7	34.2	20.3	43.2	0.7	43.6	10.4	16.7
Switzerland	157	7.6	21,0	15.9	29.3	.	28,0	7.6	15.3
Netherlands	316	11.7	32,0	19,0	39.9	0.3	39.9	13.6	21.5
France	505	7.9	17.8	15,0	24.8	0.8	25,0	10.7	12.9
Belgium	628	8.3	30.6	18.6	37.4	1.4	37.9	13.5	26.8
Germany	275	13.1	26.2	17.8	33.5	3.3	34.5	18.5	24.0
Austria	196	11.7	21.4	11.7	24.5	2.6	26,0	16.3	18.9
Greece	517	6.4	10.8	8.5	16.6	1.5	17.4	9.3	12.2
Italy	306	14.1	15,0	14.4	24.8	5.6	29.7	22.5	25.5
Spain	227	10.6	12.3	10.1	16.3	9.7	23.8	18.9	20.7

Table 3. Changes in help to a parent between Wave 1 and Wave 2

	Base	Increases intensity of help	Increases intensity of help or begins to help	Help at W1 & W2
N	*3795*	*474*	*694*	*732*
%		12.5	18.3	19.3
Health of parent				
Worse since W1	*415*	21.0	28.7	22.4
Bad at W1 & W2	*400*	14.0	20.3	25.5
Good at W1 & W2	*1183*	8.9	15.0	16.0
Other states	*1797*	12.6	17.6	19.4
Mother dies between W1 & W2				
No	*3733*	12.5	18.3	19.4
Yes	*62*	14.5	19.4	14.5
Father dies between W1 & W2				
No	*3622*	12.0	17.6	19.0
Yes	*173*	22.5	32.4	26.0
Distance between child and parent				
More near	*121*	21.5	22.3	17.4
Near	*329*	13.1	21.9	18.2
No change	*2926*	11.9	17.6	19.7
Distant	*336*	15.5	21.1	19.6
More distant	*80*	6.3	10.0	10.0
Contact between child and parent				
Much more contact	*186*	15.1	20.4	9.1
More contact	*574*	14.1	23.3	14.6
No change0	*2284*	13.3	18.6	22.6
Less contact	*542*	9.8	15.1	16.8
Much less contact	*183*	3.3	7.1	9.8
Gender				
Men	*1700*	9.2	16.5	14.8
Women	*2095*	15.1	19.7	22.9
Age				
50-54	*1978*	11.4	17.6	17.8
55-59	*1142*	13.9	20.0	20.4
65-70	*675*	13.3	17.5	21.6
household composition				
no change	*3094*	12.2	18.1	19.6
Change	*701*	13.7	19.3	18.1
ego compare health last wave(b)				
much better	*95*	22.1	28.4	23.2
somewhat better	*153*	12.4	18.3	18.3
about the same	*2860*	11.6	17.6	19.5
Somewhat worse	*543*	14.7	19.9	18.6
much worse	*144*	15.3	20.1	15.3
Change in occupational status(a)				
employed both waves	*1909*	11.7	18.1	18.9
employment-retirement	*170*	17.1	22.4	22.9
employment-not employed	*168*	13.1	19.6	15.5
retired both waves	*613*	13.2	19.1	21.2
not employed both waves	*640*	12.7	16.6	18.3
not employed-employed	*116*	11.2	19.0	19.8
not employed-retirement	*100*	17.0	21.0	22.0
Occupational status of spouse				
employed both waves	*1063*	12.1	18.7	19.1
employment-not employed	*356*	12.1	20.5	19.4
other states	*2376*	12.7	17.8	19.4
Country groupings				
Denmark. Sweden	*686*	13.3	25.5	26.8
Switzerland. Netherlands	*472*	15.5	22.2	22.0
Germany. Austria	*468*	14.7	19.7	17.1
France. Belgium	*1126*	12.9	18.4	19.6
Greece. Italy. Spain	*1043*	9.2	11.0	13.7

Table 4. Binary logistic regression, response variable=increase in the intensity of help given to a parent(s) at W2

Probability modeled is "Increases intensity of help": *n=474*
Number of Observations: *n=3795*

Reference modalities	Parameter	Estimate	Pr > ChiSq
	Intercept	-1.9170	<.0001
PARENT(S)			
	Declining health of parent	0.5877	<.0001
ref Health : other states	Poor health of parent	0.1087	0.5088
	Good health of parent w1w2	-0.3508	0.0059
	Mother or father dies between w1w2	0.5876	0.0008
ref distance : no change	Child & parent move nearer	0.2537	0.0862
	Child & parent move farther	0.1555	0.3259
ref contact : no change	More frequent contact	-0.0838	0.4991
	Less frequent contact	-0.6721	<.0001
EGO			
Ref : man	woman	0.5559	<.0001
ref age : 55-59	49-54	-0.2260	0.0564
	60-70	-0.0147	0.9231
Ref : no change in hhold comp.	Change in household comp.	0.0607	0.6368
ref santé ego : same as w1	Better health since w1	0.2526	0.1795
	Worse health since w1	0.2074	0.1008
ref employment status: inactive w2	employed w1w2	-0.1474	0.4032
	Other states	-0.2244	0.2045
ref employment spouse : inactive w2	employed w1w2	-0.0461	0.7239
	Other states	-0.1806	0.3461
	no spouse	-0.0737	0.5859
Ref country group : France/Belgium	Denmark, Sweden	-0.0534	0.7203
	Switzerland, Netherlands	0.1968	0.2186
	Germany, Austria	0.0478	0.7682
	Greece, Italy, Spain	-0.4214	0.0033
	Intercept Only	Intercept and Covariates	
-2 Log L	2858.759	2728.636	
	Chi-Square	DF	Pr > ChiSq
Likelihood Ratio	130.1231	23	<.0001