Universität Konstanz

DZA Deutsches Zentrum für Altersfragen

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

ESHMS Conference, Session „Family Diversities in Ageing Societies“

Hamburg, 19 August 2026

Ariane Bertogg, University of Konstanz, Germany

Mareike Bünning, German Gerontology Institute, Berlin, Germany

Background

- Population aging, increasing need for care (Rocard & Llena Nozal, 2022)
- Increasing family diversity in later life: grey divorce, childlessness, lacking generation → role of non-family ties (Schnettler & Wöhler, 2014)
- Pathways into family caregiving well-studied: individual motivations and contextual drivers (Brandt et al., 2009; Verbakel,2014; Broese van Groenou & de Boer, 2016)
- (Intentions for) non-family care quite frequent (e.g., neighbourhood: Ramaekers & Raiber, 2025; Seifert & König, 2019), but often overlooked (exception: Bünning & Weinhardt, 2026; perspective of receivers: Fihel et al. 2022).

Research Gap and Research Questions

Research Gaps

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

Research Questions

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

Theoretical Background

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

Care motivations

- "Can I?": enabling factors, e.g., time, financial resources, physical capability
- "Do I have to?": normative expectations, perceived obligations, lack of other care alternatives
- "Do I want to?": voluntary, e.g., out of affection, wish to associate, self-fulfilment

Kinship structure and motivations

- Close kinship ties (partners, children): „have to" more salient (obligations). **Anticipation / prioritizing** of family care → **Non-family care suppressed (H1a)**
- No close family ties (but "chosen kin", Jordan-Marsh et al., 2005; Patterson et al., 2025): „want to" more salient. Less need, more time, no anticipation → **Non-family caregiving enabled (H1b)**
- Partial kinship roles (partner OR children): fewer demands, but still some obligations. **anticipation when having spouse** → **Non-family care less likely (H1c)**

Care Contexts

Policies: Care-in-Kind vs. Cash-for-Care

Predominant policy should **shape motivations**:

- The greater in-kind expenditures the **more likely** non-family care **(H2a)** ("want to" enabled)
- The greater cash-for-care expenditures the **less likely** non-family care **(H2b)** ("have to" suppress "want to")
- The greater cash-for-care expendtures → the more likely non-family care (H2c) ("can" enables, multiple receivers benefit)

Norms: Family vs. State Responsibility

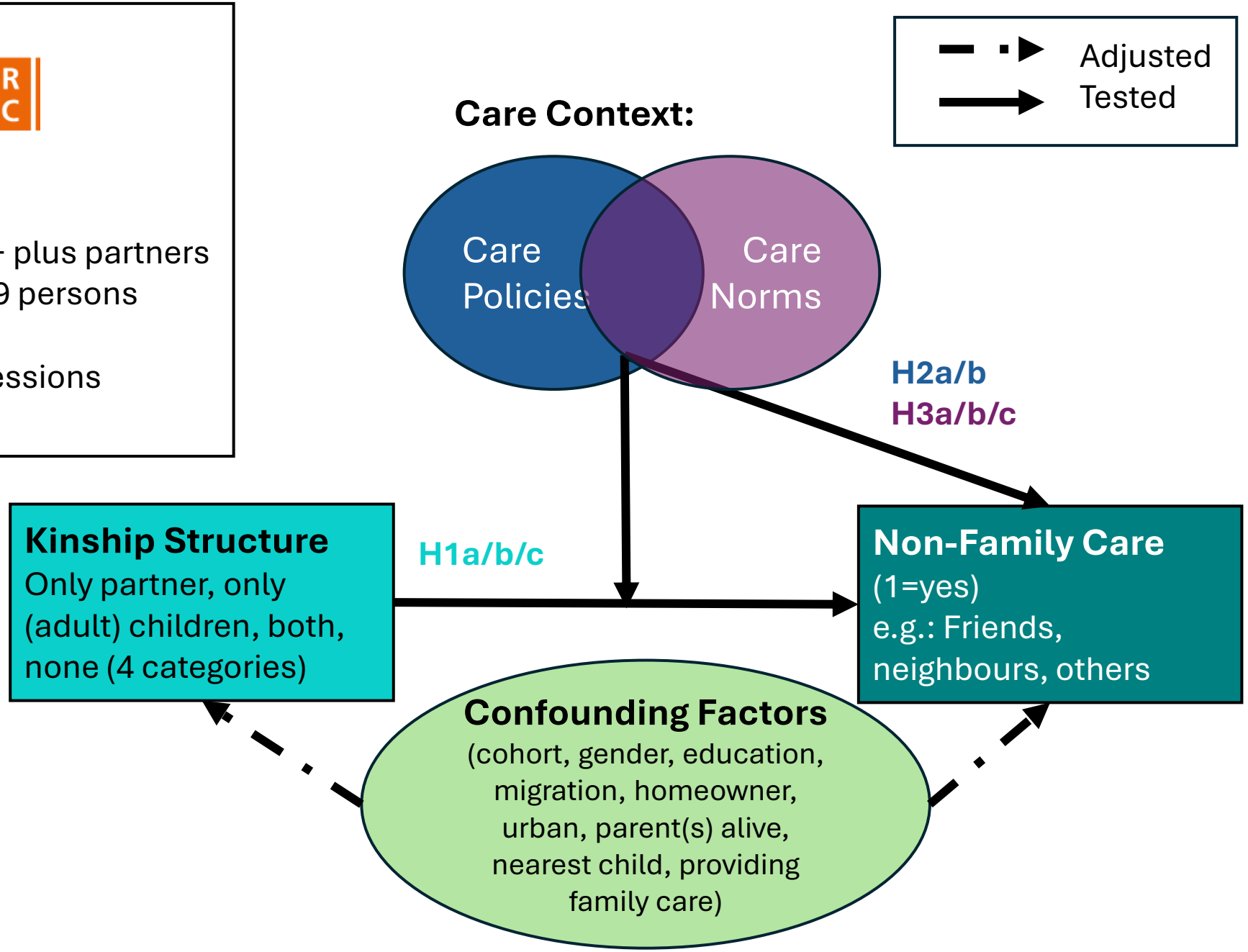
Prevailing norms should **strengthen / suppress motivations**:

- The stronger the state care norm **the more** non-family care **(H3a)** ("want to" promoted)
- The **stronger the family** care norms **the less** non-family care **(H3b)** ("have to" salient)
- The stronger family care norms **the more** non-family care **(H3c)** (caregiver identity, want to)

Research Design

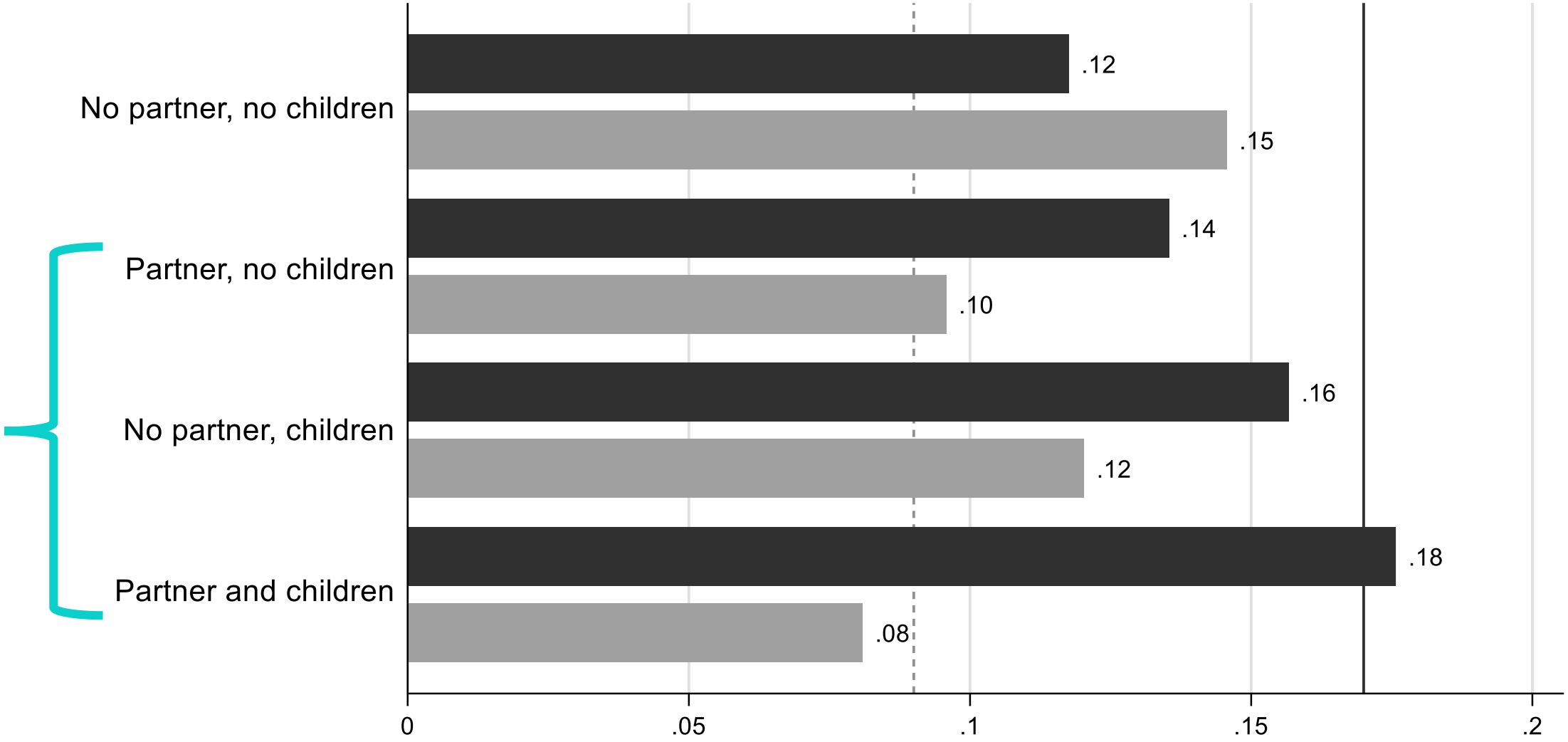
SHARE ERIC
SURVEY OF HEALTH, AGEING AND RETIREMENT IN EUROPE

- Waves 4-9, respondents 50+ plus partners
- n=262,086 obs < n=111,899 persons
- 28 countries
- Random Effects Panel Regressions



Results

Prevalence: Family and Non-Family Care



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

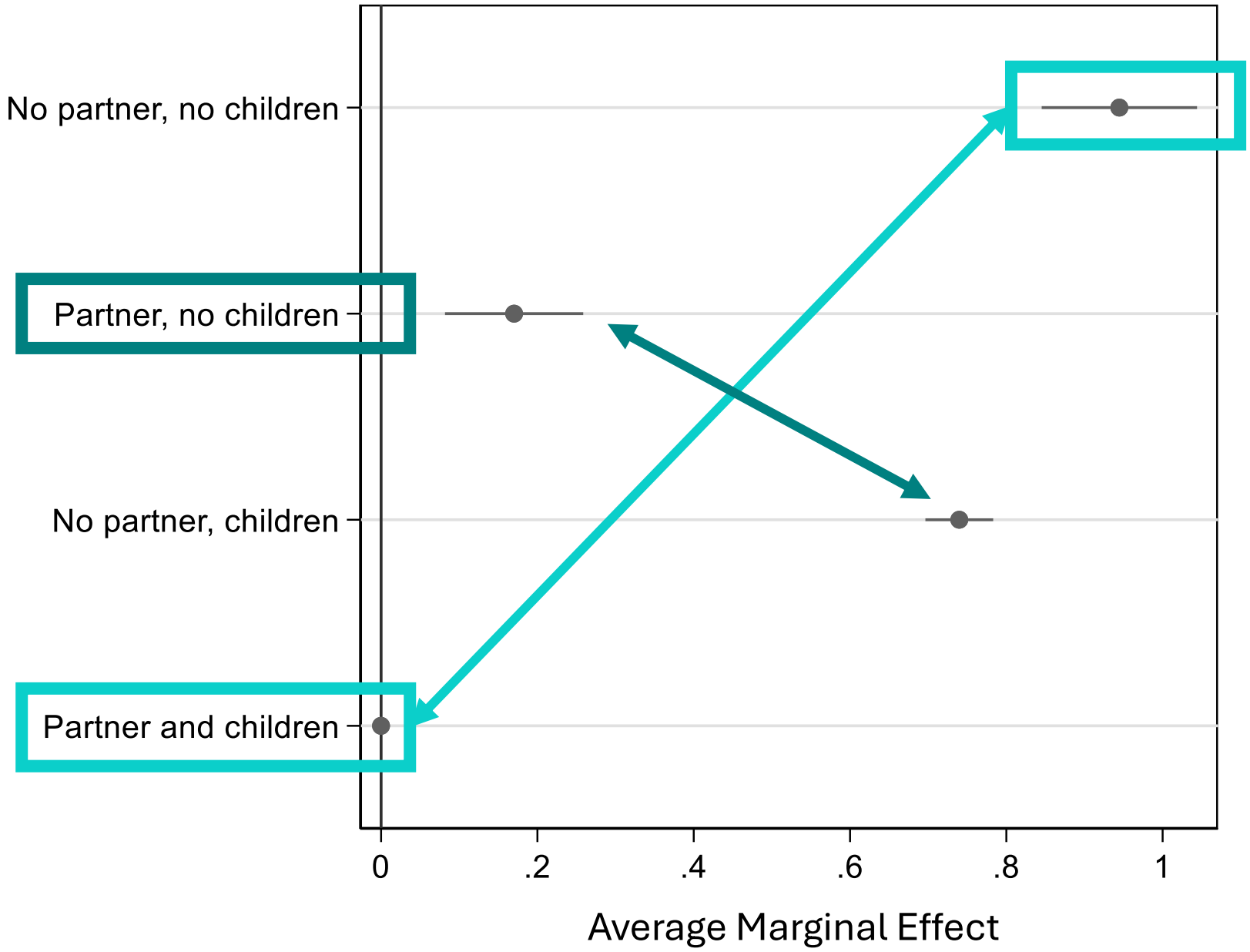
Kinship Structure and Non-Family Care

H1a: *Close kin → least non-family care*

H1b: *No close kin → most non-family care*

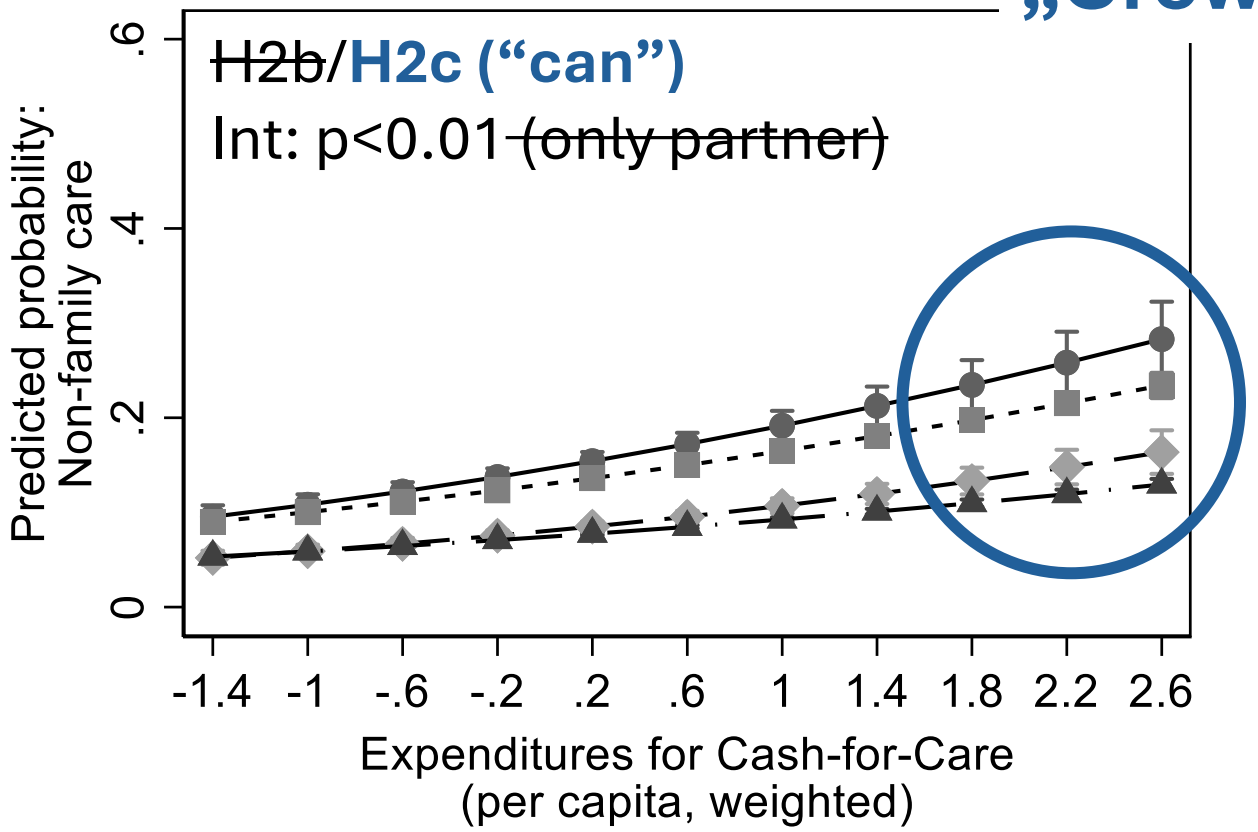
H1c: *Children, but no partner > Partner, but no children*

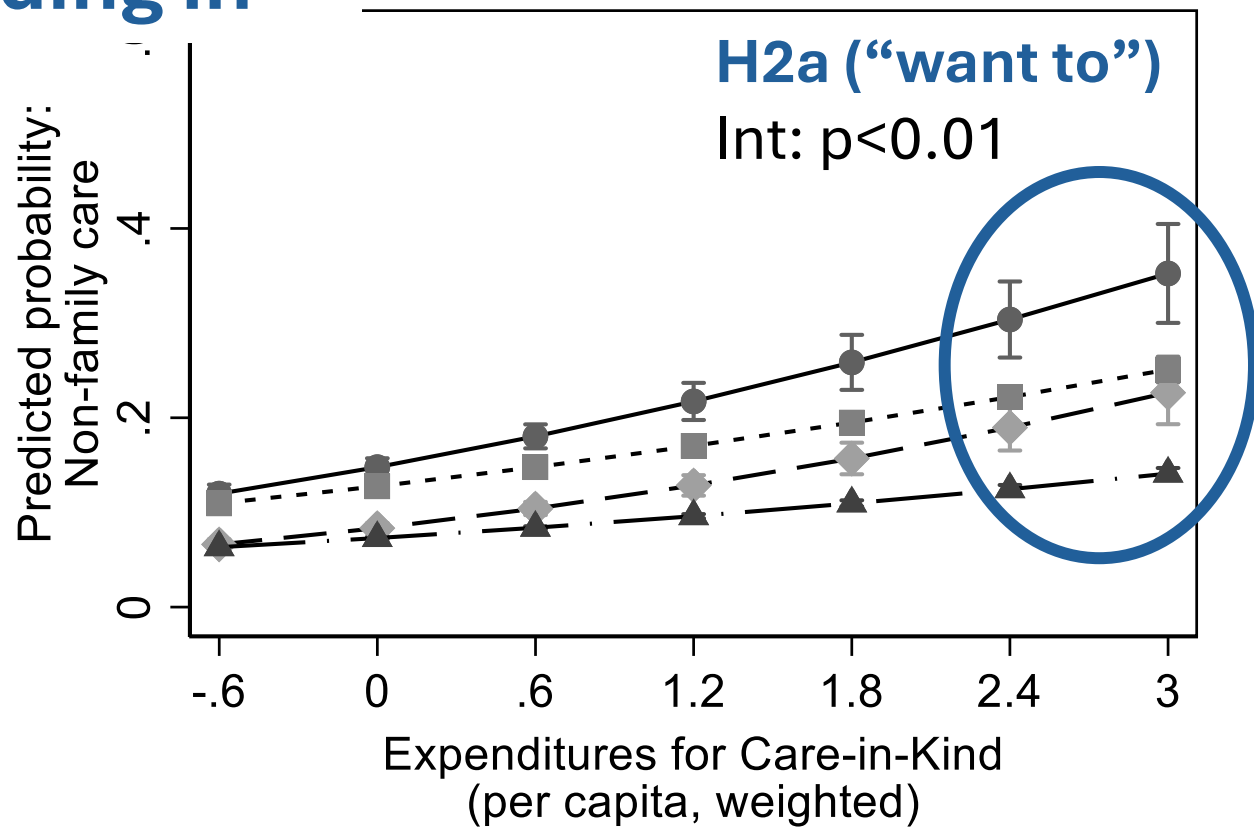
Hypotheses ✓



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

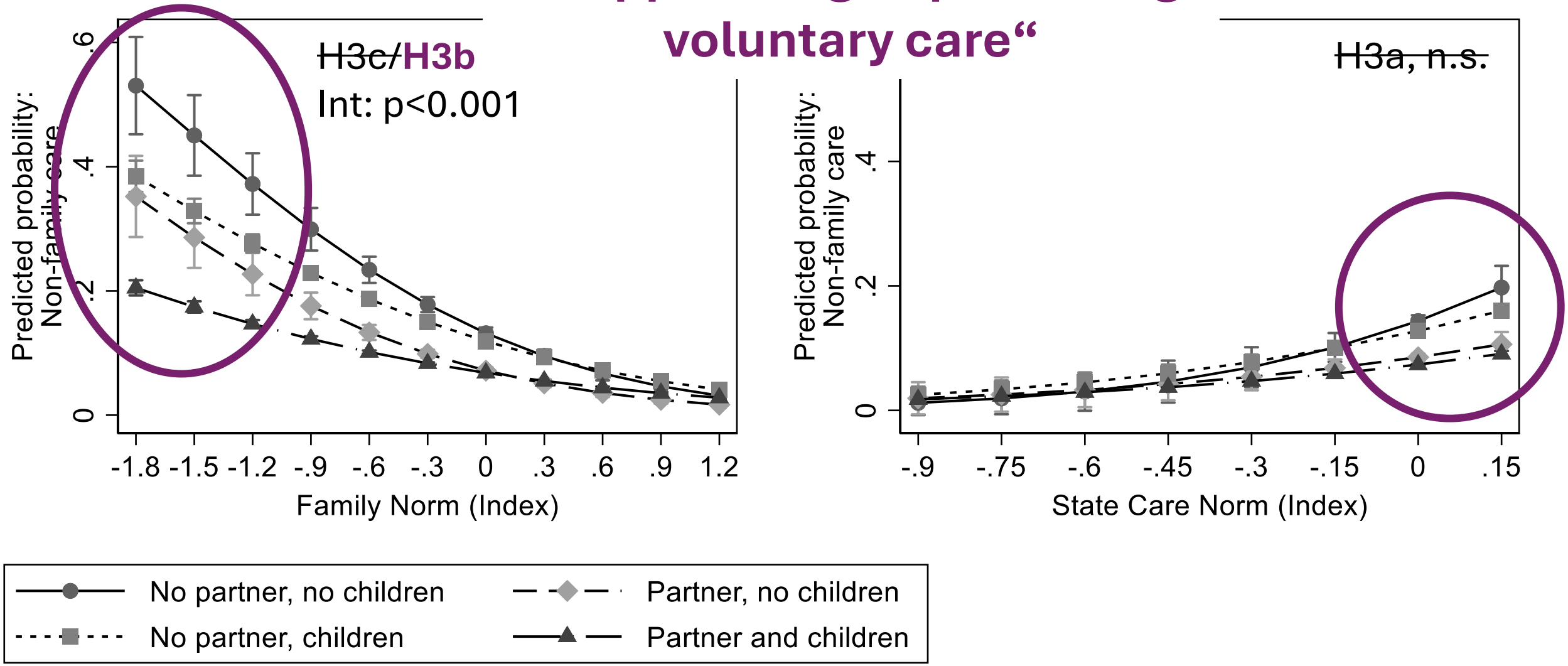
„Crowding in“





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

"Suppressing vs promoting voluntary care"



Discussion

Summary & Interpretation

- **1 in 11** provides non-family care (or 1/3 of caregivers)
- Fewer close kinship ties, more non-family care → **„want to“ motivations**
- “Only partner” → greater (anticipated) care need
- Higher expenditures („cash“ and „kind“) associated with **greater** likelihood of non-family care → **„crowding in,“**
- Stronger family care norms reduce non-family care, while state care norms **enable** it → **„supressing“ vs. „promoting voluntary care“**

Next Steps

- Distinguish friends, neighbours and other non-kin
- Kinship: broader perspective

Universität Konstanz

DZA Deutsches Zentrum für Altersfragen

Thank you for your attention

ariane.bertogg@uni-konstanz.de

mareike.buenning@dza.de

Soc I A S

Social Inequalities in Ageing Societies

Emmy Noether-Programm

DFG Deutsche Forschungsgemeinschaft

Appendix

Limitations and Outlook

- Parents are part of close kin ties, but in SHARE 80% of respondents have both parents deceased → complex typology, small n
- Selection issues: health of parents/partners/close others, grandchildren, sibling constellation → not all of this observable
- Non-family care: heterogeneous bundle → disentangle
- Between effects only → no causal claims
- „Care contexts“: **interplay** of culture and policies; measuring norms toward caring for non-family persons (aka “help thy neighbour”?), specify allowances

Next Steps

- Distinguishing care to friends from neighbours and others
- Robustness tests (FE, heterogenous effects, complex typologies)

Policy Implications

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

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

- Strong family norms may concentrate care load on the shoulders of few → critical overburdening (health and economic costs)

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

Method

Random Effects Logistic Regression Models

- DV: Non-Family Care (1=yes | 0=no such care)
- IV: Kinship structure: “Partner and children”, “Only partner”, “Only children”, “No partner, no children” (children regardless of living distance) → robustness tests
- Care contexts: continuous indicators (cash, kind, family norm, state norm) - separately
- Three stages
    - Model 1: Effects of kinship structure (H1)
    - Model 2: Care context (separate models for each indicator) (H2, H3)
    - Model 3: Interaction terms kinship * care context separate models (exploratory)

Confounders and controls:

Gender, birth cohort, education (low-mid-high), migration background (1=yes), urban area (1=yes), homeowner (1=yes), country (only in model 1), at least one parent alive (1=yes), living distance to nearest child (4 categories), control for family care (1=yes).

Measurement: Non-Family Care

	Non-Family Care
Identification	• Last 12 months • Outside of one's household: personal care or practical help (e.g., household, garden, paperwork) → collapsed • Regardless of frequency
Receivers included	Friends, neighbours, acquaintances, ex-colleagues, others
Scale	Dichotomous (0/1): Not provided vs. Provided

Wording

"In the last twelve months, have you personally given personal care or practical household help to a family member living outside your household, a friend or neighbour? Please exclude looking after grandchildren"

+

"To whom have you provided such help?"

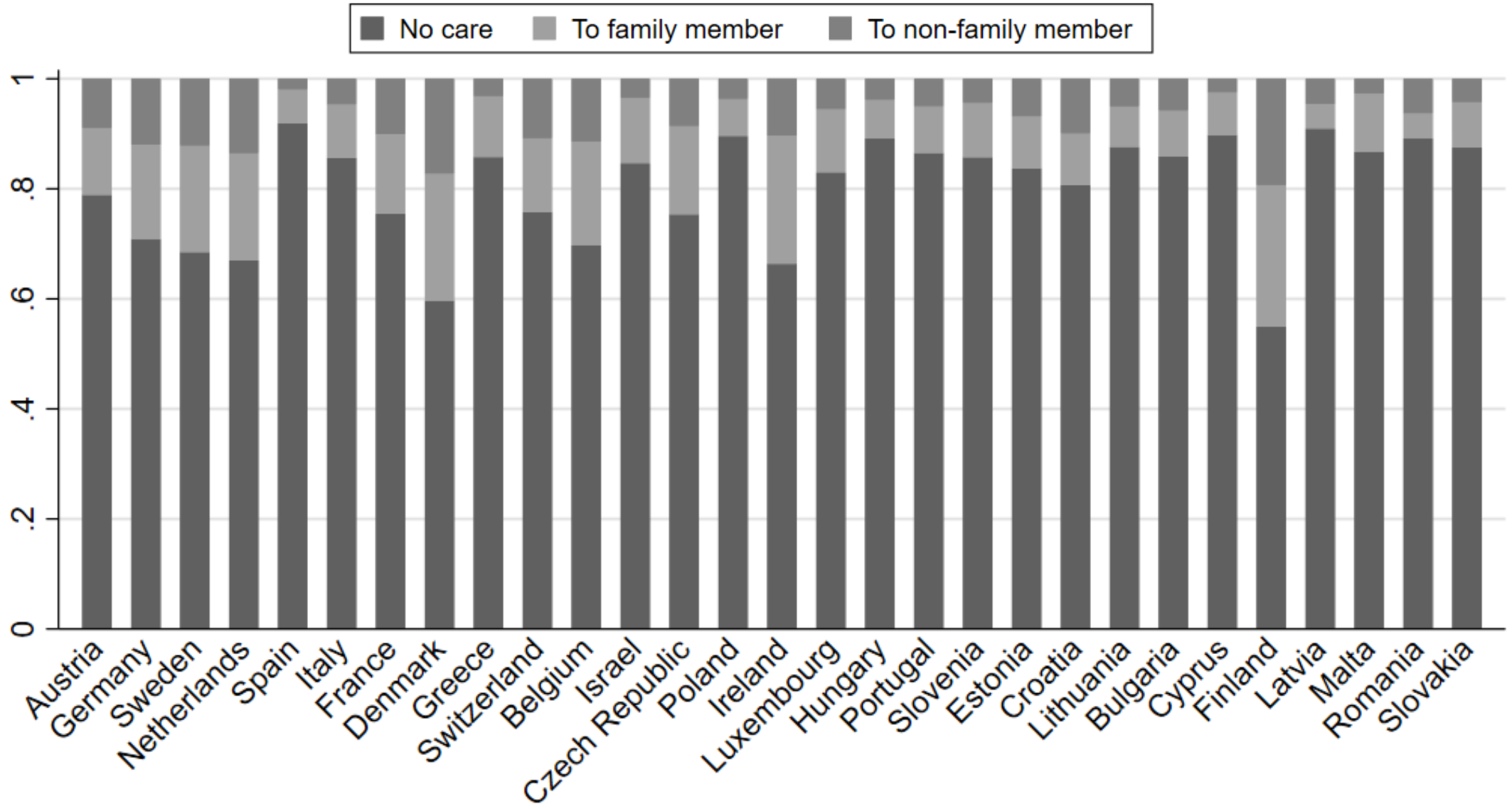
Measurement: Care Norms

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

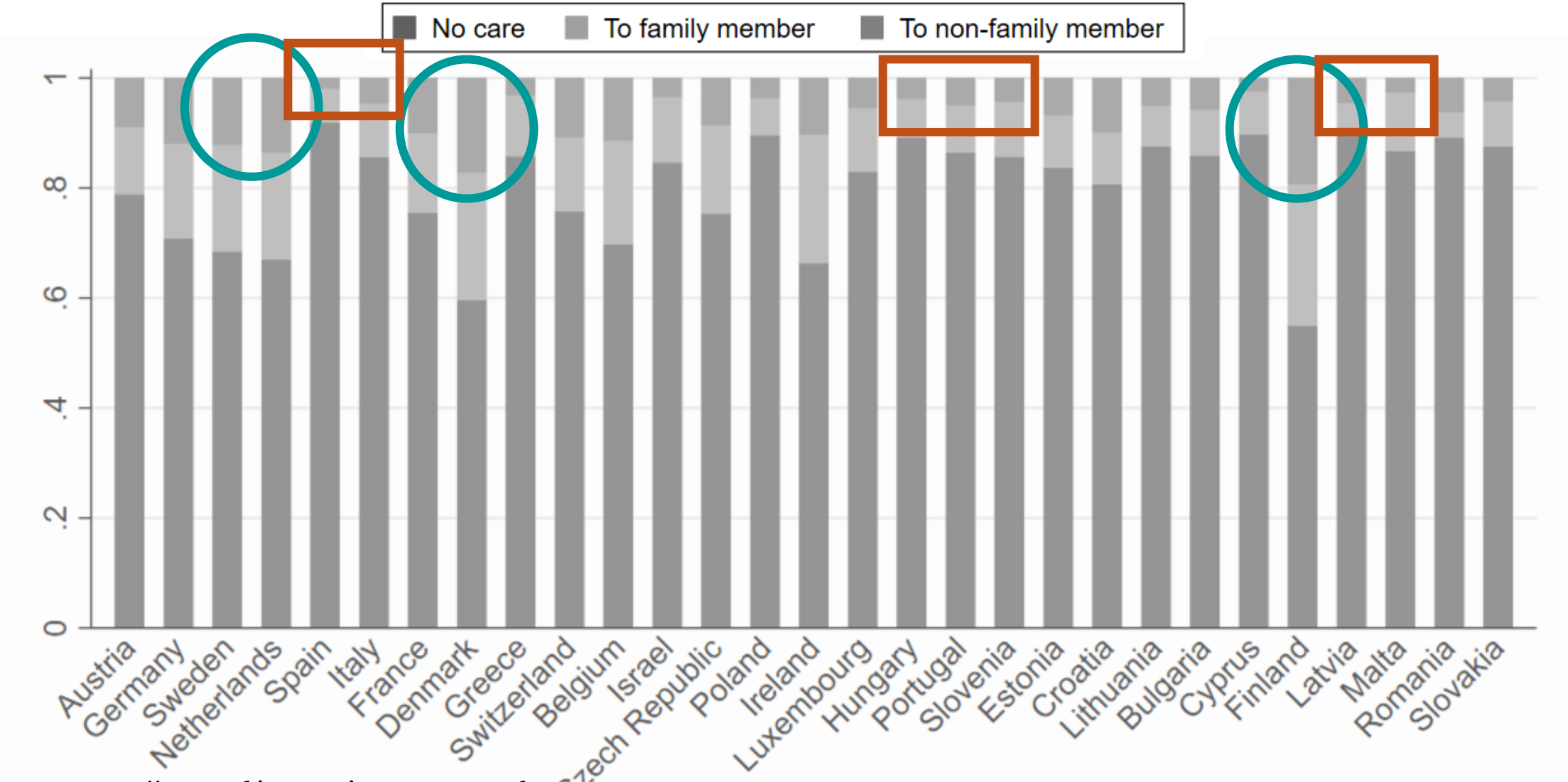
Overlap: Family and Non-Family Care

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

Prevalence of Family and Non-Family Care

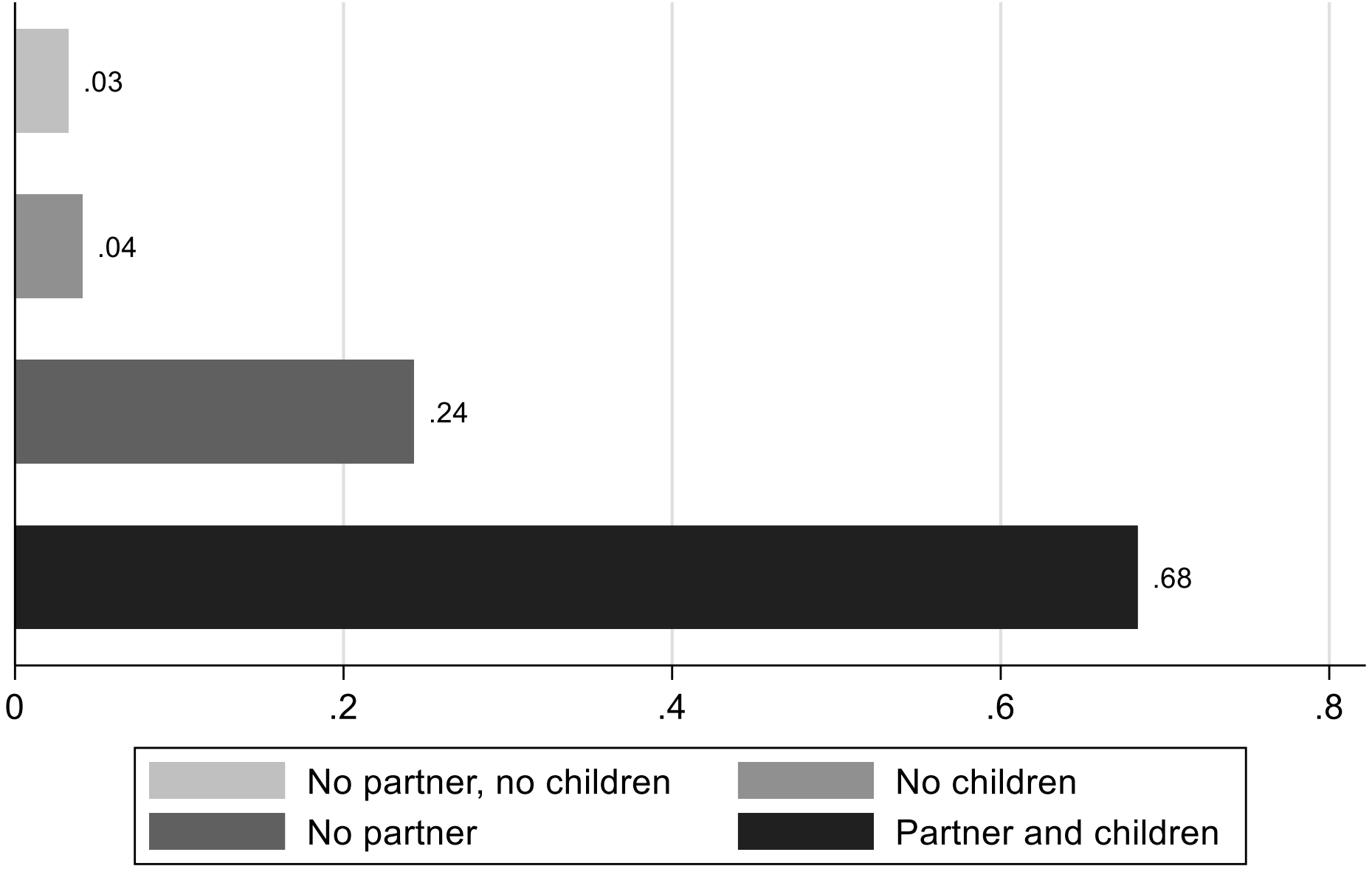


Prevalence of Family and Non-Family Care

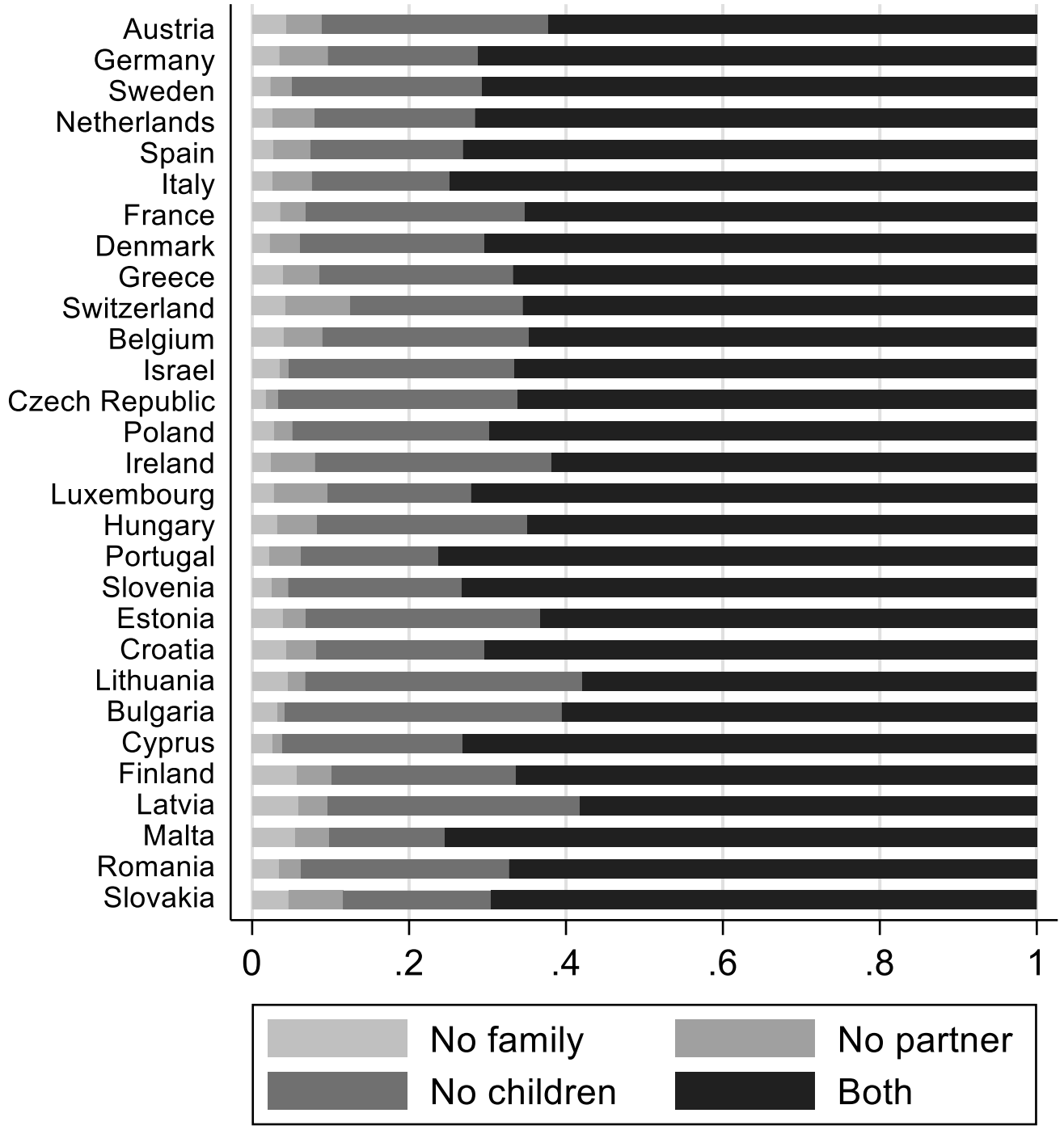


Note: care regardless of intensity or type of support

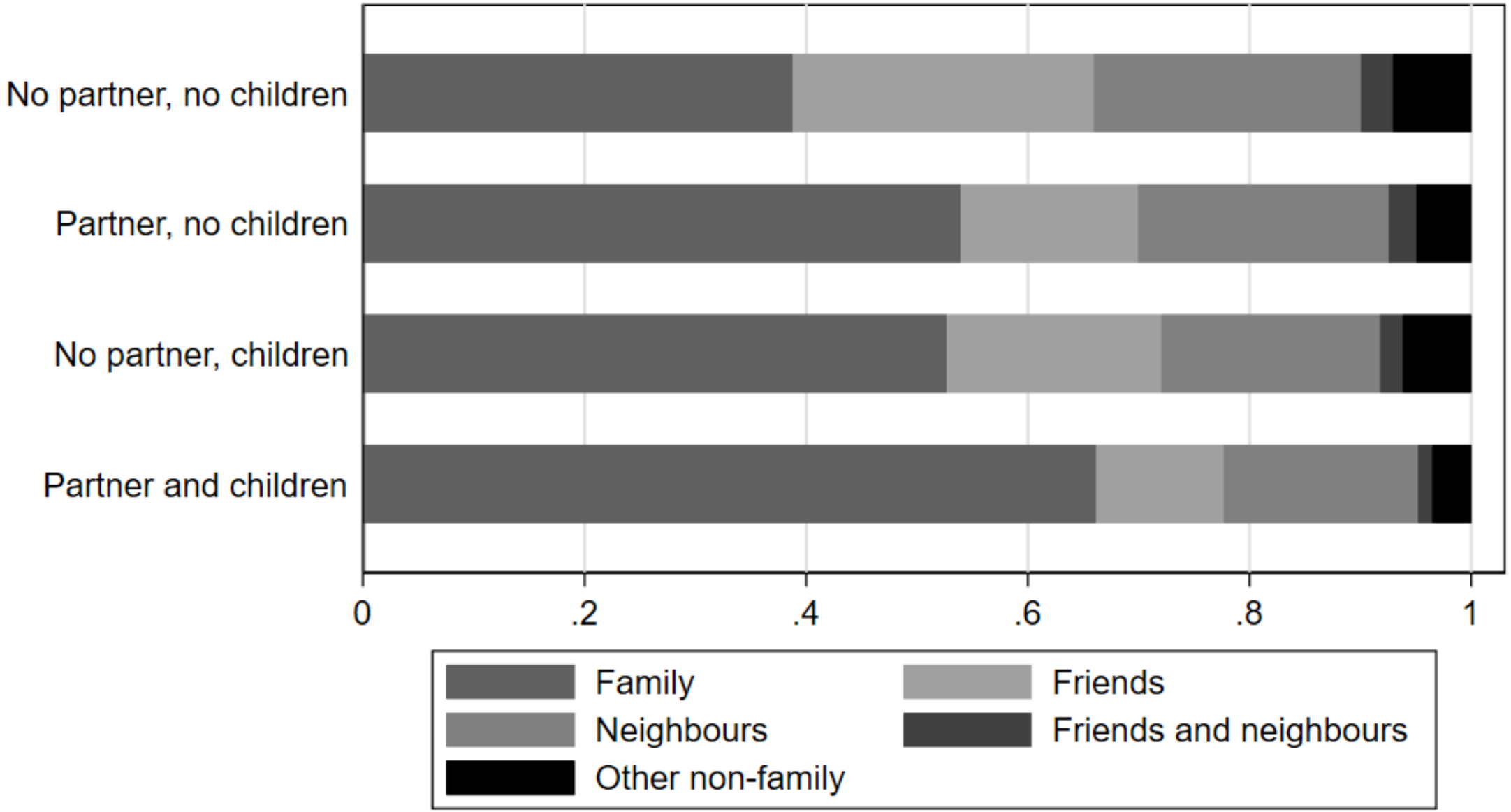
Distribution of Kinship Structure



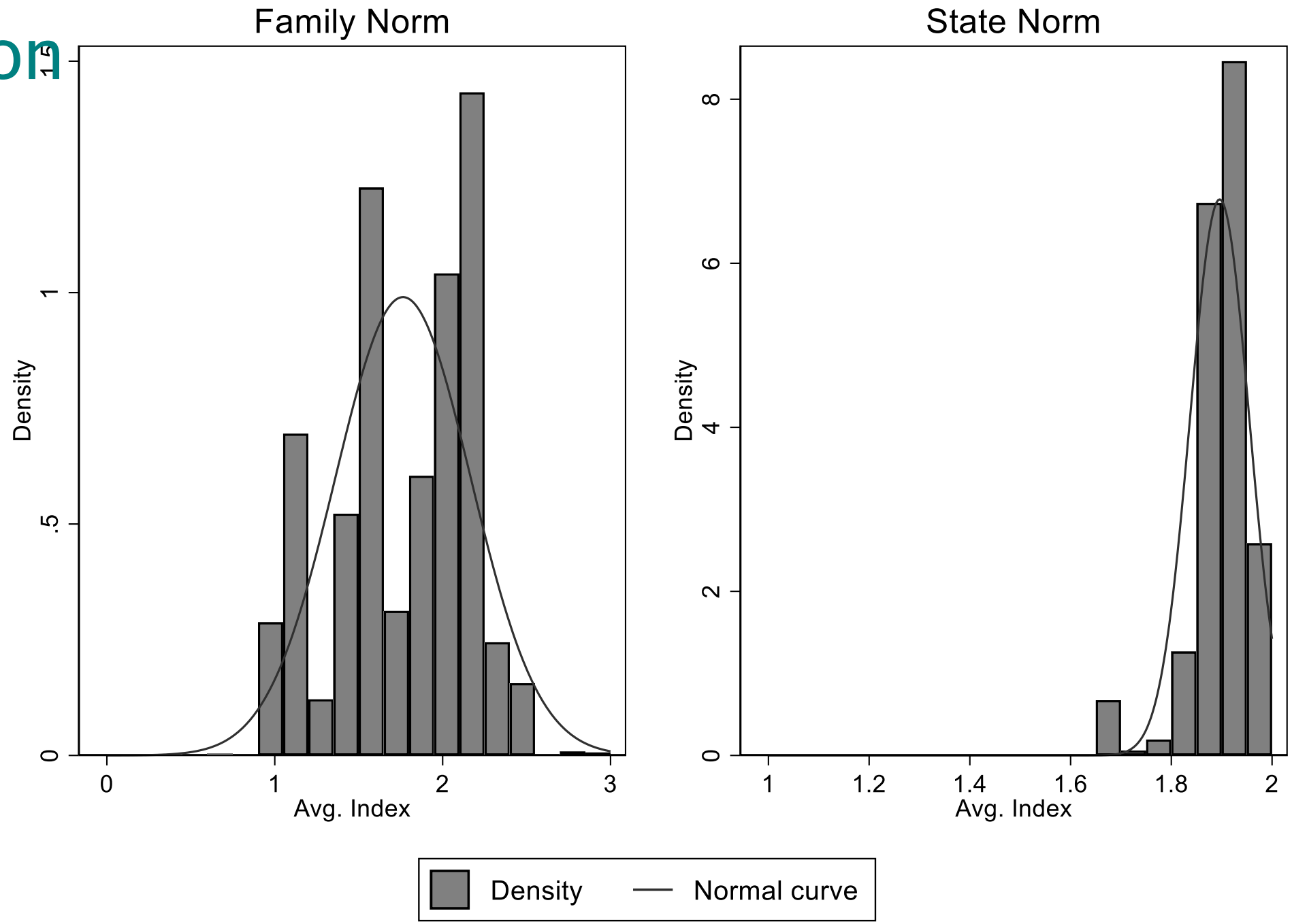
Distribution of Kinship Structures over Countries



Care Recipient – by Kinship Structure

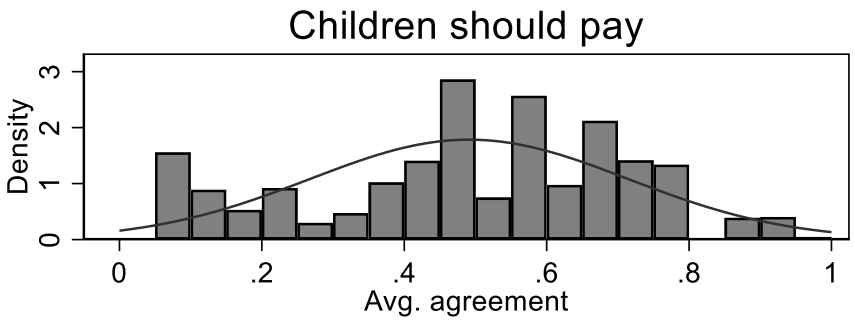


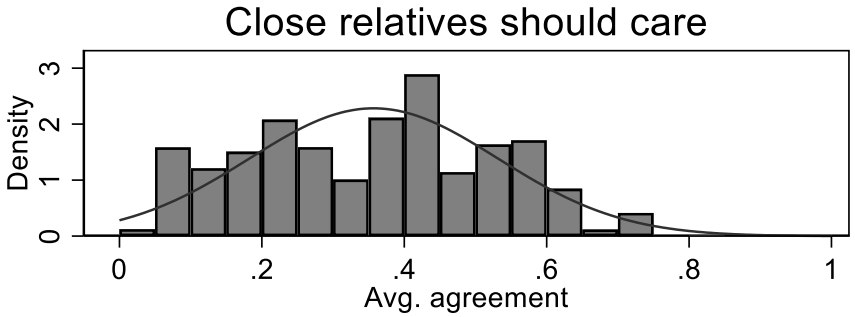
Distribution of Indices

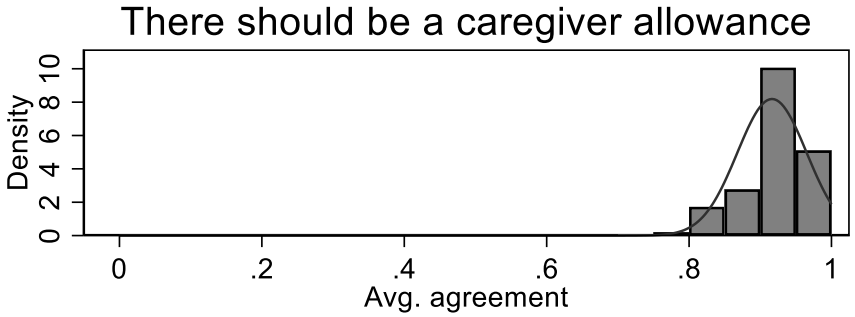


Distribution of Index Components

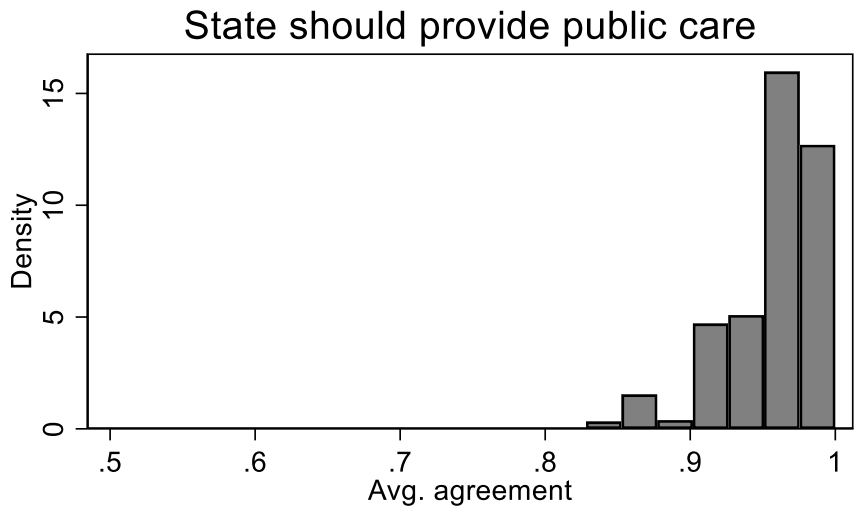
Family Norms

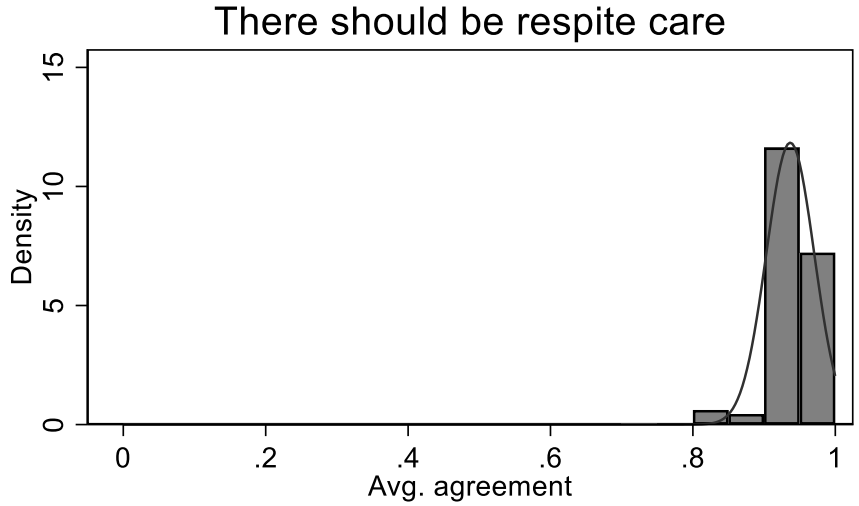


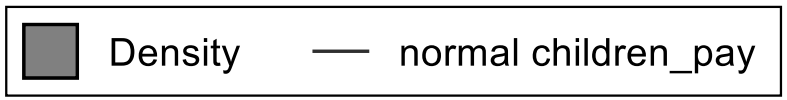




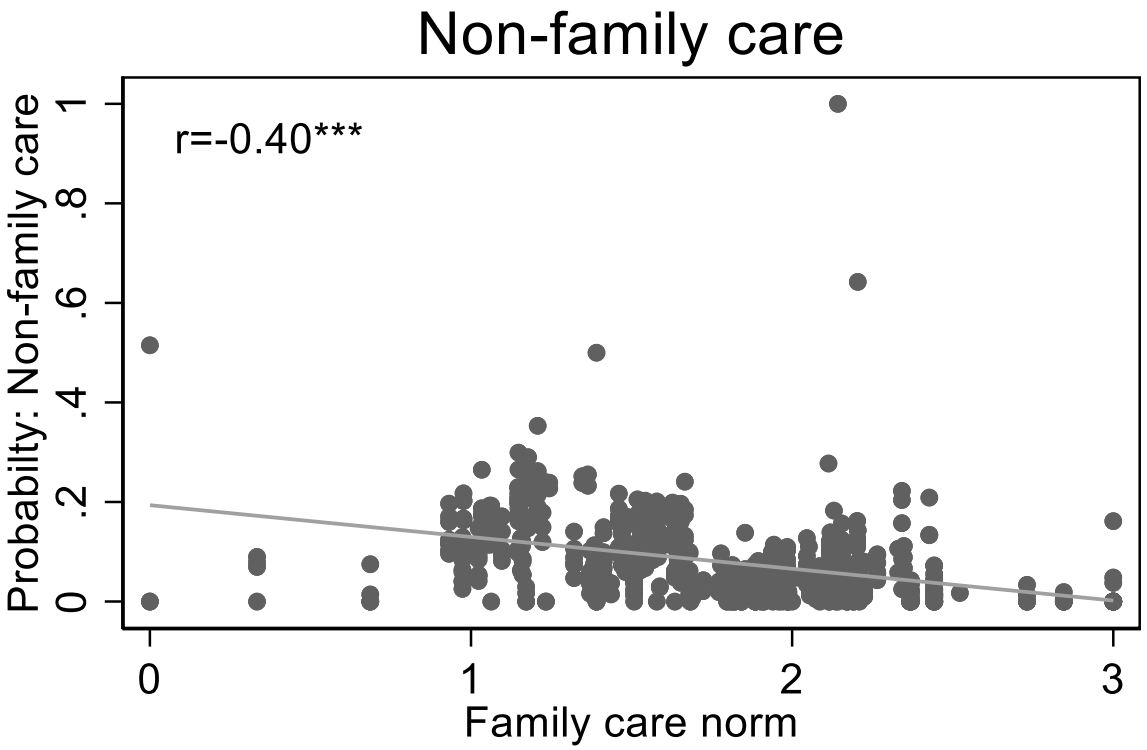
State Care Norms

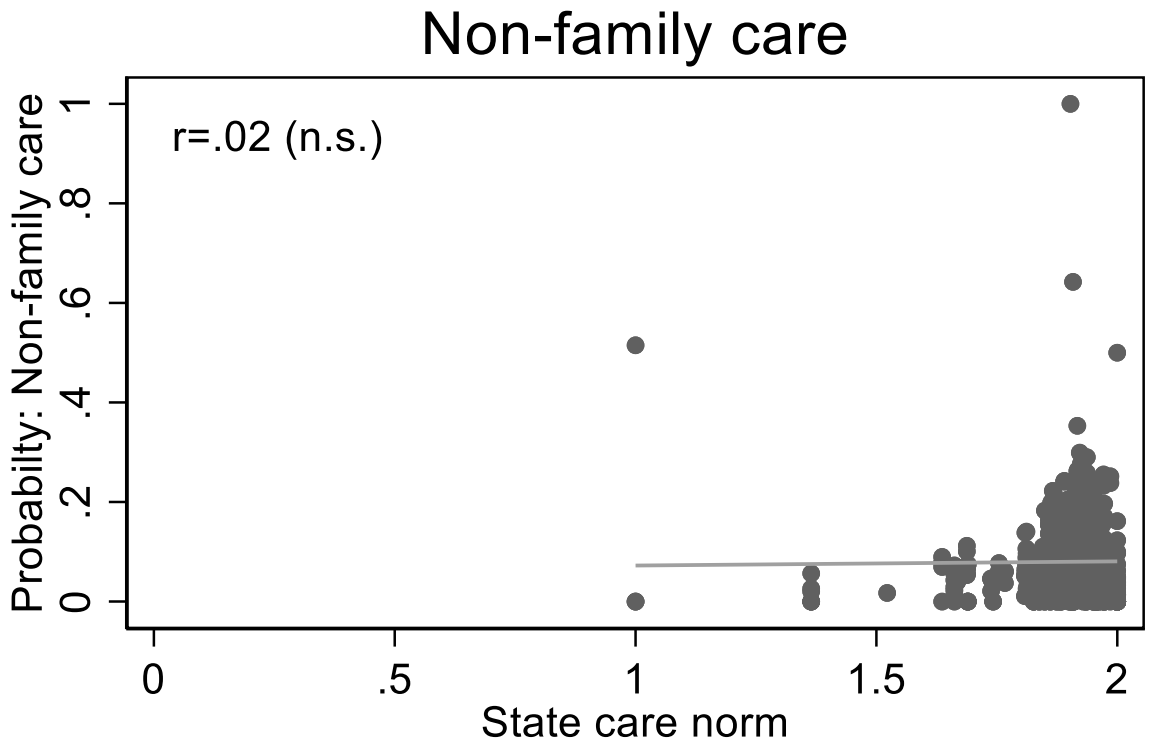






Scatterplots: Care Norms & Caregiving Prevalence



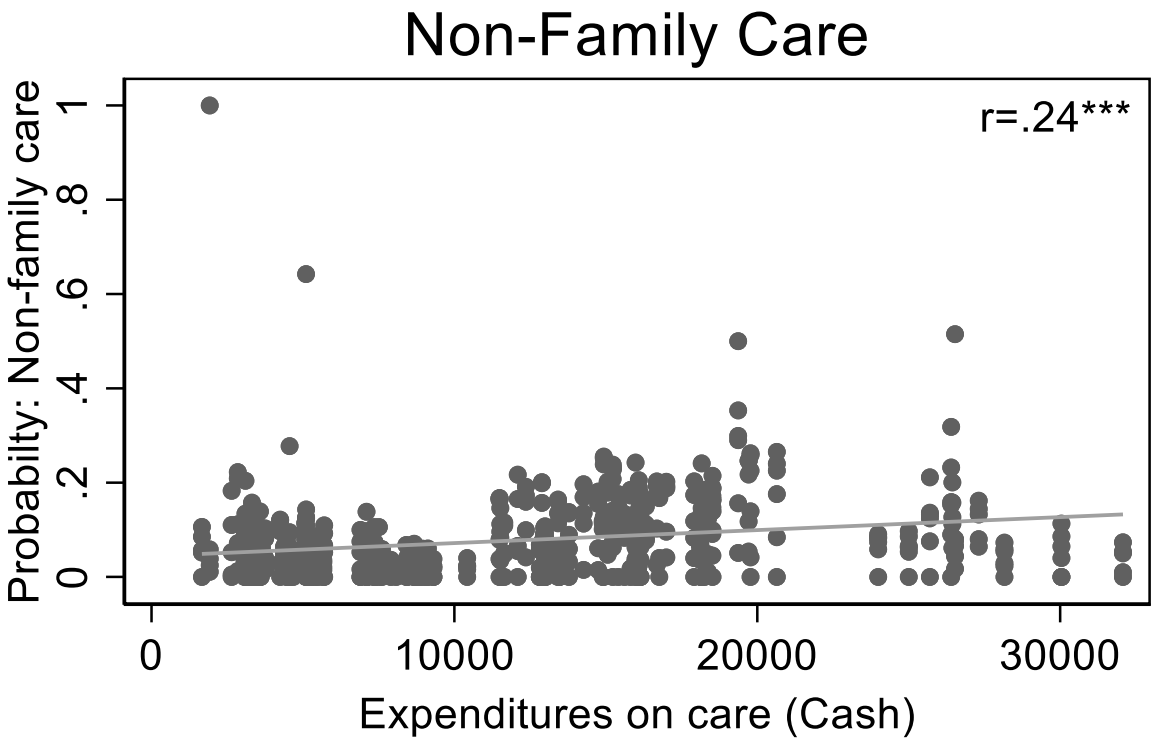


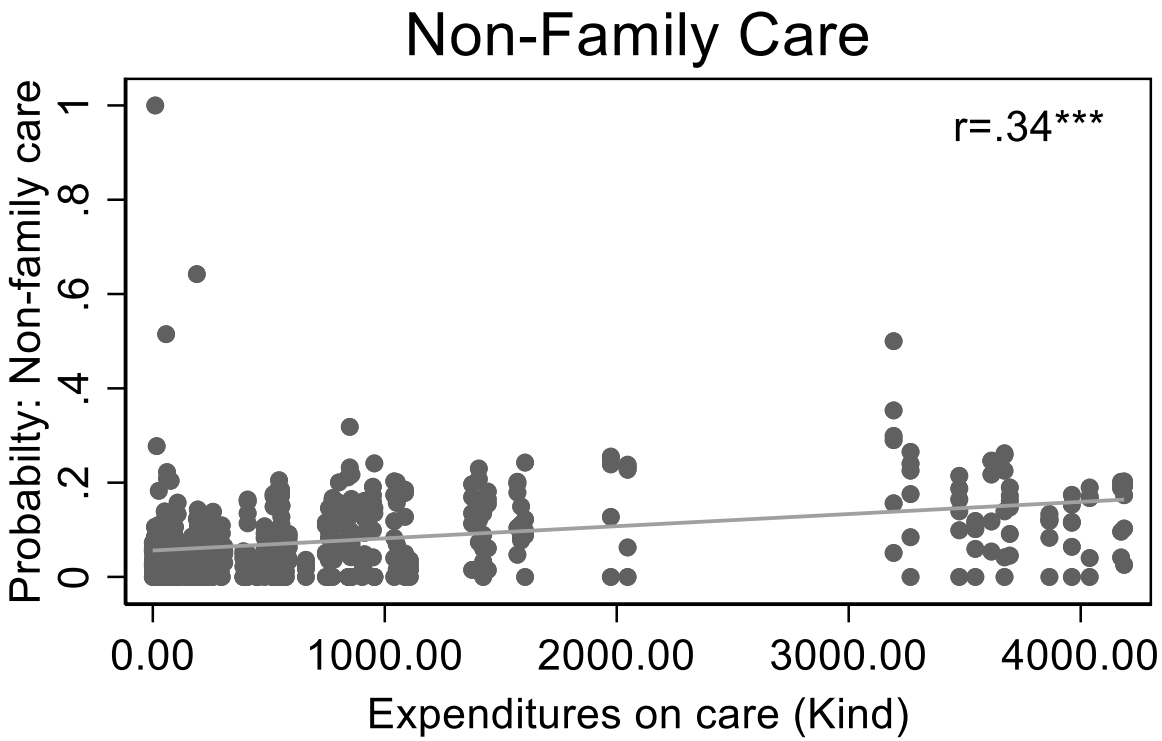
Mean (country-year-cohort) of providing care

Fitted values

Note: weighted results

Scatterplots: Care Policies & Caregiving Prevalence



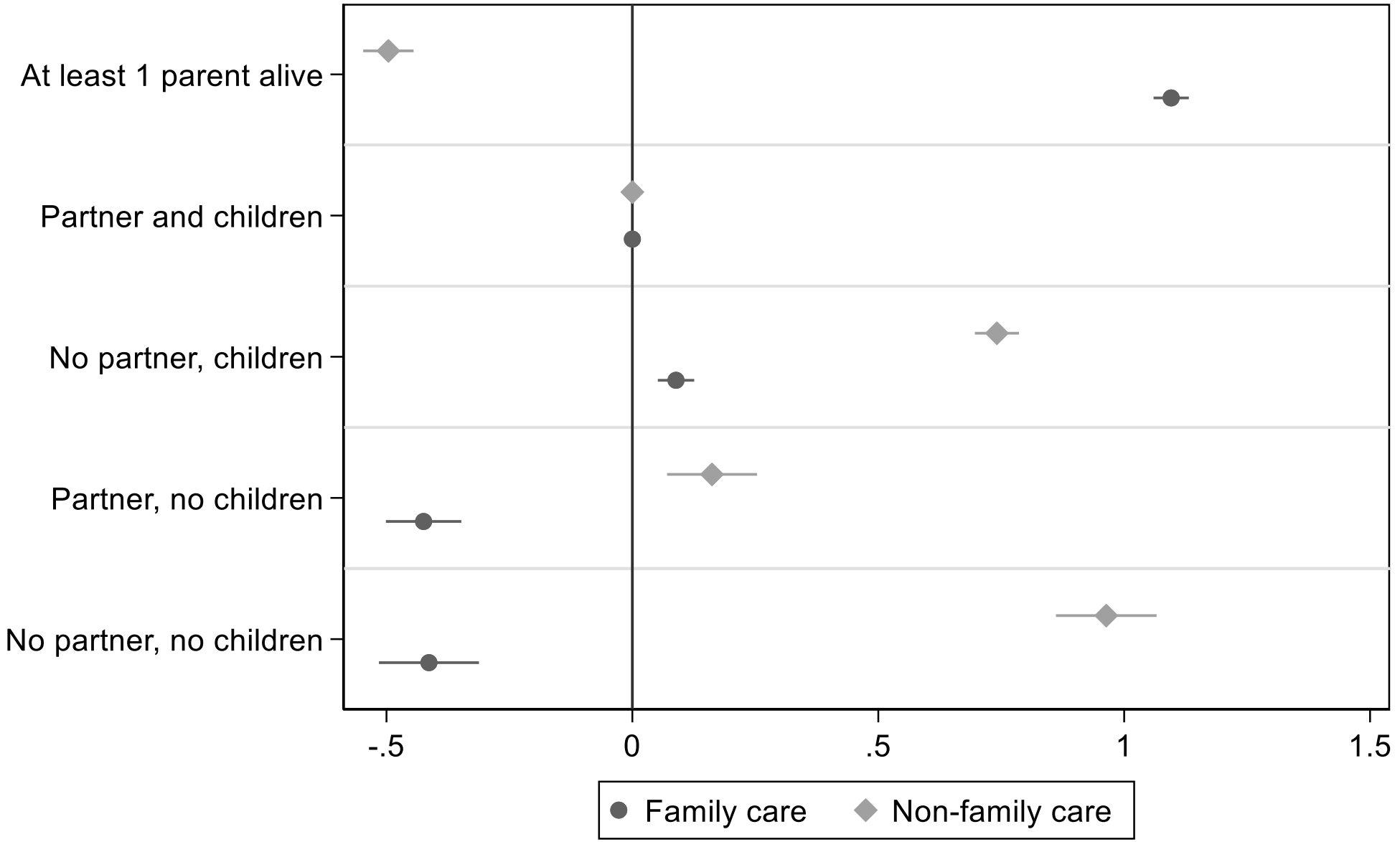


Note: weighted results

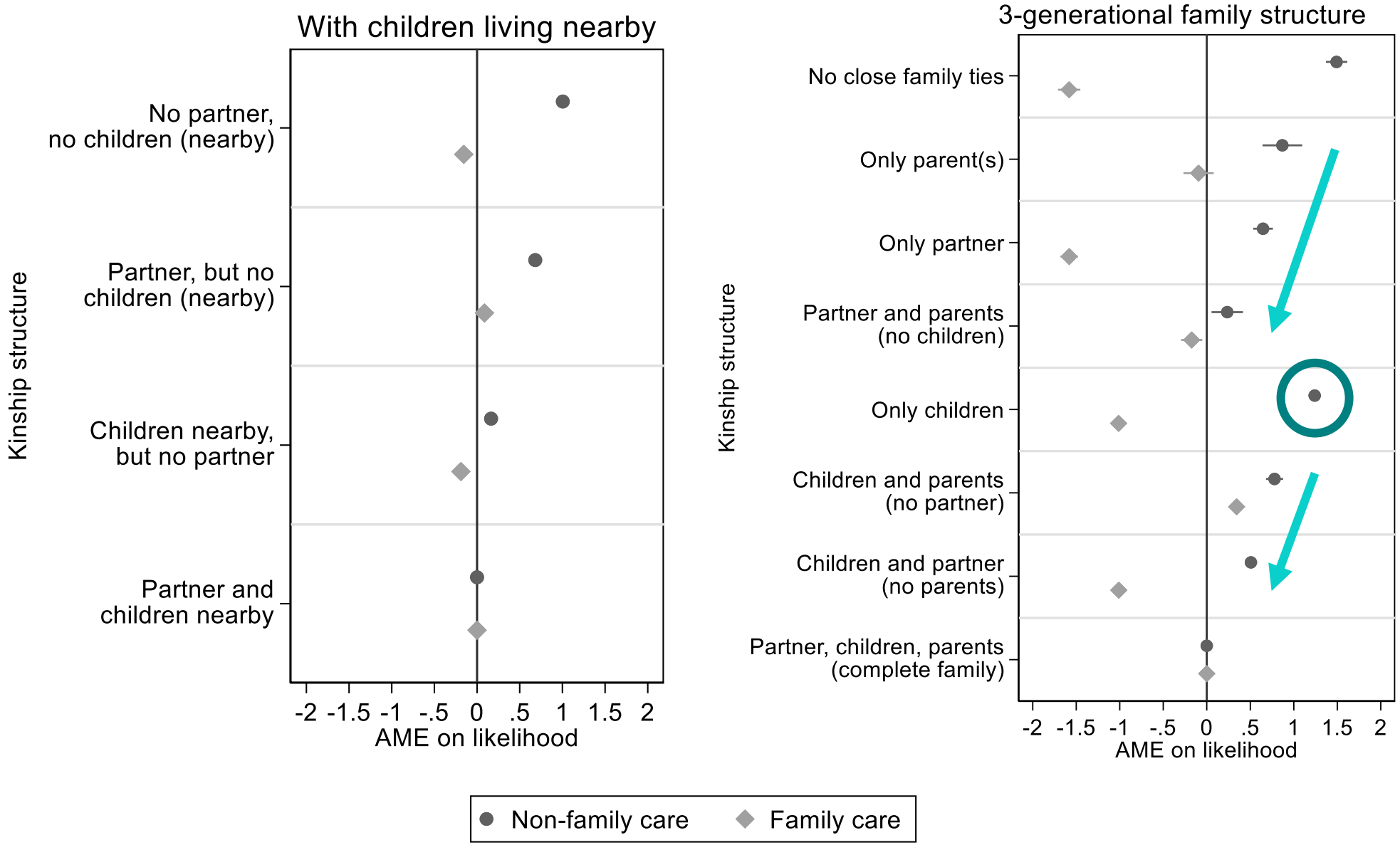
Mean (country-year-cohort) of providing care

Fitted values

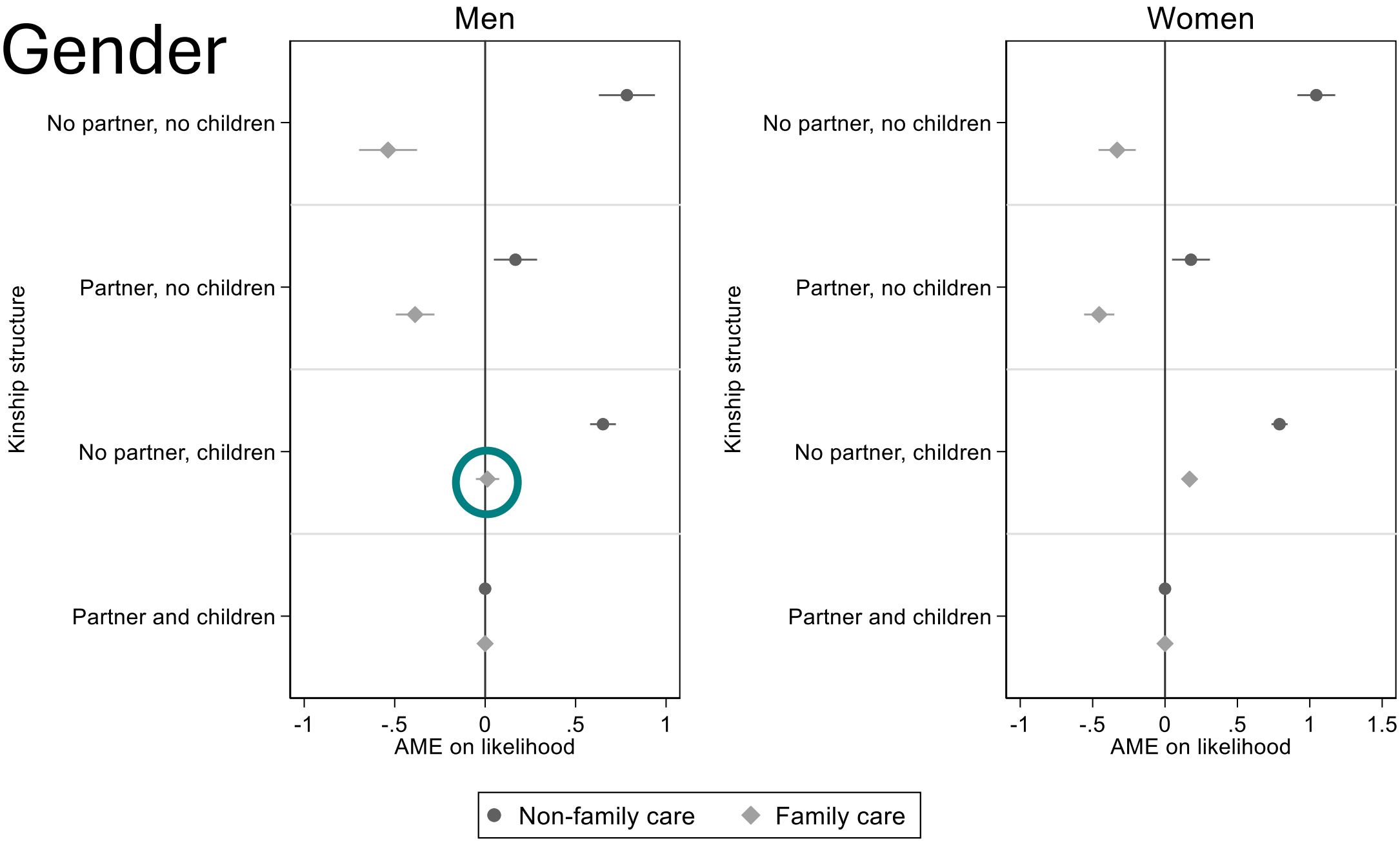
Including Parents Alive (Dummy)



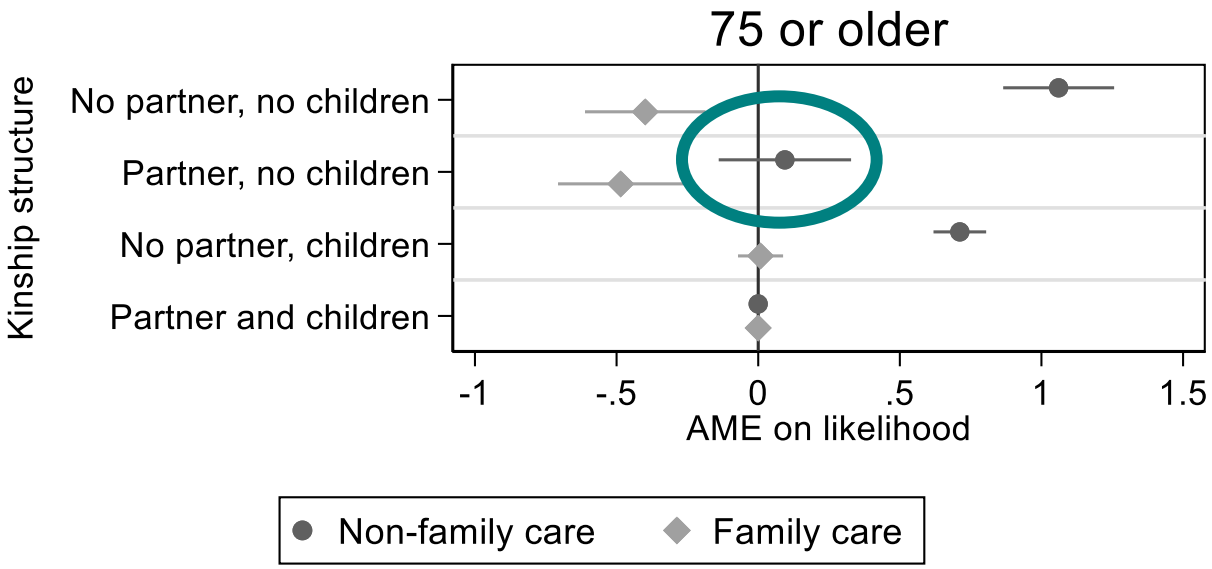
Alternative Measures: Kinship Structure

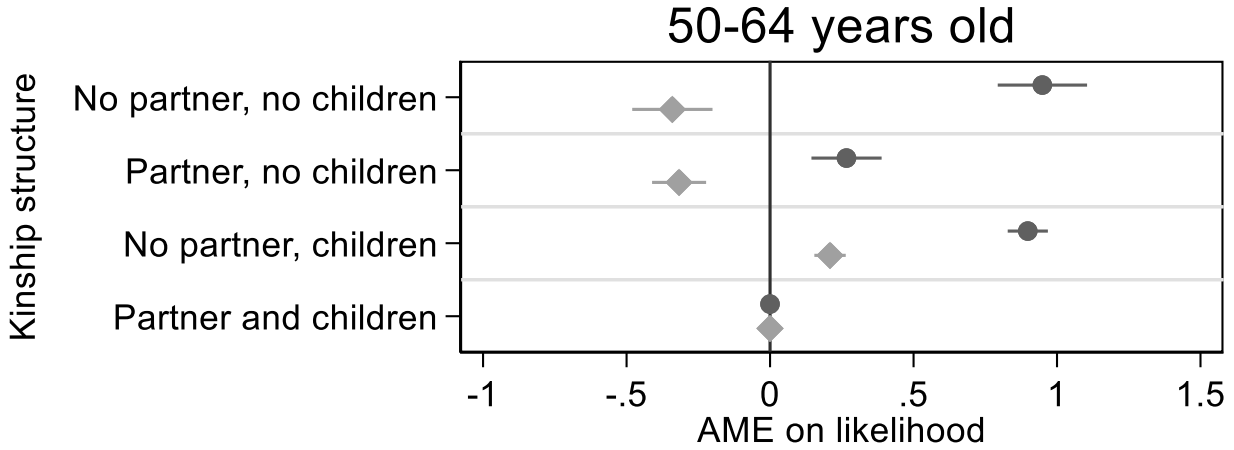


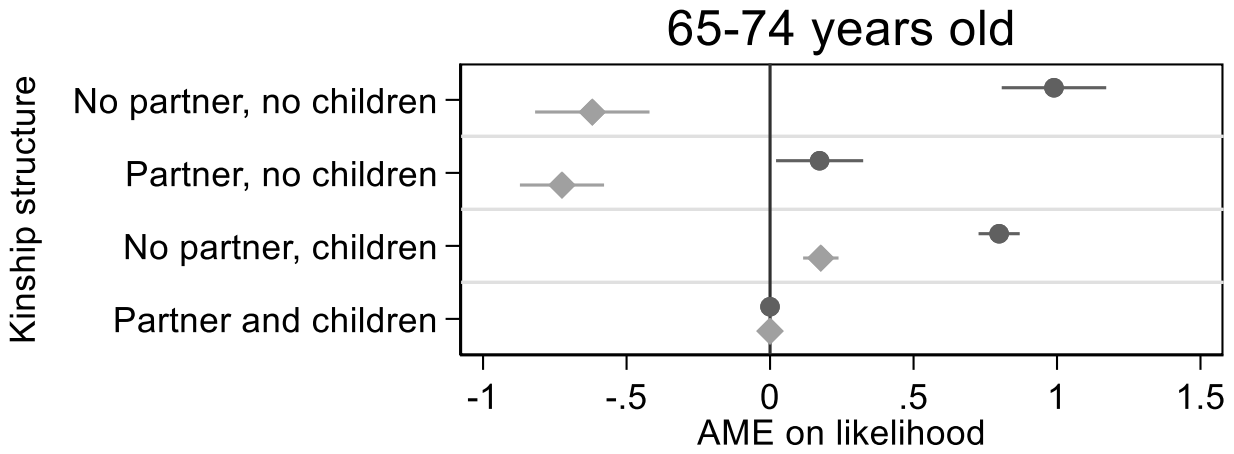
By Gender


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

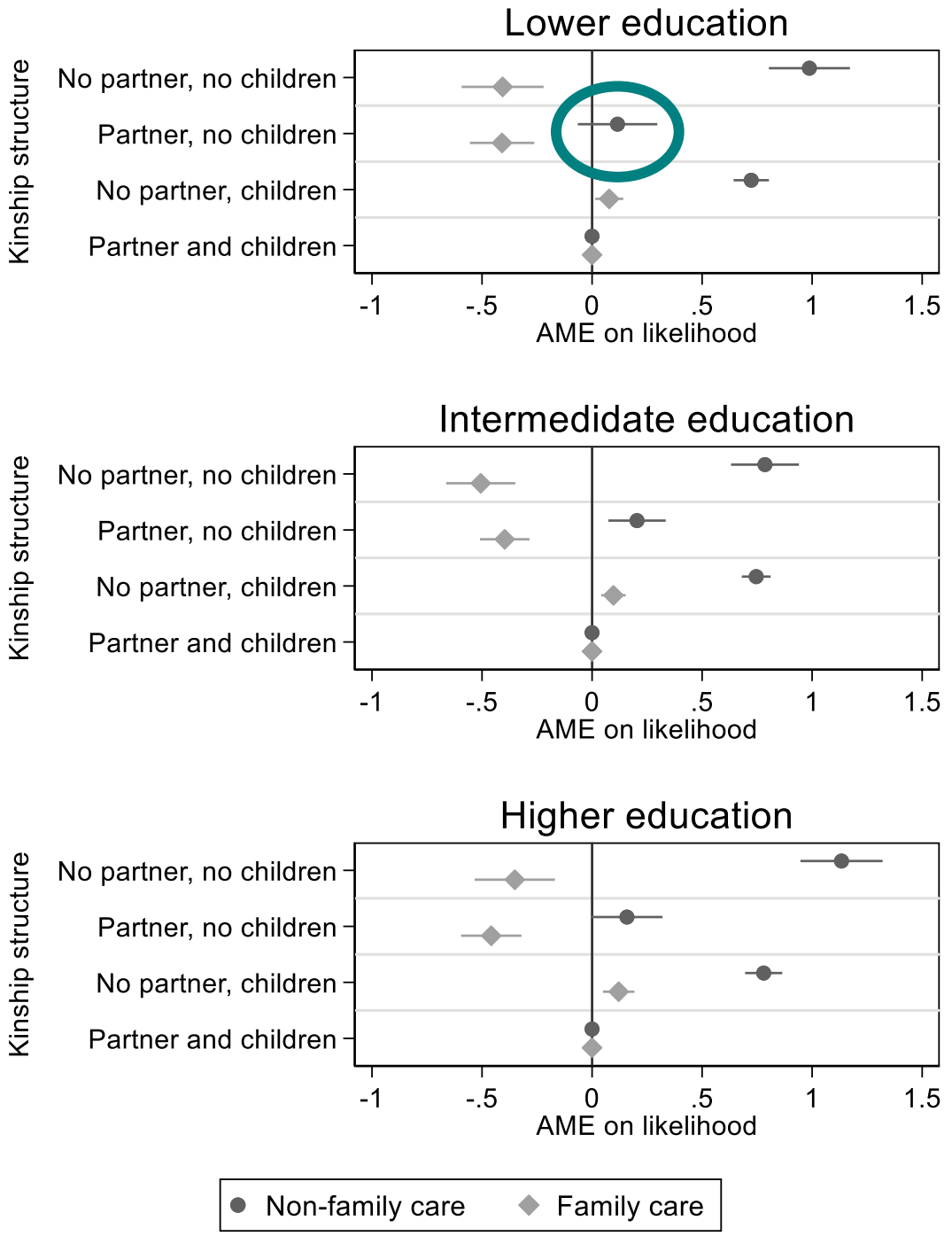
By Age Groups







By Education



By Employment