CHAPTER 6

Summary and Conclusions
Children are an important source of care for older adults. Given the growing need for elder care, it is important that children join forces in providing parental care. In the present study, I examined the determinants and consequences of care provided by adult children to their parents, taking into account potential and existing caregiving networks consisting of a child’s siblings and other kin and non-kin. Much of the previous research has looked at the process of caregiving from the dyadic perspective, emphasizing the relationship between a parent and an individual child (Connidis, Rosenthal, & McMullin 1996; Dwyer & Coward 1992; Parrott & Bengtson, 1999; Stoller, Forster, & Duniho, 1992). In this dissertation, I emphasized that dyads are embedded in a broader familial and caregiving context, and individuals are not independent from one another. The study has contributed to understanding the complexity of the caregiving process. I acknowledged the existence and potential availability of ‘others’ in addition to an individual adult child in caregiving provision and demonstrated that ‘others’ should not be neglected when studying family caregiving. Special attention was given to families in which an individual child shared or might share care for older parents. This study incorporated various aspects of caregiving networks and specifically investigated the following:

- The influence of siblings on an individual child’s caregiving in multiple-child families;
- Sharing of care among siblings in multiple-child families;
- Gender differences in parental support in relation to gender role ideology in families with multiple cross-gender children, and cohort changes.

In addition, the consequences of sharing care with others were examined:

- The influence of sharing care within kin and non-kin caregiving networks on a child’s caregiving burden.

These four aspects of caregiving are considered in four research questions that are addressed in the previous four chapters. In this chapter, I provide a summary of these four studies and their major findings as well as the answers to the four research questions. Furthermore, I discuss theoretical and methodological implications and directions for future research as well as practical implications of this dissertation, and the overall conclusion.
Research question 1. To what extent is the individual child’s caregiving affected by the caregiving of the child’s siblings, the gender composition of a sibling group and the siblings’ characteristics?

This question was investigated in the second chapter of the dissertation. Caregiving by an individual child was examined in multiple-child families. I took into account that a child is a part of a large system of relations in which siblings are likely to affect the dyadic interaction between a child and a parent. It was elaborated on the predictors of filial caregiving related to parental needs and children’s individual characteristics by studying the impact of siblings and sibling characteristics on caregiving. Departing from the idea of sibling joint care responsibility for parents as the leading mechanism in the influence of siblings on a child’s caregiving behavior (Matthews, 2002), it was expected that, to the extent that siblings provided care with higher intensity, an individual child would provide care with higher intensity. However, joint responsibility could be shaped by different factors related to family size, sibling roles, and opportunities for care. It was hypothesized that the larger the number of siblings (particularly, the larger the number of sisters), the less intense each child’s caregiving was likely to be. Finally, it was expected that an individual child would provide less care if his or her siblings had characteristics that were more conducive to caregiving.

The data of 186 older parents who reported on the characteristics and caregiving of all their children (N = 703) were examined. The sample of selected parents consisted of 66 male and 120 female care recipients between the ages of 63 and 91 who lived independently and had at least two non-residential children. Each parent provided information on the frequency of care given by all children pertaining to ten caregiving activities (Knipscheer & Broese van Groenou, 2004). The caregiving intensity of each child was calculated as a total sum of the help provided for all the activities. Furthermore, parents provided information on the characteristics of all their children: gender, age, partner and employment statuses, age of the youngest grandchild, travelling time and the exchange of emotional support between each child and the parent. For each child of the family, the average caregiving intensity of all the siblings was calculated as well as the number of sisters and brothers, the proportion of siblings with partners, the proportion of employed siblings, the proportion of siblings with their own children younger than 16, the average travel time between the siblings and the parent, and
the average frequency of the siblings’ emotional support exchanges with the parent.

The relationship between a child’s individual caregiving intensity and the average caregiving intensity of all remaining siblings was examined. The study showed that siblings jointly provided care to their parent; a child’s caregiving was more intensive if caregiving by siblings was more intensive as well. The research pointed out the existence of sibling joint responsibility and supported the idea of sibling solidarity. Further, the association between a child’s individual caregiving and the number of sisters and brothers was investigated. As expected in the second hypothesis, sibling solidarity was shaped by family size. In particular, the study demonstrated that the number of sisters influences an individual child’s caregiving: the more sisters a child has, the less care a child provides. The number of brothers did not affect children’s caregiving. The gendered nature of caregiving seemed (although perhaps implicitly) to be one of the factors contributing to sibling decisions to care for a parent in need. Finally, sibling joint responsibility was expected to be shaped by siblings’ characteristics. The results demonstrated that a higher proportion of siblings with partners and a lower average frequency of emotional support exchanges between siblings and parents were associated with more care provided by an individual child.

The study elaborated upon the “classical” predictors of caregiving, particularly parental characteristics (such as parental needs for help) and children’s individual characteristics (such as opportunities and willingness to provide care). Although these predictors were significant determinants, the role of siblings was shown to be important. A child’s caregiving was not only influenced by dyadic parent-child characteristics but also by his or her siblings: their caregiving, availability and characteristics. Children jointly responded to each other’s parental caregiving, shared care, and substituted for and supported each other. The study acknowledged the importance of studying caregiving within a family context.

**Research question 2. To what extent and how equally is the care shared in multiple child families, and to what extent do similarities among sibling characteristics influence the sharing of care among siblings?**

The third chapter of this dissertation provided an answer to this question. Studying filial caregiving from a family perspective acknowledges that each child is
a potential candidate to provide informal care to the parent. The first part of this chapter demonstrated whether and to what degree the care was actually shared in multiple-child families by examining the proportion of children participating in caregiving. Furthermore, even if all children participated in caregiving, one of the children may have done the work more intensely (Dilworth-Anderson, Williams, & Cooper, 1999). Therefore, another element in the degree of sharing was examined in this chapter: how equally the caregiving intensity was distributed among children (caregiving equality). In the second part of the chapter, I investigated in which families sharing the care was most likely to occur. Following the literature on relativity of sibling characteristics (Matthews, 2002; Silverstein, Conroy, & Gans, 2008) and ideas of similarity (Homans, 1974; McPherson, Smith-Lovin, & Cook, 2001), it was expected that similarities across sibling characteristics would enhance sharing the care across siblings regarding both elements: caregiving participation and equality of caregiving intensity.

This study used the same sample of older parents as was used in the second chapter, although here the unit of analysis was the family (N = 186 families). Caregiving variables and children's characteristics were aggregated from the child level to the family level. Sharing the care was indicated by the percentage of children participating in caregiving (at least sometimes, with at least one task) as well as by the equality in caregiving intensity among children (reversed score of the standard deviation of caregiving intensity across children within each family). It was found that in the majority of families where at least one child sometimes provided care, care was shared by at least two siblings (about 70%). In 38 families, all children participated in caregiving. In 40 families, caregiving was not shared but was provided by a sole caregiver. Despite the fact that the caregiving was shared in most families, it was not always shared equally. There were only ten families in which all children provided care with the same intensity.

Examination of the type of families in which care was shared among siblings demonstrated that similarities in partner status were associated with higher caregiving participation. This suggested that in families where siblings had similar time-consuming, competing responsibilities such as having a family, caregiving was shared by more siblings. The intensity of care was shared more equally among siblings when siblings’ partners or employment statuses and emotional support exchanges with a parent were similar. The results suggested that in families where children had a similar number of opportunities and a similar degree of bonding with the parent, small or large caregiving efforts were more
likely to be equally distributed. In such families, it was possible that siblings were less likely to experience stress related to non-equal distribution of care responsibilities (Ingersoll-Dayton, Neal, Ha, & Hammer, 2003). However, these results do not necessarily mean that homogeneous families were always beneficial to parents; increased parental needs might have remained unmet if all siblings were unable to provide care. The study demonstrated that in most families, children shared care for the older parent, reinforcing the belief that filial caregiving should be studied from a family perspective. The homogeneity in siblings’ characteristics is an important predictor of caregiving participation and equality of caregiving intensity.

Research question 3. To what extent does the degree of egalitarianism of gender role ideology explain gender differences in parental support, and does the explanatory model of support taking into account gender role ideology change between 1988 and 2000?

This research question was investigated in the fourth chapter of this dissertation. Imbalances in siblings’ contributions to parental support were often attributed to gender: daughters provide more support than sons (Silverstein, Parrot, & Bengtson, 1995). Previous research has discussed explanations of gender differences in parental support and suggested that dissimilar employment statuses of sons and daughters as well as different perceptions of filial obligations could root such gender inequalities (Finley, 1989; Moen, Robison, & Fields, 1994; Sarkisian & Gerstel, 2004; Stoller, 1983). In this study, I investigated children in multiple-child cross-generation families and suggested that gender role ideology might play an important role in understanding why daughters and sons differ in parental support, and that gender ideology is an important determinant of caregiving. In addition, given increasing employment rates by women (Brewster & Rindfuss, 2000) and changes in gender role ideology (Brewster & Padavic, 2000), I investigated whether gender differences decreased in a recent cohort compared to an older cohort. It was also examined whether the influence of gender role ideology on caregiving has changed.

The study used data from the US-based Longitudinal Study of Generations (LSOG), which at the baseline in 1971 consisted of 328 three-generation families. The study became longitudinal beginning in 1985, when the sample members were surveyed again at three-year intervals. Members of each generation reported
Summary and Conclusions

on their cross-generational and marital relationships, sociopolitical opinions, values, health, psychological well-being, and economic and occupational status (Parrott & Bengtson, 1999). I analyzed data of subsamples of two generations of adult children who had at least one surviving biological parent at the time of observation, the second generation (G2) participating in 1988 and the third generation (G3) participating in 2000, and included respondents who had at least one surviving cross-sex sibling (n (G2) = 120, n (G3) = 423). Support provision to the parent was measured as assistance pertaining to seven activities: household chores, transportation and shopping, information and advice, financial assistance, emotional support, discussing important life decisions, and helping in case of sickness. It was considered that children provided support if they helped with at least two tasks (0 ‘no support or supplying one task’ versus 1 ‘supporting with multiple tasks’). Gender role ideology was measured as a scale of six statements indicating how equal the roles between men and women were.

In 1988, gender differences in parental support were found. The results also demonstrated that gender role ideology was perceived by daughters as more egalitarian than by sons. Including gender role ideology in the explanatory caregiving model increased gender differences in support. When egalitarian gender role ideology was held constant at the mean level, 76% of the daughters and 22% of the sons provided support. The study demonstrated that gender role ideology was an important predictor of support provision, and the extent of gender differences was especially visible when I controlled for gender role ideology.

In 2000, the numbers of daughters and sons providing support did not differ. For both sons and daughters, gender role ideology was more egalitarian in 2000 compared to 1988; however, similar to 1988, daughters were still more egalitarian than sons. The results demonstrated a significant decrease between 1988 and 2000 in gender differences, suggesting that the gendered nature of parental support is disappearing in post-modern societies. In 2000 the effect of gender role ideology on gender differences in support became irrelevant. The probability that children supported their parents was higher when they had a more egalitarian gender role ideology, which was opposite to the results for 1988. The change of the effect suggested that the first “shock” of increasing egalitarian ideas about roles of men and women was over in 2000. In 2000, female employment became very common, most children had competing responsibilities, and all children had a greater chance to be involved with support. The egalitarian gender role ideology did not remove the gender differences; however, it was an important
predictor of parental support. The study suggested that as gender differences in mixed-gender families became smaller, sons, who in many cases were “caregiving potential” instead of caregivers in mixed-gender families, were later as likely to provide parental support as daughters. I also revealed that norms regarding gender roles should be considered one of the important predictors in the explanatory model of parental support in addition to norms of filial obligation, and showed that the explanatory model changed over time.

Research question 4. To what extent does sharing care with a larger caregiving network reduce an individual child’s caregiver burden?

The answer to this research question could be found in the fifth chapter. Previous research has demonstrated that adult children usually share care activities with others, including their spouse, siblings, other kin, friends or neighbors (Ingersoll-Dayton et al. 2003; Szinovacz and Davey 2008; Wolf, Freedman and Soldo 1997), suggesting that they are embedded in an informal caregiving network. Belonging to a caregiving network implies that a person has to interact regarding care provision and coordinate his or her own caregiving with the caregiving provided by others. It was expected that supportive caregiving networks would positively affect an individual and reduce a child’s caregiver burden because caring for a parent together and having positive interactions with other caregivers signifies support for a caregiver. Destructive caregiving networks (i.e., networks where conflicts occur) might increase caregiver burden. Depending upon how supportive the caregiving network is, adult children's perceptions regarding the caregiving burden may vary. The availability of support and appreciation within the caregiving network, the size and composition of the network, and the degree and length of sharing the care within the network were considered positive characteristics, and were expected to decrease a child’s caregiver burden. The likelihood of disagreements within networks was expected to increase a child’s caregiver burden.

The data were collected in the study “Informal Care” by Statistics Netherlands and The Netherlands Institute for Social Research in 2007. Informal caregivers were identified and self-completed the information on their own characteristics and on the characteristics of their care recipients, including needs for help and various aspects of caregiving. Data on respondents who helped their older parents (including parents-in-law) and who were between 55 and 103 years
old were selected. Because the focus was on the informal care-giving network, the analyses relied on those cases in which the respondent identified other informal caregivers. The final sample comprised 602 caregiving adult children. Caregiver burden was measured using an extended version of the Self-Perceived Pressure from Informal Care Scale (Pot, Dyck, & Deeg, 1995; Timmermans et al., 2001). The average burden score was 4.3 on a scale ranging from 0 to 14. About 17% of the caregivers were not burdened at all, and about 8% were heavily burdened, meaning they scored at least 10 on the burden scale.

An adult child experienced lower caregiver burden when the informal caregiving network size was larger, when more types of tasks were shared across the network and when the adult child had no disagreements with the other members of the network. I also found an indirect negative effect between the period of sharing the care and caregiver burden, meaning that the longer a child shared care with others, the fewer hours of care a child had to provide and the lower the child’s caregiver burden was. The results suggested that an informal caregiving network decreased an adult child’s caregiver burden, either directly, or, in the case of extended durations of care, indirectly by eventually enabling the adult child to provide fewer hours of care. The findings supported the general notion of personal networks, implying that positive interactions make individuals feel better because they can count on others (Antonucci, 2001). On the other hand, the results demonstrated that perceiving appreciation and support from other caregivers did not influence caregiver burden, suggesting that the negative influence of disagreements in a caregiving network exceeds the positive influence of feeling supported and appreciated by others, as corroborated by previous research by Rook (2001). Network composition did not affect caregiver burden, suggesting that non-kin caregiving networks could be as important as kin caregiving networks. The results implied that along with the provision of care, it might be advantageous for adult child caregivers to spend time organizing an informal caregiving network, coordinating care activities, and coping with disagreements among the informal helpers.

Theoretical Implications

This dissertation elaborated the idea that parental caregiving involves caregiving networks, in which an adult child is not independent from other existing and potential actors. The general caregiving model, described in the first chapter
Chapter 6

(Figure 1.1), includes a number of important factors related to a child’s caregiving. It is based on two broadly used paradigms: a) the intergenerational solidarity framework (Bengtson & Roberts, 1991), which describes various predictors of caregiving, and b) the stress process model, describing caregiving predictors and outcomes (Pearlin, Mullan, Semple, & Skaff, 1990; Yates, Tennstedt, & Chang, 1999).

The intergenerational solidarity framework emphasizes the vertical relationship between generations. It illustrates a number of dimensions, such as norms, affection or structural opportunities, which determine the interaction between generations, including support exchanges. When applying this model to parental caregiving, it provides insights into individual relations between a parent and a child. However, it is unclear how these dimensions function when multiple family members are involved. In this study, I showed that these dimensions are not only intergenerational but also interrelated within a sibling generation; parental support by a child is, to some degree, affected by siblings. For instance, as demonstrated in Chapter 2, a child provides more care to a parent when siblings have fewer opportunities to care (structural dimension) and when siblings have lower emotional bonding with a parent (affective dimension). Gender role ideology was an important predictor of a child’s caregiving in families with mixed-gender multiple siblings (Chapter 4), reflecting perceptions about equality in roles for both genders. The study corroborated recent research that considered the relativity of dimensions of solidarity across siblings. Silverstein et al. (2008) suggested that a child’s benefits and costs of caring are outweighed by the perceived benefits and costs of caring by siblings.

The stress process model is specifically related to the caregiving process. It describes the psychological and physical outcomes for an individual caregiver and facilitates understanding of the stressors and the coping mechanisms of this process. The original model includes “others” to some extent; the emotional support by friends and family available to a caregiver is considered a mediator of stress. However, this model does not position multiple caregivers and their roles. It is therefore not obvious how the stress process may develop in the situation of multiple actors. In this thesis, I suggest that the model should be extended and the influence of the caregiving network should be taken into account because it has been shown to be important for the caregiver’s burden. By demonstrating that the supportive characteristics of the caregiving network (such as the network size and the number and the period of shared tasks) decrease the caregiver’s burden,
whereas disruptive characteristics (such as disagreements about care) increase the caregiver’s burden, this study reveals new and important factors influencing the caregiver’s stress process.

As described in Chapter 1, in order to answer the general research questions, four different angles were used: sibling solidarity and joint care for parents, equity and sharing, gender equality and the network perspective. Regarding the idea of sibling solidarity, the study showed that siblings are jointly responsible for their parents and substitute for one another when some of the siblings experience constraints to care. At the same time, the siblings’ joint responsibility is shaped by family composition and sibling opportunities. Siblings share care, but care is not equally distributed among siblings. These findings contribute to the understanding of the ambivalent nature of the sibling bond, expressed by both sibling solidarity and sibling independence. This suggests that siblings are both family and friends at the same time; on the one hand, they are committed to their family, and on the other hand, there is a limit to the demands that they can make in their relationship to one another (Connidis, 2005). Siblings do not necessarily have frequent interaction; however, in times of family need, they can be mobilized (Allan, 1977). This study showed that siblings with homogeneous characteristics seem to have a higher sense of joint responsibility or joint constraint. This corroborates the importance of similarities (McPherson, Smith-Lovin, & Cook, 2001); similarity is thought to enhance affinity and to produce mutual support.

The equity theory by Walster, Walster and Berscheid (1978), which states that unequal caregiving relationships lead to feelings of distress by both caregiving and non-caregiving siblings, is also reflected in this study. According to the equity theory, siblings who provide more care than others are distressed because they give more, and siblings who do not provide care are distressed because they feel guilty. As a result, siblings request behavioral and cognitive changes from one another to create equity (Ingersoll-Dayton, Neal, & Ha, 2003). The current research did not investigate siblings’ distress; however, I implicitly departed from the idea that equal distribution of care is the fairest solution for siblings providing care. The study demonstrated that the equity theory is simplified and limited to some degree, and the reality of sibling networks is much more complex. First, inequalities in caregiving should not necessarily be seen as negative for family interaction if siblings agree that some siblings provide less care than the others for “legitimate” reasons. As demonstrated in Chapter 3, only certain similarities in
siblings’ characteristics were relevant for siblings’ mutual participation and equal division of care. If some siblings are employed and others are not, care distribution is unequal. Apparently, some dissimilarities cannot or do not have to be overcome. The findings indicate that equity is a subjective, individual perception related to what is acceptable for a certain individual. Although it can be assumed that everyone should contribute equally, siblings, being a family, might understand that in some situations, it is difficult or impossible for others to provide care. The second aspect that is important when discussing equity in caregiving is time limitations. If one of the siblings is always responsible for most of the care, he or she might run the risk of being overburdened. Because care shared for a longer period of time reduces a child’s overburdening (Chapter 5), some type of equitable distribution of efforts should occur. Investigation of the caregiving burden in relation to equity and “legitimate excuses” not to provide care could be an interesting direction for future research. Third, it is important to understand what is involved in the idea of equity. For example, it can be expressed in time spent on care or the amount of care. However, it can also involve a variety of tasks. If different siblings are responsible for different tasks, this division might be equitable if the caregivers agree. Finally, it is important to mention that sibling networks may differ from other types of networks. It is difficult to expect similar efforts from one’s neighbor and one’s sibling.

In line with previous research, this study supports the idea of the gendered nature of parental caregiving (Chapters 2 and 4). In addition, the study reveals that it is not only gender in itself which is important in predicting parental support, but also the norms regarding egalitarianism between men and women roles. Most studies, addressing normative aspects in caregiving refer to the individual norm of filial obligation which describes how much care a child should provide to a parent. The norm of gender roles does not reveal much about individual care obligations. Yet, gender role ideology refers to individual perceptions regarding general roles of men and women, taking into account both the perception of one’s own role and that of the opposite gender. Therefore, including gender role ideology in the explanatory model of support and revealing its importance, suggests that individual perceptions are also essential within the context of the roles of “others”.

When specifically examining cross-gender families, the gendered nature of caregiving seems to undergo some changes. Does this mean that gender differences in caregiving disappear? On the one hand, one might expect this trend as it corroborates various studies describing the modernization of Western
Younger generations live in a different social context; most Western societies witness various societal and demographic trends, such as women’s active labor participation (Brewster & Rindfuss, 2000; Lewis, Knijn, Martin, & Ostner, 2008), more egalitarian gender ideas (Brewster & Padavic, 2000), longer lives of older parents and smaller numbers of children in families. In addition, a persistent decrease in fertility means that the children of the next generations will belong to smaller sibling groups than the generation of baby boomers and will have to support their aging parents with fewer siblings. These alterations might place greater pressure on each child as they become responsible for their parents regardless of their gender. This dissertation does not provide an ultimate answer to this question. Nevertheless, it indicates that gender differences in caregiving and changing gender roles should be investigated in more detail. To my knowledge, there is still no research regarding caregivers of the last decade that directly compares caregiving by sons and daughters of the same family. Studies that report gender differences in caregiving are mostly designed in such way that a daughter from one family is compared to a son from another family. Direct comparison design was unfortunately not possible in this study due to small numbers of brothers and sisters from the same family (see Chapter 4). Other research regarding caregivers of the last decade has demonstrated existing gender differences (e.g., Chapter 2 of this dissertation, Matthews, 2002; Silverstein et al., 2008). However, these gender differences might be attributed to “female” types of tasks that were considered and to the selection of families, which was broader than only mixed-gender, multiple sibling families, as in Chapter 4.

This thesis corroborates the concept of supportive networks (Antonucci, 2001); caring for a parent within a supportive caregiving network improves a child’s caregiver burden. Sharing the care with others does not necessarily decrease the amount of care that a child has to provide, but it seems to decrease the child’s burden. It is not exactly clear how this mechanism works; however, this research suggests that the idea of sharing care with others gives the individual the perception of being supported, which positively influences well-being. Investigating this issue from socialization and life course perspectives might provide more details about the effect of supportive networks on the various aspects of individual well-being. According to socialization theory, parents transmit their norms and serve as role models for their children. Siblings’ interactions and mutual support at later ages as they meet the needs of their parents could be dependent on previous parental transfers and on the way the family engages. A life course perspective,
Chapter 6

describing the dynamics of individual life, could also improve understanding of family caregiving as siblings build mutual communication throughout their life course, dependent on their contexts, opportunities, and new family members, such as step-parents and step-siblings. These factors may be reflected later in the ways that siblings relate during phases of parental care.

Methodological Implications and Directions for Future Research

This study is based upon three data sets. Two data sets contained information about Dutch caregivers and care recipients, and one data set relied on reports of adult children supporting their parents in the Los Angeles area. Using these data sets allowed us to address diverse family and caregiving contexts and use different designs. The side-study of the Longitudinal Aging Study Amsterdam (LASA) is a rich data set that facilitated investigation of multiple sibling families using data on all living children, such as caregiving intensity and individual characteristics of each adult child within a family. Data on gender role ideology and parental support was available in the Longitudinal Study of Generations (LSOG), and it was possible to identify adult children within multiple-sibling, mixed-gender families. “Informal Care” by Statistics Netherlands and The Netherlands Institute for Social Research made it possible to estimate a child’s caregiver burden and the influence of the caregiving network because information about multiple caregivers was available from adult child caregiver. Each of these data sets has advantages and limitations.

Information about care was provided from the perspectives of both the care recipient and the caregiver. It was measured differently in all three data sets. The side-study of LASA provided the information deriving from older parents, whereas the LSOG and Informal Care surveys contained the information on adult children. Differences in the type of respondents have advantages and limitations. First, when the source of data is a parent, there may be implications on the level of equity within a family. Parents have a general idea about children’s activities and possible inequalities regarding care. At the same time, parents tend to be egalitarian regarding their children, and they may overestimate the care provided by some of the children. Furthermore, parents have preferences about which children become their caregivers (Pillemer & Suitor, 2006), which might result in parental underestimation of support from their other children. We should therefore bear in mind the subjectivity of parental perception on the processes related to
sibling behavior. In studies where the information is derived from children, another type of subjectivity might occur (Klein Ikkink, Van Tilburg, & Knipscheer, 1999). The reports from children regarding their caregiving might show more differentiation across siblings, but their estimation is likely to be related to child’s personality, normative aspects and time constraints. For example, what is “normal” for one sibling regarding care could be considered a great effort by another. Consequently, it is possible that the amount of care could be overestimated by one of these children while factually they both do the same amount. Second, when parents are respondents, they must be able to answer the questions. Thus, Chapters 2 and 3 using parental sources of information concerned relatively healthy parents with limited caregiving demands; parents with mental problems or whose care needs were high were not taken into account. It seems that it is more difficult to equally share higher amounts of care (Chapter 3); if parents with serious health problems were taken into account, the results might reveal even higher inequalities in caregiving. This problem is not applicable when children are informants. Third, the type of information available differs by the type of respondent. With parents, information can be obtained for each individual child and a very large spectrum of characteristics that are important for caregiving, such as family composition, characteristics indicating children’s time constraints, as well as affectual characteristics, expressed through emotional support exchanges between parents and children. This makes it possible to take into account all siblings of a family, caregivers as well as non-caregivers. With children, a possible limitation might be non-response, which reduces the possibilities to compare all children in a family. However, the type of information received includes children’s personal norms or attitudes, such as filial obligations, caregiving burden and gender role ideology. Fortunately, the current research benefitted from both sources of data.

One limitation that refers to all three datasets should be mentioned as well. None of the studies gathered information about horizontal relationships and interactions between existing and potential caregivers. Unfortunately, it is unclear how communication regarding care and support was organized among siblings or other caregiving network members. It is possible that some parts of caregivers’ interactions occurred through the parent. In addition, the term “network” suggests that network members have contact and interact with each other, which was not necessarily true within the networks selected for this research. I assumed that caregiving network and family members were aware of each other’s caregiving
and characteristics. There may be broken relationships, conflicts, and poor contact situations that should not be neglected, but they could not be addressed in this study. Further study of caregiving network members’ mutual communication regarding the organization of care and the interactions and agreements between kin and non-kin network members would be a significant contribution to the caregiving literature and could be an important direction for future research.

Because the study is based on data from Dutch and American respondents, the reported results are limited to these two national contexts. Variations in sharing care are likely to reflect national differences in caregiving policies, arrangements available for care recipients and caregivers, and beliefs and cultural norms regarding caregiving. For example, cross-national differences in public expenditure for home-based long-term care, such as support for informal caregivers (OECD, 2005), might be related to cross-national differences in the organization of informal care within families. In countries such as Norway or Sweden, which have more extensive home-care provision arrangements than other OECD countries, networks of caregivers might be larger, which might decrease the need for intensive sibling participation. Furthermore, it is important to realize that travel distance could play different roles in different countries and could require a different coordination of caregiving efforts within family networks in countries with larger travel distances, such as the US.

Historical context is also likely to influence the way the care is shared within families. The next generations of older adults will have fewer siblings than do baby boomers, decreasing the number of potential caregivers, which might reduce the importance of sibling networks for caregiving. In addition, increasing divorce and remarriage rates affect family relations and weaken children’s sense of filial obligation (Silverstein, Bengtson, & Lawton, 1997). Stepfamilies and changes across children’s lives might influence the ways families organize their efforts regarding care. Longitudinal and cohort studies on caregiving as well as cross-country comparisons will shed more light on the dynamics and diversity of the family caregiving process.

Practical Implications

This study has implications for families, caregivers, professional helpers and policymakers. The study demonstrated that it is beneficial for adult child caregivers of frail parents to share the responsibility with an informal caregiving network, thus
decreasing the caregiver’s burden. It is therefore important that families understand that care can be shared and that all potential caregivers should be involved in caregiving. The children of the current generation of older adults are likely to have multiple siblings, who could also be considered potential caregivers. Care can thus be shared within sibling networks. Additionally, having multiple siblings increases the likelihood of both genders within a sibling network. Although daughters provide more care than sons (e.g., see Chapter 2; Silverstein, Parrot, & Bengtson, 1995), the increasing level of education, labor force participation by women (Brewster & Rindfuss, 2000; Lewis et al., 2008) and liberalization of opinions regarding gender roles (Brewster & Padavic, 2000) suggest that care can potentially be shared among multiple siblings in a non-gendered way, which might decrease the pressure on daughters. On the other hand, the persistent decrease in fertility means that the children of the next generation will belong to smaller sibling groups than the generation of baby boomers and will have to support their aging parents with fewer siblings. Still, this does not necessarily mean that in the future, children will need to be sole caregivers. The increasing divorce and remarriage rates expand the number of kin potentially available for caregiving (Silverstein, 2008). Previous research has demonstrated that older adults in 2002 had more friends and other non-kin relationships in their potential caregiving network than older adults in 1992 (Broese van Groenou & Van Tilburg, 2007). These demographic and societal trends suggest that there is a range of possibilities for children to share care with others, which could be activated within families. For primary caregivers, particularly the daughters of single parents, this may require a mental change from taking full responsibility for performing care activities to making efforts to organize an informal structure in which care activities are shared more equitably among multiple helpers and disagreements among the informal helpers are addressed.

Professional helpers could also benefit from the knowledge obtained through this study. Professionals are accustomed to interacting with primary caregivers, and they should realize that in many families care is shared, although there may be large differences in caregiving intensities. Knowing that siblings’ joint responsibility is influenced by family composition and siblings’ characteristics and similarities, at the early stage of caregiving, professionals might discuss constraining and stimulating factors to encourage families to use their full potential. Different tools, such as protocols and websites, could help professional helpers to implement various strategies for families depending on their context. For example,
knowledge about older adults’ family composition, including all potential and available caregivers, might help professionals to extend the caregiving network, take into account the limitations of the family members, help existing informal caregivers organize their efforts and share tasks, and intervene when disagreements within networks occur. This dissertation also supports professional initiatives such as developing web tools for sharing care responsibilities, such as www.sharecare.nl or www.helpjemee.nl. These tools could use the knowledge described in this study by considering caregiver’s characteristics.

National and local policy makers could profit from the knowledge that the informal caregiving network consists of both kin and non-kin members. The Dutch Social Support Act, which came into force in 2007, was aimed at supporting caregivers. One such means of support includes the engagement of other carers so that the main caregiver could attend to his or her own needs. The evaluation research of the Act demonstrated that one of the reasons that caregivers do not use this form of support is that they regard these substitute carers as strangers in their homes (Timmermans & De Boer, 2009). Investigation and involvement of the kin or non-kin social networks of older parents or caregiving children, whose members could temporarily substitute for the caregiver, might create better opportunities to support caregivers and reduce their burden. Looking at broader networks might be especially important in situations in which family is not available, such as for older adults who do not have children or whose children live far away. Policymakers could consider the potential of non-kin caregivers when establishing support programs or financial engagements for older adults in need of care, and they could focus their policies on broader networks. Furthermore, training for professionals could be organized to expand their methods by taking multiple caregivers into account.
Overall Conclusion

By putting intergenerational solidarity and stress process models into the context of broader family and caregiving networks and adding new predictors of caregiving, this study contributed to the existing knowledge on family caregiving in terms of both care determinants and care outcomes. The influence of “others” on a child’s caregiving could be further investigated using a theoretical approach that is more detailed and more focused on the network perspective. This dissertation acknowledged the multifaceted reality of caregiving and showed that individual parent-child dyads must be embedded into broader contexts to better understand the complexity of children’s caregiving processes.