

## **HELPS RECEIVED BY FAMILIES WITH AT LEAST ONE PERSON WITH FUNCTIONAL LIMITATIONS**

Eleonora Meli

### **1. Introduction**

A system of relationships involves families. These relationships can be of different kinds and exist regardless of whether the household as a whole or individual members may have specific needs (Daatland *et al.* 2005, Evandrou *et al.* 2018).

Throughout the family life cycle, physiological and non-physiological events that mark the stages of family change may require external support. Events such as the birth of children, period of unemployment, the loss of autonomy due to aging can create a state of need for which the support network that surrounds families provides help. Some of these events are temporary and require a redefinition of roles within the family. Other events create a permanent state of need, such as aging and loss of autonomy.

If, therefore, families receive help as a matter of fact to be in a network, all the more so, this help comes when the state of need is real and not contingent.

Families with at least one member with functional limitations have objective needs. Daily activities carry difficulties that cannot always be solved within the family itself, and therefore require external support.

Depending on the welfare state available (Esping-Andersen 1999), the pattern of aid and the association between them, changes. If a large part of the assistance is, in any case, delegated to the family members, the availability of public facilities exhausts some of the specific needs (Motel-Klingebiel *et al.* 2005, Glaser *et al.* 2004).

Many theories (Parsons 1943, Cox *et al.* 1995, Litwak 1985) have explored the relationships between different forms of help provided to families.

1) Substitution: the public offer responds in the event that families are unable to cope their needs on their own.

2) Complementarity or supplementation: the different forms of aid work simultaneously and collaboratively.

3) Hierarchical compensation: there is an order between the types of aid, the stages start with informal aid from the support network, paid aid and then formal aid from the institutions.

Focusing on Italian context, this paper investigates the factors associated with the receipt of support in families with at least one person with functional limitations. Depending on the geographical area and the size of the municipality of residence, the availability of formal or informal aid changes. In this study will be analyzed how the different forms of support interact and which of the theories mentioned occurs. Thanks to available data substitution or complementarity theories were tested in the Italian context.

## 2. Data and methods

This study utilizes data from Italian survey “Families, social subjects and life cycle” carried out by Istat in 2016. It has involved nearby 25 thousand people aged 18 and over, asking different information about household’s composition, kinship, fecundity, support network, union formation and dissolution and work life cycle.

Data are representative for geographical areas and municipality dimensions.

For our purpose data regarding functional limitation, family composition and support network have been utilized.

Data were explored to represent the issue of care given to families, considering all families and those with at least one component with functional limitations (severe or not). Considering three type of helps: informal, formal and paid.

- Informal helps are these provided to families by non-cohabiting persons for free, could be material (domestic chores, assistance, bureaucratic issues, etc.), economic (money) or immaterial helps (company);
- Formal helps are these provided by municipality, cooperatives, local health authorities and public or private institutions, could be health related, non-health related or economic helps;
- Paid helps are these provided by someone who assists medically or not the person with functional limitations, the remuneration for assistance is paid by the family.

Descriptive analysis show how these help are distributed in the population and which characteristics influence distribution. To point how different characteristics play a role, further analysis were carried out to show which are the factors that influence the three different type of help (informal, formal and paid), and how they influence each other. To show the relation between the three form of help different

logistic models were carried out, firstly one for each type of help and then a multinomial model to highlight how different type of helps coexists.

### **3. Families with at least one person with functional limitation and helps received**

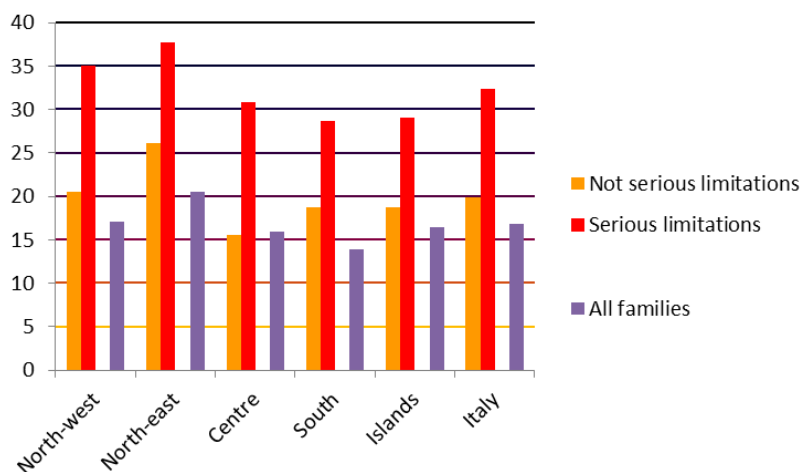
Data from “Families, social subjects and life cycle” provides an estimation of families with at least one person with all severity of functional limitations, that in Italy in 2016 are over 5,5 million, more than one fifth of all families. These with at least one person with severe limitations are about 2 million, less than one out of ten families.

#### *3.1. Informal helps*

Firstly the analysis focuses on informal helps. In general 16,8% of families receive a form of informal care, gathering an average of 1,9 helps. This share quite double for families with at least one person with serious limitations (32,5%), and the average number of helps received is 2,7. Studying this form of care, territorial differences emerge: the largest share of helped families lives in the north of the country and even in presence of serious limitations north-south divergence persist. In the North-East 37,7% of families with at least one person with serious limitations receive a form of caregiving, while in the South these are 28,7%. An explanation can be found in the hypothesis that caregiving is connected with socio-economic characteristics (economic resources, employment status, etc.) that are most lacking in the South of the country (van Groenou et al. 2006).

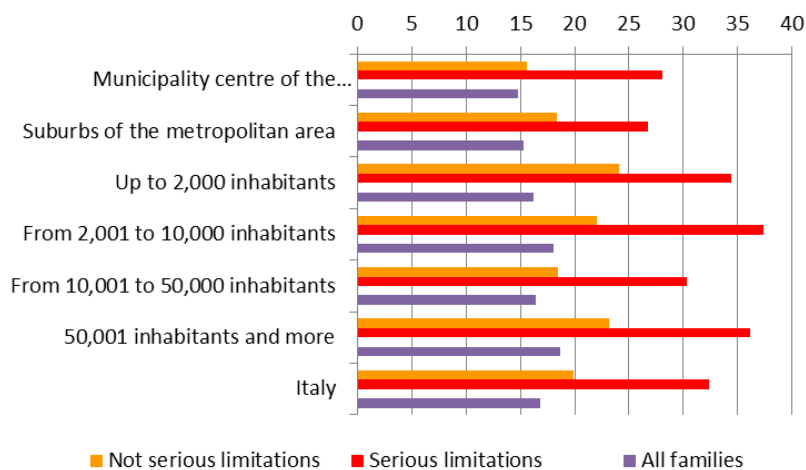
Other territorial dimension analyzed is the Municipality dimension, this could be an aspect that affects people’s relationship and the network strength. Families with at least one person with severe limitations living in metropolitan areas are less helped than others, moreover in small municipalities the strength of social ties is more evident especially looking to the aid offered to families in need.

**Graph 1** – Families who received an informal help and presence of persons with functional limitations per geographical area - Year 2016



Source: Survey Family, social subjects and life cycle.

**Graph 2** – Families who received an informal help and presence of persons with functional limitations per municipality dimension - Year 2016.



Source: Survey Family, social subjects and life cycle.

The proportion of families receiving support increases as the severity of limitations increases, moreover the ranking of helps' type changes. Families receive support in response of specific needs. Main differences can be observed in Adult assistance, Company, Domestic chores, Paperwork and Sanitary helps, families who receive these type of helps are meaningful higher among families with at least one person with severe limitations.

**Table 1** – Families who received an informal help and presence of persons with functional limitations per municipality dimension - Year 2016.

	Families who received helps	Type of help									
		Economic	Sanitary	Adult assistance	Children assistance	Domestic chores	Company, hospitality	Doing paperwork	Extra-domestic work	Study	Food, clothes, other
Serious limitations	32,4	12,8	38,1	52,0	4,4	45,0	48,6	41,2	16,4	0,9	9,9
Not serious limitations	19,9	16,4	23,5	20,8	4,0	44,0	39,2	40,6	13,8	1,6	5,9
All Families	16,8	21,3	17,6	15,9	23,3	33,2	25,5	23,9	10,5	3,2	12,1

Source: Survey Family, social subjects and life cycle.

Family characteristics such as the family size influence the support received, in terms of quantity of families helped and in the type of help provided. The need to be helped by people outside the household is considerably reduced when the person with severe limitations does not live alone. In the case that the person with severe limitations lives alone over 40% of them receive a form of support, while in the case of cohabitation with others this share reduces to 28,3%.

Issues that can be handled in family does not need external support, such as Domestic chores, Company or Adult assistance, while specialized helps remain a domain that requires support regardless to the family size, such as sanitary helps.

**Table 2** – Families who received an informal help and presence of persons with functional limitations per municipality dimension - Year 2016.

	Families who received helps	Type of help										
		Economic	Sanitary	Adult assistance	Children assistance	Domestic chores	Company, hospitality	Doing paperwork	Extra-domestic work	Study	Food, clothes, other	
<b>Serious limitations</b>												
Family size	1	41,1	14,3	40,7	65,7	-	64,7	62,8	60,5	27,2	-	9,3
	2 or more	28,3	11,8	36,3	42,7	7,4	31,4	38,8	27,9	9,0	1,6	10,3
	All	32,4	12,8	38,1	52,0	4,4	45,0	48,6	41,2	16,4	0,9	9,9
<b>Not serious limitations</b>												
Family size	1	26,5	11,7	24,5	29,0	-	52,8	50,0	53,2	16,6	1,1	4,1
	2 or more	15,3	22,2	22,4	10,7	8,9	33,2	25,9	25,1	10,4	2,4	8,0
	All	19,9	16,4	23,5	20,8	4,0	44,0	39,2	40,6	13,8	1,6	5,9
<b>All Families</b>												
Family size	1	18,8	22,2	22,2	24,8	-	45,9	39,9	40,6	15,8	1,2	12,6
	2 or more	15,9	20,8	15,2	11,4	35,2	26,7	18,3	15,4	7,8	4,2	11,8
	All	16,8	21,3	17,6	15,9	23,3	33,2	25,5	23,9	10,5	3,2	12,1

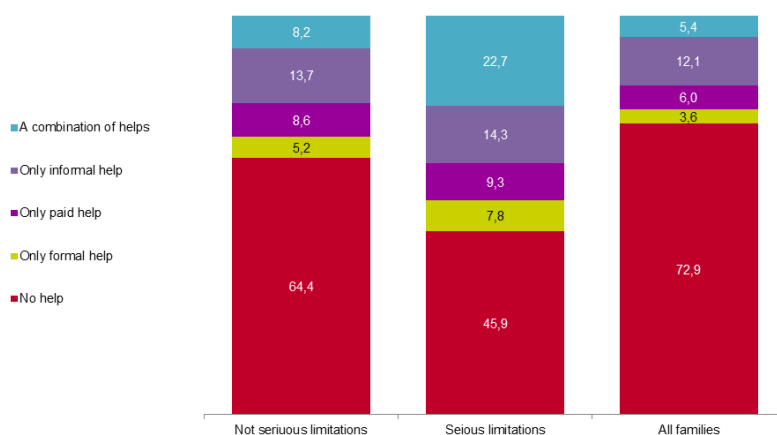
Source: Survey Family, social subjects and life cycle.

### 3.1 Formal and Paid helps

Informal help is the prevalent form of help for families, adding paid services we can conclude that families are responsible for the largest share of aid received. Considering all the types of help 54,1% of families with at least one person with functional limitations receive at least one type of help. Formal care reach one quarter of the families that have people in need, but as unique type of help it stops at less than 10%.

Combination of help is the most diffused strategy to deal with daily difficulties of people with some form of disabilities.

**Graph 3** – Families who received help, origin of help and presence of persons with functional limitations - Year 2016.

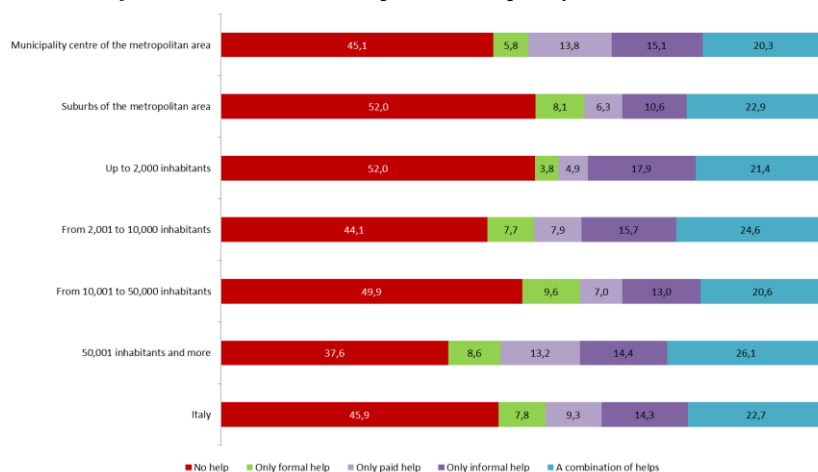


Source: Survey Family, social subjects and life cycle.

Territorial differences in the combination of helps received could be analyzed by municipality dimension of residence.

Informal help as unique help received is prevalent for families living in small municipalities, while largest municipalities provide more than others formal aid.

**Graph 4** – Families who received help, origin of help and presence of persons with functional limitations per municipality dimension - Year 2016.



Source: Survey Family, social subjects and life cycle

#### 4. Determinants for helps received

Analyzing the determinants for the three types of help considered emerges that complementarity is the strategy to deal with families' difficulties. There's no substitution effect but a different and specialized role for each of the type of help (Vlachantoni et al. 2015).

There is a strong and significant association between different providers of helps.

- Informal helps exist whenever families with at least one person with severe limitations have a strong network (at least two different networks active among: relatives, friends, neighbors, people who would borrow money). These helps are more likely to be given if families are made up of one person, are less likely in bigger municipalities and in metropolitan areas, and have a little effect due to insufficient economic resources.
- Formal helps are significantly associated with geographical residence: North and Centre with respect to South.
- Paid helps are more frequent if the person with serious limitations lives alone, if the family has a good judgment of own economic resources and lives in a metropolitan municipality.

**Table 3 – Logistic regression on different origin of help - Year 2016.**

Patterns of help received for families with at least one person with functional limitations												
	Informal helps				Formal helps				Paid helps			
	Odds Ratio	Lower 95% CI	Upper 95% CI	Significative level	Odds Ratio	Lower 95% CI	Upper 95% CI	Significative level	Odds Ratio	Lower 95% CI	Upper 95% CI	Significative level
<b>Geographical area (ref="South")</b>												
Centre	0.905	0.672	1.217	0.5082	1.567	1.136	2.162	0.0062	0.826	0.586	1.164	0.2745
North	1.008	0.799	1.271	0.9467	1.477	1.142	1.910	0.0029	0.956	0.736	1.244	0.7398
<b>Municipality (ref="Up to 10.000 inhabitants")</b>												
10.001 and more	0.757	0.592	0.969	0.0268	1.167	0.894	1.523	0.2574	1.038	0.777	1.388	0.7991
Metropolitan area	0.557	0.423	0.734	<.0001	0.772	0.569	1.048	0.0967	1.622	1.189	2.213	0.0022
<b>Cohabiting persons (ref="Two or more persons")</b>												
One person	1.872	1.496	2.343	<.0001	1.140	0.896	1.451	0.2847	2.901	2.285	3.683	<.0001
<b>Economic resources (ref="Insufficient")</b>												
Sufficient	0.741	0.601	0.914	0.0050	0.861	0.686	1.079	0.1935	1.514	1.191	1.926	0.0007
<b>Paid help (ref="No")</b>												
Yes	1.452	1.138	1.853	0.0027	2.305	1.800	2.952	<.0001	-	-	-	-
<b>Formal help (ref="No")</b>												
Yes	2.543	2.025	3.194	<.0001	-	-	-	-	2.293	1.788	2.941	<.0001
<b>Informal help (ref="No")</b>												
Yes	-	-	-	-	2.551	2.030	3.205	<.0001	1.453	1.137	1.857	0.0028
<b>Support network (ref="Weak")</b>												
Strong	1.880	1.495	2.364	<.0001	0.891	0.698	1.138	0.3566	0.803	0.624	1.035	0.0897

Notes: The reference category for the type of help is 'Yes'. Significance levels: \*\*\*  $p < 0.001$ , \*\*  $p < 0.01$ , \*  $p < 0.05$ .

## 5. Determinants of different patterns of help

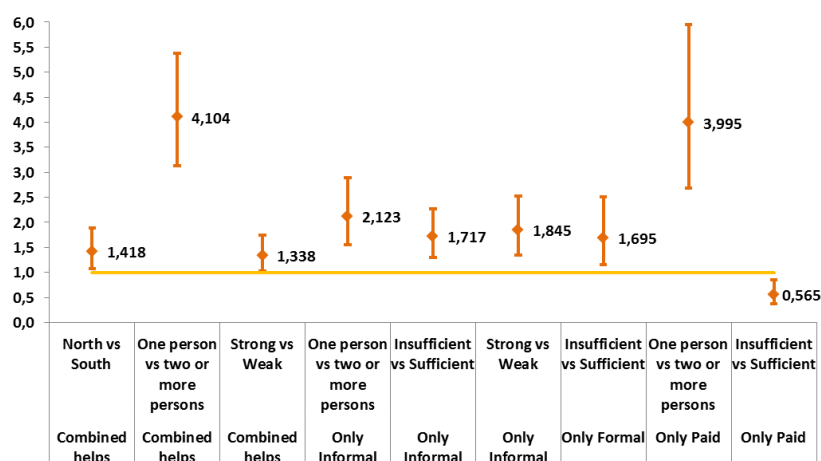
As already shown families can be supported by different type of help both exclusively or combined. Single logistic regressions have shown how single helps are positively associate with the presence of others. A multinomial logistic regression helps us to explain the effects on patterns of received helps by some predictors, on the probability to receive only a type of help or a combination.

Dependent variable is "Patterns of help": Only informal; Only formal; Only paid, Combination of helps and No helps.

Independent variables are: Geographical area; Demographic dimension of municipality; Network; Cohabiting persons; Opinion on own economic resources.

- Combined helps are more frequent if the person with functional limitations lives alone, in presence of strong network and in the North.
- Families with at least one person with functional limitations receive only informal helps if they have a strong support network, are formed only by a person and if family perceives insufficient economic resources.
- Only formal helps are more likely to be received by families with insufficient economic resources.
- Paid help as unique form of help are more likely to be received if families are composed by only one person and if family does not perceive its economic resources as insufficient.

**Graph 4 – Multinomial logistic regression on patterns of helps received (Combined helps, Only informal, Only formal, Only paid)- Year 2016**



Notes: The odds ratios were estimated by multinomial logistic regression. They indicate the association between pattern of helps and each variables' category. Values greater than one indicate a positive association, lower a negative one.

## 6. Conclusions

When there is at least one person with functional limitations in the family, it is the whole family that suffers the consequences. In case of necessity, the family play an active role, both by the members who live together, and through the support network composed of family members who do not cohabit, friends and neighbors.

As the results of the analysis carried out in this work show, the informal network, primarily with the cohabiting family members, and then also with the external support network, works to meet the specific needs of those who have needs related to the normal daily activities. Other forms of aid are in addition to informal aid and work towards complementarity, falsifying the hypothesis of substitution. The coexistence of different forms of help is the most frequent pattern of support and in any case the activation of the informal network is given for granted.

The key findings which have significant implication for care support for people with functional limitations are the complementarity of aids, the not-replaceable role of family in terms of cohabiting people, not-cohabiting family's members and the

possibility to pay for someone who gives help, the presence of a support network and sufficient economic resources.

The availability of a support network is linked to the municipality dimension, bigger municipalities and metropolitan areas suffer more than smaller municipalities of social isolation. Social ties are still strong in smaller towns, on the other hand formal helps does not reach these living contexts.

This work focuses on families which receive helps, describing how and which kind of helps. Counter part of these families which have achieved informal, formal or paid helps there are a significant quota of families which cope with everyday difficulties on their own.

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## SUMMARY

### **Helps received by families with at least one person with functional limitations**

The mutually supportive relationships in which families are involved exist, regardless of a real need, it is the existence of the relationship itself that causes an exchange, material or immaterial. If this is true in general, where the need is real, as in the case of families where at least one person has limitations in carrying out daily activities, the support network is more active. Moreover, the network becomes more active when the limitations are more disabling. Nevertheless in Italy there are substantial differences in the helps received by families analyzing the territorial residence and the demographic dimensions of municipality.

From the data of the survey "Families, social subjects and life cycle" conducted by Istat in 2016, it is possible to analyze the network of support to families in which there is at least one person with limitations.

The analysis presented was carried out on informal (by non-cohabiting family members, friends and neighbors) and formal (by municipalities, affiliated cooperatives, local health authorities, public or private institutions or bodies) helps received by families with at least one person with limitations, analyzing both the type of helps received and the characteristics of the family who received help (family composition, municipality and geographical area of residence).

The main results show how as the needs of families grown, so the share of families receiving support increases considerably. The presence of other family members living together absorbs the greater burden of care. The presence of one type of help (formal / informal) does not exclude the other, on the contrary, in case of need, the support network is activated on more channels, creating an additive model. This model shows differences in the different national areas, in the North the share of helped families is larger than in other regions and if the limitation is serious this difference north-south is greater. Further differences at territorial level is found with respect to the demographic size of the municipalities of residence, in smaller municipalities (up to 2.000 inhabitants) informal helps are stronger and a larger share of families with disabled people received helps from non-cohabitant family members, friend or neighbors, this highlights how social ties are still strength in small urban environments.