Intergenerational solidarity and caregiving

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Summary In this paper the topic of caregiving and intergenerational solidarity will be explored in four parts. First, relevant aspects of caregiving will be pointed out. Second, general theoretical models will be used to analyse the problem of caregiving. Third, the German situation and especially the still rather new long-term care insurance will be described. Fourth and finally, the basic outline of a European research project (OASIS), which is devoted to the topic of intergenerational solidarity and the use of service systems, will be presented.

Key words Solidarity – intergenerational relations – family – care – caregiving


Schlüsselwörter Solidarität – intergenerationelle Beziehungen – Familie – häusliche Pflege

Definition of caregiving

Looking from the perspective of the recipient, caregiving can be defined as providing assistance or care to a family member, friend, or a client (4, 10). The intention of care is to enable the care recipient to maintain an optimal level of independence and quality of life. Hence, the goals of long-term care might be different from short-term care as for instance after an accident or an operation. Not “restitutio ad integrum” (restoring “normal” functioning), but “restitutio ad optimum” (stabilising the state being or aiming at even “small” improvements) is the guideline for caregivers. The assistance of caregivers to care receivers can be instrumental (“hands on care”), affective, informational, and financial; and takes place within given contextual constraints. The effects of the caregiving situation on the caregiving person have been mostly analysed under the assumption of strain, stress and negative effects, but potentially positive consequences for both caregiver and care receivers should not be neglected. Finally, there is a clear gender bias in care giving: Family
and professional carers are mostly women at the moment, and also among care receivers there is a majority of women. In the families wives, daughters, and daughters-in-law most frequently take over the responsibilities of care giving, but with increasing female participation in the work force this situation could change in the future.

It is well known that ageing should not be equated with deteriorating health, but clearly there is an age-related increase in morbidity and handicaps. The prevalence rates for “being in need of care” (“Pflegebedürftigkeit” is a legal definition in Germany) increase from about 2% between 65 and 69 years of age to 28% in the age group of persons 85 years and older (20). At the time being only about a quarter of all persons entitled to receive help from the long-term care insurance in Germany reside in institutions (19). The vast majority lives at home within a network of familial and other informal caregivers. Let me remark that the German long-term care insurance covers care not only for elderly persons, but also for children and younger adults as well.

Caregiving takes place within a cultural context which can be quite diverse – looking even only at Europe. Although one should not be as pessimistic as Rosenmayr (this volume) who points to “disjunctive” elements of the contemporary culture of ageing, it is clearly the case that old age needs a strong cultural framework of compensation for individual losses related to the process of ageing. In the context of caregiving two aspects of the cultural context are of special importance: Family culture and welfare systems. Family culture concerns the norms and attitudes within families regarding the responsibilities and preferences of caregiving. In a collectivist culture, family members feel obliged to step in as caregivers when the need to do so arises. In contrast, personal goals and commitments of family members gain higher importance in individualistic cultures, and the idea of negotiating and compromising between different interests comes in. However, one should be careful not to equate countries with only one underlying family culture. There are for instance eminent social changes in countries like Italy and Spain which are quite often associated with a strong family culture.

Another important aspect of the cultural context is the type of welfare state regime. Differences might exist in the extent of legal obligations for families concerning the care for elderly family members, and the type of support available under the specific welfare regime. In Germany, for instance, only the long-term care insurance has initiated infra-structure growth of social care services. However, as the coverage of the German long-term care insurance is fixed to an upper limit, utilisation of services are still also influenced by financial constraints of the care recipients and their families.

Theoretical models of caregiving

If we look at caregiving from a theoretical perspective, it seems useful to distinguish three different layers or levels of analysis (see Fig. 1): individuals, families and service systems (11, 21).

1. Needs and preferences of the care recipient are responsible for type and sources of support and care. As most ageing individuals wish that close relatives care for them, the first institution to step into the process of caring are families. Important are the consequences of caring for the care recipient: Quality of life comprises not only subjective aspects (like satisfaction and emotional wellbeing), but also objective aspects like independence and agency. Especially difficult is the measurement of quality of life in the case of cognitive impairments and dementia.

2. Complementary to the needs and preferences of the care recipient, resources and motives of the care giving family influence the type care arrangement (see Perrig-Chiello in this volume). It is important to note that in most cases not all family members contribute equally to caregiving. Instead, there is a single main carer who takes over most of the responsibilities. Other family members belong to the main carers own resources. Also the quality of life of the caregiver should be taken into account, in both objective and subjective aspects.

3. Finally, the existence and availability of formal services has to be...