

Thematic Panel 5 – The intergenerational mutual interdependence in aging societies

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Conveners and Discussants:

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Increasing life expectancy and shrinking fertility are reshaping the demographic structure of western societies, with a progressive increase in the relative share of the older segment of the population. These processes have extended the number of generations coexisting in the same time span for a longer time, multiplying the possible caring relations between them. Indeed, the share of people in three- and four-generation families is rising despite fallen birth rates and delayed childbearing. Demographic transformations call for a focus on the vertical axis of the caring relationship that cuts across generations, with overlapping caring needs and potential, as well as a more blurred distinction between care providers and receivers. All these elements seem to point to a lengthening of the phase of intergenerational reciprocal mutual exchange.

At the same time, several social and institutional transformations have contributed to reduce the potential for caregiving at the family level, making no longer sustainable the traditional care model based on the focal role of women's unpaid labour within families. The reduction in welfare spending by several welfare systems in Europe, with a growing resort to privatisation or re-familialisation, the increase in female activity rates, the widespread need for families to secure a dual income, the postponement of (female) retirement age and the shirking of family size, all point in this direction. Even when the magnitude of these changes vary across countries, the need to combine the financial sustainability of the welfare state while keeping the pace with an increasing care demand emerges as a common trait.

In particular, delayed childbirth and longer life expectancy are increasing

the distance among generations and may result in a higher probability, especially for the population aged between 45-60 years, to be engaged in an overlapping of potential caring demands, toward parents but also toward children and grandchildren. The potential multiple intergenerational caring responsibility tend to coincide with a lifetime phase characterized by moderate working flexibility, also due to the limited existence of caring leave and to the concurrent pressures to postpone the retirement age. In this context, the mismatch between growing care needs and reduced family capacity suggests that families might be challenged towards a reorganization of the distribution of caring responsibilities along the horizontal line, e.g. family members, as well as vertical line, generations.

With a special focus on gender, family forms and care policies, this panel is dedicated to analyze how societal and institutional transformations as well as cultural orientations influence the intergenerational caring priorities. The aforementioned demographic and societal transformations are generating potential conflicts between care demands along the intergenerational line, both at the micro level and at the macro level. The shrinking capacity of the family to take up large shares of the caring responsibilities suggests tensions towards a reorganization of individual and family priorities in face of conflicting intergenerational caring demands. At the same time, since these changes could result in a larger call for formal support, at the institutional level there is the need to deal with the potential trade-off between care needs of different generations. In particular, the stream is addressed to understand:

- How the demographic changes are affecting families' capacity to sustain intergenerational care relationship across generations
- How caring resources are shared between family members when multiple generations are in place, especially in relation to conflicting care demands.
- How (different) demographic pressures have been addressed by different institutional contexts and if there is evidence of a reorganization of policy priorities between the different generations' caring demands.

To this end, the stream encourages comparative studies with socio-economic and demographic approaches, studies on gender and care arrangements, studies on family and care policies. We welcome more general comparative contributions, in-depth empirical single case studies or country comparisons.