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Do welfare benefits affect women's choices of adult care giving?

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Abstract

The efficacy of social care, publicly and universally provided, has been contested from two different points of view. First, advocates of targeting social policy criticized the *Matthew's effect* of universal provision and; second, theories arguing in favour of heterogeneous rationalities between men and women and, even different preferences among women, predict that universal provision of services is limiting women's choices more than home allowances. The author tests both hypotheses and concludes that, at least in the case of adult care, women's choices are significantly affected by women's social positions and by the availability of public services. Furthermore, targeting through means-test eligibility criteria has no significant effect on inequality but, confirming the *redistributive paradox*, reduces women's options.

Keywords

Adult care, means-testing, redistributive paradox, welfare benefits.

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Introduction

Family policies and social care programmes have gained relevance in the European Union member states' social policies since the eighties (Gornick, 2001). Simultaneously, a considerable amount of social policy research has mainly focused on the relationships between childcare, women's employment and fertility. However, the conditions and effects of elderly care have not garnered as much attention; even less inquiry has involved social care for those adults not necessarily old, but so frail that they are unable to be autonomous. Furthermore, just as increasing levels of employment among married women and changing family structures have pushed elderly care onto the political agenda (OECD, 1998, 1999), the reverse perspective, looking at the impact of services for the elderly on women's employment rates, has not been an important subject of analysis (Daly and Lewis, 1998). Even less important has been the impact of welfare services on women's choices.

Using micro data from the European Community Household Panel (ECHP) and comparing different welfare regimes, this paper tries to estimate how benefits in-kind affect the decisions women make when their close relatives are in need of help. This issue is relevant because policies oriented toward the provision of universal substitutive services have been contested from different points of view. Criticism can be summarized in two main bundles, one defends that universal provision of public services does not fit well with women's preferences or women's rationality and, in consequence, promotes cash transfers to women as a better alternative. The other criticism focuses on the inefficacy of universal provision in helping the most needed and argues in favour of targeting policies through means-testing.

This research focuses on care giving to any kind of adult person and not exclusively to the elderly. The ageing process of the richest societies has drawn attention to the increasing needs of the frail elderly and their relatives as well as to the necessity of finding the most efficient ways of attending to them. However, coping with the needs of the frail elderly means implementing new policies to cope with the needs of disabled people in general. Analyzing the ageing process has uncovered the needs that have been affecting many households in which one of its adult members--because of an accident, mental or physical illness, drug addiction or for whatever other reason--is unable to cope with everyday life without permanent assistance from other persons. These helper persons are mostly midlife women[1] who, sometimes, are still caring for children. The cornerstone of this research is the analysis of the conditions under which midlife women allocate time to adult care. The ECHP data offer information about the number of weekly hours that the subject devotes to looking after any adult person at the moment the survey was made. The data do not differentiate to whom the care is provided, although they do reveal whether the person who receives help resides in the same household as the care giver. Comparison has been limited to two social-democratic (Denmark and Finland) and two conservative regimes (Austria and France), plus one familistic regime from Southern Europe and the Netherlands, whose regime combines aspects of the social-democratic and the conservative regimes.

The paper is organized in four parts. The first briefly reviews the main theories explaining how women make decisions related to informal care giving. These theories provide the bases for the hypotheses to be contrasted in this paper. The second part is a description of formal and informal adult care services in the selected countries. The

third part analyses women's choices in different welfare regimes using two different statistical techniques: first, a cross-sectional analysis of the association between women's care giver status and welfare benefits is performed through a multinomial logistic regression, and second, an event history analysis testing women's risk of becoming care givers in different welfare regimes. Finally, the main findings are summarised.

Theoretical Background and Hypotheses

Women's Decisions of Care giving

Most literature on informal adult care giving and women's labour supply focuses on elderly parents but, as far as I know, care of other kind of disabled people is not considered. The time allocation model initially developed by Becker (1965) to explain household production of goods is a good approach to complement the elderly care literature. Household composition, individual characteristics and contextual factors are determinants of how women balance paid work and giving care.

Household composition affects the use of time since both competing demands of care and resources for caring are determined by the number and quality of household members. Household elderly members, like children, may consume care time but the elderly are not always care time consumers. The addition of an elderly member to the household, if healthy, becomes a helpful resource for household production of childcare, meal preparation and other household chores (Kolodinsky et al. 2000).

However, sharing the household with relatives besides spouses and children competes with the desire for intimacy, the available room in the house and, sometimes, with their incompatibility. Against these inconveniences, altruistic behaviour can arise when the health status of a relative or close friend requires finding care and he/she lacks enough resources, such as income to purchase formal services, entitlement to subsidised services, or other relatives from whom help can be asked. Under such circumstances, residence sharing of the frail and the helpers can be the best option; although, when the need of care is small and geographical distance allows it, the help can be provided without co-residing (Stern, 1995).

From a power resources perspective, altruistic relationships between relatives are difficult to disentangle from strategies that meet individual interests. The role played by bequests in intergenerational solidarity is a good example (Pezzin et al. 1998), but not the only one. The differentials in wealth, wages and other incomes between family members shape altruistic behaviours at home. Hence, altruistic behaviour is conditioned by social stratification. However this conditioning is complex and depending on the interactions among different and still no well known factors. In Germany, conditional solidarity decreases significantly with increased socio-economic status measured through education and occupational prestige, and unconditional solidarity is moderately more frequent among households in the highest quintiles of equivalence income (Kohli et al. 2001)[2]. In Sweden, Lennartson et al. (2005) find the hugest disparity in support giving between children with differing socioeconomic statutes. Self-employed, professional and skilled workers are more than twice as likely as unskilled and manual workers to receive financial support from their parents. There is also a strong association between financial support received from parents and the frequency of social

contact between them and their children, but this covariation happens among non-manual workers alone. Manual workers are more prone to unconditional solidarity.

Women's Labour Supply and Adult Care

The time allocation model suggests that care giving and employment compete for the care giver's time resources. The trade-off depends on the relative marginal utility of paid work and care giving which, in turn, depends on relative wages. The higher the care giver's earnings potential, the higher the opportunity cost of care giving. Earnings potential and actual wages depend on market demand, usually measured by the unemployment rates, and on individual attributes such as age, educational credentials, sex and the skills acquired through work experience. The earnings potential losses are not very large for mid-life women since the capacity for generating increased earnings generally diminishes after the age of 50, but abandoning the labour market or reducing participation have negative effects on women's future pension rights.

On the care giving side, the marginal value depends on the accessibility of care services provided by third parties (market, state or relatives) and on the intensity of caring needed by the care-recipient. At the same time, studies on care givers' stress indicate a decrease in the marginal utility of care at high levels of assistance provision.

Bivariate analyses commonly show a negative association between female labour supply and adult caring time. However, multivariate analyses show inconclusive results depending on how the samples are constructed and on the estimating techniques. Using data from the US, Pezzin and Steinberg (1999) find only modest trade-offs between female labour supply and parental care giving. Stern (1998) concludes that the negative association between work status and care giving time is no longer significant after controlling for endogeneity. Wolf and Soldo (1994), analysing a sample of married women, have found no evidence of reduced propensity to be employed, or of reduced hours of work, due to the provision of care to an elderly parent. Wang (2004) has estimated a time allocation model providing estimates of the prices informal care givers put on time spent doing certain activities; its results led the author to assert that midlife women treat parental care differently than labour market work. Time spent on parental care does not affect labour supply because women consider care giving as leisure time. Other researchers find opposite results, however. Also using US data, Ettner (1995, 1996) concludes that care giving significantly reduces work hours. Kolodinsky & Shirey (2000) find that living with a disabled elderly parent decreases women's labour supply, and the results of Johnson & Lo Saso (2000) indicate that only poor health reduces hours of work more than assistance to parents. As far as I know, little research on this issue utilizes European data, but Spiess & Schneider (2002) worked with ECHP data and found that starting or increasing care giving decreases the weekly work hours of midlife women. Sarasa (2006) finds that care giving less than 14 hours per week has no effect on women's labour supply but the reduction in time allocated to paid work decreases proportionally once the 14 hours per week threshold has been jumped[3].

Adult Care and Welfare Regimes

Decisions about who gives care and the intensity of caring are linked to how the division of household labour is negotiated by household members, each one with their own power resources and all of them assumed to bargain in favour of the household's common interest. However, macro-level differences in the division of household labour cannot be explained by differences in individual characteristics, suggesting that the division of labour at home is shaped by contextual factors. The institutional factors

related to welfare regimes affect the domestic division of labour through specific models of gender relations, shared ideologies and opportunity structures. Geist (2005) found that conservative welfare regimes, compared to the liberal and social-democratic regimes, inhibit the equal sharing of housework between spouses.

Opportunity structures are delimited by the combination of affordable substitutive services and employment opportunities. The amount and quality of women's employment is higher in social-democratic welfare regimes than in conservative regimes, the lowest being in the *familistic* Southern Europe (Esping-Andersen, 1990, 1999). These differences are well represented in the ECHP sample. Among the women aged between 35 and 60, more than 80 per cent are employed in Denmark and Finland, less than 50 per cent in Spain, and around 60 per cent in Austria, France and the Netherlands.

Women's time allocation is affected by the provision of welfare benefits for dependent persons; hence, the eligibility criteria and the nature of benefits--in cash or in kind--are crucial. In regimes where the provision is scarce and means-tested, most of the dependent people obtain the help they need from relatives and only an affluent minority gets formal care from the market[4]. Formal care is then available only for the two opposite ends of income distribution: the richest and the poorest. Conversely, under universal schemes, access to formal services is more egalitarian, benefits and needs go hand in hand independently of income and, in principle, if the service provision is large enough, relatives of the dependent persons obtain greater autonomy in allocating their time either to work or to leisure. However, the effects of means-tested welfare programs on the distribution of opportunities are a contested issue. Critics of universal provision report what has been called the *Matthew's effect* (Le Grand, 1982): that the middle class benefits the most from welfare programs. Hence, they defend means-tested criteria as the best way of improving opportunity redistribution (Barry, 1990). Targeting proposals have also been made in the field of adult care benefits (Brodsky et al., 2003) but there is no clear empirical evidence that can support it. Korpi & Palme (1998) have identified the *redistributive paradox* critisising the inefficacy of targeting public transfers in reducing poverty and income inequalities because market insurances are more unequal than comprehensive social protection. Many other authors have also criticised the negative impact of means-tested unemployment benefits on the households' labour supply (Dex et al., 1995; Ercolani & Jenkins, 2000) but not much information has been collected about the effects of targeting adult care.

Cultural patterns of family support, gender values and social policy

The balance between altruism and self-interest, as well as between informal care and paid work are forged under the hammer of cultural values. Western Europe politics have inherited a cultural split between Northern and Southern societies following the breaking lines between Protestant and Catholic religions (Lipset & Rokkan, 1968). This cultural divide has influenced social policies (Wilensky, 1981; Fix, 1998) and it is also evident in the attitudes and behaviours related to family support. Considering the perceptions of future family responsibility for elderly care, more than 60 per cent of adult population in the very Catholic Spain and Austria advocate that working adults should look after their elderly parents, while this figure fits between 40 and 50 per cent among the other selected countries (Alber et al., 2005). The Northerners' lower level of family involvement in elderly care should not be understood as an abandonment of filial responsibilities since, paradoxically, the highest scores of filial responsibility are associated with countries in which the welfare state is the main provider of elderly care (Daatland & Herlofson, 2003).

A fundamental part of family support is based on informal care provided by women, hence the cultural *gender arrangements* (Pfau-Effinger et al., 2004), different preferences (Hakim, 2000) and moral rationalities (Duncan et al. 2004) between men and women affect the time allocation balance between genders. However, cultural values are not immutable and those related to gender especially have dramatically changed in the second half of the last century, even if with heterogeneous intensity among social strata. Hakim's definition (2000) of three work-lifestyles among women in the most developed societies is a clear result of those changes in women's preferences, although it is doubtful that those preferences are as free as Hakim claims (Kangas et al., 2005).

In sum, women's decisions about adult care are the result of rational choices made in the context of household members' interests, cultural institutions and opportunities offered through markets and social policies. We will probably never know the exact weight of each factor, and the difficulties in disentangling one from each other are enormous. However, it is possible to analyse the association between some of those factors and women's choices of time allocation in regards to adult care. More precisely, this paper tries to analyse how welfare regimes affect women's decisions through the provision of invalidity and old age benefits in kind. This issue is of interest to scholars and policymakers for two reasons. First, because the effects of welfare benefits on women's decisions are contested by some sociologists who call our attention to the resistance of cultural patterns to economic incentives. Duncan et al. criticise the policy makers' "rationality mistake" of considering women "as rational economic men in responding to policy change (…) advocating an expansion of day care (…) so as to allow lone (and other) mothers to take up paid work" (2004:42-43). But the more developed criticism against the universal provision of benefits in-kind comes from Hakim's preferences theory. Hakim argues that today, genuine choices are open to women in the sense that the vast majority of women have choices, not only particular subgroups in the population (2003:4). The freedom of choice has been the consequence of five socioeconomic changes that occurred in the second half of the twentieth century: the contraceptive revolution, the equal opportunities revolution, the expansion of white-collar occupations, the creation of jobs for secondary earners and the increasing importance of values, attitudes and personal preferences in the lifestyle choices of prosperous and liberal modern societies. Hakim (2000) concludes that policies promoting the conciliation of care giving and paid work are of limited efficacy since both home-centred and career-centred women would be insensitive to them. Only those adaptive women trying to combine paid work and care giving would support social care policies oriented to the conciliation of both goals. Hence, she proposes that flexible and *neutral* policies, such as homecare allowance, should be developed in order to leave people free to choose how to spend their benefits (Hakim, 2003).

Considering all that has been said above, this research proposes to test the following hypotheses:

1. Welfare benefits, when provided in kind, help women to control how their time is allocated in regards to family demands. Hence, the higher the public services provision, the lower the amount of time they allocate to adult care.

2. The poorest women have a higher capacity of choice when services are provided under means-tested eligibility criteria rather than under universal principles. Hence, the higher the means-tested provision, the lower the relative amount of time the poor women allocate to adult care in comparison to the middle-income women.

Some Patterns of Formal and Informal Care in Different Welfare Regimes

In recent years, European Union member states have increased public expenditure on social care and have tried to contain the growth in health and pensions spending at the same time. The reforms implemented in social care policies relative to eligibility criteria and the nature of both the benefits and the providers of services have invoked questions about the obsolescence of classical welfare regimes in the foreseeable future. Some researchers identify the key issue of the recent introduction of payments for care and quasi-markets to be a convergence of care regimes. This convergence would be characterised by a greater presence of home-based care allowances, which would lead to an increase in informal care giving (Ungerson, 1997; Daly & Lewis, 2000; Behning, 2005).

Some analysts defend a flat payment for care because it compensates for the care givers' lost earnings and promotes informal care, discouraging at the same time expensive formal care in nursing homes (Johnson & Lo Saso, 2000). That option would be preferred to subsidising formal care because the last "will distort relative prices and lead to under use of informal care" (Ettner, 1996) and will have substantial effects on intergenerational living and care arrangement decisions (Pezzin et al., 1999). This flat payment recommendation has been welcomed in European conservative regimes such as Germany, Austria, Luxembourg and France, in which new adult care programs, based on universal flat payments for care, have been implemented since the nineties. However, it is arguable whether a similar trend is happening in social-democratic regimes.

Although during the 90s Denmark and Finland have introduced some cash benefits in their social care programmes, the provision of publicly funded formal services still is the bulk of their welfare programs for elderly and disabled people. Table 1 shows that both social-democratic regimes have the highest share of GDP devoted to public expenditure on long term care and the highest expenditure per capita on benefits in-kind for elderly and disabled people. The Netherlands and Austria stay at the same level as the social-democratic regimes in terms of elderly care coverage, and even their public expenditure per capita on old age and invalidity is higher than the Finnish. However, the composition of this expenditure greatly differs since both European continental countries expend more in cash benefits and less in benefits in-kind than the Scandinavian states. Spain remains on the low end of coverage and expenditure, while France resembles its continental neighbours.

(table 1 about here)

Also during the 90s, every country increased its expenditure per capita on benefits in-kind for elderly and disabled people. The Netherlands and Austria radically changed their eligibility criteria, with means-tested benefits becoming preponderant (see graphics 1 and 2). This institutional change in two countries may be a great opportunity for evaluating the effects of means-testing on the conciliation of informal care and female labour supply. The universalistic nature of the Danish and Finnish welfare states is clearly reflected by the absence of means-tested programs.

Hence, informal care in social-democratic regimes differs from other regimes. Table 2 shows how weekly hours of care giving in Denmark and Finland are far lower than in Spain, Austria and the Netherlands. The surprising low ratio of care givers in France

deserves some comments. At first sight, one is prone to think about errors in the ECHP data, but data from other sources warns us against that temptation. France, along with Belgium, offers social care services for children at a similar level as Scandinavian states. However, their supply of public services for the elderly is not very different from other conservative regimes. Anttonen & Sipila's (1996: figure 1) comparison of services for children and the elderly also shows how France is in direct contrast to the Netherlands, with a much higher supply of services for children and a much lower supply of services for the elderly. Since the 60s, in spite of what happened in the field of childcare policy and of several policy proposals for developing community services for the elderly, little happened in France during the 80s and 90s (Martin et al., 1998). At the beginning of the 90s, a quarter of the elderly living in institutions were dependent upon means-tested aids from the *Departments* (counties), which local governments can reclaim from the relatives. The main allowance payable to dependent persons until 1997 was the *allocation compensatrice pour tierce personne* (ACTP), paid by local authorities under means-tested criteria. A new law, passed in 1997, implemented the *prestation spécifique dependence*: a means-tested allowance that substituted the ACTP and introduced a 'help contract' between the family, the local authorities and the providers of help.

(Table 2 about here)

Despite the low provision of public services for the dependents, the proportion of elderly women living in the same household or building as their children is as low in France as it is in the Netherlands, Denmark and Sweden[5]. As far as residential proximity can be understood as an indicator of intergenerational solidarity when other sources of help are lacking, the French position is surprising. Does it imply the prevalence of a cultural model that compels midlife women to reject their role as social carers independently of the access to formal services? Does it mean then that an important part of dependent adults are living without any kind of help? The SHARE[6] database presents more nuanced information by showing that the proportion of people with difficulties in their everyday life activities receiving help from another person inside or outside the household is in France among the highest of the selected countries. The proportion of persons that have received 'professional or paid home help, for domestic tasks' is also among the highest, only a bit lower than in the Netherlands. Furthermore, the proportion of home help and home care received from the market is also the highest in France[7]. All of this suggests that French dependents and the midlife women who could look after them are contracting substitutive services from private providers, although the available data does not clarify whether that provision comes from the formal market or from the black market.

(Figures 1 and 2 about here)

Care Giving and Welfare Regimes

For determining if welfare benefits affect women's care giving choices or not, two different statistical techniques have been used. First, we have done a cross-sectional analysis using a pooled sample of midlife women (aged 35 to 59) from the ECHP database, and; second, we conducted an exploratory event history analysis of midlife women's transitions to care giving more than 14 hours per week. In both cases, the lack of information about the parental and other closed relatives' health status and resources limit the precision of estimates.

Care giving Status and Welfare Benefits

In the cross-sectional analysis, we regressed women's care giver status on country dummies and national welfare benefits. A multinomial logistic regression has been used to test the association between women's allocation of time to adult care and the nature of welfare benefits. Two degrees of involvement in adult care have been compared with women who are not care givers. Care giving for more than 14 hours per week has been selected as the line separating light and heavy adult care since previous research with ECHP data indicates that jumping this line up is associated with a significant trade-off between adult care and paid work (Sarasa, 2006). Hence, the categories of the dependent variable are *No care giving* (which is the category of reference), *Care giving les than 14 hours per week* and *Care giving 14 hours per week or more*.

The independent variables of theoretical interest are the national public expenditure on old age and invalidity services measured in PPP per capita by Eurostat (*Benefikind*) and the share of this expenditure provided under means-test eligibility criteria (*Meanstest*). Both independent variables have been respectively analysed in interaction with labour and income status. Assuming heterogeneity among women's values and attitudes towards paid work, the effect of public service provision on women's choices should have a different intensity depending on a woman's labour status. Most home-centred women have chosen to be economically inactive and, thus, would be sensitive to public service expenditure only to a minor degree. Hence, an interaction between public expenditure and women's labour status (W*ork*) has been added to the equation. On the other hand, means-testing is supposed to benefit poor women since it is recommended as an effective tool of targeting public resources for the more needy. Hence, an interaction between the percentage of public expenditure provided for the poor and whether the women have an equivalent disposable income lower than 50 per cent of the median[8] (*Poor*) has been added. A set of control variables related to individual characteristics, household composition and equivalent income have been added to the equation. Furthermore, country dummies are also included since public service expenditure and eligibility criteria do not exhaust the possible explanations of a welfare regime's effects on women's choices. Table 3 shows details about the variables involved in the equation and table 4 shows the multinomial logistic estimates.

(table 3 about here)

Looking at the control variables, we can see how they behave in the expected way. Competing demands such as childcare and being married or cohabiting reduce women's chances of adult care giving. However, the chances increase when other adults are living in the same household, especially when they are elderly. Two hypotheses sound reasonable for explaining this. More adults sharing the household involves more resources for helping women, but this increase in care giving behaviour could also be the result of a selection bias if extended families were more common among these households, since home-centred women are supposed to be more frequent among extended families.

The effects of formal education and income are coherent with home economics and human capital theories. Women with the highest educational credentials are less prone to allocate part of their time to adult care since their opportunity costs are high. On the other hand, the richest women are also less prone to giving adult care, independently of their labour status and their educational credentials; they have enough purchasing power to buy the services they need, whatever the level of public provision. Finally, the results are also consistent with the thesis that a trade-off exists between adult care and

paid work. Women working more than 15 hours per week have a negative association with adult care. This incompatibility increases hand in hand with adult care burdens. The coefficients corresponding to labour status in the contrast between *Care giving less than 14 hours per week* and *Not care giving* and in the contrast between *Care giving 14 hours or more* and *Not care giving* are -.13 and -.43 respectively.

Turning now to the variables of theoretical interest, one can see how the expenditure in old age and invalidity public services has a negative but statistically insignificant association with informal adult care. However, this negative association is statistically significant among employed women when care giving more than 14 hours per week. So, public services benefit employed women especially, allowing them to conciliate paid work and family demands. Means-tested benefits, where they exist, are of little help to the poorest women, since the interaction effect between being poor and means-tested intensity is not significant. However, these estimates show that means-testing has a slight positive association with women's probability of being involved in adult care, although it is not statistically significant.

Once the public services provision and the eligibility criteria have been considered, the country dummy effects on care giving more than 14 hours per week disappear[9]. Only France still shows a significant effect, indicating that some unknown national factors push French women to a lower involvement in heavy adult care giving. However, welfare benefits are not enough to explain women's chances of care giving less than 14 hours per week. Although the public provision of services directly reduces the overall chances of adult care giving, once this variable has been considered, social-democratic regimes still offer the greatest opportunities of being involved in light adult care giving; while conservative regimes and, especially the familistic Spain, do not support the combination of factors that are conducive for light care giving.

(Table 4 about here)

Transitions to Heavy Care giving

Around 5 per cent of midlife women increase every year the number of care giving hours in these selected countries. Almost 40 per cent of them move from no adult caring activities to care giving less than 14 hours per week. Around 30 per cent move to caring between 14 and 28 hours per week, and another 30 per cent move into caring more than 28 hours, both coming from not caring or caring a lower number of hours. Table 5 shows the transition distributions by countries. Most of the transitions in the Scandinavian countries are to the lighter caring burdens, while the transitions to the heaviest burdens mainly happen in Austria and Spain.

(table 5 about here)

We have no information about the care-receivers needs, nor about the existence of other supplementary care givers, but in spite of this lack of fundamental information, we can explore other factors that influence these transitions to adult care giving; in particular those factors related to welfare benefits once women's individual, household and other contextual characteristics have been controlled. A discrete-time logit model has been specified to analyse transitions to care giving more than 14 hours per week, since this is the critical threshold in which the trade-off between paid-work and adult care giving becomes apparent. An ECHP sample of women aged 35 to 59 are observed on a temporal screen taking in 1994 to 2001. The analysis is made assuming repeatable one-way transitions and time-independent covariates. When considering the transition to

care giver status it is assumed that all subjects enter the risk period at the age of 35 and exit at the age of 60. This definition of risk is obviously not the best, but we lack information about the main factors in women's risk of care for adults, such as the number and health status of their parents and other relatives; neither do we know who of the women have already passed the event of caring for their parents at the moment of the survey.

All the variables specifying the model are the same as in the multinomial logistic regression but with some exceptions. Public service expenditure per capita has been substituted by an index reflecting each national expenditure trend. How and why this index has been used deserves some comments. First, international differences in public service expenditure are so great between social-democratic and conservative regimes that there is a serious risk of bias in estimating the effects of benefit expenditure since these estimates can gather additional effects produced by other national institutions. The public service expenditure indicates two different expenditure dimensions at the same time, since the variable is measuring the yearly evolution of the national expenditure per capita. One dimension is the national relative position, and the other is the historical trend between 1994 and 2001. The risk of disturbances derived from national patterns, such as specific cultural values, labour market regulations or other institutional factors, is high since the variable operates as an indicator of a nation's relative position. For avoiding this potential bias, the model has been estimated by replacing the expenditure per capita with a temporal expenditure index, which takes a value equal to 100 for the first wave. Regressing transition events on this variable indicates the impact of any increase in the expenditure on the risk of transition.

However, this index presents additional difficulties if benefits in-kind are simply measured as total expenditure per capita. The strong link between benefits in-kind and means-tested in conservative regimes is absent from social-democratic regimes and this difference alters the effects of service provision in different welfare regimes (the correlation between the means-tested share and the expenditure index is 0.74 for the selected conservative regimes). Increasing public service expenditure per capita increases women's options; the higher the expenditure, the lower the transitions to care giving more than 14 hours per week, no matter which type of welfare regime. However, the positive effect of benefits in-kind is reduced when means-tested criteria are the gateway to accessing services, as in conservative regimes in which increasing the share of means-tested services increases also the transition risk (coefficient of .023 with 100 per cent of confidence)[10]. In order to avoid this bias, the variable *univindex* has been incorporated into the model. This variable is a yearly index of expenditure on benefits in-kind, net of services provided under means-tested eligibility criteria. That means:

Net benefit in-kind expenditure = Benefit in kind expenditure (1-mt)

Being *mt* = share of benefits in kind expenditure subjected to means-testing

Additional variables measuring women's occupational characteristics have been added to the model in order to control the effects of women's position in the labour market. Being employed in agriculture, fishing, or in the public sector is likely to affect women's choices since farm workers and people living in rural areas in general share more traditional values about gender roles in the family. Furthermore, the supply of formal services is scarcer than in urban areas and the work schedule in rural areas is likely to be more flexible in adapting to adult care giving demands. On the other hand, public jobs are usually more family friendly, allowing care givers to allocate more time to care activities than are allowed in private jobs, especially in social-democratic

regimes. National female unemployment ratios have been also added for two contradictory reasons. First, we can assume that the risk of losing a job, or of not getting a new one, affects women's choices on issues that compete with paid work, such as adult care giving more than 14 hours per week,. On the other hand, women may be more compelled to assume a housewife role in times when getting a job becomes harder.

Findings are showed in Table 6. There we can see how female unemployment affects women's choices as the first of the two hypotheses predicted: the risk of losing a job competes with those family demands that push women to look after dependent adults. Other things being equal, age, unemployment risk, income status, household structure, health, and educational status have the same effects on transition rates as on the probability of being a care giver, as estimated in the previous cross-sectional analysis. However, these results deserve some comments. The positive association between bad health and care giving should be read carefully. In the multinomial logit model's estimates we see a static association between health and care giving, but we know nothing about the sequence. However, we know well that heavy care giving for a long time deteriorates a care giver's health[11]. In the transition risk estimates there is a sequential positive association, where the onset of care giving happens more frequently among women with bad health, but this association is spurious due to the way health status is measured. The association between health and starting to give care disappears once the five-level ordinal scale is substituted for a dummy of one if the woman has bad or very bad health.

(Table 6 about here)

Looking at the estimates of the independent variables related to welfare benefits, one can observe how increasing the expenditure in universal old age and invalidity services has a significant impact on women's choices[12]. More public services, not subjected to means-testing, mean more substitutive services are available, allowing women to choose more freely, whether employed or not. Notwithstanding, benefits in-kind do not tell the entire story. Country dummies still retain explanatory capacity, indicating that other factors must be added. In comparison with Spain, all the other selected countries allow women more freedom of choice. However, this freedom is higher in the social-democratic nations than in the other conservative selected nations. It is also important to note that when the model is estimated only with a sample from the selected conservative regimes, and the *univindex* variable is substituted by both the expenditure per capita in old age and invalidity services and the share of expenditure in services provided through means-testing, the coefficient of association between transitions to heavy adult care giving and means-testing share is .023, indicating a positive association between means-testing and heavy adult care giving that is significant with 100 per cent of confidence. The lower capacity of conservative regimes to reduce women's adult care burdens in general does not improve the relative risk of the poorest women either. As table 7 shows, the redistributive paradox identified by Korpi and Palme not only affects pensions but service provision also. The inequality between the richest and the poorest women in their respective risk of transition to heavy care giving is statistically insignificant in the social-democratic regimes but between 50 and 80 per cent higher for the poorest women in the Netherlands, Austria and Spain; all of them providing services under means-test eligibility criteria. Furthermore, in these countries the risk of transition is higher for all women, regardless of their income. Once more, France is an outlier. The overall transition rates are unusually low, considering the poor public service supply, but the inequality ratio is extremely high.

(table 7 about here)

Discussion

Women make decisions related to adult care giving under the constrictions imposed by the household composition and by their position in the labour market. Household composition reflects other demands that compete with adult care giving and, at the same time, available resources for coping with demands. Married or cohabiting women are less available for assuming adult care, and even less if they have to look after children. When other adults share the household with women, they can help them in supplying alternative money or complementary time, no matter if these adults are elderly, allowing women to assume adult care responsibilities . Women's labour market position relates to adult care giving in a complex way that has not been deeply studied in this work. However, some empirical evidence has been gathered, illustrating how the risk of assuming a high number of care giving hours is the greatest among inactive women. But, when they are employed, the risk of being unemployed seems to compete with adult care demands. Those women who have had unemployment experiences in the last five years are less prone to assume adult care giving, and the estimates from the event history analysis have shown that the national female unemployment ratio negatively affects women's adult care responsibilities. But, how do welfare benefits condition women's choices?

Poor provision of universal public services constrains women's choices by pushing them to assume heavy care burdens, and consequently, to reduce the time they allocate to paid work since there is evidence of a significant trade-off between them. However different women's rationality is from men's rationality, it seems that many women choose to allocate to adult care giving a share of their time that is compatible with paid work when substitutive services are available and affordable. The idea that welfare benefits in cash are preferable because they allow women to choose more freely is arguable. Cash transfers can be an economic compensation to home-centred women and social recognition for their unpaid work, but cash transfers without a large supply of affordable services are useless to women if they prefer to combine paid work and adult care. In nations where welfare benefits are in-kind and universal, women's preferences in favour of home-centred activities, such as adult care giving, are significantly lower than in those nations where welfare benefits are given as flat payments in cash or services provided through means-tests. Furthermore, the countries in which no universal provision of services is available are the countries in which the poorest women are assuming the most adult care activities.

Limiting access to public services trough means-testing does not seem to be good welfare promotion. Means-testing does not provide women as many choices as universal provision, nor does it help the poorest, as critics of universalistic programs claim. Contrary to the hopes sustained by the critics of universal provision of benefits because of *Matthews' effect*, means-tested benefits did not reduce women's care giving burdens, no matter how poor or rich they are. Conversely, the amount of public expenditure on universal benefits in-kind works as a real substitute for informal care, especially among employed women, whose probability of being involved in heavy adult care giving is the lowest in those countries where the universal public expenditure is the highest. These findings confirm that the *redistributive paradox* described by Korpi & Palme in regards to pensions operates also in care giving services such as adult care.

As welfare regime theory predicts, the distribution of women's involvement in heavy adult care giving ranks from the lowest levels in social-democratic to the highest in familistic regimes. However, this lower involvement does not mean that women are free of adult care giving. There is no significant difference in the share of women looking after any adult person between the social-democratic regimes and the others. The most distinguishable pattern of care giving in social-democratic regimes is the low average of hours that women have to devote when they care for adults. The amount of public expenditure on formal services and the share of them provided under means-tested criteria seem to play an important function in explaining welfare regimes' different results. Publicly financed services work very well as substitutive household services, allowing women with dependent relatives to continue working. Social-democratic regimes, with their large social care programs in which a bulk of expenditure is on benefits in-kind that are accessible under universal criteria, provide the best policy combination for allowing women to manage the care/work trade-off. The new policies implemented in conservative regimes, with their emphasis on cash transfers and targeting are a second best option since they also provide some subsidised formal services through Social Security or voluntary organisations. However, the combination of universal flat payments with services provided through means-tested criteria is less effective in reducing the incompatibility between paid work and care giving. The worst situation for women is in the 'familistic' regimes like Spain, where the poor coverage of public services for old age and invalidity greatly compels midlife women to assume most of the burdens. In sum, the analysis of care giving decisions must incorporate the welfare regime context as a significant factor. More specifically, the nature of the benefits, the differentials in subsidised formal services provision and the eligibility criteria for accessing to them are crucial factors.

NOTES

[1] Although midlife women are the bulk of caregivers, it is noteworthy that many young women caring for children are also the primary helpers for adults. Even a minority of them are composed of teenagers who must subtract caring time from their education or working time (Sarasa, 2003).

[2] The authors identify three types of solidarity values in Germany: unconditional, conditional (time in exchange of bequests, transfers, etc.) and a minority of people who defend autonomy and separation of generations.

[3] The estimates were done using ECHP data for a selection of European countries with different welfare regimes. Endogeneity and selection bias were controlled using a two-stage Heckman equation.

[4] This association is clearly shown in familistic welfare regimes such as Spain (Sarasa, 2003) but this association also appears when public services have been reduced in some of the more developed social-democratic regimes like Sweden during the 90's, although with less intensity (Trydegard, 2003).

[5] SHARE data base. See next foot note.

[6] SHARE is the acronym for *the Survey of Health, Aging and Retirement in Europe,* which gathers information from a sample of households in which at least on of its member is aged 50 or older.

[7] However, the reliability of these data is not very high since the number of cases is extremely low.

[8] The reformed OECD equivalence scale has been used in estimating personal equivalent income.

[9] Estimates obtained without including welfare benefits show a significant effect of country dummies for both light and heavy adult care but, with opposite signs. Social-democratic regimes are the most negatively associated with heavy adult caregiving, followed by the conservative regimes, while Spain is the most positively associated with women caregiving more than 14 hours per week.

[10] These comments are sustained by estimations performed by the author available under request.

[11] Prevalence of neurotic disturbances is important among caregiving women and it is associated with situations where the burden of being in charge of some dependent is so heavy that it has negative consequences on a caregiver's employment (Singleton et al., 2002). The survey conducted by the PSSRU (1998) among English caregivers detected not only a high prevalence of mental disturbances, but also that more than half had been ill during the year previous to the interview; that ratio rose as far as caregiving hours grew. The most common illnesses were hypertension and osteo-muscle diseases.

[12] Estimating transitions separately, country by country, produces a very important reduction in the statistical significance due to the small national samples of transitions. However, even under such difficult circumstances, the increases in benefits in-kind are significant and negatively associated with transitions in Austria, Spain and Finland.

Tables and figures

Table 1
Descriptive Statistics of some Old Age and Invalidity Benefits

	Public long-term care expenditure as percentage of GDP in 1997[1]	Total old age and invalidity public expenditure per capita in	Old age and invalidity benefits in-kind public expenditure per capita in 1997[2]	Share of population 65 and over receiving:		
				Care in institutions[3]	Home help[3]	Total
Denmark	1.9	3380	715	7	20.3	27.3
Finland	1.6	2217	281	5.3 to 7.6	14.0	19.3 to 21.6
France	0.7	2460	132	6.5	6.1	12.6
Austria	0.5	2844	156	4.9	24.0	28.9
Netherlands	0.4	2841	188	8.8	12	20.8
Spain	0.3	1515	41	2.8	2	4.8

1: OECD SOCX Data Base.

2: Eurostat data measured in PPS per head.

3: OECD (1999)

Table 2:
Descriptive Statistics of Midlife Women's Allocation of Time to Adult Care

State	Share of Caring Women	Weekly Hours of Care Giving			
		Mean	Std. Dev.	Median	Quartil 75%
Denmark	7.4	11.6	19.2	5	10
Finland	8.8	12.0	17.4	7	12
France	4.8	14.5	18.1	8	20
Netherlands	9.9	17.0	16.7	14	21
Austria	8.9	21.8	18.8	15	30
Spain	13.4	38.0	26.7	30	56

Midlife women identified as aged between 35 and 59.
Source: Own elaboration from ECHP (2000)

Table 3: Set of explanatory variables

Dependent variable values	**Mean**	**Standar deviation**
Care1_2	.136	.46
0 = No care giving		
1= Care giving less than 14 hours per wek		
2= Care giving 14+ hours per week		
Explanatory and control variables		
Age	46.03	7.0
Age square		
Married: Dummy equal to 1 if woman is married or cohabiting	.77	.42
Totborn_7: Number of children younger than 7 years in the household	.06	.29
Badhealth: Subjective health status ordinal scale with values 1 to 5. Being 1 the healthiest and 5 the worst off.	2.23	.85
Otheradult: Number of other adults in the household besides the disabled and the carer	.75	.99
H_65: Dummy equal to 1 if another adult older than 64 lives in the household	.018	.13
Three educational level dummies as measured in the ECHP database	2.31	.78
Educ_1: Higher		
Educ_2: Intermediate		
Educ_3: Lower		
Country dummies		
Work: Dummy equal to 1 if the woman is in paid-work more than 15 hours per week	.56	.50
Wasunemployed: Dummy equal to 1 if woman had unemployment spells in the last 5 years	.18	.38
Rich: Dummy indicating if equivalent disposable income is in the highest quartile	.29	.45
Poor: Dummy indicating if equivalent disposable income is under 50% of the median poverty line	.08	.26
Benefikind: Expenditure per capita on old age and invalidity services	196.77	177.28
Meanstest: The share of public expenditure on old age and invalidity services that are subjected to means-testing over total public expenditure in these services	30.85	25.91
V80: Yearly share of total population older than 80	3.73	1.45

Table 4: Midlife women adult care giving and welfare regimes

Women aged 35 to 59

Multinomial logistic regression — Number of obs = 59511; LR chi2(46) = 4699.34; Prob > chi2 = 0.0000; Log likelihood = -25087.09; Pseudo R2 = 0.0856

care1_2	Coef.	Std. Err.	z	P>|z|	[95% Conf.	Interval]
Midlife women care-giving less than 14h per week						
age	.2442891	.0434046	5.63	0.000	.1592177	.3293605
sqage	-.0022393	.0004578	-4.89	0.000	-.0031366	-.001342
badhealth	.0499085	.0231184	2.16	0.031	.0045973	.0952197
married	-.0439329	.054302	-0.81	0.418	-.1503628	.0624969
totborn_7	-.4367145	.0974287	-4.48	0.000	-.6276713	-.2457578
h_65	.1472609	.1327778	1.11	0.267	-.1129789	.4075006
otheradult	.1685647	.0213698	7.89	0.000	.1266806	.2104488
wasunemploed	-.0814809	.0539517	-1.51	0.131	-.1872242	.0242625
Lower education as category of reference						
Intermediat	.027063	.0456935	0.59	0.554	-.0624947	.1166207
Highest	-.1654943	.0581858	-2.84	0.004	-.2795364	-.0514522
rich	-.0282404	.0439897	-0.64	0.521	-.1144586	.0579779
poor	-.2891348	.1430734	-2.02	0.043	-.5695535	-.0087162
meanstest	.0003607	.0012985	0.28	0.781	-.0021844	.0029057
poorXmeanstes	.0022537	.0035997	0.63	0.531	-.0048016	.0093091
work	-.1336049	.0644558	-2.07	0.038	-.259936	-.0072739
benefikind	-.0017252	.0009067	-1.90	0.057	-.0035022	.0000518
workXbenefik	.0000506	.0002331	0.22	0.828	-.0004062	.0005074
Spain as category of reference						
dk	2.312508	.6337376	3.65	0.000	1.070405	3.554611
fi	1.746995	.2757444	6.34	0.000	1.206546	2.287445
nl	1.226222	.1314153	9.33	0.000	.968653	1.483791
aus	.8225742	.1275534	6.45	0.000	.5725741	1.072574
fr	.6971164	.1154857	6.04	0.000	.4707685	.9234642
v80	.0069833	.0150574	0.46	0.643	-.0225286	.0364953
_cons	-9.962581	1.010247	-9.86	0.000	-11.94263	-7.982534
Midlife women care-giving more than 14h per week						
age	.1793337	.0383906	4.67	0.000	.1040895	.2545779
sqage	-.0015605	.0004018	-3.88	0.000	-.002348	-.000773
badhealth	.1259678	.0199226	6.32	0.000	.0869202	.1650154
married	-.4244486	.0461669	-9.19	0.000	-.5149341	-.3339632
totborn_7	-.5472492	.0987369	-5.54	0.000	-.74077	-.3537285
h_65	1.069826	.0908607	11.77	0.000	.891742	1.247909
otheradult	.3469144	.0155214	22.35	0.000	.3164931	.3773357
wasunemplo~d	-.133453	.0473641	-2.82	0.005	-.226285	-.040621
Lower education as category of reference						
Intermediat	-.0503327	.0447074	-1.13	0.260	-.1379576	.0372922
Highest	-.4498654	.0677189	-6.64	0.000	-.582592	-.3171389
rich	-.1967842	.0441051	-4.46	0.000	-.2832286	-.1103398
poor	.1467959	.117576	1.25	0.212	-.0836489	.3772406
meanstest	.0005895	.001531	0.39	0.700	-.0024113	.0035902
poorXmeanstes	-.003364	.0030082	-1.12	0.263	-.0092601	.002532
work	-.4294712	.0553575	-7.76	0.000	-.53797	-.3209725
benefikind	-.001246	.0012034	-1.04	0.300	-.0036046	.0011125
workXbenefik	-.000879	.0002872	-3.06	0.002	-.0014418	-.0003161
Spain as category of reference						
dk	-.093742	.8514503	-0.11	0.912	-1.762554	1.57507
fi	-.5963512	.3659272	-1.63	0.103	-1.313555	.1208529
nl	-.1764397	.1595881	-1.11	0.269	-.4892267	.1363473
aus	-.1316578	.1447993	-0.91	0.363	-.4154592	.1521436
fr	-1.253905	.1383747	-9.06	0.000	-1.525114	-.9826953
v80	-.0231055	.0280655	-0.82	0.410	-.0781128	.0319018
_cons	-6.751858	.9058833	-7.45	0.000	-8.527357	-4.97636

(Outcome care1_2==midlife women not care-giving is the comparison group)

Source: Pooled sample of women aged 35 to 59 from ECHP. Waves 1994 to 2001.

Table 5: Transitions to different stages of care giving hours

	Less than 14 hours		*Between 14 and 28 h.*		*More than 28 h.*		*Total*	
	N	%	N	%	N	%	N	%
Denmark	205	2.7	37	0.5	46	0.6	288	3.8
Finland	247	2.5	53	0.5	35	0.4	335	3.4
Netherlands	384	2.2	344	2.0	115	0.7	843	4.9
France	334	1.7	122	0.6	79	0.4	535	2.7
Austria	159	1.7	135	1.4	113	1.2	407	4.3
Spain	214	1.1	353	1.8	636	3.2	1203	6.1

Source: ECHP pooled data from 1994 to 2001 for women aged between 35 and 59.
Percentages estimated over total pooled sample

Table 6: **Transitions to Care giving 14 or more Hours per Week**

Discrete-Time Logit Regression on Welfare Benefits

```
Logit estimates                                   Number of obs   =      75475
                                                  LR chi2(24)     =    1401.16
                                                  Prob > chi2     =     0.0000
Log likelihood = -8389.4259                       Pseudo R2       =     0.0771
------------------------------------------------------------------------------
      star14 |      Coef.   Std. Err.      z    P>|z|     [95% Conf. Interval]
-------------+----------------------------------------------------------------
         age |   .2248666   .0536568     4.19   0.000     .1197013    .3300319
       sqage |  -.0021183   .0005619    -3.77   0.000    -.0032196   -.0010171
   badhealth |   .0811502   .0279473     2.90   0.004     .0263746    .1359258
     married |  -.2816449   .0653152    -4.31   0.000    -.4096604   -.1536294
        h_65 |   .7298701   .1314765     5.55   0.000      .472181    .9875592
  otheradult |    .237412    .021176    11.21   0.000     .1959078    .2789161
   totborn_7 |  -.3178303   .1161202    -2.74   0.006    -.5454218   -.0902389
Higher education as category of reference
Intermediate |   .2033096   .0955591     2.13   0.033     .0160172     .390602
       Lower |   .1710854   .0907905     1.88   0.060    -.0068607    .3490314

    femunemp |    -.08626   .0101772    -8.48   0.000    -.1062069   -.0663131
wasunemplo~d |  -.1345311   .0666743    -2.02   0.044    -.2652104   -.0038519
      public |  -.0047782   .0903248    -0.05   0.958    -.1818116    .1722552
 agriculture |   .6633273   .1208443     5.49   0.000     .4264767    .9001779
      work   |  -.6574262   .1589142    -4.14   0.000    -.9688923     -.34596
   univindex |  -.0034482   .0014124    -2.44   0.015    -.0062165   -.0006799
workXunivind |   .0015385   .0014898     1.03   0.302    -.0013815    .0044585
        rich |  -.1205316   .0598963    -2.01   0.044    -.2379261   -.0031371
        poor |  -.0369224   .0806249    -0.46   0.647    -.1949443    .1210996
         v80 |  -.2458008   .0956606    -2.57   0.010     -.433292   -.0583095
Spain as category of reference
          dk |  -2.162246   .1976907   -10.94   0.000    -2.549713    -1.77478
          fi |  -2.215953   .1710306   -12.96   0.000    -2.551167   -1.880739
          nl |  -2.020095   .2375083    -8.51   0.000    -2.485603   -1.554587
         aus |  -2.056745   .2131754    -9.65   0.000    -2.474561   -1.638929
          fr |  -2.042278    .121172   -16.85   0.000    -2.279771   -1.804785

       _cons |  -5.857382   1.372016    -4.27   0.000    -8.546484    -3.16828
------------------------------------------------------------------------------
Source: 1994-2001 ECHP sample of women aged 35 to 59
```

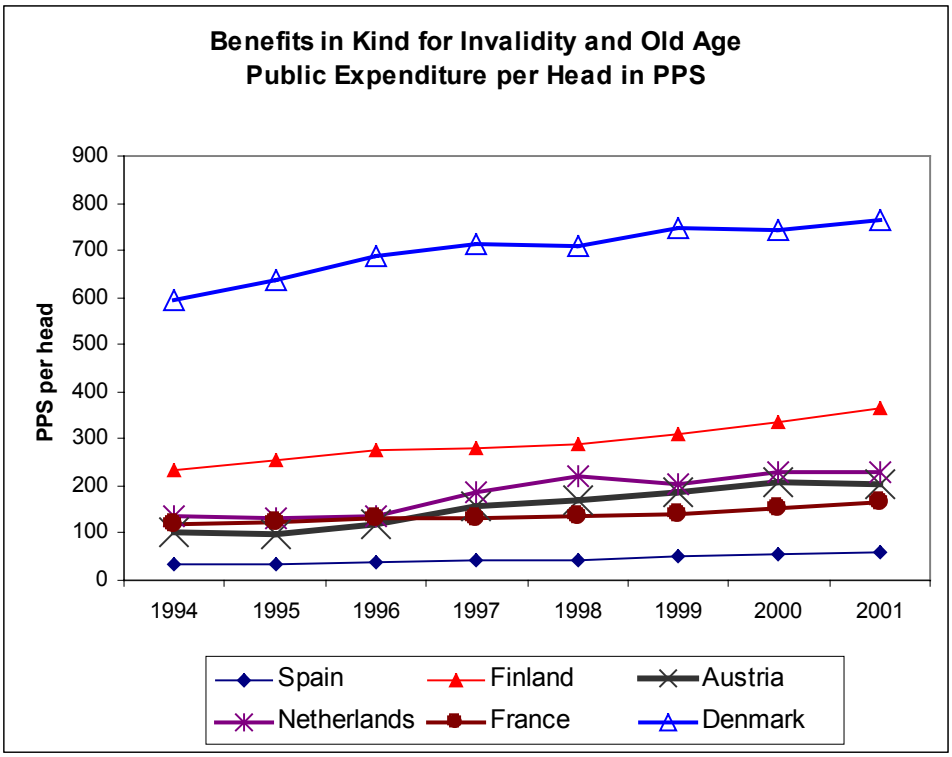
Table 7: Transition risk inequality between rich and poor women in selected countries

	1th Quartil	4th Quartil	Interquartil ratios (Q1/Q4)	Significance[a)]
Denmark	0,93	0,68	1,37	0.76
Finland	0,85	0,61	1,39	0.465
France	1,15	0,45	2,56	0.00
The Netherlands	2,60	1,73	1,50	0.00
Austria	2,56	1,61	1,59	0.01
Spain	3,45	1,94	1,78	0.00

Source: Pooled sample of women from ECHP 1994 to 2001 waves.

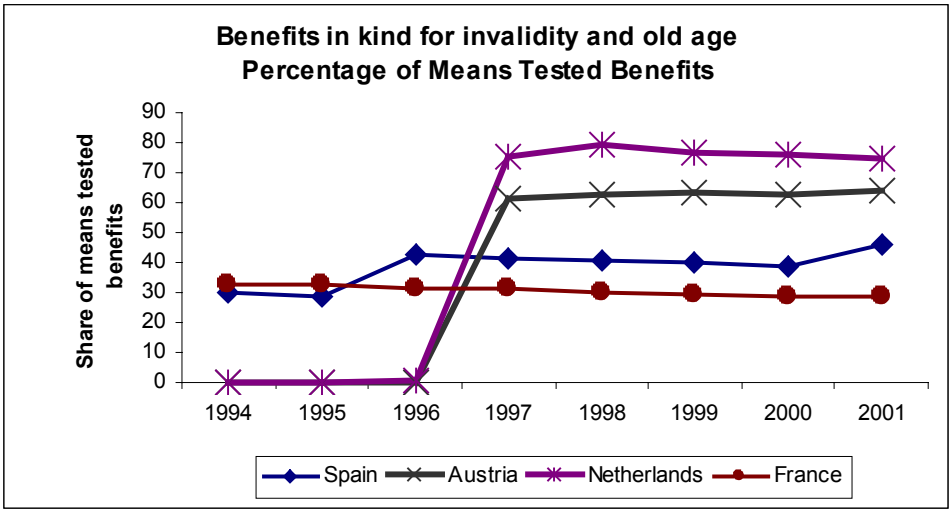
(a) Pearson chi^2 test for the independence between quartiles

Figure 1



Source: Eurostat

Figure 2



Source: Eurostat

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