POPULATION
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DEMOGRAPHIC RESEARCH CENTRES

Who Cares?

Securing support in old age

Key messages:

> The gender pay gap and other risks linked to the devaluation of care work should be tackled by combating ageism; creating and enforcing a minimum standard of care provision; creating a professional qualification system and career pathways for professional carers; and by supporting community-based care with solutions that respect the dignity and identity of care receivers.

> Measures to support informal caregivers should allow them to receive and transfer pension contributions and provide them with an array of relief measures. Also, the choice to provide care and by whom to be cared by to both caretakers and caregivers should be secured.

> Care in old age should be a social responsibility framed as a human right, where a minimum standard of universal care is provided to everyone and quality controls are put in place.

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Social networks and ageing populations

Recent research suggests that the decline in fertility has resulted in fewer children, altering the structure of social networks and interdependencies between generations (David-Barrett, 2019). Biological family members (e.g. children, siblings and parents) or members acquired by marriage are replaced with more distant relatives or friends. Additionally, an increased diversification of family models (e.g. rainbow, blended, single parent or more single persons households) has added to the thinning and lengthening of kinship structures. There are now fewer siblings and aunts/uncles in comparison to the past. At the same time, individuals are facing more responsibilities towards younger and older generations and for longer periods of time. Both the increase in female labour force participation and the extended length of employment participation for both men and women contribute to fewer relatives being available to provide care. In light of these trends and the growing needs of ageing populations, meeting the demands of caregiving poses great challenges if state support is unavailable.

Urbanisation also contributes to the reshaping of social networks: Feelings of emotional closeness tend to develop more easily with frequent, meaningful interactions, and are in part related to geographical distance. Geographical mobility is now a widespread experience, which reduces the chances that children will live close to their parents. When distance increases, the costs of maintaining meaningful relationships with family members also increase. As a consequence of migration, one can expect that social networks of older people will include fewer relatives in the future.

In light of these challenges, on 28 January 2019, Population Europe, in collaboration with the Social Science Centre Berlin (WZB), organised a High-Level Expert meeting chaired by Tiziana Nazio (Marie Curie Research Fellow at WZB and affiliate Fellow at Collegio Carlo Alberto). The experts discussed how governments could prepare and assist in supporting the older segments of the population requiring help. Participants included Mark Bergfeld (Director, UNICARE Europa, UNI Global Union), Francis Carrier and Anne Lacoste (President and Board member, Grey Pride), Maja Djundeva (Senior Researcher, Erasmus University Rotterdam), Vitalija Gaucaite Wittich (Chief of the Population Unit, United Nations Economic Commission for Europe), Liz Gosme (Director, COFACE Families Europe), Martin Hyde (Associate Professor in Gerontology and Deputy Director, Centre for Innovative Ageing, Swansea University), Ettore Marchetti (Policy Officer, European Commission), Anne-Sophie Parent (Secretary General, AGE Platform), Jeroen Spijker (Senior Researcher, Centre d'Estudis

Demogràfics, Autonomous University of Barcelona), Stecy Yghemonos (Director, Eurocarers – European Association Working for Carers) and Daniela Vono de Vilhena (Scientific Coordinator and Research Scientist, Max Planck Institute for Demographic Research/Population Europe).
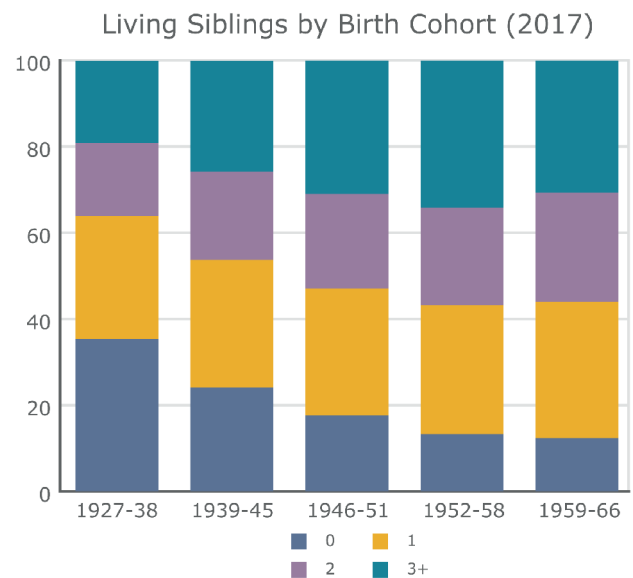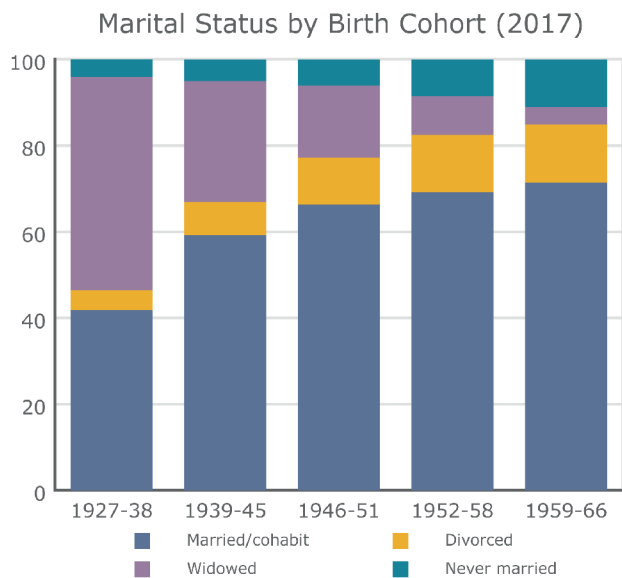
Who cares for older persons?

Caring for the older population includes different forms of support. Research shows that emotional support is different from personal care and practical help (Nazio, 2018). Whereas emotional support is vastly provided by a larger and more varied social network comprised of family, friends and neighbours, close relatives like spouses, children and siblings provide most of the practical support and personal care, which are tied to geographic proximity.

In terms of factors influencing the chances of receiving care from social networks, studies suggest that the older person's current family circumstances, like the presence of a co-resident partner, the number of living children and siblings, is the best predictor of the level of personal care and practical help caregivers may provide. Certain family trajectories, like childlessness or family disruption at younger ages, are associated with smaller emotional support networks, but not with practical help received, all else equal (Nazio, 2018).

Analysing the availability of family members for the population aged 50+, the Survey of Health, Ageing and Retirement (SHARE) shows that the presence of a spouse (or partner) and siblings declines across birth cohorts due to both ageing (mortality) and demographic change (see Figures 1 and 2). Note that, across all birth cohorts, only around a steady 10% of individuals are born with no siblings, but persons in younger cohorts have fewer siblings despite having higher survival.

The risk of care deficit

A growing demand for care in the social context of smaller social networks could create tensions between generations and expose the most vulnerable groups of older individual to a significant care deficit if public support is not ensured. During the meeting, participants shared their main concerns on this issue. Marchetti highlighted how care needs in old age often rise suddenly and unexpectedly, which calls into question the need for early prevention measures and managing risks across the life course. Both better provisions and more awareness of the types and likelihood of

Marital Status by Birth Cohort (2017)

Married/cohabit Divorced
Widowed Never married

Living Siblings by Birth Cohort (2017)

0 1
2 3+

Figures 1 and 2: Calculations based on SHARE wave 7 rel70-0, weighted figures (calibrated weights, pooled countries: AT, DE, SE, SP, IT, FR, DK, GR, BE, CH, CZ, PL, LU, HU, PT, SI, EE, HR, LT, BG, CY, FI, LV, MT, RO, SK).

care needed might better prepare adults to decide about supporting those in need and to be able to adjust to the circumstances by limiting the disruptions they might cause. Wittich also pointed to the sudden nature of the need to relieve informal caregivers. Therefore, measures should also include emergency services providing urgent support on demand that could enable carers to recover when needed (e.g. to grant them sleep, rest and psychological assistance).

Care provision crosses national borders. For example, the cross-border mobility of care-providers and care receivers, as well as the case of transnational families. Several participants mentioned the compelling need to recognise standard qualifications for caregivers and set common educational standards for professional caregivers and sectoral agreements that would help secure the quality of formal care provision. The transferability of social security contributions and recognition of qualifications across borders is also a priority.

Yghemonos stressed that there cannot be a complete substitution for informal family care. There is thus a need to provide acknowledgement and support for informal caregivers, but also enable the informal carer to choose to provide care and for the care receiver to choose who should provide the care to avoid the risk of abuse. In order to guarantee the right to qualified and dignified care, Parent and Djundeva suggested that formal care should become a public duty secured to everyone, whereas informal care and emotional support might be left to families and other social network members to provide. Many stressed how controls should be implemented on the quality of the provisions for guaranteeing the security of care receivers, also in systems of cash-for-care, as well as controls to secure

decent working conditions for professional care workers.

How can we secure care in later life?

The European Pillars of Social Rights, Principle 18, states: "Everyone has the right to affordable long-term care services of good quality, in particular home-care and community-based services." Across European countries, however, the provision of affordable care varies (European Social Policy Network, 2018). Gosme underlined how the role of family care must be understood holistically along different life stages, with the need for a European-level package of rights for informal carers.

At the Experts Meeting, most participants stressed the importance of securing dignified care provision as part of human rights. A multi-factorial support, with efforts to enable older persons to remain at home if they so wish, and more emphasis on community-based care services could make up for the risk of losing lifelong geographical closeness with family and other social network members. A further element that clearly emerged from several participants was the need to combat ageism because negative stereotypes towards older persons lead, among others, to the devaluation of care work by family and professionals engaged in elder care provision and prevents these responsibilities from being taken up equally.

Overall, the national transposition and implementation of the EU Work-Life Balance Directive will be an important test of how national governments respond to the vulnerabilities of increasing numbers of both caregivers and caretakers, to maintain and enhance intergenerational solidarity and to

secure cohesive and sustainable societies.

arising care needs.

Closing the gendered care gap

Discussions at the meeting also showed a large agreement on the highly gendered dimension of caring: More women risk poverty in old age compared to men because they more often have been informal care providers and thus have experienced employment interruptions without compensation nor related pension rights. Women are also more often in the position of care receivers due to a higher life expectancy and longer time spent in widowhood. Spijker highlighted how the possibility to account for periods in care as contributing towards social security might strongly impact reducing the gendered risk of poverty in old age, especially the gender pension gap.

Participants suggested additional measures that might help close both the gender pay and pension gaps: Encourage men to take on care responsibilities by extending flexibility measures such as leave schemes and flexible working arrangements to the chosen caregiver, regardless of the relation to the caretaker, the family form and the household composition; and devise employment autonomy measures for all individuals along the whole life course.

Policy Recommendations

1 – Efforts should be made to ensure standards in quality of care and its controls. Training should be provided to formal caregivers that will give them the necessary qualifications for careers in care.

2 – Caregiving should be framed as a human rights issue, where the choice to care by both care providers and care receivers should be secured and their identities respected.

3 – Although technology can help provide emotional support and combat isolation, practical help and personal care require physical proximity, trust, emotional closeness and professional skills in addition to time availability. All these are more difficult to replace through digitalisation and new technologies.

4 - Local communities should be empowered to combat ageism and provide community-based care solutions, whenever possible. The chosen caregiving persons should be trained, supported and empowered with emergency relief measures, entitlement to contribute to social security and access to other work-family balance measures along the life course in a way that reflects the sudden nature of

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