The decline of intensive intergenerational care of older people in Great Britain, 1985-1995

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THE DECLINE OF INTENSIVE INTERGENERATIONAL CARE OF OLDER PEOPLE IN GREAT BRITAIN, 1985-1995

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Abstract

Purpose
Much informal care for older people living in Great Britain today is provided by their children. There has, however, been relatively little recent analysis of trends in intergenerational care, despite the availability of good data sets. The purpose of this paper is to explore trends in the provision of informal care by children/children-in-law to older parents/parents-in-law in Great Britain.

Methods
The paper is based on secondary analysis of General Household Survey data on the provision of informal care between 1985 and 1995. It is concerned, in particular, with co-resident care. Carers are analysed in terms of their gender, age-group and economic status. The analysis also explores the impact of demographic changes on trends in co-resident care.

Results
Between 1985 and 1995, there was a decline in co-resident intergenerational care. This was associated with a decline in highly intensive intergenerational care. The number of women providing very long hours of care to an older parent/-in-law inside the household halved in one decade. Demographic changes relating to the supply of intergenerational carers would have implied an increase in co-resident intergenerational care, not a decline.

Conclusion
The paper suggests that the decline in co-resident intergenerational care in 1985-1995 may have been associated with the expansion of institutional care for older people in Great Britain during the 1980s. This raises important questions about the substitution of intensive intergenerational care by institutional care and relates to the wider debate in the UK about how best to provide long-term care to older people.
Introduction

Informal care is the most important source of care for most older people living in Great Britain today (Pickard et al 2000). It has been estimated that approximately 80 percent of people aged 65 and over living in private households, who have help with domestic tasks, rely exclusively on unpaid informal help, that is, help from spouses, other household members, relatives outside the household, neighbours and friends (Pickard et al 2000).

Much informal care for older people is provided by their children. Just over half (52%) of all informal carers in Great Britain are looking after a parent or parent-in-law (Maher and Green 2002). Adult children caring for their parents/parents-in-law constitute the largest group of carers, exceeding the proportions caring for spouses (18%), children (8%), other relatives (21%) or friends and neighbours (21%). Around a quarter of women and nearly a fifth of men, aged 45 to 59, are carers, and the vast majority of these ‘mid-life carers’ are providing care for a parent or parent-in-law (Evandrou and Glaser 2002).

Informal care of older people is particularly important at the present time because of the rising numbers of older people, especially very old people, in the population. There were 1.1 million people aged 85 and over in the United Kingdom in 2001, more than three times as many as in 1961 (ONS 2003). The rise in the numbers of very old people is particularly important because it is these older people who have the greatest needs for care (Wittenberg et al 2001).

Intergenerational care is, therefore, important because children and children-in-law play such an important role in the informal care of their older parents. It is also important, however, because children caring for a parent or parent-in-law occupy a particular economic position regarding the provision of unpaid care to older people. This is because most intergenerational carers of older people are of working age. For intergenerational carers of working age, caring poses unique tensions, between employment and caring, and between paid work and unpaid labour.
Given the importance of intergenerational care of older people, it might be expected that there would be a considerable body of literature on the subject in Britain. There is certainly current interest in the problems posed by combining informal care and work (Arksey 2002, 2003, Evandrou and Glaser 2002, Mooney et al 2002, Phillips et al 2002). This continues a longer-term stream of research examining the relationship between caring and employment (Parker and Lawton 1994, Evandrou 1995, Joshi 1995, London Economics 1998). However, there is clearly no longer the interest in intergenerational care that existed in the 1980s, when research on informal care was dominated by a concern with adult children caring for their older parents and a sizeable literature on the subject developed (Nissel and Bonnerjea 1982, Hudson 1984, Qureshi and Walker 1986, Lewis and Meredith 1988, Hicks 1988).

The decline in interest in intergenerational informal care has meant that there has been relatively little analysis of trends in intergenerational care in Britain. This is despite the availability of good data sets. Data are available to explore trends in informal care in the form of General Household Survey (GHS) data on informal carers. Data on informal carers have been collected as part of the GHS in 1985, 1990, 1995 and, most recently, 2000 (Green 1988, OPCS 1992, Rowlands 1998, Maher and Green 2002). The collection of GHS data over a number of years potentially allows for the exploration of trends in the provision of intergenerational informal care over time.

There has, however, so far been relatively little exploration of trends in the provision of intergenerational informal care using the GHS data. There was considerable analysis of the earlier individual GHS datasets, particularly the 1985 dataset (Arber and Ginn 1991, Evandrou 1990, Parker and Lawton 1994) and to a lesser extent, the 1990 dataset (Clarke 1995, Parker and Lawton 1993). There has also been some general analysis of trends in informal caring between 1985 and 1990 (Clarke 1995, Parker and Lawton 1993) and between 1985 and 1995 (Parker 1998). The analysis of trends between 1985 and 1995, carried out by Parker in 1998 was, however, described by the author herself as ‘limited’. Parker’s conclusion was that, “Further analysis which allows the impact of larger demographic and economic changes to be taken into account is clearly needed (Parker 1998: 47). Although there has been some subsequent analysis using the GHS carers’ datasets (Evandrou and Glaser 2002), an
analysis of trends in caring of the kind suggested by Parker has yet to be undertaken, whether for informal care in general or intergenerational care in particular.

The analysis of trends in informal caring is particularly important for the period from the 1980s onwards because, as will be argued later in the paper, this may have been a crucial transitional time for intergenerational informal caring. The analysis of the GHS data is particularly important because they are the only data on the provision of informal care that cover the 1980s. Trends in informal caring have, for example, recently been analysed using successive waves of the British Household Panel Survey (BHPS) (Hirst 2001). The BHPS, however, relates only to the period since 1991, whereas the GHS covers the period since 1985.

The aim of this paper is, then, to explore trends in the provision of informal care by children to their older parents between 1985 and 1995 using GHS data on the provision of informal care. A further aim of the paper is to explore possible underlying reasons for the trends in the provision of informal care, in particular demographic changes and changes in patterns of formal care for older people.

Methods

This paper is based on secondary analysis of the GHS. The GHS is a multipurpose continuous survey based each year on a large sample of the general population resident in private (non-institutional) households in Great Britain. Questions on the provision of informal care were included in 1985, 1990 and 1995. The 1990 questions were a subset of the questions included in the 1985 GHS. The analysis reported here uses data from the 1985 and 1995 GHS. In the 1985 GHS, 18,330 people aged 16 and over throughout the country responded to the questions on informal care. In the 1995 GHS, for which data were collected between April 1995 and March 1996, 16,748 adults responded to the questions on informal care. The analysis reported in this paper is concerned only with provision of informal care to persons aged 65 and over.
Respondents in the 1985 and 1995 GHS were asked similar questions. They were asked whether they looked after someone who is sick, handicapped or elderly. In the survey, ‘looking after’ someone is defined as giving special help to them or providing some regular service or help to them. There has been concern that small changes in the wording of the questions over successive years may have affected the comparability of the GHS data on informal care over time (Parker 1998). However, analysis of the three GHS datasets for the ONS by Parker concluded that consistent trends in more the intensive forms of caring could be identified in all three surveys (Parker 1998).

It is with intensive forms of caring that this paper is primarily concerned. The paper is concerned in particular with co-resident care, that is, care provided to someone living in the same household as the carer. Co-resident care tends to be more intensive than care provided to someone outside the household and in particular is associated with very long hours of care (Arber and Ginn 1991, Parker 1992). The analysis presented here looks at two measures of intensity of care, care provided for 20 hours a week and care provided for 50 hours a week. The focus is on intergenerational care, that is, care by children and children-in-law, provided to older people.

The analysis of the data is in two parts. The first part looks descriptively at changes over time in the numbers of intergenerational carers and in the intensity of care, focusing on co-resident carers and comparing them with extra-resident carers. It also looks at changes in the characteristics of intergenerational carers over time. Carers are analysed in terms of their gender, age-group and economic status (Parker 1993). The second part of the analysis explores the impact of demographic changes on trends in co-resident informal care. It controls for demographic change by using the probabilities of providing care in 1985 and in 1995 by gender, age and marital status and applying these to official population data, using a methodology described more fully later in the paper. The analysis of the GHS data is followed by a section in which changes in co-resident intergenerational care are related to changes in patterns of formal care provision to older people in the period between 1985 and 1995, in particular to the rise in the use of institutional care during this period.
Results

*Trends in informal care of older people, 1985-1995*

*Carers of older people in the GHS samples*

The GHS data identifies a total of 10 percent of adults in 1985 and 9 percent of adults in 1995 as providing informal care to people aged 65 and over (Table 1). The data suggest that there was a slight fall in the proportion of adults providing care to older people between 1985 and 1995. This slight fall affected carers of older people outside the household. The proportion of adults caring for someone aged 65 and over in the same household remained unchanged at around 2 percent between 1985 and 1995.

(Table 1)

*Co-resident care and extra-resident care*

Although the proportion of the sample providing care to older people in the same household remained unchanged between 1985 and 1995, the composition of carers within the household changed (Table 2). In 1985, parents and parents-in-law represented about half (48.4 percent) of the older people cared for in the same household. In 1995, they represented a little over a third (38.2 percent). This suggests that, between 1985 and 1995, there was a decline in care by children and children-in-law of their elderly parents and parents-in-law living in the same household. At the same time, the number of carers caring for an older spouse or cohabitee increased. The proportion of carers caring for an older spouse or cohabitee in the same household increased from 37.1 percent in 1985 to 56.0 percent in 1995.

(Table 2)

Estimates of the number of carers in the population (Table 3) suggest that there was an absolute decline in the number of children and children-in-law providing co-resident care to their elderly parents and parents-in-law between 1985 and 1995. In 1985, there were approximately 435 thousand co-resident carers of elderly parents and parents-in-law in Great Britain. By 1995, this figure had fallen by around 100
thousand to around 335 thousand carers, a decrease of nearly 25 percent. The number of carers providing care to other people, including other relatives and friends, in the same household also declined markedly. However, the number of carers caring for an older spouse or cohabitee increased from approximately a third of a million in 1985 to nearly half a million in 1995, a rise of approximately 45 percent.

(Table 3)

Between 1985 and 1995, then, the respective importance of intergenerational and spouse care of older people within households appears to have been reversed. In 1985, children and children-in-law constituted the largest group of carers of older people within households. By 1995, this was no longer the case, and spouses constituted the largest group of co-resident carers. The increase in spouse carers in the 1995 GHS as a whole was observed by Rowlands, who conducted the analysis for the Office for National Statistics. “The most striking change since 1990 in respect of the dependants’ relationships to carers”, Rowlands writes, “occurred among those caring for a dependant in the same household, where there has been an increase of 11 percentage points in the proportion of carers who were looking after spouses” (Rowlands 1998).

Children and children-in-law still continue to provide extensive informal care to older parents living outside the household. Indeed, the 1995 GHS suggests that there are around two million children and children-in-law providing some informal support to older parents and parents-in-law living outside their households (Chart 1). This figure has fallen slightly since 1985, amounting to a decrease of around 1 percent in the number of carers of older people outside the household.

(Chart 1)

Intensity of care
Care for older people inside the household tends to take a more intensive form than care provided outside the household (Arber and Ginn 1991, Parker 1992). Was, then, the decline in co-resident intergenerational care also associated with a decline in the intensity of caring by children for their older parents?
The GHS data suggests that there was in fact some increase in the intensity of intergenerational caring between 1985 and 1995 (Table 4). The number of intergenerational carers providing care for 20 hours a week or more to an older person inside the household declined by approximately 20 percent between 1985 and 1995, but the number providing this form of care outside the household increased by nearly 60 percent. As a result, there were, in 1995, around 70,000 more intergenerational carers providing care for 20 hours a week or more than there had been in 1985.

(Table 4)

However, co-resident care is typically associated with even more highly intensive forms of informal caring. In particular, co-resident care is associated with the provision of care for very long hours. Arber and Ginn, for example, found that in 1985 co-resident carers of older people spent on average 53 hours per week providing informal care, six times more than the average spent by those caring for an elderly person in another household (Arber and Ginn 1991). What effect did the decline in co-resident care by children have on the provision of these very highly intensive forms of caring?

The provision by intergenerational carers of extremely long hours of informal caring, defined here as care for 50 hours a week or more, declined between 1985 and 1995. The number of intergenerational carers providing care for 50 hours a week or more in the same household fell by around half, from around 175,000 in 1985 to around 85,000 in 1995 (Table 5). There was an increase in the number of intergenerational carers providing very long hours of care outside the household but, overall, the total number of intergenerational carers providing this form of care fell by approximately 40 percent between 1985 and 1995.

(Table 5)

The decline in the provision of very long hours of care by intergenerational carers is clearly associated with the decline in co-resident care. This is because very long hours of caring are almost entirely associated with co-resident rather than extra-
resident care. In both 1985 and 1995, approximately 90 percent of all carers providing care for 50 hours a week or more to older people were co-resident (Table 5).

Between 1985 and 1995, then, the intensity of care declined among intergenerational carers. Although there was some increase in the intensity of intergenerational caring outside the household, the number of intergenerational carers providing extremely long hours of care declined overall, a change associated with the decline in intergenerational co-resident care.

**Characteristics of intergenerational carers**

Much of the decline in the number of co-resident intergenerational carers between 1985 and 1995 was among men. The number of male intergenerational carers caring for an older person in the same household fell by around 30 percent between 1985 and 1995, whereas the number of women caring for their parents/parents-in-law fell by around 15 percent (Table 6). In 1985, men in fact formed the majority of co-resident intergenerational carers, but by 1995 there were roughly equal numbers of male and female intergenerational carers.

(Table 6)

However, the decline in *highly intensive* intergenerational caring particularly affected women, partly because they were more likely to provide the heavier forms of support in the first place (Parker 1992). Approximately two-thirds of the carers providing care for 50 hours a week to older parents and parents-in-law in 1985 were women (Table 7). The number of women providing care for 50 hours a week or more to an older parent/parent-in-law inside the household approximately halved from around 100,000 in 1985 to around 50,000 in 1995 (Table 8). The total number of women providing intergenerational care for 50 hours a week or more, both inside and outside the household, declined by nearly 40 percent in the space of one decade.

(Table 7)

(Table 8)
Women providing very long hours of care to older parents and parents-in-law tend to be of working age. Over two thirds of the women providing intergenerational care for fifty hours a week or more in the 1985 and 1995 GHS samples were of working age. It is hard to sustain both paid employment and very long hours of unpaid care, although some women do so (Joshi 1995). Was the decline in highly intensive forms of intergenerational care among working-age women carers therefore associated with their increasing employment? The evidence suggests that the proportion of women providing intergenerational care who were in paid employment increased by around 10 percent between 1985 and 1995, whilst the proportion who were economically inactive declined by around 15 percent (Table 9). These figures suggest that there was indeed an upward trend in employment for women providing intergenerational care.

(Table 9)

The upward trend in paid employment among women providing intergenerational care occurred at the same time as a more general rise in women’s paid employment. It also occurred at the same time as the decline in very long hours of intergenerational caring by women, described in this paper. The rise in employment among women and the decline in hours of caring were clearly mutually consistent trends, in that research shows that it is hard for women to juggle both work and heavy caring responsibilities (Joshi 1995). The decline in heavy intergenerational caring by women has been associated here with the decline in co-resident care of older parents and parents-in-law. What then led to the decline in co-resident intergenerational care?

**Demographic influences on the change in the composition of co-resident carers**

The decline in co-resident intergenerational care of older people may have been linked to demographic changes affecting the composition of carers. In particular, the decline of co-resident intergenerational care relative to care by spouses may have been linked to changes in the marital status of older people.
Between 1985 and 1995, the marital composition of older people changed for a number of reasons, including changes in the proportion of older people who had ever married and changes in the proportion whose partners survived into old age (Parker 1998). The proportion of older people who were never married declined. In the 1985 GHS sample as a whole, some 11 percent of women aged 75 and over had never married, whereas in 1995 the figure was only 8 percent. This, together with increases in life expectancy during this period, meant that more older people, particularly women, were still married at age 75 in 1995 than in 1985. Thus, in 1995, 25 percent of women aged 75 and over were still married compared to only 22 percent in 1985. The implications for informal caring were that older people were both more likely to have a spouse available to care for them and were more likely to need to provide care for a spouse.

In order to explore more fully the relationship between the composition of carers inside the household and the wider changes in the marital status of older people, an analysis of the probability of providing care to an older person within the household has been carried out. The analysis controls for demographic change by direct standardisation (Newell 1988), that is, by using the probabilities of providing care for the 1985 and 1995 GHS samples and applying these to official population data. The probability of providing care inside the household to an older person is calculated by gender, age-group and marital status for the 1985 and 1995 GHS samples (cf Richards et al 1996). Official population data on the numbers of people by the same variables in Great Britain are then used to estimate the number of carers in the two years. The 1985 probabilities of providing care are applied to the 1995 population data, and estimates ‘expected’ on the basis of the 1985 probabilities are then compared with estimates based on the 1995 probabilities.

The results suggest that some, but not all, of the changes between 1985 and 1995 in the provision of spouse care within households can be explained by increases in the number of older people with spouses (Chart 2). The numbers of spouse carers aged between 65 and 74 rose from around 150,000 in 1985 to around 160,000 in 1995. Much of this can be explained by demographic change. The number of spouse carers in 1995, estimated using the 1995 probabilities of providing care, is similar to the number ‘expected’ using the 1985 probabilities. However, the increase in spouse
The numbers of spouse carers aged 75 and over increased from around 100,000 in 1985 to over 200,000 in 1995. Only about 20 percent of this increase would have been expected from demographic change, while about 80 percent seems to be due to an increased propensity of older married people to provide care (Chart 2). This increased propensity of older married people to provide care to their spouses is likely to be associated with the ageing of the older population, in that an increasing proportion of the population aged 75 and over are aged 85 and over, and so are likely to need care.

(Chart 2)

With regard to the supply of intergenerational care, however, demographic changes do not seem to account for the decline in co-resident care by children of their older parents. Demographic changes alone would have suggested an increase in the number of co-resident intergenerational carers between 1985 and 1995, not a decrease. If the probability of providing co-resident care by age, gender and marital status in 1995 had been the same as it was in 1985, then there would have been around 480,000 co-resident intergenerational carers in 1995. In fact, the number of intergenerational carers in 1995 was only around 335,000 (Table 10).

(Table 10)

The greatest decline in intergenerational co-resident care was experienced by single men (Chart 3). Indeed, there were around 100,000 fewer single men providing care for a parent and/or parent-in-law in the same household in 1995 than there would have been if the probability of providing care in 1995 had been the same as it was in 1985. The over-representation of single men among those caring for parents in the same household was observed by analysts of the 1985 GHS (Parker 1993). However, although single men accounted for much of the decline in intergenerational carers between 1985 and 1995, the probability of providing care to parents in the same household also declined among single and married women. There were 40,000 fewer women providing care for a parent and/or parent-in-law in the same household in 1995 than there would have been if the probability of providing care in 1995 had been the same as it was in 1985.
The demographic changes explored here in relation to intergenerational care relate to the supply of informal care. However, in considering the provision of informal care to older people, it is also important to look at demand for care (Pickard et al 2000). Although no precise estimate has been made here of demand for care by older people with children, it seems unlikely that demand declined during this period. Demographic factors would suggest that there was an increase in demand for care by older people at this time. The overall numbers of people aged 65 and over increased by 8 percent between 1985 and 1995, while the numbers aged 75 and over increased by 13 percent. The numbers of single older people aged 75 and over, who are those most likely to co-reside with their children (Pickard et al 2000), increased by 10 percent between 1985 and 1995. Healthy life expectancy at age 65 improved during the period under consideration, but there is evidence to suggest that it did not improve as fast as life expectancy with the result that older people were living more years in poor health or with a limiting long-standing illness (Kelly et al 2000). Demographic factors would also suggest that there was an increase in demand for care by older people from their children in particular at this time. Changes in past fertility patterns suggest that the proportion of older people with at least one child would have been increasing between 1985 and 1995 (Grundy 1996a, Grundy et al 1999).7

Other factors, however, can affect demand for care by older parents from their children. One such factor is the availability of alternatives to informal care. The next part looks at patterns of formal care for older people during this period and their interaction with the decline of co-resident care by children of their older parents.

The decline in co-resident intergenerational care and the rise in institutional care

The decline in co-resident care by children of their older parents and/or parents-in-law between 1985 and 1995, described in this paper, coincided with the rapid increase in institutional care for older people in Great Britain, which occurred during the 1980s.
The increase in institutional care for older people in Great Britain during the 1980s has been well documented (Evandrou and Falkingham 1998). The proportion of older people in some form of long-term residential care, including long-term hospitals, nursing homes and residential homes, in the United Kingdom as a whole increased from 3.7 percent in 1980 to 5.1 percent in 1990 (OECD 1996). The proportion of people in the older age groups (those aged 85 and older) in some form of residential care increased from 15.8 percent in 1980 to 22.4 percent in 1990 (OECD 1996). These increases in proportionate figures occurred at the same time as the numbers of older people, especially the older old, were also growing, with the result that the absolute growth in the number of places in residential care was very marked. Between 1981 and 1991, for example, the number of places in residential care homes in England, increased by around 50 percent (Chart 4).

Since 1991, the rise in institutional care has levelled off. The proportion of older people in institutional care remained stable during the 1990s, at around 5 percent of people aged 65 and over (OECD 1996, Jacobzone 1999). The decline in co-resident care of older people by their children therefore coincided with the rapid expansion of institutional care during the 1980s and its subsequent stabilization during the early 1990s.

A link between the decline in co-resident care of older people by their children and the rise in institutional care for older people can be made through research which associates the rise in institutional care in the 1980s with changes in the household composition of older people (Grundy 1996b, Grundy and Glaser 1997). The research shows that, between 1971 and 1991, there was a decline in the proportion of older people aged 85 and over living in ‘complex’ households, that is, with friends or relatives, and an escalation in the trend towards smaller simple households, for example, people living alone or just with a spouse (Grundy 1996b). This trend occurred at the same time as an increase in the rate of transitions to institutions. The analysis found that transitions to institutions by older people, particularly those aged 75 or more, were substantially higher in 1981-91 than they had been in 1971-81 (Grundy and Glaser 1997). At the same time as the extent of institutionalisation
increased during the 1980s, transitions to other supported environments, such as the households of relatives, became less common. As one of the authors observed, “For the older old, residence in institutions for the first time became more common than living with relatives or friends” (Grundy 1996b: 2). The author suggested that “the greater availability of long-term care in institutions in the 1980s may have promoted the substitution of institutional for family care” (Grundy 1996b: 2).

The low rates of transitions of older people to complex households continued during the early 1990s. Analysis of changes in living arrangements among people aged 60 and over using BHPS data between 1991 and 1999 suggests that “it is rare for elderly people to move in order to join others in a private household” (Evandrou et al 2001: 11).

The rise in institutional care during the 1980s is consistent with the findings of this paper regarding the probability of providing co-resident informal care. The analysis has suggested that there was a decline in the probability of providing co-resident intergenerational care and an increase in the probability of providing spouse care, particularly among spouses aged 75 and over. An explanation in terms of the rise in transitions to institutions, which occurred at the same time, is consistent with this analysis in that institutionalisation rates are lowest for married couples (Grundy and Glaser 1997, Scott et al 2001). The rise in institutionalisation would therefore not have been expected to affect co-resident informal care by spouses in the way that it did co-resident informal care by children.
Conclusion

*Trends in intensive intergenerational care in the 1980s/early 1990s*

The findings of this paper have suggested that, between 1985 and 1995, there was a decline in the provision of co-resident informal care by children and children-in-law to their older parents and parents-in-law in Great Britain. Elsewhere it has been suggested that a decline in co-resident care does not necessarily imply a decline in intergenerational care-giving overall, since the locus of care may change to care outside the household (Hirst 2001). The evidence presented here is that children and children-in-law do indeed provide extensive support to older parents/parents-in-law living in other households. The importance of the decline in co-resident care, however, is that it was associated with a decline in the intensity of intergenerational caring, in particular with a decline in the number of people providing the very long hours of care with which co-resident care is associated.

The decline in the intensity of intergenerational caring identified here was to some extent surprising. Other analysts have found evidence of an intensification of caring during the late 1980s and 1990s (Parker 1998, Hirst 2001). Parker, for example, found that the proportion of caring relationships involving ten hours of care or more a week increased between 1985 and 1995 (Parker 1998). The evidence concerning the intensification of caring has, however, not been straightforward. Hirst, for example, examining the period between 1991 and 1998, did not find evidence of intensification of caring when particular caring relationships, such as care for parents, were examined (Hirst 2001). The evidence presented in the present paper is also not entirely straightforward. There was an increase in the number of intergenerational carers providing care for twenty hours week or more, but a decrease in the number providing care for fifty hours a week or more. The decline in the intensity of intergenerational caring was therefore related to the more intense caring relationships that are particularly associated with co-residence.

The decline in co-resident care has been linked here to the decline in transitions of older people to the households of relatives during the 1980s. The explanation in terms of a decline in co-residence of older people with their children is consistent with
a long-term trend in this country, as in other Western populations, away from intergenerational co-residence among adults. As recently as 1971, 41 percent of women aged 85 years and over in England and Wales lived in two- or three-generational households; by 1991 this proportion had fallen to 21 percent (Grundy 2000). Indeed, recent trends in the proportion of older people living in intergenerational households and comparison with early twentieth-century data have shown changes so great that they have been described as a ‘quiet demographic revolution’ (Elman and Uhlenberg 1995, cited by Grundy 2000).

The argument of this paper has followed that of Grundy and colleagues in associating the decline in co-residence of older people with their children in the 1980s in Great Britain with the rapid expansion of institutional care at that time. Not all analysts agree that the growth of institutional care affected patterns of care in private households. Parker, for example, uses evidence from the census that the number of older people in some form of long-stay care only grew by around 135,000 between 1981 and 1991 and argues that this number would have been insufficient to affect demand for care in the older population in private households (Parker 1998). However, while the increase in the numbers in institutional care may not have been large enough to affect demand for care overall, the argument of this paper is that it may have affected demand for care among the much smaller sub-section of frail older people who might have been in a position to chose between co-residence with their children and institutional care. It would certainly, however, be valuable to carry out a more detailed analysis of the relationship between the decline in co-resident intergenerational care and the rise in institutional care in Great Britain during the late 1980s and early 1990s.

**Implications of policy changes since the mid-1990s**

A central question, however, that needs to be addressed is whether the decline in co-resident intergenerational care in Great Britain, described in this paper, has in fact continued beyond the period of the mid-1990s. The argument of this paper has been that the decline in co-resident care was linked to the rise in institutional care. Policies were, however, introduced in the early 1990s in Britain which were specifically intended to limit access to institutional care. The community care changes, associated
with the 1990 NHS and Community Care Act which became fully operational in 1993, were intended to shift services away from institutional and towards community care (Wistow et al 1996). These policies have certainly contributed to a slowing down of the growth in institutional care and, in the later 1990s, may even have reversed it. If access to institutional care has successfully been reduced in Britain, then it could have affected the trends in intergenerational co-resident care observed in this paper.

Evidence from elsewhere in Europe suggests that reductions in access to formal care services for older people may be associated with increases in the provision of informal care. There is evidence from the Netherlands that a limitation in the availability of institutional care during the 1980s was associated with a rise in co-residence of very elderly people with their children and grandchildren (STG 1996). This suggests an inverse relationship between co-resident intergenerational care and institutional care for older people. More generally, evidence of a ‘reverse’ substitution has also recently been reported in Sweden, where cutbacks in publicly-provided institutional and domiciliary services to older people in the 1980s and 1990s have been associated with increased provision of informal care by the families of older people, particularly their children (Johansson et al 2003).

It is not necessarily the case, however, that a decline in the availability of institutional care would lead to a rise in co-resident informal care of older people by their children in Britain. As Grundy points out, “it may prove difficult to reverse possible changes in the expectations of older people and their relatives” (Grundy 1996b: 11). In addition, the impact of any decline in the availability of institutional care on informal caring will be affected by levels of domiciliary services for frail older people living at home. Analysis of trends in informal caring between 1991 and 1998 using the BHPS data has not yet identified an increase in co-resident intergenerational caring (Hirst 2001).

**Implications for debate on long-term care for older people in the UK**

The evidence presented in this paper relates to the wider policy debate in the UK about how best to provide long-term care to older people. The paper relates to the issue of the substitution of formal for informal care, which is very important in the
debate over long-term care at the moment. One of the reasons why the central recommendation of the Royal Commission on Long Term Care (1999), that there should be ‘free’ personal care, was rejected by government in much of the UK was because of a fear that it would lead to a substitution of formal for informal care, with an attendant ‘flood’ of public expenditure (Note of Dissent, Royal Commission on Long Term Care 1999). Indeed, the period of the 1980s, in particular, with its increase in institutional care, has been cited as evidence that such a substitution of formal for informal care has taken place in the past and that, were access to formal services for older people to be increased, then it would encourage further substitution to take place (Note of Dissent, Royal Commission on Long Term Care 1999).

The evidence presented in this paper, however, suggests that, if any substitution of institutional care for family care did take place in Britain, the numbers would be relatively small. The evidence suggests that the family members who may be most likely to relinquish heavy duty caring, if an alternative formal care service is available, are the co-resident children of older people. The paper suggests that, between 1985 and 1995, the numbers of children providing care for fifty hours a week or more to their older parents fell by around 80,000 and that there were, by the mid-1990s, only around 100,000 of such carers left. Much of the shift from informal to formal care of this kind may, indeed, already have taken place and further shifts are therefore likely to be relatively small.
KEY FINDINGS

- Around 2 million children/children-in-law provide informal care to older parents living in another household in Britain, a figure that remained relatively stable between 1985 and 1995.

- However, there has been a change in the type of intergenerational care provided, with a shift from co-resident to extra-resident care. Between 1985 and 1995, co-resident carers of elderly parents/parents-in-law declined by nearly 25% from around 435 thousand to around 335 thousand.

- In 1985, children/children-in-law constituted the largest group of carers of older people within households. By 1995, spouses constituted the largest group of co-resident carers. The number of people caring for their spouses increased by around 45% in 1985-1995.

- There was an increase in the number of intergenerational carers providing care for 20 hours week or more outside the household between 1985 and 1995.

- However, there was a decline in the number of intergenerational carers providing care for 50 hours a week or more between 1985 and 1995, associated with the decline in co-resident intergenerational care.

- The number of women providing care for 50 hours a week or more to an older parent/parent-in-law inside the household halved between 1985 and 1995.

- The rise in the number of married couples in the older population explained some of the increase in ‘spouse’ care between 1985 and 1995, but much of the increase in ‘spouse’ care was explained by an increased likelihood of spouses aged 75 and over providing care.

- Demographic changes relating to the supply of intergenerational carers would have implied an increase in the provision of co-resident intergenerational care, not a decline.

- An additional explanation is therefore needed to account for the decline in co-resident intergenerational care in 1985-1995, and it has been suggested here that this decline may have been associated with the expansion of institutional care during the late 1980s.
Acknowledgments

Material from the General Household Survey is crown copyright, made available by the Office for National Statistics via the UK Data Archive and used with permission. All responsibility for the analysis and views expressed in this paper rests with the author. The author would particularly like to thank Jane Falkingham, Professor of Demography and International Social Policy in the Department of Social Statistics at the University of Southampton, for her help and advice. A version of this paper was published in *Population Trends* (Pickard 2002) and the author is grateful to two anonymous referees for helpful comments on that paper.
End Notes

1 This paper does not use the latest GHS Carers data, collected in 2000, although analysis is now underway of this data.

2 The only form of intergenerational care identified in the GHS is care by children and children-in-law. Other forms of intergenerational care, for example care by grandchildren, have recently attracted attention (Wenger and Burholt 2001).

3 A preliminary analysis of changes in co-resident informal care in 1985-1995 was presented by the author to the British Society of Gerontology Conference in 2000. A version of the present paper was published in Population Trends (Pickard 2002).

4 The analysis presented in the paper follows the conventions adopted in the ONS analysis of the 1985 and 1995 GHS Informal Carers datasets (Green 1988, Rowlands 1988). Very small bases have been avoided wherever possible because of the relatively high sampling errors that attach to small numbers. Estimated numbers in the tables are shown in square parentheses where the underlying sample base is less than 30 in 1985 and less than 50 in 1995 (Green 1988, Rowlands 1988).

5 The following age-groups were used: 16-44, 45-64, 65-74 and 75 and over.

6 Marital status was broken down into two categories: married or cohabiting and single (including never married, divorced/separated and widowed).

7 The numbers of childless older women was falling at this time because of the higher fertility of those born in the inter-war and immediate post second world war decades in comparison with those born earlier (and later) in the twentieth century (Grundy 1996a).
References


Hirst M (2001) Trends in informal care in Great Britain during the 1990s. Health and Social Care in the Community 9, 6, pp 348-357.


### Table 1
Percentage of adults caring for person aged 65 and over, by gender, in the Informal Carers Surveys 1985, 1995, Great Britain

<table>
<thead>
<tr>
<th>Persons aged 16 and over</th>
<th>Women</th>
<th>Men</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of adults who were:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Carers</td>
<td>11.9</td>
<td>10.6</td>
<td>8.8</td>
</tr>
<tr>
<td>Caring for someone in the same household*</td>
<td>2.1</td>
<td>1.9</td>
<td>2.0</td>
</tr>
<tr>
<td>Caring for someone in another household only</td>
<td>9.8</td>
<td>8.7</td>
<td>6.8</td>
</tr>
<tr>
<td>Base = 100%</td>
<td>9846</td>
<td>9065</td>
<td>8484</td>
</tr>
</tbody>
</table>

* Includes people who were caring for someone aged 65 and over in the same household and someone in another private household.

Table excludes people who were caring for someone aged 65 and over in an institution.

**Source:** General Household Survey, 1985 and 1995 (author’s analysis)
<table>
<thead>
<tr>
<th>Care receiver:</th>
<th>Same household</th>
<th>Other household</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spouse</td>
<td>37.1</td>
<td>56.0</td>
<td>-</td>
</tr>
<tr>
<td>Parent</td>
<td>36.3</td>
<td>27.7</td>
<td>39.6</td>
</tr>
<tr>
<td>Parent-in-law</td>
<td>12.1</td>
<td>10.5</td>
<td>17.4</td>
</tr>
<tr>
<td>Other relative</td>
<td>13.4</td>
<td>4.0</td>
<td>21.0</td>
</tr>
<tr>
<td>Friend/neighbour</td>
<td>2.1</td>
<td>1.2</td>
<td>30.3</td>
</tr>
<tr>
<td>Other</td>
<td>-</td>
<td>0.6</td>
<td>-</td>
</tr>
<tr>
<td>Total</td>
<td>101</td>
<td>100</td>
<td>108.3</td>
</tr>
<tr>
<td>N =</td>
<td>380</td>
<td>325</td>
<td>1561</td>
</tr>
</tbody>
</table>

Source: General Household Survey, 1985 and 1995 (author’s analysis)

Column percentages may add up to more than 100 percent. This is because some carers care for people in more than one relationship.

Row totals also add up to more than 100 percent because some people care for someone aged 65 and over both in the same household and in another household. This was true of 18 people in the 1985 sample and 24 in the 1995 sample.
### Table 3
Estimated number of informal carers providing care to people aged 65 and over in the same household, by relationship of care-receiver to care-giver, 1985-1995, Great Britain (in thousands)

<table>
<thead>
<tr>
<th>Care-receiver</th>
<th>1985</th>
<th>1995</th>
<th>% change 1985-1995</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spouse</td>
<td>340</td>
<td>490</td>
<td>+ 44.1</td>
</tr>
<tr>
<td>Parent(s) and/or parent(s)-in-law</td>
<td>*435</td>
<td>335</td>
<td>- 23.0</td>
</tr>
<tr>
<td>‘Other’ relatives, friends or other</td>
<td>140</td>
<td>50</td>
<td>- 64.3</td>
</tr>
<tr>
<td>Total carers</td>
<td>910</td>
<td>880</td>
<td>- 3.3</td>
</tr>
</tbody>
</table>

*Source: General Household Survey, 1985 and 1995 (author’s analysis)*

Numbers are estimated by expressing the numbers of carers in 1985 and 1995 GHS samples (cf. Table 2) as a percentage of the total number in the samples (Table 1) and multiplying by population estimates for Great Britain.

* Sample data included one carer caring for 1 parent + 1 ‘other’ relative inside household
Table 4
Estimated number of informal carers providing care for 20 hours a week or more to an older person (aged 65 and over) inside and outside the household by relationship of care-receiver to care-giver, 1985-1995, Great Britain (in thousands)

<table>
<thead>
<tr>
<th>Care-receiver</th>
<th>Same household</th>
<th>Other household</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spouse</td>
<td>260</td>
<td>345</td>
<td>0</td>
</tr>
<tr>
<td>Parent(s) and/or parent(s)-in-law</td>
<td>240</td>
<td>195</td>
<td>200</td>
</tr>
<tr>
<td>‘Other’ relatives, friends or other</td>
<td>60</td>
<td>25</td>
<td>70</td>
</tr>
<tr>
<td>Total carers</td>
<td>560</td>
<td>565</td>
<td>265</td>
</tr>
</tbody>
</table>

Source: General Household Survey, 1985 and 1995 (author’s analysis)

For calculation of estimated numbers, see footnote to Table 3

In the small number of cases where a carer cared for both a parent/parent-in-law and a spouse or ‘other’ person for 20 hours a week or more, intergenerational care is given priority.

The number of carers in the same household plus the number in another household do not necessarily equal all the carers (last column) since some carers cared for people in both the same and another household.
Table 5
Estimated number of informal carers providing care for 50 hours a week or more to an older person (aged 65 and over) inside and outside the household by relationship of care-receiver to care-giver, 1985-1995, Great Britain (in thousands)

<table>
<thead>
<tr>
<th>Care-receiver</th>
<th>Same household</th>
<th>Other household</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spouse</td>
<td>190</td>
<td>230</td>
<td>[0]</td>
</tr>
<tr>
<td>Parent(s) and/or parent(s)-in-law</td>
<td>175</td>
<td>85</td>
<td>[20]</td>
</tr>
<tr>
<td>‘Other’ relatives, friends or other</td>
<td>40</td>
<td>10</td>
<td>[15]</td>
</tr>
<tr>
<td>Total carers</td>
<td>405</td>
<td>325</td>
<td>[35]</td>
</tr>
</tbody>
</table>

Source: General Household Survey, 1985 and 1995 (author’s analysis)

For calculation of estimated numbers, see footnote to Table 3

The sample sizes on which this table are based are as follows: in 1985 there were 181 people in the GHS sample providing care for 50 hours or week to an older person; in 1995, there were 133.

Following the ONS analysis of the 1985 and 1995 GHS Informal Carers datasets (Green 1988, Rowlands 1998), estimated numbers in the tables are shown in square parentheses where the underlying sample base (sample column total) is less than 30 in 1985 and less than 50 in 1995.
### Table 6

Estimated number of carers providing intergenerational care to an older person (aged 65 and over) inside the household by gender and age, 1985-1995, Great Britain (in thousands)

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Women</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16-44</td>
<td>60</td>
<td>40</td>
<td>-33.3</td>
</tr>
<tr>
<td>45-64</td>
<td>130</td>
<td>115</td>
<td>-11.5</td>
</tr>
<tr>
<td>65-74</td>
<td>10</td>
<td>10</td>
<td>0</td>
</tr>
<tr>
<td>75+</td>
<td>0</td>
<td>0</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>200</td>
<td>165</td>
<td>-17.5</td>
</tr>
<tr>
<td><strong>Men</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16-44</td>
<td>90</td>
<td>35</td>
<td>-61.1</td>
</tr>
<tr>
<td>45-64</td>
<td>125</td>
<td>120</td>
<td>-4.0</td>
</tr>
<tr>
<td>65-74</td>
<td>20</td>
<td>5</td>
<td>-75.0</td>
</tr>
<tr>
<td>75+</td>
<td>0</td>
<td>5</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>235</td>
<td>165</td>
<td>-29.8</td>
</tr>
</tbody>
</table>

*Source: General Household Survey, 1985 and 1995 (author’s analysis)*

Numbers are estimated by expressing the numbers of carers by age and gender in 1985 and 1995 GHS as a percentage of the total number by age and gender in the samples (Table 1) and multiplying by population estimates by age and gender for Great Britain.
Table 7

Estimated number of carers providing care for 50 hours a week or more to an older person (aged 65 and over) by gender and relationship of care-receiver to care-giver, 1985-1995, Great Britain (in thousands)

<table>
<thead>
<tr>
<th>Care-receiver</th>
<th>Women</th>
<th></th>
<th>Men</th>
<th></th>
<th>All</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Spouse</td>
<td>110</td>
<td>125</td>
<td>80</td>
<td>110</td>
<td>190</td>
<td>235</td>
</tr>
<tr>
<td>Parent(s) and/or parent(s)-in-law</td>
<td>120</td>
<td>75</td>
<td>75</td>
<td>40</td>
<td>195</td>
<td>115</td>
</tr>
<tr>
<td>‘Other’ relatives, friends or other</td>
<td>35</td>
<td>10</td>
<td>20</td>
<td>10</td>
<td>55</td>
<td>20</td>
</tr>
<tr>
<td>Total carers</td>
<td>265</td>
<td>210</td>
<td>175</td>
<td>160</td>
<td>440</td>
<td>370</td>
</tr>
</tbody>
</table>

Source: General Household Survey, 1985 and 1995 (author’s analysis)

Numbers are estimated by expressing the numbers of women and men who were carers in 1985 and 1995 GHS as a percentage of the total number of women and men in the samples (Table 1) and multiplying by population estimates for women and men in Great Britain.

The sample sizes on which this table are based are as follows: in 1985 there were 181 people in the GHS sample providing care for 50 hours or week to an older person; in 1995, there were 133.
Table 8

Estimated number of women providing care for 50 hours a week or more to an older person (aged 65 and over) inside and outside the household by relationship of care-receiver to care-giver, 1985-1995, Great Britain (in thousands)

<table>
<thead>
<tr>
<th>Care-receiver</th>
<th>Same household</th>
<th>Other household</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spouse</td>
<td>110</td>
<td>120</td>
<td>[0]</td>
</tr>
<tr>
<td>Parent(s) and/or parent(s)-in-law</td>
<td>105</td>
<td>55</td>
<td>[15]</td>
</tr>
<tr>
<td>‘Other’ relatives, friends or other</td>
<td>25</td>
<td>5</td>
<td>[10]</td>
</tr>
<tr>
<td>Total carers</td>
<td>240</td>
<td>180</td>
<td>[25]</td>
</tr>
</tbody>
</table>

Source: General Household Survey, 1985 and 1995 (author’s analysis)

Numbers are estimated by expressing the numbers of women carers in 1985 and 1995 GHS as a percentage of the total number of women in the samples (Table 1) and multiplying by population estimates for women in Great Britain.

The sample sizes on which this table are based are as follows: in 1985 there were 115 women in the GHS sample providing care for 50 hours or week to an older person; in 1995, there were 78.

Following the ONS analysis of the 1985 and 1995 GHS Informal Carers datasets (Green 1988, Rowlands 1998), estimated numbers in the tables are shown in square parentheses where the underlying sample base (sample column total) is less than 30 in 1985 and less than 50 in 1995.
Table 9

Estimated number of women providing informal care to an older parent or parent-in-law, inside and outside the household, by economic activity, 1985 and 1995, Great Britain (in thousands)

<table>
<thead>
<tr>
<th></th>
<th>Same household</th>
<th>Other household</th>
<th>All</th>
<th>% change 1985-1995</th>
</tr>
</thead>
<tbody>
<tr>
<td>Working</td>
<td>100</td>
<td>85</td>
<td>690</td>
<td>770</td>
</tr>
<tr>
<td>Unemployed</td>
<td>0</td>
<td>5</td>
<td>55</td>
<td>40</td>
</tr>
<tr>
<td>Economically inactive</td>
<td>100</td>
<td>80</td>
<td>430</td>
<td>380</td>
</tr>
<tr>
<td>Total</td>
<td>200</td>
<td>170</td>
<td>1175</td>
<td>1190</td>
</tr>
</tbody>
</table>

Source: General Household Survey, 1985 and 1995 (author’s analysis)

Numbers are estimated by expressing the numbers of women carers in 1985 and 1995 GHS as a percentage of the total number of women in the samples (Table 1) and multiplying by population estimates for women in Great Britain.
### Table 10

Estimated and ‘expected’ numbers of adults aged 16 and over, caring for a parent or parent-in-law aged 65 and over in the same household, in 1985 and 1995, Great Britain (in thousands)

<table>
<thead>
<tr>
<th></th>
<th>Estimated numbers in 1985</th>
<th>Estimated numbers in 1995</th>
<th>‘Expected’ numbers in 1995</th>
</tr>
</thead>
<tbody>
<tr>
<td>Married women</td>
<td>115</td>
<td>95</td>
<td>115</td>
</tr>
<tr>
<td>Single women</td>
<td>85</td>
<td>75</td>
<td>95</td>
</tr>
<tr>
<td>Married men</td>
<td>95</td>
<td>90</td>
<td>95</td>
</tr>
<tr>
<td>Single men</td>
<td>140</td>
<td>75</td>
<td>175</td>
</tr>
<tr>
<td>All women and men</td>
<td>435</td>
<td>335</td>
<td>480</td>
</tr>
</tbody>
</table>

Source: General Household Survey, 1985 and 1995 (author’s analysis)

For calculation of ‘estimated’ numbers, see footnote to Table 3

The ‘expected’ numbers of carers in 1995 uses the 1985 probability of caring, that is, is the percentage of the sample in 1985 providing care, by age, gender and marital status. This percentage is multiplied by the population for Great Britain, by age, gender and marital status, in 1995.
Chart 1

Estimated number of informal carers providing care to parents or parents-in-law aged 65 and over, by locus of care, 1985-1995, Great Britain (in thousands)

Source: 1985 and 1995 GHS, author’s analysis
Notes: (1) The chart includes all carers providing care to at least one parent or parent-in-law. A number cared for spouses, other relatives, friends or neighbours as well. (2) The number of carers caring for someone in the same household plus the number caring for someone in another household do not necessarily equal all the carers since some carers cared for people in both the same and another household. (3) For estimation of numbers, see note to Table 3.
Chart 2

Estimated and ‘expected’ numbers of married adults aged 65 and over, providing informal care for a spouse aged 65 and over in the same household, in 1985 and 1995, Great Britain (in thousands)

Source: 1985 and 1995 GHS, author’s analysis
Notes: (1) For calculation of estimated numbers, see note to Table 3 (2) The ‘expected’ numbers of carers in 1995 uses the 1985 probability of caring, that is, the percentage of the sample in 1985 providing care, by age, gender and marital status. This percentage is multiplied by the population for Great Britain, by age, gender and marital status, in 1995.
Chart 3

Estimated and ‘expected’ numbers of adults caring for parents or parents-in-law aged 65 and over in the same household, in 1985 and 1995, Great Britain (in thousands)

Source: 1985 and 1995 GHS, author’s analysis
Notes: (1) For calculation of estimated numbers, see note to Table 3 (2) For calculation of ‘expected’ numbers, see note to Chart 3.
Chart 4

Source: Department of Health statistics
Notes: (1) The table excludes ‘dual registered’ homes (2) The table excludes nursing homes and long-stay hospital places.