

## Chapter 7

### Familialism and Normative Family Solidarity

#### Introduction

Discussing familialism in the lives of the elderly cannot be confined to examining how the elderly actually organise their lives. Knowledge about this is as important as it is to know about their actual sources of help and the dynamics involved in actual exchanges of help. However, it seems equally relevant to include in the discussion about familialism some information about the norms, attitudes and behavioural factors that guide people's choices and preferences.

This chapter examines norms and attitudes towards the support and care of older people, with a particular focus on the relative preferences for, and on the perception of relative responsibilities of adult children/family and the welfare state.

There are some assumptions underlying the debate on the provision of care to older people in familialist settings. These are believed to be examples of a model of social policy that has deeply and strongly incorporated the 'subsidiarity principle' – the prime responsibility for the individual welfare rests with the family, while the welfare state has a residual function and acts as a safety net to be activated when family resources are insufficient to guarantee a minimum provision.

Contrary to other social policy settings where there has been a considerable (*albeit* insufficient in many cases) expansion of formal provision to older people, in familialist settings the argument for the crowding out effect of formal provision on informal solidarity is not widely used. The argument that if formal services are unduly expanded they discourage family and other informal sources of help is not incorporated in the official discourse, as it is not the issue of the need to revive the traditional forms of family solidarity and of informal care.

In familialist settings, the debate is still very much linked to the belief that there is in such settings a system of values and social norms that remains resilient and that pressures towards family responsibility, which largely legitimises, if not *de facto* at least at the discursive level, the under-development of the formal provision of support to the older people. From that point of view, retrenchment of formal provision is not

an issue to address given that there was never a real expansion. If there is any debate it is on the need for expansion and on how to tackle that need.

The interest in examining norms and attitudes in a familialist social policy model arises from the need to test the real strength and resilience of what is largely considered the core cement of those systems. Family solidarity may become insufficiently strong to provide the needed support to older people if the norms and expectations on which it is underpinned are relaxed. In that sense, identifying elements of reliance and of change in attitudes and preferences should be of great interest to policy makers in familialist countries, since they signal the direction of adjustments that will be required in the social policy framework.

If one is to go even further on this point, and drawing on the research on the ways welfare policy can make use of social norms (Mau, 2004), one could even argue that assessing norms and values on family solidarity is, in a familialist social policy setting, an exercise of self-assessment of the state of the infra-structure of the entire social policy building.

The discussion on social norms and values is very complex. The link between norms and perceived obligations and concrete actions is not straightforward and simple. It often results from a compromise between normative beliefs, aspirations and opportunities, which brings to the picture elements of a contextual nature such as policy framework, financial circumstances and also life-course biographies. The discussion on attitudes and preferences will be placed within a conceptual approach that tries to retain the complexity of social phenomena in all their dimensions and avoiding any type of determinism, be that cultural, institutional or of other nature.

The chapter starts with some considerations on the data used for the analysis of social norms and values as well as on the research approach to the topic. These initial considerations complement and resume what was already introduced in chapter 4. The chapter then moves to the analysis of normative family solidarity across Europe, keeping as a reference case the Portuguese context. This second section starts by examining general views and opinions of Europeans on family solidarity when dealing with elderly people's needs for care and their preferences in terms of care for their elder parents. The goal is to examine country variations that can align with the degree of familialisation of the respective social policy models. The discussion moves next to the analysis of the elderly people's opinions and expectations as well as to their preferences in terms of care receiving. Finally, this chapter addresses the

Portuguese case *per se* to examine within-country variations and to discuss the degree of normative homogeneity in the Portuguese sample when it comes to normative family solidarity.

## **1. Considerations on data and on research approach to social norms and values**

Similarly to what has been addressed so far, the approach to the issue of social norms and values in familialism also tries to combine two levels of analysis.

It starts with a cross-national comparative approach to address the overall topic of family solidarity as a system of values and norms in Portugal. I am particularly interested in examining to what extent contrasts or similarities between countries are dominant to assess the relative strength of cultural explanations and the relative force of general processes, respectively.

In some research on values, especially in Europe, a trend can be identified towards dividing Western Europe in two main groups of orientation towards family responsibility in welfare provision, a divide made along the North/South axis. The North would be less keen on upholding filial obligation norms and on expecting much from intergenerational solidarity, while the South would be more oriented towards the fulfilment of family solidarity. Some scholars defending this European divide recognise that recent demographic changes and different sources of external pressure may be producing some sort of convergence, but still believe they are unlikely to “undermine the deep disparities that have always characterized the family in different regions and cultures of Europe” (Daatland and Herlofson, 2003). The first part of the analysis in this chapter addresses precisely to what extent is it possible to link people’s attitudes and preferences with national policy elements and traditions. My hypothesis is that family solidarity is the widespread norm across Europe. What differs is the way it actually translates into effective action.

The second part of the analysis draws on a case-study approach and focuses on identifying within country variations. It examines in more detail the Portuguese case and discusses the idea of normative homogeneity in Portugal and its meaning in terms of social policy thinking.

The considerations put forward in this chapter use data from the Eurobarometer (EB) survey series. Part of the cross-national analysis draws on data from the 1992

database (EB 37.1 and EB 37.2), since it is the database that contains a sufficiently large list of variables to run a multivariate analysis.

The EB series though, included questions related to the topic of the 1992 study in the questionnaires used in later years. The analysis resorts to data from those every time it is felt suited to enrich the discussion. This thesis uses data from the years 1995 (EB 44.0), 1998 (EB 50.1) and 1999 (EB 51.0).

On the conceptual approach to the topic of this chapter, and resuming the discussion put forward in the beginning of the thesis, there are two perspectives in the analysis.

Firstly, when considering the analysis of attitudes and norms one must keep in mind two levels of expression of norms and values: a) what one thinks about a certain situation in a more abstract way (which tends to reflect collective discourses and social desirability); b) what one declares to prefer in a hypothetical situation involving oneself (which tends to reflect the individual negotiation of norms and personal wishes together with the assessment of real opportunities and constraints).

These two dimensions of expression of social norms and values, when analysed at the individual level, may not necessarily correspond. I believe that at the more aggregate level they tend to correspond in a clearer way, and therefore the importance of focusing on national or group trends rather than on individual patterns.

Secondly, and because the analysis focuses on social norms and values related to support for older people, it is important to consider and articulate two levels of analysis: a) the expression of norms and values among the elderly, which should be reflected in preferences and expectations; b) the expression of norms and values among the population in general, which may meet or not meet the preferences and expectations of the former. The analysis includes not only elements on preferences of adults for care provision to elderly parents, trying to assess levels of pro-filial obligation, but it also includes elements on the preferences, expectations and perceptions of the elderly as potential or *de facto* care receivers.

## 2. A comparative view of normative family solidarity

### 2.1. Filial obligations vs. welfare state orientation

The analysis of the normative dimension of family solidarity starts by examining national variations in the expression of norms. The question to address is to what extent can we identify a clear division between countries associated to their degree of orientation towards filial obligation/welfare state in tackling old-age related needs.

The presumption on this is that familialist social policy systems assume that the family accepts the prime responsibility for supporting the elderly. That being correct, it should reflect in a proportionately higher degree of normative family solidarity in the countries considered as examples of social policy familialism.

In the 1995 EB survey, Europeans were asked to express their opinion about what they consider the best solution for an elder person needing care. This was presented as an abstract situation, clearly trying to capture discourses that reflect social desirability. The results shown in table 7.1 below allow the identification, in fact, of some major divides between familialist and de-familialised national systems.

Table 7.1. Preferred solution for an elderly needing care by country, in 1995 (percentages in category within country)

Country	Preferred solution <sup>1</sup>		
	Live with family	Go to old people's home	It depends
France	34.9	25.4	37.3
Belgium	26.1	29.4	41.2
Netherlands	13.5	61.8	22.5
West Germany	52.8	14.5	28.2
Italy	62.6	12.2	22.7
Luxembourg	35.0	25.0	40.0
Denmark	12.4	63.5	21.9
Ireland	42.1	15.2	35.2
UK	23.5	30.7	43.1
Greece	77.9	5.4	15.3
Spain	66.5	11.6	18.3
Portugal	60.2	19.9	17.7
East Germany	51.3	15.8	28.9
Finland	15.3	60.3	23.6
Sweden	7.2	77.1	14.4
Austria	50.3	17.4	28.2
Total	44.2	23.5	29.3

Source: Eurobarometer 44.0, 1995

Obs.: Weighted cases

Notes: <sup>1</sup> The categories included in the table correspond to the alternative answers presented to interviewed people.

We can see, on one side, countries such as Italy, Greece, Portugal or Spain with very high shares of expression of filial obligation, while on the other side we have countries such as Finland, Sweden, Denmark or The Netherlands, with very high shares of orientation to institutionalisation. It should be noted that the options presented to the respondents were the ones shown in the table. In that sense, I would interpret preference for institutionalisation in these countries not so much as such but as a rejection of multi-generations co-habitation as a good solution.

However, resuming the theoretical discussion in chapters 1 and 2, familialism does not necessarily mean a full support from the population to an absent state provision. One distinctive element in familialist settings is the patrimonial concept of state, which means that attribution of responsibilities may be selective according to the dimension being focused on. Families may in fact accept more easily residential proximity, but they may as well reject responsibility for financing provision of care.

Table 7.2 below displays the shares of Europeans that in the same survey, EB 1995, show a dominant orientation towards individual responsibility/family responsibility or state responsibility for the payment of care for the elderly.

Table 7.2. Perception on responsibility for the payment of care for an elderly in need, in 1995, by country (percentages in category within country)

Country	Main responsible for the payment <sup>1</sup>	
	Elderly/Family	State/Community
France	34.5	48.1
Belgium	35.9	46.2
Netherlands	19.0	73.0
West Germany	29.4	55.9
Italy	26.6	66.1
Luxembourg	36.4	54.5
Denmark	7.7	85.4
Ireland	30.3	51.0
UK	19.7	69.0
Greece	35.5	61.2
Spain	32.5	55.8
Portugal	37.2	57.8
East Germany	27.8	62.4
Finland	24.9	68.1
Sweden	12.6	76.0
Austria	48.0	40.1
Total	28.2	60.0

Source: Eurobarometer 44.0, 1995

Obs.: Weighted cases

Note: <sup>1</sup> The totals in row do not add up to 100% given that there were some residual categories included in the counting that were not considered in the table ('Don't know'; 'Don't answer')

From the data displayed in table 7.2 we see that, although there is some space for national variations, the dominant trend seems to be that of attributing to the state the responsibility for paying for care for the elderly in all countries.

I argue in my thesis that this is of crucial importance in terms of social policy design in the sense that it signals very clearly the need to invest more on cash benefits for carers and care receivers and on services that support primary family carers in familialist systems. In other words, in familialist settings families seem to still accept to have a role as primary carers, but they refuse the financial burden of this role. This may be easily understood in light of what was already said in the previous chapters on the financial constraints that are felt by households in these systems.

A similar question was introduced in the EB survey in 1998. The respondents, however, were given a broader scope of possible responses, allowing national variations to be distinguished a bit more clearly in perceptions about paying for the care for elderly. Results are shown in table 7.3 below.

Table 7.3. Perception of responsibility to pay for the care of elderly parents, by country, in 1998 (percentages in each category within country)

Country	Responsible for paying care for the elderly parents <sup>1</sup>			
	The elderly	Their children	State/Community	Local government
Belgium	20.5	10.7	42.2	6.5
Denmark	5.4	1.8	74.6	13.4
West Germany	20.8	11.9	38.8	5.8
Greece	9.1	27.4	39.3	1.3
Italy	11.9	23.5	34.1	7.4
Spain	12.4	30.1	29.1	6.9
France	16.0	15.1	37.9	9.5
Ireland	5.8	16.2	29.9	11.7
Northern Ireland	7.7	7.7	41.5	24.6
Luxembourg	22.2	16.7	38.9	-
Netherlands	14.0	6.7	61.3	3.8
Portugal	7.8	29.1	43.8	2.6
Great Britain	11.7	12.6	38.2	18.5
East Germany	12.2	7.7	49.4	4.7
Finland	11.2	3.3	61.2	4.2
Sweden	8.6	2.4	62.4	17.3
Austria	10.5	41.5	19.0	2.3
Total	14.0	16.9	39.2	8.7

Source: Eurobarometer 50.1, 1998

Obs.: Weighted cases

Note: <sup>1</sup>The totals in row do not add up to 100% given there were some residual categories included in the counting that were not considered in the table ('Don't know'; 'Don't answer')

The dominant trend however remains the same. The highest shares of respondents across countries attribute the responsibility for paying for the care of the elderly to

the state or to local authorities (this last option reflecting national traditions of organisation of the respective systems of social protection).

Looking at the Portuguese case in particular, it is relevant to note that there is some variation in the distribution of answers from the 1995 to the 1998 surveys. If, on one hand, the percentage of those attributing to the elderly/family the responsibility for paying care remains more or less the same, the percentage of those putting the responsibility in the state decreases around 10 points between the two surveys. Although the data do not allow for any longitudinal analysis, and although in theory the difference may be related to sampling, the magnitude of the variation suggests some alternative explanations. One hypothesis to raise would be that of increased perception of the limitations and constraints of public providers. It should be noted that the variation goes in the direction of increasing the percentages in the residual categories (not displayed in the table), suggesting eventually some difficulty among the Portuguese in conciliating alternatives in a scenario of insufficient provision by the state and of increasing difficulties among families.

One issue that is often present in research on provision of care for the elderly is the issue of freedom of choice. This is a field of research that has been very valued in certain national contexts but that remains almost entirely absent from the research agenda in countries like Portugal. One of the reasons for that, I argue, is the underdevelopment of a culture of social rights and of individual freedom in familialism.

The 1999 EB survey asked Europeans about their opinions on who is in a better position to decide what is best for an elder person in need of care. The answers are displayed in table 7.4 below.



Table 7.4. Perception of the best person to decide what services are appropriate for an elder person in need of care, by country, in 1999 (percentages in each category within country)

Country	Best person to decide what services are appropriate <sup>1</sup>			
	Relative or friend	Elderly person	Service provider	Other professional
Belgium	20.9	46.1	8.0	22.9
Denmark	29.8	44.3	12.3	11.5
West Germany	24.1	48.7	5.5	19.3
Greece	21.5	44.0	12.4	21.7
Italy	37.8	20.9	6.6	32.8
Spain	36.1	30.8	2.0	28.9
France	26.9	37.2	2.7	31.4
Ireland	34.8	38.5	5.0	17.4
Northern Ireland	41.2	25.0	1.5	32.4
Luxembourg	26.3	31.6	10.5	31.6
Netherlands	24.9	45.2	8.7	19.2
Portugal	39.9	22.1	8.3	27.7
Great Britain	41.2	39.1	5.8	9.6
East Germany	23.7	46.6	4.1	22.9
Finland	26.3	57.1	2.2	12.5
Sweden	26.3	54.6	2.1	14.4
Austria	26.5	42.0	6.4	20.4
Total	31.2	37.9	5.3	23.2

Source: Eurobarometer 51.0, 1999

Obs.: Weighted cases

Notes: <sup>1</sup> Residual categories are not displayed (NA; DK: INAP)

It is interesting to note how countries cluster (although not always in a very clear way) and how it is possible to identify two opposite trends: on one side countries with a culture of empowerment of the elderly by recognising their ability to decide what is best for themselves; on the other side countries, such as Portugal, that attribute to family or formal providers/professionals the ability to decide on behalf of the elderly.

In summary, what I have been trying to demonstrate is that when we set ourselves the goal of identifying a distinct set of social norms and values that clearly distinguish familialist settings from other social policy models we are confronted with a rather complex picture that brings together elements that show the multiple sides of familialism. Some of those elements may be apparently competing: a recognisable social desirability attached to children/old parents cohabitation and proximity side by side with an equally generalised orientation towards the welfare state as the responsible for financing solutions to attend the elderly. Some of those elements may show the less democratic side of familialism, a system where the space for the elderly becoming trapped in a disempowering net of dependencies is wider than in more de-familialised systems.

## 2.2. Preferences in terms of provision of long-term help

As already discussed, when analysing preferences, especially by means of a standardised method of observation such as the questionnaire interview, what individuals say they prefer may not necessarily correspond to what they want in reality or what they will do. Preferences are more likely to be the result of a combination of personal wishes, subjective incorporation of social norms and values and envisaged opportunities. Having said that, and using data from the 1998 EB survey (EB 50.1), when asked about their preferences in dealing with an elder parent needing care, among the Europeans we have highs of around 70% preferring children/parents co-habitation in Greece, Spain and Portugal, and lows of around 10% in countries such as Sweden, Denmark or Finland. On the opposite trend, we observe highs of 70 to 80% preferring formal services in the later countries and lows of around 15% in the former. Results are displayed in table 7.5 below.

Table 7.5. Expressed intentions in terms of care for frail elderly parents, by country, in 1998 (percentages in category within country)

Country	Preference for care of respondent's frail elderly parents <sup>1</sup>		
	Co-habitation child/parent	Old people's home or nursing home	Home help
Belgium	33.6	20.0	28.0
Denmark	9.9	30.9	43.5
Germany <sup>2</sup>	45.5	9.8	21.5
Greece	70.8	0.4	10.8
Italy	51.6	1.7	25.6
Spain	73.1	4.9	9.5
France	32.9	13.2	38.0
Ireland	44.8	3.2	24.7
Luxembourg	36.9	21.1	15.8
Netherlands	14.2	32.7	39.0
Portugal	67.1	9.0	12.3
Great Britain	33.7	14.2	25.0
Finland	15.4	15.4	51.9
Sweden	11.1	40.4	38.3
Austria	33.8	9.6	28.6

Source: Eurobarometer 50.1, 1998

Obs.: Weighted cases

Notes: <sup>1</sup> The categories in the table result from the aggregation of the original alternatives presented to interviewed people. The first category labelled as "co-habitation child/parent" includes those that have chosen either "Myself or my brothers or sisters should invite my father or mother to live with one of us" or "I or one of my brothers or sisters should move in with my father or mother". The two other categories reproduce the original answers. There are some residual categories that do not have any substantial meaning therefore were not included in this table ('Don't know'; 'Don't answer')

<sup>2</sup> Data just for West Germany.

This strong country variation seems to align more or less with the relative availability of services in each national context and, as such, may be reflecting less real preferences and more perceptions of what will work better for the elder person in tackling her needs. This may be particularly so in familialist settings. It is a hypothesis virtually impossible to test but still worth raising for the purpose of policy discussion. The belief on the willingness of families to take care of the elderly is at the very basis of familialist social policies. To what extent we still have that willingness (if it ever existed as a generalised feature of the society anyway) or to what extent people just voice what they perceive as resources available (or not available in this case) needs to be questioned.

Table 7. 6 below summarises the estimates for two logistic regression models that model the likelihood of Europeans preferring family care or formal care as the best solution to deal with an elder parent in need of care. The two models were run independently and estimate the impact of the same set of explanatory variables in the probability of someone preferring family care and in the probability of someone preferring formal care to assist an elder parent. The models are binary logistic regression models.

Table 7.6. Logistic regression models for the likelihood of declaring as first preference for care provision to elderly parents: family care and formal care, in 1998

Explanatory variables		Likelihood of preferring family care			Likelihood of preferring formal care		
		Coefficient estimates	T statistics	Odds ratio	Coefficient estimates	T statistics	Odds ratio
Gender	Male (base)						
	Female	0.124**	(2.70)	1.132	-0.179**	(3.89)	0.836
Marital status	Married (base)						
	Co-habiting	0.005	(0.05)	1.005	-0.135	(1.53)	0.874
	Never married	0.367**	(4.65)	1.443	-0.340**	(4.10)	0.712
	Separated/divorced	0.074	(0.94)	1.077	-0.024	(0.30)	0.976
	Widowed	-0.188*	(2.00)	0.829	-0.127	(1.28)	0.881
Age		0.005**	(2.5)	1.005	0.002	(1.00)	1.002
Age when stopped studying	Up to 15 years (base)						
	16 to 19 years	-0.104+	(1.73)	0.901	0.246**	(3.90)	1.279
	20 years or more	-0.234**	(3.16)	0.792	0.268**	(3.53)	1.307
	Still studying	-0.069	(0.55)	0.933	0.098	(0.75)	1.103
Occupational scale of head of household	Farmer (base)						
	Professionals	-0.629**	(3.19)	0.533	0.195	(0.98)	1.215
	Self-employed position	0.021	(0.14)	1.021	-0.127	(0.78)	0.880
	Business proprietors	0.227	(1.23)	1.254	-0.299	(1.52)	0.742
	Employed professional	-0.203	(0.94)	0.816	-0.538*	(2.49)	0.584
	General management	-0.297+	(1.71)	0.743	-0.163	(0.92)	0.849
	Middle management	-0.051	(0.35)	0.951	-0.046	(0.30)	0.955
	Clerk	-0.202	(1.42)	0.817	0.068	(0.45)	1.070
	Sales person	-0.379*	(2.38)	0.685	-0.031	(0.18)	0.970
	Employed position in other services	-0.119	(0.82)	0.887	-0.145	(0.94)	0.865
	Supervisors	0.138	(0.81)	1.147	-0.295	(1.63)	0.745
	Skilled manual workers	-0.098	(0.74)	0.907	-0.047	(0.33)	0.954
	Other (unskilled) manual workers	0.057	(0.40)	1.058	-0.218	(1.40)	0.804
Harmonised income scale <sup>1</sup>	Lower quartile (base)						
	Middle lower quartile	-0.171**	(2.59)	0.843	0.235**	(3.46)	1.265
	Middle upper quartile	-0.403**	(5.84)	0.668	0.389**	(5.40)	1.476
	Upper quartile	-0.444**	(5.69)	0.641	0.575**	(7.19)	1.778
Household size		0.101**	(5.05)	1.107	-0.072**	(3.43)	0.930

Explanatory variables	Likelihood of preferring family care			Likelihood of preferring formal care			
	Coefficient estimates	T statistics	Odds ratio	Coefficient estimates	T statistics	Odds ratio	
Country	Portugal (base)						
	Belgium	-1.098**	(5.33)	0.334	1.072**	(5.06)	2.922
	Denmark	-2.694**	(9.73)	0.068	2.237**	(9.90)	9.367
	Germany	-0.674**	(4.99)	0.510	0.355*	(2.31)	1.427
	Greece	0.218	(1.27)	1.244	-0.900**	(4.04)	0.406
	Italy	-0.349*	(2.53)	0.706	0.125	(0.79)	1.133
	Spain	0.369*	(2.51)	1.447	-0.469**	(2.73)	0.626
	France	-1.239**	(8.98)	0.290	1.289**	(8.37)	3.630
	Ireland	-0.822**	(2.80)	0.440	0.359	(1.11)	1.433
	Luxembourg	-1.460+	(1.72)	0.232	1.079	(1.39)	2.941
	Netherlands	-2.340**	(13.00)	0.096	2.173**	(12.28)	8.786
	Great Britain	-1.285**	(9.11)	0.277	0.851**	(5.42)	2.342
	Finland	-2.187**	(8.93)	0.112	1.923**	(8.70)	6.843
	Sweden	-2.606**	(12.01)	0.074	2.539**	(12.63)	12.670
	Austria	-1.311**	(6.62)	0.269	0.825**	(4.02)	2.281
-2 Log likelihood		11875.553			11527.011		
Hosmer and Lemeshow Test							
$\chi^2$ and p value		11.234 ; p=0.189			21.583; p=0.006		
Constant included in the models		0.392			-1.264		
Significance levels:							
** 0.01; * 0.05; + 0.1							

Source: Eurobarometer 50.1, 1998

Notes: The models were also run without the income variable. The income variable in the EB series is systematically affected by large missing data (around 30% of cases in 1998 EB survey). Yet, the estimates for the two models without the income variable have remained constant in the direction and significance of the effects observed in the models displayed in table 7.6.

The results in the two models are very consistent and seem to reflect both general processes and national variations in preferences for the care of elderly parents.

Preferences for formal services generally increase with income the same way as preferences for family care decrease as income increases. This seems to corroborate the findings of other studies (Johannesson and Johansson, 1996; Iacovou, 2000) that have been demonstrating how income impacts on availability of family care. The same way, women seem more likely to prefer family care while men prefer formal care. This may be somehow associated with self-perceptions and gender constructs of carers showing in individuals' discourses, as a result of differential socialisation that produces greater family orientation in women than in men. Formal education also shows a significant impact, with more educated people showing more likely to prefer formal care and less educated people showing more likely to prefer family care. It also appears that the preference for family care is promoted by cohabitation with more people. In the models, household size was used as a proxy for type of household. The assumption was that larger households are more likely to be

multigenerations households. In any case the models seem to corroborate the idea that cohabitation in the family raises expectations about the availability of family care hence the preference for that type of care.

Alongside with these general processes, the models also show a significant impact of national traditions on preferences for family and for formal care. Given the interest in Portugal as the case study for this thesis, and taking that country as the reference category in both models, we see that Portugal is the national context where one finds a higher inclination towards family care and the lowest preference for formal care. What these data seem to suggest is that Portuguese people seem to subscribe to relatively more norms of family solidarity, and of filial obligations in particular, than their Europeans counterparts. In that sense, we have a first set of empirical evidence that seems to sustain a resilient willingness among Portuguese to provide informal/family care to older people.

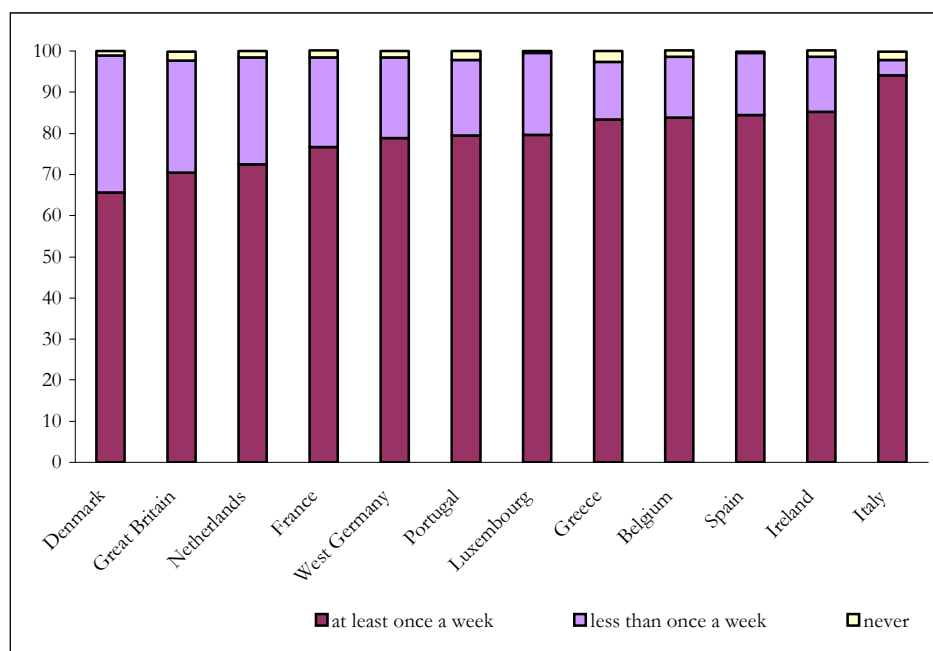
### **2.3. Normative solidarity and preferences: the elderly people's views**

The EB survey carried out in 1992 has included a special topic on elderly people's opinions and preferences. Although the data are less up to date than what I have used so far, it is still worth analysing. Social norms and values do not change in short periods of time and preferences, as the mirror images of socialisation, tend not to vary substantially along short periods of time (Therborn, 2002).

It is very important to include in the analysis a section on the elderly people's views given that, in terms of social policy design, the way things will evolve will not be exclusively influenced by what adult children are willing to offer but also by what the elderly themselves expect and prefer.

The first assumption I would like to challenge is the widespread belief that in familialist social policy settings the elderly are closer to their families and therefore tend to feel less lonely than their counterparts in de-familialised settings. The graph below pictures levels of family connectedness among the elderly across Europe. Family connectedness is measured as frequency of contacts between the elderly and their family.

Figure 7.1. Family connectedness measured by frequency of contacts between the elderly and their family, by country, in 1992



Source: Eurobarometer 37.2, 1992.  
Obs.: Weighted cases.

What the picture shows is that family connectedness prevails in all countries, contradicting the idea of the erosion of family ties in more de-familialised social policy settings. The lowest proportion of elderly who have contact with their families at least once a week is found in Denmark and mounts to around 65%. One could hardly use this figure to build a case for the erosion of family ties in that country. Families across Europe do seem to remain connected, even if beyond cohabitation. The case to build seems to be more about the ways family connectedness translates into support in old age and not so much about family connectedness vs. family disconnectedness.

The table below displays the distribution of respondents from the sample of elderly Europeans that at the time of the interview were receiving some type of care, by source of care.

Table 7.7. Shares of elderly receiving care by source of care, by country, in 1992 <sup>1</sup>

Country	Share of elderly mentioning each source of care relative to total receiving care					
	Spouse	Children or other relatives	Friends and neighbours	Market	Public services	Non-profit organisation
France	26.9	28.8	6.2	28.2	17.2	1.1
Belgium	25.4	51.1	14.0	9.6	19.8	0.9
Netherlands	8.4	25.2	8.2	33.8	26.3	2.8
West Germany	38.4	53.8	12.8	14.7	3.6	5.2
Italy	24.7	59.7	4.5	20.0	2.8	0.0
Luxembourg	35.4	45.0	6.6	16.5	1.5	0.7
Denmark	18.7	31.2	11.8	15.0	66.7	0.0
Ireland	23.0	64.7	19.1	4.2	9.4	3.3
Great Britain	34.6	40.2	10.8	20.8	26.2	2.3
Greece	46.5	66.7	7.6	6.4	2.2	0.7
Spain	29.1	61.0	10.3	6.2	8.4	5.4
Portugal	44.7	58.6	8.7	5.3	4.1	3.2

Source: Eurobarometer 37.2, 1992

Obs.: Weighted cases.

Notes: <sup>1</sup> Categories of care may overlap given that this was presented as a multiple answer set. Values displayed in the table refer to percentage in total national sample.

The data seem to point to a generalised practice of family solidarity. Across all countries the shares of engagement of children and other relatives in care delivering are considerably high. There is national variation and it is possible to identify some sort of divide between countries in the total amounts of care delivered by informal carers (three first columns). The prevalent trend though remains considerably common across Europe and points in the direction of informal care being of high importance for the elderly Europeans. This in any case corroborates what other researchers have been finding (Jamieson, 1991; Kendig, Hashimoto et al., 1992; Giarchi, 1996; Pickard, Wittenberg et al., 2000).

Yet, if the analysis focuses on aggregate sources of help and quantifies the shares of elderly that are receiving exclusively informal help (or formal or mixed), the patterns of national variation shift considerably. Results are displayed in table 7.8 below.



Table 7.8. Shares of elderly receiving care by source of care, by country, in 1992  
(percentages in category within country)

Country	Source of care relative to total receiving care		
	Just informal care	Just formal care	Mixed care
France	51.2	41.9	7.0
Belgium	69.1	21.6	9.3
Netherlands	33.5	57.8	8.7
West Germany	79.1	14.7	6.2
Italy	77.2	19.8	3.1
Luxembourg	81.0	19.0	0.0
Denmark	22.0	49.7	28.4
Ireland	82.9	11.3	5.7
Great Britain	54.5	26.3	19.2
Greece	91.4	3.5	5.1
Spain	79.6	14.0	6.4
Portugal	87.3	7.2	5.5

Source: Eurobarometer 37.2, 1992

Obs.: Weighted cases.

We can see how overwhelming is the dependence of Portuguese elderly on informal carers, a trend that can also be identified in other countries (such as Greece, Luxembourg or Ireland) but that allows for a clearer divide between countries. That divide seems to reflect the availability of formal provision in each national context and the national traditions of organisation of care delivery. For example, we see that in Denmark, although formal care prevails, mixed care has a very considerable expression. This is also the same for the UK, where although formal care is less significant, mixed care shows a high figure, from a comparative point of view.

The goal of this sub-section though was to address elderly people's perceptions and preferences in terms of care receiving. I start by a broader approach to their perceptions on family responsibility and on family willingness to take care of old people. Table 7.9 displays the distributions of strong agreements and strong disagreements with two different statements, each trying to capture dimensions of expectations of the elderly Europeans towards families.

Table 7.9. Perceptions about the centrality of family in solving old-age related problems, measured as share of strong agreement or disagreement with some statements, by country, in 1992 (percentages in category within country)

Country	Shares expressing strong agreement or disagreement with statements <sup>1</sup>			
	“You must expect to rely more on others when you are older.”		“Families are less willing to care for older relatives than they used to be.”	
	Strongly agree	Strongly disagree	Strongly agree	Strongly disagree
France	36.0	6.3	41.4	9.5
Belgium	30.5	4.5	32.4	9.2
Netherlands	42.8	4.5	34.4	12.5
West Germany	28.5	2.1	24.3	8.9
Italy	26.1	11.8	39.4	5.1
Luxembourg	42.9	5.6	39.2	11.9
Denmark	40.4	5.6	32.7	16.4
Ireland	36.8	5.0	25.6	22.5
Great Britain	17.2	18.0	26.4	18.3
Greece	36.6	9.2	36.0	7.8
Spain	27.9	4.9	45.2	5.5
Portugal	31.4	14.8	42.9	4.9

Source: Eurobarometer 37.2, 1992

Obs.: Weighted cases.

Notes: <sup>1</sup> The shares displayed are only for strong agreement or strong disagreement. The intermediate categories do not allow for a clear classification of individuals and were therefore withdrawn from the analysis.

It is interesting to note that for both statements, it is not possible to establish a correspondence between countries said of a familialist character and more positive expectations of the elderly towards family as locus for care. In fact, and looking at the second statement, it is in countries such as Portugal or Spain that we see the highest shares of elderly somehow disenchanted with the ways that families are performing as carers in old age. The meaning of this can be two-folded. It may signal, in fact, higher expectations towards the family from these individuals or/and increasing perceptions of fast changes in family solidarity.

Irrespective of their perceptions on who is or should be responsible for helping the elderly in situations of dependency, when asked about their preferences for care solutions, once more the norm that prevails across countries is that of informal care, namely care from spouses and from children and other relatives. Table 7.10 displays results supporting this reading.

Table 7.10. Preferences of the elderly for care solutions, by country, in 1992  
(percentages in category within country)

Country	Care solution					
	Spouse	Children or other relatives	Friends and neighbours	Market	Public services	Non-profit organisation
France	28.8	28.3	5.5	13.1	23.9	0.5
Belgium	36.7	34.4	5.0	6.8	15.7	1.4
Netherlands	24.6	26.1	6.9	14.1	24.0	4.2
West	45.8	41.6	4.4	5.4	1.9	0.9
Germany						
Italy	38.0	47.7	4.1	4.1	4.5	1.6
Luxembourg	27.3	48.2	3.3	12.9	7.6	0.7
Denmark	35.6	28.2	4.5	5.6	25.1	1.0
Ireland	28.6	51.7	12.8	1.5	3.5	2.0
Great Britain	36.3	40.8	9.6	2.3	10.0	1.0
Greece	43.9	50.6	3.3	1.0	1.1	0.0
Spain	52.7	43.0	1.3	0.3	2.4	0.3
Portugal	45.2	38.0	6.9	2.1	4.4	3.3

Source: Eurobarometer 37.2, 1992

Obs.: Weighted cases.

In all countries, although with some variation in the absolute shares in each category, the preferences of the elderly go mostly to family care. The ubiquitous preferences for family care do show some adjustment to local circumstances, and seem to be more distinctive in Portugal, Spain, Greece or Italy, but also in Ireland or in Germany, where the provision of services to the elderly has resilient traits of familialism.

The multivariate analysis on preferences of the elderly for care solutions shows in more detail how those are structured and the real weight of national traditions as a determinant for those preferences. Once more I have run logistic regression to estimate the likelihood of an elder European preferring care from children or relatives or formal care. The results are displayed in table 7.11 below.

Table 7.11. Logistic regression models for the likelihood of declaring as first preference for care provision: family care and formal care from public services, in 1992

Explanatory variables		Likelihood of preferring care from children or relatives			Likelihood of preferring formal care		
		Coefficient estimates	t statistics	Odds ratio	Coefficient estimates	t statistics	Odds ratio
Gender	Male (base)						
	Female	0.544**	6.25	1.722	-0.042	0.32	0.959
Marital status	Not married (base)						
	Married	-1.932**	18.94	0.145	-0.537**	3.29	0.584
Age		0.026**	4.33	1.026	0.003	0.38	1.003
Parenthood	Never had children (base)						
	Had at least 1 child	0.945**	8.22	2.572	-0.434**	2.91	0.648
Age when stopped studying		-0.067**	3.35	0.020	-0.039	1.39	0.028
Harmonised income scale	Upper quartile (base)						
	Middle upper quartile	0.377**	2.92	1.458	0.157	0.78	1.170
	Middle lower quartile	0.326*	2.49	1.385	0.545**	2.73	1.724
	Lower quartile	0.261+	1.89	1.299	0.512*	2.39	1.699
Risk of dependency	Disabled (base)						
	Not disabled	0.048	0.54	1.049	-0.457**	3.57	0.633
Recipient of care	Yes (base)						
	No	-0.400	0.71	0.671	0.722	0.89	2.058
	No need for help	-0.386	0.68	0.680	0.526	0.63	1.693
Carer	No carer (base)						
	Informal	0.128	0.23	1.137	-0.132	0.16	0.877
	Formal	-1.246*	2.17	0.288	1.443*	1.77	4.234
	Mixed	-0.599	0.98	0.549	1.427*	1.69	4.164
Household size		0.101*	0.044	2.30	-0.072	0.095	0.76
Tenure status	Owner (base)						
	Tenant	-0.080	0.82	0.923	0.542**	4.11	1.720
	Other	-0.142	0.51	0.867	0.151	0.40	1.163
Type of community	Rural (base)						
	Small/middle town	-0.035	0.36	0.965	0.199	1.42	1.220
	Big town	-0.114	1.05	0.892	0.099	0.60	1.104
Country	Portugal (base)						
	France	-0.388*	1.97	0.678	1.758**	5.90	5.802
	Belgium	0.046	0.24	1.047	1.239**	4.00	3.453
	Netherlands	-0.346+	1.68	0.707	1.752**	5.73	5.766
	Germany	0.338+	1.90	1.402	-0.984*	2.20	0.374
	Italy	0.810**	4.22	2.248	-0.091	0.23	0.913
	Luxembourg	0.740**	3.10	2.095	0.666	1.55	1.946
	Denmark	-0.085	0.41	0.918	1.747**	5.58	5.738
	Ireland	0.785**	4.18	2.192	-0.202	0.52	0.817
	Great Britain	0.578**	3.03	1.703	0.449	1.34	1.566
	Greece	0.851**	4.60	2.341	-0.880+	1.68	0.415
	Spain	0.246	1.21	1.279	-0.197	0.42	0.821
-2 Log likelihood		3763.364			196.567		
Hosmer and Lemeshow Test							
$\chi^2$ and p value		31.966; p < 0.0005			12.654; p = 0.124		
Constant included in the models		-2.500			-3.375		
Significance levels: ** 0.01; * 0.05; + 0.1							

Source: Eurobarometer 50.1, 1998

Obs.: Weighted cases

In the analysis, it was only considered the likelihood of preferring care from children or other relatives and not from spouses. It is known that spouse carers are the norm across Europe and in the case of married elderly that would be almost an invariant preference (Kendig, Hashimoto et al., 1992; Murphy, Schofield et al., 1997). On the other hand, the analysis is primarily interested in examining the expressions of filial obligation norms and values across Europe; therefore, in understanding what motivates individuals to prefer care from their children and what motivates them to prefer formal care.

Starting with gender, it seems to affect the elderly preferences for filial care, with women more likely to prefer being cared for by their children than men. The gender difference though is not significant in preferences for formal care. This can be a reflection of the way the female dominance in care provision ends up reflecting in their preferences.

Marital status shows, as expected, a very significant impact on the preferences of the elderly. Married elderly are less likely to prefer care from children and care from formal services. This is surely associated to the perceived availability of a 'natural carer' (a spouse) among the married elderly. This reinforces to a certain extent the thesis of hierarchy in care arrangements, where generally we would have as first preference a spouse, as second children, and in the absence of these more intimate carers, formal services.

Age does not have a straightforward effect on preferences, and although it seems that older elderly are more likely to prefer children carers, this does not imply that they are less likely to prefer formal services.

Parenthood, on the other hand, shows a clear and expected impact. People who had at least one child are much more likely to prefer children carers and much less likely to prefer formal care. This only reinforces the argument that preferences may be largely determined by what the individual perceives as available resources to himself and not so much by his adherence to general social norms and values.

Education level and income show a somewhat erratic effect. This is interesting in itself in the sense that it may mean that as age progresses, preferences related to 'social status' (that were so clear for the overall population) may tend to smooth.

Some variables with information on needs for care and care opportunities were also included in the models. The effects of the three variables are very interesting and should be taken into account in policy discussion.

Firstly, we can see that the presence of a disability, which is used in the models as an indicator for risk of dependency, only shows a significant impact in the preferences for formal care. This may indicate that the experience of a disability makes the elderly more aware of the importance of ‘professional’ services.

Secondly, we see that the actual availability of a carer does not impact on the preferences of the elderly. However, if that carer is a formal carer (formal services) it seems to reinforce the preference of the elderly for formal care. Once more, this points in the direction of the perceived availability of resources having a determinant influence in the preferences for care solutions.

Remarkably, and contrary to what could expect, urbanisation does not seem to have a determinant impact in people’s preferences, as shown by the variable ‘type of community’. This fact may add a bit more evidence to what I have been already suggesting in previous chapters about the nature of differences between rural and urban areas being more related to economic arrangements and needs, and less to differences in social norms and values.

Alongside with these general processes, the models test the significance of national variations, more specifically the possibility of identifying a distinct pattern of preferences in Portugal that could be explained by the familialist nature of its social policy framework and of its society. The data seem to support the first part of the explanation, but not so much the second. In other words, there is more or less a clear distinction between Portugal and most other countries in the preferences for formal care, reinforcing the thesis of preferences being very much influenced by actual availability of resources in the respective welfare state. The same does not work so clearly for the other side, which means that preferences for filial care seem to be more miscellaneous and less clearly related to welfare state models.

#### **2.4. Family solidarity and preferences among the Portuguese: testing the homogeneity of normative family solidarity**

From the comparative analysis, which focused on inter-country variations, we got a general idea about Portugal as a familialist country and a society where there is a relatively higher expression of normative family solidarity, if not so much in abstract terms, at least in terms of preferences of people for dealing with old age related needs for care.

I want to address now, *albeit* briefly, the Portuguese case *per se* and discuss to what extent we can talk about cultural homogeneity in the ways the Portuguese express their positioning towards provision of care for the elderly. It should be taken into consideration that one of the historical roots of familism is the high degree of cultural and normative homogeneity, that is linked to the centrality of traditional family formation and to a process of normative socialisation, which is very much centred on the ideal of family solidarity and family reproduction (Naldini, 2003).

Some researchers have been trying to address the issue of cultural change in familist countries as a main pressuring element to their social policy model (Wall, Aboim et al., 2001). This change is related to a set of different factors and is expected to become visible when we introduce in the analysis variables such as age, education, income, social status or indicators of change in models of family formation.

Using data from the EB survey for 1998, and focusing on the Portuguese sample, the thesis examines variations in preferences of the Portuguese people for care solutions for their elderly parents, and variations in the perceptions of the Portuguese on the responsibility for payment of care for the elderly. The results of the descriptive analysis are displayed in table 7.12 below.

As can be observed in the table, the variation in the data is far smaller than what one would like to have to sustain an argument of differences in normative views. All across the descriptive variables considered, the main conclusion is that there is a considerable homogeneity of preferences and views among the Portuguese.

Table 7.12. Preferences of the Portuguese for care solutions for their elderly parents and perceptions on responsibility for payment of care solutions, in 1998 (percentages within categories of grouping variables) <sup>1</sup>

Descriptive variables		Preferences for care solutions		Opinion on responsibility for paying care solutions		
		Shares preferring co-habitation with elder parent	Shares preferring resource to formal care	Elder person	Children of elder person	State
Gender	Male	69.9	20.7	6.5	27.6	47.0
	Female	65.8	20.9	8.8	29.2	42.5
Age	15 to 24	67.9	20.8	7.3	32.6	44.4
	25 to 34	65.6	22.9	7.0	25.5	45.9
	35 to 44	62.1	21.3	7.5	25.9	48.9
	45 to 54	69.6	16.9	8.8	23.0	40.5
	55 to 64	67.5	23.0	8.1	30.4	45.9
	65 +	69.9	16.4	7.7	32.1	41.8
Marital status	Married	69.2	20.7	7.3	29.8	43.7
	Living with partner	65.3	19.2	11.5	19.2	53.8
	Never married	67.2	20.9	8.6	28.6	45.7
	Divorced/separated	58.9	25.5	5.9	23.5	45.1
	Widowed	60.7	18.7	8.4	26.2	43.9
Education	Basic/lower	66.5	19.5	9.0	28.6	44.5
	Secondary	72.8	22.5	3.5	30.1	43.9
	Graduate	62.0	19.2	8.3	17.6	50.9
	Still studying	64.8	19.3	5.7	37.5	38.6
Income scale	--	69.4	17.3	9.2	29.0	45.2
	-	59.8	25.5	5.7	23.0	50.8
	+	67.4	18.8	7.3	25.2	45.0
	++	63.8	26.1	6.2	21.5	50.0
Socio professional status of respondent	Farmer and fisher	77.3	10.7	8.0	37.3	36.0
	Self-employed	75.3	20.8	6.9	35.6	40.6
	Business proprietors	66.7	23.8	9.5	19.0	45.2
	Professionals <sup>2</sup>	70.0	20.0	-	-	-
	Middle management	60.3	26.5	11.8	17.6	44.1
	Employed position at desk	79.1	17.9	9.0	29.9	40.3
	Employed position travelling	65.9	24.0	7.6	24.1	57.0
	Employed position, services	62.2	23.2	4.9	28.0	47.6
	Skilled manual workers	66.4	20.1	6.1	34.9	42.4
	Unskilled workers	61.6	20.8	8.1	23.7	48.8

Source: Eurobarometer 50.1, 1998

Notes: <sup>1</sup> Shares do not add up to 100% in categories of each grouping variable given that residual categories were left out of the table

<sup>2</sup> The absolute number of professionals answering to second part of table was too small to bear any significance



Moving to a more detailed analysis of the results, and considering each grouping variable, I suggest as main conclusions the following:

- Portuguese people prefer family care and in particular, child-parent cohabitation to formal care when asked about what would be best for their own parents; this however does not necessarily mean that that is what they will in fact do if confronted with a situation of dependency of an elder parent; also, it does not measure to what extent this preference is related to real desirability or to the perception of lack of formal services and/or lack of good quality solutions in the formal sector.
- Portuguese people consider the state as the main entity responsible for financing care for the elderly; the percentage of people that put the financial burden of care in the elderly themselves is very low, and may be influenced by the generalised perception of the difficult financial situation of many elderly; also, the level of acceptance of filial obligations in paying for the care of the elderly is relatively small.
- Among the slight variations observed, special attention should be put on the variation associated to occupational status; the results align with what was discussed in chapter 6 and show a relatively higher level of preference for care by adult children from those respondents engaged in farming/fishery and those self-employed. As discussed in chapter 6, these are occupations that often appear associated to household arrangements that imply multigenerations co-habitation and that, as such, may promote a stronger socialisation in family solidarity and create expectations of exchange of care in old age in sequence of life courses already marked by exchanges of support between generations. The variation though is not so marked as to sustain a clear trend in normative views and preferences based on occupational categories.
- Of high significance is the fact that neither age nor marital status introduce relevant variation in the distribution of preferences. It would be expected, under the assumption of weakening of normative homogeneity and of traditional family ties and roles, that younger people and/or people experiencing new forms of family formation would show a lower level of acceptance of adult child/old parent cohabitation and would prefer relatively more frequently formal care solutions. That is not observed in the data and,

as such, reinforces the argument of normative homogeneity in the Portuguese population.

It was already discussed that there are conceptual and methodological limitations in the analysis of social norms and values. In particular, when we focus on what people express as their preference we know we will not be measuring directly adherence to certain norms, but instead the result of that adherence mediated by personal wishes and constraints. In that sense, the alleged homogeneity observed in the data can be a result of the assessment individuals make of the current provision of social services to the elderly and of the inexistence of alternatives to family care. These words are necessary to limit a potentially abusive use of the results to further legitimise the under-investment in formal public provision of care to the elderly.

## **Conclusion**

In this chapter, I have tried to complement my analysis on the lives of the elderly in familialist settings with a cross-national analysis of normative views on family solidarity, by providing some conclusions about the observed patterns of norms, opinions and preferences across Europe. My interest was directed mainly to examine the similarities and variations across countries. The starting assumption was that if similarities prevail, then we would have to consider the existence of general processes of opinion formation; if differences would prevail, then we would have evidence to sustain national, cultural or idiosyncratic explanations. The ultimate goal was to test to what extent we have evidence to sustain a familialist normative orientation in countries such as Portugal compared to examples of more de-familialised welfare states.

This chapter has presented the results of the analysis of the Eurobarometer Survey data focusing on opinions, preferences and expectations related to provision of care for the elderly. The discussion put forward answers the third set of research questions introduced in chapter 4. The research questions addressed were as follows:

- What are the perceptions, the expectations and the preferences of the Portuguese in terms of welfare arrangements in old age?

- Can familism, as the dominant model of welfare provision in Portugal, be identified in the resilience of social norms and values that prescribe it as the rule?
- Is it possible to identify a generalised adherence to family solidarity as the norm in all European countries? Or can a higher acceptance of filial obligations towards the elderly among the Portuguese be identified?
- Does the resilience of familism in the universe of values translate into the sphere of preferences, namely into the sphere of preferences and expectations of the Portuguese elderly for support and care from the family?
- Is it possible to identify indicators of change in values surrounding family solidarity, namely across generations and across the social spectrum?

Adherence to family solidarity norms cannot be addressed as a general domain of expression of norms and values. There are different dimensions of the manifestation of acceptance of filial obligation in support for the elderly. The findings suggest that there is a higher acceptance of filial obligation in provision of care solutions in familist countries (among which we find Portugal), but also a generalised orientation to the welfare state when the issue at stake is the responsibility for the payment of care solutions. This is, as discussed, a particularly relevant finding for familist social policy models as it provides evidence to sustain the belief that families may still be willing to care for their elderly, but that they are not willing to bear the financial burden of care.

When analysing the preferences of individuals, as a field where adherence to norms translates into would be action, it was possible to identify both general processes and national variations in the preferences of Europeans for care solutions for their elderly parents. The co-existence of general processes with national variations may suggest that country-specific trends may be more related to social policy models and real availability of resources (namely formal care provision) and less related to clear cuts in social norms and values.

The cross-national analysis has also involved the examination of how norms of family solidarity translate into the lives of the elderly and more specifically, into their opinions and expectations about the role of families and family solidarity in their lives.

The findings suggest that levels of family connectedness remain high across Europe, which contradicts the thesis of erosion of family ties in more advanced societies and particularly in highly de-familialised welfare states. What seems to vary is the way family connectedness is expressed, namely when we look at the effective care arrangements across Europe. Here there are clear national differences that align with the differences observed in terms of acceptance of filial obligation in care provision. Again it is plausible to conceptualise these differences in terms of their association to the formal resources available (or not available) in each national context and not necessarily to deep cultural differences. Overall, family solidarity remains the norm in the lives of the elderly across Europe. The national variations examined in chapter 5 (with a special emphasis on multigenerations co-habitation and mixture of formal and informal care), and once more revisited in this chapter, show a clear alignment with welfare state models.

This line of arguments can also help understand the perceptions and expectations of the elderly Europeans about families as potential sources of care and about family solidarity. The elderly in familialist settings, where we find a stronger expression of normative family solidarity, are those that show higher shares of 'frustration' or 'disenchantment' about the roles of families. This can be interpreted, once again, as a result of the weak formal provision that creates a strong sense of insecurity among the elderly. This feeling is strengthened by the perception of decreasing opportunities towards family solidarity, if not because families are less willing to care, then because they are finding it increasingly difficult to perform this role.

However, preferences are still directed towards family care rather than to formal care, and this is observed across Europe. The findings suggest that general processes of the formation of opinions and preferences have a globally stronger impact than national variations. The latter seem to be more related to the availability of resources than to social norms and values.

As a general conclusion, we can say that normative family solidarity prevails as the norm across Europe, although there is a familialist/de-familialised gradient in the level of expression of adherence to norms of filial obligation. However, I find no clear evidence to sustain the argument that familialist social policy contexts are marked by stronger norms of family solidarity and in fact, that seems to be the generalised practice across Europe. National variations seem more in line with availability of alternatives to family solidarity, and when focusing on the preferences

of the elderly the reluctance to take filial care seems to increase as more alternatives become available.

These conclusions are further reinforced when we focus on within-country variations and take a closer look at the Portuguese case. The absence of relevant variation in preferences, that one could use to sustain the claim of normative homogeneity among the Portuguese population, can in fact be signalling a generalised perception of the under-development of social services and of formal care to the elderly, in particular. Both hypotheses should be considered when discussing and planning social policy solutions.

- Daatland, S. O. and K. Herlofson (2003). "'Lost solidarity' or 'changed solidarity': a comparative European view of normative family solidarity." Ageing and Society **23**: 537-560.
- Giarchi, G. G. (1996). Caring for Older Europeans. Comparative studies in 29 countries. Aldershot and Brookfield, Arena.
- Iacovou, M. (2000). Health, Wealth and Progenity: Explaining the living arrangements of older European women. Colchester, Institute for Social and Economic Research, Essex University.
- Jamieson, A., Ed. (1991). Home Care for Older People in Europe. A Comparison of Policies and Practices. New York, Oxford University Press.
- Johannesson, M. and P.-O. Johansson (1996). "The economics of ageing: on attitude of Swedish people to the distribution of health care resources between the young and the old." Health Policy **37**: 153-161.
- Kendig, H., A. Hashimoto, et al., Eds. (1992). Family Support for the Elderly. The International Experience. Oxford  
New York  
Tokyo, Oxford University Press.
- Mau, S. (2004). "Welfare Regimes and the Norms of Social Exchange." Current Sociology **52**(1): 53-74.
- Murphy, B., H. Schofield, et al. (1997). "Women with Multiple Roles: The emotional Impact of Caring for Ageing Parents." Ageing and Society **17**(3): 277-291.
- Naldini, M. (2003). The Family in the Mediterranean Welfare States. London  
Portland, Frank Cass.
- Pickard, L., R. Wittenberg, et al. (2000). "Relying on informal care in the new century? Informal care for the elderly people in England to 2031." Ageing and Society **20**(6): 745-772.
- Therborn, G. (2002). "Back to Norms! On the Scope and Dynamics of Norms and Normative Action." Current Sociology **50**(6): 863-880.
- Wall, K., S. Aboim, et al. (2001). "Families and informal support networks in Portugal: the reproduction of inequality." Journal of European Social Policy **11**(3): 213-233.