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Parents' health and children's help



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ABSTRACT

The paper uses 'within-parent' variation to study how changes in British parents' health, marital status and financial resources affect receipt of help from their children. The analysis considers two measures of children's help (one enumerating specific activities and another reporting assistance with particular difficulties) and two measures of parents' health: self-reported assessments of overall health and enumeration of difficulties with activities of daily living. It uses three longitudinal data sets from Britain: the *British Household Panel Study*, *Understanding Society* and the *English Longitudinal Study of Ageing*. The primary finding is that children's help is highly responsive to problems arising from a parent's health that limit a parent's mobility or their ability to live independently in a community. But it is not responsive to severe difficulties requiring daily care. The estimates of responsiveness that are based fully or partially on between-individual variation overstate the impact of parent's health on help.

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1. Background and objectives

At some points in the life course the needs of one generation of adults substantially affect the behaviour of the preceding or subsequent generations. In this paper we are concerned with impact of the health of older parents on help from their middle-aged offspring. It is one manifestation of *solidarity* between parents and children during the adult family life course. In terms of the six elements of intergenerational solidarity advanced by Bengtson and Roberts (1991, p. 857), it represents *functional* solidarity ('degree of helping and exchanges of resources'), which is influenced by *structural* solidarity (the 'opportunity structure' reflected in the number and geographic proximity of children). Silverstein and Bengtson (1997, p. 452) speculate that physical and mental disabilities of parents 'may be important forces in structuring intergenerational relations.'

In the United Kingdom, the National Health Service provides doctor and hospital services free at-the-point-of-use. State support for personal care in a person's own home is organised by local authorities. Access to these services is based on assessment of need. Financial help for these services depends on personal resources, and its amount varies with the authority in charge because of different allocation criteria and budgets. Many authorities only give financial support to people who are classed as having substantial or critical needs, meaning state support is not available to many. Institutional care is an expensive substitute for in-home care. In 2013–2014, UK residents paid on average £28,500 a year in residential care costs, rising to over £37,500 a year if nursing care is necessary (Laing & Buisson, 2014). According to state benefit rules, if a person's assets, which may include their property, are calculated to be above £23,250, then they will be expected to pay for their own care in most cases. Help given by adult children to parents who are suffering from poor health or disabilities may play a crucial role in keeping parents in their own home and avoiding the high costs of in-home and institutional care.

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Our primary research question is: how responsive is help from children to the health of their parents? Answers to this question contribute to the wider literature on upward intergenerational transfers. Although there is a large literature theorising about and documenting the incidence and types of such transfers in different countries, it is challenging to assess reliably how responsive they are to 'need' for a number of reasons. First, reliable measures of need generally require information from the parent's perspective, preferably dyads but more usually survey information from parents. Second, there are many kinds of need for children's help. Those easier to measure are health and disability of parents, whether or not they have a partner and financial circumstances. Third, associations between help and need based on cross-section data suffer from the inability to distinguish between children's response to a parent's needs and differences between families in difficult-to-measure features of parents' kin and friendship networks and of children's preferences (e.g. altruism, reciprocity), opportunities (e.g. geographic proximity) and resources, which may be correlated with parents' needs.

As well these research challenges, different foci of previous research can impede unbiased estimation of children's responsiveness to parents' needs. For example, if the focus is to test theories of intergenerational transfers, such as reciprocity (e.g. Silverstein, Conroy, Wang, Giarrusso, & Bengtson, 2002), the research design usually needs to exploit between-family variation in behaviour rather than variation over time in parents' needs and children's help.

The present paper uses 'within-parent' variation to study how changes in a parent's health, marital status and financial resources affect help from their children. As a by-product it tests whether previous studies' use of 'between-family' variation to estimate the impact of parents' health on children's help produces biases. It uses longitudinal data from the parent's perspective, drawing on three British sources covering up to 10 years of parents' lives. The analysis considers two measures of help: one that enumerates specific activities (e.g. giving lifts in a car) and another that reports assistance with difficulties in performing activities of daily living. It also employs two measures of parents' health: self-reported assessments of overall health and enumeration of difficulties with activities of daily living. The evidence indicates that children's help is highly responsive to problems arising from a parent's health that limit a parent's mobility or their ability to live independently in the community, but not responsive to severe difficulties requiring daily care. The estimates of responsiveness that are based fully or partially on between-family variation overstate the impact of parent's health.

2. Previous literature

The early empirical literature on children's help to older parents, such as Hogan, Eggebeen, and Clogg (1993) and Silverstein and Bengtson (1997), analysed cross-sectional data. There are, however, a number of subsequent studies which use panel data. For example, Eggebeen and Davey

(1998), using data from the first two waves of National Survey of Family and Households, find that parents received more help from children in 1992 if they had experienced one or more life transitions between 1988 and 1992. Similarly, Silverstein, Gans, and Yang (2006) analyse data from the Longitudinal Study of Generations, and show that children provided more support to parents in 2000 if the latter's health deteriorated between 1997 and 2000. Both of these papers study responsiveness to need, such as poor health, by including a lagged dependent variable, and this produces biased estimates of the impact of indicators of need on help when there are persistent unobserved parent- or family-specific influences on children's help, which are of course correlated with lagged dependent variable.

Recent literature has used a multi-level modelling approach. Silverstein et al. (2002) and Lin (2008) estimate 'growth curve' models for assistance by adult children to parents. The former analyses six waves of data from the Longitudinal Study of Generations, but it was not able to include parents' functional health as a time-varying covariate in their model. Lin (2008) estimates its model with three waves from the Health and Retirement Study, each of which measures functional health. Henretta, Soldo, and Van Voorhis (2011) use up to four repeated observations on mother-child dyads derived from the Asset and Health Dynamics Among the Oldest Old cohort (AHEAD, one of five component cohorts in the larger Health and Retirement Study) to estimate a tri-level model (family, child and time). The model includes characteristics of the mother (including self-reported health), of the child and of family context, and it estimates within-family and within-child correlations.

A maintained hypothesis of these multi-level modelling approaches is that unobserved persistent person or family-specific influences on children's help to parents are not correlated with the explanatory variables ('random effect' estimates). Violation of this assumption can lead to biased estimates of the impacts of parents' health on children's help. What follows shows that the assumption usually does not hold in the analysis of British children's responsiveness to a parent's health and marital status.

3. Description of parents' health and children's help in the UK

In this section we describe how help given by children to parents varies with a parent's health and their socio-demographic attributes using a very large national representative household survey from the United Kingdom: *Understanding Society*. It is an annual survey of each adult member of a nationally representative sample (Each wave is collected using computer assisted personal interviewing over 24 months, such that the first wave of data collection started in January 2009 and finished in January 2011; for further details see <https://www.understandingsociety.ac.uk/>). The same individuals are re-interviewed in each wave, and if individuals leave their household, all adult members of their new household are interviewed. Ethnic minority groups are over-sampled. Each person aged 16 or older answers the individual adult

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