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

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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.