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# *Caring for* elderly parents

**What are the benefits and drawbacks of middle-aged people taking responsibility for the welfare of their elderly parents? CHRISTINE MILLWARD draws on Australian Institute of Family Studies survey data and case studies to explore the experiences of 50–70 year old elder carers.**



In this 1999 International Year of Older Persons, there will be some debate about the benefits and drawbacks of adult children taking responsibility for the welfare of elderly parents. It is an important contemporary issue because of the projected effect of socio-demographic change upon demand for aged services, and because of the range of personal and economic consequences for both carers and elderly parents. Thus, the issue of elder care raises questions about social equity between the generations and about self-reliance in old age.

This article has three main aims: to discuss the general profile of people caring for elderly parents ('elder carers') and care recipients; to present some real life caring situations illustrating the complexities of care arrangements; and to draw some conclusions about the consequences of these complexities for middle-aged carers and for the provision of support services for the aged.

## *Background*

Support of an ageing population is increasingly perceived to be a problem for future social policy planning, as the proportion of people in the oldest generations steadily increases (Officer 1996). The

Australian population distribution is changing from pyramid shaped, where the smallest group (the elderly) are at the apex and the much larger group (children) are at the base, to become more square shaped. The proportion of people aged 65 years and over is projected to increase from 12 per cent of the population in 1995 to 22 per cent in 2041 (ABS 1996).

However, while those over 65 years make more intensive use of medical services and pharmaceutical subsidies than younger citizens (Tongue 1998), most older people still live independently in their own homes. Indeed, of those aged 75 years or more, only 6 per cent live in hostels and 7 per cent in nursing homes (AIHW 1997). Nevertheless, it is estimated that 22 per cent of those aged over 70 have a profound or severe handicap, and a similar proportion have a moderate physical handicap (AIHW 1997). Therefore, this group includes many who are not living in assisted accommodation but who require time-consuming or extensive care from (generally non-resident) relatives, friends or community sources.

Thus elder care has been defined as 'custodial or maintenance help or services, rendered for the wellbeing of older individuals who, because of chronic physical or mental illness, or disability, cannot perform such activities for themselves' (Waerness 1985: 182). The main carers of these needy elderly are spouses and adult daughters (ABS 1995). In Australia, it has been estimated that around 5 per cent of all adults are the 'main' carer for an elderly relative and that around 40 per cent of all family carers are adult offspring caring for an elderly parent (Howe and Schofield 1996).

The role of family carers has been increasingly acknowledged through initiatives like the Commonwealth carer's payment for full-time carers of disabled or frail elderly people (Centrelink 1998). At the same time, there are plans to reduce further the number of nursing home beds and hostel places per 1000 people aged 70 and over, while boosting the number of 'community aged care packages' which promote care within the elderly person's own home (AIHW 1997). Such 'community care' usually necessitates help both from family caregivers and other informal sources, as well as supplementation with formal services (Fine 1994). Therefore, the balance of family and state support for the elderly is a complex issue: the supply of care resources and the demand for care must be weighed carefully, with a view to best suiting individual families' needs.

Elder carers are more likely to be women than men, with sons less likely than daughters to care for their impaired parents (Fine 1994). Thus there have been claims that such care responsibilities may lead to middle-aged daughters' careers, finances or health being compromised by the ongoing burden of caring – often with very little help from other family members (McDonald 1997; Fine 1994). Close contact has also been found to cause resentment by daughters of elderly mothers when they live in the same house (Marsden and Abrams 1987). Lower levels of physical and emotional wellbeing have also been noted in carers of elderly people living at home, while there are concerns of privacy, autonomy and security for elderly care recipients (Howe and Schofield 1996).

## *Profile of elder carers and their parents*

One of the issues examined by the Later Life Families survey was the care responsibilities facing the middle generation – those with the eldest parents. This survey, conducted by the Australian Institute of Family Studies in late 1996, interviewed 721 respondents aged 50–70 years, who were asked about helping elderly parents.

Just over one-third of respondents had living parents (254), and nearly 30 per cent (206) had a partner with at least one parent alive, so that, overall, half (368) had either one of their own parents or their partner's parents who may need support or care. The majority of those with elderly parents reported giving emotional support or advice (73 per cent) and practical help (68 per cent) to their parents or parents-in-law. About 12 per cent of all respondents had an elderly parent or parent-in-law in a nursing home. Because all respondents were over 50, their parents were all elderly, so the proportion with a parent in a nursing home was higher than the national average.

The respondents were asked if they were the main carer of a parent or parent-in-law with health problems or disabilities, or who was aged. (In this context 'caring' was whatever tasks and commitments the respondent defined as care.) Of those with still-living elderly parents or parent-in-law, 21 per cent of women and 8 per cent of men said they were main carers (Millward 1998). Just over a third of them took responsibility for a parent who was living in a nursing home.

Most elder carers described their parent as being long-term ill or disabled, but only about a quarter of them were using government subsidised services to assist their parents. These Home and Community Care (HACC) services were mainly home help, district nursing, meals on wheels, respite or day care, and often a mixture of these (Millward 1998).

When those in nursing homes are discounted, this still leaves around 40 per cent whose parent was living in the community without drawing upon formal community aged care services. According to a model of 'hierarchical compensation', there appears to be an ordering in the preference for help – first from spouses, then daughters, then sons, followed by other kin, friends, neighbours and lastly, more formal services (Cantor 1989 in Fine 1994). Those relying upon HACC services are more likely to live alone and less likely to have close relatives available to assist them (Fine 1994).

In the Institute's Later Life Families survey there was some evidence that the greater propensity for daughters (or daughters-in-law) than sons to care for elderly parents was linked more to the social expectation that women's family responsibilities take precedence over paid work than to women's lack of commitment to, or more precarious attachment to, the paid workforce (Wolcott and Glezer 1996). Half of the 44 female elder carers in the Institute survey were either not employed or retired, and a further third of them were engaged in part-time work. In contrast, 10 of the 14 male elder carers had paid full-time jobs (over 40 hours per week), but their comments suggest that in fact their wives were taking the main caring role (Millward 1998). Other research has certainly suggested that women are more likely than men to arrange their

working hours to fit with other family caring responsibilities (Fine 1994).

Marital status also seems important in relation to taking responsibility for parents. Respondents who did not live with a spouse or partner were more likely to take on the main caring role (23 per cent) than were the others (12 per cent). This is related to gender because more female respondents (77 per cent) than male (67 per cent) were living alone (Millward 1998). Indeed, women in this older age group are more likely than men to be widowed, and are less likely to re-marry after divorce (McDonald 1997), so they may have more time available than men to care for relatives other than a spouse.

There is some tension between work commitments and fulfilment of caring roles. Bergquist et al. (1993) also found that caring for aged parents placed a strain upon those in their fifties and sixties because of the competing family priorities experienced at this time of life. People in this age group may need to care for an elderly parent (or parents) while attempting to maintain or improve relationships and exchange with adult children and grandchildren. At the same time, they may be striving to regenerate or improve their relationship with their husband or wife, particularly around retirement, which can be a difficult transition time.

Some evidence of this psychological strain or feelings of 'time squeeze' among carers was found by the Institute survey. Elder carers were nearly twice as likely as non-carers to say they did not have enough time for themselves, or that the needs of their parents might restrict decisions about their own retirement and ageing. This is not surprising because more than half still had employment commitments, and around one fifth of elder carers also had at least one child still living at home (Millward 1998).

Elder carers' children who had left home also relied to a great extent upon their parents for assistance and support, and a quarter of elder carers also regularly looked after grandchildren (Millward 1998). Although marital problems were reported by few married carers, around one fifth of elder carers had health problems and 10 per cent were also the main carer for a spouse or other family member. These proportions were not significantly higher than for non-carers, but may well add extra stress to the responsibility being taken by elder carers.

### *Real life caring situations*

The Later Life Families survey results were somewhat limited because the extent and setting of care-giving were not probed in the telephone interviews, nor were respondents' attitudes about

## **FULL-TIME HOME CARER**

***The first case epitomises the most common image of elder care – that of an unpartnered, dutiful daughter providing full-time care.***



"Emily" was a widow, aged 68. Her limited family network lived mainly in country Victoria, but used her house as a base when in Melbourne. She had not been in paid employment for more than 20 years and had made family caring her full-time job, virtually bringing up her grandson. Emily's partly deaf, partly blind, 90-year-old mother had lived with her for 20 years in their jointly owned house.

Emily seemed happy and fulfilled despite the apparently demanding burden of caring for her mother. 'I don't have to do much lifting. I found her on the floor one morning ... and had to get the district nurses in for a while to lift her and such.' Emily had some minor complaints but, remarkably, her mother did not seem to limit her activities too much: 'I don't mind having her here, though sometimes it gets on my nerves ... But I go out when I want to. I just lock the doors and leave the TV on ... If I go out for the day, which is not very often, I leave her lunch and everything ready.'

Emily saw many rewards in family caring, as she was always included in family activities and sees her daughter, who lives next door, every day. Such companionship seemed to compensate for any restrictions imposed by caring for her very elderly mother. Despite being an only child and having only one child herself, Emily considered herself the main family organiser or 'kinkeeper' (Rosenthal 1985). Although a widow with no siblings, Emily had more close family connections than might be expected. She saw no real conflict between providing elder care and other aspects of her life, because family service was her major life activity and because she had chosen to care for her aged parents.

## **PART-TIME NEARBY CARER**

***The second case is an example of part-time caring. This daughter-in-law found that elder care was not particularly stressful and she was happy to do it.***



"Jennifer" was 58, married, with seven adult children and five grandchildren. She was a professional woman working part-time from home, and stressed that she and her husband put family first, both in practical and social terms. Although her sister-in-law was also involved, Jennifer designated herself the main carer for her mother-in-law, who lived in a nearby retirement village. However, in Jennifer's family the primary care was required for her profoundly disabled grandchild, who Jennifer helped to care for, mostly by providing support to her daughter and son-in-law.

Jennifer's involvement with her mother-in-law was 'not onerous', even though she was on call if anything was to happen to this frail 84-year-old lady. Jennifer telephoned her about every second day and took her out shopping and to other places. She also had her mother-in-law over every weekend for a meal and sometimes to stay overnight. Recently her mother-in-law had been ill and Jennifer had brought her home for some weeks to care for her until she was well enough to go back to the retirement village. Jennifer believed that it was 'not a good thing for elderly people to go into hospital' and much preferred to care for her at home whenever necessary.

Jennifer's sister-in-law helped to care for her mother, and it was reasonably easy for Jennifer to provide care due to her home-based part-time work and the support of her husband, who was a successful businessman. Jennifer had a large family network with many close connections. Like Emily, she strongly endorsed family solidarity and considered herself to be the main family kinkeeper. However, her independence was also important and she saw family caring as a matter of choice rather than obligation.

caring, or the dynamics of intra-family relationships and expectations. Therefore, 22 case studies were conducted to illustrate more fully the family experiences of later life respondents (Millward 1999, forthcoming Working Paper). It was hoped in this way to gain a better understanding of the combined influence of family characteristics, history and dynamics upon decisions about elder care.

The case studies captured personal experiences of choice and fairness, conflict with other family members, clashes with other roles or outside commitments, and use of formal services. These four case studies presented in boxed inset below were selected because they cover situations of elderly mothers living in four different types of accommodation and elder carers with different sorts of family networks and attitudes toward care-giving. Two of the carers were happy to take on the responsibility, but the other two were not so pleased.

### Discussion

Case study findings illustrate several issues for elder carers: feelings of stress, competing family priorities, gender roles, work commitments, and use of public services. They also show the impact

of wider family dynamics upon helping behaviour, as well as the importance of choice in adopting a caring role.

As borne out by the four examples, people in their fifties and sixties tend to have competing family responsibilities, but mechanisms to cope with these demands vary. Although she was very busy, Jennifer did not feel stressed because she had arranged her paid work and other family duties to fit in with her responsibility for elder care. Despite having a number of competing roles, she reported little role conflict. Likewise, Emily experienced little role conflict, but in her case there was little personal aspiration for an 'outside life' beyond her commitments to her much smaller family network.

In contrast, Victor and Betty experienced stress resulting from conflict between their caring role and other duties or aspirations. Although Victor did not have to accommodate the needs of children, he was torn between his duties to his wife and to his mother. Being in full-time employment also resulted in 'time squeeze' stress for him. Betty wanted to give more time to her daughters and to have some freedom in retirement to pursue her own ambitions, and she resented being tied to her elderly mother.

Middle aged daughters – working part-time, or not in the workforce – are more likely than sons to

## RESENTFUL CARER

**The third case is illustrative of a very reluctant part-time carer – one who would, in fact, prefer her mother to move into a hostel or nursing home.**



"Betty", aged 61, was divorced and lived alone. She had just retired and was selling her large house to buy something more compact and closer to the city for her retirement. Although she looked forward to finally having more time to herself, her movements were somewhat constrained because of her responsibility for her 87-year-old-mother. Betty was in a dilemma over this, because she did not like her mother – and neither did Betty's two adult daughters – 'they are frightened of their grandmother ... she is not a nice person at all'.

Betty's mother still lived in her own home. Betty visited every Saturday, took her shopping, did some housework, and helped in emergencies. Her mother had organised her own council home help and also had a private gardener/odd job man 'because she can afford it'. Betty provided transport for various doctor's appointments, and made sure her mother was all right physically. However, she stressed that she helps only out of duty, not affection, as 'we have never got on – in all my life'. No-one else in the family saw her mother, and Betty pitied her more than anything. However, if her mother's health deteriorated, 'I would definitely not have her living here with me – no way'. Betty wanted her mother to go into a hostel or nursing home in the future, but her mother refused to discuss these options.

Although her mother was still fairly independent, Betty felt trapped by the situation. She did not have quite as strong a commitment to family as shown by the women in the first two case studies: she was estranged from her brother and had some conflict with one of her daughters. Also, Betty felt that retirement is 'my time to live as I want' after having had a 'pretty hard life' as a lone mother. She certainly did not choose to take responsibility for her mother, but no one else in the family would.

## HARRIED CARER

**The fourth case study shows how elder care can be quite stressful, even when nursing home care is involved. Responsibility for his mother had put a considerable strain on this man's marriage.**



"Victor", aged 53, was strongly committed to his religion and his marriage as well as to family duty in general, even though most of his extended family were in Europe. He was somewhat sad because he and his wife had no children 'to carry on the family name and traditions'. His mother-in-law lived with them, but far from them helping her, as might be expected, she helped them, partly because of his wife's health. Meanwhile, his own mother lived in a nearby nursing home and, despite having two married younger brothers within reasonable proximity, Victor was his mother's main carer and took responsibility for her even though his full-time job made this difficult.

Both her younger sons had 'washed their hands' of their mother, as they had 'a lot of personal differences and couldn't cope with her behaviour'. Victor said: 'I look after her financial welfare and health – I have the power of attorney'. He was also the only one to visit her, which he did three times a week, as well as taking her out every second weekend. He acknowledged that his mother could be very trying: she had some language problems and was constantly clashing with nursing home staff.

Victor felt that it was 'the right thing' for adult children to care for elderly parents and that ideally he would like to have his mother living at home with them, but his wife was unwilling to take on that responsibility. His wife was also unable to accept the lack of help from her brothers-in-law. Consequently, Victor had nothing to do with his brothers and only saw his wife's relatives. He felt he had no choice in the matter and was unhappy about the conflict between his brothers and both his wife and his mother.

Victor's family unit of male breadwinner/female homemaker reflects traditional values, but he is not a typical male carer because he was not being assisted by his wife.

**Caring for aged parents placed a strain upon those in their fifties and sixties because of the competing family priorities experienced at this time of life.**

be elder carers. Although there are some men, such as Victor, who are main carers, most men share or support their wife's caring role, rather than taking primary responsibility (Fine 1994). Indeed, the Later Life Families survey found that many female carers (like Jennifer) have part-time paid employment, and many are supported by husbands. However, the gender stereotyping of elder care cannot be simply equated with women having financial, practical or emotional back-up from husbands, because elder carers in their fifties and sixties were roughly twice as likely as women living with a spouse to be widowed or divorced women (like Emily and Betty).

In addition to gender differences in providing care, there were also different levels of commitment displayed, which were influenced by wider family dynamics. The case studies show what diverse outcomes can follow from seemingly similar starting points, as there can be mismatches between the extent of the family network and the amount of collaboration about care arrangements for elderly relatives. For example, even where elderly people have several adult children (as did Victor's mother), they may find it difficult to rely upon children due to personal conflicts. And if one adult child is the only one in the family to provide assistance, this experience can obviously be stressful.

Therefore, the two factors which seemed to contribute most to the positive experience of caring for an elderly parent were having other family back-up and having some choice in the decision. Jennifer and Emily were content in their caring roles: both had other family back-up, and felt that they had chosen to take on the job. In contrast, Betty and Victor had no other family members willing to assist them and were essentially carers by default.

Aside from family supports, a minority of elderly people must rely heavily upon community services or assisted accommodation. For instance, it was vital that Victor's mother was placed in a nursing home, and Betty said her mother would have to do the same in the future. For others, there is more of a periodic need for formal services, as was the case when Emily had to call in the district nurses to help care for her mother. While the experience of watching the ageing process of their own parents will partly prepare people in their fifties and sixties for what to expect themselves in old age, some will have narrower choices than others, due to the limitations caused by lack of family availability or willingness to help. It is this limited group who will have more need of a buffer of community care services or residential care in the future.

Further, because different personal values and relationships lead to different levels of family support, it is not simply demographic equations of the supply and demand sides of elder care which should inform future decision-making about provision for the aged. Rather, the case studies show the importance of having a mix of available support options for the benefit of both the elderly and their middle aged care givers – many of whom are still in paid

employment or are themselves already in their sixties or older.

Although most elderly people live independently, they still need someone to call on for ad hoc needs, or someone to assist them in daily living tasks. The 'interleaving' of formal and informal care via the complementary types of assistance provided by family and formal services (Fine 1994) suggests the best outcomes are where both carer and care recipient feel they have some alternatives available. Choice and back-up were certainly important for reinforcing and sustaining the elder carers in the examples presented. They needed to know that options including accessible and affordable specialist housing or nursing homes, as well as community support services for the 'at home' elderly, were there when needed – not to replace their family caring role, but to augment and strengthen it.

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