



‘Adult Care & Work’

Blueprint of an EU-SILC ad hoc module

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Risks, Resources and Inequalities:

Increasing Resilience in European Families

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Motivation

Childcare responsibilities and their effect on employment that disproportionately affect women compared to men have been central to the European Commission's agenda. The issue has been widely researched and meticulously monitored through surveys coordinated by the European Statistical Office (Eurostat). One example is the comprehensive set of childcare variables included in the EU Statistics on Income and Living Conditions (EU-SILC) that monitor both the different types of early childhood education and care (ECEC) services parents use across countries but also the extent of informal childcare help that is being utilised by parents (variables 'rl010'-'rl060'). A comprehensive benchmarking framework has been set up to monitor Member States' progress towards and implementation of the right of children to ECEC of good quality, as enshrined in principle 11 of the European Pillar of Social Rights (EPSR).¹ Childcare has also been recognised as one of the vulnerabilities of the EU Member States threatening Europe's resilience during its important transitions and their ability to withstand future shocks not dissimilar to those we experienced during the COVID-19 pandemic.

Although childcare responsibilities gained wide recognition, adult care and its effect on employment outcomes of family members who provide it remained largely on the periphery of interest. Although the right to affordable long-term care (LTC) services of good quality has been enshrined in the EPSR (principle 18), the focus is almost exclusively on services for older persons with ill health. Within the Indicators Subgroup of the Social Protection Committee, a monitoring framework in the field of long-term care has been developed, again with a focus on collecting comparative data on the availability, adequacy, and quality of LTC services.² What is absent,

¹ Social Protection Committee Indicators' Sub-Group & European Commission DG for Employment, Social Affairs & Inclusion (2024). Benchmarking Framework for Childcare and Support to Children. <https://ec.europa.eu/social/BlobServlet?docId=27370&langId=en>

² See Directorate-General for Employment, Social Affairs and Inclusion (2025). Monitoring and benchmarking frameworks. https://employment-social-affairs.ec.europa.eu/policies-and-activities/social-protection-social-inclusion/social-protection-committee/indicators-sub-group/monitoring-and-benchmarking-frameworks_en.

however, is comparative and high-quality data on adult care provision to family members both within and outside carers' households and the impact of this type of care on the carers' employment outcomes.

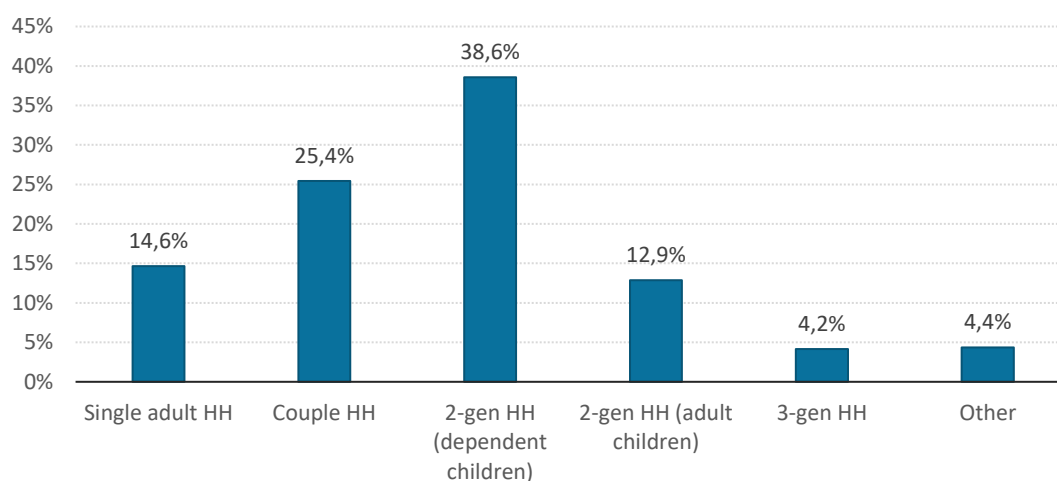
In the context of ageing populations and shrinking families, the care for relatives represents a growing risk to labour market activity for many individuals in productive age, as well as for gender equality and the well-being of caregivers. The risk can be further amplified if more adult family members need assistance or when care for an adult relative collides with childcare responsibilities, which would be an accumulation of the care burden (cumulative care). As such, adult care provision might have important ramifications for the European care strategy, the EU's strategy on gender equality, and the headline employment target that at least 78% of the population aged 20 to 64 should be in employment by 2030. Yet, we do not have a tool that would systematically monitor the amount of care family members provide to their relatives and whether or how these care responsibilities affect their working lives.

The data we do have at our disposal does suggest that adult care provided to family members might not be a negligible problem. Figure 1 shows the distribution of European households by their family structure, drawing on EU-SILC data and the Families in Household Typology (FHT) developed within the Horizon Europe rEUsilience project (Bartova et al., 2023). The results show that households, where adult children co-reside with their parents, three-generational households and households that contain more than one family unit (category "other"), account for 21.4% of all European households. These households are not equally distributed across European countries. As Figure 2 suggests they are much more common among Eastern and Southern European countries than in Northern and Western European countries.

Nonetheless, the mere existence of these households that go beyond the notion of a nuclear family household is not enough to imply the provision of adult care. In Figure 3, we use the EU-SILC indicator of self-reported limitation in activities due to health problems (variable 'ph030') and plot it against the categories of household types. According to the data, there are about 30% of adults who reported some limitation in activities due to health problems in each of the household types where either adult children co-reside with their parents, households that accommodate three generations of one family, or households where two or more family units live together.



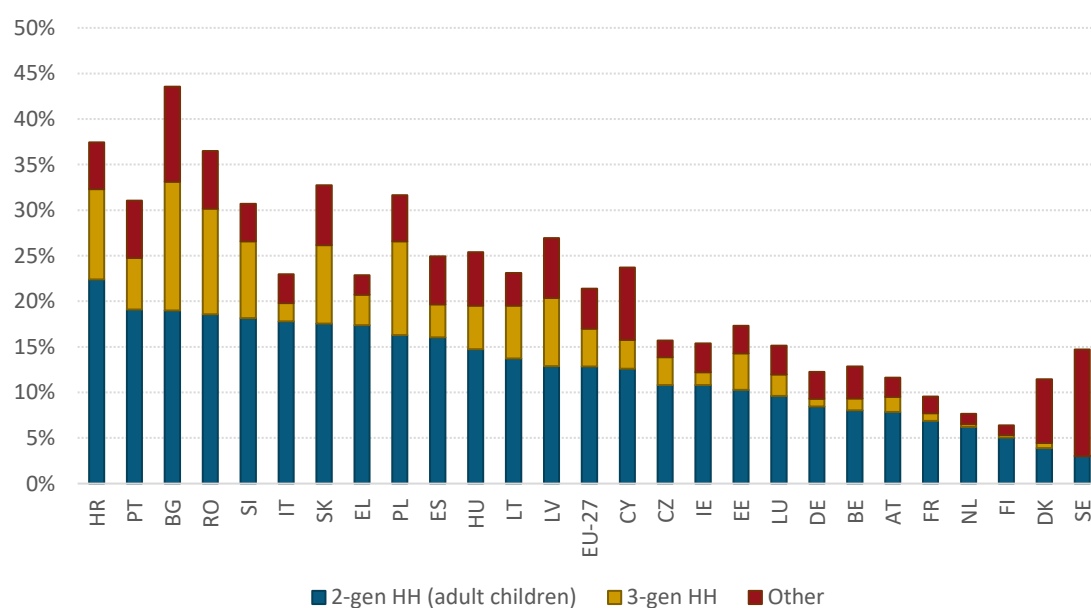
Figure 1. Distribution of households by family structure in EU-27, 2022.



Source: EU-SILC 2022 (scientific use files), own calculations.

Note: Household types are based on the Families in Households Typology (FHT) by Bartova et al (2023). HH = household, 2-gen HH = two-generational household (i.e. parents with children). 3-gen HH = three-generational household (i.e. children, parents, grandparents), other HH = more than one family unit living in the household.

Figure 2. Distribution of two-generational households with adult children, three-generational households and other types of households in EU-27, 2022.



Source: EU-SILC 2022 (scientific use files), own calculations.

Note: Household types are based on the Families in Household Typology (FHT) by Bartova et al (2023).

About 9% of these people reported severe limitations in their activities. This suggests that these living arrangements may come with some adult care responsibilities for the other household members. The intensity of these care responsibilities then depends not only on the extent of



limitations faced by the person who needs care, but also the exact household composition. The care intensity is likely to be higher for a single adult living with two parents with severe limitations, than for an adult child who shares the household with their partner or a sibling and one parent with non-severe limitations.

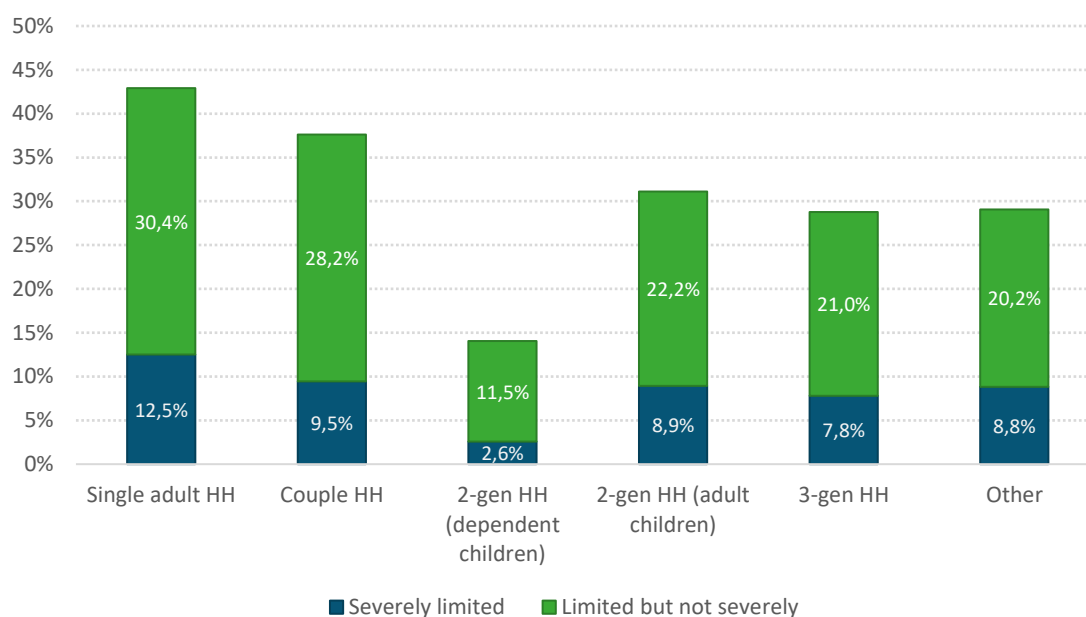
Figure 3 further suggests that care responsibilities for adult family members do not have to be limited to household members. Almost 40% of people living in single person households reported some limitation in their activities due to health problems, 12.5% of them facing severe limitations. Similarly, in households occupied by couples, over 35% of respondents face some limitation in their activities and 9.5% of them face severe limitations. This suggests that they might be receiving some support or assistance from family members who do not live in the same household.

Although recent, comparative data on care provided to adult relatives is absent in the EU-SILC, a series of eleven questions in three submodules fielded in 2018 EU Labour Force Survey (LFS) ad hoc module provides some insight into the prevalence of adult care among working age population (18-64 years old). About 4% of working age population in Europe provides care for an incapacitated adult and further 1.3% provide care for an incapacitated adult whilst also having a child under the age of 15 (Figure 4). The prevalence of adult care provided to relatives again varies across countries with Southern and Eastern European countries having somewhat higher incidence of this type of care compared to Northern and Western European countries. While the LFS 2018 ad hoc module provides some insight, only two questions tapped directly in the existence of care responsibilities for incapacitated relatives (> age 15) and whether one has stopped working or reduced working time for at least one month to take care of incapacitated relatives. The other questions were mainly concerned with childcare, access to childcare services, flexible working time, and how childcare affects employment.³

³ European Commission: Eurostat, Reconciliation between work and family life – Labour Force Survey (LFS) ad-hoc module 2018 – Quality report, 2019 edition, Publications Office, 2019, <https://data.europa.eu/doi/10.2785/321683>



Figure 3. Self-reported limitation in activities due to health problems by household type in EU-27, 2022.



Source: EU-SILC 2022 (scientific use files), own calculations.

Note: Household types are based on the Families in Household Typology (FHT) by Bartova et al (2023). Limitation in activities due to health problems – variable 'ph030'.

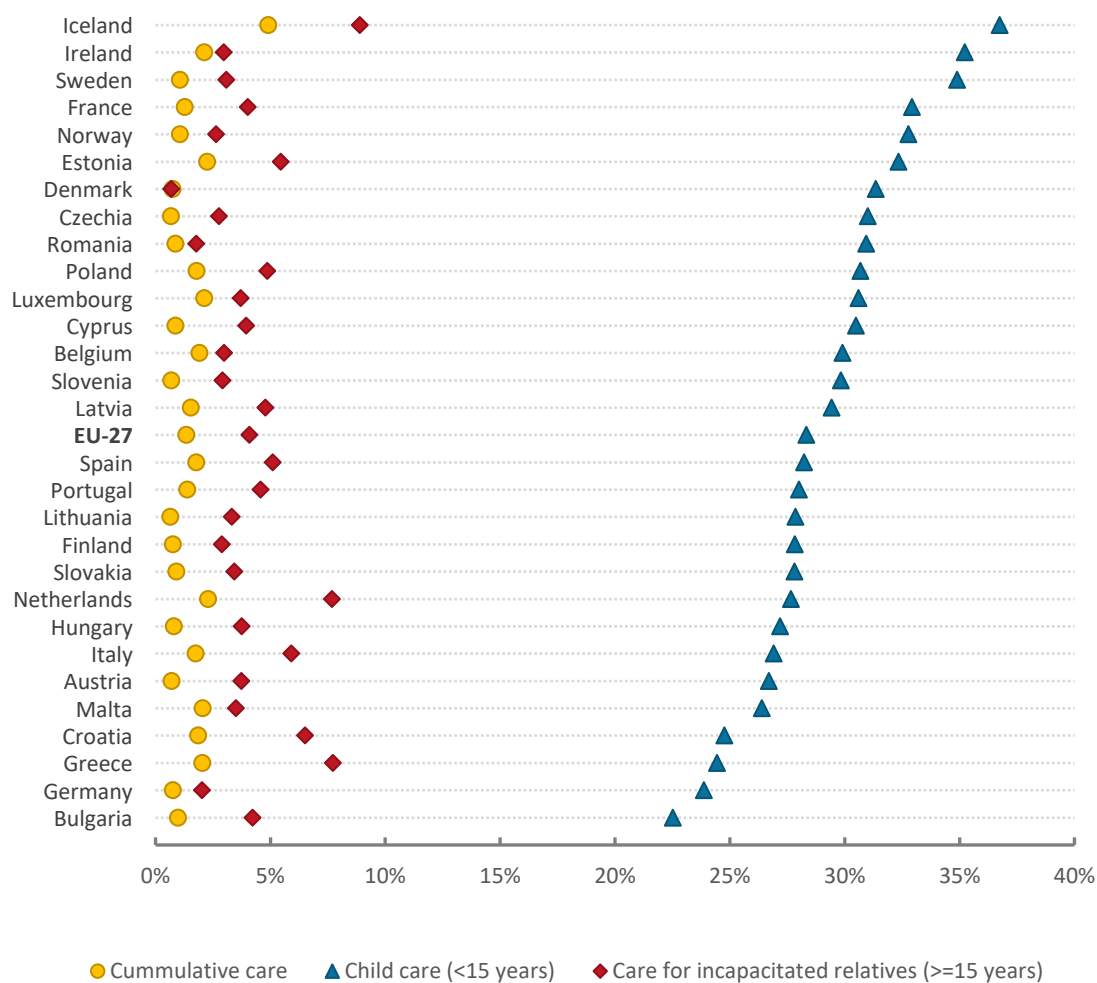
We argue that there is a clear need for high-quality, comparative data on the extent and intensity of care for adult relatives or other close persons in European households. For that reason, we propose an EU-SILC ad-hoc module on 'Care & Work' that allows to monitor and understand the extent and intensity of care for adult relatives or other close persons. The proposed ad hoc module fits well with existing variables on employment and work intensity, as well as with variables on childcare, poverty risks and material deprivation to set the adult care in a wider context of issues such as gender employment and pay gaps, or risks of poverty and social exclusion.

The questions have been pilot tested in a wider questionnaire that was fielded in January/February 2025 in Belgium in The Social Study⁴, an online representative panel. The questions we propose tap specifically into adult care and its implications for employment.

⁴ <https://thesocialstudy.be/>



Figure 3. Distribution of care for incapacitated relative, cumulative care and care for children under 15 in EU-27 and EEA countries, 2018.



Source: EU-LFS 2018 (online data code: lfso_18cresls).



'Adult Care & Work' Ad Hoc Module

The ad hoc module intends to monitor the extent of adult and cumulative care and its impact on employment outcomes. It contains specific questions about adult care provided to household members and family members who live outside the respondents' household. These questions on care responsibilities will complement the rich battery of childcare questions, questions on employment and poverty outcomes that have been fielded by the EU-SILC survey since 2004. This combination will allow us to map the true extent of care responsibilities in the European population and their effect on employment.

The 'Adult Care & Work' module consists of 10 questions. The first half of the questions asks about the existence and intensity of care responsibilities for adult family members or close persons. The second half of the questions then inquires about the effect these care responsibilities have or have had on respondents' working lives.

Questions 1 and 2 ask about care for people with specific care needs due to disability, age or illness. Since the core interest of the questionnaire is to map the extent of care responsibilities and their effect on carers' working lives, the question does not make a distinction between care for family members and care for other (close) persons. In the module, we distinguish between care provided to someone within the respondents' household and care provided to someone in a different household. The intention is to capture the additional (time) constraints associated with commuting. The questions exclude care for all individuals that is provided as part of the respondents' job. Questions 1 and 2 are also filter variables for the rest of the Module. This means that respondents who responded "No" to both questions will not respond to the rest of the questions in the Module.

Questions 3 and 5 ask about the intensity of the care provided to people who need help due to disability, age or illness. The two questions capture three aspects of care intensity. Question 3 focuses on the number of people who the respondents care for and whether the care is provided



to someone living in the same household or not. Question 5 focuses on the total weekly time cost of the care responsibilities for all people who need help due to disability, age or illness. The categories were selected based on the possible impact on employment from relatively low impact from half a day (category 1) and 1 day (category 2) up to continuous care. We do not specify that the people who respondents care for must be adults. The main reason is that we want to keep the questions as simple as possible for the respondent. To distinguish the type of care and acknowledge the possibility that respondents may provide care for people with disabilities who are both adults and children, we include Question 4. This question asks whether any of the people the respondents provide care or regular help to are their children under the age of 15. We include categories “Yes, all of them” and “Yes, some of them” to further distinguish the type and intensity of care respondents provide.

The second half of the Module asks about the effect of the care responsibilities on the respondents’ employment situation. The period since they first started providing care to someone with disability, illness or who is elderly until the time of the survey is the main reference period for these questions. Question 6 asks whether the respondents made changes in their employment in response to the care responsibilities. The questions offer the respondents to choose multiple answers since the period may be of different duration for different respondents and they may have experienced different changes in employment during that time. Question 6 asks whether the care responsibilities may be an obstacle to gaining employment. Questions 8, 9 and 10 are then targeted to respondents who are either not working and not looking for a job, or who are working but are not working full time. These questions ask whether the respondents’ care responsibilities are the reason they are not looking for a job or not working full-time.



Table 1. 'Adult Care & Work' Ad Hoc Module for EU-SILC questionnaire.

Q1		Is there anyone living with you who needs support due to <u>disability, age or illness</u> whom you look after or give special help to (accompanying to medical appointments, regular shopping, ...)? Please, don't include anyone who you care for as part of your job.
	1	Yes
	2	No
Q2		Is there anyone <u>not</u> living with you who needs support due to <u>disability, age or illness</u> whom you look after or give special help to (accompanying to medical appointments, regular shopping, ...)? <i>Please, don't include anyone who you care for as part of your job.</i>
	1	Yes
	2	No
Q3		How many people who are elderly, sick and/or disabled <u>living both in and outside your household</u> do you care for or provide regular help to? <i>Please, don't include anyone who you care for as part of your job.</i>
	#	People living in my household
	#	People not living in my household
Q4		Are any of these people your children who are less than 15 years old?
	1	Yes, all of them
	2	Yes, some of them
	3	No
Q5		How many hours <u>in total</u> each week do you typically spend on providing care or regular help to all persons you mentioned in the previous questions who are elderly, sick or disabled? <i>For those not living in your household, please, include the time it usually takes you to reach them and return. Please, don't include anyone who you care for as part of your job.</i>
	1	0-4 hours
	2	5-9 hours
	3	10-19 hours
	4	20-34 hours (about 1-1.5 days a week)
	5	35-49 hours (about 1.5-2 days a week)
	6	50-99 hours (about 2-4 full days a week)
	7	100 or more hours per week/ I provide continuous care (at least 4 full days a week)
Q6		Now, think of the period since you first started providing care or regular help to someone who needed support due to <u>disability, age or illness</u> until now.



		Have these care responsibilities affected your employment status in any way at any point during that period? <i>[multiple choice]</i>
	1	Yes, I changed something about my work to earn more money
	2	Yes, I reduced my working hours
	3	Yes, I took on less demanding tasks in job(s)
	4	Yes, I changed working times without changing the volume of my work
	5	Yes, I changed job or employer to facilitate reconciliation
	6	Yes, I quit my job
	7	Yes, other effect
	8	No, I experienced some of these changes but they were not due to my care responsibilities
	9	No, I did not experience any of these changes
Q7		Did you ever have to turn down a job offer due to conflicts with your care responsibilities for someone who needed help due to disability, age or illness?
	1	Never
	2	Yes, once or twice
	3	Yes, more times
	4	Not applicable
Q8		Thinking about the care or help you provide to <u>all</u> persons you mentioned in the previous questions (elderly, sick or disabled persons), how important are these care responsibilities in your decision to <i>work less than full-time hours</i> ? <i>[Question only for respondents who work less than full-time hours]</i>
Q9		Thinking about the care or help you provide to <u>all</u> persons you mentioned in the previous questions (elderly, sick or disabled persons), how important are these care responsibilities in your decision to <i>be self-employed</i> ? <i>[Question only for respondents who are self-employed]</i>
Q10		Thinking about the care or help you provide to <u>all</u> persons you mentioned in the previous questions (elderly, sick or disabled persons), how important are these care responsibilities for your <i>not actively looking for a job</i> ? <i>[Question only for respondents who are unemployed and are not actively looking for a job]</i>
	1	Not at all important
	2	Slightly important
	3	Important
	4	Fairly important
	5	Very important



References

Bartova, A., Thaning, M., Van Lancker, W. & Nieuwenhuis, R. (2023) Family Profiles: Risks, Resources and Inequalities. *rEUsilience Working Paper Series*, 2023:1, DOI: 10.31235/osf.io/7uaf6





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