



Long Term Care and the Role of In-kind Transfers: Empirical Evidence on European Countries

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Paper prepared for the 35th IARIW General Conference

Copenhagen, Denmark, August 20-25, 2018

PS16: Other

WEDNESDAY, AUGUST 22, LATE AFTERNOON

Long Term Care and the Role of In Kind Transfers: Empirical Evidence on European Countries

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July 2018 Draft

Abstract The population ageing process is certainly a great challenge for most developed countries: its features directly impact the pension system and the provision of health services but have important indirect effects also on labour and insurance markets and on the general tax system. Among the multi-faceted reality of this phenomenon, the present work focuses on a particular aspect, namely the role played by in kind benefits in case of older adults in need of long term care. In the first part, the paper presents a brief review of the main theoretical and empirical papers dealing with this issue and points out some of the lines of research emerged in the last decades. Subsequently a statistical insight is provided for Europe, based on both micro data coming from SHARE and EUSILC data sources and macro data coming from ESSPROS. In particular we estimate statistical models for the probability of turning to professional care as well as to informal care, considering the perspective of both informal carers and old adults in need of long term care. Results show that in kind benefits in favour of old age reduce the probability of accessing professional care as well as the probability of being an informal carer.

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Keywords: Population ageing, professional care, informal care

1 Introduction

The population ageing process is certainly a great challenge for most developed countries: its features directly impact the pension system and the provision of health services but have important indirect effects on labour and insurance markets and on the general tax system. Among the multifaceted realities of this phenomenon, the present work focuses on the need of long-term care and its connections with professional and informal home care. It is assumed that old people in need live with their children or other relatives or friends who could potentially provide informal care. Furthermore, we assume that the overall amount of care received is composed by free public provision (in kind benefits), by additional professional care bought in the market (professional care) and by informal care directly given by children or other family members (informal care). The first part of the paper (Section 2) discusses the main contributes of literature and points out some of the lines of research emerged in the last decades. Section 3 describes data sources of European statistics on professional and informal care as well as on social benefits. The following empirical analysis is run according to two different perspectives (Section 4). First, we consider the old adult in need of care as unit of analysis and estimate her/his probability of turning to professional care. Then, we consider the relatives of the old adult in need as unit of analysis and estimate the probability of being an informal carer. In both cases, we aim to assess whether in kind social benefits may affect the choice, conditional on individual and households characteristics. Section 5 discusses the estimation results and illustrates conclusions.

2 Economic models and empirical findings

This section aims to give a brief overview of the main theoretical and empirical contributes of literature about the need of long term care by older adults. The discussion is restricted to those papers which have a strict economic nature and, even with this caveat, it is not intended to review

all theoretical models but to point out some of the lines of research emerged in the last decades. As for the empirical literature this section discusses some of the papers which have tried to test the issues which are most relevant for the present work.

From a theoretical point of view many models have been proposed in the literature, focusing on different aspects. To cite only a few examples, Zweifel and Strve (1998) investigate the relationship among insurance policies and informal care from adult children in a two generation principal agent model; Jousten et al. (2005) analyze LTC insurance in an optimal taxation framework; more recently Cremer et al. (2016) focus upon the role of a social long term insurance financed by a tax on bequests and labour income in a model with pure altruist parents and imperfectly altruist children; further insights on this and related themes can be found in Klimaviciute and Pestieau (2018). To witness the complexity of the theme at hand, other papers focused on different aspects: Engers and Stern (2002) develop a game theoretic model explaining who in the family takes care of older parents and present some estimates of its parameters. Pestieau and Sato (2008) offer a detailed analysis of optimal design of long term care and of the role which can be played by different institutions. Alessie et al. (2016) explore the motivations for income transfers and/or time devoted to parental care according to altruism vs exchange considerations. Stabile et al. (2006) present a model of decision making within the family with public, private and informal care in the utility function and estimate the effects of an increase in publicly financed care using data for Canada. Many other relevant aspects developed in the literature can be found in the references of the above mentioned papers.

Before turning to the applied literature it is worth mentioning another stream of research which is closely connected with the present paper, namely the role that in kind transfer can play in the general issue of long term care. In a first best environment cash transfer are preferred to in kind ones because the latter cause a distortion in the individual choice and are usually justified (or criticized) within a paternalistic view of government intervention. In a second best framework, that is in a more realistic context, it has been demonstrated that in kind transfers can be preferred to cash grants on efficiency grounds. The basic demonstration is by Guesnerie and Roberts while the most relevant results for the present paper can be found in the works by Gahvari (1994) and (1995) which

reformulate previous findings by Murray (1980) and Leonesio (1988); the interesting property of in kind transfers is their capability to stimulate, under appropriate conditions, labour supply contrary to cash transfers: the fundamental condition to be fulfilled is the substitutability between leisure and the in kind transfers which, in the context of long term care, can be reinterpreted as substitutability between publicly available professional (formal) care and informal care provided within the family to older people. From a theoretical point of view this property can affect both the decision to enter the labour market (extensive margin) and the hours of paid work supplied (intensive margin). As an important by product, several studies have demonstrated that in kind transfers can be used as a revenue raising and redistributing device. Currie and Gahvari (2008) review these and other properties of in kind transfers and analyze the use of such instruments, and their justification, in the real world.

Not surprisingly the relation between formal and informal care and the effect of public programs aimed at older people needing long term care have been the focus of a number of empirical works with rather mixed results. Early studies seem to suggest that the theoretical models have overestimated the effects on labour supply decision; Wolf and Soldo (1994) find negligible effects on intensive and extensive margin of caregiving decisions; Pezzin et al. (1996) report similar effects of public programs for home care, while Pezzin and Schone show significant effects of such programs on residential decision by daughters of elderly people.

Subsequent researches find different results: Van Houtven and Norton (2004) estimate the effects of informal care on different types of formal care finding significant negative results on most types; Heitmueller (2007) analysis of British data reveals the importance of endogeneity in explaining participation decision and show differences among different levels of care. Viitanen (2007) shows significant effects on the intensive and extensive margins for women in Europe attributable to an increase in public expenditure on formal residential care. The relevance of endogeneity is also stressed by Bolin et al. (2008a) which, using SHARE data, demonstrate a different relation between informal care and various forms of formal care: substitutability between informal and professional care at home and complementarity with respect to hospital and doctoral visits. Bolin et al. (2008b) find negative effects of caregiving on participation and hours worked but no signif-

ificant effect on wages; differences emerge among different European countries. Bonsang (2009) which finds that substitutability between formal and informal care tends to vanish as the level of disability increases and that informal care is a complement to nursing care. Leigh (2010) analysis of panel data finds smaller effects of caregiving on labour participation than other (cross sectional) studies. Pickard (2012) analyzes a particular policy implemented in Britain and finds a negative relation between formal and informal care. Carmichael et al. (2010) find significant effects in their analysis of the impact of employment status and wages on the willingness to care. Van Houtven et al. (2013) explore the intensive and extensive margin effects of caregiving in the US: small or negligible effects emerge on the extensive margin, some effects on intensive margin and probability to be retired; important differences concerning male vs female and the type of assistance are reported. Finally, Bauer and SousaPoza (2015) present a review of the literature on the effects of informal caregiving on caregivers employment health and families: they find small effects on labour market both on intensive and extensive margin and an uncertain relation between wages and caregiving decisions.

3 Data sources

The Survey of Health, Ageing and Retirement in Europe (SHARE, Börsch-Supan, 2016; Börsch-Supan et al, 2016)¹ represents one of the richest source of information on economic and social phenomena connected to ageing. SHARE is a multidisciplinary and cross-national panel database of micro data on health, socio-economic status and social and family networks of more than 123,000

¹This paper uses data from SHARE Waves 2 release 5.0.0 (DOI: 10.6103/SHARE.w2.500) and easySHARE release 5.0.0 (DOI: 10.6103/SHARE.easy.500). The SHARE data collection has been primarily funded by the European Commission through FP5 (QLK6-CT-2001-00360), FP6 (SHARE-I3: RII-CT-2006-062193, COMPARE: CIT5-CT-2005-028857, SHARELIFE: CIT4-CT-2006-028812) and FP7 (SHARE-PREP: N211909, SHARE-LEAP: N227822, SHARE M4: N261982). Additional funding from the German Ministry of Education and Research, the U.S. National Institute on Aging (U01-AG09740-13S2, P01-AG005842, P01-AG08291, P30-AG12815, R21-AG025169, Y1-AG-4553-01, IAG-BSR06-11, OGHA-04-064) and from various national funding sources is gratefully acknowledged (see www.share-project.org).

individuals (approximately 293,000 interviews) from 20 European countries (plus Israel) aged 50 or over. Specifically, we use data from SHARE Waves 2 (reference year 2006/2007) and include in the analysis 11019 individuals aged 65 or over from a selection of 7 European countries. SHARE collects only few information on household members, so that it is not possible to know the characteristics of the household where interviewed individuals live.

Conversely, European Statistics on income and living conditions (EUSILC)² provides detailed information on individuals and households, such as age, gender, economic status, earned income, health status and so on. EUSILC is the reference source for comparative statistics on income distribution and social inclusion in the European Union. The reference population includes all private households and their current members residing in the territory of the countries at the time of data collection. EUSILC target variables do not regard the household's need of professional or informal care, nor they allow to know whether one or more household members look after old adults with severe disabilities. However, the 2016 EUSILC ad-hoc module deals with households' access to services, including home care services (Eurostat 2017).

Finally, the European System of Integrated Social Protection Statistics (ESSPROS, Eurostat 2011) provides information on social benefits paid by European countries. In particular, old age benefits cover several risks connected to old age, namely loss of income, inadequate income, lack of independence in carrying out daily tasks, reduced participation in social life, and so on. ESSPROS allows one to know the amount of old social benefits separating cash from in kind benefits. However, it is worth stressing that only national values are available. On the micro side, EUSILC records the amount of social benefits received by households and their members, however only information on cash benefits is given when dealing with old age benefits.

Session 4 describes specifically the variables and indicators used for the empirical analysis. The data set combines variables from different data sources and contains both individual, households and country level variables.

²This paper uses data from EUSILC User database, version of October 2017. We thank Eurostat for making EUSILC micro data available. The responsibility for all conclusions drawn from the data lies entirely with the authors.

4 Empirical analysis

The objective of our analysis is twofold. First, we consider the old adult in need of care as unit of analysis and estimate her/his probability of asking for professional care. Then, we consider the relatives of the old adult in need as unit of analysis and estimate her/his probability of being an informal care giver. In both cases, we aim to assess whether in kind social benefits may affect the choice, conditional on individual and households characteristics.

Tables 1-4 show a synthetic description of variables used in the subsequent analysis with relative data source. Tables 5, 6 and 7 present summary statistics of the main variables used in further analysis. We report averages and shares, respectively for quantitative and categorical variables, by country. Differences across countries emerge, which also reflect different welfare state typologies. Furthermore, table 8 compares the level of disposable income of four groups of households identified by the fact of receiving or not professional and by the presence of a caregiver.

There is a natural hierarchy within the data: there are observations at the individual/family level nested within the country level. This multilevel structure affects model specification and estimation. Possible strategies in quantitative analyses of multi-country data sets include the following: pooling the data for all countries (and using cluster-robust standard errors), using separate models for each country, country fixed effects models, or multilevel models (also known as random effects models or hierarchical models). Multilevel models appear to be the natural choice when one is interested in the country-level predictors or the variance component structure, investigating to what extent unobserved country factors affect population units (families). Our dataset contains thousands of observation at the individual level, but the number of countries is small. Recently, Bryan and Jenkins (2015) argued that the small number of countries in most multi-country data sets severely constrains the ability of multilevel regression models to provide robust conclusions about the effects of country-level characteristics on outcomes (see also Austin, 2010). Based on this literature, we opted to estimate a pooled logistic regression model using the whole sample. When the dependent variable is dichotomous (as in our case), or otherwise non-normally distributed, it requires one to estimate a generalized linear model. Considering an individual outcome y_{ij} taking on value 1 with conditional probability p_{ij} , the logit model or generalized linear model (with link

function logit) is the following:

$$\ln \left[\frac{p_{ij}}{1 - p_{ij}} \right] = X'_{ij}\eta + Z'_{ij}\mu$$

for individual unit i and country unit j . We assume y_{ij} conditionally distributed as a Bernoulli random variable; we use X and Z to denote individual and country variables, respectively. Vectors η and μ are parameters to be estimated. Because of the classical assumptions of independence of the observations conditional on the explanatory variables and uncorrelated residual errors, we compute cluster robust standard errors to account for the multilevel structure and make results more reliable.

In the first model, the individual binary outcome “Professional care” is defined as a function of both individual/family-level and country-level variables, derived from SHARE, ESPROSS and EUSILC data sources. “Professional care” indicates whether the respondent has received home care during the last twelve months. This includes professional or paid nursing or personal care, professional or paid home help, e.g. meals-on-wheels. The model is estimated on individual observations, namely persons in need of long term care aged 65 or more. The year of reference is 2006 and seven European countries are considered.

“Being Caregiver” is the binary dependent variable of the second model, which is again defined as a function of individual, household and country variables derived from EUSILC and ESPROSS data sources. The model is estimated on individual observations, namely household members in working age living in families with a person in need aged 65 or more. The year of reference is 2016 and people from 26 European countries were observed.

Estimation results are shown in Table 9 and 10. For easy of interpretation, both estimated coefficients and odds ratios are presented. To assess the significance of variables we computed regular and cluster adjusted standard error, to take account of the country-level hierarchy.

5 Results and concluding remarks

Estimation results, although preliminary, point out some interesting evidence. Living in countries with higher levels of in kind benefits over cash benefits reduces the probability of receiving profes-

sional home care (even if the coefficient is no more significant when using cluster adjusted standard errors) whereas it increases that of being a caregiver. However, the higher is the amount of in kind benefits for old age, the lower is the the probability of being a caregiver.

From the person-in-need perspective (Table 9), age and education appear to increase the probability to turn to professional home care; health variables positively contribute to this decision, while there is a significant negative effect displayed by family size, which can be interpreted as the availability of leisure time to devote to informal care; the same explanation may be offered for the variable “Child living close”. It is also of interest the negative effect that the inactivity rate plays in reducing the probability of professional home care: we can argue that providing informal care acts as a substitute for professional care.

Looking at the caregiver perspective (Table 10), females are more likely to be involved in caregiving activity and high education appear to increase the probability of choosing to be caregiver, together with the part-time worker status. As expected, the presence of unmet needs (not covered by professional care) positively affects the decision to offer informal care. We plan to extend the analysis by better exploiting the effect on labour supply which plays a relevant role, according to most of the literature.

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Table 1: Variables description. SHARE

Data source: SHARE		
Variables	Description	Categories
Private care	Received care from private providers	1 if yes
Home (paid) care	Received professional care during past 12 months	1 if yes
Age	Age	Numeric
Family size	Number of family members	Numeric
Education (years)	Years of education of respondent	Numeric
N. children	Number of children	Numeric
Child in hh	At least 1 child in the same household	1 if present
Child less than 1 km	Child living less than 1 km	1 if present
Help outside hh	Received help from outside the household	1 if Yes
Health self perception	Self-perceived health (0-5)	1 if Poor
Difficulties in daily living	Activities of daily living index (0-4)	1 if index high
Difficulties in mobility	Mobility index (0-5)	1 if index high
Retired	Job position	1 if retired
Not able to make ends meet	Household able to make ends meet	1 if not able
Income percentiles	Household income percentiles	From 1 to 10

Table 2: Variables description. EUSILC and ESSPROS.

Variables	Description	Source
Hous. size	Number of members	EUSILC
NDEGREE M	Household number of members with tertiary education	EUSILC
NFEM M	Household number of female members	EUSILC
NINACTIVE FL M	Household number of inactive members	EUSILC
NINACTIVE FEM M	Household number inactive female members	EUSILC
NINACTIVE MALE M	Household number of inactive male members	EUSILC
NRETIRED M	Household number of retired members	EUSILC
NUNEMP M	Household number of unemployed members	EUSILC
AGE M	Average age of household members	EUSILC
NWORK M	Household number of members with a job	EUSILC
Professional care	Professional home care received	EUSILC, Access to services module
Payment for P.C.	Payment for professional home care	EUSILC, Access to services module
Unmet	Unmet needs for professional home care	EUSILC, Access to services module

Table 3: Variables description. EUSILC and ESSPROS. Continue.

Variables	Description	Source
Disposable income	Equivalised disposable income	EUSILC, Access to services module
Part time	Employee or self-employed working part-time	EUSILC, Access to services module
BENEFITS	Total amount of benefits for old age (PPS per head)	ESSPROS
OLD.AGE.BIK	Amount of in kind benefits for old age PPS per head)	ESSPROS
BENEFITS OLD SUV	Benefits for old age and survivors functions (PPS per head)	ESSPROS
NMT OLD SUV	Non means-tested benefits for old age and survivors functions (PPS per head)	ESSPROS
MT OLD SUV	Means-tested benefits for old age and survivors functions (PPS per head)	ESSPROS
BIK OLD SUV	Benefits in kind for old age and survivors functions (PPS per head)	ESSPROS
CASH OLD SUV	Cash benefits for old age and survivors functions (PPS per head)	ESSPROS

Table 4: Variables description. EUSILC and ESSPROS. Continue.

Variables	Description	Source
NMT MT	Ratio between non means-tested and means-tested benefits (old age + survivors)	ESSPROS
BIK CASH	Ratio between in kind and cash benefits (old age + survivors)	ESSPROS
BIK.CASH.OLD	Ratio between in kind and cash benefits (old age)	ESSPROS
BENEFITS REL	Ratio between country and EU15 benefits (old age+survivors, PPS per head)	ESSPROS

Table 5: Descriptive statistics (individual variables - SHARE data).

Age 65 and over	Sweden	Netherlands	Spain	Italy	France	Denmark	Greece
Variable							
Private care	0.112	0.061	0.071	0.195	0.101	0.071	0.171
Home (paid) care	0.080	0.159	0.102	0.066	0.255	0.174	0.040
Age	74.767	74.035	75.393	73.343	75.104	74.832	74.765
Family size	1.740	1.757	2.397	2.249	1.727	1.653	1.877
Education (years)	9.498	9.791	4.712	6.284	9.481	11.889	6.207
N. children	2.243	2.644	2.689	2.254	2.227	2.353	1.948
Child in hh	0.033	0.039	0.419	0.465	0.121	0.040	0.455
Child less than 1 km	0.135	0.171	0.599	0.580	0.209	0.112	0.575
Help outside hh 0.264	0.248	0.173	0.188	0.211	0.283	0.296	
Difficulties in daily living	0.029	0.022	0.080	0.060	0.048	0.044	0.040
Difficulties in mobility	0.120	0.130	0.264	0.258	0.202	0.160	0.372
Retired	0.978	0.736	0.618	0.752	0.899	0.944	0.697
Not able to make ends meet	0.026	0.029	0.178	0.211	0.084	0.022	0.292
Income percentiles	4.938	4.923	5.081	5.414	4.783	3.695	5.241

Table 6: Descriptive statistics (country variables - ESPROSS and EUSILC data).

Variable	Sweden	Netherlands	Spain	Italy	France	Denmark	Grece
NDEGREE M	0.275	0.291	0.236	0.122	0.167	0.287	0.163
NFEM M	0.910	0.917	1.285	1.144	0.950	0.921	1.188
NINACTIVE FL M	0.072	0.563	0.706	0.552	0.189	0.080	0.457
NINACTIVE FEM M	0.047	0.480	0.633	0.469	0.161	0.055	0.408
NINACTIVE MALE M	0.024	0.083	0.073	0.083	0.028	0.025	0.050
NRETIRED M	1.370	0.928	0.997	1.021	1.328	1.385	1.133
NUNEMP M	0.012	0.003	0.091	0.058	0.030	0.004	0.064
AGE M	71.401	71.327	65.572	67.400	71.002	70.773	66.408
NWORK M	0.188	0.107	0.461	0.369	0.125	0.206	0.435
BENEFITS OLD SUV	3294.48	3489.23	2052.80	3768.65	3329.23	3028.21	2655.84
NMT OLD SUV	3290.45	3227.24	1781.87	3684.97	3134.62	3028.19	2561.58
MT OLD SUV	4.030	261.990	209.330	83.670	111.630	0.000	68.110
BIK OLD SUV	664.24	261.99	99.80	24.00	101.16	517.16	23.05
CASH OLD SUV	2630.25	3227.24	1951.95	3744.33	3211.22	2508.79	2625.20
NMT MT	0.120	8.120	11.750	2.270	3.560	0.000	2.660
BIK CASH	25.250	8.120	5.110	0.640	3.150	20.610	0.880
BENEFITS REL	1.046	1.108	0.652	1.196	1.057	0.961	0.843

Table 7: Descriptive statistics (households level variables and caregiver characteristics - EUSILC data).

Country	Professional Care % of households	Unmet needs %of households	Unpaid Prof. Care %of households	Caregiver %of households	Age mean	Education % of high	Female %	Work activity % workers
AT	48.96	24.33	7.60	56.09	56.89	70.04	56.55	39.70
BE	40.14	19.93	27.59	41.51	53.44	58.91	51.89	39.02
BG	5.82	45.82	41.67	57.21	55.50	62.74	58.87	40.48
CY	47.00	45.74	14.77	47.32	53.16	52.15	66.67	42.47
CZ	61.38	26.90	58.05	38.62	59.94	84.57	66.29	30.29
DE	31.19	13.17	52.00	64.10	61.49	87.05	59.04	36.45
DK	64.21		47.83	21.32	58.52	79.37	53.97	52.38
EE	6.46	11.90	71.01	53.75	55.85	75.20	60.25	52.31
EL	12.36	62.36	16.30	36.23	56.96	46.57	59.78	29.60
ES	14.96	30.55	19.79	56.55	56.37	34.86	57.38	32.43
FI	31.33	21.19	21.77	24.74	59.09	0.00	59.68	36.56
FR	55.66	28.37	33.26	40.76	59.22	72.97	51.29	29.80
HR	15.29	18.68	79.81	68.24	55.07	62.68	60.04	34.23
HU	21.68	24.34	62.93	73.46	52.81	66.85	60.27	33.86
LT	11.46	41.04	61.82	69.58	53.18	64.38	62.77	45.96
LV	15.18	38.65	83.84	42.64	53.42	82.98	62.73	51.82
NL	53.28	41.44	16.15	7.24	59.90	82.73	45.95	38.74
NO	18.70	10.92	38.33	13.91	49.88	81.82	49.33	65.33
PL	7.14	16.16	26.21	50.49	54.27	73.33	70.34	38.11
PT	20.07	85.84	36.80	57.69	54.20	80.00	62.30	36.24
RO	9.23	41.54	66.67	47.69	52.94	26.54	64.96	37.61
RS	11.18	48.30	57.97	51.54	53.20	52.14	64.08	29.05
SE	25.37	11.53	0.00	31.34	51.38	63.86	48.04	59.22
SI	29.08	20.31	70.37	39.54	52.89	79.10	56.58	38.16
SK	18.28	25.63	50.00	77.96	49.34	72.81	58.76	49.70
UK	22.35	20.03	65.62	47.29	52.07	87.76	54.27	39.43

Table 8: Households classified by presence of caregiver and receiving professional care: percentage of households and average disposable income (EUSILC data).

Caregiver	Professional Care		No Professional Care	
	% of HH	Average income	% of HH	Average income
No	15.51	16973.44	39.93	13171.02
Yes	8.08	16295.79	36.47	11014.24

Table 9: Estimation results. Outcome variable: Turning to professional care.

Coefficients	Estimate	Odds Ratio	Std. Error		Adj. Std. Error	
(Intercept)	-11.975	0.000	0.683	***	0.803	***
Age	0.104	1.109	0.006	***	0.015	***
Education (years)	0.031	1.032	0.010	**	0.010	**
Family size	-0.398	0.672	0.075	***	0.166	*
N. children	0.023	1.023	0.029		0.020	
Child in hh	-0.193	0.825	0.181		0.150	
Child less than 1 km	-0.387	0.679	0.139	**	0.137	**
Help outside hh	0.484	1.622	0.092	***	0.124	***
Health self perception	0.875	2.398	0.110	***	0.056	***
Difficulties in daily living	0.981	2.667	0.161	***	0.175	***
Difficulties in mobility	1.057	2.878	0.104	***	0.098	***
Not able to make ends meet	-0.085	0.918	0.144		0.104	
Income percentiles	-0.044	0.957	0.019	*	0.036	
NINACTIVE FL M	-5.012	0.007	0.340	***	0.560	***
BIK CASH	-0.021	0.979	0.006	***	0.017	
NMT MT	0.323	1.381	0.023	***	0.047	***
BENEFITS REL	2.707	14.990	0.336	***	0.524	***

0 *** 0.001 **
0.01 * 0.05 .

Table 10: Estimation results. Outcome variable: Choosing to be a caregiver.

Coefficients	Estimate	Odds Ratio	Std. Error	Adj. Std. Error		
(Intercept)	-0.077530	0.9254	0.1093	0.3578		
Female	0.387600	1.4734	0.0314	***	0.0588	***
Age	-0.005137	0.9949	0.0010	***	0.0033	
High education	0.176200	1.1927	0.0450	***	0.0767	*
Professional care	0.279000	1.3218	0.0640	***	0.1644	.
Payment for P.C.	-0.099110	0.9056	0.0793		0.1702	
Unmet	0.285200	1.3300	0.0334	***	0.1404	*
Disposable income	-0.000001	1.0000	0.0000		0.0000	
Part-time	0.425200	1.5299	0.0901	***	0.0935	***
H. Size	-0.113300	0.8929	0.0123	***	0.0224	***
BIK.CASH	0.202800	1.2248	0.0159	***	0.0793	*
BENEFITS	0.000055	1.0001	0.0000	***	0.0000	
OLD.AGE.BIK	-0.006634	0.9934	0.0005	***	0.0024	**

0 *** 0.001 ** 0.01 * 0.05 .