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Continuity or Change? Older People in Three Urban Areas

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Abstract

The post war period has witnessed considerable changes affecting family structures and social relationships both within, and between, the generations. Recent research has examined the impact of these changes on the lives of older people living in three contrasting areas of England: Bethnal Green (a deprived, ethnically diverse, inner city are of London with a history of transient populations), Wolverhampton (an industrial and multi-cultural Midlands Metropolitan Borough, which experienced substantial redevelopment and slum clearance) and Woodford (a relatively affluent, ageing suburb in North East London). Against a background of growing concern about the increasing numbers of older people, these three areas provided the locations for a number of classic community studies undertaken in the 1940s and 50s: The Family Life of Old People (Townsend, 1957), Family and Class in a London Suburb (Willmott and Young, 1960), and The Social Medicine of Old Age (Sheldon, 1948). The original studies examined the thesis that, in the context of a developing welfare state, families were leaving the old to fend for themselves. The reality, however, was somewhat different as the rich material about the social and family networks of elderly people was to demonstrate.

The focus of the paper is on reporting some of the key changes and continuities in intergenerational contact and support between the baseline studies and research undertaken in the mid 1990s in the three areas. Using both survey data and case study material, ways in which intergenerational support and care is exchanged, reciprocated and managed will be discussed. Particular reference is made to mother-daughter relationships, which highlight continuity in relation to the importance of this relationship within the older person's network, but also illustrates change in the way this is experienced by both older and younger generations.

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CONTINUITY OR CHANGE? OLDER PEOPLE IN THREE URBAN AREAS

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Family life has changed rapidly in the years since the Second World War, and brought with it dramatic changes to the communities within which older people live. In this paper, we present findings from research which has examined the family and community networks of older people living in three contrasting urban areas of England: Bethnal Green (a deprived, ethnically diverse, inner city area of London with a history of transient populations), Wolverhampton (an industrial and multi-cultural Midlands Metropolitan Borough, which experienced substantial re-development and slum clearance) and Woodford (a relatively affluent, ageing suburb in North-East London). Against a background of growing concern about the increasing numbers of elderly people, these three areas provided the locations for a number of classic community studies undertaken in the 1940s and 1950s: The Social Medicine of Old Age (Sheldon, 1948), The Family life of Old People (Townsend, 1957), and Family and Class in a London Suburb (Willmott and Young, 1960). Some forty years on from the original studies, we were interested in exploring what changes and continuities could be observed in the family and community lives of older people from the vantage point of the end of the twentieth century.

The focus of this paper is therefore on reporting some of the key changes and continuities between the baseline studies and the Keele research, specifically as it relates to inter-generational contact and support.

The Family and Community Life of Older People
In Britain, as in other developed Western nations, the thrust of much post-war gerontological research has confirmed the important role of family ties and community based networks in the lives of older people. This has been an underlying theme of studies stretching back tio the seminal work of anthropologists in the 1950s and 60s (Bott 1959;Frankenburg 1966) and extending on through studies by Townsend (1957) and Young and Willmott(1957), to more recent gerontologists, sociologists and anthropologists such as Wenger (1984); Crow and Allen (1994) in the 1980s and 90s.In North America as in Europe there has been a revival in how networks are developed and

sustained and how they impact on people's functioning (Antonucci and Akiyama,1987; Wellman and Wortley,1989; Knipscheer et al, 1995). However despite a continuing strand of research, there are still some unanswered questions about how post-war changes to communities and families are impacting on the lives of older people. How for example, are social and demographic changes impacting on the lives of older people living in urban areas: have all the solidarities been swept away? Does kin still matter? Who cares and supports older people? Does the increasing tendency to live alone in old age, mean living in isolation?

The Keele study reported on here began from the premise that' interlocking social networks' may be important for older people, given their increasing separation from relationships such as those associated with paid employment. In addition, older people often have long associations with particular areas, and it is conceivable that they may view and experience social change rather differently to other age groups. Thus it seemed to us that there was a strong case for trying to develop more of a 'community' perspective in the study of old age: a perspective, which had fallen out of fashion since its heyday in the 50s and 60s.

The Baseline Studies
As I mentioned the research examined changes to the social and family networks of elderly people in three urban areas of England. The original studies were carried out at an important time where there was debate about issues relating to an ageing population; alongside of which there was the creation of the welfare state and the National Health Service. A related concern was that the success in developing a welfare state might undermine the willingness of families to provide care and support to older people. However research suggested that families, and in particular daughters, would not abandon older people if the state switched its focus from institutional to community based care (Marshall, 1965). On the contrary, most of the studies demonstrated the continuing centrality of kinship and of family and community life in post-war Britain, in which older people were seen as essential.

All three baseline studies demonstrated that:

1. Children continued to feel a sense of duty and obligation toward older parents

2. Daughters were the main providers of support and gave up work to care for ill or disabled older relatives. The mother-daughter bond was the most distinctive supportive relationship- older women helping their daughters through, for example, childcare, and daughters in return providing help with other chores such as shopping, cooking and cleaning.

3.Older people desired to sustain an independent life

4. In terms of regularity of contact, both working class, city area and middle class suburb were virtually identical: over four fifths of the older people with married children had seen one or more of them at least in the previous week. A factor supporting the notion that post war geographical and social mobility had not loosened ties between generations.

In sum, the household of older people in these baseline studies were often complex and multi-generational. Older people in these communities were surrounded by others with whom they had close and supportive relationships, and they essentially lived within what Frankenburg (1966) called ' an environment of kin.'

This is not to say there were differences between wc and mc areas- one crucial distinction was that in the former, the generations lived side by side throughout their life; in the latter, this tended to follow on from bereavement.

Consequently 40-50 years on we were interested to see how the lives of older people had changed in the intervening years. Five particular objectives were set for the research:-

1. To generate new knowledge about the causes and consequences of demographic change as it affects older people living in urban areas

2. To investigate changes over time in kinship availability, significance and support for older people

3. To examine the meaning of family, kinship and household change from the standpoint of different cohorts of older people

4.To explore the particular experiences of older people from Asian communities

5. To explore the implications of these changes and experiences for social policy.

The design of the study
The Keele research was carried out in two main phases: first, a questionnaire survey of 627 older people (over pensionable age) chosen randomly in the three urban locations and, second, semi-structured tape-recorded interviews with people over the age of 75 (n=62); nominated members of the younger' generation (n=19); Bangladeshi and Punjabi elders in Bethnal Green and Wolverhampton (n=35); and two group interviews (a Bangladeshi carers' group in Bethnal Green, and a group of Punjabi interpreters and social workers in Wolverhampton). This provided a more detailed examination of the role of family and the community, and how it was changing, from the standpoint of older and younger people.

Trying to measure social and family change over a 40-year period obviously raises significant issues and problems. The baseline studies had each used different approaches and rather differently formulated questions. Simply trying to replicate this research was therefore not a viable option. Consequently, the approach decided upon was to draw out some key findings from the baseline studies and explore the extent to which these still seemed characteristic of the family and community lives of older people in the 1990s. Where possible, we retained some of the original questions, albeit in a modified form. Furthermore, we employed a social network approach as one way of trying to understand whether, and how, social relationships and solidarities had been maintained or fractured in these same three communities over the intervening years. However, bearing in mind the thrust of the original studies and our concern with keeping older people at the forefront of the Keele research, we considered that the most appropriate tool for our purposes would be one which emphasised the subjective' dimensions of people's networks. The technique used in our study, originally designed by Kahn and Antonucci (1980), makes no apriori assumptions about the nature of the networks in which people are involved: whilst traditional bonds of kinship may be important, respondents can also detail other significant relationships.

By means of a visual aid called a Personal Network Diagram', the Kahn and Antonucci (1980) technique enables the researcher to gather information about people who stand in different degrees of 'closeness' to the respondent. Data are collected by presenting the respondent with a diagram of three concentric circles. The centre of the diagram contains the word YOU'. Respondents are first invited to think about, and name,

those individuals they feel so close to that it's hard to imagine life without them'. Beginning at 12 o'clock on the diagram, the name of each person mentioned, together with his or her relationship to the respondent, is written down in the inner circle. A maximum of 20 names (and relationships) can be recorded in this way.

Respondents are subsequently asked about a variety of support functions (emotional and practical) that network members provide or receive, and additional questions seek socio-demographic data about the most important people in the diagram. In essence, this model enables us to look both at the structure' of people's networks and at its functions' in terms of the kinds of support which are received, provided and exchanged.

The second phase, conducted approximately one year later, sought to examine the issue of change from the standpoint of particular groups of both older and younger people. The primary purpose of these interviews was to provide more in-depth information about the nature of support on which people might draw both from their kin, and from their wider social networks. These discussions were anchored by asking the older respondents (those over 75 who may be possibly more vulnerable) to detail for us the ways in which support was mobilised around a recent real life situation or event. Following on from this, the interviews also explored respondents' relationships with family members, friends and neighbours; what they did on a day-to-day basis, and what their perceptions of the future were like.

Changing Communities
In order to set the discussion of our main findings in context we conducted a detailed assessment of social and economic change in each of our three areas, examining census data, a variety of social indicators, and economic trends. Relevant archives were consulted in local history libraries and interviews undertaken with local historians. Together these data revealed some key changes to the baseline studies in terms of physical environment, population structure and the situations of older people.

In Bethnal Green there was demolition and rebuilding after the war with populations being scattered to outlying areas. The population reduced to almost a half between 1951 and 1981 but has since risen, with growing

ethnic diversity. 17.5% of the population are of pensionable age compared to 13.6% in 1951.

In the metropolitan area of Wolverhampton, there was also substantial redevelopment and slum clearance, but the population moved relatively short distances to newly built estates. In the intervening years Wolverhampton has 'aged' with 18.6% of the population over pensionable age. Nearly one in four (23%) had been living in their home for 40 years or more, and a high proportion of residents were born and bred in the area. Consequently close network members tend to be geographically concentrated than in the other two areas. This access to significant kin, combined with long residence, seemed to generate a different way of talking about neighbourhood ties and associated problems- it was an awareness of how the locality was aging which focused attention.

For the suburbanites of Woodford, the process was one of consolidation rather than change, with a slowing down in the rate of development from the inter-war years. Links with friends in the immediate area were crucial in maintaining leisure and social activities and in providing emotional support in old age. Links with neighbours was also stressed, especially in times of crisis, though for some, there were also instances where the virtue of complete independence was stressed.

Changing Households

The evidence confirms that the households of older people in the 1990s are substantially different from the early post-war period. Table 1 illustrates these trends and makes comparisons with the baseline studies for Bethnal Green and Wolverhampton.

Table 1: Household Composition in Three Urban Areas
Women 60+; Men 65+

Percentages

Number of Generations	Relatives present	Bethnal Green 1954-55 (1)	1995 (2)	Wolverhampton 1945 1995 (3)	(4)	Woodford 1995 (5)
One	Lives alone	25	34	10	37	35
	Spouse/ partner only	29	38	16	41	48

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	Other relatives	4	2	8	1	2
	Other non-relatives	0	1	15	1	1
Two	S/W/D/Sep/ child(ren)	24	14	29	12	10
	Married child(ren)	4	2	9	2	1
	Other relative(s)	3	2	-	0	0
Three	S/W/D/Sep/ Child(ren) + G'Child(ren)	2	1	-	1	0
	Mar Child + G'Child(ren)/ G'Child(ren) only	8	5	13	5	1
	Other relatives	0	1	-	1	1
Four	S/W/D/Sep/ Child(ren) + G'Child(ren) + Great G'Child(ren)		1		0	0
BASE 100%		203	195	477	228	204

The major contrast to note is with an old age spent in the company of others, to one experienced either alone, or with just one other person (usually a spouse). In the post war studies old age was most likely spent in the company of another adult, with unmarried children being of particular importance. Non- relatives in the form of lodgers and friends also played their part in helping older people to maintain their independent households. The living arrangements of older Woodfordians represent what may increasingly become the norm, with not far short of 50% of pensioner households comprising a two-person, one-generation household (spouse and partner most commonly). The trend towards solo living is also notable in our three areas, reflecting the

growing proportions of widowed older people (in fact 78% of those in the survey who were widowed lived alone).

Alongside the growth in the proportions of older people living alone or just with a spouse or partner, has been a decline in complex' households ie. Those consisting of more than one generation. An exception to this is the multi-generational households in inner city Bethnal Green in particular, where over a quarter - predominantly drawn from amongst the Bangladeshi families in our survey - comprise two, three or even four generations. Of the 23 respondents in the Bethnal Green sample who originated from Bangladesh, 21 had at least one child living at home, and children were often still at school. 15 respondents (or 65%) also lived in households containing five or more people, and most of those surveyed were in rented (council-owned) accommodation. Some of the characteristics of the Bangladeshi households (and indeed of some of the Punjabi households in Wolverhampton) are reminiscent of the extended family groups' described in the baseline studies. However, it would be misleading to draw conclusions about family support simply from data about living arrangements. Indeed, although there is not sufficient space here to discuss these sub-samples in detail, it is important to observe that these were groups facing considerable difficulties in respect of care giving and support.

Overall, our findings confirm that children (as well as other relatives) tend now to maintain separate households - the key exception to this being a number of the Bangladeshi and Punjabi households. The following examples from our qualitative interviews illustrate this point:

Mr Hussein is aged 79 and lives in a four bedroomed flat on the third floor of a council block in BG. He came to Britain from Bangladesh in the late 1950s. There are 10 people living in the flat. Mr Hussein, his wife, his mother-in-law, four sons, two daughters and a grandchild. Mr Hussein also has a nephew living in the same block of flats, and three sisters and one brother also living
in East London. The grandchild living with Mr. Hussein was married in Bangladesh twelvemonths prior to the interview and is waiting for her husband to join her from Bangladesh.

Given this change from the baseline studies, the next issue we discuss concerns the impact this has on respondents' social networks and the relationships between the generations.

Changing Relationships

Our findings also confirm that kinship remains central to the social ties of older people, even though children tend to now maintain separate households.

In the network measure adopted, respondents could name a maximum of 20 people. Between them, the 627 respondents named a total of 5737 network members. This gives a mean network size of 9.3. Bethnal Green had a slightly lower figure (8.3, $p < 0.001$) than Wolverhampton and Woodford. Although there was a weak decrease in network size with age across all three areas this was not significant. In terms of gender, on the other hand, women (10.02) report larger networks than men (8.18) despite the fact that very elderly women in particular are less likely to have a spouse to nominate in their network.

Furthermore, only seven people out of the 627 interviewed, were unable to name anyone to whom they were close'. Few older people, therefore, would appear to be 'isolated' in the sense of lacking close relationships - a finding which held for all three areas and which may be taken as representing at least some degree of continuity with the previous studies. Moreover, men appear somewhat more frequently than women amongst those with small networks: for example, 5% of men have networks with just one person or less, compared with 2% of women.

However, the above discussion begs the question about who it is respondents name in their networks. Taking the 5735 named people, Table 2 divides them up according to four categories: immediate family; other relatives; non-kin; and care-related. From this, it is clear that kin, who form nearly three quarters, dominates the personal networks of older people (73%) of the total. Children dominate this picture, comprising 20% of network members, followed by grand children (14%). Interestingly too, friends make up nearly a quarter of named network members, particularly for childless respondents.

Table 2: Networks of Older People: Social and Family Characteristics
(n = 5735; Number of Networks = 627)

Domain and Type	n	Domain and Type	n
Immediate Family		**Non-Kin**	

Partner or Spouse	316	Friends	1323
Ex Wife/Husband/Partner	3	Neighbours	119
Father/Mother	18	Work-related	6
Son/Daughter	1134	Leisure-related	2
Brother/Sister	576		
Grandson/Grand-daughter	787		
Son/Daughter-in-Law	349		
Son's/Daughter's/Partner	5		
Step Son/Daughter-in-Law	28		
Foster Daughter	1		
Other relatives		**Care-Related**	
Niece/Nephew	315	Home Help	5
Brother/Sister-in-Law	310	Carer	10
Cousin	110	GP	17
Uncle/Aunt	32	Dentist	1
Great Grandson/Daughter	39	Priest/Vicar	23
Great Niece/Great Nephew	35	Wife of Priest/Vicar	3
Niece's Husband/Wife	25	Warden	3
Father/Mother-in-Laws	12	Church Visitor	2
(inc Step)		Hairdresser	2
Cousin's Husband/Wife	13	Nuns/Sisters from Hospice	6
Other	56		

The qualitative interviews with the 75 plus age group illustrate the point:

Mr Green is aged 75 and lives with his wife in BG. They have one son who now lives in adjoining borough. Mr Green expressed as follows the way in which he feels secure in the support provided
by his immediate family:

'Oh I think that family life is 100% important. In every way... I have only got one son [but] there is peace of mind, I am under the weather or my wife has a bad spell, I mean at the drop of a hat they would be there...it doesn't matter what time day or night, if there is a problem [we can] pick up the phone...family life is very important.'

A related issue here concerns the extent to which those people defined as close and important were or were not living in proximity to our respondents. The baseline studies had demonstrated a clear link

between geographical proximity and contact within and between the generations.

Today, 72% of respondents still have their nearest network member living within four miles (higher in Wolverhampton and lower in Bethnal Green). Despite this observation, the evidence also suggests that children tend to be more dispersed than in the 1950s. For example, a quarter of Bethnal Green respondents have their nearest network member at a distance of more than 10 miles and, in the qualitative phase, only five (or 28%) of the 18 interviewees who had married and had children, had them still living in Bethnal Green itself. Many of them also spoke of the difficulties of managing and contacting a more scattered family group.

Woodford respondents too had been affected by the geographical dispersal of children, but for many (in the qualitative interviews), this was viewed as a positive family development. In addition, Woodford respondents were themselves more mobile: 65% of the survey respondents owned or had use of a car compared with only 19% of Bethnal Green respondents. In Wolverhampton by contrast, the chance of having at least one child remaining in the locality was relatively high. In the qualitative phase, 13 (or 77%) of the 17 people who had married and had children, still had at least one child living within the town. This illustrates some of the ways in which the social networks of older people in the 1990s vary in their capacity to handle what Fischer (1982) has termed the 'freight of distance', with some older people being better placed than others to cope with the changes to their networks.

From our qualitative data however we can see that when care and support was needed some older people moved to be geographically nearer their sons and particularly daughters, maintaining their independence but increasing their security should any crisis occur.

Changing Support
The Keele research explored eight types of support which were both given and received by older
people. These were:

    confiding about things that are important;
    advise on decisions that need to be made;
    help with household chores if needed;

financial help if needed;
help with transport if needed;
being reassured when feeling uncertain;
talking with someone when upset;
talking with someone about one's health.

We divided the identified relationships into five broad categories: 'immediate family', 'other relatives', 'friends', 'others' and 'nobody'. The findings illustrate several important trends, which we summarise here.

First, with some exceptions, respondents did not mobilise the whole of their network when seeking support. Instead, only a section of the network is drawn upon - mainly immediate family.

Second, as might be expected, there is some variation within this category of immediate family' on who is drawn upon for specific kinds of support and assistance.

Table 3 illustrates this for three of the support indicators: confiding, household chores, and health advice.

Table 3: Percentage of older men and women who would seek different types of support from their spouse, daughters and sons

	Wolverhampton		*Bethnall Green*		*Woodford*	
	Men %	**Women %**	**Men %**	**Women %**	**Men %**	**Women %**
Spouse						
Confides	84	68	74	54	86	74
Household Chores	46	60	60	56	65	66
Health advice	66	53	67	46	88	66
n (married) =	(50)	(74)	(57)	(48)	(49)	(70)
One or more Daughters						
Confides	71	77	62	67	63	70
Household Chores	61	67	54	69	61	61
Health Advice	53	64	46	56	45	57
n (1+daughters) =	(38)	(91)	(37)	(61)	(49)	(69)
One or more Sons						

Confides	72	54	44	48	64	55
Household Chores	49	42	48	49	50	42
Health Advice	38	35	31	34	39	43
n (1+sons) =	(53)	(92)	(48)	(67)	(44)	(74)

If we take first whom people confide in, spouses clearly play a prominent role, and this is especially the case in Woodford, where 75% nominate their spouse as someone they confide in; this contrasts with Bethnal Green where the figure is 59%. As for household chores and health advice, spouses again seem more important in Woodford. With regard to children, sons are consistently less likely to be nominated than daughters, in each area. Particularly in Wolverhampton, daughters clearly seem to take preference, with nearly three-fifths reporting that they confide in daughters about things that are important. Again, this seems to suggest continuities with the baseline studies.

Following after immediate family, there is also evidence from our study that locally available friends may in fact be more important in certain instances than other relatives'. This is especially so in Woodford where, for example, over a quarter of respondents identified a friend in whom they confided about things that were important to them. Friends also appear to be crucial for those who are single and/or who live alone. Friends were also important for certain groups in talking over health issues, and a possible help with household chores. On the other hand friends figure less predominantly as a group who would be turned to if financial help was needed, while the immediate family was identified as the main source of support.

Finally, it is also important to observe that there are vulnerable groups of older people in each of the three areas, in the sense of those who have no one to turn to for help and support. This seems rather more characteristic of respondents in Bethnal Green where older (white) people have been more affected by the decline of co-residence on the one side, and by more dispersed family networks on the other.

One important conclusion from our results is that while the immediate family continues to be central in the lives of older people (continuity with the baseline studies) locally available friends offer complimentary or

alternative sources of help. With the exception of Woodford this is almost certainly a change from the earlier studies.

Importantly too, the survey found clear evidence for older people being engaged in active reciprocal relationships across their network. Predictably this was more common for some support activities than others. It was especially likely in respect of confiding and talking to people about health issues; much less common in terms of instrumental support such as help with household chores, transport and financial advice. Family ties and support today are therefore different in nature and scope in comparison with the baseline studies. They are much less directly based on marriage and rigid obligation. They are more likely to be located within what commentators here and across the Atlantic (Finch and Mason, 1993; Wellman and Hall, 1985) call ' individual commitments.' Relationships are more fluid, and support less predictable. Yet they also appear to be based on greater generational reciprocity and gender equality. Daughters and sons are still important but engaging with older people in different ways than in the baseline studies.

Mother-daughter relationships
One of the strongest features of the baseline studies was the 'predominance of MUM'. In Bethnal Green and Wolverhampton, mothers and married daughters lived side by side and their lives were intertwined on a daily basis. Merged households meant a mixing of domestic arrangements, as Sheldon noted 'In at least 40% of cases they must be regarded as part of a family group, the ramifications of which bear little or no relation to architectural limitations.' p156.

The mother was the head of the extended family and her home was the meeting point. Daughters often regularly congregated at Mum's house to meet with their brothers and sisters and special occasions centred around mother. An exchange of services occurs on a daily basis - through looking after children, and at times of crisis- the daughter receiving advice and support from mother in great personal crisis and on small domestic occasions.

In Woodford however we were seeing changes, which restricted the authority of Mum and where the marital bond was becoming the predominant relationship. Although geographical dispersal of families played a part in this, it is the role of women, particularly with their entry

to full time work, which has led to this change to be experienced in all three areas.

What continuities can be reported 40 years on?

From our qualitative interviews there were reports of traditional patterns of interaction between mothers and daughters- Mrs Barker, for example, remained at the head of the family and her home was the meeting place for all sorts of family gatherings.

Mrs Barker: *We go to our eldest daughter, but not very often because we don't like visiting very much. We like them to come to us. I don't like sitting in other people's houses very much when I can sit in my own.*
Mr Barker: *So they come to us*
Mrs. Barker: *They come to us most Sundays.*

Mrs. Barker's daughter reflects this: 'I normally go round there on Sunday mornings. My other brother goes up with his children and my sister pops round….So some Sunday mornings there can be like fifteen of us or something, and we meet and we chat and mum does a bit of food sometimes and there is general noise, but it is nice finding out what others have done in the last week. My husband comes, we just go up for an hour or so and then of course I ring her a couple of times, not every day, we haven't got what I would call a mother-daughter relationship where they go shopping and things like that, I never go shopping with them – very seldom.'

Mum may still act as I mentioned earlier as 'the confident', and still perform important tasks in relation to looking after grandchildren.

Mrs Chapmen reflected this continuity:

Mrs Chapman: '*Yes I help my youngest daughter out with the cooking sometimes you know. I make apple crumbles when the boys come home, that sort of thing, cakes and things like that. Obviously she's working full time and she spares time to come up here, she's very limited with her time.'*

This reflects the activities of Mrs Wilkins in Bethnal Green of the 1950s.

'Mum looks after my girl pretty good. When she comes in, I say 'Have you had your tea?' and she says as often as not, 'I've had it at Nan's.' (Young and Willmott, 1960, p.44)

Despite this, the role of mother has changed. She no longer is the organiser of social life.

The most striking change reflects the role of women in general-with juggling roles with different pressures- maintaining a home of their own, with work. This was reflected through many statements such as 'they've got their own life to lead,

Mrs Campbell for example:…*'I'd like to see her more often…she know's she's welcome whenever she comes but she doesn't get home till evening and then she's got a meal to prepare. There's no bad feeling it's just that we don't seem to get together.'*

Work itself moderates contact time

Mrs Linsell: *I don't expect to see them too often, they have their own lives to lead, haven't they? But I do see her once a fortnight. I don't see my son that much, because both he and his wife work. It makes a lot of difference.'*

Underneath many of these comments was a sense that social and geographical mobility had brought 'costs' as well as certain rewards, for example, of independence.

'My daughter rings me up every night to see if I'm OK. But of course she can't do anything. She's got two teenage boys, a husband who is quite busy, an estate agent dashing around all hours. She works hard for her Church, she a local preacher in the Methodist church and she's teaching full time so there's really, she hasn't got much time.'

Although conflict was also an underlying feature of the baseline studies, it is the content of that conflict which has changed. Young and Willmott report on disputes over churching and discipline of grandchildren- the younger generation feeling that grandparents were too indulgent in their children.

Conflict in the 1990s relationship was highlighted by Mrs Witton. She has one daughter living in the same area whom she identified as one of the four most important people in her life yet she describes her relationship with her as ' broken – down' for reasons she cannot properly identify. A sense of conflict is now deeply rooted in the family. Although her daughter supports her delivering her shopping, Mrs Witton feels her sense of vulnerability in the relationship:

'But at any time she could knock it off you know and not come at all and she wouldn't say anything to me, she'd just stop'.

Few examples of such conflict were openly shared whether they were from older people or their daughters yet there was a sense in the interviews that, what Leucher and Pillemer (1998) have termed ambivalent relationship had developed which had been created partly through the space between daughters and their older mothers. Several daughters described their relationships as being 'close' but not in terms of emotional support. This may also reflect the generational gap, which now may be more common than in the baseline studies.

Daughter: *'She's not an emotional person and as such we aren't close emotionally. Obviously I see her a lot and everything but she has never been…she's quite a private person. I very rarely see her get upset or cry, only when my dad died. But no, I can never tell if she is down or up, she's very much on the level.'*

Interviewer: *If I were to ask you to describe her to me?*

Daughter: *…she's very good in that she not an interfering person at all, but from my point of view there's a forty year age gap and I don't have a lot in common with her unfortunately….She hasn't got a lot of conversation that we can find together. And being slightly hard of hearing she doesn't pick up things people say and our conversation is limited to mundane matters.'*

With a trend toward potentially more 'age gapped' families (Martin Matthews et al, 2000) we may see more ambivalent relationships developing as geographical distance, work and family life pressures added to such generational distance impacts on roles mothers and daughters play.

There are exceptions to these changes, notable among our minority ethnic groups. A further major finding concerns the important role played by Bengali women as carers for different generations within the family. For many women in these households, caring was stretched across generations: support for an elderly husband (often 20 years or more older); care for children still at school and in some cases grandchildren. There is a sense of great vulnerability amongst these female carers, most of whom are non- English speaking. They convey a sense of isolation, despite being members of large extended families, with ties both in Britain and back in Bangladesh.

In sum, family clearly remains a major presence in the lives of older people. Immediate kin are the one part of the network, which can be mobilised to help make decisions about where to live, how to manage finances, or pick up the pieces after a spell in hospital. In this sense the family is still doing what it did 50 years ago. However family life today has to be managed' in ways that differ markedly from the 1950s. Most families are now not living in the same household or street. Even if living nearby they have their own families and working lives to contend with. Relationships with older parents are managed within this context; the telephone becoming an important link in respect of maintaining regular ties.

Continuity or Change?
The findings from the Keele research suggest that kinship ties have stood the test of time and large scale changes to the urban landscape over the past 50 years. Older people are connected to kinship-based networks, these both providing (and receiving from older people) different types of support. But the way kinship is experienced is different now to 50years ago. The people who matter in the network have changed. Couples in independent households have greater prominence now; friends have a higher profile and are the largest dingle group listed in respect of intimate ties, and of great importance in providing emotional support.

Thus over the last 50 years we have moved from an old age experienced largely within the context of family groups, to one shaped by what can be termed –' personal communities' These suggest a more' voluntaristic' element in social relationships in old age. Whether or not there are kin nearby there are now alternatives to kina and neighbours. All of this suggests variety in how older people experience family life.

There are many more different types of families, and different 'types of older people. But the family in some form is still central to support, even if this is often focused around a smaller number of network members.

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