

Unequal Inequalities: The Stratification of the Use of Formal Care Among Older Europeans

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Inviato per possibile presentazione alla sessione

8. Istruzione, mercato del lavoro, istituzioni e disuguaglianza sociale (Gabriele Ballarino, Emmanuele Pavolini).

o alla sessione

13. Le nuove sfide dei sistemi di welfare: l'Italia in prospettive comparata (Ugo Ascoli, Costanzo Ranci).

Storia del paper: Il paper è stato presentato alla Spring Conference dell'ISA-RC28 presso l'Università di Tilburg nella primavera 2015, inoltre è stato presentato in alcuni workshop presso università straniere. Attualmente è in corso di stampa (disponibile come advance access in formato elettronico) sulla rivista *The Journals of Gerontology: Social Sciences*.

Abstract

Objectives. The general aim of the article is to incorporate the stratification perspective into the study of (long-term) care systems. In particular, 3 issues are investigated: the extents to which (a) personal and family resources influence the likelihood of using formal care in later life; (b) the unequal access to formal care is mediated by differences in the availability of informal support; (c) the relationship between individuals' resources and the use of formal care in old age varies across care regimes and is related to the institutional design of long-term care policies.

Method. Data from Waves 1 and 2 of the Survey of Health, Ageing and Retirement in Europe for 4 countries: Denmark, Germany, France, and Italy, and population aged at least 65 ($N = 9,824$) were used. Population-averaged logit models were used.

Results. Logit models revealed that in terms of access to formal care: an individual's educational level plays a limited role; family networks function similarly across the countries studied; in general, financial wealth does not have a significant effect; there is a positive relation between income and the use of formal care in Germany and Italy, and no significant relation in France and Denmark; home ownership has a negative effect in Germany and Denmark. On accounting for informal care, inequality associated with individuals' economic resources remains substantially unaltered.

Discussion. The study shows that care systems based on services provision grant higher access to formal care and create lower inequalities. Moreover, countries where cash-for-care programs and family responsibilities are more important register inequalities in the use of formal care. Access to informal care does not mediate the distribution of formal care.