

# Changing family structures and their impact on the care of older people.

## Summary

Families in the UK are changing. This brief review looks at how changing family structures will influence the supply and demand for formal and informal care by older people?

- Most informal care for older people is provided by partners and adult children. Changes in family structure, whether it may be from having fewer children and starting families later, increased levels of marital disruption and more complex family relationships or greater geographical separation of families, may have an effect on the availability of care.
- The change factors often work against each other or appear to be having less effect than might be thought. While reduced family size reduces the number of children available to be carers, increasing male longevity, getting closer to that for women, increases the availability of spouses as carers.
- Increased divorce rates, particularly among the over 60s, may help to increase the number of older people living alone and weaken relationships between parents and children, but a 2008 study<sup>1</sup> found that, overall, partnership dissolution did not show the expected detrimental relationship with later-life support.
- PSSRU modelling of the future supply and demand for care and support from adult children to disabled older parents seems to show a potential shortfall from 2017 but summary findings of a workshop to consider ‘The future of family support for older people’ held in London in May 2009 concluded “Exchanges of both tangible and intangible help are frequent and that factors which might discourage or prevent them did not appear to be doing so.”<sup>2</sup>

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<sup>1</sup> Glaser, Stuchbury, Tomassini and Askham, 2008

<sup>2</sup> Stuchbury and Read, 2009

## Families in the UK

- In 2011 there were an estimated 17.9 million families in the UK, an increase from 17.0 million in 2001: with the increase of 0.7 million cohabiting couple families and 0.4 million lone parent families offset by a decrease of 0.3 million in the number of married couple families.
- There were an estimated 50.7 million people living in families in the UK in 2011, an increase from 48.8 million in 2001.
- The most common type of family in the UK in 2010 was a married couple with or without children, although the proportion had decreased from an estimated 72.4 per cent of all families in 2001 to 67.2 per cent in 2011.
- In the UK families consisting of a cohabiting couple with or without children increased from 12.5 per cent of all families in 2001 to 16.0 per cent 2011 and lone parent families increased from 14.8 per cent in 2001 to 16.1 per cent in 2011.
- The most common type of family with children in the UK contained one child at the time of the survey in 2011 (46.3 per cent of all families with children).

Source: Macrory; ONS, 2013, Measuring National Well-being - Households and Families, 2012

## Changing family structures

The shift from a high-mortality/high-fertility society to a low-mortality/low-fertility society results in an increase in the number of living generations, and a decrease in the number of living relatives within these generations. Within the white majority population of the UK we are seeing the emergence of long vertical multi-generational families replacing the former laterally extended family forms. Increased longevity may increase the duration spent in certain kinship roles, such as spouse, parent of non-dependent child, sibling. A decrease in fertility may reduce the duration of others, such as parent of dependent child, or even the opportunity for some roles, such as sibling.<sup>3</sup>

Changing family structures may well be different for black and minority ethnic groups and the lesbian, gay, bisexual and transgender communities.

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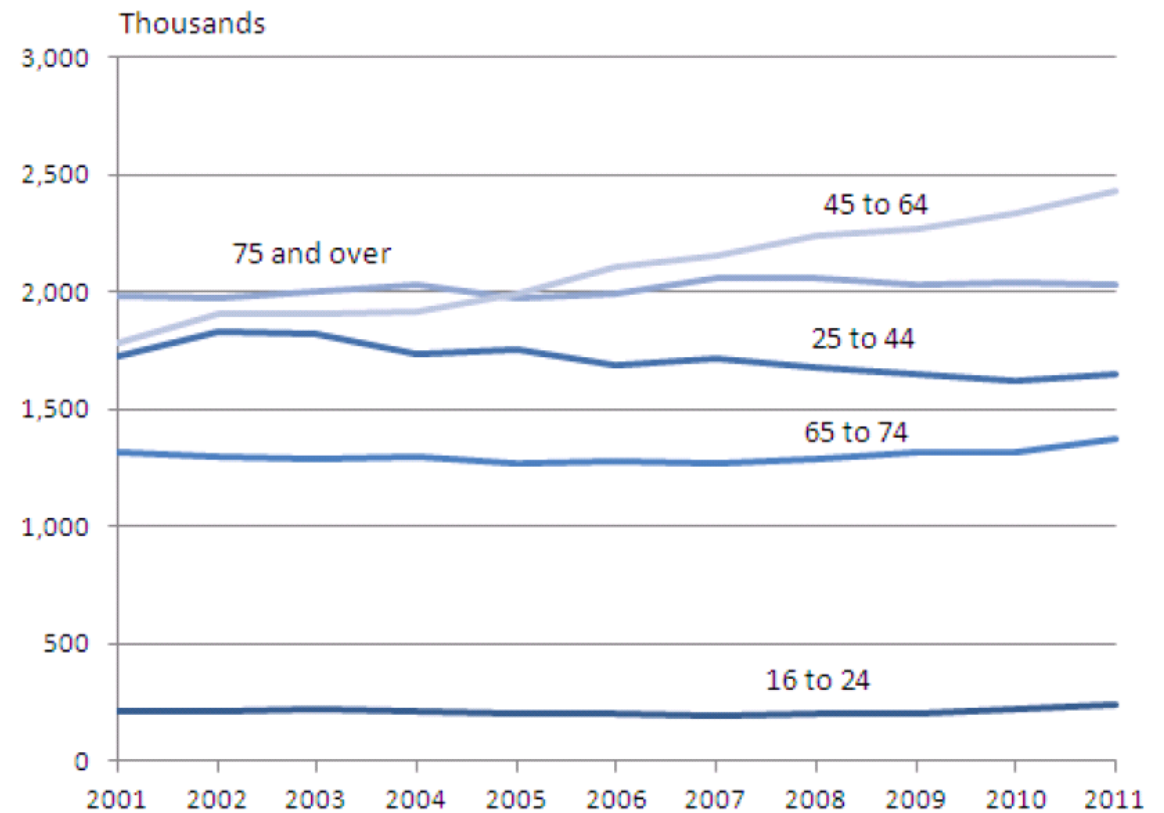
<sup>3</sup> Harper and Levin, 2003

**Living alone**

Although in the decade to 2011 the number of people living alone in the United Kingdom aged 65-74 has risen just slightly and the number aged 75 and over living alone has remained much the same, the numbers aged 45-64 have risen dramatically from 1.8 million in 2001 to 2.4 million in 2011, a rise of 36%.<sup>4</sup> This change may presage an increase in the number of older people living alone in years to come.

**Number of people living alone: by age group**  
United Kingdom

Source: Macrory; ONS, Measuring National Well-being - Households and Families, 2012



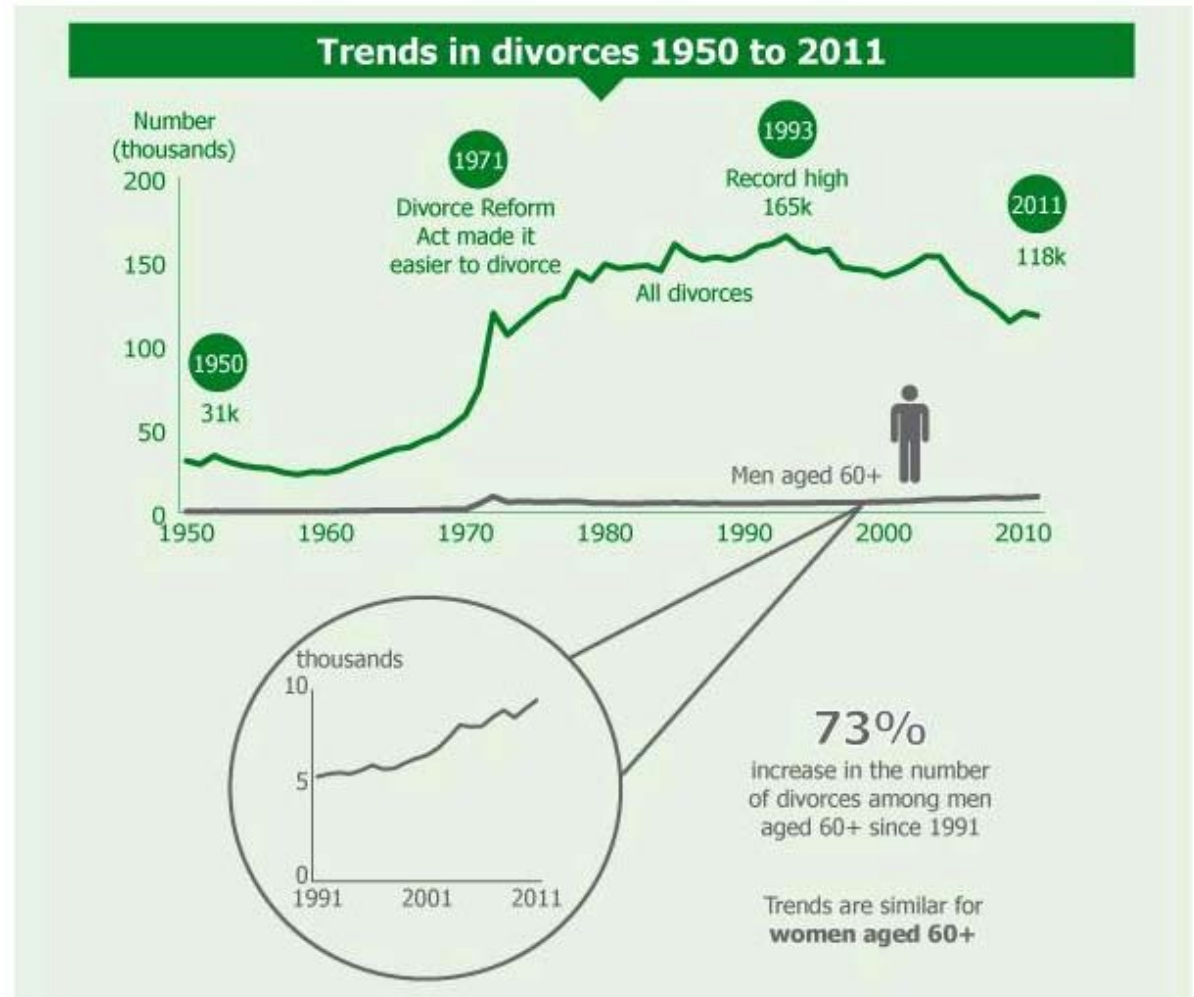
<sup>4</sup> Macrory (ONS), 2012

**Divorce**

Following a dramatic rise in the late 1960s and early 1970s, the number of divorces per year overall in England and Wales has remained at this higher level, continuing to increase to 1993 but has been declining since. There has however been a very large rise in divorce rates in the over 60s which have risen by 73% between 1991 and 2011.

Source: ONS, Older people divorcing, 2011

**Historical trend in the overall number of divorces (England and Wales)**



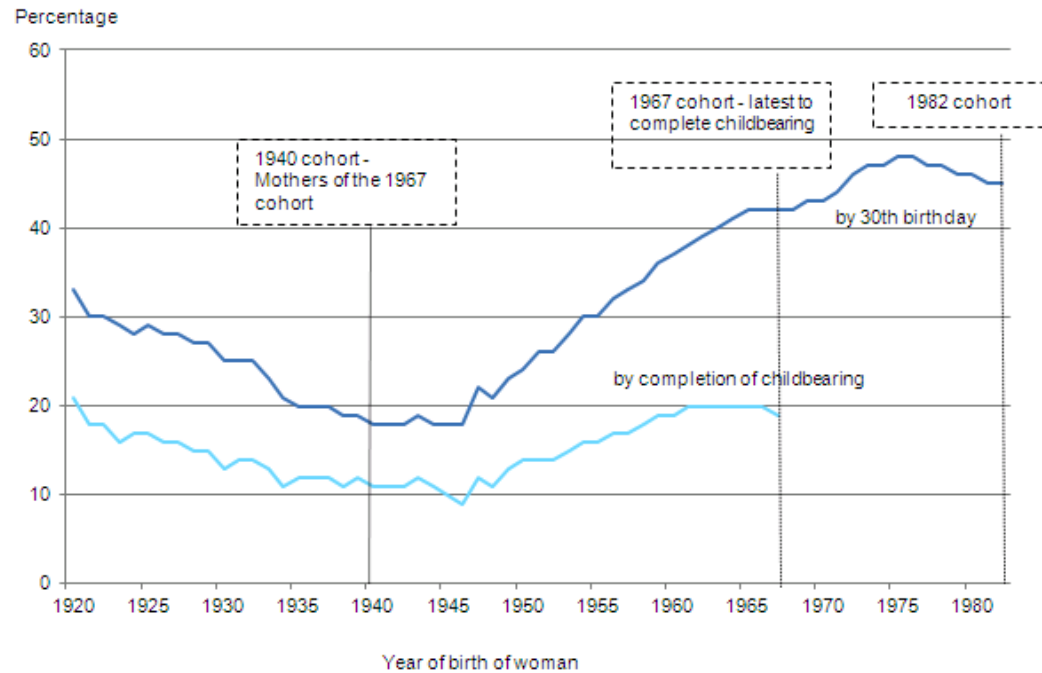
**Family size**

Families are getting smaller. According to the ONS ‘Completed family size has declined over time for women born since the mid 1930s, but has stabilised recently. Women age 45 today (born in 1967) have an average completed family size of 1.91. However, their mothers’ generation (born 1940) had an average family size of 2.36 at the same age’.<sup>5</sup>

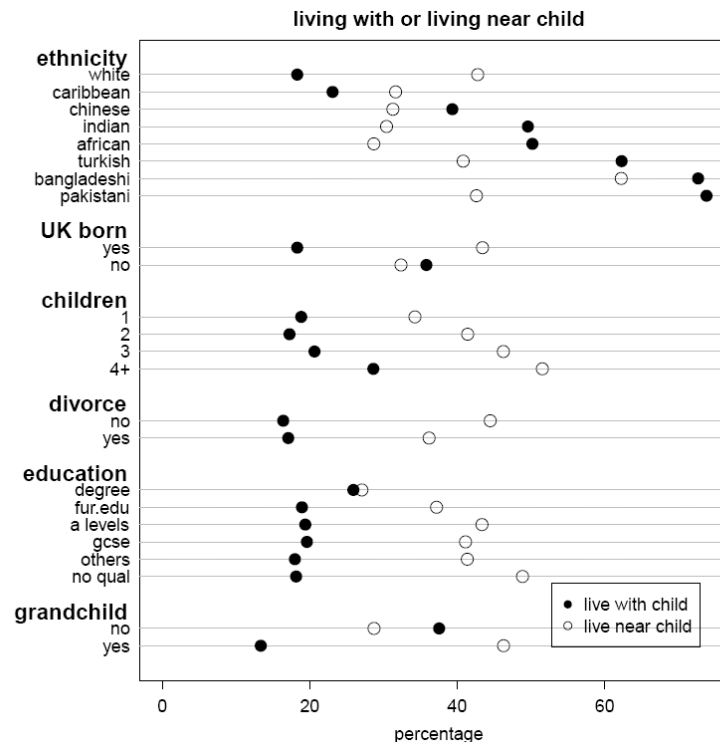
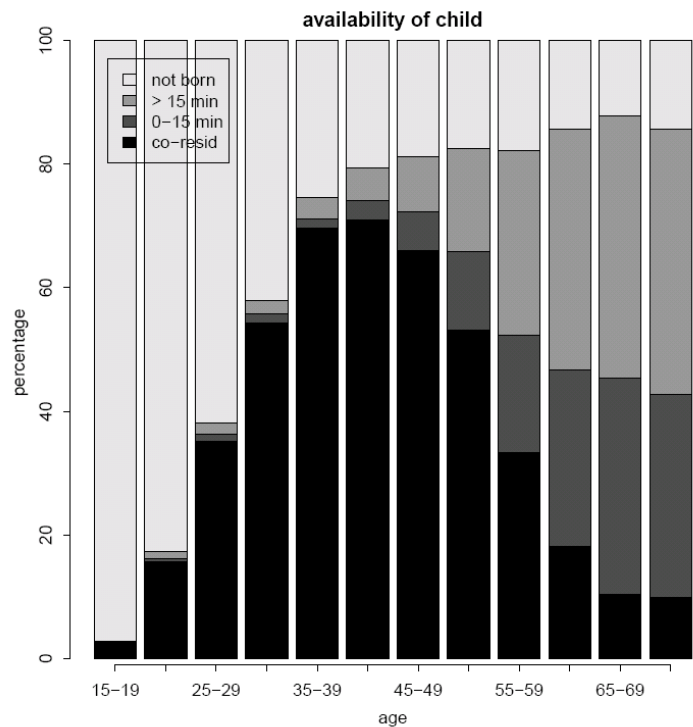
‘In recent years there has been an increase in women not having children at all. In 2012, around 1 in 5 women at the end of the childbearing years (born in 1967) in England and Wales had never had children, compared with their mother’s generation (born in 1940) where 1 in 9 never had children. This rise in childlessness may be explained by a decline in women getting married, greater social acceptability of a childfree lifestyle, delaying having children until it’s biologically too late, or the perceived costs and benefits of childbearing versus work and leisure activities.’<sup>5</sup>

<sup>5</sup> ONS, 2013, Cohort fertility, 2012

**Childlessness among women at age 45 (completion of childbearing) and by the 30th birthday**



Geographic proximity of children



Percentage of respondents living with their child or, conditional on non co-residence, living near their child

Forty to fifty percent of older people in the UK have an adult child either co-residing or living within 15 minutes but the proximity of parents of all ages to their adult children varies with ethnicity and other factors.<sup>6</sup>

<sup>6</sup> Chan and Ermisch, 2013

## The impact on carers and caring

### Introduction

Writing in 1997, Chris Phillipson evoked the words of Peter Townsend ...

“If many of the processes and problems of ageing are to be understood, old people must be studied as members of families (which usually means extended families of three generations); and if this true, those concerned with health and social administration, must at every stage, treat old people as an inseparable part of a family group, which is more than just a residential unit. They are not simply individuals, let alone ‘cases’ occupying beds or chairs. They are members of families and whether or not they are treated as such determines their security, their health and their happiness”.

Phillipson added “The British evidence suggests that personal care needs are exclusively provided by the family. While professional services may provide help with some tasks such as bathing. Overall research confirms that the so-called informal sector or second welfare state is the main provider of help to older people in the community. Formal care services are much more likely to be provided to those who live alone and have no family members who live near them, or to those whose available relatives do not have the necessary capacity or skills”.<sup>7</sup>

Historical analysis of care provision has showed that, in the period 1985 to 2000, the probability of providing 20 hours or more care per week to older parents ranged from 1.4% to 1.6%. There were no significant changes in the probability of providing intense intergenerational care to older parents over this period. Care provision was most likely from single men aged 45-64 (4.07%) followed by married/cohabiting and single women in the same age group at 2.68% and 2.3% respectively.<sup>8</sup>

In the 1990s the provision of informal care by friends and neighbours diminished resulting in an overall decline of care-giving between households. However parents were increasingly looked after in their own homes by non-resident daughters.<sup>9</sup> By 2009/10, 61% of adult informal carers in the UK were providing care to someone living outside their own household. Parents outside of the household were the main recipients of informal care.<sup>10</sup>

Care networks are changeable. Ability to provide care based on geographical proximity, availability of alternative care-givers, and gender are primary factors in the stability of care networks.<sup>11</sup>

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<sup>7</sup> Phillipson, 1997

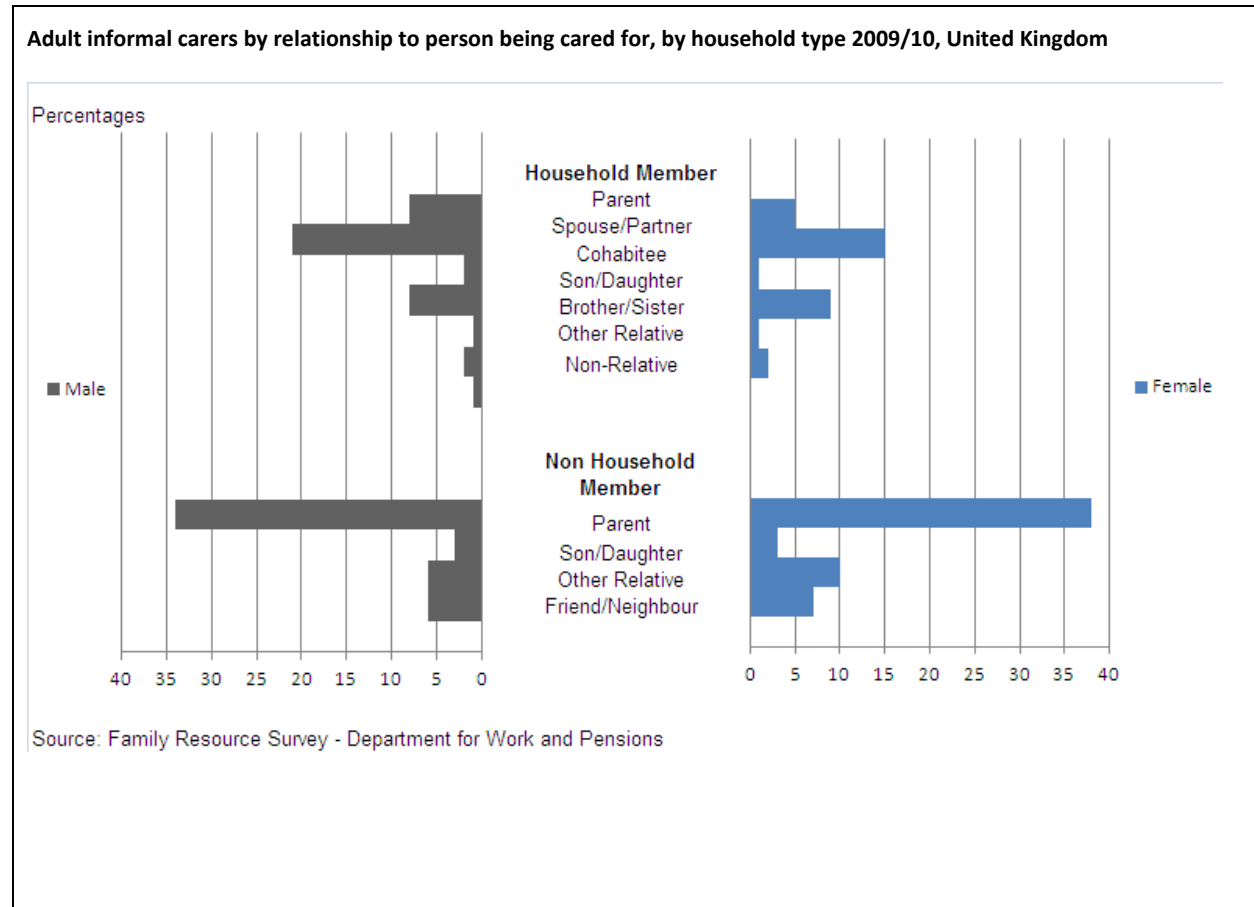
<sup>8</sup> Pickard, 2008

<sup>9</sup> Hirst, 2001

<sup>10</sup> Macrory; ONS, 2013

In European countries between 38 and 66% of the population aged 50 and over provide informal support to family member or friends, with between 25% and 33% giving assistance at least once a week. In Scandinavian countries, Belgium and the Netherlands, more older people take on care work, help with household chores, paperwork or grandchild care (> 60%) than in the Mediterranean, Poland and Austria (< 45%). However, between 25% and 50% of the carers in “high provider countries” provide care irregularly, e.g. once a month or less often. In “low provider countries” such as the Mediterranean, most older providers engage in regular support at least once a week so that if support is measured in hours, the Mediterranean rank among the countries with the highest provision of time transfers from older people to their families.<sup>12</sup>

Between 20% and 30% of the population aged 50 and over receive care or support from informal carers – with the exception of the Czech Republic where 40% receive support. Support rates are



<sup>11</sup> Szinovacz and Davey, 2013

<sup>12</sup> Gaymu, Ekamper and Beets, 2008



highest in the Austria, the Czech Republic and Denmark while France, Italy, Spain and Switzerland have the lowest rates. The share of care receivers tends to coincide with the expected number of healthy life years.<sup>12</sup>

An American study found that the key demographic characteristics which seem to differentiate those older people who have greater access to the family from those with less access include education, race/ethnicity, men's earnings, family structure and immigrant status.<sup>13</sup> A 2006 study found that older people from lower socio-economic groups in Great Britain were 2.1 to 3.7 times more likely to use informal care from outside the household than those in the highest socio-economic groups. Widowed, divorced/ separated and never married were 5, 3.8 and 2.9 times more likely than a married person to use informal care from outside the household.<sup>14</sup>

A Dutch study has shown that the strongest socio-demographic correlates of a higher likelihood of giving support were: having few siblings, having a widowed parent without a new partner and, for practical support, a short geographical distance between the parent's and child's homes. Single mothers were more likely to receive support than mothers with partners, irrespective of whether their situation followed divorce or widowhood. Widowed fathers also received more support, but only with housework. A good parent-child relationship was the most important motivator for giving support, whereas subscribing to filial obligation norms was a much weaker motivator, especially for social support. Insofar as demographic and cultural changes in family structures predict a lower likelihood of support from children to elderly parents, this applies to practical support, and derives mainly from increased geographical separation distances and from the growing trend for parents to take new partners. Social support is unlikely to be affected by these changes if parents and children maintain good relationships.<sup>15</sup>

Most unpaid care for older people is provided either by their children or by their spouses or partners. In England, approximately 1.4 million older people with disabilities living in their own homes currently receive unpaid care and, of these, approximately 85 per cent receive care from either an adult child or spouse. Of those receiving care from a child or spouse, slightly more currently receive care from a child than a spouse, but the difference is not great.<sup>16</sup>

Overall, older people aged 65-79 are net providers of care to family members (partners, children and grandchildren), while those aged 80 and over are net receivers.

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<sup>13</sup> Waite L J, 2009

<sup>14</sup> Broese van Groenou et al, 2006

<sup>15</sup> Stuifbergen, van Delden and Dykstra, 2008

### Care by a spouse

It is projected that care by spouses or partners is likely to increase considerably in the future, primarily because projected improvements in male mortality are likely to lead to a fall in the number of widows.<sup>16</sup>

There are limits to the extent to which care by spouses or other older people can compensate for a shortfall in the supply of care by children.

### Care by adult children

The second most important carers are adult children. Adult children not only provide care themselves, they also increasingly manage care arrangements and ensure that someone looks after their frail parents. Although there has been a steady decline in fertility rates and thus a rise in childlessness in most OECD member countries, the share of parents in post-war and baby-boomer generations is higher than in any generation before or after. Children, therefore, are an important potential care resource to cope with the rising care demand in the next decades.<sup>20</sup>

Care of older people by their children and their children's spouses is likely to decline. There are two main issues around the supply of intergenerational care for older people. The first relates to the future availability of children to provide unpaid care. Despite falling family sizes and decreasing fertility rates, studies in Europe (including the United Kingdom) have suggested that there is likely to be a decline in the proportion of people with no surviving child over the next 20 years or so. The second issue relates to the ability or willingness, the propensity, to provide unpaid care. It is argued that a decline in the rate of intergenerational care provision in future will arise from such factors as the decline in co-residence of older people with their children and the continuing rise in labour market participation by mid-life women.<sup>16</sup>

One factor which it has been suggested might diminish parent-child exchanges is having fewer children; this variable generally had no effect on the receipt of help. It was also shown that a longer intergenerational gap makes four generation linkages less likely, and thus the numbers of "both-end-carers" will not be more frequent in the future. Another potentially discouraging factor is geographical distance between parent and child; however, results showed that the mean distance was not great, it did not differ between Eastern and Western Europe, and no trend was found of increasing distance between the

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<sup>16</sup> Pickard, 2013

generations. A further factor which might be thought to affect exchanges is wealth, but a Europe-wide study showed no effect on contact with children by whether the parent had wealth to bequeath. Of all grandparents, the maternal grandmother invested most in her grandchildren.<sup>17</sup>

Care relationships require geographical proximity. Great distances between parents and children make daily and spontaneous care impossible.

Parents who provide more support to their children and received less support in return report the highest levels of life satisfaction. This may however be related to a number of other factors including the level of personal resources.<sup>18</sup>

### **Marital disruption**

Future changes in the marital status of older people will result in a higher proportion living in their own homes: women in each age group will more often grow old living with their partner, and this will also apply, to a lesser extent, to men aged 85 and over. Both men and women will be less likely to live alone, with people other than a partner, or in institutions. But for men aged 74–84 the likelihood of choosing one or another type of living arrangement will remain remarkably stable in the future. Further, an improvement in health will lead to older people living alone slightly more often, and they will also more often do so in good health.<sup>19</sup>

Marital status and marital disruptions such as the death of a spouse or divorce have a major impact on family relations, especially intergenerational relations, and therefore on support for and from children. Children of divorced parents normally stay with the mother; for example, in 86% of Great Britain's stepfamilies children are from the women's previous relationship(s) (UK National Statistics, 2010). The child-mother relationship, therefore, is stronger.<sup>20</sup>

Divorce and separation result in fewer contacts and support from (former) family members and children. Studies for various countries suggest that adult children feel less obligated and are less likely to provide support, e.g. care and financial support, to divorced or remarried parents. Divorced fathers in particular have a higher risk of losing the support of and contact with their children.<sup>20</sup>

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<sup>17</sup> Stuchbury and Read, 2009

<sup>18</sup> Antonucci, Birditt, Sherman and Trinh, 2011

<sup>19</sup> Gaymu, Ekamper and Beets, 2008

It is reasonable to assume that the increase in divorce rates will have a lasting effect on the support network of older men in the next 20 years, especially as they are a group for which marriage has been like a private fully comprehensive care insurance in the past. Increasing divorce rates will therefore result in higher care demands for professional care.<sup>20</sup>

Trends in marriage, remarriage, divorce and living arrangements will change the role of older people in their families. Marital disruption has a twofold effect on family care. Firstly, partner care is no longer available unless the divorced elderly re-partner or remarry. Secondly, divorced, separated and remarried parents not co-residing with their young children often cannot establish and maintain long-lasting relationships with them. They have fewer contacts with their children and receive less support in old age. The increase in family disruption events will probably result in a higher demand for formal care in the next two decades.

Divorce does not necessarily have a detrimental effect on care provision. A 2008 study found diversity in the experience of partnership dissolution in the earlier lives of people aged 70+. Patterns of support varied with the respondent's age, whether partnered, the timing and type of partnership dissolution, and also by gender, having a daughter, and health status. Overall, partnership dissolution did not show the expected detrimental relationship with later-life support. Health needs and increasing age were strongly associated with increases in contact and informal and formal help, regardless of family history.<sup>21</sup>

Do complex family relationships affect the availability of care? A recent Dutch study, but based on a 1992 survey found parents have less contact with their biological children in stepfamilies compared with parents with their children in biological families. The contact with biological children is perceived as more often regular and important in biological families and complex stepfamilies compared with simple stepfamilies. No difference was found in the contact between stepparents and stepchildren in simple and complex stepfamilies. However, the contact with stepchildren is perceived as more often regular and important in simple stepfamilies in comparison to complex stepfamilies.<sup>22</sup>

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<sup>20</sup> Haberkern, Schmid, Neuberger and Grignon, 2012.

<sup>21</sup> Glaser, Stuchbury, Tomassini and Askham, 2008

<sup>22</sup> van der Pas and van Tilburg, 2010

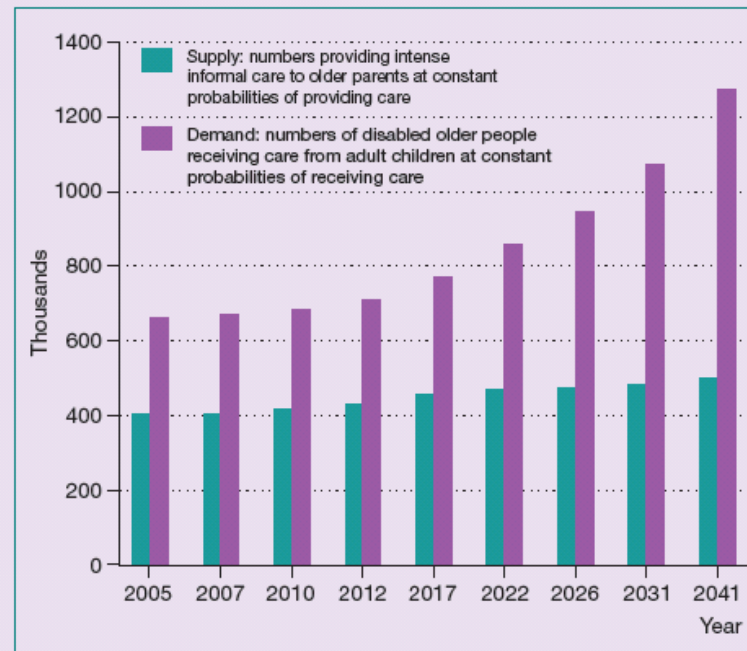
### The overall demand and supply of care

PSSRU models of the overall future supply and demand for unpaid care between people aged 65 and over and their adult children indicate that the supply of unpaid care, in England, to older people with disabilities by their adult children is unlikely to keep up with demand.<sup>23</sup> Demand is projected to exceed supply from 2017 onwards.

#### Chart One

Will the future supply of intense intergenerational care in England keep pace with demand for care by disabled older people?

Key sources: 2000/01 and 2001/02 GHS, Government Actuaries Department population and marital status projections, 2001 Census, PSSRU modelling



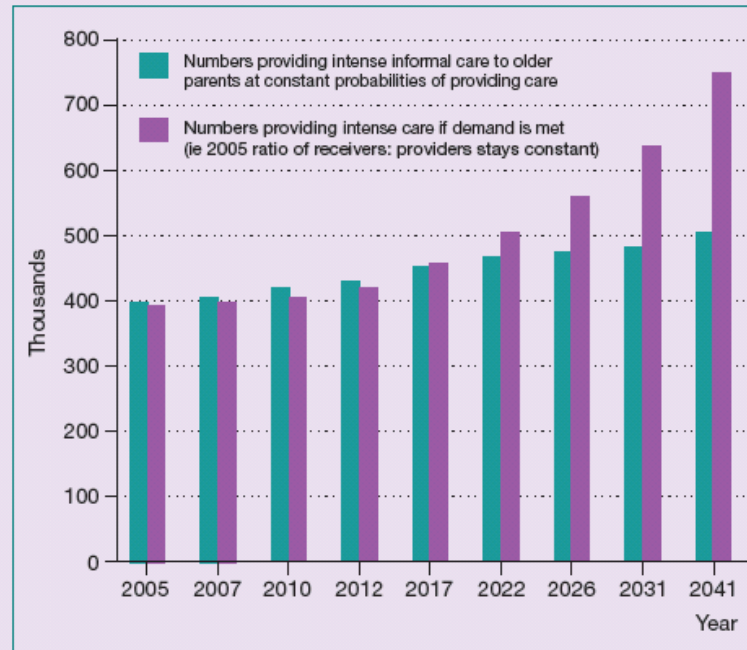
Source: Pickard et al (2009): Poster presentation at 19th World Congress of Gerontology and Geriatrics, Paris

<sup>23</sup> Pickard, 2013

### Chart Two

The ‘informal care gap’: difference between supply of intense intergenerational care and demand for care by disabled older people, England, 2005-2041

Key sources: 2000/01 and 2001/02 GHS, Government Actuaries Department population and marital status projections, 2001 Census, PSSRU modelling



Source: Pickard et al (2009): Poster presentation at 19th World Congress of Gerontology and Geriatrics, Paris

### Regional variations in family structure

Family patterns are not the same in all parts of the UK.

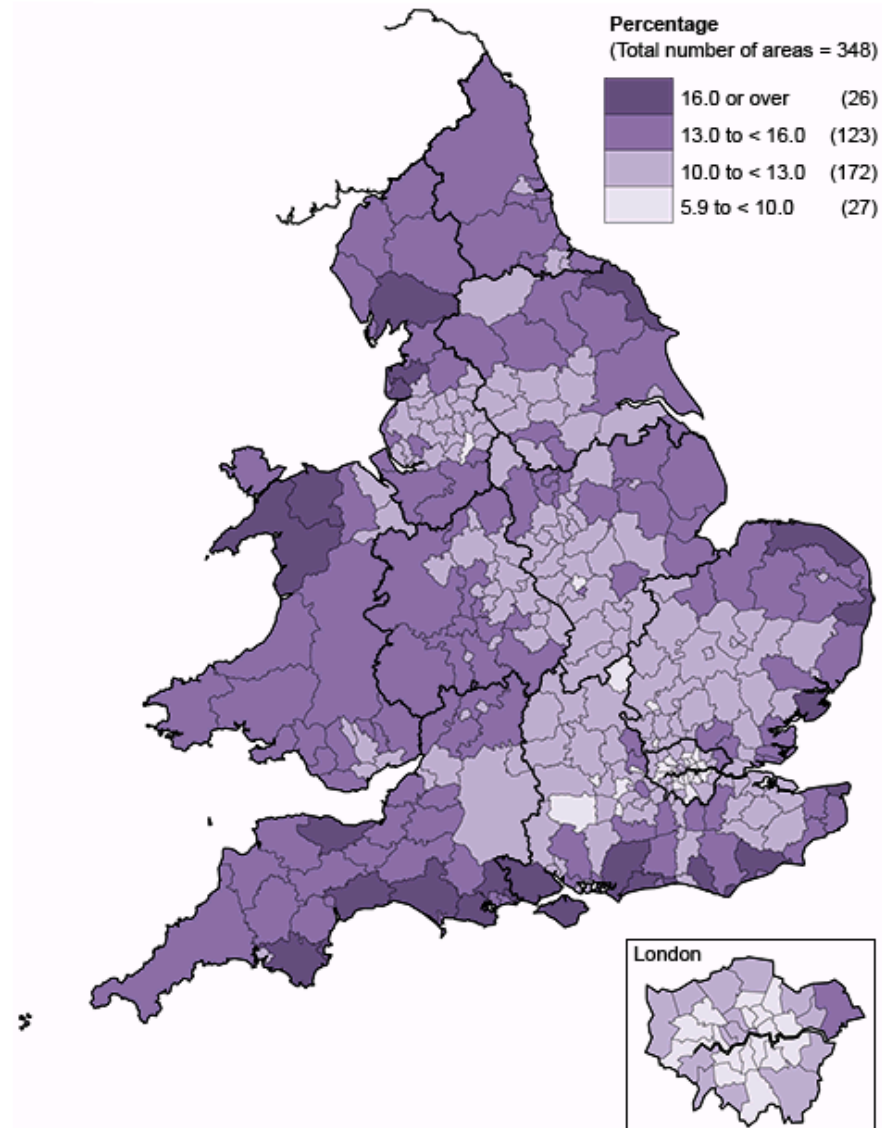
Only five per cent of couples cohabit in Northern Ireland compared with up to 14 per cent in the South of England. First marriages last longer in Northern Ireland than in the rest of the UK and the divorce rate is the lowest in the UK but, in 2007 Northern Ireland had the second highest proportion of female single parent households after London.

Scotland and Northern Ireland also have the highest proportions of households with adult children continuing to live at home. (ONS, 2007)

Across England and Wales, in 2013, the percentage of people not currently living in a couple following separation, legal divorce or civil-partnership dissolution varied very little ranging from 8.4% in the East of England and the East and West Midlands to 9.2% in the North West of England (Relate).

Even within England and Wales there are some significant variations with, for example, households with a person over the age of 65, living alone, making up a significantly higher proportion of all households in coastal areas commonly associated with retirement.

### Percentage of all households made up of lone persons aged 65 and over, England and Wales, 2011



Source: Office for National Statistics  
Contains National Statistics data © Crown copyright and database right 2013  
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**Review of the literature**

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Within each section, the reviewed literature is listed in reverse chronological order with the most recent publication first.



## a) Overviews of the impact of family change on care

Study	Findings
<p>McNeil C and Hunter J (2014) <i>The Generation Strain</i>, London: Institute for Public Policy Research (IPPR)</p>	<p>A growing family care gap means that the number of older people in need of care is predicted to outstrip the number of family members able to provide it for the first time in 2017. By 2032, 1.1 million older people in England will need care from their families – an increase of 60 per cent – but the number of people able to care for older parents will have increased by only 20 per cent, creating a shortfall in our collective capacity to care for older generations (Pickard 2013).</p> <p>This ‘generation strain’, as the authors have termed it, could become either a source of increasing anxiety or an opportunity to make progress, in terms of both raising the value placed on care as a society and transforming the way we care for each other.</p> <p>To ease Britain’s case of ‘generation strain’, the post-war model of social care needs to change. What the social care system is currently providing is often neither what people want nor what will prepare us for an ageing population. The authors put forward proposals that will reform the current social care system in three key ways:</p> <ul style="list-style-type: none"> <li>• establishing a different starting point for social care services by asking: ‘what do people need to live a good life’?</li> <li>• acknowledging family and mutual support as the frontline of care rather than services</li> <li>• encouraging new providers by creating opportunities for community groups and social enterprises to play a part in the delivery of care in ways that challenge the dominance of the state and market</li> </ul>

<p>Pickard L (2013) A growing care gap? The supply of unpaid care for older people by their adult children in England to 2032, <i>Ageing and Society</i> FirstView : 1-28</p>	<p>This article makes new projections of the supply of intense unpaid care for parents aged 65 and over in England to 2032, and compares these projections with existing projections of demand for unpaid care by older people with disabilities from their children. The results show that the supply of unpaid care to older people with disabilities by their adult children in England is unlikely to keep pace with demand in future. By 2032, there is projected to be a shortfall of 160,000 care-givers in England. Demand for unpaid care will begin to exceed supply by 2017 and the unpaid 'care gap' will grow rapidly from then onwards. The article concludes by examining how far this unpaid 'care gap' is likely to be met by other sources of unpaid care or by developments in new technology and examines the implications of the findings for long-term care policy</p>
<p>Szinovacz M E and Davey A (2013) Changes in adult children's participation in parent care, Cambridge: Cambridge University Press <i>Ageing and Society</i> 33 (4) : 667-697</p>	<p>Care-giving research has focused on primary care-givers and relied on cross-sectional data. This approach neglects the dynamic and systemic character of care-giver networks. The authors' analyses use pooled data from the US Health and Retirement Study (HRS), 1992-2000, to examine changes in care-givers and care networks over a two-year period. Based on a matrix of specific adult-child care-givers across two consecutive time-points, they assess changes in any adult-child care-giver and examine the predictors of change. A change in care-giver occurred in about two-fifths of care-giving networks. Ability to provide care based on geographical proximity, availability of alternative care-givers, and gender play primary roles in the stability of care networks.</p>

<p>van der Pas S and van Tilburg T G (2010) The influence of family structure on the contact between older parents and their adult biological children and stepchildren in the Netherlands, <i>Journal of Gerontology Series B: Psychological Sciences and Social Sciences</i> 65B (2) : 236-245</p>	<p>This article examines the effect that family structure has on the contact between older adults and their (step)children. A comparison is made among 3 family structures: biological families, complex stepfamilies, and simple stepfamilies.</p> <p>The sample consists of respondents aged 55 years or older from the “Living Arrangements and Social Networks of Older Adults in the Netherlands” survey of 1992. The contact between biological relationships and steprelationships is measured by means of 2 items: contact frequency and whether contact is perceived as regular and important.</p> <p>Parents have less contact with their biological children in stepfamilies compared with parents with their children in biological families. The contact with biological children is perceived as more often regular and important in biological families and complex stepfamilies compared with simple stepfamilies. No difference was found in the contact between stepparents and stepchildren in simple and complex stepfamilies. However, the contact with stepchildren is perceived as more often regular and important in simple stepfamilies in comparison to complex stepfamilies.</p> <p>It is not so much the difference between biological children and stepchildren that counts when studying the contact between (step)parents and (step)children, as what the structure of the aging (step)family is.</p>
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<p>Stuchbury R and Read S; London School of Hygiene and Tropical Medicine (2009) <i>Family Exchanges and Health - Summary</i>, EAPs/MAP2030 Workshop on the Future of Family Support for Older People,</p>	<p>The papers suggested as a general conclusion that exchanges of both tangible and intangible help are frequent and that factors which might discourage or prevent them did not appear to be doing so. That said, of course, people with no living parents cannot make exchanges with them, and the same applies to people with no living children.</p> <p>One factor which it has been suggested might diminish parent-child exchanges is having fewer children; this variable was included in several papers and generally had no effect on the receipt of help. It was also shown that a longer intergenerational gap makes four generation linkages less likely, and thus the numbers of “both-end-carers” will not be more frequent in the future. Another potentially discouraging factor is geographical distance between parent and child; however, results showed that the mean distance was not great, it did not differ between Eastern and Western Europe, and no trend was found of increasing distance between the generations. A further factor which might be thought to affect exchanges is wealth, but a Europe-wide study showed no effect on contact with children by whether the parent had wealth to bequeath.</p> <p>The findings differed from country to country but no clear regional tendencies were evident except that Southern European countries showed stronger family ties than other areas of Europe.</p>
<p>Ganong L H, Coleman M and Rothrauff T (2009) Patterns of assistance between adult children and their older parents: resources, responsibilities, and remarriage, <i>Journal of Social and Personal Relationships</i> 26 (2-3) : 161-178</p>	<p>The purpose of this study was to examine the effects of patterns of resource exchange on beliefs about intergenerational responsibilities in older parent—adult child relationships. The effects of adult children's resources and later-life remarriage on beliefs about intergenerational responsibilities also were examined. A national sample of 1025 adults responded to a multiple segment factorial survey. Responsibilities to parents were associated with prior patterns of exchanges, older cohorts had lower expectations for adult children to help their parents, and parental remarriage creates limited responsibilities toward new stepparents.</p> <p>Family obligations were the main reason for helping, but histories of intergenerational assistance, the adult child's resources, and other obligations of the adult child also were considerations. Later-life remarriage complicates intergenerational obligations.</p>

<p>Stuifbergen M C, van Delden J J M and Dykstra P A (2008) The implications of today's family structures for support giving to older parents, <i>Ageing and Society</i> 28 (3) : 413-434</p>	<p>Using representative data from the Netherlands, the study reported in this paper investigates which socio-demographic characteristics of adult children and their ageing parents, and which motivations of the adult children, correlate with children giving practical and social support to their parents. The findings indicate that the strongest socio-demographic correlates of a higher likelihood of giving support were: having few siblings, having a widowed parent without a new partner and, for practical support, a short geographical distance between the parent's and child's homes. Single mothers were more likely to receive support than mothers with partners, irrespective of whether their situation followed divorce or widowhood. Widowed fathers also received more support, but only with housework.</p> <p>A good parent-child relationship was the most important motivator for giving support, whereas subscribing to filial obligation norms was a much weaker motivator, especially for social support. Insofar as demographic and cultural changes in family structures predict a lower likelihood of support from children to elderly parents, this applies to practical support, and derives mainly from increased geographical separation distances and from the growing trend for parents to take new partners. Social support is unlikely to be affected by these changes if parents and children maintain good relationships.</p>
<p>Glaser K, Stuchbury R, Tomassini C and Askham J (2008) The long-term consequences of partnership dissolution for support in later life in the United Kingdom, <i>Ageing and Society</i> 28 (3) : 329-352</p>	<p>Using data from the British Household Panel Study (BHPS) for 1991-2003, this study investigated the longitudinal association between partnership dissolution and two types of support for 1966 people aged 70 or more years: informal support from children in the form of contacts and help; and formal support from community care services. The paper also examines the level of reported support among: all parents aged 70+; and 1453 unpartnered parents in the same age group (i.e those lacking the most important source of support in later life, a spouse).</p> <p>Diversity was found in the experience of partnership dissolution in the past lives of people aged 70+. Patterns of support varied by the respondent's age, whether partnered, the timing and type of partnership dissolution and by gender, having a daughter, and health status. Overall, partnership dissolution did not show the expected detrimental relationship with later-life support. Health needs and increasing age were strongly associated with increases in contact and informal and formal help, regardless of family history.</p>

<p>Gaymu J, Ekamper P and Beets G (2007) Who will be caring for Europe's dependent elders in 2030?, <i>Population</i> 62 (4) : 675-706</p>	<p>As the population of Europe grows older, the problem of dependence is becoming an important issue. Can we predict the care needs of dependent older adults over the medium and long term? And, in particular, how will the burden of care be shared between family and professional carers? In this article, Joëlle Gaymu, Peter ekamPer and Gijs Beets examine these questions for nine European countries by projecting the future evolution – up to 2030 – of demographic trends among older adults that are already known (number of children), or largely predictable (marital status, parenthood, widowhood, etc.). Of course, the prevalence of dependence in years to come will be largely determined by the future health status of older people. Yet the demographic projections also indicate that the number of elders who have children and who survive longer with their partner will increase faster than the older population as a whole. Beyond its implications in terms of psychological and social support for older people, this factor should be taken into account when defining future care policies for the dependent population.</p>
<p>Glaser K, Tomassini C and Wolf D (guest editors) (2006) Family support for older people: determinants and consequences, <i>Ageing and Society</i> 26 (5) : 689-782</p>	<p>The aim of this special issue of <i>Ageing and Society</i> is to examine the relationships between support for older people and various socio-demographic, cultural and policy factors in selected European countries and the US, using the international comparative perspective developed by members of the Family Support for Older People: Determinants and Consequences (FAMSUP) Network. Four of the papers were given by network members at a symposium on 'Family Support for Older People: International Comparisons' held at the International Sociological Association (ISA) Inter-Congress Conference on Ageing Societies and Ageing Sociology: Diversity and Change in a Global World, held at Roehampton University in September 2004. A guest editorial (pp 689-692), 'The FAMSUP network and its comparative studies of family support for frail older people' outlines the aims and work of FAMSUP, which was supported by a grant from the European Science Foundation (ESF) during 2002-04.</p>

<p>Wolf D A and Ballal S S (2006) Family support for older people in an era of demographic change and policy constraints, <i>Ageing and Society</i> 26 (5) : 693-706</p>	<p>This paper introduces four empirical studies on the provision of family support to older people, written by members of the Family Support for Older People: Determinants and Consequences (FAMSUP) Network, European Science Foundation (ESF). The studies have in common the use of individual-level data and recognition of the importance of demographic forces, cultural variations and public policy in shaping patterns of elder care. The four papers are also explicitly comparative, and emphasise both between- and within-country differences.</p> <p>The European countries examined exhibit several broadly similar demographic trends, but these are superimposed on very different policy regimes. The 'macro' focus of much comparative policy-oriented research facilitates the identification and description of population ageing, while illuminating the policy issues raised by demographic change. A macro-focus is also characteristic of much comparative welfare state analysis. The 'micro' orientation of the research presented in this collection typically treats the policy environment as an implicit or residual category. It is argued that progress in understanding comparative patterns of elder care, and in developing policy responses to demographic change, will be facilitated through blending the micro and macro perspectives, in which variations in the policy environment are explicitly linked to individual and family-level behaviour.</p>
<p>Glaser K, Tomassini C, Racioppi F and Stuchbury R (2006) Marital disruptions and loss of support in later life: a longitudinal study of the United Kingdom, <i>European Journal of Ageing</i> 3 (4) : 169-217</p>	<p>Marital disruption (i.e. due to death, divorce or separation) at older ages is an important issue as it removes the usual primary source of help and support: a husband or wife.</p> <p>Employing data from the longitudinal British Household Panel Survey (BHPS) (1991–2003) this study investigated the association between marital disruption and first loss of (a) perceived support and (b) at least weekly contact with at least one non-relative friend, among those aged 50 and over. It also examined first use of domiciliary care services (i.e. health visitor or district nurse, home help or meals-on-wheels) among those aged 70 and over.</p> <p>The findings show that marital separation increased the odds of losing perceived support whereas widow(er)hood showed no significant association among people aged 50 and over. Separation and widow(er)hood increased the odds of losing weekly contact with non-relative friends (although the odds were greater for separation) in this age group. Finally, widow(er)hood increased the odds of using domiciliary care services among respondents aged 70 and over.</p>

<p>Harper S and Levin S (2003) <i>Changing Families as Societies Age : care, independence and ethnicity (Working Paper Number WP503)</i>, Oxford Institute of Ageing, University of Oxford</p>	<p>The UK’s national population structure in line with most Western societies is ageing rapidly. The combination of falling fertility and increasing longevity is having an impact on family structures and resultant relationships, with the emergence of long vertical multi-generational families replacing the former laterally extended family forms. This is occurring at a time when UK government policy is placing increasing reliance on families to provide health and social care and support for the growing number of frail older people.</p> <p>While there has been extensive research on family care within the majority white population, there is less understanding of the elder family care provision for the UKs growing older ethnic population. This paper discusses the changing demographics, new government policy on promoting independent living and its implications for family care provision, and reviews our current understanding of family care and support for older people within the UK’s varied ethnic minority families.</p>
<p>Milne A J and Hatzidimitriadou E (2002) The Caring in Later Life report: A secondary analysis of the 1995 General Household Survey, <i>Quality in Ageing – Policy, practice and research</i> 3 (3) : 3-15</p>	<p>Caring in Later Life is a review of the needs and roles of older carers (Milne et al, 2001). It brings together a wide-ranging review of academic and policy literature with an original meta-analysis of the 1995 General Household Survey (OPCS, 1995). This paper focuses on the findings of the GHS analysis. The picture of older carers that emerges is significantly different from that of carers overall. It is clear that older carers constitute a large and growing number of the carers and represent an increasingly large proportion of the total number of UK carers. They can be distinguished from other groups of carers in a number of ways: older carers are more likely to live with the person they care for, caring is likely to take place within the context of a long term relationship, dementia is a dominant feature and carers are more likely to be involved in intimate and personal care. Many also have health problems of their own.</p> <p>The analysis confirms a distinction between older carers who offer support on a co-resident basis and those who are extra resident. There is clearly a high level of devotion to caring amongst many co-resident carers, with many providing intensive care over long periods of time with little or no support from services. Most of these carers are spouses.</p> <p>The authors suggest that more should and can be done by policy and services to improve the health and quality of life of older carers.</p>



<p>Blasinsky M (1998) Family dynamics: influencing care of the older adult, <i>Activities, Adaptation &amp; Aging</i> 22 (4) : 65-72</p>	<p>Changing trends in increased life expectancy, resulting in extended family structures and relationships, are having a significant impact on family care-giving arrangements. Family care-giving represents the primary source of long-term care for frail elderly people in the United States (US). Research concerning the role of the family in providing care emphasises the diversity of family care-giving and the impact (both positive and negative) of care-giving on the family system. Further research on family care of frail older people has shown the predominance of women in the care-giving role. Recent studies examine the role of siblings' relationships in family care-giving and support in older age. This paper describes common issues and challenges facing ageing families, discusses how these issues affect individual family members and the family unit, and suggests policies and programmes to strengthen family functioning and enhance the quality of life of older Americans.</p>
<p>Bornat J, Dimmock B and Peace S; (Economic and Social Research Council) ESRC Population and Household Change Research Programme, Oxford Brookes University (1997) <i>The impact of family change on older people: the case of stepfamilies</i>, Oxford: ESRC : 4 pp (Research results number 2)</p>	<p>This in-depth study was carried out at the Open University (OU). The authors encouraged people from different generations to talk about their understanding of family life today, and about the impact of change on their lives. The point is made that family break-up and reconstitution does not necessarily affect the capacity of families to care for their older members. However, family break-up may lead to some older men living in isolation, as the mother and daughter tie takes precedence.</p>
<p>Berthoud R; Policy Studies Institute - PSI (1996) <i>"Age-old problem" changing patterns of family support</i>, London: PSI : 15 pp (enclosure in 1995/96 annual report)</p>	<p>This study was designed to investigate patterns of personal care and financial support within the framework of a model - the package of care and support, as determined by the characteristics of the parent, family, children, and society. Reference is made to the overambitious nature of the inquiries originally planned. The study concentrated on combined surveys of elderly people and their children; these were undertaken by Social and Security Planning Research (SCPR), on behalf of the Department of Social Security (DSS). No clear evidence was found on financial support: children are rather unlikely to take on more financial responsibility in the future. Neither parents nor children looked to the family to pay for care: that was primarily the government's responsibility.</p>
<p>Clarke L (1995) Family care and changing family structure: bad news for the elderly? In: Allen, I. and Perkins, E. (eds), <i>The Future of Family Care for Older People</i>, London: HMSO . : 19-49</p>	<p>Chapter in Allen and Perkins, <i>The Future of Family Care for Older People (see next)</i></p>

<p>Allen I and Perkins E (eds) (1995) <i>The Future of Family Care for Older People</i>, London: HMSO</p>	<p>Examines the social and economic factors affecting the future supply of family care for older people, such as migration, the labour market and unpaid caring, and older people's financial resources in the context of community care. Although the review focuses on the aspect of supply, this has to be placed in the context of the future demand for such care. The extent to which these are in balance has important implications for the demand for formal health and social care services. If the supply reduces, particularly at a time of increasing demand, there are likely to be major problems in meeting the needs of older people. The book provides detailed and comprehensive evidence on family care for older people.</p>
<p>Henwood M and Wicks M (1984) Community care, family trends and social change, <i>Quarterly Journal of Social Affairs</i> 1 (4) : 357-371</p>	<p>Considers the future prospects for community care, looking at supply and demand and discussing the significance of family trends. Incorporates data on attitudes to caring and estimates of the value or cost of informal care.</p>
<p>Kobrynski B and Cumming E (1971) Generational changes and geriatric care, <i>Journal of the American Geriatrics Society</i> 1 (5) : 376-386</p>	<p>Demographic and social trends affecting family care of the elderly indicate an increasing need for supportive social services.</p>

**b) The changing family**

Study	Findings
<p>Antonucci T C, Birditt K S, Sherman C W and Trinh S (2011) Stability and change in the intergenerational family: a convoy approach, <i>Ageing and Society</i> 31 (7) : 1084-1106</p>	<p>This paper describes the factors that influence supportive relations within intergenerational families, beginning with a description of the changing structure of the intergenerational family. It shows how personal characteristics, especially gender, race, age and socio-economic status, and situational characteristics, in particular family structure and intergenerational context, influence support exchanges. These exchanges are described with special attention to the unique circumstances of care-giving in intergenerational families, while also exploring the differences in the quality of intergenerational relations. Positive and negative support exchanges and their influence on wellbeing are discussed. The paper considers the implications of change and stability in intergenerational relationships, and makes recommendations about how best to plan future intergenerational family support.</p> <p>The authors conclude that societies and families with fewer resources must be innovative in meeting the needs of older people as well as those of all family members.</p>
<p>Gaymu J, Busque M-A, Légaré J, Décarie Y, Vézina S, and Keefe J (2010) What will the family composition of older persons be like tomorrow? A comparison of Canada and France, <i>Canadian Journal on Aging</i> 29 (1) : 57-71</p>	<p>Changes in family composition raise questions about who will care for those who need assistance. This study compared population projections to the year 2030 of those families aged 75 and older in Canada and France. Over the next 25 years, the pool of potential family carers, (i.e., spouses and children), will broaden from the effect of the baby boom and increased proportion of women with spouses. The populations most dependent on formal care, with no potential support from a child or a spouse, will increase more sharply in Canada (123%) than in France (34%) but at a slower rate than the total population. Policy and programs in both countries will need to prepare for a greater number of elderly spouses providing care and in Canada, at least, a significant increase in the number that will need to rely on formal services.</p>

<p>Waite L J (2009) The Changing Family and Aging Populations, <i>Population and Development Review</i> 35 (2) : 341-446</p>	<p>This is an expanded version of comments on the future of the demography of aging at an invited session of the 2008 annual meeting of the Population Association of America. In an introduction, John Haaga offers reasons for a revival of interest in population aging, including greater realization of plasticity in aging trajectories at both individual and societal levels. Linda Martin proposes that population scientists working in aging emulate those studying fertility and family planning in previous decades, learning from interventions (in this case, aimed at increasing retirement savings and reducing disability at older ages). Changes in family structure will increasingly affect new cohorts of the elderly, and Linda Waite speculates on the ways in which changes in the economy, medicine, and the legal environment could affect the social context for aging. Research on mortality at older ages is “alive and well” asserts James Vaupel, who sets out six large questions on mortality trends and differentials over time and across species. Lastly, Wolfgang Lutz expands the scope of projections, showing the considerable uncertainty about the timing and pace of population aging in the developing world and the effects on future elderly of the increases in educational attainment in much of the world during the second half of the twentieth century.</p>
<p>Chambers P, Allan G and Phillipson C (2009) <i>Family Practices in Later Life</i>, Bristol, United Kingdom: Policy Press</p>	<p>This book explores diversity and change in the family relationships older people maintain, looking at how family relationships are constructed and organised in later life. It recognises that the emerging patterns are a consequence of the choices and decisions negotiated within family networks, emphasising older people's agency in the construction of their family practices. In exploring such themes as long-term marriage, sibling ties in later life and grandparenthood, the book highlights the continued significance of family connection and solidarity in later life, while recognizing that family relationships are inevitably modified over time as people's social and material circumstances alter.</p>

<p>Gaymu J, Ekamper P and Beets G (2008) Future trends in health and marital status: effects on the structure of living arrangements of older Europeans in 2030, <i>European 5</i> : 5-17</p>	<p>This article presents the results of projections of older people’s living arrangements in 2030 in nine European countries. It analyses expected changes due to future trends in health and marital status. Future changes in the marital status of the older people will result in a higher proportion living in their own homes: women in each age group will more often grow old living with their partner, and this will also apply, to a lesser extent, to men aged 85 and over. Both men and women will be less likely to live alone, with people other than a partner, or in institutions. But for men aged 74–84 the likelihood of choosing one or another type of living arrangement will remain remarkably stable in the future. Further, an improvement in health will lead to older people living alone slightly more often, and they will also more often do so in good health. A comparison of two health scenarios shows that changes in marital status have a major impact on overall trends in living arrangements whereas an improvement in health—which is not certain to occur—will affect them only marginally.</p>
<p>Albertini M and Saraceno C (2008) <i>Intergenerational contact and support: the long-term effects of marital instability in Italy: In Saraceno, C. (ed.), Families, Ageing and Social Policy</i>, United Kingdom: Edward Elgar Publishing Limited : 194-216</p>	<p>Italy is a country characterised by a high density of contacts among kin, which is supported by a substantial degree of residential proximity between adult children and their parents. Divorce was introduced relatively late in Italy (1970) but marital instability, through legal separation, had begun to increase in the mid-1960s. This chapter considers the long-term effects of marital instability in Italy, when children have become parents and parents have become grandparents.</p>
<p>Da Roit B (2007) Changing intergenerational solidarities within families in a Mediterranean welfare state: elderly care in Italy, <i>Current Sociology</i> 55 (2) : 251-269</p>	<p>Intergenerational solidarity within families is the traditional source of support for dependent elderly people in southern European countries, where care needs have been mainly fulfilled by the unpaid work of women. Recently, the decline of informal care and the persistent lack of supply of formal services have been accompanied by the growth of commercial services mostly provided by migrant women hired by families in the grey market. The article is based on a qualitative study and explores the social processes underlying these changes. It suggests that although intergenerational solidarity is still crucial, it is expressed less through the direct provision of care and more through the supervision of paid services. This shift, which results mainly from a strategy adopted by middle-class women, challenges traditional gender relations and divisions of work. Moreover, it produces employment relations characterized by low pay and under-protection and reflecting conflicts over time and space typically present in informal care relations.</p>

<p>Ganong L and Coleman M (2006) Obligations to stepparents acquired in later life: relationship quality and acuity of needs, <i>Journal of Gerontology Series B: Psychological Sciences and Social Sciences</i> 61 (2) : S80-S88</p>	<p>The purpose of this study was to examine beliefs about responsibilities of an adult child to an older stepparent or parent who has remarried later in life. We also investigated the effects of relationship quality and acuity of needs on perceived responsibilities to parents and stepparents.</p> <p>A sample of 487 men and 571 women from across the United States was generated using a multistage probability sampling design that used random-digit dialling of telephone numbers. Respondents were presented with a multiple-segment vignette in which the type of relationship between the adults (i.e., parent-child or stepparent-stepchild), the relationship quality, and the acuity of the older person's need were randomly varied. Respondents indicated how much help the younger adult should give the older person and how obligated the younger adult was to help the older person. In addition, respondents were asked open-ended questions about the rationale for their judgments about intergenerational helping.</p> <p>Perceived responsibilities to parents were greater than responsibilities to stepparents. Relationship quality and acuity of need were also related to obligation beliefs.</p>
<p>Caputo R K(ed) (2005) <i>Challenges of aging on US families: policy and practice implications</i>, Binghamton, NY: Haworth Press Inc : 221 pp</p>	<p>As the United States' economy evolves and manufacturing jobs disappear, the prospect of each generation experiencing a standard of living that exceeds that of their parents also disappears. The papers in this publication explore this trend, presenting the latest research on the changing roles of caregivers along with the economic and emotional effects on the family unit. Long-term care and the standard of living of families are considered, the focus being on the effects of changing family structures and with particular reference to grandparenting. How these changes will impact on society at large is considered in the context of economic and care-giving problems that will be faced by the Baby Boomer generation in coming decades.</p>

<p>Evandrou M and Glaser K (2004) Family, work and quality of life: changing economic and social roles through the lifecourse, <i>Ageing and Society</i> 24 (5) : 771-792</p>	<p>This study explored changes in economic and social roles across four birth cohorts passing through mid-life (45-59/64 years) in Britain. The project investigated the relationship between multiple role responsibilities and a range of indicators of quality of life, including material resources, health and engagement in social activities.</p> <p>The research was based on secondary analysis of four different surveys: the 2000 British Household Panel Study (BHPS), the 1994-95 Family and Working Lives Survey (FWLS), the 1985, 1990, 1995 and 2000 General Household Surveys (GHS), and the longitudinal Retirement Survey (1988/89 and 1994). A particularly interesting finding is that being "caught in the middle", in terms of having simultaneous care-giving responsibilities to dependent children and frail parents whilst in paid work, has been atypical. Only 1 in 9 women, and 1 in 10 men aged 45-49 occupy all three roles concurrently, but multiple role occupancy is increasing across cohorts, particularly the combination of caring and paid work.</p> <p>Role occupancy significantly affects the accumulation of pension entitlements (particularly second tier pensions), with the effect that many women who have fulfilled the important social roles of carer and parent will face a low income in old age. Where adverse health outcomes were found, parental role in mid-life was most frequently associated with such poor health, suggesting that continued parental demands in mid-life may have negative health consequences.</p>
<p>Evandrou M and Glaser K; ESRC Research Group Simulating Social Policy in an Ageing Society - SAGE, London School of Economics; Growing Older Programme (2002) <i>Changing economic and social roles: the experience of four cohorts of mid-life individuals in Britain, 1985-2000</i>, London: ESRC SAGE Research Group, London School of Economics : 21 pp (SAGE discussion paper, no 11) (SAGEDP/11)</p>	<p>The changes in role occupancy across four birth cohorts (ages 45-49, 50-54, 55-59, and 60-64) passing through mid-life over the period 1985-2000 are examined. The authors use data from the General Household Survey (GHS) to investigate the occupancy of four key roles: partner, parent, carer and paid worker.</p> <p>The findings indicate that rising divorce has had little impact on the overall probability of living in a union during mid-life, with around four out of five women aged 55-59 in each birth cohort living with their spouse or partner. Also, a significantly lower proportion of successive cohorts are still living with children of any age during mid-life. The results clearly indicate that there has been a rise in the likelihood of caring in mid-life and an intensification of that care. Increasing proportions of women are working, and working full-time, in mid-life. Furthermore, being "caught in the middle", in terms of simultaneous employment and care-giving is an atypical experience.</p>

<p>Flowerdew R, Davies R and Mason J; (Economic and Social Research Council) ESRC Population and Household Change Research Programme, Oxford Brookes University (1998) <i>Migration, kinship and household change</i>, Oxford: ESRC : 4 pp (Research results number 12)</p>	<p>The main research aim of this project was the investigation of links between kinship and migration, including how residential mobility and migration reflect changes in household structure. The research concentrated on household events most likely to lead to migration: the break-up of marital and cohabiting relationships, and the needs of older people for care. Investigations were based on re-analysis of major data sources, notably the Household Sample of Anonymised Records (SARs) from the 1991 Census, and the Social Change and Economic Life Initiative (SCELI) dataset. In-depth interviews were also carried out with 57 people who had experienced the break-up of marital and cohabiting relationships, and their consideration of older people's needs for care.</p> <p>Conclusions drawn differed between qualitative and quantitative analyses. Most of the time, kinship considerations were central, with family responsibilities emerging as important - but these did not necessarily dominate decisions about moving.</p>
<p>Phillipson C, Bernard M, Phillips J and Ogg J; (Economic and Social Research Council) ESRC Population and Household Change Research Programme, Oxford Brookes University (1998) <i>The family and community life of older people: social networks and social support in three urban areas</i>, Oxford: ESRC : 4 pp (Research results number 9)</p>	<p>Family life has changed rapidly in the last 50 years, bringing dramatic changes to the communities within which older people live. Research by the authors at the Department of Social Gerontology, University of Keele examined the extent of changes in older people's family and community networks in three urban areas of England: Bethnal Green, Wolverhampton and Woodford. These were the location of three major studies in the 1940s and 1950s: 'The social medicine of old age' (J H Sheldon, 1948); 'The family life of old people' (Peter Townsend, 1957); and 'Family and class in a London suburb' (Peter Willmott and Michael Young, 1960). A social network approach was used to explore how households have changed, how relations have changed, and how the social worlds of older people have changed. The research suggests that kinship ties have stood up well to the large-scale changes in urban societies in the last 50 years. The family in some form is still central to support, even if focused on a small number of network members.</p>
<p>Grundy E, Glaser K and Murphy M; (Economic and Social Research Council) ESRC Population and Household Change Research Programme, Oxford Brookes University (1997) <i>Intergenerational relationships and household change</i>, Oxford: ESRC : 4 pp (Research results number 5)</p>	<p>Recent decades have seen marked changes in household patterns across all age groups in the UK and elsewhere. The trend towards living alone, and other social and demographic changes such as rises in divorce, lone parenthood and women's paid employment, have raised major concerns about the willingness and ability of younger people to provide support for frail older relatives. Equally important, but less often considered, is the possibility of change in support given by older people to younger relatives. The authors investigated these issues, by examining the household patterns of people aged 50 and over, using data from a range of large scale, nationally representative surveys.</p>



<p>Roberts C, McGlone F and Park A; (Economic and Social Research Council) ESRC Population and Household Change Research Programme, Oxford Brookes University (1997) <i>Kinship networks and friendship: attitudes and behaviour in Britain 1986-1995</i>, Oxford: ESRC : 4 pp (Research results number 3)</p>	<p>This paper summarises the results of a 1995 survey, published in British social attitudes: the 13th report (Dartmouth, 1996), which replicated the core questions of the 1986 survey. Further attitudinal questions have been added to find more information about the role of, and attitudes towards, kin outside the nuclear family. This summary looks at family centredness, keeping in touch with relatives, change over the period 1986 to 1995, and giving and receiving help. Responses have not changed markedly since 1986, other than in the role of friends, who are now more increasingly likely to be relied for emotional support.</p>
<p>European Federation for the Welfare of the Elderly - EURAG (1989 - 1990) Problems of aging in changing family patterns: International Colloquy of Eurag Padova/Italy, September 1989, <i>EURAG Newsletter, no 60/61</i> : 154 pp</p>	<p>Considers the changes in family structures in European countries, and the implications for older people. Topics include informal care, the family and statutory services and the family and prevention of dependence.</p>

**c) Grandparents**

Study	Findings
<p>Glaser K, Montserrat E R, Waginger U (et al) ; Grandparents Plus; Institute of Gerontology, King's College London; Beth Johnson Foundation - BJJ (2010) <i>Grandparenting in Europe</i>, London: Grandparents Plus : 89 pp</p>	<p>Despite the growing importance of grandparenting, relatively little is known about its demography, or about how policies in different European countries support different types of grandparental roles. Although grandparents play a pivotal role in family life, legislation and social policies often disregard their contribution as major supporters or caregivers. This report presents findings of a systematic literature review; and identifies policies on family and grandparenthood in Europe. It includes information on country specific family policies in respect of parental leave and childcare in Denmark, France, Germany, Hungary, Italy, the Netherlands, Portugal, Romania, Spain and the UK. The report concludes that as our populations age and the number of children per family falls, the role of grandparents in family life is becoming increasingly significant and an international phenomenon not confined to the UK alone. The report represents the latest developments that will contribute to our understanding of the impact of demographic ageing on society.</p>
<p>Grandparents Plus (2010) <i>"What if we said no?": family and friends care</i>, London: Grandparents Plus : 25 pp (Survey findings report)</p>	<p>There are estimated to be some 200,000 family and friends carers in the UK looking after around 300,000 children because parents are no longer able to fulfill that role. However, because of a lack of data, family and friend carers are largely invisible to both policy makers and service providers - making them vulnerable to unintended consequences of changes in government policy. 'What if we said no?' is a report of a survey of more than 250 members of the Grandparents Plus organisation's Grandparents Raising Grandchildren Network. The report finds that many family and friend carers are living on low incomes, and are particularly vulnerable to welfare reform and spending cuts. They are also more likely to be in poor health. Almost half are caring for a child with a disability or special needs: many of the children have experienced problems at school. More than nine out of ten family and friends carers responding to the survey are themselves grandparents.</p>

<p>Bullock K (2001) Healthy family systems? The changing role of grandparents in rural America, <i>Education and Ageing</i> 16 (2) : 163-178</p>	<p>The subject of grandparents raising their grandchildren is increasingly the focus of social science literature on ageing in the US, and such responsibility has led to multiple stresses for older Americans. This article explores the changing role of grandparents, and provides a basis for assessment and intervention with older Americans. Grandmothers who were primary caregivers for at least one grandchild in the south-eastern US completed qualitative interviews regarding their experiences in changing roles. This research suggests that raising grandchildren may cause financial stress, cramped living quarters, role restriction, and social isolation among this group. However, advantages to grandparents in this role can include greater life satisfaction and a positive influence on the other generations within the family. Social and health care providers can play an essential role in assisting grandparents caring for grandchildren, by developing and implementing services that strategically build family strengths and cohesiveness.</p>
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**d) Geographical separation**

Study	Findings
<p>Chan T W and Ermisch J (2013) <i>Family Geography and Family Demography in the UK- Cross-Sectional Perspective</i>, <a href="http://users.ox.ac.uk/~sfos0006/papers/geo1.pdf">http://users.ox.ac.uk/~sfos0006/papers/geo1.pdf</a>: University of Oxford, Department of Sociology, Working papers</p>	<p>In this study geographic proximity between parents and adult children is examined using data from a large and nationally representative household survey from the United Kingdom. The goal is to describe the contributions to family geography of several demographic trends in British society. The study shows that residential mobility over the life course tends to increase the distance between the two generations. There are also large differences in intergenerational proximity between the foreign born and UK born, and among ethnic groups.</p> <p>The evidence is consistent with three long-term trends operating to increase intergenerational geographical distance: declining fertility, more divorce, and rising educational attainment. Proximity does not vary with the existence or number of siblings of the adult child.</p>

**e) Family care**

Study	Findings
<p>Pickard L, Wittenberg R, Comas-Herrera A, King D and Malley J (2012) Mapping the Future of Family Care: Receipt of Informal Care by Older People with Disabilities in England to 2032, <i>Social Policy and Society</i> 11 (04) : 533-545</p>	<p>Many long-term care systems in economically developed countries are reliant on informal care. However, in the context of population ageing, there are concerns about the future supply of informal care. This article reports on projections of informal care receipt by older people with disabilities from spouses and (adult) children to 2032 in England. The projections show that the proportions of older people with disabilities who have a child will fall by 2032 and that the extent of informal care in future may be lower than previously estimated. The policy implications, in the context of the Dilnot Commission's report, are explored.</p>
<p>Pickard L (2012) Substitution between formal and informal care: a 'natural experiment' in social policy in Britain between 1985 and 2000, <i>Ageing and Society</i> 32 (7) : 1147-1175</p>	<p>This study looked at substitution between formal and informal care in Britain between 1985 and 2000. This period provided the conditions for a 'natural experiment' in social policy. During the late 1980s and early 1990s, there was an increase in long-stay residential care for older people, which came to an end around the mid-1990s. The paper examines whether this increase in formal services led to a decline in informal care, and whether this was subsequently reversed. The focus was on provision of intense informal care by adult children to their older parents, trends in which were identified using General Household Survey data. The paper shows that there was a decline in provision of intense and very intense co-resident care for older parents between 1985 and 1995, which came to an end in the mid-1990s. These trends in intergenerational care were negatively related to changes in long-stay residential care. In particular, controlling for age and disability, there was evidence of substitution between nursing home and/or hospital care and very intense co-resident care for older parents. A key policy implication is that an expansion of very intense formal services for older people could bring about a decline in very intense intergenerational care. The paper relates these findings to the current debate on reform of the long-term care system in England.</p>

<p>Haber Kern F K, Schmid T, Neuberger F and Grignon M (2012) The role of the elderly as providers and recipients of care. In: <i>OECD. The Future of Families to 2030</i>, Paris: OECD Publishing : 189-257</p>	<p>This chapter discusses the future role of the elderly in OECD member countries as providers and recipients of care. For several decades now, the role of older people (age 65 and over) has been changing, as society itself has changed. The most important trends are demographic: people are healthier and living longer, while fertility rates are dropping. However, there are many other developments that may change the role of the elderly in ways not imagined some years ago: family structures, living arrangements, and family obligations; technology; and urban planning and housing. This chapter focuses on these developments, looking at how the life of older population will be different in 2030, and examining opportunities and challenges.</p>
<p>Carers UK (2010) <i>It's time to support carers: policy manifesto</i>, London: Carers UK : 23 pp</p>	<p>There are six million carers in the UK, and by 2017 the numbers of older people needing care will outstrip the numbers of carers available to provide care. This manifesto is part of a new social contract that Carers UK is proposing. It sets out a blueprint for the next government to "achieve real and lasting change" for carers and their families, by presenting facts and evidence on what carers want, and the action needed on six major themes. First, on health and care, carers want good quality, reliable and affordable care. Second, employment and training: carers want to remain in work for as long a possible if that is their choice. Third, poverty and social exclusion: carers want to be free from the fear that caring will force them into poverty. Fourth, equality and human rights: carers want to be respected for the contribution they make. Fifth, young carers want the chance to engage in education, play and socialise like other young people. Lastly, recognition, information and advice: carers want the right information and advice, at the right time so they don't miss out. An appendix includes a progress report on what has been met for carers, measured against Carers UK's recommendations in 2005.</p>
<p>Pickard L, Wittenberg R, King D, Malley J and Comas-Herrera A (2009) <i>Informal Care for Older People by their Adult Children: Projections of Supply and Demand to 2041 in England. Poster presentation at 19th World Congress of Gerontology and Geriatrics, Paris, France, 5-9th July 2009,</i></p>	<p>This research is concerned with informal or unpaid care provided by the adult children of older people. Over one in three disabled older people in England receives informal care from an adult child, yet the future supply of this form of care seems uncertain. The aim of the research is to compare the supply of informal care to its demand in future years. The study produces projections of informal care for older people to 2041 in England. The analysis focuses on the supply of intense care provided for 20 or more hours a week and on demand for social care by disabled older people. Data sources include General Household Survey (GHS) data on both provision of informal care and receipt of care by people aged 65 and over.</p>

<p>Brandt M. Haberkern K and Szydlik M (2009) Intergenerational help and care in Europe, <i>European Sociological Review</i> 25 (5) : 585-601</p>	<p>In Europe, on average, three times as many adult children occasionally help their parents with the housekeeping than do provide regular physical care. This is not surprising, considering the great differences between these two types of support. Care follows needs, whereas help tends to be given sporadically when one has the opportunity.</p> <p>In the familial welfare states in Southern Europe, where little professional support is available, provision of care by children is more likely—whereas parents in the north are more likely to receive help in the household or in dealing with the authorities. Logistic multi-level models enable these differences to be traced back to the availability of social and health services in the individual countries. There is a ‘crowding in’ of the help children give their parents, but a ‘crowding out’ of physical care. Overall, the results based on the Survey of Health, Ageing and Retirement data thus support the specialization hypothesis: professional providers take over the medically demanding and regular physical care, whereas the family is more likely to provide the less demanding, spontaneous help. Everyone does what they do best. The overall care of older people thus tends to be assured both quantitatively and qualitatively by well-developed service systems.</p>
<p>Jegermalm M and Jeppsson Grassman E (2009) Patterns of informal help and caregiving in Sweden: a thirteen-year perspective, <i>Social Policy &amp; Administration</i> 43 (7) : 681-701</p>	<p>This article analyses informal help and care-giving in Sweden with a focus on the scope and trends of change over time. The discussion is based on the results of three national surveys and of one survey conducted in the county of Stockholm. The results indicated that informal help and care-giving was common throughout the period under study. In the 1990s, the figures were fairly stable, while from the late 1990s to 2005 there seems to have been a dramatic increase in the prevalence of such support. Two interpretative perspectives are used to discuss this pattern. One locates its point of departure in recent welfare state changes and in the substitution argument, according to which cuts in welfare services put more pressure on people to provide informal help and care. The second perspective relates to the present debate on civil society and to its possible role in contemporary society. According to the civil society perspective, an increase in the prevalence of informal help and care-giving might be interpreted as an expression of growing civic involvement 'in its own right', without a straightforward and simple relationship to changes in the welfare state. It is argued in the article that the two frames of interpretation should not be viewed as mutually exclusive, but rather that they represent two partly complementary approaches to the understanding of the complex dynamics of unpaid work in contemporary Swedish society.</p>

<p>Counsel and Care; Carers UK; Help the Aged (2008) <i>Right Care Right deal: the right solution for social care [briefing pack]: Campaign statement; A vision for social care: principles for change; A charter for change; and Carers, employment and services: time for a new social charter?</i>, London: Right Care Right deal : 4 items in pack</p>	<p>Counsel and Care, Carers UK and Help the Aged introduce their campaign, Right Care Right deal, which aims "to achieve the right solution for social care in England". This briefing pack includes publications reflecting this aim from the three organisations. 'A vision for social care: principles for change' (Help the Aged) summarises the debate and what is required to meet older people's needs. In 'A charter for change: reforming care and support for older people, their families and carers', Counsel and Care outlines the evidence from their Advice Service, and presents 5 principles for reform and 10 tests for a new model of social care. 'Carers, employment and services: time for a new social charter?' by Sue Yeandle and Lisa Buckner summarises their analysis of the Carers, Employment and Services (CES) study conducted in 2006-7 at the University of Leeds, commissioned by Carers UK. A campaign statement by Right Care Right deal calls for a care system that is "funded through a clear, simple and sustainable deal, entered into by the state, community, family and individuals". The pack also includes a press release, 'Two thirds of people won't put money aside for social care, according to new research'.</p>
<p>Pickard L, Wittenberg R, Comas-Herrera A, King D and Malley J (2007) Care by Spouses, Care by Children: Projections of Informal Care for Older People in England to 2031, <i>Social Policy and Society</i> 6 (03) : 353-366</p>	<p>The future market costs of long-term care for older people will be affected by the extent of informal care. This paper reports on projections of receipt of informal care by disabled older people from their spouses and (adult) children to 2031 in England. The paper shows that, over the next 30 years, care by spouses is likely to increase substantially. However, if current patterns of care remain the same, care by children will also need to increase by nearly 60 per cent by 2031. It is not clear that the supply of care by children will rise to meet this demand</p>

<p>Sundström G, Malmberg B and Johansson L (2006) Balancing family and state care: neither, either or both? The case of Sweden, <i>Ageing and Society</i> 26 (5) : 767-782</p>	<p>Old-age care has frequently been conceptualised as being either family-based or publicly-provided. This article analyses the overlap in provision from the two sources and their relationship in the Swedish welfare state. Many older people and their carers rely on both sources of help rather than on just one, and prefer to do so. The empirical evidence on patterns of care in Sweden supports a joint family-state conceptualisation of care. Its realisation may depend on general coverage rates of public services and the efficient targeting of frail elderly people who live alone. Most older people in need of care rely on help only from their family, but many are helped by both the family and the state, particularly those with the greatest needs. Dynamic concepts like ‘substitution’ and ‘complementarity’ are hard to apply in cross-sectional studies: there may be complementarity in individual cases but long-term substitution or its reversal in successive cohorts. Yet again, both sources of care may increase simultaneously in individual cases.</p>
<p>Broese van Groenou M, Glaser K, Tomassini C and Jacobs T (2006) Socio-economic status differences in older people's use of informal and formal help: a comparison of four European countries, <i>Ageing &amp; Society</i> 26 (5) : 745-766</p>	<p>This study investigates the variations by older people's socio-economic status (SES) (i.e. educational level and social class) in the use of informal and formal help from outside the household in Great Britain, Italy, Belgium and The Netherlands. In all these countries, it was older people in low SES groups who mostly used such help. Multinomial logistic regression analyses showed that, in each country and for both types of help, there were SES gradients in the utilisation of both formal and informal care, and that differences in age, health and marital status largely accounted for the former but not the latter. Cross-national differences in the use of both informal and formal help remained when variations in sex, age, SES, health, marital status, home ownership and the use of privately-paid help were taken into account. Significant interaction effects were found, which indicated that older people in low SES groups in Great Britain and The Netherlands had higher odds of using informal help from outside the household than their counterparts in Italy, and similarly that those in The Netherlands were more likely to use formal help than their Italian peers. The results are discussed in relation to the cultural differences and variations in the availability of formal services among the countries</p>



<p>Sundström G and Johansson L (2005) The changing balance of government and family in care for the elderly in Sweden and other European countries, Blackwell Publishing <i>Australasian Journal on Ageing</i> 24 (Supp) : S5-S11</p>	<p>Patterns of care for older people have changed markedly in Sweden in the post-war years, and new trends have emerged in the past decade. Relatively fewer older people are institutionalised or use public home help, and more are helped by family members. The family structure for older people in Sweden is more favourable today than before for providing help: more older people are married (or cohabit) and stay married longer, and more of them have children and other kin than previously. Although old parents and their offspring very seldom live together, they often do not live far apart. Social services increasingly target older people who are short on kin, very frail and live alone, a pattern that is common in European countries. Both carers and cared-for older people wanted shared responsibilities, that state and family together provide for frail older people. Paradoxically, more older people are cared for longer and more by their families, but eventually a large proportion of older people than before use public services. In particular, more older people now use institutional care for some period before the end of their life than previously. This paper draws on evidence across 50 years of shifting patterns in Swedish old age care, and makes comparisons with living arrangements and patterns of care in several European countries</p>
<p>Izuhara M (2004) Negotiating family support? the 'generational contract' between long-term care and inheritance, <i>Journal of Social Policy</i> 33 (4) : 649-666</p>	<p>Using qualitative interviews with 54 older people, this article explores the changing patterns of the generational contract in contemporary Britain and Japan. In particular, this article presents a cross-national comparison concerning the exchange of housing assets and long-term care between older parents and their adult children in the context of different laws, cultures, social policy and housing markets. The concepts of intergenerational solidarity, reciprocity and ambivalence were used to aid the analysis of the household data. The research found there were significant cross-national differences in areas such as autonomy and decision-making process regarding bequests, and choice of beneficiaries. In both societies, however, no strong link was found between bequest motives and family support for long-term care. The model of intergenerational solidarity (willingness to help children) thus appeared to override the reciprocal dimension of the generational contract.</p>

<p>Dentinger E and Clarkberg M (2002) Informal caregiving and retirement timing among men and women, <i>Journal of Family Issues</i> 23 (7) : 857-879</p>	<p>Informal care-giving, or the provision of unpaid, voluntary care to elderly or disabled family and friends, is an increasingly common experience for both men and women in late midlife. The authors examine the ways in which informal care-giving influences the transition to retirement and how this relationship is shaped by gender. The respondents are 763 pension-eligible men and women in the 1994-1995 Cornell Retirement and Well-Being Study. Results from discrete-time event history analyses indicate that certain types of care-giving shape the timing of retirement but that the association depends on the relationship between caregiver and care recipient and is fundamentally moderated by gender. For example, wives caring for their husbands have retirement odds 5 times greater than women who are not caregivers, whereas husbands caring for their wives are substantially slower to retire. Our evidence suggests that in this sample, care-giving responsibilities lead to increased sex role-typical employment behaviour in late midlife.</p>
<p>Sundström G, Johansson L and Hassing L B (2002) The shifting balance of long-term care in Sweden, <i>The Gerontologist</i> 42 (3) : 350-355</p>	<p>The Swedish debate on the role of family and state in the care of older people is described in a study which provides evidence on the shifting balance of family, state and market in the total panorama of elderly care. Secondary analysis of data from 1954, 1994 and 2000 is used to assess living arrangements and care patterns for people aged 75+ living in the community. Total spending on older people has stagnated, and institutional care is shrinking in absolute and relative terms. Public home help for older people living in the community is decreasing even more. Family members increasingly shoulder the bulk of care, but privately purchased care also seems to expand. This study calculates how public and informal care has changed between 1994 and 2000. Informal care estimated to have provided 60% of care to older people in the community in 1994 had risen to 70% in 2000. The results parallel a crisis of legitimacy of public elder care in Sweden, and call into question various metaphors used to describe patterns of care.</p>
<p>Hirst M (2001) Trends in informal care in Great Britain during the 1990s, <i>Health &amp; Social Care in the Community</i> 9 (6) : 348-357</p>	<p>The population of adult carers in Great Britain declined during the 1990s, while the proportion of those heavily involved in informal care increased. Findings presented in this article are based on secondary analysis of the British Household Panel Survey (BHPS) covering the years 1990-1998. As well as charting trends in the prevalence of informal care, changes in the locus of care, the number of care recipients, their relationships to their carer and the amount of time devoted to caring activities are described and interpreted.</p>

<p>Family Policy Studies Centre - FPSC (2000) <i>Long-term care and the family</i>, London: Family Policy Studies Centre : 12 pp (Family briefing paper 16)</p>	<p>Policy on long-term care for older people and the role of family support is considered, mainly in the light of recommendations from the Royal Commission on Long-Term Care of the Elderly and the Government's response to the Royal Commission. This Briefing Paper presents information on carers from the General Household Survey (GHS) and attitudes to care from the British Social Attitudes Survey (1996). It examines reasons why long-term care has become a political issue: changing boundaries between health and social care; the shift from "home help" to a "home care" service; and means-testing to determine whether and how much someone should contribute towards costs of residential or nursing home care.</p>
<p>Pickard L, Wittenberg R, Comas-Herrera A, Davies B and Darton R (2000) Relying on informal care in the new century? Informal care for elderly people in England to 2031, <i>Ageing &amp; Society</i> 20 (06) : 745-772</p>	<p>The research reported here is concerned with the future of informal care over the next thirty years and the effect of changes in informal care on demand for formal services. The research draws on a PSSRU computer simulation model which has produced projections to 2031 for long-term care for England. The latest Government Actuary's Department (GAD) 1996-based marital status projections are used here. These projections yield unexpected results in that they indicate that more elderly people are likely to receive informal care than previously projected. The underlying reason is that the GAD figures project a fall in the number of widows and rise in the number of elderly women with partners. What this implies is that 'spouse carers' are likely to become increasingly important. This raises issues about the need for support by carers since spouse carers tend to be themselves elderly and are often in poor health. The article explores a number of 'scenarios' around informal care, including scenarios in which the supply of informal care is severely restricted and a scenario in which more support is given to carers by developing 'carer-blind' services. This last scenario has had particular relevance for the Royal Commission on Long Term Care</p>

<p>Horden P and Smith R (eds) (1998) <i>The locus of care: families, communities, institutions, and the provision of welfare since antiquity</i>, London: Routledge : 287 pp</p>	<p>Much recent debate among historians, sociologists and specialists in welfare policy has been based on the assumption that there has been a general shift from the family to the state as the main provider of health care. This is now beginning to change with the introduction of community care. The contributors of this book argue that there is nothing new about the mixed economy of welfare provision - families, communities and institutions have interacted and complemented one another throughout history. The first part of the book looks at the history of informal care. In the second part, networks and institutions in western Europe 1500-1800 are examined, including England, Italy and France. Part three focuses on mental health care in England 1700-1939, and the final part looks at care of children and older people in the 20th century in London, South Africa, and China.</p>
<p>Phillipson C (1997) Family ties and the nature of care: introduction, <i>International Federation on Ageing - IFA Ageing International XXIV (1)</i> : 11-12</p>	<p>In the last twenty years, researchers have confirmed the strength and importance of family ties in supporting older people. The four articles presented in this issue of <i>Ageing International</i> review research in the context of four different countries: Canada, France, Norway and the UK. The research highlights three main themes: older people's preferences and choices about the nature of care; older people are not just to be considered as care recipients; and family care has undergone considerable change, brought about by changes in living arrangements.</p>
<p>Giarchi G G (1996) <i>Caring for older Europeans: comparative studies in 29 countries</i>, Aldershot: Arena : 535 pp</p>	<p>Presents information from a comprehensive study of the various types of formal and informal care for older people in all countries in Northern, Western, Central, Eastern and Southern Europe. Topics covered include demography; social security and pensions; housing; health care; institutional care; personal social services; voluntary care; and family care.</p>
<p>Holloway I and Glendening N (1993) The changing face of family care, <i>Elderly Care</i> 5 (4) : 11-13</p>	<p>Examines the changes in family structure and discusses the implications for the care of older people.</p>

## f) Demographics and statistics

Study	Findings
Office for National Statistics (ONS) (2013) <i>Cohort Fertility, 2012 (Statistical Bulletin)</i> ,	This bulletin presents statistics on childbearing among women in England and Wales. These figures are presented by the year of birth of mother – for ‘cohorts’ of women born in the same year - rather than by the year of birth of child. The estimates have been updated with 2012 births, the latest data available, which means that completed family size for women born in 1967 (women reaching age 45 in 2012) is presented for the first time.
Macrory I; Office for National Statistics (ONS) (2012) <i>Measuring National Well-being - Households and Families, 2012</i> ,	This article is published as part of the ONS Measuring National Well-being Programme. The programme aims to produce accepted and trusted measures of the well-being of the nation - how the UK as a whole is doing. ‘Households and families’ is the third in a series which aims to explore in more detail the different domains that have been considered as important for the measurement of National Well-being. It firstly focuses on family and household formation and then on individual aspects of these such as births, children and carers
Murphy M, Grundy E, Hancock R (et al) ; New Dynamics of Ageing Programme - NDA; Department of Sociological Studies, University of Sheffield (2012) <i>Modelling ageing populations to 2030 (MAP2030)</i> , Sheffield: New Dynamics of Ageing - NDA : 4 pp (NDA Findings 14)	The research project 'Modelling Needs and Resources of Older People to 2030 (MAP2030)' developed a set of projection models to estimate future numbers of older people, their family circumstances, income, pensions, savings, disability, and formal and informal care needs. It produced compatible projections of public and private expenditure on pensions, disability benefits and care services under different reform scenarios for pensions and long-term care funding under a range of alternative population futures that continue to contribute to ongoing policy debate. This issue of NDA Findings outlines the MAP2030 project's key findings, approach and methods, and key policy relevance and implications.

<p>Pickard L (2008) <i>Informal Care for Older people provided by their Adult Children: Projections of Supply and Demand to 2041 in England. Report to the Strategy Unit (Cabinet Office) and the Department of Health, PSSRU</i></p>	<p>As the numbers of older people increase in future years, demand for long-term care is also likely to increase substantially. Since the long-term care system in England depends heavily on informal or unpaid care, the increase in demand for long-term care is likely to mean an increase in demand for informal care.</p> <p>Most informal care for older people in England is provided either by spouses or adult children (Arber &amp; Ginn 1991). Around 85 per cent of disabled older people living in their own homes in England receive informal care and, of these, over 80 per cent receive care from either a spouse, an adult child or both (Pickard et al 2007). Of those receiving care from either a spouse or a child, approximately half receive care from a spouse and half from a child (Pickard et al 2007).</p> <p>Assuming that the proportion of disabled older people by age, gender and marital status receiving informal care remains constant, the research shows that the numbers of disabled older people receiving care from spouses or partners are projected to more than double between 2005 and 2041, while the numbers receiving care from their adult children are projected to increase by approximately 90 per cent.</p> <p>There are, however, concerns about the future supply of informal care for older people from their children.</p>
<p>Snygg M (2007) Dealing with ageing demographics in Europe the GIS-way, <i>Journal of Assistive Technologies</i> 1 (2) : 26-29</p>	<p>The demographic ageing of western societies represents a major challenge for health and social care in the 21st century. Birth rates are decreasing and older people are living longer and being healthier in old age. This changing demography will have major implications for the way we work, for family and intergenerational relationships, social networks and political, economic and consumer behaviour. It will also have an affect on the delivery of medical, health and social services and welfare support.</p> <p>Deploying geographical information systems (GIS) within administrative healthcare systems creates a new opportunity to see the whole picture and to better manage available resources. In Gävle, Sweden, several projects are focusing on these issues with the common goal to prolong the time that older people are able to live at home instead of moving into nursing homes. These projects are gathered under the name Open eHome Care.</p>

<p>McConnell H, Pickard L, Lampard R, Murphy M, Wilson B and Smallwood S (2007) <i>Focus on Families: 2007 Edition</i>, Office for National Statistics (ONS); Palgrave Macmillan</p>	<p>This report includes chapters on:          Families: gives an overview of the UK’s families and how they have changed over time.          Unpaid care and the family: examines family variations in the provision of unpaid care.          Family structure and family formation – education as outcome and explanation          Family living arrangements and health: considers the relationship between family living arrangements and health          Family geography: provides an overview of geographical variations in family types across the UK.</p>
<p>Murphy M, Martikainen P and Pennec S (2006) Demographic change and the supply of potential family supporters in Britain, Finland and France in the period 1911-2050, <i>European Journal of Population</i> 22 (3) : 219-240</p>	<p>Considers the contribution of changes in mortality and fertility to availability of living mothers and living children among older people in Britain, Finland and France. The proportion of people aged around 60 with a mother alive will more than double between those born in 1911 and 1970 before starting to decline slightly. Conversely, a higher proportion of elderly people are likely to have a surviving child than for any generation ever born in all three countries in the next quarter century or so, with about 85% of 80-year-old women having at least one surviving child, and about two-thirds having two or more.</p>
<p>Tomassini C, Glaser K, Wolf D A, Broese van Groenou M I and Grundy E (2004) Living arrangements among older people: an overview of trends in Europe and the USA. In: <i>Population Trends</i> no 115, Spring 2004, p 24,</p>	<p>Since World War II there has been a dramatic rise in the proportion of older people living alone throughout Europe, as well as in other industrialised countries. However, recent work in Italy and the United States showed a reversal of earlier trends toward solitary living among older unmarried women.          Many countries in Europe and North America have experienced similar socio-demographic trends (that is declines in marriage and childbearing; rising divorce and cohabitation; and increases in female labour force participation). The impact of these changes on the household composition of older people, however, differs considerably across countries          The aims of this study are to investigate i) trends in the living arrangements of older people; ii) trends in the determinants usually associated with living arrangements across the different countries, such as demographic, socioeconomic, and attitudinal factors; and iii) offer possible explanations as to why persistent differences in the living arrangements of older people across countries remain.</p>

Hantrais L (project coordinator) (2004) *Improving policy responses and outcomes to socio-economic*, European Commission, Directorate-General for Research : 105 pp

This report considered some key demographic trends across Europe and their implications for policy.

*Fertility rates are falling:* Women in Europe today are producing only 1.48 children. Among the IPROSEC countries, in 2000, East Germany (1.22), Italy (1.24) and Spain (1.23) displayed the lowest total fertility rates. Ireland (1.89) and France (1.88) recorded the highest rates.

*Population is not being replaced:* By 2000, completed fertility rates across the Union had fallen below the replacement level of 2.1 children for women born in 1960, except in Ireland and France. The lowest levels were reached in West Germany (1.60) and Italy (1.67). In West Germany, Ireland, Italy and England and Wales, one woman in five is remaining childless.

*Population growth is negative:* Natural population growth has slowed down to 1 per 1000 across the Union. By 2000, it had fallen below 0 in Germany, Greece, Italy and Sweden, and in 8 of the 10 candidate countries. The Union as a whole could experience negative natural population growth within the next decade.

*The population of Europe is ageing:* The proportion of older people in the population is increasing at a faster rate in the Union than in other developed countries except Japan. In 1975, at birth, average life expectancy was 70 years. In 2015, most people will live to be at least 75, and in France, Germany, Italy, Spain, Sweden and the UK, they can expect to live to be 80. Life expectancy is much lower in the three candidate countries.

*Family formation is being postponed:* Age at marriage and childbirth are being postponed. Across the Union, between 1960 and 2000, age at first marriage rose by 4 years to 30 for men and 28 for women. Average age at childbirth reached 29. The number of teenage pregnancies has been falling across the Union, but in the late 1990s the level remained very high in Estonia with 132 per 1000 women aged under 20, Hungary with 119 and the UK with 145, compared to 35 in Sweden.

*Families are becoming de-institutionalized:* Marriage rates have been falling across Europe since the 1970s. By 2000, among the IPROSEC countries, Estonia recorded the lowest level, with 4 marriages per 1000 population, compared to 10 in 1960. The number of marriages ending in divorce has been increasing. By 2000, the highest level was reached in the Nordic states, the UK and Estonia, where more than 40% of marriages contracted in the early 1980s ended in divorce. Much lower rates were recorded in the southern European countries, Ireland and Poland.

*Inequalities between families are growing:* Increasing disparities are found in the standards of living of families within and between countries. Within societies, lone-parent and large families, and older people living alone are most exposed to poverty. The gap between work-rich and work-poor families has widened.



<p>Bridgwood A, Lily R, Thomas M (et al); Social Survey Division, Office for National Statistics - ONS; Government Statistical Service - GSS (2000) <i>Living in Britain: results from the 1998 General Household Survey</i>, London: The Stationery Office : 287 pp (Series GHS)</p>	<p>This is a continuous, multi-purpose survey based on a sample of the general population resident in private households in Great Britain. The 1998 General Household Survey (GHS) is a relaunch of the survey following a suspension of fieldwork during 1997/98 and 1999/2000 whilst a review was conducted. (There will be no report for these years). This Survey is redesigned to include two elements: Continuous Survey and Trailers. Further information about the General Household Survey (GHS) series can be found in the open entry under its title "Living in Britain". This edition of the GHS is based on interviews with 15,853 people aged 16 and over. It covers topics such as household composition, family trends, expenditure on consumer durables, pensions, general health care, as well as separate chapters on smoking, alcohol and contraception. One of the planned Trailers for 2000/1 is on informal carers.</p>
<p>Martin L G and Preston S H (eds); National Research Council (US) (1994) <i>Demography of aging</i>, Washington, DC: National Academy : 411 pp</p>	<p>Presents papers on a variety of topics related to the field of demography of ageing, including retirement, intergenerational economic relations, family structures, informal care, health, mortality and migration.</p>
<p>Myers G and Agree E (1994) <i>The world ages, the family changes: a demographic perspective</i>, International Federation on Ageing - IFA <i>Ageing International XXI</i> (1) : 11-18</p>	<p>Examines social welfare and health care policies, family and household trends, age structure ratios and social, economic and health trends.</p>
<p>Timaeus I (1986) <i>Families and Households of the Elderly Population: Prospects for Those Approaching Old Age</i>, <i>Ageing and Society</i> 6 : 271-293</p>	<p>Long-term demographic trends that determine the absolute and relative size of the elderly population also underlie changes in the proportions of older people with living spouses and children. Such changes have important implications for residential isolation, the provision of care and the overall quality of life of the old. Demographic trends influencing the family situations of older people in Britain are discussed and detailed projections presented for women reaching age 60 in the period 1971-96. Increases in the propensity to marry and bear children after about 1940, together with declining mortality, mean that the proportions of older women that are married and that have children are likely to increase until the second decade of the next century. It is often assumed that demographic ageing will result in an increase in the number of elderly women living alone. However, the increase in the proportion of them that are married offsets this trend.</p>

**g) Policy**

Study	Findings
<p>Department for Work and Pensions - DWP (2010) <i>21st century welfare: presented to Parliament by the Secretary of State for Work and Pensions</i>, London: TSO : 44 pp (Cm 7913)</p>	<p>This document looks at problems with the current welfare system. It sets out seven principles for reform; and how a reformed system would be delivered, for example in tandem with reforms to the HM Revenue and Customs Pay as You Earn (PAYE) system.</p>
<p>Harper S, Leeson G and Howse K (contributors); International Social Security Association - ISSA; Oxford Institute of Ageing (2010) <i>Social security in an ageing world: adapting to demographic challenges</i>, Geneva: International Social Security Association - ISSA (electronic format only) : 4 pp (Social Policy Highlight 12) (Social security essentials)</p>	<p>In 2010, a number of Social Policy Highlights will report on the impact of demographic change on social security, and will consider specific issues including pension financing, family benefits, health care provision, and the role of a preventative culture. This issue summarises the evolving nature of global population ageing, and reports on the challenges of rising older people dependency ratios for social security systems in ageing societies. It details the labour market and savings opportunities for societies with falling youth dependency ratios. It considers how national collective goals may influence adaptation to population ageing, and presents policy lessons for national social security systems. If countries are to adapt successfully to these challenges, key policy lessons must be learned.</p>

<p>Greve B (2009) Choice - challenges and perspectives for the European welfare states: special issue, <i>Social Policy &amp; Administration</i> 43 (6) : 539-679</p>	<p>The editorial and articles in this special issue of <i>Social Policy &amp; Administration</i> discuss recent changes in free choice as it affects European welfare states. First, Bent Greve asks whether choice in welfare states can be equitable. Julian Le Grand is associated with the promotion of "choice", quasi markets and the Third Way in UK politics; Ian Greener and Martin Powell evaluate changes in Le Grand's views on welfare services. Florian Blank provides an overview of choice in the German welfare system, while Melanie Eichler and Birgit Pfau-Effinger ask why despite more choice in care for older people in that country, that the majority are looked after by family members. Paulo R Graziano asks whether recent reforms in the Italian welfare system have increased real choice for citizens: opting for a lower pension implies inequalities in the welfare state. Kirstein Rummery analyses the impact of choice, particularly for people with disabilities, when moving towards cash-for-care schemes. Her article includes comparisons between the UK, the Netherlands, France, Italy, Austria and the US. The risk for individuals in opting out of previously mandatory programmes is analysed by Menno Fenger in relation to welfare policies in the Netherlands, Spain, Sweden and the UK. Lastly, Steven Saxonberg considers how the promotion of gender equality might have an impact on choice in families. While choice can have positive empowerment elements for users, the risks - particularly of market failure - imply inequality and that choice is not possible for everyone.</p>
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<p>Sundström G, Malmberg B, Sancho Castiello M, del Barrio É, Castejon P, Tortosa M Á and Johansson L (2008) Family care for elders in Europe: policies and practices. In: <i>Szinovacz, M.E. and A. Davey (eds.), Caregiving Contexts: Cultural, Familial, and Societal Implications</i>, New York, NY: Springer : 235-267</p>	<p>Family care for old people is the most common form of care in all European countries, in spite of widely varying household patterns: old people in the Nordic and Northern countries more often live alone and rarely co-reside with off-spring or other family than their spouses. The trend of solitary living has levelled off in the North, but is picking up speed in the South. The Nordic and Northern countries have more overlap of family care and public services, at least when needs for care are extensive. These countries have relatively high coverage rates of Home Help (and other types of community services) and institutional care, but struggle to upkeep them and in some countries, these rates have begun to decline.</p> <p>Spain energetically expands her public services to old people, but as the comparison with Sweden shows even quite generous systems tend to provide help primarily to persons short of family ties. Countries that have less of public services frequently have more financial support for family carers than countries with high coverage rates. Hence, family carers are either supported indirectly – by availability of public services at large – or directly, by financial compensations, if at all. Under both regimes, many carers stand alone with their commitment.</p> <p>There are the relatively affluent and (benignly) paternalistic societies like the Nordic ones, the Netherlands and UK, that primarily provide in kind support to carers (services) and reasonably adequate pensions to most citizens. Another group is those countries where support is mainly financial, be it to carers and/or to cared-for persons, with Austria and Germany as prime examples. There is lastly a number of countries where many old people have very small or no (Poland) pensions. The predicament of small or no incomes frequently holds also for the carers, as witnessed by several studies.</p> <p>Some form of care insurance may be an option when it is felt that taxes can not be raised further. A critique of the German care insurance, probably valid also elsewhere, is that it doesn't cover care costs fully; hence many dependent elderly still have to rely on social welfare. Another critique concerns elderly persons suffering from cognitive decline, where needs assessments do not always capture actual needs for supervision and care.</p>
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<p>Naldini M and Saraceno C (2008) Social and family policies in Italy: not totally frozen but far from structural reforms, <i>Social Policy &amp; Administration</i> 42 (7) : 733-748</p>	<p>This article analyses the main shifts in the political and public discourse about families, children, older people, care needs and women-friendly policies in Italy over the last two decades. It shows that while family and gender relationships have become an ideologically highly charged public issue, policies at the practical level have remained largely stagnant, marginal and fragmentary. At the same time, important institutional changes (such as the constitutional reform of 2001, which introduced a form of federalism) have created new problems of governance. The authors argue that in the face of inadequate policies, the recourse of individuals and families to old (family solidarity) and new (migrant labour) solutions may cause new tensions and inequalities.</p>
<p>HM Government; Department of Health - DH; Department for Work and Pensions - DWP (2008) <i>The case for change - why England needs a new care and support system [Care and support reform - key facts]</i>, London: HM Government (Electronic format) : 56 pp (Gateway ref: 9853)</p>	<p>This consultation/discussion document sets out the case for an open debate about the long term future of England's care and support system. There are three main questions open for debate. First, what more do we need to do to make our vision of independence, choice and control a reality? Second, what should the balance of responsibility be between the family, the individual and the government? Third, should the system be the same for everybody or should we consider varying the ways government funding is allocated according to certain principles? This document was launched on the new national website (link given below) which will be used to support the consultation process and national debate.</p>
<p>Harper S (2006) <i>Ageing societies: myths, challenges and opportunities</i>, London: Hodder Arnold : 358 pp</p>	<p>This book explores three areas, the first of which concerns the growing necessity for extending economic activity into later life and the implications for social security provision. A further chapter considers equal treatment, equal rights and ending age discrimination. The second area is the change in modern families and the implications the changes have for the provision of care and support for the ageing population. The third area presents biggest challenge of all: ageing in the LDCs where there is little or no infrastructure to provide long-term care or social security. Thus, the myths, challenges and opportunities of ageing populations are examined.</p>

<p>Caro F G (ed) (2006) <i>Family and aging policy</i>, Haworth Press, Inc. : 237 pp</p>	<p>The papers in this publication are mostly concerned with the role of the family in providing long-term care; and all but one are about aspects of care-giving. 11 articles focus on elder care, while another deals with grandparents caring for their grandchildren. The volume begins with articles on Sweden, Denmark, Singapore and Canada, which illustrate the universality of the tension between family and public responsibility for elder care. However, in each of these countries, families willingly play the major role in long-term care. In contrast to the "international view" of the first few papers, the remainder deal with care-giving in the US, starting with a commentary on the Family and Medical Leave Act 1993 (FMLA) and its provision for unpaid leave for up to 12 weeks in any one year. Other papers deal with: employment and elder care; respite care; the implications for policy of community-based care programmes; intergenerational housing; assisted living; and the changes in State rules during the 1990s on inheritance issues and Medicaid eligibility.</p>
<p>Hantrais L (1994) Family policy in Europe. In: <i>Social Policy Review 6</i>; Robert Page, John Baldock (eds), : 211-232</p>	<p>Analyses changes in the family structures in countries across the European Union, discusses emerging family policy issues, such as informal care for older people, and assesses the prospects for a more integrated family policy for the EU.</p>
<p>Kiernan K and Wicks M (1990) <i>Family change and future policy</i>, York: Joseph Rowntree Memorial Trust : 48 pp</p>	<p>Considers the effects of change in family life on care of dependents, division of labour within the family etc.</p>

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