INTERGENERATIONAL TRANSFERS IN EUROPE: WHAT CAN WE LEARN FROM SHARE?

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Survey of Health, Ageing and Retirement in Europe

• Multidisciplinary, cross-national panel study
• Social, economic and health situation
• Target group 50+ population
• Face to face CAPI
• First wave in 2004
• 7th wave completed in 2017 in 28 countries
An early study using SHARE data from Germany and Israel addressed the balance of private intergenerational exchange of money and instrumental support between respondents aged 50 and older and persons from outside their households, mostly their children.

Information concerning financial transfers was provided by a designated household financial respondent.

The amounts given and received were assigned to the partner/spouse living in the same household, and were divided by two.

Respondents were asked if they gave and/or received a financial or material gift amounting to 250 € or more in the previous 12 months, recorded up to three beneficiaries.

The questionnaire also asked whether respondents helped others outside the household in the last 12 months, by giving:

- personal care
- practical household help
- administrative paperwork
- looking after grandchildren.

The extent of help was measured as the number of hours given.

Receipt of social support was solicited from the family respondent, copied to the partner and divided by two.

Social support was “costed” in order to create a single monetary indicator of the exchange balance.

The value of hours of instrumental help was calculated as the relative cost of purchasing social services in each country:

- Germany: 10 Euro/hour
- Israel: 5 Euro/hour
Balance of support: Euro given less Euro received in Germany and Israel, by age group

<table>
<thead>
<tr>
<th>COUNTRY</th>
<th>50-59</th>
<th>60-69</th>
<th>70-79</th>
<th>80+</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Germany</td>
<td>2,872</td>
<td>3,555</td>
<td>1,570</td>
<td>-2,402</td>
<td>2,229</td>
</tr>
<tr>
<td>Israel</td>
<td>3,161</td>
<td>3,048</td>
<td>1,654</td>
<td>-1,276</td>
<td>2,429</td>
</tr>
</tbody>
</table>
Another early study examined the association between formal and informal care services.

We looked specifically at whether formal care delivered to older people at home substitutes for or complements informal support.

Data on respondents aged 75 or older in France and Israel were analyzed.

Regressions of three patterns of care from outside the household were considered:

- informal support only
- formal support only
- both formal and informal care

The control variables included: age, gender, income, marital status and functional health status of the care recipient (ADL and IADL) and whether informal help was provided by a family member living in the household.

The results revealed:

- 1/2 received no help at all (France 51%, Israel 55%)
- 1/10 received care from a household member (France 8%, Israel 10%)
- 1/3 were helped by informal carers from outside the household (France 34%, Israel 33%).

More French respondents (35%) received formal care services at home than Israelis (27%).

The analysis also showed that:

- complementarity is a common outcome of the co-existence of formal and informal care
- mixed provision occurs more frequently in situations of greater need.
Change in giving a financial gift of 250 Euros or more from the first to the last wave in SHARE: Change in percentage points

Analyses and slides by Noam Damri, Israel Gerontological Data Center, Jerusalem
Change in receiving a financial gift of 250 Euros or more from the first to the last wave in SHARE: Change in percentage points
Change in giving help outside the household from the first to the last wave in SHARE: Change in percentage points

<table>
<thead>
<tr>
<th>Country</th>
<th>Change in percentage points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Israel (2006-2015)</td>
<td>-50%</td>
</tr>
<tr>
<td>Italy (2004-2015)</td>
<td>-30%</td>
</tr>
<tr>
<td>Spain (2004-2015)</td>
<td>-10%</td>
</tr>
<tr>
<td>Luxembourg (2013-2015)</td>
<td>10%</td>
</tr>
<tr>
<td>Netherlands (2004-2013)</td>
<td>30%</td>
</tr>
<tr>
<td>Belgium (2004-2015)</td>
<td>50%</td>
</tr>
<tr>
<td>Portugal (2011-2015)</td>
<td>-50%</td>
</tr>
<tr>
<td>Sweden (2004-2015)</td>
<td>-30%</td>
</tr>
<tr>
<td>Poland (2006-2015)</td>
<td>-10%</td>
</tr>
<tr>
<td>Switzerland (2004-2015)</td>
<td>10%</td>
</tr>
<tr>
<td>Greece (2004-2015)</td>
<td>30%</td>
</tr>
<tr>
<td>Estonia (2011-2015)</td>
<td>50%</td>
</tr>
<tr>
<td>Czech Republic (2006-2015)</td>
<td>-50%</td>
</tr>
<tr>
<td>Denmark (2004-2015)</td>
<td>-30%</td>
</tr>
<tr>
<td>Germany (2004-2015)</td>
<td>-10%</td>
</tr>
<tr>
<td>Austria (2004-2015)</td>
<td>10%</td>
</tr>
<tr>
<td>France (2004-2015)</td>
<td>30%</td>
</tr>
<tr>
<td>Slovenia (2011-2015)</td>
<td>50%</td>
</tr>
</tbody>
</table>
Change in receiving help from outside the household from the first to the last wave in SHARE: Change in percentage points

- Poland (2006-2015)
- Netherlands (2004-2013)
- Israel (2006-2015)
- Portugal (2011-2015)
- Belgium (2004-2015)
- Sweden (2004-2015)
- Spain (2004-2015)
- Switzerland (2004-2015)
- Italy (2004-2015)
- Germany (2004-2015)
- Austria (2004-2015)
- Czech Republic (2006-2015)
- Denmark (2004-2015)
- Slovenia (2011-2015)
% Provision of Small Financial Help by Wave and by Age Group

First regular wave of SHARE after the financial crisis of 2008

Analyses and slides by Ela Ostrovsky-Berman, Israel Gerontological Data Center, Jerusalem
% Provision of Large Financial Help by Wave and by Age Group

First regular wave of SHARE after the financial crisis of 2008
Frequency of Provision of Practical Help to Children by Wave and Age Group

Frequency = 1-3

First regular wave of SHARE after the financial crisis of 2008
Frequency of Looking After Grandchildren by Wave and Age Group

Frequency = 1-3

First regular wave of SHARE after the financial crisis of 2008
Personal Social Networks

- Personal social networks are important in people’s lives
  - Related to aspects such as health, cognition, depression and mortality
  - Modify the effects of stressors on health and wellbeing
  - Shape the paths to key outcomes at different points in life and under differing circumstances
- Not easy to measure
- Various ways to measure social networks in surveys, e.g.
  - Indirect approach
  - Direct approach (name generator)
Name Generator Approach

• Obtain information about specific persons within older adults’ personal networks

• Subjective mapping of social networks and their characteristics (e.g. size, composition)

• Used in few aging survey:
  – LASA (Longitudinal Aging Study Amsterdam)
  – NSHAP (National Social Life, Health, and Aging Project)
  – SHARE
Name Generator Approach

• Adopted in SHARE in 2011 (W4) and repeated in 2015 (W6)

• Asks respondents to name persons who are important for them
  – Up to seven network members
  – Follow up questions on SN members & relationship characteristics
  – Overall satisfaction with network (or not having a network)

• Network persons are linked with other questionnaire modules - children module, social support and financial transfers (=> very complex routing)
Baseline SN Module

Follow-up Questions
- Gender
- Geographical Proximity
- Frequency of Contact
- Emotional Closeness
- Overall Satisfaction with Network
Longitudinal SN Questionnaire

• Repeat baseline assessment of actual social network
  – Including follow up questions

• Compare both networks
  – Using preloaded information from previous social network
  – Link SN members between waves
  – Ask for reason if SN member “got lost”
The Longitudinal Dimension

Wave 4 (preloaded)

- Maria (sister)
- Pascal (son)
- Clara (daughter)

Wave 6

- Pascal (son)
- Klara (daughter)
- Thomas (friend)

Reason why Maria is not mentioned again?

Clara mentioned again?

“lost” member

Follow-up Questions (both waves)
- Gender
- Geographical Proximity
- Frequency of Contact
- Emotional Closeness
- Overall Satisfaction with Network

Additional Follow-up Questions added in w6:
- Year of birth
- Employment Status
- Relationship Status

new member
SN Data in SHARE Countries

**Waves 4 and 6**
Austria, Germany, Sweden, Spain, Italy, France, Denmark, Switzerland, Belgium, Czech-republic, Poland, Portugal, Slovenia, Estonia

**Wave 6 only**
Israel, Greece, Luxembourg, Croatia

**Wave 4 only**
Hungary, the Netherlands

**New SHARE countries still without SN information**
Finland, Latvia, Lithuania, Slovakia, Romania, Bulgaria, Cyprus, Malta (and Ireland)
TIME TRANSFERS FROM/TO CHILDREN (AND OTHERS) IN SHARE W-6, BY AGE GROUP

Analyses by Noam Damri, Israel Gerontological Data Center, Jerusalem
TIME TRANSFERS FROM/TO PARENTS (AND OTHERS) IN SHARE W-6, BY AGE GROUP

RECEIVED FROM

GAVE TO

SN Parent  Non-SN Parent  Other

50-64
65-79
80+

50-64
65-79
80+
FINANCIAL TRANSFERS FROM/TO CHILDREN (AND OTHERS) IN SHARE W-6, BY AGE GROUP

RECEIVED FROM

GAVE TO
FINANCIAL TRANSFERS FROM/TO PARENTS (AND OTHERS) IN SHARE W-6, BY AGE GROUP

RECEIVED FROM

GAVE TO
MEANS: TOTAL – 19.1% [SN CHILD – 10.0%; OTHER CHILD – 9.1%]
TIME TRANSFERS RECEIVED BY RESPONDENTS FROM THEIR CHILDREN, BY CHILD SN STATUS AND COUNTRY

MEANS: TOTAL – 11.7% [SN CHILD – 7.1%; OTHER CHILD – 4.6%]
TIME TRANSFERS GIVEN BY RESPONDENTS TO THEIR CHILDREN, BY CHILD SN STATUS AND COUNTRY

MEANS: TOTAL – 6.9% [SN CHILD – 3.8%; OTHER CHILD – 3.1%]
TIME TRANSFERS GIVEN BY RESPONDENTS TO THEIR PARENTS, BY PARENT SN STATUS AND COUNTRY

MEANS: TOTAL – 6.9%  [SN PARENT– 1.7%;  OTHER PARENT– 5.2%]
FINANCIAL TRANSFERS RECEIVED BY RESPONDENTS FROM THEIR CHILDREN, BY CHILD SN STATUS AND COUNTRY

MEANS: TOTAL – 4.2%  [SN CHILD – 2.6%;  OTHER CHILD – 1.6%]
FINANCIAL TRANSFERS RECEIVED BY RESPONDENTS FROM THEIR PARENTS, BY PARENT SN STATUS AND COUNTRY

MEANS: TOTAL – 1.5%  [SN PARENT– 0.5%; OTHER PARENT– 1.0%]
FINANCIAL TRANSFERS GIVEN BY RESPONDENTS TO THEIR PARENTS, BY PARENT SN STATUS AND COUNTRY

MEANS: TOTAL – 0.7%  [SN PARENT– 0.2%;  OTHER PARENT– 0.5%]
TIME TRANSFERS RECEIVED BY RESPONDENTS FROM THEIR PARENTS, BY PARENT SN STATUS AND COUNTRY

MEANS: TOTAL – 0.6%  [SN PARENT– 0.2%;  OTHER PARENT– 0.4%]
Relationship status and depressive symptoms among older co-resident caregivers

- We examined whether the type and closeness of the relationship among co-resident caregiver dyads in 16 SHARE countries lessen the extent of depressive symptoms of caregivers, controlling for other factors associated with depression.

- We also explored if the association between relationship closeness and depressive symptoms is moderated differentially by the type of relationship.

Figure 1: Depressive symptoms among European co-resident caregivers aged 50+ by relationship type and status: Beta coefficients

N=3,280; Reference categories: Relationship type—parent or other; Status—not a confidant

Adjusted for country, age, gender, marital status, # of children, education, income adequacy, cognition, physical symptoms, mobility limitations and IADL; *** p < .001
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**Predicted values of contact with doctor**

SHARE data, 2015

- Model accounts for: Country, Age, Gender, Has any children, level of education, cognitive abilities, Depression scale EURO-D and ability to make ends meet

Analyses and slides by Ella Schwartz and Noam Damri, Israel Gerontological Data Center, Jerusalem
Predicted values of contact with doctor
SHARE data, 2015

Model accounts for: Country, Age, Gender, Has any children, level of education, cognitive abilities, Depression scale EURO-D and ability to make ends meet
Predicted values of self-perceived health

SHARE data, 2015

Received care from child
- Red: Receive care from child in SP
- Blue: No care from child SN SP
- Green: child in SN and no care
- Purple: Receive care from child in SP SN

Model accounts for: Country, Age, Gender, Has any children, level of education, cognitive abilities, Depression scale EURO-D and ability to make ends meet
Predicted values of self-perceived health
SHARE data, 2015

Number of limitations (ADL+IADL) vs. self-perceived health (high=excellent)

Proportion of children from SN:
- 0
- 0.33
- 0.67

Model accounts for: Country, Age, Gender, Has any children, level of education, cognitive abilities, Depression scale EURO-D and ability to make ends meet.
13,507 caregivers from 12 countries (Wave 5, 2013):

- Austria, Germany, Spain, France, Belgium, Czech Republic, Sweden, Netherlands, Denmark, Switzerland, Luxembourg, Slovenia.

- Italy, Estonia and Israel were excluded due to lack of information on the availability of the support policies considered in the study.
Family-based countries: *family as the main supplier of care.*

Service-based countries: *the state provides most of the care; professional support widely offered*
## Distribution of countries by social context

<table>
<thead>
<tr>
<th>Family-based care countries</th>
<th>Germany (n = 1,541)</th>
<th>Spain (n = 997)</th>
<th>France (n = 1094)</th>
<th>Belgium (n = 1721)</th>
<th>Czech Rep. (n = 1700)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service-based care countries</td>
<td>Sweden (n = 1378)</td>
<td>Netherlands (n = 1171)</td>
<td>Denmark (n = 1480)</td>
<td>Switzerland (n = 641)</td>
<td>Luxembourg (n = 397)</td>
</tr>
</tbody>
</table>
Fig 2: Association of caregiver's health with the diverse policies of support to caregivers.

\[ \text{RMSEA} = 0.038 \ (90\% \ CI = 0.035\pm0.040) \]; CFI = 0.975; TLI = 0.950.

All paths significant except those marked as n.s \( p_{0.05} \); Values within the boxes are r$^2$ values.
In sum,

SHARE provides a wealth of opportunities to deepen our understanding of intergenerational relations, their concomitants and their consequences.

I encourage you to make use of this important data infrastructure.

Thank you for your attention