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10. The intergenerational care potential of Dutch older adults in 1992 and 2002

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INTRODUCTION

It is expected that caring for the older population will be increasingly troublesome in the decades to come. This expectation is based predominantly on demographic developments, that is, an increasing absolute and relative number of older people. As a consequence, the need for care will increase and at the same time the provision of care will diminish because there will be less young and middle-aged people available to provide care. Increasing labour force participation of middle-aged women, traditionally an important category of carers, and increasing geographical mobility will also contribute to decreasing levels of care providing (de Boer 2005). Is this gloomy outlook of decreasing care potential correct? This chapter will address this question by describing the Dutch situation around the turn of the century, specifically focusing on the care potential available within intergenerational relationships.

Relationships with adult children are among the most important when it comes to support and care provision to older adults (Broese van Groenou and van Tilburg 1996). Several researchers have studied the reasons behind the ranking of types of supporters for older adults. Litwak has made a major contribution to this field of enquiry with his task specificity model (Litwak and Szelenyi 1969). He proposes that the match between task specificity and type of relationship determines who will provide what type of support to older adults. The model basically states that, since types of relationships vary with respect to proximity, long-term commitment, availability of resources and degree of affectivity, certain types of relationships are more equipped to perform certain tasks than others. Neighbours, for example, due to their geographical proximity, are better equipped to assist with non-emotional and short-term instrumental tasks like shopping or cooking meals. The partner, the children and other immediate kin are likely to

provide both emotional and instrumental support and assist with tasks that involve long-term care and personal hygiene. Another important contributor to this field of research is Cantor (1979). She proposes that older adults have a ranked preference for who is specifically allowed to assist in a given task. She has predicted a hierarchy in preferred supporters, with partner and children at the top, followed by relatives, friends and neighbours, and professional helpers. These types of network members can substitute for one another when the higher ranked network member is absent or not available. Older people who have neither a partner nor children would thus prefer to be assisted by close kin, followed by neighbours and friends. Professionals are preferred only when all other types of supporters are unavailable. The models of both Litwak and Cantor have been applied in research on caregiving to older adults, predominantly in tasks requiring instrumental support. Consistent findings have been reported by numerous studies showing that the partner and the children are the most important supporters within the network, exchanging both emotional support and instrumental support. Older adults who have no partner or children available generally receive more support from close relatives, siblings in particular, and from neighbours and friends. However, support from these types of relationships seldom reaches the level of intensity of that provided by spouse and children. Contact with children is therefore of major importance to many older people.

Because of the importance of the role of children in care to older people we answer three questions on the intergenerational care potential of older adults in the Netherlands: (1) To what extent are children available? (2) To what extent is contact maintained with these children? (3) Are there personal and structural circumstances, such as travelling distance, that hinder potential support providing? By focusing on these three questions we investigate the extent to which a latent reserve or capacity to provide support is available to older adults. We therefore do not assume that intergenerational relationships are functional and, consequently, do not review the issue of the level of care, help and support that is actually provided to older people within their intergenerational relationships.

Data were obtained from two surveys of the aging population in the Netherlands. Within the context of the 'Living Arrangements and Social Networks of Older Adults' (LSN) research programme (Knipscheer et al. 1995) data were collected in 1992 of people born in 1903–37 (N = 4 494). This programme used a stratified random sample of men and women drawn from population registers of 11 municipalities. Since 1992 several follow-ups were carried out in the context of the Longitudinal Aging Study Amsterdam (LASA; Deeg et al. 1993). Furthermore, in 2002 LASA sampled a new cohort (birth years 1938–47, N = 1002) from the same

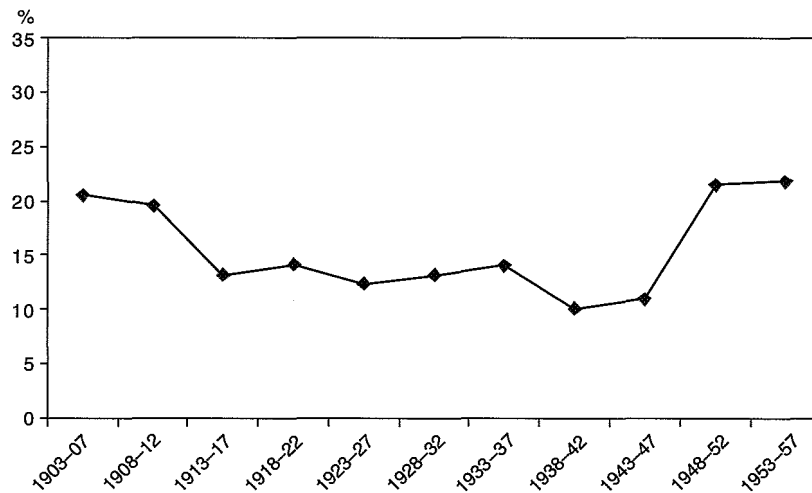
sampling frame as the earlier cohorts. Within the period 1992–2002 we therefore have data available on people aged 55 to 94 years.

On several occasions data on basic demographics of all children were collected. Furthermore, a question was posed about contact frequency in all the parent–child relationships: 'How often are you in touch with X?' Contact frequency was classified into eight categories from less than once a year to daily. To obtain adequate information on their networks, the older parents were asked to identify their personal network members by name. The main objective of this was to identify a network that reflected the socially active relationships of the older adult in the core as well as the outer layers of the larger network (van Tilburg 1995). On the basis of the network members' names, children identified were linked to the demographic and contact data.

AVAILABILITY OF CHILDREN

Apart from changes in the life span, changes in the birth rate determine intergenerational family structures (de Jong Gierveld and Dykstra 2006). Among Dutch cohorts born at the beginning of the last century there was a relatively high rate of childlessness (21 per cent). The percentage among later cohorts decreased to about 12 per cent, but it increased to 22 per cent among post-war cohorts. Figure 10.1 depicts the number of children alive for the various birth cohorts of which most likely the ability to give birth to children has ended. The figures for the Netherlands do not deviate much from those of a number of other Western countries (Rowland 2007). When we take the age of 75 years old as a marker of entering the fourth phase of life, where on average health deteriorates and the need for care increases, childlessness will be at a much higher level for older adults in 2023 and beyond – indicating the likelihood of a shortage in care potential on a population level.

At the same time, the average family size showed a marked decline over the past century. Figure 10.2 illustrates an almost steady decline in family size starting with cohorts born since 1908 from on average 3.6 children alive to 2.3 among cohorts born in the mid 1950s. Figure 10.2 also depicts the combined trends of childlessness and the average number of children with an initial increase in average number of children from 2.6 to 2.9 due to a smaller rate of childlessness, followed by a decrease to an average of 1.8. For future cohorts it is difficult to predict the number due to the delayed birth of children (de Jong Gierveld and Dykstra 2006). The delay of births might not only affect the likelihood of births but also characteristics of these children, for example, the timing of life events, such as entrance to the

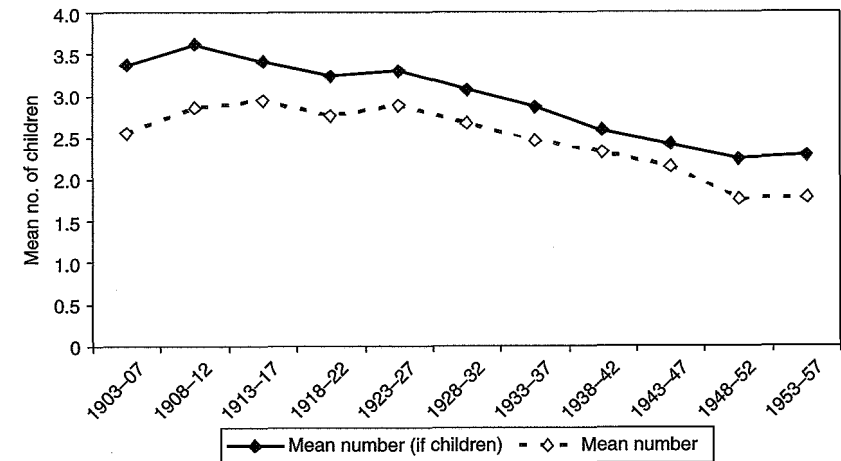


Source: LSN (1992; birth years 1903-37); LASA (2002; birth years 1938-47); Netherlands Kinship Panel Study (2002-4; birth years 1948-57); biological children alive.

Figure 10.1 Trend in childlessness

labour market and giving birth to their children. The extent to which these life span events are relevant for the caring potential of children is discussed below. Predictions concerning future cohorts are also uncertain due to immigrants who have initially had a much higher birth rate than the non-immigrant population; however, the birth rate of recent immigrants and immigrants' descendants are also declining.

During the last century, complex family structures have become more common as a result of the rise in divorce and relatively high remarriage rates. An increasing proportion of older adults have experienced diverse marital transitions, which have affected the availability and structure of their kinship networks. Remarriage or repartnering, particularly when parents have both biological and stepchildren, creates a new family structure. Among current cohorts of older adults only a few are step-parents. From 1992 to 2002, the percentage of older adults aged 55 to 89 years with stepchildren has increased from 3 per cent to 6 per cent; at the same time, the share of older adults with biological children also increased from 85 per cent to 89 per cent. However, at both points in time only 1 per cent had only stepchildren – the increase in the number of older adults with stepchildren was among those who also had biological children. Within blended families, family norms and obligations are less clearly defined and understood than in first-marriage families. Step-relationships are generally considered



Note: The solid line excludes childless older adults. The dotted line shows the combined trends of childlessness and average number of children.

Source: LSN (1992; birth years 1903-37); LASA (2002; birth years 1938-47); Netherlands Kinship Panel Study (2002-4; birth years 1948-57); biological children alive at observation.

Figure 10.2 Trend in mean number of children

to be more ambiguous than biological parent-child ties, and adult stepchildren are believed to have fewer obligations towards step-parents than towards biological parents (Ganong and Coleman 2006), resulting in less contact and support compared to biological relationships. In specific cases, for example divorced and remarried fathers of whom relationships with biological children are broken, stepchildren might replace biological children as care potential. However, the lack of institutionalised guidelines for remarried or repartnered families can lead to uncertainty regarding relationships with and obligations to new and former kin (Cherlin 1978).

To conclude, the current cohorts of older people more often have biological children than cohorts born at the beginning of the previous century. However, the family size has decreased. Therefore, future generations of older people will have less care potential within relationships with their children. Due to the increased rate of divorce and remarriage these cohorts also more often have stepchildren. However, currently the number of stepchildren is small and unlikely to compensate for the decrease in number of biological children. We will therefore focus on biological children in the rest of this chapter.

CONTACT WITH CHILDREN

For many people, the relationship with their adult children constitutes a constant factor in life, in particular when compared to other relationship types (van Tilburg 1998). However, there is substantial diversity among parent–adult child relationships. Silverstein and Bengtson (1997) distinguish between different types of intergenerational relationships, including ‘tight-knit’ in which adult children have positive scores on all solidarity indicators and ‘detached’ relationships in which adult children have no positive scores on any of the solidarity indicators. Tight-knit relationships will have more care potential than other intergenerational relationships. Research into parent–child relationships has been dominated by a focus on positive aspects (Luescher and Pillemer 1998). However, some attention has been given to negative outcomes of positive relationships (for example, a negative evaluated dependency when children provide assistance to a parent, accompanied by conflicts; Silverstein et al. 1996), and to negative aspects (for example, quarrelling and social control; Krause and Rook 2003). Negative interactions are often found within relationships characterised by positive interactions (Rook and Ituarte 1999). Luescher and Pillemer (1998) denoted this as intergenerational ambivalence. Parent–child relationships characterised exclusively or predominantly by ambivalence have not received much attention. A specific and ultimate category within these relationships are broken ones, that is, relationships lost other than by death.

The frequency of having contact (that is, face-to-face, telephone or other means) with children for Dutch older adults in about 2001 is presented in Table 10.1. The majority of the 1234 parents included in the study, 92 per cent, has at least weekly contact with a specific child. Furthermore, figures on individual intergenerational relationships (N = 3854) show a further differentiation: 71 per cent of the relationships are characterised by at least weekly contact, of which 14 per cent is daily contact. We have to note that from the parental perspective the data probably gives an underestimation of intergenerational contact: when, for example, two children each have contact once a fortnight, it is possible that the parent has weekly contact with a child.

The data also shows that a significant proportion of older adults, that is, 3 per cent, has broken relationships with one or more of their biological children. We consider a relationship as broken when there is no contact at all; as a consequence, parents often do not know basic data, such as where their child lives, whether they are married or whether there are grandchildren. Additionally, there are parents with relationships that are not broken but are characterised by very low levels of contact. For example, an

Table 10.1 Older parent's (aged 63–93 years) frequency of contact with biological children

	Contact frequency with child N = 3854 %	Personal network member N = 3664 %	Lowest for parent N = 1234 %	Highest for parent N = 1234 %
Contact broken	1.7	10.0	3.4	0.4
Never	0.5	20.0	1.2	0.4
Once a year or less	0.4	33.3	1.0	0.1
Few times a year	4.4	61.6	7.9	1.1
Once a month	9.5	83.8	15.8	2.4
Once a fortnight	12.4	92.3	17.1	3.8
Once a week	28.6	95.0	27.9	20.7
Few times a week	28.1	97.8	18.6	37.8
Every day	12.1	98.2	6.5	27.1
In household	2.3	98.7	0.6	6.1
Total	100.0		100.0	100.0

Note: ‘Lowest for parent’ indicates the contact with the child with least contact. If there is more than one child, contact with other children is equal or more frequent. ‘Highest for parent’ indicates the contact with the child contacted most frequently.

Source: LASA (2000–2002).

additional 10 per cent of the parents do have contact but the contact is less frequent than monthly with one or more children. However, the figure of 13 per cent of parents is an overestimation of parents without intergenerational care potential. Many of these parents with broken or rarely contacted relationships with their children also have other children who are contacted more frequently. The last column indicates that, in total, 2 per cent of the parents are isolated from all their biological children: they do not have at least monthly contact with one or more child.

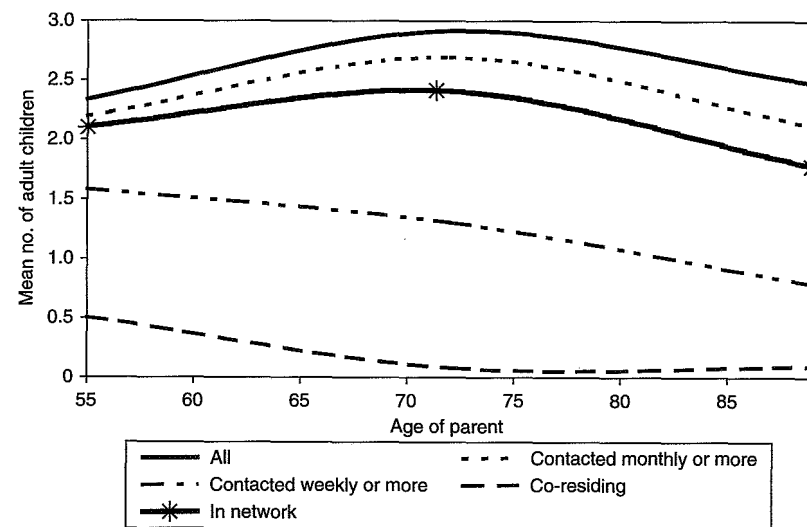
People's living arrangement concerns the innermost layer of social structures surrounding the individual. Demographic developments in the second half of the twentieth century have left their mark on the living arrangements of older adults. These developments include the decrease in the number of children and the decrease in the age at which children leave the parental home, which have led to a drop in the age at which the empty nest occurs. Children are usually key members in a person's social network, and the presence or absence of these core network members might have a large impact in daily life. Changes in the co-residence of parents and their

adult children are related to developments in societies, both within children's lives and parents' lives.

Previous research has revealed that changes in co-residence of parents and their adult children are related to change in child characteristics (Cherlin et al. 1997; Ward and Spitze 1992). The transition of nest leaving might occur in relation to other triggering transitions of young adults, such as entering an educational programme, employment or marriage (DaVanzo and Goldscheider 1990). However, young adults also view the parental home as a safety net: they return to the parental home, for example, when their job or marriage fails or they do not consider independently living when they have a strong need for support, such as in the case of having a major physical handicap (Sundstroem et al. 1989). To a smaller extent, but not less important, co-residence is recognised as a situation in which parent characteristics are decisive (Lee and Dwyer 1996). There are indications that through co-residence children respond to parent's needs. The likelihood of co-residence is higher when the parent has poor health, in particular, when the spouse is absent (Silverstein 1995). In the United States various types of moves have been identified in which the trigger to co-residence has been due to the parental situation. After migration, for example to Florida, motivated by the desire for an amenity-rich lifestyle vulnerable older people often return to their original communities and in some cases to a shared residence with a child (Litwak and Longino 1987). Also, Speare and McNally (1992) observed cases in which the child moved in with a parent in need of support.

Liefbroer and de Jong Gierveld (1995) calculated for the Netherlands that in 1965, 55 per cent of the men and 67 per cent of the women at age 60 were co-residing with one or more of their children. In 1990 these percentages were 33 per cent and 22 per cent, respectively. In 2002 a further decline in intergenerational co-residence was observed at 23 per cent and 16 per cent, respectively (van der Pas et al. 2007). Considering adults aged 55 years up to 89 years the figures in Table 10.1 indicate that intergenerational co-residence is on a very low level; 6 per cent of the parents co-resides with at least one child. It therefore seems that re-establishing co-residence is an exception.

Having contact is important, but does not reveal much information on the content and meaning of the tie. We therefore also review whether children have been identified as a member of the personal network. The personal network of older people reflects their social opportunities and personal choices to maintain a specific set of relationships with relatives, neighbours, friends, acquaintances and so on (Hall and Wellman 1985). For identifying the personal network members we adopted the 'domain contact' method (Broese van Groenou and van Tilburg 2007). A central assumption is that this type of network constitutes the structural vehicle for



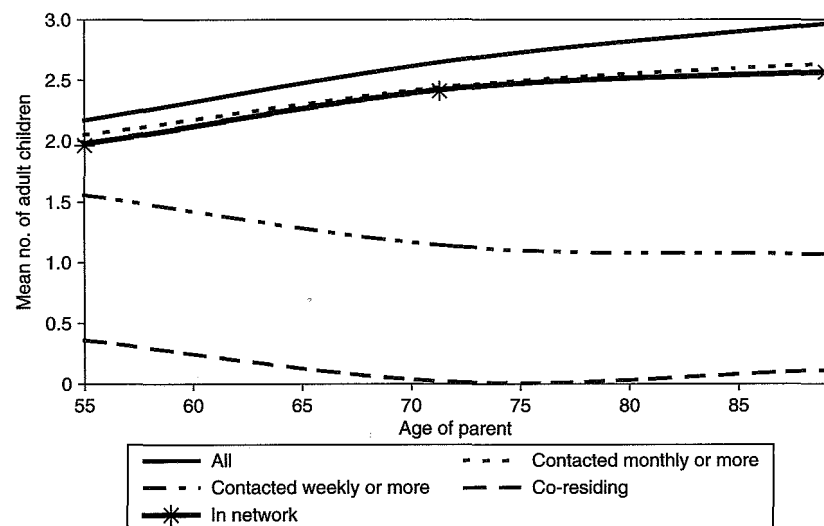
Source: LSN (N = 4483), multivariate linear regressions, controlled for gender.

Figure 10.3 Mean number of biological adult children according to various levels of contact in 1992

the ties in which various types of support can be exchanged. The method combines objective (role relationship and contact frequency) and subjective criteria (importance) for the delineation of a network. As a result, the domain contact network indicates the actual degree of social participation by means of personal relationships as well as the availability of potentially supportive relationships.

Data show that the great majority of children are considered to be a personal network member of older adults. Of all adult children, 91 per cent are seen as someone with whom they have regular contact and who are important to them. As intended there is a strong, however, not perfect association with contact frequency (Table 10.1). For those having contact at least weekly, almost every child is in the network. However, there are still some children who are seen as a personal network member with whom the contact is broken or very infrequent. Most parents (87 per cent) include all children in their network; 1.4 per cent of the parents do not include any child in their network.

Based on the cross-sectional and longitudinal data we have composed a picture of the average number of children on different levels of contact in 1992 according to various age categories (Figure 10.3). The solid black line indicates the average number of biological children alive, where particularly



Source: LASA (N = 2404), multivariate linear regressions, controlled for gender.

Figure 10.4 Mean number of biological adult children according to various levels of contact in 2002

due to the higher level of childlessness the oldest have a smaller number of children than people in their seventies. The youngest have about the same level of childlessness as people in their seventies but they have a smaller number of children. The dotted black lines indicate the contact frequency at three levels. The average number of children contacted at least monthly follows the trend of the total number of children. Moreover, at higher ages there is more infrequent contact with children. A continuous decrease according to age is observed for the average number of children contacted at least weekly and for those co-residing. Both parents and children tend to devote less time and energy to their intergenerational relationship from the moment that children have left the parental home. Many children start up their own family life, resulting in lower levels of contact frequency. Finally, the solid line with markers indicates the age differences in the average number of children in the network. Parallel to the average number of children contacted at least monthly the network membership follows the trend in the total number of children. This network membership is on a relatively high level, indicating, for example, that there is a support and care potential beyond those children who are contacted weekly or more frequently.

The figures for the situation in 2002 are presented in Figure 10.4. Partly they are a shift of the 1992 differences since the 2002 sample aged 65 years

Table 10.2 Difference in average number of children according to level of contact for young and old older adults in 1992 and 2002

	Age < 75	Age ≥ 75
Number of biological children	-0.27***	0.00
Number contacted ≥ monthly	-0.26***	0.02
Number contacted ≥ weekly	-0.15***	-0.01
Number co-residing	-0.10***	-0.02
Number in personal network	-0.07	0.34***

Note: * $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$.

Source: LSN (1992; N = 4483) and LASA (2002; N = 2404). Stratified multivariate linear regressions, controlled for gender.

and over is a selection of the 1992 sample. Since older people do not give birth to children and (adult) child mortality is rare, the average number of children for people aged 65 to 89 in 2002 roughly equals the number of children for people aged 55 to 79 in 1992. However, the various levels of contact might differ between 1992 and 2002. The most striking observation is the increase in the level of network membership. While in 1992 the level of membership is below the level of having at least monthly contact, in 2002 this difference has decreased. The network membership has therefore risen to an even higher level, which suggests that there may even be a support and care potential at the level of children who are contacted monthly or more frequently.

Table 10.2 presents the differences between 1992 and 2002. Due to our interest in future generations, we differentiate between the old and the young older people. Interestingly, we observed that adults aged 75 years and over have about the same number of children available at all levels of contact. The exception is the average number of children in their personal network, with a significant increase. It suggests that relationships with children have become more important. For adults aged 55 to 74 years old, a decrease is visible for all levels of contact, but the cohort difference becomes smaller when we focus on categories with a higher level of contact frequency and the difference disappears when we compare personal network membership in 1992 and 2002. Again this points to the increased importance of children with whom the contact is perceived as regular and important.

From the data presented above, we can conclude that there is not a clear indication of diminished intergenerational contact in a period of ten years. Among the oldest, contact frequency was stable and personal network

membership increased. Among the young old, the decline was small for those who had frequent contact and the personal network membership was stable. Taking into account that the number of children available among the younger cohorts is smaller, we conclude that (the smaller number of) children have even increased the contact frequency with their parents.

PERSONAL AND STRUCTURAL LIMITATIONS

Both parents and children have to face challenges that may influence their contact frequency based on their geographical proximity, marital status and competing work demands. Geographical proximity of children is important for access to care. Co-residence with (adult) children most likely increases the chances of being supported and helped for frail or needy parents. Across historical time, there has been a large decline in the proportion of elderly people living in intergenerational households. However, a more detailed analysis by van der Pas et al. (2007) showed that between 1992 and 2002 there was an increase in the number of children living within 15 minutes traveling time, while the number of children further away was stable. Therefore the decreasing rate of co-residence is not necessarily at the expense of the availability of care potential.

The increase of divorce is a major demographic development affecting intergenerational relationships (Kalmijn 2007). Divorce increases the likelihood of broken intergenerational relationships. For the sample of parents aged 63 to 93 years ($N = 1234$), the likelihood of having a broken relationship or rarely having contact with a child differentiated according to gender and marital history. Among mothers and fathers without a history of divorce the percentage is 11, among ever-divorced mothers the percentage is 30, and among ever-divorced fathers 41 per cent have a broken relationship or rarely have contact with at least one child. When relationships with all children are considered, 16 per cent of ever-divorced fathers have broken relationships or rarely have contact in contrast to almost none (less than 2 per cent) of the non-divorced fathers and mothers and the ever-divorced mothers. These data are from 2002 and indicate that among future generations the increasing rate of divorce might be disruptive to their care potential.

A third topic to address is the employment of parents and their children, in particular, the employment of women, who are more often involved in maintaining intergenerational relationships than males (Spitze and Logan 1990). Trends, such as improved employment opportunities for women, that were in progress when the earlier cohort reached retirement age in the 1990s, were more firmly established a decade later at the beginning of the

twenty-first century. The pressure of combining employment and caregiving responsibilities might lead to less contact and support between older parents and adult children. In the study by van der Pas et al. (2007) parents aged 55 to 65 years as well as their children were in 2002 more often employed (40 per cent and 84 per cent, respectively) than parents and their children in 1992 (31 per cent and 72 per cent, respectively). The results showed that parent's and child's (part-time or full-time) employment was not related to contact frequency. As a consequence, cohort differences in employment did not result in a changed contact frequency. This finding might be related to the relatively small number of working hours in the Netherlands, not only in part-time but also in many full-time contracts, and to the possibility of specific care-leave arrangements included in many contracts.

With respect to these three personal and structural circumstances we can conclude that they reflect major changes in society. In Western societies, relationships between adult children and parents are increasingly framed by the norm of intergenerational independence (Silverstein et al. 1996). Norms of independence mandate that adults take responsibility for their own well-being. In this respect, co-residence violates the norm of intergenerational independence. The shift from co-residence to living independently could be considered as a trend towards individual autonomy and a weakening of intergenerational ties (Jylhä and Jokela 1990), but also as a redesigned continuation of nuclear family ties (Bengtson 2001). In particular, this will be the case when co-residence is replaced by living nearby. Moreover, data on the effects of divorce make clear that the constitution of the nuclear family has been damaged. Divorce specifically affects fathers, and increased divorce rates are worrisome for the care potential available to future cohorts of older adults. Finally, changes in the employment rate did not prove to be relevant for the level of intergenerational contact. Due to the growth of the older population, many Western countries have developed policy measures to increase the labour-force participation by delaying retirement of older people and increasing the number of working hours of younger people. The latter is in contrast with ideas of life-course researchers, such as Bovenberg (2005), who plea for a relief of the 'hot summer of life' where employment and caring for young children have to be combined and time is scarce. The introduction of more flexibility of working time over the life course is suggested as an alternative. This will give more opportunities to increase the provision of care, not only to children, but also to older parents. There is evidence that the combination of being involved in care and being employed is rare but increasing. Data from the UK (Evandrou and Glaser 2003) show prevalence of 6 per cent in 1985 and of 11 per cent in 2000 among people aged 55 to 59 years old. Being

'caught in the middle', sometimes also referred to as being sandwiched, by being employed and taking care of both parents and young children is very uncommon. The data from the UK show that in 1994 2 per cent of the working population is in such a situation, however, retrospectively 14 per cent had ever been in this sandwich construction.

DISCUSSION

Intergenerational relationships exhibit remarkable durability and resilience. The evidence outlined above indicates that within a context of decreasing size of families the relationships within these families have not lost importance. In contrast, there are signs of improvement of these relationships. The decline in intergenerational co-residence and the increasing female labour-force participation are often mentioned as threats, but there is little evidence for detrimental effects of these developments when the intensity of contact is considered. With respect to care, however, it is known that sons and daughters give different types of support: sons give more advice and help with financial matters; daughters help more with domestic chores and personal care (Blieszner and Hamon 1992). It might be the case that employment is a relatively small barrier to keep in contact with older parents, while it is more obstructive for caregiving. Still, we believe that children will be responsive to the situation. Research showed that the gender difference in caregiving is often small (Miller and Cafasso 1993), which is attributable to the fact that there are strong same-gender preferences, that is, fathers prefer to be cared for by sons and mothers by daughters (Lee et al. 1993). An increase in daughters' employment therefore will not be detrimental to their efforts in caregiving. Other developments might have more far-reaching consequences. It will be the increasing rates of childlessness and of divorce that will have deteriorating effects on the availability of intergenerational care potential of future generations of older people. In this respect, particularly men benefit from marriage when the focus is on support from children (Kalmijn 2007), which suggests that when it comes to divorce and remarriage, it will predominantly be the fathers who have less availability of care potential.

Under the surface of availability of children and of being in touch with children, other observations have to be made. We believe that change within intergenerational relationships cannot be understood in isolation from developments in personal networks in general. Van Tilburg and Thom  se (forthcoming) looked at network dynamics from the perspective of accentuated modernisation. This perspective has been developed for personal relationships by Allan (2001) and for later life by Phillipson (1998) and

Gilleard and Higgs (2005). Following Giddens (1990) and Beck (1992), the idea is that there is a loss of constraining power from traditional social structures and communities. Traditional forms of bonding both protected and constrained people. They protected people because social relationships were naturally available from occupying more specific roles, such as family member, employee or neighbour. There is liberation because a person might develop a network fitting with their own preferences, and not be bound to the dominant norms of a traditional community. This accentuated modernisation affects personal networks. Whereas in the past personal relationships may have been perceived as both obligatory and rigid, they have transformed over time so that while personal relationships are still perceived as critically important, they are now likely to be thought of as both more flexible and voluntary. Close ties involve more options and a flexibility of roles that may be perceived as less binding. Network structures are now more diffuse and less certain. Structural constraints on the formation of networks persist; work and income, for example, condition the opportunities to find and maintain relationships. But the association between social positions and network structure becomes more complex, and many personalised contradictions are also articulated in personal relationships. The latter is the most obvious in women's responsibilities in informal care for younger and older relatives: the systemic, and often contradictory, demands for caregivers and employees appear in the lives of women as personal choice between work and family. Van Tilburg and Thom  se expect a change in the structural embeddedness of people's networks. Where popular and also scientific descriptions often emphasise the loss of embeddedness, they have stressed a weakening of role guidance in networks and an increase in the personalisation of networks, contributing to larger diversity among older adults. As part of this process there will be more diffuse and less certain family structures.

The tendency of relationships to become more flexible and voluntary is also visible within intergenerational relationships. We believe that changes that have taken place in attitudes towards the family have had a more profound effect on parent-child relationships than social developments, such as the increase of female participation in the labour market or an increase in divorce and remarriage. In comparison to previous cohorts, the attitudes and behaviour of current and future cohorts of the youngest old are guided more by principles of equality and autonomy. Consequently, the greater autonomy in these relationships allows for relationships based on individual 'commitments' rather than 'fixed obligations' (Finch 1989). We can assume that this has an effect on the parenting of this cohort, accentuating freedom, companionship and negotiation. An important characteristic of negotiation is intensive communication about differing opinions among

parents and children (du Bois-Reymond 1998), which ultimately results in more contact. Still, there might also be other explanations for the increased contact between parents and adult children, such as the technological advances that allow new forms of communication. Frequency of contact is no longer confined to face-to-face contact but also includes other forms of contact, such as telephoning or emailing.

The relationship between parents and adult children is framed by norms of obligation that mandate that adult children and parents assist and care for each other over the life course (Lye 1996). Filial expectations can be seen as a reflection of these norms and have received much attention in past research on contact and exchange of support within intergenerational relationships (Klein Ikkink et al. 1999). Filial expectations are defined as an attitude about children's responsibility towards the maintenance of parental well-being, emphasising matters of duty, protection and care (Blieszner and Hamon 1992). This attitude refers to the extent to which adult children are expected to provide support and care to their aging parents (Seelbach and Sauer 1977). In general, parental expectations are high and most older parents expect care both from daughters and sons, unless a specific adjustment of the home or work situation is required – it is believed that it is easier for daughters to adjust their situation (van der Pas et al. 2005). When parents have low expectations, however, this does not demonstrate a structural weakness in the relationships or indicate a lack of solidarity by definition. We have argued that in general there are no strong indications that intergenerational relationships have weakened and are not able to provide care. In this respect, low expectations might indicate a desire for a certain amount of autonomy in the relationship. This might pertain to an older adult's wish to take responsibility for one's own life, and to a child's wish to have a life of their own. More diffuse and less certain family structures might therefore affect the intergenerational care potential for current and future generations of older adults. There will be more uncertainty about whether one can rely on children to provide care when it is needed.

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