



# DemoSoc Working Paper

Paper Number 2008-27

Personal and household care giving from adult  
children to parents and social stratification

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*August, 2008*

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## Abstract

Using SHARE database the paper explores the factors conditioning personal care giving from adult children to their parents. Frequency and intensity of personal care is contrasted with the reciprocal expectations that children have about wealth inheritance from their parents and with the opportunity costs of helping, as well as with the capacity of parents of getting help from other sources of personal care. The results may help to understand how inequalities in accessing to formal services relate with intergenerational solidarity.

## Keywords

Intergenerational solidarity, elderly care, social policy, inequality

## Acknowledgements

This study has been made possible through the financial support of the Ministerio de Ciencia y Tecnología (SEC2003-02699), the Fundación BBVA (CN04505), the Ministerio de Trabajo y Asuntos Sociales (FIPROS 2006/20) and the European Commission (EQUALSOC 513431). The authors acknowledge the wise comments of Chiara Saraceno on previous drafts, which helped us greatly improve this work; however, she is not responsible for the contents.

## Introduction

Research on the social transmission of inequality usually focuses on the impact that parental – financial, cultural and social capital – resources have on the life chances of their children. The focus, therefore, has been on what parents can – or cannot – give to their children. Little research exists on how parents' demands on children's resources, particularly non-financial resources, impact children's life chances and whether there is a link between these demands and parents' and children's position in the social stratification system. Moreover, the role gender plays in this relationship is also unknown.

Our work furthers this field of research by focusing on personal care and household help (henceforth *PCHH*) given from adult children to their parents when the latter suffer poor health or some limitations in completing everyday activities. Many intergenerational studies measure solidarity by summing different kinds of social support, such as financial transfers, personal care, and emotional support. However, combining different kinds of social support as a single variable is methodologically problematic (Rossi and Rossi, 1990), since intergenerational solidarity has several dimensions, each with its own dialectic and conflict between helpers and the people being helped (Bengtson et al. 2002) as well as different costs in terms of time and money. *PCHH* activities are time consuming and it is widely accepted that heavy care burdens, when prolonged over time, have negative consequences for care givers' labour market and health status (Carmichael et al., 1998; Sarasa, 2006). Hence, the more unequal the frequency and intensity of parental care distribution among social strata, the more this dimension of intergenerational solidarity reinforces social inheritance. We know also that welfare regimes are stratification orders by themselves (Esping-Andersen, 1990), but we lack sufficient information to understand exactly how welfare regimes affect intergenerational solidarity in different social strata. The main objective of this work is to know how the help received by parents is conditioned by social strata and the welfare regime. Regrettably, the intensity and frequency of the help parents receive from family and non-familial sources, which would fully illuminate this grey area, cannot be properly estimated in this investigation, but we do know if they receive any help from these agents.

This chapter is organised as follows. First a theoretical background of the associations between intergenerational relations, social stratification and welfare regimes is offered. Second, we specify an explanatory model with two dependent variables: access of parents to home care provision and instrumental help from adult children to their parents. The following section offers descriptive information and regresses separately parents' utilisation of non-familial and children's help on indicators of parents' and children's socioeconomic status by welfare regime. Results show that access of parents to non-familial elderly care provision is quite unequal among social strata in Southern Europe, and that informal help provided by adult children depends on their parents' socioeconomic status no matter the welfare regime; the lower the parents' status, the higher their children's involvement in informal helping. Children's socioeconomic status is also important, in which the more educated children are less likely to give *PCHH* to their parents, except in Social-

democratic regimes, where children's status is not significant. Finally, these results are discussed in the last section.

## **Theoretical background**

The association between social stratification and intergenerational solidarity is usually explained in terms of three main clusters of theories, depending on the degree to which culture, instrumental rationality or structural factors are stressed (Kulis, 1987).

Cultural explanations highlight the importance of social norms in shaping altruistic behaviour (Bengtson and Roberts, 1991). Norms of reciprocity govern intergenerational exchanges in such a way that the more parents gave in the past, the more support they receive from their children (Ikkink et al., 1999). Comparative research has shown how such norms follow different patterns of solidarity among family members depending on the cultural environment (Elmelech, 2005), and how international differences in opinions and preferences related to who should take responsibility for one's own parent's care are more or less congruent with social policy traditions (Daatland and Herlofson, 2003; Kalmijn and Saraceno, 2006). In this way, intergenerational expectations are reflected at the micro and macro levels of society, independently of personal and family characteristics and circumstances (Ward, 2001).

However, whether family values distribute equally among social classes is debatable. A large literature supposes that working class individuals are more strongly motivated by feelings of obligation and that they have a stronger orientation towards extended family, whereas middle-class members give priority to the nuclear family (see Johnson et al., 2000 and Kalmijn, 2006)<sup>i</sup>. But it is not clear if this distribution is the result of different orientations towards family values among social classes or, if it is the result of structural differences in the ability to offer help. Within the elderly care literature, some empirical results indicate that individuals' positions in the social class structure influence their decisions of care giving as much as social norms and preferences (Tester, 1996). Adult children in different social strata are constrained in their decisions of giving help to parents by different structures of opportunities. One constriction is geographical distance. Children from middle-class backgrounds find their occupations in geography-specific labour markets that are often far from the homes of parents, whereas working-class jobs are normally available in the same community as the parental home (Litwak, 1960; Kulis, 1987).

Furthermore, the logic of allocating time to helping parents is constrained by the trade-off between paid employment and caring time (Johnson & Lo Sasso, 2000). More than 20 hours of weekly care giving has significant effects on the likelihood that care givers will reduce, or even abandon, paid employment (Sarasa, 2006; Carmichel et al., 1998). Hence, adult children without the opportunity of accessing complementary services provided by the state, the market or informal networks pay an additional cost for caring because they lose earnings and reduce contributions for

future retirement pensions. As far as these opportunities are social class biased, the trade-off is also biased. The intensity of adult children's trade-off depends on the opportunity cost, which is higher among adult children with more educational credentials. A substitution effect happens when the opportunity cost is high since adult children can substitute financial transfers for time transfers if they enjoy enough economic resources. In such cases, adult children have more choice between being involved in unpaid-work or buying services (Henz, 2006), which explains why lower educational attainment is positively associated with giving informal care (Tjadens & Pijl, 2000). Adult children have to confront an additional trade-off between competing demands from parents and other relatives, especially from spouses and children. Then, different patterns of family formation and fertility among social strata might affect the social distribution of such a trade-off.

From the parents' perspective, affluent and higher educated parents can opt for buying services and keeping their privacy and autonomy from children, since higher educated individuals seem to be more oriented toward individual autonomy (Kalmijn, 2006). In addition, parents with higher education have lower levels of morbidity and longer life expectancy without incapacity than lower educated people (Guralnick et al., 1993; Reynolds et al., 1990); they also have less difficulty in managing access to health and social services (Rodriguez and Stoyanova, 2004; Sarasa, 2007). Nonetheless, higher socioeconomic status is associated with having fewer children (Henretta et al., 2001) and the relative advantage of lower morbidity among parents of the upper social classes may be balanced by a lower ratio of children to parent. Such a balance might be reinforced because intergenerational solidarity is grounded in reciprocity, and the better-off parents can offer more incentives to children for care giving in exchange for current transfers and bequest expectancies (Lennartson et al., 2005).

In sum, socioeconomic status affects the intensity of a parent's need, the amount of resources children have to cope with such needs, the social distribution of motives and values, and the trade-offs that the involved agents have to balance. However, there is no consensus about the net effects of socioeconomic status on time transfers from adult children to parents. Lye (1996) concludes from six intergenerational studies in the US that resource availability is a major determinant of parent-adult children exchanges, as middle class members tend to be more involved in emotional and material support than their working class counterparts, especially in regards to financial transfers<sup>ii</sup>. In Europe, there is some evidence in favour of a substitution of financial transfers for time transfers among individuals with higher levels of income (Attias-Donfut et al., 2005); in part, this has been explained by the fact that highly educated children do experience greater geographical mobility and reside further from their parents more frequently, but also in part because those higher educated children who have experienced upwards social mobility are more dissimilar from their parents in culture and preferences (Kalmijn, 2006).

### *The gender dimension of care giving*

The majority of care givers are women (Attias-Donfut and Wolff, 2000), while men usually help through financial transfers. These facts are consistent with Becker's (1965) analysis of the division of roles between spouses, predicting that the spouse with the lower opportunity cost, if employment is reduced or abandoned, will specialise in caring activities. From a power resources perspective, Blumberg (1984) offers an alternative insight into how this process works, in which the household is analysed not as a consensual unit governed by altruism, but as a conflicting space where spouses compete with each other to impose his/her own interests. As far as the power of each spouse is derived from their resources in the labour market (Brines, 1994), such as education (Blood and Wolf, 1960), women with higher education will spend less time giving care to a parent.

However, as women have increased their educational credentials to levels similar to those of men, the sustained division of roles is not well explained by Becker's and power resources models, unless we consider gender specialisation to still be rational because of the gender wage gap. Certainly, increasing women's labour market participation is associated with women's decreasing time allocation to domestic work and to adult care giving (Henz, 2006). However, and in spite of a relative cross-national convergence of time-use patterns between genders (Gershuny, 2000), gender specialisation continues to thrive (Blossfeld & Drobnick, 2001; Kalleberg & Rosenfeld, 1990) and significant gender differentials still exist in the time allocated to helping parents (Sarkisian & Gerstel, 2004). Such a persistence of gender roles in spite of the greater equality of resources between men and women might be explained by cultural factors that point to the importance of 'doing gender' to the unequal distribution of caring activities between men and women (West & Zimmerman, 1987; Halleröd, 2005).

### *The effects of welfare regimes on intergenerational solidarity*

Retirement pensions have given older people more financial autonomy from their children (Kohli, 2004). Parents' autonomy has increased also with the supply of professional services but, while most European welfare regimes have almost universal coverage of retirement and old age pensions, the provision of elderly care is heterogeneous (Daly and Lewis, 2000). Health services provision is almost universal throughout Western European countries, but home help differs much more. Scandinavian countries have pioneered the provision of universal and generous home help services since the 70's onwards, while Southern European nations still restrict public home help services to the poorest households. The other European nations offer heterogeneous institutional designs but, among them, Germany and Austria have innovated by implementing new elderly care programs in the nineties and providing universal or almost universal coverage in which benefits are given as a flat rate and defined in a centralised way by depending on standard levels of need (Sarasa, 2008). Beneficiaries of those programs can choose between benefits in kind or in cash, and most of them opt for cash benefits.

Public care services are distributed among social strata depending on the eligibility criteria implemented in each welfare regime, and private care services are distributed depending on the purchasing capacity. Assuming the ‘redistributive paradox’ thesis (Korpi & Palme, 1998), one may expect that universal provision of home help services benefit the poorest elderly more than means-tested provision. However, expectations about the effects of welfare regime on adult children giving care to their parents range between two opposite theses: the *crowding out* and the *crowding in* effect (Lyons et al., 1999; Daatland et al., 2003). The *crowding out* thesis highlights the substitution effect of care services, predicting a reduction in adult children’s care giving if welfare states increase the provision of public services. A variant of this thesis highlights the welfare state role as a substitute to the family due to the weakening of the family’s capacity to cope with elderly care brought on by demographic ageing, the instability of marriage and increased women’s incorporation into the labour market. In contrast, *crowding in* theses argue that welfare state provision of services complements the family, increasing competency, or even stimulating family efforts, by sharing the burden. In this instance, more children may be involved in helping their parents, but with less intensity than when no external services are available.

Welfare regime effects on intergenerational solidarity operate also through labour market institutions. Social democratic regimes have expanded welfare services allowing lower educated women to be employed in better conditions than other welfare regimes, and labour market regulation reduces wage variance among workers in this region (Esping-Andersen, 1999). This renders the opportunity costs of caring more homogeneous among workers than in other regimes.

## **Model specification**

In order to answer our questions concerning the differentiated impact of elderly parents’ care demands on children’s behaviour according to social strata, we use the *Survey of Health, Ageing and Retirement in Europe* (SHARE) to test our hypotheses. SHARE is a rich longitudinal survey, covering the health, socio-economic status and social and family networks for individuals over the age of 50 in 11 European countries. It was created to be comparable with the U.S. Health and Retirement Study, as well as the English Longitudinal Study of Ageing. The survey was implemented on a probability sample, and includes interviews of all household members above age 50, along with all spouses, regardless of age. The average individual response rate was 86%, while the average household response rate was 61.8%.

Ten countries were included in the first wave of this survey in 2004—Denmark, Sweden, Austria, France, Germany, Switzerland, the Netherlands, Spain, Italy and Greece. Among these, we have selected all the Scandinavian and Southern European countries along with innovative Austria and Germany. Therefore, we have two Scandinavian, two Continental countries and three Southern European countries in our sample.

### *Sample and dependent variables*

There is no doubt that the way in which the needs of parents, along with the type and frequency of children's helping activities, are measured strongly influences the estimates. We assume that most people with poor health or with limitations in performing daily activities such as dressing, bathing, eating and so on, need some kind of personal or household help. Consequently, we have restricted the sample to those parents who responded that they had less than good health. We have also included those parents who reported having daily limitations because of their physical conditions. The questionnaire included the scale of activities of daily living (ADL): dressing, walking across a room, bathing, eating, getting in or out of bed, and using the toilet. Individuals who responded that they had difficulty with at least one of the following tasks are considered in need for the purpose of this analysis.

Restricting the sample only to these parents allows us to avoid estimates biased by other kinds of help not linked to health needs; this is important since we are comparing informal help with public elderly care services, which are conditioned by the health status of the beneficiaries. Given the small share of the sample receiving personal and home care from children, we have not created separate samples for men and women.

We also restricted our sample to only those parents who have living children over the age of 18, as we are specifically interested in whether individuals receive help from their adult children. On these bases, we have kept 4,449 observations out of the original sample of 22,177 observations. In order to compare not only characteristics of the respondents, but also the characteristics of their respective adult children and use this information to predict the likelihood of each child giving help, we created dyads that link each child to the parent separately. Therefore, our unit of observation is the parent/child dyad and we have 10,165 dyads. This construction allows us to move beyond past research by introducing variables related to the parent, the child, and special characteristics of the relationship between the two. However, because the survey only offers detailed information about the first four children, we have limited our dyads up to the first four children.

When defining one of the two dependent variables, receiving adult child care, we operated under a strong assumption that is not without potential shortcomings. We consider any child coresiding with his/her parent as giving some kind of help if the parent has been included in the sample, because the SHARE database does not offer information about whether the coresiding child gave household help, nor does it give information on the frequency of either type of help. Therefore, estimations of instrumental solidarity inside the household suffer serious limitations due to the lack of precise information about the flows of help among household members. This is likely the main reason why most intergenerational research has focused on transfers between parents and adult children living in separate households. However, estimating the factors affecting adult children's giving of personal and home help to their parents becomes imprecise if the coresiding children are excluded from the analysis, since the frequency and intensity of time transfers is usually highest when care givers and receivers live together (Sarasa and Mestres, 2007: 204). Choosing between the options

of including or not including intergenerational coresidence in the model is like a choice between *Skilla* and *Karibdis*; both options suffer problems of validity. Including coresidence means we assume that ‘all’ children living with their parents give some help. However, excluding coresiding children means that we estimate the causal factors of helping ‘only’ among the parents that are able to live autonomously from adult children and among those older children that have become independent from parents, both of which are housing arrangements that have no universal pattern and vary according to family cultures and structural constraints. Hence, these conclusions about midlife children’s patterns of care giving to their parents cannot be assumed as representative of the whole population of adult children. Given our interest in knowing how social stratification affects the patterns of all adult children’s personal and home care giving, we have chosen the option of including coresidents in our model specification. This is a very strong assumption, particularly in the Mediterranean countries, where children live well beyond 18 years in their parents’ household not necessarily because their parents need them, but because they rely on parental support. Particularly when the needy parent is the father and the mother is present, the adult child might offer no assistance; hence, we have controlled for the presence of a partner of the person in need.

Finally, we have also defined a second dependent variable: receiving home care. This is a dummy variable that takes the value of 1 if during the last twelve months the parent received any of these kinds of care at home: professional or paid nursing or personal care; professional or paid home help for domestic tasks that he/she could not perform due to health problems; and meals-on-wheels.

#### *Parent characteristics*

Parent’s relevant characteristics are sex, age, cohabiting status and socioeconomic status. Women are the main providers of informal care in the family and they are the keepers of family ties, so they usually are better positioned than men to receive help when they need it. However, it could be the exact contrary: since women are expected to be able to provide help and to care for themselves, they may receive help later than men who are thought to be unable to look after themselves when they are alone. Parent’s age is an indicator of the severity of need, as frailty is the highest among the very old. Hence, parent’s age has been categorised into three values: 0 if the parent is aged 50 to 64, 1 when the parent is aged between 65 and 75, and 2 if the parent is older than 75. Parent’s marital status is also relevant in determining the need of help because married or cohabiting parents are less in need of help than divorced or separated, for their partners usually assume the majority of personal caring responsibilities, especially if the partner is a woman. To capture both of these elements, parent’s cohabitation status is included, as well as whether a female other than the adult child or the parent resides in the household of the parent. To account for variation in receipt of help by adult children or professional home help, we also include measures that capture the degree of poor health and how many daily limitations a parent has according to the ADL scale.

Parents’ socioeconomic status is measured through their personal equivalent disposable income. We have rejected using educational credentials, in order to avoid

collinearity with children's education due to the high correlation between them. Economic status is measured by the ranking in which parents' disposable personal equivalent income falls within the distribution of household income within each country (household income being adapted to the reformed OECD equivalence scale, to account for different economies of scale within a household). This indicator measures the capacity to purchase private services, but it also measures parents' likelihood of being eligible for public services when provision is means-tested. Hence, the effects of income status might interact with the utilisation of home care, and we have specified a dummy variable with the value of 1 if the parent receives any external help. Unfortunately, we cannot distinguish between market and public provision; however, we assume that the poorer parents cannot afford market services and the richest are excluded from public services in Southern Europe.

Will home care services act as a substitutive or a supplementary help for adult children? If the main effect of external services is to substitute child help, then a negative association between both should be found. Conversely, if it is supplementary to child help, the association should be positive. However, we may find both effects. Home care may act as an indicator of parents' frailty, positively associated with children's care giving, but home care may also allow children to conciliate paid work and support to their parents. Teasing apart substitution from supplementary care requires knowing the intensity of care provision, both professional and informal, for evaluating how much the increase in professional intensity affects the intensity of children's care giving. Data offering more explicit information on the intensity of care within and outside the household is better suited for answering this question.

#### *Child characteristics*

The most relevant factors of children's involvement in helping parents are sex, marital and employment status. Furthermore, we include whether the adult child has a child younger than 6, since it has proven decisive in women's decisions to provide care to parents (Sarasa, 2006).

In order to control for the availability of other sources of family help, we have measured the number of siblings still alive from the same parent, despite some evidence that there is no impact of the number of siblings on the exchange of assistance between adult-children and parents (Spitze and Logan, 1991). We have also included in the model the child's rank order among all siblings alive (first, last and middle child), even though we only have more detailed information for the first four children. This variable indirectly measures the relative cohort of children inside their families, assuming that this position might be relevant in the bargaining process among siblings at the moment of deciding who will be the main care giver.

Child's socioeconomic status is measured by education and we have included a dummy taking a value equal to 1 if the child has experienced upward mobility in relation to the parent's educational credentials. This procedure allows us to measure both how the distance between intergenerational cultures affects children's solidarity with their parents (Kalmijn, 2006), and how it affects the impact of child's education<sup>iii</sup>, since the opportunity costs for the highest educated children may be mediated by

social mobility. If upward mobility is detrimental to family solidarity, as it has been supposed by classical sociologists such as Durkheim and Parsons (Kulis, 1987), then the solidarity behaviour of the highest educated children will be low due to opportunity costs plus social distance from parents. However, if the effects of social distance are minor, we expect that better educated children will behave differently depending on their social origin. Those children born in less educated households will experience more pressure from higher parental need than those children born in well-educated families; hence, we would expect that children who have achieved upward educational mobility will help their parents more than those whose parents also have higher educational credentials.

### *Dyad characteristics*

The model controls for some relevant dyad characteristics, such as the educational status gap mentioned above, and the reciprocity of time and financial transfers between generations. Intergenerational solidarity is grounded on reciprocity (Spitze et al., 1992; Lye et al., 1996; Ikkin et al., 2006), and the help parents received from adult children is supposed to be conditioned by previous and current help provided by parents to children. Previous help from parents to their children from more than a year ago is impossible to measure with SHARE data; however, measuring current help from parents to their adult children, both by financial and time transfers, is possible. So we have two indicators reflecting reciprocity and intergenerational closeness. Time transfers are measured by grandparent babysitting, even though babysitting may hold contradictory meanings. On the one hand, it reflects reciprocity and intergenerational closeness, but on the other hand, babysitting might also be understood as an indicator of the grandparent's relative good health, since it is an activity difficult to manage by a person in poor health or who has difficulty accomplishing daily tasks.

Financial transfers from children to parents have been introduced into the model, supposing two possible opposite effects. Financial transfers may be a substitutive help when children have few opportunities for allocating time to caring parents and they opt for improving the parent's capacity to purchase private services. But, financial transfers could also be supplementary to personal care. The association between financial transfers and care giving will depend on whether the motive for financial transfers is one or the other. If the substitution hypothesis is true, the sign of variable association will be negative. Conversely, it will be positive in the case of supplementing.

In summary, once children's sex has been controlled, we assume first that a trade-off exists between the time adult children allocate to care for their parents and to paid work. Second, we predict that instrumental solidarity from children to parents is conditioned by their own opportunity structure as well as their parents'. And third, we also predict that the distribution of children's solidarity among social strata is conditioned by the welfare regime. More specifically, our work is focused on testing the next hypotheses:

*H1: Functional intergenerational solidarity from children to parents is shaped by the socioeconomic status of both children and parents.*

*H1.1 We expect that the higher the children's status, measured by education, the lesser their involvement in caring for parents due to opportunity costs.*

*H1.2 We expect also that the higher the socioeconomic status of parents, the lesser will be the involvement of their children, because parents are more able to afford substitutive services, and because they are also more prone to preserve their autonomy, given the positive correlation between income and education, and the higher preferences of autonomy and privacy among the more educated.*

*H2: Welfare regimes shape parents' access to professional services.*

*H2.1 Southern European states are expected to provide low coverage of needs. Therefore, access to professional services will be a privilege of the richest parents who could afford them in the market and, possibly, also of the poorest through means-tested programs.*

*H2.2 Social Democratic regimes are expected to provide large coverage of needs and more opportunities for poorer parents to access professional help.*

*H2.3 Conservative regimes are not as predictable since universal provision comes mainly in the form of cash transfers and benefits are a flat rate. In principle, we expect an intermediate coverage between Social Democratic and Familistic regimes, but the distribution of professional help among social strata will be more conditioned by family preferences, the equilibrium between parents' needs and the flat rate benefit, and the availability of affordable services in the market. None of these final factors are included in this analysis due to insufficient information.*

*H3: If intergenerational solidarity is shaped by socioeconomic status (H1), and mediated by welfare regime (H2), then the distribution of children's involvement in helping their parents will be conditioned by the effects welfare services are supposed to have. If the *crowding out* hypothesis is true, a substitution effect should happen; then, children of parents with better access to home care services should be less involved in care giving. However, if the *crowding in* hypothesis is right, the greater the access of parents to professional services, the greater the propensity for children to be involved in giving help.*

## **Results**

In this section we offer three kinds of results. First, we present descriptive bivariate analyses of parents' needs, parents' utilisation of non-family services--provided by the public sector or by the market--and parents receiving help from their adult children. Second, we offer a more accurate multivariate analysis of the parents' characteristics associated with utilising non-familial services. Finally, a multivariate

analysis of parents' and children's characteristics associated with parents' likelihood of receiving help from adult children is presented.

### *Bivariate analysis*

Table 1 shows that parents' needs are higher when parents' income fits in the bottom half of the income distribution across the board; both health status and ADL are worst among the poorest. Hence, the probability of parents receiving personal care and household help from their adult children is also higher among the worst-off parents. Care provided by non-familial agents is also more frequent among poorer parents, except in Southern Europe, where low coverage of public services makes home care affordable to the well-off parents only.

Table 1: Proportion of parents in bad health, with ADL, and receiving external and children's help by welfare regime and income rank.  
(Ratio/richest columns show the ratios between each income rank and the richest income rank).

<b>Social Democratic</b>									
Income rank	Sample Size	Poor Health	ratio/richest	Some ADL	ratio/richest	Profes. help	ratio/richest	Children help	ratio/richest
80-100%	119	26,1	1,0	23,5	1,0	3,4	1,0	19,3	1,0
50-80%	237	15,6	0,6	20,3	0,9	1,3	0,4	26,6	1,4
20-50%	368	26,9	1,0	26,6	1,1	3,8	1,1	28,8	1,5
Up to 20%	327	26,6	1,0	33,0	1,4	11,3	3,4	34,3	1,8

  

<b>Conservative</b>									
Income rank	Sample Size	Poor Health	ratio/richest	Some ADL	ratio/richest	Profes. help	ratio/richest	Children help	ratio/richest
80-100%	173	18,5	1,0	25,6	1,0	2,3	1,0	39,3	1,0
50-80%	319	22,9	1,2	19,1	0,7	3,1	1,4	38,9	1,0
20-50%	479	24,2	1,3	20,0	0,8	4,6	2,0	38,4	1,0
Up to 20%	329	31,0	1,7	29,6	1,2	3,0	1,3	46,5	1,2

  

<b>Familistic</b>									
Income rank	Sample Size	Poor Health	ratio/richest	Some ADL	ratio/richest	Profes. help	ratio/richest	Children help	ratio/richest
80-100%	308	19,2	1,0	23,7	1,0	5,8	1,0	53,3	1,0
50-80%	548	25,2	1,3	23,9	1,0	3,7	0,6	49,8	0,9
20-50%	730	27,8	1,5	26,4	1,1	3,0	0,5	47,7	0,9
Up to 20%	512	28,9	1,5	23,4	1,0	2,5	0,4	59,4	1,1

Note: analysis based on the sample of those parents who have less than good health or some ADL, older than 50 and with at least one child alive older than 17.

The share of parents receiving help from their children varies among welfare regimes, indicating how different the patterns of family values are among them. Southern European and Scandinavian nations occupy opposite ends, in which the first is the most familistic. However, when the relative frequency by social strata is analysed by welfare regime, a positive association between non-familial and children's help exists since, in comparison with the richest parents' strata, the poorest receive more help from their children when access to home care is high. The poorest parents in Social-democratic regimes get 11.3 times more professional care and 1.8 times more children's help than the richest, while in Austria and Germany these ratios are 3 and 1.2. In Southern Europe, the poorest parents get only 1.1 times more help from their children than the richest, and their probability of accessing external help is 60 per cent lower than the richest. These data may suggest that the more rooted familistic values are in society, the lesser the differences in intergenerational solidarity among social strata; however, these results are also consistent with the crowding-in hypothesis. But conclusions are premature without controlling other factors that influence intergenerational relationships. A multivariate analysis will allow us to get a more precise picture.

### *Multivariate analysis*

We utilise a logistic model in which we use a clustering command to correct for standard errors that would be biased due to the fact that the dyads within each family are not independent of each other. Tables 2 and 3 show the estimates of parents' receiving help from home care and children's giving help regressions on welfare regimes and socioeconomic status. The first column in each table offers the estimates of regressions in which all three regimes are pooled, but controlling for welfare regimes.

In Table 2 (first column) we see how parents in Conservative regimes have a likelihood of utilising home care 33 per cent higher than in Familistic regimes, but this likelihood is almost double in Social democratic than in Conservative regimes. Everywhere, home care is utilised by parents as their needs increase, since external services utilisation is more likely when parents' age increases and their health status and ADL are worse. The crowding-in hypothesis is confirmed by our estimates, since receiving professional help is positively associated with receiving help from adult children, though such association is weaker in Conservative regimes. Gender seems to have no influence on accessing home care, since parent's sex is not statistically significant.

Table 2. Logistic regression of professional help received

	Pooled model		Social Democratic		Conservative		Familistic	
Number of observations	4448		1051		1300		2097	
	chi2(12)= 259,16 Pseudo R2=0,1741 Log L=-614,51		chi2(10)=78,47 Pseudo R2=0,1748 Log L=-185,16		chi2(10)=98,25 Pseudo R2=0,2470 Log L=-149,76		chi2(10)=140,57 Pseudo R2=0,2218 Log L=-246,55	
	Odds ratio	St. Error	Odds ratio	St. Error	Odds ratio	St. Error	Odds ratio	St. Error
Parent's sex (R=male)	1,04	0,198	1,01	0,322	0,74	0,313	1,29	0,386
Parent's age (R=<65) 65-75	2,11***	0,542	1,57	0,738	2,72	1,66	2,11*	0,804
>75	3,81****	0,914	3,07***	1,195	5,70***	3,27	2,79**	1,118
Parent does not live with partner	1,07	0,207	1,99**	0,675	2,58**	1,15	,42***	0,136
Parent receives informal care from child	1,90****	0,325	2,40***	0,703	1,65	0,569	1,62*	0,444
Health is rated bad or very bad	2,15****	0,377	1,47	0,474	1,77*	0,606	3,72****	1,103
More than one ADL	1,43****	0,06	1,2**	0,098	1,69****	0,148	1,53****	0,099
Income ranking (R=top 20%) 50-80%	,617*	0,174	0,35	0,273	1,812	1,202	,453**	0,168
20-50%	,612*	0,158	0,66	0,400	2,34	1,44	,31***	0,114
Lowest 20%	0,78	0,205	1,67	0,953	1,42	0,946	,26***	0,107
Regime (R=Soc. Dem.) Conservative	,57**	0,126						
Familistic	,44****	0,089						

\*=p<0.10, \*\*=p< 0.05, \*\*\*=p<0.01, \*\*\*\*=p<0.001; all models had a Prob>chi2=0,000, R=reference category

Table 3. Logistic regression of informal help received from adult children

	Pooled model		Social Democratic		Conservative		Familistic	
Number of observations	9932		2428		2706		4798	
	chi2(27)=1028,66 Pseudo R2=0,1770 Log L=-4426,54		chi2(25)=131,64 Pseudo R2=0,0938 Log L=-894,45		chi2(25)=195,91 Pseudo R2=0,0847 Log L=-1295,39		chi2(25)=968,11 Pseudo R2=0,2986 Log L=-2015,38	
	Odds ratio	St. Error	Odds ratio	St. Error	Odds ratio	St. Error	Odds ratio	St. Error
Parent's sex (R=male)	0,99	0,079	1,49**	0,296	0,95	0,161	0,92	0,105
Parent's age (R=<65) 65-75	,77***	0,059	0,76	0,155	1,03	0,144	,66****	0,07
>75	1,28***	0,116	1,15	0,225	1,81****	0,298	1,01	0,137
Parent does not live with partner	1,01	0,072	1,32	0,230	0,9	0,12	1,2*	0,129
Children alive	,77****	0,021	,87*	0,067	,75****	0,04	,72****	0,027
More than one ADL	1,08***	0,028	1,06	0,056	1,09*	0,055	1,11**	0,043
Health is rated bad or very bad	1,15*	0,093	1,43*	0,308	1,26	0,183	1,08	0,125
Child's sex	0,92	0,053	1,13	0,148	,81*	0,091	,84*	0,073
Child has a child under age 6	,86**	0,062	0,78	0,116	,805*	0,104	0,88	0,105
Child's has tertiary education	0,84	0,117	1,07	0,278	,61**	0,129	0,66	0,235
Ch. marital status (R=cohabits) never married	7,03****	0,566	2,59****	0,442	2,65****	0,356	18,83****	2,407
Previously married	1,93****	0,197	1,26	0,280	1,09	0,178	2,96****	0,448
Ch. emp. Status (R=unemp.) part-time emp.	1,07	0,125	1,62**	0,377	0,85	0,149	,64**	0,137
Full-time or self-employed	,62****	0,039	,70**	0,105	,619****	0,075	,49****	0,047
Child's rank in re siblings (R=1st) middle child	1,03	0,074	,70**	0,113	0,82	0,124	1,44***	0,15
Youngest child	1,10*	0,062	0,89	0,118	0,92	0,1	1,39****	0,116
Child achieved upward mobility	1,06	0,136	0,72	0,169	1,12	0,173	1,22	0,44
Child gave financial transfer	1,59***	0,27	2,08*	0,920	2,08**	0,66	1,65**	0,395
Parent gave financial transfer	1,1	0,113	1,08	0,204	1,59***	0,248	0,95	0,186
Parent babysits grandchildren	0,89	0,082	0,99	0,191	1,08	0,16	,78*	0,116
Parent receives professional help	1,69****	0,235	1,82**	0,427	1,23	0,316	1,86**	0,458
Female other than parent or child coresides	,53****	0,042	0,808	0,201	,67**	0,119	,39****	0,043
Income ranking (R=top 20%) 50-80%	1,07	0,108	1,65*	0,485	1,04	0,198	1,06	0,156
20-50%	1,18*	0,114	1,93**	0,546	1,21	0,217	1,07	0,152
Lowest 20%	1,52****	0,153	2,47***	0,710	1,42*	0,267	1,46**	0,22
Regime (R=Soc. Dem.) Conservative	1,81****	0,184						
Familistic	3,2****	0,325						

\*=p<0.10, \*\*=p< 0.05, \*\*\*=p<0.01, \*\*\*\*=p<0.001; all models had a Prob>chi2=0,000, R=reference category

Comparing welfare regimes, parent's cohabitation with a partner reduces the utilisation of home care; the exceptions are the Southern European nations, where their Familistic regime seems to penalise those parents living without a partner. This is an unexpected result because results yielded in a larger sample have shown that singles and divorced people receive more non-familial help in Spain (Sarasa, 2007). Looking at how income affects the utilisation of home care, different patterns arise by welfare regime, following the picture offered by the bivariate analysis. Social democratic regimes provide more professional help to the poorer, Conservative regimes to the middle range of the income distribution, and Familistic regimes to the richest parents, who utilise four times more home care than the poorest. However, only the estimates for Familistic regimes are statistically reliable.

When we focus our attention on the utilisation of help from adult children (see Table 3), the influence of familistic values is apparent since, once other factors have been controlled, parents in Austria and Germany have almost twice the likelihood of receiving help from their adult children as parents in Scandinavia, and more than three times those living in Southern Europe. Giving help to parents increases when parents' health and daily capabilities deteriorate and when the number of siblings is low.

The role of women as care givers is clear if we consider that the coresidence of other women with the parents reduces the likelihood of being helped by children, especially in Southern Europe. But the gender effect is not apparent when we observe that daughters are not more likely than sons to become helpers in Conservative and Familistic regimes. However, these results are biased by the fact that in both welfare regimes, coresidence with the parents is longer, especially among young men (Billari et al., 2001).

Because of the certain importance of whether or not the child is coresiding to the value of our dependent variable, since it is partly constructed on the basis of coresidence, we have also repeated the estimates restricting the sample to those parents in poor health or with ADL that are 75 or older. At such a stage in the life cycle, the incidence of coresiding because children are too young to be independent is very low. Regrettably, the sample is too small to yield significant results for all welfare regimes; therefore, we do not show the results. Interesting to note, however, the signs are similar to those evident when using the sample of the whole age range: when social stratification indicators are considered, the poorest parents are more likely to receive children's help. The only noteworthy difference refers to the sex of children indicating that now women are more likely to care for parents.

The results are also coherent with theories predicting that children have to confront a trade-off between caring for their parents and other familial responsibilities, as well as job demands. Being married, or cohabiting, looking after children younger than 6, and being full-time employed all limit the amount of time allocated to helping parents. But the trade-off between being employed and looking after parents is more difficult to reconcile in Southern European countries. In Social-democratic regimes, being employed part-time allows more opportunity to help parents. These estimates

may be interpreted as the result of good part-time contracts and lower wage dispersion in the Scandinavian labour market (Esping-Andersen, 1999); the first decreases the opportunity cost of working part-time and the second reduces the opportunity cost differentials among social strata.

But how does social position and social background affect children's likelihood of being involved in looking after their parents? Children's social position, measured by educational credentials, is important in Conservative and Familistic welfare regimes, but not in the Social-democratic, since having tertiary educational credentials reduces children's likelihood of being involved in caring for their parents in Conservative and Familistic regimes<sup>iv</sup>. Children's upward mobility has no significant effects, though the odds-ratios are positive except in Social-democratic regimes. However, the poorest parents have a higher likelihood of being helped by their children, no matter the welfare regime. This positive association between parents' poverty and help provided by adult children is strengthened by the fact that receiving help from adult children is also associated with financial transfers from children to parents.

### **Discussion:**

We argued in the introduction that social inheritance affects children's socioeconomic opportunities beyond the effects of human capital formation in the first stages of the life cycle. We also argued that a trade-off exists between care giving to aged parents and paid employment, pulling children out of the labour market when parents' needs are great and no alternative resources are available. This paper has focused on the personal care and household help received by parents from adult children when parents suffer poor health or some limitations with everyday activities. We compared different welfare regimes under the assumption that availability of non-familial elderly care provision alters intergenerational relations. We had hypothesised that adult children's involvement in caring for their parents would be lower in the higher social strata. We also predicted that poorer parents would have more access to professional services in regimes offering universal provision of services. Finally, we expected that inequalities in children's involvement among social strata would be lower in Social-democratic regimes and higher in Southern Europe. Our results only partially confirm those hypotheses.

Observing the utilisation of public and paid care provision first, we have seen how the combination of residual and means-tested public provision of elderly care services with market provision does not benefit the poorest but rather the wealthiest. Conversely, large universal provision of benefits improves the opportunities of accessing home care for the whole population.

However, the effects of welfare regime on the stratification of intergenerational solidarity seem contradictory at first sight. The largest inequality in children's involvement in care giving occurs in Social-democratic regimes. In those regimes, the parents' likelihood of being helped by their children is 2.5 times higher for the poorest

than for the richest parents, while it is only 1.4 times higher in Conservative and Familistic regimes. But, we have not been able to contrast giving help with the intensity of time allocated by children and professionals; we also have reason to think that a large public expenditure in elderly care services reduces the amount of time allocated by the family to care giving. Previous analyses made by Sarasa and Mestres (2007: 205) show that only 20 per cent of Danish adults allocate 20 or more hours per week in looking after any adult, a figure that reaches 40 per cent in Austria and Germany, and more than 70 per cent in Spain.

In any case, this finding calls for further research to introduce nuances in the crowding-out hypothesis. Home care services certainly substitute time allocated by relatives, but they do not crowd the family out; on the contrary, they stimulate relatives to keep in contact with the dependent person and to give personal care and household help. Bivariate analysis shows that adult children's involvement is positively associated with non-familial help, and regressing both variables according to welfare regimes demonstrates that both kinds of help are complementary. Given those results, the most reasonable conclusion is that adult child care giving to parents varies according to contextual factors other than the supply of professional services, such as family values and labour market opportunities. In this way, home care simultaneously acts as a compensation and complement to family help. In such a case, formal elderly care services affect social inheritance through reducing the intensity of children's care giving, allowing them to better manage the trade-off between paid employment and unpaid help. Our estimates also point to the necessity of reviewing other terms in which the crowding-out/crowding-in issue is analysed. If a crowding in/out effect exists, market providers also play a role. We cannot attribute effects to the state without knowing the contribution of services contracted by wealthier families in the market.

In sum, the worse a parents' health status and ADL, and the lower their income, the greater the probability that their adult children will become involved in personal care giving and household help. Such a probability is also conditioned by the number of siblings available, children's social position and the welfare regime. The lower educated children are more likely to help their parents in Conservative and Familistic welfare regimes, while in Social-democratic regimes children's social position does not matter. We may conclude that social inheritance is affecting adult children's decisions of helping their parents, but the effects of social inheritance are smaller in Social-democratic regimes; their large coverage of public elderly care services reduces the intensity of family care giving and their labour market structure homogenises the opportunity costs among social classes through greater employment opportunities, low wage dispersion and good part-time contracts. Conversely, where wage dispersion is high, the grey economy large, and public services poorly developed, as in Southern Europe, only the well-off parents can afford to buy the personal services they need. In addition, if employment opportunities and the quality of jobs are not equally accessible, the social inheritance effect will be stronger.

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<b>Table 4 Summary Statistics</b>	<b>% or mean</b>
<b>Non-Dyad Sample Summary Statistics</b>	
Parent's sex	61,5% fem
Parent's age: <65	40,5%
65-75	31,1%
>75	28,4%
Parent does not live with partner	40,2%
Parent's education: tertiary education	9,8%
ADL	24,7%
Health is rated bad or very bad	25,3%
Parent receives prof. care	4,0%
Parent receives help from child	43,0%
Children alive: min 1 / max 13, St. D:1,5	2,5
Regime: Social Democrat	23,6%
Conservative	29,2%
Familistic	47,2%
Income ranking: Top 20%	13,50%
50-80%	24,8%
20-50%	35,5%
Lowest 20%	26,3%
<b>Dyad Sample Summary Statistics</b>	
Child's sex	48,9% fem
Child's age: <25	8,0%
25-40	40,0%
>40	52,0%
Child's has tertiary education	54,9%
Ch. marital status: cohabits	62,9%
never married	28,7%
previously married	8,4%
Child has a child under age 6	54,0%
Child emp. status: unemployed/inactive	25,4%
part-time emp.	6,9%
full-time or self-employed	67,7%
Child's rank in re siblings: 1st/eldest	43,2%
middle child	27,3%

youngest child	29,5%
Child achieved upward mobility	46,5%
Child gave financial transfer	2,2%
Parent gave financial transfer	9,3%
Parent babysits grandchildren	16,2%
Parent and child coreside	14,9%
Female other than parent or child coresides	37,0%

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## NOTES

<sup>i</sup> Contrary to the idea that working-class members are more strongly motivated by feelings of obligation, Kohli et al. (2001) find the largest agreement with intergenerational altruistic values and the smallest with utilitarian values among German households in the highest quintiles of equivalent income.

<sup>ii</sup> Combining emotional and material support as a single indicator is theoretically problematic, as discussed above.

<sup>iii</sup> Downward mobility has not been considered, for it is characteristic of a scarce one per cent of adult children.

<sup>iv</sup> In Southern European countries the non significant association between tertiary education and giving help to the parents becomes significant when upwards mobility and employment status are dropped from the model. This indicates the strong influence of both: the differentials in accessing full-time jobs among social strata and the effects of upward mobility.