

Changes in kinship: Implications for the availability of kin to care

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POLICY BRIEFING

JUNE 2024

Over the next 40 years, the number of people aged 80 and over in England and Wales will double, rising from 3.1 million in 2023 to 6.3 million in 2060. Currently, families are the main source of care and support in later life. However, changes in fertility and mortality are reshaping families, with implications for the continuing availability of kin to care.

This briefing presents initial findings from the ESRC Connecting Generations Kinship Model, providing new insights into the changing availability of kin across the life course. With improvements in mortality, people are more likely to have multiple generations of kin alive. Those currently in mid-life (45-64yrs) are more likely than previous generations to simultaneously have adult children, grandchildren and siblings, as well as older parents. However, looking forward, the lower fertility of the baby boom cohorts born in the 1960s means that they will have fewer surviving adult children at age 80 than previous cohorts. This raises questions about society's ability to continue relying on kin as the primary source of care.

Key Points:

- Changes in fertility and mortality are altering the number of surviving kin individuals may expect to have at different times in their lives.
- In the future, a higher proportion of our lives will be spent with two or more generations alive simultaneously.
- A "double sandwich" generation has emerged due to increasing numbers of people with four generations of family alive at the same time. This generation of people in their late 50s and 60s are belying to care for their grandchildren, enabling their adult children to work, whilst also providing support to their parents in their 80s and 90s.
- Future coborts of older people will have fewer adult children and grandchildren than today. At age 80, the cobort born in 1964 is forecast to have on average 1.8 adult children and 3.4 grandchildren, compared to 2.2 children and 4.4. grandchildren amongst the 1938 cobort at the same age.
- The number of women who are childless at age 80 and above is projected to increase significantly, rising from 256,000 in 2030 to 656,000 in 2055 (equivalent to 19% of all women aged 80+).



Introduction

Societal issues resulting from the ageing population are widely recognised by policymakers and the public. However, less discussed is how the same changes in fertility and mortality that are driving population ageing are also reshaping families, changing the number of surviving kin a person may be expected to have across their life course. This briefing paper presents the first findings from the ESRC Connecting Generations Kinship Model (CG-Kin), providing new insights into the changing availability of kin across the life course in England and Wales.

The study

To investigate the future of kinship, we use Hal Caswell's matrix kinship modelling framework. This approach uses a sophisticated adaptation of standard population projection methods to produce estimates of numbers of kin relative to a reference individual, referred to as 'Ego'. For the results presented here, we apply a time-varying version of this kin model informed by historic (1938-2020) and projected (2021-2070) demographic rates, for both males and females. Historic rates are taken from the Human Fertility Database, while projections are from the Office for National Statistics (ONS) 2021-based Interim National Population Projections. The model provides us with estimates of the expected number of different kin types for past and future years at any age of Ego. In this modelling we estimate population averages, so do not fully represent the diversity of different family types, and nor do we attempt to account for uncertainties in our estimates.

Main findings

More years with multiple kin - longer family lives

Figure 1 shows the number of expected kin and how this changes over time, for different ages across the life course in England and Wales. Our model allows for up to four grandparents and two parents. In 1980, a person aged 25 could expect to have an average of 1.3 grandparents and 1.8 parents alive, along with 1.2 siblings and 0.9 children. By 2060, a young adult of the same age is projected to have on average 2.0 living grandparents and 1.9 parents but fewer children (0.2) and siblings (0.8). Looking across the life course, more years will be spent with a living grandparent and then later with living grandchildren. This means more of our lives are spent with two or more generations alive simultaneously than in the past. The number of years with multiple generations of kin will also continue to rise.

Caught in the middle - the emergence of the "double sandwich" generation

The term "sandwich generation" describes those with living parents and children. Increasingly, we are seeing more "double sandwich" individuals, i.e. more four-generation families. In these families, grandparents often bear multiple roles or burdens, sandwiched between the ascendant generation of great-grandparents and the descendant generations of adult children and grandchildren. For example, people in their late 50s and 60s may help to care for their grandchildren, facilitating their adult children,

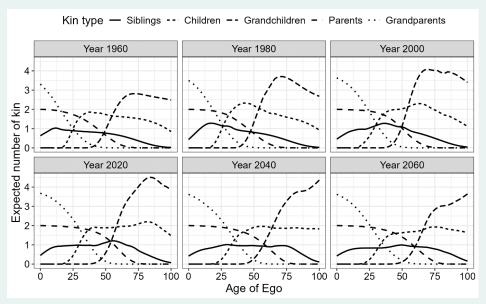


Figure 1. Expected number of surviving kin by age, 1960-2060

Source: CG-Kin Model v1.0 incorporating England and Wales data from the Human Fertility Database and ONS 2021-based Interim National Population Projections

especially daughters, to stay and / or advance in the labour market, while also supporting their own parents, e.g. those in their 80s and 90s.

Changes in the availability of kin to care

Over the next 40 years, the number of people aged 80 and over living in England and Wales will double, rising from 3.5 million today (2023) to 7 million in 2060. At present the family remains the dominate source of care and support in later life. However, as shown in Table 1, the mean expected number of kin that future elders may be able to rely upon for support in later life is changing. Future cohorts will have lower numbers of adult children and grandchildren; for example, those born in 1964 are forecast to have on average 1.8 adult children and 3.4 grandchildren when they are aged 80 compared to 2.2 children and 4.4 grandchildren amongst the 1938 cohort at the same age.

However, the baby boomer cohort will have a higher mean number of surviving siblings than previous cohorts, reflecting both the improved survivorship of this cohort and higher fertility of their parents - the total fertility rate in the 1960s averaged around 2.7, peaking at 2.93 in 1964, and only falling below 2.5 in the last year of the decade in 1969.

Although the mean number of surviving children is falling, this does not necessarily mean that there will be fewer children or grandchildren to provide support for their parent(s) in later life. Studies have shown that care responsibilities are often assumed by one child rather than shared among siblings. They key factor is whether you have any children at all, rather than the number of children.

Ageing without children

For women born in the first post-WW2 baby boom in 1946, just one in 10 (10%) were childless at the end of the reproductive lifespan. However, rates of childlessness are significantly higher among the second baby boomers of

the early 1960s, with 20% of women born in 1964 remaining childless. As these cohorts of women grow older, the number of women who are childless at ages 80 and above is projected to increase significantly, rising from 256,000 in 2030 to 656,000 in 2055 (which is equivalent to 19% of all women aged 80+). More of these women will have siblings than previous cohorts, which means they will potentially have nieces and nephews. However very little research to date has focussed on the relationships between these 'one-step' removed descendant kin and their childless aunts and uncles, and the extent to which they are expected or willing to provide care.

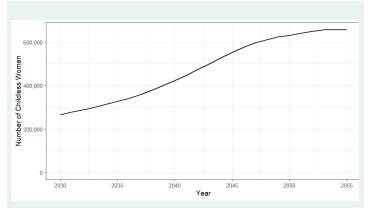


Figure 2. Projected childless female population at age 80+

Source: Authors' own calculations based on ONS Iterim NPP 2021 and Fertility Rates by Parity 1938-2020

Note that care supply to older parents and other relatives is also likely to be sensitive to other factors, including rising rates of divorce / separation and partnering. This may reduce the contact between generations, whilst also increasing the number of non-biological kin through blended stepfamilies. Rising labour market participation rates, especially among mid-life women, driven by policies promoting 'extended working lives' and increases in the state pension age, may further impact the ability of the 'squeezed middle' to provide care.

| Changes in kinship | | | | | | | | | |
|--------------------|------------------|-----|-----|------|------|-------|------|-----|------|
| Cohort of Ego | 1938 | | | 1946 | | | 1964 | | |
| Age of Ego | 25 | 50 | 80 | 25 | 50 | 80 | 25 | 50 | 80 |
| Kin type | Expected numbers | | | | | | | | |
| Grandparents | - | - | - | 1.1 | 0.04 | 0 | 1.5 | 0.1 | 0.0 |
| Parents | - | _ | - | 1.7 | 0.9 | 0.008 | 1.9 | 1.3 | 0.02 |
| Grandchildren | 0.0 | 1.4 | 4.4 | 0.0 | 1.3 | 4.0 | 0.0 | 0.7 | 3.4 |
| Children | 1.1 | 2.3 | 2.2 | 1.2 | 2.1 | 2.0 | 0.7 | 1.9 | 1.8 |
| Siblings | 0.9 | 0.9 | 0.5 | 1.1 | 1.0 | 0.6 | 1.3 | 1.2 | 0.8 |

Table 1. Cohort changes in kin

Source: Authors own analysis of CG-Kin Model v1.0

Policy implications

Uncertainty over the continuing supply of unpaid family care remains a pressing policy issue, despite more than a decade having passed since the publication of the Dilnot Commission's recommendations. The sustainability of any long-term care system was a key criterion for evaluating alternative policy options by the Commission on Funding of Care and Support, including their ability to respond to demographic and societal changes.

This study makes an important contribution to the evidence base, presenting new projections of the supply of kin available to provide care. It reinforces previous findings of a growing unpaid care gap. Addressing this gap will mean expanding formal long-term care services, increasing the use of new technologies, and wider use of home adaptations to improve the efficiency of both formal and informal care.

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