Intergenerational Relationships and the Ageing Population

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The candidate confirms that the work submitted is her own and that appropriate credit has been given where reference has been made to the work of others.

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Abstract

As the population ages, public care and support for older people has been seen as a significant challenge. This thesis highlights the importance of considering private family intergenerational exchanges, their continuities and changes over time. It seeks to understand from the perspective of families, how care, need and support works out across generations, and why it is practised in this way.

The key research question is:
In the context of an ageing population, what can be understood by examining the connection between family multigenerational care, need and support networks and intergenerational relationships?

Drawing on recent innovative methodologies, this study explores temporalities and uses this framework to gain insights into understanding family practices. I look through time to see how past, present and future contexts play a part in the way that intergenerational support is worked out. I consider the ways family members support one another, and how and why it alters between family generations, across the life course and through historical time.

In order to gain in-depth knowledge about intergenerational support across time, the research employed qualitative life history interviews with four-generation families, i.e. a child, parent, grandparent and great-grandparent generation.

The thesis finds new patterns of care emerging under different social, cultural and policy contexts across time. However, some practices flow down generations as part of the meanings and relationships between generations. Moreover, a life-course analysis reveals cyclical patterns of support. Complex pictures of continuity and changes in family life emerge and reveal the diverse ways that support plays out.

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Chapter One

Introduction: Intergenerational Distributions and Multigenerational Relations

> It's a difficult question, [how to organise care for an older person], to say what's the right answer...You may want to do this and do that, but when it's actually impacting on yourself it's difficult to say. My mum wouldn't want to go into a home, but I say to [my children]; if I start going skittish...shut me in a home. I don't want to be a burden on you. That's what I expect from my kids. I don't want to be a burden to them.
> *(Grandfather Jeremy Parker, Age 50)*

In current social policy and academic debate the question of how care for older people should be organised is a pertinent issue, as the UK population continues to age. As the quote above illustrates, who provides care, and to what extent is considered between family generations. The social and contextual timings of making decisions to provide care and support are the central theme of this thesis. Whilst support practices shift through times, there are also significant continuities. Care and support practices are a reflection of pasts, presents and futures, but a pervasive morality of intergenerational fairness underlines them.

Pictures of Ageing, Families and Social Policy

The ageing population is not only a consideration for the UK, but for much of the industrialised world, and is a trend that is likely to continue into the future (Harper, 2006). There is an image of a demographic 'time-bomb' emphasising the pressure larger proportions of older people will put on younger populations through, for

example, expenditure on social care and pensions. In this case, the older person is portrayed as dependent, and in some cases, as taking more than their fair share of public resources. In a recent report, *Ready for Ageing?* (House of Lords, 2013), it was felt that the government and society were still ill prepared for population ageing. As part of this, it was suggested that fairness between generations could be created through making older people themselves pay more for their care rather than leaving younger generations (who are proportionally less of the population than in past decades) to pay for older people's care through taxes. The fiscal relationships between generations on a macro scale have received increasing attention, with some claiming that older generations have directed resources towards themselves at the expense of other generations, and that intergenerational conflict will ensue (Beckett, 2010; Intergenerational Foundation, 2013; Willetts, 2010).

On a more positive front, there is a push to regard older people as active citizens, included in society as they age. For example, 2012 saw the 'EU Year of Active Ageing and Solidarity between Generations' (Eurostat, 2011). In the UK, policy responses have sought to encourage older people to continue working for longer, with, for example, laws against age discrimination (Equality Act, 2010), and removing the default retirement age following the Employment Equality Regulations in 2011 (Pyper, 2013).

As Jeremy Parker's quote illustrates, perception of a 'burden' is not the wider cost of formal care upon the population of younger people, but on his own perceived 'burden' of responsibilities on his children. He also felt that his mother should ideally avoid institutional care. Transfers that occur within family and between generations have been overshadowed by a preoccupation with financial exchanges between the individual and the state. Informal care has often taken a 'back seat' in the debates about exchange between generations in an ageing population. The 2011 census showed that over one million people aged over 65 were carers (CarersUK, 2011). Between 2001 and 2011, the percentage of carers over 65 increased to 15% compared to 9% of the whole population of carers (CarersUK, 2012). In a survey taken by EU countries it was found that more than 50% of people over 55 think that someone may stop working over 55 because of caring obligations (Eurostat, 2011). Many older people who are active, informally and formally, have to try and find a

balance between work and care. Within the microcosm of family, support more often flows down the generations (Attias-Donfut and Wolff, 1999; Finch, 1989). Moreover, only small proportions of older people play a less active role and are in care homes. In a survey of 244 Bupa care homes, only 8.66% people were aged under 70, with the largest proportion aged between 80 and 90 at 42.77% (Bowman, et al 2004). Thus older people play a significant role in supporting younger generations, but such contributions are submerged under the public and political imagery of a dependent older person.

In addition to some of the apocalyptic visions of an ageing population, there are also ideas that the institution of family is crumbling illustrated by rising divorce rates (Popenoe, 1993). Such perspectives seek to return to a golden era of the nuclear family form, with a woman as a housewife and man as the worker. An alternative sociological thesis is that in a period of late modernity, individuals are loosely tied to relations as there are no longer norms and values that hold them in place (Bauman, 2002; Beck and Beck-Gernsheim, 1995, 2002; Giddens, 1991, 1992). In this way, diversified family forms are the outcome of social change rather than the cause of it. However, the extent of this new freedom has been questioned (Jamieson, 1999). Women continue to be the main carers. In general, policies continue to reflect male breadwinner work patterns, with the implication that work and care are still complex to balance (Ben-Galim and Thompson, 2013; Williams, 2004). This has direct intergenerational implications as older generations step in to help struggling younger family members, in addition to balancing childcare with other commitments, such as work, and possibly care for their own parents. It is not entirely clear how many grandparents care for both parents and grandchildren simultaneously; however 40% of carers look after their parents and 14% of carers care for two people. 80% of those with multiple caring responsibilities cared for their parents or children (CarersUK, 2012). Moreover, 30% of those grand-parenting also care for disabled relatives and friends (Wellard and Wheatley, 2010).

Verticalisation of Families

As the population ages, another significant demographic process may also be underway. There are more families with one child. Increases in life expectancy mean that there is a greater chance that several younger generations will be born within an individual's lifetime. Consequently, more families may form a vertical structure, with many more living generations in a given family at one time, but with less horizontal family members (those within the same generation). Research across four-generation lineages remains relatively unexplored, with some notable exceptions (Brannen et al, 2004), tending towards an emphasis on dyadic relations such as those between grandparents and grandchildren. Little is known about relationships and support systems across four-generation families. By examining such intergenerational relationships, it is possible to see how intergenerational networks work out care, need and support, and what more family generations mean for intergenerational exchange.

Another great advantage to studying verticalised lineages is that it offers a window into whether values, practices and resources move through generations, analysing across life-course, generational and historical time. In this way, it is possible to gain significant insights into how social policies, family practices and individual agency are interwoven. Such data can help to understand not only what exchanges happen in families, but how through time they come into being. Moreover, a long-term view can show continuities that are part of a cycle. This would not be possible to capture through a short-term analysis (Neale, 2010). By understanding family as something which is *done* rather than *is*, (Morgan, 1996, 1999, 2011), it becomes possible to see how practices move through generations. Along these lines, family becomes something much more malleable and personal, as opposed to one-dimensional.

In the following pages I explore how care, need and support are distributed within families, and between informal and formal sources, as well as how individuals construct their own intergenerational justices. I also consider how structural inequalities have implications for a multigenerational family network. The thesis addresses the following question;

In the context of an ageing population, what can be understood by examining the connection between family multigenerational care, need and support networks and intergenerational relationships?

This is an empirical study using data from qualitative research with families. Methods include life history interviews across four generations, interviewing great-grandparents, grandparents, parents, and children. There are five families in total, from cities, suburbs and towns in northern England. I have also included a family with two generations of single parenthood. The modest sample size was necessary to carry an in-depth analysis across life-course, historical and generational times. The studentship for this research was attached to the ESRC Timescapes Project.

Structure of the thesis

Chapter two considers how 'family' has been interpreted in social scientific literature. I show how demographic processes may have led to verticalised four-generation families, in addition to when, and in which social groups, it is more likely to occur.

Chapter three examines literature on some core issues with care of older people, and explores the implications of leaving families unsupported across intergenerational relations. The importance of linking family generations with historical context becomes apparent. Moreover, the moral basis underpinning intergenerational support is considered.

Chapter four discusses the methodology behind the study, highlighting the ontological and epistemological basis of the research, based on a critical examination of the literature. In particular I find the importance of representing the meanings and tempos that individuals give to their life course as well as the "rationalised and de-contextualised time of the clock" (Adam, 1998: 14). Throughout this thesis I use the term 'generation' in terms of *historical* generations and *family* generations.

Chapter five, six and seven form the core empirical arguments of the thesis, derived from the qualitative data across four-generation families. Chapter five examines how 'family' is constituted across individuals in four-generation families, revealing fluctuations in intergenerational relationships across the life course, and the ways in

which families constitute themselves across 'timescapes'. The timescapes approach appreciates that time is a multidimensional concept, and examines the ways in which social processes may be shaped by time (Adam, 1998).

Drawing on these findings, chapter six then applies a historical lens to intergenerational relations. It explores whether care practices may flow through generations, how social policy may influence family generations, and how, given these resources, individuals carve out their own ways of supporting family. These two chapters form the basis for the final empirical chapter seven. This examines the key considerations that people make when deciding how they will continue to live independently in later life. I examine the intricacies of how support for older people in need is worked out between older people and their families. As the quote from Jeremy Parker at the beginning of this chapter indicates, the perspective of generations may differ. Each person has their own life-course position and negotiates with other family members. Each tries to relieve what they see as a 'burden' from the other whilst allowing for autonomy.

Chapter eight draws together the findings of the thesis, considers how it builds on contemporary literature, and makes some suggestions for further research. The key factors that influence intergenerational support are identified.

Chapter Two
Conceptualising Families and Intergenerational Caring across Multiple Generations

Introduction

"In light of the new demography of families, it seems almost senseless that to many people, 'family' still means parents with young children" (Saraceno, 2008: 23).

The meaning of 'family', as Saraceno highlights, is a contested concept that in popular discourse may not fit with the demographic evidence and, as I will argue, real experience of family. In this chapter I highlight the increasing importance of multigenerational families, as well as the ways in which 'family' has been conceptualised.

The opening part of this chapter considers the ways in which family has been conceptualised in social science literature. I go on to explain that 'family' continues to be a relevant term, as it incorporates temporality in relationships, and continues to have significance to individuals. Viewing 'family' as practices enables a look at how multiple generations might rework 'family' across time. This is significant because it shows how care, needs and support are flexible, and can be seen as a reflection of social context, rather than disintegrating relationships and a loss of morality.

In the following section, I examine literature conceptualising family practices and ethics of care, which suggests how family practices can become gendered. I also consider intergenerational relationships and temporalities. I then examine the changing demographic picture of families, and the growing evidence of four-generation beanpole shaped families. The literature also shows how understanding

family as practices reveals how older generations have played a significant role in supporting other generations.

In the final section I explore how the experience of 'family' shifts across time in relation to life-course times, generational times and historical times, and highlight the significant implications this has for methodology and analysis.

Family Structures to Family Practices

As suggested above, 'family' has acquired different meanings. In industrial society, Durkheim (1893/1984) had suggested that 'organic solidarity' held society together as each individual had a specific role to play, but were interdependent with the roles of others. Functionalist perspectives held that the isolated nuclear family was the site of social integration, with parents socialising their children with norms and values they had acquired through being part of wider social structures. Those who did not follow dominant structure were thought to be deviant. From this perspective, family is seen as an institution in which individuals follow social norms (Parsons, 1959).

In contrast to structural-functionalist theories, Giddens (1984) proposes that in late modern society, individual action and social structure are connected so that structures are upheld by the repeated practices of individuals. Structures may shift if individuals no longer follow particular practices, thus institutions and morality can change. Individual agency is therefore increasingly a crucial component in how people work out their lifestyles and their relationships. In this case, 'family' can shift depending on the agency of individuals.

In *The Transformation of Intimacy* Giddens (1991) argues that individuals have become more reflexive and self governing, as traditional structures have melted away. Individuals are therefore more autonomous, with pluralistic lifestyle choices. Arguably in a society with increased choice, kin ties may become optional, and continuation of family traditions over generations may decrease. Moreover, he suggests that relationships are more voluntary and equitable, terming the new forms

of intimacy as the 'pure relationship' and 'confluent love'. However, it is unclear whether intergenerational family relationships are also pure relationships. Beck and Beck-Gernsheim (1995, 2002) theory of 'individualization' proposes that individuals are free from the constraints of traditions, and are able to carve out their own project for the self. This concept is distinctly different from individualism which suggests individuals have become increasingly selfish. Bauman (2003) also argues that in the new 'liquid' era, relational ties are loosening, and individuals are involved in a constant reflexive project.

Such theories made significant advances in understanding the connection between agency and structure. Family sociology, which was more often seen as an area of research for feminists, was brought into the mainstream by theorists such as Giddens, highlighting the increasing agency of women (Smart and Neale, 1999). However, the pure relationship may be more a reflection of popular discourse than the reality of many relationships, as partners may work out ways of sustaining intimacy despite continuing inequalities in the relationship (Jamieson, 1999). Furthermore, Giddens concept of the pure relationship only considers relationships between partners and does not examine intergenerational relationships, such as those between parents and their children (Morgan, 2011; Smart and Neale, 1999).

Seeing family as practices represents a significant break from structural-functionalist perspectives of family. Bourdieu (1977) reasoned that family should be considered in terms of the way that it is practised, what its fundamental purpose is. Bourdieu's theory (1992) highlighted how 'habitus' may consist of:

> "systems of durable, transposable dispositions, structured structures predisposed to function as structuring structures, that is, as principles that generate and organize practices". (Bourdieu, 1992: 53)

Family may be seen as practices rather than as a structure in itself. These practices, however, may be derived from the social structure and become practices of the individual. When the practice is carried out many times the original point of creation of the practice, as a result of both micro and macro processes, may not be recalled. Such practices may perpetuate down generations as they identify with the family group. Some family practices or traditions may be unconsciously taken up rather

than consciously reflected upon (Bourdieu, 1977). As noted earlier, Morgan (1996, 1999) suggests a re-conceptualisation of family, from something that *is* to something that we *do*. Thus individuals use distinct sets of practices rather than following a prescribed structure. 'Family' becomes something that is unique, created with pasts, presents and futures.

Finch (2007) argues that family is not only *done,* but individuals may also 'display family'. She differentiates her theory from Butler's concept of 'performance', which suggests that gender may be influenced by historical context and is shared with others: "gender identity is a performative accomplishment compelled by social sanction and taboo" (Butler, 1988: 520). Display has the added value that it can be conveyed through objects, rather than purely between two people interacting. Finch defines display as,

> "the process by which individuals, and groups of individuals, convey to each other and to relevant audiences that certain of their actions do constitute 'doing family things' and thereby confirm that these relationships are 'family' relationships" (Finch, 2007: 67).

Thus not only are individuals practicing family, but in doing so, demonstrating family to others. As relationships are not fixed across time, 'display' can become more important at critical moments in the life course, where relationships are being negotiated, and the bonds between family members need to be affirmed. Morgan (2011) also highlights that gender practices can overlap with family practices. Particular gender practices can also illustrate family. Consequently, gender practices could also perpetuate through generations. It is not simply that practices are observed by someone, but that they have the meaning of family inscribed into them.

As family became deinstitutionalised in sociological terms, other interpretations, such as 'intimate relationships' (Jamieson, 1998), and 'personal life' (Smart, 2007) may be a more helpful way of understanding personal networks, moving beyond blood and marriage ties. Given the variety of significant relationships that fall outside kinship, it has been questioned whether the continued use of the term 'family' should be used (Wilkinson and Bell, 2012).

Whilst it is important to recognise other significant relationships, such as friendships, family continues to be an important concept because there are practices specifically assigned to what individuals define as *their* family. It is also important to make the distinction between 'the family' and 'family'. The latter recognises the diversity of family forms, whereas the former suggests there is one fixed type of family (Edwards and Gillies, 2012a; Smart, 2007). Thus 'family' signifies an important move towards appreciating how relationships are actively created. In this way, social change can be seen as less of a threat or an achievement (Smart and Neale, 1999).

The way that relationships are conceptualised is also significantly related with time. Considering anthropology, Bourdieu (1977) highlights that when viewed structurally, such as through a family tree, individuals may be unnaturally dislocated from their experience of family in the present. In other words, it is more important to consider the purpose of family itself, the meaning it has to individuals, when determining who is considered to be family. This is *time specific*. Consideration of time has recently received more attention in social science, with for example concepts of, 'future presents', where the future is affected by the present and 'present futures', where the future has the potential to be acted upon (Adams & Groves, 2007). Drawing on the work of Adams and Groves (2007), Edwards and Gillies (2012: 64) note that when looking across family generations through time, just using concepts of 'personal life' and 'kinship' restricts the analysis to the position of the present individual, "with past and future generations of family all pivoting around a present individual self". Thus the term 'family' opens the door to the temporality of family relationships, which appear different depending upon the perspective taken.

Gendered Moralities and the Ethics of Care

I have so far discussed how 'family' can be seen as practices as well as displayed. In addition, family practices are gendered. The following examines literature on how

the division of labour between heterosexual partners has been sustained through the interaction between gender constructions, gendered moralities and the ethics of care.

In post-war Britain, the ideal model of the 'companionate relationship' was particularly encouraged in policy-making and professional discourses. This was a relationship in which a man and a woman were seen as equally contributing to their marriage, working as a team. The woman's duty was as a housewife and mother, whilst the man took the main breadwinner role (Clark, 1991). Based on their earlier work, Young and Willmott (1973) also suggested that conjugal relationships had become increasingly 'symmetrical', based on companionship, for reasons such as the demographic transition to smaller family sizes, and better living standards.

However, other research challenged the imagery of a harmonious equitable relationship between partners. In *Coal is our life: an analysis of a Yorkshire mining community*, Dennis et al (1956) studied family structure and family life. In examining the gender differences, he found that men spent much of their time outside the home, whilst women were confined to it. Marriage was described as unhappy, with women isolated from the outside world. In this case, the extended family was a woman's only outlet outside of the home. Matrilineal relationships were more significant because of the lesser quality of the relationship between husbands and wives.

Feminist perspectives revealed how the division of labour in the household continued to leave women in a less powerful position within relationships (Oakley, 1974). As women increasingly entered the labour market, the asymmetry between men and women continued, with women continuing to take on more of the care and domestic chores (Bond and Sales, 2001; Gershuny and Robinson, 1988; Hochschild, 1990).

One analysis as to why men and women came to hold these unequal positions in relationships came from Carol Gilligan's psychological study of moral development. She argued that 'the others' are central to our sense of self and concept of relational duty (Gilligan, 1982/1993). Ethical frameworks are formed through early relationships that children have with their parents. Gilligan argued that models of moral development from childhood to adulthood, developed by theorists

such as Freud, Erikson, and Kohlberg had been based on male development. Gilligan (1982/1993) asserted in her book *In a different voice*, that women and men develop a sense of justice differently. Women, she argued, are more embedded in relationships and base their moral reasoning on helping and satisfying others, whereas men are concerned with forging their own autonomous path and making judgements about the *rights* of others. She suggested this is related with early socialisation. Mothers care for children. Daughters learn a similar emphatic identity, but sons seek to differentiate themselves from their mothers to confirm their masculinity. As a result "male gender identity is threatened by intimacy whereas female gender identity is threatened by separation" (Gilligan, 1982/1993: 8). Men are more methodical and rational in making moral decisions, a 'morality of justice', and women are more communicative and responsive to others, a 'morality of care'. However, theorists such as Tronto (1993) later shifted the focus away from the essentialism of Gilligan's (1982/1993) theory, highlighting how social constructions have an influence on who cares. Care is more often provided by those in less powerful positions, not only women but also working-class and some ethnic minority groups.

Finch (1989) highlights that family members feel a moral obligation to care. Rather than using external laws and rights, individuals have their own sense of obligation and assess 'the proper thing to do' depending on each other's circumstances. Looking historically at reciprocal relationships, there are three main considerations that family members take when considering whether to care for a family member: genealogical relationship, the history of the relationship, and whether it is the right time for the giver and the receiver of care (Finch and Mason, 1993). Crucially, Finch (1989: 143) points out that family "rights, duties and obligations work differently for women and men in practice, and this is considered to be quite proper: a woman who tries to contravene this will be regarded as acting scandalously". Thus men and women consider the right thing to do, but for men and women this is constructed differently.

Finch and Mason (1993) discarded the term 'obligation' in favour of 'negotiation' to convey the way in which individuals work out commitments between them. Decisions on whether to reciprocate support may be explicit, in that it is negotiated

overtly and verbally, or implicit, in that it has become accepted over time. Tronto (2001) sought to create a clear meaning whilst highlighting the complexities of care. She describes four stages: to care about, care for, care giving, and care receiving. Caring about is defined as,

> "Genuinely to care about someone, some people or something requires listening to articulated needs, recognising unspoken needs, distinguishing among and deciding which needs to care about. It requires attentiveness, that is, of being able to perceive needs in the self and others and to perceive them with as little distortion as possible, which could be said to be a moral or ethical quality" (Tronto, 2001:62).

In creating these distinctions, Tronto shows that morality is grounded in the action of care giving and receiving. Not physically providing care does not automatically imply that one does not 'care about'. Duncan and Edwards (1999) found that single mothers could choose to work because they wanted to support their children and be good role models, this constituted good mothering, but to other mothers, staying at home to care for their children was considered good motherhood. Thus the right thing to do is not universal (Finch, 1989).

As I explored in the first part of this chapter, structural approaches have over emphasised the divisions in families at the expense of the 'connectedness' of relationships through family change. The CAVA (Care Values and the Future of Welfare) project sought to consider partnership and parenting changes as well as continuities. Whilst families have become more diverse, through for example an increase in the number of single parent families, women continue to do the majority of care in their families. Williams (2004: 74) highlights several ethical qualities that individuals use to work out relationships that hold them together:-

> "fairness, attentiveness to the needs of others, mutual respect, trust, reparation, being non-judgemental, adaptability to new identities, being prepared to be accommodating, being open to communication".

Cross-Generational Relationships

The discussion so far has highlighted that thinking in terms of family practices, rather than taking the functionalist perspective of a family structure, is more suitable for analysis. By considering family as practices it is possible to move beyond seeing family as two heterosexual parents with young children- the nuclear norm. I show below how such perspectives are significant in appreciating that family is more than the nuclear norm. Family can encompass relationships that run through multiple generations.

Constructions of Older Age and the Importance of Extended Family

Social change has been understood as a threat to the extended family, taking the assumption that older people have become disconnected from society. As mentioned at the beginning of this chapter, with the coming of industrial society it was suggested that the extended family was no longer relevant, and that older people held society back. Family was thought to consist of parents and young children (Parsons, 1959). However, an analysis of family across pre-industrial and industrial eras leads Anderson (1980: 2) to conclude that "there is, except at the most trivial level no western family type".

Phillipson (1998) highlights that during the 1950s, retirement became increasingly associated with death and illness as well as the loss of a 'role' in society, particularly in working-class groups. Originating from a functionalist perspective, 'disengagement theory' suggested that older people who typically had less contact with others had weaker bonds with society and consequently shared fewer social norms (Cumming and Henry, 1961). Whilst the theory was largely discredited by gerontologists because of its lack of structural explanations, the theory has been regarded as one of the first key attempts to understand ageing from a social scientific perspective (Achenbaum and Bengtson, 1994). Older people were cast as victims of social change, and assumed to be disconnected from their kinship network. The individualization thesis has some similarities with disengagement

theory in that it suggests the disintegration of traditional social norms. The latter located the transformation as a life-course stage, whereas the former suggests that historical changes have played a significant part in the transformation. During the 1960s and 1970s, research began to show retirement in a more positive light, with older people seen as more involved in society (Phillipson, 1998).

Moreover, theories of disengagement examined the lives of men rather than women (Phillipson, 1998). Townsend (1957) study of *The Family Life of Older People* reveals that women's work of maintaining family and the household was continuous, spanning into later life, whereas men were more likely to experience a dramatic life change. This study significantly revealed that grandparents, particularly grandmothers, were a crucial part of the family network. The relevance of extended kin was also found in studies looking at older people in 1900 (Dahlin, 1980), and a study of working-class women from 1890 to 1940 (Roberts, 1984). The connectedness of older people, particularly women, becomes more evident through the support they provide to younger family members. In 1989, Finch (1989: 14-36) reveals five kinds of intergenerational support, these are: 'economic support', 'accommodation', 'personal care', 'practical support and childcare' and 'emotional and moral support'. Economic support most often flowed down the family, with the possible exception of children over 16 who may provide board money (this may have altered with a recent increase in younger people living in their parent's home; Sage et al, 2012). Older people were unlikely to live with their children. In 1991, only 6% of people over 65 lived with their children. Personal care such as being cared for flowed through a hierarchical arrangement, of spouses, then parent-child relations, those who live in the same household, and women. Practical support more often ran down the generations. Grandparents helped their children with childcare responsibilities, although this grand-parenting was more often done by women (Finch, 1989). Thus older, particularly female, generations continued to be important parts of kinship networks.

One reason why older people's family relationships have been misinterpreted is that research has taken household composition as the unit of analysis, more recently in the form of statistical data from the census. Therefore, the processes behind these compositions as well as exchanges and relationships that happen beyond the

household may go ignored (Anderson, 1971; Grundy et al, 1999). Geographic dispersion has been taken as an indication of the collapse of kinship networks. Yet despite the geographic distance between family members, kinship networks continued to be held together, particularly through parent child relationships across the life course. Young and Willmott's (1957) classic study into *Family and Kinship in East London,* explored the impacts of re-housing policies on kinship networks of working-class families. Through measuring contact between family members, this work revealed that extended kinship networks were still thriving. However, they found that those who had moved away from Bethnal Green did have less contact with extended family (Young and Willmott, 1957). Rosser and Harris (1965) conducted a similar study examining family and social change in Swansea. They discovered much continuity in family relationships and support networks. Extended family continued to be important, despite geographical distances, and women were central to keeping these connections. This study was revisited again four decades later, finding that differentiation had continued (Harris et al, 2006). Hareven (1982/1993) equally found that when geographic distances increased between generations, women worked as kin keepers, connecting family together. Within new industrial times, family (particularly extended family) had to work out new ways of staying connected. Rather than geography pushing relationships apart, based on the ethics of care, individuals work out innovative ways keeping relationships going through practical constraints (Williams, 2004). Older people are engaged with the younger generations of their family despite geographic mobility. Moreover, considerable geographic dispersion between generations may be temporary. Recent statistical analysis indicates that many adult children continue to have significant contact with their parents, living close by, but this closeness alters according to the age of the generations (Grundy et al, 1999; Shelton and Grundy, 2000).

The pure relationship concept (Giddens, 1991) misses how intergenerational relationships might work through social changes. In a study of the ageing population and step-families, Bornat et al (1999: 123) discovered that when women "talked about themselves as mothers, partners and workers they are independent and self determining, and obligations are rarely mentioned. However, when they come to talk about caring relationships with their own parents, then obligations and reciprocities come into play". Men largely did not share this necessity to reciprocate

support. Luscher and Pillemer (1998) suggest that intergenerational relationships between adult children and parents could be ambivalent in light of changes to family structures. They proposed that "intergenerational relations generate ambivalences. That is, the observable forms of intergenerational relations among adults can be social-scientifically interpreted as the expression of ambivalences and as efforts to manage and negotiate these fundamental ambivalences" (Luscher and Pillemer, 1998: 414). Ambivalence may be psychological or sociological. Psychological ambivalence refers to holding both positive and negative emotions such as love and hate; whereas sociological ambivalence refers to simultaneously holding social norms which are conflicting (Luscher and Pillemer, 1998). A study by Fingerman et al (2004) suggests that ambivalence was more prevalent in family bonds than relationships outside the family. Criticised for being too psychological and failing to take into account temporality, it has since been developed into a relational framework in which it is possible to transcend the idea that ambivalence is located only in the individual, and is unalterable. Moreover, ambivalence needed to take into account power relations from the perspective of critical theory (Connidis and McMullin, 2004: Hillcoat-Nalletamby, and Phillips, 2011). Thus ambivalence not only looks at intergenerational relationships, but also can take into account fluctuations in family relationships through time.

Thus the previous studies preoccupation with older *men's* experiences in retirement and household compositions have concealed the important connections across multiple generations. Such relationships continue to be held together mainly through female kinship keepers across time. Multigenerational relationships have received increasing attention in recent years as researchers have highlighted that family exchange goes beyond the typical nuclear family form (Bengtson, 2001; Connidis, 2010; Finch and Mason, 1993). One reason for this increased attention is changing demographic trends, to which I now turn.

Assessing the Possibility of Verticalised Family Lineages

As the population ages, it has been argued that there may be more verticalised lineages (Connidis, 2010; Puur et al, 2010). Verticalised families are those in which

there are more living family generations but fewer family members, such as siblings, within each generation, creating a 'beanpole' like formation (Bengtson, 1993).

Here I investigate the likely determinants of verticalisation: life expectancy, mortality, total fertility rates, age of childbirth, as well as divorce and marriage. Evidence is drawn primarily from demographers and social scientists. Statistical data is also used to examine accounts and develop a picture of family structures. Whilst life expectancy and mortality statistics reflect a verticalisation process, fertility trends appear to imply the opposite effect. However, further exploration of these trends suggests verticalisation may not slow or stagnate until approximately 2025. Partnering trends also reveal the potential for a new kind of horizontal arrangement (increase in family members of the same generation), through an increase in step-families. In the final section, I identify social groups that are more likely to have four-generation families. Working-class groups, in particular, appear to be more likely to become verticalised due to the younger than average age of first childbirth.

Life Expectancy

Average life expectancy for men and women has increased dramatically over the 20th century. In 1901, life expectancy at birth was just 45 years for men and 49 years for women (Hicks and Allen, 1999). Life expectancy at birth continued to rise over the later part of the 20th century (OHE, 2013). Pre 20th century, there was little difference in life expectancy between men and women. However, during the 20th century, women's longevity increased faster than men's. In recent years, life expectancy[1] at birth for men in 1985 was 71.7 and increased to 78.5 in 2010. For women, life expectancy at birth rose from 77.4 years in 1985 to 82.4 years in 2010 (ONS, 2011).

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[1] Based on *period* life expectancy which measures "the average number of years a person would live, if he or she experienced the particular area's age-specific mortality rates for that time period throughout his or her life" (ONS, 2013a).

Connidis (2010) suggests that the key driver for an increase in life expectancy rates and an ageing population is decreasing rates of mortality for older people. For example, mortality rates dropped from 64.3 in 1999 to 47.9 in 2008 for males aged between 65 and 74, a change of 16.4 (thousands in England and Wales), although mortality numbers increased in the same period for those who were 85 and over by 9.6 for men and 2.6 for women. Evidence appears to point to the continuation of decreasing mortality rates in older populations. Projections of mortality cannot exactly predict what will happen in the next 25 years, as factors such as obesity or poverty in older age may reverse life expectancy trends (Howse and Harper, 2008).

I have highlighted how women's longevity continues to be greater than men's. However, there are other differences in life expectancy, across geography, class and ethnicity. Life expectancy in the south west of England was 79.5 for men and 83.5 for women, compared to 77.7 for men and 81.8 for women in Yorkshire and Humber, born between 2008 and 2010. The differences appear even more striking when cities are compared across the UK. In Glasgow, life expectancy for those over 65 was 10.1 years less for men and 9.7 years less for women than life expectancies in Kensington and Chelsea (ONS, 2011a). It is strongly suggested that such a divide is created due to differences by socioeconomic group, as more affluent regions tend to have higher life expectancies (ONS, 2011a; Woods et al, 2005).

Over the last 30 years, the most affluent social groups have had a higher life expectancy than the most disadvantaged groups. From 1972-1976 to 2002-2005, males working professionally have seen their life expectancy increase by 8 years, whilst manual workers life expectancy increased by only 6.8 years. During the period 2002 to 2005, males in the professional class had a life expectancy of 80.0 and women 85.1, compared to 72.7 of men and 78.1 of women in the manual unskilled classes (ONS, 2007). In the 1960s, evidence suggested that those from working-class groups were more likely than at any time in history to have lower life expectancy than middle and upper classes. Whilst there had been advances in knowledge of health, there was unequal access health services (Antonovsky, 1967).

Ethnic minority groups generally have had a lower life expectancy than white British groups. In the 2001 census, of the non-white ethnic minority population as a whole, 14.5% were aged over 50 compared to 35.1% for white groups. Of those

over 85, 0.3% were from a non-white ethnic minority background, compared to 2.1% of white groups. Within ethnic minority groups there are also significant discrepancies with 24% of Black Caribbean's over 50 compared to 9.6% of Bangladeshi groups living to over 50 (House of Lords, 2005-2006). One reason suggested for this difference is the higher rates of poor health suffered by certain ethnic minority groups. In particular, Pakistani and Bangladeshi men and women have the highest rates of ill health (Parliamentary Office of Science and Technology, 2007). Moreover, poverty has an influence of life expectancy. Some ethnic minority groups are significantly more likely to be in poverty. Between 2002 and 2005, 59% of Bangladeshi people were in poverty compared to 28% of Indians and Black Caribbean. This compares to 19% of poverty for white British people (Platt, 2007).

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Fertility rates in the UK

The decrease in mortality and increase in life expectancy outlined above may contribute to verticalisation. However, fertility behaviour may also have a significant influence on the likelihood of living in a four-generation family. Low levels of fertility in society may imply de-verticalisation due to a decrease in generations at the bottom end of the family structure. The total fertility rate declined over the 20th century, although there were two distinct peaks of fertility rate increase in the post war years, and another in the 1960s (Hicks and Allen, 1999). From the 1960s, the total fertility rate (TFR) steadily declined. In 1964, the average number of births per women was 2.93, by 1984 the rate had reduced to 1.77, and in 1994 it was 1.74. However, at the turn of the 21st century, the trend reversed. In 2004, the TFR returned levels seen in 1984. By 2008 the average number of births had increased to 1.94 (ONS, 2009; The World Bank, 2013). Despite the fact that in recent years fertility has increased, the rate has not reached the point in which the population can replace itself (ONS, 2009).

Whilst the total fertility rate through time indicates an ageing population, it is the age of childbirth that is significant in measuring four-generation families. Generations that are separated by greater age gaps due to delays in childbirth will most likely contain a smaller number of living generations (Matthews and Sun,

2006). Of all social classes combined, 10% give birth before the age of 20.9 and 10% above age 36.7 (ONS, 2008). The average age of *first* childbirth in 1938 was 29.0, in 1969 the age was 23.7, and in 2012 it was 28.1 (ONS, 2013). Thus the age of first birth has actually fluctuated over the 20th century rather than simply increased.

The age of childbirth also differs across social class. Murphy (2006) suggests that the difference in the average age of childbirth by social class is increasing. He highlights a 16 year gap in age of childbirth between the most affluent and economically disadvantaged groups. When children (born in 2002) reach 60, only 16% of the affluent group would have living mothers compared to a surprising 80% of the most disadvantaged group. The age of first birth of women with higher qualifications was found to be five years more than those without (Rendall and Smallwood, 2003). Younger age cohorts are rising up the generational hierarchy quicker, and this is most likely in working-class groups. Griggs (2009), for example, stated that working-class women are 25% more likely to become grandparents before the age of 50 than middle-class women. While life expectancy is six years shorter for working-class women, it is not great enough to offset the higher likelihood of four and five-generation families because of fertility rates.

There are also age differences across ethnic groups. Bangladeshis and Pakistanis have the lowest childbirth age of all ethnic groups. According to Dubuc and Haskey (2010), fertility rates reach the highest point for Bangladeshi and Pakistani groups in their twenties. Black Caribbean groups appear to follow a similar trend as the white British populations, and are increasingly having their children in their thirties. In terms of the first age of childbirth, in 2006 Pakistani and Bangladeshi groups had a mean age of 23 and 22, compared to a mean age of 25 for whites, Indian and African groups. 40% of Bangladeshi women had their first child when they were teenagers (Robson and Berthoud, 2006).

Partnering Statistics

Arguably partnering statistics are less relevant than fertility and life expectancy rates when examining processes of verticalisation (Connidis, 2010). However, it is

important to note these statistics in order to gain a balanced picture of family structures, and to avoid over emphasising verticalisation as the only significant change for families in the 21st century.

Families are highly diverse in the UK. Divorce has increased, people are marrying later in life, and there has been a significant rise in births outside of marriage. As a result step-families, and single parent families are increasingly common (Smallwood, 2007; Williams, 2004). Step-families may offer an additional source of support. However, the strength of these new horizontal networks might be called into question. Emotional ties have been found to extend to ex in-laws (Williams, 2004). There are few studies in the UK that have examined the importance and quality of stepfamily support across several generations, although a study in Luton UK of older people and step-families suggests that the bond between child and parent may be more intense in times of need (Bornat et al, 1999a).

Notably, generations may also gain significant support from siblings. In1980, Shanas found that older generations who were not married were more likely to rely on help from brothers and sisters. Yet as the total fertility rate decreased in the latter half of the 20th century and the beginning of the 21st century, the number of people with siblings is decreasing, reducing the availability of horizontal support.

What can be inferred about Family Structures from Fertility and Mortality Statistics?

The statistics above highlighted significant changes in life expectancy, fertility and mortality. Particular attention was drawn to the variance in these trends by social class, gender and ethnicity. This following section explores the significance of these statistics for family structures. Connidis (2010) argues that verticalisation is created through rates of low mortality and high fertility. Whilst the population is ageing and life expectancy continues to rise, falling fertility rates may act against any verticalisation process. Yet the de-verticalisation may be postponed (Puur, et al, 2010).

The location of the researcher in historical time paints a disparate picture of the direction and development of family structures. In 1968, Shanas et al claimed that the two most likely extreme possibilities for older people would either be a risk of loneliness due to childlessness, or living in a four-generation family, with many grandchildren and great grandchildren. The result of these increased ties was that relationships between ascendant and descendant kin would strengthen. The available statistics of the time could suggest verticalisation in families. The average age of marriage and childbirth was decreasing, whilst longevity continued to rise. Yet with the benefit of hindsight, in 2010, Puur et al observed that a combination of low fertility rates and high life expectancy has rarely occurred in the industrialised world. As the previous section revealed, the average age of childbirth is increasing. Deferred fertility could have the potential to offset a trend towards increasing verticalisation as the age gaps between generations increase (Matthews and Sun, 2006).

The strength of this de-verticalisation theory in the UK can be further supported by a European and US comparison. The European Multilinks project examined 'How demographic changes shape intergenerational solidarity, well-being, and social integration'. One study found that four-generation families were much more common in Eastern Europe (four-generation families were found in 4.6% of Russian families and 4.4% of Georgian families). Countries such as Russia have a much lower childbirth age and lower life expectancy than many Western European countries (Puur et al, 2010). US data also supports this argument. The US has lower life expectancy than the UK, yet a particularly high fertility rate. Four and five-generation families are thought to be more prevalent in the US than any country in Europe (Schaie and Uhlenburg, 2007). The Survey of Health Age and Retirement in Europe (SHARE) project revealed that four-generation families appear to be less typical than other constellation types (Börsch-Supan et al, 2008).

The discussion above discredits verticalisation in the UK, if we are to assume that the condition for four-generation lineages is high fertility rates, low birth ages, and to a lesser extent, high life expectancies. I highlighted earlier that the total fertility rate has not yet reached replacement levels, and the age of childbirth has risen in the UK. Yet I will now show that there is evidence that four-generation families not

only exist, but may be increasing when trends across time rather than current trends are taken into account.

Four-generation families appear to exist in a significant proportion of European families. Data from the European 'Generations and Gender' survey found four-generation families are almost equal in proportion to two-generation families (17.6% compared to 18.2 %) (Puur et al, 2010). Kohli (2005) similarly discovered that four-generation families comprised 16% of European families. A French study by Pennec (1997) analysed the proportions of various family constellations for a female 1930s cohort. Of the 1930s cohort, 26% of 60 year old women were in four-generation families. France has similar fertility and only slightly higher life expectancy than the UK (OECD, 2007).

Puur et al (2010) highlights that throughout historical time, there may be a shift in whether fertility or longevity is more important for verticalisation. During the first half of the 20th century, conditions appeared to be favourable for verticalisation. Life expectancy was increasing, mortality and childlessness were decreasing, and fertility levels were on the rise. However, during the late 1960s fertility began its decline. As I have illustrated, the total fertility rate stood at 2.93 in 1964, but had dropped to 1.74 by 1994 (ONS, 2009). Yet Puur et al (2010) argue that whilst the total fertility rate has not reached replacement levels, the impact of this trend may not cause de-verticalisation or stagnation for the next 25 years. Similarly Murphy (2006) forecasted that when cohort 2000 reaches age 60, they will be the start of the trend that sees the decline of 60 year olds with a mother alive. Grundy (1999) suggests that verticalisation will only decrease or stagnate for those born after 1970 when they reach 60 years of age. Furthermore, based on current average European fertility rates, if the fertility rate continued declining at its current rate, great-grandparents (assumed to be aged 75 to 79, it might be queried as to whether this is applicable in the UK) would still outnumber young children (Puur et al, 2010).

From this analysis, it would seem that the most probable preconditions for a beanpole family are high life expectancy over successive generations, but perhaps more importantly early childbirth over generations with fewer children in each generation. This suggests that beanpole shaped four-generation families may be more likely in white working-class feminised lineages. Moreover, there have been

studies examining which age group is more likely to live in a four-generation family. Grundy (1999) found in an omnibus survey that a third of those aged over 80 were in four-generation families. The statistical picture of family constellations in the UK is complex. Calculating the implications for the structure of family is an imprecise science, therefore we can only speculate on whether four and even five generation families appear to be increasing. Brannen et al (2004), highlights that the number of generations in families is constantly shifting. A three-generation family may become a five, four, two or one-generation family in a relatively short space of time, hence the importance of considering temporality when examining cross sectional statistics. Research on the subject presents an unclear picture, and there is not enough longitudinal data and information to know the precise percentages of generational lineages in different countries (Harper, 2004; Heroflson and Hagestad, 2011). However, the evidence above indicates that age of childbirth and life expectancy play a significant role in shaping family lineage.

What could verticalisation mean for positions in a family structure? One consequence of verticalisation is that individuals may be members of a certain family generation (e.g. grandparent) for longer. A pivot position refers to generations that are in between older and younger generations, and those in an omega position are those who are the oldest generation in their family. It is argued that the pivot position may be prolonged if this older generation lives longer (Pennec, 1997). Therefore grandparents could find that they are in the same generational position for a greater length of time, as their parents continue living as the oldest generation in the family. Those with frail parents have increased in Britain over the 20th century due to increased life expectancy. The percentage of people aged 60 with a living mother born in 1911 was 0.22%, for the 1940 cohort it was 0.42%, and it is anticipated that 0.58% of 60 year olds born in 1980 will have a living mother. Yet it is expected to decrease to 0.51% for the 2000 cohort due to fertility decline of the 1980s. Thus, those born in the 21st century may be more likely to lose their parents at a younger age. The implications of this are that people may be younger when caring for their parents (Murphy et al, 2006).

This raises important questions about the power and relationships between generations at different times of the life course, namely, does the person in the

omega (oldest generation) position continually have power, or does it have to be negotiated? Moreover, the experience and implications of living within these different generational positions in four-generation families for any given amount of time will depend on the context for each generation. For example, caring commitments might fall to different generations.

Temporal Understanding of Family and Generations

In beanpole families there are fewer family members within each generation. More generations exist and have more years of shared life. Thus there may be potential for increased support between kin (Heinz et al, 2009; Phillipson, 2013). Yet how and whether they experience support may depend on the intersection of historical, generational and life-course times.

In view of these different perspectives and arguments, this thesis can shed new light on how within different generational positions of four-generation families (e.g. parent, great-grandparent) family is worked out. Responsibilities and perspectives alter when there is a need to care. How are morality, fairness and caring between intergenerational relations worked out across multiple positions? And whilst there are changes in family based on individual biography, there are also historical changes. These historical changes could also feed into different historical generations working out care in different ways. A temporal understanding of family and generations is a relatively new field. One recent exception is the 'Timescapes' project (2008-2012). Such a perspective is vitally important in understanding intergenerational relationships.

When one generation become parents, or an older generation lives many years, this inevitably impacts on other generations in the family. Life-course theory is useful in that it highlights the interdependence between generations. Relationships are temporal and partly dependent upon life-course circumstance. "Who is in a person's kinship network, and the character of the relationships within it, depend primarily upon the stage of life reached by himself and his [sic] relatives" (Young and Willmott, 1957: 66). For example, when a family member dies, or if there is illness

or disability in the family, it may also cause other family members to bond closer together. It may impact upon whether a family member has any contact with wider kin at all. Relationships could pull closer together or move further apart. In Townsend's study (1957) the oldest generation continued to be the head of the household, and was assisted by the daughter of the house until the oldest generation fell ill, in which case the roles reversed. Life events have the potential to change priorities and how individualistic someone is. Harris et al (2006) suggest that when a couple have a child, their priorities toward the child may mean they commit themselves to family (Harris, et al 2006). Within intra-generational relationships there may also be a shift along gendered lines as it was found that when partners entered parenthood the division of labour may become more profound (Sanchez and Thomson, 1997). Thus parents feel responsible for care and support of their children.

Less is known about relations between great-grandparents and great-grandchildren. Roberto and Skoglund (1996) found in a study of adult great-grandchildren relations with their great-grandparents, that great-grandchildren were much less likely to have contact with their great-grandparents in comparison to their grandparents. Great-grandchildren believed that their grandparents had a greater influence and clearer role to them than their great-grandparents.

Also within a relationship, those involved may view the relationship differently. The 'developmental stake hypothesis' suggested that family generations may have a different perspective on their relationship. For example, it has been suggested that a parent generation may emphasise family consensus and continuity whereas their child (as young adults) may be more interested in independence and autonomy. Hence each may have a different stake in the relationship (Bengtson and Kuypers, 1971). Grandparents may perceive they provide more support than others feel they do (Hoff, 2007; Langer, 1990).

Later studies considered whether this relationship continued across the life course or altered with time. The 'intergenerational stake hypothesis' considered relationships between grandparents and grandchildren, as well as other contextual influences (Giarrusso et al, 1995; Hoff, 2007). Hodgson (1995) also claims that the relationship between grandchildren and grandparents changes as they both get older. Grandchildren in particular were found to change their role from a family obligation

to a voluntary relationship with their grandparents. Thus it is not only family generational position (e.g. grandparent) that needs to be considered as a point of analysis, but the age in which someone holds this position.

Biological time is also significant to relationships. Earlier it was shown that low-income families are more likely to be in older family positions at younger ages, and that those in the grandparent position may be there for longer. Moreover, there may be variations in the types of support given and by whom support is given over time (Pilcher, 1995). Hoff (2007) argues that it is important to consider age and needs when measuring support between generations. When looking at instrumental support, such as housework and financial support, reciprocal support varies greatly in the older persons group. The younger cohort of this group 62 to 72, were more likely to give both kinds of support than the oldest cohort, 80 to 85 years old. Interestingly they also found that the grandparent group (62-85) as a whole gave proportionately the greatest amount of support.

Older grandchildren may also be more likely to give support to their grandparents. A young grandchild is less likely to provide financial or instrumental support to grandparents than an adult grandchild. Some US studies show how adult grandchildren may also play a part in caring for their grandparents (Blanton, 2013; Fruhauf et al, 2006). Fruhauf et al (2006) emphasised the care giving that adult grandchildren in their twenties provide for their grandparents, and interestingly Blanton (2013) found that grandchildren may feel 'caught in the middle' in this scenario. However, there appears to be little research specifically focused on grandchildren caring for their grandparents, particularly in the UK.

Historical time also plays a significant role in life-course and how intergenerational relationships are worked out. Elder (1984) crucially shows how critical moments across the life course, could shape the direction of someone's future. Life-course theory has the strength of appreciating that individuals carve out their own future but within contexts. Whilst each individual may experience the same event, they may not adopt precisely the same pathway, as it shapes their own local experience. The pathway continues to be carved out across the life-course, reconsidered and shaped through a life time of resources and constraints (Elder, 1982, 1998). The experience of being a particular generation could be shaped by contextual

experience. Hareven (1982/1993) explores the interplay between 'family time' and 'industrial time' across the life course, and how kinship systems that helped the integration of these two times. Within new industrial times the family, particularly the extended family played a significant role in connecting kin. Traditional family responsibilities were utilised in new industrial terrains. This work also drew attention to the importance of the life course and the need to understand personal meanings that individuals give to situations. By tracking individuals through time it was possible to see how personal biographies and historical events were intertwined.

Research has also found that historical time may become internalised, and part of identity. In Mannheim's (1923/1952) *The Problem of Generations* he suggested that individuals who are born within the same time period might share the same political ideology. However he emphasised that,

> "I only really possess those memories which I have created directly for myself, only that knowledge I have personally gained in real life situations. This is really the only knowledge that sticks and it has real binding power" (Mannheim, 1952: 296)

Mannheim's generations differ from the concept of age cohorts as they have particular social characteristics (Burnett, 2010). Later Mead (1970) also noted a 'generation gap' between young people and adults, who were thought to be imposing social norms that younger generations sought to break. In the first part of the chapter, I highlighted how sociologists had explored the premise that relationships between partners had altered over time. If intra-generational relationships have altered then successive generations historically will have had different experiences of relationships which could have significant implications for intergenerational relationships as well.

The idea of intergenerational relationships has been used in a variety of ways and spanned many areas of discussion and debate. For example, researchers explored the idea of intergenerational transmission of values and practices down generations. Brannen et al (2004) also discovered that some ways of supporting family transmit down generations. Traditions may alter slightly across generations over time

(Giddens, 1990). Thus there could be continuations in family practices, with perhaps slight changes across generations.

Sandwiched Generations

As a result of life-course times, historical times and gendered morality as well as family practices highlighted in the first part of the chapter; particular individuals in four-generation beanpole lineages may experience pressures.

It has been suggested for example, that a consequence of 'beanpole' family types may be a 'sandwich generation' (Lundholm, and Malmberg, 2009). By one definition the sandwich generation is a metaphor for the "specific burden placed on women aged 40 to 59 by competing demands from work and both older and younger family members" (Kunemund, 2006, 12). Here, by 'generation', I make reference to a family generation, rather than an age cohort or a welfare generation (Kunemund, 2006). It is not an entirely recent concept as in the 1980s it was also referred to as the 'middle generation' (Brody, 1981). The concept of the sandwich generation has also been mentioned in the media (Beckford, 2009; Clements, 2011). Arber and Donfut's (2000) 'the myth of generational conflict' highlights an intergenerational contract between generations that is feminised. Thus, it is more often women that are 'sandwiched'.

Arguably, grandparent generations may be the most likely generation to become 'sandwiched'. By the time the grandparent generations are likely to need extra support, the child generation will have grown to become independent. Yet in a four-generation family, the grandparent generation is more likely to have a parent (the great-grandparent generation) who needs support, as well as assisting their children (the parent generation) with (the child generation) childcare (Grundy and Henretta 2006). This scenario has also been named the middle, pivot, and sandwich generation (Agree, 2003; Grundy and Henretta 2006; Loomis, 1995; Milian and Hamm, 2003; Mooney et al, 2002). Research has also shown that the grandparent (particularly grandmother) generation are the greatest providers of informal care in the UK (Brannen et al, 2004). Thus in a four-generation family, grandparents could

face multiple caring demands. Although it is worth noting that care for older people is most likely to flow between partners. It has been estimated that there are 44,000 people aged over 85 caring for their spouses in the UK. As the population ages, there are increasing numbers of older people caring for their partners (Doran et al, 2003). Evidence also suggests that those putting substantial hours into caring for a longer period of time are more likely to suffer health problems (Carers UK, 2011; Doran et al, 2003).

There are other ways in which generations have been described as sandwiched. Fertility rates may also reduce the amount of time an individual is parent of a dependent child. However, across different contexts, the experience of young people may also alter. A young adult living with their parents for longer may also delay the 'empty nest' scenario for their parents. The rates of 20 to 29 year olds living with their parents in Europe from 1970 to 1996 have significantly increased (Harper, 2003). In Britain, one in five 18 to 34 year olds is living in their parents' home. There may be various other reasons why young people are living with their parents for longer, such as young people's increased participation in higher education. Since the 2008 economic downturn, the unemployment rate for new graduates, who are more often young people, has increased. At the beginning of 2008, 10% of graduates were unemployed. In the final quarter of 2011 it was 18.9%, and the percentage peaked at 20.7% during the recession. Although the percentage of unemployed non- graduates in this time period was higher (ONS, 2012). In general, the unemployment rate for 16 to 24 year olds is three times higher than older workers, compared to being twice as likely in the mid-1990s. There are also some gender differences in the likelihood of returning to the parental home. In 2009, there was a higher percentage of males aged 25 to 29 living with their parents (25%), than females the same age (13%) (ONS, 2009).

The moral obligation felt by women to become carers may result in them becoming responsible for multiple generations at once or within a short time span in a four-generation lineage. Also implicit in the sandwiching phenomenon, is that the generational position encompasses particular responsibilities. Without viewing individuals as part of these larger networks which shift through time, it is not possible to see how they may find themselves in a position of responsibility for

several individuals. This also has policy implications which I explore in more detail in the next chapter.

Conclusion

This analysis has shown that older people have an important place in family networks, which can be seen through examining multigenerational lineages. As part of an ageing population, there may be an increasing minority of beanpole shaped four-generation families, particularly in working-class feminised lineages.

I have identified that in making decisions about support between generations, individuals may be guided by ethics of care. Care giving may be divided across gender. Gender has significant implications for how care, needs and support is organised. When there are times in which someone is in need, women are more likely to become carers. Moreover, generational positions have importance for who is responsible for care. Thus by looking across generations it is possible to see how intra-generational inequalities can be further compounded in intergenerational lineages.

A key concept that will be useful for my analysis is family practices. Viewed from this perspective family is something constructed and renegotiated across contexts. It may include different individuals for different reasons across time. I will also use the term family to represent the four-generation beanpole lineage. Consideration will be made about the connections between generational relationships and affectionate relationships.

Literature suggests that temporal dimensions of family seen biographically, intergenerationally and historically are vitally important. Family is constantly shifting but continually held by moralities such as fairness, trust, reciprocity. Thus it would be interesting to capture the transient nature of relationships, and see how movements into new life-course positions and continually staying in particular positions impacts on relationships. Historical time and life-course time are important

in understanding this. Methods that capture these two dimensions of the temporal are therefore necessary to understand how family is reorganised.

Therefore I propose the following key questions;

- How are patterns of care, needs and support practiced and worked out across multigenerational families?

- If there are family practices (that are reworked), how are they constructed across generations in four-generation families who have lived through many eras, and have different local experiences across the life course?

In the following chapter I examine literature on concepts of family and generation in social policy, and its implications for care, need and support networks across intergenerational relations.

Chapter Three
Intergenerational Family Care and Intra-generational Inequity across Historical Contexts

Introduction

I have so far considered new ways of thinking about family, in light of demographic change, and an appreciation of family practices rather than family structures. This chapter looks at the ways in which social policy has interpreted family, and what this has meant for care, need and support across generations. It considers the interactions between the state, the private market, the voluntary sector and family.

The first part of the chapter 'Who Pays, Who Cares and Care Quality', explores some of the key changes to care for older people, as well as how family and community support have continued to be important supporters of older people. Pressures towards community care have included: costs and efficiencies, the mixed economy of welfare, and de-institutionalisation resulting in poor quality care that has to be paid for almost entirely by the individual. Following this, the literature reveals how the reliance on family care has impacted on women, alongside their increasing participation in the labour market. In particular, the devaluation of care informally and formally continues to create a void in care provision. An intergenerational perspective shows how unsupported families can result in disadvantage across generations. The preoccupation with work over informal care contributions, a lack of support for care for older people and children, leads to a 'sandwiching' effect. In the final part of the chapter, I explore recent attacks on welfare spending for older people through intergenerational equity arguments, which suggest a breaking down of intergenerational contracts. Arguments from an ethics of care perspective illustrate how rather than women naturally taking on more care across generations, it is based on a continuation of structured constraints.

Supporting older and younger people in balancing work and care is suggested as one way to prevent perpetuation of gender inequalities.

Who Pays, Who Cares and the Quality of Care

Costs and Efficiencies

A key influence on community care for older people has been the drive towards cutting costs and becoming more efficient. To reduce costs, the responsibility of care has moved between the state, private, voluntary sector and individuals.

Care for older people has passed between the National Health Service (NHS) which is free, and local authorities, where care has to be paid for. A major shift in care for older people occurred during the 1990s. The National Health Service and Community Care Act 1990 enacted separation of the local authorities and the health service. This resulted in local authorities playing the role of assessing needs, and purchasing provision, rather than providing the services themselves. In doing so it was thought that a more cost efficient system would be created. Care moved more towards the private market and, at the same time, local authorities had their budgets reduced, and support became confined to those who were deemed by the local authority to need the most support, leaving many older people with inadequate care (Lewis, 2002). The costs of community services increased (Thane, 2009), and varied geographically (Open University et al, 1997). As local authorities continued to take responsibility for assessing needs budgets, access to care has reduced. The majority of councils (70%) will now only provide care to those with 'substantial' needs, leaving those with moderate needs to pay for their care entirely by themselves (AgeUK, 2013). This is set to become the standard for all councils across the UK.

Care for older people has therefore been underfunded, leaving older people and their families to pay for care themselves. It continues to be the case that state support is more directed towards those who have little family support rather than those who receive informal care (Harper, 2004). Supports, such as laundry services, were once provided by the state, following the creation of the Public Health and Health

Services Act 1968. In the present, those caring for their parents give practical support in the home such as housework and laundry (Yeandle and Cass, 2013).

Between the 1950s and early 1970s, despite the desire to keep older people living in the community for longer, there were significant delays in the implementation of community services. This was partially because local authorities felt central government had given them insufficient funds to cover the costs. There were also continuing debates about whether institutional care could be cheaper (Means and Smith, 1998). I will explore this further on.

Decisions about how welfare should be distributed between the younger populations and older populations have also had an impact on community care. Historically older people have often had more public sympathy than other vulnerable groups, such as working age unemployed men (Thomson, 1991). However, there has been a long-standing hostility towards the state bearing the costs for older people. In response to the *Beveridge Report* (Beveridge, 1942), the welfare state was created, providing universal non-means-tested benefits across the life course. It was argued that people should be looked after from cradle to grave, from childhood, into working life and retirement. The NHS was established in 1948, providing a free health service to all; however Beveridge commented that the focus of support should be on the younger population before the needs of older people (Biggs, 2001). These divisions are also a continuation of the confusion between sickness and frailty prior to the establishment of the NHS. From 1929 there had been more funds put into acute health services, and many older people were left without adequate care (Means and Smith, 1998).

The Mixed Economy of Welfare

From the late 1980s onwards there were shifts towards a mixed economy of welfare perspective. The concept of consumer choice was carried across into later governments (Means et al, 2003). This had direct consequences for care and support for older people. Both New Labour and Conservative governments shared similar ideologies of a mixed economy of social care, with the belief that the private sector

was a more efficient system and making the assumption that the public will want low taxes, however their policies differed. Community care has moved from being needs led to budget led (Means et al, 2003). Yet evidence which suggests that older people are more concerned with the quality of care rather than who provides it. Biggs argues that within the 'mixed economy' perspective, older people were seen as "an ageless consumer or depending upon mental capacity, a commodity" (Biggs, 2001: 307).

The distinction between health care and welfare for older people has been impacted by significant ideological shifts. A clear division between commissioning and purchasing was created with the underlying assumption that a market of care will create better quality services and efficiencies. New Labour outlined a new partnership between the NHS and social care. Social services were meant to lead this; however, it became clear over time that it would play a secondary role. Primary care trusts led the new partnership. The success of the new arrangement has been questioned, as administration increased leaving social service workers less time to do high quality work. Moreover, Means et al (2003) questioned how a top down approach can take service users into account. In addition, the voluntary sector expanded significantly under the premise of a 'mixed economy of care', and residential homes which had been mainly owned by local authorities were also increasingly owned by private and third sectors agencies (Open University et al, 1997).

Increasingly, 'Cash for Care' schemes have been introduced. Part of the drive behind this new system originated from the disability movement, with researchers emphasising the experiences of users and care providers under this system. During the 1960s and 1970s, care in the community for older people was provided through local authority services. Current state services were thought to be patronising and unresponsive to the perspective of users. Following pressure from the disability movement, the rights of disabled users were taken more into account with the Disabled Persons Act 1986. This gave disabled people the right to have an assessment. However, rights were overlooked (Barnes et al, 1990). Younger disabled people campaigned for direct payments to be made rather than services (Glendinning, 2008). Welfare activism "claims for the realization of personhood and

well-being, for cultural respect, autonomy and dignity" were made (Williams, 2000: 339). However, with the move towards a mixed economy of welfare, participatory approaches were advocated as neo-liberal politics emphasised the need for consumer choice. Thus disabled people have had their rights considered as consumers rather than citizens (Williams, 2010).

Direct payments have been found to increase satisfaction of service users through greater choice as well as costing less. Local authority provision in some cases has been found to be more expensive than direct payments (Ungerson and Yeandle, 2007). The quality of care has been affected by the preoccupation with 'independent living'. To reflect the diversity of older people's needs, there would need to be a significant reshuffle of domiciliary services as a large number of care workers would be required. They would also have to work flexibly to respond to specific needs (Yeandle et al, 2006). There have been concerns about the quality of care that older people receive from home help services, with home visits lasting short periods of time (Pennycook, 2013). Whilst this system appeared to be working for some, relatively few older people have taken up direct payments (Glasby et al, 2006; Yeandle and Steill, 2007). It may be the case that many older people would prefer to have their family rather than paying for a 'stranger' to look after them (Glendinning, 2006). Moreover, it was thought that payments could be absorbed into the family budget rather than spent on formal care, thus continuing to place pressure on informal care networks (Bashevkin, 2002). There has also been some anxiety over whether encouraging family care could increase gender inequalities (Ungerson and Yeandle, 2007).

Anti-institutionalisation and Family Care

A key change for care of older people, particularly throughout the latter part of the 20th century, has been deinstitutionalisation, as well as improvements in the quality of institutional care.

Following the middle ages, charities created almshouses, and the Christian church ran hospices for those who were ill, or unable to support themselves. Such

provisions were created for religious reasons and were enshrined in ecclesiastical law (Kendall and Knapp, 1996). The voluntary sector has long been a key source of formal support for older dependent people, supplementing family care (Kendall, 2000). Also, basic poor relief was provided by parish councils to those in need, and older people were the main recipients of this. However, the availability of services was unevenly distributed across the country (Lees, 1998; Williams, S, 2011).

The Elizabethan Poor Law (Great Britain, 1601/1778) also stated that older people should be cared for by their families. (This law was not actually removed from the statute books until the middle of the 20th century). Consequently, older people who could no longer support themselves had to live with their younger family members (Laslett, 1977). However, Thomson (1991) argues that the statement of children caring for their parents should be considered within the broader legislative framework within which it was created. The community had a much greater part to play in supporting older people than is often supposed. Only when an older person was destitute and their children had sufficient funds, would children be required to support parents. The legislation did not apply to in-laws. Support was through monetary payment rather than an insistence on multigenerational living. The law itself was rarely implemented as "it was un-English behaviour to expect children to support parents" (Thomson, 1991: 199).

In the industrial era, 'support' for older people moved towards institutions. Under the 1834 Poor Law Amendment Act (Great Britain, 1834?), outdoor relief was abolished, and the poor were institutionalised in workhouses, although in times of high unemployment, such as the collapse of the Lancashire cotton mills, outdoor relief was provided (Midwinter, 2011). However, hostility towards community support for the poor had been increasing prior to the poor law amendments, particularly since the time of the hundred year's war with France (Lees, 1998). The formal option for older frail people rested with life in the workhouse. To avoid being subject to the living conditions of the workhouse, older people lived with their families, as there was a strong desire to avoid the stigma and poor conditions in workhouses (Roberts, 1984). Moreover, evidence suggests that older people during the mid 19th century may have made up a very small number of the workhouse population. As Thomson (1983: 48) states, "the 70 or so workhouses of Yorkshire

averaged no more than 6 aged women and 10 aged men in each". In the 1929 Local Government Act (Great Britain, 1929), workhouses became public assistance institutions.

There was a significant transition in the support available for older people from the late 1940s to early 1970s, as it was argued that preventive care and keeping older people living in the community for longer were the best way of supporting the older population. There were a number of scandals about residential homes for older people, which were significant in transforming attitudes to care for older people. Notably the *Sans Everything: a case to answer* report by Robb (1967) highlighted the poor care that older people received from a collection of accounts. Townsend (1962) revealed how many residential homes were old workhouses that retained much of their original structure and staff, resulting in abysmal living conditions. Moreover, older people appeared to move into such establishments when they had no other option, where they were no longer able to live in their own homes, or had no family living close by to offer help. There was also significant resistance to institutions from the independent living movement. As a result, care provided by the state moved increasingly into the community as opposed to institutions. Prior to the 1970s, there were very few services available to older people (Johnson and Bytheway, 1997). The National Assistance Act 1948 (Amendment) Act 1962, prompted local authorities to provide services, such as meals, at a cost. In 1971 attendance allowance was introduced (Open University et al, 1997).

However, the transition towards preventive care, available to all older people who needed support took a significant amount of time to take hold because of particular ideologies of the time. There were some concerns in government that the transition from the poor law to a universalistic system of welfare would see a more individualistic culture where family no longer cared for one another. Since the abolishment of the poor law in 1948, there were arguments that children were no longer legally obliged to care for their parents, and would therefore leave all responsibility to the state. Research such as Townsend's *The Family Life of Old People*, challenged such perceptions, highlighting the close bonds and significant support exchanges between three generations in families. He highlighted how more community support is needed to support older people and their families (Means and

Smith, 1998). Townsend (1981) later explained how older people were made *structurally dependent* because of early retirement and poor pension provision. Older people who were physically capable of living independently lived in workhouses as there was not enough investment in community care.

As mentioned, there were concerns about the costs of community care. Policy debates considered whether support should go to those with the greatest need or to provide services for all older people in need. Local authorities were reluctant to provide more extensive services because they argued central government were not providing sufficient funds. Particularly in the 1950s it was assumed by central government that the voluntary sector would be able to provide most support. The voluntary sector was assumed to take on the responsibility for meals on wheels. Moreover local government were not obliged to provide services. As a result the services were inconsistent across the country as some councils and voluntary services offered more support in some areas than others. Some also remained convinced that institutional care for older people would be cheaper than care in the community (Means and Smith, 1998).

However after many years, new residential homes were built, and the old workhouse buildings were finally abandoned. During the 1980s residential homes were perceived as expensive and out of date, although while deinstitutionalisation was being encouraged in political rhetoric, the shift in funding for long-term care from NHS and local authority to social security budgets resulted in an increase in private residential and nursing homes (Glendinning et al, 2013). The responsibility was therefore left to family members to care for their relatives. *The Growing Older* (Department of Health and Social Security, 1981) white paper, for example, emphasised that care should be given by the community, by which it meant local networks of family and friends, with little involvement from the state. There was also an assumption that public policy should not intervene in the private sphere of family life (Walker, 1993). Another important change that impacted on older people during this time was the linking of pensions with earnings. As a result pensions reduced, limiting options for people in later life (Thomson, 1984).

A key criticism from feminists was that the move to community care meant a shift towards families and in particular women picking up the 'burden' of care without

pay. Women in particular were assumed to be out of work and willing to care (Dalley, 1988; Finch and Groves, 1980, 1983; Ungerson, 1987). The policy debates over the last decades had largely centred on whether an increase in state support would diminish family responsibility and there was little consideration as to whether it was fair that family, assumed to be women, should take this responsibility (Means and Smith, 1998). Whilst policy argued that women should be able to carry out their 'natural' caring duties, Ungerson's (1987) research suggested that although some women may enjoy providing care, others saw it as an obligation. Moreover, unsupported family care could create conflicts between family members. In particular, multigenerational living arrangements may generate significant tensions. Those that provide care often do not wish to receive it in return (Finch and Groves, 1983). Finch (1989) highlighted how there are a variety of ways of doing the 'right thing' for family rather than women automatically becoming the main carers. Many disabled people have argued for not having to be dependent on family members (Tinker, 1981/1997). Walmsley and Rolph (2002) suggest however, that during the 1980s feminists did not emphasise enough how families have throughout history been significant long-term carers. Moreover, as I go on to highlight, such research has meant that male carers have been overlooked (Bytheway & Johnson, 1998).

There has been a significant increase in older people 'ageing in place' with less in multigenerational households and institutional care. This reflects the shift in attitudes towards independent living in addition to the drive to improve living standards (Yeandle and Cass, 2013). The number of older people living in residential homes is low and is skewed towards the oldest old. In a survey of 244 private care homes, only 8.66% were aged under 70 (Bowman, et al 2004). As with Townsend's (1962) study 50 years before, research suggests that institutional care continues to be regarded as 'a last resort'. Moreover, there continues to be differences in the quality of care provided across private, voluntary and local authority, of which there are few of the latter (Johnson et al, 2010). Families have also avoided institutional care as it has been of low quality and positioned as an abandonment of family responsibility. Evidence suggests that there is an ongoing perception that family members should be the main carers for older people, despite the fact that older people fear placing a 'burden' on younger generations (Kröger and Yeandle, 2013). There have also been widespread concerns that those older

people with capital who move into intuitional care will have to sell their own homes to fund the cost of care (Challis and Meanwood, 1994, Izuhara, 2009). How exactly this affects care decision has been open to debate, with some researchers such as Izuhara (2009) suggesting that asset accumulation can have an impact on generational contacts.

Research indicates however, that older people may not necessarily want to continue living in their own homes in later life. 'Community publishing' has tended to romanticise community care overlooking the more detailed diverse picture of human lives (Bornat, 1993). Home care does not necessarily mean greater integration into the community; it can be more isolating than living in residential settings. Oldman (2003) argues that the independent living agenda has been used politically to justify a lack of investment in specialist social housing for older people. The reality may be that older people would choose a variety of different support options other than continuing to live at home, such as sheltered housing and residential homes. Thus "a more older people centred approach" can be more effective at meeting the needs of older people (Oldman, 2003: 53). There is some evidence to suggest that in the 1970s and early 1980s, as the quality of residential care improved, greater numbers of older people chose to move to residential care as a lifestyle choice, rather than out of necessity (Lievesley et al, 2011).

Even so, throughout time, family has continued to be an important source of care for older people, particularly when older people have been made structurally dependent as the state has fallen short of meeting the care and support needs of older people. This has created significant costs for older people and their families, and reflects a lack of investment in quality care for older people. Yet "English society has for several centuries located well towards the collective pole. Movement around this point does take place, but it occurs within a restricted range; there is no shifting across the whole spectrum" (Thomson, 1991: 213).

Gender Inequalities and Supporting Carers

Running alongside the inadequate formal support for older people, there has been a change in the working lives of women. Policies to balance work and care have been slow to materialise, reflecting the adherence to the male breadwinner model. Moreover, policy has been centred on childcare provision and only recently has there been any significant recognition of care for and by older people.

During the war years many women entered the labour market. To support their working, childcare initiatives were introduced by local authorities and the voluntary sector. However, after the war, women were encouraged to leave the labour market, and formal childcare options diminished (Thane, 2011). There was strong opposition in the government of the time to the state becoming involved in family support. Trade Unionists argued that giving women and children any sort of financial independence could devalue the wage of working men. Instead of both men and women working, men fought for a family wage, and women were kept in place as the carers in the family (Land, 1979, 1980). Many working-class men held a sense of pride as the breadwinner, although in reality, because the family wage was not enough, many working-class women were also employed. Women however, saw this work as more supplementary (Roberts, 1984). It was also low paid, and women were barred from many jobs once they married (Land, 1979). Governments' legislation regarded women as unpaid carers, before any other responsibility. For example, the *Beveridge report* states,

> "Maternity grant, provision for widowhood and separation and qualification for retirement pensions will be secured to all persons of Class III [housewives] by virtue of their husbands contributions" (Beveridge, 1942: 10).

In 1945 the Family Allowances Act (Great Britain, 1945) gave families a non-contributory allowance for each of their children. However, the amount given was less than that originally suggested in the *Beveridge report* (Williams, 1989).

However, women have sought to challenge their position as dependent on men. Williams (1993) highlighted how community can be defined in terms of 'space' and 'place'. Space refers to the opportunities and territory that women have in the community, which is dependent upon how community is constructed; whereas

place, refers to the locations which women may occupy. Through space, particularly in the 1960s, the women's movement sought to challenge existing patriarchal values, and gain greater recognition for childcare and care of older people. However, as mentioned, community care policy can also be a space that restricts women through confining them to unpaid care provision. From the 1970s increasing numbers of women were entering the labour market (although much of this rise can be explained through more women going into part-time work). In 1971, only 3.1% of men worked part time compared to 34.8% of working women (Blackwell, 2001). By 1987, 44.5% of women were part time (Lewis, 1992). Such patterns may reflect the greater opportunities in education for women, but there was a continuing assumption that women are natural carers, and therefore only able to work part time. Childcare for under-fives continued to be insufficient and private childcare greatly expanded during this time, with private nurseries in the UK becoming the greatest as a proportion in the world (Brannen et al, 2004). Moreover up to 1977, married women were given the option not to contribute towards national insurance. This meant that many women unknowingly 'chose' not to have their own state pension (Ginn, 2003). In 1998 the National Childcare Strategy was devised to lift children out of poverty. Sure Start was introduced in order to support children under four and their families (Glass, 1999). As part of the recommendations, childcare would be provided with the intention of getting parents, particularly single mothers, into work. However, it was found that those receiving the childcare subsidy could earn less working for a minimum wage over 30 hours a week than if they did not work (Skinner, 2006).

The gendered divisions of unpaid care work and employment have been solidified in the choices women are left to face, between working and caring. In 2003, flexible time was introduced for those caring for dependent and disabled children. It was not until 2007 that an individual could take flexible working time to care for a parent. However, this remains only a right to request. The cost of childcare continues to leave women having to choose between work and care. Care and work continue to be unequally divided by gender. One third of mothers in the UK are now main breadwinners in their family. The rise has been most evident in single parent families, although there has been some change towards equal sharing of care and work responsibilities between men and women. In 2011, 40% of adult women work

part time in comparison with 12% of adult men (Ben-Galim and Thompson, 2013). It is expected that from 2015 men and women will be able to take shared maternity and paternity leave for 12 months (Mason, 2013).

Whilst the inequity between women and men in caring is an important social policy concern, the care contribution of males is often overlooked. The 2011 census indicated that whilst women under 65 are more likely to care than men, men over 65 are more likely to care than women, with approximately 15% of men over 65 caring compared to approximately 13% of women in England (ONS, 2013e). Moreover, male carers are not recent phenomena. The 1985 General Household Survey found 40% of carers were male. One reason for the focus on women is the construction of 'carers' as middle aged women. The prevailing belief that women are the only carers has been legitimatised by reports from professional bodies with for example the Equal Opportunities Commission in 1980 claiming that 'carers' were usually women. Feminist research such as that by Finch and Groves (1980), particularly considered the ways in which *women* were compelled to be carers. Within this, explanations for the reasons that men care have been along the lines of lack of choice to care for their spouses (Bytheway and Johnson, 1998). However, evidence suggests that the motivation for men to care may also be for love and duty, in the same way that many women care. Whilst women have often been stereotyped typed as natural carers, male carers have been ignored to their own detriment (Fisher, 1993, 1994).

Care itself has been devalued. Research has found that the dual worker model sidelines care, making it a separate sphere (Lewis, 2002; Williams, 2010). Williams (2004:77) suggests policy needs to take a relational perspective to facilitate the balance of time and space or the 'environment' of people's lives. Rather than people's lives being organised around a work schedule, as in the space time organisation of the male breadwinner model of the past, it should be asked how work can be organised around life. Tronto (1993) highlights that care work is more often taken up by the less powerful in society. This is the same for those who work as professional carers, and those who work informally (Yeandle and Steill, 2007). Moreover, it is more often women with degrees that become the main breadwinners in two parent families, as less than a quarter of working-class women are the main

wage earner. This suggests significant class differences in family divisions of labour (Ben-Galim and Thompson, 2013). Women and ethnic minority groups are more likely to work as professional carers. Recently, there have been concerns about the undervaluing of professional carers through low pay, and having to provide significant amounts of care work within short time slots (Pennycook, 2013). Migrant workers in particular have become care workers with little pay. This also creates geopolitical inequalities as this can leave their country of origin with fewer carers (Williams, 2010a).

Despite these trends, informal carers are becoming increasingly recognised. In 2001, a question about carers appeared in the UK census for the first time (Yeandle and Steill, 2007). In an analysis of care policies across Europe, Williams (2010) suggests that a social justice approach, from groups such as the disability movement and feminists, is being promoted to raise the issue of the rights of the cared for and carers, whilst a social investment approach encourages reconsideration of care work arrangements, but on the basis of contributions rather than equality. The latter approach has more often been adopted by EU governments. Those coming from a social justice approach have seen some of their calls met through a social investment perspective. Carers UK for example, positioned themselves in terms of the financial contribution that carers make, and their arguments have been increasingly taken on board with the implementation of the 'Carers Strategy' in 2007. Moreover, the Carers (Equal Opportunities) Act (2004) increased rights for carers by making local authorities responsible for ensuring carers know they have a right to assessment. It has also been announced that the rights of carers are expected to be extended to give them equal rights to those they care for (House of Lords House of Commons, 2013).

Whilst these developments are to be welcomed, there is a significant gap in care across the generations - for older people and for children. Moreover, those who take time to care receive little pay. As of April 2012 there is a carer's allowance of £58.45 per week, yet it is only available for those with a weekly income of less than £100. Also, this Allowance works out at less than the minimum wage (CarersUK, 2012).

The Intergenerational Context

Chapter two highlighted how demographic processes have led to an increase in families with multiple generations. I also touched on the subject of 'sandwiched' generations, of individuals, usually women, caring for older and younger generations (Kunemund, 2006; Lundholm, and Malmberg, 2009). In a multigenerational family, women may be caring for their children, grandchildren and parents (Agree, 2003; Grundy and Henretta 2006; Milian and Hamm, 2003; Mooney et al, 2002). 'Sandwiching' is not simply a result of demographic change, but due to a combination of both demographic and structural factors. When family is left to shoulder all or the majority of care, this has a 'domino effect' across the intergenerational lineage.

As indicated above, women have been increasingly able to enter the labour market, yet without families having adequate support to meet care needs. There continue to be issues with the cost and quality of care for older people with, for example, the persistent underfunding of social care. Childcare continues to be expensive. Also, it is possible to see a care gap increasing in the absence of more flexible work conditions (Ben-Galim and Slim, 2013). The perpetuation of this lack of provision has meant that in addition to the parents, other family members have cared for children, more often grandparents (Brannen et al, 2004). In the previous chapter, it was shown that adult grandchildren could be involved in caring for their grandparents (Blanton, 2013; Fruhauf, 2006), as well as adult children. Pensions for women will still be inadequate, in many cases, as all generations may struggle to balance work and care, helping the youngest and oldest older family members (Ben-Galim and Slim, 2013). Multiple generations may become involved in care to make up for the shortfall in care.

Grandparents have long been important sources of support in families. In Anderson's (1971) study of a 19th century cotton mill community, many working-class women avoided poor relief, and were able to work, because they had a co-resident grandmother who could provide grandparent care and support in the household, as well as contributing their pension to the household income. In 1957 Townsend noted that older people contributed significant support to their family,

and this was almost completely provided by grandmothers. As was shown in chapter two, grandparents continue to provide care. Women, particularly working-class women, have worked to some extent, and have needed intergenerational support where childcare options are lacking. The implications of not having enough provision are that older generations may make up the shortfall in care, as they had in previous eras when working-class women had to go to work (Lewis, 2002). There is also evidence to suggest that women in working-class families may be more likely to become full-time carers. Older women on a low income, are significantly more likely to be grand-parenting than women who are on a much higher income above £44,000 (Ben-Galim and Slim, 2013).

Whilst there are continuities across time for families with grandparents (who provide important support for families) there have been changes in the working lives of older people which impact upon the possibilities for grandparents and perhaps also great-grandparents to support their families. Older people have for many years been excluded from the labour market, with a default retirement age, which had been set at 65. More recently there has been a transition towards regarding older people as active citizens. In response to the ageing population 'crisis', the Labour government weighed up the balance of making more savings in the present, or raising the pension age (Toynbee and Walker, 2011). The government set about creating policies that were intended to encourage employers to take on employees over 50. There was an introduction of age discrimination legislation with the Employment Equality (Age) Regulations 2006. An 'age positive' campaign was launched, and reports such as *Building a Society for all Ages* (DWP, 2009) and *Opportunity Age: Meeting the challenges of ageing in the 21st century* (2005) were published, recognising over fifties as making a significant contribution to society. More recently the coalition government raised the state pension further still and at a faster rate than originally expected. Originally men's state pension age was 65 and women's 60. Between 2026 and 2028 state pension age will increase from 66 to 67. It has been proposed that anyone born after 1961 should reach state pension age at 67 or older (Gov.uk, 2013).

Whilst the aforementioned policies can be seen as a positive step towards regarding older people as 'active', as was described in the 2012 'EU Year of Active Ageing

and Solidarity between Generations' (Eurostat, 2011), the informal contributions that older people make have been overlooked. As mentioned, work contributions have been valued over care contributions. Mooney et al (2002) argues that the additional non-fiscal contribution to society that the 50 plus age groups make goes ignored. Half of the approximately six million carers, who did not care for dependent young children, were aged between 50 and 60 years; the very age group the government wanted to persuade to work longer. Thus older family members will increasingly be balancing work and care in trying to support other generations. Low-income families in particular may be affected by this as they may have accumulated less income in their older age, and the state pension continues to be inadequate. Changing the priorities of one generation in these ways may impact on a whole family network.

An intergenerational perspective has rarely been touched on in policy terms, and on the occasions that it has been brought to light, it has been misconstrued. Schaie and Uhlenberg (2007) usefully suggest that one issue with UN policies on the ageing population had been their inability to recognise the multigenerational family structure, and the increasing Janus position that grandparents, parents and children now have in societies. The position of younger generations had been ignored, but they are also significant to the ageing population debate. There were some signs of considering the commitments between generations before the end of the last Labour government. However, this has been at the cost of misunderstanding the connections between generations. From 2007, the social exclusion task force reviewed families at risk of "multiple and complex problems such as worklessness, poor mental health or substance misuse". Reports published on the issue such as *Reaching Out: Think Family* (Armstrong, 2007) and *Think Family: Improving the Life Chances of Families at Risk* (Social Exclusion Task Force, 2008) found that to prevent disadvantage spreading through generations it is important to consider the family as a whole. In practical terms, it suggested that different services should work together in supporting families. Also the *Support for all: Families and Relationships Green paper* (Department for Children, Schools and Families, 2010) emphasised that policy decisions will be based on the assumption that there is no single 21st century family structure, and that the family extends beyond the household with four to five-generation families. However, referring to the previous point that worklessness

spreads through generations, Shildrick et al (2013) has shown that worklessness does not simply pass between generations, finding very few instances in which there have been two generations out of work all their lives.

Thinking about intergenerational family relationships in terms of the ways that structural constraints have impacted on an individuals' life course, how that affects other generations, as well as how structures play out in the lives of those other generations, can deepen our understanding of intergenerational relations and motivations for taking particular actions. In the following I consider how different macro and micro theories of morality and intra- and intergenerational contracts, can be used to validate whether families should receive state support.

Fair Distributions of Support? Intergenerational Relationships and Morality

Models of Intergenerational Support

Cutting back on welfare has often been justified on the basis that it interrupts natural intra and intergenerational contracts, causing conflict between generations. Such arguments were particularly prevalent during the conservative governments of the 1980s and 1990s, but have re-emerged recently in the form of intergenerational equity, turning young against the 'dependent' old. Supporting new family forms has also been seen as a threat to intergenerational solidarity.

Kunemund (2008) highlights how research which argues that the state has crowded out support tends to base its evidence on exchange theory and altruism. Exchange theory suggests that individuals act on the understanding that they will receive a reward from one another. They therefore create, and are locked into, reciprocal relationships with others (Emerson, 1976). This approach has been employed to understand intergenerational exchange between family members. Exchange theory suggests that if the contract between generations is rewarding then families are more likely to have closer bonds. If the contract has great material and psychological costs, then family ties may loosen, or a family member may try to rebalance the

relationship (Pyke et al, 1996). In this way, if someone were to change their role, then the contract would be broken. Exchange theory has been criticised as being too linear, assuming that relationships are static over time, whilst modern social exchange theorists are said to have ignored the sociological origins of these theories (by classic sociologists such as Simmel), in favour of economic models that may be too mechanical to explain relations (Zafirovski, 2005). Thus the quality of intergenerational relationship is not based on a calculation of exchange.

Research has examined whether support from the state has 'crowded out' informal care. Much of the sociological evidence suggested that 'crowding out' was not the case, and welfare 'crowded in' family solidarity. Hence, when families receive formal support this does not break up intergenerational support but helps family members to support one another (Daatland and Lowenstein, 2005; Kunemund and Rein, 1999; Motel-Klingebiel et al, 2005). Other theories have been a way of measuring intergenerational relationships. The intergenerational solidarity theory shows the connection between generations. Drawing on the 'Longitudinal Study of Generations', Bengtson defined six aspects of an intergenerational solidarity model: 'Affectual solidarity', how individuals feel about relationships with other family members; 'Associational solidarity', how often family members see one another; 'Consensual solidarity', value consensus between generations; 'Functional solidarity', practical and emotional support; 'Normative solidarity', family support expectations and norms; and 'Structural solidarity', the availability of generations dependent upon geographical location of family members (Bengtson and Roberts, 1991; Bengtson, 2001). The model has been used extensively and has been shown to map well on to social realities. The solidarity model is a multidimensional concept and therefore relationships may be made up of a combination of the various attributes highlighted above. Thus when intergenerational relationships are examined, all the aforementioned areas should be considered (Bengtson et al, 2002). Furthermore, it has been used to show different support models across countries (Daatland and Loweinstein, 2005).

However, other researchers suggest that the solidarity model overemphasises consensus in intergenerational relations. The solidarity model suggests that in order for family relationships to be cohesive, they must be characterised by consensus and

affection. Intergenerational difference could be considered non-normative and undesirable. It is therefore seen by some as one dimensional (Luscher and Pillemer, 1998; Marshall et al, 1993). In reaction to critiques of the solidarity model, Bengtson et al (2004) argue that this is a misinterpretation of the concept due to association of the term 'solidarity' with consensus. Later work has looked at the negative aspects of solidarity, and added a conflict model to the solidarity model. Various other studies have looked at intergenerational relationships as conflicting. For example, care giving to older family members has been explained through a model of conflict. Whilst conflict may appear 'dysfunctional', it may play a role in resolving or negotiating existing family contracts within new environments (Semple, 1992). An alternative concept for understanding intergenerational relations is ambivalence, which suggests relationships are constantly negotiated (Luscher and Pillemer, 1998).

Since countries have different support models, comparative research has also examined different cultural contexts within the same countries but across time through family generations. Brannen et al (2004) examined whether generations in four-generation families have different models of support, depending on when they were born, and how it could affect their relationships. Between different welfare generations, it was found that those who grew up in the 1950s were more likely to believe in greater independence from family, compared to younger generations who grew up in a time of rising costs of university education and limited employment opportunities. Thus historical context could also be significant to the understanding of intergenerational relations. Brannen et al (2004) also highlighted that family generations, with different support expectations, could have ambivalent relationships.

Relationships between generations are clearly not fixed, they are negotiated over time and may be characterised by ambivalence (McLeod & Thompson, 2009). The concept of ambivalent relationships fits with ethics of care as the moral basis for people actions. Ethics of care suggests that morality may reflect sensitivity to others rather than finding the one right action to meet a situation. It suggests relationships are characterised by,

"fairness, attentiveness to the needs of others, mutual respect, trust, reparation, being non-judgemental, adaptability to new identities, being prepared to be accommodating, being open to communication" (Williams, 2004: 74).

The reason why these theories may support one another is that ethics of care underpins relationships, and being responsive to another means negotiating the right thing to do. Also there is a strong possibility that an individual's own perception of doing the right thing for a family member may conflict with how that family member wishes to respond and reciprocate, creating ambivalence. As mentioned in chapter two, this is connected to changing biographies as well as structural influences.

The evidence above suggests that exchange theories cannot capture the complexity of intergenerational relationships, which are not crowded out by professional support but are incorporated into family support networks. However, other sociological models of intergenerational relationships demonstrate that intergenerational contracts may shift as negotiations take place between generations across historical contexts. In the following, I examine the arguments of intergenerational equity theory, which are based on exchange theory, and consider how ethics of care may be a more grounded way of understanding intergenerational relationships.

Intergenerational Equity

Arguments of intergenerational equity first became apparent in the US during the 1980s. The debates were focused on the public transfers between living historical generations (those sharing the same birth cohort). A group was set up called AGE (Americans for Intergenerational Equity) which argued that young people should not have to sacrifice their own prosperity for the costs of supporting older people (Marshall et al, 1993). It has been suggested that the prime motivation behind this pressure was to privatise health care, and was a mark of neoliberal policy to reduce

welfare spending. At this time, there was little evidence of equity arguments outside the US (Walker, 1993).

Within the context of another economic crisis and ageing population, the debate has picked up in the UK. One key text that has set the scene is David Willetts (2010) *The Pinch,* in which he argues that the baby-boom cohorts (which he supposes are those born between 1945 and 1965) have been actively carving out their own social and economic privilege at the expense of future generations. The main sources of wealth; income, pensions and capital, have been manipulated to serve their cohort. He gives an example of the rise in house prices. Those who bought a house, decades earlier, saw the cost of their homes dramatically increase. Rather than passing the inheritance to their children, he argues that older people increasingly borrow against their house, using it to fund a leisurely retirement. He suggests baby-boomers have managed to achieve this hoarding of resources through the pressure they can exert in their vast numbers.

Other recent books that have taken similar arguments include; *The Jilted Generation* by Ed Howker (2010) that argues policy making has been short sighted, not taking into account impacts on future generations; and Francis Beckett's (2010) *What did the baby-boomers ever do for us?* who, like Willetts, pins the responsibility of problems for young people on the 'baby-boomers' (although Beckett's definition of a baby-boomer is specifically the cohort from 1945 and 1955). Moreover, in 2012 'The Intergenerational Foundation' was established, which "exists to research fairness between the generations... [because] our changing demographics and expectations of entitlement are placing increasingly heavy burdens on younger and future generations". The subject has also attracted some attention in the press following the Bishop of London's recent lecture declaring baby-boomers as a "fortunate generation", taking too much from younger generations and the welfare state (Bingham, 2013). Whilst equity theories draw attention to the relationships between generations, there are several issues that these ideas point to. Not all take exactly the same argument, so I give prime consideration to the arguments put forward in Willetts's (2010) *The Pinch,* as it is arguably the most well known.

Contrary to Willetts's point that 'baby-boomers' have acted together in their vast numbers to take resources away from other historical generations giving themselves

an advantage, research provides little evidence that older people in need of care have successfully used the political system to serve their own purposes. Following the financial crisis, the Conservative Lib Dem Coalition government made significant cuts affecting all generations. Young people who are now out of work have significant difficulty building up pensions. The coalition government cut Education Maintenance Allowance, university tuition fees increased, and reduced funding for many Sure Start centres, but the claim that younger people are the only ones that have been affected is unfounded. At the national level it appears that there has been a disproportional cut to young people. However, in local government there have been significant cuts to services for older people (Walker, 2012). In the 2010 Spending Review (Treasury, 2010) the NHS budget was ring-fenced and decisions about social care funding were left to the discretion of local authorities. As a result there have been cuts to social care. Before the crisis even began many older people had inadequate social care and pensions. In general, anyone with assets over £23, 250 is unable to use local authority residential and domiciliary care, and those with less than this amount have to pay charges (Glendinning et al, 2013). Despite the fact that there are greater numbers of older people than ever before, the number of people aged over 65 in England receiving social care dropped 18% between 2000 and 2008. In 2007/2008, 70% of councils set their eligibility criteria as 'substantial', and 80,000 older people in need of care do not receive professional support (AgeUK, 2013). In fact, the level of spending on social care is below the EU average (Harper, 2006), and as a consequence of this inadequate spending there is a significant gap between need and supply (Walker, 2012). Moreover, the claim that *all* 'baby-boomers' have benefitted across their life course is baseless. An individual born in 1947 for example would have been less likely to go to university, experienced an era of greater unemployment in the 1970s, and in the current economic climate receive less on their savings as they retire (Macnicol, 2012).

Willetts's (2010) argument gives the sense that older people are now much wealthier than the rest of the population, and should pay something back as a result. Older people are the least likely part of the population to suffer from relative poverty (DWP, 2013). Poverty as a whole of the older population (over 65) did fall from 1998 to 2009 (Walker, 2012). Some of the changes proposed under New Labour were that the state pension age would rise to 66, and that it would be

available following 30 years of contributions. In this way it was thought that those who had taken time out from work would benefit. An automatic occupational pension scheme was introduced which employers had to pay 3% into. Minimum income guarantee was introduced, and following this pension credit in 2003, which increased the income of the poorest older people. After these reforms, the population of older people in 2010/2011 reached almost the lowest level of poverty in any other time previously recorded (Toynbee and Walker, 2011).

A historical view does show how the lives of the population of older people have transformed. Historically, the majority of older people could expect to live the rest of their lives in poverty. There have been multiple attempts to justify this poverty, spanning back to the advent of capitalism. As new social divisions were created, older people have been characterised as undeserving of support as well as being regarded as a burden on the rest of the population. During the 16th century, there is evidence that older women were accused of witchcraft in order to justify not providing them any support (Phillipson, 1982). In the industrial era, Malthusian concepts suggested that as the population grew, it would consume more resources than are available. Disease and pestilence resulting in depopulation were considered necessary and natural (Katz, 1992). Thus from the mid-ninetieth century, the state could justify themselves only assisting in what were considered to be the most deserving cases. Older people were accused of having been a major contributory factor to the depression in the 1930s, as significant proportions of older people worked in the industries that fed into the economic collapse (Macnicol, 2006).

The recent attacks on older people from equity arguments, presents a new chapter of age discrimination (Walker, 2012), overlooking the diversity in the older population. Rather than having to justify poverty of a whole older population, it presents that older age poverty has been eradicated. Yet, poverty in older age continues to be an issue with a recent estimate of 14% of people receiving pensions in poverty (AgeUK, 2013). UK poverty in older age is approximately three times the amount in other European countries (Burholt and Windle, 2006). Poverty rates in the older population may be higher than suggested as pension top ups are not always received (OCED, 2013). In 2010, two million pensioners were not claiming pension credit (Toynbee and Walker, 2011). The gap between those on occupational pension and

those on benefit pensions widened as occupational pensions grew by 152% between 1979 and 1996, whilst benefit incomes increased by just 39% in the period (House of Commons, 2003). UK private pension schemes are poor compared to other industrialised countries following the shift from benefit to contributory schemes, which from 2001 to 2010 saw negative growth of 0.1% (McKee and Stuckler, 2013). Older people still have low pension entitlement compared to much of the rest of Europe (Toynbee and Walker, 2011). Spending on pensions, for example, is expected to only increment by 8.2% of GDP by 2053 compared to an OECD average of 11.7%, because of low public pensions (OECD, 2013). Some older people are wealthier than the past generations as they have benefitted from better retirement incomes, but this is mainly because of the occupational pensions taken up more by middle-class men (Walker, 2012). Increases in wealth continue to be stratified by gender, class, ethnicity, and partnership, with women who live alone the most likely to be in financial poverty. Thus the distribution of wealth in the older population now appears to look increasingly like the population as a whole. Far from exerting their own demographic power over other generations, older people, particularly those with low incomes are also losing out.

Hills (1996) argues that if future generations were to receive less than others, it would be because government decided to reduce welfare spending. Those born between 1901 and 1921 may have benefitted financially to some extent, but in general terms the welfare state balances out the benefits generations receive against what they put in. To work out generational equity, it would be necessary to know what had been paid in and taken out across the whole life course, "the calculation can be made only standing at the graveside, looking back over a period of up to a century" (Hills, 1996: 59). And it would also be necessary to consider other aspects: equity between generations who are currently alive, transfers that occur between family members, public transfers between generations through pensions and taxes, and between living generations and future generations (Piachaud et al, 2009). Additionally, there is an assumption held in policy and public media that an ageing population will automatically result in an unmanageable increase in economic costs. However, calculating the costs is problematic (Walker, 2012). The ageing population may not be the main driver for an increase in health costs as some older people may need little support until approaching death (Appleby, 2013). Public

pensions are expected to decrease as a proportion of national income (McKee and Stuckler, 2013). Thus, rather than being seen as a consequence of demographic ageing, welfare spending, or lack of it, could be regarded as politically motivated (Walker, 1993).

One issue with the concept of historical generations in general, is that it is very difficult to draw a line between where one generation starts and another ends. As I mentioned, the concept of the 'baby-boomer' differs according to author and geographical location. In the UK there were two peaks of fertility in 1947 and 1964. It is questionable as to whether an individual born in 1947 shares the same cultural values as the 1964 cohort (Macnicol, 2012). Also, the suggestion that all generational cohorts are so distinct from one another could also be problematic. Bengtson (1975) contends that a gap between the generations is an illusion, as there are many similarities between generations. Whilst change in values over time is possible, generations also overlap with one another, and may therefore hold similar values. Thus it would be difficult to argue that there is age inequality similar to class inequality. Since people are born all the time, an arbitrary line would have to be drawn between generations. An alternative conceptualisation is that their experiences are part of their life course rather than fixed in a particular historic moment. For example, rather than someone aged over 80 being labelled as an elderly person, they could be thought of as at an older stage in life, having experienced many other life stages. If this were the case, there might not be such pronounced differences in values between generations (Irwin, 1998). Family generations e.g. grandparent, parent, child, change their perspective through age, family generation, and significant events through life-course change (Harris et al 2006; Hoff, 2007).

Generational cohorts are also stratified by social class, gender and ethnicity amongst other divisions (Macnicol, 2012). The quality of care someone receives in later life will reflect their experiences across the life-course (Piachaud, et al 2009) perhaps more profoundly than a few years that separate them. Willets (2010) suggests that those born between 1945 and 1965 are 'baby-boomers' as they share similar demographic and economic characteristics. Yet, a working- class woman born in 1965 might share a more similar experience with a working- class man born in

1966, than a middle-class woman born in 1965. Moreover, as mentioned, middle-class men are most likely to have benefitted from the pension system (Walker, 2012).

Equity arguments of intergenerational 'fairness' tend to ignore exchanges that occur within families. The support older people give to younger generations are made invisible. Younger and older cohorts are held together through their local experience of family lives, where older and younger family members want to see each other well supported (Harper, 2006a). *The Pinch* begins with the premise that the extended family was eroded centuries ago, and nuclear families became the norm as society became industrialised. Consequently, ever since we have looked to external sources of support in later life. Yet a vast body of research shows that extended family continued to be significant (Anderson, 1971; Dahlin, 1980; Dennis et al, 1956; Roberts, 1984; Townsend, 1957; Willmott & Young, 1957). Furthermore, if there has been less exchange with extended family over time, it does not mean that emotional, physical and psychological needs of older family members have not been met by family (Laslett, 1977). Also, household composition, which does shift through time, cannot give a full picture of what are likely to have been diverse 'attitudes' of family members (Anderson, 1980:21).

Privately, families have their own systems of exchange. The direction and amount varies by the type of support and type of need of other generations. Care, for example, flows down the generations as well as up. Older generations usually give a significant amount of support to younger generations, and younger generations tend to give support back when their parents are older. Financial transfers more often flow down generations and towards those that are in need. However, this occurs at different moments across the life course, with for example, the oldest older people more likely to make financial transfers to their children (Attias-Donfut and Wolff, 1999; Finch, 1989). A life-course approach can highlight these exchanges, showing that family generations are unlikely to take significantly more than they give (Pilcher, 1995). Younger generations do have an interest in their parents and grandparents getting the support they need. Apart from the emotional desire to see their family have a good quality of life, younger generations would likely otherwise

have to take significant amount of time to provide direct care. Within these intergenerational exchanges there are intra-generational inequalities.

A view *across* families' from different class backgrounds, shows they may experience exchange differently. Financial gifts are more likely to flow from middle-class parents (Attias-Donfut and Wolff, 1999). There are families for whom none of the generations, or few, have ever owned a home. In these cases, younger generations will not inherit as much, or perhaps nothing at all, thus creating a significant divides between families across generations (Finch, 1996). Women who are single parents with a low level of education are unlikely to be able to pass on a significant amount to their children (Piachaud et al, 2009). As Arber suggests (2013: 48), "when we are talking about the younger generation being disadvantaged, it is because their parents do not have the financial resources to support them".

The view *within* families reveals how intergenerational exchange tends to be feminised. Gender divisions within families are seen as irrelevant to the exchange debate if it is seen as something natural, an institution that should be left untouched. Willetts (2010) argues that altruistic behaviour is based on an assessment of the costs and benefits. If the balance is not maintained, this will lead to intergenerational conflict. Building on this conclusion he supposes that within families:

> "women seem historically to have borne more of the burden of maintaining such [intergenerational] contracts, perhaps because they live longer and so are likely to be recipients of more informal care later." (Willetts, 2010: 96).

I have highlighted that women who have both older parents and children or grandchildren could become 'sandwiched' in between care responsibilities. Willetts believes;

> "The best way to explain [sandwiching] is that the intergenerational contract suggests [supporting parents and children at the same time] are complementary activities. What you give to the next generation depends on what you received from the previous ones" (Willetts, 2010: 106)

Thus, Willets supposes that the moral basis for women giving care is that they expect to receive it more than men. This 'natural' expectation ensures that caring perpetuates through female generations across time, unaffected by the social context in which it occurs. Such theorising is also reminiscent of arguments in the US during the 1960s, claiming that there were values attributed to the poor, which passed through generations, not for structural reasons but because of a culture of poverty (Lewis, 1961). These views were subsequently seized upon by many right wing politicians as a way of blaming the poor, and diverting investment away from welfare. In the same way, it could be argued that state support for families could breakdown family solidarity. As I have evidenced, the literature indicates that this is not the case.

If the state does not become involved in enabling equalities then family will continue to have gender divisions. In the previous chapter, I mentioned that individuals may be guided by an ethic of care. In political terms, Giddens argues that traditions melted away; therefore, individuals needed guidance in their relationships. He suggests there needs to be a new mapping out of the relationship between individuals and society. Sevenhuijsen (2000) argues, however, that this is unnecessary as individuals use "responsibility and agency" to guide their decisions (Sevenhuijsen, 2000: 10). Kittay (2001:526) mentions that "our neediness, as well as our ability to cooperate to fulfil needs and desires, is at the heart of community and all social organization". She suggests care should be appreciated as bonding people together, and should be rewarded in respect of this. Individuals do not need moral guidance in their relationships, but they need support in realising their rights. In terms of balancing work and care for example, there needs to be more flexible working practices (Williams, 2004).

Young (1997) also suggests that the flow of support will not necessarily be between the giver and the receiver through time. Care may be 'asymmetrical'. Moreover "it is ontologically impossible for people in one social position to adopt the perspective of those in social positions of which they are related in social structures and interaction...[it] obscures difference" (Young, 1997: 44). The intersection of life-course, generational and historical times means that when someone gives support they cannot know whether it will be reciprocated. Relationships are often sustained

unequally between partners because of social norms rather than equitable exchange. Mckee and Bell (1986) for example, demonstrated that when men were unemployed, whilst they had more time, women still did the housework. In addition, it has been argued that relationships between partners have become increasingly 'pure' as women's agency has increased (Giddens, 1991), although the extent of this equality has been disputed (Jamieson, 1999). Thus, as contracts become negotiable and fluid, relationship quality could improve. Yet Gidden's work did not explore intergenerational relationships. As I noted, ambivalence theory does explore intergenerational relationships. Also the intergenerational stake hypothesis suggests that generations often have different perceptions of intergenerational exchange, and this may alter across the life course (Giarrusso et al 1995; Hodgeson, 1995; Hoff, 2007). Therefore, intergenerational equity could be relative to the position that someone occupies in a relationship and is subject to fluctuations through time as part of ongoing negotiations.

Interestingly, if the plurality of family is appreciated, and a move away from the male breadwinner model supported, there could arguably be a less of a concern about how a smaller cohort of younger people will pay for a larger cohort of older people. Where there is intra-generational equality there could be greater public balance (if this is possible to judge) between generations. A greater valuation of carers could be a more suitable way of facing the ageing population as "the tax base is broadened and social insurance revenue increases [meaning more] public resources available to pay pensions and health care costs" (Ginn and Arber, 2000:138).

Thus, the literature indicates that *family* generations appear to have their own systems of support, which are influenced by social structures. These may run counter to exchanges between welfare generations. The moral basis for care is not based on an equal exchange between generations, but ethics of care. Consequently, intra-generational inequities continue to be a significant issue.

Conclusion

This analysis has found a continuation in issues with the cost and quality of care for older people. In particular, whilst there has been an emphasis on choice, the autonomy of older people has been limited to some extent by the assumptions about living arrangements 'ageing in place', and not having a truly personalised service that meets their needs. Significant reliance on family care continues to be necessary to meet the needs of older people.

The intergenerational lens can be fruitful for investigating older people and their family. However, it is clear, that the historical context, particularly in terms of the structural constraints and resources, must be taken into account, as considering them in isolation from broader historical and policy changes could lead to narrow understandings built on the notion of cultural transmission. Family generations need to be considered as well as relations between historical generations, since there is a system of support between family generations which are influenced by historical context. One of the core themes to arise from this literature analysis is that of intra-generational inequalities, particularly between men and women. Such inequalities become sharper in focus when looking across generations as well as across the life course. The lived experience of family life can reveal what the motivations behind care, need and support, and open the opportunity to examine the moral basis for care.

Following this literature analysis the following questions arise:

- Are family relationships and patterns of support changing through time in relation to available resources?

- How do four-generation families work out support through shifting historical contexts?

- What is the moral basis for caring for other family members?

I now turn to the empirical study that seeks to address these questions.

Chapter Four
Research Design

Introduction

This chapter sets out the research methodology used to address the research questions, and examines the rationales for the research design. In chapters two and three I examined literature on families, ageing and intergenerational relationships. Research indicated the possible increase of four-generation families. The literature also indicated the importance of taking into account life-course, historical and generational times. Family may be constructed through these shifting times. In this chapter I explore how such understandings of time can be integrated into research methodology. I show how I was best able to access the meaning and significance that individuals attach to family care and intergenerational relationships through the methods adopted.

Ontology and Epistemology

I begin by briefly outlining and justifying the ontological and epistemological perspective adopted for this research.

Across time there have been significant transitions in the way that social phenomena have been conceptualised and analysed. Early structuralist theorists positioned themselves as objective empirical scientists. The task of the 'positivist' social scientist was to uncover these hard social facts as an objective observer. Individuals were thought to conform to social structures imposed upon them. From the 1960s, theorists began to question this objectification of social reality. One such prominent thinker was Karl Popper (1972:74) who argued that there are three worlds of knowledge. Firstly, there is a "physical world", the actual truth; secondly there is "the world of our conscious experiences" which constitutes our perceptions of

reality, and finally the third world "of the logical contents of books, libraries, computer memories". Scientific discovery brings us closer to the truth rather than being truth in itself.

In sociology, there was a growing acceptance of interpretivist approaches, which emphasise the meaning that people give to their own realities. Interactionalist, phenomenological, and ethnomethodological perspectives thus became increasingly popular. These emphasised the meaning that people give to their own realities. Social constructivist methods that analysed language and discourse were used to understand how reality was constructed by individuals. Post-structualist theories postulated that an understanding of realities should include the social structure as well as the individual subject. Ruskin (2000: 47) suggests that within language, individuals have to make a choice between discourses, and may reconstruct their utterances accordingly, "they are not in variant templates merely stamping out utterances like the identical products of a dye".

Appreciation of the position of the researcher as part of the construction of reality took more time to take hold (Roberts, 2002). May (2011) highlights how it is necessary for the interviewer to reflect on their own position within the research process.

> "There...is a need to be aware that what we do is not simply explicable in terms of prior, rational deliberations that are taken forward in our actions, but is informed by a wider set of issues, including our social contexts and conditions. Reflexive practices need to take account of all of these". (May, 2011: 46)

In this thesis I have taken a social constructivist approach to build up the interviewees meanings of how they built up their life course. I have applied an inductive strategy that appreciates social reality as constructed by social actors who give meaning and interpretation to events. This means representing individual meanings, personal interpretations and the contexts in which they were created. I have used grounded theory, which involves developing theory from data (Blaikie, 2000). Thus the data itself drove the derivation of ideas. Social constructionism is compatible with grounded theory if it does not assume relativism, which suggests

that multiple realities exist. There is an ontological distinction between constructivism and social constructionism, however they share epistemological perspectives (Andrews, 2012).

Cases were strategically chosen based on theoretical purposes (Blaikie, 2000). "The reproduction model obscures...the relevances that structure their accounts" (Hammersley, 1992: 26). Hammersley (1992) further argues that it is crucial to acknowledge that researchers select base on what they think is the truth and what is relevant as without such recognition ethnography could be used as an ideological devise claiming that the account given is the only true account.

Importantly however, individuals renegotiate their identity across biographical and generational time. It is this temporal element that is crucial to understanding how processes of social change occur. I therefore turn to consider constructs of social time.

Constructs of Time

A qualitative understanding of time as a social construct is necessary in order to understand dynamic processes and how individuals experience these processes in their own lives. Where quantitative approaches assume that time moves in a linear chronological pattern, qualitative methods are based on theories of the fluidity of time. Whilst both approaches may be used to answer questions of social change, these contrasting epistemological assumptions result, in the case of qualitative methodologies, in the generation of rich and textured data, compared to that generated through quantitative inquiry.

Quantitative Research and Time as Progress

I will now briefly highlight 19th century concepts of time, and how this has influenced quantitative methodological thinking in social science. During the 19th century Newton had a dominant influence on scientific thought. This perspective assumed that "reversibility is based on the assumption that everything is given and

that, irrespective of the number of changes a system undergoes, it will return to its original state" (Adam, 1990: 51). Thus, time could be seen as a spatial, clock-like measurement unaffected by other systems and continually moving forward. In 1927, McTaggart's Hegelian inspired philosophy also suggested that events will occur in a fixed sequence, from A to B. Events in time and time itself are thus seen as linear. In 19th century Western societies, social change therefore became associated with linear, progressive movements. In the 20th and 21st century, this understanding of social change is still pervasive in the west. Social events may therefore be seen as a linear movement towards further advancement in society (Saldana, 2003). However, McTaggart (1927) also argued that the definition of past, present and future are relative, depending on personal perspectives and how individuals relate to others around them. Time is therefore social time.

Adams (1990) notes that, in social science, sequential clocklike concepts of time have been highly influential, most notably in quantitative enquiry. Quantitative longitudinal methods, such as large scale panel studies and cohort studies, assume this linear and progressive concept of time. Panel studies for example, take a sample at one point in time, and then new samples are analysed at subsequent dates. The researcher can observe what change has occurred since the first point of analysis. Gaining statistical data over time is appropriate for quantitative methodology as the finer details are less necessary than the larger picture (Blaikie, 2000). Consequently, quantitative approaches provide a 'bird's eye view' of social change (Neale, 2010).

Qualitative Research and Time's Multidimensionality

If time has a clear sense of directionality, then the bigger picture may be sufficient to capture progressive social change. However, it could be argued that time is interpreted in a variety of ways and is therefore a multidimensional concept. Adam (1990) highlights how by considering the shifting dominant schools of thought in science it is possible to see how time could be conceptualised in other ways.

In physics, Newton's concept of time is no longer the prevailing paradigm. Quantum physics for example, suggests that *both* social and natural times are relative. At a subatomic level, nature does not have sequential connections but a

"complicated web of relations of a unified whole" (Adam, 1990:58). Therefore, to claim that time is constantly moving forward would be nonsensical as every natural and social phenomenon exists at once. The theory of 'thermodynamics' advocates that as a system evolves it will cause chaos to the other systems around it resulting in social and physical disorder. This means for example, that any social being throughout their lives will be affected by, and will affect other natural and social phenomena. Thus, "events occur in time in classical physics" but "time [occurs] in action and events in thermodynamics" (Adam, 1990:68). Time is embodied within social interactions, within artefacts, and within institutions. It is therefore more than a sequential background to events. This is not to suggest that these scientific theories should be incorporated into social scientific methodologies, but to highlight that time is multifaceted and should be appreciated in this way.

In social science, Giddens (1979) explains how in Western societies, time is related to space and power dynamics. He describes how in the West, time can interact with abstract forms such as writing from the past, and people around the world, whereas in 'traditional' societies, time is associated with local activities and people. In the West, institutions may impose time, for purposes such as synchronisation. This understanding of time may have been created by the capitalist mode of production and the protestant ethic (Adam, 1990; Thompson, 1967; Woodcock, 1944). Historically, the gradual transitions to industrial society saw a movement from irregular task orientated time, to puritan clock time (Thompson, 1967). Both Woodcock (1944) and Thompson (1967) clock time should be used, but in balance with other types of time.

> "If men are to meet both the demands of a highly-synchronized automated industry, and of greatly enlarged areas of "free time", they must somehow combine in a new synthesis elements of the old and of the new, finding an imagery based neither upon the seasons nor upon the market but upon human occasions" (Thompson, 1967: 96).

Giddens (1979) also suggests that some forms of time may be imposed by the powerful through storing information. Thus time could be seen as a resource, producing unequal and possibly conflicting relationships.

Looking through Time at Processes

The discussion so far shows that time being ordered and sequenced should not be assumed. Clocks are a medium to measure time, but they are not time itself. If time is sporadic, influenced by past and future, reversible and non-linear, quantitative approaches of the 'grand picture' alone may not elicit sufficient information about social change. What is required is an approach that analyses *through* time appreciating its twists and turns. Analysing change by looking at point A and point B, for example, misses something crucial. It is not possible to see the processes that occurred in between those two points. Since all time is not linear, it may be that the analysis at point B is simply part of a cycle that is only observable when you look across time. For instance, if we were to apply the A to B analysis to see how a town had changed from 1950 to 2000, it might appear as though there had been a great transformation. Yet it might be that in the year 2000 the town reverted back to how it once was in 1979, as part of a wider fluctuating cycle. Thus, a process could be misunderstood as linear when it may in fact move in a cycle. What happens, how it happens, and why it happens depends on a geographic location, as well as the location in the process itself (Pettigew, 1997).

Whilst clock time and calendar time may be fixed and objective, other concepts of time are relative and have the potential to change through the course of history. For example, family time may be less or more significant for the future or past across an individual's life course (Adam, 2008a). Qualitative approaches in family studies have emphasised the need to think in terms of the life course. It enables the researcher to see the twists and turns that people make in their lives as opposed to viewing a life as a series of fixed sequential stages that people move through (Neale, 2010). One can then appreciate how phenomena across time may continuously interact across a life, and perhaps across generations. Within families, multiple times exist simultaneously and are only observable through a temporal lens. Harevan (1977) suggests that there is individual, family and historical time. Individual time may, for example, conflict with time as a family unit. Qualitative studies into families can illuminate "how...individuals time their transitions into and

out of various family roles and how...these patterns of timing relate to the family as a collective unit" (Harevan, 1977: 5)

The Time Frame

The quantitative assumption of linear time may also lead to problems in the timeframe of analysis. The time frame adopted may have a direct impact upon how a phenomenon is understood. For example, if we are studying how families have or have not changed in a town from 1950 to 2000, then limiting the frame from 1950 to 2000 (clock/calendar time) could result in missing some very important data that reconceptualises the understanding of the phenomenon. Artefacts, events, and people from the past, may also impact on how people interact with phenomena from 1950 to 2000 (Saldana, 2003). Therefore, when selecting a time frame a social scientist should "study events and social constructions of those events in the context of the important time cycles which help to provide the implicit rhythm of particular social systems" (Pettigrew, 1997: 8).

I have taken the life course of each interviewee as the time frame. It would not be possible to capture all events that had happened prior to their birth. However, to offset this gap in individual experiences to some extent, I have included what the interviewees recall as important life-course events before they were born.

Adams (1998) describes how social phenomena can be understood through timescapes:

> "Where other scapes such as cityscapes, landscapes and seascapes mark the spatial features of the past and present activities and interactions of organisms and matter, timescapes emphasises their rythmnicities, their timings and tempos, their changes and contingencies. A timescapes perspective stresses the temporal features of living. Through timescapes contextual temporal practices become tangible. Timescapes are thus the embodiment of practiced approaches to time" (Adams, 1998: 10).

The Biographical Approach

A biographical approach has been adopted as I want to capture how individuals renegotiate processes across time and interpret changing public and private contexts. "Biographical research can reveal how ageing is experienced and how individuals 'theorize' about the changes in their lives as they 'age' through a focus on intergenerational cultural transmission and stories across the life cycle" (Roberts, 2002: 28).

In this research, I have adopted a life history approach, taking the view that the individual and collective have agency, and construct society rather than being mere products of it. By using such an approach it is possible to analyse social change by looking at how individuals and groups experience certain events (Roberts, 2002). Life history analysis is also advantageous in that information over many years can be collected relatively quickly. This method also creates the opportunity to compare what people say they will do in the future, with the future itself (Adam, 2007; Corden, 2007). However, asking people about their lives in retrospect can complicate analysis as people may reinterpret past events in the future, resulting in two accounts of the same events. Furthermore, information may be forgotten or omitted (Hockey, 2008). Unlike life history data, prospective data can provide information from the past that has not been re-interpreted by the present (Emmel, 2010). Still, the researcher would have to be aware that their interpretation of the data is influenced by their own current contextual understandings. I have used both prospective and retrospective analysis. Conducting life history interviews meant I could look at past experiences. I then revisited some of the interviewees. This enabled me to compare the aspirations and situations of my interviewees from the present with future events.

A life-course approach is optimal for capturing family support, as previous studies have highlighted that reciprocity between family members' moves in all directions depending to an extent on the generational position and life events of the individual (Brannen et al, 2004; Finch, 1993; Hoff, 2007).

However, it is crucial that the resulting data is analysed appropriately as biographical data may produce idiosyncratic descriptions of social reality. Rustin

(2000: 46) argues, "Unless it can be shown that individuals make a difference, that they have effecticity, there will in the end seem to be little gained from studying the social world from a biographical point of view".

In order to represent and understand how the individual and structure combine it is necessary to know both the 'told story' as well as the 'lived life'. The lived life refers to the ordered sequential events abstracted from the interview data created by the researcher. The told story is the initial way that interviewees respond to interview questions and construct their biography (Wengraf, 2000: 145). The original account is reordered, providing a bridge between wider historical societal changes and the way they are interpreted by individuals. Such methods can represent private and public discourses. Brannen et al (2004) also successfully employed this method of combining both the 'told story' and the 'lived life' in their study of care and work in four-generation families across the 20th century. Similarly, in a study by Bornat et al (2000), *The Implications of Family Change for Older People*, such an approach was used to show how public discourses and personal moralities were renegotiated. Letherby (2003) highlights that by using biographical accounts, it is possible to reveal not only the individual experience, but the lives of significant others that interlink. Therefore, biographical analysis can be more than just the individual experience.

As the interviewees are able to construct their responses more freely, the researcher has less authority and gives more of a voice to the interviewee (Goodley et al, 2004; Letherby, 2003). From a narrative approach, the interviewer and interviewee may work together, creating an account that the interviewee feels satisfied with (Miller, 2000). Such an approach is important in order to understand the interpretations individuals give. As I will explain later, these considerations influenced the organisation of the interview guide.

One analytical issue with life history analysis is whether changes in an individual's life are due to the individual time or historical time. Whilst there is a biological life course, transitions and experiences may be due to social historical location. In this case, characteristics of cohorts might be due to the era in which they are living, rather than their age. This is also known as 'period effects'. Older age groups may have very different values over time as younger generations successively become

older ones (Hockey, 2003). It is complex to determine whether an experience and belief is due to a social influence affecting all generations or a cohort effect (Giele, 1998). The various types of time mean that individuals negotiate their way through the life course, experiencing life events differently. It is therefore important to ask questions both ways, in terms of how have social contexts influenced individuals, and how have individuals influenced the social context. Individuals are located in a social historical context that may influence their choices (Jamieson and Victor, 2002).

To represent these different concepts of time in my research it will be necessary to use both age cohorts and generations as units of analysis. Age cohort will not be appropriate to analyse generational role, as those in the same cohort may be at a completely different stage in the life course (Izuhara, 2010).

Personal Experience and Research Purpose

So far, I have highlighted my intellectual position. As this thesis adopts a social constructionist approach, I must also consider my personal position within the research.

I acknowledge that I am a white, middle-class female. I am the youngest generation of my family and a younger person. Because of this, when I think of families in general, I am possibly more tempted to look up to older generations than to look down towards younger generations. I discovered this on numbering my generations, which I did to clarify which historical generation I was referring to. I had originally numbered the generations as: child generation, number one; parent generation, number two; grandparent generation, number three; and great-grandparent generation, number four, but following further reading and advice I reversed this. As Burnett (2010) highlights of her research on generations, I and the readers of this thesis, are located in a generational position, such as a parent generation who was born in 1980, and may have particular preconceptions about what the thesis is about.

Another experience that may have influenced my perspective is that particularly prior to, and during my doctoral studies, I cared for and supported ill older relatives,

one of whom was a great-grandmother herself. For one older family member, a combination of life-course needs, opportunities and constraints across three generations at the same time resulted in all of us living in something akin to a multigenerational household. The arrangements that were initially put in place to help all three generations became a challenge for all over time, as the mental and physical health of the oldest generation deteriorated. Whilst at the beginning, I and my mother had little to do to help my grandmother, particularly because there was also a professional support system in place, we found ourselves increasingly playing a caring role. During the day, formal carers as well as I provided support, which I could organise around my studies whilst my mother was at work. In the evenings when the professional care stopped, we worked out care between us.

Reflecting on my own situation made me realise the intricacies behind support arrangements. Support arrangements often needed to bend and flex over time in response to needs. I wondered how other families worked out care, need and support systems across generations. Because of these experiences, I am possibly more tempted to view intergenerational support between older people and their family, from the perspective of caring for older people.

In addition to my intellectual and personal position, it is important to reflect on other motives for my research. May (2011: 46) comments that "research is increasingly driven by particular interests that demand results in ever shorter time periods". This research was carried out for a doctoral thesis, and the research design had to be manipulated to be completed within the necessary time boundaries allocated for it. My research interests were driven by both personal and intellectual motives. I became interested in the subject of ageing following research carried out in my first degree, which looked at older women and the labour market. This is where the importance of care first came to my attention. I became particularly interested in the care needs of the oldest generation and their generational relationships following the personal experiences highlighted above.

Sampling and Access

The Sampling and Access Strategy

My ontological and epistemological position led me to the conclusion that new empirical data about the experiences and meanings of four-generation families across time was required to answer my research questions. Existing datasets were limited and in-depth biographical data from individuals in four-generation families was needed. I will now explain the strategy devised to gain such data.

Sampling Frame

As there was little information about verticalised family structures in the UK, I decided to investigate what kind of characteristics a four-generation family was likely to have (see chapter two). I could then use this information to inform my sampling and access strategy. The aim for the study was people who were part of a four-generation family lineage through being a direct descendant (e.g. a son or daughter; a niece of a great-grandparent would not be targeted for interview).

It is important to stress that these findings could only give an indication of some possible characteristics of four-generation families, because of the complexity of determining what demographic attributes are likely to cause verticalised lineages. However, this evidence suggested that beanpole four-generation families were more likely to be feminised, particularly in older generations, and be over represented in working-class groups.

Sampling Aims

Due to my epistemological position I decided on an in-depth case study approach. For this the aim was to recruit six four-generation families. My epistemological position assumes individuals and family groups negotiate, reconstruct, reflect and identify with different discourses. Taking fewer detailed cases is a more effective way of appreciating such twists and turns through time. As Rustin (2000: 49) argues, "ethnography and biography explore process, rather than merely structure. It

is through single cases that self-reflection, decision and action in human lives can best be explored and represented that the case study is essential to human understanding." Fewer cases are preferable for particular research purposes. Small numbers of cases, which can be compared in detail, may be more important than gaining large numbers of cases (Brannen, 2012). Case studies are an effective way of gaining sufficient in-depth information for small scale individual studies such as postgraduate research projects which have limited time. However, doing good case studies can be complex (Blaikie, 2000), particularly in this research, where I am looking across several generations over time. Case studies are often regarded as "an instance of broader phenomenon studied, as part of a larger set of parallel instances" (Feagin et al, 1991: 2).

The strategy I used to find four-generation families was a theoretical sampling technique based on grounded theory. Grounded theory has evolved significantly from its original approach. Glaser and Strauss (1967) took a positivist position suggesting the researcher was distanced from the researched. Yet Strauss and Corbin (2008) later emphasised the importance of recognising the reflexivity of the researcher. Moreover, unlike Glaser and Strauss's grounded theory, researchers have a sampling strategy yet theoretical categories are checked through the research process. Grounded theories now tend to lie between the objectivist and constructivist approaches (Emmel, 2013). As mentioned, in this study I acknowledge my own reflexive position. Also it was not necessary to be representative of the population but to identify theoretically significant cases. The intention in this study was to find contrasting and complementary cases that could give an insight into the different ways care, needs and support could work in different four-generation families and look across class, gender and ethnic backgrounds. The sampling strategy was based on this purpose with an awareness of theory.

Of these selected families the intention was to interview the three adult generations: the first generation (great-grandparents), second generation (grandparents) and the third generation (parents). Of the three generations, I decided to recruit all of the first generation, as it was more likely this generation would have passed away, two of the second generation and two from the third generation. I chose to select on

whether the generations were linked by either blood or partnership, because it would have been too complex to make such selections, and because the literature highlighted the importance of appreciating both social and biological ties as family. I expected that some family members and generations could be deceased, ill, unwilling to participate or would be single parents rather than a couple. Also I allowed for group interviews, as well as individual interviews for those of the same generation in each family, depending on the number and preference of interviewees.

Face-to-face interviews could only be conducted if the sample population lived within a reasonable distance, as resources would not permit me to travel long distances. Geographically distant family members could be interviewed through other means, such as through the internet.

I also felt that it would be beneficial to recruit a family where there had been single parenthood in at least one of the generations as it would interesting to see how families with less possible horizontal support worked out care.

It was also important to consider whether to recruit particular age groups (historical cohorts) within each family generational level. Each historical generation will have lived through different historical periods, and those that were born in similar time periods will have lived through the same eras in which particular ideologies about care, needs and support existed. Although these contexts are filtered through individual and family experience, age is an important consideration. However, as was shown from the literature in chapter three, such groups are to some extent arbitrary as the researcher would have to define where an era begins and ends. Also, I felt that having some variation in historical generation within each family generation could give an insight into whether care, need and support scenarios were greatly influenced by historical eras and/or life course experiences.

Access Aims

I intended to recruit my participants through children's centres and charitable organisations particularly in socially deprived neighbourhoods. As I needed to access entire family groups rather than individuals, it was necessary to access my

sample through a gatekeeper. The generations to target about the study were the parent and grandparent generations. This was based on the finding that those aged between 45 and 65 were more likely to live in a four-generation family (Farkas, et al, 1995). I also decided to approach groups that were for older people to increase the possibility of finding four-generation lineages. The gatekeeper would inform the other family members about the study, and provide the details of family members who wanted to take part.

There were ethical issues in recruiting people from the same families, particularly because there was a chance that family members could coerce one another into the study. To prevent such manipulation, once I received the contact details of other family members I would give information about the study again to each interviewee and ask them personally if they wished to take part. I would then ask again at the interview. The details of the study would be provided on an information sheet and leaflet (see appendix E) before the interviews commenced thereby meeting ethical protocols (ESRC, 2010).

It is necessary to gain informed consent from all participants in primary research. To do this I created an informed consent form. I planned to revisit two of the families. It was necessary, therefore, to gain consent a second time, as well as inform each family about the possibility of a follow-up.

Finding Four-Generation Families in Practice

Access

Finding families that had living great-grandparents, and that were also contrasting cases, proved to be a challenge. The first strategy was to make appointments with children's centres and ask them if they could advertise the project to families through their services, as well as to any known great-grandparents. In one centre, there had been an organised group specifically aimed at grandparents. From these attempts, I managed to get in contact with one great-grandparent but she subsequently withdrew due to health problems. More attempts were made to hand

out leaflets, and put up posters in other relevant organisations and charities related to families and ageing. These attempts proved unfruitful.

I then turned my attention to the internet, advertising on online forums designed to give help to families. This method has several advantages. It is possible to access large audiences quickly and cheaply. Websites can automatically group individuals into a sampling frame (Rodham and Gavin, 2006). What was especially beneficial about these particular websites was that they were confined to specific geographic areas. Therefore, it was possible to directly target a gatekeeper who lived in and around particular cities. However, it would have been preferable to target more specific areas within these locations. On some occasions, the other generations lived slightly further away, so it was necessary to travel outside the intended area. Families were also accessed through a newspaper article and networking.

Recruited Families

Five four-generation families were recruited. Within each family I intended to interview the older three generations, giving a total of six interviews in each family. However, in some families this was not possible. Five families is a sufficient number for this study because of the rich textual analysis that was needed to answer my research question (as I previously highlighted).

There were a total of 17 interviews: including five great-grandmother generations (first generation), five grandparents (second generation), five parent generations (third generation) and two child generations (fourth generation). The Buckingham, and Newis family were accessed through the parent generations on the internet. The Wilkinsons and the Thwaites were accessed through networking. The Wilkinson's were accessed through the second generation and the gatekeeper in Thwaites was the fourth generation. The Parker family were found through a newspaper article, and were accessed through the first generation.

All the families had a white British background. It had been the intention to have more diversity in the sample. However, I was not able to find any willing four-generation ethnic minority families. Also, none of the families had an oldest

generation who was currently living in a residential home. Yet in one family a great-grandfather had recently been living there, but passed away.

The sample is mostly composed of female interviewees, with 14 females and two males. There were several reasons for this gender bias. Firstly, the sample was self selective and some male family members did not want to take part in the study. The literature revealed that kinship tended to flow through the matrilineal line. However, research suggests that men may also care with a sense of love and duty (Fisher, 1993, 1994). Moreover, 15% of men over 65 are carers compared to 13% of women in England, particularly because men care for their spouses (ONS, 2013e). There were no woman in the study with living male partners who needed a significant amount of care and support. Thus, the study could not examine the experience of males caring for their partners and the implications for the intergenerational lineage. Secondly, there was only one living great grandfather. Thirdly, in the families I recruited only one family had a male blood related descendent that was living in the same country. I accessed this particular family (the Thwaite family) through the fourth generation (Michelle Thwaite) and it was her uncle that would have been the only male descendent. I had not originally intended to recruit only blood related descendents, but these were the only families that opted into the research. The sample also contains siblings and fourth generations. They were included because they requested to be part of the study, and it was decided that there accounts would enrich the data set, offering new perspectives on the family as well as offering important insights into their own lives. Further data collection of four-generation families could have led to more men included in the sample.

The original strategy had been to interview family members face-to-face that were living within approximately 30 mile radius of the researcher. This was for practical reasons of access, and also because the literature suggested that approximately half of those over 70 in Europe lived within 15 miles of their children (Kohli et al, 2005). However, it became apparent that such geographical constraints were too restrictive. Recruiting families that were living close to one another would bias the sample towards those that did not have the practical barrier of distance to determine patterns of care, needs and support. This is significant because there is also evidence to suggest that part of the social changes in family life in recent years have been that

families are more geographically dispersed. Secondly those that live closer together may do so for specific reasons that are biased towards where there is a flow of care, needs and support and ignoring those lineages that either strives to overcome the geographical divide or have less strong networks as a result. Therefore a more flexible arrangement was assumed.

Despite the complexity of identifying four-generation families, the sample had a number of strengths. Four-generation families were accessed and the collected sample offered the opportunity to look across generations. This meant it was possible to examine processes of social change, different generational positions, in addition to how care, need and support works out across multiple generations. Thus the data enabled me to answer my core research question: *In the context of an ageing population, what can be understood by examining the connection between family multigenerational care, need and support networks and intergenerational relationships?*

Moreover, following a grounded theory approach, this exploratory research collated several contrasting cases. There were different social class backgrounds across the sample. Such distinctions however were apparent not only across families, but within them. In the Thwaite family, the fourth generation Michelle Thwaite had become a teacher, where her mother Katy (G3) worked as a cleaner and care worker, her grandmother Tracy (G2) had been a factory worker and her great-grandmother Gladys (G1) once worked in a mill. A case of a family with three generations of divorce was included. Whilst there were few men in the sample, the two accounts provided also gave a valuable insight into men's experiences of care, need and support in four generation families, and throughout their life course.

The non-random sampling technique itself was necessary because four-generation families are a difficult group to find. Hammersley (1992) highlights that in ethnographic research there must be a strategic selection of cases. If it is believed that there is only naturalistic discovery, then less attention will be paid to data collection, analysis and the resulting account. Thus in this study an effective theoretical strategy was employed to make selections based on the research process as well as the "the researcher's relevances" (Hammersley, 1992: 26). This allowed for flexibility to collect data according to what was emerging from the research.

Ethics: Avoiding Coercion and Ensuring Confidentiality in Multigenerational Families

As I mentioned, most interviewees were recruited online. The ethics of online research are not well developed (BSA, 2002). Websites differ in their permanency, accessibility, and clarity (Orton-Johnson, 2010). Therefore, it was necessary to proceed with caution when accessing individuals online, adapting access methods to the website. The adverts were placed publicly, but any interested individuals were encouraged to reply privately to me via phone or email so their responses were not visible to the online community. Moreover, approval was sought from the website administrators to advertise the study. It could be argued that accessing participants online excludes those who are unable to have access to the internet. However, the internet can enable access to individuals who it would be difficult to access through other means. For example, in this study, interviewee Helen Newis, who was the gatekeeper for her family, would have been difficult to reach without the internet. Her hearing impairment made it difficult to use the phone and her ill health meant she was rarely able to leave her home. For Helen, the internet was an important means of making contact with others.

An important consideration I had to make when designing my recruitment strategy was how to ensure family members knew nothing of what each other had said, and how to avoid coercing individuals to take part. These issues were particularly pertinent for multigenerational households. The Wilkinson family was one such family in which there were three generations living together. Each family member was asked individually, without others present, whether they wanted to take part. Moreover, it was reiterated that they did not have to be involved in the study if they did not want. I found that the family members respected each other's privacy, and left the room when their relative was interviewed. During the interview with the first generation, Sarah Wilkinson, her daughter Mary Wilkinson left the house so that Sarah Wilkinson was free to speak without being concerned about other family members overhearing.

On one occasion, an unanticipated group interview with all four generations was conducted. Whilst arranging to meet first generation Gladys Thwaite, I arrived to find all four generations there in a small bungalow. It was not realistic to conduct each interview separately. As the house was small it would not be possible to give privacy, and each interviewee would have had to wait a considerable amount of time. Moreover, they had chosen to do the interview as a group. It would also be clear to each interviewee that the other family members would know what they had said. Whilst another consideration was whether the results could be combined with the individual interviews, the group responses would give a unique perspective on how the family in a group construct their family experience. The group interview also enabled me to see the relationships between family members playing out, and reactions to different generations values and practices. Thus the setting could provide a window into the natural dynamics and interpersonal cultures of this group, although the group was brought together for the purpose of the research (Kitzinger, 1994). Based on all these considerations, I decided with the family that we could go ahead with a group interview. To reduce the possibility of coercion, each interviewee was asked individually if they wanted to take part, read an information sheet, and sign a consent form.

Research and Interview Design

The Interview Design

Qualitative interviewing ranges from more structured interviews in which there are set questions that must be followed in a specific order, to more unstructured interviews where there is scope for flexibility, allowing the interviewee to respond as they wish, and have more involvement in the shape of the interview (Blaikie, 2000). The latter approach is more suitable for this research because it was important that interviewees could construct their own life story and meanings of reality, without structures being imposed upon them. On the other hand, some structure was necessary to cover the topics that were highlighted in the literature, as well as answer the research questions.

The biographical approach has within it several different methodological approaches which have implications for interview design. Bornat (2008) distinguishes between three of the more prominent: oral history, biographical interpretative and narrative. Oral history approaches influence the discussion in the interview to some degree, listening to accounts but also posing questions to steer the interviewee towards a particular topic of discussion. The interview is thus very much an interaction involving the interviewer. The advantage is that the interviewer is able to dig deeper about specific information. By contrast biographical interpretative and narrative are more concerned with preserving the story of the interviewee without influencing the interviewee. Biographical interpretative attempts to preserve meanings separate from the chronological story. A second interview then tackles more specific questions.

The interview design in this study has adopted a combination of both oral history and biographical interpretative methods. Whilst the interviewee was free to construct with minimal intervention, they were then also asked about more specific questions in relation to what they had said. In doing so it was possible to access interviewee's meanings, but also gain more knowledge about relevant topic areas that were of greater importance to them. Moreover, the oral history approach is arguably more appreciative of time in interview construction which, as I have identified, is a central consideration in my methodology. "Memory enables a perspective which includes the effects of time and the influence of change and continuity while maintaining the agency of the individual as the central focus of interest" (Bornat, 2008: 353). Thus by combining these two methods, I was able to gain both an uninterrupted life history, knowledge of relevant topics that were not preconceived, as well as more specific knowledge about relevant areas.

The nature of my research questions suggested I needed both 'a told story' and 'lived life' (Wengraf, 2000: 145). Whilst re-ordering of data would be done at the analysis stage, it would also be necessary to input some structure at the point of data collection to construct the 'lived life' later on. Structure was also an important consideration because the data I produced was not only intended for this research project, but I also planned to deposit it in an archive for re-use for other research projects. Consequently, the interview schedule had to draw out data that could be

used to systematically answer the research questions, as well as letting interviewees freely construct their life stories. As previously mentioned, it is important to acknowledge that there is a research purpose and that this influences data collection (Hammersley, 1992).

Striking the 'right' balance between covering topic areas and allowing the interviewee to respond openly was challenging but following several drafts I settled on an interview guide. The guide began with specific questions about the demography and description of the family through a family tree (which are presented in chapter five and appendix D), and then moved on ask questions on their life history. This was intended to enable the interviewee to construct their life course freely. From this I asked if they would like to map out their lives on a timeline (Hanna and Lau-Clayton, 2012). The purpose of this visual method was to gain structured information about the sequence of life-course events as well as reflect further on their life. The questions then became more specifically related to relevant topic areas.

As the key question was about the connection between support and relationships I needed a technique to gain more information about how close family members were to each other. The literature suggested that relationships beyond the immediate family, blood and marriage ties can be important. By asking interviewees to draw a relational map it was possible to gauge whom each individual considered to be their 'family' in the emotional sense (Hanna and Lau-Clayton, 2012). The map involves a series of concentric circles, upon which are logged the people whom the interviewee feels closest to – the closest in the centre, extending out towards those they feel less close to. I asked interviewees to complete a map of who they were closest to in the present and to draw another relational map of who they had felt closest to in the past. The purpose here was to draw out transitions in the sense of family, and to understand some of the reasons behind this. Following the interviews I realised I had made the error of assuming that the question 'who do you feel closest to?' was essentially the same question as 'who would you turn to in times of trouble?' I had used the questions interchangeably throughout the interviews thus it was necessary to account for this at the analysis stage.

Moreover, *closeness* would have different meanings to each individual. However, by looking at the maps and listening to the decisions made around it, available from the interview transcript, it would be possible to gain an insight into what each individual meant by closeness. The maps suggested that the concept of family as a set of blood and legal ties, particularly when extended family members are included, should not be undervalued, because family in the structural sense was more often included in the relational maps.

A vignette would also be posed to explore the values that different generations hold about supporting older generations. Vignettes can be used to explore how moral judgements are made, (Barter & Renold, 1999) and have been found to be useful in family research to uncover what individuals think is 'the right thing to do' (Mason, 2002). For this research they are particularly useful because they can be used to "distance...the issues from the individual in an attempt to tap cultural norms" (Finch, 1987: 113); that is, the question can be posed as 'what do you feel *the people* in the study should do' rather than 'what would *you* do in this situation'. The vignettes responses could be analysed alongside interview data, where the interviewee discussed how supporting older generations would work out in their situation. Thus the vignette was used to help unravel the variety of discourses that make up the actions and ideas about how care, needs and support could work in multigenerational families.

Interviewing Four-Generation Families

During the interview I took a reflexive approach, adapting to each interview "to share the culture of...informants" (Burgess, 1982: 165). At the beginning of the interview, I asked the interviewee to construct a family tree. This allowed me to understand who the interviewee was referring to in their family during later parts of the interview, as well as some of their demographic characteristics. By creating this tree, interviewees focused on their formal kinship structure. However, the talk around the construction of the family tree was also an opportunity to find where the sense of 'family' lay. The literature in chapter two indicated that whilst kinship

continues to be important, 'family' can be created through affection as well as blood and marriage ties.

As I mentioned, creating the topic guide was complex because it involved combining two different methods of biographical analysis. Carrying out the interview in practice was very much an interactive process, as in the oral history method (Bornat, 2008), but at the beginning of the interview there was space for the interviewee to construct their life story with minimal interruption. Often the family tree exercise beneficially resulted in interviewees beginning their story about relationships and family dynamics across their life course. If they began in this way then I let them continue, and as they spoke I asked further questions relevant to what they had told me. Where the interview steered towards a topic in the guide I asked the relevant predefined questions (Rubin and Rubin, 2005). I omitted questions that they had already answered without my asking. On reflection, it may have been better to ask the question because the specific wording may have invoked a different response, and the interviewee may not have felt that they had in fact answered that particular question. Interviews varied significantly in length, lasting for approximately one hour in some cases, to approximately four hours in another.

As mentioned previously, one interview turned out unexpectedly to be a group interview. The interview schedule had been designed with the assumption that the interviews would be with individuals. Thus questions were tailored to the group situation. Firstly, I had to omit questions concerning relationships with other family members, e.g. I did not ask family members to draw a relational map. Secondly, when the interviewees were giving their life history, it became a group rather than an individual life history. The resulting data proved to be just as informative as the interviews with one person at a time. It opened up a new way of understanding how the relationships between generations worked with one another. Generations were actively negotiating with one another during the interview. Whilst it was not possible to ask direct questions about relationships (and they will most likely have glossed over some information) the dynamics in this family became apparent through other means. Thus the variety of interview technique gave strength to the overall data collection.

Reflections on Constructions of Life Time

The interview design was also created in appreciation of my epistemological position on time. It was therefore necessary to adopt interview techniques that could generate data that revealed processes through time.

The interviews were both prospective and retrospective. Each of these approaches has its advantages and disadvantages. Retrospective relies on the memory of the interviewees which is coloured by the present (Miller, 2000). Different life-course phases may therefore be recalled differently depending upon ones position in a timescape (Bytheway, 2011). Identity may continually change. Following life-course transitions such as marriage, identity is renegotiated. The past then becomes part of the continuous identity (Elliot, 2005). Moreover, retrospective accounts may be a more efficient way of collecting many years of family history. Using a prospective approach the interviewee may re-organise what they have to say in the follow-up interview based on what they had said in the last interview (Miller, 2000). For the purposes of this study, it was necessary to use both approaches as I am interested in change that has occurred in the recent past, as well as examining the possibility that values and expectations within generations are due to previous historical eras. In addition, it is important to capture life-course events of individuals and how these interact with other family members.

In order to extract more information about the lived life, the interviewees were asked to complete a timeline of their life. The timeline exercise was in some cases rejected by interviewees. Sarah Wilkinson did not complete a timeline because the sequential order of the timeline was at odds with her experience of how past events had played out, hence the importance of capturing how people personally experience time. She suggested that the amount of information she would have to recall would not be possible to reproduce in a timeline.

> **Sarah Wilkinson:** Well it would take a long time to do [a timeline]...There's so much to remember...You see it's all in my mind still, and it comes out when it happened to me. *(First generation, age 98)*

There were other instances where it was apparent that the sequential movement and pace through time did not fit with the interviewee's interpretation. Second generation Jeremy Parker (age 50) describes how when his son Sam Parker (third generation, age 25) got cancer he lost interest in the context around him, activities that had been part of his everyday routine fell away. Time stood still as his focus was entirely on Sam. What was particularly interesting was how Jeremy's telling of his life story reflected this significant moment in his life course. His account had begun sequentially with a similar pace, but when he reached this time period the story slowed down and he talked at length about it. These examples demonstrate the importance of using methods that enable the interview to construct their own accounts that might otherwise have been overlooked using a more structured approach.

I conducted a second round of interviews with two families, as time and life transitions form a significant element in this research. Using only a cross sectional design, analysing different age groups, would not give information about social processes, and could mitigate the temporality of an individual's life course (Jamieson and Victor, 2002). It may be, for example, that at the time of interview, a family were making decisions about living arrangements. A follow-up could reveal significant insights into what decisions were made, and why they were made, by comparing past and present accounts. It would have been preferable to revisit all the families involved after a certain time period to see how their situation had unfolded. However, given the restrictions on time and resources it was not possible to do such an analysis for all the families involved. I selected to follow-up just two families, the Wilkinsons and Parkers. The Parkers were re-interviewed because during the first interview they had just become a four-generation family, and the first generation had just retired. There were plans being instituted about how care, need and support could be organised across the family. The Wilkinson's were selected on the basis that the family were anticipating the 100th birthday of the oldest generation, and therefore undergoing a period of reflection about the support provided to the oldest generation in the family.

For the follow-up a new topic guide was created. The revisit offered me the opportunity to insert questions on themes into the topic guide that had been

identified from the first round of interviews (Rubin and Rubin, 2005), as well as to explore how multiple life courses were unfolding over time.

Reusing Data

The data collected for this project has opened a window into the lives of four-generation families and ageing, but it can also be used for other research projects. I intend to deposit the data generated from this study into the Timescapes data archive. The repository contains a collection of projects on how personal and family networks develop over time. It holds data about many different generations, ages and social groups (although not great-grandparent generations).

Qualitative data sets have not been particularly popular resources for secondary analysis. One suggestion for this disfavour is that researchers are interested in unearthing new phenomena, and see reanalysing others data as incompatible with their aim. However, it is argued that qualitative data are rich in the context in which they are produced, and are well suited to discovering new phenomena and analysing social change (Gillies and Edwards, 2005; Parry and Mauthner, 2005). The data from this project included significant contextual material. Moreover, Bornat and Bytheway (2008) highlight that "some stories have multiple uses, providing opportunities for reflection, transmission of values and knowledge and to express conflicting emotions". Reanalysis can cause compatibility problems because of the different definitions and categorisations for phenomenon (Gillies and Edwards, 2005). Another researcher's reinterpretation may be different from the initial researcher's observations. One way of addressing this would be to discuss with the original researchers to understand exactly how they interpreted the data (Heaton, 2004).

It was originally hoped that additional qualitative and quantitative data could be added to the primary data collected. Secondary data can be used to answer research questions more completely (Corti and Bishop, 2005). I had intended to draw on the Timescapes data archive to combine with the data from this project. It would have given me the opportunity to look further into conceptions of motherhood,

fatherhood and grandparenthood, as well as learn more about the daily lives of older people from data, such as diaries. My research question on: *How are patterns of care, need and support practiced and worked out across multigenerational families?* could have been enhanced with a comparison between families with long vertical lineages and those with shorter lineages.

It was also planned that quantitative secondary sources including the English Longitudinal study of ageing could be drawn on. This is a survey that explores social, economic, psychological, and health implications of ageing. It could have been a helpful resource for this project as it provides macro data on the ageing population and older people's experiences. In addition, it provides data on age as opposed to generations.

In order to manage the project, a timescale was drawn up for each stage of the research process. However, I underestimated the scale of carrying out these multiple forms of analyses from various data sources. Analysis of the primary data alone proved to be a significant task given its richness. Secondary analysis was therefore beyond the scope of this study, but offers opportunity for further analysis at a later date.

Analysing Multigenerational Families over Time

Data Collection and Analysis

The methods employed resulted in a variety of in-depth material including: recorded interviews, relational maps, timelines, family trees, field notes, reflective notes, and mind maps. In order to use all these sources to answer the research questions it was necessary to devise a system to analyse them and construct theory. As Richards (2005: 68) suggests, "theory is a human construct, not an underground reservoir of oil waiting to emerge when you drill down to it".

In qualitative research data creation and analysis work simultaneously (Richards, 2005). From the moment data started to be collected analysis began. Interviews

were the key source of data. Therefore, the first stage of analysis was to transcribe the interviews. I decided that it would be preferable to record as much detail as possible as these observations could help to understand the meanings of the interviewee, as well as the interaction between myself and the interviewee. The length of pauses, volume of speech, laughter, hesitations, repetitions, and overlaps were recorded where possible. Such detail was significant in considering interpretations at later analysis stages, when perhaps much of the experience of the interview would have been forgotten. Moreover, as the interviews were to be deposited in an archive it would be beneficial to retain as much of the context as possible. Other relevant information about the physical environment where the interview took place, how I felt the interview had gone, and any other further reflections about the interview, were also included.

Categorising and Coding the Data

Following the transcription stage, I began the process of familiarising with the data (Ritchie and Spencer, 2002). Each individual interview was read in paper form with notes. In this initial reading emerging, ideas and immediate reaction were recorded. Following the initial reading, I used NVivo to open code the data. Comparative data analysis took place. As data was coded, it was compared with other data with the same code.

Following the open coding I categorised my data. This involved grouping codes together according to some commonality between them. Data at this point became more abstract. Earlier stages of the analysis were more descriptive. Glaser (2002) highlights how grounded theory may not be applied successfully because of the researcher's inability to conceptualise data, therefore never moving beyond descriptive analysis. This is not to suggest that descriptive analysis is incorrect, but that there also needs to be a deeper level of conceptualising the data. Developing my analytical skills towards finding patterns was challenging and took time to develop. I wrote theoretical memos throughout the coding process. This helped to see relationships between code groupings. Whilst I found computer assisted analysis

helpful for the rigorous process of coding, I also created mind maps to take stock of the key themes that were emerging from my data, and used them as another tool to understand how there might be links between the themes and literature. Codes may not emerge from a blank canvas in grounded theory but originate from theories identified through literature. Arguably this is still theoretical analysis as codes may be later rejected or refined (Emmel, 2013).

Following this a selective coding phase took place. At this stage I decided whether there were relationships between the categories and why. Categories were made into themes in order to generate theory. This layer of analysis created an index to apply across the data (Ritchie and Spencer, 2002). More data was collected in relation to the categories. I combed through the data using the created categories. With the existing categories I looked at individuals, across the generations within each family, generations across the five families (e.g. all grandparents), and across families as a whole, searching for patterns across the data. Further summaries were made about new categories as themes were constructed. Themes that were interesting but did not fit with the research questions were later discarded. Concepts and themes that were identified in the literature were also considered.

Chapters were created alongside the generation of themes. In grounded theory, writing is a key part of the analysis process and is continuous. Moreover, there is a going back and forth between data, coding and categories (Charmaz, 2006). The chapters were constructed around the core categories, which had been subject to significant analytical consideration. There was already some flow to the categories as they had been analysed extensively. Categories were considered for their "power, purpose and patterns" (Charmaz, 2006:159). Many drafts were produced in order to reach the final chapters, and were not created one after another, but were constructed simultaneously. Also themes that were initially in one chapter were often later reorganised into another. To help organise relevant categories I wrote them down on post-it notes and reorganised the notes until a structure was settled upon (a method I had learnt through an ethnographic writing training course). It was also necessary to consider how the literature fit with the findings. The analysis needed to be comprehensible to an audience, thus there was another stage of consideration. Once the empirical chapter was written and the conclusion was

reached, it was necessary to go back through the chapter and run the final argument back through the paper.

The following diagram illustrates how chapters were finally generated from the process of coding.

1. Open Coding

E.g. 'always', **'**the right way', 'never', 'married', 'dysfunctional', 'closest'

2. Categorising Data

E.g. 'consistency through time', 'relationship types', 'morality'

3. Selective Coding

E.g. relationship between the categories – 'consistency through time

and relationship types'

4. Theorising

E.g. 'multigenerational practices', 'intergenerational identities'

5. Reorganising Themes across Chapters

6. Running Arguments through Chapters

7. Final Three Empirical Chapters Created

Multigenerational Families over Time: A Life-Course Analysis

A key point highlighted earlier, was the importance of context for social as well as natural phenomena. An individual's location within a context may result in a variety of social outcomes. Research into families therefore needs to appreciate different contextual levels (Roberts, 2002). To answer my research question it was necessary to draw together several social times, these included: the historical policy context,

generational time, and the told life story. Moreover, it was necessary to look within the time frame of the birth of the first generation through to the present day lives of all the generations. I also wanted to capture how present and past aspirations played out in future contexts.

Williams et al (1999: 180) suggests a model in which the level of individual and social structures may be brought together to create a fuller picture. She argues that there are four necessary dimensions to consider: the "welfare subject" who gives meaning to "identity, social positions and agency", the "social topography of enablement and constraint", where by meaning is given to "risks, opportunities and resources", the "discursive and institutional context of policy formation and implementation", and the "context dynamics of social and economic change". Furthermore, the complexity of each individual's life, as well as how it weaves into the lives of others needed to be captured, as Gladys Thwaite put it, "Our lives are all intertwined but they are very very separate" (*First generation, age 85).* Thus, analysing the intersection of multiple lives across generational and historical time proved to be a complex task.

In the initial attempts I reorganised the 'told story' into the 'lived life' of each of the families (Wengraf, 2000). The analysis was organised by family groups because my research questions required data about the interaction between generations. Thereby this form of analysis could map out what each generation was experiencing at the same time, whether it was shared between them or not (as how the group interview with the Thwaite family had worked out). I previously mentioned that timelines were not completed by all interviewees. However, it was necessary to obtain the sequence of events occurring from past to present in order to map the experience onto other contexts. This meant that a sequence had to be constructed from the information given in the interview. Where there was significant missing information the interviewee was re-contacted by telephone.

I composed tables for each family, recording their significant life-course moments that had been highlighted by the interviewees, as well as key moments that showed the flow of the interviewee's life course, selected by myself. I correlated this with historical context, age, generational position, as well as what had happened following the significant life-course moment. I considered what major historical

events were happening, values and practices across time, and social policies that occurred at the key moments of interviewees lives. It was also important to realise that the literature was the author's interpretation of past events.

These significant moments highlighted opportunity and constraints occurring at crucial life points that were often tied to care, needs and support. This allowed me to see how care, needs and support for specific family members worked out for different generations across time. It also meant I could examine where and why care, need and support values and practices might have been adopted, reworked or abandoned. This particular analysis formed the basis for much of chapter six which explored the intersection between life-course time and historical time. Each historical era explored was constructed through the life-course timings of interviewees, in particular the time in which a generation were caring for young children.

To gain further insight into how experiences unfold over time I analysed two rounds of interviews in two families. This afforded me the opportunity to see how accounts given in the present, without the colouration of past recollection, worked out in the future context.

Having set out the methodological underpinnings for this thesis I now turn to my empirical findings.

Chapter Five

Four-Generation Families: Needs, Traditions and Life-course Transitions

G2 Tracey Thwaite: Michelle, thinking about it, we are actually the wrong family to do.

(G4 Michelle Thwaite laughs)

G3 Katy Thwaite: Yeah we are, what do you call it, a dysfunctional family (laughs)

G2 Tracey Thwaite: Thinking about it, I've never thought about it this way, we are a dysfunctional family because there's only you (Gladys, G1) and my dad (married), after that I'm complicated (divorced), she's complicated (Katy G3 divorced), and she's complicated (Michelle G4 divorced)...

G3 Katy Thwaite: Family tree wise

G2 Tracey Thwaite: Family tree wise we are very complicated.

G1 Gladys Thwaite: We are aren't we...

G4 Michelle Thwaite: If it's what we consider to be...family we can do it can't we. *(G1 age 85, G2 age 67, G3 age 40, G4 age 22)*

Introduction

The difficulties that the Thwaites faced in fitting with the family tree definition of kinship highlights how an understanding of family operates on more than one level, specifically reflecting an individual's experience of what family is. As explored in chapter two, family as a concept continues to have relevance, and can shine a light

on the temporality of relationships (Edwards and Gillies, 2012). Family can be understood in terms of practices rather than structures (Morgan, 1996). The literature also indicated a trend in verticalised blood related family members (see chapter two statistics) as well as the continuing significance of kinship through time (Bengtson, 2001; Harris et al, 2006; Finch, 1989; Rosser and Harris, 1965, Townsend, 1957; Willmott & Young, 1957). Each of the five multigenerational families in this study may create family in distinct ways. The aim of this chapter is to explore how family is constituted in multigenerational families, with the purpose of illuminating the meaning of family across multiple generations, as well as understanding the significance it has for varied generations[2].

In the first part of the chapter, I look at practices of: living close together, living further apart, living within multigenerational households, and the fluctuations between these arrangements. I then explore how families are patterned by time and space, practicing different types of contact between generations. The significance of geographical distance for relationships depends on life-course patterns, and family practices. When families talk about being fair, they mean coming close together or creating a certain amount of distance, reducing pressure on one another; in doing so, they not only support one another, but demonstrate family. As discussed in chapter two, a useful concept employed is what Finch (2007) terms 'display', where practices can also indicate to others that you are family. Although the term 'display' itself may be problematic, as it could imply there is something disingenuous or rather contrived about family practices. Traditions such as Christmas and family meals, or doing what you think mums should do, are ways in which family is demonstrated to others.

Family Trees of Four-Generation Families

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[2] A description of each of the families can be found in appendix A.

The five intergenerational families who took part in the study were constituted in different ways. The following family trees show the composition of the four-generation lineage, as well as those family members who were indicated as part of the structural sense of family. The trees are presented here as a way of introducing the families, and showing (through highlighted names) those who were interviewed, and where they were positioned in relation to the overall constellation of family members.

FIGURE 1 THE WILKINSON FAMILY TREE

The Wilkinson Family

Key for Family Trees

Marriage or partnership

Descendant

Interviewee

– – – – Half sibling

ADAM
Grandfather generation
(Deceased)

DEBORAH
Grandmother generation

BERNARD
Great grandfather generation
(Deceased)

SARAH
Great grandmother generation
Age 98
Retired seamstress

MARY
Grandmother generation
Age 70
Retired Caterer

PAUL
Grandfather generation
Age 73
Management position in
public sector

MAUREEN
Grandmother generation

NICOLA
Mother generation

BEN
Father generation

KATRINA
Mother generation
Age 46
Full time higher professional

REBECCA
Professional occupation
Age 49

CHRIS
Child generation

JAMES
Child generation

TOM
Child generation

KELLY
Child generation
Age 6

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FIGURE 2 THE NEWIS FAMILY TREE

The Newis Family

HELEN
Great-great grandmother generation
Housemaid (Deceased)

GEORGE
Great grandfather generation

EDITH
Great grandmother generation
Age 90
Retired Office Worker

KEVIN
Grandfather
generation

ANN
Grandmother generation

JEAN
Grandmother generation
Age 65
Retired Secretary

JOE
Grandfather generation
Age 67
Retired

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KEVIN
Father generation
(Deceased one
year after family
interviews)

VALERIE
Grandmother

ROGER
Grandfather

HELEN
Mother generation
Age 36 Unemployed

MARTIN
Father generation

CLAIRE
Mother generation
Professional
occupation

JACK
Father generation
Age 33
Lower Professional

GRACE
Child generation Age 4

ALEX
Child generation

FIGURE 3 THE BUCKINGHAM FAMILY TREE

The Buckingham Family

RITA
Great grandmother generation Age 76
Retired Care Home Worker

GILLIAN
Grandmother generation
Age 52

DAVID
Grandfather generation
Unemployed

DIANE
Grandmother generation
Age 55
Pharmacist

DONNA
Mother generation
Age 27

IAN
Grandfather generation
(although not grandfather
in reality)
Age 42

CALLUM
Father
generation
Age 27

LOUISE
Mother generation
Age 30
Owns accountancy firm
Full time

RUSSELL
Father generation
Age 36
Retail Manager
Full time

JORDAN
Father
generation
Age 30

RYAN
Father generation
(Although not
father in reality)
Age 17

LUKE
Father generation
(Although not father
in reality)
Age 15

DAISY
Child generation
Age 2

RUBY
Child generation
Age 4

ALFIE
Child generation
Age 4

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FIGURE 4 THE THWAITE FAMILY TREE

The Thwaite Family

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FIGURE 5 THE PARKER FAMILY TREE

The Parker Family

HENRY	IRENE	MILLIE
Great-great grandfather generation (Deceased)	Great-great grandmother generation (Deceased)	Great-great grandmother generation Chief nursing officer (Deceased)

CAROL
Great-grandmother generation

IRIS
Great grandmother generation Age 73
Retired nurse/health visitor

DEREK
Great grandfather generation Age 75
Retired

JESS
Grandmother generation

JEREMY
Grandfather generation Age 50
Small business owner/full time

ANDREA
Grandmother generation Age 61
Retired Nurse

HAYLEY
Mother generation Age 32
Works full time

SAM
Father generation Age 25
Works full time in Jeremy's small business

HARRY
Child generation
Age 5 months

NATALIE
Parent generation (but not actually a mother)
Age 23 Volunteering

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The interviewed family members were part of verticalised four-generation families. Furthermore, none of the interviewed younger generations had more than two biological siblings. The older generations were more likely to have a greater number of siblings. However, in many of the cases, the siblings had passed away. In the Buckingham family, Rita (G1) had six siblings in the past, four sisters and two brothers; however the two brothers had passed away. Diane (G2) had one sister, Gillian (G2), and one brother, Ian (G2). Louise (G3) had one sister, Donna (G3). However, sibling relationships were more complex in the Wilkinson and Thwaite families as they became more horizontal through half brother Tom, for Kelly Wikinson (G4) and step siblings Abby and Jamie for Michelle Thwaite (G4). Kelly Wilkinson (G4) felt Tom as a 'full' sibling. Michelle was emotionally close to Abby in particular, but it was not clear how much she considered them both as 'full' siblings.

Across the sample there were some differences in the ages of generations as well as the age gaps between generations. In the Wilkinson family, the ages between the three oldest generations, Sarah (G1, age 98), Mary (G2, age 70), Paul (G2, age 73), and Katrina (G3, age 46) were closely layered. The ages were far more dispersed in the younger generations, as Katrina (G3) had her daughter Kelly (G4, age 6) at 40 years old. This was the largest age gap between generations in the families. Sarah (G1) was the oldest great grandmother, and Katrina the oldest mother.

By contrast, in the Thwaite family the ages between Gladys (G1, age 85), Tracey (G2, age 67) Katy (G3, age 40) and Michelle (G4, age 22) were more mixed. There had been some teenage pregnancies in the family; both Gladys (G1) and Katy (G3) had a child at 18 years old. However, Tracey (G2) had Katy (G3) at 27 years of age. Relationships in the Thwaite family were more complex as the three younger generations had all divorced at some time.

There were also age differences between partners which complicated the picture further. This was particularly the case in the Parker family. Iris (G1) was the youngest great grandparent at 73. Iris (G1) had Jeremy (G2, age 50) when she was 23, and Derek (G1) was 25. Jeremy (G2) was 25 when Sam (G3, age 25) was born, but Andrea (G2) was 36. A similar age gap between partners occurred for the third

generations. Hayley (G3) was 32 and Sam (G3) 25 when Harry (G4) was born. Sam (G3) was also the youngest parent generation in the sample.

Thus, there were distinct differences in how each of the five four-generation families was composed. In the following, I consider the living arrangements of the Wilkinson, Buckingham, Newis, Thwaite and Parker families.

Living Arrangements across Four-Generation Families

I begin with an analysis of how the life-course shapes four-generation families, resulting in families living close together, living further apart, and within a multigenerational household. The living arrangements they create are a reflection of demonstrations of support, as well as moral considerations, balancing privacy, need and independence. I show how life-course transitions are connected with gender identity and intergenerational identity, and feed into the way that families are temporally constituted across time.

Living Close Together

Elder (1998) highlights that rather than being confined to the individual, need is shared across generations. In this study, living close together was a functional way of managing prolonged periods of need across generations. When the generations are closely layered together, for example through several teenage pregnancies across generations, living close together can be a pattern for maintaining and demonstrating support. Four of the four-generation families lived within 15 miles of one another. Within these close distances, some generations lived closer together than others. The following illustrates this with the cases of the Parker and Thwaite families.

On the first visit to the Parkers, generations two, three and four lived within walking distance of each other. Harry (G4) was five months old during the first interviews

and lived with his parents Hayley, age 32, and Sam age, 25 (G3). They lived in a metropolitan borough one mile from the city centre. Sam's parents, Jeremy and Andrea (G2), lived in a semi detached house within a few hundred metres of their son and daughter-in-law. Occasionally Natalie (Sam's sister, G3, age 23 with no children) lived in the house. Iris, age 73, and Derek, age 75, (G1, parents of Jeremy) lived four miles from the other generations. Hayley's mother (G2) lived only a few streets away.

Jeremy (G2) felt that having daily contact made a significant difference to the kind of relationships he had with others. When drawing out his relational map[3], Jeremy (G2) indicated that frequent contact meant the difference between close family circles and the periphery of emotional relationships. Living close together was an important method of facilitating this. He felt that "in reality that's what happens. If [family members] move further away...you're not in their lives as much". Sam (G3) and Jeremy (G2) had a very close relationship, and worked side by side in the family business.

As mentioned, male generations in the Parker family were fairly closely layered by age, which meant that across time, periods of need were very closely spaced together. Sam and Hayley (G3) had a child when Sam was 25. They were both working full time, and relied on their parents (G2) for help with childcare. From the age of 15, Sam (G3) needed a lot of support as he fell ill with cancer. Jeremy (G2) feared the possible return of Sam's cancer. A period of vulnerability was prolonged, and therefore living close together meant that generations could 'be there' for one another very easily.

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[3] A relational map was drawn by interviewees, which indicated who they felt emotionally closest to.

FIGURE 6 THE PARKER FAMILY: MAP OF LIVING ARRANGEMENTS

The Parker Family
(Interviewees in bold)

Privately owned semi detached house in a suburb

G1 Iris Parker
G1 Derek Parker

Semi detached house in a suburb

G3 Sam Parker
G3 Hayley Parker
G4 Harry Parker

G3 Natalie Parker
(Occasionally lives here)

Semi detached house in a suburb

G2 Jeremy Parker
G2 Andrea Parker
G3 Natalie Parker (Natalie lives occasionally in this house)

4 Miles from Iris and Derek

350 Miles from Iris and Derek

The Thwaites were also living close together. The three older generations of the Thwaite family all lived within one mile of one another in a busy market town in the countryside. Gladys (G1, age 85) lived in a small bungalow on a small council estate almost on the main street of the town. Tracey (G2, age 67) lived in a house in the town approximately a mile from Gladys. Katy (G3, age 40) lived in a council house a mile from the centre, and Michelle (G4, age 23) lived in a house she shared with a friend approximately a mile and a half away in a nearby village.

Like the Parkers, the Thwaites were also closely layered by age. Across the three older generations of the Thwaite family, there had been a young unexpected pregnancy before marriage. At the age of 18, Katy (G3) fell pregnant and received significant support from both her parents. At this stage, as I will discuss further on, the family formed a multigenerational household. When Katy (G3) eventually found her own local authority home, she moved close to her mother and grandmother, which was also near her place of work. This was essential for Katy Thwaite (G3) because she was unable to afford a car or public transport. Living close to her family had been the only way to manage needs, and have contact across generations at that time.

Also, the employment patterns of the three older generations continued to anchor them in the same locality. All three generations had worked in the same building that began life as a mill, and became a factory when the oldest generation retired. Industrial time was implicated in the biographies of successive generations. Hareven's (1982/1993) study revealed how industrial time could regulate family time, and how families adapted to the changes. All three of the older generations felt more continuity, as if "nothing changes" in their lives, instilled in the locality in which they all worked at some time.

At the time of interview, the oldest generation in the family, Gladys (G1), was in need of support. As all the generations lived close together, two different generations were able to support Gladys, but also give each other physical distance. As Gladys mentioned, "all our lives are intertwined but they are very very separate". Rosenmayr and Kockeis (1963) describe this as 'intimacy at a distance', where older people want space between themselves and their children, but still want to feel a sense of close ties and support when needed.

FIGURE 7 THE THWAITE FAMILY: MAP OF LIVING ARRANGEMENTS

The Thwaite Family
(Interviewees in bold)

Council sheltered housing in market town

G1 Gladys Thwaite

G3 Katy Thwaite

G3 Chris

G2 Tracey Thwaite

1 ½ Miles from Gladys

1 Mile from Gladys

G4 Michelle Thwaite

1 Mile from Gladys

1 Mile from Gladys

Council house

G3 Billy Thwaite (Tracey's son)
G4 Alfie Thwaite
G4 Chloe Thwaite
G4 Mary Sue Thwaite
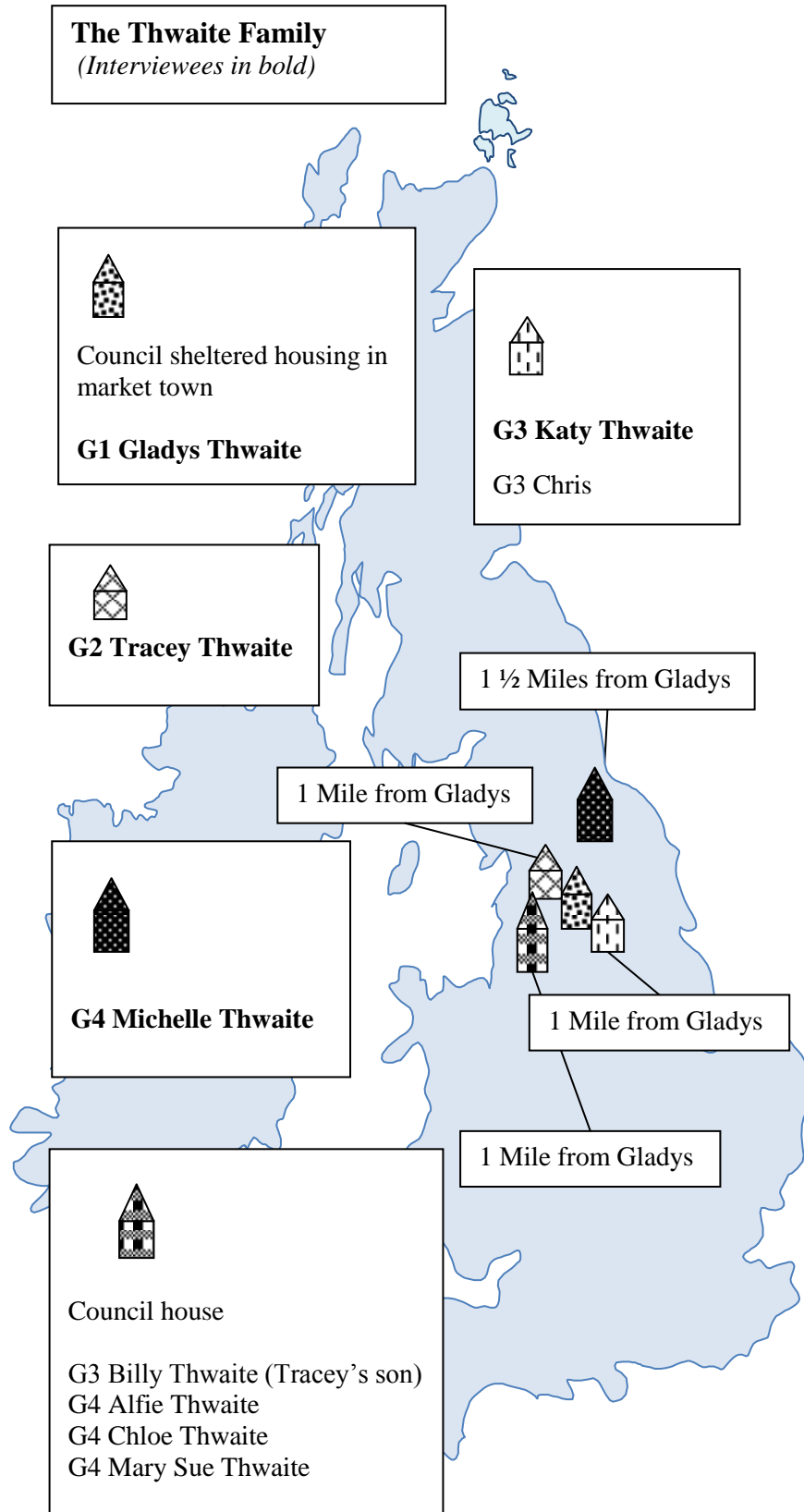
In contrast to Jeremy Parker (G2), for the Thwaite family, living close together was not necessarily about demonstrating support but was a consequence of vulnerability and need over successive generations over time. As there was always one generation in need, staying close together was a practical arrangement. Contrary to the Thwaite family's belief, or perhaps presentation[4], that they were a 'dysfunctional family', past times had woven living arrangements and patterns of support that continued into the present.

Living Further Apart

Research has suggested that some individuals may be 'distance thinkers' preferring to work close relationships from a distance, whilst others prefer to live close together (Mason, 1999). Across this sample, most generations lived close to one another, however, at particular life-course times they had moved further apart. Those generations that were not in need, and where their parents or children did not need support, were more likely to move away, establishing and demonstrating their own independence.

The needs of generations were not static. Life-course transitions could see new needs or resources created, with geographical distances sometimes being a barrier. In these circumstances generations 'negotiated' (Finch and Mason, 1993) the best solution, and relationships could alter as a result. In the following case, Helen Newis (G3) account explores what happened when she fell ill.

Whilst older generations Edith Newis (G1), Jean and Joe Newis (G2), as well as Ann (G2) and Kevin (G2) lived close together, the distance between the third and second generations was greater. Jean (G2, age 65) lived in a suburb six miles south of the centre of the city where Edith (G1) lived. Helen Newis (G3), Jack Newis and Grace Newis (G4) lived in a suburb of another city 40 miles away.

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[4] It could be that the context of the interview in which all generations participated, led members of the Thwaite family to identify themselves in this way. The presence of other family members could have led them to anticipate the judgements of others.

FIGURE 8 THE NEWIS FAMILY: MAP OF LIVING ARRANGEMENTS

The Newis Family
(Interviewees in bold)

Council terraced house in student area of city

G1 Edith Newis

Semi detached house in suburb

G3 Helen Newis (Jean's daughter)
G3 Jack Newis
G4 Grace Newis

G2 Jean Newis (Edith's daughter)
G2 Joe Newis

G2 Valerie G2 Roger (Jack's parents)
Little involvement

10 Miles from Edith

40 Miles from Edith

1 Mile from Edith

G2 Ann Newis (Edith's daughter)
G2 Kevin Newis

6 Miles from Edith

6 Miles from Edith

G3 Martin Newis (Jean's son)
G3 Claire Newis

Jack and Helen (G3) lived at a distance from their parents, "because Jack got a job up here. When Jack finished university we moved up to [a different city]". (Helen, G3, age 36). In doing so, the matrilineal kin keepers were geographically spread.

This arrangement had worked well for the family in its initial arrangement, as they preferred 'intimacy at a distance'; as Jean (G2) comments, "we are always there if we need it but we don't invade". However, quite unexpectedly, Helen's and Jack's (G3) health deteriorated. Joe Newis (G2), Helen's father, was also suffering from mental health problems which worsened over time[5]. Helen had been a key supporter in the family when needs arose, "When I was well enough I did a lot for them. I was kind of the main person that did things for them". The geographical distance between them became an obstacle as both generations could not use transport, and Helen (G3) had hearing problems which made using the phone difficult. Whilst both mother and daughter wanted to support one another, neither of the generations wanted to live close together, they preferred the distance with occasional contact.

> **Helen Newis:** And I keep feeling that we are going to kind of end of up moving back to [Northern English city] but...I don't want to become a burden to them because of my problems, because they've kind of got enough of their own but...with all these different issues going on, it makes it difficult for us to see each other...I kinda feel quite bad really...like I've abandoned her. *(Third generation, age 36)*

Striking a balance between support and privacy increased in complexity as the health fluctuations they experienced made it extremely difficult to navigate. The distance which was created out of a desire to be fair between generations, became a sign of lack of care from the perspective of the older generation.

> **Jean Newis:** I don't know whether my children will give the same amount of attention that we've given to my mum...Different generations' different priorities I suppose...It's a shame that families now are so

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[5] Two years after the interview Joe Newis (G2) had to move into a nursing home for six months because of his health problems.

disjointed in some respects...People used to live in closer proximity to each other *(Second generation, age 65)*

The Buckingham family were also living further apart. Between Diane (G2) and Rita (G1) there were approximately 20 miles. Rita (G1) lived alone in a small private flat in a small complex. She lived in a town in between two Northern English cities. Diane and David (G2) lived east of Rita in the suburbs of a Northern English city. Louise and Russell lived approximately ten miles away from Diane and David (G2), and ten miles east of Rita (G1). Whilst the distances were not greatly significant, like the Newis family, in practice lack of access to transport made the distances much greater. Rita (G1) Diane (G2) and also Russell (G3) were unable to drive.

As will be explored in greater detail at the beginning of chapter six, there were often close emotional groups that formed within kinship structures. In the Buckingham family, Rita (G1), Diane (G2) and Louise (G3) formed the core support network for each other, as well as having close child parent bonds that held the three generations together. Interestingly, Donna (G3) who lived only approximately ten miles from Rita (G1) had less contact with the family. However, Rita was had some strong feelings about her other two children, Ian and Gillian (G2), as well as some of her grandchildren, Callum, Jordon, Ryan and Luke (G3), living in Australia. Not all those that lived in Australia had moved there at once. Gillian (G2) had only moved a year before the interview, whereas Ian (G2) had been there for 12 years.

An interesting comparison can be drawn from looking down the different sections of the Buckingham lineage, about where the emotional sense of family lies. For Rita (G1) geographical proximity was important to her sense of what family is. Moving as far as Australia, she felt "I don't think it's right". Similar to Jean Newis (G3), she thought that family ought to be kept in close proximity. Rita (G1), Diane (G2) and Louise (G3) Buckingham only some miles apart, were held together through Louise (G3) who could drive. These three women were emotionally close to one another. However, Gillian (G2) was seen as breaking family bonds for having moved away to Australia.

FIGURE 9 THE BUCKINGHAM FAMILY: MAP OF LIVING ARRANGEMENTS

The Buckingham Family
(Interviewees in bold)

G3 Louise Buckingham
G3 Russell Buckingham
G4 Daisy Buckingham

G3 Donna
Buckingham
G4 Ruby
Buckingham

G2 Gillian Buckingham

G2 Diane Buckingham
G2 David Buckingham

G3 Jordan Buckingham
(Gillian's son)
G3 Claire Buckingham
G4 Alfie Buckingham

10 Miles

10 Miles

G3 Callum Buckingham
(Gilligan's son)
G3 Vanessa Buckingham

Private flat in a
complex with no stairs
G1 Rita Buckingham

G2 Ian Buckingham
G2 Gale Buckingham
G3 Ryan Buckingham
G3 Luke Buckingham

Australia

(Rita stays here a few
months every year).

Thus in the Buckingham family, living further apart could work because of transport provided by Louise (G3). But, significant distances were a mark of breaking up family. In the Newis case, living further apart became problematic causing some friction in relationships.

Living further away was also tied to life-course transitions. Helen Newis (G3) had moved further away when she was younger. Parents anticipated their children leaving, but still felt some anxiety over it. Jeremy Parker (G2) described how his wife Andrea Parker (G2) struggled more than him with the migration of their daughter Natalie (G3) to another country. Jean Newis (G2) also talked about her daughter Helen (G3) moving away several years before.

> **Jeremy Parker:** When your kids move away, you think, oh. I think Andrea particularly found it harder to accept, but Natalie is 22 now - she shouldn't be bossing her around. *(Second generation, age 50)*

> **Jean Newis:** I was absolutely devastated when Helen left home... I think it's just something mums' go through... It was a real trauma (laughs) - you feel like you're no longer needed. You've got all this spare room...and all the things have gone. It's sort of akin to bereavement really. They pack up all their things and off they go. *(Second generation, age 65)*

As women's identity is often closely associated with care giving (Tronto, 1993), women may be affected by separation from those they have been giving care to in the same way that (men and women) workers might feel on reaching retirement (Phillipson, 1982; Townsend, 1957). They feel 'no longer needed', although this may be short lived as older women find new caring responsibilities (Phillipson, 1982). Jeremy Parker (G2) and Jean Newis (G2) both highlight that there is a maternal transition in power and need. From Jeremy Parker's (G2) perspective his wife "shouldn't be bossing [Natalie (G3)] around", and Jean Newis felt "you're no longer needed". Moving away was strongly associated with changes in relationship dynamics. In addition, Jean consciously notes that this is a shared experience of mothers.

Multigenerational Households

One family, the Wilkinsons, lived in a multigenerational household. However, past generations of all the families had at some point had a multigenerational household, consisting of adult children and their parents.

Sarah (G1, age 98), Mary (G2, age 70), Paul (G2, age, 73) and Rebecca (G3, age 49) all lived in the same house, owned by Mary and Paul. They created a multigenerational household to manage multiple needs.

Whilst the births of the children had been closely layered in the older generations, they were very dispersed in younger generations, as Katrina (G3) had her daughter at 40 years old. Consequently, their intergenerational dependencies occurred simultaneously in both the oldest and youngest generation. Sarah (G1) had become frail, and could unpredictably fall at any moment. Mary (G2) supported her mother who lived with them in the house through making her meals, doing her shopping and cleaning. Paul said he also helped, but Mary felt she did everything herself. Katrina (G3, age 46) and her partner Ben lived approximately five miles from the house with their daughter Kelly (G4, age 6). Katrina and Ben worked full time. The family organised for Kelly (G4) to go to the school close to her grandparents rather than their own house, so that Mary (and to some extent Paul, G2), and Kelly's other grandmother Maureen (G2), could care for her after school.

Mary (G2) was the key kin keeper in the family. To coordinate the different generations' family, social and industrial times, she had to pull them together into a smaller geographical space. This scenario has been termed the 'sandwich' (Kunemund, 2006), 'pivot' (Mooney et al, 2002) or 'middle' (Brody, 1981) generation, where one generation in an intergenerational lineage finds themselves caring for older and younger generations.

The Newis family, who lived further apart, and the Wilkinson's who lived in a multigenerational household and close by, had negotiated the same balances between privacy and need, but in different ways. In one case the generations lived close together, in the other, practical constraints continue to keep them apart.

FIGURE 10 THE WILKINSON FAMILY: MAP OF LIVING ARRANGEMENTS

The Wilkinson Family
(Interviewees in bold)

Privately owned semidetached house in a leafy suburb. Described by 2G Katrina, as the family home.

1G Sarah Wilkinson (For three months) (sold home)
2G Mary Wilkinson
2G Paul Wilkinson
3G Rebecca Wilkinson

1G Sarah Wilkinson (For three months)
2G Deborah Wilkinson

5 Miles

5 Miles

3G Katrina Wilkinson
3G Ben Wilkinson
4G Kelly Wilkinson
4G Tom Wilkinson
(Ben's son from a previous marriage).

200 Miles

2G Maureen
2G Bill
(Ben's parents)

The emotional distances between generations were themselves subjectively interpreted as being physically near or far, partly dependent on their access to transport.

The Wilkinson family had to compromise the privacy that the Newis family, who had maintained geographic distance, held on to. Whilst several generations of the Wilkinsons lived in the same household, they still preferred distance between one another. The oldest generation came to form a multigenerational household only when she was at a period of vulnerability. For most of her older age, Sarah Wilkinson (G1) had lived within her own household. 'Intimacy at a distance' became increasingly difficult, much like the Newis', and in the past experiences of the Thwaite family. To help create privacy they developed practices within the household to respect each other's rhythms of time. Whilst three generations shared the same household, areas of the house were divided into spaces where generations would spend most their time. For example, Rebecca Wilkinson (G3) usually kept to herself living in the attic room. When living arrangements were being negotiated, the generations were keen to respect each other's opinion.

> **Sarah Wilkinson:** They said we're not going to force you to live with us...you must please yourself you know. (*First generation, age 98*)

Despite attempts to curb over involvement in each other's lives there were some tensions, particularly between child-parent dyads, as autonomy was challenged. Need is closely associated with power in relationships. Just as it has been shown how people with disabilities can be infantilised as independence and autonomy become confused (Shakespeare, 2000), so the same may occur for the oldest generation in multigenerational households.

As I mentioned, at the same time as the multigenerational living arrangement of older generations: Sarah (G1), Mary (G2), Paul (G2) as well as Rebecca (G3); Katrina (G3), Ben (G3), Kelly (G4) and Tom (G4) were living close by because they needed help from the second generations with childcare. When Katrina Wilkinson (G3) was younger she had moved away from her parents. She "had always said that to achieve something you can't end up where you were born and all those types of stupid things that you think". After some years she returned to the

neighbourhood, although she continued to prefer living independently of her parents. Yet her new position as a mother kept her in place, because of the dependency of her child, but also because of her new intergenerational identity. In the following quotation, Katrina Wilkinson (G3) describes how her identity transformed on becoming a mother. She had previously had a closer relationship with her father, than her mother, but this changed.

> **Katrina Wilkinson:** My dad was away quite a lot. My mum used to do a lot of the caring when we were being brought up. My dad had to do a lot, but we were inseparable at one stage. My dad says oh you don't come to me like you used to do. It's definitely changed my relationship over the years, because my dad and I always used to go to the football, and he always jokes I was the boy that they never had...It's changed...I can understand some of the things my mum used to do when we were little. I was like, why why?! But you change very much when you become a parent. It's very strange. Quite subtle in some respects, but everything you do is for the security of that person, and I think that has a massive impact really. And my relationship with my mum has improved drastically since I had her...I've always felt that my sister and mum are very similar, and my dad and I were probably very similar as well. But we've always had that clash, and my parents have always clashed as well...As I've got older I've probably clashed still with my father very much but I don't with my sister and my mum anymore... My friend says you speak to your mum all the time, whereas as I say, when I was at college I would never of thought about saying, I'm having a bad day...I might do it if I needed something...If I couldn't afford to pay the food bill or something, but I'd never just say 'what are you doing today?' which is what I'm doing now. *(Third generation, age 46)*

Interestingly, just as the Parker family, close relationships had in a sense flowed through matri- and patrilineal generations (as Katrina was 'the boy they never had'). This was until Katrina became a mother herself and forged a closer bond with her own mother. According to Harris et al (2006), the transition to parenthood increases the importance of the extended family. In the Wilkinson family, Mary (G2) was

seen as the main carer, but when her daughter Katrina (G3) became a mother, the relationship between them transformed. As her father Paul (G2) did not demonstrate family through care giving like Mary (G2), on finding a situation in which she was expected to be a carer, Katrina became close to the family member that had demonstrated support in this feminised way in the past. Katrina (G3) still felt a desire to move away again, but felt she needed to be there for her parents. Katrina's mother Mary (G2) could not understand Katrina's desire to move away in the future, whilst her father encouraged it.

Being within the same household could have transformative properties for relationships if it was strongly correlated with a demonstration of support. Jean Newis (G2) lived with her grandmother as a child who she felt "was so much part of our lives, because she lived with us". Jean was very close to her and had subsequently named her own daughter after her. On the other hand, it was evident that despite having a close relationship, Edith, her husband, and Edith's mother, had some tensions. When Edith Newis (G1), "became the housewife proper" she also commented "I suppose we had tears". Jean Newis (G2) thought "mum and dad probably didn't get as much privacy as they would have liked". As in the case of the Wilkinsons, the autonomy of the generations was put under pressure. Whilst tensions could exist between parent and children these were rare. The ages of the generations are also significant to this. Jean Newis (G2) may have felt less constrained because she had been a child at the time she lived with her grandmother.

The evidence presented here shows the patterns of intergenerational relations living close together, living further apart or sharing the same household. In each case there is a balancing act between autonomy and dependency, and between connection and separation. However, the typology above may need some qualification. Firstly, not all generations in each of the families fit into the same category. There were outliers. Younger generations were more likely to be further away from their older generations. Also, where generations were closely knit there was a core generation holding family together. Secondly, patterns are not static. As I show in the following, family shifts through different life course moments.

Fluctuating Family Constellations

Having discussed these three main types of living practices, it was also clear that four-generation constellations often shifted over time in relation to needs, traditions and life-course transitions. Depending on how the family is constituted there is a fluidity of family contact and living arrangements. Parents wanted to support their children when they were in need, and older children felt it was fair to look after their parents when they were in need. Support more often flows down generations but younger generations tend to give more to their parents as they reach older age (Attias-Donfut and Wolff, 1999; Finch, 1989). Moreover, the intergenerational stake hypothesis indicates that older generations have a greater stake in their relationship with younger family members, but this relationship can shift over time (Giarrusso et al 1995; Hodgeson, 1995; Hoff, 2007). Moments of vulnerability for generations increased the possibility of close living arrangements and frequency of contact. When there was ill health, poverty, teenage pregnancy, divorce, death of a partner or a world war, generations often attempted to draw geographically closer together to support each other. In particular, older people and their children have been found to live closer as they age (Silverstein et al, 1995). These fluctuating constellations at different life-course moments could impact upon the relationships and constellations into the future. Patterns of support could therefore be seen in part as a continuation of particular catalysts in the past.

The following example shows how intergenerational identity shifts are timed in relation to life-course events. In the Thwaite family, both the third generation and the fourth generation moved to and from the home of Tracey (G2). Michelle (G4) returned to her grandmother's house when she divorced her husband at 22 years old. Katy (G3) returned twice, once when she became pregnant at 18 and the second time because she got divorced and faced financial difficulties. The move was justified by Tracey (G2) because "it was just easier that way with there being three of us so that we could just work. She were never left [on her own]" (Tracey, G2). Whilst both Tracey (G2) and Katy (G3) felt that it was a "rebellious bit" of her life, her mother still wanted to provide support for her. By calling it a rebellious *period*, Tracey legitimises the help she gives Katy and casts it as temporary. Once Michelle Thwaite (G4) was born, the second generations Tracey (G2) and stepfather Pete

(G2, deceased) were heads of the household and could also have been the main care givers. The following extract shows who Michelle (G4) turned to in times of vulnerability.

G2 Tracey Thwaite: I mean I have Katy over most days, but she (Michelle G4) only rings me when she thinks about it

G4 Michelle Thwaite: I ring you all the time

G2 Tracey Thwaite: I don't expect you to be there but just let me know that you're alright because you know we've always been pretty close...

G4 Michelle Thwaite: I ring you more than I ring [Katy]

G2 Tracey Thwaite: Well yes you do...

G4 Michelle Thwaite: I think it's because of our age [Katy] being younger and everything. We used to fight a lot...

G2 Tracey Thwaite: I would go shopping with Katy and there was no problem, but when they were both together you notice how much alike [they were]. They both like to be in command.

G4 Michelle Thwaite: You walk away and leave us

G2 Tracey Thwaite: I walk away and leave *(G1 age 85, G2 age 67, G3 age 40, G4 age 22)*

In the years that passed since that crucial moment when all three generations decided to live together, relationships continued to be affected by it. At 22 years old, in times of need, Michelle would often turn to her grandmother rather than her mother for support. This is shown through who Michelle would be more likely to make contact, and the fact that she moved back in with her grandmother. In this way the emotional fulcrum in the relationship shifted away from the mother/daughter dyad. The multigenerational household that they once shared was a reflection of those earlier life-course times. The relationship between Michelle and Katy seemed to be more like sisters than parent and child (although this could be more related with age), and the grandparent had almost become the parent to both of them. In a

study of disadvantaged working-class grandparents, Hughes and Emmel (2012) found that grandchildren who live with their grandparents may have a more significant role in shaping their grandchildren's lives compared to grandparents living outside the home, who may play a more 'supplementary' role. Such findings are also reflected here.

When Michelle (G4) was able to move further away from her family she had less contact with them. She had spent time living in a house with just her mother, but once she moved away their relationship improved, "it got better as soon as I moved out" (Michelle Thwaite, G4). Michelle struggled to live independently when she got divorced, and was still a full-time student at university, despite also taking part-time work. She had to return to her grandmothers because of financial difficulties.

For the Parker family, things appeared differently. The two older generations Jeremy (G2) and Iris (G1) supported Natalie (G3) financially and through accommodation so that she was able to pursue her career. She moved back in with her parents following university.

> **Jeremy Parker:** She can't get a job doing what she wants to do so she's having to volunteer for projects...It didn't seem like such a financial burden as such you know...*It just seemed reasonable* and you wanted to give her more than she asked for ... everything she does is considerate so from that sort of respect. Anything she wants to do I'll support her you know and that financially. When she comes back she comes back here. *(Second generation, age 52, second interview)*

> **Iris Parker:** I'm very close to Natalie really. I've helped her a lot really; you know money wise really when she was at university...so that she had enough money. That's probably why I stopped on at work actually, so that I'd have enough money to...help Natalie...'cos she's composed and focused. You never hear her say a bad word. She's a wonderful girl. *(First generation, age 76, first interview)*

In the Parker family, the younger person, Natalie (G3), returns to her parent's house when she needs more support. Rather than feeling a 'burden', an imbalance in support, Jeremy felt that Natalie was his 'responsibility'. Iris Parker (G1) also

helped Natalie and equally did so, on the basis that it was fair under the circumstances. Both felt that they need to justify why it is acceptable to help Natalie, in the same way Tracey Thwaite (G2) felt she needed to justify her daughter living in the same household.

When Jeremy's daughter Natalie Parker (G3, age 23) did leave home a few months later, Jeremy felt a transition in responsibility from one generation to the next when his son Sam Parker (G3) had his child.

> **Jeremy Parker:** He's become part of the fabric of our lifestyle now and in that time Natalie (Jeremy's daughter) has gone to live in [European country], so we've sort of like got a bit more responsibility and a bit less responsibility. She's over there and in a way *it's a disruption, not a disruption in a bad way* but you know it's different to how we've sort of done things before. I think Andrea and myself have sort of got on with life and done what we've needed to do...but *we just sort of seem to be fitting in with what's happening*. What do they want to do?...Apart from the little bit of responsibility with Harry which is nice...we've got more time to spend together and do what we want...In general I feel that our kids have sort of grown up and gone now. *(Second generation, age 50, second interview. Emphasis added)*

Jeremy's (G2) children took different pathways and at different times of the life course. Whilst daughter Natalie (G3, age 23) went to university, struggled to find a job and moved back and forth to her parents' home, son Sam (G3, age 25) left home, married and had a child, but lives across the road. These different pathways had an impact on Jeremy and Andrea (G2). The moment they slipped out of responsibility supporting their daughter, they immediately found themselves with another responsibility. Relationships have not become conflicted, as Jeremy says "not a disruption in a bad way", but it has meant that to synchronise with their children's life transitions Jeremy and Andrea have had to 'fit in'. As the generations are closely layered, his daughter stayed in the family home for longer and his son now needs help.

Family is reworked continuously in response to family needs according to what is perceived as fair, creating serial responsibilities for parents. Younger people who leave university for example, do not always move sequentially into employment, although it has an impact on social mobility. The parental home continues to be an important base during periods of instability. Between 2001 and 2011, there has been a 28% increase in those not living in 'one family' households (ONS, 2013c). This has mainly been related with younger people moving to and from their parental home. In 2012, 59% of 50-54 year olds lived with their children (Kneale, 2012). It has been suggested that there may be a 'burden' on parents as they support younger generations as well as older generations (Sage et al, 2012). Both Natalie Parker (G3) and Michelle Thwaite (G4) were the first in their families to go to university and move further away from home but this was not a permanent move and they returned to live with family. Older generations and their older children may also move geographically closer together, within the same household in some cases, when older generations are in need (Silverstein et al, 1995). These fluctuations can work against the grain of anticipated life-course timings and phases, particularly in four-generation constellations where there may be multiple levels of need and resource coinciding at the same time.

There is evidence to suggest that, historically, the transition out of the parental home has not always been an immediate one-stage transition (Mitchell, 2006). Moving back to and staying within the parental home in young adulthood reflected the needs that arose in particular historical eras. During the war years, some of the women became 'single parents' for a time. Sarah Wilkinson (G1) moved in with her brother when her husband was away during the war. Gladys Thwaite (G1) describes one of the biggest moments in her life as having her daughter whilst her then partner was fighting in the Second World War, and continuing to live with her parents. Edith and George Newis (G1) returned to live with Edith's mother to support her and themselves.

Thus, living arrangements often moved in often nonlinear patterns, reflecting the different life-course and historical times of the generations as their sense of family shifted.

Family Time: Needs, Traditions and Relationships

In the following, I show how contact between generations is a reflection of times and spaces that restrict options, and are used creatively by individuals to give support and demonstrate family between generations. Individuals negotiate within particular intergenerational times, respecting needs and traditions, about how family should be fairly constituted, but "events and circumstances are experienced against a shifting backdrop rather than a static one" (Bytheway, 2011: 55). Thus rather than traditions melting away (Bauman, 2002; Beck and Beck-Gernsheim, 2002; Giddens, 1991), they form part of the new circumstances in which individuals negotiate the 'right thing to do' (Finch, 1989; Williams, 2004). They are guided by the ethics of care. As a result, negotiations create a spectrum of temporal practices including; daily contact, intensive contact every few months, weekend and weekly contact time. I explore how these patterns operate through 'core' generations, keepers of the intergenerational lineage.

Daily visits: "the fabric of our lifestyle"

Daily contact between generations occurred when there was close geographical proximity between generations. Close living arrangements open the potential for highly frequent contact, although close proximity itself was not reason enough to see family regularly. The motivations for frequent contact were diverse and fluctuated; linking to need and tradition. The following examples show how daily contact related to needs across generations, flowing up and down lineages. In the Thwaite family, regular contact was necessary as the oldest generation needed help with shopping and housework, and to ensure that she took her medication. Katy (G3) co-ordinated daily visits to her grandmother, Gladys (G1), balancing this with her employment. Tracey (G2) also had regular contact with her mother Gladys (G1), but no longer works.

> **Katy Thwaite:** I've got a cleaning job in the mornings, which I do from half past six to half past eight. Then I've got another one (laughs) that I do from nine till three, and then I come here don't I (G1's house). I come

and look after yer, make sure she takes her tablets...Then I get home about six o' clock at night... *(Third generation, age 40)*

Gladys Thwaite: Tracey comes Monday, Wednesdays, you know, misses a day and Katy comes every day. I'm well supported I am. *(First generation, age 85)*

In the Parker Family, contact was based on solely on 'affection' (Bengtson, 2002) in the absence of direct care needs, and the family tradition of grandparent support between the fourth and second generations. For Jeremy (G2), frequent contact marked out who was a close family member. Jeremy and Andrea (G2) regularly visited their son and daughter-in-law to help with childcare, and to have companionship. Iris (G1) also had regular contact with Harry (G4). Whilst contact was frequent it was fairly sporadic, suiting each generation's time schedule. This flexibility was a partial feature of their contact before the third generations, Sam and Hayley, returned to full-time work.

Researcher: So you said that you see [Sam (G3), Hayley (G3), and Harry (G4)] on a daily basis?

Jeremy Parker: Sort of yeah, because we only live up the road. So what we do if we walk on a night...then you do call in on the way to shop you know. I'd say it was unusual, three days is the longest you'd go without seeing them. *(Second generation, age 50, first interview)*

Iris Parker: Sometimes in the evenings I pop down [to Jeremy and Andrea's house]. *(First generation, age 76, first interview)*

In the Thwaite family, frequent contact was based on the needs of Gladys (G1). As Gladys needed regular support at particular times of the day, the other generations needed to work this into their schedule. They shared it between them according to what they regarded as fair. Gladys (G1) could trust her family to be there for her when she needed it. By contrast, in the Parker family visits were more fluid because the third generation was available to care for their son, and only needed 'a break' when it was convenient for other generations.

For both the Parkers and Thwaites, contact changed over a relatively short space of time. Five years previously, contact with Gladys Thwaite (G1) had been very infrequent, as Gladys was able to perform all her household tasks alone. In the years following, as Gladys' health deteriorated, Tracey Thwaite (G2) spent more time helping Gladys. As Gladys Thwaite (G1) needed more frequent help, care was then shared across more generations. I revisited Jeremy Parker (G2) approximately seven months later. Contact began to resemble the routine the Thwaites experienced as the third generations struggled to balance work and care for Harry Parker (G4).

> **Jeremy Parker:** [Harry's] become part of the fabric of our lifestyle now... We've got like a little role now... on Mondays and Thursdays ... we were up early at half past five [to] take him to play school and...then we have him on a Sunday for about four hours. Obviously we see him through the week as well you know, at various points, like last night. *(Second generation, age 50, second interview)*

When I first visited the family, Harry Parker (G4) was five months old. At one year old, contact had moved from 'calling in' to 'the fabric of our lifestyle' as the third generation returned to work. Jeremy (G2) felt that he and his wife were losing time for themselves despite the fact that Iris and Derek Parker (G1) were involved in support. Jeremy's (G2) comment of "obviously" suggests that the practice of older generation regular involvement has been naturalised. Daily time was thus significantly reorganised over the space of a few months or years, with the aim of creating a fair distribution of free time across generations. These cases illustrate how intergenerational care and support are woven into the fabric of everyday life, and facilitated by geographical and emotional closeness of kin.

Spending Months Together

In the following two cases, the first generation of the Wilkinson and Buckingham families spent time intensively with younger generations for a period of months, supporting themselves and others. As both the older women did not work themselves, they were not regulated by industrial time. With this spare capacity they

were able to accommodate to the limited resources of younger generations, working around the constraints of geography and employment commitments. Both women had also lost their husbands in the years preceding the arrangements. Losing a partner was often a key moment in which intergenerational lineages pulled closer together. Care and support is first more likely to flow between partners than between intergenerational relations (Johnson et al, 2010), so when a generation was left alone, intergenerational relations became more important. Thus support flowed simultaneously up and down generations.

Sarah Wilkinson (G1) lived with each of the second generation, alternating between them, every three months. Prior to this, contact between generations had become difficult as Sarah (G1) had difficulty travelling, and the second generations no longer had the capacity to travel. Daughters Mary and Deborah Wilkinson (G2) lived far away from each other. Deborah was working, and both Mary and Deborah (G2) were caring for their grandchildren.

> **Sarah Wilkinson:** It was a long way for Deborah (G2) to come to see me, and Mary (G2, age 70) used to come by every two weeks. It took her two hours...no three...three or four hours in a day probably... It was getting too far and I didn't think it was fair... I did have a fall... I said to the girls I think it's time I came to live with one of you, and then they had these plans... I go [to Deborah's for] three months [and then go to live with Mary]. I share them or they share me I don't know [which]. *(First generation, age 98)*

As a further example, Rita Buckingham (G1) lived in her own home for most of the year. For some months every year she went to stay with her son, daughter-in-law and two teenage grandchildren.

> **Rita Buckingham:** My involvement has been, if you like, with the children of the children. I'm going over to Australia because I've got to do that three months over there. I've got to see them, my grandchildren.
>
> **Researcher:** Do you do that every year then?

> **Rita Buckingham:** Yeah I 'ave. Every year since my husband died I 'ave. I've been eight times now to Australia. I find it quite expensive, but I do it because I need to spend time with my grandsons. *(First generation, age 76)*

In both accounts, the arrangements are based around a morality of intergenerational fairness. The significant distances meant that in order to share out time fairly between generations, they needed to spend several months intensively with each. Sarah Wilkinson (G1) wanted to remove the distance between her daughters and herself, to be 'fair', to each of them, but following negotiations, this meant she had to live in each daughter's house, swapping over every three months. By contrast, Rita Buckingham (G1) was 'involved' with and felt she had to see her grandchildren. As Rita rarely saw the younger generations, contact was more intense between them. At a time when younger generations were establishing their own independence, the intensity of the few months meant that they felt more involved. Rita observed, "they're 15 and 17 wouldn't you think they'd want to grow away a bit from their grandma but no...[my grandson] Ryan is always there at my side" (Rita Buckingham, G1, age 76). This suggests it is the older generation that gains most from these ties. However, it seems likely that the investment of time and commitment that Rita gives to her grandsons is both appreciated and reciprocal.

Weekend Meetings and Meals

Weekend meetings and meals were also times when generations congregated together, but they could also be moments when generations could take turns to have some time apart. Moreover, the meetings revealed a generational hierarchy. Research has shown how there is a 'hierarchy of care' with parents, children and spouses as the main carers. However, gender also interacts with this arrangement, for example, with daughters caring more for a son (Bracke et al, 2008; Finch, 1989). The practice often overrode and did not reflect the actual distribution of resources across generations.

For the Parkers, meals were an important part of family tradition. All four generations came together to share a meal every weekend in the grandparents (G2) household.

> **Jeremy Parker:** Obviously we see [Sam and Hayley (G3)] at the weekend because they come round on a Saturday...We normally have a meal here now, so my mum and dad will come here, and Gail my mum's mate, close to my mum and my dad. (*Second generation, age 50)*

Again, Jeremy uses the word "obviously", indicating how he naturalises frequent meals as something all families do. The four generations of the Parker family also go out for meals together. Within the family practice, there is a clear hierarchical arrangement in which older generations are expected to provide for younger generations.

> **Jeremy Parker:** This is a funny thing, because if I go out for a meal with my mum and dad, my mum and dad always pay... If we take Sam or Natalie (Jeremy's children) out for a meal we pay... If we're all out...normally [my] mum pays...My mum always wants to pay, so I think Sam and Natalie wouldn't expect to, because even I don't, now, at 50 [years old]. My mum and dad will always pay when we go out for something to eat. *(Second generation, age 50)*

Adult younger generations did not necessarily need financial support but their parents were demonstrating support. This example shows how giving can be more based on 'displaying' or findings ways to demonstrate (Finch, 2007) intergenerational support and identity rather than satisfying need.

All four generations of the Buckingham family met every weekend. Whilst there was need across generations, they also met because they had close relationships with one another, and valued their mutual support within the family. The four generations had contact at the weekend because the second and third generations were working during the week.

> **Louise Buckingham:** If Russell (G3, Louise's husband) was here on a Saturday we would do things as a family. And there definitely would be mum at some point during the weekend, but not necessarily all day,

which would probably mean I'd have to ring her more (laughs)...I see mum every Saturday and usually Sundays, because I take her to the supermarket at some point on Sunday because she doesn't drive. I do see a lot of her, and I see my dad as well at the same time. I call in at...my grandma at least once a week on a Saturday. She's really close to my little girl *(Third generation, age 30)*

Rita Buckingham: I like being involved. I see Louise and Diane and Daisy every Saturday and Sunday without fail. They come to mine. We go out to lunch, and if not we have lunch at mine. They come to see me every Saturday or Sunday. *(First generation, age 76)*

Whilst they all came together at this time, each generation had a slightly different relational position which was filled with different expectations and reasons for meeting. Louise felt she had to spend time with her mother, and supported her through helping her with transport. As Louise is the only one of the three that can drive, she connects the four generations together. At the time of interview, she did not feel as close to her grandmother Rita (G1) as she had done when she was younger. Rita (G1) in turn, feels closest to her daughter Diane (G2) and to a slightly lesser extent, her granddaughter Louise (G3), as well as great-granddaughter Daisy (G4). But these nuanced emotional ties had little bearing on patterns of contact and support in this close knit family.

Seeing family regularly was very important to Rita (G1), and could mark out who was a close family member. As Diane and Louise were there "without fail" demonstrating support, they did not break the contract between generations. Louise (G3) did not feel she had to see Rita (G1) as she did her mother, Diane. Rita (G1) and Louise (G3) are primarily connected through Diane (G2). Diane links together the generations, because she is emotionally close to both her daughter and her mother. Moreover, Louise (G3) needs Rita (G1) to help her with childcare for Daisy (G4). This has resulted in a close relationship between Rita (G1) and Daisy (G4). In the way that decisions about the person who pays for meals in the Parker family moves through a fixed generational hierarchy, in the Buckingham family support is expected to move through each successive generation.

In the Thwaite family, the division between the weekend and weekdays served as a way of negotiating the needs of different generations. Third generation Katy saw her grandmother on weekdays and had a break at the weekend. Gladys, the oldest generation, preferred the company of younger generations during the week.

> **G2 Tracey Thwaite:** That's why you enjoy your weekends isn't it...
>
> **G3 Katy Thwaite:** Same thing every day...Yeah
>
> **G1 Gladys Thwaite:** And I enjoy my week with her being here. *(G1 age 85, G2 age 67, G3 age 40)*

Katy (G3) did not resent her time spent with Gladys (G1) but felt she also needs time for herself. Interestingly, Gladys Thwaite (G1) felt closer to her grandson and great-grandsons (Tracey's (G2) son's descendents) despite the greater support and contact through the matrilineal line.

Negotiating Special Occasions

Special occasions were instrumental in carving out flows, directions and the sense of family, forming an important part of demonstrating support and commitment between family members. As a result, such rituals could be a source of joy but also anxiety as times shifted. New life-course moments, such as marriage and childbirth, could bring several generations together for just that time period. Who attended a particular occasion depended on the nature of the occasion and family constitutions. Moreover, traditions could be a way of working through generational processes, and negotiating through time as opposed to patterns of care being simply reproduced. Mason and Muir (2013) highlight that:-

> "rather than establishing an unbroken line, the conjuring, evocation, invocation, and invention of family traditions seemed to help our participants debate their orientations to eras in the past, present and future...and to the sometimes complex dynamics of generational change in their families" (Mason and Muir, 2013: 20).

In the Parker family, past ways of organising Christmas continued in present contexts by younger generations. In the following extract, Jeremy (G2) reflects on the past, and explains how seeing different family members could be split into different days.

> **Jeremy Parker:** We've always enjoyed Christmases. I think that goes back to... my family... Christmas [eve] at my grandma's...then round at ours on Christmas day, round at my aunties on Boxing Day, and I thought it was really weird [when] people wanted to go away from a family environment. *(Second generation, age 50)*

More recently, when Sam (G3) met his wife Hayley, a new negotiation process took place. Sam and Hayley alternated so that one year they spent Christmas day with Hayley's parents and Sam's parents on Boxing Day, and vice versa the next year. This organisation was appreciated by older generation Jeremy, particularly since the birth of his grandson. As he comments; "Christmas will be good...I think when you're a grandparent you enjoy... having a kid".

In the Newis family, Christmas traditions had become increasingly difficult to arrange, and reflected some of the anxieties that generations had about seeing one another. Since Helen's (G3) daughter was born, Helen had wanted to spend more time as a "family" (she explicitly mentioned this composed of her husband and daughter). This was a common experience across third generations with young children. She also felt she needed to spend time with her parents and parents-in-law. The geographical distance between the third and fourth generations, and the second and first generations, was approximately 40 miles. Whilst the two households of second generations are close to one another, they celebrated Christmas separately. Moreover, Helen had health problems, which limited how much time she could spend which others.

> **Helen Newis:** Christmas is terrible! I find it very very hard work because of my own health problems and travelling....We always used to just go down to [Northern English city] for Christmas and be with both families, but since Grace (G4) came along it's like well we want to be at home as well. But Jack's (Helen's husband) family are quite kind

of...possessive and they want him and Grace (G4) and there [it] is very very difficult...We take Christmases with alternate families, but because they live across the road from each other it can get extremely difficult...you feel like you're constantly watching the clock. You know 'oh I can't be spending too much time with these I need to go and see the others'. *(Third generation, age 39)*

To share the distribution fairly between older generations she felt she had to regulate how much time she spent in both houses, 'watching the clock'. Christmas had become problematic.

Special occasions could also be an opportunity, particularly for older generations, to reflect on changes across their own and other families over time, bringing past contexts into the present. Birthdays can provide an opportunity to keep relationships going with those who lived far away (Bytheway, 2009) Sarah Wilkinson (G1) describes her 100th birthday celebration, where all four generations were present.

Sarah Wilkinson: Oh it was a marvellous day it was. I'd seen people that I don't see for a long time...They had been children when I'd known them and now they've got children of their own...used to play with my children. Mostly the people that came were very old friends, in fact one of them used to live next door when we were first married so, and she's got a grown up son with family you know (laughs) *(Follow up interview with first generation, age 100)*

Sarah Wilkinson (G1) experienced it as a meeting of different times in which she saw the cyclical movements in other families reflected in her own, of children she knew growing up and having children of their own.

We have seen how types of contact across the sample vary significantly from daily contact, to intensive contact for some months, weekend meeting and meals, and special occasions. Such patterns reflected the myriad ways in which family members could support one another across shifting intergenerational circumstances and contexts.

Intergenerational Cores: Synchronising Intergenerational Times

Across the families, central kinship figures emerged who were the 'glue' of family life. For at least the last 100 years women have practiced these kin keeping responsibilities (Roberts, 1984). These 'intergenerational cores' played a crucial role in holding multiple generations together, through traditions, bridging geographic distances, and sharing time with generations struggling to balance work and care. In doing so, they had to work around their other commitments. How they became intergenerational cores differed between and within families. It could be the result of a life-course transition, such as becoming a grandparent, creating a cyclical movement. As individuals shifted to new generational positions so did the intergenerational core of the family. Alternatively, intergenerational 'cores' could be embodied in a continuous identity. This became particularly transparent when another family member was in need. The latter was experienced more by women, who felt they were the main carers in the family across their lives. Life-course transitions were important in the Parker family for establishing an intergenerational core. When an individual entered grandparenthood they assumed prime responsibility for connecting kin members. As I mentioned previously, meals were an important tradition in the Parker family. In the past there had been another four-generation lineage as Iris's mother and father were still alive when Iris's grandchildren were born. Generations would congregate at Iris and Derek Parker's house for a meal once a week (they were the grandparent generation at the time). Iris's parents have since died, and Harry, the current fourth generation was born recently. The weekend meals then shifted to Jeremy and Andrea's house, the next grandparent generation.

The great-grandparents became the periphery in terms of the traditions of family. However, they were very much involved in childcare on both occasions. Such transitions were also reflected in Jeremy Parker's relational maps which showed an emotional closeness to his parents, Iris and Derek Parker, and his grandparents in the past, and then moving emotionally closer to his father Derek, and his son, Sam in the present.

> **Jeremy Parker:** You move to this circle, but you're still within that circle, but you're not as close...when you're a family unit (becoming a parent). *(Second generation, age 50)*

Core generations could also be established early in the life course, creating a care giving identity. I explore this further in the first part of the following chapter. In the Buckingham family the core generation was Rita Buckingham (G1, age 76). Rita had been the oldest of her six siblings. As a child she had been in a position of responsibility in looking after them.

> **Rita Buckingham:** I had to help so you learnt to do things much sooner than if there were one or two children...You learnt to help your siblings... You had to read to them, you know if you could read you were one of the readers in the family. *(First generation, age 76)*

This early experience pervaded her identity so as her life unfolded; she continued to feel it was her responsibility to hold the family together.

Mary Wilkinson (G2) had also assumed a caring identity through her life course experiences. She had always lost sleep caring for her children and then her granddaughter.

> **Mary Wilkinson:** I'm awake around seven. I don't get up very easily, except this morning I was ready by half past eight just in case Kelly (G4, age 6) came so early, and I got used to being without sleep anyway, so I didn't miss it. *(Second generation, age 70)*

Unlike Rita Buckingham (G1) however, she did not acknowledge her contribution quite so explicitly. When asked, 'who do you turn to in times of need?' Mary replied, "Nothing really bothered me very much because I was doing so much". She saw herself as the person who provides care, and it became an assumed role across her life course.

Being a core generation entails higher levels of responsibility, the task of kin keeping, coordinating the activities of others in the family. Yet there was no resentment about being a core generation; rather family members saw it as their responsibility and part of their identity. By not giving support, they felt they would

appear uncaring. Mary Wilkinson (G2) did feel some injustice, but this seemed to be mainly aimed at her daughter Rebecca Wilkinson (G3) for not doing household chores. Perhaps Rebecca Wilkinson (G3), who lived in the same household, was not more involved, because by doing so she would challenge the generational position of her mother (G2). As Townsend's (1957) research suggests, where there was an adult daughter living with their mother, the older generations assumes the head of the household until they are physically unable.

Whilst in four-generation families the second generation more usually becomes an emotional core of the intergenerational lineage, this could shift if another generation had more time available or if the second generation had high dependency needs. In the Buckingham family, Rita (G1) and Louise (G3) had been key supporters of the family, as Diane (G2) was at that time unable to help. Thus as family members seek to alleviate 'burdens' from one another, family contact and support can be reorganised.

Conclusion

I have explored how family is constituted in multigenerational families. Care and support may be organised through space and time creating varied and flexible patterns of family life across the generations. The accounts presented here illustrate varied configurations of living nearby, living further apart or living together; and flexible and shifting patterns of contact that may operate, daily, weekly, on special occasions or through intense periods of contact over the months and years. These patterns reflected shifts across the life course and in the emotional tenor of relationships, as family is constantly reconstituted and family members balance times of dependence and independence (Harris et al, 2006). Times of need often brought generations into closer contact. It was also found, as Sanchez & Thomson (1997) suggest, that life-course transitions such as parenthood are gendered, and notions of 'display' (Finch, 2007) appear to be implicated in this. As Finch (1989) found, family obligations do change over time, and there are practices particular to

individual families. Thus family is not a static structure but fluctuates through time, and is based as much on affection, as duty and a sense of obligation between kin.

A key finding was that within families there was a central kin keeper that held generations together. As Hareven's (1982/1993) classical study revealed, the kin keepers in this study held generations together across new contexts, and generated some of the aforementioned patterns in doing so. The kin keeper could be determined through life-course transition, mainly becoming a grandparent, or as part of a lifelong identity. Grandparents as kin keepers in four-generation families correlates with the concept of 'sandwich' generations in which one particular family member, more often female, cares for ascendant and descendents (Lundholm, & Malmberg, 2009; Kunemund, 2006); although as I go on to show in the following chapter, 'sandwiching' is significantly related with the historical context. Crucially it was older generations who more often took this kin keeping responsibility, refuting the suggestion, originally posed by disengagement theory (Cumming & Henry, 1961), that older people are disconnected from society. Older people are significantly active in their informal contributions. This is particularly evident for the women in the family (Phillipson, 1998; Townsend, 1957). Geographical divides, another suggested threat to family solidarity, were also bridged by these older kinship keepers, as generations find creative way to stay connected (Hareven, 1982/1993; Harris et al, 2006; Williams, 2004). Moreover, while support clearly flows down the generations from older to younger family member, it is not one directional, and this is not only a matter of practicality but of obligation (Attias-Donfut & Wolff, 2000; Finch, 1989). Thus there is a cyclical arrangement, which means, as Pilcher (1995) suggests, that no one family generation takes more than another.

Whilst the individualisation thesis suggests that individuals are free from traditions (Beck & Beck-Gernsheim, 2002), and it is argued by Giddens (1991) that relationships have become more voluntary, equal and 'pure', by contrast, this chapter has shown through looking at intergenerational relationships, that family is bound up with *hierarchical* intergenerational identities as well as traditions. Thus relationships are not entirely equal, but differ by generation and gender. Parent and child relations often entail some geographical distance and less time spent together

at varying moments in the life course, because of the power differentials associated with providing support. Shared time between more dispersed generations e.g. great-grandparent and great-grandchild, are not loaded with the same struggle for autonomy/support, and the same degree of moral obligation. Intra-generational gender divisions are created through demonstrations of care, resulting in women more often becoming the main carers. Some women established themselves as the main carers in the past and continue to take on such responsibilities in the future, assisting their descendents and ascendants whenever they needed support. Women retained this position until they were no longer able to carry out these responsibilities.

Individuals did not passively accept traditions, as a static view of family could suggest, but were moral agents, creating practices that reflected the need to balance dependence and independence across the generations, and across the life course. As generations enter new life course phases, they draw on knowledge of relationships and past ways of demonstrating family, based on their own sense of intergenerational care and justice. It has been shown how across generations resources are redistributed according to kin relationships (Attias-Donfut and Wolff, 2000; Giarrusso et al, 1995). Individuals make their own moral judgements, using an ethic of care. Such a perspective on morality can usefully be employed across ever changing contexts (Smart and Neale, 1999). This is evident in the ways they justify actions as 'fair', 'reasonable', or if they were unable to carry out what they saw as 'the right thing to do', (Finch, 1989; Williams, 2004) with feelings of guilt. Thus, family is constituted through these considered moralities across past, present and future contexts.

Having introduced the five families in this study and explored their patterns of family contact, I now turn to a detailed consideration of the values that drive varied care practices, and how these are worked out across the generations and over historical time.

Chapter Six

Intergenerational Practices and Values in Four-Generation Families: Shifting Patterns over Time

Introduction

In this chapter I explore the changing values and practices of intergenerational care and support between and within the four-generation families, across the 20th and 21st centuries. Chapter five explored how family is reconstituted through life-course times and industrial times. However, care, need and support can also shift across historical time. This chapter includes an important historical dimension to the findings of this research, drawing on the accounts of different generations within the families.

There were major changes in kin practices and demographic trends in this historical period. Women's employment changed significantly across this time. In the earlier part of the 20th century women's employment was low paid and part time (Land, 1979). By the early 21st century this had shifted to a third of women as the main breadwinners in their household (Ben-Galim & Thompson, 2013). There have been greater gender equalities. Giddens (1991) argues that relationships have become more voluntary and pure, although inequality in many intra-generational relationships endure (Jamieson, 1999). Divorces increased, as individuals sought after better quality relationships (Burnett, 2010). Families have become increasingly pluralistic, and marriage diminished as the linchpin of the family (Williams, 2004). This has implications for the lasting value of intergenerational relationships. The shifts in intra-generational relationships, patterns of work and care, have seen continuities and changes in kin practices. Grandparents remain an important part of family support networks. However, how exactly grand-parenting is carried out has changed over the last century (Harper, 2004). Moreover, in the case where there are

verticalised four-generations, there could potentially be several layers of support (Heniz, 1999; Phillipson, 2013).

The chapter is framed around key themes of the enduring value of kin relationships, intra-generational relationships, and gendered patterns of care over time. To examine these themes I consider how shifting life-course times unfold in combination with historical times. In chapter five I identified particular family practices. In the following, I examine whether practices pass down family generations who live through these different historical times, whether historical generations hold on to values from the past, and how this might influence intergenerational support practices.

This chapter falls into two main parts. In the first part, I consider the issue of how values attached to intergenerational care and support, and the practices that flow from them, are both discarded and sustained in terms of the development of particular relationships and identities of family members. I examine how particular support practices may pass between generations. The evidence presented here illustrates that the strength of emotional closeness is crucial in forging a common identity and set of values on kinship obligations. However, this closeness is neither inevitable nor continuous over time. Moreover, when relations are close it is not certain that they will be sustained over time, particularly for the reasons I illustrate below. As referred to in chapters two and five, contemporary kinship is as much about affection as it is about formal structures and lineage.

In the second part of the chapter, I look at the external influences on these values and practices over the 100 years of historical time that my families occupy. Generations adhere to the historical ideals of the time, towards, for example, regarding what constitutes good parenthood. Yet caring practices are filtered by the local context and resources available to family members. The ways that family members demonstrate they care about their family is temporally constituted. Historical and biographical influence intersects with multigenerational practices, which may be selected over, rejected or combined through new historical situations, although, they will never be precisely the same as the original practice because of the new context. As illustrated in chapter five, the care arrangements that are selected amongst the possible options, are embedded in life-course circumstances

and processes, creating environments that shape intergenerational relationships. Less is explored of care for the oldest generation in this chapter as this forms a separate chapter of the thesis (chapter seven).

In order to develop the analysis I employ a number of conceptual tools. The first is 'multigenerational practices', by which I mean those forms of care and support which are sustained up and down the four generations under study. The second is 'adopting practice and/or values', which refers to the process by which these practices and values are passed from one generation to another. Transmission is a contentious theory, taken in one example to suggest a culture of poverty (Lewis, 1961). This understanding of 'transmission' has resurfaced many times in public discourse, and continues to be disputed, such as Shildrick's et al (2012) critique of 'intergenerational cultures of worklessness'. Taken here, 'transmission' is not inevitable, or exactly reproduced, and I emphasise the influence of historical context, which creates opportunities and constraints. Transmitted practices are re-created. Whilst finding intergenerational 'transmission', Brannen et al (2004: 77-78) make clear that practices are not precisely replicated, and that for the younger generation "[t]here is a need to stamp their own mark on what is transmitted, adapting their values to their particular conditions and desires". Third is the concept of 'demonstrating support', which indicates the different practices that are used to show and display, which may be influenced by historical context. 'Care for' is used in the practical and material sense of providing support, which is reformulated within different contexts which are gendered, generational and specific to certain families. Fourth, 'doing family' refers to practices that have become particular to certain families.

In the conclusion, I examine the dynamic between these different timescapes of generations, the personal and the socio-historical aspects of intergenerational care and support.

The Intergenerational Flow of Practices and Values

I begin by considering how care, need and support practices and values may flow down generations, and why some of these values and practices are sustained over many generations, whilst others may be discarded. As mentioned in chapter five, Finch (2007) argued that family practices may have a quality of 'display' as well as being instrumental in supporting family.

Emotional relationships and 'demonstrating support' seem to emerge as important conduits in these families for the adoption of shared familial identities and values around care and support.

Multigenerational Household as a Practice

Across the five families there had been multigenerational households at some time. As I mentioned in chapter five, younger people in the sample returned to their parents' home after university. This trend has increased in the last ten years (ONS, 2013c). Conversely, the oldest older people are less likely to live with their children. In the first half of the 20th century, all the oldest generations in this sample, recalled either themselves or their siblings living in a multigenerational household as adult children, or living with their grandparents. There has been a decline in three generation households, with 3.5% in 1981 living in such households, compared to 1.6% in 2001 (Glaser and Gesser, 2012), and in 2012, fewer than 10% of those over 70 lived with their children (Kneale, 2012). At the time of interview, four of the five oldest generations lived in their own household. However, in recent times, some of the oldest generations lived in multigenerational households, and it was considered a valid practice within the families.

In the following, I examine why in the Parker and Wilkinson families, multigenerational households with older family members continued to be relevant. Within the Parker family, Iris (G1) had created several multigenerational households across her life. In the Wilkinson family, Sarah (G1) lived with her daughters Mary and Deborah (G2). Her granddaughter Katrina (G3) thought she would also care for her parents in the same house in the future. I find that such support practices may be linked with emotional closeness between particular intergenerational relations.

In some families there are enduring patterns of support that run down the generations. Iris Parker (G1) modelled her life on that of her aunt, Millie (G0). Iris (G1) felt emotionally closest to Millie (G0), who has now passed away. She had been brought up almost entirely by Millie (G0) and had a lot of admiration for her. Iris (G1) spent much of her childhood with her, living with her in the different houses she moved to as part of her job, all of which had significant numbers of people living there that she was caring for.

When Iris (G1) grew up, she gave house room to a number of different relatives and acquaintances, many at the same time, including: her son, her daughter-in-law (before she was in a relationship with her son), an adopted son, her aunt, mother, father, grandfather, lodgers who were usually students, and various animals. In this way, it is possible to see Iris (G1) adopting some of Millie's multigenerational household practices, and how her caring familial identity was formed in part through her emotional closeness to her aunt. It also appears that there may have been intergenerational practices adopted between Millie (G0) and her mother.

> **Iris Parker:** [My aunt] had this illness so I brought her to be with me... [We were] very close....I spent most of the time with my aunty so I was *always* close to her...Yeah she was the type of person I suppose *not unlike her mother really,* because she used to just let me do anything, you know, she used to let me drive her car. She *always* ended up having a big house with big grounds, because whatever job she had they provided a house for her...So I was spoilt really in a way because wherever she went I went with her...She was a Soroptimist and I used to go [with her]. She stood for the local council...So she *always* gave me plenty of confidence...
>
> **Researcher:** Was there any other sort of financial motivation to live together?
>
> **Iris Parker:**...Oh no no no....It seemed the normal thing to do really...*any* relative of mine, if they were ill, I would look after them. It's

just one of those things really. *(First generation, age 73. Emphasis added)*

They worked in similar caring and nursing professions, both stood for the local council, both had lived in large houses with many people (sometimes family) who they gave care to. In the aunt's (G0) case, she lived in the homes and worked as a nurse or home help, whilst Iris had taken in lodgers and family members. Iris (G1) comments, "My house has *always* been full of children". For both Iris (G1) and her aunt (G0), there was no clear division between formal and informal care, they worked and believed in both (although Millie, G0, is now deceased so it is not possible to know her own interpretation). Thus in Iris's (G1) view, her house was a place where multiple caring and support practices take place, wherever it may be.

The reason for this re-creation of care practices is that Iris (G1) felt very close to her aunt (G0) across her life and therefore wanted to identify with her. This is evident from the way Iris talked about the consistency of their relationship through use of the word *always,* "I was *always* close to her", "she *always* gave me plenty of confidence". Iris (G1) highlighted some of the consistent care practices that her aunt (G0) demonstrated. In this case, she expressed how she *always* ended up having a big house...Thus Iris saw the action of 'having the big house' as personified, as part of her aunt's (G0) identity, and something which she should adopt as part of the relationship. 'Doing family' means carrying out the multigenerational household practice. The term 'always' implies that something happens and at least seems to happen all the time, that habitual family practices have been established. Thus Iris (G1) naturalised her aunt's (G0) practices. The reason for the closeness is because Iris's aunt (G0) has demonstrated that she cares about Iris (G1) through bringing her up, creating a bond of trust. For Iris (G1), if someone is *always* doing something then you can depend on them to continue doing it (family habitual practice), and if they have been with you all the time and brought you up, *always been there* (as other individuals describe their close relationships) then you can depend on them to continue doing so.

The following example also reveals how practices and values can become part of 'doing family' through close emotional relationships.

Generations of the Wilkinson family were held together by a shared identity that was bound up with the family home. The family home was purchased by Mary and Paul (G2) who had lived there for approximately 45 years. Their daughter Rebecca[6] (G3) continued to live in this house, and Sarah (G1) moved into the house a few years ago having never lived there before. Although Sarah (G1) was familiar with the area as it is where she had lived when she was younger and brought up her daughters, Mary and Deborah (G2). Katrina and Rebecca (G3) spent most of their childhood in this house, and were cared for almost entirely by Mary (G2). At the time of interview, Katrina (G3) lived with her partner, daughter and stepson in another house five miles away. Despite having left Mary and Paul's (G2) house many years before, she still regarded her parents' house as the family home. Once Mary (G2) cared for Katrina (G3) in this house, later Katrina's daughter Kelly (G4) stayed frequently in the house as Mary and Paul (G2) cared for Kelly (G4) whilst Katrina (G3) was at work. I asked Katrina (G3) who she felt closest to and who she felt she could talk to in times of trouble.

> **Katrina Wilkinson:** Probably strangely enough Ben (Katrina's partner) to some respects, but my mum (Mary, G2) is probably the closest. Which I find bizarre because we couldn't get on when we were younger...My dad was away quite a lot. My mum used to do a lot of the caring when we were being brought up...Hopefully between me and my sister we'd manage... I've said to my mum, I'd be quite happy to do *her* house up and move in here because it's *always* been *our home* really. It's big enough to cater for us all...I'm sure, because my sister and I *we've been in that environment with my grandma, that's the norm to us*. We wouldn't imagine, you know, not having them within the family really. So- not that I'm a great carer. I'd be a terrible nurse (laughs). *(Third generation, age 46 Emphasis added)*

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[6] Third generation Rebecca is not included as part of the main intergenerational lineage because she has no children. Her sister, third generation Katrina, has a daughter, fourth generation Kelly.

Katrina Wilkinson (G3) became closest to her mother Mary. Mary (G2) was once the main carer her daughters and at the time of interview, sharing the care of her mother Sarah (G1) within the family home. Mary (G2) was seen by Katrina (G3) as the family member who is the main carer. As Katrina Wilkinson (G3) had a close relationship with her mother, she adhered to her support practices of caring for older generations in the household. It had become the norm. The house itself was, in Katrina's (G3) view, personified as the Wilkinson home. As Carol Smart (2007) comments,

> "Home as a concept cannot be fixed, but has variable meanings which reflect such elements as the quality of the relationships which are associated with the home, or a time of particular activity (such as home making or childhood), or to do with movement...Home is therefore tied to memory, to relationships and to events" (Smart, 2007: 163).

Memories of care and support practice from Katrina's parents became bound up with the house because these practices have *always* been carried out within this house. As a result of these consistencies, Katrina (G3) saw the house as part of doing family. For her this meant moving back to the family place to carry out support. As Smart (2007) comments a house has an emotional quality to it and should be seen as more than the physical structure in itself.

In the Parker and Wilkinson families whether kin see care and support as part of one or more households, their practices are embedded in particular home environments, which the older generations create and re-create over time.

Relational Groups and Adopting Family Practices

I now consider the salience of emotional closeness in how successive generations adopt certain family practices. In the families in this study, emotional closeness emerged as a key theme that underpinned the way that care was practiced. I illustrate how within families, particular siblings may become part of an emotionally close circle that influences the adoption of family practices from certain family

members, with reference to the patterns of care in the Parker and Buckingham families.

As indicated above, Iris (G1) modelled her life on her aunt (G0). She says she was emotionally closer to her aunt. This resulted in her identifying with her aunt, and adopting her support practices and values. Here it can be seen how her shared support practices with her aunt may have overridden the close emotional relationship shared between her mother and her sister when support was worked out in the family. (Although Iris's sister's lack of involvement could also be further compounded by practical constraints that are unknown). Carol (G1), (Iris's sister) was not involved because she did not share the same caring practices that Iris and her aunt shared. In fact, Iris (G1) identifies Carol (G1) as the sibling that *never* supports. Iris (G1) was not caring for her mother because she was reciprocating support necessarily, she had never had a close relationship with her mother and felt at times quite unsupported by her, but because she adopted a caring identity for anyone in need. Interestingly, Carol (G1) identifies Iris (G1) as "car[ing] more about your friends than family" because of her lesser presence in Carol's (G1) side of the family, according to Iris (G1). Thus, care worked out in an asymmetrical way. The 'mirroring of morality' cannot be completely symmetrical between kin because of the different world view each will inhabit (Young, 1997).

As Young (1997: 50) comments,

> "They meet across distance of time and space and can touch share and overlap their interests. But each brings to the relationships a history and structured positioning that makes them different from one another, with their own shape, trajectory and configuration of forces".

In the Buckingham family, Rita (G1) described how she is closer to one daughter rather than the other.

> **Rita Buckingham:** I've got to do that three months [in Australia]. I've got to see them, my grandchildren...I went [abroad to son Ian's house] in the March...I were ready to come home when it got to four and a half, five months, I needed to come back here.
> **Researcher:** Why did you need to?

Rita Buckingham: Because I were away when Diane...we were talking on phone because...It's this eldest thing isn't it? Diane's my eldest daughter, *always* been closest, *always* done most for us... The other one, [Gillian], she doesn't think as much about me... She's *never* done things... She *never* called in!...You've picked up already haven't you, where the circle is. Gillian and Jordan and Callum (Gillian's children) *never* used to come and see him (Rita's husband). They were *never* there for him *(First generation, age 76)*

Diane Buckingham (G2) had been identified by Rita (G1) as the daughter that provides most support whilst the other daughter, Gillian Buckingham (G2) had been identified as the family member that is *never* 'there'. In this case, care flowed between those with the close relationship, 'the circle' as Rita (G1) called it[7]. Diane Buckingham (G2) had identified herself as part of the group (although unfortunately I was unable to interview her. The practice of seeing family was obligatory to Rita (G1). Physically being present with family demonstrated that you cared for someone. As was mentioned in chapter five, geographical closeness can become an important part of family relationships for some, whilst other relationships are just as strong with less frequent contact (Mason, 1999). Rita (G1) would spend large sums of money travelling abroad to visit family. Every weekend when Rita (G1) was in England she saw her daughter Diane (G2), granddaughter Louise (G3), and great-granddaughter Daisy (G4) all together. Diane (G2) had '*always* done things' whilst Gillian (G2) '*never* used to come'. Thus Diane (G2) has taken on Rita's (G1) practice of kin keeping whilst Gillian (G2) has not. As in the case of the Parker family, there was another asymmetrical movement of care as Rita (G1) feels closer to those who were caring towards her husband.

As mentioned in chapter five, Katrina Wilkinson (G3) had originally been closer to and identified more with her father than her mother. This had led her to adopt her father's practices, such as going to football matches together. Her sister, Rebecca

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7 Rita described her relationships with Diane (G2) and Louise (G3) as the close 'circle' *before* the relational map exercise in which family members were asked to write down those they were closest to in the centre of a circle, spanning out to those they were less close to.

Wilkinson (G3), had always been closer to her mother. The following extract might give some indication as to why Katrina Wilkinson (G3) did not feel as close to her mother. It was not entirely clear from the interviews why, but it seems worth speculating that this period without her mother in hospital may have had an impact on their relationship.

> **Katrina Wilkinson:** [I am] more independent than my sister to say the least, because I think in those days parents couldn't stay with their children so much. So mum would go home and leave me in hospital...I think that formed me to...not let my parents tell me what to do too much. *(Third generation, age 46)*

Katrina's (G3) mother in particular might have appeared uncaring, because she was forced to leave Katrina alone in hospital, and therefore they have not been as close. Or it could be that this lack of contact at an early age led her to a weaker bond with her mother. The classic research by Bowlby (1969-1980) highlighted the significance of mother's contact with children leading to policy changes. In 1959, the *Platt report* recommended that parents' visits to children in hospital be unrestricted. However, it took many years for it to be accepted by hospitals (Davies, 2010). I am not suggesting that being physically present is always necessary to demonstrate relational support, but in this historical context and for a child it might be.

Thus, there is no automatic adoption of a caring role. It is not handed down through intergenerational transmission. Care emerges in highly varied ways as part of a constellation of relationships driven by the caring sensibilities of certain individuals. Individuals evaluated and adapt past practices in previous generations for their present selves rather than simply accepting traditions.

Caring Over Historical Time

The first part of this chapter has highlighted how families are composed of relational groups in which family members may be closer to particular individuals because of

demonstrations of support. Intergenerational support appears more likely to flow between these particular relationships. In this second part of the chapter, I explore how some practices are reworked or abandoned, as new contexts offer different resources that create or remove need, as well as different options for support. Individuals may not hold on to historical ideals as their biographies unfold, negotiating "with an eye to the past and the future...tested by fresh issues and new dilemmas" (Bengtson and Achenbaum, 1993:40). I highlight experiences of care, need and support across generations within three historical eras: 1930s to 1950s, 1960s to early 1980, and late 1980s to 2010. The focus of the discussion in this chapter is primarily on how families combined work with childcare. In chapter seven I examine care for the oldest generation. In the following, I consider how important kinship is across historical eras, and how support plays out in practice. I also explore where new ideas about support might originate, and how family practices interact with different historical contexts.

Care, Need and Support in the 1930s to 1950s: "Live my own life in agreement with the family" (Sarah Wilkinson, G1, age 98)

In the following I consider accounts of care, need and support exchanges between great-great grandparents (G0) born in the 19th century, great-grandparents (G1) born between 1912 and 1925, and grandparents (G2) born between 1934 and 1945.

Generations adhered to historical ideals when working out support, thus their family practices were shaped by the social historical context. Family practices can also coincide with gender practices (Morgan, 2011). Therefore men and women adhered to different social practices. Moreover, at particular life-course times, 'displaying' family practices may become more relevant, such as during parenthood (Finch, 2007). Men and women aspired to display good parenthood, which strongly linked to historically specific gendered roles. However, whilst the three first generations experienced the same historical time period, the resulting support practices differed according to their specific circumstances, resources and constraints (Elder, 1982, 1998).

From the 1930s to 1950s there was an emphasis on women being good mothers by looking after the home, children and husbands. Men were meant to bring in the family wage and women to primarily be looking after family (Land, 1979). Whilst it continued to be assumed politically and in public opinion that a woman's place was in the home, the reality was that many working-class families could not afford this arrangement. It was often necessary for both partners to work (Roberts, 1984). Furthermore, middle-class families were more likely to be segregated between the man's public life and the women's private life than working- class families (Miles, 2008). During the war years, it was becoming increasingly acceptable for women to go into work and training prior to marriage. Women were encouraged to work in many of the jobs that were originally reserved for men (Summerfield, 1998). There was some childcare provision from voluntary and local authorities which were set up to accommodate for the increase of women in paid work. However, once the war was over, this was largely reduced (Thane, 2011). Some women continued working after the war, although this work was considered more of a supplement to the man's wage and was often low paid (Higgs, 1987, Williams, 1989). Also many career options were not open to women once they married (Land, 1979). Women and men's segregated roles were further solidified in legislation, with for example, making women dependent upon their husbands for a pension (Beveridge, 1942).

The following extracts are from female first generations Gladys Thwaite (G1), Sarah Wilkinson (G1) and Edith Newis (G1). They show their feelings about the gender balance of work and caring between themselves and their husband, and their relationships with them. The gendered divisions in the household were valued by each of the women as they felt they and their husbands were displaying family. They reveal a shifting pattern in intra-generational relationships overtime.

> **G1 Gladys Thwaite:** He was a good husband and a good dad he was...
> No he loved his kids. He loved his grandchildren a lot...He loved you all didn't he...

> **G2 Tracey Thwaite:** Oh he did. He loved us all, ay...

> **G1 Gladys Thwaite:** He was in the building trade... He could do all the jobs (manual tasks in the house) that needed doing. It was a good

arrangement...I was at home until she was nearly ready for school 'cos her dad and I didn't want her left with anybody else. *(First Generation, age 85, born 1925)*

Sarah Wilkinson: I also had great respect for him (Sarah's husband). Besides being a nice man...because he'd worked his way up in life...I was always allowed to live my own life in agreement with the family...Women didn't have a job then...oh I don't know what kind of women would do. I'd never done that. I'd had my own private life in. *(First generation, age 98, born 1912)*

Edith Newis: I became the housewife proper...He was a skilled manual worker. He was very very adept with his hands. He could do anything, anything to repair in the house. 'Oh I'll do that', you know, 'don't bother sending someone to come'; unless it was a big thing, but any little thing he could do it...That's the story of our life. *(First generation, age 90, born 1920)*

Each of the older generations adhered to the housewife ideal. In all families in the study, the great-grandmother generation (G1) stayed at home until their children were old enough to go to school, aiming to "never [leave] them with anyone else" (Gladys Thwaite, G1). Their husbands continued working full time. By adhering to these historical ideals the first generations demonstrated to their partners and their children that they cared about them. Husbands going out to work and fixing things in the house, and women doing household chores and caring at home at that time were a family 'display' (Finch, 2007). Roberts (1984: 173) suggests that women of the early 20th century performed household tasks acting in the "perceived interests of their family". This connectedness is reflected to some extent in Edith Newis's (G1) telling of the "arrangement" of her life as "our life story". She sees her life history as connected with family rather than, for example, seeing her life more through the lens of work contribution (as Paul Wilkinson, G2, had done in a later era). However, as I will go on to show, the picture was more complex as Edith (G1)

did enjoy her job. This is not to suggest that the women were passive in their relationships, but that they adhered towards the gendered divisions of labour of the time.

I say *adhere* to historical ideals, because in reaching these, the first generation could only use the resources that were available to them. Opportunities for paid employment gradually emerged for women over time. However, formal childcare was not available for low-income families, and formal care for older people was limited (Roberts, 1984; Thane, 2009). Parents therefore adhered to the value of good parenting, which were delineated by gender constructions, as being at home for children (Clark, 1991). Yet they worked with the practical opportunities and constraints that were there at the time. Life-course events could result in a bracketing of options available (Elder, 1998). These were negotiated and accommodated with their caring responsibilities for their children in a wide variety of ways. Practices included job sharing, working from home, multigenerational households, grand-parenting, and older siblings as carers (although the latter was not personally experienced by families in this study during this time period) (Roberts, 1984). Whilst the practices differed to some degree, they were seen as normative within their local contexts. Thus good parenthood was demonstrated.

In these times of supposedly clear cut gender roles, there was some room for flexibility. Sarah Wilkinson (G1) felt she was always at home, not working. She commented that she was living "in agreement with the family". Yet in reality, Sarah (G1) could stay at home because the family business was located within her household, and she worked from there. Sarah commented:

> **Sarah Wilkinson:** I didn't go to work...People used to come to the house for me to make clothes for them...but we lived at this business premise so it didn't really matter. *(First generation, age 98, born 1912)*

Sarah Wilkinson (G1) was keeping to what was appropriate in terms of displaying her maternal care, but in reality she also had other interests such as her work, and some measures of choice over where and upon she bestowed her care. Care was in any case always shared rather than residing solely in one person. This also became clear from Mary Wilkinson's (G2) account.

> **Mary Wilkinson:** Your families weren't very far away. My grandpa and my grandma were only a bus ride away from me... The bus conductors wouldn't put us off the bus unless my grandpa was there... (Laughs) I mean it was a sort of an integrated system, not just your family! If I had a problem I used to take it to my uncle or my aunty, my mother's brother or his wife rather than my mother because some of time my mother wasn't there. *(Second generation, age 70, born 1940)*

In the Thwaite family, a job sharing practice was used so that Gladys could demonstrate good motherhood whilst helping to keep the family financially afloat. When Tracey (G2) went to school Gladys (G1) resumed work, but balanced it around childcare. Gladys and Fred (G1) shared the time between them so that they could both work and care for Tracey (G2). Fred worked during the day and Gladys at night.

> **Gladys Thwaite:** I waited while my husband came home...from work and I took over. [I] worked nights from six o clock till ohhh ten at night each night so that she was never left with anybody else except me and him. *(First Generation, age 85, born 1925)*

Although none of the families in this time period experienced it, another way of working out support was through relying on older children to support younger children. Tracey Thwaite (G2) lived within close proximity to her school. She describes how she was unfortunate that she did not have a brother or sister to return from school with as she says, "poor me not havin' any". Her peers, who had siblings, would be given keys to return home alone. This practice was necessary so parents could work. Being a 'latch key kid' was not an option for Tracey because, as she recognised, she did not have older siblings to provide support. On the other hand, working-class families in this time period that did have many children found they were under greater pressure to find the resources to bring up several children (Roberts, 1984).

Kinship care was a key way in which families balanced work and care. This could be practiced through multigenerational living arrangements. Multigenerational households were an important practice that ensured the older generations could be

cared for when support was needed, but also enabled their children to work. Having grandparents within the home was a common experience across the second generation. Tracey Thwaite (G2) mentions that "my granddad was always at home" or as mentioned, one of her parents was home as they worked at different times of the day.

Edith Newis (G1) was able to work because her mother lived within the same household.

> **Edith Newis:** We lived with my mum because she was on her own now... [She] was a great help... [She] was such a marvellous cook. She could make a meal out of a turnip or something... I loved my job...They want[ed] somebody sensible in the offices so I went to see [the manager] and I was there ten years. Things were going well, and the girls were growing up, and they weren't cheated [by my going out to work], and well they are nice people. *(First generation, age 90)*

Her daughter Jean Newis (G2) also commented that "[my grandmother] was an asset to have". Here Edith (G1) makes clear that the arrangements in place supported all generations, and was justified by the fact that the arrangements worked well because the children have grown up to be 'nice people'. They have not been negatively affected by the arrangements and having a working mother.

Where there were financial or care needs of older and younger generations, multigenerational households were created. This meant that younger generations felt that grandparents were "very much part of our lives" (Jean Newis, G2). Whether as a grandparent or parent, by being within the household they were showing consistency, stability and reliability towards younger generations. Being there within the household was seen at the time as good motherhood and good caring. Memories of reliability within the relationship are evident from feelings of always being there, and through practices such as naming the next generation after the carer. A morality of trust holds relations together (Svenhuijsen, 2002).

As well as sets of practices around gender, family practices and relationships were driven and moulded by external events. In particular, the two world wars heightened existing sets of values, but were also pivotal in opening up new family practices and

opportunities for women and breaking old moulds. Each of the family members was asked about key moments in their life course. The older first generations were the only ones to mention an external historical event, "Wars. I've been in two wars you see" (Sarah Wilkinson, G1, age 98). Intergenerational support during these times was heightened.

In chapter five, I mentioned that present younger people, living with their parents into early adulthood, had occurred in the past. As their husbands had left to fight in the war, all three of the oldest first generations, who were young women during the Second World War lived in their parents' houses. Intergenerational practical and emotional support flowed down from the great-great grandparent generation (G0) to the great-grandparent generation (G1) who were looking after the grandparent generation (G2). But support also flowed up from the great-grandparent generation (G1) to the great-great grandparent generation (G0).

The following example shows how kinship support adapted with the historical change and was seen positively by givers and receives of care rather than a 'burden' on one family member. Edith Newis (G1) and Helen Newis (G0) shared a house. They did so during and after the Second World War. Helen Newis (G0) had lost her husband in the First World War and struggled financially. Edith's (G1) husband was absent in the Second World War. The relationship between Edith (G1) and her mother had been particularly close, and both shared household tasks between them. In an analysis of magazines during the war years, Summerfield (1998: 69) found that a companionate more "sisterly" relationship between mothers and daughter was encouraged, as mothers were portrayed as being highly reliant on daughters for support. In practice, many mother daughter relationships were already based on "mutual affection" and of daughters as having "daughterly responsibility", rather than feeling put upon. I asked Edith who she felt was the head of the household at this time, to which she replied, she and her mother worked together. The kinship obligation to care, which as I have found in chapters fives and six, meant that rather than feeling a 'burden', the family members in this study supported one another when in need. As the intergenerational hierarchy reveals, this is strongest between partners and then parents and children (Finch, 1989).

Across the families, a variety of care practices were adopted based on the availability of local community support and family as well as an adherence to the historically specific value of being at home for the children and supporting across generations.

Care, need and support, 1960s to early 1980s

There were discernible differences but also continuities of care, need and support experiences between family members born between 1912 and 1925, those born between 1934 and 1945, and those born between 1963 and 1976.

In the 1960s and 70s, marriage and family life were pulled into the public domain. Feminist groups in particular fought for women's freedoms. These included campaigns for women's financial and legal independence (Land, 1979; Williams, 1993). Access to education meant that women had the opportunity to enter the job market whilst also dispelling any suggestion that women were intellectually inferior. This meant that new employment opportunities were open to them. In 1975 the Equal Pay and Sex Discrimination Act was put in place (Beck and Beck-Gernsheim, 2002). Family was regarded as becoming increasingly 'symmetrical', with less segregation between men and women, encouraging equal relationships (Young and Willmott, 1973). From the mid-1950s there were a growing number of divorces, and higher expectations of the quality of relationships (Burnett, 2010). However, feminist research suggested that there continued to be gendered inequalities in the household (Oakley, 1974). Legislation that sought to address gender inequalities was to some extent undermined by the continued emphasis on women being good mothers by physically being there for their children (Land, 1979) and also performing 'normal' caring responsibilities for their parents. Married women with children in the labour market tended to work in part-time jobs, with 34.8% of all women workers part time compared to just 3.1% of men in 1971[8] (Blackwell, 2001), and 44.5% of women working part time in 1987. Moreover, childcare such as

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[8] This is based on a 1971 definition of part-time work as less than 31 hours a week for most occupations.

nursery education was limited with an emphasis on keeping women out of the labour market (Lewis, 1992). Maternity rights had also been diminished in the post war period (Thane, 2011).

The feelings about care and work responsibilities held by women who had just become mothers in this era were more mixed. Within this historical context, some orientated towards staying at home whilst others aimed towards a career. Jean Newis (G2) had stayed at home to look after her children when they were young, however when her children were older her husband fell ill and was no longer able to work. Consequently Jean had to start working for financial reasons.

> **Researcher:** So were you the kind of the main breadwinner then?

> **Jean Newis:** I'd just got a job and his work sort of dried up so I sort of kept us afloat (laughs a little) *(Second generation, age 65, born 1945)*

Despite being the main wage earner, Jean was reluctant to identify herself as a breadwinner. Instead she felt she was doing what was necessary to keep the family financially afloat. Her sentiments echo the historical environment. McKee and Bell (1986) had also found that both men and women rejected the idea of women being the breadwinner. As mentioned previously, increases in women's labour market participation greatly reflected increases in part-time workers. Following the Equal pay and Sex Discrimination Acts of 1975, women's income in both part-time and full-time work increased, with the gender pay gap ratio rising for part-time female workers from 59% in 1973 to 67% in 1977, however during the later 1980s there was no further augmentation, and part-time work later saw a decrease in the gender pay gap ratio (Harkness, 1996).

Rita Buckingham (G1) had stayed at home to look after children. When the children grew older she did not need to work outside the home, however she decided with the influence of her husband that she would take a job.

> **Rita Buckingham:** Pete (husband) said, 'can't you give her a job? Because she does nowt all day our lady of leisure', and it were a joke. I said, 'shut up, [I'm not taking a] job'. Anyway he rung me up and said

> 'how would you like to do a couple of hours at tea time'... I ended up
> full time by the end. *(First generation, age 76, born 1934)*

Again, in this case, it was not until the children were older that Rita began working. Her decision was related to the perceived needs of her family and her caring role.

Mary Wilkinson (G2) had been working, but found she was unemployed for a time when she tried to transfer to a different site located in another geographical location to where she and her husband would be moving. Mary was working before the Sex Discrimination Act 1975.

> **Mary Wilkinson:** I didn't go to work from getting married because...I was told by the employer who was very strict then, 'no you can't [be transferred to a different site], there's no women's toilet (laughs) *(Second generation, age 70, born 1940)*

Following the birth of her two children, Mary did eventually go back to work. Mary (G2) was also encouraged by her husband to work, in this case when her children were young. Mary's daughter Katrina Wilkinson (G3) was ill as a child, and Mary was told by doctors she should take a job and be less involved with her daughter. The general attitude of the hospital staff at the time was still that parents should not be involved with their ill children (Davies, 2010).

> **Mary Wilkinson:** I had two [children] in just over two years and Paul (Mary's husband) kept moaning that I wasn't going to work...I was ordered by the doctors to get a job to leave her alone. They said it's not doing her any good behaving in a way towards her that you are. She's not showing the independence a four year old she should be. *(Second generation, age 70, born 1940)*

Mary's (G2) husband, Paul (G2) and professionals persuaded her to find work. This would perhaps suggest that Mary felt some ambivalence about spending time caring for her children and devoting time to work. There were at this time tensions between women staying at home to care for children or going to work (Ungerson, 1987). Women pursued a career or a job in order to help their family (Duncan and Edwards, 1999).

By contrast, as was shown in the first part of the chapter, Iris Parker (G1) had a strong career orientation inspired by the relationship with her aunt. Iris's (G1, age 73) career area as a nurse was also more feminised than Mary's (G2), and she would possibly have faced less of the restrictive barriers that Mary (G2) did. Iris did not choose to work until her son Jeremy Parker (G2) was old enough to go to school. Iris (G1) managed her career pathway by utilising the resources of her multigenerational household. This enabled her to work in the way that her aunt had. The previous care generation of 1930s to 1950s in other families, had also taken advantage of the multigenerational household to support their work outside the home.

Grand-parenting in the later era (1960s to 1980s) continued to be an important source of support for some of the families, although it was less frequent compared to the previous generation. The geographical distances between parent and grandparent generations in some families meant they no longer saw one another on a daily basis. Research has shown that the increase in geographic dispersion between family members does not mean the end of kinship bonds, but they are practised differently (Harris et al, 2006). The increasing development of technology meant that communication could be developed in diverse ways, and families could stay connected over longer distances. Those living further apart could use technology to communicate and see one another, making up for the distances created between them (in chapter seven I also highlight how recent telecare technology has been used in family support networks bridging small geographic distances). In some families, grandparents had been living in the same household and were involved in childcare. But caring in the more dispersed families tended to be at weekends or during school holidays. Katrina Wilkinson (G3) saw her grandparents (G1) more during holidays.

> **Katrina Wilkinson:** My grandparents were living [miles away] and obviously living here, there was a bit more distance between us...The whole six week holidays...were spent at the local farm riding, or we'd stay at my grandparents...They had a cottage...It was the most idyllic place in the world...It was amazing to grow up in. *(Third generation, age 46, born in 1964)*

In the Newis family, grand-parenting was an important source of support during weekends and for some intensive periods. In the following extract, Edith describes a time in which her daughter and son-in-law left their baby daughter Helen (G3) with her for over a month.

> **Edith Newis:** Helen (G3) was my baby for a long time... [Jean and Joe (G2)] booked for the Olympics in [a European city] and in the mean time Helen came along. So I said 'pity you won't be able to go to the Olympics'. She said, 'Oh we are. We're going'...I said 'You're never taking a baby'. I said 'I can't start looking after a baby again'. But of course I did. *(First generation, age 90)*

Despite differences of opinion, Edith (G1) gave way to support her daughter Jean (G2). She felt it unfair that she should have to take on this caring responsibility, and for so young a child, and yet she did. Despite perceiving unfairness, Edith (G1) felt morally obliged to care for her granddaughter, Helen (G3) revealing the continued strength of kinship bonds.

Friends and formal child minders were also important sources of support, particularly where grandparents were not caring. Whilst some childminders had to register from 1948, childminding became more regulated, with quality inspections from the 1970's (Owen, 2003). Gladys Thwaite and Fred Thwaite (G1s, Fred since deceased) were not significantly involved in grand-parenting for Katy Thwaite (G3). Gladys did not state why, but both she and her husband were working full time. As a single mother, Tracey Thwaite (G2) struggled to balance part-time work with childcare. Lone parents during this time were left with very little support as there was no real political impetus to support single parents until the 1990s (Skinner, 2006). When her children were younger, Tracey (G2) shared care with her friend and formal child minders. She had to frequently rearrange care because the child minders would not tolerate the behaviour of her son. When Tracey met her second husband Pete, he also helped her care for Katy and Billy (G3). As the children grew older Tracey (G2) began working during the children's school hours. Work and childcare "mixed well then" *(Tracey Thwaite G2, age 67)*.

Pete Thwaite (G2, deceased) was an interesting case, as other men in the sample who had just become fathers began with a career focus and did not see it as their responsibility to be carers (although I will show later how perspectives changed later in the life course). However, it was not possible to know Pete's perspective on this arrangement.

Between the generations of those caring for dependent children between 1930s and 1950s, and those generations caring between 1960 and 1980, there was some ambivalence over childcare arrangements and attitudes to partnerships. Sarah Wilkinson (G1) felt uncomfortable with the changing care practices of younger generations as Katrina and Rebecca (G3) often stayed with neighbours after school or returned home alone.

> **Sarah Wilkinson:** You know I thought it was terrible when Mary and Deborah (G2) went to work... I'd never done that. *But it was just me*...I didn't go to work [outside my home]. *(First generation, age 98, born 1912)*

At that time Sarah clung to her belief that women should be homemakers and not go to work outside of the home. She was the only parent in the sample caring between 1930 and 1950 who had been able to stay at home, and she disapproved of her daughters going out to work. However, as an older woman she had abandoned that belief as she felt it was "just me". As described by Elder (1984), here it seems that the historical experiences were reworked and reanalysed across the life course. Sarah recognised that her experience and her daughters experience was relative to the time periods they lived in.

In some families older generations encouraged their children to marry once they had left school. Jeremy Parker (G2) felt a social 'pressure' to get married from his grandparents and from the experiences of his generation of peers, as he mentioned, "I'm not saying that I were doing it for everybody else, it just seemed that everybody else were doing it" (Jeremy Parker, G2). The opinions of older generations are *taken into account* but do not determine behaviour. What is important for adopting practices and values is to know what other older generations,

who you have a close relationship with, did themselves, *and evaluating* whether there is value in perpetuating such practices in the current social climate.

Care, need and support, late 1980s to 2010

I now consider how support practices and parental care needs in four-generation families were worked out between 1980 and 2010. I address the issue of how successive generations reconcile differences in practices and values that arise in different historical times, and in relation to changing personal circumstances. Here I show how past practices and values of care, need and support created through previous timescapes intersect with the current historical contexts. I draw primarily on the changing patterns of care in the Wilkinson family. Historical transitions in patterns of marriage and child rearing are well reflected in the changes occurring in this family.

In this time period, families continued to diversify with, for example, increasing single parent families and cohabiting partners, in addition to marriages (Williams, 2004). Giddens (1991) suggested that relationships had become more voluntary and equal, as well as having looser bonds (Bauman, 2002; Beck & Beck-Gernsheim, 2002). However, the idea of the pure relationship has been refuted and there continue to be inequalities in relationships (Jamieson, 1999). More of the women in the families entered the labour market and went into higher education during this later period (Spence, 2011). There is also evidence of men contributing slightly more towards household tasks, with women doing less than they had in the 1960s (Gershuny & Robinson, 1988), and childcare. Care continued to be given more by women than men. However, a significant proportion of care is given by men (Arber & Gilbert, 1989). Also more recent estimates suggest a shift to a higher proportion of male carers over 65 who are retired from full-time work. Reasons suggested for this is that men and women are equally likely to provide care for their spouses, women have had a lower state pension age, and women between 50 and 64 are more likely to leave their work to care (ONS, 2013). The dual-worker model continues to create gender inequalities (Lewis, 2002).

The attitudes of the third generation in this sample reflected the growing ethos of combining a career with family care. Three of the female third generations worked on a full-time basis. In the first extract, Katrina Wilkinson (G3) talks about how her daughter is cared for whilst she is at work as well as the pressure Katrina faces.

> **Katrina Wilkinson:** [My partner Ben Wilkinson (G3)] doesn't start [work] till ten so he can take her to school, which *is great*...to find out what's going on really. Ben's mum picks her up on a Monday and Tuesday and my mum picks her up on a Wednesday, Thursday, Friday, so everybody mucks in really, so I can do my ridiculous hours...I *stress and strain* about the fact that I can't get [my daughter Kelly] to school...all the things that *all the other mums* seem to be doing every day with them, you know, because they don't work or they don't work as much. *(Third generation, age 46, born in 1964 Emphasis added)*

The resources were there so that both partners can work full time, but this was because the other generations were there to provide support. Katrina and her partner Ben (G3) were also able to manage because it was Ben who took Kelly (G4) to school. Despite the fact that the system "is great", Katrina felt pressure seeing other mothers taking their children to school. Doucet (2011) also highlights how display is gendered so that women feel pressured to show care for their children by being the main carers rather than the father. In addition, care preferences can be specific to local geographic areas, which have their own shared values and practices of what constitutes good motherhood (Williams, 2004). Whilst Katrina and Ben Wilkinson (G3) adopted a dual-worker model (Katrina is the higher wage earner), and managed to find a strategy to make it work, the guilt of not doing what other mothers do hovered, and the feeling of an obligation to care permeated. According to Miller (2012), fathers are more likely to see work as positive for their identity and family, rather than being hampered by the feelings of guilt that women experience. Katrina (G3) also described how she was very much like her father, and saw following her career path as a road to independence.

As I mentioned in chapter five, the accounts of the Wilkinsons reveal that the relationship between Mary (G2) and Katrina (G3) transformed when Katrina became a mother, drawing the women into a closer bond and creating some

emotional distance between her and her father. If Katrina looks back to her father she recalls his lesser involvement as a carer and the significant amount of caring her mother Mary had done. Her new parental responsibility draws her towards the family member that has held that role previously in the family. This perhaps suggests how kinship and the sense of family are gendered over generations. In this case, it is not so much emotional closeness or intellectual affinity that initiated a change in practices, but a particular gendered experience of becoming a mother. When women become mothers, they relate more closely to their own mothers. This is because the experience of motherhood summons up the maternal practices which they experienced as a child (Fischer, 1981). However, there is some research that refutes the idea that childbearing would automatically bring intergenerational relationships between adult children and their parents closer (Kaufman & Uhlenberg, 1998).

As mentioned in the first half of the chapter, despite the decrease in multigenerational households for the oldest generations, in the Wilkinson family, the multigenerational practice ensued. Paul Wilkinson (G2) was of the opinion that older people in need could live in their own homes, use their personal budgets and put them together with neighbours to buy in suitable local support. Sarah (G1), however, did not take this action. Instead, she opted to live with her daughters, because she wanted to reduce pressure on them and because, Mary (G2) could manage support for several family members by bringing them together into a shared geographical space.

Katrina Wilkinson (G3) planned to adopt her mother's practice of caring within the family home and sharing care with her sister, and planned to look after her parents when they became frail in their home, creating another multigenerational household. "I'll just do like they do with my grandma. (Shared care between two sisters' houses)". Katrina, who has since become closer to her mother, felt that this arrangement has helped Sarah (G1) keep her 'independence'. In the future, the socio-historical context will most likely shift, meaning that the practice Katrina wants to adopt may not be necessary, or desirable, or possible. She herself will likely change, and her sister may not become involved in support. If the interaction between Katrina (G3), her family and structural conditions across generations

created a similar scenario, Katrina may re-create a multigenerational household. Adam (2008: 6) highlights that there are futurescapes where "the future is fore-grounded and not just preceded but informed and constituted by past and future". This can be seen in the ways Katrina plans to work out the future care of her parents.

For this generational cohort, older generations played an important role in caring for younger family members, particularly because their children were working full time. Across time, "the nature of the typical crises of family life may have changed...but the [grand-parenting] role has remained similar" (Harper, 2004: 85), for example Gladys Thwaite (G1) was without her husband during the war, and was living with her parents with her daughter Tracey (G2). In a later context, Katy (G3) and her daughter Michelle (G4) went to live with Katy's mother Tracey (G2) when she became a single parent. Specific grand-parent practices could also pass down the generations. Jeremy Parker (G2), for example, felt that grandparents should give their children more time for other things, "being sort of selfish, because it is nice to have that time". Jeremy had adopted the grand-parenting practices from both his parents since they nicely fitted the context of his life.

However, within this view that grandparents should help with childcare, there were some gender differences. Older men in the sample were involved in childcare, but it was not part of a firmly held obligation. Jeremy Parker (G2) held on to a masculinised view of how exactly he believed care was given, "when they're women it's different. [They] hold babies". Whilst there were some men involved in care for older generations, the women were seen as the main carers. It is important to note here that all the children of the older people in need were female, thus it could have been the blood relationship that influenced this trend rather than gender per se. On the other hand, whilst there are no cases of men with older parents in need in the sample, in the Parker family there were already indications that Jeremy's wife Andrea (G2) was providing some support to her mother-in-law Iris (G1), rather than Jeremy.

Across some of the families, grandparents (G2) were in paid work, in which case it was difficult for them to care for their grandchildren (G4). Consequently, there was great-grand-parenting, where G1s cared for G4s. Rita Buckingham (G1), Iris Parker

(G1), and Derek Parker (G1) all supported younger generations. Rita (G1) cared for her great-granddaughter Daisy (G4), helping Louise (G3) and Russell (G3) to work full time. Diane (G2) was working and unable to provide support. In the Parker family, childcare for Harry (G4) was shared across three generations, Iris (G1), Derek (G1), Jeremy (G2), Andrea (G2), Hayley (G3) and Sam (G3) in addition to nursery care. Care extended across multiple generations, continued to occur as parents struggled to manage balancing work and care on their own.

Identity across Time

Caring identities developed in younger life could become enduring and continue to define a parent or grandparent. Rita Buckingham (G1) felt a strong obligation to care for younger generations, having cared for all children across her life. The new situation in which she found herself also gave her the same guilt that Katrina Wilkinson (G3) experienced.

> **Rita Buckingham:** We've been all over...I've done cruises and things like that. It was that growing up and not having to go with us everywhere we went. Sounds selfish doesn't it that...but ever since then I seem to have been involved with the children...all my life there's been children.
> *(First generation, age 76, born 1934)*

An identity as a carer, forged over a life time, remains with the older women and still defines their approach to others. One possible result of this is that Rita, and perhaps also Katrina Wilkinson (G3), experienced some ambivalence about her role in relation to her own life chances. According to Connidis & McMullin (2004: 558) ambivalence refers to "simultaneously held opposing feelings or emotions that are due in part to countervailing expectations about how individuals should act". Thus if historical situated ideas about motherhood suggested they should both care and have a career, this could lead to ambivalence, as could the effective ending of this role when children assumed independence in later life. The previous practices that Rita learnt from past family experience, may have run into conflict with the later reality in which Rita found she had leisure time to herself. Whilst she feels good about it, it conflicts with the way she thinks she should feel. This might be an

example of where internalised care decisions of the past, which Rita personally experienced, cause anxiety or ambivalence in the present day. This experience might be similar to an individual retiring from a lifelong career. In Rita's case it is her caring career.

For some, the frailty of older life prevents an active role but the identity still remains. The following extract from Edith Newis (G1) shows how she continued to feel a housewife when looking after her husband from approximately 2002 to 2004.

> **Edith Newis:** I nursed him for two years and I suppose I was run down and tired I mean I did everything that needed doing in a house. *(First generation, age 90)*

She associates supporting her husband through her role as a housewife and cook.

Thus, identities created in past historical contexts could continue into the present and their cessation through the growing independence of children or frailty of the parent could cause some anxiety, perhaps guilt.

Conclusion

In a study of family ties in an industrial society, Harevan (1982/1993: 8) found that, "the cultural heritage that people brought with them into a situation guided their preferences, the priorities they followed, their coping with adversity, and their strategies in responding to changing needs or constraints imposed by external historical conditions". The evidence from this chapter supports this premise, finding that family generations adapt in changing social times whilst taking account of past family traditions. There are both continuities and changes evident in the way patterns of care operate in families over the generations and in relation to changing historical context.

One of the interesting and perhaps novel findings is just how much continuity of care there is, and that even for a dual-worker household (Katrina Wilkinson, G3), patterns of intergenerational care are ingrained in her family and are likely to

continue down the generational line. Intergenerational care and support may change in the way it is practiced, but it remains a strong valued set of family practices.

By looking *across* families it became apparent that each has diverse ways of supporting one another, and *within* families it became clear that there are intra-generational divisions, with women continuing to take on more unpaid care than men. Rather than there being a 'natural basis' for women as kin keepers, in which care and support is based on a system of rational calculated exchange (Emerson, 1976; Willetts, 2010). It has been shown in this chapter that support between particular family generations flows according to complex relationship histories and from those who practice a moral ethic of care. Particular practices and values may move through close emotional relationships that are created through demonstrations of support. Younger generations re-create these practices and values to identify with the group. These may be support practices and values themselves, and/or other values and practices. Caring practices may be adopted by emotionally close generations resulting in asymmetric caring practices i.e. some women cared without ever expecting care in return from that person because they identified themselves as carers. Moreover, as Young (1997) suggests, it is not possible to calculate caring, the 'right thing to do' looks different depending on the specific circumstances laid out between generations (Finch, 1989). Women adhered to the right thing to do according to available resources they found and created. These caring practices were informed in part by the historical context as younger generations looked back to the past as well as the current relational context.

Whilst there were changes towards women and men sharing care and work, as this research indicates, there remains a devaluation of care (Lewis, 2002; Williams, 2010; Williams, 2004) resulting in ongoing gender inequalities across generations. The balance of work and care continued to be an issue across historical time, and informal care, particularly from grandparents, was a vital resource, as has been found in a significant body of research (Bengston, 2001; Brannen et al, 2004; Glaser & Gesser, 2012; Grandparents Plus, 2009; Griggs, 2009; Hoff, 2007; Townsend, 1957). Such intergenerational support may become increasingly common as there are more children with living grandparents as life expectancy has increased (Thane, 2011; also see chapter two). Yet as Harper (2004) states, grand-parenting has

changed somewhat over time. I found grandparents in the first era caring in multigenerational households whereas in later times the picture was more mixed. This reflected socio-economic status to some extent. Katy Thwaite (G3) for example, moved in with her mother when she was pregnant in the 1980s. Low-income families are more likely to have grandparents as carers (Griggs, 2009), since formal childcare continues to be expensive (Ben-Galim, & Thompson, 2013; Brannen et al, 2004). Also grandparents in later eras were more likely to be working themselves (Ben-Galim, & Slim, 2013; Mooney et al, 2002). In the 1980 to 2010 era some younger great-grandparents were caring for their great-grandchildren, supporting the idea that verticalised lineages can offer more familial support (Heinz et al, 2009, Phillipson, 2013). Hence, the importance of looking across multiple generations, beyond single households, and appreciating that family is more than parents with young children (Saraceno, 2008).

Having explored the shifting nature of child care practices and values within these families and how these mesh with patterns of work. I now turn to the case of dependent older people in families.

Chapter Seven
Patterns of Care for Older People and Intergenerational Relations in Four-Generation Families

Introduction

The percentage of over 85s is expected to more than double between 2010 and 2030 (House of Lords, 2013). The quality of care for older people has been highlighted as a significant issue as the population ages. Recently it was suggested in the *Ready for Ageing?* report that society is 'woefully' unprepared for an ageing population (House of Lords, 2013). Social care for older people has been underfunded (AgeUK, 2013; Glendinning et al, 2013; Walker, 2012). Pensions have continued to be inadequate, disadvantaging women in particular (Ginn and Arber, 2000; McKee and Stuckler, 2013). Younger family generations are a vital part of the support system for older people; however their role and relationships with older generations are influenced by the contract between family and state. This chapter explores how care and support are worked out for older people.

Support sources for older people have been in a state of flux between private, public and voluntary spheres, reflecting to some extent cycles of political ideologies (Thomson, 1984). These changes have had an impact on how older people and their families organise support. Whilst it is often supposed that historically the only source of support for older people were their family, Thompson (1984, 1991) emphasises that over the last three centuries the community have played an important role. In 1601, the Elizabethan Poor Law introduced outdoor relief for older people (Great Britain, 1601/1778). It also legislated that children should support their parents, but only in the case that the parents were destitute and children had sufficient means to provide monetary support. The law also appears to have been rarely implemented, fluctuating to some degree according to the politics of the

time (Thomson, 1984, 1991). This was not repealed until the mid 20th century (Laslett, 1977). The voluntary sector also played a role, providing sheltered housing in the form of almshouses (Kendall and Knapp, 1996; Kendall, 2000). Outdoor relief was removed during the early 19th century (Great Britain Poor Law Amendment Act, 1834?), and institutionalisation was encouraged (Midwinter, 2011). Families took older family members into their homes to prevent them having to move into workhouses (Roberts, 1984). Whilst workhouses were abolished in the 20th century, the concept of institutionalisation of older people persisted. The development of the welfare state saw the introduction of the NHS, providing free universal care. But funding for long-term care was relatively neglected, with an assumption that older people would be cared for by family, or in institutions (Howse, 2007). Lees (1998) comments on how the residualistic system of welfare of previous years continued as the universalistic system gave such a low amount of support. According to Lees, the 'modern' welfare state is very much founded on hundreds of years of the poor law. The amount of welfare given to the older population became increasingly lower than the income of the working population. The equivalent of pensions in Victorian England more closely resembled the income of the working population than it did in the latter part of the twentieth century (Thomson, 1984).

During the 1980s, there was a significant shift towards community care for a number of reasons, including: deinstitutionalisation, scandals of poor quality institutional care, reducing costs and increasing efficiencies, and a drive towards a mixed economy of welfare. Community care however, was resisted by feminists because of the pressures this would place on women who care (Dalley, 1988; Ungerson, 1987). From the early 1990s, the personalisation approach sought to give older people and their carers 'choice' and 'voice', with older people able to choose from different care providers with direct payments, which in 2013 became an individual budget. However, real choice may have been undermined, and it has so far only been a minority of older people able to take advantage of direct payments (CQC, 2010; Yeandle et al, 2012). 75% of home care is now provided by the independent sector. There has also been an expansion of private sheltered accommodation, and Telecare services. Support options for older people have increasingly enabled older people to continue living in their own homes, with the

total number of those with high care needs in institutions halved between 2003 and 2007. However, community spending on those with lesser need has reduced (Yeandle et al, 2012). In more than 70% of councils, help with care costs only goes to those with 'substantial' or 'critical' needs (AgeUK, 2013), leaving many older people to fund care (such as help with dressing) privately or with family support. Moreover, many older people continue to face the prospect of selling their home to fund care.

There have been suggestions that professional sources of support will crowd out family, threatening solidarity between generations (Popenoe, 1993). For example, recently it was argued by the health secretary Jeremy Hunt that the social contract between generations has broken down, and that families should adopt an Asian model, caring for older family members in their own homes, rather than seeing them move into care homes (Butler, 2013). Research has found this not to be the case, with family bonds remaining solid with professional support (Daatland and Lowenstein, 2005; Kunemund and Rein, 1999; Motel-Klingebiel et al, 2005). Informal carers make up a significant part of support systems with professional care, having a large impact on the costs of supporting older people in society (Kehusmaa et al, 2013). Estimates suggest that the value informal carers provide was approximately £87 billion in 2007, whereas less was spent on the NHS, at approximately £82 billion in the same year (Buckner and Yeandle, 2007).

I consider the following questions in this chapter: How do older people work out support within this policy context? In what ways do older people and their families feel they have autonomy, whilst being fair to other generations?

I mainly draw on accounts of the family members' experiences from the five families in this study. However, I also refer to some of their vignette responses. The vignette was designed to elicit information on how family members felt support could best be organised for frail older people in multigenerational families, separating personal experiences from normative expectations (Finch, 1987).

The following was posed to interviewees:

> *Mark and Jessica are a married couple. They both have very hectic working lives. They also have a 23 year old daughter called Michelle.*

She has two small children. Mark's mother, Maureen, lives alone. Arthritis is making it difficult for her to move, and she has started to show signs of dementia. Mark, Jessica and Michelle are worried about how Maureen will cope. However, Maureen does not like the idea of leaving her own home. She moved to 'Grassholme' when she was 38 and she is now turning 90. She feels very comfortable where she lives, and has friends and neighbours living close by.

Should something be done? What should they do?

The vignette was framed as a family issue, primarily for the third and second generations rather than for the older person themselves. This is reflected in the responses.

The previous chapters illustrated how support is tied up with intergenerational relationships. Chapter five for example, showed how generations tend to have strong expectations about support flowing down generations. In this chapter, I find that families organise professional sources of support according to sustaining close supportive relationships, which entails creating a balance between autonomy, privacy and support. This means selecting different strategies and combinations of family and professional care. Families need to have the resources to negotiate a system which is fair to them, and where needs are met, which is personal to each older person and the relationship they have with different family members.

The chapter opens with a description of the geographical arrangements of the five families. Geography is a vital consideration for families as they work out in practical terms how best to organise care and support. The following section explores care for older people, moving from more independent living towards greater dependency. In the final section, I show how care and support arrangements for older people fluctuate across time, reflecting movements between independence and dependence.

Care for Older People across Geographic Distance

In chapter five, the geographic spread of family members meant that intergenerational support worked out in a variety of ways dependent upon life-course, industrial and generational times. Furthermore, chapter six highlighted how these times intersected with historical times. The following gives geography greater attention, focusing on care for older people. Geography is a vital practical consideration for families, often determining the nature of care provided. Rather than breaking kinship bonds, studies have found that where the miles increase between generations, families found innovative ways to keep support networks going (Hareven, 1982/1993, 1994; Mason, 1999).

Across all five families, great-grandparents had significant contact with at least one of their children (G2). This was apparent despite health problems, age and geographical distance, and the care arrangements that had been created in relation to these issues. It was usually the case that one G2 saw G1 more frequently than other G2s. For example, in the Newis family, Jean (G2) saw Edith (G1) at least once a week, but Edith's other daughter, Ann (G2), saw Edith more frequently than this. Family members, who were alone and with health problems, had the greatest amount of contact with their family.

I will now outline the geographic arrangements of the families. As described in chapter five, Sarah Wilkinson (G1) alternated between her daughters' homes every three months. The daughters lived 200 miles apart. Both daughters drove half the journey, meeting at a service station, and Sarah (G1) changed over to live with the other daughter. The house in which she was interviewed was owned by second generations Mary and son-in-law Paul Wilkinson. The house was located on a steep hill in a green suburb of a northern city. There were few amenities within walking distance. Third generation Rebecca (age, 49) also lived in the house. Katrina (G3), husband Ben (G3) their daughter Kelly (G4), and Ben's son Tom (G4) lived in a house five miles away.

Rita Buckingham (G1) lived in a flat on her own, in a village close to major cities in the north of England. Her daughter, Diane (G2), and son-in-law, lived 20 miles away in a city suburb, and her granddaughter lived with her great-granddaughter and

husband, 10 miles away in another suburb. Rita (G1) could not drive and so took the bus when she wanted to go out. Louise (G3) was the only available family member who could drive, and supported Rita (G1), Diane (G2) and her husband Russell (G3) with transport, connecting generations together. Rita's (G1) other children lived in Australia. She would spend a few months every year staying with her son and grandchildren in Australia. When Rita (G1) was seriously ill, they travelled to the UK to be with her.

Edith Newis (G1) lived in the city centre in a student area of the city. Jean and Ann (G2) lived on the outskirts, approximately six miles away. Helen Newis (G3) had once been a central figure in the family support network, helping her mother Jean (G2) and father Joe (G2) who had health problems. When Helen and her husband Rob (G3) moved further away, the chain of kinship carers was broken as Helen herself had health problems, and her mother did not feel confident enough to drive on the motorway. Helen Newis's (G3) parents-in-law only lived a mile from Edith but had little connection with her.

In the Thwaite family, all four generations lived within a couple of miles of one another, making support for Gladys (G1) easier. Katy (G3) lived approximately one mile away from Gladys (G1) in a council house on an estate with her partner Chris. Tracey (G2) lived alone about one mile away from Gladys (G1), but on the other side of town from Katy (G3). Michelle (G4) shared a flat with a friend, just over a mile from the market town, where Gladys, Tracey and Katy live. As demonstrated in chapter five, the close living arrangements weaved in past times continued to enable family care for Gladys (G1) in the present.

Iris Parker (G1) and Derek Parker (G1) lived in their privately owned home located in a suburb of a city. Their son, Jeremy Parker (G2), an only child, lived approximately four miles away with his wife Andrea Parker (G2). Across the road from Jeremy (G2) lived grandson Sam, his wife Hayley (G3) and great-grandson Harry Parker (G4). Jeremy's daughter, Natalie Parker (G3), who had recently left university, lived with her parents occasionally when she was not working or volunteering abroad.

In chapter five I presented a series of maps which show the geographies of family care.

Maintaining Autonomy and Support Patterns

The following sections look at the spectrum of care from more independent to dependent living, and how families try to create a balance between autonomy, dignity, privacy, and needs. This leads to patterns of: home-based family care, home-based care with professional and family support, sheltered housing with family support, and institutional support with some family care. Moreover, these patterns change as the health and lives of generations fluctuate.

Home-Based Family Care

Receiving only family care is relatively uncommon (Yeandle et al, 2012), but it was a possibility in the case where care needs were low. Care for Sarah Wilkinson (G1) was based on family care only. Sarah was the oldest interviewee at 98 (and 100 on the second visit), yet she did not have significant health problems. However, she was frail, had occasional falls, and struggled with household tasks. Mary (G2) did "99.9% of the cooking [and cleaning] for Paul (G2) and I and my mum" (*Mary Wilkinson, G2, age 70*), although Paul (G2) mentioned that he also cooked for Sarah (G1) and Mary (G2). Sarah (G1) paid Mary and Paul (G2) a small amount to contribute towards household costs. Rebecca (G3) also spent time with Sarah (G1). On the first interview, Sarah (G1) was usually on her own or with her family. When Sarah (G1) was revisited, she had begun to go out more to community events organised by the local sheltered housing organisation.

The family was not hostile to state support. In fact, Sarah Wilkinson's (G1) son-in-law Paul Wilkinson (G2) was very knowledgeable, and a strong supporter of state support for older people. His vignette response reflects current policies about personalisation and choice.

Paul Wilkinson: [She could] be assessed that she could look after herself if, for instance she had a wet bathroom...Her children...need a proper assessment of mothers capabilities. (Talking about personal budgets)....They now have a choice...When you have no choice you can get distressed. *(Second generation, age 73)*

Whilst family members were well informed about support options through professional care and payments, they took no advantage of it. Sarah (G1) did not receive an attendance allowance, and Mary (G2) was not "bothered" about a carer's allowance, until after the first interview. Katz et al (2011) found that the oldest older generations were more accepting of the care they received than younger older generations because they grew up in a different economic era. Thus, it could be that Sarah (G1) was more accepting. The 'norm' of family care, and geography played a significant role in the organisation of care in the Wilkinson family. Katrina Wilkinson (G3) mentions how she would expect to care for her parents, and her parents for her grandmother.

Katrina Wilkinson: That's the norm to us. We wouldn't imagine...not having them within the family really. *(Third generation, age 46)*

Family care was often seen as the best form of care. There was a sense of satisfaction from younger generations that older generations could rely on their family to be there for them.

Family care could be a way of reciprocating care that had been provided in the past (Brody, 1985; Silverstein et al, 2002). This support could be reciprocated straight away or at a later point in life. Katrina Wilkinson (G3) firmly believed that what her parents had done for her should be reciprocated in return.

Katrina Wilkinson: I couldn't have done what I've done if it hadn't have been for my grandparents doing what they've done to start off with, and then my parents struggling like mad to give us the sort of great grounding that they have done. So you can't just sort of be right-I'm off now. See you later. (*Third generation, age 46)*

However, older generations in need often did not want their children to take responsibility for their care. When working out care for themselves, all generations clearly considered the situation of their family members. Whilst family members valued and gave support to those in need. In practice, family support could be a 'burden' (although this was not necessarily the way carers saw it). Letting children take too much responsibility for care was seen as unjust. Family care can put a strain on both the cared for and the carer. If family members take the role of full-time family carer, this may place pressure on the relationship between parent and child. As Rita Buckingham (G1) put it "I don't think it's fair. I think it breaks families up".

In some cases, family members would not inform their family if they had an illness. Second generation Mary Wilkinson (age 70) felt that if she was in trouble she would, "keep everything to myself...I would turn to no one, even Paul (Mary's husband)". Iris (G1) (who as I mentioned, was a younger, more independent great-grandparent) was also hostile to informing her family of any illnesses as she was concerned about 'burdening' them.

> **Iris Parker:** My philosophy is that I don't think I would worry [my family] if I didn't feel well enough. I wouldn't tell the family that I wasn't well. *(First generation, age 73)*

Yet in the past, she had turned to her aunt for support. Looking towards older generations for help, as mentioned in chapter five, was more acceptable. Life-course timing was pivotal in whether family could be looked to for support. Iris Parker (G1) would on the other hand inform her friends.

There was often hostility to the idea that friends and neighbours should be in any way involved in care giving or organising care. Louise Buckingham (G3) commented that "I don't think you can expect neighbours to [support] you".

In practice, friends and neighbours were an important source of emotional support for those that were unable to leave their homes easily. Phillipson et al (2001) suggests it is close family members that are crucial in providing practical support, and friendships tend to be reserved for emotional support, such as giving

reassurance. Apart from advice and financial help, one in five said friends provided actual assistance. Friendships may also be less ambivalent relationships.

The lines between professional, friends and neighbour support were often blurred in practice. The extent to which they could be involved depended on the relationships they had built up and the need of older generations. Gladys Thwaite (G1) had a friend living close by who came to visit her occasionally. Sarah Wilkinson (G1) kept in contact with friends on the phone and through letters. Friends and neighbours could also be much more involved as carers, and this was also linked with the blurred boundaries between professional identities and friendships. When Rita Buckingham (G1) fell seriously ill, she received significant support from "Betty. She's a neighbour, but she's a neighbour that would look after you, which she did look after me when I was really ill". Betty had cared for Rita (G1) when she became extremely ill with meningitis. She also happened to be a nurse. Friends and neighbours can be a more flexible form of support (Nocon and Pearson, 2000) in contrast with professional carers. It is questionable as to whether care is ever totally provided by the family. Non-familial support could also give more autonomy.

The relational maps also illustrated the importance of friendship to older people. Using a similar method of asking interviewees to create circles of supporters, Phillipson et al (2001) found 59% of older people included at least one friend in their relational maps. However, as this study indicated, the inner sections of the support circle tend to be reserved for family members. Within this study, younger generations also often included friends within their relational maps. Who was included within the circles fluctuated over time[9].

Family members felt that good quality care and support could enable autonomy. How exactly this autonomy was realised differed across the sample. There was also a sense that good quality care was where carers treated family members with respect, preserving their dignity. Whilst family members valued family care, receiving only this source of support could be problematic for both the carer and

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[9] As mentioned in chapter 4, retrospective analysis can also lead to a colouring of the past. The circles that were drawn of past relationships could have appeared quite differently to how they would have been drawn in the past.

cared for. Creating the balance between autonomy and support could be complex, particularly in a multigenerational household, as generations took a different view of how much independence family care enabled. Sarah Wilkinson's (G1) granddaughter described this arrangement as giving Sarah more independence.

> **Katrina Wilkinson:** I think it's just extended her independence and vitality that much longer. She hasn't sort of given up and let everyone look after her. She's still quite independent. *(Third generation, age 46)*

By keeping care within her family and not getting support from any other sources, Katrina Wilkinson (G3) felt that Sarah Wilkinson (G1) was "still quite independent". Family care was not recognised as a form of dependency because it is perceived as the 'norm'. From Katrina's perspective this protected Sarah from being seen as dependent. Perhaps getting care from outside the family would be like admitting defeat. The further away support is from family care, the more it could be associated with decline and dependency. Sarah Wilkinson (G1) also felt independent, but simultaneously felt her autonomy was under threat from her daughters.

> **Sarah Wilkinson:** I think I rely on myself as much as anything...I'm never in trouble you see (laughs)....Both the girls (daughters Mary and Deborah), they're both marvellous, they look after me...They don't realise, but they do treat me like somebody going to school...In fact there was a friend...she used to say, 'I don't mind being old, but they will treat you as though you don't know what you're doing'. And the girls...they don't realise they're doing it. And they both do it. *(First generation, age 98)*

The relationship was not conflicting between Mary (G2) and Sarah Wilkinson (G1) (at least not for the majority of the time), but had become ambivalent. Family care thus has the potential to upturn previously established 'intergenerational identities' with specific values and practices. Chapter five found that generational position, such as grandparent, was loaded with expectations of what that particular generation should do in relation to other family members. Thus in the case where there is a parent and child, the parent feels more comfortable supporting the child, than the

child supporting the parent. It was often assumed that across the life course, support should flow down the generations.

Reflecting on these arrangements, Sarah comments, "I've always been a wanderer". Whether or not Sarah had in fact 'always' identified herself as a 'wanderer' cannot be known. However, it is possible that the new care arrangement brought about through negotiations had resulted in Sarah reassessing her identity. As I mentioned in chapter six, generalising through the term 'always', could indicate a process of naturalisation, perhaps making the arrangement more acceptable to her, and giving or projecting the sense that the care arrangement was her decision.

Thus, despite a strong adherence to the notion that family care is best, there was also a strong moral sense about not being a 'burden' on others. Generations clearly took a different perspective on family care because they were guided by ethics of care. Family members weighed up how to have fair trustworthy relationships with one another, which meant creating a balance of respecting both your own needs and those of others (Williams, 2004). However, choosing family care only had the potential to quash the voice of older generations. It was felt that professional support could lighten the load on younger generations, which is explored in the following sections.

Home-Based Family Care Supplemented With Professional Help

Whilst all the frail older people took different care options (with some opting for professional support such as home care and sheltered housing) family care continued to be significant throughout. By sharing support, family members avoid 'burdening' individuals with sole responsibility, and ensure that the older person is cared for. How exactly individuals thought care should be shared between professional and family differed. Helen Newis (G3) felt that family members should provide care themselves in addition to professional support. In response to the vignette she mentioned,

> **Helen Newis:** I think if she wants to stay in her own home they should
> try and facilitate that. Find out what help they can get. Kind of *what*

support they can provide themselves, and enable her to stay in her home for as long as she can. *(Third generation, age 36, emphasis added)*

This arrangement was evident in Helen's family. Edith Newis (G1, age 90) was disabled and unable to leave her home without assistance. She had difficulty seeing, walking, eating and speaking. Her blood pressure was very low and she also suffered from angina attacks. Edith Newis (G1) was not able to keep living independently without additional support.

> **Edith Newis:** This is what annoys me now; I can't clean like I did. I'm completely handicapped. I can't move this hand. I can't stand in an up [right] position because I've got a broken shoulder. There's a plate, and I've got a great scar there. I've got both hips broken, and this I should have done six months ago, but I'm not well enough. I've lost three stone in weight. *(First generation, age 90)*

She had lived in her council home for approximately 50 years. There were three floors, with the main living area and kitchen on the second floor, and the bathroom and bedrooms on the third floor. The stairs had a hand rail. Edith had carers on a daily basis that helped her with personal care and cooking. Some of the carers had been caring for Edith for years, whereas other carers had only looked after Edith on a few occasions. She also had a community matron that visited her at home once a month. To help with her visual impairment a charity had provided her with a magnifying glass, but this was not particularly helpful as Edith (G1) had difficulty holding it. She also purchased an audio watch so she could hear the time. Her daughters Jean and Ann Newis (G2), as well as Ann's husband Kevin, helped Edith. Ann (G2) was responsible for Edith's shopping and washing her clothes. Jean (G2) organised Edith's finances, and also did some of the shopping. Jean had until recently worked close to Edith's house and would come each working day to make her lunch.

Professional home carers became a vital part of the network, enabling older people to live at home, and younger generations to support when they were able. Jean Newis (G3) describes how more home professional care meant her mother could

continue living in her home, with her and her sister providing emotional as some practical support.

> **Jean Newis:** Mum is happy here, and she's lived here a long time. She knows the neighbours. The neighbours know her, and she feels comfortable. It's quiet. As long as she's happy and we've got the care in place, my sister and I come quite often. *(Second generation, age 65)*

Gaining help from home care could alleviate the pressure on family members even when they shared the same house. Jeremy Parker (G2) described how in the past, his mother, Iris (G1), was able to care for her aunt in her house because she had help from a professional carer. "The burden was off my mum because she had a carer. We looked after her on an evening" *(Jeremy Parker Second generation, age 50).* In chapter six, I highlighted how multigenerational household practices of older generations were adopted by some younger generations. Here it can be seen Iris Parker (G1) could adopt her aunt's multigenerational household practice because in a later historical context Iris (G1) could also share care with professional sources of support. Chapter five highlighted how industrial time resulted in family members changing their care, need and support systems. Where professional care was an option, this enabled family members to organise time for themselves. Iris (G1) was able to work full time whilst providing care. However, in a multigenerational arrangement, there could still be a compromise of privacy and autonomy.

With some respite for family carers, older people and their families are able to continue with existing arrangements for longer, without the need for institutional care.

Professional care could also offer a different dimension of support. Edith Newis (G1) thought of the professional carers who visited on a regular basis as friends. Formal carers offered emotional support, which removed from the fear of creating a 'burden' or disrupting family relationships, as well as offering practical and personal care. Edith Newis (G1) described how she felt professional carers understood her, talked to her on an equal level, and had become her friends.

> **Edith Newis:** I talk to my girls of course, the one I do talk to is Sally. She's the matron...She says 'if you need me you know my phone

number'...I can always ring her. Yes she's very good at listening...She does not, what can you say? Patronise you at all. She's glad to listen to you, and she said when I started with this mouth business (problems with her teeth and jaw) she said, 'I don't know how you're coping, and you go from one crisis to another'. I said 'yes I know'...Sally knows what it is. I wouldn't talk to other people saying 'oh my mouth or my shoulder hurts'...There's no point in saying it, they don't want to know!...But Sally will listen. And Lisa the carer, she's good....I have a regular one every morning but one. And she's the best of all is Lisa. We're really friends. *(First generation, age 90)*

In addition to the support from her daughters, which both generations did not really recognise as care giving, Edith had support from professionals. Here Edith (G1) makes a clear distinction between what non-familial support can offer compared to support from family. Support from professional carers could provide care responsive to specific practical needs, and provide emotional support that was not embedded in complex family relationships. (This was not only the case for older people, as Edith's granddaughter Helen Newis [G3] who also was unable to leave the house very often felt she could talk to her regular carer).

With these arrangements, Edith Newis (G1) felt that she was independent, and not placing too much pressure on her family. As with Sarah Wilkinson (G1), *some* family care could seem like the 'norm', creating the feeling of being an independent person. In Edith's case, living in your own home allowed more autonomy. However, professional care could be poor quality, not meeting needs of older people.

> **Edith Newis:** I might have a different one for tea, and for night call. It's higgledy piggledy. They keep setting you one time [to come to the house and turning up later]. Lisa has to do what they call shadowing...They're ok with Lisa...then she's expected to go by herself. They don't give them enough time. There's so much that needs to be done....They shouldn't let them see people without knowing some very basic cooking. (*First generation, age 90)*

The extent to which older people truly have 'choice' and ability to impact on the domiciliary care they need is questionable. Hardy (2001: 487) found that older people feel they are 'consulted' about their care rather than being truly 'involved' in the planning process. Moreover, choice between care providers may not always be the preference of older people who may prefer a more trustworthy service.

Family care in your own home with professional care could allow those with greater chronic health problems to be supported whilst keeping their independence. With some professional support, family were able to manage caring with other commitments. As the different types of care and support could be split between family and professional sources, it meant intergenerational relations could continue to be balanced.

Sheltered Accommodation with Family Care

Another possibility was more professional care supplemented with family care. Gladys Thwaite (G1, age, 85) lived in council owned one bedroom sheltered housing. The house was positioned in the centre of a touristic market town. Care for Gladys Thwaite (G1) was provided professionally through sheltered housing with family support. A key draw of sheltered accommodation is that it enables 'autonomy with inclusion', improving older peoples quality of life (Kingston et al, 2001). Iris Parker (G1) also felt that when she suffered from more chronic health problems she would prefer, "something like sheltered I suppose, because I quite like talking and socialising with people... I'm quite content to be by myself as well. I will go up to the caravan myself, so quite self sufficient". Iris (G1) valued what she thought would be an opportunity to feel independent and included in older age.

Living in sheltered housing meant that Gladys (G1) had a warden from the housing association checking on her as well as a personal alarm, so it was unnecessary for her family to be there all the time. The alarm contacted her daughter Tracey (G1). The wardens could keep Gladys (G1) informed and make recommendations about possible independence aids. Telecare has become another option to support independent living, although there have been concerns over an invasion of privacy

(Minuk, 2006; Percival and Hanson, 2006). Second and third generations Tracey (G2) and Katy (G3), visited Gladys (G1) on a regular basis. Katy (G3) would come to the house every weekday after work to make sure Gladys took her medication. Tracey (G2) did the shopping and cleaning for Gladys, and came to her house three times a week on Monday, Wednesday and Friday.

Whilst there has been an increasing demand for ergonomic sheltered housing, there is not an adequate supply of such housing for older people. This insufficiency is the result of a lack of spending on social housing (which has also affected younger people) (Kneale, 2013). At the time of interview (2010), in the town that Gladys Thwaite (G1) lived, there was a significant number of single bedroom social housing. Gladys was 'lucky' (Tracey Thwaite, G2) to be near her family and within her own home despite her declining physical health. By contrast, there has been a lack of housing with two or more bedrooms (which had caused the family significant problems in the past). In the Wilkinson family, family care was provided in a multigenerational household, because it was thought, particularly by younger generations, to keep the independence of the oldest generation. Gladys Thwaite's (G1) independence was preserved as the family were able to organise times when they were together and apart. Such organisation was possible as Gladys was protected through being checked on by her warden. This meant that whilst "our lives are all intertwined...they are very very separate" (*Gladys Thwaite*, *G1*). Gladys (G1) felt the balance of independence and dependency was upheld between generations because she was able to live in a separate home with regular contact with her family. When asked about her move into sheltered housing she replied,

> **Gladys Thwaite:** Oh it was a good move it was. I'm happy here I am....Yes, I've got nice neighbours and families good with me. *(First generation, age 85)*

However, there was some ambivalence over professional care. In response to the vignette, Gladys (G1) felt that care should be organised between daughters, doctors and a local network of support such as the church. Gladys Thwaite (G1) was fervently opposed to professional carers despite the fact that she lived in sheltered housing. She had used home care but was appalled by the unreliability of the service, and finished with them after one week. She commented how some of her

neighbours would find their professional carers turning up late in the day, leaving them in their night clothes and without breakfast until nearly lunchtime. Gladys felt that her informal support network of family, friends and neighbours living close by, and sheltered housing was working for her.

The past and present local historical context of informal care intersected with a new set of professional resources. As explored in chapter six, individuals negotiated these different historical values and practices, creating their own, based on the resources available to them. This was relational as "structurally created ambivalence is negotiated by individuals in their relations with others" (Connidis and McMullin, 2004: 560). As I argued, an ethic of care is the motivation behind the negotiations, their resulting relationships and family practices, created as part of shifting social structures. In this case, Gladys has turned to professional support, but leant towards family care in her ambivalence towards professional support, which required intergenerational negotiations.

In addition to the sense that family care was best, there was also an expectation by some, that women should be carers rather than men. Chapter six highlighted that historical generations held different perspectives on who should care, which could be gendered, and these opinions could be held across the life course. In a response to the vignette, Gladys Thwaite (G1) felt that the daughter-in-law of the older person, rather than the son, should organise local support, suggesting an assumption that women should be responsible for ensuring family members are looked after. Gladys also had strong opinions about women marrying and not getting divorced. It is perhaps also worth noting that the town in which Gladys had lived for most her life had a strong male breadwinner model. As noted, the local context can have an influence on care practices (Williams, 2004). In family care arrangements, throughout the 20th and 21st century, women are more likely to be carers, guided by 'the right thing to do' rather than equity between generations (Ben-Galim and Thompson, 2013; Dalley, 1988; Finch and Groves, 1980, 1983; Ungerson, 1987).

Family care was also a generational issue, with those more generationally distant, less likely to be possible supporters. Whilst Gladys Thwaite (G1) had her daughter and granddaughter caring for her, she felt it was understandable that her great-granddaughter did not visit often, as she told her "you've got a little life of your

own". However, as mentioned, younger generations by contrast felt some guilt if they were not involved. Michelle Thwaite (G4, age 22) mentioned "I come when I can", feeling the need to justify the lack of contact she had with her great-grandmother.

Tracey Thwaite (G2) talks about how she cares for her mother Gladys (G1).

> **Tracey Thwaite:** She's lucky in a lot of respects. She's sat in her own home and she's got her family around her. *(Second generation, age 67)*

Care from family was seen as 'lucky'. Care giving could be historically engrained into individuals as the best way of caring (see chapter six). Gladys Thwaite (G1) was 'lucky' because successive family generations live around her and so was able to benefit from family care. Gladys (G1) had several generations living close by.

Katy Thwaite (G3) indicated that caring for Gladys was time consuming (see chapter five), and had suggested in the vignette that in general an older person could look more to professional sources for care, thus apparently conflicting with Gladys's perspective. However, there was no evidence that the relationship had become conflicting. The generations negotiated a system that meant concessions for all involved. As was shown in chapter five, Katy visited Gladys (G1) every weekday but took the weekend off. Gladys (G1) mainly relied on professional support from sheltered housing, but to accommodate her distrust of professional carers Tracey (G2) and Katy (G3) provided an additional level of care. One possibility is that Katy (G3) was asymmetrically reciprocating support. Whilst Gladys Thwaite (G2) had never been a carer for Katy (G3), Katy's (G3) mother Tracey (G2) had in the past been heavily involved in childcare for Michelle (G4) and also supported Katy (G3) through shared living arrangements as an adult. This may have made Katy (G3) feel it was fair that she should become involved in care for Gladys (G1), as she incorporated the support practices of her mother (see chapter six). This further demonstrates that care can be inequitable between generations.

Thus, with values of family care and striving to keep independence, sheltered accommodation helped all generations to keep a balance, and was used to negotiate the best possible care solution between generations. Younger generations were able

to have time away from caring, whilst Gladys only had to have some professional support.

Institutional Care

At the policy level, provision for frail older care was once left to either family care or institutional care. There are now more sources of home-care support so that older people can buy in support to stay in their own homes. In general, only a small percentage of the older population live in residential and nursing care homes, with the vast majority living in their own homes or sheltered housing (Kneale, 2013). The most common reason for older people entering care homes is that they have dementia (Woods et al, 2008). The numbers of people with dementia in care homes increased from 2003 to 2007, whilst numbers of older people in care homes general decreased (Yeandle et al, 2012).

All family members thought of institutional care as a last resort. In the vignette responses below, combinations of family care and home care are clearly preferred over institutional care for family members, although some were more likely to lean towards institutional care than others.

> **Louise Buckingham:** I think if I was worried, even if she didn't like it, I think I would get her to not necessarily move out into a home or, I know that *would kill* my grandma, but try and get somebody.
> **Researcher:** Like a home help?
> **Louise Buckingham:** Yeah like a home help *(Third generation, age 30, emphasis added)*

> **Helen Newis:** Obviously if she's on her own, and her dementia progresses, then they may have to look at kind of more home alternatives because of *safety* really, or you know some sort of more *secure* environment so that she doesn't become a danger to herself *(Third generation, age 36, emphasis added)*

In Louise's (G3) view, institutional care continues to be perceived as threat despite the deteriorating health of the older person. Institutional care was seen almost as traumatic as death itself. Helen Newis (G3) also saw a threat, but this is for the physical safety of the older women, if she were to remain at home without adequate support. This may reflect past experiences, as Helen Newis (G3) had relatives in care homes.

Residential homes have publically been regarded as offering low-quality care, particularly because they have become associated with a loss of independence. In a study by Johnson et al (2010), residential care homes continued to be seen as a last resort, as they were in Townsend's (1962) study 50 years earlier. Yet Lievesley et al (2011) suggests that during the 1970s and early 1980s there may have been a greater number of older people choosing residential care as a lifestyle option rather than purely on health needs. Comparisons between those living in residential homes and those living in their own home also suggest that the latter are more concerned with keeping independent, whilst the former have more tangible concerns (Katz et al, 2011). Nursing homes in particular were thought of as 'giving up'. As I mentioned, prolonging independence was an important aim for all family members. Jean Newis (G2) associated nursing homes with decline, and as removing older people from the comfort of their home.

> **Jean Newis:** My dad went in a nursing home and it wasn't the best thing that could have happened...Two years prior to that he was in and out of hospital, but he wasn't happy in the nursing home, he hated it. *(Second generation, age 65)*

Another key concern with residential homes is that they may offer low quality care. The quality of care homes has improved (e.g. in staff training, areas specially allocated for people with particular needs), but expectations of care are higher than they were 50 years ago. However, that is not to say care homes are completely adequate to suit older people's needs. As Townsend's study uncovered 50 years before, there were significant differences across and within the private, voluntary, local authority, and in Townsend's study, ex-PAI homes (Johnson et al, 2010). Rita Buckingham (G1) had worked in a private care home herself, and had been concerned about the lack of respect and empathy from some of the staff.

> **Rita Buckingham:** I taught youngsters a lot that were training under me...They would have their residents sat there completely in the nude without a towel wrapped round their shoulder...I were tryin' to teach them and they weren't listenin', they were leavin' 'em. I used to put a towel on the radiator, warm it up. Even their underwear went on the radiator...and that's dignity. I would expect that to happen to me if anybody has to. *(First generation, age 76)*

Katrina Wilkinson (G3) felt that "you can go and stay in some scary council run [home], it would be a nightmare!" Like Rita Buckingham (G1), she was concerned about the quality of care offered, particularly in local authority run homes. Thus deinstitutionalisation was valued by many of the family members, reflecting current social policy. There have been a number of scandals about the treatment of older people in care homes, as well as treatment in hospitals, which has recently led to suggestions by the Care Quality Commission that hidden CCTV could be put in care homes to prevent abuse (CQC, 2013). On the other hand, an increase in surveillance could reduce the privacy of those living in care homes (Minuk, 2006).

The move towards community care has led to continued reliance on family care (Dalley, 1988; Finch and Groves, 1983; Finch and Groves, 1980; Ungerson, 1987). The costs of care, financial and care giving continue to fall upon those who happen to need more support, with 68% of the one million carers who reduce working hours or leave work to care losing more than £10,000 a year, and in a survey of 2,759 carers in England, 76% experienced mental health problems because of the care they provide (CarersUK, 2011a). Institutional care could help older generations to release pressure on younger family members. All family members were concerned with finding the best way to support one another, and this also meant that older generations wanting to prevent their children and other family members from taking too much of the load, this was felt more acutely in the case of extreme ill health, such as severe dementia.

> **Jeremy Parker:** I say to [my children]; if I start going skittish...shut me in a home. I don't want to be a burden on you. That's what I expect from my kids. I don't want to be a burden to them. *(Second generation, age 50)*

However, this required negotiation, as I mentioned, younger generations and family members often assumed that institutional care was a low quality form of support. Here Jeremy (G2) equates moving into a residential home with being 'shut' away.

Rita Buckingham (G1) felt that residential care would be the only option for her if she reached the point in which she could no longer take care of herself. She particularly did not want to move in with her family, and saw value in institutional care. Such a suggestion had already led into conflict with her daughter.

> **Rita Buckingham:** I don't want them to think they have to take me into their homes...If I ever get that I can't look after myself I don't want to do that...Diane (Rita's daughter) just said 'well we'll see'. I said 'no we won't, because I've done my will and I've put in my will I do not want to go and live with Diane'. She said 'you wouldn't dare!' 'Yeah I would!'...They'd have to put me in a home. *(First generation, age 76)*

Thus from the perspective of this great-grandparent, living in a residential care home at a time when she is in significant ill health would be the 'right thing to do'. Here it can be seen that autonomy and independence may be two different things. As Williams (2002) highlights, autonomy may be realised through dependence.

Institutional care could also result in ambivalence as Edith Newis (G1) dreaded the thought of moving into a residential home, but feared placing too much pressure on her children. The point of view of the carer in moving a family member into residential care was quite different. It left those that felt responsible with a feeling of guilt. Edith (G1) and her daughter Jean (G2) had a sense of failure that George (G1), who had dementia and heart problems, moved into a home. As Brody (1985) shows, guilt is a common feeling amongst younger generations caring for parents, and could be the result of younger generations sensing an inequity between the care they have been given by their parents, and how much support they are able to provide in return. However, as was highlighted in chapters five and six, it was not always the case that the care recipient felt responsible to return care in the future. The influence of historical context, emotional closeness, as well as intergenerational adoption of family practices could also influence the sense of responsibility and flow of care, need and support in families.

Yet it was clear that Edith Newis (G1), who was at the time in her mid-eighties, struggled to care for her husband until she was physically exhausted. Prior to the move into a care home her husband, George (G1) had been back and forth between the hospital and his home, where he lived with Edith (G1).

> **Edith Newis:** [My husband died] five years ago...The thing is I nursed him for two years, and I suppose I was run down and tired. I mean I did everything that needed doing in a house. *(First generation, age 90)*

As she was no longer able to care she felt she was losing her autonomy. Edith felt frustration that she could no longer care for George (G1) as well as irritation that she could no longer carry out many homemaking tasks by herself, but her ill health meant that caring for George (G1) at home was no longer possible. It is important to note however, that this was a relationship between partners rather than intergenerational relations. Research suggests that partners are more likely to care for one another than rely on intergenerational support, particularly where personal support is needed, as they feel more comfortable receiving support from their partner (Gott, et al, 2004). There have been rising numbers of older carers, with those aged over 65 increasing 15% between 2001 and 2011 compared to 9% of all carers (Carers UK, 2012) Older people are more likely to have their own health problems, and caring itself can lead to ill health, particularly when caring is given intensively (Buckner and Yeandle, 2005).

Family care with professional support could become too much of a burden, particularly if 24 hour care was needed. Jean noticed this about her mother. Edith (G1) had home-based family with professional carers, at "night time she's not quite so happy...because nobody's here" (*Jean Newis, G2*). The benefit of institutional care is that there is 24 hour cover.

Moreover, whilst family members may feel some guilt that their loved one is moving into a care home, in practice, family members may continue to 'be there' for their family once they are living in a care home, and when they are admitted to hospital, often helping them select the best care home (Bowers, 1988; Reed et al, 1998). Family members often wanted to be involved in all stages of the process. In response to the vignette, Jeremy Parker (G2) mentioned that he could resolve the

situation by helping his parents find a care home, and decide whether he thought the care home was suitable. "You know what I'd do. I'd go look at the homes and go see if I were happy with my mum or my dad". When older people move into residential homes, families continue to be involved through emotional support and assistance (Gaugler, 2005; Woods et al, 2008). Joe Newis (G2), who suffered from mental health problems, moved into a nursing home for six months and was visited regularly by his wife Jean (G2). Moreover, some years before there was an intricate web of care for George (G1), which was shared between the nursing home, George Newis's (G1) wife Edith and their two daughters Jean and Ann. Jean Newis (G2) talked about how they visited George Newis (G1) when he was in a nursing home for a year.

> **Jean Newis:** One of us went every day. My sister and I used to alternate. My mum was in hospital. She had a knee operation, so she didn't see him for a few weeks, but when she was well enough we used to take her. *(Second generation, age 65)*

The daughters kept in very regular contact with George Newis (G1) for all the time that he lived in the nursing home. Edith Newis (G1) was unable to reach the nursing home on her own. As a consequence of moving into the home, greater geographic distance had been created between family members. Jean and Ann (G2) had to work out a system to see their father, and help Edith (G1) see him also, which fitted around their work commitments. Just as the Wilkinson family had shared care between siblings in a family care only arrangement, the Newis family shared care between family members, but with the addition of professional support. Where professional care is well organised and well integrated with family care, the quality of life for frail older people can improve as well as lower the costs of care (Swane, 2009). Woods et al (2008) highlight the importance of 'relationship-centred dementia care' in which family members, the individual and care home staff work together as they all have relationships with one another. Also, discharge of older people from hospital can be improved with better communication between hospital and family members (Bauer et al, 2009).

Thus, despite younger generations' disapproval of institutional care for their older family members, it could, in cases of greater chronic illnesses be a good source of

support for older people and their families. It helps them to create a balance between ensuring younger generations can care without becoming ill themselves, and meeting the needs of the older generations. The needs of carers and cared for could best be met by this well integrated system.

I have explored the varied levels of professional support for older people along a spectrum, ranging from no professional support to 24 hour care, and illustrated how family care remained strongly implicated in each case. Looking across time reveals that these patterns described above are volatile. As needs increase, support patterns could involve more professional support.

Dynamics of Care

As previous chapters highlighted, care and support could shift, interacting with life-course, generational and historical times. Such movements become visible when different time frames are considered (Adams, 2008; Saldana, 2003).

Acute illness can affect all older people, whereas the chronic illnesses are more likely to affect the oldest older people. Iris Parker (G1, age 73) and Rita Buckingham (G1, age 76) were the youngest of the great-grandparents in the study. In the first interview, they were both in good health. Yet within recent years, and following a second interview with Iris Parker (G1) seven months later, their health conditions fluctuated significantly. Rita Buckingham (G2) became seriously ill with meningitis when she was aged 70. She was still able to manage in her own home after returning from hospital.

> **Rita Buckingham:** I came home. I live in a flat you see. It's a private flat in a little complex. It's right nice, and so that were handy, and there aren't steps so that weren't a problem. I came home with just a stick. I had a zimmer, and within four weeks I had just a stick I took out with me. *(First generation, age 76)*

Rita lived in a village approximately ten miles from her granddaughter Louise (G3), great-granddaughter Daisy (G4), and one of her daughters, Diane (G2), who Rita

was very close to. Care, need and support usually flowed most intensely between these family members. However, during her time in hospital, Rita received support from all her family, and particularly her neighbour. Rita's children and grandchildren living in the UK and Australia took time from work and school to be with her. Yet if Rita were to become frail and suffer long-term ill health it is perhaps more likely that Diane (G2) would be become involved, as she was geographically and emotionally closer to Rita. Care networks fluctuate around health changes in relation to geography and emotional closeness.

At the time of the first interview with Iris Parker (G1), she had just retired and was in good health. Several months later, her health had deteriorated slightly. Jeremy (G2) suspected the decline was linked to her retiring. She also had problems with her back which made looking after her great-grandson more difficult. Derek (G1) was also involved in caring for his great-grandson Harry (G4), doing activities such as taking him out to the park, where Iris (G1) might prepare Harry's meals. Apart from her friends, Iris (G1) felt closer to her daughter-in-law Andrea (G2) and her granddaughter Natalie (G2). Andrea (G2) would help Iris (G1) if she needed support, according to Jeremy (G2).

Health fluctuations across the two older generations, with the move to more chronic conditions in the oldest first generations, and the more acute in second generations, meant care networks had to be reconfigured. In the Newis family for example, two years after the interview, Joe Newis (G2) in his sixties had temporally had to move into a nursing home because of his mental health problems. Edith (G1) mentioned that Jean (G2) visited her less frequently; because of the time she was spending going to see her husband in the nursing home. Ann (G2) had become the only informal carer for Edith (G1) during this time.

Flexible professional support could help families adapt across changes whilst keeping independence for older people and their family. In the Thwaite family, two years after the first interview, Gladys's (G1) health had deteriorated further, so that she was almost unable to walk. On one particular occasion she described waking up to find she was completely unable to move her legs. Gladys (G1) used the Telecare system and was able to get help from a nurse and her daughter Tracey (G2). Care arrangements that were put in place with particular health needs in mind had to

adapt. What had begun as occasional help from family became more intense. Sheltered housing enabled Gladys and her family to adapt to these new problems. However, it is questionable as to whether this model of more family care will be sustainable. If Gladys's health worsens, then the family may not be able to take more responsibility. They may then need to look for increased professional support. As has been shown, sharing care with family as the main carers may only work where health needs are not as intense, as it could place great pressure on younger generations.

It is also important to note that those with chronic illnesses can also have days of good health and days of bad health, which becomes visible when looking at daily patterns of illness and care. Edith Newis (G1) for example, could occasionally have angina attacks, but this was not an illness that affected her every day. This perhaps highlights the importance of easy access to good quality care that is flexible, and moving away from the assumption that growing older always means a linear decline in health. Therefore, it may be problematic for family members to plan a structured support timetable to coordinate with other responsibilities, such as working arrangements.

Due to the fluctuations in health across older generations, older people and their families often have to negotiate and design new support systems to keep the equilibrium of independence, autonomy and meeting needs.

Conclusion

Across the five families there was significant diversity in how older people were cared for, however there was a clear underlying continuity of family care through all these arrangements, reflecting the finding that professional care *only* is atypical (Yeandle et al, 2012). Shared care worked out in varied ways, but this study has found that family are always implicated. Care practices ranged from: home-based family care, home-based family care with professional supplement, sheltered housing with family care, and institutional care when older people suffered more

chronic conditions. Family carers were more likely to provide emotional support, where professional care could meet the practical needs of older people.

It also emerged that care needs fluctuate with young older people more likely to have acute periods of ill health and the oldest older people with more chronic conditions. Geography was also a key consideration for families which resulted in new care practices, held by kin keepers, as explored in chapter five. Arranging care is not a straightforward process, but requires ongoing negotiation on both a long-term and day to day basis. Caring practices were highly diverse depending on the circumstances.

Institutional care was regarded by all generations in this study as the least desirable form of care for their family. This reflected policies of deinstitutionalisation, and public perception of the quality of residential care, and of a perceived abandonment of older family members who move into care homes (Butler, 2013). Rather than breaking down bonds, this study has shown that greater professional support can be vital for family solidarity, complementing evidence of 'crowding in' (Daatland and Lowenstein, 2005; Kunemund and Rein, 1999; Motel-Klingebiel et al, 2005). When reflecting on care for themselves, a 'burden' was seen as too much pressure on the informal network to provide care. Formal support was seen as a way to release 'burden' on their younger family members. Consequently, some older generations wanted to move into care homes if they had significant care needs. The relational way in which care decisions are made perhaps does not fit neatly with the political concept of choice. Moreover, sheltered housing was often a preferred option, but there has been a lack of investment in social housing leading to a shortage of such accommodation (Kneale, 2013). An independent living agenda may have been used politically as an excuse not to create ergonomic housing (Oldman, 2003).

Professional care could be a 'mixed bag', with some inconsistency and unreliability. Having a trustworthy source of support may be more important to older people than having a choice (Hardy, 2001). Whilst Cash for care has been taken up by some, older people have been less likely to take it up (CQC, 2010; Glasby et al, 2006; Yeandle et al, 2012). Family care fills in the gaps because family members may be more flexible and responsive to the particular needs that older generations have. The choice of all the older people in this study was to be independent and not 'burden'

family, but this was sometimes denied by the low quality of some professional support. Moreover, family care only was felt to be the 'norm' in some families. Community care thus continues to assume significant family support.

Preventing 'burdens', autonomy, privacy, independence, and good quality care were some of the core values that family members held on to. Good quality professional support with family care was central to creating this balance, supporting intergenerational relationships, reflecting what they thought was a fair balance. However, as older and younger generations had different stakes in the relationship (Giarrusso et al, 1995; Hoff, 2007), family relationships could become ambivalent (Connidis and McMullin, 2004: Hillcoat-Nalletamby and Phillips, 2011; Luscher and Pillemer, 1998). Both guided by ethics of care, their care preferences clashed. Younger generations wanted to support older generations, and older generations did not want to 'burden' younger generations. Sharing care could mitigate this to some extent.

Intergenerational fairness was not viewed as ageing populations placing pressure on younger historical generations (Willetts, 2010), but on a fair distribution of care and support across family generations. As Harper (2006a) argues, historical generations are embedded in intergenerational family relationships and are more likely to reflect their local experience of generations, which is that of family generations. Younger generations will experience a 'burden' if the state does not support them in their caring commitments as well as support for older generations. Currently social care is underfunded (AgeUK, 2013; Glendinning et al, 2013; Walker, 2012) and pensions largely inadequate (Ginn and Arber, 2000; McKee and Stuckler, 2013). Supporting informal care is crucial in public terms as it contributes significantly to the overall care of older people (Buckner and Yeandle, 2007; Kehusmaa et al, 2013). Flexible systems at work are needed to enable younger working generations to provide support when required, as I highlighted that structural planning for care and support was not effective.

Chapter Eight
Conclusion: Supporting Intergenerational Contracts

Introduction

There have been concerns about how societies, and particularly the younger working population, will be able to shoulder the 'burden' in terms of pensions and social care as the population ages. Politically, the family perspective on this issue has been subordinated in favour of considering the contract between welfare generations. In response to shifting demographic trends, there has also been a process of verticalisation in which there may be increasing numbers of families with multiple living generations, and less intra-generational relations, such as siblings. This thesis has sought to shed light on lived intergenerational experiences by bringing together different concepts of generations: generational, family and historical.

The core theme of this thesis has been the importance of social and contextual timings in the way in which care and support is worked out. There is no right way to care. Whilst care and support practices have shifted, there has been consistency in moral decision making across families.

My contribution to knowledge is the significant insight gained from a temporal perspective. I considered care, needs and support across four-generation families, whilst looking across their life courses, to understand the experiences of care and support across the generations.

In light of these issues, this study set out to answer the following question:

> *In the context of an ageing population, what can be understood by examining the connection between family multigenerational care, need and support networks and intergenerational relationships?*

This following chapter synthesises the key findings from each of the three empirical chapters in relation to the central research questions (highlighted at the end of chapters two and three). I draw out the key factors underpinning caring practices, taking Finch's (1989) study of *Family Obligations and Social Change* as a starting point for my own analysis in answering how patterns of care, needs and support are practiced and worked out across multigenerational families. Following this, I show how the key factors are located within a temporal plane, which results in an array of care and support practices. Subsequently, I examine what this research contributes towards the concepts explored in this study, and consider the limitations of the research as well as future research possibilities.

How are Patterns of Care, Needs and Support Practiced and Worked out across Multigenerational Families?

Perhaps the most surprising finding in this study was that within a small sample of five families there was such great diversity of care and support practices. Some examples in the oldest generation ranged from, people living in their own homes with professional care to alternating between different daughters' houses every three months. The view that there is one right way to care for family did not fit with the realities of the families in this study (Mason, 1999; Smart and Neale, 1999; Williams, 2004).

Whilst there is no fixed way to support, there may be common principles that families adhere to. I have identified a number of key factors that influence the way care is practiced and justified amongst the sample. I consider this in light of research by Janet Finch (1989:4), which employed qualitative analysis, finding an "analytical framework for studying the meaning and significance of kinship in the late twentieth century". She highlights key guidelines for care and support which include:

> *"Consider who this person is; what their relationship is to you in genealogical terms. Consider whether you get on particularly well with*

this person. Consider the pattern of exchanges in which you and they have been involved in the past. Consider whether receiving assistance from you would disturb the balance between dependence and independence in this person's family relationships. Consider whether this is the proper time in both your lives for you to give this type of assistance to this particular person" (Finch, 1989: 178).

These guidelines were also adopted in Smart and Neale's (1999: 119) work in relation to understanding divorced parents support for their children, finding guidelines such as "consider the nature of the relationship in the past". Here I take a similar approach, developing my own key factors, considering four-generation families across the 20th and the beginning of the 21st century. I find the following key factors influence care and support practices: practical considerations; family care is 'best'; autonomy, dignity and privacy; family care as a 'burden'; sharing care; reciprocal support and emotional closeness. The resulting practices are a balance of, and an adherence to these key considerations.

Practical Considerations

All generations considered how care could be arranged given practical constraints, such as health, work commitments, transport, finance (although finance was not explored in explicit detail), and perhaps most importantly, geography. Practical constraints did not result in support being abandoned all together, but rather guided different support practices.

The geography of kin was central to how care, need and support was worked out between generations. In some cases, all four generations, as well as other family members, lived within five miles of one another, in others generations were 40 miles apart. However, in all families there was at least one child living within 10 miles of the oldest generation. Although older people may be more likely to live alone than they did in the past, evidence suggests that a significant number of older people have adult children living further away providing "intimacy at a distance" (Mason, 1998; Rosenmayr and Kockeis, 1963; Shanas, 1979).

Given the geographic distance, family members worked out the best way to care. In chapter five, I find support patterned in different living arrangements and contact times partly in relation to geographical distance. To support one another, generations created a variety of practices. Geographic distance could be reduced when there was need between generations. This occurred in the Wilkinson family and Thwaite family, where family members had to come together because of need across multiple generations. Geography was manipulated to share out support across generations. In this way older generations could reduce the 'burden' on younger generations, as well as spend some time seeing them. Significant to this was whether they had sufficient access to transport to be able to have contact with one another.

The health and housing of the family member were taken into consideration when making decisions about care. Health of older generations changed through time, but did not always become progressively worse day-by-day. Families recognised the health fluctuations in their family and altered arrangements accordingly. Ill health sometimes meant that family members could no longer provide care, and new arrangements had to be negotiated. Chapter seven highlights that flexibility at work for younger generations was necessary to prevent a 'sandwiching' effect as the needs of older generations were not consistent. However, geographic distance could result in difficulties in relationships. For example, in the Newis family, Helen (G3) who had been a key supporter in the family, moved further away from the other generations. Kin keeping in this family was difficult because of ill health and transport problems.

'Family Care is Best'

Quality of care was a key consideration across the families, and family care was considered to be the best type of care that could be provided, whether this was in combination with other types of support, sometimes organised with the help of family, or family care alone. There was a sense of satisfaction from younger generations that older generations could rely on their children to be there for them. Despite the significant changes in the way care was practiced across time,

intergenerational care and support was highly valued across the generations and across all the families.

From the perspective of younger generations, some felt that the older generation were still quite independent because of the family care they received. As family members felt it was the 'norm', this protected the first generation from being seen as dependent, as care sources outside the family were associated with decline and dependency. Some older generations who received support from younger generations did not cite it is as reliance or depending on someone, but felt they were independent. Finch (1989) also described how family could be considered a reliable source of support. Individuals could more often trust support from family.

Yet in reality, family care is not always best. The findings in this thesis indicated that when support was provided by family members, the recipients of that care occasionally felt patronised, and preferred formal sources of support. Professional care was often preferred when there were health needs. Ungerson (1987) suggests that women do not always enjoy caring and it may only be seen as an obligation. Moreover, caring unsupported for many hours has been connected with health problems (CarersUK, 2011a). Proposing that family care is the best form of care has been used by governments to justify a lack of support for families. *The Growing Older* (Department of Health and Social Security, 1981) white paper, for example, argued care should be done by the community, assuming women in particular should perform their moral and natural caring duties. Feminist research revealed the burden that these community care policies left on women (Dalley, 1988; Finch and Groves, 1980, 1983; Ungerson, 1987). Moreover, the ethics of care concept reveals that morality may not be based on whether an individual cares or not, but on considering the circumstances of others (Williams, 2004).

Autonomy, Dignity and Privacy

Good quality care and support were considered to be that which did not prevent autonomy, and preserved dignity and privacy. It was a unanimous goal across families and generations. Younger generations were keen to ensure the oldest

generation was able to choose how to continue being independent for as long as possible.

There was consistency across the sample as all family members considered autonomy was related to family members making their own choices. This contrasts with the political perspective of independence. 'Autonomy' has been taken by the New Right and Labour to mean independence through work, rather than recognising 'mutualism', and the implicit interdependencies between all individuals, working or caring (Williams, 2002). For instance, chapter seven revealed a case in the Wilkinson family of family care only, in which younger generations felt they were supporting the independence of the older generation.

In practice, how exactly autonomy was perceived differed depending on generational position. As mentioned, family care only could limit autonomy of older generations whilst younger generations thought they were supporting their independence. Relationships could become ambivalent as a result. Also, despite the fact that residential homes were viewed as a last resort because they were seen as 'giving in' and having no choice, they could also be a preferred form of support if older generations feared burdening younger family members.

'Choice' for older people in need of care, has been a central concern in social policy since the 1990s (Ungerson and Yeandle, 2007; Williams, 2010). However, older people and their families may have little real influence on the quality of care they receive. Professional carers have little time, are underpaid and lack sufficient training (Pennycook, 2013). Low quality care may be seen as part of a consequence of the moves towards a market of care (Glendinning, 2006). This study identified that professional carers could be very important emotional sources of support for older people. However, where carers are constantly changing over, there is little opportunity to build up these trusting relationships, which can be central to quality of life. In 2012, the *Caring for Our Future* white paper suggested that support for older people was failing. New implementations would be put in place to empower older people in need of care and their families. The measures include, "ruling out crude 'contracting by the minute', which can undermine dignity and choice for those who use care and support" as well as "placing dignity and respect at the heart of a new code of conduct and minimum training" (Department of Health, 2012: 12).

Autonomy, dignity and privacy were therefore relative to the individual circumstances of family members, and as a result could lead to a variety of different care practices.

Family Care as a 'Burden'

Whilst family members adhered to family support for those in need, in practice family support could be a 'burden'. Letting children take too much responsibility for family care was seen as unjust. Family members weighed up how to have fair trustworthy relationships with one another, which meant creating a balance of respecting both your own needs and those of others (Williams, 2004). If family members take the role of full-time family carer, this could put pressure on the relationship between parent and child. Finch (1989: 54) found that families were considered to be a "safety net", a last resort when other options had been exhausted, because it was felt that family care could upset the balance of independence and dependency in relationships. The perception of 'burden' could differ across generational positions. Those providing care did not regard their caring as a burden. Edith Newis (G1), for example, wanted to look after her husband, George (G1), when he became mentally ill. However, as his illness worsened Edith (G1), who had her own illnesses, felt unable to cope. George (G1) moved into a nursing home. Thus, there were tensions between wanting to support family, and the practical capacity to do so.

Looking through the lens of family generations reveals that burdens are a concern across generations, but particularly for older generations not wanting to burden their children. Furthermore, as mentioned, younger people wanted to see 'autonomy dignity and privacy' for older family members, feeling 'family care is best'. The concealed care and support networks show that resources are redistributed across generations. These findings counter the recent suggestions of intergenerational inequity, in which baby-boomers have colluded to direct public resources towards themselves, causing potential conflict between historical generations (Beckett, 2010; Bingham, 2013; Howker, 2010; Willetts, 2010). As Harper (2006a) suggests, it is

the local experience of generations that matters for intergenerational relationships. Family generations in this study tried to avert burdens. One way of doing so was through sharing care.

Sharing Care

Shared care was a preferred way of supporting family. This was particularly evident in chapter seven where older family members could be split between family and different degrees of professional support in relation to health needs. During the interviews none of the older people were living in or had a family member living in a care home. However, where one had in the past (George Newis, G1) care was shared between family and care home staff. In practice, family care can put a strain on both the cared for and the carer. By sharing support, family members avoided 'burdening' individuals with sole responsibility, and ensured that others were cared for. Moreover, those who received professional support were still supported by family. This worked through combinations siblings, generations and professional support.

The intergenerational lineage could be a way of reducing pressure on single generations. Chapter five illustrates that this could be organised through dividing time between generations, with for example, one family member caring during the weekend and the other during weekdays. Moreover, siblings were involved in sharing care. Gaining help from other professional sources could alleviate the pressure on family members.

Thus, there was rarely a point in which family members were the only supporters. Family were always involved to some extent, reflecting the other key factor of 'family care is best'. Sharing was significant in creating balances between independence and dependency. This finding supports research highlighting how professional support 'crowds in' family care rather than causing family members to no longer care for one another (Daatland and Lowenstein, 2005; Kunemund and Rein, 1999; Motel-Klingebiel et al, 2005).

Reciprocal Support

The following two considerations, 'reciprocal support' and 'emotional closeness' were closely linked with one another. They revealed an overlap between the affectionate sense of 'family' and kinship.

At the end of chapter three I posed the question, 'What is the moral basis for caring for kin?' Whilst exchange theories suggest that individuals may give support as they expect to receive it in return (Emerson, 1976). This rational calculation of support does not fit with the complexity of considerations highlighted in this thesis, nor the way in which support flows. Care and support could be asymmetrical. Family members cared for each other because of past exchanges. Older generations provided support for younger generations in the past, and continued to do so in older age, whilst younger generations tended to provide support up to older generations later in life. Research finds that support more often flows down generations (Attias-Donfut and Wolff, 1999; Finch, 1989). Reciprocity does not have to be made in an instant but can be made over a long period of time. Those who give some form of support do not necessarily expect something in return. However, they may expect their children to give support to their own children in a similar way.

As illustrated from Katrina's comment below, intergenerational relationships follow traditions of 'reciprocation'.

> **Katrina Wilkinson:** I couldn't have done what I've done if it hadn't have been for my grandparents doing what they've done to start off with, and then my parents struggling like mad to give us the sort of great grounding that they have done. So you can't just sort of be right. I'm off now. See you later. (*Third generation, age 46*)

Another key finding in this study was that individuals have an 'intergenerational identity' and consider their hierarchical position, and the position of other family members, when deciding how to work out support. Older people were concerned with supporting younger generations, even when they were in need themselves. Chapter five finds that in kinship traditions, such as family meals, the individual paying the bill was based on family generational position. Finch's (1989: 178) study

also found that individuals *"Consider who this person is; what their relationship is to you in genealogical terms"*.

Gender was also significant in addition to generational position (Bracke et al, 2008). In chapter six, I highlight how care and support has more often been given by women in the family across historical time. Brannen et al (2004) equally discovered that in a four-generation lineage, support may not always be given by the individual who received support in the first place, but care was most likely to flow through the maternal line. Chapter five finds that older women tended to be the key kin keepers in families, holding generations together (Hareven, 1982/1993). Family generations could become kin keepers from life-course transition and lifelong identity. Some of the women in particular were found to have always identified themselves as carers. As will be discussed later in the chapter, support flowing through female generations may be a result of constructs of gender through time.

Emotional Closeness

Family members considered how emotionally close they are to others when providing or accepting support. Care was more often given by the family member who was emotionally closest to the person in need. Whilst it was in most instances assumed that the children of the older person should provide support, parents had different relationships with each of their children. One sibling may have a closer relationship to their parent than the other siblings. It is therefore more likely that support will be provided by the child that has a closer relationship with their parent. Finch (1989: 178) also found that family members considered the quality of relationship they had with one another as she mentions *"Consider whether you get on particularly well with this person"*. Chapter six explores how these close emotional groups could be created through demonstrating support through family practices, which were also ways of caring and supporting family. The concept of family practices (Morgan, 1996, 1999) re-conceptualises family as something that is *done* rather than something that *is.*

As Edwards and Gillies (2012) point out, there is a distinction between '*the* family' as a heterosexual white middle-class couple with two children, and 'family' which is a concept open to diverse family forms. For some individuals, the boundaries of family were clearer than others. In stating who they were closest to, there was some blurring of boundaries between friends and family, but individuals more often selected their partners, children and those who had brought them up as close family members. This study has found that affection is central to the ways in which individuals work out 'family'. The relational maps identified who were considered to be emotionally close.

Emotional closeness was a very important consideration because it revealed how kinship obligations and family practices overlapped. Kin members who were reciprocating care and support to kin (not necessarily back to the same person who gave it to them), may have been demonstrating 'family'. Those who adopted those family practices became part of this close affectionate group. Emotional closeness may be a catalyst for certain support practices potentially being adopted by particular younger generations, and not necessarily the kinship group as a whole. Thus, within four-generation family structures, there were family members that were excluded from the core family groups. This was clearly demonstrated in the case of the Parker family where Iris (G1) was not close to her mother, but formed a very close bond with her aunt Millie (G0).

The flow of support practices through emotionally close groups explained how support may still be given where relationships were not particularly close, and may also result in bitterness between generations. This is a similar point made by Finch and Mason (1993) that the nature and quality of family relationships can result in positive and negative experiences of family support. Reciprocation and support practices that became rolled into a family identity (the close emotional group) could result in care being provided for those an individual did not have a close relationship with. As Bourdieu (1977) highlights, practices are created though the interactions between individuals and social structures. In which case, family practices, that can create emotional closeness, may be made in relation to social practices and values across wider social structures. Where women were defined as the main care givers in society as a whole, this perspective could influence women's family practices.

Therefore, the findings in this study indicate that care, need and support practices are a reflection of key considerations made between relations, as they negotiate the fairest way to support each other. These key factors may affect one another, often had to be balanced, and were tied to different concepts of family. The direction of care and support was significantly related with kinship and the affectionate sense of family. As a result of these factors, there were a variety of support patterns. However, these key considerations were worked out across social historical times. I now turn to consider how these factors could play out across historical and life-course times.

Family Practices, Life-Course and Historical Times

In order to understand how the key factors highlighted above might result in such an array of support practices it was necessary to look across social times. Examining intergenerational relationships through a temporal lens could illuminate how family practices were created, and how family was done.

I posed the question: *If there are family practices (that are reworked), how are they constructed across generations in four-generation families who have lived through many eras, and have different local experiences across the life course?*

I also considered: *Are family relationships and patterns of support changing through time in relation to available resources?* And, *how do four-generation families work out support through shifting historical contexts?*

This thesis seeks to highlight the importance of timescapes in how care, need and support worked out. I considered times through the concept of generations. As Burnett (2010) highlights there are two main ways of thinking of generation, in terms of generational time and life-course time, with the importance of connecting biographical time with historical time.

Life-course Time: Age and Family Generational Time

Across the life course, individuals constantly reworked their sense of family, depending upon their life-course phase, their age and family generation. Family could be constituted through living nearby, living further apart or living together, as well as contact that was daily, weekly, on special occasions and through intense periods of contact. Young adults without children, for example, were more likely to move geographically further away from their parents as they became independent. When transitions were made at different ages there were different support patterns (Pilcher, 1995). Teenage pregnancy, for example, saw generations pulling closer together into a multigenerational household. Chapter six also found that demographic change towards verticalised lineages could impact on care and support between generations. Ageing populations could potentially see an increase in verticalised support (Heinz et al, 2009; Phillipson, 2013). In the Buckingham and Parker family, younger great-grandparents were caring for their great-grandchildren. By contrast, the older great-grandparents were more the recipients of care. However, they also provided other forms of support such as emotional support. This was in addition to the care and support they had provided in the past. Relationships between grandparents and grandchildren shifted as grandchildren grew older. This change was relative to the situations, such as health conditions, that each experienced.

Life transitions of different family generations are interconnected (Hareven, 1994). The situation of one family generation could have significant implications for others. Patterns of living arrangements and contact were created as the generations reassessed each other's position. There were times of need when generations pulled closer together, such as when great-grandparents became frail, and when there was successive need across generations. Balancing independence and dependence was relative to these life-course positions.

Family times resulted in cyclical patterns of support. As I mentioned, 'intergenerational identities' meant that on becoming a particular generation, such as parent or grandparent, there were new senses of responsibility. Support more often ran down the generations because of these expectations. There was a hierarchy of supporters, and family practices were set according to this. 'Intergenerational cores' emerged in the four-generation lineage. These cores were significant in holding

generations together through the rhythms of family time, and the interaction between family time and industrial time, as Hareven's (1977, 1982/1993) research revealed. It was found that among particular life-course phases, generations felt they needed to 'display' (Finch, 2007) practices to show they cared for family. As mentioned, this was in relation to a consideration of 'emotional closeness', 'reciprocity', and as I go on to show historical time.

Key factors of support highlighted in the section above are thought of from different family generational positions, i.e. they have a different stake in a relationship (Giarrusso et al, 1995; Hoff, 2007). As I mentioned, parents did not want to 'burden' their children, and children wanted to support their parents. Chapter seven illustrates how where great-grandparents needed support there was a process of negotiation with their children. Relationships could become ambivalent as a result.

Thus, family practices reflected these shifting life-course times, but also worked in relation to historical and generational time.

Historical Time and Historical Generational Time

A variety of support practices were created when life-course times intersected with historical time. Historical time shapes the way that practices work out. Critical moments created a pool of resources, opportunities and constraints which influenced life pathways (Elder, 1984). For example, as a result of the Second World War period, the young women (G1) moved into their parents' homes.

Childhood, parenthood and grandparenthood were constituted differently across historical time. Chapter six reveals the changing employment situation for women over time, as well as the changes in relationships between men and women. Women were given greater opportunity to participate in the labour market in later times, changing their experience of motherhood. However, there were also gaps in formal care provision (Brannen et al, 2004; Glass, 1999; Skinner, 2006). Care continued to be sidelined in favour of work commitments, leaving women to choose between work and care. As Williams (2004) comments, the focus should be more on how work can fit around other life commitments, as opposed to how care commitments

can fit around work. Generations clustered into different contact and living arrangements. Thus, family times were re-patterned to accommodate for industrial time (Hareven, 1982/1993). Crucially, as relationships between partners changed and work patterns altered, kinship continued to be centrally important to the family members.

 'Caring about' (Tronto, 2001) your family could be constituted differently, depending on gender and historical time. Men could be seen as caring for family through work, whereas women cared for family through being carers. Such conceptions were held in place by the historical constraints, barring women from jobs and reasonable pay (Land, 1979). The resulting practices also had the potential to continue over time through younger family members. As I mentioned earlier, 'emotional closeness' could be an important conduit. Family practices could be defined through an individual's interaction with historical context at a particular life-course moment. Younger family members could adopt the practices of older generations that were originally created under past times. For example, Katrina Wilkinson (G3) planned multigenerational household practices in the future because she wanted to 'reciprocate' support. Yet, there were no exact replications or unconscious transmissions. Family members reassessed the practices in light of new historical life-course times. Thus past, present and future times intersected influencing family practices. Fairness in relationships was not worked out by equity between generations, but through a particular ethic of care, which could be constructed as women should be the main carers.

Notable examples of historical time influencing support decisions, include the ways in which family have worked out care for older people in relation to the cost and quality of professional support. Chapter seven explores this theme in the greatest detail. 'Autonomy, dignity and privacy' were important considerations. But how they played out in practice was defined through historical time. Whilst there have been significant improvements in the quality of care homes in general, there continues to be an inconsistency in standards, particularly across private, voluntary, and local authority homes (Johnson et al, 2010). Across the 20th and 21st centuries, residential homes have been seen as a last resort because of their association with poor quality of care, as well as association with 'giving up'. Also, one interesting

practice was the involvement of grandchildren, caring for their grandparents. This came about as a result of Gladys Thwaite's (G1) rejection of the poor quality care she received from home help services.

Practices could be the result of the historical resources available to generations. In trying to give each other 'autonomy, dignity and privacy', 'prevent burdens' etc., they were only able to make these decisions based on the resources that were available to them at particular life-course times.

There was also the possibility that those living in particular time periods could, in their interaction with historical environment, share practices creating a generational habitus (Bourdieu, 1977). Whilst Bourdieu suggested this affected all those living in that time period, Mannheim (1923/1952) had suggested that youth was the time in which generations formed a generational identity. It was evident in this study that whilst there were differences in care, support and values across historical generations, generations did not simply hold on to the values of their youth. They continued to re-evaluate their conceptions in light of new circumstances in their own life course, and that of other generations. Moreover, values and practices could shift in terms of local experiences and life-course transition, such as timing of parenthood.

Chapter six reveals how family members might adhere to historical values across time periods: 1930s to 1950s, 1960s to early 1980s, and later 1980s to 2010. Some of the oldest generations for example, had strong ideas about mothers caring for children at home, and were uncomfortable with divorce. Such ideas however, could have been reinforced across the life course. In practice, within local contexts, support played out slightly differently to the historical ideal, resulting in a variety of care and support practices. I also identified a concept, previously mentioned, that could provide insight into how historical generations might come to share an identity. Support practices were not only a product of available resources but were a 'display' (Finch, 2007) of moral parenting to local peer groups. For example, chapter six shows how Katrina Wilkinson (G3) felt guilty not picking up her daughter from school. There was a shared historical generational sense of moral caring practices.

Thus, the key factors of care and support, highlighted at the beginning of this chapter were influenced by life-course, historical and generational times. A wide variety of family support practices were created as a result. Family work out support according to the resources that have been available to them across past, present and future experiences. Intergenerational contacts are shifting in light of key factors of care and support, unfolding within ever changing timescapes. Policy that takes a static view of the contracts between generations does not support families in making moral decisions about how to support one another. Rather it constrains them into a smaller range of options that could potentially result in intergenerational tensions. The study has shown that care and support practices are highly diverse, so a more flexible policy model is needed that allows individuals to work out for themselves the best ways to support one another.

Implications for Further Research and Analysis

Whilst research into family is abundant, this study expands on significant findings, making an important contribution towards the understanding of what a 'family' is. Concepts of a family as a nuclear unit (Parsons, 1959) did not fit with the data found here. Demographically, families have diversified with, for example, the existence of more multigenerational families, step-families and same-sex couples (Williams, 2004). The literature has also shown that intimate close relationships can be just as significant as blood ties (Jamieson, 1998; Smart, 2007). Family can be something that is created through practices (Morgan, 1996, 1999). On the other hand, Giddens (1991) concept of relationships in late modernity as 'pure' and without traditions does not correspond with the picture of intergenerational relationships. By looking across intergenerational lineages, this study emphasises that kinship forms an important part of family. There were senses of obligation and tradition towards verticalised family members. Also, as Jamieson (1999) suggests, there were inequalities in relationships. Taking the perspective of critical theory, it can be seen that there are power differences in relationships which are connected with who is the carer and the cared for in the relationship. Whilst family is flexible, there are also

continuities. This study has teased out further ways in which family can be interpreted. It also shows that family is still an important concept.

A key theory in understanding intergenerational relationships has been whether exchange in relationships can be understood as reciprocal obligations, (Finch, 1989; Izuhara, 2010) or part of an equitable exchange (Emerson, 1976) between generations. The data here fits with the concept of reciprocity. However, individuals did not calculate whether they would receive an equal return from the support that had been given to them. The moral philosophical stance of ethics of care (Kittay, 2001; Sevenhuijsen, 2000; Tronto, 1993; 2001; Williams, 2004) has been critical in uncovering how support may flow based on ethics, creating reciprocal patterns of support. Moreover, studies show reciprocity shifts across time (Brannen et al, 2004; Finch, 1993; Hoff, 2007). A Timescapes perspective towards social phenomena uncovered not only how family could be constituted, but also revealed how support may be reciprocated at different times. As shown by Young (1991), it could also be asymmetrical and with unequal exchanges. The rhythms of life-course, historical and generational times influenced reciprocity. As women continue to feel obligated to care in relation to structural constraints, support may continue to flow through the matrilineal line.

In particular, this study has looked at four-generation families. There is relatively less known about how support works out across multiple generations in the UK. The findings here have illustrated how contracts can alter through multiple generations. For example, different family generations can be implicated in support at different times. The timescapes approach also allowed me to bring three key concepts of time together: historical, life-course and generational. By analysing across these times, this thesis makes a contribution towards understanding the continuities and changes in contracts between generations across time.

There were a number of other possible routes the research could have taken. This research has focused on the lives of people with multiple family members. Yet there are increasing numbers of single people who will grow into older age without family. The number of single person households increased from 9% in 1973 to 16% in 2011 (ONS, 2013d), although, as this thesis has shown, household statistics cannot give a full picture of family life. Also, the sample was self selecting in that

the individuals involved all had connections with other generations. Families are far more diverse in their generational relationships. They may involve stepchildren, as seen in this sample, as well as adopted children. Another possibility would have been to examine intergenerational relationships for same-sex couples.

Furthermore, the interviews were limited to those living within 40 miles of one another, and all the frail older people had at least one family member living close by. The situation could differ in cases where an older person has few or no family within a close range. It is worth noting however, that in 1999, 89% of 25 to 39 year olds, and 60% of 40 to 54 year old women lived within half an hour's journey time of their parents (Shelton and Grundy, 2000). In which case, it is perhaps not surprising that at least one family across generations in all five families lived within ten miles of the oldest generation. Looking at family members living further apart could illuminate how kinship networks and support are kept going despite the distances. As Mason (1999) suggests, some individuals prefer 'intimacy from a distance'. But it would be interesting to know more about how older people who need care, work out support, when family might not be able to draw geographically closer together.

The sample also does not contain any ethnic minority groups. Research suggested that multigenerational households are over represented by those born outside the UK (Glaser and Gesser, 2012). Thus, it would be interesting to conduct research into the care, need and support patterns across different ethnic minority groups.

This study is primarily an investigation into the experiences of women, with relatively little evidence gathered from men. Whilst men in older age groups are almost as likely as women to be carers (Bracke et al, 2008; CarersUK, 2012), women are more likely to become the main kinship carers across their lives, foregoing other commitments such as work (Duncan and Edwards, 1999; Mooney et al, 2002). Finch (1989) has shown that it is women in particular who feel an obligation to care for others, yet researchers such as Fisher (1993, 1994) have indicated that men may feel love and duty to care. Moreover, it is older male partners who are more likely to be carers. Within the sample there were no older men caring for their partners. The primary focus on women's experiences in this study has uncovered fascinating insights into kinship and support networks across

time. It was evident from the interviews that were conducted with men that they spoke much less about family life when recalling their life history. Men focused more on key events in their career. Research has examined men as carers (Arber and Gilbert, 1989; Doucet, 2011). Whilst it has been considered to some extent here, the family life of men is another possibility for future research. For example, it could be considered how male family practices might have shifted over time in relation to changes in women's changing work situation.

The study did not consider in significant detail the financial exchanges between generations. It is possible that in some cases interviewees may have been cautious to avoid presenting care decisions as financially driven. Izuhara (2009) highlights the importance of assets and inheritance in generational contracts. Research indicates that flows of financial support pass down generations (Attias-Donfut and Wolff 1999; Finch, 1989). Rita Buckingham (G1) for example, supported her daughter and son-in-law when they were experiencing financial difficulties.

As mentioned, this research has taken a timescapes approach, which has uncovered the shifts of family relationships and practices across time. Another possibility for further research could be to look in greater detail at the day-to-day lives of older people over time. There could be an examination into how particular resources such as Telecare and professional carers, fit with older people's needs, and how professional sources might be improved. As I mentioned in chapter four, such an investigation could take place through secondary analysis.

Whilst there were older people in the study moving into care homes across different time periods, at the time of the first interviews, no family members were in residential care. Thus, further analysis could be made into how older people moved into residential care. Findings in this study indicate that the way the older person, their family members, and care home staff worked together as well as the quality of support they received in these circumstances, were significant considerations.

The central question of this thesis was, *in the context of an ageing population, what can be understood by examining the connection between family multigenerational care, need and support networks and intergenerational relationships?*

The intergenerational perspective highlights that there is no fixed moral way of caring and supporting, rather it is influenced by key considerations across historical, generational and life-course times, creating many patterns. As the population ages, generational contracts shift as kinship groups morally reflect on the best ways to care. The perspective of family multigenerational care, need and support networks shows that intergenerational relationships are held together through kinship bonds.

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List of Abbreviations

G0-Generation zero. Great-great grandparent generation

G1- Generation one. Great-grandparent generation

G2- Generation two. Grandparent generation

G3- Generation three. Parent generation

G4- Generation four. Child generation

NHS-National Health Service

TFR-Total Fertility Rate

Appendix A
Description of Four-Generation Families

The Wilkinson Family

All four generations of the Wilkinson family were interviewed including:

Sarah Wilkinson (G1, age 98 in first interview), Occupation-retired seamstress

Mary Wilkinson (G2, age 70, Sarah's daughter), Occupation- retired caterer

Paul Wilkinson (G2, age 73), Occupation-higher professional position in the public sector

Katrina Wilkinson (G3, age 46, G4s mother), Occupation- higher professional occupation

Rebecca Wilkinson (G3, age 49), Occupation- lower professional occupation and

Kelly Wilkinson (G4, age 6).

The Wilkinson family lived in very close geographic proximity of just a few miles from one another, however across the lives of each of the family members there had been significant geographic mobility. They lived in the green belt of a major northern city, which has slightly higher than average population of older people and below average income deprivation. All generations were financially comfortable. None of the family had ever been to university.

Sarah Wilkinson (G1) had come from a fairly comfortable background. Her family ran a business. When she was a child she discovered that the woman she believed to be her mother was actually her stepmother. This had been a family secret. When Sarah finished at school she became a dress maker's apprentice, she then worked from home as a seamstress. Sarah married, Bernard. Bernard worked in a professional occupation. Other than her work in the home, Sarah never worked anywhere. Sarah had two daughters Mary and Deborah (G2) and cared for her

daughters from home. First living in the area the interview took place, they then moved to a house in the countryside to which her granddaughter Katrina fondly reflected on school holidays spent there. When Bernard had retired, Sarah and Bernard sold their home and moved to a popular seaside resort. Bernard died, and after some time Sarah had some falls. At this point Sarah moved in with her two daughters who lived 200 miles apart, alternating between the two, every three months.

Despite being the oldest of the great-grandparents at 98 (and 100 in second interview) Sarah had few health problems, only suffering from frailty which resulted in her having occasional falls. She took regular walks around her neighbourhood and went out to restaurants with her family. Up to the time of the second interview she had taken part in some local club activities with her daughter Mary present.

Mary Wilkinson (G2) left school and moved away from home to train at catering college. She later changed her career and took a job as a non-active service woman and met her husband Paul. However, she was later removed from her position as it was considered as unacceptable for a woman to work there. She returned to work in the catering profession. Paul Wilkinson (G2) gave a vivid account of how he had gone from his working-class background to his professional middle-class background. He spoke less about family life than the other interviewees. Paul had taken a variety of professional jobs across his lifetime and now worked in a position of high responsibility in the public sector.

Katrina (G3) lived with her partner Ben (G3), daughter Kelly (G4) and stepson Tom (G4). She had a well paid professional full-time job. While she and her partner Ben were dual earners, Katrina was the main wage earner in her household and worked much longer hours. She had lived away from home for many years before returning to live close to her parents.

The Buckingham Family

The interviewed members of the Buckingham family included:

Rita Buckingham (G1, age 76)-Occupation-retired care home worker

Louise Buckingham (G3, age 30)-Occupation-owns an accountancy firm

Diane Buckingham (G2, age 55) and David (G2) could not be interviewed, but Diane was described by Louise (G3) and Rita (G1) as a significant part of the family support network. There was also Daisy (G4, age 2) and Louise's husband, Russell (G3, age 36).

Rita Buckingham (G1) was financially comfortable. The second generations were experiencing a lot of financial difficulties as David (G2) had lost his job. Rita (G1) occasionally gave them money to help. Louise and Russell (G3) were financially comfortable. There had been social mobility in this family with Rita originally from a working-class background.

The generations lived in close proximity to one another, yet only Louise (G3) could drive. Louise was the family member connecting generations together. Rita (G1) lived in a village in an area with above average income deprivation. Louise lived in a city suburb that had below average income deprivation. Diane and David (G2) lived in a city suburb ten miles from Louise and Russell (G3). Russell's (G3) parents lived approximately 60 miles away in a seaside city with above average income deprivation.

During the war years, Rita's (G1) father was a manager in a cotton mill. Rita mentioned that her mother "never worked" since being married, but also highlighted that she was a weaver in a mill. There had been a significant move away from the family base due to the closure of the cotton mills which geographically divided generations. Rita spoke fondly of going to spend time with her cousins in her birth place. The family did not have a significant amount of money, particularly because Rita had six siblings (four sisters and two brothers). Rita worked in a mill for some time when her children began attending school but eventually left. Her husband encouraged her to find another job once the children were older, and she worked in a care home for ten years. When she retired, she and her husband had many holidays, and she reflected on cruises as some of the best times in her life. Following her husband's death eight years before the interview, she went to stay with her family in Australia for several months every year. Rita was in good health.

As Diane (G2) and David were not available for an interview less is known about their lives. David (G2) had recently lost his job. Diane (G2) was working full time. Louise (G3) described her as a workaholic and was worried about the amount of time she was putting in to try and keep the family financially afloat.

Louise (G3) met her husband Russell on holiday when she was 18. Shortly after meeting him they moved in together. They moved to the city where Russell came from, where his local network of family and friends were based. Louise took a training course in accountancy whilst they lived in this area. However, when she finished the course she could not find a job in this area. They decided to move to the city close to Louise's ascendants, Diane, David (G2) and Rita (G1) where work was available. There were some tensions in the relationship between Louise and Russell at the time of interview. Louise suggested this was because they did not find much time to spend together as a family, and Russell was no longer geographically close to his network of friends and family. Russell (G3) worked as a retail manager and Louise (G3) owned an accountancy firm.

The Newis Family

Interviews in the Newis family were conducted with:

Edith Newis (G1, age 90)-Occupation- Retired office worker

Jean Newis (G2, age 65)-Occupation-Retired secretary

Helen Newis (G3, age 36)-Occupation- Unemployed

Those who were not interviewed included Joe Newis (G2, age 67) and Jack (G3, age 33). The Newis family were less financially comfortable than the Wilkinsons. However, there had been some social mobility since Edith was a child. The family was more financially comfortable than at the beginning of the 20th century.

Edith (G1) lived alone in a deprived part of a northern city. The area has above average income deprivation of the whole population, and above average income deprivation for older people in the region. It is also an area with a large student

population. In Edith's house there were many photographs displayed of her family and in particular her great- grandchildren. Whilst she mentioned she never thought of herself as a great-grandmother it was clear she loved to see her great-grandchildren, Grace and Alexander. However, her main contact was with her two daughters as opposed to her grandchildren and great- grandchildren. It was difficult for Edith herself to go out and visit family.

Edith lived independently in her own house. She had been living in this house for approximately 50 years. It is the same house where Jean and Ann, Edith's daughters, grew up. (It is also where the interview with both Edith and Jean took place). Edith had many health problems, she occasionally and unexpectedly suffered from angina attacks, had difficultly eating as she had problems with her jaw bone, both her hip bones were broken as well as her shoulder bone, she had difficulty moving her hands (most likely because of arthritis), and her eyesight was poor. With such illnesses Edith was not able to go out very often, however she mentioned that her son-in-law and daughters offered to take her out in her wheelchair.

Edith's father, Charlie (G0), died when she was only two years of age leaving her mother, Helen (G0), to look after her. Edith's brother, and her sister, who was ten years older than her, lived outside the home. Edith's family were very poor as her mother struggled for relief money. Family belongings were pawned as Helen (G0) had to wait two years to receive any money. Helen (G0) eventually managed to take a live in caring job. As the family had very little money Edith (G1) knew that despite enjoying and doing well at school, she would be unable to go on to grammar school. She began working at a post office, and later as an office assistant.

At about the age of 18, Edith met George (G1), and the following year they were married. Edith continued to live with her mother whilst George fought in the war. Edith's older brother and sister had left the house by this time. Edith, George and Jean (G1) lived with Helen for some years after the war. Edith and George moved out of Helen's house to the three bedroom house she lives in today. However, Helen (G0) moved into live with them when she grew older.

Edith describes the most memorable moments in her life as when her mother, sister and her husband died. Helen (G0) died in 1957, and Edith describes how all family

came to see her. George died five years ago. In the last two years before his death Edith was caring for him (she does not go into detail about what was wrong with him).

Jean Newis (G2) lived in a town south of the city where Edith lives with below average income deprivation. Jean retired a few months before the interview took place and lives with her husband Joe. She previously worked as a secretary. When Jean had her two children Helen and Martin, she stopped working but started working again when Helen reached 13. At the age of about 45 Joe began to suffer from depression and has done so for the last 20 years. A combination of his illness and the 'drying up' of jobs in his profession meant that he had not really worked for 20 years. Jean therefore had to take a job to keep the two of them afloat. Jean herself had no health problems. She describes her life before retirement as hectic, leaving her little time to "fit other things" in at the weekend. As she had worked very close to Edith's house, she would visit her every lunch time to give her lunch. Once Jean retired her life became more relaxed. She went walking with friends, and spent more time at home. However, she also continued caring for Edith (G1) as well as her husband, Joe (G2).

When asked about when were the really important transition points in her life, Jean (G2) mentioned the time when her children left home. She describes the moment when Helen (G3) left home as akin to bereavement as "You feel like you're no longer needed, you've got all this spare room".

Helen Newis (G3) lived with her husband Jack and her daughter Grace who was 3 years old. They lived in a house in a city suburb with slightly below average income deprivation 40 miles from the city where all of both Jack and Helen's family lived. Helen was unemployed and Jack had a full-time job. Helen had a professional carer coming round to her house every day because of her ill health, and had done since her husband had a brain tumour some years before.

Helen felt the most significant moments and transition periods in her life are the periods of illness she has suffered. For the last 13 years Helen has had ME. Prior to this she suffered related illnesses. When she was at school she was eventually put into a special home and hospital education school in which she could not do the

typical number of GCSE qualifications and A levels. Following school she worked for two years and then went to a University to train as a nurse. She described how she did not go through the "natural kind of progression" of her peers, but chose to go to university later on in her life as the option was not open to her earlier. Helen wanted a career as a nurse. However, after two years of training she injured her back and was unable to continue. Helen became unemployed for some time, found another job and then went to another University to do a course in play work. Following this she took a postgraduate course which she completed. However, she had been unable to work in the ten years from the end of the course until the time of interview because of her health problems.

Aside from her employment situation, Helen's poor health had affected other parts of her life. Helen needed to sleep during much of the day. She felt unable to spend quality time with her daughter, and only spent time on practical tasks for her. She hints that she would like more time with her husband, and as a family. Helen's health also meant she was unable to go out very often, therefore not only was she cut off from her family who lived 40 miles away, but she was also unable to meet other people very easily. Helen's brother Martin (G3) and her sister-in-law Claire (G3) worked full time and according to Helen (G3), were not family orientated. Communication with other family members was very difficult, as Helen also suffered from hearing problems. She was also unable to write letters to her grandmother as Edith (G1) had sight problems. When asked who she would look to for support, Helen gave only her husband, Jack's (G3) name. Then when prompted she also mentioned that she had a good relationship with her counsellor. I asked her about her parents and Helen gave a similar reply to Jean. Helen highlights that Grace (G4) "doesn't miss out. It's just different". Grace went to nursery, to dancing group and to a music group. Grace spends a lot of time with her father, particularly during the weekend. Jack's mother (G2) and Helen took Grace to her classes between them.

The Thwaite family

The interviewed members of the Thwaite family were:

Gladys (G1, age 85), Occupation- Retired mill worker

Tracey (G2, age 67), Occupation-Retired factory worker

Katy, (G3, age 40), Occupation- Cleaner and care home worker

and Michelle (G4, age 22) Occupation- Teacher

All four generations of the Thwaite family had struggled financially throughout their lives, as Katy mentioned "money's always tight". There was also very little geographic mobility in the family with all four generations living very close together across their lives. There had been some upward social mobility of the fourth generation, who had taken a professional career where the older generations had been in routine occupations.

Gladys (G1) lived in local authority sheltered housing in a touristic market town with below average deprivation in the countryside. The house was located very close to the main street of the town with plenty of amenities close by, although Gladys was no longer well enough to access these on her own.

Tracey (G2) also lived in the same town. Katy (G3) lived with Chris her partner in a council house in the same town, about ten minutes walk from Gladys's house. The town has a traditional male breadwinner culture. Michelle (G4) lived with her friend in a different village outside the town where both her grandmother Gladys and mother Katy lived.

Gladys (G1) was born in a village in the countryside close to the town she lived at the time of interview. When she finished school at 14, she moved to town to work in a mill where she worked for the rest of her life. Gladys retired around about the time the mill closed down. Gladys married when she was 18, and she described this as one of the most significant events in her life. The other major event in her life was becoming pregnant with Tracey out of wedlock and caring for her in her parents' home. She stayed with her husband Fred until his death.

Tracey (G2) grew up in the town where she lived at the time of interview. She described the most significant albeit negative event of her life as her marriage to her

first husband. Tracey (G2) spent some years as a single parent, working out how to balance childcare with her part-time job. She relied on formal childminders who often felt the children were too troublesome to take care of, as well as her friend. She later married Pete (G2), who had died some years before the interview. Tracey (G2) left school at 15 and worked at the local mill with her mother. Later the mill converted into a factory and Tracey continued working there. Tracey retired at 60. Whilst she cared for Gladys (G1) she also had leisure time to herself, shopping and swimming.

Katy (G3) also lived in the town at the time of interview where she grew up. She went to school until 16 and then went to college to become a nursery nurse. Katy dropped out of college, and at 18 she became pregnant. She described this as the key event that happened in her life. This was also one of the moments of greatest financial difficulty in the family. At this point Katy moved back in with her mother, and began working at the same factory her mother had (and same building her grandmother worked when it was a mill). She then married at 22 to another man who is not Michelle's (G4) biological father. They lived together for four years in a town approximately five miles from the market town in which Gladys and Tracey lived. Katy began working in a care home. However at 26, Katy divorced. She found she had to move back in with her mother and stepfather Pete (G2) once again as she could not afford to take transport into town to go to work, and take her daughter to school. She lived with them during weekdays and in her own home at the weekend. Katy tried desperately to find a council house in the town. After some years she finally managed to find a council home in the same town as Gladys (G1) and Tracey (G2). Michelle and Tracey recalled Katy frantically running down the hill to the phone box "because if you hadn't of rung up in time, you wouldn't have got the council house". She later took a job in a restaurant. Following many years without a partner, she moved in with Chris. She had two jobs at the time of interview, in the morning she worked as a cleaner, in the afternoon she worked in a care home. Every weekday when she finished work Katy (G3) cared for Gladys (G1).

At the time that Michelle's stepfather had left her mother (very suddenly disappearing) Michelle (G4) began to experience epileptic fits. These continued

throughout her childhood and by her account became more intense when she experience periods of stress. Michelle was described by all the family as the one who had done something interesting with her life, where they felt in their own "nothing ever changes". Michelle stayed at school until 16 and went to college. Whilst she was at college she did a course in education, however she did not expect she would get the grades to go to university. She was persuaded by teachers at the college to apply and she did go to university to train as a teacher. Michelle moved to the city where the university was, 20 miles from her family. She just managed to afford to do so, although she describes how she had little money for any kind of social life. In addition, she worked two days in a school, three days at university and three nights a week at a bar. After university, Michelle moved back into her mother's house. A short time later Michelle got teacher training in a school 15 miles from the town where her mother lived, and so moved out to live in a village five miles away, closer to where she worked. Michelle was going through a divorce at the time of interview. She married at the age of 18. Michelle described how her decision to leave the marriage changed her direction in life. She highlighted how her husband had wanted a male breadwinner arrangement, in which he worked full time and Michelle stayed at home which she decided was not for her.

The Parker Family

The interviewees of the Parker family included:

Iris (G1, age 73), Occupation- Retired nurse

Jeremy (G2, age 50), Occupation- Owns a small business

Other family members that were part of the four generation Parker family included

Derek (G1, age 50)

Andrea (G2, age 61)

Sam (G3, age 25)

Hayley (G3, age 32)

and Harry (G4, age 5 months)

as well as Natalie (G3, age 23) who was Sam's sister and not a parent herself.

The Parkers were all quite financially comfortable. Although at the time of the first interview, Jeremy (G2) was concerned about the survival of the family business through the recent recession. The third generations Sam and Hayley (G3) were the most financially comfortable of all generations. Like the Thwaites, there had been some social mobility in the younger family members, as third generation, Natalie, was the first family member to go to university.

All four generations of the Parkers lived in close proximity to one another. There had been little geographic mobility across their lives. Iris and Derek (G1) lived only four miles from the younger generations, whilst Sam and Hayley (G3) and Jeremy and Andrea (G2) lived across the road from one another.

Iris (G1) was one of the younger great-grandparents. She suffered less from health issues, although in the second interview conducted some months later, her health had deteriorated slightly. In the first interview Iris had just retired. She mentioned that she stayed on working partly because she wanted to help Natalie (G3) at university, and also because she wanted more flexible working time. Across her life Iris had strongly identified with her career. She saw herself as a carer both formally and informally. She had worked as a health visitor, and nurse. She had always lived in large households shared with many people, family members, student lodgers, and more recently, cats. Iris only took time off work when Jeremy was born until he went to school.

Iris lived with her aunt Millie (G0) for many years in her childhood, particularly during the war period. They lived with Iris' grandparents in a flat in a stately home where Millie (G0) worked. She had a difficult relationship with her mother. Her aunt had also been a midwife, health visitor (which prior to the NHS called a sanitary inspector) and a chief nursing officer. She described how she had stayed with her in many large houses in which she worked, meeting many interesting

people who came to stay. Derek Parker (G1) lived with his parents in his childhood, who owned a pub. He was in good health and had retired some years ago.

Jeremy (G2) had grown up in with many people in his parents Iris and Derek's (G1) house. He met his wife Andrea (G2) at school who had been living in his house. He left school half way through A-levels to do an apprenticeship in engineering. Andrea and Jeremy married when he was 21, and Sam (G3) was born when Jeremy was 24. Jeremy mentioned in the interview (and possibly from reflecting on his daughter's life) that he would have liked to stay on in education, but that he went along with what his peers were doing. In general, he mentioned he felt he was moving through life conforming to the normative timing of life transitions. Andrea became a nurse. Jeremy was unemployed for a time as factories were closing down, and then worked for an industrial storage company. Following this, he began working for a retailer. He eventually left and owned his own business selling bathroom suits. In telling his life history, Jeremy's recollection had moved quite swiftly from one event to the next, however he talked in length about one key moment in his life, when he discovered his son Sam had cancer. He felt as if time stood still, and lost all interest in what had once seemed important to him. Whilst other people seemed to have normal lives, Jeremy's felt "one dimensional".

Sam (G3) worked with his father in the family business and Hayley (G3) worked full time. They were a dual income household. Their son Harry was five months old at the time of interview. When Sam was 15 he had cancer however he managed to pull through his illness. Whilst in hospital, Iris (G1) regularly came to care for him. His mother Andrea was there every weekday and his father at the weekend. The illness prevented him from succeeding in his GCSE's.

Appendix B

Interview Guide

Interview plan

This study is an investigation into how four-generation families, how and whether they support each other, and how the balance is made with their everyday lives. I would like hear about whether you feel you are helped or are helping/supporting other people in your family, and in what ways. I'm also interested in learning how you and are family came to work out care and support. I would like to know about your life history, and what you are hoping or expecting to happen in the future.

I expect the interview will last about an hour, but we don't need to keep strictly to this time. You're free to stop the interview at any time, or take a break if you wish to do so. Only I and my supervisors at the University of Leeds will have access to the interview to start with, and then it will be stored in an archive where only authorised persons have access.

Would it be alright if I taped this interview by Dictaphone? If not I can take notes but please be patient whilst I write down your response.

Is there anything you would like to ask me?

Before we start can I ask you some initial profiling questions? And also I would like to draw up a **family tree** with you.

- How old are you?

- Where and when were you born?

- Who lives in your household?

- Where do all your family members live? (location and type of accommodation)

- Are both your parents alive?

- How many children do you have?

- How many siblings?

- How many aunts and uncles?

- How old are they?

- What did your parents used to do?

- What is your marital status? Family marital status.

General questions

Tell me about your life from past and present. **(Timeline exercise)**

How do you see yourself and your family in the future? What do you hope to happen? What do you think will happen?

More specific areas to cover

Special moments

What have been special occasions in your life?

Do you feel any major historical events impacted on your life or not? (e.g political eras) Did it cause anything to happen in your family that might have impacted on yourself?

Do you feel there have been major transition points in your life?

Significant people

(Relational map exercise)

Who are the significant people now? Has this changed over your life?

Who do you spent most time with in your family?

In times of trouble who do you turn to? (Also apart from family)

Do you feel there is someone who holds the family together?

Present average day

Describe an average day with you and your family

Describe an average week with you and your family

Career/education

What have you done for a living? Has this changed over the years, and if so how? (If housewife at some point) what kind of work did you do? Has this changed through time?

How have you balanced career education and lifestyle?

What are your future career plans?

Have you ever experienced discrimination? (Also outside job market)

Carers and External support

Are your family members all in good health?

Who do you care for?

Who in your family is currently being cared for? Does anyone have illnesses or disabilities?

Throughout your life what caring activities have you done?

Do you do any caring now? What caring do you do?

How often?

What kind of caring?

Who has cared for you?

What is it like caring and working?

Do you think the situation has changed for carers over the years? (Do you think it's become easier over time?)

Assuming received child benefits, have received anything else in your life? (carers allowance?)

How do you organise childcare?

Practical

Do you get any help with practical things like house work?

Do give any practical help to people in your family? For example helping out with housework, paper work

Financial

Do you provide or receive any financial help from your family?

For what reasons do you do this?

Vignette

Mark, Jessica, Michelle and Maureen

Mark and Jessica are a married couple. Both have very hectic working lives. They also have a 23 year old daughter called Michelle. She has two small children.

Mark's mother, Maureen, lives alone. Arthritis is making it difficult for her to move and has started to show signs of dementia. Mark, Jessica and Michelle are worried about how Maureen will cope. However Maureen does not like the idea of leaving her own home. She moved to 'Grassholme' when she was 38 and she is now turning 90. She feels very comfortable where she lives and she has friends and neighbours living close by.

Should anything be done? What should anyone do?

Appendix C

Interview Guide for Second Round of Interviews

Topic Guide: Follow Up Interview

Section 1-General

Q1 Describe your life since we last met

Stress/smooth?

Q2 How much have the last few months since we last met gone as you expected?

Has being a great-grandparent/grandparent/parent gone as you expected?

Work/life balance

Q3 Are you working/doing voluntary work now

Q4 Have you been working/voluntary work since the previous interview?

Q5 Could you describe an average day?

Q6 An average week?

Q7 Have there been any major/special events?

What about Christmas, Easter, birthdays?

Have there been any changes in the health of yourself or someone close to you?

Q8 Do you feel there have been any major changes/transitions?

Q9 Does being a great-grandparent/grandparent/parent mean anything to you? If so how? *How is it compared to being a grandparent or parent?*

Section 2-Care and Support

Q10 How is work/household/care organised across the family?

> *How is work/household/care organised with your husband?*

Q11 Are you involved in any caring/support activities?

Q12 If so-Why are *you* involved in this way?

> *How did the decision come about that you would support*

Q13 How do you feel about this level/type of involvement?

Q14 Do you perceive that you are being supported by someone? How? How do you feel about that?

Q15 Who do you give support to?

Q16 How is support arranged across your network?

Section 3-Relationships

Q17 Relational map-Could you draw who you feel closest to now? (Kin and non kin)

Q18 How would you describe your relationship with your son/daughter-in-law, grandson/granddaughter-in-law, great grandson?

Q19 Do you feel any differently towards anyone in your family since we last met?

Q20 If so how has your relationship altered?

Section 4-Plans

Q21 What are your future plans?

Q22 How much contact/support do you expect to have with members of your family in the future?

Q23 Why do you expect this level of contact/support?

Is there anything else you would like to tell me about you and your family that I have not already asked you about?

Appendix D

Participant Consent Form

Title of Research Project: Intergenerational relationships and the ageing population

Name of Researcher: Catherine Powell

Initial the box if you agree or disagree with the statement to the left

<u>**AGREE**</u> <u>**DISAGREE**</u>

1. I confirm that I have read and understand the information sheet explaining the above research project.

2. I have had the opportunity to ask questions about the project.

3. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason and without there being any negative consequences.

4. In addition, should I not wish to answer any particular question or questions, I am free to decline. Telephone of the lead researcher ▬▬▬▬▬

5. I understand that my responses will be kept strictly confidential.

6. Information given by myself in the interview will not be Disclosed by the research team to other interviewees, such as family members.

7. I give permission for members of the research team
    to have access to my anonymised responses. I
    understand that my name will not be linked with
    the research materials, and I will not be identified or
    identifiable in the report or reports that result from
    the research.

8. I agree for the data collected from me to be used in
    future research and stored in an archive operated by
    the University of Leeds and the UK Data Archive at
    the University of Essex and to be used by authorised
    persons only.

9. I understand that other researchers will have access
    to this data only if they agree to preserve the
    confidentiality of that data and if they agree to the
    terms I have specified in this form.

10. I understand that other researchers may use
    my words in publications, reports, web pages, and
    other research outputs according to the terms I
    have specified in this form.

11. I agree to assign the copyright I hold in any materials
    related to this project to Catherine Powell

12. I agree to take part in the above research project
    and will inform the investigator if my contact details
    change.

_____   _____   _____

Name of participant   **Date**   **Signature**

_____   _____   _____

Name of person taking consent   Date   Signature

Appendix E

Recruitment Poster

The Four Generation study

A University of Leeds project

Are you a parent with a living grandparent?

I would like to interview you to hear your views, your parent's view and your grandparent's views of what it is like to live in a four generation family.

The purpose of this study is to understand how family members support one another over their life course.

If you think you, your parent and grandparent would like to take part please contact Catherine Powell on: ████████ or email ████████

Appendix F Recruitment Leaflet

The Four Generation study

A University of Leeds project

Are you part of a four generation family?
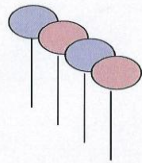
What is a four generation family?

A four generation family is a family with at least one great-grandparent, grandparent, parent, and at least one child.

What is the Four Generation Study?

The Four Generation study is a University of Leeds PHD project investigating the experience of living in a family with a child, parent, grandparent and great grandparent.

During this study, members of four generation families will be interviewed to learn about how past, present and future events in their life course might influence intergenerational relations.

The purpose of this study is to understand how family members support each other, why they do so, and how they balance this with their other daily activities (who may not necessarily be living in the same household).

- Ways in which support is given might include:
- *Practical support (e.g. housework, paperwork)*
- *Caring (e.g. childcare, eldercare)*
- *Emotional support*
- *Financial support*

What is the significance of this study?

Families in the UK are increasingly diverse. Many argue that the UK has an ageing population; people are living longer. A possible result of this is an increase in the number of four generation families.

However little is known about what life is like in a four generation family. Therefore the needs of these families may go unnoticed.

This study aims to understand and draw attention to the everyday joys and demands of families with great grandparents.

What would your involvement mean?

In order to hear your views about life in a four generation family I would like to interview,

Parents

Grandparents

Great grandparents

in your family.

The interview would be informal and will last approximately an hour.

Ethical responsibility

You will remain anonymous throughout the study and once results have been produced. Your name and contact details will only be known to the research team.

Your recorded interview will be stored in a secure digital archive of the university. This can only be accessed by authorised individuals. This archive has met ethical approval at the University of Leeds.

The project itself has received ethical approval from the University of Leeds ethical committee.

Interested to take part?!

Please contact

PHD researcher:

Catherine Powell*

Department of Sociology and Social Policy, University of Leeds

by

Telephone: ███████████

or

Email: ███████████

*Supervised by Fiona Williams and Bren Neale of the University of Leeds

Appendix G Family Trees of Four-generation Families

The Wilkinson Family

Key for Family Trees

- 🟠 Marriage or partnership
- ↓ Descendant
- ▥ Interviewee
- – – – Half sibling

BERNARD
Great grandfather generation
(Deceased)

SARAH
Great grandmother generation
Age 98
Retired seamstress

MARY
Grandmother generation
Age 70
Retired caterer

PAUL
Grandfather generation
Age 73
Management position in public sector

ADAM
Grandfather generation
(Deceased)

DEBORAH
Grandmother generation

MAUREEN
Grandmother generation

NICOLA
Mother generation

BEN
Father generation

KATRINA
Mother generation
Age 46
Full time higher professional

REBECCA
Professional occupation
Age 49

CHRIS
Child generation

JAMES
Child generation

TOM
Child generation

KELLY
Child generation
Age 6

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The Newis Family

HELEN
Great-great grandmother generation
Housemaid (Deceased)

GEORGE
Great grandfather generation

EDITH
Great grandmother generation
Age 90
Retired office worker

KEVIN
Grandfather
generation

ANN
Grandmother generation

JEAN
Grandmother generation
Age 65
Retired secretary

JOE
Grandfather generation
Age 67
Retired

KEVIN
Father generation
(Deceased one year
after family
interviews)

VALERIE
Grandmother

ROGER
Grandfather

HELEN
Mother generation
Age 36 Unemployed

MARTIN
Father generation

CLAIRE
Mother generation
Professional
occupation

JACK
Father generation
Age 33
Lower Professional

GRACE
Child generation Age 4

ALEX
Child generation

The Buckingham Family

RITA
Great grandmother generation Age 76
Retired care home worker

GILLIAN
Grandmother generation
Age 52

DAVID
Grandfather generation
Unemployed

DIANE
Grandmother generation
Age 55
Pharmacist

DONNA
Mother generation
Age 27

IAN
Grandfather generation
(although not grandfather
in reality)
Age 42

CALLUM
Father
generation
Age 27

JORDAN
Father
generation
Age 30

LOUISE
Mother generation
Age 30
Owns accountancy firm
Full time

RUSSELL
Father generation
Age 36
Retail manager
Full time

RYAN
Father generation
(Although not
father in reality)
Age 17

LUKE
Father generation
(Although not father
in reality)
Age 15

DAISY
Child generation
Age 2

RUBY
Child generation
Age 4

ALFIE
Child generation
Age 4

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The Thwaite Family

GLADYS
Great grandmother generation Age 85
Retired mill worker

FRED
Great grandfather generation
(Deceased)

TRACEY
Grandmother generation Age 67
Retired factory worker

PETE
Grandfather generation
(Deceased Not Katy's
biological father)

KELLY
Mother generation

BILLY
Father generation

KATY
Mother generation Age 40
Cleaner and care home
worker

CHRIS
Father generation
(Partner. Not Michelle's father)

ALFIE
Child
generation

CHLOE
Child
generation

MARY SUE
Child generation

JACK
Child
generation

MICHELLE
Child generation Age 22
Full time teacher

ABBY
Child
generation

JAMIE
Child
generation

The Parker Family

HENRY
Great-great grandfather generation
(Deceased)

IRENE
Great-great grandmother generation
(Deceased)

MILLIE
Great-great grandmother generation
Chief nursing officer (Deceased)

CAROL
Great-grandmother generation

IRIS
Great grandmother generation Age 73
Retired nurse/health visitor

DEREK
Great grandfather generation Age 75
Retired

JESS
Grandmother generation

JEREMY
Grandfather generation Age 50
Small business owner/full time

ANDREA
Grandmother generation Age 61
Retired Nurse

HAYLEY
Mother generation Age 32
Works full time

SAM
Father generation Age 25
Works full time in Jeremy's small business

HARRY
Child generation
Age 5 months

NATALIE
Parent generation (but not actually a mother)
Age 23 Volunteering

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