

# Specialization between Family and State Intergenerational Time Transfers in Western Europe

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## INTRODUCTION

Demographic change and particularly the growing number of elderly people are more and more a matter of public concern and of sociological interest. The main question of the debate is how support demands of older people can continue to be met. Sociological research attends to these concerns by analyzing intergenerational solidarity patterns and especially different support types between family members. Elderly people are particularly dependent on multifaceted support in their everyday life. This ranges from occasional help with the housework to round the clock physical nursing and care. The family is primarily providing these services with the children being one of the most important suppliers of intergenerational time transfers.

Anyhow, old and even very old people do not only receive support but often constitute an important source of intergenerational solidarity themselves (cf. BMFSFJ, 2006; Gallagher, 1994; Hank and Stuck, 2007; Künemund, 2006). As a consequence of higher life expectations and overall improved health status they are able to engage in different forms of help like for example the provision of child care (Hoff, 2007). More flexible life courses and increasing employment rates of women create new family diversity in terms of composition and organization. Thus, grandparents often occupy a central role in the support networks of families and strengthen the parents' ability to cope with the challenges of child care organization and employment. So far, only few studies have investigated the provision of grandchild care as an important form of intergenerational solidarity in a comparative perspective (e.g., Hank and Buber, 2008).

In this paper, by focusing on intergenerational time transfers flowing upwards to the elderly parents and downwards to adult children, we identify three main support types: (1) help and (2) personal care (from the child to the parent) and (3) help with grandchild care (to adult children).<sup>1</sup> Time transfers between children and their parents are a flourishing field of research.

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<sup>1</sup> In this paper help to parents includes practical household help (e.g., with home repairs, gardening, transportation, shopping, household chores) and help with paperwork (filling out forms, settling financial or legal matters). Help from parents to children means looking after the grandchildren. Care to parents is defined as personal care, like dressing, bathing or showering, eating, getting in or out of bed, using the toilet.

In most studies all kinds of help and care activities are summarized under one concept, as “care,” “support” or “time transfers” (e.g., Attias-Donfut, Ogg and Wolff, 2005). This approach permits to assess the extent of intergenerational support, but it does not consider substantial differences between help and care, even though the frequency and type of activity vary considerably (cf. Walker, Pratt and Eddy, 1995). Furthermore, occasional help and personal care may be influenced by different conditions on the individual and family level. Thus, by dismantling the broader concept of time transfers and separating between help and care, we are able to compare how opportunity, need and family structures (Szydlik, 2000, 2008) affect the helpers’ and care givers’ engagement differently.

Furthermore, cultural-contextual structures have to be taken into account. European societies are all affected by demographic aging and new family diversity, but the political reactions and approaches differ strongly from country to country. A variety of institutional approaches emerges and forms the contextual frame of individual help and care behavior. However, not only the state policies impact on families. Family customs and cultures can as well influence state policies. In a functional perspective family and the state fulfill a support function for people in need. Basically we may find three different modes: firstly, both private and public providers fulfill the same function together and stimulate each other, secondly family and state substitute for each other, and a strong family coincides with a minor provision of social services and vice versa. Thirdly, the two sources of support may be complementary and both providers specialize in certain dimensions of support, a process which is recently discussed as “functional differentiation” or “mixed responsibility” (cf. Daatland and Lowenstein, 2005; Motel-Klingebiel and Tesch-Römer, 2006).

The following investigates, which factors influence a family member’s decision to provide help and care and aims to differentiate these two forms of time transfers systematically. The analyses are based on the Survey of Health, Ageing and Retirement in Europe (SHARE)—a survey in eleven European countries (Austria (AU), Belgium (BE), Denmark (DK), France (FR), Germany (DE), Greece (GR), Italy (IT), the Netherlands (NL), Spain (ES), Sweden (SE), and Switzerland (CH)) with respondents aged 50 and older—which has latterly facilitated comparative research on family generations (e.g., Albertini, Kohli and Vogel, 2007; Bonsang, 2007; Hank and Buber, 2008; Hank, 2007; Künemund and Vogel, 2006; Ogg and Renaut, 2006).

## **THEORETICAL BACKGROUND**

Parents and children help each other throughout their lives. This support tends to be reciprocal over the shared live span, even if in trustful relations like the ones between parents and children the exchange of support does not always have to be balanced in different phases of family life (Brandt, Deindl, Haberkern and Szydlik, 2008; Hollstein and Bria, 1998; for a detailed theoretical discussion see Gouldner, 1960). Sporadic help and intensive support activities between the two generations thus also persist when parents and adult children live in separate households and the latter have established their own family. For example grandparents constitute a consistent source of help especially for young parents (Lange and Lauterbach, 1997: 4), and the cohesion of families is often strengthened through the existence of young offspring (cf. Marbach, 1994; Templeton and Bauereiss, 1994). Care and assistance with the personal hygiene (activities of daily living, ADL) is mainly provided by

children and takes place during the parents' later phase of life. It is mostly provided on a regular basis and much more time intensive than ordinary help with household chores (instrumental activities of daily living, IADL). Accordingly, the care receiver's well-being is strongly dependent on the quality and quantity of the provided care while the care giver is facing a challenging and time demanding task (e.g., Attias-Donfut, 2001). Help and care thus differ considerably in many respects.

Following this line of thought, there are good reasons to separate and analyze upward and downward support on the one hand and help and care on the other hand. Surprisingly in sociological research help and care are often not separated, even though it seems to be evident that these two forms of time transfers depend on differing influences. By using the SHARE data we are able to distinguish between intergenerational help and care and investigate which opportunity-, need-, family- and cultural-contextual structures influence their provision. Moreover, the comparison of help with child care and help and care to parents encounters for different flow directions. Thus, further insight will be provided if the analytical differentiation of help and care is a useful approach to understanding intergenerational solidarity and/or support directions are of utter importance for identifying cultural-contextual influences on intergenerational transfers. The theoretical frame of our analyses consists of two main concepts. Firstly, in order to explain help and care between generations, we will refer to the intergenerational solidarity model by Szydlik (2000; 2008). In a second step we will focus on the interplay between cultural-contextual structures and intergenerational solidarity patterns.

### **Intergenerational Solidarity**

Time transfers between generations are frequently analyzed under the concept of intergenerational solidarity: Following the research on intergenerational relations of Bengtson and colleagues (e.g., Bengtson and Roberts, 1991), one can define three distinct dimensions of intergenerational solidarity: functional, affective and associative (Szydlik, 2000; 2008). Thereby, associative solidarity reflects common activities, while affective solidarity describes intergenerational affiliation and emotional bonds between generations. Functional solidarity comprises support, which includes transfers of money, time and space.

According to the intergenerational solidarity model four groups of factors can be differentiated: Need and opportunity structures on the micro level (individuals), family structures on the meso level and cultural-contextual structures on the macro level. In the following we will have a closer look at these different frameworks for solidarity between family members and adapt them to the functional solidarity forms in interest, namely help and care.

Firstly it can be assumed that all functional time transfers are primarily provided to family members who are in need of assistance. Grandparents are thus more prone to help their children by looking after the grandchildren, if those do not have the resources to manage child care themselves. Regarding help and care to elderly parents, in particular care may be more pronounced e.g., when parents face chronic or acute health problems and functional limitations. Thus, the *need structures* of the (grand)parents and (grand)children are important factors to explain the likelihood of intergenerational help and care.

However, support is not only a matter of need but also of *opportunity structures*. Basically time and money facilitate help and care to family members. Particularly help with household chores but also looking after grandchildren may be fostered by enabling resources of the potential givers.

Moreover intergenerational transfers are embedded into a family network. *Family structures*, for example the number of potential givers and receivers, as well as gender constellations, may influence the decision as to who is responsible for whom in what way.

Furthermore *cultural-contextual structures* frame intergenerational solidarity patterns, e.g., economic, political and cultural environments (Szydlik, 2000; 2008). As these are particularly relevant for the comparison between countries we will now discuss them in more detail.

### **Time Transfers and the Welfare State**

Demographic change, the growing number of older people and increasing employment rates of women intensify the demand of different social support services like child care or services to elderly persons. Thus it is an urgent policy matter, if and to what extent the state should invest in the provision of public support infrastructures. Thereby, the type and frequency of giving intergenerational help and care is not independent from the national social policy arrangements. Care and help take place under differing contextual conditions (Lowenstein and Ogg, 2003). Cultural-contextual structures as conditions of the social, economic and tax system, the welfare state, and the labor and housing market as well as the specific rules and norms of certain institutions and groups represent societal conditions within which intergenerational relations develop. In fact, individual and family behavior, cultures and state policies form a “complex interrelation” (Pfau-Effinger, 2005). In the following we concentrate on institutional alternatives to family support on the one hand, and cultural norms, such as family responsibilities on the other hand. One can assume that these institutional conditions and normative aspects frame intergenerational support patterns. Concerning societal influences on family solidarity several competing concepts can be identified:

Historically the welfare state expansion has crowded out intergenerational transfers, like for example the provision of old-age security, which has previously been provided by descendents. Some critics argue that the institutional allocation of support undermines the family member’s motivation to provide intergenerational support and thus leads to a diminution of intergenerational help and care flows (e.g., Wolfe, 1989). From a functional perspective, intergenerational support is no more a necessity in developed welfare states and therefore less often provided because requirements are met by the state.

On the other hand, sociological research has shown that feelings of obligation, reciprocity norms and affection between family members lead to continuing flows of intergenerational support even in the presence of a strong welfare state. Furthermore, the so-called “crowding in” concept (e.g., Daatland, 2001; Kohli, 1999) assumes that if family members are relieved from responsibilities to a certain degree, they are stimulated to engage in the provision of support. In states with a high provision of public services to the family and the older, in

general more people will be ready to support their kinship. A strong welfare state might in fact increase the total level of help givers, but it generally reduces the intensity of the support provided (Lingsom, 1997).

For example, if extended child care infrastructures exist, grandparents are not forced to help their children with grandchild care on a regularly basis and with fixed scheduling, but may support their children as so called “being there” grandparents (Bengtson, 1985: 21). This style of grandparenthood does not undermine the needs of the grandmother and grandfather and reduces the risk of an overburden. Grandparents with an active lifestyle, and who are still participating in working life, are consequently not constrained by extensive childcare. The other way around the parents of the grandchildren—especially young mothers—are able to play their “gatekeeper role” (Knipscheer, 1988; Robertson, 1977) efficiently without having to make important cutbacks in working life. This means, public services in terms of child care allow the parents to determine how intensive his or her own parent should be involved in child care and child raising and may also promote more satisfying grandparent-(grand)child relationships.

Concerning help and care to parents, public care services ease the burdens of caring relatives, above all adult daughters, who have previously provided care at home almost without assistance, and have not been able to pursue their own caregiving plans in many European countries. Adult children may thus less often involve themselves in demanding care work and focus on voluntary occasional help services if services exist. Similarly to help with grandchild care this division of responsibilities avoids an over strain of the children. Thus the risk of conflict or even abuse may also be weakened.

According to the “mixed responsibility”-thesis (Motel-Klingebiel, Tesch-Römer and von Kondratowitz, 2005) state and family “specialize” in different support activities (Litwak, 1985), which allows the family members to engage in the activity which suits them the most. State and family services are thus functioning complementary to each other (Attias-Donfut and Wolff, 2000). Consequently the family and public services are forming a high quality support net for older people and young children. Theoretically this “functional differentiation” (Motel-Klingebiel and Tesch-Römer, 2006) resolves the contradiction between “crowding in” and “crowding out.” Public care services relieve the nuclear family from demanding personal care, whereas relatives concentrate on providing non-technical support like sporadic assistance and help (c.f. Litwak, Silverstein, Bengtson and Wilson 2003). Additionally, the family members are engaging in new organizational roles (Daatland and Herlofson, 2003: 284), for example the scheduling of public services. An efficient and functionally orientated co-operation between formal organizations and family members may thus meet the demand of help and care for the older and support for young families.

## **INTERGENERATIONAL HELP AND CARE: PREVIOUS RESEARCH**

So far, very few systematical comparisons of help and care and their influencing factors exist (e.g., Brandt, Haberkern and Szydlik, 2009). Nevertheless, in some studies the factors and structures influencing time transfers to parents and help with grandchild care have been analyzed. The main findings will be presented in this section.

Children more likely provide time transfers to parents with functional limitations and health problems. However, they less likely provide support when the parent can rely on the help or care by a spouse or partner, who are primarily responsible for support (e.g., Arber and Ginn 1991; Künemund and Hollstein, 2005). Higher educated parents and high-earners are more prone to buy in and apply for professional services (Blinkert and Klie, 2004). Accordingly they may more often receive services and less often help and care from their children. However, financial transfers to children and future legacies motivate children to care for their parents (Becker, 1981; Bernheim, Shleifer and Summers, 1985; Szydlik, 2004) which are also more likely if parents are in a better financial situation. Which of these two alternative explanations holds true is thus an empirical question. As help and care depend on the presence of the giver and take time, large geographical distances and employment limit the resources which can be devoted to the support of parents (Arber and Ginn, 1995; Fast, Keating, Otfinowski and Derksen, 2004; Hashimoto, Kendig and Coppard, 1992). Regarding family structures, studies show that women are more likely to give help and care (e.g., Rossi and Rossi, 1990). Additionally women live longer (alone), and make use of help and care more often (Wurm and Tesch-Römer, 2006).

Research on grandparenthood concentrates on the relationship between grandparents and their grandchildren (e.g., Clingempeel, Colyar, Brand and Hetherington, 1992; Cronsoe and Elder, 2002; Höpflinger, Hummel and Hugentobler, 2005) or on the psychological consequences of becoming a grandparent as well as on grandparental styles (e.g., Baydar and Brooks-Gunn, 1998; Cherlin and Furstenberg, 1985; Robertson, 1977). So far only a few studies analyze the provision of help with grandchild care as an important form of functional intergenerational support in a European perspective. In several studies the decision of the parents to call on grandparental help is investigated (Guzman, 1998; Wheelock and Jones, 2002). Especially young mothers are often in favor of grandchild care by their parents, often labeled as “best child care” arrangement (Wheelock and Jones, 2002: 454). Additionally, the emotional closeness between the two adult generations is an important factor for the decision to choose grandparental care (Guzman, 1998). Economic studies focus mainly on the costs and benefits child care provision of grandparents has for the society and how cash allowances to helping grandmothers could systematically be applied (e.g., Bass and Caro, 1996; Presser, 1989).

Anyhow, the willingness to engage in grandchild care is strongly dependent on different grandparental characteristics, parental needs, family structures and contextual structures. The engagement in child care constitutes an occasion for grandparents to keep in touch with their children and grandchildren and strengthens the emotional relationship between them. This form of intergenerational help is therefore mostly based upon a volunteer decision and exhibits the willing of grandparents and particularly grandmothers to live their grandparenthood actively (cf. Herlyn and Lehmann, 1998: 39). As in the case of support to parents, the geographical distance and the gender combination play a substantial role for the grandparents’ decision to provide help with child care (e.g., Hagestad, 2006; Templeton and Bauereiss, 1994): Help with grand child care is mostly provided from grandmothers to their daughters.

European countries differ substantially in cultural dimensions and societal institutions. For example, according to Reher (1998) in the North family ties are relatively weak whereas in the

Mediterranean countries obligations towards family members are rather strong. Related to these family cultures welfare state institutions in the Southern European countries rely on a strong familialism, and the Nordic welfare states are based on the principles of universalism and state responsibilities for people in need (e.g., Daatland 2001). The comparison of social service regimes is a promising way to investigate the effects of contextual structures on intergenerational help and care. The supply of social services may on the one hand be connected with family norms and on the other hand directly influence the likelihood of time transfers in the family. In research on generations, effects of social services have rarely been tested explicitly or they have been measured on the individual level (e.g., Bazo and Ancizu, 2004). One can find that the total volume of support for the aged is higher in countries with well-developed social services than in countries where the family has to fend for itself to a greater extent (Motel-Klingebiel, Tesch-Römer and von Kondratowitz, 2005). Even when family services are performed less frequently, the demand for support tends, on the whole, to be met. Accordingly, where there are corresponding institutional alternatives, the family does not withdraw to the same extent as the “crowding-out” hypothesis would predict. The findings show that professionally supported people receive even more help from their family, especially help with housework (Lingsom, 1997: 250), and that overall informal and formal support intermesh (Höpflinger and Hugentobler, 2005: 91f.).

In the meantime, both the country comparisons of the OASIS project (Daatland and Herlofson, 2003) with its focus on urban populations as well as longitudinal studies have found indications of the validity of the so called “specialization hypothesis” according to which institutional providers and the family selectively take on different supportive tasks for family members in need, also implying different support intensities. For example, Lingsom (1997: 204) shows that, in Norway, although the amount of family care during the expansion of state services has remained relatively stable, the number of careers has nevertheless increased but the intensity of family services has decreased. All in all, family members are expected to provide short notice services in particular, whereas long-term services are demanded from the state (Daatland, 1990: 7f.). In Sweden, the level of support is higher in communities with a well-developed service system, and there are indications that professional providers and families are selectively taking on different tasks (Sundström, Malmberg and Johansson, 2006: 778). According to comparative studies based on the SHARE data sporadic help is primarily given in the family, whereas, if there are suitable alternatives, intensive support tasks, such as personal care, are transferred to institutional providers (Brandt and Szydlik, 2008; Haberkern and Szydlik, 2008; Brandt, Haberkern and Szydlik, 2009).

Hence substantial country differences in Europe also exist concerning the provision of grandchild care (Hank and Buber, 2008). In the Northern countries and France more grandparents care for their grandchildren than in the other countries included in SHARE. These first results indicate a “crowding in” effect on the provision of child care by grandparents. In welfare states with high levels of institutional services, child care is a less intensive and occasionally provided form of intergenerational help. Grandparents often engage in child care voluntarily to build up emotional closeness to the grandchildren. However, grandparents may refuse to specialize on the regular and intense provision of child care (cf. Brake, 2005: 225; Herlyn and Lehmann, 1998) and may prefer to constitute a complement to institutionally provided child care.

**HYPOTHESES**

The preceding theoretical and empirical findings yield specific expectations in respect of the help (1) and care (2) services which children in Europe perform for their parents, and help with child care (3) that is provided by grandparents. These intergenerational support activities are presumed to be subject to different influencing factors, such as need, opportunity, family and cultural-contextual structures. Following previous theoretical arguments and empirical findings personal care seems to depend primarily on the needs of the potential receiver while the provision of comparatively less burdening and less intensive help might be influenced more by the opportunity structures and individual circumstances of the giver.

(1) and (2): With a few exceptions time transfers from children to their parents require physical presence; therefore growing geographical distance should diminish the flow of help and care. Care is primarily provided to very old parents and thus the health status of the parent presumably plays a major role. Compared to the necessity and urgency of personal care, support with housekeeping and formal matters has a lower priority. Consequently, the provision of help may be more dependent on opportunities of the child: Sufficient available time, a good health condition and low costs of forgone alternatives (low income, low level of education) thus might increase the willingness to provide intergenerational help. Additionally, concepts of reciprocity and fair exchange lead to the assumption that children who expect an inheritance or receive financial transfers from their parents should be more likely to help or care. All in all, parents with more opportunities to stimulate instrumental services by giving money thus should have a higher chance of being helped and cared for by their children. Family structures also should influence the individual decision of a child to help or care. A high number of siblings might decrease the likelihood for each child to engage in time transfers because the demand for help and care can be divided between more potential providers. Additionally the gender constellation should affect the engagement in care and help. Overall, women provide more help, and much more care than men, and are also more likely receivers of support by family members.

(3) A grandparent is only able to provide grandchild care if he or she is in an adequate state of health, disposes over sufficient time capacities and lives nearby. Grandparents also should engage in child care more likely, if the parents are working and the grandchildren are below school age. Additionally the parents of the child play a "gatekeeper role," they decide actively if a grandparent should engage in child care duties by taking into account aspects of grandparental resources (e.g., education, health). Grandparents with a smaller number of children and therewith fewer potential receivers of time transfers may exhibit a higher probability of providing help in terms of grandchild care to a specific child because of a less competitive situation. Again, another important family structure is the gender constellation with the grandmother-granddaughter dyad being expected the strongest and the grandfather-grandson the weakest in terms of child care support.

After controlling for the individual characteristics of receiver and giver as well as family structures we expect that a correlation between cultural-contextual structures and the decision of providing help and care persists. Firstly, the cultural norm of family responsibility for people in need should foster intergenerational support. Secondly, the effect of the level of



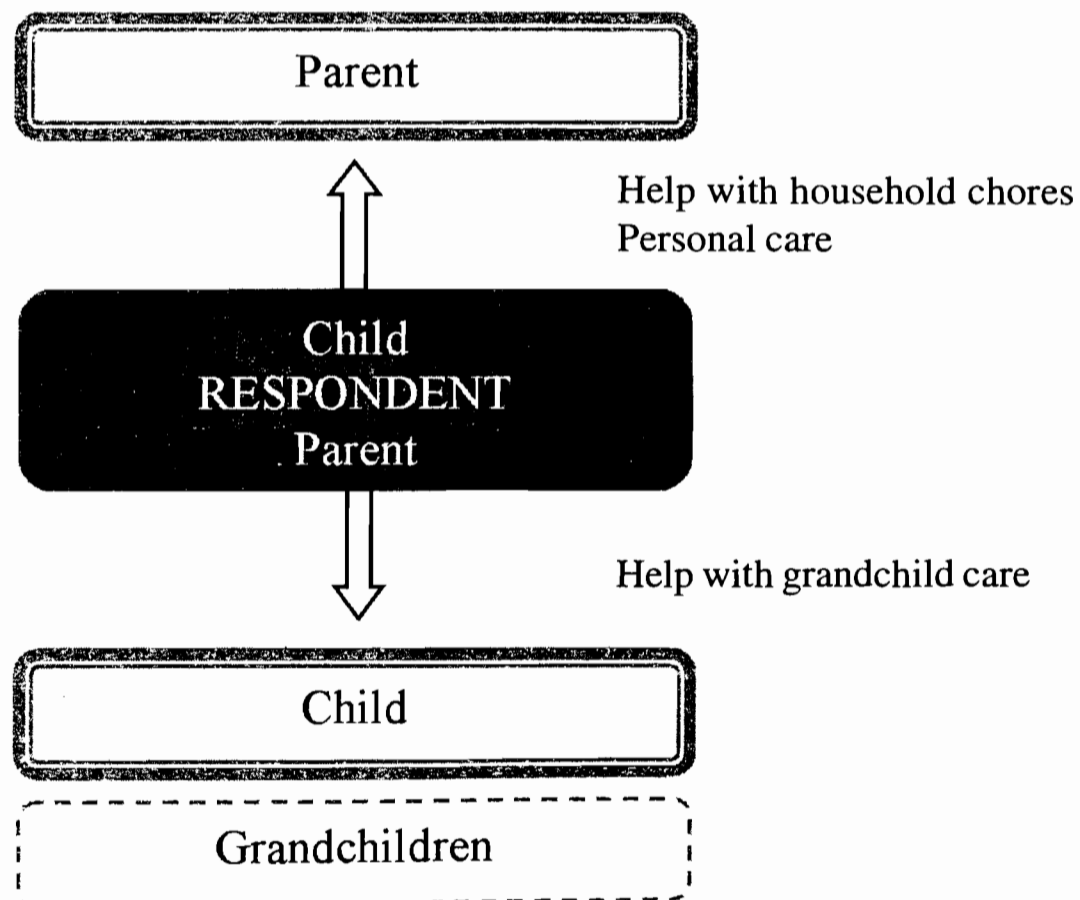
public services may differ between help and care. The likelihood of personal care to older parents as an intensive and burdensome support may be lower in countries with well developed service sectors. Contrary, public support with professionally and medically demanding tasks might foster the children's willingness to engage in less intensive sporadic time transfers like helping with housekeeping and formal matters. The same applies to the provision of child care: Grandparents may voluntarily take care of their grandchildren, and should be even more motivated to do so, if institutional backup and support structures exist, as these minimize the risk of an excessive burden.

**SHARE: HELP AND CARE IN EUROPE**

To conduct a systematical comparison between help and care, we use the Survey of Health, Ageing and Retirement in Europe (SHARE), which includes information about 28,517 people in eleven European countries. The respondents are aged 50 and older and questioned on received and given time transfers. The following analyses take into account help and care transfers from the respondent to his/her older parents and help with grandchild care provided from the interviewee to his/her children (see Figure 1). In order to study the influence of family and need structures, (grand)parent-child dyads were constructed. For the analyses of grandchild care, the sample is based upon all grandparent-child dyads in which the youngest grandchild is aged twelve years or younger. The giver and receiver of time transfers live in different private households.

Figure 1

**Intergenerational support: Time transfers.**



Source: own illustration.

The operationalization of help and care for parents outside the household<sup>2</sup> used here is given by the SHARE data as follows:

*“Now I would like to ask you about the help you have given to others. In the last twelve months, have you personally given any kind of help [...] to a family member from outside the household, a friend or neighbour?”*

Three types of help are presented, of which the first is personal care, and the next two types go into the following evaluations as practical help:

- personal care, e.g., dressing, bathing or showering, eating, getting in or out of bed, using the toilet
- practical household help, e.g., with home repairs, gardening, transportation, shopping, household chores and
- help with paperwork, such as filling out forms, settling financial or legal matters.

People who provide both help *and* care to a parent are classified as helpers on the one hand and caregivers on the other, provided that the care (alone or with assistance) has been provided at least once per week in the last twelve months.<sup>3</sup>

Concerning the child care activities of grandparents the exact wording of the question is:

*“During the last twelve months, have you regularly or occasionally looked after your grandchild/your grandchildren without the presence of the parents?”*

It is important to note that this question explicitly queries child care activities by grandparents *in absence of the parents*.

To measure societal conditions for help with household chores and grandchildren as well as care, they have to be reduced to a lowest common denominator. We use the percentage of

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<sup>2</sup> Co-residence is certainly also an important form of support in itself, but not taken into account here, as this was the only way that help and care could be quantified comparably. Additionally—at least when investigating elderly parents and their adult children—it is questionable who is (more likely to be) supporting whom by providing accommodation (see also Künemund and Vogel, 2006; Ogg and Renaut, 2006). Apart from that, the ranking order in the following analyses did not change when co-residence was taken into account, partly because only very few children over fifty years live with their old parents (less than one percent of all adult children in Europe, ranging from lower than one percent of child-parent-dyads in Switzerland to eight percent in Spain). The conclusions as regards content therefore remain valid when co-residence is recorded as support. If we control for parents having (another) child in their household, the results for help and care do not change either, with this variable having no significant effect. Also the percentage of grandparents living with their grandchildren is rather low (only five percent of all grandparent-child dyads). Nevertheless a model including helping co-resident grandparents was calculated and the predictions did not exhibit important changes.

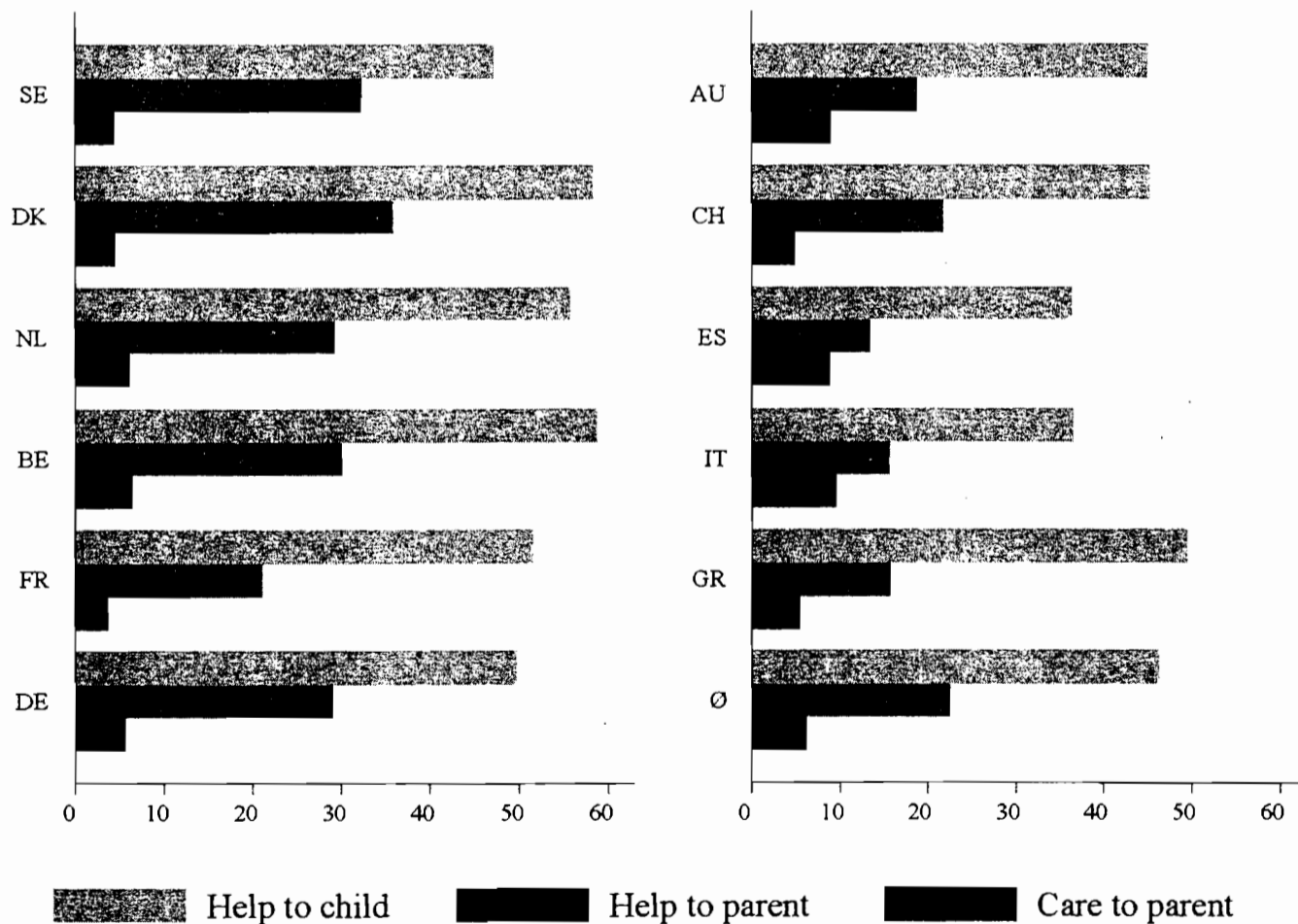
<sup>3</sup> The results do not change substantially if (rare) less regular care activities are included in the analyses, and the interpretations—also in relation to sporadic help—are not affected by this concentration on weekly care.

employees in social services (OECD, 2007), which include child care institutions, health care facilities, as well as home help services to capture national differences in societal support for families and people in need. Cultural norms are measured as the percentage of respondents in a country agreeing with familial responsibility for each type of help and care, respectively. Detailed information on all variables can be found in the appendix. All information about the elderly parents, children and grandchildren is provided by the respondents.

The empirical analyses first investigate the differences in the level of help and care in the SHARE countries. Finally, we will address the question, whether these differences can be ascribed to individual and family factors (composition effects) and/or cultural-contextual structures (context effects). We therefore jointly analyze both the influences of individual and family factors, as well as the effects of the institutional and normative contexts in two combined models (for a detailed description of the variables see Table A1). In order to record the characteristics of dyads, individuals, households and countries appropriately, we estimate random intercept models for dichotomous dependent variables with four levels, namely dyads, individuals, households, countries (see e.g., Hox, 2002: 103ff.; Rabe-Hesketh and Skrondal, 2005; Snijders and Bosker, 2004: 207ff.).<sup>4</sup> A different level of support on the dyad, individual, household and national level is thus modeled explicitly in the concluding analyses.

Figure 2

**Time transfers by country.**



Source: SHARE 2004 release 2, own calculations, analysis is weighted.  
 n = 8021 child-parent-dyads/17671 parent-child-dyads, percentages per country.

<sup>4</sup> Each dyad characteristic was only observed once, whereas individual, household and national characteristics were observed several times, thus they form levels 2, 3 and 4. For the multilevel analysis of family data see Snijders and Kenny (1999).

**FINDINGS**

There are substantial differences in the level of intergenerational help among the countries investigated.<sup>5</sup> As Figure 2 shows, in Europe in 37 to 59 percent of all parent-child dyads help with grandchild care is provided. Thereby fewer grandparents are helping in the Southern countries (ES, IT) than in the Middle (BE, NL) and North of Europe (DK, SE).

Help with the housekeeping is given to parents in Europe in between 13 and 36 percent of cases, whereby clear North-South differences can be seen in Figure 2: Considerably more children provide such help for their parents in the North (SE, DK) than in the South (ES, IT, GR). Children generally provide care less frequently than help, in between 4 and 10 percent of the cases, and the provision of care has an opposite distribution to that of help: On average, twice as many children care for their parents in the South than in the North. All in all, more children help their parents than provide hands-on care. At first glance care and help seem to be negatively related on a national level: Countries with high help levels show relatively low care levels and vice versa.

Cultural-contextual structures for the different European countries are presented in Table 1. In Scandinavian countries as well as in the Netherlands and Belgium between 12 and 19 percent of all employees work in the social service sector while in the European South the rate drops to about 6 percent. These institutional structures seem to be negatively related to family responsibilities: In Northern countries less people are of the opinion that the family should be the main provider of help and care than in the European South. The highest family responsibility percentages are reached for help with childcare: Between 88 and 62 percent of all grandparents agree or strongly agree that grandparents should help their children with the care of grandchildren.

The relationship between help and care on the one hand and cultural-contextual structures on the other hand are shown in Figure 3. Help to a child or parent is widely spread when normative expectations towards the family are comparatively low and intergenerational help is seen as the state's duty. In countries such as Denmark and the Netherlands where less than half of the respondents are in favor of a strong responsibility of grandparents, more than 30 percent of the grandparents provide help with childcare. On the other end, in countries where three out of four favor such a responsibility, only about 22 percent of the grandparents look after their grandchildren. We find the same picture in the case of help to a parent. On the contrary care occurs twice as often in countries with strong family responsibility, than in countries where care of the elderly is not perceived as a family affair.

Regarding the institutional context, in countries with a well-developed social service sector intergenerational help levels are higher than in countries with few social service workers. To the contrary, care to parents is more common in the so called familialistic welfare states with a low level of social services, such as Greece, Italy or Spain. Taken together, norms of responsibility and the institutional context are closely related to family support levels. In countries where support is seen as family responsibility intergenerational help levels are low,

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<sup>5</sup> See also the article by Ogg and Renaut (2006) which investigates time transfers on an individual basis without separating help and care services.

Table 1:

**Social services and Family Responsibilities in Western Europe**

	Percentage of employees in social services	Family responsibility		
		Grandchild care	Help to older people	Care to older people
Sweden	18.7	61.5	14.0	9.6
Denmark	18.0	45.4	4.0	2.4
Netherlands	14.7	37.3	13.0	5.2
Belgium	12.1	66.5	23.7	17.6
France	10.1	75.0	13.7	9.7
Germany	10.4	60.6	42.8	27.8
Austria	8.6	60.4	36.7	20.9
Switzerland	10.7	60.4	38.8	22.2
Spain	5.6	79.1	36.8	31.8
Italy	6.1	84.5	37.4	28.3
Greece	4.6	87.7	53.7	65.7
<b>Mean</b>	<b>10.9</b>	<b>74.8</b>	<b>33.5</b>	<b>27.8</b>

Source: SHARE 2004 release 2, own calculations, OECD (2007). Family responsibility: % of all grandparents (n=10617) or respondents (n=17278) who agree or strongly agree that the family should bear responsibility for help and care services.

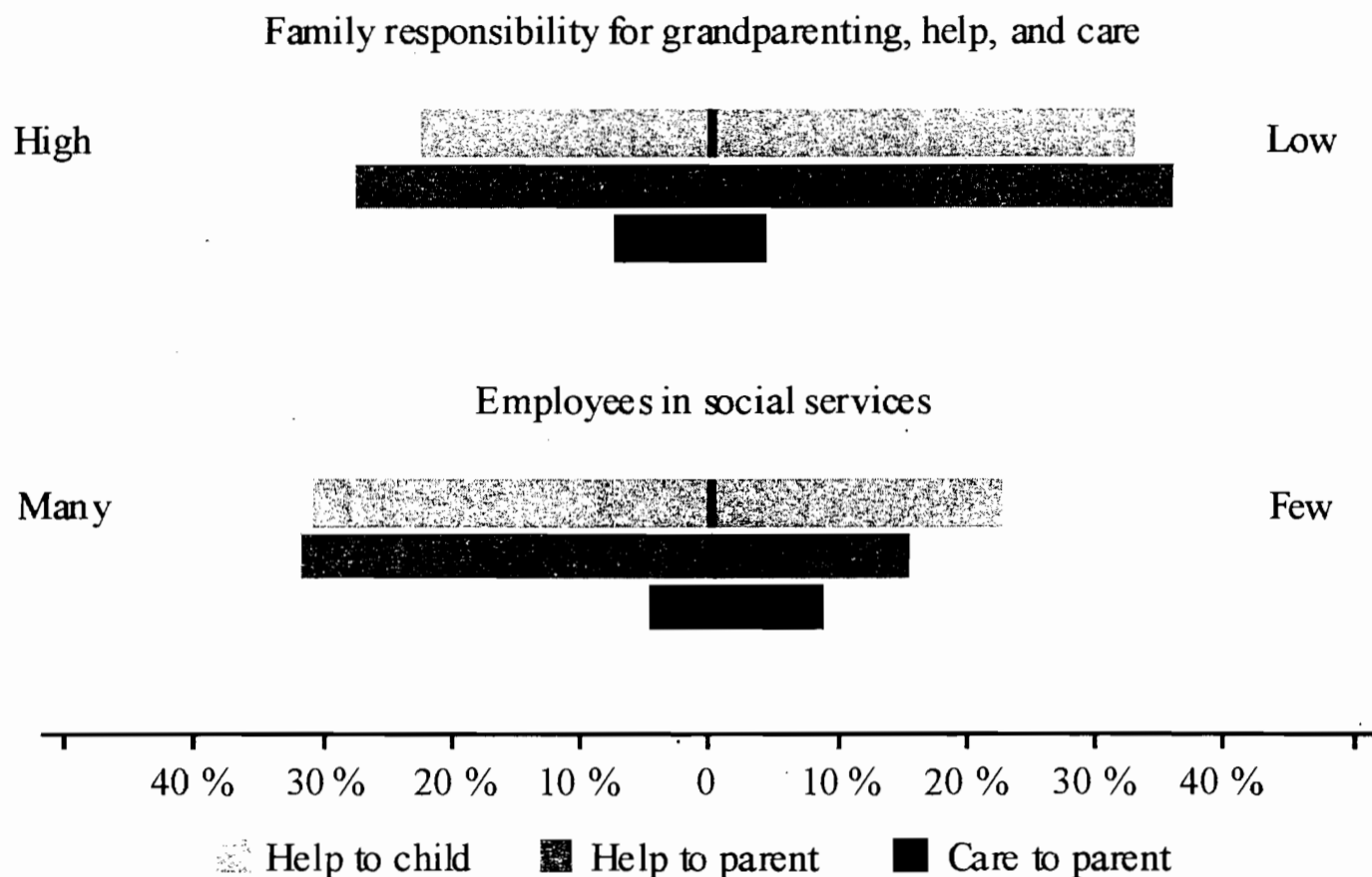
but care levels are high. In countries with a developed social service sector help levels are high and care levels low.

Consequently not only individual and family factors but also cultural-contextual structures have to be taken into account in the investigation of help and care between parents and children on the one hand and differences between countries on the other hand.

The investigation of the influences of individual and family characteristics on help and care in Europe<sup>6</sup> in Table 2 shows clearly that a greater distance between households has a negative effect on both forms of support. This is stronger in the case of care as, in contrast to help with paperwork, it always requires personal presence. In regard to help, education and sufficient financial resources (“household makes ends meet”) of adult children and grandparents rather appear to be resources for instrumental services. An exchange on the basis of a reciprocity norm can be found, above all in the case of help to parents. Children who expect an inheritance or who are currently receiving financial transfers from the parent

<sup>6</sup> The models are tested for consistency in the individual countries. The direction of significant effects does not differ between the countries and the overall differences are marginal. A pooled cross-country estimation can therefore be conducted without shedding coefficients and without a major loss of information.

Figure 3

**Cultural-Contextual Structures and Time Transfers.**

Source: SHARE 2004 release 2, own calculations, OECD (2007). Family responsibility: % of grandparents (n= 17671) respectively children (n=8021) who agree or strongly agree that the family should bear the responsibility for help resp. care services. High family responsibility: > 75% agree to grandparents responsibility, > 40% agree to children's responsibility (help), > 25% (care). Low family responsibility: < 50% agree to grandparents responsibility, < 10% agree to children's responsibility (help), < 10% (care).

are more likely to help which indicates a reciprocal relationship. Parents with more financial resources are able to offer incentives for instrumental support by their children.

Regarding grandchild care the employment of the child—the parent of the grandchild—has a positive effect on the probability of grandparental help, whereas this does not apply to the existence of the partner. In contrast the age of the grandchild plays a substantial role. For a grandchild aged six years (in most cases start of compulsory education) or older child care by grandparents occurs less likely than for a younger grandchild.

Concerning family structures we find that gender constellations have a substantial effect. Women help and care more frequently and receive more support. Above all, mothers receive more help, both from daughters and from sons. However, daughters are far more likely to provide care—in comparison to help—than sons, which points to the gender-specific connotation of care. Gender is of great importance for the provision of child care, too, and it shows that in the grandmother-daughter constellation help is most likely to occur, while the grandfather-son relation constitutes the weakest support dyad. Concerning time transfers to parents, care is predominantly given by daughters, and help is provided by men almost as often as by women, but is rather given to daughters and mothers.

Concerning family structures one finds that children are more prone to help their parents if they do not have own children, to whom they have to give their time and attention. Regarding help to children, grandparents having more children are less likely to engage in child care to a certain child. This leads to the interpretation that children are rather to be seen as competing obligations than a possibility for more support from the respondents to their parents and each child respectively. Additionally, the probability of children helping and providing care to their parents decreases with each additional sibling. This indicates that children do not share the help and care work equally, but that there is one main helper or caregiver.

By having a closer look at the opportunity and need structures it is apparent that help is mainly influenced by the possibilities for providing support, contrary to care. The child's decision to provide care is particularly influenced by needs of the parent (health and age). So care mostly follows necessities, and help is also a matter of opportunities. This pattern seems to prevail independently from the direction of the intergenerational flow. For both forms of help, help to older parents and help with grandchild care, opportunity structures show very strong effects.

It is of prime interest to establish whether differences in the levels of help and care can be ascribed to cultural-contextual structures, and if so, which effect cultural norms and institutional settings have. On the one hand, the cultural norm of the family being responsible for family members in need significantly reduces national help levels, and seems to be positively related to care, at least on an aggregate level. It is important to note that in countries with strong family responsibilities, family care is much more common (see Figure 3). However, the relation between family responsibility and care almost disappears when geographical distances between children and parents are controlled for. The correlation between family responsibility and distance points out that children tend to live close to their parents and care for them, when they feel responsible. On the other hand the service infrastructure is of utmost importance to explain differences of intergenerational support between countries.<sup>7</sup> The higher the proportion of social and health services, the more children and grandparents help ("crowding in") and the fewer children provide care ("crowding out"). These, at first glance, contradictory results can be reconciled on the basis of the "specialization hypothesis": In countries with a well-developed service system, the family tends to give sporadic, practical help while the state takes on the emergency and time-consuming care. However, families take on the care in the Mediterranean countries where the provision of institutional care is poor. A low level of state support for the family thus takes its toll on other—more voluntary, less obligatory—family support, such as everyday help.<sup>8</sup>

## CONCLUSIONS

We have investigated the factors that influence help and care in different intergenerational directions in different European countries, on the individual and family as well as on the societal level. To put it in a nutshell, help and care differ considerably and their systematical

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<sup>7</sup> The z-values show that social service provision is a crucial indicator for help in Europe.

<sup>8</sup> On the one hand, help is generally provided more frequently than care "because it is enjoyable." On the other hand the proportion of those who gladly provide support is much higher in Northern Europe than it is in Southern Europe (cf. Brandt and Szydlik, 2008; Ogg and Renaut, 2006).

Table 2:

**Time Transfers in Western Europe**

<i>Opportunity and need structures</i>	<b>Help to child</b>	<b>Help to parent</b>	<b>Care to parent</b>
<b>Respondent</b>			
Geographical distance	-0.93*** (-25.77)	-0.53*** (-13.27)	-0.82*** (-7.00)
Self perceived health	0.23*** (6.13)	0.15** (2.52)	-0.06 (-0.55)
Age	-0.06*** (-18.33)		
Level of education medium (reference low)	0.18** (2.46)	0.32** (2.79)	0.30 (1.05)
high	0.55*** (5.93)	0.45*** (3.52)	0.30 (1.21)
Household makes ends meet	0.24*** (7.40)	0.27** (2.44)	-0.21 (-0.95)
Employment	-0.42*** (-5.37)	0.12 (1.15)	0.32 (1.42)
<b>Parent</b>			
Financial transfers to child	-	0.80*** (3.84)	0.17 (0.36)
Gift/Inheritance to child	-	0.28** (2.63)	0.20 (0.84)
Probability of bequest $\geq 50\%$ (reference $< 50\%$ )	-	0.64*** (6.25)	0.53* (2.09)
Partner	-	-0.70*** (-6.13)	-0.45 (-1.51)
Perceived health impairments	-	0.23*** (5.38)	0.84*** (13.72)
Age (years)	-	0.03*** (4.04)	0.15*** (7.93)
<b>Parent of the grandchild</b>			
Employment	0.66*** (7.99)	-	-
Partner	0.02 (0.16)	-	-
<b>Grandchild</b>			
Age of the grandchild: 4-6 years (reference 0-3 years)	0.18** (2.26)	-	-
Age of the grandchild: 7-12 years	-0.65*** (-8.72)	-	-



Table 2: (Contd.)

**Time Transfers in Western Europe**

<i>Opportunity and need structures</i>	<b>Help to child</b>	<b>Help to parent</b>	<b>Care to parent</b>
<b><i>Family structures</i></b>			
Son-mother (reference daughter-mother)	-1.04*** (-13.38)	-0.76*** (-7.24)	-2.12*** (-6.54)
Daughter-father	-0.71*** (-10.17)	-1.11*** (-7.80)	-0.78* (-2.27)
Son-father	-1.59*** (-17.91)	-1.41*** (-8.74)	-2.49*** (-4.40)
Number of children	-0.48*** (-16.62)	-0.11** (-2.67)	-0.12+ (-1.94)
Number of siblings	-	-0.13*** (-5.12)	-0.08* (-2.05)
<b><i>Cultural-contextual structures (separate models)</i></b>			
Social services	0.06** (2.52)	0.14*** (7.81)	-0.04 [*] (-1.61) [-2.07]
Family responsibility	-0.02* (2.14)	-0.04*** (-4.70)	0.01 (0.23)
<b>Model characteristics</b>			
IntraClassCorrelation countries (empty model)	0.04	0.05	0.02
n dyads (level 1)	17068	7825	7825
n individuals (level 2)	11678	6301	6301
n household (level 3)	7720	5595	5595
n countries (level 4)	11	11	11
Variance level 4 (standard error)			
Without cultural-contextual structures	0.34 (0.21)	0.45 (0.21)	0.04 (0.06)
With social services	0.20 (0.12)	0.02 (0.02)	0.02 (0.04)
With family responsibility	0.25 (0.15)	0.12 (0.07)	0.05 (0.07)

SHARE release 2, own calculations, sample weights are not used. Logistic multilevel models, z-values in brackets, recalculated for finite samples in squared brackets, micro- and meso-effects documented from the model including family responsibility. Controlled for "probability of bequest: unknown." + p < 0.10, \* p < .05, \*\* p < .01, \*\*\* p < .001 (two-tailed tests). For help and care to parents see also Brandt, Haberkern and Szydlik 2009.

separation allows a better understanding of intergenerational time transfers. Care is an important, indispensable support activity and its provision is influenced mainly by the need structures of the receiver. In contrast help can be defined as a more voluntary and less intensive support, which is primarily influenced by the opportunities of the support provider. Additionally, the results concerning help hold true for two flow directions, to adult children as well as to elderly parents. This indorses the theoretical concept of a functional separation of time transfers into help and care.

The analyses of cultural-contextual influences on help and care show that in countries with a widespread provision of social services private sporadic help is more prevalent (“crowding in”) while intensive care activities are less common (“crowding out”). In conjunction the findings support the “specialization hypothesis.” Professional providers take over the more challenging, demanding and essential care of the elderly, whereas children tend to give voluntary, less intensive and less onerous help. The same argumentation applies to grandchild care: Grandparents rather engage in helping with grandchild care in countries where developed institutional support structures exist. In such cases child care is not characterized as a time intensive and demanding task, but as support on a voluntary basis.

In countries where support in times of need is predominantly seen as a family affair, care levels are comparatively high and help levels are rather low. Cultural norms frame intergenerational support patterns in different countries. However, institutional structures are even more important to explain and understand the international differences. Social services function as a professional alternative to family care and complement intergenerational help. Thus the findings support the task-specificity model (Litwak 1985) on the societal level: Time transfers seem to be systematically divided between the family and the state, depending on the support task. According to social service supply families in Europe exhibit different solidarity patterns: Sporadic help to children and parents tends to be provided more likely when social service provision is highly developed and thus public providers support the family with regular and demanding care tasks. To the contrary, intergenerational care is more likely in familialistic welfare regimes, where social services play a minor role. Thus the state and the family are not substituting each other but are rather complementary support sources. The efficient completion of the demand for high-quality support may thus most suitably be secured by complementary roles of the family and the state.

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## APPENDIX

Table A1:

## Operationalizations.

Variables	Values	Remarks
<b><i>Respondent (all models)</i></b>		
Self perceived health	1 (very poor) - 5 (very good)	Respondent's estimation, EU categorization SHARE
Level of education	1 (low) 2 (medium) 3 (high)	Summarized classification according to International Standard Classification of Education (ISCED), exclusion of "still in school" and "other"
Household makes ends meet	0 (with great/ some difficulty) 1 (fairly/easily)	Financial respondent's estimation
Employment	0 (no) 1 (yes)	Full- or part-time
<b><i>Parent</i></b>		
Financial transfers to child	0 (no) 1 (yes)	Money or non-cash gift worth 250 EUR or more during the last twelve months from mother/father
Probability of bequest	(<50%) (>=50%) (unknown)	Respondent's estimation of the probability of receiving an inheritance within the next ten years as proxy for an inheritance from parents (in most cases one inherits from one's own parents (cf. Szydlik 2004: 39)).
Gift/Inheritance	0 (no) 1 (yes)	Gift/Inheritance worth 5000 EUR or more from mother/father
Perceived health impairments	1 (health very good) - 5 (health very poor)	Respondent's estimation, EU categorization
Age	65-106 years	Proxy: If both parents in same living distance.
Partner	0 (no) 1 (yes)	
<b><i>Parent of the grandchild</i></b>		
Employment	0 (no) 1 (yes)	Full- or Part-time
Partner	0 (no) 1 (yes)	
<b><i>Grandchild</i></b>		
Age	1 (0 to 3 years) 2 (4 to 6 years) 3 (7 to 12 years)	Age of the youngest grandchild

## APPENDIX (contd)

Table A1:

## Operationalizations.

Variables	Values	Remarks
<b>Family (all models)</b>		
Number of children	0-10	Own children / children of partner, top-coding > 10
Number of siblings	0-10	Number of living siblings, top-coding > 10
Geographical distance	1 (up to 1 km) - 5 (>500 km)	
Gender combination	Daughter-mother Son-mother Son-father Daughter-father	
<b>Country (all models)</b>		
Social services	See Table 1 (% proportion of employees ISIC N 2003)	OECD (2007): International Standard Industrial Classification (ISIC) 3 revision N ("health and social work"); percentage of all employees (France: dependent employees, therefore slightly underestimated / Belgium: own calculation based on NACE-information), see United Nations (2006) for a precise description of sector ISIC N.
Family responsibility (Help to children/ help to elders/ care to elders)	See Table 1 (% of respondents/ grandparents who (strongly) agree to family responsibility)	Drop-off questionnaire: <i>The following statements are related to the duties people may have in their family. Please tell us how much you agree or disagree with each statement.</i> - Grandparents' duty is to help grandchildren's parents in looking after young grandchildren. <i>In your opinion, who—the family or the State — should bear the responsibility for-</i> Help with household chores for older persons who are in need such as help with cleaning, washing? - Personal care for older persons who are in need such as nursing or help with bathing or dressing?