Interhousehold financial and care transfers. Practices versus norms and attitudes towards delivering and receiving care

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Abstract

The aim of the study is to analyze both financial and care transfers in informal networks of support and their meaning for the household and individuals. In Poland, transfers within informal networks of support have had a relatively low priority in research, additionally their informal character has made them difficult to be studied. As a consequence, after 1989 there was no full and representative study made in that field. The analyses of limited scope were based on the households budgets survey, while analyses of broader scope referred to the qualitative studies on small samples. Data received from two survey-based studies conducted in 2005 and 2007 make it possible to fulfill gaps in research on informal transfers. Moreover, people's attitudes towards delivering and receiving care are also a subject of the study.

Knowledge on functioning of informal networks in care provision is of a special relevance in Poland also due to a strong underdevelopment of institutional care for both children and dependent adults. Care obligations can be considered as a reason for reducing the labour force participation on the one hand, and a barrier to compete effectively in the labour market on the other hand. Caring for somebody may weaken the labour market potential of care-givers and increases his vulnerability to social risks. Therefore, demands for increases in employment rates of women and older workers in Poland, both at low levels in the EU, may lead to remarkable cuts in informal care provision. That possible development confronted with the ageing process needs simultaneous progress in developing institutional care. These changes are strongly affected by the cultural context, which is reflected in norms and attitudes towards care.

The first data source is constituted by the special survey on '*Economic, educational and family activities'*, carried out on the Labor Force Survey sub-sample of 3,840 households in the second quarter of 2005. Its data were used to analyze the provided and received financial support and its magnitude as well as care delivered by the household members and care received by the households. These analyses are extended by use of data coming from the special survey '*Delivering care and social benefits as barriers to the economic activity of*

older working-age women', carried out in the third quarter of 2007 on the sample of 7,000 persons aged 50-65 for women and 55-70 for men, either economically active at the time of the survey or economically inactive no longer than 5 years before the survey. The data from that survey make it possible to study in detail financial and care transfers received and provided by the household (transfers considered in terms of time and money, characteristics of care givers and care receivers, motivation to provide transfers, the meaning of received transfers for the households). Analyses of norms and attitudes towards care cover such topics as: early retirement entitlement for people delivering care, the responsibility for delivering care both for children and adults, demand for care, reasons for not using institutional care, preferences for organization of care for older single persons.

The results based on the data from the 2005 survey indicate two factors influencing financial transfers between households: the life cycle stage and the household well-being. Households with the head aged 55 or more or households without children provide financial transfers much more often than others. Also households of higher income or those with a majority of adult members employed, transfer money more frequently. The crucial determinants for receiving financial transfers were: the household head's age under 55 years and the need for support caused by a presence of children, a bad material situation, and the insufficient economic activity. An access to suitable support networks seems to be important as well.

Financial transfers are mostly from older to younger generations since they are often aimed at children and grandchildren. The diversification of transfers provided between different relatives is made according to household characteristics and reflects different strategies with regard to delivering financial help.

Delivering care by the household members to persons outside the household depends mostly on the household head's age. The households, whose head is 45-64 years old, are most often delivering care to non-household member. The persons who are receiving care are in a great majority parents and grandchildren. The older the household head, the greater the share of grandparents among care receivers and the lower the share of grandchildren. Households with at least one member in need for care are considered separately depending on whether it is adult or child requiring help. Households with children in need for care receive care from outside more often when the child is younger. Care provision for children by relatives and non-relatives living outside the household is also positively stimulated by employment of

household members. Households with adults and children in need for care receive it less frequently from outside when they have their own care resources inside the household.

The preliminary analysis of norms and attitudes towards the responsibility for care, both for children and adults, shows that according to respondents' opinions family and other relatives are responsible for delivering care, especially for children. It is considered that the quality of care delivered by family and relatives is higher than by other actors. For care delivered to adults structural determinants, such as costs and availability of institutional care, gain importance. We conclude from the analysis of attitude concerning responsibility for care that the most socially acceptable form of external care in case of adults is the minder, because services are provided at home, public services are underdeveloped, therefore high costs are obstacles to use market services.