

Social support patterns among elderly people in European countries

Elvira Pelle*, Emanuela Furfaro**, Giulia Rivellini** and Susanna Zaccarin***

*Department of Communication and Economics, University of Modena and Reggio Emilia

**Department of Statistical Science, Catholic University of Milan

***Department of Economics, Business, Mathematics and Statistics, University of Trieste

1 Introduction

Population ageing has become a global and worldwide phenomenon. According to estimates released by the European Institute of Statistics, in Europe the percentage of people aged ≥ 65 years represented about 20% of the total population in 2016, registering over a 30% increase with respect to 1996. This is also due to the fact that, in recent years, life expectancy has risen systematically in all of the EU Member States [9].

While the continuous rise in life expectancy is an important achievement, in order for societies to benefit from it, it is crucial to ensure healthy and active ageing. Remaining active is a means to prevent mental and physical decline, to sustain health and well-being and to enhance quality of life as people age [11]. In this context, active ageing has been defined as the propensity to be engaged in activities for oneself or for the others in later life [7]. In order to tackle and monitor this aspect of ageing throughout Europe, the United Nations Economic Commission for Europe (UNECE) developed the Active Ageing Index (AAI) [13], that is based on 22 indicators organized in four domains.

A growing body of literature has focused on a specific domain of the AAI, namely participation in society. This is measured by voluntary activities, care to children and grandchildren, care to older adults and political participation. In particular, our interest is on studying this social dimension through social support. Social support is defined as “helpful functions performed for an individual by significant others such as family members, friends, coworkers, relatives and neighbors” [1, p. 2]. Receiving and providing support can be considered a specific social activity, which may be carried out as a formal or an informal activity. Received support, whatever the type (emotional, informational and instrumental), has been largely studied, highlighting the positive influence of social support on various health outcomes and well-being. Instead, minor attention has been devoted to support provided to others by the elderly. Indeed, providing support outside the household, instead of receiving it, can be considered a sign of an active lifestyle and participation in social life.

Although researchers have not yet achieved a consistent framework [14, 2], the network perspective in describing social support is widely suggested [8]. In particular, it is possible to investigate the ego-centered social support networks, composed by the focal person (ego), and the persons or institutions - usually referred as “alters” - to which ego is related by some support tie of interest. The more detailed the network is in terms of the characteristics of the ego and the alters, the more precise the description of the social support can be.

Drawing on the above considerations, this contribution aims at analysing patterns of social support among elderly population in European countries adopting an ego-centered network perspective. Using Wave 7 data [6]

(DOI:10.6103/SHARE.w7.700) from the Survey of Health, Ageing and Retirement in Europe (SHARE, [5]), we focus on both support received and provided by the elderly. By means of multivariate analysis techniques, we synthesise the support provided and received, highlighting specificities of the European countries in ego-support networks and in the type of support exchanged between ego and alters.

2 European surveys on older people

Recent and comparable data on older people in European countries can be derived from different surveys. Table 1 reports main information on social support that are available in the latest editions of the main European surveys.

Table 1: Comparative international surveys on older population

Survey	Latest available Edition	Collected information of interest		Countries
		Main modules	Support exchange	
European Health Interview Survey (EHIS)	Wave 2 (2013-2015)	Health: status, care use, determinants Socio-economic	# of people to count on and neighbors proximity+ provided (informal care)	EU Member States + Iceland and Norway
European Quality of Life Survey (EQLS)	EQLS 2016	Quality: life, society public services	Received + providers	33 EU countries
Survey of Health, Ageing and Retirement in Europe (SHARE)	Wave 7 (2017)	Socio-economic, health, social support financial transfers	Received/provided+ providers/recipients + frequency	27 EU countries + Israel

With regard to support exchange, EHIS collects information on the number of close people the respondent can count on in case of serious personal problems and neighbors proximity in case of need. No information are available for the type of support received, while some questions are devoted to the provision of informal care or assistance. Conversely, EQLS gathers information on the type of support received along with the support providers (classified according to the relationship with the respondent). Finally, SHARE collects information on both received and provided type of support, support receivers and providers as well as the frequency of support exchange. As SHARE provides the most recent and more complete information, it appears to be the most suitable country level survey to analyse the pattern of support exchanged among European elderly people.

2.1 The use of SHARE data in the study of social participation

SHARE data have been largely used to study the social participation domain in the active ageing framework, considering participation in different types of care and non-care (e.g., voluntary work, education, sport or social club) activities. For instance, SHARE data have been used to identify clusters of elderly people with similar patterns of social participation, considering the type of activities in which elderly are engaged, and the intensity of engagement [4]. Intergenerational exchanges at the level of values and personal orientations, as well as relational networks among Italian active young elders, have also been studied [7]: following literature review and meta-analysis of SHARE data, the existence of a relationship between the magnitude of the social network and the propensity to exchange with other generations have been underlined. Attention has also been devoted to the identification of the factors which influence health, as one of the key policy questions for an ageing population. A recent study based on the fourth wave of the SHARE analysed the effect of structural

social capital on the health (measured through self-perceived health) of individuals aged 60 and above living in European countries [3]. To define the social capital concept, the authors focused on respondents' answers regarding the frequency of their charity or voluntary work, educational, training course and club attendance over the last 12 months. In accordance with previous studies, results underlined that self-perceived health generally worsens with age. However, the physical health of an individual is only one of several factors influencing the perception of their own health: social capital in the form of networking, volunteering, and attending clubs appeared to be preventive against poor self-perceived health, stressing the beneficial effect of support networks in elderly people. These results were in line with previous SHARE-based evidence: not only socialising is highly beneficial for one's health, but the effect intensifies with increasing frequency and heterogeneity of social contacts. Hence, European governments could ensure well-being of older people, not only in terms of economic security and access to health services, but also addressing the need of formal and informal support networks.

3 Data and methods

We consider the most recent release of the SHARE data, namely Wave 7 that was carried out in 2017. The data collection of Wave 7 took place in 28 countries, including 8 new countries that were not included in previous waves.

Our target population is composed by people aged 65 years and over, representing 61.8% of the complete sample, and yielding a sample size of 47.286 individuals. The distribution throughout the included European countries exhibit higher percentages in Sweden and Czech Republic and the lowest in Luxembourg and an overall larger presence of women.

Information on received and provided support are contained in specific modules, namely "social support" and "financial transfers". Both modules are part of the "regular panel" questionnaire, administered only on a subsample of about 10.000 respondents living in Austria, Germany, Sweden, Spain, Italy, France, Denmark, Greece, Switzerland, Belgium, Czech Republic and Poland. The questionnaire allows to study four types of received/given support: personal care, practical household help and help with paperwork (from the social support module) and financial support as financial gift received/given (from the financial module). Information on the intensity of the support -expressed as the frequency of each type of help- are also collected as well as specific questions are devoted to the investigation of grandchildren's care.

Ego's structural characteristics (gender and age) are easily available, while alters' characteristics can be derived from the two mentioned modules. For each alter, it is possible to infer gender and whether he/she belongs to the same household as ego. Age, or more in general the birth generation, of alters can be inferred in most cases, allowing to deepen mechanisms driven by intergenerational support and/or by peer homophily support, that is the preference to be related to alters in the same birth generation.

Using Multiple Correspondence Analysis (MCA), we intend to map in a synthetic way the relationship among egos, their network structure, and the functional content of provided/received supports [10]. MCA is suitable to deal with categorical information expressing social support, and it allows to detect and visualise underlying structures in the data. As a final result, ego's and alter's characteristics, as well as characteristics of the support, can be represented as points in a bi-dimensional Euclidean space in order to highlight patterns of social support networks across European countries. In interpreting results, we will also consider the different countries' welfare models. For instance, with respect to Northern European countries, Southern European

countries are characterised by a “familistic” regime where people rely more on support from their family and personal social network rather than on public welfare state. We will expect the detected social support patterns might reflect such differences across countries.

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