

## Implications of Population Ageing for Families

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### Introduction

This chapter identifies the potential implications of an ageing population for families by reviewing relevant New Zealand and selected international literature in the area.<sup>1</sup> It should be stressed at the outset that any such consideration of possible long-term scenarios is speculative, and inevitably involves a high degree of uncertainty. For instance, there is uncertainty over long-term demographic projections (see Chapter 2). Beyond that, we simply do not know many of the future social and economic developments that will occur that could fundamentally change the impacts of population ageing. Market price and quantity adjustments, and individual behavioural responses, can be expected, but the nature of these over the longer term is unknown. Over such long time-frames fundamental changes in community norms and attitudes, for instance, with respect to intergenerational family relations and obligations, are also quite possible (see also Chapter 12).

Nevertheless, population ageing in New Zealand is inevitable, and it seems likely to have profound implications for families and, therefore, for society. This chapter attempts to identify the general nature of those implications.

The next section defines key terms and outlines the approach adopted. The following section identifies the implications for families, drawing on population projections (see Chapter 2) and associated social trends, theoretical literature and relevant New Zealand and selected international research and analysis. Separate subsections discuss the evidence on interactions within families, the so-called 'sandwich generation', combining paid work and elder care, attitudes to familial obligations, and impacts on caregivers and care receivers. Two text boxes provide summary information on population ageing and the family in Japan and on policies in OECD countries to support the informal care of the elderly.

The final section concludes by identifying the policy issues suggested by the preceding analysis that appear likely to require increasing attention.

## **Families and population ageing**

To identify the implications of population ageing for families, a working definition of the term ‘family’ is required. For statistical purposes a family is defined in New Zealand as two or more people living in the same household who comprise a couple (with or without children) or one parent and their children (Statistics New Zealand, 2004a). This limitation of families to people co-residing in households has arisen, in part, because of the traditional approach of regarding families as equivalent to the Western norm of the nuclear family and, in part, because of the practical difficulties in collecting information on families extending beyond one household.

The well-known limitations of the statistical definition of families include its inappropriateness for the Māori concept of ‘whānau’, “an untranslatable term which overlaps to varying degrees with the concepts of extended family and community” (Statistics New Zealand, 2004a). Durie (1994) has noted that whānau comprises all blood relatives, and often extends to include those with no blood relationship whatsoever, although he also notes the large diversity of intrafamily relations across different Māori families. Household-based definitions of ‘family’ are also inappropriate to the family norms of other cultures in New Zealand, including Pacific Island and Asian communities.

Furthermore, limiting the concept of family to co-residence is particularly inappropriate when considering the implications for families of population ageing, because many of the key implications arise from potential impacts on relationships between different generations within extended families. A more appropriate definition of family for European New Zealanders (Pākehā) is that of the modified extended family (Litwak, 1965, cited in McPherson, 1993). As described by McPherson (2000, pp. 69–70), this is:

characterised by a loose, informal set of kin relationships involving an interlocking set of nuclear families which may be geographically dispersed and economically independent but are bound by a sense of obligation based on affective relationships and the exchange of mutual aid services.

It is important, however, not to focus unduly on a specific general definition of family, but to use an approach tailored to identifying the salient issues in the particular context. One such approach would be to define a family in terms of the functions it performs.

The common ‘normative’ assumptions about the functions of families generally include raising children, giving family members emotional and material support, sharing a sense of belonging and identity, and passing

on culture, knowledge, values and property to the next generation.  
(Ministry of Social Development 2004, p. 15)

Identifying the implications of population ageing for families requires a broad approach to the types of potential impacts on families and to the nature of the intrafamily relationships of interest. The increasing diversity of ages across and within cohorts at which particular family transitions are experienced (for example, age at birth of first child) is difficult to capture in a family life-cycle perspective. In addition, a focus on the family life cycle, or even a family life-course perspective, has difficulty dealing with intergenerational relationships (Koopman-Boyden and Hillcoat-Nalletamby, 2000).

In principle, the domain of interest is the full set of potential interactions or exchanges that take place within extended families, and between extended family members and non-family institutions such as the community, private institutions and the state. Population ageing may have direct implications for families due to its impact on intrafamily relations. It may also have indirect implications through its macro effects on non-family institutions, for instance, by creating fiscal pressure that is manifest through a change in state assistance to individuals and families. This chapter concentrates on the direct implications of population ageing for intrafamily relations, although the conclusion does raise issues around the interface between families and the state.

Care and support of various types is provided between and within generations, for instance, between spouses; from elderly parents to their adult children, grandchildren and other kin; and from adult children to their elderly parents and other kin of that generation. We are interested in flows both upwards and downwards between different generations in an extended family, and we are interested in all types of interaction. The framework needs to be broad enough to capture the variety of interactions occurring in different cultural groups in New Zealand, for instance, the distinctive role of *kaumātua* (elderly) in Māori society (Durie, 1999). It also needs to capture variables such as the timing of interactions and their intensity and sequencing (Koopman-Boyden and Hillcoat-Nalletamby, 2000, p. 14).

One model that has been used in New Zealand to investigate these relationships empirically is the intergenerational solidarity model developed by Bengtson. As described by Hillcoat-Nalletamby et al. (1999), this classifies solidarity in terms of six dimensions of parent–child bonds:

- structural: co-residing or living in close proximity;
- associational: contact among family members;
- affectual: emotional closeness;
- consensual: shared opinions;

- functional: help with daily tasks; and
  - normative: norms regarding responsibility for other generations.
- Empirical evidence on intrafamily relations in New Zealand derived from the application of the Bengston model is described later in this chapter.

## **Implications for families**

### ***Demographic changes***

Chapter 2 presents Statistics New Zealand's official demographic projections, including projections of families and households, and should be referred to for details. Key elements relevant to families include a projected doubling of the proportion of the population aged 65 and over by 2051; a six-fold increase in the number of people aged 85 and over; some narrowing of the gender ratio gap, especially among the 85 and over group; increased ethnic diversity among older New Zealanders; and significant geographic variation in population age profiles and family and household types. With respect to the latter, national family and household projections indicate a 53% increase in the number of couples without children in 2001–21 (mainly due to 'empty nesters') and a 28% increase in one-parent families. One-person households are projected to be the fastest growing type, especially in the group aged 55 and over.

These projected demographic trends interact with recent and expected social, economic and public policy developments, such as increased female labour force participation (see Chapter 7), extended periods of young adult dependency on parents, increased rates of family dissolution and reconstitution, in ways that create complex implications for families.

Increased longevity will result in a longer duration of shared lives within families. Four-generation families may soon become the norm for the Pākehā population, and over the next two decades more families will have two living generations in retirement ages.<sup>2</sup> A longer period of shared lives creates a longer period in which family members can provide assistance to, or draw on assistance from, each other.<sup>3</sup>

That increased longevity is expected to be accompanied by a further reduction in fertility rates and fewer women in the childbearing years means future young cohorts will be smaller. Smaller family size reduces the number of potential family caregivers, although international research indicates that, "regardless of how many children a couple had, one child usually emerged in the role of caregiver" (see research cited in Blieszner and Bedford 1995, p. 25). In addition, an increasing number of couples will have never had children.

The disproportionately rapid growth in the numbers and proportion of the 85 and over age group and the number of single-person households is likely to result in increased demands on care of all kinds, including informal family care. There is considerable uncertainty, however, over the extent of this increase in demand. Greater longevity may result in a longer period of chronic illness and disability (for example, for conditions such as dementia that require more intensive forms of care) or it might be associated with disability being compressed into a shorter period before death (for example, due to advances in medical technologies and treatments) (see Chapter 8). The longer duration of healthy, disability-free lives, means the young elderly are also increasingly likely to be in a position to provide intrafamily assistance, in terms of supporting their spouse, their frail parents and their adult children and grandchildren (and potentially others in the extended family or whānau).

The typical elderly New Zealander will remain a female European living alone, especially in the 85 and over age group. The projected reduction in the gender gap among older people may result in the availability of more males to provide support to their elderly female partners, although other factors also contribute to the high percentage of widows among elderly women, such as women being typically younger than their male partners and far fewer elderly women remarrying compared to elderly men. In addition, the high divorce cohorts of the 1980s and 1990s will be entering old age in the second and third decades of this century.<sup>4</sup>

Female labour force participation is projected to increase further, particularly among the middle aged and young-old, partly as a result of higher real wages in response to a smaller workforce. This will affect the availability of female family members to provide informal care to their parents and other members of their parents generation – and it is women who, evidence suggests, continue to provide the bulk of informal family care in New Zealand (see below). It may also affect women's availability to fill the low-paying jobs in the formal care sector. The increase in number of sole-parent families also constrains women's availability to care for the elderly. On the other hand, increased female labour force participation may mean women can provide more financial or in-kind support for their parents.

Increased longevity and an extended period of young adult dependency on parents creates the potential for an increasing number of middle-aged parents to be required to provide care and support simultaneously to dependent children and ageing parents – the so-called 'sandwich generation'. Different cohorts have different age differences between mothers and their children, however, which impacts on the likely incidence of this effect (see further discussion below).

Increasing family dissolution in recent decades has resulted in increasingly complex family structures, including blended families. Some have noted that this increases the number of kin (in the form of step-kin) potentially available to provide support (see Bengtson, 2001, p. 6). The implications of this for the future *strength* of extended family support networks are unknown. Some international evidence suggests divorce is associated with less support of older people by their children, particularly of elderly men (see evidence cited in Millward, 1997). The financial legacy of earlier divorce may also mean older people are less able to provide financial assistance to their adult children.

Geographic mobility is likely to increase, both in terms of internal and external migration.<sup>5</sup> This will constrain children's ability to provide those types of support to their parents that require physical proximity. However, the literature suggests that the old-old tend to live near or move near their adult children, which might reduce the impact of geographic mobility on the supply of family care (see McPherson 2000, p. 69), but this would seem less likely if children increasingly emigrate overseas (Ministry of Economic Development et al., 2003).

There is considerable regional diversity in population age structures in New Zealand, which creates different patterns of potential vulnerability to a lack of informal family care across the country.

In considering the implications of projected population ageing on families, it is necessary to go beyond these general conjectures and consider the detailed evidence on the nature and extent of existing intrafamily relationships and interactions, as a benchmark against which to assess the implications of a changing population age structure. The remainder of this section discusses the evidence on interactions within extended families, the 'sandwich generation', combining work and elder care, attitudes to familial obligations, and impacts on caregivers and care recipients.

### ***Evidence on interactions within extended families***

It is useful to dispense with the myth that the three-generation family living under one roof was the norm in Western societies before the industrial revolution, and that it, therefore, retains some validity as a benchmark against which to assess contemporary arrangements in Pākehā society. Research in England and the United States (US) from different disciplines in the last few decades has demonstrated that the combination of short life expectancy and relatively late age at marriage meant that as late as the 1800s there was at most only a very short period of overlapping lives between grandparents and grandchildren.<sup>6</sup>

Today [in the US] it is more likely that 20-year-olds will have a grandmother still living (91%) than 20-year-olds alive in 1900 had a mother still living. (Bengtson, 2001, p. 6)

On the other hand, the literature on families does identify a fundamental change in attitudes towards intrafamily relations in Western societies over the course of the last century. Where marriage was previously an economic and social institution, entailing prescribed roles and obligations, it has become a relationship based on affection and choice with the main function of supporting the needs of individual family members. This is seen by some as having led to a weakening of the role of kin assistance in families (Hareven, 1995, in Blieszner and Bedford 1995, pp. 27, 28). Changes in community norms with respect to intergenerational relations can be quite rapid, as suggested by the experience in Japan (see Box 11.1).

Evidence in New Zealand on relations within extended families comes from a variety of sources, including the 2001 census (Statistics New Zealand, 2002), the 2000 Survey of Older People (Statistics New Zealand, 2004b), and the 1998–99 Time Use Survey (Statistics New Zealand and Ministry of Women’s Affairs, 2001).<sup>7</sup> In some instances, official statistics group ‘family and close friends’ in the same category, so it is not possible to identify the level of interactions with family members alone; in other cases statistics define informal unpaid work by whether it is provided to someone outside the household, but not by whether the recipient is a member of the extended family.

The evidence suggests the following.

- Fifty-five percent of women aged 65 and over had daily contact with close friends and family compared with 44% of men aged 65 and over.
- About 1 in 12 people aged 65 and over provided regular financial assistance to extended family members (that is, family members outside the household). This ranged from 12% for people aged 65–69 to 4% for people aged 85 and over. Men provided more financial assistance than women provided.
- Forty-five percent of people aged 65 and over had received some kind of ‘in-kind’ support in the previous 12 months. This ranged from 38% for those aged 65–69 to 61% for those aged 85 and over. A higher proportion of women received support at every age (51% of women compared to 37% of men). The types of assistance also varied between men and women. Those living alone received higher levels of assistance than those living with others.

### **Box 11.1:** Population ageing and the family in Japan

Population ageing is more advanced and pronounced in Japan than in New Zealand, so it is interesting to consider its impacts on families in Japan and the emerging responses, albeit in a totally different social context.

Japan has undergone a rapid demographic transition. From a total fertility rate of 4.5 in 1947, Japan's total fertility rate had fallen to about 1.35 by 2000. At the same time, life expectancy had increased dramatically and, in 2000, at 77.6 years for men and 84.6 years for women, was the longest in the world. People aged over 65 made up 17% of the Japanese population in 2000, and are projected to comprise 27% by 2025. Managing the impacts of this has prompted considerable policy debate in Japan.

Traditionally, the care of older people was provided by co-resident family members, particularly married children and their spouses, although this is changing quite rapidly. While in 1975 72% of those aged over 65 lived with children, this had fallen to 49% in 1995. Raymo and Kaneda (2003) attribute this to a combination of three factors.

- Economic factors – the decline of agriculture, older people's greater financial independence and increased economic opportunities for young and middle-aged women.
- Social factors – younger and older peoples' declining favourable attitudes to familial care, intergenerational conflicts and a reduction in the stigma attached to institutional care.
- Demographic factors – improvements in health at older ages, an associated increase in the likelihood that both spouses survive to older ages and can care for each other (off-set by increases in divorce), and a reduction in family members' availability due to lower fertility and the young's rural-urban migration.

Population ageing and social change have been accompanied by developments in elder care, some initiated from outside government and some through public policy. Developments include the following.

- 'Two-household housing' developed by private companies to allow joint family residence with separate and independent living quarters.
- Elder-daycare facilities.
- Age-integrated facilities that provide care services to older and younger people on the same premises, typically an elderly daycare centre and a nursery.
- The urban to rural migration of the elderly attracted by the development of specialised zones containing advanced elder-care services.
- Since 1989 the government has put in place 10-year plans focusing on supplementing in-home family-provided care.
- A long-term care insurance programme, introduced in 2000 and similar to a German programme, entailing mandatory premiums for those over 40.

Source: Based on Raymo and Kaneda, 2003; Thang, 2003; Traphagan and Knight, 2003.

- Only 2% of people aged 65 and over received regular financial support from family members. It is likely that most financial support from family members is provided irregularly.
- Nine percent of people aged 65 and over had looked after a child from another household in the previous 4 weeks, and 7% said they had helped someone from another household who was ill or had a disability. The rate decreased with age. Women were more likely than men to be involved in these activities, with 20% of women aged 65–69 caring for a child from another household compared with 11% of men.
- The 1998–99 Time Use Survey (Statistics New Zealand and Ministry of Women’s Affairs, 2001) showed that women aged 55–64 recorded spending an average 4.7 hours per week on informal unpaid work outside the home (which included caring for and helping non-household members). This was a significantly higher amount of time than for any other age group. Among the groups aged 65–74 and 75 and over men recorded spending more time on informal unpaid work outside the home than women. Among those aged 65 and over Māori and residents of rural areas spent more time on these activities than other older people.

New Zealand and overseas research suggests families remain the main source of social and emotional support for the aged (Koopman-Boyden, 1978; Taylor et al., 1981). Koopman-Boyden’s study of 190 elderly people in Christchurch found that 88% of those caring for older people at home were family members, with almost four-fifths of them female (Koopman-Boyden, 1978, p. 65). Carers UK (2002) has estimated the economic contribution of informal family care in Britain in 2000 at £75 billion, equivalent to the cost of the National Health Service.

The Transactions in the Mid-life Family Project surveyed a representative New Zealand nationwide sample of 750 males and females aged 40–54 in 1997. Mitchell and Hendy (2000) reported the findings with respect to care provided to, and received from, relatives as follows.

- Each respondent providing care reported providing care to an average of 3.8 close relatives. They were most likely to provide care to their spouse or partner or children, next most likely to provide care to their parents and grandparents, and least likely to provide care to their parents-in-law.
- Only a slightly higher proportion of respondents with health problems reported receiving care compared to those without health problems.
- Nearly two-thirds of care recipients were cared for by a network of family members. This was most likely when the care recipient had a health problem. About one-fifth of care recipients received care from their spouses

only. Another fifth received care from two caregivers, and a similar proportion from three caregivers.

McPherson (2000) reported the results of a pilot study of the functioning of extended family networks among European New Zealanders. The study was based on a pilot survey of 252 people in Palmerston North in 1997/98. She found the following.

- The average size of extended families was about 30. While most people had three to five first-degree relatives (parents, siblings, adult children), a quarter had fewer than this. One in five of those aged 65 and over had only one or two first-degree relatives, and half did not have a spouse.
- A third of those aged 65 and over had no relatives in the same town. Half of those of all ages who lived alone had no relatives in the same town. Women had more relatives living close by than men had.
- Only 4% lived in three-generation households (the same as for all New Zealanders at the 1996 census).
- Fewer than half had regular face-to-face contact with a member of their extended family beyond first-degree relatives. “Thus the wider extended family is unlikely to be a support network for the wider family” (p. 74). Women, older people and people in lower socioeconomic groups had more frequent face-to-face contact than men, people in younger age groups and people in higher socioeconomic groups, although the gaps were not substantial. Contact was the strongest predictor both of the likelihood of giving help and the amount of help given. Proximity was the variable most strongly associated with face-to-face contact.
- The main types of help provided by family in the previous 12 months were social–emotional support (57% of respondents), financial help (50%, mainly irregular small amounts), household help (48%) and caregiving (45%).
- Help was provided mainly to first-degree relatives and associated in-laws, especially the more demanding types of assistance.
- Women were the main providers of four of the five types of help, although there was a statistically significant relationship only for the amount of caregiving and financial help.
- Mothers and fathers were net givers of help and daughters and sons were net recipients of help.<sup>8</sup> Siblings gave and received equivalent amounts of help.

The reported margin of error for the survey is plus or minus 6%. The sample size was too small to allow analysis of subgroup variables such as family or household type, ethnicity, marital status or urban or rural location.

The International Social Survey Programme (2002) survey on social networks in New Zealand in 2001 found that women were much more likely than men were to keep in frequent contact with relatives.<sup>9</sup>

However, both men and women in full-time jobs are similar. It seems that the demands of work have changed women's traditional kinship role of keeping in touch with relatives. (International Social Survey Programme, 2002, p. 2)

The Living Standards of Older Māori Study (Ministry of Social Development, 2002) investigated whānau interactions in a nationally representative sample of 542 non-institutionalised Māori aged 65–69. The study found that 82% of single Māori and 90% of partnered Māori had contact with family or friends at least once a week. The most significant categories of help received from family were transport, lawn mowing and assistance with meals, groceries, house maintenance and housework. Single Māori consistently received more assistance than partnered Māori, while partnered Māori provided slightly more financial assistance to their whānau (reflecting their stronger financial position).

Compared to a sample of non-Māori aged 65–69, more older Māori were widowed (due to higher mortality rates between ages 65 and 69) and the number of dependent children who had been reared by Māori was significantly higher. In an analysis of the risk factors for low material wellbeing among older Māori, the study found that among the mix of factors that maximised material wellbeing and affluence for older Māori was having reared fewer than four children. While noting that for many Māori children are viewed as an asset:

The relationship with their children (and grandchildren) typically continues throughout their lives, with the direction (and nature) of the flow of resources slowly changing with age. The flow shifts from parents directing all available resources to their children when they are young, to receiving resources ... in their advancing age. It may be that this traditional pattern is changing, perhaps affected by factors such as migration. In some cases, where adult children are economically disadvantaged, the flow of resources may continue to be from older parents to children and grandchildren. (Ministry of Social Development, 2002, p. 77)

An earlier study of 400 specifically selected kaumātua found that:

While most could count on the wider whānau for assistance, including financial aid, transport and help when unwell, by far the more common finding was the assistance offered to whānau by kaumātua. It included

cultural assistance, accommodation, support during illnesses, encouragement with education, and strong leadership in learning and speaking te reo Māori [the Māori language]. There was some suggestion that these high levels of reciprocity contributed to inter-generational understanding and provided a sense of satisfaction among kaumātua. (Durie et al., 1996, cited in Ministry of Social Development, 2002, p. 26)

In terms of financial transfers within families, there is a paucity of New Zealand data.<sup>10</sup> International studies suggest that intergenerational transfers make up a large proportion of wealth – about 30%–60% (Stroombergen and Rose, 1998).<sup>11</sup> Such transfers comprise financial assets, housing and in-kind support. Suggested motivations for bequests include an exchange with younger generations in return for familial support in old age and an altruistic desire to assist one's children, especially those who have suffered adversity. Bequests may also to an important extent be unintended, reflecting uncertainty about length of life and, therefore, the level of resources required to finance one's old age.

International evidence suggests intergenerational transfers contribute to the existing and growing inequality in wealth distribution. Those who receive an inheritance have a higher chance of achieving home ownership. Inheritances may also help young people make a transition to independence.

Population ageing implies a larger potential pool of inheritances as an increasing number of people approach the ages at which they will be givers and receivers of inheritances. In addition, the property booms of recent decades mean the baby boomers may enter retirement with large capital gains potentially available for transfer and a smaller number of children among which to divide them, compared to previous cohorts. This may or may not mean a significant increase in the size of inheritances. Elderly parents may need to, or decide to, consume more of their wealth to finance a longer period of old age. They might give more money to charity. Or they may decide that their children, who in some cases will be approaching retirement themselves, do not need the assistance, and leave inheritances for their grandchildren.

### **The 'sandwich generation'**

The 'sandwich generation' refers to middle-aged parents who are simultaneously providing care and support to dependent children and their ageing parents, and who are often also in paid employment.<sup>12</sup> Population ageing, together with sociodemographic trends, is thought to increase the likely

prevalence of this, because of greater longevity and a longer period of young adult dependency on parents. Researchers started studying these issues in the 1990s, mostly from the perspective of the possible negative effects on the middle generation.

US studies have found varying incidences of double dependency. In a 1991 study, Durity (cited in Hammer and Neal, 2003) found that the proportion of employees with both child- and parent-care obligations ranged from 6% to 40%, depending on the composition of the workforce (age, gender, marital status). A more recent national study (Neal et al., 1999, cited in Hammer and Neal, 2003) found that 9%–13% of American households with one or more people aged 30–60 are comprised of dual-earner, sandwiched generation couples.

The international literature is divided on whether the potential double dependency should be a cause for significant concern. Some researchers consider that competing demands from their own children and their frail elderly parents will result in stress, role overload and financial hardship for mid-life parents.<sup>13</sup> Others doubt the evidence showing a middle generation squeezed between competing demands or that tension necessarily exists when providing support to both generations. For instance, one study cited in Hammer and Neal (2003) found that employees providing care and support to their parents reported positive outcomes in the form of emotional support from their parents and assistance with caring for their own children.

On the basis of an analysis of 1996 census data, Davey (1998), concluded that few people aged 40–59 cared for elderly people in their own homes – only 4% of men and 6% of women had cared for elderly or sick people in their own homes. Pacific women had the highest percentage (12%), while Pacific men and Māori women also had higher than average rates. Davey found that 17% of women and 14% of men cared for adults in other households. The census did not provide a breakdown of the type or extent of care provided.

Hillcoat-Nalletamby et al. (1999) have cast doubt on one of the potential causes of an increase in the sandwich generation – a longer period of family dependency among early 20-year-olds. Their analysis of the Transactions in the Mid-life Family Survey found it was more likely to be the child's age, rather than the parents' ages, that determined whether 15–24-year-olds co-resided with their parents.

[The results] remain equivocal ... They do not readily affirm the suggestion of extended periods of adult child dependency upon parental living arrangements, as one major reason for sandwiching of the middle life age groups. (Hillcoat-Nalletamby et al., 1999)

Analysing the same survey, Koopman-Boyden (2000, p. 133) concluded that the birth cohorts studied (people aged 40–54 in 1997) did not appear to live in extended family or generational household structures. People aged 40–44 had a higher incidence of children still at home, while those aged 50–54 were often in the empty-nest phase. It was not possible to determine the extent to which this was due to specific features of this cohort.

What is clear however is that intragenerational transactions appear to be as important among non-co-residing family members as those who are living together. (Koopman-Boyden, 2000, p. 134)

Hillcoat-Nalletamby and Dharmalingham (2004), using the same survey, attempted to assess whether the presence of elderly parents influenced the likelihood of a mid-life parent assisting their adult children (aged over 15), when neither the child nor the elderly parent co-resided with the mid-life parent. They found children were more likely to receive emotional support and in-kind assistance from their parents when their parents were also providing such assistance to their own elderly parents.

Results do not clearly suggest that a greater number of elderly members in a kin network necessarily represent a drain on the mid-life respondent's resources, at least not those of an emotional nature. Life-course specific support requirements of younger and older generations may mean that mid-life individuals in fact respond to complementary rather than competing needs. (Hillcoat-Nalletamby and Dharmalingham, 2004, p. 3)

McPherson (1993) has demonstrated the complexity of sandwich generation analysis and the large variation of the potential incidence of 'double dependency' across different cohorts of women in New Zealand. Using predominantly New Zealand census statistics to 1991 and official projections to 2031, she investigated the relationship between implied demands for care of women aged 75–89, and the potential availability of females to care for them. The cohort approach involved assessing the child bearing of successive 5-year birth cohorts of elderly women and the consequential relative age range of their 'daughters'.<sup>14</sup> Variations in this across cohorts affect the availability of 'daughters' in terms of the competing tasks (childcare and labour force participation) in which they are likely to be engaged. She computed 'mother–daughter' dependency ratios (one for all 'daughters', the other for 'daughters' not in the labour force), and investigated intercohort variations in these ratios.

McPherson suggested that the years of highest dependency (in terms of the 'mother–all daughters' ratio) were from 1976 to 1991; and that the years from 2006 to 2016 will be low-dependency years. The explanation for this is that

from 2006 to 2016 the relatively small cohorts born during the 1920s reach old age. These are the mothers of the baby boomers.

Dependency increases again from 2021 when the baby boomers themselves begin to enter old age, but by 2031 still only equals the 1981 level. (McPherson, 1993, p. 83)

When the dependency ratio was measured in terms of daughters not in the labour force, the burden was higher at all times simply due to smaller numbers of available daughters, but the time pattern was similar, with the high- and low-dependency periods each delayed by a decade, and a slight upward trend evident at 2031.

Despite high numerical dependency, because of youthful child bearing by the early baby boomers, their daughters will potentially be freer to act as caregivers than are daughters of the current elderly. Conversely, whereas there is low numerical dependency for the mothers of the baby boomers, their daughters' relative age and life stage makes them potentially less available as caregivers. (McPherson, 1993, p. 84)

In terms of the potential for double dependency of young and old family members on the middle generation of women, McPherson's analysis suggested:

most of the likely burden ... is being experienced now, in the 1980s and 1990s ... Such a pattern is not apparent again for as far as projected data are available (2031), but may recur after that time. (McPherson, 1993, pp. 80, 81)

McPherson noted that her methodology was exploratory and had limitations. For instance, not all women over the age of 75 will need care; daughters are not the only caregivers; geographic distance between mothers and daughters may limit caregiving; some daughters in the labour force will be able to combine paid work with caregiving; and no allowance was made for the possible effects of divorce on the future demand and supply of carers as cohorts who have experienced high rates of divorce since the 1980s reach middle age and old age.

## **Combining paid work and elder care**

An aspect of the sandwich generation issue is the competing demands on mid-life adults who are simultaneously in the paid work force and caring for elderly parents or other elderly dependents. These individuals may also have young dependents, but the focus of work-life balance studies has been on how mid-life adults combine paid work and elder care.

The first New Zealand evidence of the incidence of work and elder care came from a survey conducted by the Ministry of Women's Affairs in 1993 that

found 1 in 10 employees provided care for an older relative, and this was a day-to-day responsibility for 1 in 12 (cited in Davey, 1998, p. 172).

Davey and Keeling (2005) surveyed about 3,800 employees of the Christchurch and Wellington City Councils. They found about 9.2% of employees (350 people) had elder-care responsibilities, of whom 134 responded to a self-administered questionnaire. They also found the following.

- Nearly three-quarters were aged 40–59, with 9% aged 60 and over. Eighty percent worked full time and were long-term employees (an average 9 years with the current employer).
- Three-quarters cared for only one person, but 34 people cared for two.
- Ninety percent of those cared for were family members, 63% being parents, 12% parents-in-law, and 14% grandparents or aunts or uncles.
- Women were somewhat more likely than men to provide all types of care, and a significantly higher proportion did so on a frequent basis (with the exception of personal care, where the gender proportions were about the same). People providing personal care generally lived close to the recipient. The frequency of care also reduced with increasing distance.
- Around 90% of the working carers were involved in long-term caring (caring of more than 3 months' duration). But few provided very long periods of help per week (52% provided 3 hours or less and 84% provided less than 10 hours). Eight percent (all women) provided more than 20 hours of help per week.
- Three-quarters of the carers had help with caring, with half saying they had the main responsibility for care.
- Only one in four carers agreed it was difficult to combine paid work with care.
- Caregivers reported problems such as tension with siblings over the uneven sharing of caring responsibilities; concerns about the quality of care provided by others, including residential institutions; the need for services to be better coordinated and for better information about services to be available; and being excluded by health professionals from access to information about their family member's health.
- Carers in paid work did not cease to provide support when care recipients were institutionalised.
- Reciprocal care from the care recipient was infrequent, except for social and emotional support, and declined with age.

### ***Attitudes to familial obligations***

Discussion has focused on the availability of informal family care and evidence on the levels and types of care provided. A further key factor determining supply is attitudes towards the provision of family care.

Some evidence on attitudes to elder care comes from the 2001 International Social Survey Programme (2002) survey on social networks in New Zealand that found that 49% of respondents agreed that “adult children have a duty to look after their elderly parents”, while 19% disagreed. This survey also found that, in general, spouses were the preferred source of informal care, financial assistance and emotional support. There is British evidence that parents in paid work view grandparents as the preferred source of childcare for their children (Wheelock and Jones, 2002).

McPherson (1999) provides more detailed evidence based on reported attitudes to the provision and receipt of informal care from a 1997 pilot survey in Palmerston North.

- Three-quarters of respondents said they would go to family first if sick or injured for 3 months or less, and over half for longer term care (although only 3% had actually received long-term care from a family member in the previous year).
- Forty-five percent were in favour of taking elderly parents into their own home, 32% were against, and 23% were not sure. The reasons for not taking them in included the impact on their own (nuclear) families, that it should be a question of ‘choice not obligation’, and that they may not be the best source of care.
- Seventy-one percent did not support a woman giving up her job to care for an elderly parent, 21% were not sure, and only 6% were definitely in favour.
- Fifty-eight percent thought there were circumstances in which it was reasonable to refuse to provide personal help to a sick or an elderly family member. These included a problematic relationship, if it strained the nuclear family, if skilled help was needed, if one’s own health was poor, or if there were insufficient financial resources or time.

McPherson (1999, p. 149) concluded:

The results of the study suggest that community attitudes to helping kin in need may be at odds with current social policy ideas regarding the role of the family in social welfare.

In a study of income sharing in a small sample of New Zealand families, Fleming (1997) found that Pākehā couples considered it acceptable to receive money from their parents or other close relatives of the older generation,

provided it was in the nature of occasional help, gifts or long-term loans to help with a car or house purchase. It was not considered acceptable, however, to receive assistance with daily living expenses. Retired Pākehā parents, on the other hand, did not feel comfortable about accepting money from their middle-aged children, although assistance in kind was welcome. For all the Māori couples in the study, giving or lending money and giving goods and food to whānau were features of their lives, but ones that at times resulted in stress. Pacific couples felt a strong obligation to support their extended families, at times at the expense of their individual or household needs.

McPherson (2000) also found a discrepancy between reported instances of giving and receiving – givers reported providing more than recipients reported receiving – which she stated is often found in overseas studies. She concluded this may be due to subjective assessment of what constitutes help, particularly whether it is solicited or unsolicited. That givers are more conscious of the act than recipients, indicates the givers may perceive family help as more of a burden or an effort, rather than a natural part of being family. This has implications for policies that assume a willingness to help among family members.

McPherson (2000) notes, however, that some discrepancy between the amount of giving and receiving may be valid, for example, if several family members provide assistance to one person more people will be reporting giving than receiving.

Davey and Keeling's (2005) study of working carers found the majority reported that they provided elder care gladly, although female carers were less likely to have positive attitudes than men. Negative attitudes increase with time spent per week caring, and depend on the condition of the recipient (for example, those caring for someone with a cognitive disability had more negative feelings).

Evidence from Australia and the US suggests current younger generations have a stronger sense of family obligation to care for older people than do current older age groups (see McPherson, 2000, p. 85). Kinsella (1995) notes that a preference for "intimacy at a distance" is frequently cited in Western gerontological literature. Future adult child–elderly parent relations in New Zealand will reflect their experiences over their previous life courses, and their attitudes and values with respect to familial interdependence and obligation, which in part depend on community norms regarding state support and the relationship between state support and family support.

### ***Impacts on caregivers and care receivers***

In principle, it seems likely that the impact on the caregiver of providing informal care will depend in part on the duration of support, the intensity of support and the type of support (emotional support, financial support, personal care and so on). Timing and sequencing may also impact, as do the availability and relative contribution of support from other sources (Koopman-Boyden, 2000).

One review of the international evidence concluded:

Whereas in the cross-section, caregivers appear to have poorer well-being than noncaregivers ..., the small body of longitudinal research on caregiving suggests that over time, a process of adaptation occurs ... caregiving is most stressful when it is a new role, but over time, it may provide an opportunity for the development of new coping strategies and psychological growth ... it is also possible that curvilinear effects occur, with the early and end stages of caregiving most stressful, while adaptational processes may be more evident during the middle stage. (Ryff and Seltzer, p. 102, cited in Blieszner and Bedford, 1995)

The International Social Survey Programme (2002) survey on social networks in New Zealand found that for most people, relatives and friends seldom if ever make too many demands on them, but 25% said sometimes too many demands were placed on them and 5% indicated that happened often. This 5% were more likely to comprise women, especially women aged under 35 or over 55.

In terms of impacts on care recipients, lack of assistance and support from family has been identified in New Zealand and internationally as a key factor resulting in institutionalisation (see Taylor et al., 1981 in relation to New Zealand). There is also consistent evidence that those who live with a spouse or partner have better health, have fewer physical difficulties and are less likely to have disabilities than those who are unpartnered (Statistics New Zealand, 2004b).

Evidence from a 1978 survey of 190 Christchurch elderly people in receipt of substantial formal and informal care suggests older people place a high value on informal family care. Asked whose assistance they valued the most, 49% named family members and over a quarter named their children. (Koopman-Boyden, 1978, p. 67).

Australian evidence (Tongue and Ballenden, 1999) suggests a clear preference among the elderly for care to be provided by daughters, followed by private and government old-age homes and sons (in that order).

### **Box 11.2:** Policies in OECD countries to support the informal care of the old

Policies in several OECD countries aim to expand the supply of informal family care for the frail elderly by providing support to informal carers, increasing consumer choice, improving quality and diversifying the financing of care.

- National strategies set out carers' needs and the role of different types of formal services in reducing burdens and improving care (Australia and UK).
- Carers have a statutory right to receive an assessment of their need for formal services (UK).
- Respite care services (in Germany as a statutory right), including daily respite, short-term institutionalisation, more intensive home-respite services and group-living homes. However, demand for respite care remains higher than supply in most countries.
- Payments to informal caregivers to compensate them for their loss of income and allow them to reduce other work hours. These vary in level (high in Sweden, lower in Australia and Japan), and are available to only low-income carers in Australia and Japan, but are less restricted in most other schemes.

Providing more formal services at home for older people with disabilities is expected to result in the improved care and greater personal satisfaction of the recipient and lower public expenditure. Home-care provision varies widely across the OECD, being more extensive in Norway and Sweden.

The proportion of the over 65 age group using nursing homes in most OECD countries where information is available has decreased, despite the increasing proportion of the over 80 age group in the population.

Consumer choice can be strengthened by introducing personal budgets for employing care assistants and allowing consumers to choose between receiving in-kind services and cash payments to purchase care services (Germany).

Approaches to improving the quality of long-term care include the following.

- Minimum standards as a condition for licensing or contract award.
- Linking performance monitoring to quality improvements. Independent agencies monitor performance in Australia and the UK; surveys and certification occur in the US.
- Self-regulatory approaches (Canada).
- Regulating home care. Specific measures to monitor and improve the quality of home care have been introduced in Australia, Canada and the UK.
- Information systems for monitoring quality. Some countries have introduced instruments to evaluate care outcomes (US).
- Improved coordination of long-term care services (Australia).

Source: OECD, 2005, pp. 180–187.

There is increasing interest and activity internationally in the area of policies to encourage and support informal carers of older people. The OECD (2005, p. 181) has noted that:

Policies in this area were often inhibited in the past by the concern that a greater supply of formal services to carers would lead to the lower availability of family care. However, there is little evidence that families reduce their caring when formal services are available: if anything, there seem to be an increase in the hours of care provided by family carers when formal services are available.

The OECD accordingly recommends that specific policies are needed to support informal carers of older people; more formal services should be provided to disabled older people at home; consumer choice needs to be strengthened; and the quality of long-term care should be monitored and improved. Box 11.2 contains information on recent OECD experience and the OECD's recommended approach.

## **Conclusion**

It is worth reiterating the high degree of uncertainty and our inevitable ignorance in considering the long-term implications of population ageing for families. In addition to uncertainty surrounding the demographic projections, there is also a high degree of uncertainty about the evolution of a wide range of social and economic variables, including economic growth, the distribution of income and wealth, labour force participation rates by gender and age group, the level of disability among the old-old, societal values and norms, and intrafamily relations. With respect to the latter, the nature of the family and intrafamily relations has undergone significant change in recent decades in New Zealand. Identifying the implications of population ageing depends, to some extent, on assessing the likely future impacts of these past changes, as well as considering possible further changes in intrafamily relations.

One conclusion from the New Zealand and international literature is that, consistent with the thrust of the New Zealand Positive Ageing Strategy (Minister for Senior Citizens, 2001), the ageing of the population does not necessarily, in terms of informal care, represent a burden on society. The preoccupation with future burdens may have arisen from an assumption sometimes made that, at the micro level of the family, the flows of assistance and support are primarily from adult children to their parents in the 65 and over age group. The evidence suggests the patterns of intrafamily transfers are considerably more complex than this. Consistent with international evidence,

older parents provide extensive support to their adult children in New Zealand. This may be an increasing factor in future due to the likely healthier and wealthier position of the group aged 65–75. A higher level of inheritances from future older cohorts and a smaller number of children among which to divide estates are also possible.

Many younger adults in New Zealand appear, in general, to consider they have an obligation to support their older parents, although we have no trend data on this and, clearly, it could change. Social trends (more emphasis on individual choice and higher female labour force participation) and economic trends (higher real wages and an increased opportunity cost of informal care), combined with population ageing, could put real stress on the availability of informal (non-financial) family care for older people. McPherson's (1999) findings on the lack of support for elder care in certain circumstances may be a harbinger of future trends. On the other hand, children may substitute financial assistance for non-financial support.<sup>15</sup>

Consistent and coherent policy appears to be particularly important in this area. Government policy changes periodically – and at times sharply – with respect to the obligations expected of, or imposed on, families to support their members in various domains. It is important public policies are based on a sound understanding of evolving norms and expectations in the different communities in New Zealand on the relative roles of the family and the state, and solid empirical evidence of informal care provided by family members and the interactions between informal and formal care. As some observers have claimed, when the government's view of family obligations diverges from community norms, policies will not be effective and will result in undesirable outcomes.<sup>16</sup>

Policy coherence across sectors is particularly important. Some government policies appear to work against each other in terms of imposed or encouraged family behaviours and the assumed availability of informal family support. For instance, tensions appear to exist between policies that encourage higher female labour force participation and higher private retirement savings and policies that require young adults to have an extended period of financial dependence on their parents and rely on an increased level of informal family care to enable greater numbers of elderly to age in place. Future policy initiatives that implicitly or explicitly require an increased supply of informal family care should carefully consider the possible longer-term consequences and behavioural responses, both in the sector concerned and in other policy domains.

One contribution to policy coherence might be to raise the profile of informal family care in the social monitoring framework. For instance, monitoring current and projected informal care ratios that relate the availability of one generation to provide care to the preceding generation could be incorporated (as a non-normative indicator) in *The Social Report* (Ministry of Social Development, 2006) – for example, the ratio of the population aged 80 and over to the population of women aged 50–64.<sup>17</sup> Such ratios show considerable variation across cohorts and across geographic regions, so could be useful for local government planning and local service delivery planning.

A key policy issue arising in future from population ageing will be the potential vulnerability of particular groups to low levels of wellbeing in old age. A combination of demographic and social factors is likely to mean that the frail elderly will remain predominantly Pākehā and female. Within that group, increasing diversity of circumstances (for example, an intact relationship or separation, the presence and proximity or absence of children, and the financial resources of older parents and their extended families) will expose particular groups of elderly women to greater risk of deprivation. Other subgroups whom evidence suggests may also be vulnerable include older Māori women (who experience a higher rate of widowhood) and some older males (who have lower levels of contact with family).

The flipside of the risk of social deprivation among some elderly is what might be called a ‘latent fiscal risk’ from the possible need to substitute formal elder care for informal family care. A latent fiscal risk might be defined as a public expenditure need that does not manifest itself until triggered by a shock or discontinuity of some kind. In this case the discontinuity could be a significant shift in community norms surrounding the relative role of families and the state in caring for the frail elderly, in combination with the increasing age of the median voter due to population ageing.<sup>18</sup>

Analysis in New Zealand does not suggest the challenges people face due to membership in the sandwich generation will be an increasing feature. However, it does appear likely that more mid-life and young-elderly adults will be faced with elder-care responsibilities at the same time as they are in part-time or full-time paid work. The young elderly may also increasingly face work–life balance concerns in terms of competing demands from paid work and caring for grandchildren. Increasing attention is likely to be required to work–life balance policies by employers and the government to facilitate informal family care and employment.<sup>19</sup> Work–life balance policies are also likely to be increasingly important to supporting working families with young children, and there is

likely to be interest in such policies as a potential means of ameliorating declining fertility rates – as is already the case in several developed countries.

Several issues relate to the interface between families and the public provision of care to older people that will assume increasing importance as the population ages. These include:

- the relationship between the provision of informal family care and formal care (including government support to informal carers) and the optimal mix of the two in different circumstances;
- the need to consider innovative approaches to delivering services to older people;
- the need to pay attention to issues of dignity and choice for older people, for instance, through service delivery options that provide older people with the ability to select between different services;
- making sure care services provided to the frail elderly (both home care and institutional care) are of a high quality;
- the provision of assistance to older people for adaptations to their housing, and possibly for maintenance, to enable them to age in place (Davey et al., 2004; see also Chapter 9); and
- legal issues, such as elderly care recipient and caregiver rights, elder abuse, access to patient information for caregivers, end of life issues and grandparents' right to access to grandchildren after divorce.

On the financing side, issues concerning the treatment of gifts, inheritances, and housing and other assets by the tax system and in the targeting of social expenditure (for example, long-term care expenditure) are likely to gain increased prominence. For instance, it is possible asset testing long-term care may have unintended impacts on the level of intrafamilial exchanges involving the provision of informal family care for older people. It seems important to factor these sorts of considerations into analyses of the different approaches to financing older people's long-term care. The policy framework for reverse mortgages (to enable older people to consume some of their housing wealth while ageing in place), may attract renewed attention, and interest in rates deferral schemes is likely to increase.

Finally, further evidence on the levels and variability of different types of informal care provided to family members in New Zealand, and on attitudes towards familial responsibility for providing and receiving informal care, would assist policy design and service planning. Research that combines the perspectives of informal care providers and care recipients would be useful. In particular, evidence is needed about:

- intrafamily relations in reconstituted or blended families;
- intrafamily relations in Māori and Pacific families;
- the key factors correlated with individual vulnerability to lack of informal care in old age;
- the timing and sequencing of informal and formal care and of transitions to institutional care;
- grandparent–grandchild interactions; and
- the relationship between the provision of informal and formal care, including the impacts of formal care on the level of informal family care provided and the range of outcomes (such as the wellbeing of care recipients and care providers and public expenditure).

An ongoing monitoring framework should also be considered to track changes and trends in levels and types of intrafamilial transfers and community norms concerning the obligations of families or whānau and the state to provide care to the frail elderly. Policy and research developments in other developed countries should also be closely monitored, especially in those countries where population ageing is more advanced than in New Zealand.

## Notes

- 1 The methodology for the review involved an initial general literature search on population ageing conducted by the Ministry of Social Development Information Centre, further targeted searches of websites, a manual search of journals in the ministry's library, the retrieval of material cited in bibliographies, and discussion with New Zealand researchers and policy advisers through meetings and telephone and email contact.
- 2 The cohorts moving into the 65 and over age group in the next 20 years were born to younger mothers than subsequent cohorts. A 50-year-old may have both a parent and a grandparent still living. This will subsequently change with the increasing age difference between mothers and their children of succeeding cohorts (Ministry of Economic Development et al., 2003).
- 3 Bengtson (2001, p. 6) has suggested that (for many Americans) “multigenerational bonds are becoming more important than nuclear family ties for wellbeing and support over the course of their lives” due to increased longevity, marital instability and divorce, and the strength of intergenerational solidarity over time.
- 4 In addition, “One cross-national study of the propensity of older women to live alone confirms the importance of income and posits that economic factors (income per capita and housing stock per capita) are more pivotal than demographic forces in producing change in residence patterns over time” (Kinsella 1995, p. 44).
- 5 As suggested for instance in Ministry of Economic Development et al. (2003).
- 6 See McPherson (2000) for citations.

## Implications of Population Ageing: Opportunities and Risks

- 7 This and the next paragraph draw on Statistics New Zealand (2004b).
- 8 This is consistent with international evidence, see De Vaus and Qu (1998) with respect to Australia.
- 9 The survey entailed a random nationwide mail survey of 2,200 people aged 18 and over, with a reported effective response rate of 61% and margin of error of 3%.
- 10 Although this will improve as the Family, Income and Employment Survey, which commenced in 2002, will collect information on intergenerational transfers in years two, four, six and eight.
- 11 Most of the material on financial transfers in this and the next two paragraphs is drawn from BERL (2005).
- 12 This and the next two paragraphs draw on Hammer and Neal (2003).
- 13 For references, see Hillcoat-Nalletamby and Dharmalingham (2004, p. 15).
- 14 The term ‘daughters’ refers to all women in the age group corresponding to the estimated age range of daughters for each cohort of mothers.
- 15 As suggested, with respect to the US, by Couch, Daly and Wolf (1999) and Zissimopoulos (2001).
- 16 See, for instance, Harding (1996).
- 17 Other indicators particularly relevant to older people’s wellbeing could also be considered for inclusion in *The Social Report*, such as a measure of elder abuse, a measure of social connectedness specific to the older elderly, and additional age breakdowns for all indicators within the 65 and over age group.
- 18 If it occurred, this would be conceptually similar to the change in community norms with respect to responsibility for providing financial support to the destitute. From a legislated family responsibility in New Zealand in the 19th century, it became squarely a state responsibility in the next century.
- 19 See Davey and Keeling (2005) for a discussion of policy issues with respect to employees with elder-care responsibilities.

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