Universität Konstanz

DZA Deutsches Zentrum für Altersfragen

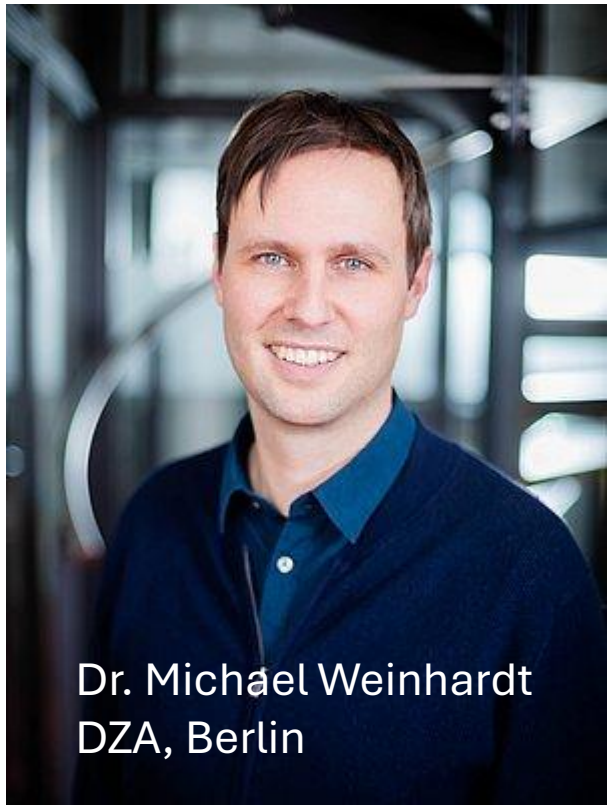
Family Diversity and Care Contexts: Who Provides Family and Non-Family Care in Europe?

WIC Colloquium, OEAW, Vienna
3 March 2026

Ariane Bertogg, University of Konstanz, Germany

Co-Authors


Dr. Mareike Bünning
DZA, Berlin


Dr. Michael Weinhardt
DZA, Berlin

Motivation

- Population aging, increasing need for informal care (Rocard & Llena Nozal, 2022)
- Increasing family diversity – also in later life: grey divorce, childlessness, multigenerational kinship structure (Schnettler & Wöhler, 2014)
- Pathways into family caregiving: individual motivations and contextual drivers (norms, policies) (Broese van Groenou & de Boer, 2016; Bertogg et al forthcoming)
- Non-family care quite frequent (Ramaekers & Raiber, 2025), but often overlooked (Bünning & Weinhardt, forthcoming)

Research Gap and Research Questions

Research Gaps:

- Role of kinship structure for providing non-family care
- Comparative evidence: role of the care context (policy / culture)

Research Questions

1. How are individuals' embedment in kinship structures associated with care provision to family members and non-family persons?
2. How do these associations vary between care contexts with their different old-age care policies and care norms?

Theoretical Background

Informal Caregiver Model (Broese van Groenou & de Boer, 2016)

- Care motivations: „have to“ and “want to”
  - “Have to”: normative expectations, perceived obligations, lack of financial resources or other caregivers → **less voluntary** → often: family care
  - “Want to”: affection, endorsed norms → **greater voluntariness** → may benefit family or non-family receivers

- Kinship structure and motivations
  - Presence of close kinship ties (partners, children): „have to“ more salient, family care anticipated / prioritized → non-family caregiving **suppressed**
  - No / partial presence: „Want to“ more salient → non-family caregiving **enabled**

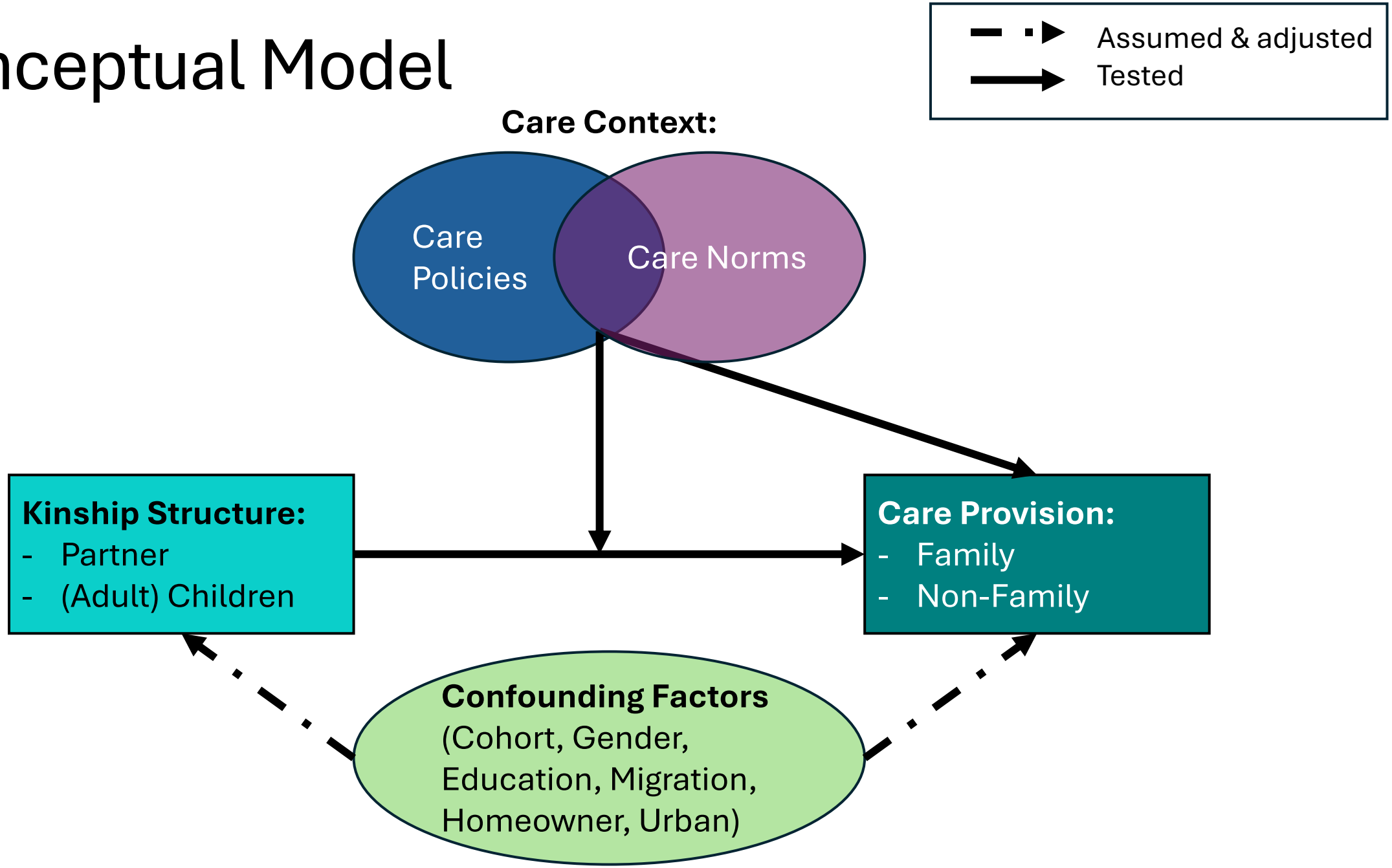
Care Contexts

- Care policies: welfare regimes (Pfau-Effinger, 2005; Saraceno & Keck 2010) – but not only!

- **Complexity** in care organization: Marketization, subsidies for formal care services ("care-in-kind") and **incentivization** of family care through cash transfers ("cash-for-care") or care leaves
  - Predominant policy should **shape motivations**: services decrease "have to" motivations, while cash transfers should reinforce them and suppress "want to" motivations

- **Cultural foundations of care:** Responsibility for care (family vs. state); family roles and care obligations (who should care or pay for it?)
  - Prevailing norms should **strengthen motivations**: state care norm promotes voluntariness, while family care norms reinforce "have to" motivations
  - But: care norms might vary between birth cohorts (cultural change, socialization)

Conceptual Model



Hypotheses

Hypothesis	Family Care	Non-Family Care	Kinship Moderation
H1a: "have to"	Family care is **most** likely among those **with** close family ties…	…while non-family care is **least** likely	
H1b: "want to"	Family care is **least** likely among those **without** close family ties…	…while non-family care is **most** likely	

Data, Measurements, Method

Data and Sample

Individual-level Information

- Survey of Health Ageing and Retirement in Europe (SHARE)
- Waves 4-9 (full panel waves only, ~~Covid, retrospective)~~
- Respondents aged 50+ and their eligible partners (n=262,086 obs. in n=111,899 persons) in 28 countries

Care Contexts

- **Eurobarometer 67.3 (2007)** „Health Care Service, Undeclared Work, EU Relations With Its Neighbor Countries, and Development Aid“: 5 items on caregiving expectations (time-stable)
- **Eurostat:** expenditures for old age care „in cash“ (e.g., allowances) and „in kind“ (e.g. formal services) (time-varying, lag 1 year, weighted per capita)

Measurement: Care Norms

Concept	Single Items	Index
Children‘s obligation	„Children should pay for the care of their parents if their parents' income is not sufficient“	
Relative obligation	„Care should be provided by close relatives of the dependent person, even if that means that they have to sacrifice their career to some extent“	
Incentivize informal care	„The state should pay an income to those who have to give up working or reduce their working time to care for a dependent person“	
Public care provision	„Public authorities should provide appropriate home care and\ or institutional care for elderly people in need“	
Respite care	„From time to time, the state should pay for professional carers to take over from family carers so that family carers can take a break“	
Scale	Each item: dichotomized (not agree / agree)	Index (# items agreed: 0-3 / 0-2) → aggregated by country + birth cohort (mean)

Measurement: Family and Non-Family Care

	Family Care	Non-Family Care
Wording	Inside: „Let us now talk about help within your household. Is there someone living in this household whom you have helped regularly **during the last twelve months** with personal care, such as washing, getting out of bed, or dressing”. Outside: “In the last twelve months, have you personally given **personal care or practical household help** to a family member living outside your household, a friend or neighbour? Please exclude looking after grandchildren”	Outside: “In the last **twelve months**, have you personally given **personal care or practical household help** to a family member living outside your household, a friend or neighbour? Please exclude looking after grandchildren”
Receiver included	(Grand-, Step-, Adoptive) Parents(-in-law), partner / spouses, children (biological or non-biological), other kin	Friends, neighbours, acquaintances, ex-colleagues, others
Scale	Dichotomous (0/1): Not provided vs. Provided	

Method

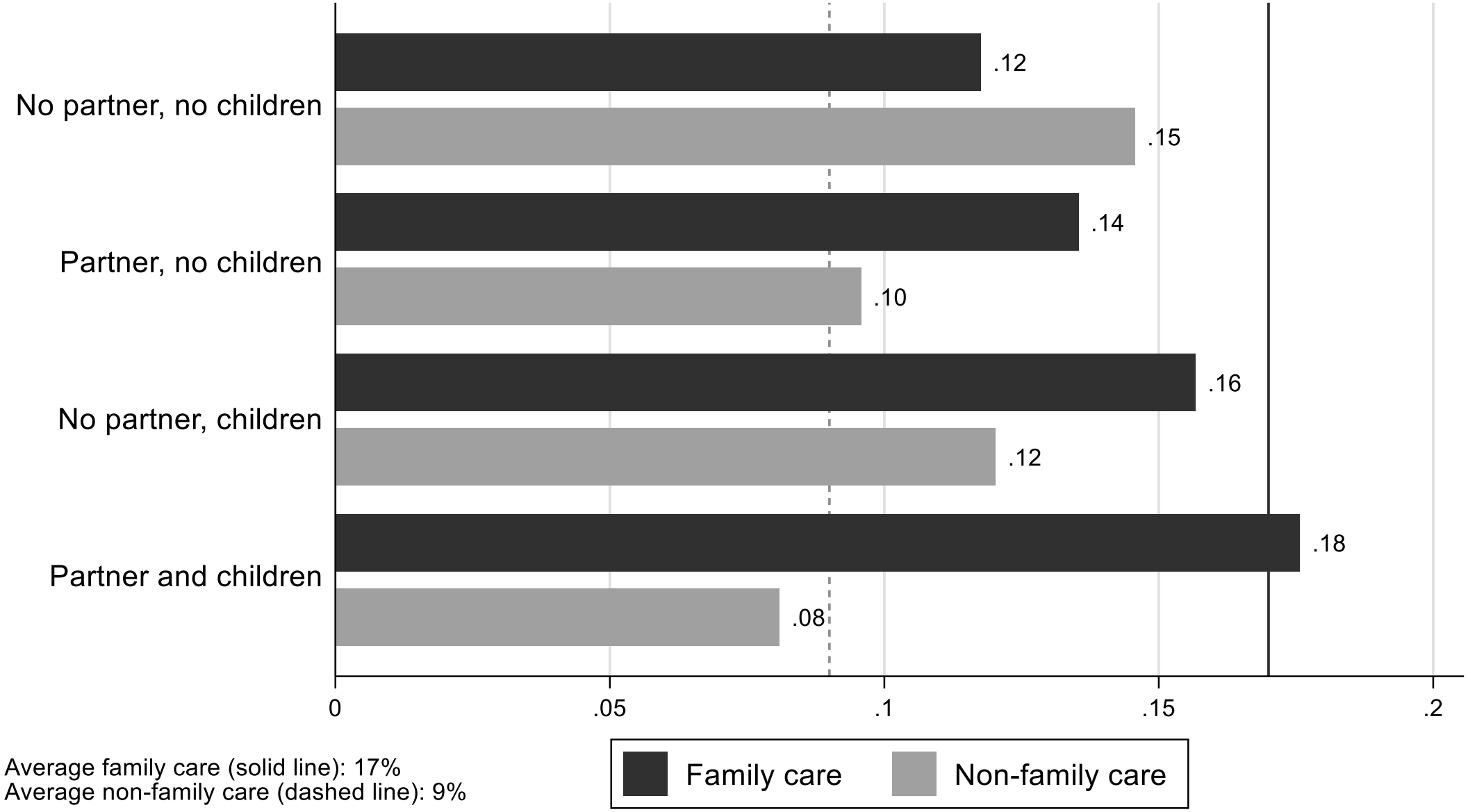
- Random Effects Logistic Regression Models
  - DV: Family Care (0/1) and Non-Family Care (0/1)
  - IV: Kinship structure: “Partner and children”, “Only partner”, “Only children”, “No partner, no children”

- Three stages
  - Model 1: Effects of kinship structure (H1)
  - Model 2: Care context (separate models for each indicator)
  - Model 3: Interaction terms kinship * care context separate models)

- Controls: gender, birth cohort, education (low-mid-high), migration background (1=yes), urban area (1=yes), homeowner (1=yes), country (only in model 1), at least one parent alive (1=yes), living distance to nearest child (4 categories)
- Model for non-family care controls for family care (and vice versa)

Results

Prevalence: Family and Non-Family Care



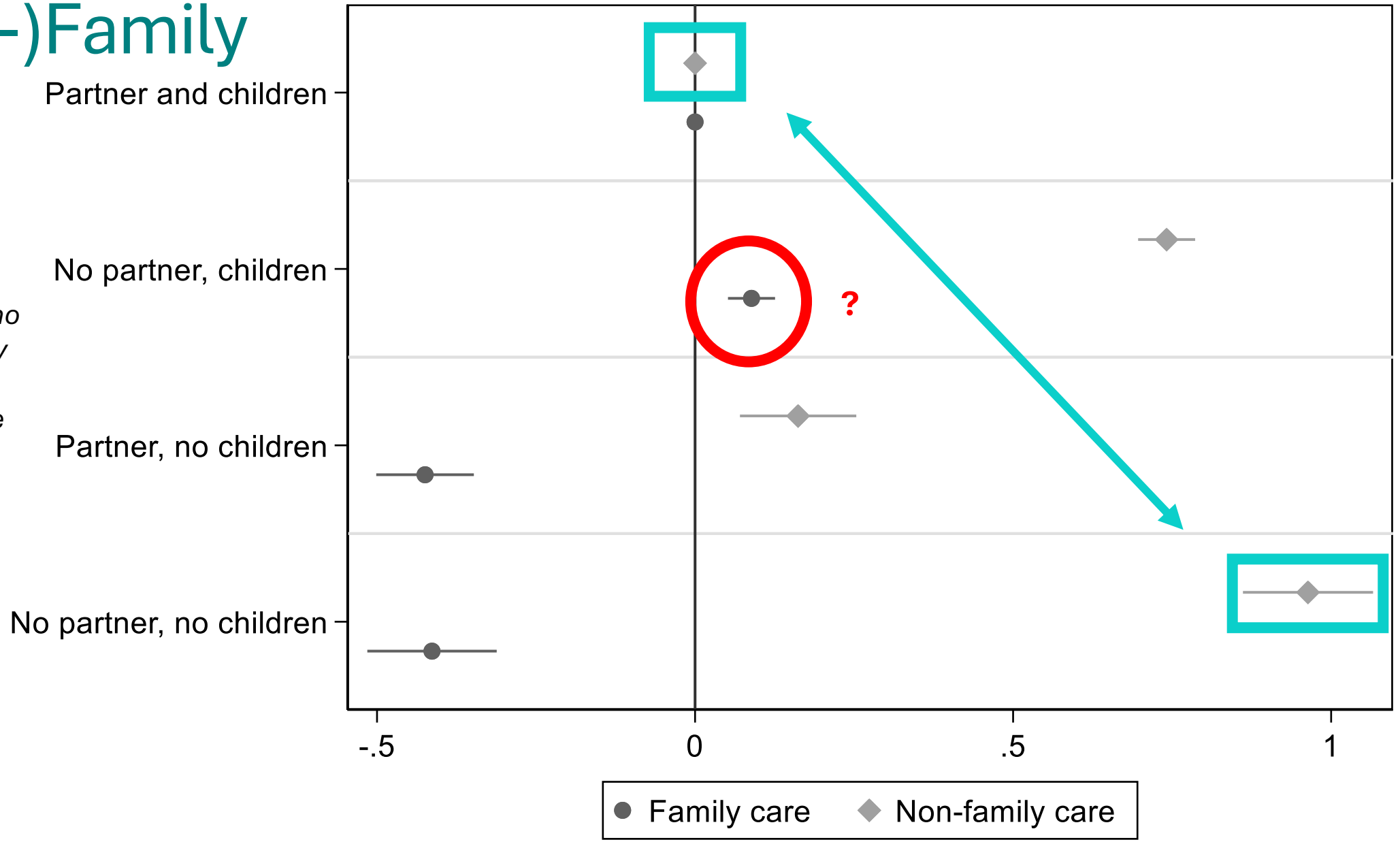
Average family care (solid line): 17%
Average non-family care (dashed line): 9%

Kinship Structure and (Non-)Family Care

H1a/b: *Largest differences between close kinship ties and no kinship ties. Non-family most likely when no kinship ties, family care most likely when close kinship ties.*

(a) Non-family care ✓

~~(b) Family care ✗~~

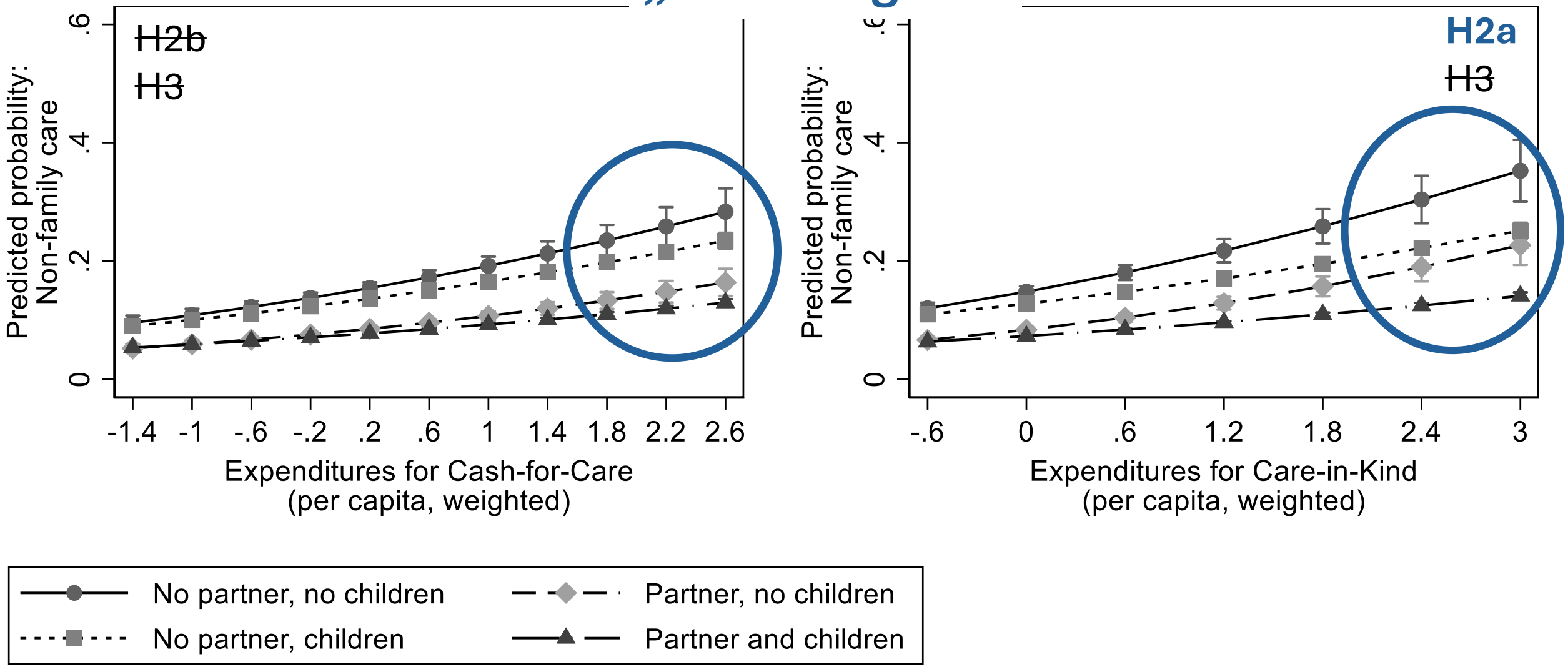


Interaction: Care Contexts * Kinship Structure

1. **Care policies** and non-family care (H2a/b, H3)
2. **Care policies** and family care (H2a/b, H3)
3. **Care norms** and non-family care (H4a/b, H5)
4. **Care norms** and family care (H4a/b, H5)

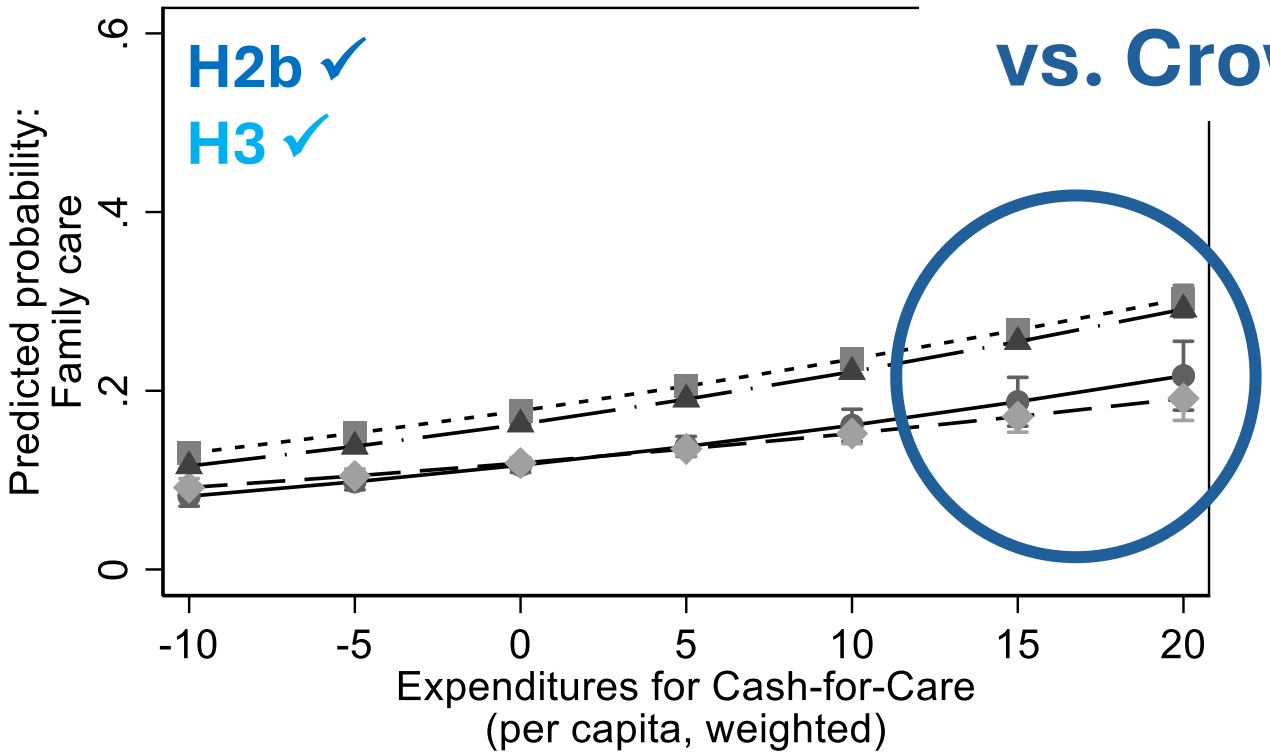
1. **Expenditures**, Kinship Structure and **Non-Family** Care

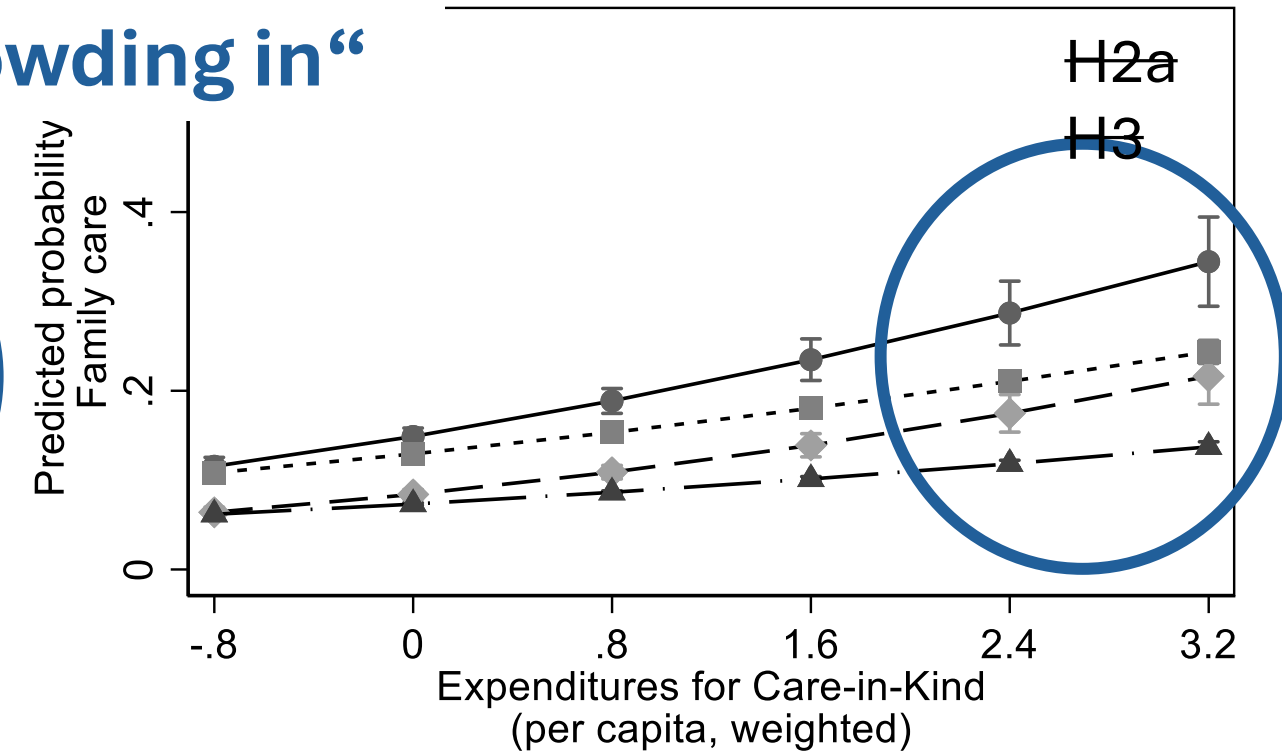
„Crowding in“

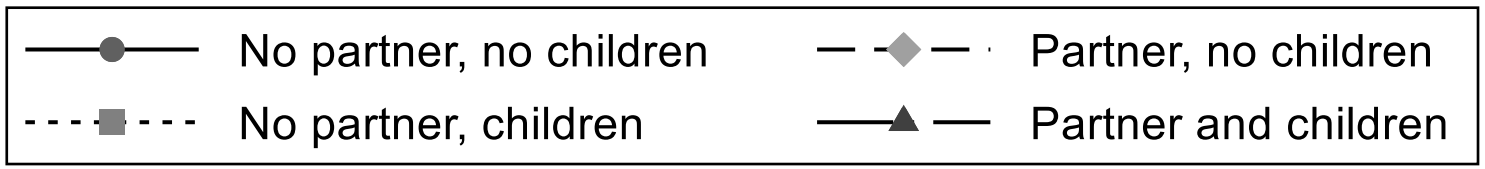


2. **Expenditures**, Kinship Structure and **Family** Care

„Incentivization vs. Crowding in“

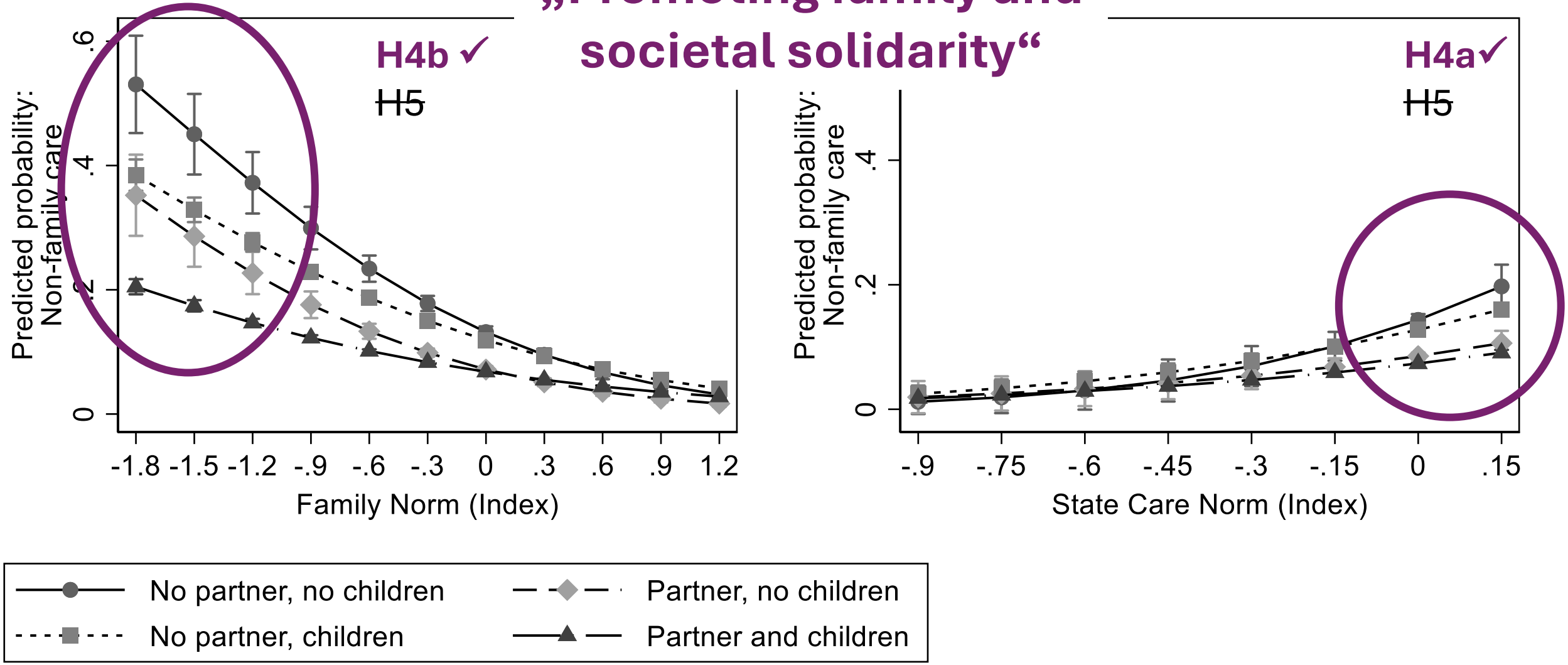






3. Care **Norms**, Kinship Structure and **Non-Family** Care

„Promoting family and societal solidarity“

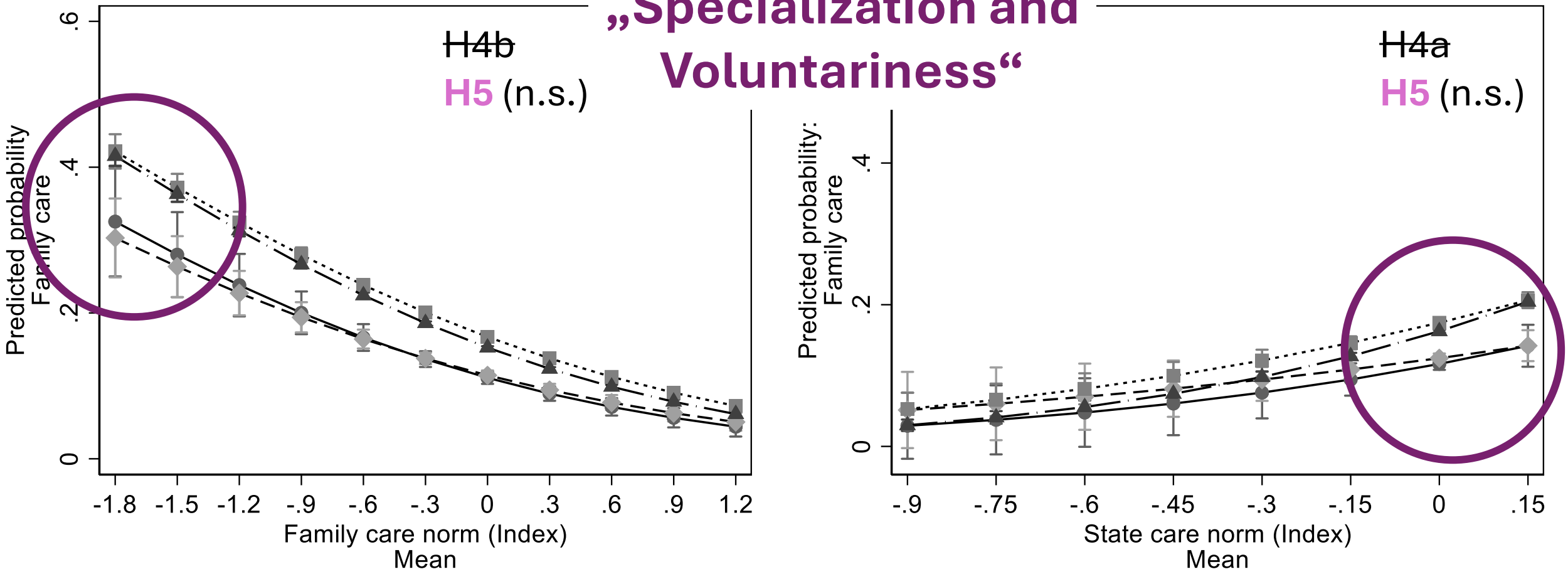


4. Care **Norms**, Kinship Structure and **Family** Care

„Specialization and Voluntariness“

~~H4b~~
H5 (n.s.)

~~H4a~~
H5 (n.s.)



Discussion

Summary & Interpretation

- Almost 1 in 5 provide family care, 1 in 11 provides non-family care
- Complete kinship structure strengthens „have to“ and suppresses „want to“ motivations
  - But: specific pattern if only partner → **greater (anticipated) care need**
- Expenditures („cash“ and „kind“) associated with greater likelihood of family and non-family care → **„crowding in, not out“**
- Family care norms **suppress** care, while state care norms **enable** it → **„specialization“ and „promoting societal solidarity“**
  - Patterns strikingly similar for family and non-family care

Limitations & Outlook

Limitations

- Parents part of close kin ties, but in SHARE 80% of respondents have both parents deceased
- Non-family care: heterogeneous bundle
- Multinomial logit (family vs. non-family vs. no care) would be desirable, but did not converge
- Between effects only → no causal claims
- „Care contexts“: interplay of culture and policies; measuring norms toward caring for non-family persons (aka “help thy neighbour”?), specify allowances

Outlook

- Expanding family diversity: parents, siblings, …
- Non-family receivers: distinguish by friends, neighbours, others
- Additional indicators: type of caregiver allowance policy (qualitative), care beds

Universität Konstanz

DZA Deutsches Zentrum für Altersfragen

Thank you for your attention

ariane.bertogg@uni-konstanz.de

Social Inequalities in Ageing Societies

Visit my project page: www.inequality-aging.com

Emmy Noether-Programm

DFG Deutsche Forschungsgemeinschaft

Appendix

Policy Implications

- Increasing family diversity in later life: **state support** essential for decommodifying care
- Positive side effects: strengthening voluntary care **benefitting both** caregivers and receivers
- Holds for cash-for-care und care-in-kind, but care-in-kind more gender- and class-neutral (bargaining, cultural preferences)

→ Care-in-kind preferrable, but allowances should be **open for non-family caregivers** (LGBTQ rights)

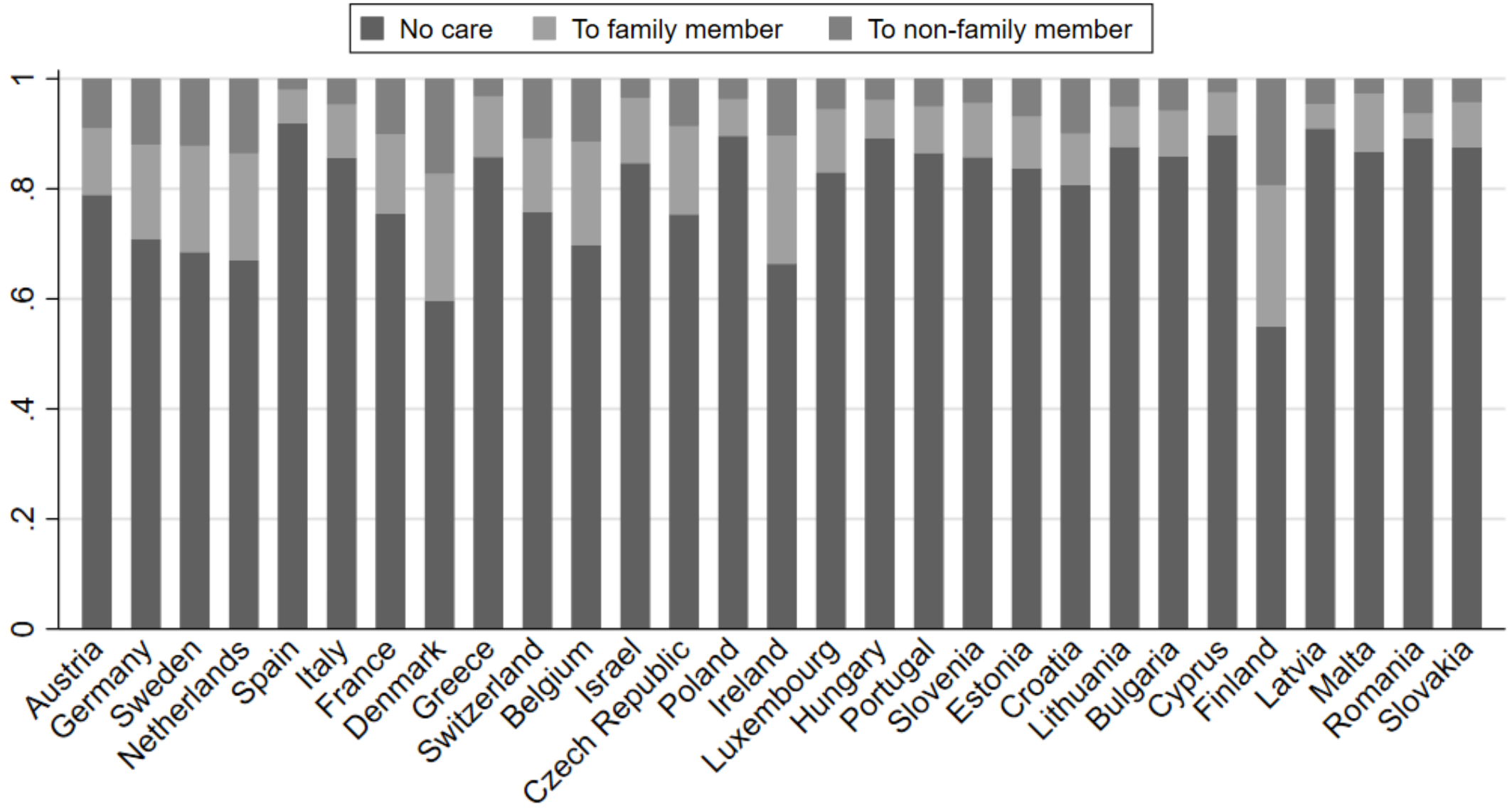
- Strong family norms concentrate care load on the shoulders of few → critical (caregiver burden)

→ **Decreasing expectations** towards close family ties and **raising acceptance** of non-family care

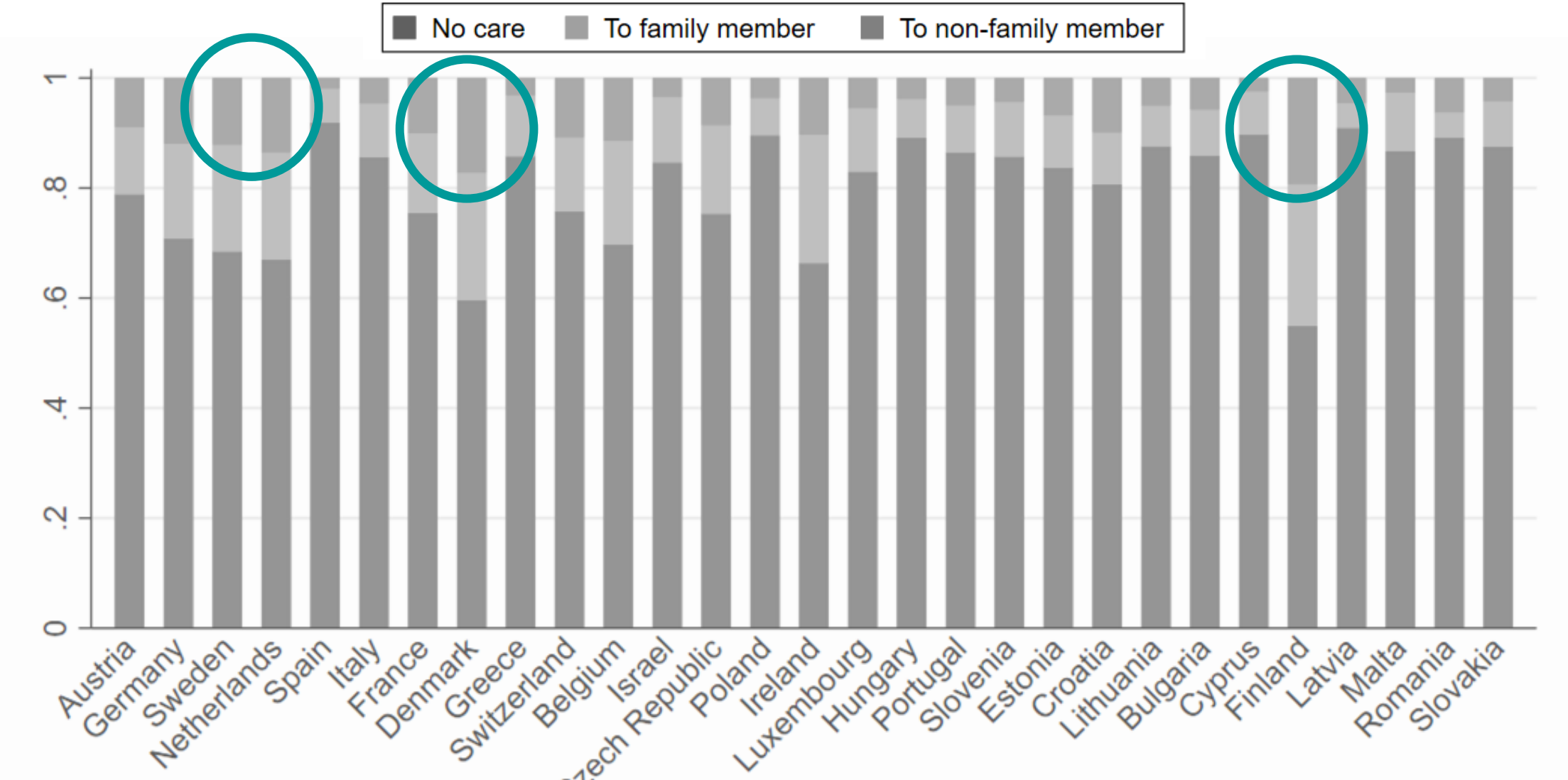
Overlap: Family and Non-Family Care

Care to family member	Care to non-family person		
	0	1	Total
0	200,427	17,616	218,043
	76.47	6.72	83.20
1	37,414	6,629	44,043
	14.28	2.53	16.80
Total	237,841	24,245	262,086
	90.75	9.25	100.00

Prevalence of Family and Non-Family Care

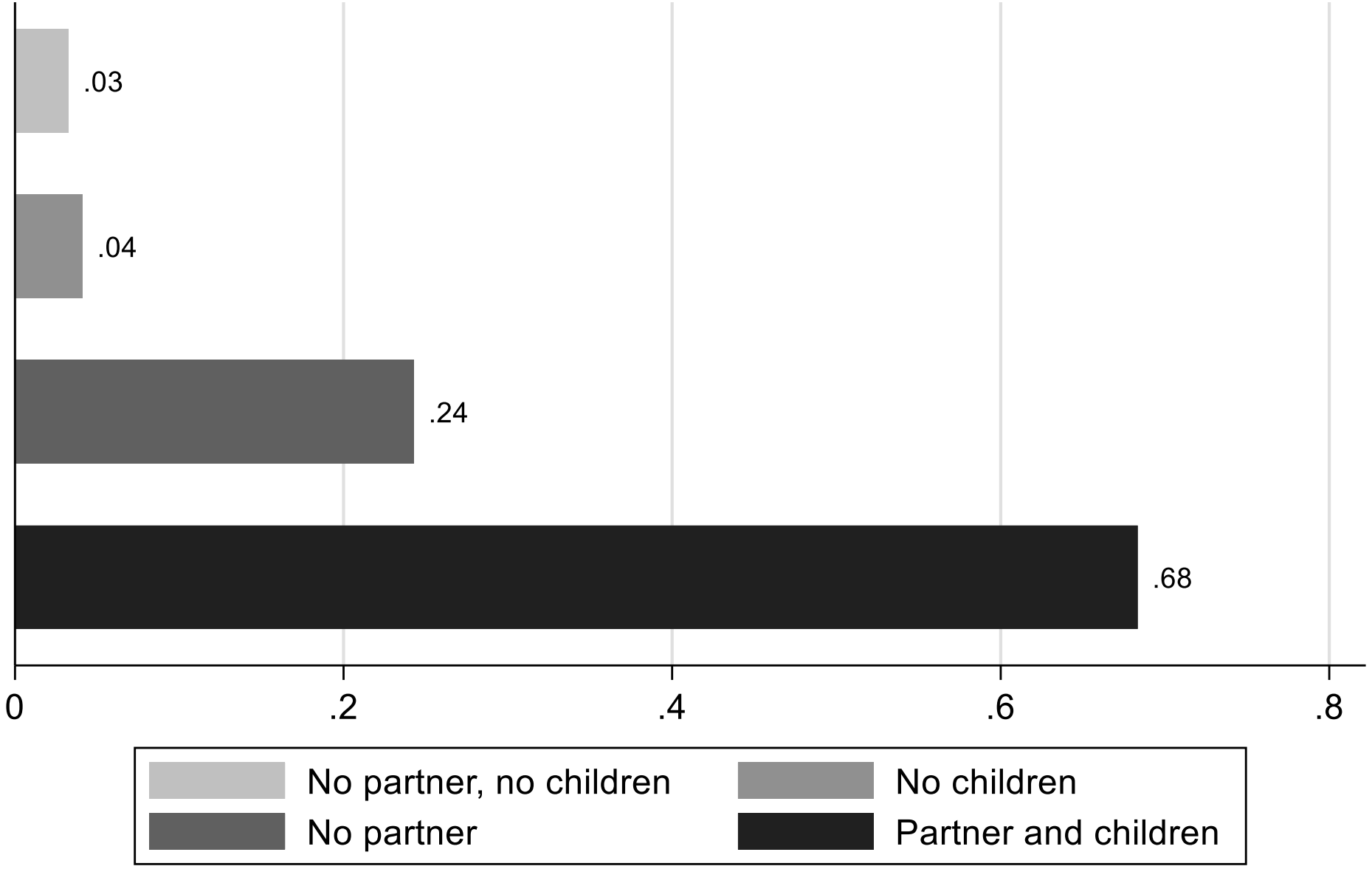


Prevalence of Family and Non-Family Care

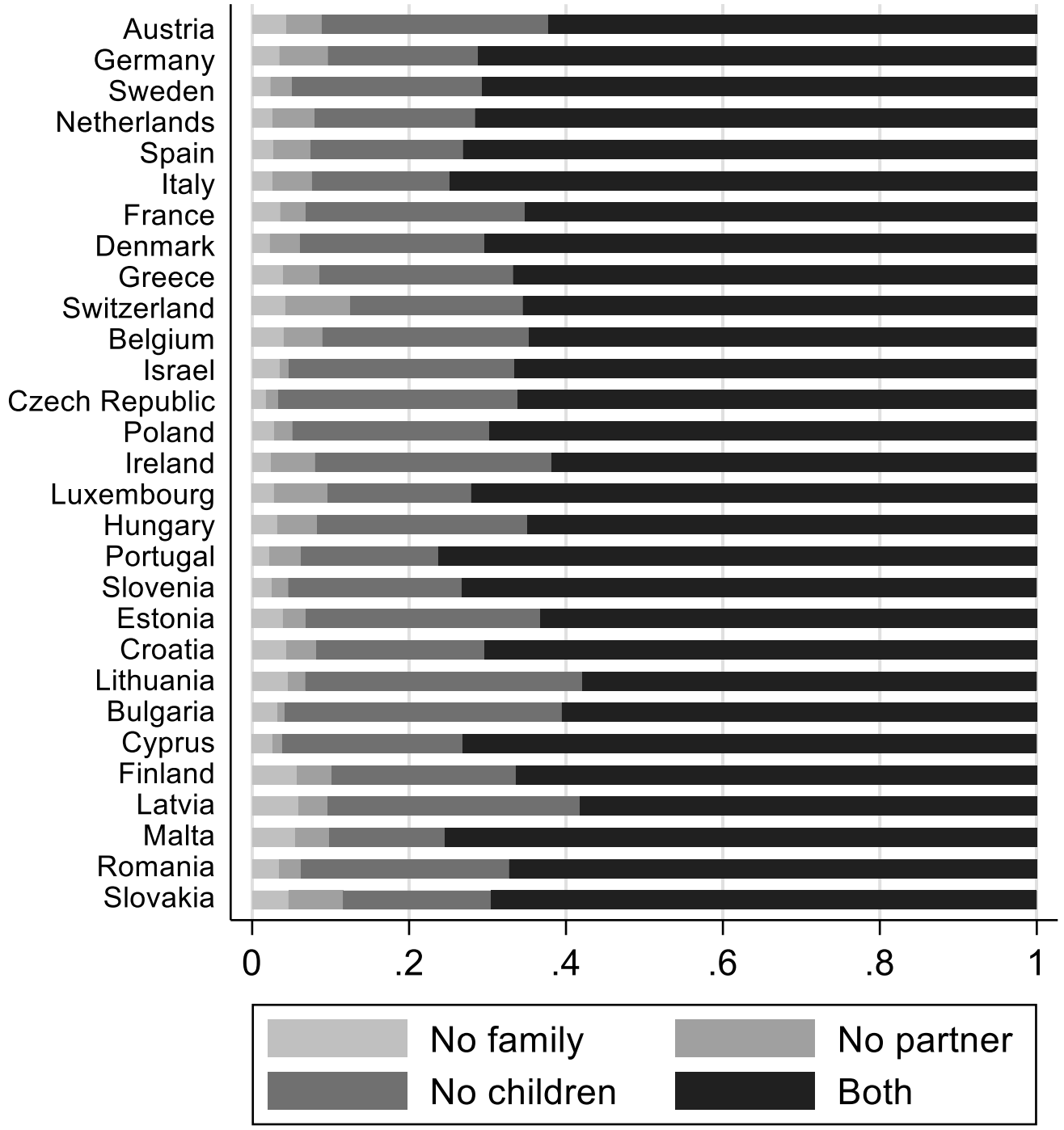


Note: care regardless of intensity or type of support

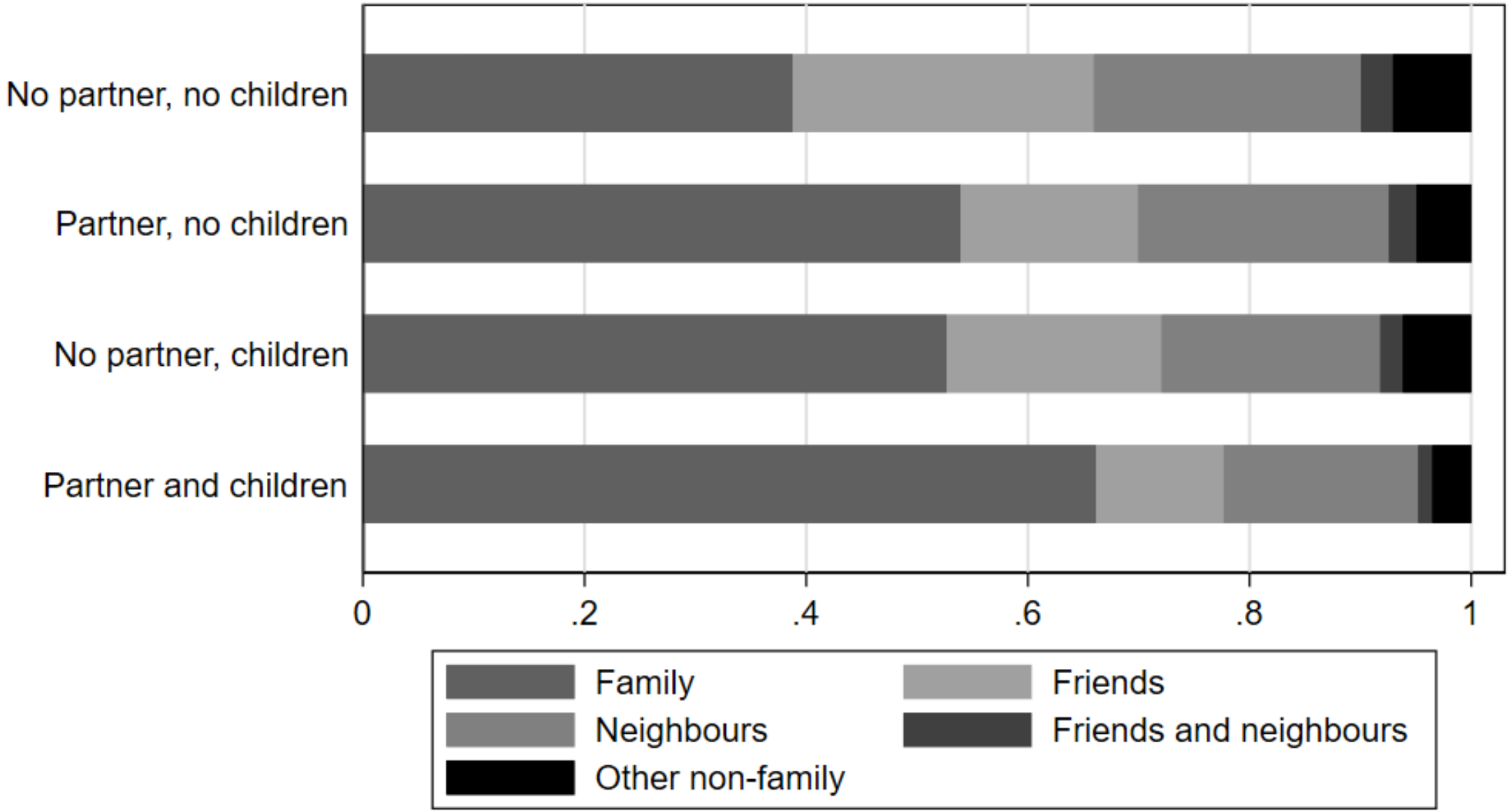
Distribution of Kinship Structure



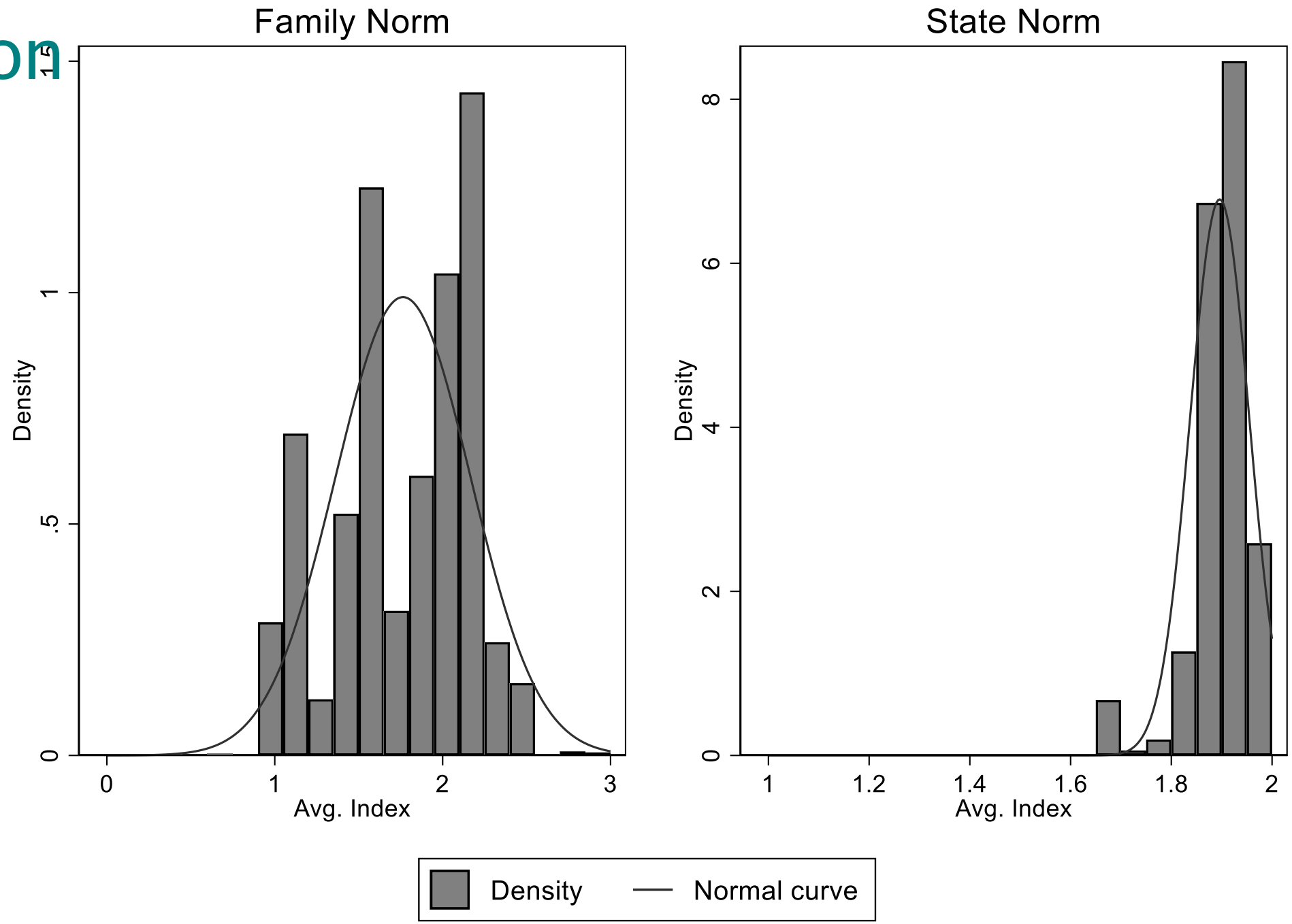
Distribution of Kinship Structures over Countries



Care Recipient – by Kinship Structure

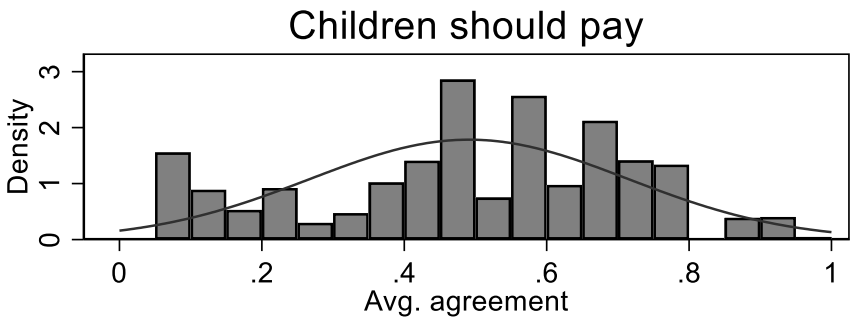


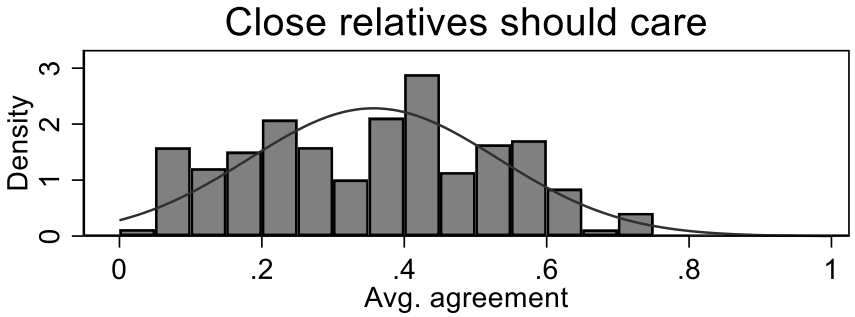
Distribution of Indices

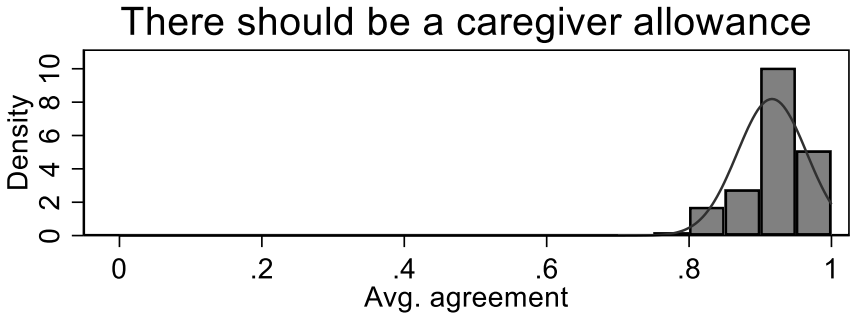


Distribution of Index Components

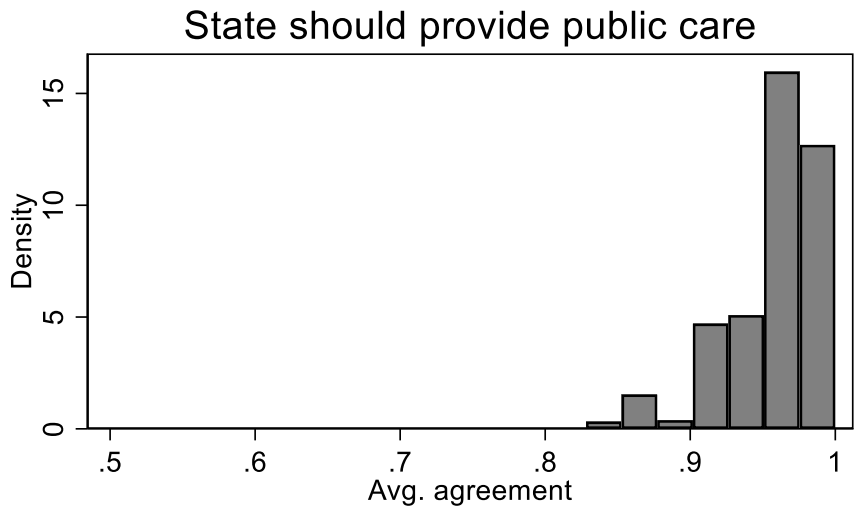
Family Norms

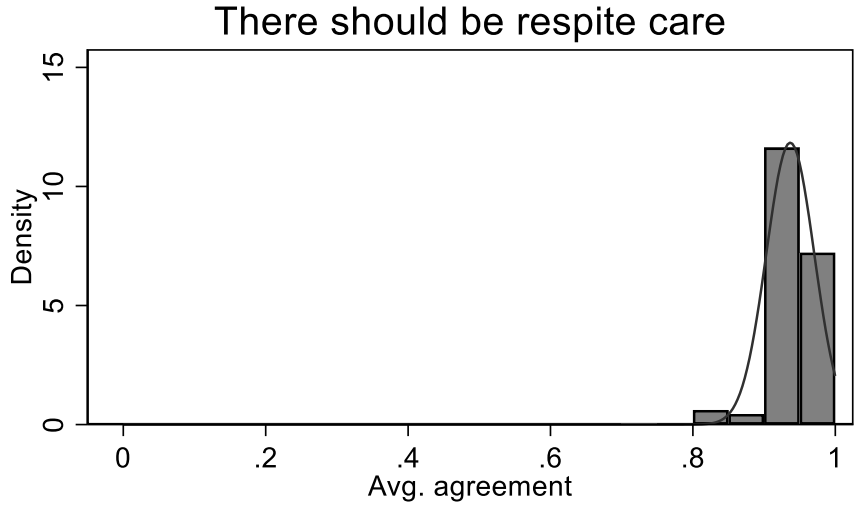


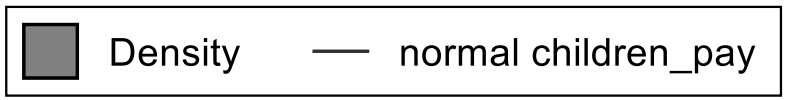




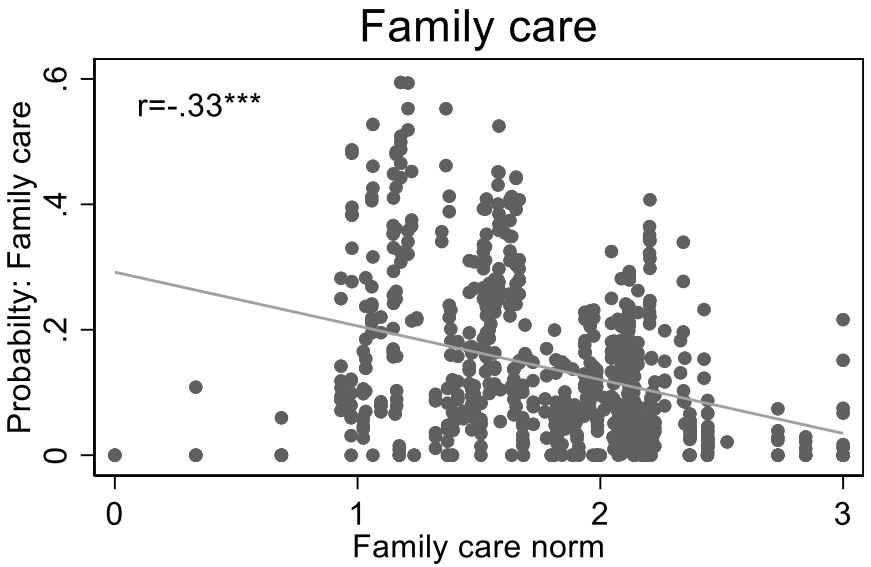
State Care Norms

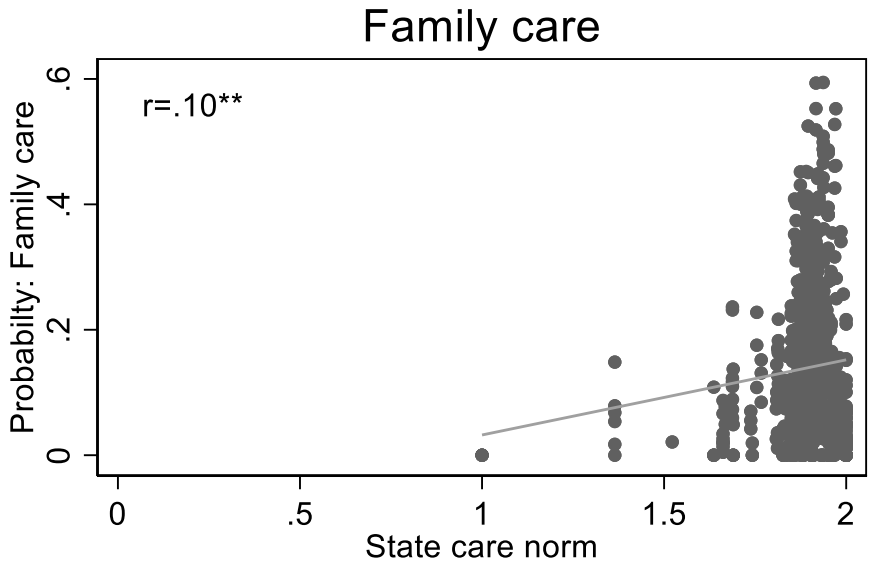


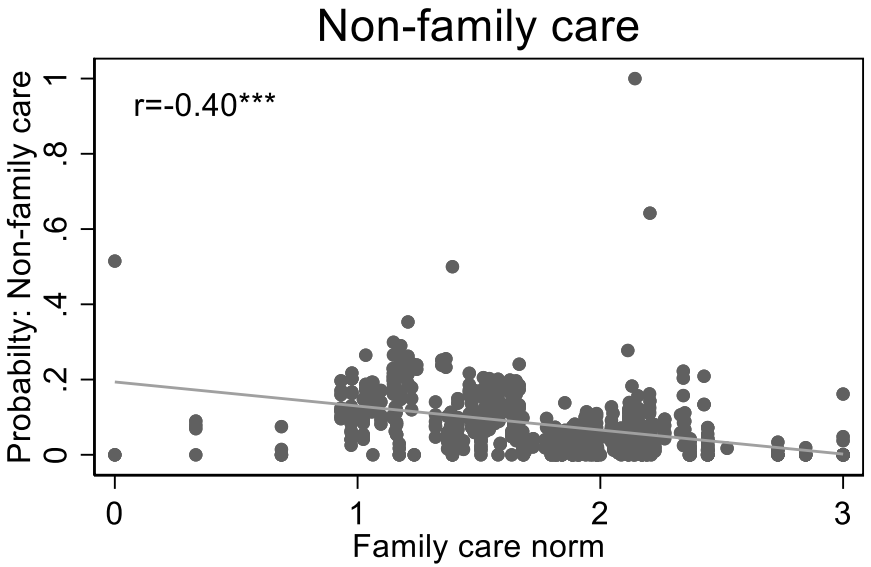


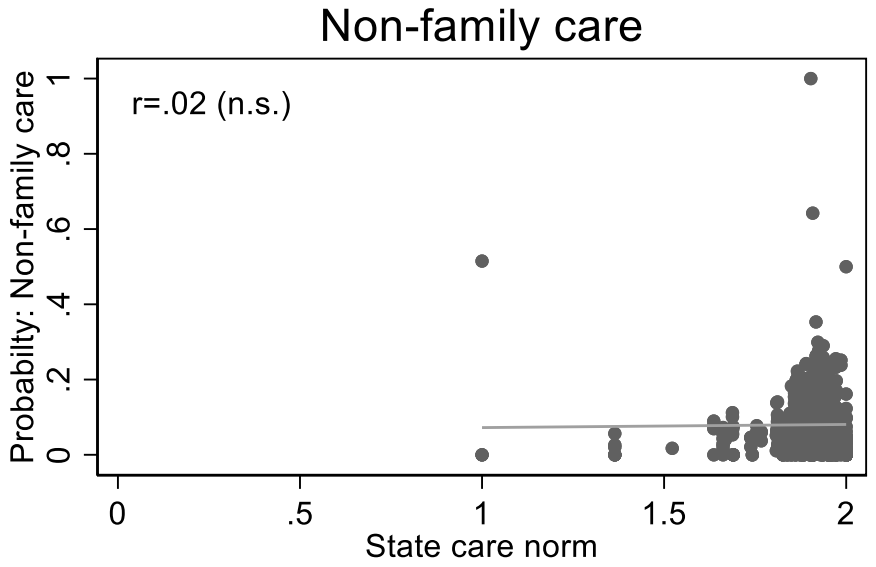


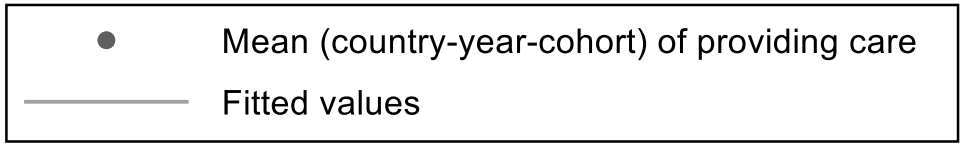
Scatterplots: Care Norms & Caregiving Prevalence





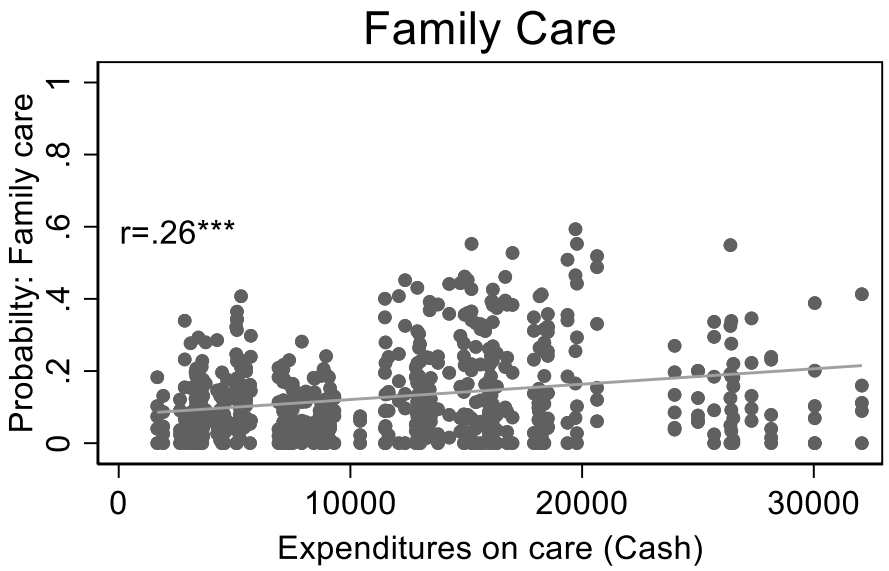


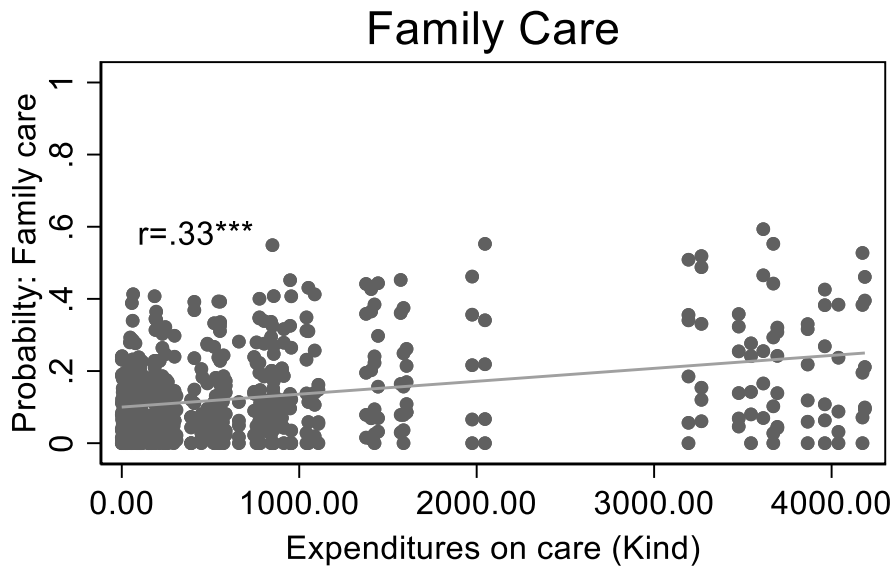


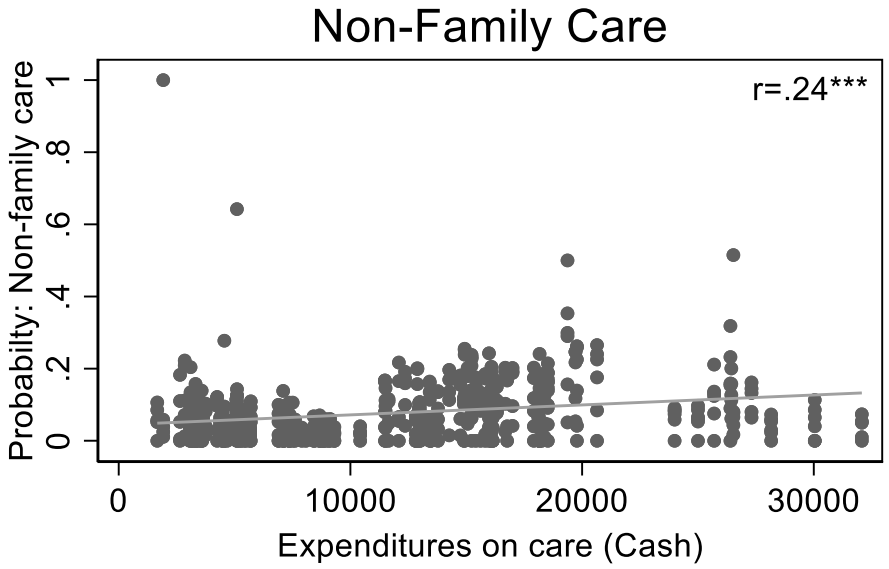


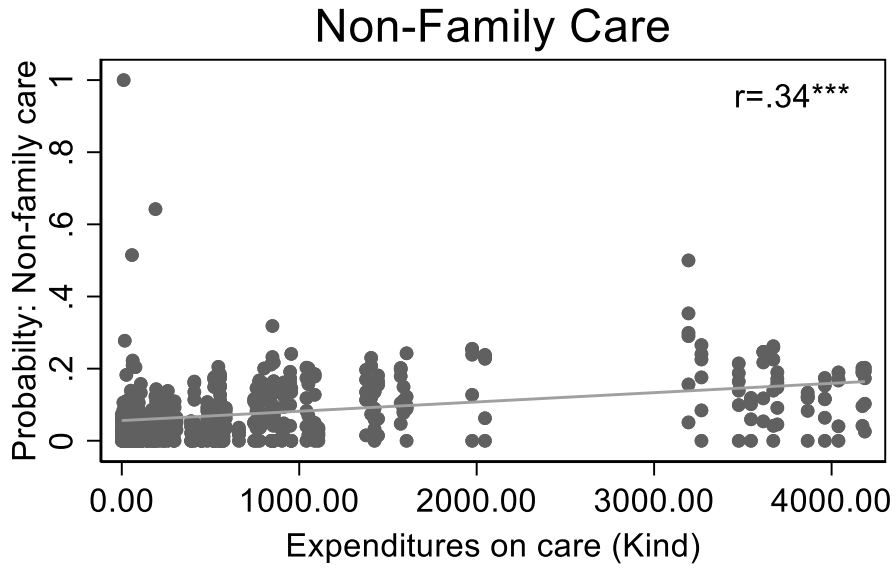
Note: weighted results

Scatterplots: Care Policies & Caregiving Prevalence

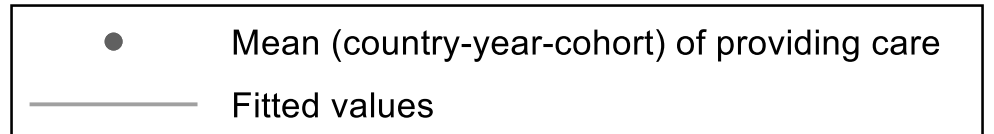




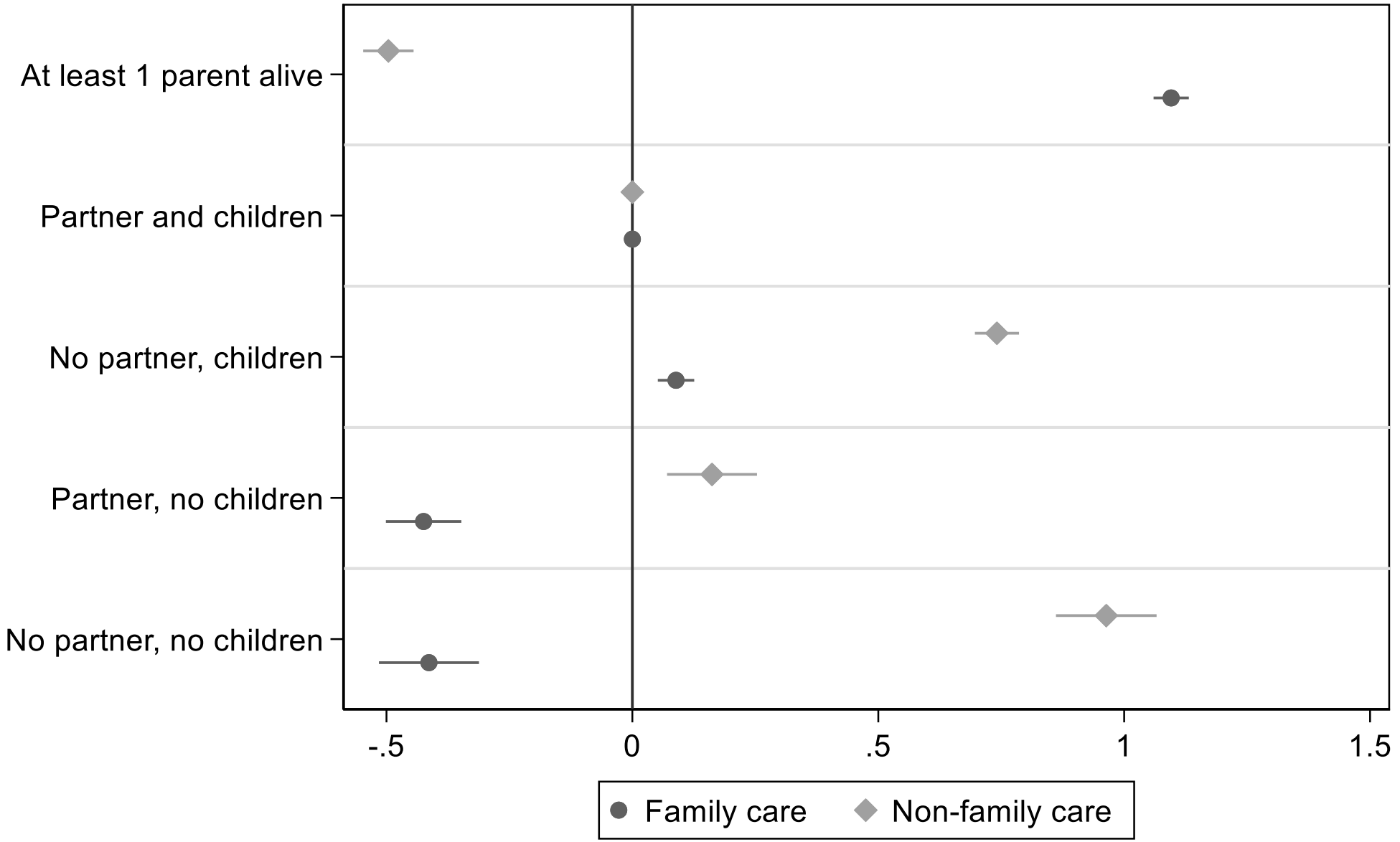




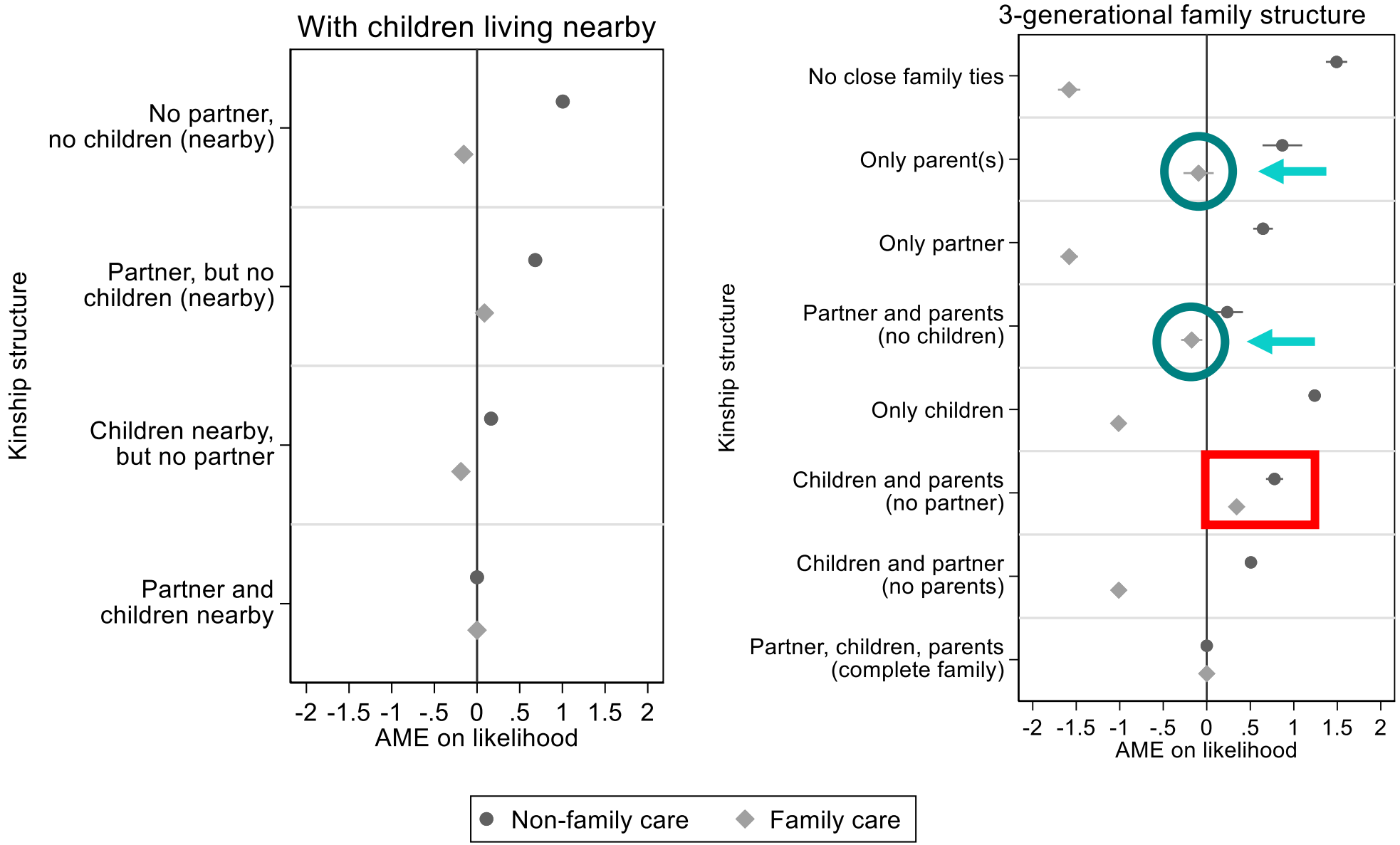
Note: weighted results



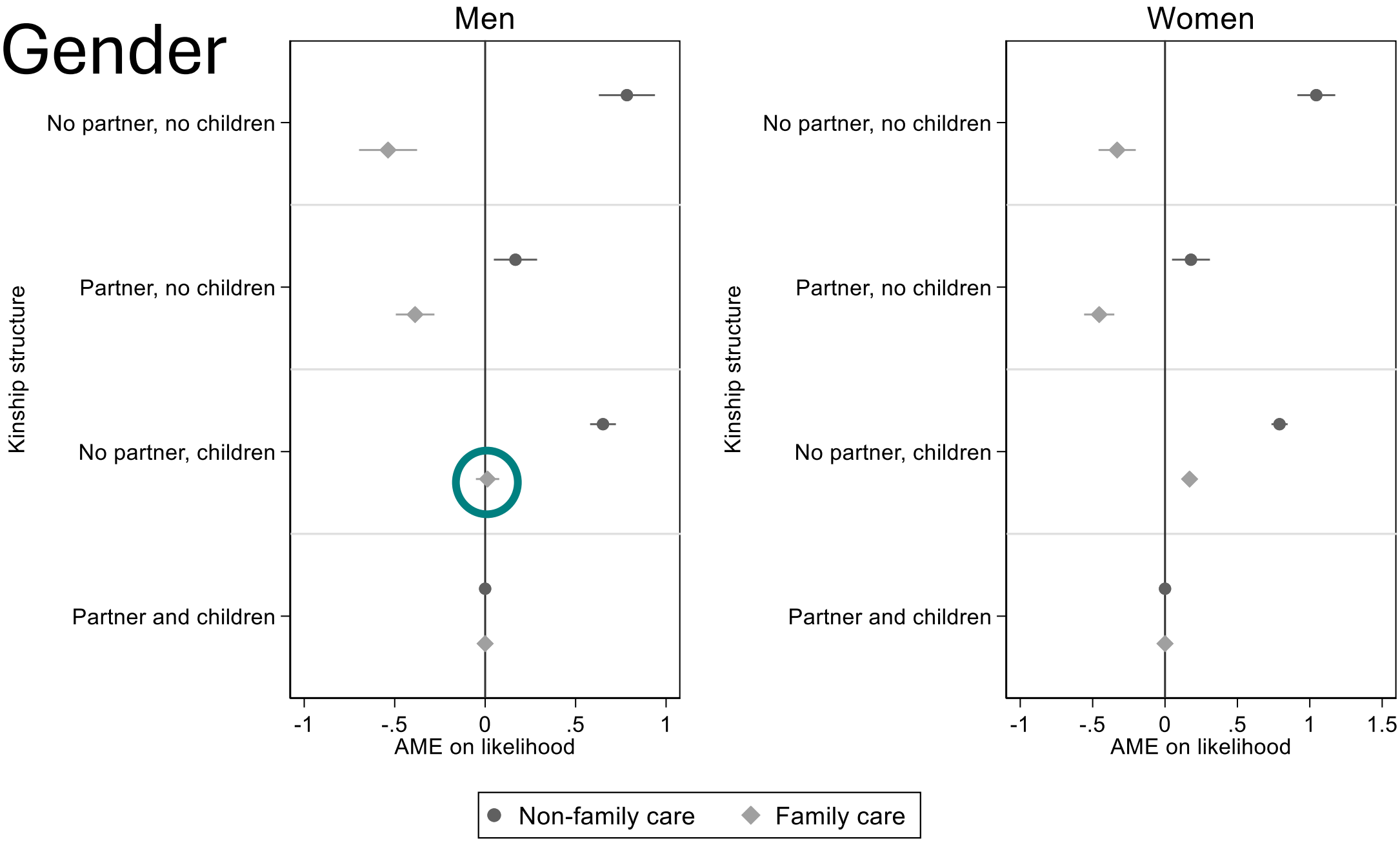
Including Parents Alive (Dummy)



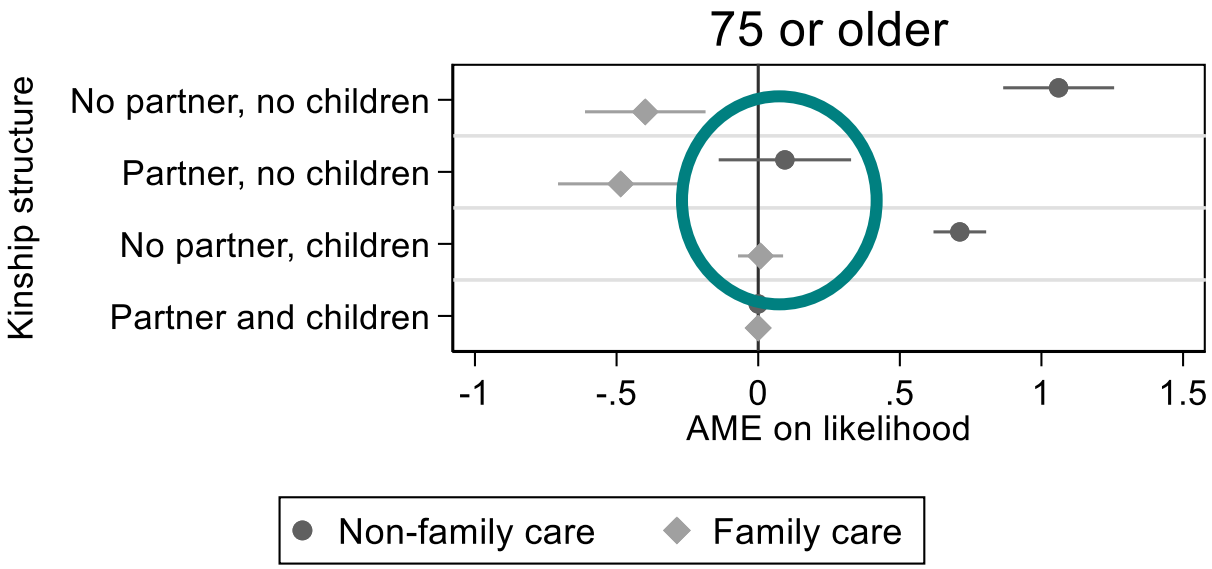
Alternative Measures: Kinship Structure

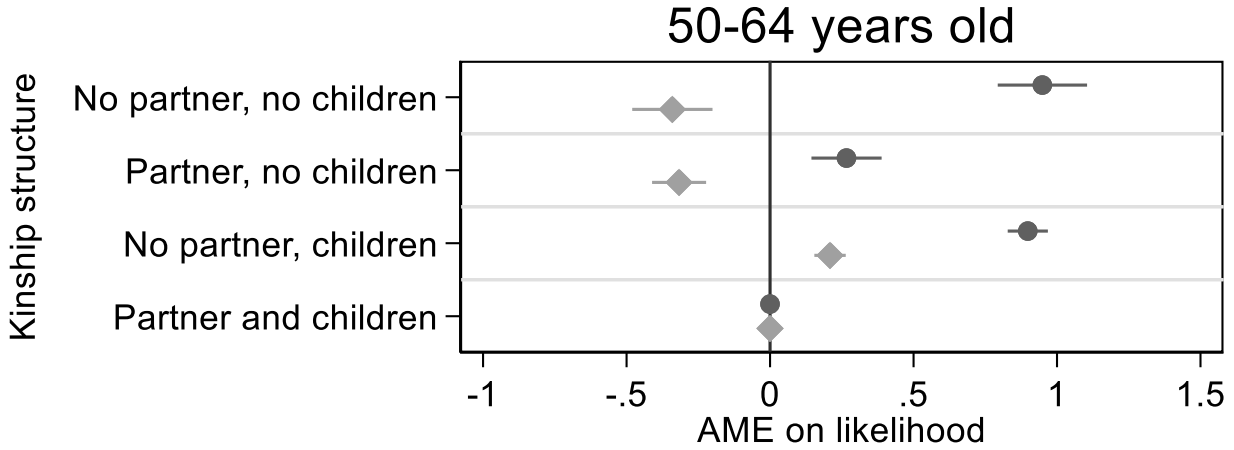


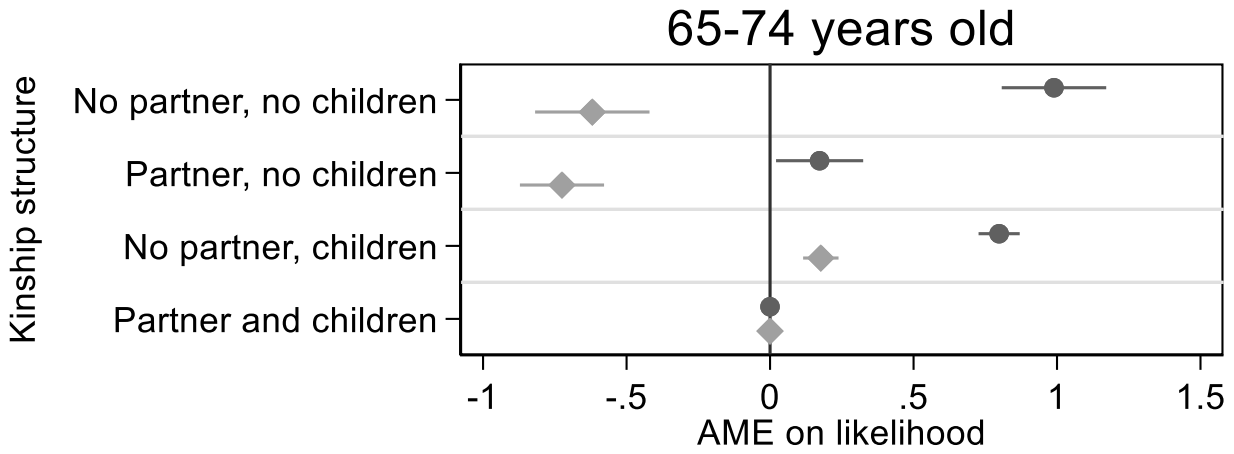
By Gender


Men
Women
No partner, no children
Partner, no children
No partner, children
Partner and children
Kinship structure
-1
-.5
0
.5
1
1.5
AME on likelihood
Non-family care
Family care

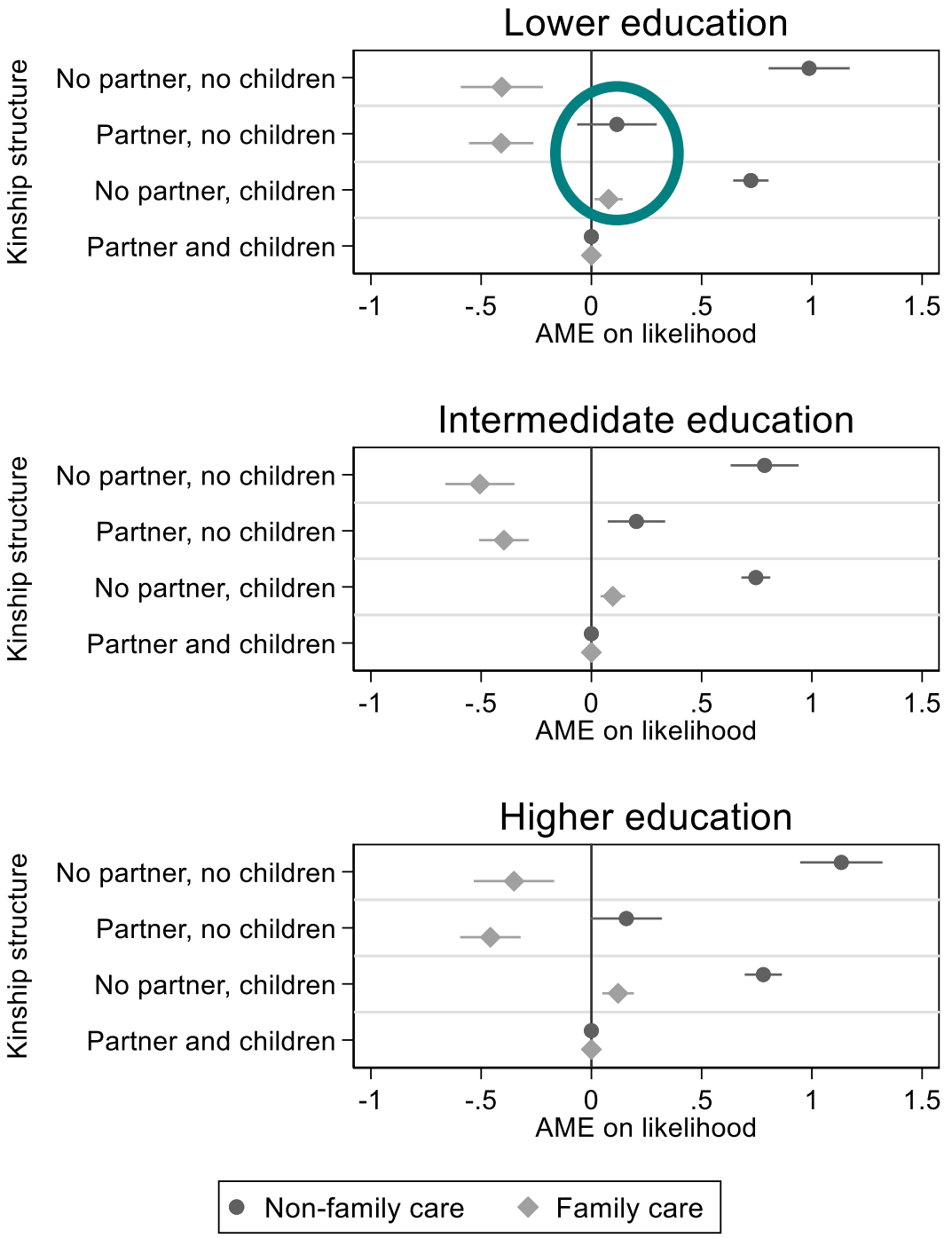
By Age Groups







By Education



By Employment