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**The Nature and Role of the Extended Family
in New Zealand,
and its Relationship with the State:
Based on a Study of a Provincial City**

A thesis
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the requirements for
the degree of
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by
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ABSTRACT

In New Zealand there is a widespread perception that European/Pakeha do not have extended families in the way that Maori and Pacific Islands' cultures do. Yet in recent years social policy has been moving away from reliance on the state towards increasing reliance on one's self and one's family. This study uses survey research, a focus group, demographic analysis and policy analysis to investigate the nature of the extended family in predominantly European/Pakeha New Zealand, and perceptions of the respective roles of the family and the state. Discrepancies are identified between what families are doing, what people think they should be doing, and what policy assumes they will do. The key factors affecting the supply of and demand for extended family support are identified and the trends in these analysed. These issues are then integrated in order to assess the implications for policy and the impact of policies on families and the intergenerational social contract.

This thesis found that the predominantly European/Pakeha society of New Zealand does have extended families, in the modified sense rather than the classical sense, as categorised by Litwak (1965). That is, extended families which are based on egalitarianism and choice rather than power and control, and are characterised by a loose, informal set of kin relationships involving an interlocking set of nuclear families which may be geographically dispersed and economically independent, but are bound by a sense of obligation based on affective relationships and the exchange of mutual aid services. These family networks are not large, and little support extends to the wider family beyond parents, adult children and siblings. Also of concern for policymakers is that approximately a quarter to a third of participants in this study did not have extended family living close enough to provide any kind of practical support. This study also found that while people generally believe in helping family members, they believe this help should be given by choice, not obligation, and that nuclear family and labour force commitments take priority over commitments to the extended family.

A further finding is that in the future we will face increasing demand for support from both family and the state, and a declining supply of family support, especially if policies make it necessary for the young elderly to stay in the labour force. Families are unable and unlikely to do more than they are already doing, which is already the bulk of social support.

Theorists such as Thomson (1981) have proposed that there will be breakdown in the intergenerational social contract at the macro-level of the state as a result of neo-liberal policies of self-reliance, particularly for younger generations, and policies which have favoured the older generation at the expense of the young. It is concluded from this study that the balance of support towards the young rather than the old at the micro-level of the family is preventing this macro-level breakdown. But if more responsibility is put onto families, this will cause breakdown in the micro-level intergenerational contract and upset the balance. Thus there is a need for increased rather than decreased state support to complement what families are able to do and prevent breakdown in the intergenerational contract at both the micro-level of the family and the macro-level of society.

Dedication

This thesis is dedicated to my own
HUNTER-MCPHERSON
extended family
- the inspiration for this work -

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Researching and writing a PhD on a part-time basis whilst lecturing on a full-time basis is a long drawn out process for someone who has previously worked on research full-time. It began for me in 1995 and was completed in 2000 and while, for the most part, the research part of my work was stimulating and enjoyable, there are a number of people I would like to thank for supporting me in different ways during that process.

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PART ONE

SETTING THE SCENE

CHAPTER ONE

INTRODUCTION

There is a basic rule, which is probably universal, that kinfolk should help each other in life crises (Salmond, 1975:91).

The Issue

This study examines the extent to which the position articulated in the opening quote is borne out in reality in New Zealand at the end of the twentieth century, by investigating the nature of the extended family in New Zealand, and attitudes to their role. The research grew out of what I perceive to be two conflicting assumptions about the extended family in New Zealand's predominantly European/Pakeha¹ society:

- 1] that compared to the Maori², Pacific Island and Asian cultural groups, Pakeha New Zealanders do not have extended families, at least not in any functional sense;
- 2] yet a shift in social policy direction in recent years away from the high level of welfare state support that prevailed since the Second World War towards policy based increasingly on more traditional assumptions that the extended family will or should support its members.

My own experience of growing up in a large and active Scottish-New Zealand extended family made me question the first assumption. Yet I knew of others with only a handful of extended family, as both parents were only children, and none of their children had married or had children. I wondered whose experience was the norm in New Zealand, or whether it lay somewhere in between.

The broader implications of this question became apparent when I lived next door to an elderly woman who had never married and had no children.

¹ Pakeha: non-Maori, especially of European background/descent (Reed, A.W., 1984).

² Maori are the indigenous population of New Zealand.

I began to wonder who would care for her when she needed it. How much responsibility would the cousin and nephew who visited take for her? How many elderly were in her position?

I was also led by a series of anecdotal instances of friends to question the second assumption, or at least to what extent New Zealanders agreed with the assumption that the extended family should support its members, and in what circumstances. In one example, an 18 year old niece diagnosed as schizophrenic was being discharged from a psychiatric hospital to the community. Her father had only recently returned to the labour force, having previously left it to raise her and her brother. She had two aunts with young children. The hospital told the family they should look after her "like a Maori family would". Yet the aunts feared for the safety of their preschool children as they had witnessed their niece exhibiting violence and other inappropriate behaviour around them. They also had busy lives looking after their own immediate families and contributing to their household incomes. They did not feel they should have to compromise their lives to share responsibility for their niece, yet they were concerned for their brother's capacity to cope on his own. The family felt the health services should be responsible for their niece, not them.

A second example raised a similar issue of the breadth of family support that is accepted in our society, particularly by the European/Pakeha culture. This involved a young Pakeha brought to the attention of the Children Young Persons and Their Families Service (now the Department of Child Youth and Family Services). The objectives of this service, as outlined in the Children Young Persons and Their Families Act, 1989, are based on Maori cultural principles of support by the extended family group where possible. A family group conference was proposed and his aunt and her husband were asked to attend. The outcome involved them in continuing involvement with his support and welfare, as the boy's parents lacked the capacity to do so.

The third example involved spousal conflict over the boundaries of financial support and contribution to extended family at the expense of the nuclear family. This example raised questions of norms in this situation. Should the wife accept her husband giving money to his family, which in her opinion they could ill afford to give, or should he put the needs of his wife and children first?

A number of New Zealand social commentators have also articulated these anecdotal issues, and in so doing identified the need for New Zealand-based research. In 1984, Koopman-Boyden and Scott (1984:182) placed these concerns into a policy context, noting that:

Cutbacks in government expenditure carry the implicit assumption that families will take over; but it could be that no-one takes that responsibility, and that the quality of life is thereby the poorer.

Two years later, James (1986:42) said:

We know little of the extent, scope and frequency of kin relations, values held about family and kinship, and how these may differ among various sections of the population.

This was followed by the Social Advisory Council (1987:22) stating that:

More information is needed about the caring role of families including their role in caring for members in other households, and in providing care for children of kin. What kind of supports are needed to improve the effectiveness of family networks?

We still do not have extensive and focused empirical quantitative data on the structure and nature of the extended family in New Zealand, and people's beliefs about its role in supporting its members, that is needed to make effective policy involving support by the extended family.

Aims of the Study

The broad aim of this study is to investigate the extended family in New Zealand in order to ascertain whether this predominantly European/Pakeha population has extended families that can meet the requirements of social policies which have been increasingly based on reliance on family support.

The research questions to be answered are:

- 1] What is the nature of the extended family in New Zealand, in terms of its demographic structure and patterns of helping behaviour between extended family members - as extrapolated from one provincial city - and hence the potential availability of families to provide support to their members? Conversely, what proportion of our society is without potential family support?
- 2] How willing are people to provide support to their extended family, or to accept help from them and where do they see a role for the state in the provision of support? Conversely, what proportion in our society does not accept the role of the extended family in the provision of support?

The underlying rationale for these aims is to provide an empirical basis for identifying discrepancies between family support potentially available in terms of:

- the size, geographic proximity and degree of contact of extended family networks;
- demographic factors affecting supply of and demand for family support,
- attitudes to the provision and receipt of family support;

and the assumptions underlying policies that are increasingly based on reliance on family, rather than state support, for individuals in need. These assumptions are that families are available and willing to provide support.

The findings of the study on these questions will be analysed with respect to their implications for social policy that may rely on the availability of and preference for families to provide support. Conversely, the findings will

also be discussed in relation to the impact on families of policies that rely on family support. Of particular concern in this thesis are the implications of the findings for the intergenerational social contract, which relies on consent and trust in the on-going and reciprocal nature of exchange of help between generations over time.

The concept of extended family used will be based on that of the modified extended family identified by Litwak (1965), as detailed in Chapter Two, which can be summarised as being family beyond households, not support within the nuclear family household of spouses and non-adult children. It will involve any biological kin or relatives by marriage, aged eighteen years and over. "Social" kin such as adoptees and relatives resulting from de facto relationships will also be included if respondents regard them as "family".

The study will address the aims by:

- 1] Empirically investigating the demographic features of extended families in the predominantly European/Pakeha New Zealand population in order to quantify the extent and type of family resources potentially available to provide support to individual members, in terms of variables such as extended family size, geographic proximity, and contact.
- 2] Identifying the types of support family members are actually providing for one another - such as caregiving, financial, socio-emotional or help with household tasks - and the demographic characteristics of the recipients and the providers of the various types of support in order to measure current patterns of family support.
- 3] Identifying the key demographic factors influencing demand for and supply of family support - such as age, gender, female labour force participation and geographic mobility - and current and projected trends in these factors.

4] Investigating perceptions of the roles of family and state in providing assistance to individuals. That is, the willingness of families to accept the role of supporting their members or the extent to which it is considered natural and automatic for members of an extended family to help one another, under what circumstances and to what degree of kinship, and when other sources of support are preferred and what these are. This will include identifying circumstances where people think the state should be providing support.

5] Also looking at each of these factors in relation to the demographic subgroups of gender, age, and socio-economic status.

A further aim of this study is to test the methodology used to gather the empirical data by:

- 1] Testing a questionnaire designed to elicit information which would answer the questions posed above;
- 2] Testing and comparing the data collection techniques of face-to-face interviewing and self-administered postal survey for response rates, for the quality of data obtained and for cost-effectiveness;
- 3] Developing a methodology for analysing the data obtained from the questionnaire.

The above will provide the methodological base for further research in this field.

Research Methods

The empirical data is based on findings from a study carried out in Palmerston North, New Zealand (pop. 73,000) from September 1997 to April 1998. The first phase of the research was a random sample survey producing a total of 252 responses: 144 by interview, and 108 by mail - both interviews and self-completion took approximately 45 minutes. The overall response rate was 58 percent (70 per cent for interviews; 47 per cent for mail). The margin of error is +/- 6 per cent.

A standardised questionnaire was used, with the individual as the unit of analysis, to investigate the nature and operation of extended families by quantifying the extent of family resources an individual potentially has to provide support, and the types of help given and received. Perceptions of the roles of family and state in providing a range of types of assistance to individuals were then gathered, both in the quantitative survey and in the second phase, which used a focus group drawn from the survey sample to obtain more in-depth, qualitative information. Full details of the research process are contained in Chapter Five.

Scope of the Thesis

Given the sample size and location, the results of the substantive aims of the study will not be generalisable to the whole of New Zealand but, as a first study of its kind in this country will provide a base for extrapolating to a New Zealand knowledge about extended families which could be tested by further nationally representative research. The limitation of the one city in terms of its differences from elsewhere in New Zealand, such as rural and larger urban centres, will be noted in the conclusions and suggestions made for further research to deal with this limitation.

While the focus of this thesis is on the extended family structures, helping behaviour and attitudes of the total population of New Zealand, as the sample is 83 per cent New Zealand European - which is representative of the sample population - the findings tend to reflect the views of the European dominant culture in New Zealand. This is justifiable as there is a lack of information on the contemporary European extended family in New Zealand, yet policy is incorporating traditional norms from the indigenous culture of the country, which are known - such as extended family support - with no knowledge of the equivalent norms of the more dominant Pakeha culture.

The restricted sample size obtained for this study also limits the extent of subgroup analysis that can be provided. The important subgroup variables of ethnicity and urban/rural location and marital status or family/household type cannot be empirically examined here but exploratory findings, together with those of previous research, may provide an indication of areas for further research.

This study is not primarily either a demographic analysis or policy analysis, but combines elements of the two to demonstrate the relationship between them. The theoretical and policy issues provide a context for the empirical findings of the thesis. Thus the thesis contributes to the empirical data on extended family structures in New Zealand and examines broad trends in demographic variables related to the supply and demand of extended family support. In terms of policy, it contributes to the empirical data on the debate over the respective roles of family and state in the provision of support to individuals in need in our society. It also examines the implications for policymaking of the combined impact of the demographic trends and attitudinal findings on the nature and role of the extended family in New Zealand.

Background Issues, Key Debates and Rationale for the Study

Key issues and debates underpinning this thesis introduced here as the rationale for this study are more fully exposed in subsequent chapters.

The Extended Family Debate

A key debate on the extended family is whether it continued to function following industrialisation. This relates to the first research question in this study on the nature and operation of the extended family in predominantly Pakeha/European New Zealand society. A summary of this debate is presented here, with a fuller discussion in Chapter Two.

According to Morgan (1975) and Elliott (1986), the dispute about whether the extended family exists in modern industrial and post-industrial Western society began with Parsons (1943, 1956, 1959) arguing from a theoretical base that the state and the market had replaced most of the functions of the extended family, and that the larger family group was not suited to the needs of industrial society, such as geographic mobility, hence the extended family ceased to exist in terms of both the structure and function that prevailed historically in Europe, or in non-literate or peasant societies. Critics of Parsons used empirical studies in the 1950s and 1960s to show that the extended family continued to function offering mutual exchange services across households. Harris (1972) points out that Parsons was not denying that kinship networks and a system of exchange of services existed. Harris says the main difference Parsons was pointing to was that kinship was no longer prescribed and normative, and no longer had authority over the "isolated" nuclear family.

The argument seems to come down to one of definition of "extended family". Litwak (1965) distinguished two distinct types of extended family. The first is the *classical extended family* which is characterised by geographic proximity, economic interdependence, authority of the head of the group over the members and an emphasis on kin relationships over the conjugal relationship. Membership is also more formally prescribed and limited.

The second is what Litwak called the *modified extended family* which is characterised by a loose, informal set of kin relationships involving an interlocking set of nuclear families which may be geographically dispersed and economically independent but are bound by a sense of obligation based on affective relationships and the exchange of mutual aid services. Membership of this group is selective and bound by memory and contact.

These two definitions correspond to the different types of extended families that existed before and after industrialisation.

Research into kinship and family support networks in modern Western society went into abeyance in the 1970s but re-emerged in the late 1980s in response to the changing trends in government policies which were prompted, in part, by demographic change. In reaction to a perceived increase in demands on state support by an aging population, these policies sought to control state expenditure by increasing reliance on family support. Some researchers questioned whether the family had either the ability or the willingness to take on an increased role. Finch and Mason (1993) in the United Kingdom found no consensus on the role of the family, concluding that family help is not a natural, automatic provision, but arises out of complex social relationships and has to be freely chosen. The Australian Institute of Family Studies (d'Abbs, 1991; de Vaus, 1995b, 1996; Millward, 1992, 1994, 1998) also conducted several studies on extended family support and reached the same conclusions as those earlier in the century, referred to above, that kin networks do operate beyond the nuclear family household and provide a range of mutual support and services. But like Finch and Mason, they found this help was not automatic. It was selective and evolved over time, based on the history of relationships and a complex system of reciprocity. This selectivity has important connotations for the policy debate regarding the role of the family in providing support to individuals in our society who are in need.

The Policy Context

In the last decade or two economic policy has dominated social policy in New Zealand as we have moved away from the welfare state to an increasingly market-based society. In the area of social support, this has involved increasing reliance on one's self or one's family where neither the market nor the state are providing. There are numerous indications of this

in policy documents in the areas of welfare (Children Young Persons and Their Families Act, 1989; Shipley, et al 1991; Department of Social Welfare, 1996a, 1996b), health (Upton, 1991; Shipley and Upton, 1992) and education (Education [Student Allowances] Notice, New Zealand Regulations 1997/51), and general commentaries on these documents (Kelsey, 1993; Cheyne et al, 1997; Pool, 2000; New Zealand Treasury and Richardson, 1991).

For example, in 1991 the Ministers of Social Welfare, Health, Housing and Education in a joint document stated that a major element of their new policy initiatives was "to encourage people to move from state dependence to personal and family self-reliance" (Shipley et al, 1991:17) including, for instance, the continuance of family income testing for single students aged up to 25 years. The 1996 post-election briefing papers on "strengthening families", and the Children Young Persons and Their Families Act 1989, also include the extended family or kinship groups.

Such policy relies on assumptions about the nature and operation of families that may not be based on the reality of how families in New Zealand function today, or in keeping with the belief systems of members of our society about the role of the family. These issues are elaborated on in Chapter Five. There is a need for more sustained investigation into whether our families are able to fulfil this role, or indeed whether they accept it. As indicated above, while extended families in other western societies do still function as mutual support systems in post-industrial society, this help is selective rather than automatic.

In addition to the issue of whether families are willing to provide support, demographic change means families are smaller, have been through a period of high marital disruption, and that the population structure is aging (McPherson, 1992, 1993). Geographic mobility is also an issue, physically distancing extended family members from one another. My previous

macro-level demographic research shows demand for family support is increasing at a time when potential supply is decreasing (McPherson, 1993).

At the same time social change, particularly in the role of women - from the traditional one of unpaid caregivers, into members of the paid labour force in a market economy - is likely to have had an effect on both attitudes towards accepting responsibility for providing support to family members, as well as their availability. It is women who do most of the family and community networking and support (Rossi and Rossi, 1990; Mugford and Kendig, 1986; Walker, 1986; Lawton et al, 1994; Millward, 1994; de Vaus, 1996; de Vaus and Qu, 1998). What is at issue for them is a conflict between duty or obligation, and rights. How can women exercise their rights to both economic independence and participation in the market economy, and fulfil their duties or obligations as members of families? Will men take over more of the family support work as women's labour force participation increases? According to Bryson (1996) this has not happened in Australia. It can be argued that, without both availability and willingness of family support, policies may be ineffective and result in vulnerable people falling through the cracks.

The Theoretical Basis to the Policy Context

The theoretical basis to the policy context provides a framework for discussing the empirical data on the second research question, as to whether the role of the extended family in the support of its members is accepted by our society and where they see state assistance as necessary. A full exposition of the models and assumptions underlying the issue of the respective roles of family and state is presented in Chapter Five, and summarised below.

The theoretical model or context for the empirical research of this study on the role of the extended family is drawn from writings on the roles of the state, the market and the family in the provision of support to individuals,

such as Wicks (1988), Bryson (1992,1995). The ideological debate or issue to be decided in formulating family social policy is where the line is to be drawn between state responsibility and family responsibility.

There is a pervasive belief underlying current neo-liberal based policies that it was the rise of the role of the welfare state, taking over family roles that weakened the family, affecting its willingness or capability to provide social care (Moroney, 1976; Maas, 1984). Inherent in this assumption is a second assumption - that family care is a positive thing, the best form of care. The counter argument advanced, for example by Walker (1991,1995) is that the family has been weakened by demographic, social and economic change, and thus the state has a necessary role in supporting families in their caregiving and assistance role, and providing alternatives where families are unable or unwilling to support their members.

One of the models used as a framework for analysing the empirical data from this thesis on attitudes to the respective roles of family and state was put forward by Moroney (1976). He distinguishes the two basic types of state help as that which *supports* the family and that which *replaces* the family. He identifies the key debate in the family policy area as being whether the role of the state is residual, acting as a last resort when other forms of help fail, or preventive, operating in an institutional manner to support and strengthen functioning families, so they can continue to provide an essential welfare service to their members. He also identifies a range of assumptions underlying each perspective. These are outlined in Chapter Five and tested against the empirical findings of this thesis.

Another model used in this thesis as a framework for analysing the empirical data on attitudes to the roles of family and state is Harding's (1996) Hypothetical Continuum Model of the Relationship Between Family and State, summarised below.

- 1) The state uses coercive means such as legislation to try to enforce family responsibilities in specific areas, such as financial and caregiving obligations.
- 2) The state uses incentives - penalties and rewards - to shape familial behaviour to a prescribed form.
- 3) The state uses assumptions about families to create constraints to the boundaries of familial behaviour, for example, by not providing alternative forms of support in areas where it believes families should provide.
- 4) The state provides alternative forms of support where families malfunction.
- 5) The state responds to the needs and demands of families through provision of benefits and services at their request.

This model offers a range of roles for the state from a very top-down, state imposed approach at one end through the continuum to a more grass-roots approach to policymaking.

New Zealand Research

New Zealand lacks empirical quantitative research on the nature and functioning of extended family networks; the beliefs of its people regarding family roles and obligations in providing support and assistance to members; and what resources, in terms of both people and finance, families have to fulfil this role. If policy-makers can identify what families are unable and unwilling to provide, state resources could then be targeted to complementing informal support to ensure that the needs of the vulnerable are met and there are no gaps.

There have been a number of qualitative studies, and some small quantitative studies examining specific aspects of the issue. A qualitative study of 10 families' social and family support networks (Haringa, 1990) found that family members' availability for support, and the need for support by

individual members, varied according to life cycle stage and family type. For instance, sole parents and divorced people required extensive support but often had smaller support networks available. The limitations of a qualitative study to enable generalisability of the extent of these findings in the wider population, and the need for a quantitative study to investigate these findings further, were noted.

Opie (1991a, 1991b, 1992) and Munford (1989, 1992, 1994a, 1994b) have also carried out valuable qualitative research into the issue of families as caregivers for elderly and disabled people at a time when New Zealand's health policy emphasises community care. Opie found the role of informal care in complementing formal care to be dependent on the availability and willingness of family members to care. These are important factors that need quantitative investigation for consideration by policy-makers in the social services and health arenas. Other types of assistance between family members, such as childcare, household help and financial assistance also need to be investigated to gain a full picture of family assistance.

Quantitative studies in the field include the Social Indicators Survey (Department of Statistics, 1984), which examined contact with family members beyond households but not the relationship of the individuals to each other, or mutual aid between family members. Another is Koopman-Boyden's (1978) study of a group of elderly in Christchurch, which found that the main caregivers and source of social contact were middle-aged adult daughters. Both these are now dated and do not necessarily represent the situation at the end of the twentieth century. More recently the author (McPherson, 1992, 1993) carried out a macro-level demographic study using census and vital registration data to analyse the changing ratio of elderly women to family caregivers over time. Now micro-level survey research is needed to provide more refined data on what is actually happening in New Zealand over a wider range of family support functions.

Research into extended family support in contemporary Maori society has only recently been published. The Te Hua Nuku Roa survey of Maori individuals, families and households (N=1700 individuals, N=650 households) carried out by the School of Maori Studies at Massey University (Forster et al, 1997; 1998) included some broad questions on contemporary whanau³ support and expectations. These findings are reported in Chapter Two, but do not include details of all types of support or which individuals are providing and receiving support. A recent Masters thesis based on data from a sample of women of reproductive age provided comparison of family helping behaviour between Maori and non-Maori women (Hope, 1997). Clearly this research has limitations of gender and age, due to its sample population specifications.

Thus while there is some evidence of family contact and assistance beyond the nuclear family, there has been no systematic, purposeful quantitative study of the extent of extended family functioning in New Zealand, and particularly not of people's concept of the respective roles of the family and the state in providing assistance and support to individuals in need. Nor is there information available on the capacity of families to provide this kind of assistance, and how this varies for demographic sub-groups.

Contribution of this Study

This study will contribute to the literature and policy debates by investigating quantitatively the capacity of New Zealand families - as extrapolated from one provincial city - to provide support to their members, and their perceptions of the roles of family and state. The information provided will help to fill the gap in local empirically-based information on the debate about the role of the family and the role of the state in the provision of support to those members of our society who are in need. It

³ Whanau: has many meanings in Maori, but the one used here is that of extended family by descent through both male and female links (Metge, 1995:52-53).

will also identify where gaps exist between the help that families can provide, and assumptions in current policy about the role the family should fill. This information will be useful in various social policy and planning processes both at national level and local agency level, and within the government, voluntary and private sectors.

The strength of this study is that, in addition to providing original empirical data on structure, helping behaviour and attitudes regarding the extended family in a provincial city in New Zealand, it brings together demographic trends analysis of the factors affecting supply and demand of family support in New Zealand, a consideration of the policy issues involved in the provision of extended family support in New Zealand, and the broader theoretical debates. It also tests data collection methods to discover the best approach to a survey on this topic.

Outline of Thesis Structure

Chapter Two begins with a discussion of definitions and conceptual issues of family and kinship and reviews literature on the nature and ideology of the extended family in European society, both historically and in the twentieth century. It also considers the nature and ideology of the extended family in the indigenous Maori culture and compares these two main traditions that make up New Zealand society today. It is apparent that, while extended families in Litwak's (1965) modified sense do still exist and operate as support systems in most Western societies, their operation as providers of support is voluntary, negotiable and selective rather than universal and absolute and prescribed. This is in contrast to assumptions about families on which recent trends in policy are based, as shown in Chapter Five.

Chapter Three reviews literature and research findings on the types of support provided by modern Western extended families, and patterns of demographic characteristics of key providers and recipients of various types

of support. These include gender, age or life cycle stage, degree of relationship, marital status and socio-economic status, and other socio-demographic characteristics affecting supply of and demand for care, such as changing age structure of the population, female labour force participation and migration trends. It indicates that not all family members give or receive support in equal amounts.

Chapter Four examines literature from overseas and New Zealand writers, and the New Zealand data, on the demographic trends in factors identified in Chapter Three as affecting the supply and demand of family support. It demonstrates that demographic changes pose potential problems for policy based on assumptions about the availability of the extended family. At a time when demand for support for elderly family members will grow due to increasing numbers of elderly as the babyboom generation ages, the decline in family size will affect the ratio of adult children available to provide support. In addition there is increasing participation in the paid labour force by women, who have been the traditional providers of labour intensive types of family support, such as caregiving, as opposed to financial aid. The high rates of marital breakdown in the 1970s and 1980s will also have a far reaching effect on intergenerational support systems.

The underlying policy issue, discussed in Chapter Five, is the relationship between the availability and acceptance of informal family support and the provision of state-funded formal support services. Literature and debates on models of the relationship between family and state, and the assumptions underlying policies that affect families are outlined, using policies of community care - with particular reference to care of the elderly - to illustrate the relationships, assumptions and impacts of policy on the family. The chapter also demonstrates that the direction of recent social policy has been towards that of a mixed economy of welfare, promoting increasing reliance of individuals on self or families or the market for assistance and support, rather than on state provided or funded social services. The

implications of this for the wider social contract between generations are discussed.

Chapter Six outlines the methodology used in this study to provide the empirical data to address the aims and research questions of this study as outlined above. This is followed by a short chapter which introduces Part Two of the thesis, the empirical findings, by presenting survey parameters of response rate and sample characteristics and addressing the outcome of the pilot study methodological testing and comparisons. Chapters Eight, Nine and Ten then present the substantive findings on extended family structure, current patterns of extended family helping behaviour, and perceptions of the role of the family and the role of the state in providing help to individuals. These findings are then integrated with the literature and data from Chapters Two, Three, Four and Five and discussed in Chapter Eleven

Chapter Twelve concludes this thesis by addressing the aims and research questions set out above in terms of the findings and limitations of this study. It presents conclusions on the nature of extended families in New Zealand - as extrapolated from one provincial city - and their willingness to provide support to their members, and on discrepancies between these findings and the assumptions underlying policies which place an increasing emphasis on family support. The implications of this for policy and, conversely, the impact of policies on the extended family and its ability to provide support for its members are then discussed. Recommendations are made for policy and further research, including recommendations on research methodology emerging from this study.

CHAPTER TWO

FAMILY AND KINSHIP

Introduction

New Zealand's social and family traditions have grown out of the primarily British traditions of its Pakeha migrant population arriving in the 19th century, and the Polynesian traditions of its indigenous Maori population and later immigrants from the Pacific Islands. Although always a part of New Zealand's population - initially predominantly male workers - the Asian immigrant population with its family traditions has also been increasing in recent times.

Both the Polynesian and Asian family traditions are commonly believed to be more extended/kin-based than those of the Anglo and European origin New Zealanders. This chapter reviews the literature on the history and ideals of the extended family in the Anglo-European tradition, which is the main focus of this thesis and then, more briefly, in Maori and Pacific Island societies. The chapter concludes with a summary of kinship in the dominant traditions in New Zealand which suggests that, as well as the differences, there are many similarities. As a prelude to this discussion the conceptual and definitional issues surrounding "family", "households and "kinship" will be dealt with.

Defining Family

Much has been written in the sociological literature in an attempt to define "family" (Elliott, 1986; Settles, 1988; Cameron, 1990; Davidson, 1991). Segalen (1986:7) says "sociology has no conceptual framework capable of accounting for the wide range of family phenomena". The only conclusion that can be reached is that there is no simple or single definition: there are as

many concepts of family as there are reasons for needing a definition, thus any definition of family must be based on one's purpose.

According to O'Day (1994:33) in the United Kingdom, the concept of family 'as we know it' first emerged in the 8th century A.D. It was seen by both church and state as a useful agent of social control and from the 11th century was shaped by the church on the basis of rules of affinity (marriage) and consanguinity (blood). O'Day says this early concept was entirely that of the nuclear family, based on the holy family (Joseph, Mary and Jesus) of the Bible. The notion of extended family - the wider kin group - was ignored at this early stage.

The concept of family subsequently developed to refer to more than the nuclear or conjugal family unit comprising a married couple and their biological children and to include the wider kin group. O'Day says this happened from the 16th century, although Gottlieb (1993:185) cites a first record of it used in this sense in the mid-18th century. However, Hareven (1994) cites the modern family, defined by the rise of "affective individualism" as private, nuclear, domestic and based on emotional bonding between husband and wife and parents and children, as emerging in the late 17th and early 18th centuries. She says the rise of this form of family was correlated with the weakening influence of extended kin, friends and neighbours.

Elliott (1986:4) gives a definition of the family in modern Western societies as a unit consisting of husband, wife and their children - that is, based on marriage and biological parenthood - who share a common residence and are united by ties of affection and an obligation to care and support one another. This is contained in a sense of common identity. She then notes its deficiencies: it does not account for adopted children; it combines two distinct categories - family and household; and it is limited to marital unions and their offspring, that is, it does not include *de facto* relationships.

Confusion over the use of the term "family" today stems from two areas. Firstly, historically the term came to be used interchangeably for both the nuclear family and the wider kin group comprising all relatives of blood or marriage, also known as "kin" (Harris, 1972; Gottlieb, 1993; O'Day, 1994). Secondly, in more recent times, the debate over definition of "family" has focused on the diversity of alternative nuclear family structures that have emerged, such as sole parent families, families based on de facto rather than married couples, same sex couples, remarried couples - with their various combinations of children of the current and prior unions, and families created by a legal act, (for example, those including adopted children).

A further important definition of family that needs to be considered is the legal definition. As Davidson (1991:8) points out, "How governments define 'family' dictates how their policies will respond to them, support them or what they will demand of them". He cites a New Zealand policy-makers definition from Perry, (1985:143) as "a grouping in which one or more adults are responsible, through blood relationship or by law, for the economic support or nurture of one or more dependants", a definition also cited in Koopman-Boyden and Scott (1984). This includes parents and dependent children, including adopted children and those of legal guardianship, but does not extend to other levels of kinship such as responsibility of adult children for their parents, as in many European countries (Millar and Warman, 1996) and many states in the United States of America (Bulcroft et al, 1989).

Henaghan and Tapp (1992) say there is no explicit definition of family in any of the family law acts in New Zealand. The closest is the definition of "family group" in the Children Young Persons and their Families Act, 1989 as being "an extended family in which there is at least one adult member who is connected to the child in at least one of the following ways: biological, legal, psychological or by whanau or other culturally recognized family group" (Henaghan and Tapp, 1992:6). They say that even in family

legislation, “family” is mostly only implicitly defined and varies according to moral and functional concerns, but generally involves marriage, economic support and is Eurocentric. It is mostly concerned with the narrow nuclear family only. They suggest, therefore, that the broad definition of family group in the Children, Young Persons and their Families Act could be seen as culturally sensitive, in recognising the broader family grouping common in Maori and other cultures in New Zealand, or as “the most effective way of taking pressure off government resources” (ibid). In other words, placing responsibility on the wider family reduces the need for government assistance.

Early sociologists working in the field of family sociology and anthropology such as Laslett and Le Play attempted to create classification systems for the different types of family and household structures. Laslett’s (1977:28-29) typology, for example, was:

(i) simple, nuclear, elementary, biological family

- based on married couple;

(ii) extended family household

- contains conjugal unit plus other units - may extend laterally (siblings), upwards (parents) or downwards (adult children, nieces/nephews);

(iii) multiple family households

- more than one conjugal unit connected by kin or marriage.

Harris (1972) makes a further distinction between “nuclear” as parents and dependent children and “elementary” as parents and independent children. Such distinctions are important for a later consideration of whether extended families existed in pre-industrial society. The conclusion may be dependent on definition. In a later work, Harris (1990) states that most studies on kinship or extended families in Western society are actually confined to the elementary family. He does not believe that this constitutes extended

family, but merely a fusing of the nuclear family of origin and the new nuclear family created by the mature offspring of that family. Morgan's (1975) review of the studies of the 1950s and 1960s also concludes that although called kinship studies, they are mostly confined to three linear generations rather than lateral kin. However, Sussman (1988) defines extended family as comprising three interlocking nuclear families: the family of origin, family of procreation, and affines. Harris (1990:71) also points out that the term "nuclear family" is actually more correctly termed "nuclear family household" as it seldom includes members across households. For instance, on marriage breakdown, when one parent leaves the family household, the resultant nuclear family becomes known as a sole parent family, even though both parents may still be alive and involved in supporting the dependent children.

Families and Households

From the point of view of kinship or extended family studies, the problem with these family classification systems is that they equated family with household or co-residence. This practice continues today in New Zealand and is a consequence of demographic measurement of families through the census. The household is the most convenient unit of measurement for a large scale survey such as a census, and it is not possible in a census to collect data on all the nuances of family relationships and functions outside the household or across households.

It is becoming increasingly evident, however, that families extend beyond households, and households do not necessarily constitute families. In the 1996 Census only 67 per cent of households contained families (Statistics New Zealand, 1998c). Single adults, for instance, are not classified as families, yet they belong to a family and are likely to be involved in a network of mutually supportive relationships with members of their family of origin and wider kin. As O'Day (1994:272) says, ceasing to co-reside does not spell the end of belonging to a family, to family activities and links. You

do not stop being a member of a family because you set up a new household. Segalen (1986:81) argues further that "The members of most families do not experience them as being nuclear and know that they fit into a wider framework of near and distant relatives". Divorced but non-custodial parents still have families, even if they are not co-resident, and indeed, the children of divorced parents may live jointly in more than one household and regard both parents as family. This confusion between "families" and "households" also led to the now revised assumptions that because post-industrial households contained nuclear rather than extended families, the extended family had ceased to exist or function (Morgan, 1975; Elliott, 1986). In New Zealand in 1996 only 8 per cent of adults aged 15 years and over lived in extended family households¹ and in Australia only 4 per cent of households contain extended family members (Millward and de Vaus, 1997:41).

Kinship

The concern of this study is with family as constituted by the wider group of relatives beyond the nuclear family or household. To avoid confusion the term "kin" or "extended family" will be used instead of "family". Bell and Vogel (1968:3) define extended family as "any grouping related by descent, marriage, adoption and broader than the nuclear family". This definition is independent of co-residence.

A definition of kinship is determined by the idea that kinship has both a biological and social dimension (Harris, 1990; Gittins, 1993; Gottlieb, 1993). Because of the social construction dimension, the definition of who constitutes kin varies across cultures and even within societies. Kin are, first and foremost, people connected by blood (consanguinity) or marriage (affines). The term may or may not also be extended to include socially or legally created kin, such as adoptees, who fill established kin roles such as

¹ Calculated by the author from raw data in Statistics New Zealand, 1998c.

“children”. Biological and marital kin are usually further classified according to both biological and generational distance. Thus a typology of kinship, according to Harris (1972:21-22), might be:

1st degree: parents (ascending), siblings (lateral) and children
(descending);

2nd degree: grandparents/children, aunts and uncles, cousins, nieces
and nephews.

Affines, that is “in-laws”, might also be classified by degree within themselves, and/or be included with second degree kin.

The main difference between the nature of kin relationships compared with nuclear family relationships is that kin relationships are not prescribed by law, at least in Britain and New Zealand, although the boundaries of this are changing. For instance, in New Zealand, the upper age limit for support of dependent children by their parents has been raised in recent years by changes in the age of eligibility in a number of income support areas, such as tertiary student allowances, the domestic purposes benefit and the unemployment benefit. However, many other European countries (Millar and Warman, 1996) and thirty states in the United States of America (Bulcroft et al, 1989) do have filial obligation laws. In Germany there is a legal requirement for adult children to support their parents financially, usually by repaying state assistance, and to pay for caregiving; and in Portugal the responsibility extends to grandparents and grandchildren, aunts, uncles, nieces and nephews.²

Past concerns with kinship and anthropological definitions are broader and primarily concerned with descent from a male patriarch authority, known as clans or tribes in the European tradition (Gottlieb, 1993) which equate to

² A full discussion of policy on family obligations as opposed to the role of the state is given in Chapter Five.

“iwi” or “hapu”³ in New Zealand’s indigenous Maori society. For Europeans these broad groups served more of a political and economic function in the past than today when, with the rise of alternative social institutions, kin networks have become more informal and selective, and generally restricted by boundaries of contact and memory (Segalen, 1986; Gottlieb, 1993). Gottlieb says modern kin groups are usually limited to parents’ blood relatives, and do not go beyond second cousins, and then only if contact has been established as a result of geographic proximity at some stage. Others put limits at first cousins (Segalen, 1986). The broad descent group at clan or tribal level does not appear to have a functional purpose in Western cultures today⁴. Wellman (1990) describes the average Western extended family today as comprising about 30 known kin, with little closeness or active involvement in the kin network beyond the relationships of parents, adult children, siblings and in-laws in these categories.

History of the Extended Family in Anglo-European Societies

The major theoretical debate in the sociology of family and kinship has centred around the assumed development of the nuclear family with industrialisation and urbanisation and the equally assumed decline of the extended family from pre-industrial times. The leading original theorist in the debate was Talcott Parsons of the structural-functionalist school. Functionalists see social institutions as developing a certain structure in order to fulfil specific functions essential to the survival of a society. When those functions are no longer required or no longer performed, the structure of the institution has to change or the institution ceases to exist. Parsons’ argument with regard to the family was that in pre-industrial Western society the extended family performed a number of functions necessary to

³ iwi: tribe, nation, people; hapu: sub-tribe, clan (Metge, 1995:332; Ryan, 1995).

⁴ This tribal or “iwi” level is still employed in Maori society and has had something of a renaissance in recent years as moves to have this recognised by the Crown in social policy have been successful. A fuller discussion of family and kinship in Maori society follows that of the Anglo-European tradition.

society, such as economic, political, and educative, but with industrialisation and urbanisation, most of these functions, particularly the economic, were taken over by institutions outside the family (Parsons, 1956; Morgan, 1975; Elliott, 1986). Political status and power were now achieved in the workplace or electorate, rather than ascribed by birth and heredity. Schools took over the education of children, hospitals the treatment of the ill, and the state became responsible for the welfare of the old and poor. Thus the extended family lost most of its functions.

The second part of the argument put forward by Parsons (1943, 1956, 1959) was that the nuclear family structure of husband, wife and children, was ideally suited to an industrial economy, but the wider extended kin group was not. The reasons he advanced for this part of the argument were that the new industrial economy required occupational mobility, which involved both geographic and social mobility (moving into a higher social class), and that it would be incompatible for a worker to maintain both kinship ties and adhere to the values of the industrial society that required him to move geographically and socially away from his kin. Parsons (1943, 1956, 1959) argued that the nuclear family was *structurally* isolated from the wider kin group, in that it was residentially and economically autonomous, and therefore allowed an individual to move socially and geographically as his job required. He saw a clear division of labour existing between husband and wife, with the husband taking care of the economic needs of the family unit through his labour in the workplace, while the wife provided the necessary emotional support for this worker, as well as raising the children, or next generation of workers. Other important sociological theorists who had espoused similar views were Durkheim, Wirth, and Weber (Morgan, 1975).

Critics of the structuralist-functionalist view began to appear in the 1950s and 1960s. Whereas Parsons' work was entirely theoretically based, the family sociologists who succeeded him turned to empirical studies to

demonstrate that, in fact, the extended family still existed and functioned, performing a myriad of mutual exchange services among relatives outside the nuclear family household. One of the first and most famous studies was Young and Wilmott's (1957, reprinted 1986) study of a working class community in East London. Studies in the United States by Litwak and Szelenyi (1971), Sussman and Burchinal (1980) and Wilson (1993), and by Kendig and Rowland (1983) and d'Abbs (1991) in Australia, confirmed these findings in other social groups.

The next stage in the refutation of Parsons' theory came in the 1970s from family historians and historical demographers such as Laslett, who demonstrated that the extended family *household* which was assumed to have existed prior to industrialisation was, in fact, a myth. Laslett (1977) showed that household size had not in fact altered significantly from the 16th century to the present in England, and that few households in the 1800s contained more than two generations (parents and children).

Others went on to provide demographic evidence that it would be very difficult for three generations to have co-existed prior to the 18th century, due to low life expectancy together with relatively late age at marriage (Crowther 1982; Anderson, 1994; Thomson, 1998). Secondly, families were relatively small due to high infant mortality combined with late age at marriage, and children left home as early as twelve years of age. It is only relatively recently that it has become the norm for children to know their grandparents. The size of houses, they argue, also meant it would not be possible for more than one adult child and his family to stay on in the parental home; the others would have left to form their own households. Nor was it the norm to live with relatives at the other end of the life cycle, according to Thomson, or for adult children to provide financial support to elderly parents. Both Thomson, and Parsons (1959) refer to the precedence that children in the nuclear family always had over elderly parents.

Conversely, if the nuclear family were essential to an industrial economy, it would have to be universal across industrialised societies, yet the extended family household continues in Japan (Elliott, 1986). Others provide evidence that geographic mobility was in fact common in pre-industrial societies (Segalen, 1986; Anderson, 1994; Hareven, 1994) and did not evolve alongside industrialisation and urbanisation, thus affecting kinship both before and after the change in the economic basis of production.

Historians also provide evidence for support networks of kin operating across households in pre-industrial times, similar to that found in the 1950s and 1960s, though Thomson says there was little evidence of economic support. Further, they identified new functions that emerged in the industrial economy for the extended family to perform, such as assisting in the migration to the cities for work, and acting as a buffer between an individual and outside institutions such as the workplace (Segalen, 1986; Harris, 1990; Thomson, 1998). But according to Thomson there was an emphasis even then on individual freedom and choice and independence, with a strict limit to family obligation and the elderly showing resentment at any necessary dependence on family, which led to strained family relationships.

Thus, the evidence points to a continuity in form and function of extended families before and after industrialisation, rather than a change. The actuality of the extended family prior to industrialisation is not the commonly held ideal, and conversely the belief in its demise is not borne out by evidence.

Critics of the critics, such as Harris (1972), point out that Parsons was not denying that kinship networks and a system of exchange of services existed. Harris says the main difference Parsons was pointing to was that kinship was no longer prescribed and normative, and no longer had authority over the "isolated" nuclear family. The argument seems to come down to one of definition of "extended family". Litwak (1965) distinguished two distinct

types of extended family, neither bound by "household" or co-residence. The first is the *classical extended family*, which is characterised by geographic proximity, economic interdependence, authority of the head of the group over the members, and an emphasis on kin relationships over the conjugal relationship. Membership was also more formally prescribed and limited.

The second extended family type is what Litwak called the *modified extended family*, which is characterised by a loose, informal set of kin relationships involving an interlocking set of nuclear families, which may be geographically dispersed and economically independent, but are bound by a sense of obligation based on affective relationships and the exchange of mutual aid services. Membership of this group is selective and bound by memory and contact, usually limited to first cousins, or maybe second where contact has been established early in the life cycle through geographic proximity. These two definitions correspond to the different types of extended families that existed before and after industrialisation.

Parsons seems to have been primarily concerned with the productive or economic function of the family. Yet Laslett (1977) claims that very few households or family units ever did form productive units - that a group of households was more likely to share the productive process, and that individuals, especially women and children over 12 years of age, worked outside the home prior to industrialisation. Parsons seems to have ignored the other major function of the family, that is, the emotional and nurturing role. This could be seen as taking a very male perspective on what is important. The emotional function of the family was, if anything, increased by the needs of industrialisation, and the nuclear family far from being autonomous in this role was dependent on the resources of the wider kin group (Litwak and Szeleyni, 1971). With the movement to the cities for work, newcomers were often dependent on extended family to help them find jobs and to provide initial accommodation.

Recent Research

Research into kinship and family support networks in modern Western society went into abeyance from the late 1960s to the mid 1980s as family research concentrated on the internal dynamics of the nuclear family - the conjugal relationship and parent-child relationships - and the increasingly diverse forms of the nuclear family such as sole parent families and blended families, and families formed outside of marriage on de facto conjugal relationships. Interest in kinship research was rekindled in the late 1980s in Britain and Australia in response to changing trends in government policy. These trends tended towards a withdrawing of state involvement in provision of support and services, and an ideology of individuals being self-reliant and, where they could not meet their own needs, looking to the family rather than the state for help⁵. Sussman (1991) says that, in addition to political change resulting in cuts in state expenditure, increased interest in studying the extended family and intergenerational relations is due to demographic change. An increasing proportion of elderly in our population underlies assumptions of an increased future demand for state and/or family support. This point will be examined in Chapter Four on demographic trends related to extended family support, and in Chapter Five on social policies related to extended family support.

Some of the seminal research carried out in the West in the last decade has been by Janet Finch, together with Jennifer Mason, in Britain (Finch and Mason 1993). Finch (1989) started from the premise that more demands were being made on the family without any empirical information on the ability or willingness of the family to provide support. Much of the help being called for was outside of the nuclear family, in particular between adult children and their parents. A great deal of demographic and social change had taken place in the family since the introduction of the welfare state following World War Two which might affect its ability to support its

⁵ A full discussion of policy and the family is undertaken in Chapter Five.

members: initially larger families in the “baby-boom” and then a declining family size; increased life expectancy; increased marital disruption through divorce; and increased female labour force participation. (A detailed discussion of demographic change in the New Zealand family is given in Chapter Four.) In addition there was rising unemployment and increased dependency of young adults through longer time spent engaged in education. Secondly, Finch (1989) questioned the assumptions which appeared to underlie government policy and ideology, namely that “families are the natural and best support” and that families in the golden-nostalgic-mythical past had performed these functions before the state took them over.

Finch and Mason (1993) carried out both qualitative and quantitative research into just how families do function and whether there was any societal consensus on the nature and type of support family members provide to one another. They found no consensus, not even for parents and adult children in areas such as care in old age, concluding that aid among kin is not automatic. Their study showed that family assistance does not occur naturally but is selective and socially created, and some families work better than others.

The Australian Institute of Family Studies has also carried out several studies on the extended family and its support functions. The Australian Family Networks Project (d’Abbs, 1991), for example, supports Finch’s findings, and those of the earlier studies of the 1950s and 1960s in Britain and the United States reported above, that wider kin networks beyond the nuclear family household do operate in industrialised Western societies to provide an exchange of mutual support and services, but that they do not occur naturally. They are selective and built up over time and involve the principle of reciprocity.

The Australian study was carried out in three locations in 1981 and 1983 involving a total sample of N=795 randomly selected respondents in a

quantitative survey, from which a random sub-sample of 100 was chosen for a qualitative study. It looked at who people turn to for help when sick, undergoing a crisis such as losing a job, needing practical support such as childcare or household help, or when in need of financial help. The findings showed a majority of people were in frequent contact with close kin, even when living at a distance, and that they turned to family rather than non-family sources for help when the type of help needed was particularly demanding or personal. Women were more likely to be involved in this support than men, except for financial help. The study also found that commitment to helping kin was not regarded as automatically following from biological kinship, but developed and changed over time and was reaffirmed through reciprocal assistance (d'Abbs, 1991; Wolcott, 1992).

Thus, it can be argued, the modern "modified" extended family differs from the pre-industrial "classical" extended family in being based on egalitarianism and choice rather than control and power, and this is not incompatible with the needs of an industrial society. Its main functions are emotional support and practical support in the nurturing role of care for young, elderly and ill dependants; that is, its functions have been primarily relegated to the domestic rather than the economic sphere. There is an argument that the unpaid domestic role of the family cannot be separated from the economic sphere. This argument is elaborated in Chapter Five, which discusses the policy context of extended family support.

The Nature of Family and Kinship in Anglo-European Societies

The universality and endurance of kin groups suggests an underlying reason for their existence, and attempts to answer this have occupied generations of family theorists. Describing who is a family or kin member does not explain the essence of family or kinship, such as what constitutes a concept of family/kinship, or why family/kin members do what they do, and what distinguishes them from non-family/kin. If kin relationships have become

informal and selective, though still based on biological and marriage links, why do people continue to maintain and use kin networks for support rather than non-kin groups such as neighbours, friends or workmates? What is the essence of kinship that makes this category of relationship distinct from others and endure over centuries and into the modern urbanised industrial world. And why, for many, does kinship take precedence over other relationships except those of the conjugally-based nuclear family?

The main concepts that recur in the literature on the nature of kinship are "natural/automatic", "affection", "obligation", "mutual support" or "reciprocity", "identity/belonging", and "permanence". Harris (1972:31) refers to psychological explanations of kinship which attribute the essence of kinship to the natural psychological nature of man for feelings of loyalty and affection between members of a biological group generated by nurture and cohabitation. However, this does not explain the ties enduring beyond cohabiting groups, nor why the boundaries and membership of groups differ across societies. Nor does it explain conflict, abuse and neglect of family members.

A key aspect of kinship relations that is said to distinguish them from those of non-kin groups and form a basis for the strength of mutually supportive exchange relations is that of "affection", "love", "sentiment/feelings" "intimacy". Gottlieb (1993) identifies two broad functions of kinship: practical and emotional. Chappell (1996) and Segalen (1986) argue that it is the emotional element that distinguishes informal or family care from formal care and Gottlieb (1993:249) claims that "a sense of emotional ties is inherent in what family is". Yet this notion must be balanced by the fact that conflict and tension and broken ties do occur within families, and so the history of the relationship can thus alter the naturally expected nature of kin relationships over time.

Wolcott (1992:46) too describes families as "the accepted focus of caring", with women in particular being seen as "natural" carers and Gittins (1993)

states that the ideology of family involves loving and nurturing and social interaction. "Ideals of family relationships have become enshrined in our legal, social, religious and economic systems which, in turn, reinforce the ideology and penalise or ostracise those who transgress it" (Gittins, 1993:71). Thus there are societal norms of family behaviour and pressures for people to conform to them.

Harris (1972:32) suggests that there is a feeling of "obligation" in kinship relations that goes beyond natural feelings of affection and loyalty. Cameron (1990), in New Zealand, explores these issues in her definition of family. In particular the concepts she identifies as being integral to families are "obligation" and "dependence". She defines family or kinship as "those kin and affines [family by marriage] to whom or from whom the couple owe and fulfil obligations and from whom they receive gifts, gain favours and assistance, and interrelate closely" (Cameron, 1990:16). Cameron concludes that "families are assumed to care: family means caring" and "that family is epitomized much more in moral imperatives of "should" and "ought" than in actual deeds performed or services offered" (Cameron, 1990:28). Others (Segalen, 1986; Settles, 1988; Gittins, 1993; Gottlieb, 1993; O'Day, 1994) note the importance of the distinction between ideology and the actual "lived experience of families" (O'Day, 1994:272). McDonald (1992) claims people define their own families on the basis of relationship and activities.

Edgar (1992:30) defines the family as "a system of cooperation focused around two main sets of tasks: income-generation and care". But whereas he sees family life as centred around *emotional* life, across households and generations, Fortes (1969:242 cited in Finch and Mason, 1993:8) summarised an anthropological definition of kinship arrived at through cross-cultural study as "an obligation to share resources and give assistance where needed". However, he also points out that some anthropologists believe this feature does not distinguish kin relationships from those of non-kin. While

also a key feature of kinship, the emotional component included in the definition of the others is omitted by Fortes.

Several writers in the field note the basic human need to belong to a mutually supporting group that provides both identity - a sense of belonging - and the support and assistance necessary for survival (Segalen, 1986; Gottlieb, 1993; Smith 1993). Respondents in Finch and Mason's recent study saw the kin group as "something you can fall back on if things go wrong in your life" (Finch and Mason, 1993:164). Similarly, Pilisuk and Parks (1983) found that 86 percent of people in the United States would go to family in time of crisis.

Smith (1993) concludes that the family is defined as "a small intimate group founded on assumptions of mutual reliance and co-operation". This allows for the inclusion of what Gittins (1993:65) terms "fictive kin", such as adoptees and adopters, de factos and other groups or individuals not biologically or consanguinely related but fulfilling the definition given above. At this point, I believe, we are losing one of two essential criteria of kinship, that is, the biological, and retaining only the social dimension, and this is no longer kinship.

Smith (1993) argues that kin groups are distinct from non-kin based groups in that membership is ascribed and immutable and therefore more trustworthy and reliable. Secondly, obligation to other members of a group and to the well-being of the group as a whole flows automatically from this membership. What is not fixed is the nature and extent of that obligation. It appears from the work of a number of others (for example, Schvaneveldt, 1981; Harris, 1990; Finch and Mason, 1993) that the nature of support called for by this obligation derives from the nature of relationships and expectations in the family of origin, thus the type and degree of support and responsibility vary from one kin group to another. There is no socially prescribed pattern of obligation and responsibility for members of the wider kin group.

Harris (1990) sees the pattern of obligation stemming from the legally prescribed responsibility of parents for their dependent children. This may explain the sense of obligation parents have for their adult children in that it is not automatically severed when the children mature and leave home. However, the nature and type of support and obligation may alter, and the notion of "choice" is important. This nuclear family obligation may also explain the sense of obligation many adult children have for their parents through a sense of reciprocity; that they "owe" their parents for caring for them whilst dependent. This pattern may also be expanded to explain relations between grandparents and grandchildren. However, it does not explain support between kin outside the elementary family - relations between adult siblings, aunts and uncles, cousins, nephews and nieces - although Wellman's (1990) indications cited earlier are that the modern Western extended family does not extend to this wider group of kin.

Anderson (1971) proposed a model of kinship to explain support relationships between members of the wider kin group, which Morgan (1975:79) refers to as "an exchange model" of kinship. According to this model an exchange relationship, or reciprocity, develops over time in response to critical life situations in which the resources of the nuclear family are inadequate to meet the demands placed on it. Two interrelated concepts are being invoked here: the need for "time" for the reciprocal relationships to develop, that is, they are not inherent in biological relationships; and secondly, the need to turn to resources beyond the nuclear family.

This sense of developing relationships over time is central to the discussion of kinship relationships. Morgan (1975) and Harris (1972) see it as the main feature distinguishing kin groups from other groups. It is this development of relationships over time that suggests kinship relationships are socially created rather than existing naturally and automatically as a result of shared biological characteristics. Yet, paradoxically, the characteristic of kin groups that is especially suited to the long-term nature of these relationships is its

permanence; that is, its biological basis (Litwak and Szelenyi, 1971; Finch and Mason, 1993). The biological aspect of kinship begins from the birth of each member; even loss of social connection does not break the biological tie.

Despite this enduring nature of the biological aspect of kinship, the nature of the changing stages of the family life cycle mean kin relationships are not fixed, but constantly evolving. Dependent children become adult children and the nuclear family becomes an elementary family as adult children create their own nuclear families. Parents become grandparents, in-laws join the kin group and, with the increasing incidence of divorce, members leave the kin group (although the relationship with some members of the kin group, once set up on the basis of kin membership, may continue).

This concept of extended family relations evolving over time applies to the second aspect of Anderson's exchange model, the idea that the nuclear family lacks resources to meet all the needs of all its members, an idea which is supported by others (Litwak and Szelenyi, 1971; O'Day, 1994). To solve this problem, a member of the wider kin group provides support to an individual when they have needs that they themselves and their immediate nuclear family cannot meet, and this sets up an "obligation" between those individuals to be repaid at a future time. According to this theory the provider would feel able to call on that member for help in the future, and the recipient would feel bound to reciprocate, like a kind of insurance scheme. Evidence from the Australian Family Support Networks Project (d'Abbs, 1991; Wolcott, 1992) also supports this theory; they found that commitment to helping kin was not regarded as automatically following from biological kinship, but developed and changed over time and was reaffirmed through reciprocal assistance.

Anderson's (1971) study showed, in respect of the exchange model, that the system of reciprocity may not always be direct between two individuals, but if A helps B, B may in return help C. Thus it is a sense of obligation to the group as a whole rather than between two individuals. Finch and Mason's

(1993) work again disputes this, claiming, as outlined above, that relationships are developed over time between individuals, with no automatic sense of obligation to the group as a whole. They also suggest that the relationship is more complex, with the findings of their study indicating that givers of support do not, in fact, expect to receive help in return; they "choose" to help and do so freely. On the other hand, recipients do have a sense of "owing" and a need to "pay back" to keep the power balance in the relationship between "dependent" and "independent". Thus the sense of obligation or responsibility is self-imposed rather than externally imposed and occurs within the context of past choices and activities in the relationship between two individuals. Yet Finch and Mason also note this self-imposition comes from a sense of "how one will look in the eyes of others", indicating there is some external standard or expectation. What Finch and Mason are describing fits with the social interactionist model of family analysis, which basically says that family is defined by a history of interactions between members which sets up a model of role and behavioural expectations and norms (Schvaneveldt, 1981).

Morgan (1975:82) says it is this "tension between choice and obligation (described by Finch and Mason) that is at the heart of kin relationships". Gottlieb (1993) also mentions the importance of choice in extended family relationships and that family members hate to feel obligation towards one another. What is at stake in systems of mutual aid among kin, according to Finch and Mason (1993), is more, then, than material exchange of goods and services: kinship support can involve power and control in relationships. The crucial factor they found underlying obligation to help family members is one of the power relationships that can result, creating a sense of dependency for the recipient and control for the provider. People hate to be in a position of "owing" so take care to not ask for or accept help that they are not in a position to reciprocate. Old people in particular feel this - as they become more in need of help, they are usually less in a position to reciprocate, unless they are wealthy. Then this can create a sense of control

on their part. They may therefore set out to build up a “credit” when they are younger and fitter. Young couples may also feel this; while in need of assistance such as housing, money or childcare, they do not want to give parents, particularly the “in-law” of the one getting the help, the power to interfere in their lives. Thus, as Smith (1993:51) concludes, while mutual reliance is intrinsic to family relationships, these obligations are “burdensome as well as beneficial”, and as Bell (1980) and Day (1985) found, people may prefer to go to an outside institution for help in order to avoid obligation and dependence.

Historically, Segalen (1986), O'Day (1994) and Thomson (1998) claim, there is evidence that extended families never did automatically accept this obligation to care for members. That the only reason they took in their old and impoverished was because there was no alternative: it never was a preferred choice. Anderson (1994) also decries the myth of families in the past caring for their elderly, saying they were more likely to be on poor relief or in workhouses. And Finch (1989) says there has been a tradition in England of *not* relying on kin, more so than other European countries. Families are a last resort rather than a first resort. The need for the introduction of legislation (The Poor Law, 1601 in Britain, and the Destitute Persons Act 1877 in New Zealand) to make families take responsibility for their elderly, is evidence of this, although it may have been due to a lack of resources to provide assistance rather than unwillingness⁶. Others (Sussman and Burchinal, 1980; Settles, 1988) claim people turn to kin first. Perhaps it depends on the type and degree of help required.

A final point to note in this discussion is that, as well as kin relationships and the level of support and obligation varying between families, they may also vary across broader social groups such as class, ethnicity and region. Finch and Mason (1993) in their research, however, found little difference between gender, ethnicity and social class. Ethnicity is an important

⁶ This matter is discussed in more detail in Chapter Five.

consideration in New Zealand society with its indigenous Maori population or tangata whenua⁷ and significant Pacific Island populations, and increasing numbers from the Asian region and elsewhere. To acknowledge and identify the differences in the family traditions making up New Zealand society, the next sections explore kinship and family in Maori and some Pacific Island societies, traditionally and currently.

Kinship and Family in Maori Society

Traditional Maori social organisation was very strongly kin based (Scwhimmer, 1974). There were three levels of organisation - whanau, hapu and iwi - all based on whakapapa⁸. The basic daily unit of work and co-operation and support was the whanau, within which the nuclear family existed.

Like "family" in English, the term "whanau" is used in different ways, but is most commonly used to mean extended family (Taiapa, 1994; Schwimmer, 1968, 1974) which, as in European society, covers grandparents, parents, siblings, aunts/uncles, cousins and children. The term "cousin" is not used in the same way in Maori society as it is in European society though: genealogically close cousins are often referred to and treated as siblings, with the term "cousin" being reserved for more distant relationships (Cameron, 1981; Schwimmer, 1974). Thus the whanau is likely to be a broader grouping than a European extended family which tends to be limited to first cousins (Segalen, 1986). In the mid 1970s, Metge (1976:121) claimed that most Maori could identify upwards of two hundred relatives, of whom there would be few that an individual had rare or no contact with. Cameron (1981), in a small sample study to determine the extent to which standardised questionnaires about family networks could be used across cultures, found that Maori had about double the number of siblings and

⁷ The indigenous Maori population of New Zealand is known as the "tangata whenua", literally, people of the land, connected to a locality through a line of occupying ancestors (Metge, 1995; Ryan, 1995).

⁸ Whakapapa: descent from a common ancestor (Metge, 1995:336).

aunts and uncles of Pakeha, reflecting the different fertility patterns of the two cultures in the past.

Taiapa (1994:4) notes that "whanau is often translated simply as the extended family, but that does not procure the complexity of whanau or of whanaungatanga"⁹. Walters and Walters (1986) also refer to the "essence" of whanaungatanga which involves a spiritual as well as a social dimension. The common terms used to describe the basic function of whanau are: mutual support, sharing, commitment, obligation, reciprocity, care and protection, and aroha¹⁰ (Schwimmer, 1974; Walters and Walters, 1986; Kupenga, 1990; Ruwhiu, 1994; Taiapa, 1994; Metge, 1976, 1995). According to Taiapa (1994), Maori family values are different from New Zealand family values generally, yet these terms are very similar to those found in the literature reviewed above on the ideological concepts of the Anglo-European extended family. It appears to be the additional spiritual aspects that distinguish whanau ideology from that of the European tradition.

The key types of support provided by whanau, according to Metge (1995) and Ratima et al (1996) are financial, material (clothing and transport, for example), repairs, accommodation and childcare, which are similar to those of the Anglo-European extended family as outlined in the next chapter. However, in addition, the Maori whanau operates in the area of land issues (because in Maori tradition land is collectively rather than individually owned), in the storing and passing on of whakapapa, tikanga, and taonga¹¹ and the organising of ceremonial occasions (Ratima et al, 1996). These functions are less prominent in the European extended family tradition. Metge (1976) listed the types of kin interaction that were most common when she was writing: just keeping in touch; taking an interest in one another; open home; sharing possessions; giving or lending money, but the

⁹ Whanaungatanga: relationship, kinship (Ryan, 1995).

¹⁰ Aroha: caring, compassionate love for others, especially love for relatives (Metge, 1995:332; Ryan, 1995).

¹¹ Tikanga: knowledge of rules and customs; taonga: treasures or resources (Metge, 1995:335; Ryan, 1995).

two most important were sharing food and tangihanga¹² attendance. Cameron (1981) noted these last two as those that were the most different from Pakeha kin interactions.

Metge (1976:125-126) wrote of the strong sense of rights and duties towards whanau, and the feelings of shame and guilt if these were not fulfilled: "Maori feel it is morally wrong to refuse kinfolk". While kinship obligations may seem burdensome, "it is a form of insurance against future troubles" (ibid:125-6). But Taiapa (1994, 1995) and Metge (1995) also comment on the conflict that can occur in the nuclear family as a result of obligations to whanau. Again this shows similarities to the Anglo-European extended family, reflecting the tensions between choice and obligation referred to in the discussion on the Anglo-European tradition above. The strong sense of obligation and expectation regarding the extended family may be in conflict with a preference for giving time or resources to the nuclear family.

(Metge, 1995) notes the effect of the urbanisation of the Maori people since World War Two, and the adoption of European patterns of employment, education, housing and welfare which have led to a decline in the function of the whanau, not only as an economic and work unit, but as a social support system. Taiapa (1995) also refers to the role of whanau in economic production for its members before colonial contact, and the change in whanau functions with the integration of Maori into a cash economy industrial society. As a result, she argues, "it has become difficult for low-income earners to fulfil their obligations to whanau in terms of a capacity to respond with money" (Taiapa, 1995:12). This parallels the debates in the European literature about the decline of the extended family with industrialisation. Ruwhiu (1999:298) argues that "urbanisation broke traditional whanau support structures and poverty of the soul, body and mind were the resultant outcomes". Walters and Walters (1986) noted a high incidence of abuse and neglect within the contemporary Maori nuclear

¹² Tangihanga: funeral (Metge, 1995:335).

family, and the lack of aroha, care and protection from whanau in these cases. According to Walters and Walters, the (nuclear) families in their study relied on institutional support, which lacks the spiritual dimension of whanau, and the advice of professionals rather than kaumatua¹³. Another suggested explanation for this change given by Walters and Walters is intermarriage with Pakeha, which has been high in New Zealand.

For many Maori, though, whanau support and involvement is still an important part of their lives. Selby (1994) gives an account of how relevant the whanau has been and still is in her life, and Taiapa (1994) notes that while not all Maori today belong to functioning whanau, many still retain a sense of whanau obligation despite geographical dislocation, particularly the contribution to tangihanga. Early results from the recent Te Hua Nuku Roa study by the School of Maori Studies at Massey University show that reports of strong links to whanau varied from 80 per cent of the very urbanised in Auckland (Forster et al, 1998) to 95 per cent in the strongly Maori area of Gisborne (Forster et al, 1997), where Maori accounted for 45 per cent of the population at the time of the 1996 Census. Similar proportions reported that their whanau was supportive, and slightly less believed that whanau played a large part in their life.

However, there was a lower level of perceived obligation to whanau in terms of expectations they felt their whanau had of them, with over half (56 per cent) of Auckland Maori feeling little expectation, and nearly two-thirds (63 per cent) of those from Gisborne. And just over half (54 per cent) from both the urban and rural area reported giving money to whanau in the past four weeks. In a seminar¹⁴ Taiapa commented that expectations have declined due to an understanding of the poor economic situation of some members, with Maori overrepresented in low-income groups, and due to geographic dispersion and work commitments which make it difficult to take part in whanau functions compared to when all members lived in

¹³Kaumatua: elders (Ryan, 1995)

¹⁴ At the School of Maori Studies, Massey University, Palmerston North, 28 May 1999.

greater geographic proximity. Changing socio-economic circumstances are, therefore, leading to a modification in the structure and function of whanau. She called for help to strengthen the whanau so that it can care for its members.

This fits with the move from the classic to the modified extended family, as defined by Litwak (1965) that occurred with industrialisation in Europe. Metge (1995) also says that affiliation to whanau involves an element of choice, as in the modified extended family definition, and that time, distance and compatibility can result in younger members growing apart from their whanau, or one of their whanau¹⁵.

Although co-residence is not a necessary part of being an extended family, the changes in whanau that occurred with urbanisation are reflected in changes in extended family households. Metge (1976:148) and Schwimmer (1968:28) reported that in the 1960s one in three Maori homes still contained three generations; by 1996 this has dropped to between 20-24 per cent (Forster et al, 1997, 1998; Statistics New Zealand 1998c).

Pacific Island Extended Family Traditions

The extended family in Pacific Island cultures is even more in keeping with the classical model outlined earlier in this chapter than is the Maori model. Traditionally in Pacific Island cultures the extended family is the main unit of social organisation and support and the basis of land use rights (Pitt and Macpherson, 1974; Faiva, 1989). There are many different Pacific Island cultures in New Zealand, but little contemporary written, academic material about the operation of the extended family in these cultures in New Zealand today is available. Although each culture has its differences it would not be possible, even if material could be obtained, to present them all here. The material obtained¹⁶ about Samoans in Auckland and Tongans in Sydney is

¹⁵ Maori can belong to more than one whanau, by tracing descent through either parent.

¹⁶ This material was obtained after consulting with my Pacific Island colleagues.

used to provide an example of the extended family traditions and current status of some Pacific Island cultures, compared to Pakeha/European New Zealanders, in order to acknowledge some of the broad differences in extended family traditions and practices within New Zealand.

In Samoa, formal leadership of the extended family or aiga¹⁷ is based in the matai (chief) (Pitt and Macpherson, 1974; Meleisea and Schoeffel, 1998). It is the classical extended family model, defined earlier in this chapter, of economic dependence, geographic proximity and strong leadership and control, with the individual and nuclear family being subordinate to the needs of the extended family (Pitt and Macpherson, 1974). While many of the customs and functions are retained on immigration to New Zealand, the extended family has also undergone modification to adapt to the new environment. Leadership has become more informal and household-based, and participation in the market economy and geographic distance from the family land and village have reduced economic dependence on the aiga. However, Pitt and Macpherson (1974) stated that emotional dependence in the early days of immigration remained strong, and family links were constantly reinforced by movements between the two locations and financial transfers back to the family remaining in Samoa. In 1985 Ngan-Woo reported that Samoans in New Zealand sent their families NZ\$14 million per annum, and Bedford (1997) says that these financial transfers and the sense of obligation on which they are based remain strong today. Similarly, Faiva (1989:42) found with the survey of 895 Tongans living in Sydney that all participants sent remittances to relatives in Tonga as a result of extended family obligation, about half of these being significant in relation to their disposable income.

The main functions of Samoan aiga in New Zealand, according to Ngan-Woo (1985), are economic support for such things as school expenses, building projects and ceremonies; accommodation, particularly for new immigrants to

¹⁷ Aiga: family, extended family, cognatic descent groups to which membership is traced through both parents (Meleisea and Schoeffel, 1998:175)

New Zealand; helping to find jobs; and emotional and financial support during life crises such as marriage, death and birth. Tongans in Sydney may be assisted with money, food, clothes and labour if needed (Faiva, 1989). Faiva found that reliance on the extended family by Tongans in Sydney was due not only to traditional practice, but was also a result of isolation from alternative support sources. This isolation was due to a lack of awareness of services, language difficulty and other cultural differences that result in reliance on known support systems such as the family and the church. S/he also concluded that extended family co-residence reflected economic necessity rather than a commitment to traditional extended family structure, and despite the benefits of support, can have negative consequences from overcrowding which undermine positive family relationships. In New Zealand, Pacific Island people are more likely than those of other ethnic groups to live in extended family households: 41 per cent compared with 23 per cent of Maori and Asian people, and 6 per cent of Europeans (Statistics New Zealand, 1998c:17).

In 1985, Ngan Woo also claimed that the aiga system of support and obligation ensured members were taken care of when unemployed or otherwise have low material resources. Although members can and do opt out of aiga obligation, this forfeits their rights to land and support. Macpherson (1991:145) writing more recently of the younger New Zealand-born Samoans believes that "Children who have not experienced the practical benefits of extended kinship within a fragile ecosystem may become impatient with the importance which their parents attach to kinship obligations and the costs of their performances". Others have questioned the precedence that sending money back to the islands, or using it to build churches, takes over providing for the children of the nuclear family in the new society, for their welfare and education and thus their future in the market economy (Faiva, 1989). Macpherson (1991) reports that today there is considerable variation among New Zealand-born descendants of Pacific Island cultures in terms of their cultural knowledge and commitment as

intermarriage, education and employment involve them in Western culture and create cultural conflicts for them. Meleisea and Schoeffel (1998) also note the ambivalence of New Zealand born children towards their Samoan culture and the conflict they experience between what they choose to do as members of New Zealand society, and their traditional Samoan family obligations.

Summary

There is clearly no set conceptual definition of family or kinship, and this is responsible to some extent for the debate on whether kinship/extended family systems still operate in modern Western industrialised societies. For the purposes of this study the term extended family will be used to refer to all consanguinial and affinal relatives outside the nuclear family of parents and dependent children. Others, such as adoptees, who have legal recognition will also be included, as will de facto family members as defined by respondents.

The ideology of what constitutes the social dimension of extended family seems to be very similar in both Maori and European society, depending very heavily on notions of mutual obligation, reliance, caring and affection. The issues arising from this review for the present study are that, ideologically, there is much overlap in the ideology and function of Maori whanau and Anglo-European extended family, the main differences being size due to both larger numbers of siblings in Maori families and a wider genealogical inclusion, and the spiritual, land, ceremonial and transmission of knowledge and resources functions. Pacific Island extended families are more economically dependent than European and like Maori have ceremonial functions that are more important than in the European based Pakeha tradition.

However, there is also debate as to the extent to which the extended family has declined in the daily lives of all cultures in New Zealand. This thesis

will add empirical evidence to the suppositions being made on the basis of anecdotal evidence and deductions from social and demographic change. Although sample numbers in this study will not be large enough to enable a comparison between the ideology of the extended family and its actuality in the different cultures, data from other studies will be used to make some comparisons between the two main extended family cultures in current New Zealand society.

However the main purpose of this study is to ascertain to what extent the European New Zealand realisation of the ideological extended family is common or rare, by investigating the demographic structure of the extended family in predominantly European/Pakeha dominated New Zealand, and exploring the difference between norms and behaviour, and the reason for any discrepancy. It is clear from an examination of previous research in New Zealand and the comments of others who have made similar reviews in the past, as presented in Chapter One, that we need this information and do not have it.

The next chapter examines the literature and research on actual extended family helping behaviour in western societies in order to ascertain what types of support to investigate in this study, and the key characteristics of givers and receivers of family support, in order to develop a questionnaire that will capture the actual family helping behaviour occurring here. This will also enable comparison with other comparable societies, and enable me to relate key characteristics of helpers and recipients to demographic trends in those factors in New Zealand. This will provide a basis for discussing the policy implications of extended family norms and behaviour in New Zealand.

CHAPTER THREE

THE NATURE AND CHARACTERISTICS OF EXTENDED FAMILY SUPPORT: TYPES, PROVIDERS AND RECIPIENTS OF SUPPORT

Introduction

This chapter reviews literature and previous research in relation to the first research question in this study, that is, on patterns of helping behaviour between members of modified extended family networks¹ in contemporary Western societies. This will guide the development of key variables for this study and provide comparative material for discussion of the findings. The first aspect of kinship support investigated is the main types of support provided and received by extended family members in Western societies. The second aspect is a consideration of which family members are primarily providers and which are primarily recipients of these various types of support and how demographic characteristics, such as age or generation or life cycle stage, gender (including the effect of female labour force participation), marital status, family size, socio-economic status and ethnicity, influence family helping behaviour. The influence of the variable "geographic proximity", also, conversely, termed "geographic mobility", on provision and receipt of family support will also be discussed. Trends in these variables will then be analysed in the next chapter as a basis for later analysis of their impact on government policies which rely on the availability of extended family support.

The literature reviewed here was found through the Sociological Abstracts database, Massey University library sources, and Index New Zealand. It includes various types of studies ranging from large scale national surveys to smaller qualitative studies. Where there is contradiction in findings this is noted, and explanations offered in terms of the methodology or other

¹ As defined in Chapter Two.

specific factors on which the result may depend. Most of the material covered is reports of primary research.

Types of Support

The types of support included in previous research on extended family support show that there is much commonality across studies and countries in the key categories of support provided by and received by extended family members in contemporary Western societies. Financial support was included in most studies, with some specifying different types. Finch and Mason's (1993) study of family support in Britain, Kendig's (1986a) study of the elderly in Australia, the Australian Family Networks Project (d'Abbs, 1991), Marks' (1995) study of family support after divorce and the Cicirelli et al (1992) study of sibling support in the United States, all include financial support. While Sussman and Burchinal (1980) and Sussman (1988) distinguish between direct and indirect financial support, other major United States' studies also categorise these as: gifts and money (Rossi and Rossi, 1990); money and goods (Mangen, Bengston and Landry, 1988); monetary and material resources (Hogan, Eggebeen and Clogg, 1993). Others distinguish different categories of direct financial support: the 1992 Survey of Families in Australia (Castles, 1993), specified income, inheritance, loans, bill payment and regular assistance as types of financial support and Wilson (1993) specified financial assistance and loans.

Another common support of help found in previous family studies was caregiving of various types. Childcare was included in studies by Sussman and Burchinal (1980; Cameron (1981), Kendig (1986a), Sussman (1988), Rossi and Rossi (1990), Castles (1993) and Marks (1995). Rossi and Rossi (1990), d'Abbs (1991), and Wilson (1993) all include caregiving for the sick or when ill. Kendig (1986a) uses the terms "personal care and nursing", and Parker and Lawton (1994) similarly distinguish between personal care and physical care. Sussman and Burchinal (1980) called it "physical care", while Castles

(1993) was more specific, describing it as “personal care for disability or long-term illness or old age”.

Types of support that could be categorised as “social-emotional” were also common to most studies (d’Abbs, 1991; Kendig, 1986a; Rossi and Rossi, 1990; Cicerelli et al, 1992). Some of the more specific terms used were “advice”(Mangen et al, 1988; Rossi and Rossi, 1990; Finch and Mason, 1993; Hogan et al, 1993); listening and talking (Finch and Mason, 1993); counselling and welfare (Sussman and Burchinal, 1980; Sussman, 1988); and companionship (Sussman and Burchinal, 1980; Sussman, 1988; Hogan et al, 1993). Cameron (1981) specified the giving of emotional support in times of crisis, and Wilson (1993) was even more specific about the circumstances, specifying life cycle transition crises.

The fourth major type of support covered in many studies on extended family support is various types of practical help, especially household help (Sussman and Burchinal, 1980; Healey, 1986; Kendig, 1986a; Rossi and Rossi, 1990; d’Abbs, 1991; Cicerelli et al, 1992; Castles, 1993; Hogan et al, 1993; Wilson, 1993; Marks, 1995). Home maintenance was specified by Cameron (1981); Healey, (1986); Kendig, (1986a); Rossi and Rossi (1990); Marks, (1995). Marks (ibid) also included car repairs. Gardening (Healey, 1986; Kendig, 1986a), shopping (Healey, 1986; Rossi and Rossi, 1990; Cicerelli et al, 1992), transport (Healey, 1986; Kendig, 1986a; d’Abbs, 1991; Cicerelli et al, 1992, Marks, 1995), accommodation (Mangen et al, 1988; Castles, 1993; Finch and Mason, 1993) and help to get a job (Castles, 1993; Sussman and Burchinal, 1980; Hancock, Mangen and McChesney, 1988; Rossi and Rossi, 1990) were less common types of help investigated in the studies reviewed.

The notable exceptions to the commonality of types of family support across studies are the categories identified by Cameron (1981) as important to Maori but not to European New Zealanders, namely, the provision of food, assistance with dealing with government agencies, and funeral or tangi

attendance. Only Healey (1986) mentioned providing meals, and only Sussman and Burchinal (1980) and Sussman (1988) included attendance at weddings and funerals. Thus, while a questionnaire for Pakeha New Zealanders could be designed with confidence from overseas studies, a questionnaire to be relevant to all New Zealanders would need to take account of relevant cultural differences in New Zealand society.

The key categories of help covered in studies of extended family helping behaviour can be summarised as:

- financial support;
- social-emotional support;
- help with practical daily living tasks such as housework, home maintenance, meal preparation, gardening, shopping and transport;
- and caregiving of the ill, disabled, elderly infirm and children.

Although determining which types of support were found to be most frequently provided is seen as an important aspect of family support to investigate in this thesis, few of the studies mentioned above reported on this. Of those that did, Mangen et al (1988:159) found the most commonly exchanged and provided type of assistance was what they called "services", which equates to the practical help discussed above. Little financial assistance was given. However, the 1992 Australian survey of families (Castles, 1993:10-11) found similar proportions exchanging financial help (loans, gifts, bill payment and regular assistance) as exchanged personal care and household help. Nine per cent had received financial help from families, and 10 per cent reported giving financial help. By comparison, in this same study (ibid:11-12) 6 per cent reported receiving personal care and home help from family, and 11 per cent reported giving such help.

Characteristics of Providers and Recipients of Support

By type of help

There was more information available on which family members were most involved in the different types of helping than on which were most frequently provided. Two-thirds of financial help in the Australian survey of families (Castles, 1993) came from parents to adult children aged 15-34 years, and two-thirds of the providers were aged 25-54 years, with women both providing and receiving more than men. These findings are similar to an earlier 1981 Australian study that found financial help is downward from parents to children, with 12 per cent giving and 6 per cent receiving (Kendig and Rowland, 1983).

In the area of personal care and home help, women aged over 65 years (mainly mothers) were the greatest recipients, with women aged 25-54 years (mainly daughters) being the main providers (Castles, 1993:11). Again, the findings are similar to those of the earlier study by Kendig and Rowland (1983) reported above.

In the area of childcare, Castles (1993:19) found that maternal grandmothers were the main providers of childcare, making up two-thirds of regular carers, although regular childcare was only a quarter of all childcare given, most being of the occasional babysitting type. Friends and neighbours provided a quarter of all childcare in this study reported by Castles (1993).

By Relationship

It is apparent that age or generation, and gender have an impact on the type and amount of care given. Conversely, who gives and who receives also varies according to the type of support. While adult children are more likely to provide practical and caregiving support to aged parents, they are also more likely to be recipients of financial aid from parents. Table 3.1 sets out a general breakdown of the flow of support, by relationship, from a summary of the studies reviewed above in the section on types of help.

Table 3.1 Providers and Recipients of Family Support,
by Relationship

RECIPIENTS	PROVIDERS
elderly	spouses, adult children, siblings
mentally ill, physically incapacitated, intellectually incapacitated	parents, siblings
parents of young children	parents, siblings
sole parents	adult children, parents
divorced	parents
widowed mothers	adult children, especially sons
unmarried daughters	parents
low income adult children	high income parents
low income parents	low income adult children

A further important consideration to emerge from Table 3.1 is that most of the flow of support is between first degree relatives (parents, adult children and siblings). Individually, second degree relatives rarely provide support (Wellman and Wortley, 1989), although Kendig (1986a) found that, as a group, they accounted for one-fifth of all instrumental support in his study of Australian elderly, with gardening by grandsons being the most common type of help. Another example of help by the wider family is found in Worrall (1996) who claims foster care by kin is mostly provided by grandparents and aunts of the children. According to (Powers and Kivett, 1992) women are generally more likely than men to provide for more distant kin.

According to the literature reviewed in the previous chapter, while most adults participate in extended family support networks, exchange of support is mutual and heavily reliant on the concept of reciprocity. It may be the failure of more distant relatives to begin the first step of reciprocity which occurs automatically between parents and dependent children, that precludes them from the support relationship. Finch (1989) found

reciprocity to be especially important as genealogical distance increases: more distant relatives were less likely to provide help unless they felt it could be reciprocated than were closer relatives, such as parents and adult children. An additional factor may be lack of proximity. d'Abbs (1991) found in his Australian study of family support networks that proximity was a greater determinant of whether family support occurred for more genealogically distant relatives than for parents and adult children.

Age, Generation or Life Cycle Stage

The reciprocity that is central to family helping behaviour is strongly tied to life cycle stage, with the type of help varying according to the intergenerational relationship of the two parties.

The norm of reciprocity in its most general form implies that people should help those who have helped them....Thus reciprocity does not imply equality in exchange. Reciprocity simply means that some amount is given and some amount is received; these amounts are not necessarily (or even usually) equal.... When looking at exchanges between generations within families it is complicated to assess equity objectively. Stage of life must be considered. The ability to give and the need to receive is largely contingent on life cycle stage (Hancock et al, 1988).

Thus the reciprocity and exchange nature of support is not time bound, meaning that more support is given at certain stages of the life course, while at other stages more support is received. Given the importance of life cycle stage in the dynamics of family helping behaviour, provision and receipt of support is analysed next by age and generation as proxy variables for life cycle stage. Age serves as a proxy variable for life cycle stage; for example, 18-24 years is the young adult; 25-44 are the key child raising years; 45-64 are the middle ages between young dependent children and retirement; and 65+ are the retirement years.

Parents and Adult Children

Most family support across households flows between parents and adult children with the amount and type of aid given and received varying, however, according to life cycle stage (Rossi and Rossi, 1990; Bengtson, 1993; Hogan et al, 1993). In general, the two ages or life cycle stages when more support is received are at the two extremes of the continuum. Young adult children setting up home, having children of their own, or in tertiary education and starting employment, receive more from their parents than they give at that stage. In particular, they are likely to receive some form of financial assistance, either directly, or indirectly in the form of low or no interest loans or gifts (Sussman, 1965; Lewis, 1990). Those with young children are likely to receive assistance with childcare while those experiencing divorce will receive social-emotional support and practical assistance. White (1992) says the downward flow of support from parents to adult children continues until parents reach old age, though Cooney and Uhlenberg (1992) show that support from parents to young adults declines from age thirty, and this decline accelerates after age forty.

The length of time young adults in New Zealand and Australia are financially dependent on their parents is being increased by recent policies and social trends such as high youth unemployment and increased time spent in education and training (these trends are detailed in the next chapter). Student allowance policies that deny young adults financial independence and student loan policies that leave them with large debts make it difficult for young people today to set up independent households and be financially independent (Schneider, 1998). These policies are detailed in Chapter Five.

The other major recipient group by age is the very elderly who are experiencing loss of independence in daily living tasks. Thus the type of help they are likely to receive from adult children is instrumental, practical household help and caregiving. At this age, as their peers die or move away

to be near their children, and their mobility declines, they are also likely to be in need of social and emotional support from adult children.

Conversely, the main providers of support, by age, are middle-aged children who are caring for elderly parents, and “young-elderly” parents providing financial, childcare and emotional support to young adult children. The middle-aged give more financial aid in particular because in terms of life cycle stage they are at the height of their earning capacity (Hancock et al, 1988:158, 160 ff.).

According to Wellman and Wortley, (1989), parent-child support is, however, mostly financial and emotional. In recent years, due to demographic changes which will be detailed in the next chapter, it may be the same middle age group providing support to both the older and younger generation; this is known as the “sandwich generation” Lewis (1990:82). Table 3.2 below, reproduced from Wolcott (1997), shows the direction of flow of the main types of support between parents and adult children found in Australia.

Table 3.2 Reciprocity of Support Between Generations

	Emotional %	Financial %	Practical %
Support to adult children	93	73	83
Support from adult children	83	27	79
Support to parents/ parents-in-law	71	37	71
Support from parents/parents-in-law	45	23	31

Source: Wolcott, 1996:6, Table Three

In contrast to the claims by Wellman and Wortley, this shows a high level of practical support flowing in both directions, in addition to financial and emotional support. It is the financial support that is predominantly unidirectional. While Rossi and Rossi (1990) found that, overall, the young (19-30 year olds) have the greatest reported sense of obligation to provide support for family members, in reality more aid flows from the old to the

young so that this age group is the largest recipient of help. These findings are consistent with those of Kendig (1986) and de Vaus (1996).

The older age groups are also key providers of physical and personal care to other elderly family members and to the mentally ill. Howe et al (1997) found most caregivers of the elderly were aged between 50 and 69 years. Warren (1994-5) showed that the main caregivers for the mentally ill in her New Zealand study are aged 60-69. Another New Zealand study of people diagnosed with schizophrenia (Richards-Ward, 1994) found that the recipients of care were aged 15-35 years and their carers mostly parents who were correspondingly old. That is, the carers fall into two age groups: those that are elderly themselves, and the middle-aged, who are likely to also have dependent children and participate in the paid workforce. Because these adult mentally ill people are likely to outlive their parents, the next of kin to be called on as their caregivers are siblings².

Siblings

Some writers have developed a hierarchy of family support networks by relationship, which is related to the genealogical distance of the relationship. Thus siblings are located between the primary network of parents and adult children, and the more distant kin such as aunts, uncles, nieces, nephews and cousins (Cicirelli, 1992; Horowitz, 1994). Siblings potentially fill an important role in the support of two groups: the elderly and the younger mentally incapacitated, especially where they are never married, widowed, childless or orphaned (Horowitz, 1994). There are, however, discrepancies found between expectations of siblings and the reality of help provided by siblings. Cicirelli et al (1992) found that although older people regard siblings as potential caregivers, siblings rarely act as providers of care to the elderly and Horowitz et al (1992) and Horowitz (1994) found limitations in the help siblings provide to those who are mentally ill.

² These sufferers of chronic mental illness who have been cared for by elderly parents do not tend to have adult children, thus siblings are the next of kin.

Several studies in the United States (Avioli, 1989; White and Reidmann, 1992; Wilson et al, 1994) have found that siblings mainly provide emotional support, which Wilson et al found they are often better able to do than adult children due to shared generational experience, and that most sibling relationships are dependent on one being female; brothers seldom have close or helping relationships, in later life at least, (Gold, 1989; White and Reidmann, 1992; Wilson et al, 1994). Further, these studies show that sibling support is more dependent on reciprocity and being voluntarily given than parent-child support. This may explain the lack of sibling care for mentally ill adults, who cannot reciprocate, and where it is unlikely to be voluntarily given due to competing commitments and the difficult nature of the task. According to Avioli (1989), sibling relationships are built more on affective aspects and less on obligation than parent/child relationships; they tend to be more equal, and independent, as dependence interferes with the strong emotional/affective quality of the relationship.

A further deterrent to sibling care occurs in care of the elderly. In general, siblings will be of a similar age to the person in need of assistance, and this is likely to mean there are limitations in terms of the type of help they can provide due to their own declining physical capacity. With increasing age and impairment, the type of support required is likely to be more than a sibling can provide. The main type of support provided by siblings for the elderly is, thus, emotional and companionship (Cicerelli et al, 1992; Horowitz, 1994), plus some low level help with daily life, such as shopping, housework, transport and finance. Siblings are not major providers of personal care (Cicerelli et al, 1992). This may be because spouse and adult children are called on first, or due to siblings' own declining physical capacity. In contrast Wellman and Wortley (1989) found siblings provided a high amount of household services help.

Another reason for lack of sibling support, which applies to all categories of providers of support, is competing demands for support and the hierarchy

for prioritising where one's time and energy should go. Younger siblings may have a spouse or children needing their support, and the needs of these family members will most likely come before those of their siblings. Conversely, siblings are only likely to support their elderly siblings who do not have alternative systems of support from a spouse or adult children (Cicirelli et al, 1992). Thus siblings are particularly important in rural areas, due to out-migration of children for education and work (Powers and Kivett, 1992).

Similarly, the primary caregivers and providers of support to mentally ill adults are their parents. However, as already stated above, many of these parents are elderly (Grant, 1986; Richards-Ward, 1994; Warren, 1994/5) and likely to predecease their children. Siblings are, thus, likely to be regarded as potential supporters of mentally ill adults. Horowitz et al (1992) found that siblings in fact provide little support for this group, due to competing commitments from children and employment, but also as a result of the quality and reciprocal nature of the relationship between individual siblings (Horowitz, 1994), and a lack of any normative basis for caregiving between siblings (Horowitz et al, 1992).

Finch (1989) found reciprocity to be especially important as genealogical distance increases. In the case of the mentally ill, reciprocity would be difficult to provide. In addition, Finch notes the historical development of reciprocity and the relationship (see Chapter Two); those whose incapacity stems from childhood are likely to have had little chance to establish a reciprocal relationship, and may have encountered resentment from siblings due to the additional time and attention they required from the parents.

The nature of support required by mentally ill adults is also likely to be very demanding. Warren (1994/5) found none of the 42 female carers in her study of family members caring for the long-term mentally ill in Auckland had chosen to do so, but had felt pressured by the hospital. Most were aged

60-69 years and as a result of their caring role had experienced a declining material standard of living, quality of life and mental and physical health. Warren concluded that, with respect to the mentally ill, the assumption that family members will take responsibility for each other does not happen in reality.

Changing patterns of family formation resulting in fewer siblings and increasing numbers with no siblings may also affect the availability of siblings as providers of support to family members in future. This point is discussed in more detail in Chapter Four. There is conflicting evidence, though, as to whether family size (number of siblings or adult children) increases the provision of family support (see later this chapter).

To summarise, the main recipients of extended family help are the young and the very old, and the main providers the middle-aged and the young elderly. Most support occurs between parents and adult children, with siblings and more distant relatives not as involved in the family support network. While age, generation and life cycle stage are clearly a key factor in family support, integral to this effect is the further socio-demographic characteristic of gender.

Gender

"Family, like community, serves as a euphemism for women" (Walker, 1986). Many studies have found that women are the centre of kin networks, the keepers of kin relationships, and that the mother-daughter bond is the strongest of all kin relationships (Mugford and Kendig, 1986; Rossi and Rossi, 1990; Lawton et al, 1994; Millward, 1994, 1995; de Vaus, 1996; de Vaus and Qu, 1998). There are, however, variations depending on the type of help and the gender of the recipient of care.

For instance, men have been found to be the primary providers of financial support to extended family members (Rossi and Rossi, 1990; Graham, 1999),

which is not surprising as a result of the gender income differential. Sons are also the primary providers of instrumental and practical support to mothers, especially widowed or divorced mothers. Kendig (1986a) explains this in terms of gender role differentiation, so that the provider of support is replacing the task role of the absent spouse; daughters are, therefore, more likely than sons to provide support to fathers. As women are more likely than their husbands to be widowed and less likely to remarry following divorce (Statistics New Zealand, 1993), this results in more mothers than fathers being reliant on adult children, and since sons provide more help for widowed mothers than daughters do as they replace the tasks their fathers performed, it would seem that men are greater providers of support than women. However, as women living alone age, and the type of support required shifts from instrumental to personal caregiving and emotional support, daughters and other female relatives become primary providers as these are traditionally female roles (Kendig, 1986a).

Sussman (1988) found an opposite gender differential in the type of aid received by married adult children. His research showed that married children received assistance with the kind of tasks they themselves performed; thus sons were more likely to receive financial aid, while daughters were more likely to receive services such as childcare and housework.

In the area of caregiving, Parker and Lawton (1994) distinguished six categories of caring tasks, and found clear differences by degree of relationship and gender as to who was most likely to undertake them. Women were more likely to do the personal caring tasks, as well as physical tasks, while men did only physical or practical tasks. Graham (1999:286) found that two-thirds of those doing unpaid family caring for more than twenty hours a week were women. Men and more distant relations, friends and neighbours were unlikely to provide personal care. There are many references to support the claim of women being the primary caregivers of

the elderly (Wolcott, 1997). Women are also more likely than men to provide support for more distant relatives (Powers and Kivett, 1992).

Studies in Britain found that 20 per cent of women aged forty years and over were responsible for caring for dependent adults (Evans, 1991:177), and 14 per cent of adults (15 per cent of females, 12 per cent of males) in the British General Household Survey (1985) provided informal care (Nolan et al, 1996:14) and Harding (1996) reports from this same survey that 58 per cent of these carers were women. Although only 3 per cent of the British General Household Survey were involved in heavy end care (Nolan et al, 1996:14), according to Parker and Lawton (1994), most of these were women also.

The responsibility women have traditionally taken as the prime caregivers in the extended family is, however, increasingly in conflict with their increased participation in the labour force. A United States study reported in Lechner and Sasaki (1995:100) found that 50-60 per cent of caregivers of the elderly were also in the labour force. And in Australia, 15 per cent of the workforce also care for dependent others, and 73 per cent of carers were aged 25-59 - the key labour force age group - and mostly women (Biggs, 1997:2). Thomson (1996) also found that 40 per cent of carers of elderly and moderately to severely disabled Australians are in the labour force.

Several studies on national survey data in the United Kingdom and United States have shown that caregiving is associated with role conflict, role overload and the stress consequent on these situations, frequently resulting in reduced labour force participation, particularly by women (Lechner, 1991; Phillips and Bernard, 1995; Evandrou, 1995; Ettner, 1995; Starrels et al, 1995). This is exhibited in many ways, ranging from frequent workplace interruptions, lateness and absenteeism, to reduced hours, less full-time work, and to total withdrawal from the labour market and early retirement.

Both Phillips and Bernard (1995:12) in Britain, and Biggs (1997:2) in Australia, provide evidence that one-third of women carers had given up employment in order to care and (Thomson, 1996:6) found that 25 per cent of women and 10 per cent of male principal carers in her Australian study gave up work to care. Lechner (1991:71) quotes several US studies reporting that from 10-20 per cent of carers have given up employment in order to care. Osterbusch et al (1987:223) found that 14 per cent of wives and 12 per cent of daughters had given up paid work for unpaid family caregiving, and a further 22 per cent had taken unpaid leave of absence. Kendig (1986a) found a higher proportion of carers of the elderly (50 per cent) had given up paid work.

Evandrou's (1995) British study found that women who left the workforce to care for dependants had difficulty re-entering once the caregiving role ended, with long-term implications for their ability to provide for their own retirement. Women also tend to be in lower level occupations that are less flexible about time arrangements to accommodate other life responsibilities (Lechner, 1991; Osterbusch et al, 1987). Osterbusch et al's study also showed that sons were more likely to give priority to their labour force commitments, resulting in less conflict and less reduction in labour force participation with the resultant long-term negative outcome than women, who were more likely than men to alter their labour force participation to accommodate their caregiving role. Castles (1993:21) also notes that employed women (35 per cent) had more difficulty combining care of elderly, ill or disabled people and paid work than males (21 per cent).

However, Finch and Mason (1990:354) claim that most caregivers use compromise strategies such as leave of absence, part-time work, or taking turns with other family members, rather than complete withdrawal from either role. They cite British national survey data showing that only 4 per cent of women outside the labour force gave up work completely to care for others, and normative data from their own research showing little

support for the conservative familist ethic of giving up work in order to care for dependent family members. Ettner (1995) says complete withdrawal is more likely where the type of care is particularly demanding in terms of time, and most reduction in labour force participation by carers is due to complete withdrawal.

For those who do not withdraw from the workforce, Lechner's (1991: 71) study found 75 per cent of employed caregivers, especially women, reported that work and family interfered with each other, and that frequent interruption and adjustment to work schedules to accommodate caregiving responsibilities means the caregiving is unlikely to be sustained. Others report that caring has affected their paid employment: one in five women in Britain (Evandrou, 1995) and 27 per cent in Australia (Biggs, 1997:2). Another British study found that 12 per cent of those in the labour force, and twice as many not in the labour force, reported that unpaid caring limited their employment (Evans, 1991:177). Castles (1993:21) says that those Australians aged 35-44 years had greatest difficulty balancing caring of elderly, ill or disabled people and paid work, and that this age group also had the greatest number of carers who were also in the labour force.

Conversely, being in paid employment affects caregiving: women in full-time employment spend fewer hours caring for family members, and care for fewer relatives (Gerstrel and Gallagher, 1994). This study also shows that as women's roles in the United States approach those of men, without workplace accommodation for the caregiving role traditionally performed by women, the result is a "severing of the kin work that sustains what remains of the modern extended family" (Gerstrel and Gallagher, 1994:534).

However, it may be that increasing female labour force participation will change the way women discharge their family responsibilities. Montgomery and Hirshorn (1991) quote studies to show that women in the labour force are more likely to purchase rather than directly provide care.

There is also evidence that the two roles can be complementary and that each may provide satisfactions not gained in the other (O'Driscoll, 2000). For some the labour force offers respite from the demands of caregiving and essential social contact (Lechner, 1991; Phillips and Bernard, 1995). There is also evidence of the positive rewards found in caring for family (McGlone and Cronin, 1994; Nolan et al, 1996) if there are sufficient support services available to alleviate the negative aspects.

Evandrou (1995) and Finch and Mason (1990) note that the future demand for women in the labour force as the new cohort of labour force entrants is relatively small. The demographics of this issue will be detailed in Chapter Four, and the policy implications considered in Chapter Five. It may be that the two roles can be sustained with the provision of support services and workplace changes to make it easier to combine the roles of paid work and family support.

Marital Status

Along with age and gender, the structure of the family as determined by marital status and size or number of children is another important variable in the provision and receipt of family support. Mugford and Kendig (1986) found that, along with gender, marital status is the most important influence on network size and composition. The married have larger kin networks than the never married or divorced as a result of the addition of affinal family members by the former. Conversely, Rossi and Rossi (1990:456) found that:

Unmarried daughters and widowed mothers evoked the highest level of felt obligation of all the kin and non-kin investigated.

Marriage expands the kin network by creating affines, and generally children and grandchildren³. Wade et al (1994) found that marital status

³ This was more true in the past than today when marriage is not so closely linked with childbearing - see Chapter Four.

had more effect than proximity or contact on likeliness of turning to family or others during stressful events, with married people being less likely to go outside the family. Conversely, the dissolution of marriage reduces the kin network and the nature of the relationship between parents and children, with implications for the support network, particularly in old age and for sole parents (Millward, 1998).

The Australian Families in Later Life study (Millward, 1997) found that parental separation and divorce results in reduced contact between parents and adult children compared to those with intact parental first marriages, and this decline in contact persists with remarriage. In the United States, Lye et al (1995) examined the effect of parental divorce on the quality of the parent/adult child relationship and found that adult children of divorced parents report a lower quality of relationship with both parents than do children from intact marriages. The quality is inversely related to length of time divorced, especially with respect to the non-custodial parent, and is worsened by remarriage of either parent.

This reduction in contact and quality of relationship was found by White (1992) to be the main factor in reduction of parental support of adult children - financial, emotional and practical - rather than decreased resources, with the exception of reduced financial support, where resources were equally important. In this study, however, while remarriage did not worsen the relationship, nor did it result in improved parent/adult child relationships.

Eggebeen's (1992) analysis of data from the United States National Survey of Families and Households found that both widowed and divorced parents were less likely to provide support to their adult children, but widowed parents were more likely to receive support. Lye et al's (1995) study cited above found no decline in the contact or relationship with widowed parents, and Roan and Raley (1996) found contact between mothers and adult

children increased on widowhood, thus suggesting that lack of support for adult children by widowed parents is a result of decreased resources rather than reduced relationship quality. Several other studies show lack of financial support for adult children of divorced parents (Grissett and Furr, 1994; Marks 1995; Amato, 1997) and Eggebeen (1992) extends this finding to stepchildren. Grissett and Furr (1994) demonstrate that, in the particular instance of tertiary students, those of divorced parents receive less financial assistance than those of intact families.

Marks' (1995) study of 3000 mid-life parents of non-resident adult children, which looked at relationships between marital status and attitudes to parental obligation and support given to adult children, provides evidence that social support patterns between midlife parents and their adult children vary according to marital status of the parents. Where the first marriage of parents is still intact, there is both more sense of financial obligation to adult children and more actual provision of support than from remarried, divorced, separated, widowed or never married parents. Conversely, divorced, separated and widowed mothers are perceived to be most in need of support from their adult children. Remarried mothers, while receiving less emotional support from adult children, are similar to single mothers in that they receive help but do not give help in return. Marks (1995:9) notes that "marital disruption upsets institutional family exchange norms". Marital disruption not only disrupts relationships, she claims, but results in increased need and conflicted loyalties. This is especially so when there is remarriage, resulting in complex and conflicting exchange relationships. Similar findings are reported from the Australian Families in Later Life study: separated, divorced and remarried parents receive less support from adult children (Millward, 1997). A large (N=2840) panel survey of lone elderly and their adult children in the United States also found that remarriage further weakens the bond between parents and adult children (Pezzin and Schone, 1999). Thus there is no evidence that remarriage will solve the breakdown in family support created by marital dissolution.

The effect of parental marital status is of particular importance for the father-child relationship. Cooney and Uhlenberg (1992), Lawton et al (1994), Marks (1995), Amato (1997), Millward (1997), Kaufman and Uhlenberg (1998) and Pezzin and Schone (1999) all report that divorce weakens the father-child relationship more so than that with the mother. Geographic proximity may be an intervening factor in this decline, as proximity is related to contact and helping behaviour, and Lawton et al (1994) found that remarried parents, especially fathers, tend to live further away from adult children. Lye et al (1995) also found contact to be an intervening variable. However, this relationship between marital status and proximity was not found in the Australian Families in Later Life study (Millward, 1997).

Whilst Eggebeen (1992) found that the marital status of the children was less important to the exchange process, paradoxically, those with the smallest networks to call on for support, the never married and childless, are those most likely to provide support to others, probably because they are seen by other family members, and perhaps society, to be free of competing demands on their time. Kendig (1986a:88) found that the never married were three times more likely than those who had married to provide support to elderly parents, yet, because they most likely had no children, they would not receive this same support when they themselves aged.

Weston (1992) and Furstenberg et al (1995) explore the effect of parental divorce on the relationship between grandparents and grandchildren, and found that for many the relationship is weakened, especially for the paternal grandparents. On the other hand, grandparents can provide a stability for children in the wake of parental divorce. In the Australian Institute of Family Studies survey about one-third of all children of divorced parents continued to see both sets of grandparents regularly, while one-third of those children living with their mother rarely see their paternal

grandparents (Weston, 1992). This is a consequence of the weakened father-child relationship discussed above (Millward, 1997; Weston, 1992). However, in the United States, Cogswell and Henry (1995) found that young adults from divorced families perceived greater support from grandparents than those from intact families.

Thus marital status, particularly divorce of parents, affects the quality of the intergenerational relationship, particularly for men, and the provision of certain types of support in particular, such as financial support for young adult children, and care in old age. Divorced mothers are perceived as more demanding of support from their children, and divorced fathers are less likely than non-divorced fathers to receive intergenerational support in old age. While in some cases the grandparent-grandchild relationship and support is strengthened after parental divorce, in other cases it is reduced. Remarriage while having the potential to create an enlarged family network, does not, in general, overcome these deficiencies. There are also implications for those who do not marry in that they are more likely to be expected to provide support to parents, but are not likely to receive family support in old age themselves if they remain childless.

Family Size - Number of Adult Children or Siblings

A further family structure variable that might be expected to have an impact on the provision of family support is family size or number of children. From a review of the literature it is not clear, however, how important the number of adult children is for parent/adult child support relationships. Eggebeen (1992), White and Reidmann (1992), and Montgomery and Hirshorn (1991) found a strong positive relationship between number of adult children and both giving and receiving of support. This finding contrasts with Kendig (1986b), Rossi and Rossi (1990) and Stoller et al, (1992), who found that in fact there was no overall gain in receipt of support by the elderly with large families.

This outcome may be explained by the inequality commonly found in the provision of help. Provision of help to a family member usually rests on one person, either the nearest or one not in the labour force; this has been found in New Zealand (Jack and Neale, 1987; Green, 1993; Belgrave and Brown, 1997), Australia (Kendig, 1986a), the United Kingdom (Lewis and Meredith, 1988; Lewis, 1990) and Europe (Johansson, 1991; Dooghe 1992; Graham, 1999). Daughters are more likely to be the one in the family to provide caregiving of elderly parents, ahead of sons (Koopman-Boyden, 1981; Lewis, 1990; Montgomery and Hirshorn, 1991). Matthews (1987) found sharing of care by adult children most unlikely where there were many children and they were of mixed sex and ties between siblings were not close. Lewis and Meredith (1988) also found that caregiving of severely disabled people usually falls on one helper, in line with Kendig's (1986a) findings in relation to the elderly, reported earlier.

This inequality in provision of support underlies the finding by Suitor and Pillemer's (1996) that, far from resulting in increased provision of support, siblings are the greatest source of interpersonal stress for adult children caring for elderly parents. Tensions and resentment result from the lack of help the provider of family support receives from other family members (Walker, 1991).

According to Farkas and Hogan (1995), type of kin - that is, the gender and genealogical relationship of those in the potential family support network - is more important than number. Issues of socio-economic status and resources may also override the expectation that large numbers of siblings or children will result in greater provision of support. White and Reidmann (1992) found that there was less exchange of help in lower socio-economic groups and non-white ethnic groups, although both these groups might have larger numbers of siblings. This may be a resource issue, as discussed in the following sections on socio-economic status and ethnicity, with White and Reidmann joining others listed there in cautioning against assuming

disadvantaged groups have strong family support networks just because of larger family size or cultural norms.

Socio-economic Status and Material Resources

Research into the effect of socio-economic status on family helping behaviour generally finds that the higher the status, the more the resources, and the more the helping behaviour. Kulis (1992) found in a United States study that white collar workers had higher levels of all types of exchanges than blue collar workers. Conversely, Hogan et al (1993:1454) conclude that, in the United States, "families with fewer socio-economic resources are less involved in kin support", thus those families most in need of support may be the least able to provide it.

Middle-class families, and the more educated, are more likely than working class families to provide financial aid to family members (Sussman, 1988; Millward, 1998; de Vaus and Qu, 1998), which is not surprising considering they would have more discretionary income. However, they are more likely to be providing support for adult children than for their elderly members. Where low income families do provide financial aid it tends to be from adult children to low income parents (Rossi and Rossi, 1990). Kulis (1992) found that assistance which flows in only one direction, such as financial aid from parents to adult children, lowers the quality of the relationship by invoking issues of dependency in a culture which values independence.

Hogan et al (1993:1455) claim that, in the United States, "many families of all races lack the resources for a sustained exchange of support and do not give or receive". There are, however, overlaps between socio-economic status and ethnicity, with many indigenous and immigrant ethnic groups being overrepresented in the lower socio-economic groups. While many of these groups have more classical extended family structures and customs, the behavioural expression of these norms may be in conflict due to lack of resources as a result of their socio-economic status. Liu (1992) investigated

the application of alternative theories to explain the lack of family support among the traditionally familistic Chinese ethnic group in New Zealand, and concluded that socio-economic factors were more relevant than factors such as assimilation, modernization, transplanted culture, double jeopardy⁴ or disengagement.

Ethnicity

There is a lack of empirical research in New Zealand on the actual helping behaviour in extended family networks, including for ethnic groups such as Maori and Pacific Island people for whom the literature shows highly familistic norms (see Chapter 2). The recent Te Hua Nuku Roa study of Maori individuals, families and households by the School of Maori Studies at Massey University, which is only in the early stages of analysis and publication, touches on whanau support in a general way, but apart from financial support does not provide data on amount and types of support being provided by or received from extended family, or on who is giving and receiving the support.

A dissertation from the Population Studies Centre at Waikato University by Hope (1997) uses a database collected from women of reproductive age only, to compare receipt of different types of support by Maori and Pakeha. It did not measure provision of support and does not involve support for the elderly. While Maori were more likely than Pakeha women to have received help from outside the household (mostly family), the difference was not great: 40 per cent compared with 31 per cent. This difference was mostly accounted for by higher receipt of support from siblings for Maori, which can be explained by the fact that, in the past, Maori had more children than Pakeha and thus a larger pool of siblings to potentially provide support. Hope's analysis showed that per kin-network size, Pakeha relatives in all groups except siblings were more likely to provide support

⁴ The double jeopardy hypothesis is that minority status plus old age results in double disadvantage (Liu, 1992:75).

than were Maori (Hope, 1997:57), and this study did not include help for the elderly. The types of support received by the two groups were similar, with childcare being the most common type of support provided for both Maori and Pakeha, which is not surprising given that the focus of the study was women of reproductive age. The two ethnic groups received this help equally (around 55 per cent in each group). Financial support was the next most common type of support received, with Maori (36 per cent) being slightly more likely than Pakeha (24 per cent) to receive this type of help.

This latter outcome is not consistent with the findings reported above on differences in support by socio-economic status. The reasons given by Hope for the higher Maori financial support are partly cultural, in that gifting of money is a custom of Maori whanau, which is consistent with the observed higher levels of reciprocity for Maori compared to Pakeha noted by Hope, but also partly socio-economic in that because of their generally lower socio-economic status, Maori are more likely to need financial support. Hope's study also showed a decline in financial support received as the women aged, and as Maori women are generally younger than Pakeha women at the time of their first and peak childbearing (Statistics New Zealand, 1998i) this would also contribute to their greater need for financial assistance. The ability to provide assistance may also be expected to vary by age and ethnicity, but Hope's study did not examine provision of assistance.

The Te Hua Nuku Roa study found that just over half (54 per cent) of those from the Auckland and Gisborne samples had provided financial support to whanau in the four weeks preceding the interview (Forster et al, 1997, 1998). In 1994, Taiapa said that low incomes did not necessarily prevent Maori from participating in the whanau custom of providing financial assistance, but she has since modified this stance arguing that changing economic circumstances have led to a modification of expectations of whanau contributions (Taiapa, 1995, 1999). Similarly, in relation to the pressures that are put on New Zealand Maori whanau to take responsibility for their

members, Bevan-Brown (1994:218) found that while all are agreed that family care at home is the best option for care of the intellectually disabled, due to the economic, physical and emotional stresses involved, the family definitely need state assistance as "we do not have the resources to do it".

A study of 53 ethnic Chinese in Christchurch, New Zealand, also links lack of family support for the care of elderly Chinese to changing social and economic circumstances, such as the labour force participation of adult children and personal preference (Liu, 1992). Although 91 per cent of this sample had adult children living in the same city and 98 per cent had regular contact with their adult children, 81 per cent thought financial support of the elderly should be the responsibility of government and fewer than half thought that the physically dependent elderly should live with their adult children (Liu, 1992:103). According to Liu, co-residence of elderly Chinese with an adult child was more to do with lack of material resources and lack of appropriate alternative sources of accommodation (such as rest-homes where the Chinese language is spoken) than personal preference.

The more comprehensive and statistically representative reviews and studies from the United States on the effect of ethnicity on family support are in fact contrary to the expectation that cultural norms of familism and size of extended family networks translate into higher levels of extended family support (Roschelle, 1997). Surprisingly, analysis of both national survey data (Hogan et al, 1993) and of smaller purposeful surveys in the United States (Rossi and Rossi, 1990) and in the United Kingdom (Finch and Mason, 1993), as well as a review of several United States studies by Stanford et al (1990), have not found significant differences in the degree of extended family support provided by different ethnic groups. The only aspect of difference found by Rossi and Rossi in Boston was that non-whites

had a greater sense of obligation to more distant kin⁵. Hogan et al's (1993) data were nationally representative though, and did not find superior support networks among blacks or Hispanics compared with whites. Hogan et al found, in fact, that African Americans were less likely than white Americans to be involved in intergenerational assistance because of their lack of resources and the impact of social change. According to Hogan et al, recent economic change in the United States has had more negative outcomes for minority groups. Similarly, in New Zealand (Te Puni Kokiri, 1998a, 1998b; Statistics New Zealand, 1999b), so we could expect to find similar ethnic differences in family support here.

Roschelle (1997) found that whites in the United States give and receive more of all types of help, including childcare, and that family helping behaviour increases with socio-economic status. She rejects many earlier findings on high level of extended family interaction and support as being based on small unrepresentative samples inappropriately generalised and not controlling for other factors. Hogan et al (1993) suggest a reason for this ethnic differential in extended family helping behaviour is the effect of long-term social and economic disadvantage and, for the more recent Hispanic migrants, the separation effect of migration. Poverty, they argue, limits the resources families have to provide help, and for the recipients to reciprocate. The key point to be made here, however, is that, as shown in the previous chapter, reciprocity is an important element of family support and that Cantor et al (1994) identified need as overriding ethnicity in determining who receives family help, and ability and resources as being more important than ethnicity, therefore, in determining who provides help.

Cantor et al (1994) and Grattan and Wilson (1988) note the danger of policymaking and programmes that assume family assistance will be

⁵ Rossi and Rossi's sample was limited, however, in only 4 per cent being black (compared with around 6 per cent in the sample population of Boston metropolis in 1990, US Dept of Commerce Bureau of the Census, 1992) and none Hispanic (compared with around 5 percent in the sample population (ibid).

available on the basis of ethnic and cultural determinants. According to Blakemore (1999) in Britain, ideals of family care held by elderly Asians are not matched in reality and, in New Zealand, the idea that elderly Chinese will be cared for by their adult children through a sense of "filial piety" is challenged by Liu (1992). Roschelle (1997) says that neither economic need nor cultural norms explain familial behaviour. Grattan and Wilson (1988) suggest familism may be a forced response to a greater level of need, rather than a freely chosen preference and they note that young blacks do not hold such strong family assistance norms as young whites. In Britain, where there is choice, such as free daycare for the disadvantaged, people from non-European groups used it in preference to family (Nolan et al, 1996). Non-white or non-European ethnic groups may have larger family networks, but fewer resources for providing support (although Williams (1993) found with respect to black parents with chronically ill children that their networks were smaller too).

According to Roschelle (1997), much assistance is given in co-resident households, which are more common among minority groups, but often giving within households is often unidirectional rather than reciprocal. Consequently such help is not perceived positively by either party; it is a forced option because of lack of choice rather than freely and equally given and received. Hogan et al (1993) concluded that co-residence is a function of poverty rather than a cultural preference. Closer to the New Zealand situation, Faiva (1989) reached the same conclusion regarding Tongans in Sydney. Also, while co-residence is more common in non-European ethnic groups, the British general household survey found only 20 per cent of Asians, for example, lived in extended family households; still not a majority (Nolan et al, 1996:19). The situation is similar in New Zealand: while Maori (23%) and Pacific Island (41%) and Asian (23%) people are more likely than Pakeha to live in extended family households, fewer than half actually do so (Statistics New Zealand, 1998c).

Hogan et al (1990) found that one-third of blacks in their United States study were not involved in support networks, which is much higher than for Maori in New Zealand (Forster et al, 1997, 1998). Perhaps the low level of support being measured in ethnic minority groups in some overseas studies may be an outcome of culturally biased measures of support, as found in the New Zealand ESCAP study, where Maori and Pakeha emphasise different types of support (Cameron, 1981).

The general theme emerging, though, from the overseas and New Zealand literature on the impact of ethnicity for family support behaviour is that lack of resources may prevent ethnic groups with strong familist norms from providing the support required. New Zealand data are limited in terms of the types of support and sample characteristics from being truly representative. Taiapa (1995, 1999) and Bevan-Brown (1994) suggest that socio-economic forces are changing the expectations of whanau support for Maori, and Liu (1992) concludes that Chinese families lack the economic resources to care for their elderly. Thus, while to some extent the New Zealand material is inconsistent with the overseas literature on ethnic differentials in extended family helping behaviour (for example in the provision of financial help among Maori), the overseas findings are still relevant and suggest the need for further research on extended family helping behaviour in New Zealand's different ethnic groups. Even where familism is strong, according to the overseas literature reviewed in this Chapter, the migration experience diminishes intergenerational support (for example see Hogan et al 1993; de Vaus 1996; Millward 1998). The next section examines research findings on the effect of geographic proximity and its converse, geographic mobility, on extended family support behaviour.

Geographic Proximity and Mobility

There are two issues to consider in relation to geographic mobility as a factor affecting extended family support systems. One is the extent of

geographic mobility and distance between family members; the other is the extent to which this affects the provision of various types of support.

There is debate over whether family members are any more geographically distant than in the past. While some writers such as Pilisuk and Parks (1983) point to the effect of the need for mobility in the modern career path and its impact on family relations, Anderson (1994) and Hareven (1994) claim that geographic mobility has been common in Europe since the middle ages, with two in five people leaving their place of birth, and Segalen (1986) notes that children left home as young as twelve years old in the nineteenth century. During the 19th and early 20th centuries European emigration to the New World was also prevalent.

Conversely, Wilson (1993:706) found "little evidence for the argument that urbanism promotes geographic dispersion of kin". A relatively high level of recent geographic proximity is also mirrored in high levels of contact with kin. Rossi and Rossi (1990) found half of all their 1980s sample of parents and their adult children in Boston lived close enough to visit weekly, and Lawton et al (1994) in the United Kingdom found that most parents and adult children lived within one hour's travel of each other. Similarly, in New Zealand, Koopman Boyden (1981:13) found in a sample of elderly in Christchurch, that 43 per cent had siblings, and 72 per cent had adult children, in the same town. Millward (1995), reporting on the Australian Family Living Standards Study 1992, stated that most parents had extended family living in reasonable proximity and had regular contact, but that rural and inner urban dwellers were less likely to have close family living nearby than middle and outer urban dwellers. And Farkas and Hogan (1995) found that 90 per cent of parents and adult children had weekly contact, and only 10 per cent of people who had kin did not have any contact with them, but this increased with age, from 3 per cent of young people to 21 per cent of older people.

Moreover, the development of modern communications and transport technology mean distance need not be a barrier to the exchange of support. Litwak (1960) argued that, not only was geographic propinquity not necessary to the modified extended family, but this modern version of the extended family aided geographic mobility through providing emotional, social and economic aid to migrating members of the wider family group. More recent empirical studies support this. D'Abbs (1991) and Rossi and Rossi (1990) found that geographical proximity had negligible effect on some aspects of support in particular, such as financial support and advice giving. Telecommunications and modern transport facilitate the continuance of contact and especially the provision of emotional support and financial support (Millward, 1992; Rossi and Rossi, 1990). Wilson (1993) notes that while visiting declines with geographic dispersion, phone and letter contact increases. And, Bulmer (1987) attributes the strengthening of ties for the geographically dispersed middle class families in Britain to the telephone, noting that it enables the elderly to receive certain types of support from family rather than turn to more geographically proximate neighbours.

Clearly the types of contact and support most affected by physical distance are practical household help and the caregiving of children and chronically ill or disabled people (Rossi and Rossi, 1990; d'Abbs, 1991; Hogan et al, 1993). Modern transportation and communications are likely to allow short-term care to be provided despite distance, but Warnes and Ford (1995) found geographic proximity to be the most important factor in whether families offered personal care to elderly family members. However, they stress that proximity does not extend to co-residence and that independence is important: interaction and support requires proximity but not necessarily co-residence. Belgrave and Brown's (1997:13) study of caregivers in Auckland, New Zealand, for example, found that 80 per cent lived within 10 kilometres of the person cared for, with only half of them being co-resident.

Wellman and Wortley (1989) found proximity to have a greater negative effect on the provision of family support for rural kin in Canada compared to their urban counterparts, and Powers and Kivett (1992) found geographic proximity to be a key factor in the level of family support provided in rural areas in the United States. Rural dwellers are more reliant on family than their urban counterparts because of the lack of availability of alternative services. Yet because of the necessary out-migration of the young from rural areas for education and employment, rural support systems were shrinking. Clearly this finding has implications for New Zealand with its low density population and history of rural-urban migration since 1945 (see Heenan, 1985). It also suggests the need for any study of family support networks to include analysis by urban-rural location.

The impact of geographic distance is probably also related to genealogical distance. Proximity was found by d'Abbs (1991) to have less effect on support between parents and adult children than between more distant relatives. Horowitz (1994), in his study of siblings, found support was correlated with living within one hour's drive. Hogan et al (1993) found grandparents were less likely to provide support when geographically distant, although this did not affect their receipt of support from adult children. And both the Australian Families in Later Life study (Wolcott, 1997) and Stoller et al (1992) found that when there is more than one child, geographic proximity is an important determinant of which child cares for an elderly parent.

Some studies have looked at whether groups with particular support needs tend to move in order to be nearer to kin who might provide support. Heenan (1993), in New Zealand, found that while the young elderly might move away from family to retirement areas, or adult children might have moved away from parents for employment opportunities or on marriage, the very elderly with increasing need for help to remain in the community

often do move nearer to adult children or other kin. Four out of five of these moves are within the same local government region though, which is consistent with Koopman-Boyden's (1981) finding cited above that most elderly already live relatively near adult children. In respect of the elderly in the United Kingdom, (Warnes and Ford, 1995) found that one-third of all moves by the elderly are to be closer to adult children. But a United States study of sole mothers did not find any evidence to support the hypothesis that this group would be more likely to improve kin proximity or remain in the parental home compared with childless women of similar age (Madigan and Hogan, 1991).

International migration/New immigrants/Birthplace

When geographic mobility involves living in a different country to one's kin as a result of immigration, the effects of geographic distance on the ability of family members to provide or receive the types of support requiring personal contact, such as caregiving, will be greatest. This is particularly likely to apply to the care of elderly by adult children, but also has implications for the care of children by grandparents and the support of adults in divorce.

Roschelle (1997) found that those born in the United States participate more in extended family networks than those born elsewhere. This is obviously related more to the length of time in the United States, with more recent migrants not having time to develop networks or family not having migrated with them. Similar findings occurred in Australia where non-English speaking migrants had less kin available and as a result of their economic position the flow of financial support which is usually from parents to adult children was reversed, with children giving to parents (Batrouney and Stone, 1998; Millward, 1998). Their lack of financial resources also resulted in their being more reliant on state support (Batrouney and Stone, 1998).

Roschelle (1997) found that geographic proximity was a more important determinant of family helping behaviour than ethnicity. Even where familism is strong, the migration experience diminishes intergenerational support (Hogan et al 1993). Menjivar (1997) found that often the kinship networks of new immigrants in California are weakened by lack of resources, such as employment, which leaves them unable to reciprocate help received. He thought that the poor and needy would rely on family more, but found "paradoxically the scarcity in and marginality of their lives created unfavourable conditions for solid kinship networks (based on reciprocity) to endure" (Menjivar, 1997:119). The absence of the necessary material and physical conditions for provision and reciprocity of support have a detrimental effect on networks that may have operated prior to resettlement.

These findings are echoed in a small qualitative study on Latin American immigrants to New Zealand by Rivera (1997). She found the immigration experience disrupted previous patterns of extended family contact and support due to both lack of proximity and lack of financial resources through lower employment status in their new country. Attempts to maintain contact through visits and to maintain their extended family obligations by sending money back home were a further financial drain.

Conversely, geographic proximity does not automatically result in family provision of support. Those in need of support may have other preferences, and the potential providers of support may be unable or unwilling to give it. Koopman-Boyden (1981) found that services for elderly in Christchurch were used *despite* proximity of kin, as they complement the type of help family can provide, providing what they cannot provide rather than replacing family help.

Leslie (1973:326) concluded that geographic distance between kin has not been proven to be a factor in kinship interaction and support; "physical

nearness is no guarantee of good relations, distance no barrier". A further point in the geographic proximity and kinship debate is made by Harris (1972), who distinguishes between current geographic distance and proximity over time. He points out that proximity is fluid and varies over time, and whilst current proximity is not necessary for kin relationships to exist, and not all activities require geographic proximity, for relationships outside the elementary family (parent/child; siblings) there must have been proximity and face-to-face contact at some stage of the life-cycle in order to establish contact and a relationship which may then survive over distance. More recent work by Harper (1987) in the United Kingdom confirms this. She found that the kin relationships of the elderly depend on geographic proximity of kin, but "of equal importance though is that spatial proximity of kin during the former life" (Harper, 1987:324). Those who had not always lived near kin were found to make increased use of community contact and support.

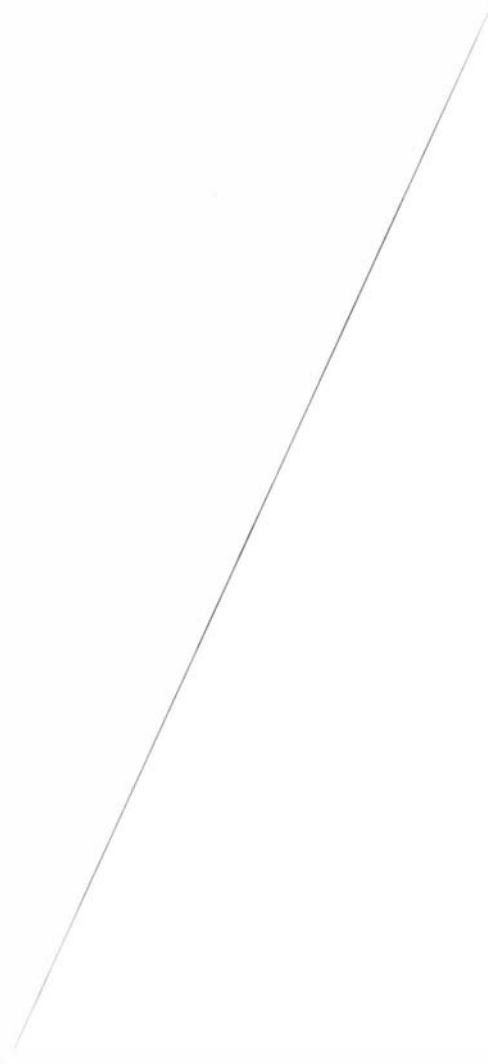
To summarise, there is some evidence of greater geographic proximity between extended family members and less increase in mobility than is commonly believed, and that while this proximity may no longer be necessary to the maintenance of contact and provision of emotional and financial support, it is an important factor in the provision of practical support and caregiving, particularly for relatives beyond parents and adult children. However, proximity is no guarantee of the provision of support, as sometimes family may be unable or unwilling to provide the required support, or the person needing support may prefer other sources of help. These are issues worth exploring in this study of extended family support in a provincial urban area of New Zealand.

Summary

This chapter has contributed to the development of this study of extended family support in New Zealand by identifying the key types of help to investigate and the socio-demographic characteristics that may affect the provision of family support. The key types of help are financial (which may range from gifts and small loans to regular payments of bills and expenses, to large scale loans), social-emotional, and practical help such as household help (which may include housework, meals, shopping, repairs), and caregiving of children, the elderly, ill, injured and disabled people.

While there are some demographic factors with a clear determinant effect on family support behaviour, such as age or life cycle stage, and gender and marital status, others were less clear cut. The effect of family size, socio-economic status, ethnicity, geographic proximity and female labour force participation were generally much more dependent on other factors and the type of help involved. However, there is enough evidence in the literature reviewed in this chapter to suggest that all of these factors should be investigated in a study of extended family support in New Zealand to determine where New Zealand fits into the literature debates and to identify the specific characteristics of our extended family helping patterns.

This investigation will be done in two ways in this thesis. Firstly, in the next chapter, trends in these factors will be investigated from the demographic literature and New Zealand data to assess their potential impact for families and for policies relying on the provision of family support. Secondly, these variables will be incorporated into the empirical study, as far as the sample size permits, to clarify their relationship to helping behaviour in the New Zealand context.



CHAPTER FOUR

TRENDS IN DEMOGRAPHIC CHARACTERISTICS ASSOCIATED WITH EXTENDED FAMILY HELPING BEHAVIOUR

Introduction

A number of demographic characteristics associated with family helping behaviour were identified in the previous chapter. This chapter begins by reviewing the literature on the relationship between demographic trends in these variables and family support in general, then looks specifically at New Zealand trends in these demographic variables. This analysis, together with other empirical findings of this study, will enable assessment later in the thesis of the potential implications for policy development, implementation and outcomes.

The conceptual framework used for this discussion is one of supply of and demand for family support, as developed by the author previously (McPherson, 1992) and also used in the recent overseas literature (Allen and Perkins, 1995; Walker, 1995). For example, female labour force participation was identified in Chapter Three as being inversely related to provision of family caregiving, thus trends in female labour force participation will impact on supply of family support. Accordingly, this chapter will look at trends in female labour force participation as a variable in the supply of family support. Other variables affecting potential supply of family support are family size, marital status, and geographic mobility and hence proximity. Demand for family support will be analysed through such variables as the age structure of the population, living alone in old age, youth dependency, and ethnicity. One variable that is potentially a factor in both supply of support and demand for support is socio-economic status; those with more resources have a greater capacity for the provision of support while those with fewer resources typically have a greater need for support. Trends in socio-economic status will be looked at through trends in income, education and distribution over occupational groups. The chapter

concludes with a cohort analysis of family support variables to identify which are most vulnerable to high demand but reduced supply of family support.

Review of the Literature on the Relationship Between Demographic Trends and Extended Family Support

Several studies have shown that despite a general perception conveyed in the media that modern Western families do not care for their members, informal family care exceeds the provision of formal care by the state, particularly for the elderly, but is under pressure from demographic and social change (Green, 1993; Dooghe, 1992; Dalley, 1996; O'Connor, 1996). A review of recent literature on the implications of demographic trends for the demand and supply of family and state support indicates that the key relevant demographic changes of the twentieth century are as follows: the reduction in mortality, especially at older ages, and consequent increased life expectancy; the post world war two baby-boom, followed by a decline in fertility together with delayed childbearing, and the consequent decline in family size and increase in childlessness back towards levels that applied in the first half of the century; the decline and delay in marriage, and increase in divorce and cohabitation; and, finally, the increase in female labour force participation (Coleman and Salt, 1992; Dooghe, 1992; Uhlenberg, 1992; Cooney, 1993).

The changes in mortality and fertility combine to produce an ageing population where the ratio of dependants - elderly and children - to supporters in the labour force age group, is beginning to and will continue to increase. In addition, the decline in the proportion of the population that is married increases demand for support beyond the nuclear family but reduces the likelihood of family support through its impact on family structures and relationships.

All these variables have a gender factor: women outlive men; their declining fertility frees them to participate in the labour force; divorce leaves women economically vulnerable; and women are the prime carers of the elderly (McPherson, 1992). Increasing female labour force participation is likely to reduce their availability as the prime family caregivers at a time when demand for their support for an ageing population is high.

Changes in family formation and aging also affect the size and structure of the extended family. Levels of contact and support among extended family members are further affected by geographic proximity and hence changes in geographic mobility.

On the demand side of the family support equation, increasing morbidity and the need for long-term care for chronic conditions increases after age eighty (Dooghe, 1992; Blank, 1994; Ettner, 1995,). As Farkas and Hogan (1995) point out, if 80+ is the crucial age for relying on kin, the impact of population ageing for family and state support is not yet being felt, but will be as the proportions in that age group increase in the first half of next century as the baby-boom cohort reaches that age.

This assumes, however, that future cohorts of elderly will have patterns of health status similar to those of the current elderly, but this may not be the case. It is difficult to project the health status and thus dependency levels for future cohorts as they have experienced improved diets, lifestyles and health care compared to the current elderly. Thus future cohorts of elderly may be healthier and independent longer than the current elderly and the projected excess demand on family support from this group may not eventuate.

For people who do need care, the literature in New Zealand (Jack et al, 1981 and Taylor et al, 1981) and elsewhere (Dooghe, 1992; Farkas and Hogan, 1995) shows that those without family available to provide support are more likely to be institutionalised. The elderly without a spouse have ten

times the institutionalisation rates of married elderly (Dooghe, 1992) and those without children are more likely to be in institutional care (Rowland, 1998a; Dolinsky and Rosenwaike, 1988) or to live alone and need support (Rowland, 1998b).

Childlessness was relatively high early this century in Western countries, declined during the post-World War Two baby-boom period, and is starting to increase again, with this trend projected to continue (Rowland, 1998a; Kendig and McCallum, 1986). In 1986, 17 per cent of Australian women aged 65 and over, and 20 per cent of American women of this age were childless (Rowland, 1998a:18). Fewer than that are childless at younger ages (*ibid*:20-21). Rowland rules out differential death rates for women with children compared to those without as a significant factor in this difference, and predicts that the rate will be higher for baby-boomers, who are already showing an increase in childlessness at younger ages. The implication of what Rowland (1998a:22) terms a “deficit in family resources” is a continuing need for institutional care for elderly without children, as numbers in this group will be increasing from 2011.

With regard to the impact on institutionalisation of being without a spouse in old age, changing marital status in old age in the future due to different life experiences of future cohorts with regard to divorce and marriage is likely to result in an increased need for state support due to a lack of available family members (Riley and Riley, 1993). Chapter Three showed that not having a spouse reduces supply of family support, as well as increasing demand for family support. The marriage rate has been declining and the divorce rate increasing in the Western world in recent decades, resulting in an overall increase in the proportion reaching old age without a spouse, despite the decline in widowhood as life expectancy increases. In the United States the proportion without a spouse is projected to increase from a quarter of current middle-age cohorts to a third of baby-boomers when they reach middle-age (Cooney, 1993:47).

Declining mortality also impacts on supply as well as demand for family support. As a result of decreased mortality we currently have more generations living at one time than ever before, and that is likely to continue (Bengston, 1993; Farkas and Hogan, 1995). Farkas and Hogan (1995) note this longitudinal increase (number of generations) together with a lateral decrease (breadth of family relationships) in extended family structure, but say that the number of closely related kin is more important for contact and assistance by kin than lineage depth; having more generations does not increase kin contact.

In addition to the increasing number of generations alive at one time, more of each generation will survive, with the result that middle-aged couples today are likely to have more elderly parents than adult children (Coleman and Salt, 1992; Foulke et al, 1993), and these parents will be dependent for longer than the children (Bengston, 1993). Previously a couple could expect to care for maybe one parent in old age; now they may have three parents living long enough to need care (Grattan and Wilson 1988). Similarly, Smyer (1984:241) reported that whereas women born in 1920 had a 47 per cent chance of having a surviving mother by the time those women reached age 50, for women born in 1970 the comparable probability is 73 per cent.

Moreover, according to Montgomery and Hirshorn, (1991:189), availability of adult children does not necessarily lead to provision of help. Dolinsky and Rosenwaike (1988:237) note that "beyond some level of disability the presence of children becomes insignificant", because the situation moves beyond the ability of family to provide the level of support and care needed. With respect to supply of family care, Dooghe (1992) points out that as life expectancy increases, so too does the age at which dependency due to impaired functioning becomes more likely and consequently the age of adult children, the potential carers, increases also. My previous work based on the differential ages of childbearing for different cohorts shows this to be true for New Zealand as well, with the adult children of elderly cohorts from

2021-2031 being older than those of current elderly; more in their sixties and fewer in their early forties, (McPherson, 1992, 1993).

The variable age of caregivers and the increase in multigenerational families is pertinent to the current debate in the supply of family support arena about what has been termed the "sandwich generation". Bengtson (1993) and Kendig and McCallum (1986) predict that, with increasing multigenerational families, the middle generation will become a "sandwich generation", meaning that they will be caring for both elderly and young dependants simultaneously. Faulkner and Micchelli (1989:8) say this group is loosely defined as "women aged 40-60 coping with multiple and sometimes competing responsibilities for both the younger and older generation".

However, Farkas and Hogan (1995) and Levitt et al (1992) claim studies in the United States show that few women are, in fact, in this double dependency or sandwich situation. Only one-third of women care for elderly as not all elderly are dependent, and most of these women are past dependent child care, although the authors do acknowledge that increasing life expectancy and change in the timing of childbearing will increase this likelihood. The findings of my earlier study on cohort variations in age at childbearing and their implications for vulnerability to lack of family support are consistent with this for New Zealand. It is not until after 2031, when the cohorts born in the mid 1950s and later who experienced a rising age at first birth in the 1980s and 1990s is aged 75+, that any sandwich phenomenon is likely to increase (McPherson, 1992, 1993).

Further concern about reduced supply of family support and the impact of increased demands for family support on middle-aged women arises from the trend towards increasing female labour force participation. As a result of increased education and having fewer children (Cooney, 1993), there has been an increase in female labour force participation in Western countries in recent decades, particularly of married women and women aged 45-54

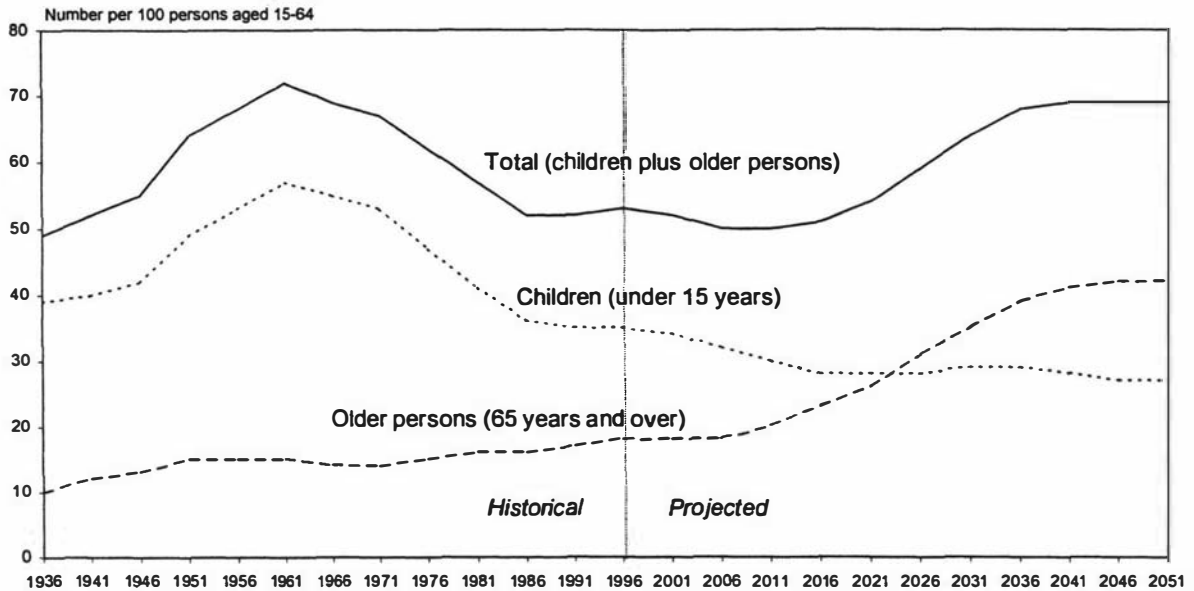
(Lechner and Sasaki, 1995). This trend is projected to continue as policy trends for user pays education, health and superannuation increase the need for women to earn an income.

However, another demographic factor that may compensate for the effect of increased female labour force participation on the supply of family support is the increasing number of young elderly. Aged from 60 to 75 or 79 years, this group is increasingly healthy, independent and economically well off. Far from being users of support, at the micro-level of the family they are contributors of both economic, and practical and caregiving support, tipped to replace the contribution of younger women still in the labour force or with dependent children from late childbearing (Coleman and Salt, 1992; Uhlenberg, 1992; de Vaus and Qu, 1998). As the age of the elderly increases, their adult children are also more likely to be in this young-elderly age group than middle-aged (McPherson, 1992, 1993).

At the other end of the population structure is the 15-24 year age group, which was once economically independent, and is now, due to high youth unemployment and prolonged education, increasingly dependent on family support (Cooney, 1993; Pool, Jackson and Davies, 1995; Schneider, 1998; Stone, 1998). Thus, although declining as a proportion of the population as fertility rates decline and life expectancy increases, this group's demands for family and state support are increasing.

Dependency ratios have traditionally been calculated on the numbers of children under 15 years, and the numbers of elderly aged 60 or 65 years and over, in relation to the labour force ages of 15-60 or 64 years. As numbers of children decline, numbers of elderly are increasing, as can be seen in Figure 4.1 below, which shows the dependency ratios for New Zealand from 1936 to 2051.

Figure 4.1 Dependency Ratios, New Zealand, 1936-2051



Source: Department of Social Welfare, Information and Analysis Group, Social Policy Agency (1999:11). Projections assume medium fertility and mortality and netannual migration of 5,000.

In New Zealand the 1996 ratio of elderly (aged 65 years and over) to those in the labour force age group (15-64 years) was 18:100. While this ratio is projected to increase slowly at first, to 20:100 in 2011, by 2031 it will reach 36:100. However, the youth dependency ratio (those aged under 15 years to those aged 15-64 years) will decline from 35:100 in 1996 to 29:100 in 2011, and 27-28:100 in 2031. Thus the total dependency ratio (children under 15 years plus elderly aged 65 and over, in relation to those aged 15-64) will initially decline from 52:100 in 1996 to 49:100 in 2011, before increasing to 64:100 in 2031 and 70:100 in 2051. Rather than being a new high in total dependency due to an increasing proportion of elderly, this ratio is similar to the total dependency level of the early 1960s when there was a high youth dependency component. Arguments are made that elderly dependents are more costly than young dependants (Coleman and Salt, 1992) and thus the total dependency burden will be greater than in the past, however it is becoming apparent that the age of youth economic dependence is being

extended well beyond the age of fifteen years, and that many elderly are not functionally dependent, thus it is difficult to determine the dependency implications of the increasing proportion of elderly and decreasing proportion of children.

The implication of the dependency ratio for family support is that a projected increase in demand for state support caused by the demographically driven increasing dependency ratio is a key factor in policy shifts to increased reliance on family support. But while there is a decline in the proportion of the population in the labour force through declining numbers in the labour force age group and through unemployment, this is compensated for by the increase in the labour force participation rate of women and the young elderly (Coleman and Salt, 1992). With respect to the latter group, Uhlenberg (1992) argues that, with a reduction in manual labour and increasing health and fitness, the young elderly are capable of continuing to contribute to economic productivity, relieving the macro-level dependency ratio in the same way as increased female labour force participation.

A youth deficit in entry to the labour force means that demand for female and young elderly labour is likely to continue, and can be met if family friendly workplace policies are implemented to accommodate their caregiving roles so these two groups can combine the two roles of paid and unpaid work. Thus the dependency ratio argument for increased reliance on family support may not hold true. The paradox is that a shift from unpaid family support to paid labour force participation in order to reduce the economic dependency ratio results in a reduction in the potential supply of family support which is being used to meet the demands of the projected increasing functional¹ dependency ratio. It only shifts the problem, it does not solve it.

¹ The term "functional dependency ratio" is created to refer to dependency resulting from loss of physical and mental functional abilities.

Geographic mobility is also a factor likely to affect ability of kin to provide support. Although often mentioned as a factor that will affect the future supply of family support, there is a lack of reference in the literature to actual evidence of trends of recently increasing geographic mobility to support this theory. Evidence of high current levels of proximity and the effect of improved communication and transport in lessening the impact of distance for some types of support was provided in Chapter Three. Farkas and Hogan (1995) claim that studies cast doubt on the assumption of increased dispersion of kin over time, which is in line with historic trends of geographic mobility discussed in Chapter Three.

Dooghe (1992) says that willingness of family members to provide support, plus their ability in terms of resources and competing commitments, attitudes to women's roles and the burden and strain on women who are the prime providers of support, all act in addition to extended family structure variables to determine the level of family support. However, he believes declining availability due to the demographic factors outlined above, not willingness, is the most important factor. Kendig and McCallum, (1986:52) in Australia agree:

While the sense of family obligation is unlikely to decline, one can expect fewer families will be available and able to help. When support is provided, it is likely that a high price will be paid in stress and loss of jobs among the carers.

Furthermore, given that availability of adult children does not necessarily lead to provision of help, Montgomery and Hirshorn (1991:189) argue that:

It is therefore important to look at both socio-demographic factors and cultural norms when making projections regarding future patterns of family assistance and long-term care needs.

Dooghe (1992) says policymakers are not sufficiently aware of the value of informal care, and agrees with Walker (1991) that, due to demographic pressures, there is need for more partnership between the informal, public

and private sectors “so as not to exploit the willingness of female kin to care” and to maintain the independence of those cared for (Dooghe, 1992:378). However, it is demographic changes in the dependency ratio, along with ideological changes, that are driving policy to emphasise informal rather than public support. A full discussion of the relationship between state and family support and current policy emphases is undertaken in the next chapter. The remainder of this chapter analyses New Zealand trends in these demographic variables to determine empirically to what extent they fit the general demographic patterns identified in the literature.

Trends in Demographic Variables in New Zealand²

SUPPLY OF FAMILY SUPPORT

Female Labour Force Participation

The literature reviewed in the previous chapter identified older women as being the prime providers of family support, and showed how this related to their labour force participation. The demographic literature reviewed above shows female labour force participation is increasing and posits that this will, therefore, have a negative impact on the provision of family support unless it is compensated for by an increase in young elderly who replace younger women in their family support role.

Women are increasingly participating in the paid labour force outside the home, and while a substantial proportion of this is part-time, an increasing proportion in their forties and fifties is engaged full-time. In 1996 two-thirds of women aged 20-60 were in the labour force, half of them full-time (that is, one-third of all women aged 20-60 years). Participation was highest for women in their forties with a total labour force participation rate of 80

² Unless otherwise indicated, data presented were collected and compiled by the author from published census tables and vital registration data.

per cent and half all women aged 40-49 engaged full-time. Women in their early fifties were also high participants, with almost half participating full-time and three-quarters participating overall.

Table 4.1 shows the increase in full-time labour force participation by women compared with patterns in the 1950s, but it is difficult to analyse long-term trends because of definitional changes in 1986; what appears to be a reduction in full-time participation is, in fact, the result of a move to a more exclusive definition of full-time work from twenty or more hours per week, to thirty or more hours per week.

From 1986 some interesting changes have been appearing, as the increase in full-time participation is not occurring at all ages. For the younger age groups, there has in fact been a slight reduction, probably due to the increasing age of childbearing. It is women in their fifties and early sixties who are reporting the greatest increase in full-time work, and these are women in the key caregiving age groups (see Table 4.4).

Table 4.1 Women's Full-time Labour Force Participation[#], 1951-1996^{**}, by Age Group

	Age group					
	35-39 %	40-44 %	45-49 %	50-54 %	55-59 %	60-64 %
1951	20	22	22	19	15	9
1976	44	49	47	41	29	14
1981	49	55	53	44	32	12
1986*	44	50	49	41	28	9
1991*	40	49	50	42	27	9
1996*	39	48	51	46	33	14

[#] includes unemployed and seeking full-time work

* change in definition of full-time from 20+ hours per week up to 1981 to 30+ hours per week from 1986.

** The years 1956 to 1971 are omitted as published data are available only by ten year age groups these years. These data show a gradual increase from 1951 through to 1976, with no reversal of trends.

Source: compiled from Census of Population and Dwellings, various years.

However, while period analysis shows that women aged 45-64 are participating in the full-time labour force at increasing levels, cohort analysis reveals a different picture. Whereas women are increasing their full-time participation as they move from their late thirties into their forties (and children become older) those cohorts of women who have moved from their late forties to early fifties, and from their early to late fifties, are continuing to reduce their full-time participation. This is despite changes to superannuation policy requiring self-reliance, plus user pays health and tertiary education for their children. In terms of being available for family caregiving, the evidence is mixed. On the one hand, women in their fifties are showing an increasing trend for full-time paid work; on the other hand, they are still less likely to be working full-time than they were in their forties, and thus potentially still available to care. However, as the research reviewed in Chapter Three indicates, their withdrawal from full-time labour force participation may be a result of their caregiving activities, and this has negative consequences for their own retirement provision. There is also likely to be a substantial proportion in the labour force who do not leave to fulfil caregiving roles that may be required of them.

Trends in total labour force participation (full-time plus part-time) for those in the main family caregiving age groups presented in Table 4.2 show increasing overall participation, with the rate of increase from 1981 to 1996 greatest from age fifty, and being well beyond the projections for 1996 made on the basis of 1986 data at ages 60-64 and 55-59 (14 per cent and 47 per cent projected respectively). Slightly more of the overall increase is from part-time work than from full-time.

Table 4.2 Total Female Labour Force Participation
(Full-time + Part-time), 1981 - 2031,
Ages 40-64 by 5 Year Age Groups

	Age group				
	40-44 %	45-49 %	50-54 %	55-59 %	60-64 %
1981	68	64	54	40	16
1986	77	73	62	43	16
1991	67	67	56	37	12
1996	79	80	73	56	28
2001*	78	81	77	61	39
2011*	77	81	80	65	43
2021*	77	81	80	64	44
2031*	77	81	80	64	44

* projected, 1996 base, series 4m, medium fertility, medium mortality,
medium labour force participation and annual net migration 5000.

Source: compiled from Census of Population and Dwellings, various years and
Labour Force Projections (1996 base), 1999.

The data show labour force participation projected to stabilise for women in their forties, with increases continuing at ages 50 years and over, particularly age 60-64, in relation to the increasing age of eligibility for government superannuation. These trends in labour force participation for 60-64 year olds are also important with respect to the discussion in the literature review about this young elderly group being a potential replacement for younger women in the supply of family support. This increase in labour force participation, however, does not extend to the rest of the young elderly ages (65-74 years).

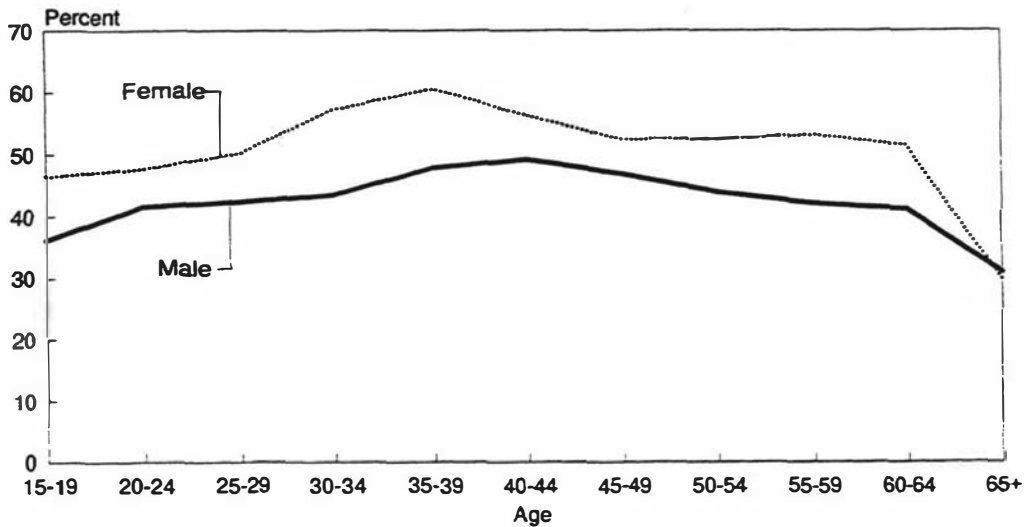
Unpaid Work

In recent years some data have become available on unpaid work. It is useful to look at this in relation to trends in paid work to see what links can be made between the two. It is not possible to identify caregiving of family members in particular in the unpaid work data available in New Zealand.

Nevertheless, data on unpaid work from the 1996 census show women do more unpaid work than men both inside (82 per cent to 74 per cent) and

outside the household (45 per cent to 38 per cent). Furthermore, figure 4.2 shows that women do more unpaid work outside the household at all ages except 65 years and over.

Figure 4.2 Unpaid Work Outside the Household,
by Age and Sex, 1996



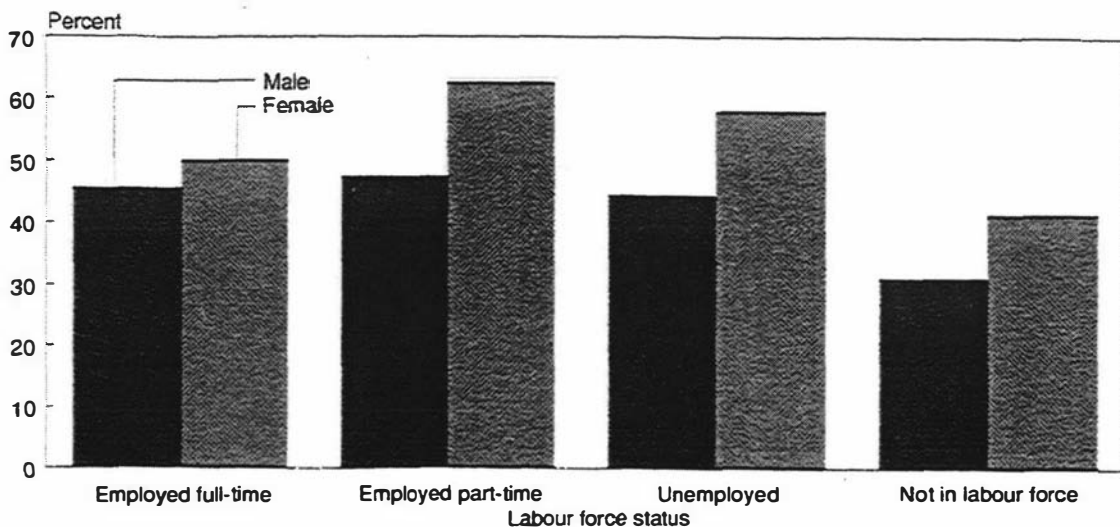
Data for “caring for others” inside the home, which is other than childcare, do not show a gender difference (5 per cent to 4 per cent). Data on caring for other adults outside the household are not directly measured in the census, but are part of a broader category that includes housework, cooking, gardening and household repairs as well as looking after the aged, ill and disabled, and none of this relates specifically to family members³. This broad category, which includes both traditionally male and traditionally female type tasks, shows that about 14 per cent of adults do this kind of unpaid work, with virtually no gender difference (14 per cent of women, 13 per cent of men) except for a 3 per cent difference in the 45-59 age group. But most (two-thirds) of this type of help is done by those under 45 years of

³ Data from the New Zealand Time Use Survey 1998-1999 (Statistics New Zealand and Ministry of Women’s Affairs) have recently become available which identify caregiving separately from other unpaid work, but still do not identify whether the recipient is a family member.

age. Ethnically, Maori are slightly more likely than other groups to have done this sort of unpaid work (18 per cent, compared to 15 per cent of Pacific Island people, and 14 per cent of Europeans).

There is little difference in unpaid work between those in full-time paid work (15 per cent) and those in part-time paid work (17 per cent). However, Figure 4.3 shows that women employed full-time do less unpaid work outside the household than women who are working part-time or are unemployed, and there is less gender differential for full-time workers, which is consistent with the findings on labour force participation and caregiving presented in Chapter Three. Those not in the labour force at all do the least unpaid work (11 per cent), but this group will include the elderly and ill so is not directly comparable with the labour force group in terms of age and physical ability. Thus although they may have more free time, it can be argued that they do not have the capacity for unpaid work.

Figure 4.3 Unpaid Work Outside the Household, by Labour Force Status and Sex, 1996



Source: Statistics New Zealand, 1998e:12, Figure 3.

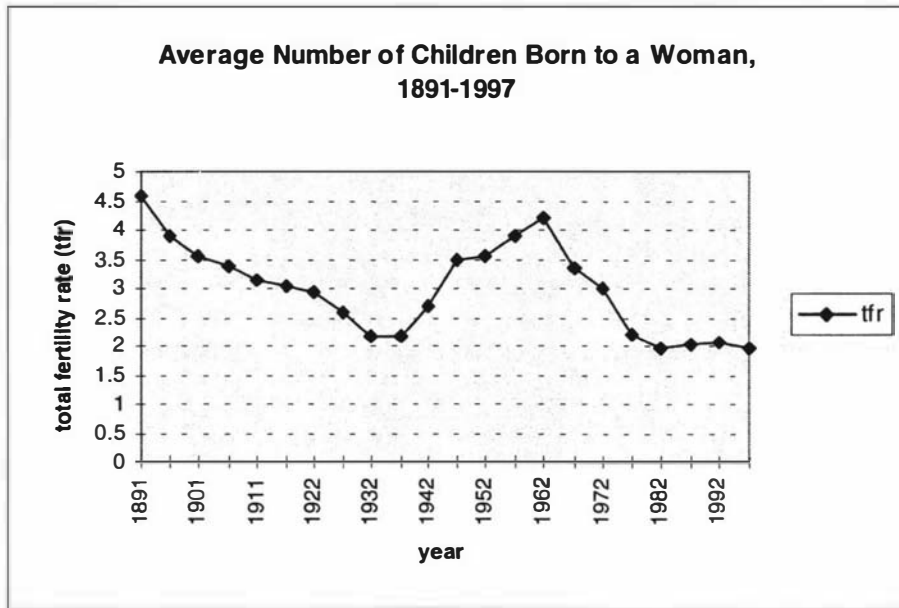
Family Size

There is some debate in the literature (see Chapter Three) about whether the number of siblings or adult children a person has makes any difference to the likelihood of their receiving help from a family member. However, it is still useful for the purposes of this study of supply of family support to examine trends in family size, although existing sources such as census and vital registration data only provide information on the nuclear family, and more recently on extended family households; they do not measure families across households, which is what this study intends to do in the empirical fieldwork section.

There are three measures of family size available from existing sources: the total fertility rate, a synthetic period rate which measures the total number of children a woman can expect to have in her lifetime if current patterns of fertility are maintained; the completed fertility rate or completed family size, being the actual number of children born to women of a particular cohort; and the number of children born to women as reported in the 1981 and 1996 censuses. With the actual as opposed to the synthetic measure there is a time lag to obtain the data; it is necessary to wait until a cohort of women reach age 40-44 before assuming childbearing is, for the most part, completed, thus the total fertility rate is a useful guide. Mostly the patterns for the synthetic and actual rates are similar but historically in New Zealand completed fertility has not reached the peaks and troughs shown by the synthetic measure (Khawaja, 1985(1):155).

Figure 4.4 below illustrates the high fertility baby-boom years from the mid 1940s to the mid 1960s when the average number of children born to a woman was 3.5 to 4. This rate was similar to that at the turn of the century, but the intervening years saw a drop to a low of just over 2 children per woman in the depression years of the 1930s. Following the post-World War Two baby-boom, fertility rates have declined to a fairly stable rate of about 2 children per woman through the last two decades.

Figure 4.4

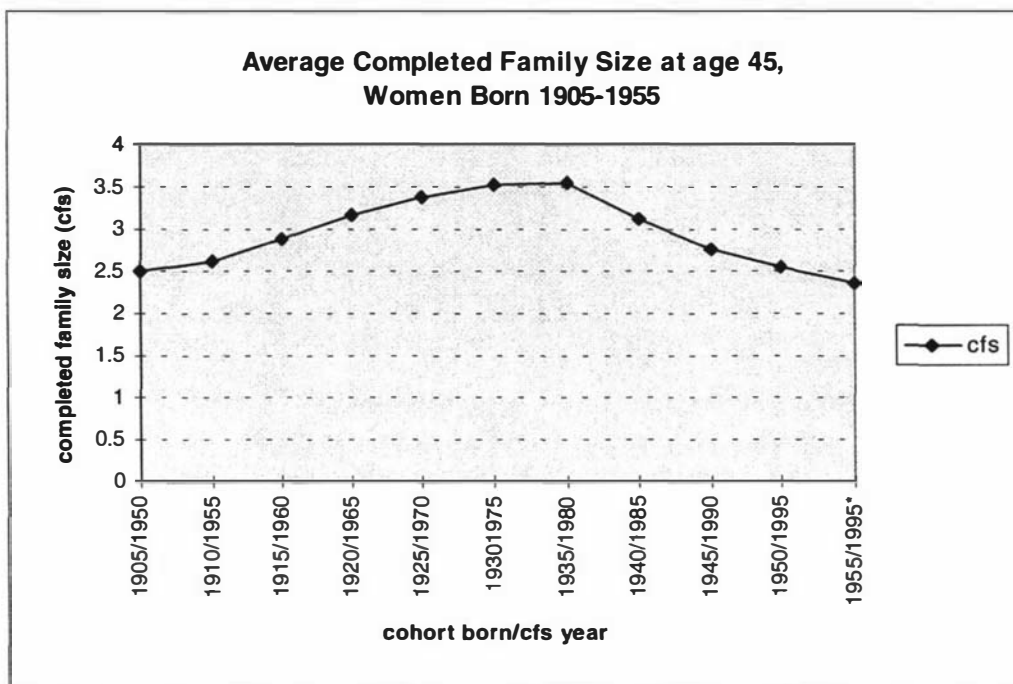


Source: compiled from vital registration data, Statistics New Zealand, 1999a.

Figure 4.5 below shows the average completed family size for cohorts of women born in New Zealand this century, from 1905 to 1955⁴. The high average family size of the baby-boom years can be seen to belong to the cohorts of women born in the 1920s and 1930s. These cohorts are currently reaching old age (75 years and over).

⁴ Younger cohorts have not completed their childbearing so cannot be included.

Figure 4.5



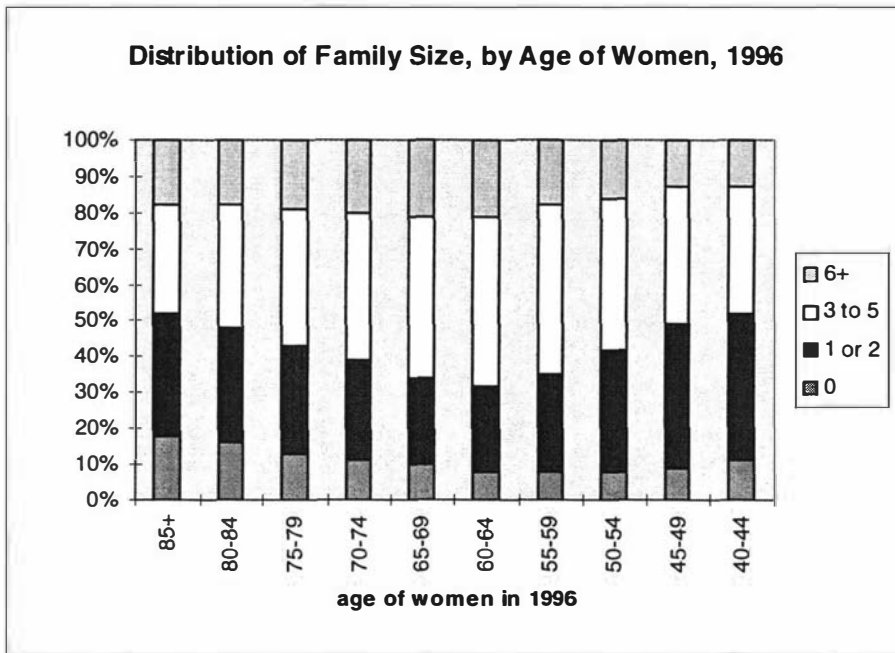
Source: compiled from Census of Population and Dwellings, Statistics New Zealand 1998c.

* 1955 cohort at age 40, data at age 45 not yet available

Average family size was lower both before and after the baby-boom, but Figure 4.6 shows that the distribution was different in these two periods, with the early century having both a high proportion of women with no children as well as with three or more children, while the post baby-boom era is characterised by families with one or two children.

Figure 4.6 also shows that the rate of childlessness was high for women born early this century at almost 20 per cent, but declined through to a low of less than 10 per cent for the cohorts who bore the baby-boomers and who are approaching old age at the turn of the millennium. Although it is too early to accurately measure childlessness for younger cohorts, the beginning of an upwards trend can be seen for those in their forties, and women aged 35-39 years in 1996 have higher levels than previous cohorts of women at that age (14 per cent compared with 10 per cent in 1981).

Figure 4.6



Source: compiled from Census of Population and Dwellings, Statistics New Zealand 1998c.

Although some of these women in younger cohorts may yet have a child, the data indicate an increasing trend to childlessness in line with the overseas literature reviewed above. In comparison with other similar countries, in 1996 New Zealand had a relatively high average family size (Table 4. 3).

Table 4.3 Comparative Average Family Size 1996,
as Measured by Total Fertility Rate (TFR)

Country	TFR
United States	2.00
New Zealand	1.96
Australia	1.80
England/Wales	1.73
Sweden	1.61
Japan	1.43

Source: Statistics New Zealand, 1998c.

Family Support Ratios: Mothers to Adult Daughters

As women outnumber men by 2:1 after age 75 years, and as adult daughters have been their main caregivers, my previous research concentrated on this

relationship to analyse recent and future trends in the family support ratio of mothers to adult daughters (McPherson, 1992, 1993). It found that a combination of fertility patterns and labour force participation combines to create different ratios of potential supply of women in the caring ages to women in the ages of increasing need for care. Table 4.4 shows that recent and current cohorts of elderly have the least potential support from adult daughters as they are the mothers of the small birth cohorts of the 1930s, but they also had low demand as there are not high numbers of elderly in these cohorts. In contrast, elderly women from 2011 to 2026 will have relatively high levels of potential support because they had their children young and thus their adult daughters are likely to be post-labour force age. Since these are the mothers of the baby-boomers they will also have a large number of children, but as there are small numbers in their cohort, demand for family support will not be great.

It is not until the next period, from 2031, when the baby-boomers themselves age creating high demand because of their numbers, and potential supply of support from adult daughters will be low because they had smaller families and thus will have relatively few adult children, that the mother:daughter dependency ratio will increase. Furthermore, as they had their children relatively late, these daughters are likely to be in the labour force and still have dependent children. While cohort fluctuations in family size mean those with few adult children, such as the baby-boomers, have a compensatory large number of siblings and, conversely, those with many siblings have few children, according to the literature reviewed in Chapter Three, children are better providers of support than siblings, and siblings are likely to predecease or be incapacitated due to ill health. When it ages, this baby-boom cohort will also have experienced high rates of divorce thus increasing their need for family support while weakening the intergenerational relationship and thus potential supply of support⁵.

⁵ Data on divorce trends is presented later in this chapter in the section on demand for family support.

Table 4.4 Dependency Ratios of Women Aged 75-89 (M) to Daughters (D) and Daughters Not in Labour Force (DNLF), and Age and Labour Force Participation Rates of Daughters (D), 1981-2031.

Year	Cohorts Born	No. women 75-89 (M)	Number of daughters(D) (3)	Age range of daughters (4)	% of daughters in labour force	Number of daughters not in labour force (DNLF) (3)	M/D (1), (2)	M/DNLF (1), (2)
1981	1892-1906	65,568	84,577	41-64	54	39,058	0.78	1.7
1986	1897-1911	78,366	101,228	41-64	61	39,081	0.77	2.0
1991	1902-1916	90,129	121,623	41-65	64	43,626	0.74	2.1
1996	1907-1921	103,700	151,459	42-64	64	51,275	0.68	2.0
2001	1912-1926	115,900	182,574	43-64	66	62,447	0.63	1.9
2006	1917-1931	124,300	209,214	44-64	63	77,211	0.59	1.6
2011	1922-1936	127,100	220,762	45-64	59	89,932	0.58	1.4
2016	1927-1941	135,800	229,796	46-65	55	102,524	0.59	1.3
2021	1932-1946	152,300	235,484	47-66	51	115,569	0.65	1.3
2026	1937-1951	185,500	259,548	46-66	50	130,474	0.71	1.4
2031	1942-1956	213,500	273,883	45-69	50	137,109	0.78	1.6

Source: McPherson (1992,1993). Computations by the author using data from Statistics New Zealand

- (1) High score = high ratio of mothers to daughters
(2) Score > 1 means more mothers than daughters;
Score < 1 means more daughters than mothers.
(3) See McPherson (1992,1993) for methodology for calculation.
(4) Calculated from ages of mothers at peak childbearing (from 25% to 75% completed)
Note: Figures for 2001 and beyond are projections.

Geographic Proximity

Chapter Three showed geographic proximity to be an important factor in the likelihood of family helping behaviour. As geographic proximity cannot be measured directly, trends in three proxy variables are examined. Firstly, extended family households, and then geographic mobility and immigration through birthplace data.

Extended Family Households

Living in close proximity is positively related to family helping behaviour. The closest one can live to one's family is to live within the same household. Statistics New Zealand began collecting data on extended family households in 1996. The results presented below show that very few New Zealanders co-reside with members of their extended family.

According to census data published in Statistics New Zealand (1998c) and computed by the author, only 8 per cent of adult New Zealanders (15 years and over) live in extended family households. Most of these (51 per cent) live in three-generation households which mainly consist of parents, adult children and grandchildren. The next largest group (43 per cent) are in two-generation households which are mainly sibling-based, plus children or other relatives. One-generation extended family households are also mostly siblings, and make up 6 per cent of all extended family households. Pacific Island people are more likely to live in extended family households: 41 per cent, compared to 23 per cent of the Maori and Asian groups, and only 6 per cent of European New Zealanders.

However, a breakdown of age groups of those living in extended family households shows they are predominantly young, not the elderly: 40 per cent are aged 20-34, compared with 19 per cent aged 45-59 and only 9 per cent aged 65 years or more. Only 5 per cent of all people aged 65 years and over live with family. This reflects the sibling basis of half of the households, and adult children living with parents, plus the middle

generation of the three-generation families in which the “grandparents” are relatively young.

It is not possible to determine whether the proportion of people living in extended family households is increasing or declining over time, as the 1996 census was the first to collect this category of data. Thomson (1989) confirms there are no early data available and cites Toynbee’s work (based on 108 interviews) which asked about recall of co-residence with extended family and concluded that co-residence was not common at the beginning of the 20th century in New Zealand. The only trend in extended family living that can be examined is that of adult children residing in the family home with parents. Between 1981 and 1991 the proportion of 15-24 year olds living at home increased at all ages (Statistics New Zealand 1994a:60) and this trend has continued through to 1996 (Davey, 1998:76)⁶.

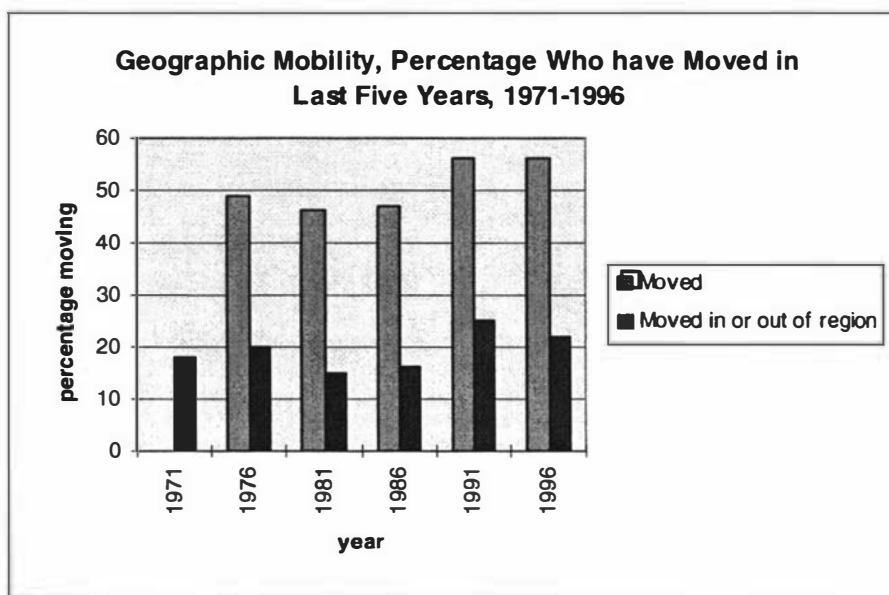
Geographic Mobility

Since geographic proximity is an important variable in this study, an attempt was made to examine trends in geographic mobility over time. Data on internal geographic mobility has only been collected in New Zealand since 1971 and has not shown great changes in that time (Figure 4.7). However, there was a slight trend towards increased mobility in the 1990s, with total movement reaching over 50 per cent of the population for the first time, and movement in or out of the region⁷ passing 20 per cent for the first time in the past twenty-five years.

⁶ See section below on “youth dependency” for more details.

⁷ New Zealand is divided into 16 regional council areas.

Figure 4.7



Note: New Zealand is divided into 16 regional council areas.

Source: compiled from Census of Population and Dwellings, various years.

Heenan (1985:98-99) compared New Zealand's five year mobility rate in 1976 with overseas rates and concluded that we have relatively high mobility, greater than Great Britain, Ireland and Japan, similar to the United States and Canada, but less than Australia. He identified particular age groups as being more mobile: first, the young from late teens to early thirties; second, the 60-64 year olds who have just retired; and finally, women aged 70 years and over, probably widowed and moving closer to family (see Chapter Three). A later study by Long (1992) found New Zealand's five year mobility rate in 1981 to be similar to that of the United States, Canada and Australia.

Emigration

According to Statistics New Zealand (1990:93) "external migration is the most variable aspect of population change in New Zealand". Through the 1970s and 1980s emigration often exceeded immigration, resulting in negative net long-term migration for New Zealand. From 1991-1998 this was reversed, with positive net migration. But in 1999 emigration again

exceeded immigration by more than 10,000 (Statistics New Zealand, 2000:125).

The younger age groups are most likely to emigrate, however this is not an increasing trend. In 1998, net long-term migration for 20-24 year olds was -5,178, and for 25-29 year olds -276 (Statistics New Zealand, 1999a:111). This is substantially less than in 1989 when the figures were -8953 and -2138 respectively (Department of Statistics, 1990). Many of these will return in their twenties or early thirties after doing their "Overseas Experience", but some may not (Lidgard, 1993). The other age group showing negative net long-term migration in 1998 was those aged 65 and over. Some of these may be moving closer to family who have emigrated, as Heenan (1985) suggested, while others may be retiring for lifestyle reasons that take them away from proximity to family support.

Immigration/Birthplace

Birthplace data were also examined to show trends in the non-New Zealand born population, although this has limited use as the amount of time spent in New Zealand is probably a greater predictor of whether one is likely to have family nearby. The proportion of non-New Zealand born population did not alter much from the Second World War up until the mid 1980s, being 14 per cent in 1956 and 15 per cent in 1986. In the last ten years, however, there has been a 50 per cent increase, to 21 per cent in 1996, which may indicate the beginning of a trend to an increasing proportion of New Zealanders who may not have family in New Zealand.

An examination of the data on those moving from overseas to New Zealand in the 1991-1996 period shows that 29 per cent came from the Asian region, and 8 per cent from a Pacific Island. This stands in sharp contrast to 1971 when 6 per cent came from the Pacific Islands and there were too few in the Asian category to warrant specific mention. Further discussion of the

changing ethnic composition of the population is considered below as a factor in demand for family support.

In conclusion, overall there are indications that New Zealand's mobility rate is relatively high, and of a trend towards increased mobility. This is likely to mean a reduction in proximity to family which, according to Chapter Three, is likely to result in a decrease in potential supply of some types of family support, such as caregiving and practical household help.

Summary on Supply of Family Support

Trends in female labour force participation and family size indicate a future decline in potential supply of family support, but not until 2031 and beyond. This decline may be alleviated by the increase in numbers of young elderly, unless they also increasingly participate in the labour force. The projected labour force participation data indicate that this will happen for 60-64 year olds, but not for 65-74 year olds. Although less robustly measured, indications are that geographic proximity is declining which will add to the decline in supply of family support requiring personal contact. Thus potential decline in family supply, at least in relation to care of the elderly, will not be immediate and may not be great.

DEMAND FOR FAMILY SUPPORT

In contrast to supply, demand for family support is more likely to increase. Chapter Three showed that the main recipients of family support are young adults in need of financial support and childcare, and the very elderly in need of care. This is similar to the macro-level dependency ratio of children and elderly referred to in the literature review earlier in this chapter, but in this study of extended family support I am interested in young adults rather than children. However, the same analysis is pertinent in that while the proportion of elderly is increasing, and the proportion of young is decreasing, so that the overall dependency ratio may not be increasing, what needs to be considered is the changing nature of that dependency. While

there are fewer young people, their dependency needs are increasing due to changing education and employment patterns. And the future dependency needs of the elderly are debateable, due to possible changing health and disability trends for future cohorts who have better diets and lifestyles, and more services available.

Population Ageing: the Changing Age Structure of the Population

Life expectancy at birth is increasing, due mainly to increased life expectancy at older ages. Female children born 1995-1997 can expect to live 79.6 years, compared to 73 years for those born forty years ago; male children 74.3 years compared to 68.2 over that period (Statistics New Zealand, 1999a:92).

As a result of increased life expectancy, together with declines in fertility (see earlier section on family size), the population is ageing, with increasing numbers and proportions at older ages (see Figure 4.9 and Table 4.6 below). Current life expectancy in New Zealand is similar to that of England and Wales, and higher than that for males in the United States, but lower than Australia, Sweden and Japan (see Table 4.5) which also have lower fertility. Thus concerns in the overseas literature on ageing populations, while offering the opportunity for New Zealand to learn from them, will not apply to us to the same extent.

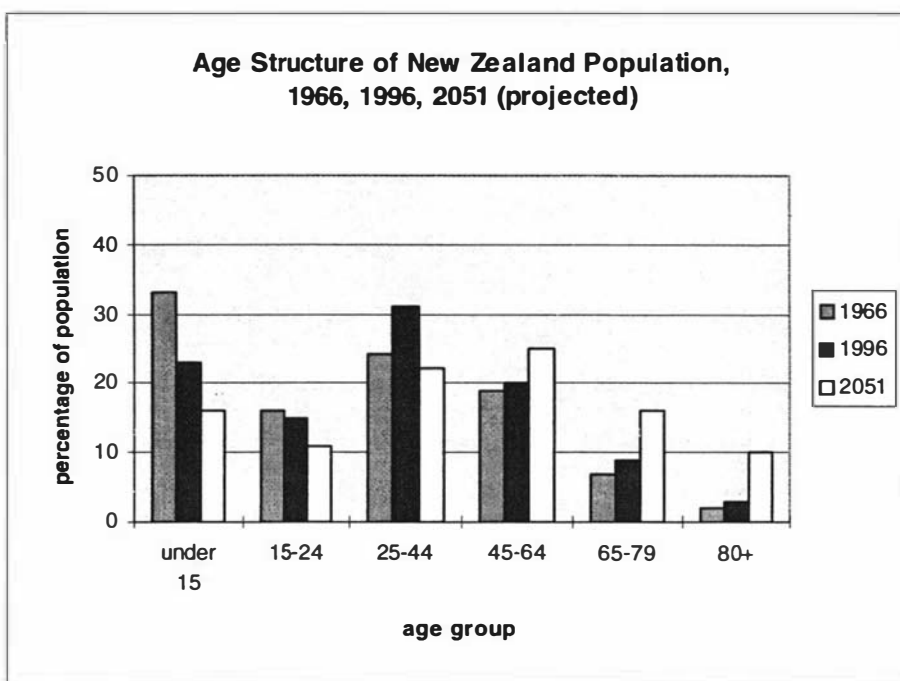
Table 4. 5 Comparative Life Expectancy

Country	Year	Male	Female
United States	1996	72.7	79.4
New Zealand	1995-97	74.3	79.6
England&Wales	1994-96	74.4	79.6
Australia	1994-96	75.2	81.1
Sweden	1996	76.5	81.5
Japan	1996	77.0	83.6

Source: Statistics New Zealand 1999a:89, Table 4.8

Figure 4.8 below shows the changing age structure of the population from 1966 to 1996, and the projected age structure through to 2051. This figure clearly shows: the continuation of the long-term trend in declining proportions of children and young people; the current high proportion in the key childraising and labour force years (25-44 years) and the future decline in this group; and the future increase in the proportions of middle-aged and elderly age groups, particularly in the proportion aged 80 years and over.

Figure 4.8



Note: 2051 projected, using medium mortality and fertility and net annual long-term migration of 5000, 1996 base.

Source: compiled by the author from Census of Population and Dwellings, 1966 and 1996, and Projected Resident Population by Age Group (Statistics New Zealand, 1999a:141)

Table 4.6 gives a more detailed picture of the changing proportions aged 15-24, 25-44, 45-64, 65+ and 80+ from 1966 to 1996, and projected through to 2051.

Table 4.6 Percentages in High Demand Age Groups, 15-24, 25-44, 65+, 80+ and High Supply Age Group 45-64, 1966-1996, and Projected to 2051

	Age Groups				
	15-24 %	25-44 %	45-64 %	65-79 %	80+ %
1966	16	24	19	7	2
1976	18	25	19	7	2
1986	16	26	17	8	2
1996	15	31	20	9	3
2001*	14	30	22	9	3
2011*	14	27	26	10	4
2021*	13	25	27	13	4
2031*	11	25	25	16	6
2041*	11	23	25	17	8
2051*	11	22	25	16	10

* projected, 1996 base, series 4, medium fertility and mortality, net annual long-term migration 5000.⁸

Source: compiled by the author from Census of Population and Dwellings, 1966, 1976, 1986 and 1996, and Projected Resident Population by Age Group (Statistics New Zealand, 1999a:141)

Over the last thirty years we have seen a decline in the proportion of children and young people, and an increase in the 25-44 year age group as the late baby boomers move through the life cycle. As we move into the first half of the 21st century this cohort movement shows up in increasing proportions at older ages. These trends are projected to continue, reaching the point in 2031 where the proportion of elderly (65+ years) exceeds the proportion of children (less than 15 years).

The older ages can be divided into two distinct groups: the young-old, aged from 60 or 65 through to 75 or 79 years, who are mostly independent though

⁸ The major variable in choosing a projection series is migration, as this has been so volatile in recent decades, shifting from negative net annual long-term migration through the 1980s to a range from 5000 to 28,000 net migration gain through the 1990s, making it difficult to choose a projection rate for migration. However, calculations showed very little difference between series - no more than 1 per cent, per age group, so the decision was made to settle on the mid-range of 5000 net migration gain.

retired from the labour force; and the old-old, aged from 75 or 80 years, who are at an age where, for current and past generations, dependence due to chronic ill health and disability increase markedly (Campbell, 1987; Blank, 1994). Women predominated at ages 80+ by a ratio of 2:1 in 1996, but this will gradually decrease due to the changing health patterns of future generations of men and women (see Table 4.7). The gender differential in life expectancy in Western countries in the latter half of the twentieth century, and hence gender balance at older ages, has been due largely to the differential smoking behaviours of men and women in the cohorts that are now elderly (Waldron, 1986; United Nations Secretariat, 1988). In future cohorts, however, there is less gender difference in smoking, with young women currently being more likely than young men to smoke (Statistics New Zealand and Ministry of Health, 1993; Statistics New Zealand, 1998j; Ministry of Health, 1999b:23).

Table 4.7 Gender Ratios at Age 80+, 1996 to 2051*

	M:	F
1996	1:	2.0
2001	1:	1.9
2011	1:	1.6
2021	1:	1.5
2051	1:	1.5

* projected, 1996 base, series 4, medium fertility and mortality, net annual long-term migration 5000.⁹

Source: compiled by the author from Projected Resident Population by Age Group (Statistics New Zealand, 1999a:141).

The concern about an ageing population for family support is the increased demand for caregiving. Increased longevity has not led to a reduction in the proportion of life spent disability free (Crimmins et al, 1997). Data shows

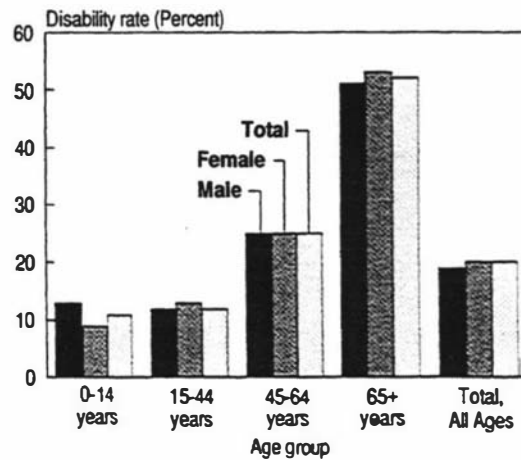
⁹ The major variable in choosing a projection series is migration, as this has been so volatile in recent decades, shifting from negative net annual long-term migration through the 1980s to a range from 5000 to 28,000 net migration gain through the 1990s, making it difficult to choose a projection rate for migration. However, calculations showed very little difference between series - no more than 1 per cent, per age group, so the decision was made to settle on the mid-range of 5000 net migration gain.

that current and past cohorts of elderly have had high levels of chronic ill health and disability requiring long-term caregiving. For example, in New Zealand, Campbell (1987) found that the incidence of chronic disorders such as dementia increases from 6-7 per cent at age 65+ to 20 per cent at age 80+, while the incidence of hip fractures doubles with every five years of age, and people aged 75+ make ten times the use of hospital and residential care services as those aged 65-74 years. In the early 1990s in New Zealand, those aged 65 years and over had double the admission rates to hospitals of those under 65, stayed four times as long, and consumed almost half the health budget (Blank, 1994:45). More recently a performance report from the New Zealand Health Funding Authority (1999) refers to increased costs from increased demand for care and home support due to an aging population. In addition, the latest New Zealand Health Survey shows a marked increase in hospital admission rates for the elderly compared with younger ages: 25 per cent of those aged 75+ had been admitted in the past twelve month period compared with 19 per cent of 65-74 year olds (mostly males) and 13 per cent of 15-64 year olds ((Ministry of Health, 1999b:245). Self-reported physical health in this survey also declines markedly at age 75+ with a mean score on the SF-36¹⁰ physical functioning scale of 62, compared with 76 for 65-74 year olds, 85 for 45-64 year olds, and over 90 for younger ages (ibid:145-146).

A recent population survey of disability by Statistics New Zealand found a close association between disability and age (see Figure 4.9 reproduced below), which shows a marked increase in disability from age 65 years.

¹⁰ The SF-36 Health Status Questionnaire is a widely used questionnaire for measuring self-reported physical and mental health status (Ministry of Health, 1999b:139).

Figure 4.9 Disability Rate by Age Group and Sex for Total Population in Households and Residential Facilities, 1996



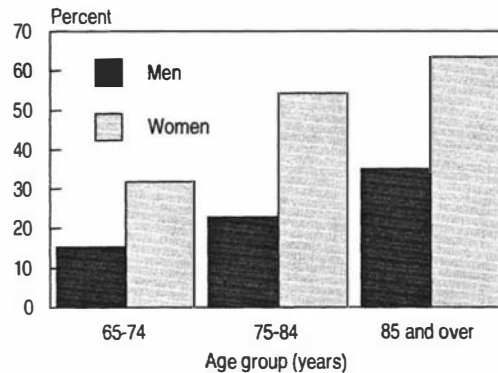
Source: Statistics New Zealand (1998g:11, Figure 1.1).

Whereas one in five of all ages had a disability, one in two aged 65 plus reported a disability (Statistics New Zealand, 1998g:11). Furthermore, 19 out of 20 of all people with disabilities, and 9 out of 10 elderly with disabilities, lived in private households (ibid:12), and two-thirds of their support came from family members (ibid:15), but a third reported still having unmet needs.

Distinguishing different levels of disability, 29 per cent of those aged 75+ had level three disability, which requires daily assistance, and 55 per cent had level two disability, which requires some assistance. Rates for level three disability were double that for younger age groups, with 16 per cent over all age groups having level three disability, and 42 per cent level two (Health Funding Authority and Ministry of Health, 1998:166).

Also of importance is the proportion of elderly who live alone, and thus are likely to be in more need of family support.

Figure 4.10 Elderly Living in One-person Households, by Age and Sex, 1996



Source: Statistics New Zealand (1998f:42, Figure 5.2).

Living alone increases with age, and as women have longer life expectancy it is not surprising that women are more likely than men to live alone (McPherson, 1992:108). As those who are not currently in a partnership are more likely to live alone, trends of increasing divorce and never marrying¹¹ (see below) mean there are likely to be more elderly people, both men and women, living alone in future, therefore increasing demand for support. As the literature reviewed in Chapter Three showed, the family has been the biggest provider of this care and support.

Youth Dependency

At the other end of the age dependency scale is the young adult population. While Figure 4.8 above shows that young people aged 15 to 24 years will be making up a decreasing proportion of the population, data on unemployment and education patterns presented in Table 4.8 below show a trend of increasing economic dependency for youth.

¹¹ Detailed analysis of trends in marital status and cohabitation is undertaken later in this chapter.

Table 4.8 Education and Unemployment, Ages 15-24 Years,
1981 - 1996.

	Full-time training or education		Unemployment		Total full-time training, education or unemployed	
	15-19	20-24	15-19	20-24	15-19	20-24
1981	46	7	7	5	53	12
1986	52	14	12	7	64	20
1991	65	19	13	13	78	32
1996	70	21	19	12	89	33

Sources: compiled by the author using the following data sources:

Full-time training and education: numerator, Dept/Ministry of Education
Education Statistics, various years; denominator, Census of Population and
Dwellings, various years.

Unemployment: Census of Population and Dwellings, various years.

There has been a steady increase in full-time training or education for young people through the last two decades, especially at ages 20-24, but this is now levelling off. In line with this Statistics New Zealand (1998a:44) reports a fifty per cent increase in tertiary education for 16-24 year olds from 15 per cent in 1987 to 23 per cent in 1996, together with a trend towards full-time rather than part-time status. Unemployment, too, increased markedly for 15-19 year olds in the 1980s, and that effect carried through to 20-24 year olds in the 1990s. The total pattern is one of increasing economic dependency for 15-19 years olds from 53 per cent in 1981 to 89 per cent in 1996, and from 12 per cent of 20-24 year olds in 1981 to 33 per cent in 1996. Due to government policy on student loans, and unemployment benefits for those aged under eighteen years, these young adults are likely to remain economically dependent on their parents, as indicated by the literature reviewed earlier in this chapter. This argument is also supported by New Zealand data showing that young adults are increasingly likely to remain in the family home. The proportion of 20-24 year olds living at home increased from 26 per cent in 1981 to 30 per cent in 1991 (Statistics New Zealand, 1994a:60). And Davey (1998:74) reports a continuing decline in young people living independently in 1996.

Dependency Ratio

The macro-level dependency ratio is an economic dependency ratio based on labour force participation and the dependency of those in age groups outside the labour force age group on those within the labour force age group. Dependency on the extended family has a different basis and thus involves different age groupings. The main demands for extended family support were identified above as coming from young people aged 15-24 plus the very elderly, aged 80+. In Table 4.9 below I have developed a total extended family dependency ratio of 15-24 year olds and those aged 80+, to adults in the intervening ages.

Table 4.9 Extended Family Dependency Ratio,
Based on Ages 15+, 1986-2051

Year	Age Group 15-24 %	Age Group 80+ %	Total Dependency %	Dependency Ratio 15-24 and 80+ : 25-79
1986	24	1	25	33:100
1996	19	3	22	29:100
2001*	18	4	22	27:100
2011*	18	4	22	28:100
2021*	15	5	20	26:100
2031*	14	7	21	26:100
2041*	14	10	24	30:100
2051*	13	12	25	32:100

* projected, 1996 base, with medium fertility and mortality, net annual long-term migration 5000.

Source: compiled by the author using age group projections (Statistics New Zealand, 1999a) and Census of Population and Dwellings, 1986.

This table shows that as the proportion of very elderly increases there will be a corresponding decrease in the proportion of young adults. Thus the total dependency ratio is in decline and will not begin to increase until the middle of next century when the proportion of very elderly begins to increase.¹² Even then it will only equal recent levels; the difference is that

¹² Where the percentage appears unchanged but the ratio changes, this is due to rounding of percentages

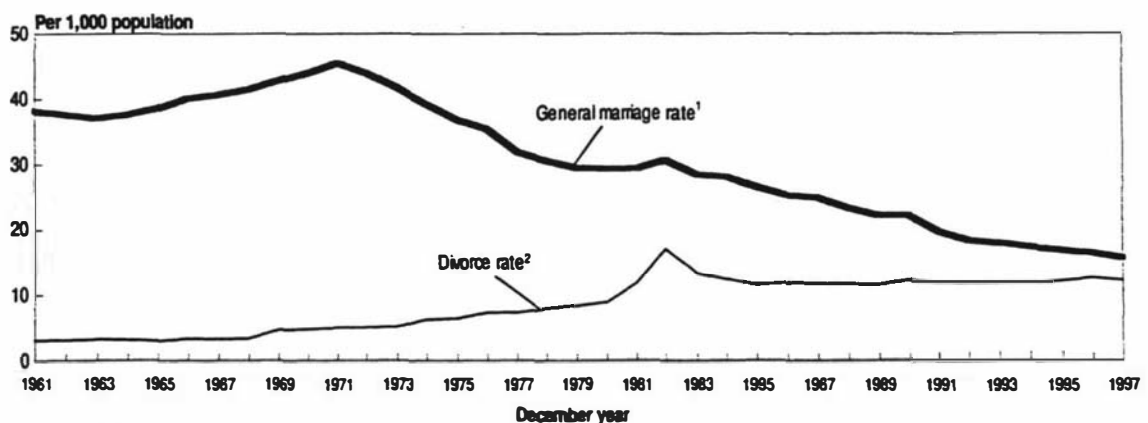
the future numerical dependency will come more from the elderly and less from the young.

Thus any analysis of extended family dependency must involve more than numerical dependency and include the extent and types of demand by these groups. Similarly, factors other than the numbers of people available must be considered in the ability to supply support. These factors include labour force participation, geographic proximity, commitments to nuclear family, one's own physical and mental capacity to provide support in terms of one's health status, and the quality of family relationships, which may be affected by such things as marital status.

Marital Status

At the same time that young people are becoming less economically independent, they are increasingly likely to have experienced the dissolution of their parents' marriage. Overseas literature reviewed in Chapter Three shows parental divorce leads to reduced contact and helping behaviour between parents and adult children. The tables and figures that follow illustrate the trends in marriage and divorce in New Zealand.

Figure 4. 11 Marriage and Divorce Rates, 1961-1997



1. Per 1,000 estimated mean not-married and non-married population aged 16 years and over.

2. Per 1,000 estimated existing marriages.

Note: Rates from 1991 onwards are based on the resident population concept. Rates prior to 1991 are based on the de facto population.

Source: Statistics New Zealand (1999a:61 Figure 3.1).

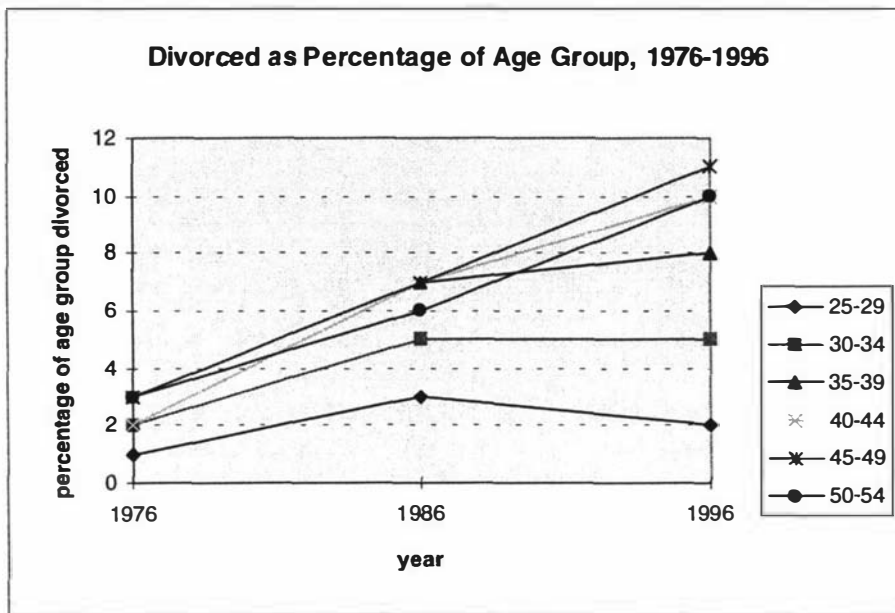
The rate of divorce increased most rapidly through the 1970s, peaking with the legislative change to the Family Proceedings Act in 1980 which introduced no fault divorce, then plateauing through the 1980s and 1990s (see Figure 4.11). The high divorce decades were the 1980s and 1990s, mostly of the marriages of the 1970s which occurred at young ages.

In my earlier study (McPherson, 1995) I predicted that divorce had peaked and would begin to decline, and that appears to be happening at younger ages, partly due to a decline in marriage, but possibly also due to older age at marriage for more recent cohorts¹³. Both the number of dissolution orders granted and the divorce rate declined between 1996 and 1997 (Statistics New Zealand 1999a:63) from 10,009 to 9754, and 13.0 to 12.6 respectively, being the first decline since 1989. Although numbers increased again in 1998 to 10,040, at 12.7 the rate remained below the 1996 level.

Figure 4.12 below also shows the decline or stabilising in the proportions in younger age groups who are divorced, while the proportions in the forties to early fifties age groups who are divorced keep increasing. Of concern is that the proportions entering old age are also showing increased proportions of divorced, from 6 per cent to 9 per cent of those aged 55-59 years, and from 3 per cent to 5 per cent of those aged 60 years and over, between 1986 and 1996.

¹³ Young age at marriage is a major factor in divorce (McPherson, 1995).

Figure 4.12



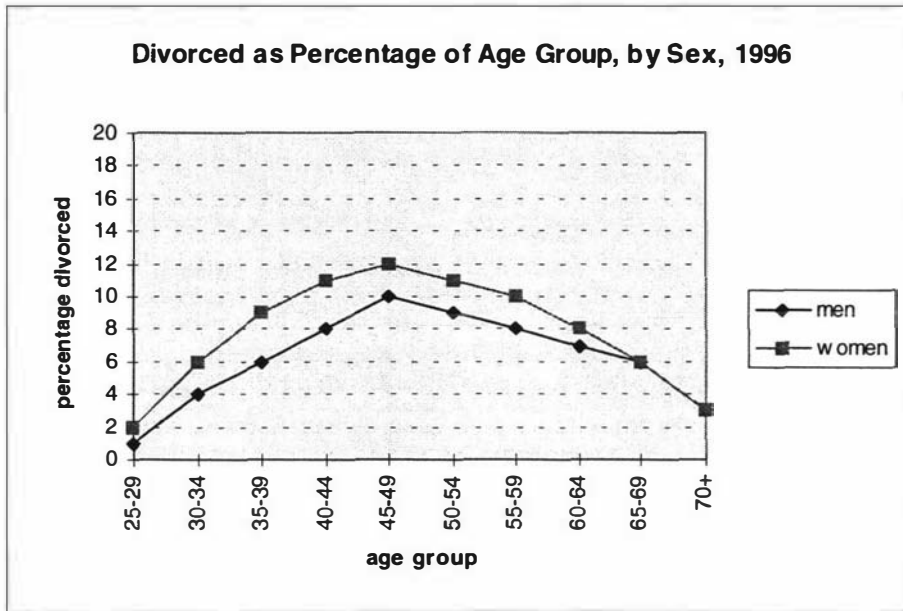
Source: compiled by the author from Census of Population and Dwellings, various years

For some years the census has shown that the highest proportions of divorced people are aged in their forties and, increasingly, in their fifties (Figure 4.13). When separation is added to divorce, one in five women aged 40-49 was in a state of marital dissolution in 1996 (Statistics New Zealand, 1998I:39).

These age group cohorts of divorced adults are likely to be the parents of the young people needing help to pay for tertiary education and health care in the 1990s. They are also the future elderly generation who will be needing support from their children, but as Chapter Three showed, that relationship is likely to have been weakened by the divorce, especially for men, and men will make up an increasing proportion of the elderly in future (see above section on population ageing). Thus, although the trend in divorce is showing a recent decline, we have yet to experience the effect of the high divorce decades of the recent past in terms of intergenerational relations and family support, especially when those high divorce cohorts reach old age.

We can expect the cohorts born 1937 to 1961 to have high proportions of divorced when they reach old age, from 2002 on.

Figure 4.13



Source: compiled by the author from Census of Population and Dwellings, various years

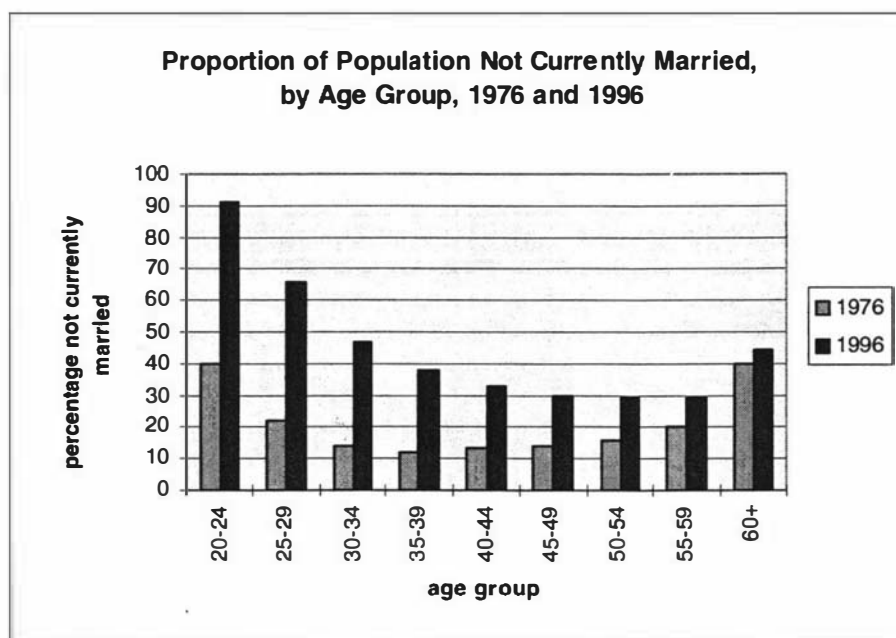
In the longer term, divorce will have less impact on intergenerational relations. There has been a decline in the proportion of divorces involving children, from over 60 per cent in 1980 (McPherson, 1995), to under 50 per cent in recent years (Statistics New Zealand 1998h), and also in the number of children involved from 15,825 in 1982 to 9,401 in 1998. However, as shown in the earlier discussion on family size, it is also increasingly likely that these people will not have children at all, so they are no better off in terms of potential family support later in life.

It is also important to consider the increase in de facto partnerships, the breakdown of which is not recorded. In 1996, one in five women in partnerships was not legally married (Statistics New Zealand 1999a:62), being especially high for those in their twenties: 19 per cent of 25-29 year olds were cohabiting in 1996, up from 13 per cent in 1991.

We also have an increasing proportion never marrying (Statistics New Zealand 1998i:37) or entering a partnership (ibid:40) and not having children (see above). In 1996 the proportion of 35-39 year olds who had never married was 18 per cent compared with 6 per cent in 1976 (Statistics New Zealand, 1998d:49; and Department of Statistics, 1976). This means not only nuclear families, but extended families are likely to be smaller in the long-term future, and fewer people will have immediate family of spouse and adult children to rely on for support.

Figure 4.14 shows the increasing proportions of younger cohorts that are not currently married. Since not being married at younger ages is more likely to be due to never marrying or divorce, compared to widowhood at older ages, and since marrying is relatively less likely after age forty, we can expect increasing proportions without a spouse in old age.

Figure 4.14



Source: compiled by the author from Census of Population and Dwellings data

While cohabitation is increasing, especially at younger ages, it is not sufficient to replace past levels of marriage, so the overall level of partnering

is declining: 53 per cent of 25-29 year olds were partnered legally or de facto in 1996 compared with 78 per cent married in 1976 (Statistics New Zealand, 1998d: 53; Department of Statistics, 1976). Table 4.10 shows the increase in cohabitation and the decline in overall partnering across all age groups. Cohabitation is also less likely to last than legal marriage (Department of Social Welfare, Information and Analysis Group, Social Policy Agency, 1999).

Table 4.10 Proportion of Women Living With a Partner, by Age, 1981 to 1996

	Age group				
	15-19	20-24	25-34	35-44	15-44
<i>Percentage of women who are married or cohabiting:</i>					
Total					
1981	8	51	81	85	61
1986	5	42	74	81	57
1991	6	35	68	77	54
1996	6	32	63	73	53
Maori					
1991	8	32	52	63	41
1996	9	32	52	62	42
<i>Percentage of partnered women who are cohabiting:</i>					
Total					
1981	57	20	7	4	10
1986	72	28	10	5	12
1991	83	45	16	8	17
1996	86	61	24	11	23
Maori					
1991	89	63	30	15	33
1996	89	71	40	21	39

Source: Department of Social Welfare Information and Analysis Group, Social Policy Agency (1999:62).

Maori are less likely than women in general to be legally married and more likely to cohabit (Statistics New Zealand 1998i, Department of Social Welfare, Information and Analysis Group, Social Policy Agency, 1999). This link between marital status and ethnicity may have implications for supply of and demand for family support in New Zealand.

Ethnicity

Chapter Three showed ethnicity not to be as important a factor in the provision of family support as one might have thought, on the basis of perceived knowledge of ethnic attitudes and customs regarding familism. Overseas research has shown ethnicity to act in the opposite way from that

expected in relation to family helping behaviour. Thus it is still relevant to an analysis of extended family support to track trends in ethnicity in terms of being aware of the potential to make false assumptions about the potential for family support of non-Anglo-European groups.

Monitoring trends in the ethnic composition of New Zealand's population is not possible over a long time frame due to changing methods of classifying ethnicity. A comparable time series of data is available from 1986 and is presented in Table 4.11.

Table 4.11 Ethnic* Composition of New Zealand's Population, 1986-1996.

	European /Pakeha	Maori	Pacific Island groups	Asian groups	Other	Not specified
	%	%	%	%	%	%
1986	81	12	4	1	< 1	4
1991	79	13	5	3	< 1	1
1996	72	15	5	4	< 1	1

Source: compiled by the author from Statistics New Zealand (1997: 21-23, Table 1a).

* Where mixed ethnicity is reported, Statistics New Zealand prioritising level 3 is used which places the respondent in the Maori category if Maori is one of the groups reported, otherwise in the Pacific Island category if that is one of the groups reported (see Department of Statistics, 1993: *New Zealand Standard Classification of Ethnicity*).

**Where totals do not equal 100%, due to rounding.

This table shows a decline in the European/Pakeha group, a slow but steady increase in Maori, relative stability in the proportion from Pacific Islands groups and "other", and a large but plateauing increase in those from Asian groups. In addition, there has been an increase in the proportion of the population reporting mixed ethnicity, from 5 per cent in 1986 to 19 per cent in 1996 (Statistics New Zealand, 1997:15).

Projections are difficult with an erratic immigration policy and consequent fluctuating net immigration trends but, in respect to Maori, Pacific Island and European ethnic groups, the projections are for the trends shown in Table 4.11 to continue, with Maori reaching 22 per cent in 2051 and the

Pacific Islands population 13 per cent, due to their higher rates of natural increase compared with the European ethnic group (Statistics New Zealand, 1998d:138-139). Projections for Asians are only given out to 2016, when they are expected to make up 9 per cent of the population (ibid).

Thus we can expect to have increasing proportions of non-Europeans in our population whose needs for support should be empirically investigated, rather than assumed on the basis of cultural norms. As well as the impact of immigration on extended family proximity, ethnicity is closely related to socio-economic status which has been shown to be inversely related to provision of family support (Chapter Three).

Socio-economic Status

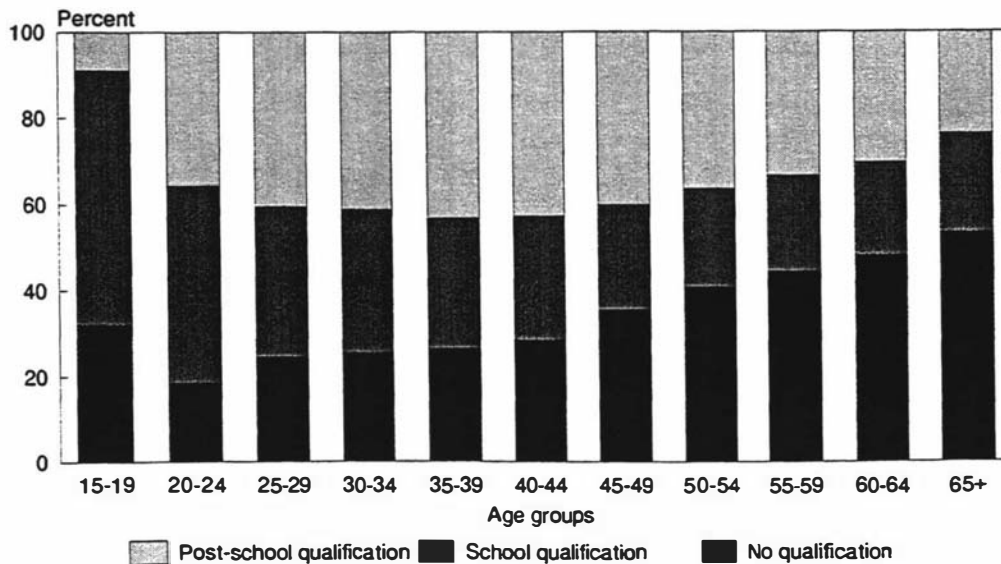
It is difficult to measure trends in socio-economic status, which is usually operationalised as a combination of three major variables: education, income and occupation. There are scales of socio-economic status created from these variables (see, for example, Elley and Irving, 1976, 1985 ; Davis et al, 1997) but such scales are not used in the census, which is the only time series data collection instrument for the total population in New Zealand. Each of these three variables can be looked at individually, however, with census data.

Education

In the short period between 1986 and 1996 the proportion of New Zealand's population with no educational qualifications declined from 42 per cent to 34 per cent, while the proportions with bachelors degrees and a school qualification higher than sixth form certificate, have each doubled from 3 per cent to 6 per cent. This is reflected in the substantial increase in five years, from 1991 to 1996, in the proportion of 15-19 year olds in full-time or part-time study, from 37 per cent to 60 per cent. Figure 4.15 shows the increasing qualification level of the 25-44 year age group, with fewer having

no qualifications compared to older people, and more having post-school qualifications.

Figure 4.15 Highest Qualification by Age Group, 1996



Source: Statistics New Zealand (1998a:13, Figure 1).

Occupation

From 1986 to 1996 the proportion in professional, technical, administrative and managerial occupations increased from 20 per cent to 35 per cent, while those in trades, plant and machinery and elementary occupations decreased from 34 per cent to 24 per cent. Analysis by industry group shows a corresponding decline in the proportion engaged in manufacturing from 23 per cent to 14 per cent over that period, and an increase in wholesale, retail, restaurants, hotels, community, social and personal services, and business and finance from 49 per cent to 62 per cent.

Income

Income analysis is more complex. An analysis of crude incomes from census data shows an increase in the proportion earning \$40,000 or more from 9 per cent in 1991 to 13 per cent in 1996, and a corresponding decrease in those earning less than \$10,000 from 37 per cent to 33 per cent. However, this

change in earnings does not indicate the relative purchasing power of those incomes: while people may be earning more, their ability to provide for themselves may have declined.

More complex analysis by Podder and Chatterjee (1998) shows that only the top decile has improved their share of the national income, while the bottom 80 per cent have decreased and the second decile has not changed. Other sources also attest to the widening gap between the top and the bottom income groups. Statistics New Zealand (1999b;1999c), for example, reported a significant increase in income inequality occurring particularly between 1986 and 1991, at both personal and household income levels, that was caused by increasing proportions in both the lower and upper income brackets, and fewer in the middle. Those groups particularly concentrated in lower income households are the elderly, children, sole parents, women and Maori. While incomes for Maori have increased over the decade 1988-1997, the gap between Maori and non-Maori incomes has also increased (Te Puni Kokiri, 1998a,1998b).

To summarise, the above analyses of socio-economic variables show that: education levels are increasing; more people are moving into higher income brackets but fewer people are sharing the top per cent of earnings; and many traditionally blue collar/working class occupations, the unskilled and semi-skilled, are declining while white collar occupations and industries are increasing. This pattern suggests a generally upwardly mobile population trend in terms of socio-economic status, which would tend to indicate in turn greater resources and increased likelihood for family helping behaviour, together with less need for family support.

However, the different pattern for income compared to education and occupation suggests this upward trend in socio-economic status and consequent increase in family resources and decrease in demand for family support might not be so. Income is more likely than the more social

determinants of socio-economic status - education and occupation - to be related to need for support, and there has been a reduction in relative income for most of the population. In addition, the increasing proportion of non-Europeans in the population may also indicate an increase in numbers in the low income groups in which they have been overrepresented in the past, unless they become upwardly mobile as their numbers increase, although there has been no sign of such a shift over the last decade. In conclusion, it is difficult to predict trends in socio-economic status and the consequent impact on demand for and supply of family support.

Demographic Compression and Vulnerable Cohorts

The concept of demographic compression refers to the compression of major life-cycle events into a shorter period (Jackson, 1998). Jackson shows how the changing timing of important life events is leading to an economic "demographic compression" for recent cohorts whose later entry into the labour force and later age at childbearing results in there being few independent years between childrearing and retirement, yet a longer life expectancy and thus longer retirement period to provide for financially. Table 4.12a shows variations on such variables for four cohorts in New Zealand: those born 1912-16, 1932-36, 1952-56 and 1972-76. In 1996 (the last year for which census data were available) these cohorts were aged 80-84, 60-64, 40-44, and 20-24, respectively.

The demographic compression approach can also be applied in the family support area. This phenomenon was referred to in the 1980s as the "double dependency syndrome" (Menken, 1985) and is also referred to more recently as "the sandwich generation", as discussed earlier in this chapter (see, for example, Faulkner and Michelli, 1989). This concept identifies the disjunction faced by families, particularly middle-aged women, in trying to meet the demands placed on them by different policy requirements, such as caring for dependent children, caring for elderly parents, participating in the

Table 4. 12a Timing and Intensity of Key Life Cycle Events, by Cohort

Cohort born/ age in 1996	Age enter labour force	Unemployment by age	Peak child-bearing years ⁱ	Age of cohort's parents when cohort's children dependent ⁱⁱ	Age reach empty nest	Age when exit labour force	Life expectancy after retire ⁱⁱⁱ	% of cohort aged 65+ when reach 65 years	% of cohort aged 80+ when reach 80 years
1912-16 80-84	15	hi in 20's	25-34	50-83	40-49	60-65	M:77 F: 80	9	3
1932-36 60-64	15	hi in 50's	23-30	48-79	38-48	60	M:78-79 F: 82-83	12	4
1952-56 40-44	15-17	hi in 30s, 40s, 50s	22-30	46-77	42-52	63-65	incr	16	6
1972-76 20-24	17-20	hi from entry, 20s, 30s +	25-34	47-78	45-54	65	incr.	24	10

ⁱ Calculated from ages at which 25% and 75% of childbearing completed, Statistics New Zealand (1999a)

ⁱⁱ Estimated using peak childbearing years of both cohort and cohort's mother cohort, from Statistics New Zealand (1999a), and using age 15 years as upper limit of dependent children because I am concerned more with caregiving than with the economic dependency of children. Thus cohort born 1952-56 had dependent children from age 22-45 years. When this cohort was born their mothers' cohort (born 1926-31) were aged 24-32 during peak childbearing years, Thus when cohort's children dependent, cohort's mothers' are aged from 46-77 years (22-45 + 24-32).

ⁱⁱⁱ Calculated by taking life expectancy at age 60-65 (Statistics New Zealand, 1999a) and adding to age 60-65.

Table 4.12b Potential Family Support , by Cohort

Cohort born/ age in 1996	% divorced in 40s	% of parents divorced in 40s	% never married by 40s	% not married in 40s	% childless	Average number of children	Average number siblings	Total children + siblings	Mother: daughter ratio (M:D)	Age of daughters when M age 75-89	% of daughters in labour force	Ratio M:DNLF ^a
1912-16 80-84	2	lo	9	16	16	2.8	3+	5.8+	0.63	43-64	67%	1.9
1932-36 60-64	2	2	6	12	8	3.5	2.6	6.1	0.59	45-65	57%	1.4
1952-56 40-44	11	2	10	17	11	2.4	3.4	5.8	0.78	45-69	49%	1.5
1972-76* 20-24	decr	11	incr	incr	incr	< 2	2	< 4	hi	45-59	hi	hi

Source: derived from McPherson (1992) and extended using Statistics New Zealand (1999a) and Census of Population and dwellings, various years.

DNLF = daughters not in labour force.

*Youngest cohort too young for comparable marital and childless data, so projected trends are reported

labour force to contribute financially to their own superannuation and health care, and to their children's education and health care.

The model can also be extended to cohort patterns in family support variables. Tables 4.12a&b show cohort differences in the simultaneous demands placed on them, and their family support resources in terms of marital status and children. The different cohorts are advantaged and disadvantaged in different ways.

The first cohort in the analysis, born 1912-1916 and aged 80-84 in 1996, represents those who are very elderly at the end of the 20th century. The economic advantages this cohort enjoyed were relatively good. Its members experienced good employment opportunities after the 1930s depression, which affected them in their twenties. As their children became independent at a young age through early labour force entry, this cohort had a long period free of dependent children in which to prepare for retirement, which was relatively short as their life expectancy was, relatively, not high. They were also part of a comparatively small group of elderly making low demands on both state and family for support.

In terms of potential family support this cohort rates mid-range compared to the other cohorts. To their advantage they had lots of siblings and low rates of divorce, but on the negative side they had low rates of marriage and high levels of childlessness. As they experienced late childbearing they have a relatively large intergenerational age gap, and thus when they are elderly their daughters are likely to be still of labour force age. As a result, although they have a low mother:daughter ratio, they have a high mother:daughters-not-in-labour force ratio. In terms of the demands made on them for family support, while they had few elderly parents and not for long, they were likely to have suffered the "sandwich" situation with elderly parents at the same time as dependent children, as they had their children relatively late and the age of old-age dependency set in earlier for older cohorts.

The second cohort, born 1932-1936, represents the young elderly aged 60-64 in 1996. This is a generally advantaged cohort in terms of both economic experience and potential family support network. Its members experienced a good employment opportunity history until their fifties, retired early and there are not too many elderly making demands on the state or family when they themselves are elderly. They also have the highest potential family support network of the four cohorts, as they experienced low divorce and high marriage rates, a large number of children and low childlessness. They are unlikely to experience elderly parents and dependent children simultaneously, as both generations had early childbearing and thus small intergenerational age gaps. However, this means they are likely to be young elderly themselves when their parents are elderly, which may affect their physical capacity to provide support to elderly parents.

The third cohort represents the early baby-boomers, born 1952-1956 and middle-aged at 40-44 years in 1996. The large size of this cohort has been seen as a future problem in terms of its demand for state and family support, but while its members are not as advantaged as the second cohort in this analysis, nor are they as disadvantaged as the younger cohort succeeding them. Economically they had a good employment opportunity history in their entry years, but some of them will have experienced the high unemployment of the 1980s and 1990s during their mid-life years. Although their retirement will be long, they will have a good empty nest period in which to prepare for it, as they mostly had their children young.

In terms of family support the early baby-boomers are not as disadvantaged as supposed if only considering their high numbers in relation to their children. While they had relatively small numbers of children and increasing childlessness, their level of childlessness is not as high as that of the first cohort, plus they have a large number of siblings to expand their family network. They have high divorce levels, and an increasing proportion not marrying, but only similar to the marriage levels of the first

cohort. Rather than the marriage and fertility patterns of this 1952-1956 cohort being something new, they are just reverting to the norm that applied prior to the aberration of the intervening cohorts. Although when they are old they will have a high proportion of elderly in relation to their children, those children will be relatively free of labour force commitments due to the low intergenerational age gap resulting from having their children when young. Nor are they likely to experience the "sandwich" effect when their own parents are old, as they both have had their children young, so the baby-boomers parents will not be old when the baby-boomers children are still dependent. In fact, their parents will be young elderly at this stage and potentially available to provide support.

The final cohort is the post baby-boomer young adults born 1972-1976 and aged 20-24 in 1996. This is the most disadvantaged cohort of all in terms of both economic experience and family support. They have experienced high unemployment during their labour force entry years that is not showing signs of abating as quickly as it did in the 1930s. They are also undertaking longer and more costly education. Together these extend their period of economic dependency and delay their ability to set up homes and start families.

In addition, members of this post baby-boomer cohort have a relatively small potential family support network, due to high parental divorce, low rates of marriage, low numbers of siblings and trends towards small numbers of children, increasing childlessness and delayed childbearing. Thus they will have a large intergenerational age gap with their children so that when this cohort is elderly their children are likely to still be in the labour force. Moreover, when they are elderly, with a long life expectancy and long retirement period ahead of them, there will also be an unprecedentedly large proportion of elderly making demands on both family and state.

On the positive side the 1972-1976 cohort members are not likely to experience much "sandwich" effect as they have a relatively small intergenerational age gap with their parents. As with the early baby-boomer cohort, their parents are more likely to be young elderly at this stage and potentially available to provide support. But their parents also have high life expectancy so they may need support for a long time, and there are large numbers of them, although they do also have a network of siblings for support, not just their children.

These advantaged and disadvantaged cohorts fit the same patterns as those described by Jackson (1998), Thomson (1991) and McPherson (1992). The young elderly cohort of 1996 (born 1932-36) has benefited from the state (Thomson, 1991) and is also low in economic demographic compression (Jackson, 1998) and high in terms of potential family support as shown above. Conversely the current young generation (born 1972-1976) has received little from the state (Thomson, 1991), will have high demographic compression (Jackson, 1998) and has a small potential family support network.

Summary

This chapter has examined trends in demographic variables related to the supply of and demand for family support and identified variations in cohort vulnerability to high demand and low supply of such support. It finds that demands for family support are likely to increase. Although the increasing proportions of elderly are compensated for by a declining proportion of young people, the nature of youth dependency is changing, resulting in increasing demands despite falling numbers. In addition, changing patterns of marital status will result in more people without immediate family to depend on and thus increased demands on the extended family. Demand for support beyond the nuclear family may also be increased by increasing numbers in low socio-economic groups.

On the supply side, as a result of increasing female labour force participation, it cannot be assumed that women are available to carry out the traditional familist role of caregiving. While increasing numbers of young elderly may be able to replace younger women in their family support role, they may not be available either if policies encourage them to remain in the labour force. The number of adult children that elderly parents can turn to will also decline and there is likely to be greater geographic mobility which will result in lack of proximity to family members and thus reduce their ability to provide some key types of support, such as caregiving. The ethnic composition of the population is increasingly non-European, which according to the literature may result in less, rather than more, family support. Similarly, increasing income disparities will result in less ability to provide financial support to family members.

The most vulnerable cohort, in both economic and family support terms, is likely to be the post baby-boom cohort (born 1972-1976), aged 20-24 in 1996, not the baby-boomers. Those who were very elderly in 1996 have levels of disadvantage similar to the baby-boomers in terms of family support. The most advantaged in terms of family support is the cohort of young elderly in 1996 (born 1932-36).

These changing demographic patterns clearly have implications for social policies which rely on families to provide a high proportion of support to their members. In turn the interactive effects of multiple policy areas, such as the need to be in the labour force to provide for superannuation, education and health care, are affecting families ability to provide support to their members. As women are prime providers of family support, and as a majority of elderly recipients of family support are women, changes in the attitudes and roles of women have implications for policy too. These issues are discussed in Chapter Eleven in conjunction with other empirical findings of this thesis.

The next chapter looks at the policy context of the demographic and attitudinal data on the extended family investigated in this thesis. It describes models of the relationship between family and state and the assumptions about families and women's roles underlying these. Historical and current policy directions in New Zealand are outlined, and the theory of generational conflict predicted at the macro-level of the state because of a demographically driven increasing demand for resources by the elderly sector, against what traditionally went to supporting children and young families.

CHAPTER FIVE

POLICY - THE RELATIONSHIP BETWEEN THE FAMILY AND THE STATE

Families are the major welfare and support service network in society (Edgar, 1992:31).

Introduction

Social policy and the welfare state in Western societies have long been based on the assumption that families always have been and always will be the main providers of support to their members (Edgar, 1992; McDonald, 1993; Cass, 1994; de Vaus, 1995b in Australia; Deakin, 1988; Allen and Perkins, 1995; Walker, 1991,1995,1996a; Nolan et al, 1996; O'Connor, 1996 in the United Kingdom; McGlone and Cronin, 1994, Europe; Koopman-Boyden, 1981, New Zealand). De Vaus (1995b) claims that without the care provided by families many government policies such as deinstitutionalisation would not be possible. And Cass (1994:3) points to the United Nations International Year of the Family 1994 as focusing on families "as one of the most fundamental social networks provider of care for other family members made vulnerable by frailty associated with old age, disability or illness".

The relationship between family and state and their relative contributions is not static, however, but varies over time, partly in relation to the predominant ideology of the day, but also in relation to demands on state resources. In recent years social policy in New Zealand has been moving towards a reduced role for the state and an increased role for the family (Kelsey, 1993; Cheyne et al, 1997; Boston, 1999a, 1999b; Pool, 2000). Analysis of this relationship is important in this thesis because it is a two-way relationship in which state policies affect families, but also family trends and issues have implications for policy. Whether families fulfill their role depends on assumptions regarding their availability and willingness to accept it. Changes in the nature of extended families, the characteristics of the providers and recipients of family support and the demographic trends

in these variables, as presented in the preceding chapters, thus have important implications for social policy. Demographic changes outlined in the previous chapter indicate increased demands for support from both family and the state. The state's to increased demands which may result in increased costs to the state is to reduce state support and rely on increased support from families, the "community" and the private sector. However, demographic trends in extended family variables analysed in the previous chapter indicate that supply of family support may decline in future as demand increases. This chapter also provides a context for the second aim of this thesis which is to investigate the second assumption underlying increasing reliance on family support, that is, people's willingness to provide support to extended family and their perceptions of the relative roles of family and state.

This chapter begins with a definition of social policy with respect to the provision of support by families or the state, followed by a justification for focusing on these two providers of social support, then outlines two models of the relationship between family and state. Historical and current New Zealand policy positions on the relative contribution of the state and the family are then presented, as a background to the empirical findings of this thesis on attitudes towards their roles. The key arguments for and the assumptions underlying an increased role for families are discussed in relation to potential problems arising from family based support, particularly from caregiving as a particular type of support. This section is followed by the arguments from the literature for a need for a collective state response to these issues, and the wider social issue of the impact of reduced state support and increased family support on the intergenerational contract. Forms that others conclude this response could take are outlined, with reference to the current situation in New Zealand. The chapter concludes by indicating how the empirical research from this thesis will contribute to the debate on the respective roles of family and state.

Social Policy and the Provision of Support by Families or the State

Social policy is defined by Cheyne et al (1997:2) as "actions which affect the well-being of members of a society through shaping the distribution of and access to goods and resources in that society". The study of social policy, they say, is concerned with the way this distribution influences well-being. Areas of social policy concern include income support, health services, social services for families and children, education, housing and employment. As the focus of this thesis is the provision of social support by extended families, any social policies which involve or impact on the provision of social support by families, either explicitly or implicitly, will be considered to be relevant to investigation of the implications for policy of the nature of the extended family and attitudes towards its role.

As found previously with attempts to define "family" in Chapter Two, there is no clear definition of what "family policy", specifically, is. Definitions range from "explicit" policy - such as legislation on marriage, divorce, reproduction, child support and custody, and filial obligation - to "implicit", being any policy which affects families. Kamerman and Kahn (1978) call the former "the field of family policy" and the latter "family policy as a perspective". They identify a third type of family policy which they call family policy as "instrument". This is where family policy is used as a means to other ends, such as reduction of state expenditure in the guise of strengthening families.

Zimmerman (1992:3-4) also sees family policy as "a perspective for understanding and thinking about policy in relation to families". She uses the plural, family policies, to include all individual policies that affect families both directly (explicit) and indirectly (implicit). This broad definition was taken up in New Zealand by The Family Policy Report Group of the Social Development Council (1981:8) which defined family policy as "state action affecting families and the quality of family life". Family policy

is thus broad and encompassing; even having no explicit policy on families can be a policy of non-intervention that will impact on families.

The Importance of Family and State in a Mixed Economy of Welfare

This thesis is concerned with the relative roles of family and state in the provision of social support to members of society in need. In reality, current policy approaches in New Zealand outlined below, and in other western societies such as Britain, are in line with a general move to a mixed economy of welfare. This includes the market or private sector and "the community" which includes voluntary organisations, friends and neighbours, having a role, as well as the state and the family, but with the state role diminishing to that of funder and organiser rather than provider of services while the role of all other sectors is increased (Fine, 1988; Walker, 1995; Fine, 1999).

However, Walker (1995:202) argues that "from the perspective of families, who provide most of the care, the mixed economy is virtually non-existent" as families provide most of the care anyway and get little or no formal support. What formal support there was is being reduced in Britain, and it appears to be the same in New Zealand, such as the reduction in support to families caring for disabled (Munford, 1994a) . These views are echoed by Graham (1999) who argues that the mixed economy model appears to be based on the assumption that the state previously had a monopoly on welfare provision, whereas in fact the family was and still is the main provider, because the voluntary and market sectors are and remain small.

Richmond and Moor (1997) argue that what began as an ideal of care within community facilities and shared by "the Community" in New Zealand has in fact become family based, female provided care. The community alternatives to family play a comparatively minor role in social support. Friends and neighbours have been found to have an insignificant role in the provision of support in New Zealand (Liu, 1992; Belgrave and Brown, 1997) and elsewhere (Kendig, 1986a; Bulmer, 1987; Avioli, 1989), except for

companionship of the elderly (Kendig 1986a) and easily reciprocated help, such as childcare, (Bulmer, 1987; Avioli, 1989; d'Abbs, 1991, Hope, 1997). They do not provide the more demanding personal care or practical help. Proximity is also a greater factor in support by friends than it is for family.

The other major sector in the provision of community care is the voluntary sector. Under the mixed economy model, the role of provision of services shifts from the state to the voluntary sector, with the state as funder. This involves voluntary organisations in spending increasing amounts of time on preparing funding applications and collecting data to support these applications, and loss of continuity and certainty (Riddell, 1997; Eichbaum and Harris, 1999). Another aspect making reliance on the voluntary sector or the community difficult is that, with economic restructuring and user pays and the increasing hours people need to work to support themselves and their families, few people are likely to have time left over for voluntary unpaid community work. The volunteers are increasingly drawn from the young elderly retired in their sixties. Zodgekar (1999) projects numbers of potentially available volunteers in New Zealand to decline as the population ages, particularly in relation to those projected to be in need of support.

The fourth sector in the mixed economy of welfare is the market or private sector. Those espousing a mixed economy model believe the market or private sector can more efficiently provide services than a large bureaucratic state (Fine, 1995, 1999). However, Fine (1999), along with other writers such as Munford (1994a, 1994b), Allen and Perkins (1995), Walker (1996b) and de Vaus and Qu (1998), points out the inequality that results in purchasing of services from the market, as only those who can afford them can access them. De Vaus and Qu (1998:30), using Australian research, note that if the state withdraws financial support, low income people are more affected because these families have less resources to help, and this therefore increases social economic inequality in society. For example, non-English speaking respondents in their study received less care and childcare and

home help (ibid) . To overcome this inequality requires a funding role for the state.

As the market and the community play smaller roles in the provision of social support, and there is still an important role for the state in funding services provided by the voluntary and market sectors, the focus of the policy context of this thesis is confined to the roles of the two major institutions involved in the provision of support to those in need, the family and the state.

Models of the Relationship between the Family and the State

The following models of the ways in which the state may interact with the family in the provision of social support provide a useful framework for considering the development and current direction of social policy in New Zealand. They will also provide a context for later discussion of the findings of the research component of this thesis on the nature and availability of the extended family in New Zealand, and people's perceptions of what the roles of state and family should be.

Replacement or Complementary

Moroney (1976) classifies two basic roles for the state:

- (1) *replacing* the family;
- (2) *supporting* the family.

He identifies the key debate in the family policy area as being whether the role of the state should be residual - that is, a neo-liberal crisis management function, picking up the pieces when the market fails to provide and families (particularly women) collapse under the strain of the demands placed on them - or institutional, operating in a preventive manner to support and strengthen functioning families, so they can continue to provide an essential welfare service to their members.

The residual role is generally adhered to by those of a conservative, traditional, or right wing ideological persuasion, who believe that the family is the best, natural and proper institution to care for its dependants, and therefore endorse the gender division of labour that sees women dependent on male breadwinners while they perform this function of the family which is necessary to support the activities of the market (Dalley, 1996; Lister, 1996). It is also supported by neo-liberals who believe in a minimal role for the state, self-reliance and individual freedom from interference by the state (Cheyne et al, 1997; Giddens, 1998; Boston, 1999b; O'Connor et al, 1999). This is an example of instrumental family policy, referred to above, whereby the rights of the family are invoked in order to obviate government expenditure on the caregiving and support functions provided by unpaid dependent women.

The antithesis of this position is that of the preventive or institutional role of the state, which sees a need for collective rather than individual or family responsibility for those in need of support. Adherents of this viewpoint hold that the level of support available should not be dependent on the level of family resources, so that all individuals may be equally free to pursue their interests and thus achieve a more equitable outcome (Boston, 1999b). This view is supported by those who are critical of the unpaid role of women, primarily, in supporting the market and reducing state expenditure, pointing out the negative impact this has on women's status in society (Bryson, 1996; Dalley, 1996; O'Connor, 1996). They believe in gender equality and women's right to participate in the labour market rather than being limited by their unpaid domestic labour.

However, West (1984) points out that it is only those of strong political persuasion or activism that hold these polarised views. The general public tend to support a role for *both* family and state, regardless of political preference; they are generally pro-family but see a need for state provided services to relieve the burden on the family of providing support.

Coercive or Responsive

A second model of the role of the state concerns the form that state assistance should take. Harding (1996) proposes a seven-point continuum of the possible relationships between family and state ranging from authoritarian at one extreme to completely *laissez faire* at the other. She acknowledges neither of these extremes exist in reality, but uses them to anchor her model. The actual relationships that exist in societies fall between these two extremes, and may not even fall completely within one of the five mid-point positions, but overlap, or vary over time from one to another. The variation over time occurs because these positions can be related to ideological political positions and thus are likely to vary depending on the ideological thrust of the governing party at any point in time.

In summary, the five intermediate positions in Harding's model are:

- 1) The Coercive Model¹: the state, through legislation and penalties, attempts to enforce family responsibilities in specific areas, such as financial or caregiving obligations.
- 2) The Incentive Model: the state uses a system of incentives - penalties and rewards - to encourage a prescribed family structure and responsibilities and discourage others. These prescriptions may be inconsistent and disaligned with social mores and realities.
- 3) The Assumption Model: the state uses assumptions about how families operate to create constraints to the boundaries of familial behaviour by making it disadvantageous to operate in a different way. For example, assumptions about women's dependency on men are reinforced through the benefit system, or not providing alternatives to family support. While the first two models also contain assumptions about familial behaviour, this model differs in that it does not use legal sanctions or penalties to enforce policy. If these

¹ The models are developed by Harding (1996) but the labels for each model are created by the author of this study.

assumptions are not in step with social reality, they may act to force reality towards an ideological position and make further change from this position difficult.

- 4) The Supportive Model: the state provides alternative forms of support where families are unable to meet their needs. This is a marked shift in the role of the state from attempting to influence how families are structured and operate to working with the existing realities of family life and offering supportive alternatives when families are unable to meet their needs. Harding (1996:195) says the aim in this model is "to facilitate and strengthen existing family forms". It is important, therefore, she says, that the request for support is initiated by the family or the individual so that the state is not seen as controlling and threatening by imposing support where it is not wanted.
- 5) The Responsive Model: the state responds to the needs and demands of families through provision of benefits and services and there are no assumptions about the nature or responsibilities of families. In this model the state's policy is only to respond to needs and demands when manifest and the initiative for state response comes from the family or the individual.

A broad distinction can be made between the first three, in which the state takes the initiative and imposes state intervention on families, that is, is proactive, and the last two positions in which the state is reactive and responds to the needs of families or individuals within families. In the last one in particular, the initiative for state intervention is left to individuals.

The concept underlying this continuum is one of "control" by the state. At one end the state exerts a great deal of control over families and individuals within families, and thus policy and the roles of the state and families respectively are more clearly delineated. At the other end the state exerts little control and the roles are more confused.

The History of the Relationship Between Family and State in Britain and New Zealand

A comparison of the historical relationship between family and state is pertinent to understanding the current situation in New Zealand policy with regard to the role of the family. I begin with Britain, as the New Zealand state was created by a primarily British colonial population. Although Maori were included in the state as subjects, their traditions had little or no input into policy historically. It is only recently that the Treaty of Waitangi² has been recognised in policy making and an attempt made to incorporate Maori concepts and values. This input will be considered in the discussion of current policy initiatives and directions; in particular the effect of the different traditions on some policy initiatives today, such as reliance on the extended family.

Explicit family policy originated in England with the Poor Law 1601. In terms of Harding's model outlined above, this was a coercive state controlling policy directed at both the nuclear family, and the extended family over three generations, but did not include lateral relatives. In addition to requiring parents to support dependent children and husbands to support wives, it legally required adult children to provide financially for their parents and grandparents to support grandchildren,³ but did not include lateral relatives such as aunts and uncles. This law continued, with amendments, until 1948, when the extended family provisions were finally removed. This is comparatively recent and coincided with the post World War Two implementation of the Beveridge Report 1942 recommendations for what became known as the welfare state. Crowther (1982) says the reason the law lasted so long is that during that whole period, 350 years, there were few families who would have been affected by it. As a result of

² The Treaty of Waitangi was signed in 1840 between the British Crown and several indigenous Maori tribes of New Zealand. It addresses three goals of well-being for Maori: participation, partnership and protection, as well as the guarantee of sovereignty or self-determination, and is the basis for a bicultural approach to social policy in New Zealand (Cheyne et al, 1997; Ruwhiu, 1999).

³ The legal provisions in Scotland were even broader: husbands were required to support their in-laws; siblings to support one another; grandchildren to support grandparents (Crowther, 1982).

demographic variables such as life expectancy and age at marriage and childbearing, few people lived long enough to create three generational families, or not for any length of time (Anderson, 1994; O'Day, 1994). According to Anderson, the birth cohort of 1861 would have been the first in which a majority would live long enough to know their grandchildren.

Apart from the demographic factor, Anderson says it is a myth that people in the past regularly and unquestioningly took care of aged relatives whereas today they go into institutions. The aged were only likely to live with relatives if they (the elderly) owned property or were able enough to provide a service such as childcare. He cites figures of 6 per cent of the population aged 65 years and over in Britain in 1906 living in institutions (Anderson, 1994:69), which is almost exactly the same proportion as in New Zealand in 1996 (Statistics New Zealand, 1998f:47). This is only 2 per cent higher than in 1916 in New Zealand (Tennant, 1983:20), indicating little change in the institutionalisation of the elderly over time.

Along with this ideological and mythical nostalgic claim of the family as natural carers in the past was the belief that if the state provided relief it would weaken family ties and responsibilities (Moroney, 1976). Amendments to the Poor Law aimed at "encouraging natural family bonds by coercion so the taxpayer would not have to pay" (Crowther, 1982:134) came during the depression years of the 1930s with their mass unemployment. As Finch and Mason (1993) point out, there is an inherent contradiction in this claim: if family bonds are *natural*, there would not be any need for coercion; families would *naturally* automatically take care of their members. That the Poor Law had to be introduced, and was not repealed until the substantial state services of the post World War Two welfare state were in place, indicates the ideology of families as "natural" carers and providers may be flawed. The two beliefs are actually contradictory: if the families are natural carers, they would carry out this function regardless of alternative means of care, except where they lack the

resources to meet the demands for care placed on them. If families do not have the resources to provide care, there is an arguable need for the state to provide an alternative system of care and financial support. Crowther (1982) claims that most families affected by the Poor Law did not have the financial resources to meet the responsibilities placed on them by the state, citing the 1895 Commission on Aged Relief which showed that elderly in need were reliant on outdoor relief, with family help available only on an irregular basis. He also claims the assumptions about families were so removed from reality that the pressures of the law led to family breakdown.

Public assistance policy (which replaced the Poor Law), like the older Poor Law policy involved a great deal of theory about the nature of the family, based on little actual information about family structure (Crowther, 1982:144).

Segalen (1986) and Anderson (1994) also make a case for any care that was provided by families for their dependants being born of necessity rather than choice through lack of alternatives being available.

Since there was no real social provision for illness or poverty, all the individual could do in such cases was to turn to his nearest relatives and set up wider domestic groups within which mutual help was possible (Segalen, 1986:31).

In terms of Moroney's classification presented above, the situation in Britain from which New Zealand's early approach to social policy developed was one of a residual role for the state, providing outdoor relief and institutional care for the elderly as a last resort, and without provision of support to help families fulfil their role.

History of Family Policy Trends in New Zealand

Although the Poor Law never applied in New Zealand, this was the background out of which New Zealand policy developed, from the setting

up of government here in the 1840s. Table 5.1 summarises the trends in family policy from then up to the present (1990s).

Table 5.1 Historical Trends in Family Policy in New Zealand

1840 - 1880s	Minimal state involvement	Rely on family and charity. State help on user-pays basis. Based on British Poor Law principles.
1890s - 1930s	Expanded state role	Response to 1880s depression - recognition of lack of extended family in migrant based colonial NZ and of upper class to support charities. Policies selective/targeted.
Early 1930s	Government cutbacks on services relating to families	First priority given to reviving the depression hit economy.
1935 - mid 1970s	Expanded state role - universal policies	Labour Government committed to improving family life expanded benefits and other forms of support. 1938 Social Security Act response to depression. Post War period of economic expansion and affluence. 1960s era of social justice.
1975 - 1990s	Reduced role for state	Increasing concern over government spending levels and welfare dependency Targeted policies Benefit cutbacks Community care policies

Table derived by the author from a more detailed table in Social Development Council (1981:9).

Tennant's (1989) work on the history of social welfare in New Zealand shows the situation in New Zealand paralleled that in Britain, but with circumstances specific to New Zealand. Given the migrant nature of the population in colonial New Zealand, there was little extended family to rely on. Secondly, the other means of support, charitable institutions, was also unavailable in New Zealand because of the lack of an upper class to provide such aid. The inability of families and the voluntary sector to provide for individuals in need led to the introduction of major welfare legislation in the late nineteenth century, such as the Destitute Persons' Ordinance 1846 which emphasised family responsibility for the sick and destitute. Tennant says the ideal of family responsibility was often no more than an ideal that did not

translate into reality, as many people in the early years of settlement had no kin in New Zealand, or relatives were themselves too poor to help others. The ordinance was followed by a Destitute Persons Act 1877, and many subsequent amendments, which Tennant says showed its lack of success in trying to make families responsible for the welfare of their members.

As a result of these factors and the depression of the 1880s, the government recognised it needed to increase its role. The Old Age Pension Act 1898 and various legislative protections for women and children were introduced, but there was fear of going too far and encouraging idleness and family breakdown (Koopman-Boyden and Scott, 1984), thus policies were selective and targeted, much as today. In the early twentieth century, lack of alternative sources of support led many to public relief systems which were introduced in response to this unmet need. When depression hit the economy again in the 1930s, the government's response was to cut back on services supporting families and give priority to the economy. This has parallels with the recent economic situation in New Zealand and government's policy response of reducing social support from the state, despite the fact that increased government intervention had been seen as a necessary response to the 1880s depression.

In 1935 the incoming Labour Government shifted to a more social focus for policy with the Social Security Act 1938, and a commitment to improving family life, evidenced with benefits and other forms of support. This trend of a supportive role for the state continued after the Second World War because of the expansionist nature of the economy and post war consensus which supported and allowed the more universal approach to social policy. This was maintained up to the mid-1970s when economic downturn and concern over levels of government spending and welfare dependency led to a withdrawal by the state, as demonstrated in benefit cutbacks, the reintroduction of targeting, and policies of community care or deinstitutionalisation.

The situation in New Zealand is consistent with that outlined by Graham (1999) for the United Kingdom, with the 1930s to the 1970s seeing the growth of the supportive welfare state, economic prosperity and political consensus, followed by economic recession and ideological conflict in the 1970s. This resulted in a move to neo-liberalism in the 1980s in the form of a mixed economy of welfare with a more residual role for the state, more market, more voluntary sector and more family provided welfare.

The Social Development Council (1981:17-18,30) report in New Zealand noted that "policy has not kept pace with social change" and as a result was putting undue pressure on families, and in particular women. The Council concluded that there was a need for a more supportive role for the state, providing assistance to support families in caring for those unable to care for themselves. Deakin (1988) noted the same problem in Britain; he identified a lack of sensitivity of government departments to change within the family and its implications, and to change in social attitudes, particularly the role of women. And in New Zealand, Koopman-Boyden and Scott (1984:216) concluded that there was a need to look at the "capacity of families to provide economic and nurturing support to dependants".

Recent New Zealand Policy Directions

Deakin (1988:4) argues that the assumptions behind family policies are deep-rooted and vary according to the political ideology of the government of the day. In an interview with the *New Zealand Herald* (Laxon, 1997) on the day she became New Zealand's first woman prime minister, Jenny Shipley stated her belief that "loving families - not government handouts - are the answer to the country's social problems". This reflected the neo-liberal philosophy of the National Party she led, with a more residual, less institutional role for the state, as well as the traditional conservative philosophy of the National party towards the role of women and families. However, commentators on family policy in New Zealand, such as Koopman-Boyden and Scott (1984), note the relative lack of ideology driven family policy in New Zealand and

conclude that policy is driven more by pragmatism than ideology. That is, policy responds to economic conditions, sometimes resulting in institutional policy making under conservative governments and residual policy under social democratic administrations. Thus the trend of reduced state provision of social support and increased family responsibility had already started under the previous Labour government, which came to power in 1984, led by David Lange (Kelsey, 1993; Cheyne et al, 1997; Boston 1999a). The policy direction of this government was largely driven by the Minister of Finance, Roger Douglas, leading to the term "Rogernomics" to describe New Zealand's recent neo-liberal economic policy directions.

Social policy commentators such as Kelsey (1993) and Cheyne et al (1997) note this general move away from the welfare state to an increasingly market based society in New Zealand during the 1980s and 1990s which, in the area of social support, involves increasing reliance on the self or one's family where neither the market nor the state are providing. The intent that this should occur is contained in numerous policy documents, such as the cross-sector 1991 Budget (New Zealand Treasury and Richardson, 1991:8) which states that "Real welfare is created by people and families through their own efforts". Another example is *Welfare that Works*, a joint document from the Ministers of Social Welfare, Health, Housing and Education in which they state that a major element of their new policy initiatives is "to encourage people to move from state dependence to personal and family self-reliance" (Shipley et al, 1991:17). There is also a range of specific policy area documents, as discussed below.

In the area of social welfare some of these specific policy documents include the strategic policy document *From Welfare to Well-being* (Department Social Welfare, 1996a), the Children Young Persons and Their Families Service Post Election Briefing Paper (Department Social Welfare, 1996b), and the Children Young Persons and Their Families Act, 1989. The concept of moving responsibility back to families came into the revolutionary and

world leading Children Young Persons and their Families Act largely in response to moves to biculturalism and the need to comply with the Treaty of Waitangi and Maori cultural values, such as whanau-based responsibility for children, as well as a general consensus that institutional care did not produce good outcomes for children. The wording of the Act goes beyond Maori considerations to include "extended family groups" and applies equally to European or Pakeha New Zealanders, its main objective being to shift responsibility for children and young people in need of care or protection away from care by the state back to the extended family.

Official reviews and commentators claim a concomitant aim of reducing fiscal expenditure, presented in terms of biculturalism or improved well-being, underlies these moves. The Mason Report (Ministerial Review Team to the Minister of Social Welfare, 1992) and the Weeks Report (New Zealand Children and Young Persons Service, 1994) note the inadequacy of resources provided to meet the needs of children and their families, and Cheyne et al (1997:196) note that the move to accommodate Maori culture has not occurred across the board and in this case just happens to fit with "neo-liberal state cost cutting and a shift of emphasis to families". It is a residual model of state responsibility, with the Department of Social Welfare (1996a) describing its role as being "to assist families in dealing with crises", rather than an institutional, preventive role of supporting families so that crises are less likely to occur.

The cost cutting aim is more explicit in the health and disabilities arena. Documents in the health and disability area contain numerous references to the key role of the family in the care of elderly, chronically ill and disabled people (Haines and Abbott, 1986; Mental Health Services Research Consortium, 1994; Ministry of Health 1996a; Belgrave and Brown, 1997; Mental Health Commission 1997). The policy shift from institutional care to community care, or deinstitutionalisation, has a longer history than in the welfare area. From the 1960s there has been a demonstrable decline in

institutional care of people with mental illness, intellectual and physical disabilities (Haines and Abbott, 1986; Ministry of Health, 1994b; Ministry of Health, 1996a). There is general consensus that for the most part this was done in response to demand from patients, their families and society for more humanitarian care. However, quality community care requires financial resourcing with services and/or support services for families. That in many cases this did not follow the move out of institutions suggests once again that a contributing motive underlying this policy was government cost cutting (Haines and Abbott, 1986; Shipley and Upton 1992; Munford ,1994a; Cheyne et al, 1997). The result was reliance on family support due to lack of alternatives.

A recent report on health care for the elderly in five countries found New Zealand topped the list for concern about the cost of long-term elder care, with a quarter of its elderly being "very concerned", compared to 22 per cent in the United States; and only 12 per cent in Australia and the United Kingdom (Schoen et al, 2000:29). This was reflected in the relative level of concern about becoming a burden on family, with New Zealand at 25 per cent, the United States at 19 per cent, and Australia, the United Kingdom and Canada all 13 per cent (Schoen et al, 2000:29).

Shipley and Upton (1992:22) state that the "Aid to Families" programme was a "highly cost-effective programme because it relieves stress on families and helped avoid increased use of more expensive state funded services". But Munford (1994a) points out that in many instances it also resulted in reduced and more difficult to access aid for family carers. A programme to help families to cope with caring for Alzheimer's sufferers was denied funding by North Health due to lack of state resources (Young, 1997).

In recent years the deinstitutionalisation of dependent and disabled people has been followed by a policy of early discharge from acute general hospitals (Shipley, 1996; Ministry of Health, 1996b). Between 1990/91 and 1994/95

the average length of stay in public hospitals decreased by one-third, and there was a 66 per cent increase in single day admissions (Shipley, 1996:19). Whilst some of this is justifiable due to improved technology, there is evidence that short stay treatment is resulting in people being discharged into the community who are still in need of care, and often this is falling on family members, who are not always available or capable of coping.

The negative impact on families, particularly in the care of the mentally ill, is well documented (Naylor and Lardner, 1993/94; Mental Health Services Research Consortium, 1994; Ministry of Health, 1994b, 1996a; Belgrave and Brown, 1997; Mental Health Commission, 1997).

We heard of many occasions where patients were discharged, without prior consultation, into the care of family members who then found themselves unable to cope (Mason et al, 1996:67).

In addition, families incur financial costs in caring for disabled family members discharged into their care (Moore and Tennant, 1997).

While in 1994 Munford (1994a, 1994b) pointed out the lack of family and consumer input into policies for the disabled, more recent policy documents such as *Towards a Healthier Wanganui* (Central Regional Health Authority, 1996); *Advancing Health in New Zealand* (Shipley, 1995); *Moving Forward; The National Mental Health Plan for More and Better Services* (Ministry of Health, 1997a); *Blueprint for Mental Health Services in New Zealand* (Mental Health Commission, 1997), and *The Mental Health (Compulsory Assessment and Treatment) Amendment (1999)*, have been responsive to the need to consult with families and cater for their needs with support services and respite care. However, as yet there is a lack of published evaluation on actual implementation of these more enlightened policy objectives. In fact reports of cuts to funding of support groups continue (Age Concern, 1997; Martin, 1997) as do consumer requests for increased provision of support (Mental Health Commission, 1998; National Health Committee, 1998).

A further concern with such policies is that in order to provide for situations where the extended family *do* want to be involved, or the patient/client wants them involved, there is no allowance in black and white policy guidelines for cases where the family is not wanted or does not want to be involved. For example, the Mental Health Commission (1997:64) states that "By 1 July 1998 Transitional Health Authority contracts will require *all* service providers to involve families and carers in service planning, implementation and evaluation" (National Mental Health Std 10). Other objectives are in conflict with such a blanket proposal in that they refer to "encouraging services to contribute to the best possible outcomes for consumers and their families" (ibid:70) and "enable individuals, families/whanau and communities to increase control over their mental health and well-being" (ibid:71). There is no mention of "choice" for the family or the individual, and in the latter case the mental health and well-being of one family member may be in conflict with that of another, such as their principal carer. For example, *The New Zealand Herald* (Stickley, 1996) reports a woman being horrified that the Children Young Persons and their Families Service was putting pressure on her to divulge information to her parents. Issues of equity arise from such blanket provisions, as there is no choice for those without family resources if no alternative services are available. Anecdotal evidence is available via the media of such instances, particularly in relation to care of those with mental health problems, with negative outcomes for the family and the community (*New Zealand Herald*, 1998; Johnston, 1999; MacLeod, 1999). And Warren (1994/5) found none in her sample of 42 carers of long-term mentally ill family members in Auckland had chosen to do so; they were only doing it under pressure from the hospital.

In the education sector there has also been a recent policy shift from state support to self-reliance or dependence on families, as evidenced in the Education Regulation 1992 from the 1991 Budget, and more recently the Education Regulation 1997/51, pursuant to the Education Amendment Act

1989. These documents specify that unmarried students up to the age of 24 years will have applications for a student allowance made dependent on their parents' combined incomes. In essence, this involves financial dependency of young adults on their parents if they are students and unable to find part-time work sufficient to support them. A recent amendment to the regulation makes these students also unable to claim an emergency unemployment benefit over the summer vacation if they cannot secure paid employment, thus reinforcing their dependent status on their parents. This effectively involves a change in the length of dependency of young adult children on their families. Such policy shifts were made without consultation with the community.

The above examples show that recent policy shifts have involved, either explicitly or by default through removal of previous state provided or funded support schemes, a move to an increased reliance on family support. Pool (2000:4) argues that these changes "represent a major shift in the constitutional relationships between the state and other major social institutions, the family and the workplace". The next section of this chapter considers the rationale and assumptions underlying this position, and the inherent problems.

Assumptions and Debates about Policies Emphasising an Increased Role for Families

From the above examination of recent New Zealand social policies and commentaries on these, and from the general literature on extended families, two key arguments emerge in support of an increased role for families, rather than the state, in supporting individuals in need. The first is based on the ideology of familism, which in essence combines the beliefs that this is a natural role for families, particularly women, and that families can provide the best form of support. This involves assumptions of families' availability, ability and willingness to provide support. The second argument is that demographic trends will result in increased demands for

state support, and thus increased costs to the state, that is, taxpayers. In order to control this demand, it is argued, individuals should rely in the first instance on themselves or their families.

In addition to familism and control of state expenditure, in the health arena an increasing role for family has occurred more by default than directly. According to Dalley (1996:66) community care was favoured as a policy in the health and disability arena because "it offered a less isolated and more integrated style of living to dependent people in need of care". But this humanitarian motive, with parallels to familism, was followed by a government emphasis on support for such policies being "closely allied to the view that families should take responsibility for their own members", and an aim of reducing demands on the state/taxpayers. The example of community care, particularly of the elderly, will be used to illustrate the key debates occurring with regard to the roles of the extended family and the state.

The Ideology of Familism

Intervention by the state, according to Moroney (1976), Deakin (1988), Gottlieb (1993) and Harding (1996) is made on the basis of ideological assumptions about the nature and role of both families and the state. Deakin (1988:16) quotes Conservative member of the British parliament, Patrick Jenkin, saying that:

... the importance of the family in caring, and the government's approach to the personal social services is founded on the simple fact that the front line providers of social care always have been and always will be the family and the community.

and states that "it is crucial that those claims should have been questioned and criticized". Harding (1996) argues for an approach to policy that is more empirically based and less ideological.

The ideology of familism is based on the belief that family support is the most natural and appropriate form of support producing the best outcomes for all involved (Moroney, 1976; Dalley, 1996; Harding, 1996). It involves “notions of family as haven, repository of warm and caring human relationships based on mutual responsibility and affection” (Dalley, 1996:31). Another key component of familism identified by Dalley is a belief in the gender division of labour, with women predominantly responsible for most of the unpaid work involved in family support. Supporters of familism believe that the level of state assistance that became available with the development of the welfare state weakened the role of families in the provision of social care (Moroney, 1976; Maas, 1984) and that shifting responsibility for the support of their members back to families will strengthen families. The academics writing about familism, such as Dalley, Moroney and Walker, do not themselves support it. Those espousing the familist position tend to be politicians and journalists, rather than academics who have studied the issues. For example, Lister (1996) cites journalist Melanie Phillips and various politicians to provide examples of the familist viewpoint, not other academics:

We Conservatives believe in the family. It is the most important institution in society...The family is under threat from the left. They hate it because it is a bastion against the dominant state.

(Peter Lilly, British Conservative Member of Parliament, in Lister, 1996:16)

Lister (1996:29) concludes that it is “family politics rather than family policies that have thrived during the first half of the 1990s” in the United Kingdom.

There are a number of empirically based counter arguments to the claims on which the familist ideology rests. Historical evidence presented earlier in this chapter suggests that if family support were natural, most appropriate and available, filial obligation laws would not have been necessary, and the need for the introduction of the welfare state would not have arisen.

Thomson (1998) shows that late nineteenth century cuts in public spending produced high numbers of casualties rather than self-sufficiency of families and individuals. This is echoed by Gerd and Sundstrom (1986:171), who state that "In the past, many were left to perish rather than cared for by their children, and in the 17th century twenty percent of elderly died in the Poor House".

Whilst Crowther (1982) suggests lack of resources as one reason for this neglect, there are a number of other potential causes of failure of family based support inherent in the nature of family support. The potential quality of family support can be affected by the costs experienced in providing help, in terms of stress, impact on health as well as financially. There are also issues of conflict between the emotional aspects of family relationships and the unequal dependency aspects of the helping relationship. A combination of these factors, together with family relationship histories, which may involve dysfunction, can result in abuse and other negative outcomes. Each of these issues will be considered below.

Availability of Family

Lack of family or family resources may have been one reason for the failure of family based policies in the past. Chapter Four provides evidence for current concerns about potential supply of family support in relation to demand. Walker, (1996b:34) argues that as a result of demographic change, "Governments will find it more and more difficult to sustain the pretence that families can care for a rising population of very elderly with only minimal support" as studies show that as a result of increased demand from demographic and economic factors families are already at full capacity, and rather than being replaced by the state, need support from the state. Qureshi (1996) cites a number of studies in European and Anglo countries showing that there is no unused capacity in community and family care that is being replaced by the state; rather, with increased demand from demographic and economic factors families are already at full capacity and need support from

the state. My earlier work (McPherson, 1993) also shows that, as a result of demographic factors, demand is outstripping supply of family care for the elderly in New Zealand. Graham (1999) points out a further negative outcome of policies reliant on family care is for those without access to family, such as new migrants, whose extended family may not have migrated with them.

Availability is also a factor of competing demands on one's time. As detailed in Chapter Three, for women, in particular, there are competing demands on their time for both responsibility to their role as caregiver, and their role in the public sector of paid work⁴.

The Ability of Families to Provide Support

The ability of families to provide support may be constrained by their physical and emotional capacity in relation to the demands of the support required. This occurs particularly in relation to caregiving for the elderly, chronically ill and mentally or physically disabled people. Alternatively, where caregivers are themselves old, their ability to provide care is limited by their own declining physical capacity (Caserta et al, 1987).

The level of support required is also a factor affecting the ability of families to provide care for their members. Foulke et al (1993), and Miller and McFall (1991), note that an increased demand for social services is not the result of abandonment of their role by the family but due to the increased level of impairment of those requiring help, to a level beyond the means of family carers and other informal support systems. According to Foulke et al (1993) and Johansson (1991) family caregivers in fact feel an overwhelming responsibility and sense of guilt and failure, and are reluctant to give up their role to others. They conclude, therefore, along with Graham (1999) that

⁴ The gender implications of familist policies are discussed in more detail later in this chapter.

it is time the care of elderly and other dependants was defined as a social problem rather than a personal or individual problem.

Miller and McFall (1991) used a national longitudinal probability sample of frail elderly people and their caregivers to explore the relationship between the characteristics of family caregivers and the use of formal helpers. They found a shift from family caregiving to formal help when the level of impairment and therefore need of the elderly increased/became high; the level of caregiver burden became high or exceeded the personal capacity of the caregiver; and when there was insufficient support from the informal network. Thus the size of the informal support network was a significant predictor of change to formal care. They also found that the use of formal services in the community did not *prevent* the move to institutionalisation. Stoller and Pugliesi (1991) point out that there is a threshold of need which cannot be met in the community by informal or formal support. Thus family care is not a substitute for formal services, and state provided or funded services do not replace the family.

Families may also be providing care unwillingly or under stress, resulting in negative outcomes of deterioration in the quality of the emotional relationship, and sometimes abuse (Walker, 1991). There are indications that "non-intervention by the state is more likely to put the caring relationship under strain" (Walker, 1991:103). This argument is also made by Evers (1995) and Fine (1988), who say that home care is based on an assumption of sufficient family resources, personal and financial, to provide adequate care without public assistance. Fine claims this assumption is misguided, and that the aim of reducing the isolation of the elderly can result instead in isolation of the carer, with the negative consequences outlined below. In New Zealand, even among the traditionally whanau based Maori society, researchers are finding evidence of family being inadequate to meet the demands placed on it. Bevan-Brown (1994:218) says of the pressures that are put on New Zealand Maori whanau to take responsibility for their

intellectually disabled members that, while all are agreed that family care at home is the best option for care, due to economic, physical and emotional stresses involved, the family definitely needs state assistance as "we do not have the resources to do it".

The Costs to Families and Individuals Providing Care

The physical and emotional strains of family caregiving have been well documented in New Zealand (Koopman-Boyden and Wells, 1979; Chetwynd, 1983; Opie, 1991a, 1991b; 1992; Munford, 1994a, 1994b) and elsewhere (Osterbusch et al, 1987; McGlone and Cronin, 1994; Phillips and Bernard, 1995; Cahill, 1996; Elder et al, 1996; Elliott, 1996; Nolan et al, 1996). For example, a study by Koopman-Boyden and Wells (1979) in New Zealand found two-thirds of carers of the elderly reported health problems, including fatigue. Elder et al (1996) report that on average, caregivers have twice as many psychiatric symptoms as non-caregivers. In the United Kingdom, a study cited by Finch and Groves (1985:239) found carers suffered from loneliness, exhaustion and financial hardship.

Also, as Foulke et al (1993) and Graham (1999) point out, home care is not necessarily cheaper if all costs are taken into account, including the costs to the caregiver, such as loss of earnings, which may ultimately be a cost to society through the need to support the caregiver. The financial costs of caring are documented by Evans (1991), Phillips and Bernard (1995), Evandrou (1995), Turvey and Thomson (1996) and Graham (1999). Thomson and Turvey (1996) noted that the financial cost of caregiving was a major theme emerging from their focus groups with caregivers in Australia. Examples of these costs listed by The National Health Committee (1998) in New Zealand include home alterations, special food, extra electricity and transport costs, as well as reduced earnings and the impact of that on retirement planning as some of the financial costs incurred by those providing care for people with disabilities. Orodienker (1990) found that

financial burden was the main predictor of stress for caregiving women who left the labour force or reduced their hours.

Graham (1999) also points out that there are a lack of data on economic support of individuals across households which is not taken into account in individual household income measures and may, therefore, lead to an underestimation of financial hardship. This is of particular relevance to Maori and Pacific Island cultures in New Zealand who, as shown in Chapter Two, have a high level of economic support across nuclear family households as part of their customary whanau practice (Taiapa, 1995).

Negative Outcomes of Reliance on Family Support

Information from New Zealand pilot programmes and overseas literature shows that issues of caregiver stress and the dependence of the care recipient are prime causes of elder abuse (Age Concern, 1998), along with dysfunctional family dynamics, a history of violence and the social isolation experienced by the caregiver. Thus, rather than strengthening families, family based support can lead to family breakdown.

The latest figures available in New Zealand show that 71 per cent of elderly reporting abuse were being abused by a family member, 41 per cent by a son or daughter (Age Concern, 1998:12), however, only 6 per cent were being abused by their primary caregiver. Thus family elder abuse is not just a result of caregiver stress and role conflict, but an indication of family dysfunction. While only 2-5 per cent of elderly are abused (Bennett et al, (1997), this is at odds with the familist ideology of family being the most appropriate source of support, providing a warm caring environment, suggesting instead a need for alternatives and/or family support services. Yet the reality in New Zealand is that funding for support services is being cut and means tests for allocating support services in many locations in New Zealand are becoming more stringent (Munford, 1994a; Age Concern New Zealand, 1997; Martin, 1997).

There is also a prevailing ethos that it is preferable for elderly who can no longer manage on their own, to live with family rather than live alone or in an institution. Yet in 1997 the National Director of Age Concern in New Zealand, Deborah Moran, stated that "older people living with family were more likely to suffer multiple types of abuse than those in rest homes" (Martin, 1997). Age Concern New Zealand says government funding cuts to housing and long term geriatric care are forcing elderly to live with their families, and it is not always successful, leading to a reduced quality of life for both parties (Sinclair, 1997). This is in line with findings of a United States study by Suitor and Pillimer (1993, 1996) which found co-residence and older age of caregivers to be prime predictors of elder abuse. Johansson (1991) in Sweden also found that the degree of burden experienced by caregivers was directly related to their proximity to the person cared for, with those co-residing experiencing the greatest sense of burden. This is supported by the findings of Silverstein and Bengston (1994) in the United States that intergenerational co-residence can have a negative impact on the well-being of the elderly parent as it conflicts with a societal norm of independence.

Dependency, the Emotional Aspect of Family Support and Recipient Preference

In addition to the costs of family support and the resources needed to provide it there are other aspects inherent in the nature of families and the support relationship that may act against positive outcomes for family based support. This involves the conflict between the inherently emotional aspects of family relationships, as defined in Chapter Two, and the dependent nature of the support relationship. The emotional aspect of the family relationship may be negatively affected if it gets confused with the dependent caring relationship (Carrillo and Eisenberg, 1983; Munford, 1994b; Walker, 1991, 1995; Graham, 1999). Thus, as Carrillo and Eisenberg (1983:46) note, "forcing care onto families may be destructive to family well-being and functioning, resulting in family breakdown, divorce, problems in children and reduced quality of life for all".

A factor often neglected in the quest to show families are not willing to care for their elderly is the views of the elderly themselves. Thomson (1998) notes a historical resentment by elderly of dependence on their adult children. Similarly Lee (1985) found that the dependency aspect of family care and carer strain in fact renders it often detrimental to the well-being of the care recipient. Many studies have found that the elderly do not want to be a burden to their families, or to be dependent on them, relinquishing their independence (Day, 1985; Kendig, 1986a; Walker, 1991; Horl, 1993; van Every, 1991/92; McGlone and Cronin, 1994; Silverstein and Bengston, 1994; Elliott, 1996; Wolcott, 1997). This can extend to depression caused by the breakdown of autonomy and independence (Kendig, 1986a:107) and reduce the benefits of the emotional aspects of the relationship for their well-being. Wolcott's (1997:24) study showed that only 13 per cent of 50-70 year old Australians would choose to live with their adult children and Kendig (1986a:87) found that only 8 per cent of Australians think the elderly who cannot manage on their own would *want* to move in with adult children - compared with two-thirds who would prefer to remain in their own home with support, and one in five who would prefer to go to a rest home. There are potential costs to both parties in the family caregiving relationship.

Smith et al (1998/9:12) in a New Zealand study of family foster care of children note the complicating factor of family relationship histories. These may have involved previous abuse, conflict or other dysfunctional dynamics. This draws attention to the inherently emotional element of the family relationship as a complication rather than a benefit in the caregiving relationship, and there is no reason to believe Smith's recommendations would be less relevant to family care of the dependent elderly or disabled people. Carrillo and Eisenberg (1983) suggest that families should in fact concentrate on emotional support and leave physical care to others as they are not trained to provide skilled health care.

For elderly people with deteriorating health requiring sustained caregiving,

co-residency is necessary and that has major social costs for the caregiver and their family which may ultimately result in family breakdown (Kendig, 1986a:109). According to Walker (1991:95), the state fails to meet the needs of both carers and cared for through “active perpetuation of a narrow familist ideology ... (that) coerces carers and cared for into relationships physically and emotionally damaging to both parties”. With the problems inherent in family based support, coerced family support, whether explicitly through legislation, or implicitly through lack of provision of alternative services, is unlikely to be successful. Historically, as detailed above, coercive policies left people in need. While this may have been due to lack of resources, it is also necessary to consider the willingness of families to provide support to extended family members.

Willingness of Families to Provide Support

Investigating whether families accept the role assigned to them by policies based on familist assumptions is a key aim of this thesis. In addition to the availability and capacity of families to provide support, successful outcomes from family support are dependent on the willingness of families accepting their role in supporting extended family members.

Aronson (1990) notes that studies reveal consistently that while families feel an obligation towards and assume responsibility for the care of older relatives, this sense of responsibility is based on a mixture of affection, reciprocity and duty which results in an ambivalence in the care relationship between wanting to help and a resentment at the cost of providing that help. While her respondents subscribed to cultural assumptions about families, responsibility, gender roles and aging, they had difficulty translating this to their own lives. Contradictions were found in her study for both carers and cared for. The carers experienced contradiction between society's expectations, which they had internalised, and their own desire for self-fulfillment, which is also supported by contemporary cultural norms and values for women. For the cared for, the contradiction was between a

cultural imperative to self-reliance, independence, not being a burden, and the need for security and support; the outcome for many elderly women was often feelings of guilt and shame. These findings were consistent with those of Lewis and Meredith (1988).

Both Rossi and Rossi (1990) in the United States and Finch and Mason (1993) in the United Kingdom found there are no universal norms of obligation to care for family members. According to Finch and Mason (1993) the norm in Britain is that help beyond the nuclear family is voluntary, not an enforceable obligation, and does not ensue automatically from biological kin relationships, but is embedded in a web of reciprocal exchange relationships built up over time between two individuals. Rossi and Rossi (1990) found in their study of attitudes to intergenerational support in the United States that degree of relationship was the most important dimension in whether help should be given.

The findings reported above of the reluctance of the elderly to be dependent on family are consistent with the findings of a Scottish study by West et al (1984), which found that the public were unwilling to place the burden of care on family. Furthermore, Clarke (1995) cites increasing evidence that family care of the elderly is not supported by either the old or the young. She says both the elderly and their children prefer professional help, especially in the area of personal care and disability.

There is also strong support in Australian studies for the government rather than the family being responsible for the provision of household help. Millward (1998:22) found that 90 per cent of respondents in the 1996 Australian Family Life Course Study thought government services for household help should be available to those who need it. Similarly, 84 per cent of those in Kendig's (1986a:88) study thought such help should be available for the elderly. If there was the option of government household services, only one in three in Millward's study would prefer family if

available, with half preferring help from government services or paid help rather than family.

Several Australian studies found only a moderate level of support for adult children's obligation to their elderly parents. Kendig (1986a:87) found that only 58 per cent support the notion that adult children have an obligation to provide help to elderly parents in need. There is also an age dimension to attitudes to family obligation. In Australia, over half of the of the 50-70 year olds in the Families in Later Life Study (Wolcott, 1997:24) believe it is not adult children's responsibility to care for elderly parents, compared to 31 per cent of Australians of all ages (de Vaus, 1996:18 and Millward 1998:22). De Vaus (1996) analysed a survey of Australian's attitudes to family care of the aged and found that those in the younger age groups (aged 19-30 years) had a greater sense of obligation to care for their elderly parents than those in older age groups had expectations that their children should support them.

This may at first appear to contradict commonly held beliefs that in the past adult children willingly cared for their elders, and that it is only in recent times that we have lost the values of family care and come to rely on the state. However, in light of findings reported earlier in this chapter that the elderly do not want to be a burden on their adult children, particularly those elderly who have themselves cared for an elderly relative, and the stresses experienced by the most willing caregivers, de Vaus' findings are not so surprising. It would seem that the young may be more idealistic about adhering to society's expectations than those who have already experienced the caregiving role and its costs.

Dressel and Clark (1990:769) note that "While family members hold idealized notions of family care, their behaviours and feelings are often at odds with their ideologies" because issues of family are linked to issues of women's status and power. It is the gendered division of roles underpinning the operation of familism that constitutes the last critique of

policies based on increased reliance on family support and the ideology of familism.

Gender Inequality

It was shown in Chapter Three that women are the main providers of family support. In particular, women are more likely than men to undertake the more demanding personal full-time caregiving (Faulkner and Michelli, 1989; Bond, 1992; Alford-Cooper, 1993; Foulke et al, 1993; McGlone and Cronin, 1994; Munford, 1994b; Dalley, 1996; Elliott, 1996). O'Connor (1996) sees caregiving as a useful example to provide insight into state-market-family relations as it involves all three sectors, and since it is largely female dominated, illustrates the gendered nature of these relationships, in particular in relation to the issue of citizenship and dependency discussed below. Bryson (1995, 1996) is also concerned with the position of women in this triad. In the past, family (private sphere) and work/market (public sphere) have been regarded as separate spheres and their tasks divided by gender - women at home, men at work. This is aligned with the gender division of the two primary family functions - income earning and caregiving. In recent times this has changed in that women are now increasingly involved in both spheres - the domestic and the market economy - but for those involved in caregiving their position in the market is still limited by their domestic and nurturing role (Bryson, 1996; O'Connor et al, 1999).

Bryson's and O'Connor's analyses are in terms of citizenship: citizenship, they argue, is developed on the basis of full-time participation in the market. According to Chappell (1996), women whose labour force participation is restricted by their caregiving role, as demonstrated in Chapter Three, are dependent on either those who participate in the market full-time (mainly men) or on the state, and thus denied full citizenship rights. Finch and Groves (1985:219) also "demonstrate that community care policies cut across a legislative commitment to equality between the sexes", citing the British

Equal Opportunities Commission claim that "It is socially unjust that those who perform the vital task of caring for the elderly should have to forfeit employment opportunities and employment rights in order to do so".

The concepts "caring for" (the material provision of care) and "caring about" (an affective relationship) distinguished by O'Connor (1996) and Dalley (1996) are useful in this context. Dalley (1996:14) notes that while it is accepted that men may care "about" without caring "for" - for example, by purchasing care - for women the two types of caring are deemed to be inseparable. She argues that a woman may be considered deviant and unsupportive of the needs of the care recipient if she only cares *about* a family member and not *for* them as well.

Alford-Cooper (1993) employs the concept of "cultural lag" to explain the contradiction between traditional norms of family (predominantly female) caregiving and the emerging, more liberal norms of gender equality and increasing female labour force participation. Together with demographic and economic changes, such as the increasing proportion of elderly at both the micro-level of the family as well as at the macro-level of society, and the individualistic user pays policies requiring increased labour force participation by women, the result is a change in the capacity of families to meet the level of support required.

Assumptions Underlying Policies Based on a Familist Ideology

Policies which emphasise more family and reduced state support are, thus, based on a number of assumptions. Firstly, that there are family members available (demographically) and able (materially, physically and emotionally) to provide support; secondly, that families, particularly women who have been shown to be the prime providers of family support, accept this responsibility, and that the care recipient prefers and accepts family support. Finch and Mason's (1993) empirical work in Britain (outlined in Chapter Two) refutes these assumptions as being the norms of today. The

danger, as pointed out by Finch and Mason (1993), and Harding (1996), is that as a consequence of policy based on incorrect assumptions about family norms, vulnerable, dependent people will fall into the gap left between lack of state or formal provision of services and the actual norms of family obligation which differ from the assumed norms. Where there is a discrepancy between the ideal and the actual, there is an unmet need.

If the assumption that family is the natural and most appropriate source of support is found wanting, then it might be queried whether policies which shift responsibility away from the state and on to families are in fact more rooted in the use of family as instrumental policy in order to reduce government expenditure. McDonald (1993:45) suggests that in recent years there has been a "tendency to use family more as a means of expenditure reduction rather than as a force for positive change in society."

Family Support as a Means of Reducing State Expenditure

Inherent in the relationship between family and state is the relationship between social and family policy, and economic policy. As noted earlier in this chapter, in Britain and New Zealand in the 1980s economic restructuring and policy dominated social policy (Deakin, 1988; Shirley et al, 1997). It was also outlined earlier in this chapter that an objective of neo-liberal economic policies is to reduce government expenditure, through reliance on the purchases of services from the market or, where this is not possible, through instrumental social policy aimed at seeing the family move from recipient of services to provider of services; this is in line with their ideological perspective on the family.

The relationship between family and economic policy becomes clear on looking historically at simultaneous trends in the two policies, as outlined for New Zealand in Table 5.1 earlier in this chapter. It has been in times of economic recession and hardship that more responsibility is put on to families (Finch and Mason, 1993). The irony is, that this is precisely the time

that families are least likely to have the financial resources to meet these responsibilities, especially when unemployment levels are high. Several policy analysts in Britain (Deakin, 1988), Australia (McDonald, 1993) and New Zealand (Kelsey, 1993; Cheyne et al, 1997) have interpreted this pattern in the relationship between family and state as stemming from the state's political objective of reducing public expenditure.

Another facet of familist based policies of relevance to this argument is that familism also involves a belief in traditional gender divisions of labour, with women doing most of the unpaid work and men participating in the paid market economy, which is in direct conflict with the move to women's rights and gender equity in labour market participation. As Gerstel and Gallagher (1994:535) put it "the lives and views of many contradict current state policies" and as a result they found that women are more supportive of public provision of welfare than men. But because traditionally gendered patterns based on an ideology of familism save the state money, and benefit men while disadvantaging women, a male dominated state has an interest in supporting the *status quo*. According to O'Connor (1996:20) "the community care issue is central to the restructuring of the welfare state" because of its gender implications, relying as it does on women's unpaid or low paid labour as a means of fiscal cost saving, rather than resourcing support services and assessing the costs to caregivers.

Assumptions that caregiving is natural to women and that there is a reservoir of women to care in the community are associated with a failure to identify the resource implications of community care as a policy goal (O'Connor, 1996:20).

In recognition of women's key role in family support, Wicks (1988), Cass (1994), Bryson (1992, 1995, 1996), Dalley (1996) and O'Connor (1996) argue that it is not possible to separate social policy from economic policy, with participation in the unpaid domestic sphere of the family affecting participation in the market sphere, while at the same time being an essential

component and support to the market economy. That the unpaid or informal economy is a vital sector in the performance of the formal economy was acknowledged by then New Zealand Prime Minister Jenny Shipley in an interview on the forthcoming Time Use Survey: "Unpaid work, including childcare, care for the elderly, household work and voluntary community work, is crucial to the New Zealand economy, but its value is largely ignored" (*Manawatu Evening Standard*, 2/10/97). This point had been made earlier in this country by Waring (1988). Both the state and the market are dependent on the care work done by families as it saves the state money and enables others to participate in and reap rewards from the market. As Cass (1994) points out, it would be very costly to the state if there were no family care at all; for example, Coe et al (1985) found that the elderly who do not have access to family support have higher rates of utilisation of community health services. Therefore it would be a prudent investment to support family caregiving.

Informal care, most of it kin-based, currently outstrips statutory care in the United Kingdom with 80 per cent of caregiving done by the family or household (O'Connor, 1996:17). Dooghe (1992:377), in his review of the European literature on care of the elderly, noted that "policy makers and administrators are not sufficiently aware of the economic value of informal care". Informal care in the United Kingdom, more recently valued at 34 billion pounds a year (McGlone, 1995), has been assessed by actuaries as contributing three times as much as that of institutional and professional care (Nuttall et al, 1993 in Dalley, 1996:158). The figure for informal care in New Zealand is similar at 2.8 times that of formal care provision (Green, 1993:174). In Australia, Cox (1993:28) claims that families are estimated to add 40 per cent to Gross Domestic Product (GDP), yet the state persists in portraying them only as consumers.

Thus, clearly, informal family care saves the state a great deal financially. Decisions on the level of spending on support services are a matter of

political will or ideology and prioritising: for example, Denmark spends more GDP on elderly than Britain (McGlone and Cronin, 1994). This is the fundamental debate at issue here: how much support should be provided or funded by the state, and how much left to families to provide or purchase. Direct costs to the state should be weighed against the costs to families and women of providing support. According to Nolan et al (1996), family care has been rediscovered in response to attempts to control public spending on welfare. But Carrillo and Eisenberg, (1983) point out that costs to the state need to be balanced against quality of life for carers and those being cared for. Thus there is a need for continued state provision of support to counter the problems encountered by families in fulfilling their assumed obligations.

Arguments for a Collective Response: a Need for the State

In contrast to familism outlined above, collectivism involves state responsibility for the weaker members of society. Clearly there is a residual role for the state where family are unavailable or unable to provide support (Fine, 1999). Family availability has not been investigated in New Zealand, but demographic analysis from Chapter Four suggests availability may decline as demand for support increases, thus there will be a need for greater rather than reduced state involvement. The ability of families to provide support could be enhanced by a more institutional, supportive role for the state. Such a role by the state could also overcome some of the costs, inequalities and negative outcomes identified above as inherent in family care, providing freedom of choice for both carer and cared for, and security and equality for dependent people and their carers. Whether such outcomes are politically desirable is dependent on ideological perspective.

It is not possible to consider relationships between the state and family without also considering the market. The ability of the household or family in industrial or post-industrial society to act as an economic unit is largely reliant on participation in the market. High levels of unemployment lead to a breakdown of the family's capacity to provide for its members, as illness,

old age, childhood and education prevent individuals providing for themselves. One cause of unemployment is systemic forces and the natural fluctuations of the market business cycle, with periods of high unemployment accompanying recessionary periods, and lower unemployment during expansionary phases of the cycle (Scolly and St John, 1996; Wooding, 1997). Cass (1994) showed that young people with unemployed parents were more likely to be unemployed than those with working parents. Thus there is an issue of whether, in fact, families have the resources to provide for their members during a downturn in the market. If neither the market nor family can provide, there is a need for state intervention, and this was in fact the reason the welfare system originated (Krugman, 1998 cited in Burbidge, 1998).

The main criticism of community care policy made in the literature is inadequate resourcing and provision of support services by the state to enable families to provide what care they are able without impacting on their health, finances, quality of relationships, and citizenship rights, particularly for women and the care recipients (Mental Health Commission, 1998; National Health Committee, 1998). McGlone and Cronin (1994) and de Vaus and Qu (1998) point out the increasing inequality this creates between those who can afford to purchase support services and those forced to provide care themselves for family members through lack of other options. Allen and Perkins (1995) argue that there is a need to remove the financial penalties of caring before the pressures on carers create a backlash against community care and result in deteriorating, rather than strengthened family relationships. Curtis et al (1992) call for a move away from care *by* the community which is putting undue pressures on families to care *in* the community with the help of increased formal support.

Those who are critical of the unpaid role of women, primarily, in supporting the market and reducing state expenditure, point out the negative impact this has on women's status in society. They believe in gender equality and

women's right to participate in the market rather than being limited by unpaid domestic labour. This may involve payment for family caregiving work. They also support equality in a more general sense, such that the level of support available to those in need is not dependent on the level of family resources. They see a need for collective rather than individual or family responsibility for those in need of support so that all individuals may be equally free to pursue their interests and thus achieve a more equitable outcome. State funding is seen as essential in order to prevent the negative outcomes of unpaid labour for women carers and the inequality inherent in market purchased services. Thus, using Moroney's (1976) model presented earlier in this chapter, the state's role should be an institutional, preventive role, rather than a residual role whereby the state only steps in where families are unavailable or unable to help.

Whilst there is little support for a return to institutionalism in most cases, what is being argued for by the collectivists and feminists is continuing state involvement in the provision of support services in the community to help families who are trying to care for their members to alleviate some of the costs to individuals, particularly women. They see an individualist based self-reliant user pays minimal state society as primarily benefiting a select group of individuals - healthy, employed, white males (Dalley, 1996; O'Connor, 1996). Since this group by virtue of its superior position in the market economy is likely to be the greatest contributor to taxes, it seems the current policies are designed to benefit this group and maintain their advantage, which they see as being constrained by collectivist policies which would increase the taxes they would need to pay to provide support to the rest of society.

Public policy discourse is generally only concerned with dependency on the state as undesirable, not dependency per se, such as dependency within the family, of women caregivers on male labour force participants, and care recipients on their carers. State dependency can, in fact, enable

independence from family. While some see this as negative, leading to family breakdown, for others this equality and lack of dependence allows family relationships to flourish in a more positive way. The collective approach overcomes the interpersonal problems of the dependent caring relationship within families, where "caring for" is merged with "caring about": it allows emotional support and the quality of the relationship to be maintained, free from the demands and strains of the unequal and unfree caring-for relationship. Chappell (1996) and Carrillo and Eisenberg (1983) point out that while it is the emotional element that distinguishes informal from formal care and leads proponents of informal care to consider it superior to formal care, it is that very emotional quality of the personal family relationship that can be lost in the strain of caring and the dependent nature of the relationship.

McGlone and Cronin (1994) and Nolan et al (1996) point out that, in the need to have the negative aspects of the family caring relationship acknowledged, the positive aspects, such as the satisfaction one may get from the caring role, are now being overlooked in the caring debate. However, the general theme emerging from the literature is that formal services enhance the positive aspects of caring by taking away the negative aspects outlined above.

According to Moroney (1976), Osterbuch et al (1987), England and Linsk (1990) and Walker (1991, 1995) the fear that provision of state support will weaken or replace the family and lead to an unmeetable demand for state support is not borne out. They say there is no evidence that provision of state support leads to a flood of demand that will outstrip the ability of the state to provide. Osterbusch says demand for services and benefits in Canada, for example, has not escalated as a result of wider availability; that families are mostly seeking respite help and help with specific tasks, not total replacement. On the contrary, claims Walker (1991,1995), complementary state services will sustain and strengthen families' ability to care rather than replace it. This is borne out by evidence from Australia that family support

increases rather than decreases when public services are provided to assist families in their role (Fine, 1999). Conversely, Carrillo and Eisenberg (1983:46) note that “there is a paradox in the conservative position that families will be strengthened by taking on the care of the impaired elderly”. As Walker points out, a lack of state intervention and support may result in increased strain on the carer and the caring relationship, with negative outcomes for all concerned. The importance of sustaining families’ capacity to provide support to their members has important consequences also, he argues, at a broader societal level in terms of the social intergenerational contract.

Individualism, Familism, Collectivism and The Intergenerational Contract

An important policy debate arising out of the collectivism versus self-reliance and familism dichotomy is the impact on social cohesion through their relative effects on intergenerational interdependency and reciprocity. Bengston (1993:4-5) defines the social contract as a “shared set of expectations and obligations regarding the aging of individuals and the succession of generations, through time, and within social structures”. He suggests that pressure of population aging, and previous relative poverty of the elderly, put pressure on the costs of the welfare state and on intergenerational relations as resources shifted towards the elderly, and thus costs are shifted from the state to individuals.

A number of other commentators (Hirshorn, 1991; Bengston and Achenbaum, 1993; Walker, 1993; 1996a, 1996b; Johnson, 1995; Pool, 1997a; Thomson, 1989, 1991, 1999) have pointed to the potential consequences for social cohesion of fiscal cost-cutting and user pays, self-reliance based policies in response to perceived demographically driven increasing demand on the welfare state. As policy moves away from collectivist responsibility to individualist and familist modes, they predict a negative impact on the intergenerational social contract, at both the macro-level of society and the micro-level of the family.

Thomson (1993) and Johnson (1995) argue that the principal ingredients of the generational social contract are trust and consent, but much current public policy is top down in approach and does not have the consent of the people. Trust refers to the confidence that if you provide now, you will receive in turn when the need arises. At the micro-level of the family the intergenerational contract is built on this trust-based reciprocity, plus familial affection. At the macro-level of society this applies to the support of the young by the adult population who trust that this support will be reciprocated when they become elderly.

Those who are concerned about intergenerational conflict resulting from neo-liberal policies that advance self interest over mutual dependence refer to the concept of "risk society". Winter and Stone (1998:42) describe this as "what has gone before becomes disconnected from what will happen in a person's future due to increased uncertainties and the individualised response to these uncertainties". Thus middle and younger generations can no longer trust that either state or family support will be available to them when they need it, hence they may not be prepared to sacrifice and provide support now.

Thomson (1989, 1991, 1993, 1999) claims that the current older generations in New Zealand have received more than they have contributed to the welfare state, while the middle generations will break even and the younger generations will give more than they are receiving. He sees this as having the potential for age polarisation or conflict. Pool et al (1995) and Pool (1997a) also point out the likely consequences of user pays education and high unemployment for the current younger generation in New Zealand, in terms of reducing their sense of future social obligation towards their older generations. Such policies, they argue, breed self-interested individualism rather than mutual social obligation, and result in fragmented rather than cohesive society. They are saying there has been a breakdown in the trust based reciprocity of the intergenerational social contract as a result of neo-

liberal policies of self-reliance and user pays and thus that the basis of neo-liberal free market theory - that the pursuit of self-interest provides the best outcome for social and economic well-being - is false.

There are a number of counter arguments to this theory of intergenerational conflict. Hirshorn (1991) argues that intergenerational solidarity will be preserved due to individuals having a stake in the interests of other groups. The older generations have a stake in the support of the younger generations to receive an adequate education, to become employed and to remain healthy, in order to be productive and support them (Pool, 1997a). In turn, the younger generations are concerned that their elders be cared for by the state, otherwise they would have to do it at an individual level. They also become old themselves eventually and want to be able to rely on that support being there for them.

Of particular relevance to this thesis is the argument made by Bengtson (1993) and Walker (1996b) that research shows significant intergenerational solidarity at the micro-level of the family. The Australian Family Values Study (de Vaus, 1996) indicates lack of support for generational self-interest, with the young showing stronger agreement with the idea of adult children helping elderly parents than did older respondents, who are perhaps more aware of the reality of providing such support. Similarly, Kendig (1986a), also in Australia, and Rossi and Rossi (1990) in the United States found that 19-30 year olds reported the greatest level of kin obligation. And Johnson (1995:250) reports that "any reading of the long-term trend of the whole body of data indicates the remarkable persistence of family support and the very high level of personal responsibility accepted by family members". Currently the generational contract at that level seems to be intact, with no empirical evidence of overt age cohort conflicts.

New Zealand data analysed by the author from the International Social Survey Programme on the Role of Government database, collected by the

Marketing Department at Massey University in 1997, also supports the argument of macro-level intergenerational solidarity being maintained at present. There was across age group support for increased taxes for health, which primarily benefits the older generation, and for education, which primarily benefits the younger generation, and unity in maintaining or increasing the level of the old age pension. While there are small differences by age as shown in Table 5.2 below, the levels are high for all age groups. These findings do not suggest intergenerational self-interest and conflict.

Table 5.2 Attitudes to Government Spending, by Age Group

	Age group				gamma
	18-30	31-44	45-59	60+	
	%	%	%	%	
Health	83	85	88	93	-0.11**
- increase spending					
Old age pensions	86	93	95	99	-0.18**
- maintain or					
increase spending					
Education	83	84	81	81	0.02 n.s.
- increase spending					

** $p < .01$; n.s. not statistically significant

Source: Data from International Social Survey Program on the Role of Government collected by Department of Marketing, Massey University, 1997.

Data from the New Zealand Values Study survey conducted in 1998 and containing the same questions found similar results. There was an increase in support for spending on old age pensions by the under 45 age groups, to 94 per cent, and no significant differences by age groups on attitudes to health spending or education spending. All age groups reported more than 90 per cent support for increased spending on health, and 98-99 per cent for increased education spending⁵.

Yet the current policy emphasis on self-reliance may weaken social cohesion by encouraging selfish attitudes rather than solidarity. Walker (1993, 1996a, 1996b) and Johnson (1995) argue that breakdown at the macro-level will

⁵ (Unpublished data provided by Dr Paul Perry, Department of Sociology, Massey University, from the New Zealand Values Study 1998).

thus result in breakdown at the micro-level of the family by increasing demands on families to provide support for their members. Walker (1993, 1995, 1996b) also argues that policies which increase reliance on family support strain and overburden families, resulting in support based on duty or obligation due to societal pressures and lack of alternatives, rather than being willingly given. Such support may lack the elements of warmth and affection shown in Chapter Two to characterise family care as distinct from non-family support. As argued earlier in this chapter, this may be detrimental to good family relationships leading to family breakdown rather than strengthening families. Thus state support, Walker argues, enhances and strengthens families' ability to provide support and maintains social cohesion between the generations.

Having established a continuing need for state support, the debate shifts to what form that support should take. The problem of where the line is drawn on the respective responsibilities of families and the state appears to be conceived of as one of "either-or": the state or the family, rather than of how each can complement the other to best meet the needs of those needing care and support. Should state support replace or complement the family? Should it be directive, or responsive to community need?

Recommended Forms of State Assistance

The literature is very consistent in its recommendations for the direction policy should take in relation to the roles of family and state. The overarching conclusion reached from a review of the literature in this area is for policy that involves complementary roles for the two main institutions of support in our society (Moroney, 1976; Nissel, 1980; Carrillo and Eisenberg, 1983; Fine, 1988; England et al, 1989; Finch, 1989; d'Abbs, 1991; Walker, 1991, 1995; Liu, 1992; Allen and Perkins, 1995; Evers, 1995; Harding, 1996; Nolan et al, 1996; Fine, 1999). Family, they point out, is not abnegating its role, it just does not and will not have the capacity to meet the demand for support; nor will the state. Therefore, both institutions need to work

together. The state is financially reliant on family support, with the family providing the major portion of support, but to ensure the family can continue this vital role, it needs support from state provided or funded services. The kinds of supplementary help required of the state are financial support to overcome the economic and gender inequality resulting from undertaking unpaid roles in society (such as caregiving and education), home-help and care services to relieve stress on the providers and on family relationships, and information and training to enable families to better access the assistance that is available and to perform their roles better.

Financial support can take several forms: direct payment or benefits to family caregivers and other non-earners such as students, tax rebates for caregivers and financing of home alterations. In the case of caregiving, sometimes the payment is paid directly to the care recipient, which takes away some of the dependency and inequality of the caregiving relationship (Dalley, 1996). While some countries have some form of financial compensation for family caregivers (Orodenker, 1990; England et al, 1989; Stone and Keigher, 1994; Nolan et al, 1996), in New Zealand family caregivers providing Accident Compensation Corporation (ACC) homecare and relief care receive less than non-family caregivers (Burns et al, 1999).

However studies reported by Gerald (1993) and Horl (1993), and by Belgrave and Brown (1997) in New Zealand, show a preference by carers for support services rather than financial support, indicating, Gerald claims, that the physical and emotional strains of caring are greater than the financial. This may be a consequence of the age of many carers. If they are retired then financial loss from withdrawing from the labour force is not an issue. Similarly, many are offended at the idea of pay for care, especially the generation of women which lived largely outside the paid labour force throughout their lives; it may be different for future carers from cohorts which are used to being in the labour force. Direct payment for family care of dependent adults can be seen as commodifying a natural affective

relationship and confusing the "caring for" aspect of the relationship with "caring about". But Moore and Tennant (1997) query this attitude, saying it does not occur in relation to the payment of support for children.

The types of practical help required by family caregivers to support them in their role are identified by Orodienker (1990) and McGlone and Cronin (1994), and in New Zealand by the National Health Committee (1998), as day and respite care, home help and nursing services. While there is a range of support services available in New Zealand, The Mental Health Commission (1998) and the Ministry of Health (1999a) report that these services are insufficient. Twenty per cent of New Zealand caregivers in a five nation study of health care for the elderly reported being unable to get additional assistance when needed, and 48 per cent reported having to pay for support services (Schoen et al, 2000:17). Age Concern New Zealand (1997) also reports on the reduction in home support and respite care services for the elderly in recent years as a result of inadequate resourcing for the growing numbers of elderly. Joshi (1995) and Graham (1999) note that rather than not providing caregiving, women in the labour force perform both roles, resulting in overload, and make a plea for financial reimbursement and support services to assist employed caregivers in particular.

In addition to support services for carers, Allen and Perkins (1995) call for improvements to financial, health and living support services to enable increased independence of elderly in their own homes. McGlone and Cronin (1994) echo this with a call for home improvement provision and Orodienker (1990) with a plea for in-home help services.

There is also a call for more training and education for family and other informal caregivers, both in New Zealand (Belgrave and Brown, 1997; Mental Health Commission, 1998; Smith et al, 1998/9;) and elsewhere (Foulke et al, 1993; Bishop, 1997). Investigations in New Zealand (Belgrave

and Brown, 1997; Scott, 1997) and overseas (Elliott, 1996; Fine and Thomson, 1996; Thomson and Turvey, 1996) show that informal carers often do not know what support services are available and how to access them. Scott's research in a small New Zealand town also showed that publicity about support services for elderly in the community was limited for fear of instigating an unquenchable demand, due to limited resources to meet demand. In relation to kin foster care of children, Smith et al (1998/9:12) note that often the support and training needs in New Zealand are greater for family caregivers than non-family due to the complicating factor of family relationships. These may have involved previous abuse, conflict or other dysfunctional dynamics.

In relation to Harding's (1996) continuum model of family-state relationships, presented earlier in this chapter, with a coercive, controlling state at one end, and a supportive, responsive state at the other, Walker (1991, 1995, 1996b) and Harding (1996) note that the form that state provision of services and support takes needs to be responsive to the needs of the public, not imposed on them. There is concern that too much direction and coercion by the state, on the basis of assumptions about family responsibilities that are incongruent with societal perceptions of what the family's role should be, will result in evasion of responsibility, with the vulnerable and dependent not being cared for at all.

Historical experience and a knowledge of the basis on which obligations are based suggest that attempts to legally impose a duty to care that runs counter to prevailing beliefs about what should be properly expected would be likely to be met with evasion and passive resistance (Qureshi, 1996:117).

There is little support in the literature for the coercive state, using and enforcing legislation to ensure filial obligation, whereby adult children are legally responsible for the financial support and/or care of elderly parents. Whilst such laws exist in some European countries and states of the United

States of America, according to Millar and Warman (1996) and Bulcroft et al (1989) they are seldom enforced. Bulcroft et al (1989:388), say they are not enforced because enforcement “creates family conflict, weakens family ties and imposes undue burden, especially on the lower class” and therefore, filial responsibility laws are “undesirable, unproductive and unfeasible”. In addition, McDonald and Soriano (1994) note the problems of family dysfunction, debate over which family member should be responsible, the emotional conflicts of the family relationship and legal action to enforce rights, competing commitments such as to dependent children, and the relative costs of administering the law compared to supporting those in need as reasons against legally enforced family support. Walker (1995) notes that coercion does not work for family care of the elderly because, as detailed earlier, it is likely to destroy the intrinsic benefits of the emotional aspects of the relationship. Bulcroft et al (1989) also point out that such laws are inequitable in that the rich are less likely to need such support and more able to provide it, while poor families are more likely to need financial support and less able to provide it. A further factor is that increased life expectancy has implications which did not apply at the time the laws were enacted; many adult children of today’s elderly are retired from the labour force and on fixed incomes themselves, thus unable to support elderly parents as well. McDonald and Soriano (1994) argue that, generally, a sense of moral obligation leads to voluntary support being given where it is able to be given without creating hardship for the family and thus laws are unnecessary.

In New Zealand, then cabinet minister Bill English was quoted in the *Manawatu Evening Standard* (16 October 1998:3) as saying that the results of the survey on the proposed Code of Social Responsibility⁶ “indicate that people do *not* want to be coerced or controlled by legislation. The bulk of

⁶ A Code of Social Responsibility was proposed by the New Zealand government in 1998. Its aims were to formalise a set of obligations for individuals and families towards the maintenance of their own and their family’s welfare. For example, “As individuals and members of families we are responsible for ensuring our children and other family members are cared for and supported”. (Roger Sowry, Minister of Social Welfare, *Towards a Code of Social Responsibility. Public Discussion Document, February 1998:4*)

responses indicated people want government alongside them, supporting individuals and building up the social capacity of families and communities, rather than government replacing those capacities." What is forgotten in these debates is that the family caregivers and the cared for *are* taxpayers also. The state is not something separate from them, but an entity of representatives elected from among them and thus should be responsive to their needs.

The model at the midpoint of Harding's continuum could be termed "the Assumption Model". In this model state policies are based on certain assumptions about how families operate, and thus policies reinforce these assumptions by making it disadvantageous to operate in a different way. This is congruent with the current policy direction in New Zealand towards an increasing reliance on families, with the inherent assumptions of family availability and willingness discussed above. A reduction in state provision of alternative services, as shown earlier in this chapter, means the only alternatives to family support are paying for support, or no support. An example is the policy of asset testing elderly in need of long-stay hospital care (Social Security Amendment Act 1993 (3)) which requires some elderly to sell assets, such as the family home, to pay for their care. This resulted in some families' caring for the elderly in order to avoid the loss of the family home (Laxon, 1998).

The fourth model on Harding's continuum could be termed "the Supportive State". In this model there is a marked shift in the role of the state from attempting to influence how families are structured and operate to working with the existing realities of family life and offering supportive alternatives when they are unable to meet their needs. Harding (1996:195) says the aim in this model is "to facilitate and strengthen existing family forms". It is important, therefore, she says, that the request for support is initiated by the family or the individual so that the state is not seen as controlling and threatening by imposing support where it is not wanted.

This fits with the second type of help identified by Moroney (1976) and outlined above - help which supports the family - and does so by the state responding to family need and initiative, rather than through coercion. In order for this type of relationship between family and state to be possible, there is a need first for empirical research. Wicks (1988) suggests all social and economic policy should require family impact studies. Moroney (1976), Finch (1989) and Harding (1996) also call for more empirically based rather than ideologically based policy if policies are to be successful and not result in overburdened families or people with unmet needs. Moroney (1976:138) suggests empirical research should "identify factors associated with family capacity and willingness to provide care" in order that appropriate complementary state intervention strategies can be developed. This thesis aims to provide such empirical information for the New Zealand policymaking context.

Summary

It appears from the literature reviewed in this chapter that social policy is based on ideology and assumptions about the functioning and role of families and the state. There are problems inherent in the possible mismatch between these assumptions and beliefs and the actual nature of families, and how they perceive their role and that of the state. The recommendations in the literature favour a complementary role for the state in relation to families; that is, family driven/state responsive policy rather than ideologically based policy imposed on families by the state. This role requires a basis of empirical research.

Thus there is a justifiable need for empirical research in New Zealand to determine the potential availability of the extended family, and norms and beliefs of our society regarding its role as opposed to the beliefs of policymakers. Such research would identify any discrepancy between norms and assumptions and what is actually happening here. While there is some macro-level demographic evidence in Chapter Four of potential lack of

availability of family support, this study aims to provide empirical micro-level data on the availability of extended family. The research in this study will also shed some light on New Zealanders' thinking on the state versus family policy debate so that policy can be better attuned to people's beliefs and expectations and hence more successful.

This chapter has, as with the preceding chapters, identified a need for New Zealand research on the extended family. The next chapter sets out the methodological approach used in this study to investigate the perceptions of the respective roles of the state and the family in supporting individuals in our society, as well as the nature of the extended family in New Zealand in terms of its structure and helping behaviour patterns.

CHAPTER SIX

METHODOLOGICAL ISSUES AND APPROACH

Introduction

There are a number of research designs and data collection methods available to social science research. Each has its strengths and weaknesses. The choice of which to use for a particular study should be based on matching the research design and methods to the purpose and aims of the research being undertaken. The best designs, according to Denzin (1989) and Patton (1990), are those which combine or triangulate quantitative and qualitative methods to overcome the weaknesses inherent in any single approach.

The broad aim of this study, as set out in Chapter One, is to investigate the extended family in New Zealand in order to ascertain whether the predominantly European/Pakeha population has extended families that can meet the needs of social policies which are increasingly based on reliance on family support. The research questions to be answered are:

- 1) What is the nature of the extended family in New Zealand, in terms of its demographic structure and patterns of helping behaviour between extended family members - as extrapolated from one provincial city - and hence the potential availability of families to provide support to their members? Conversely, what proportion of our society is without potential family support?
- 2) How willing are people to provide support to their extended family, or accept help from them and where do they see a role for the state in the provision of support? Conversely, what proportion of our society does not accept the role of the extended family in the provision of support.

Thus the research purpose, in terms of Babbie's (1998) three basic purposes of research, is a mixture of descriptive to describe the resources available, explanatory to offer reasons for the findings, and exploratory in the area of perceptions of family versus state responsibility about which little is known.

This chapter describes the research design and methods chosen for this study to meet the aims and purpose of the research, and the rationale for that choice. It then discusses the key issues involved in that choice arising from a review of relevant New Zealand and overseas research on kinship networks and support systems, and of general research methodology theory and debates, with respect to New Zealand's particular needs and context. The steps involved in the research process are then set out, including those taken to meet ethical requirements.

Research Aims

The aims of the research are to be addressed by:

- 1) Empirically investigating the demographic features of extended families in the predominantly European New Zealand population in order to quantify the extent and type of family resources potentially available to provide support to individual members in terms of variables such as extended family size, geographic proximity and contact.

- 2) Identifying the types of support that family members are actually providing for one another - such as caregiving, financial, socio-emotional or help with household tasks - and the demographic characteristics of the recipients and the providers of the various types of support in order to measure current patterns of family support.

- 3) Identifying the key demographic factors influencing demand for and supply of family support, such as age, gender, female labour force participation and geographic mobility, and current and projected trends in these factors.

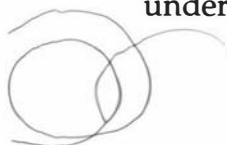
- 4) Investigating perceptions of the roles of family and state in providing assistance to individuals. That is, the willingness of families to accept the role of supporting their members, or the extent to which it is considered

natural and automatic for members of an extended family to help one another, under what circumstances and to what degree of kinship, and when other sources of support are preferred and what these are. This will include identifying circumstances where respondents think the state should be providing support. Each of the above factors will also be examined in relation to the demographic subgroups of gender, age and socio-economic status.

The specific objectives to be measured in order to address these aims are:

- the number and relationship of kin with whom an individual has contact;
- the type and frequency of that contact;
- the type of support or assistance provided to or received from kin:
 - practical (for example, looking after when sick or disabled or elderly, doing instrumental tasks such as housework, shopping, house and garden maintenance)
 - material (financial, accommodation)
 - social/emotional (listening, advising, caring, intimacy);
- for what types of help family is preferred, and where family is not preferred which other sources of help are preferred (such as friend, neighbour, community service, voluntary or state service);
- the capacity of families to help family members in terms of resources available (material and demographic);
- the individual's perception of the respective roles of the family and the state in providing assistance to individuals;
- the effect of demographic characteristics such as age, gender, socio-economic status.

The study reported in this thesis is based on observations from one provincial city in New Zealand, Palmerston North. Given the sample size and location, the results of the substantive aims of the study are not generalisable to the whole of New Zealand, but as a first study of its kind undertaken anywhere in New Zealand will lay the foundations for a New



Zealand based knowledge in this field from which general principles can be inferred which could be further tested in a larger scale nationally representative study. The limitation of the city chosen for this study, in terms of its differences from elsewhere in New Zealand, such as rural and larger urban centres, will be noted and suggestions made for further research to address this problem.

Thus, in addition to providing information on the above research questions, this study will aim to provide a methodological basis for further New Zealand research in this field by:

- 1) testing a questionnaire designed to elicit information which would answer the questions posed above;
- 2) testing and comparing data collection techniques of face-to-face interviewing and self-administered postal survey for response rates and the quality of data obtained for cost-effectiveness;
- 3) developing a methodology for analysing the data obtained from the questionnaire.

Research Design and Methods

The research design proposed to meet the above aims and purposes is a triangulated design involving both quantitative and qualitative approaches. A cross-sectional survey using a standardised questionnaire with the individual as the unit of analysis was used to assess the capacity of families to help family members in terms of resources available (material and demographic) by addressing the objectives outlined on page 3 above. This is descriptive and explanatory information. The survey also provided descriptive information on the extent of the individual's perception of the respective roles of the family and the state in providing assistance to individuals. These findings were enhanced by exploratory information from a focus group, based on respondents selected from the survey sample, which was used to complement the information obtained from the survey. Particular aspects of the survey data that were explored in more depth in

the focus group were perceptions of the roles of family and state and the reasons for these, and issues involved in providing and receiving family help.

The Rationale for the Research Design

Quantitative or Qualitative

The advantages of combining methodological approaches are to compensate for the weaknesses inherent in any single approach and thus enhance the quality of the information obtained (Sarantakos, 1993). The strength of the quantitative approach in social research is that, where it is based on random sampling, it enables the obtaining of aggregate views of a large population by allowing generalisation from the sample to the total population from which the sample is drawn. Quantitative research also allows measurement of the extent to which an attitude or behaviour is prevalent in the population, and thus the development of general laws or principles. The disadvantage of the quantitative approach is that, due to its highly structured nature, it is difficult to capture underlying dynamics, processes and reasons, and to interpret the meaning of findings (Sarantakos, 1993; Burns, 1994; de Vaus, 1995a).

This disadvantage is balanced by the strength of the qualitative approach. Qualitative research allows the collection of depth of information, including the meaning of events to respondents, and the underlying reasons for their quantitative responses. It better captures a more holistic reality of experience from the respondent's perspective (Burns, 1994; Sarantakos, 1993).

Morgan (1998) points out that the two methodological approaches are traditionally based on conflicting theoretical paradigms. Quantitative research grew out of the natural sciences and the positivist tradition which emphasises a single objective measurable reality. The qualitative approach is based on interpretivist and phenomenological epistemological viewpoints which are underpinned by a belief that reality is a social construct that

varies and cannot be objectively measured (Burns, 1994; Sarantakos, 1993). As such, quantitative methods are more concerned with causality and generalisation, while qualitative methods are aimed at understanding (Crotty, 1998).

My linking of a primarily quantitative methodology and methods with a constructionist world view and interpretivist perspective does not fit with the traditional paradigms which link quantitative methods with objectivist and positivist philosophical assumptions about reality, and qualitative methods with the constructionist/interpretivist assumptions. Crotty (1998) presents a schema of four elements linking our epistemological and theoretical perspectives on assumptions about reality to our choice of methodology or research design, and methods in social research. The options in each area are presented in Table 6.1, with my particular paradigm shown in bold type.

Table 6.1 Crotty's Schema of Epistemological and Theoretical Perspectives on Reality, and Social Research Methodologies and Methods

Epistemology	Theoretical perspective	Methodology	Methods
Objectivism Constructionism Subjectivism (and their variants)	Positivism (and post-positivism) Interpretivism • Symbolic interactionism • Phenomenology • Hermeneutics Critical inquiry Feminism Postmodernism etc.	Experimental research Survey research Ethnography Phenomenological research Grounded theory Heuristic inquiry Action research Discourse analysis Feminist standpoint research etc.	Sampling Measurement and scaling Questionnaire Observation • participant • non-participant Interview Focus group Case study Life history Narrative Visual ethnographic methods Statistical analysis Data reduction Theme identification Comparative analysis Cognitive mapping Interpretative methods Document analysis Content analysis etc

Source: Crotty (1998:5, Table 1)

Kendig (1986b) and Smith and Noble-Spruell (1986) comment that a false dichotomy has occurred between quantitative and qualitative, positivist and interpretist. Crotty points out, using his schema depicted in Table 6.1, that the quantitative qualitative dichotomy occurs at the level of methods, not at the level of assumptions about reality, and therefore it is possible to combine quantitative methods with non-positivist or non-objectivist assumptions about reality. However, he argues, we cannot hold both that there is objective meaning and there is not objective meaning.

Quantification is by no means ruled out within non-positivist research.

Quantitative and qualitative are not mutually exclusive but objectivist and constructionist are (Crotty, 1998:15).

I would disagree with his last point and argue that some phenomena have objective meaning, but others do not, and therefore it is not inconsistent to believe that some things can be objectively measured, such as the number of men or women in a population, but others depend on individual interpretation or understanding, such as attitudes and reasons. There are some objectively measurable variables in this study, such as family size, distance between members, frequency of contact, amount and type of help exchanged and the relationship category or demographic characteristics of those involved. However, there are also subjective assessments as to attitudes to roles of the state and the family and why these are held. While these can be assessed quantitatively to determine the extent to which they are prevalent in the population, they can be better understood qualitatively. Thus there is a justification for using both quantitative and qualitative methods. Crotty agrees that both understanding and explanation are needed in the human sciences, with the notion of causation being less absolute and more a matter of relative probability, than in the natural sciences. I hold the "pragmatist" view (Tashakkori and Teddlie, 1998) that both have their place and the two are not mutually exclusive but can co-exist. According to Tashakkori and Teddlie (1998:24):

Pragmatists believe that either method is useful, choosing to use the dazzling array of both qualitative and quantitative methods. Decisions regarding the use of either qualitative or quantitative methods (or both) depend upon the research question as it is currently posed and the phase of the research cycle that is ongoing.

As established in Chapter One, a review of previous research on extended families and extended family support in New Zealand showed that while a body of qualitative research on the issues involved in provision of family support exists, there is a need for quantitative data in order to generalise and allow subgroup analysis. There is also very little information available on the demographics of the extended family in New Zealand - its size, proximity and contact - and there are no data available on perceptions of the respective responsibilities of the family and the state. Thus there is also a need for a quantitative study to describe the nature and structure of the extended family in New Zealand and the prevalence of various views on the respective roles of the family and the state in supporting individuals in need.

In the area of perceptions of the roles of the family and the state there is a need for both quantitative and qualitative information. Quantitative data are needed to assess the extent of respective views, but some qualitative information is needed to complement this by exploring in more depth the reasons for peoples' views and where and how the boundaries between family and state emerge.

Support for the rationale is also available in the literature. Hareven (1994:25) suggests that "analysis of kinship is best served by merging quantitative and qualitative analysis". A quantitative approach is necessary to identify the extent and composition of the kinship network, but she recommends a qualitative approach to look at patterns of assistance and areas of conflict; that is, the nature and dynamics of the network

relationships. Similarly Kendig (1986b) writes of the value of combining quantitative and qualitative methodologies: the quantitative being the statistics that describe the basic dimensions of the issue, in this case the size and membership of family networks in which instrumental and expressive support are exchanged and the specific types of support involved, while the qualitative data provide the individual meanings and actions behind the statistics.

Most of the overseas studies employ a mixture of random sample surveys using quantitative standardised questionnaires and more in-depth qualitative interviews with a smaller selected sample, often chosen from the quantitative sample for particular characteristics emerging from the quantitative data (Finch and Mason, 1993; d'Abbs, 1991). For example, Finch and Mason (1993) used a quantitative survey on a randomly selected nationally representative sample of N=978, chosen from the electoral rolls of the Greater Manchester area, to investigate their research question of whether there was public consensus on family obligations. They then chose a subsample (n=88) from the survey sample for qualitative interviews to look at process and family dynamics involved in family obligations.

The Australian Institute of Family Studies has carried out a number of major surveys covering the area of family support. The Family Support Networks Project (d'Abbs, 1991), for example, involved a quantitative survey in three locations (n=416; n=262; n=118) with a total randomly selected sample of N=795. The quantitative survey was followed up by in-depth analysis of the open-ended qualitative questions of a selected subsample in each location to "retain the integrity of respondent's experiences" (d'Abbs, 1991:6).

Morgan (1998) outlines four models for combining quantitative and qualitative methods in a research design:

- 1) Quantitative primary method, preceded by qualitative as secondary method;
- 2) Qualitative primary method, preceded by quantitative as secondary method;
- 3) Quantitative primary method, followed by qualitative as secondary method;
- 4) Qualitative primary method, followed by quantitative as secondary method.

The combination of quantitative and qualitative elements in this study matches Morgan's third model, with the quantitative being primary, followed by qualitative to complement and enhance the deficiencies of the quantitative approach, particularly in the area of perceptions of the respective roles of family and state in the provision of support.

The reason for this model is that the majority of objectives require quantitative measurement (see rationale section below) whereas the qualitative component adds to the information on one specific objective. The qualitative component needs to follow the quantitative component so that the broad aggregate information obtained on this objective can be explored in more depth in the qualitative component of the research in order to obtain reasons for the respective views on which types of help are seen as primarily family responsibility and when the state should take responsibility. This fits with Stewart and Shamdasani's (1990:15) statement that:

Focus groups also have been proven useful following the analysis of a large-scale, quantitative survey. In this latter use the focus group facilitates interpretation of quantitative results and adds depth to the responses obtained in the more structured survey.

The use of a qualitative focus group following a quantitative survey also serves as a check on the validity of measures being used in the survey.

Methodological Issues to Consider in Choosing Survey Research

There are a number of issues to consider when using survey research. These include: the likelihood of achieving an acceptable response rate; sample size and sampling method; and the survey administration method.

Response Rate

An important consideration in using survey research is whether it is suited to the topic in terms of the response rate it will achieve, as a response rate of at least 50 per cent (Babbie, 1990:182) is required for the results to be analysable, with a rate of 70 per cent or higher being very good. More importantly, according to Babbie, the sample achieved should be representative of the population from which it is drawn. That is, bias should not have resulted from refusal to participate. As Table 6.2 below shows, very good response rates can be obtained in surveys on the subject of extended family support.

Table 6.2 Response Rates by Mode of Survey Administration

Survey	Mode	Interview length	Response rate
d'Abbs (1991)	face to face	1-2hrs	80%
de Vaus (1996)	postal	-	64%
Finch&Mason (1993)	face to face	-	72%
Rossi&Rossi (1990)	face to face	1 hr	69%
Kendig (1986c)	face to face	1.5 hrs	67%
Dept of Statistics (1984)	face to face	-	85%

Sample Size and Location

Sample size should be a compromise between level of accuracy for the total sample and sub-group analysis, whilst remaining within reasonable cost constraints. For example, a sample size of N=1100 would give a total sample accuracy of 3 per cent sampling error at the 95 per cent confidence

level based on a design effect of 1.1¹, and be sufficient to allow for sub-group analysis by gender, age, geographic variables and socio-economic status. However, in order to provide reasonable numbers for analysis on some of the proposed sub-groups, such as sole parent families and ethnic groups, a larger total sample or oversampling of some groups would be necessary. Marks (1995) oversampled to get ethnic, sole parent, blended and cohabiting families in sufficient numbers for analysis. Kendig (1986c) in his study of the elderly in Australia, oversampled for ages 75 years and over.

The best method for achieving a truly representative sample would be multi-stage cluster sampling which does not require any listing of the population and thus has the best chance of including everyone in the sampling frame. However this is dependent on face-to-face interviewing as the survey administration method. If questionnaires are to be mailed, a list of names and addresses is needed, such as the electoral roll. Random sampling may then be achieved using systematic sampling whereby a starting point is selected randomly and then every *n*th name on the list is selected until the sample quota is achieved. The Australian Institute of Family Studies used multistage cluster sampling for the Family Support Networks Project (FSNP) survey (d'Abbs, 1991) but electoral rolls for the larger Family Living Standards Survey (FLSS) (de Vaus, 1996). Finch and Mason (1993) also used electoral rolls, while Rossi and Rossi (1990) used multistage cluster sampling.

Survey Administration Method

The three major methods employed to collect standardised questionnaire survey data are face-to-face interviews, telephone interviews and self-

¹ The design effect is a measure of how much the variance of these estimates has been inflated by not using a simple random sample, thus effective sample size = sample size divided by design effect. For a DEFF of 1.1 and a sample size of 1100, the effective sample size is 1000. (Personal communication, Associate Professor Stephen Haslett, Director, Statistics Research and Consulting Centre, Massey University).

administered mail questionnaires. Whilst mail surveys are cheaper, they generally do not attain such a high response rate, especially for general population surveys and long questionnaires (de Vaus, 1995a). Another reason for not employing this method of survey administration is the length of the questionnaire. Without the presence of a face-to-face interviewer there may be a reluctance to complete a lengthy questionnaire.

For a truly representative postal sample it is also necessary to have a sampling frame that includes addresses for the whole of the population being sampled. The electoral roll is the nearest, but not everyone is on the electoral roll, hence multistage cluster sampling, which allows all households and individuals to be included, is the most representative method but requires a face-to-face interview or manual delivery, and is therefore more expensive.

Most of the overseas studies quoted above used either face-to-face or telephone interviews. The disadvantage attributed to telephone interviewing has been that not everyone has a phone, so only a biased sampling frame is available. However, according to Statistics New Zealand (1997:16), only 5 per cent of New Zealanders do not have a phone. Telephone interviewing is cheaper than face-to-face interviewing and has worked for questionnaires of a similar nature to that being proposed here.

Face-to-face interviewing is expensive. However, it has advantages of a higher response rate (due to interviewer presence) and being more effective for more complex questionnaires that may be difficult for an untrained person to follow. Also, because of the visual presence, they allow the use of "show cards" for response categories which may be long or repeated for many questions, and thus difficult to do by phone (de Vaus, 1995a).

The type of sampling method used to select the random sample depends on the administration method. For face-to-face interviews, multistage cluster

sampling would be employed, with clusters randomly selected from census area units. If a mail survey were opted for because of lower costs then a sampling frame with names and addresses, such as the electoral roll, would be required.

All of these issues need to be considered not only in terms of scientific rationale but, as social research takes place in the real world on human beings and in an economic and administrative context, decisions are compromised by resources available (such as funding and personnel); ethical constraints; and time available or limits on the scope of a project such as a doctoral thesis. Outlined below are the details of the methods employed in this study. These were arrived at in terms, particularly, of the funding available, and secondly, in terms of the scope and time framework of a doctoral thesis.

The Survey

Funding

Application was made to the Massey University Research Fund for funds to employ students as interviewers; for data entry; for the production and postage of the postal survey, and for statistical consulting. The funding received was \$5,500.

Sample Size

Funding availability limited selection of the initial sample to 500 and to the Palmerston North local authority area electoral roll², which included outlying areas of Ashurst, Aokoutere and Linton³. In order to have a sample of this size within the available budget, the administration design involved a combination of face-to-face interviews and mail questionnaires (see

² The electoral roll obtained from the Electoral Enrolment Centre for the Palmerston North local authority area merges the general and the Maori roll for that specific area into a single comprehensive roll.

³ Population aged 18 years and over = 54,831, of which 50,193, or 91.5%, were on the electoral roll in 1997.

below). Thus an initial sample of 500 was selected by systematic random sampling by computer from the electoral roll for this area obtained from the Electoral Enrolment Centre. The initial sample was then split into two subsamples - one for postal, one for face-to-face interviews - by allocating names alternately. The sampling was carried out by a computer consultant from Massey University Computer Services.

There was no replacement sampling. Where a sample entry was found to be dead or to have moved from the area and no longer be eligible, rather than selecting extra sample elements they were deducted from the original sample size of 500 when calculating the response rate, as per de Vaus (1995a:107).

The decision to use the electoral roll as the sampling frame was made to meet the needs of the administration methods, which included a postal survey component, thus names and addresses were needed. Permission to use the electoral roll was obtained from the Electoral Enrolment Centre in Wellington, as required by the Electoral Act 1993.

Survey Administration Method and Sampling Methods

As the funding was for a small scale local study to test the methodology, it was decided to use a split administration method in order to test the cost-effectiveness of each method for a survey on the topic of extended family support, as well as to maximise the total sample that could be obtained with the limited funding. It was proposed that this study compare response rates and quality of data obtained from two survey administration methods: face-to-face and postal. One subsample of $n=250$ was sent mail questionnaires, and the other was interviewed face-to-face. Both versions took approximately 30-45 minutes to complete, on average.

To increase the response rate some prior advertising through community newspapers and radio was carried out to raise awareness of and interest in

the project before respondents received their questionnaire in the mail or were approached by an interviewer. This involved a radio interview with the author, and a newspaper article. Some respondents interviewed by the author mentioned that they had heard about the project on the radio or read about it in the local paper.

Mail Survey

The mail questionnaires were sent out on 25 September 1997. They were accompanied by a stamped addressed return envelope. Two follow-up reminder letters were sent to those who had not returned their questionnaires. The first reminder letter was sent two weeks later on 9 October 1997, resulting in a 39 per cent response rate. The second reminder letter was sent two weeks after the first reminder (one month after the questionnaire was sent) on 24 October 1997, resulting in a final response rate of 48 per cent. The follow-ups did not contain new questionnaires, which might have increased the response rate but was not budgeted for in the production of the questionnaires.

Interview Survey

The face-to-face interviews took place from September to early December 1997. There were five interviewers, including the study author, who has prior experience in survey interviewing. Two of the others were former students of the author's third year research methods course, and the other two were postgraduate students or tutors from other social science departments in the university. Two of the four were previously trained and experienced in market research survey interviewing.

Training involved the provision of information and a practice interview session, with the author. The information consisted of a detailed information sheet covering the introduction and informed consent process, administration and recording of the interview, handling of questionnaires, and consent forms after the interview, dealing with problems, times of

interviewing and number of contacts. Interviewers were also given a questionnaire for a practice run at home. A two hour session with the author was also held. This involved going through the items on the information sheet and conducting a further practice interview on another interviewer in the presence of the author, with the author answering questions which arose.

The sample list was divided alphabetically into five equal sizes, one for each interviewer. Interviewers approached people whose names and addresses were on their list and, following the ethical procedures detailed below, sought agreement to be interviewed, either at that time or by making an appointment to come back at a more suitable time. Interviews were conducted between the hours of 9 a.m. and 8 p.m. from Monday to Saturday. Up to three attempts were made to make contact with each person named on the list.

Completed questionnaires were returned to the author and kept in a locked filing cabinet in her office. The first batch returned by each interviewer was checked for any problems and the interviewer briefed if any change in procedure was needed.

Language

The Australian Institute of Family Studies was able to employ interpreters to overcome any language barriers in the case of recent migrant groups from non-English speaking backgrounds. It was not possible to employ interpreters for this study, but note was kept of incidences where this problem occurred, and the limitation this could place on the results of the study. It was not a notable problem.

The Questionnaire

Development and Production

The variables and measures for the questionnaire⁴ were developed initially from the literature and research reviewed in the previous chapters. Sections A and B on extended family structure, which included the variables number of kin, geographic distance, frequency and type of contact, were largely based on questions from the Australian Institute of Family Studies Family Living Standards Study questionnaire 1992/93.

The questions and categories in Section C on provision and receipt of help and preferred sources of help were developed initially from the literature and previous research, but not from any specific questionnaire. These were then modified in the light of feedback gained through initial pretests.

The questions in Section D, on attitudes to reciprocity and obligation among extended family members, were developed based on the vignette approach used by Finch and Mason (1993) and de Vaus (1995b). However, while using their approach, the questions were not taken directly from their studies but were devised for the specific purpose of this study. A number of dimensions were deliberately covered by the range of vignettes: type of help (financial, care of children, elderly and mentally ill); degree of help required; and the type and degree of relationship involved.

The demographic questions were, where possible, based on those in the New Zealand Census of Population and Dwellings in order to compare sample characteristics with those in the total population for Palmerston North. Another advantage of using census question wording is that the wording and format have been extensively tested by Statistics New Zealand.

⁴ Copies of the questionnaires, both mail and interview versions, are contained in Appendices 1a & 1b.

Separate mail and interview versions of the questionnaire were constructed to be as similar as possible but with instruction wording specific to the administration mode (see Appendices 1a & 1b), and each tested by its particular administration method (see below for details of pretest process). The questionnaires were then revised using the pretest feedback.

Pretesting

Initial pretests were carried out through three face-to-face interviews and one self-administered questionnaire. The questionnaire was then modified using the initial testing experience and feedback, and eleven self-administered questionnaires were sent out, covering a range of gender, age, and family situations in the selection of respondents. Four more face-to-face interviews were also conducted, covering people in specific categories not previously tested to see how the format covered their situations (for example, step-families, immigrants, Maori, woman with preschool children). With both forms of pretesting the respondents were asked to comment on the questionnaire and questions as well as complete them. As some of the respondents and their circumstances were known to the researcher this enabled a degree of validity checking: that is, the extent to which the questions were measuring what they were intended to measure.

The feedback from the interviews and self-administered questionnaires was then used to develop a final questionnaire. The major alterations to the final version were in Section C, Q10, on preferred sources of help, so this question was retested. The face-to-face version was then tested for interviewer instructions by having the interviewers practice it with the researcher present.

Social Network Analysis and the Unit of Analysis

The unit of analysis for this study is the individual. Various approaches to social network analysis are outlined in Bulmer (1987). The centre of a network is generally referred to as ego, the selected respondent who serves

as a starting point for the analysis of a social network. Network analysis can then take the simplistic form termed "typical primary star" by Bulmer (1987:119), or the more complex "typical primary zone". The star form simply looks at each of the individuals with whom ego has a relationship while the zone form also investigates the more complex network of relationships between those who relate to ego.

As this is not an in-depth network study, but one which seeks to identify the number and relationship of family members with whom the respondent has contact, the simple star form is appropriate. It is also the only form that could be elicited from survey research with individuals as the unit of analysis. The more complex network form would require the network to be the unit of analysis and would entail interviewing all those involved in the network. Work by Rossi and Rossi (1990) found that reports by one party were virtually unanimously confirmed when the other party was interviewed, thus they do not recommend the need to interview all parties to test the reliability of information given.

Bulmer (1987:135) points out that the major criticism of network analysis is that it "emphasises form at the expense of content", as it does not provide information on the content of the relationship. In this study, the questions in the second part of the questionnaire, on type of support given and received, and questions on amount and type of contact in section one, do provide "content" information about the relationship.

Variables

The key variables distinguished in research on kinship, extended family or intergenerational support networks (Peterson, 1969; Healey, 1986; Rossi and Rossi, 1990; d'Abbs, 1991; Cicerelli et al, 1992; Finch and Mason, 1993; Wilson, 1993; Lawton, Silverstein and Bengston, 1994; Australian Family Living Standards Study Questionnaires, 1992/3) can be summarised as follows:

- Number and relationship of kin
- Geographic proximity
- Contact: type and frequency
- Types of assistance or services exchanged/helping behaviour and relationship of providers and recipients
- Preferred sources of help: family, paid help, government services
- Subjective orientation: attitudes, values to provision of family support, obligation, reciprocity
- Socio-demographic characteristics of providers and recipients to control for in analysis:
 - gender
 - age, life cycle stage
 - socio-economic status
 - ethnicity
 - marital status
 - family type or household composition
 - number of children
 - size and type (urban/rural) of geographic location
 - health status, level of impairment
 - quality of affective relationship

Most of these have been incorporated into the present study as they match the objectives of this research. As other studies concentrated on *either* helping behaviour (d'Abbs, 1991) *or* attitudes (de Vaus, 1996) they were able to be more detailed in the information collected on each. As this study aims to collect information on extended family structure, helping behaviour *and* attitudes to the roles of family and state, and at the same time keep to a reasonable interview time length so as not to discourage response, some detail in each area has been sacrificed.

Questions have not been asked of health status or the quality of relationships. Helping behaviour has been restricted to the person most likely to be involved, whereas d'Abbs (1991) was able to ask for the three most likely helpers.

[Details of variable measures and problems in measurement are contained in Appendix 5.]

Summary of Questionnaire Format

The demographic data on number and relationship of kin, and the more easily quantified type and amount of contact and help exchanged, and the socio-demographic characteristics of providers and recipients are best collected by a quantitative approach: a standardised questionnaire administered to a randomly selected sample. Since the length of the questionnaire must be contained so as not to reduce the response rate, it is best used to collect data on these variables, plus some data on the more subjective orientation towards the role of the family. This latter data will be supplemented by a subsequent qualitative in-depth unstructured group discussion on normative family helping behaviour.

The questionnaire has five sections:

- 1) Quantitative description of extended family structure:
 - number of extended family members
 - relationship of each member
 - proximity of each member
 - amount and type of contact with each member;
- 2) Quantitative description of types of support actually given and received and relationship of recipients and providers;
- 3) Preferred sources of help;
- 4) Attitudes, beliefs and expectations towards the provision and receipt of family support explored through the use of a mixture of attitude scales and vignettes;
- 5) Socio-demographic characteristics.

Data Processing

Coding

Coding was carried out by the author. The first fifty mail questionnaires, and ten from each interviewer were used to develop the coding frame for the open questions by recording all the answers and grouping them into categories of responses which were then allocated codes. All the questionnaires were then coded according to the coding frame.

Data Entry and Cleaning

Data entry was carried out by the data entry operator at Massey University Computer Services in January 1998. The author then ran frequency printouts of the data file to identify and correct any data entry errors.

Data Analysis

Data was analysed by the author using SPSS Version 6.1.3.

The Focus Group

Rationale

Focus groups involve a group of about six to ten people being brought together for an hour or two to discuss a particular topic. Groups may be smaller in size, particularly when depth rather than breadth of experience is sought and people's experience may be lengthy and intense (Krueger, 1994) and "when the researcher desires a clear sense of each participant's reaction to a topic simply because they give each participant more time to talk" (Morgan, 1997:42).

The group is facilitated by the researcher or trained facilitator. Focus groups are a qualitative data collection method, usually employing a semi-structured interview guide to keep the discussion focused on the research aim, but allowing respondents to give their personal views in their own words. As with individual qualitative interviews, focus groups are useful

for providing "additional insight into the motives and reasons for reported attitudes and behaviours"(Murphy et al, 1992:37) and for exploratory research on topics where little is already known (Stewart and Shamdasani, 1990; Krueger, 1994), such as New Zealanders' attitudes to the roles of extended families and the state in providing support to individuals. They are also useful following quantitative surveys in order to add depth to, and enhance the interpretation of, the quantitative results (Stewart and Shamdasani, 1990).

There are advantages in using focus groups rather than individual qualitative interviews. Firstly, efficiency and containment of costs: a group discussion involves only one to two hours, and one tape to transcribe to obtain the views of eight or so people (Krueger, 1994; Stewart and Shamdasani, 1990). Thus it compresses data making analysis easier, but at the same time the dynamics of the group process may enable more and richer data to come forth. Folch-Lyon and Trost (1981) attribute this to the stimulating nature of focus group discussion. In terms of the effect on the data, according to Patton (1990:335) "the object is to get high quality data in a social context where people can consider their own views in the context of the views of others". So there is an interactive effect; people can comment on the views of others, and add to their own view in the light of others' views, thus giving the researcher a full and rounded picture of what is going on (Stewart and Shamdasani, 1990; Krueger, 1994; Morgan, 1997).

The decision to use a focus group for this research was made in order to provide more depth to the quantitative answers in two areas. First, attitudes to the role of the family and the state - to explore where people draw the boundaries, and why, and how and why these differ for different people. Second, the issues involved for people in giving and receiving family support. It was thought the interactive effect would be especially useful for these purposes because it would, as Patton (1990) says, allow

respondents to consider their own views in relation to those of others, and thus bring out for the researcher the nub of respective views.

However, Morgan (1997) and Krueger (1994) also draw attention to the negative effect of the interactive process of groups in that it may influence the data in a different direction to individual interviews due to a tendency to conformity in groups. Other disadvantages of the focus group method are that fewer topics can be covered than in an individual interview, because of the time taken for several people to comment on each topic. Group process skills are also important to control dominant speakers and keep the discussion focused. Other participants may find the group setting inhibiting and need drawing out, or may even suppress valuable information which they would have given in a one-to-one interview (although presumably they would not have volunteered for a group discussion if they were shy). As the author is an experienced group facilitator as both a social worker, previously, and a university teacher, this was not perceived as a significant problem for this study. The final negative aspect of focus group research concerns the difficult logistics of getting a group of people together at one time.

Recruitment

In line with overseas studies reported above, respondents were asked in the survey part of the research if they would be willing to take part in a further stage of the research involving a semi-structured group discussion to explore in more detail some of their attitudes and experiences that cannot be fully expressed within the confines of a structured questionnaire. For example, their beliefs on when it is and is not appropriate for family members to provide support, and the issues involved in providing that support. Focus group participants were then recruited by initially selecting a random sample of twenty from those who had indicated on their questionnaire that they were willing to be contacted for this second stage of the research. From these twenty, ten were selected to give a mix of gender and age, and sent letters with information and consent forms (Appendices

2a & 2b) inviting them to take part in the group on a particular night. There was only one acceptance to this initial approach.

In an effort to find out the reason for low acceptance - whether the approach was wrong, the day or time, the venue, or just lack of interest - the rest were phoned to inform them the scheduled group meeting had now been cancelled and would be held at a later date. They were then asked if a different day would make a difference to their attending. The overwhelming response was "Yes"; the problem was not lack of interest but genuine competing commitments on the night chosen. A new date and time was chosen, and seven of the original ten were able to attend, with two of those who had other commitments on that night expressing genuine disappointment at not being able to participate. Participants were sent new consent forms to complete and given details of the venue.

Ideally at least three focus groups would be held so as to isolate "group specific" information from more constant themes emerging from the group discussion process (Morgan, 1997; Krueger, 1994). Due to the limited scope of this research project, which already involved 252 forty-five minute standardised questionnaire interviews, together with the logistical difficulties encountered in organising the group, only one group was held for this research. This was justified in that, as this is a small-scale study being carried out with a view to it serving in part as a methodological pilot study, it would demonstrate the value of the extra information focus groups can contribute to the research design, and the best way of organising these.

Whether the composition of the group should be homogenous or heterogeneous depends on the purpose; most focus groups are fairly homogenous by nature as they involve people with a common interest in or characteristic relating to the topic. But sometimes more general views are required, and while one person in a group cannot represent all people of their type (for example, men aged 18-24 years), ensuring a mixture of age

and gender may elicit the views of more diverse sections of the population and thus, than if the group consisted of mainly one sex and age group (Stewart and Shamdasani, 1990). Krueger (1990:77) also says that although focus groups are by nature homogenous with respect to experience of the topic under discussion, they should contain "sufficient variation among participants to allow for contrasting opinions". Thomas et al (1992:12) qualify this by saying that "focus group participants ought to be selected on the basis of representation of key groups and views in the matters under study rather than as a means of proportionally representing a population to enable statistical estimation".

The group in this study lacked input from women over sixty years of age (perhaps because they were not keen to come out a night, although in one case the woman invited was away on holiday) and males under forty years of age. Some of the latter did not respond to the invitation to participate, others had evening jobs or sports practice. Those contracted for the group comprised men and women in their forties and fifties, a male over sixty, and women in their twenties and thirties.

Although eight people were contracted for the group, on the night only four participants turned up. While this is less than ideal, it is still a legitimate number: "Small focus groups, or 'mini focus groups', with four to six participants are becoming increasingly popular because the smaller groups are easier to recruit and host and more comfortable for participants" (Krueger, 1994:79). Krueger states that small groups are preferable when depth of experience is more important than range of experience, which applies in this case and the topic is complex and the participants knowledgeable, as it allows them more room to express themselves in depth than in a larger group. This is supported by Morgan (1997:43) who reports that he has "conducted groups of three highly involved participants that would have been unmanageable at size six", and by Patton (1990:184) who says that "in-depth information from a small number of people can be very

valuable, especially if the cases are information rich", which in this instance they were. According to Morgan, small group size is only a problem where the participants do not have much involvement in the topic and therefore not much to say. That was not the case in this group and topic. In fact with a small number it was easier to ensure equal participation by all members, whereas with larger groups not all participate equally; it is easier to get dominators and withdrawers.

Process

The group took place from 7 - 9pm, Tuesday 28th April 1998 in the staff club at Massey University, an old homestead set in gardens. The meeting was held in the lounge, a comfortable homely room with armchairs. A semi-structured interview guide was used (Appendix 3) with the author as facilitator. The need to keep the identity of the participants confidential was outlined in the consent form and re-emphasised at the start of the group. The proceedings of the group were recorded on tape, with the participants' informed consent.

As the group was small in number it was easy to ensure that it was not dominated by one or two people. Differing views were expressed on some issues, thus group conformity also did not occur. Non-verbal communication was recorded where possible by the author commenting; for example "you nodded J_____".

Transcription and Analysis

The tapes were fully transcribed by the author. The information in the full transcripts was then summarised under the nine key themes emerging. These themes broadly followed the interview guide, but included new issues raised during the group process, such as a "culture of independence". Quotes were selected that illustrated each of these themes. This summary was then sent to participants both as feedback and to obtain their consent to the use of the material. This included giving them an opportunity to request

deletion of anything they did not want used or which they felt might identify them. This process also served as a check on the researcher's individual analysis and reporting of the group findings. No requests for amendment were received.

As there was only one group and numbers were small and the discussion, with one or two exceptions as noted above, followed the interview guide established from the findings of the quantitative survey and the literature review, the analysis process was not complex. A "cut and paste" approach was used (Stewart and Shamdasani, 1990) in a descriptive qualitative analysis. More complex computerised and semi-quantitative content analysis was not necessary with this amount and range of data, and with the purpose of the focus group being primarily to enhance the quantitative findings. While it also offered the opportunity for the emergence of new issues not covered in the questionnaire, this did not occur to any great extent. Particular note was taken of the importance that participants attached to an issue (Morgan, 1997) as well as those issues where there was unison as opposed to those where there was divided opinion. However, the overall approach was to concentrate on key themes emerging, or what Krueger (1994) refers to as "big ideas, not detail".

While using a single group limits the validity of the findings (Morgan, 1997), as the findings were largely in line with those in the survey, and with overseas literature, this disadvantage was not seen to invalidate the focus group findings. Although in line with the survey findings, they did expand on them, and thus the use of the group is justified. For example, further detail was obtained on the negative outcomes of giving up a job to care for an extended family member, and why the needs of the nuclear family should take priority over those of the extended family (see Chapter Ten).

Ethical Issues and Procedures

This research required ethical approval to ensure that the rights and welfare of participants were protected. Ethical approval was sought and obtained from the Massey University Human Ethics Committee. The Committee identifies the following ethical principles which must be applied: informed consent; confidentiality; minimising of harm to all parties to the research; truthfulness about the research; and social sensitivity to age, gender, culture, religion, and the social class of subjects (Massey University Human Ethics Committee, 1999). The application form also addresses access to participants, handling of and uses of information obtained from the research, and participants' rights to decline to take part or to withdraw at any stage and receive feedback on the research findings. The main areas of concern in this study were informed consent, confidentiality, the general welfare of the participants and the feedback of results to participants.

For the face-to-face verbal questionnaire, informed consent was obtained by presenting respondents at the door with a one page information sheet (see Appendix 4a) to read, after a short verbal introduction by the interviewer - saying who they were and why they were there and ascertaining that they had the person they wanted. If the prospective participants agreed to answer the questionnaire they were then given a consent form (Appendix 4b) to sign. In brief, this process outlined the nature of the survey, who was doing it and how to contact them, and offered the potential respondent the option of refusing to participate or to withdraw at any stage or refuse to answer any particular question, and ensured confidentiality. Informed consent for the postal questionnaire was dealt with in a similar fashion; the nature of the study and rights of the respondent were outlined in a covering letter (Appendix 4c), and completion of the questionnaire denoted consent to participate.

Focus group participants were sent information sheets and consent forms (see Appendices 2a & 2b) which they signed and returned either prior to the

group or on the night when the group met. They also received summary transcripts of the discussion so they could delete any contribution with which they felt unhappy or which they felt identified them in any way. No one requested any changes.

Confidentiality was ensured by using questionnaire ID numbers and only aggregate results. No names or addresses were attached to the questionnaires. Consent forms were kept separate from the questionnaires by interviewers.

All interviewers were briefed on a suitable referral agency should anyone require additional support as a consequence of participating in the research process. No such incidences were reported. The information sheet also offered participants the option of a Maori interviewer although no such request was received.

Access to participants was gained through having application to the Electoral Enrolment Centre for use of the electoral rolls approved as per the Electoral Act Amendment 1993. Contact for face-to-face interviews was not made after dark and appointments could be made for a suitable time to carry out the interview.

Those survey participants who indicated that they wanted to receive a summary of results were sent a six page summary in April 1997, that is, approximately six months after the survey, once preliminary frequency data analysis was complete. All participants were also informed that a full report of the study would be made available in the local public library.

Analytical Framework

The analytical framework for the empirical data in this thesis consists of three separate sections as follows. The first, contained in Chapter Eight, involves extended family structure and covers the variables size, degree of

relationship, proximity and contact. Each of these are examined individually and then in relation to each other, and by the key sub-group variables used in this study: age, gender, socio-economic status.

The second section, contained in Chapter Nine, involves extended family helping behaviour. This covers the main types of help given and received, and identifies the main providers and recipients of each type of help, and overall. These variables are then examined in relation to the extended family structure variables from Chapter Eight, and by the key subgroup variables.

The third section, contained in Chapter Ten, examines preferred sources of help, attitudes towards obligation and reciprocity on different types of help and at different levels of family relationship. These variables are then looked at in relation to each other, and in relation to extended family structure and helping behaviour and, finally, by the key subgroups in the study. The focus group findings are merged with the survey findings to provide a summary of attitudes to the roles of the state and the family.

Findings from all three data sections are then integrated in Chapter Eleven, together with the trends in the key demographic variables involved in family helping behaviour from Chapter Four, and discussed in relation to each other and in relation to the findings of other research on the availability and willingness of extended family members to provide support to one another.

As a prelude to the analysis of the empirical data, the next chapter describes the response rate achieved for the survey and the sample characteristics. The two administration methods (mail and interview) are then compared for quality of response and data.

PART TWO

FINDINGS AND ANALYSIS

CHAPTER SEVEN

RESPONSE RATE, SAMPLE AND METHODOLOGICAL COMPARISON OF SURVEY ADMINISTRATION METHOD

Introduction

As a prelude to presenting the substantive findings of the fieldwork part of the research project presented in this thesis, this chapter describes the survey parameters in terms of the response rate achieved and the sample characteristics. It also presents findings on the methodological comparison of the survey administration method - interview and mail - which was a secondary aim of the thesis as outlined in Chapters One and Six. The methodological comparison covers response rate, sample characteristics and quality of response as measured by relative amounts of missing data.

The Response Rate

From the 500 names randomly selected from the electoral roll¹, and divided into 250 for face-to-face interviews and 250 to receive postal questionnaires, a final sample of N=252 resulted. The breakdown is as follows:

Table 7.1 Response Rate Comparison

	Postal	Face-to-face	Total
Ineligible (deceased, gone no address, moved out of sample area, mentally unable)	20	44	64
Refused	122	62	184
Valid response/questionnaire completed	108	144	252
Response rate	47%	70%	58%

An overall response rate of 58 per cent was obtained. This was made up of response rates of 70 per cent for the face-to-face interview method and 47 per cent for the postal method. All rates can be regarded as "adequate",

¹ A total of 91.5 per cent of Palmerstonians aged 18 years and over were registered on the 1996 electoral roll, updated in 1997 for the retirement income referendum (electoral roll=50193; population aged 18 years and over, Palmerston North city 1996 census = 54831 (supermap3)).

with the overall rate approaching “good”, and the face-to-face rate being considered “very good”, according to Babbie’s criteria (Babbie, 1990:182).

It is clear that the face-to-face data collection method achieved better results than the postal method. Individual interviewer response rates varied from 61 per cent to 81 per cent. The higher rates were achieved by those interviewers who had previous survey interviewing experience². This suggests that should a future larger scale survey of this topic be carried out, the face-to-face method should be employed, and if experienced interviewers were used, an even higher response rate could be expected.

However, it is important to note that lower apparent response rates for postal questionnaires may be due to the poor quality of information about those ineligible to be included in the sample, and hence deducted from the denominator in the response rate calculation.

The response rates were calculated as :

$$\frac{\text{completed questionnaires}}{\text{original sample drawn - ineligible or uncontactable}^3}$$

(de Vaus, 1996:107). With face-to-face interviews the information on those who are deceased, gone no address or otherwise ineligible is more accurate. With the postal sample there is reliance on such questionnaires being returned with that information. If the same number of ineligibles was used for each sample, the response rate for the postal mode would improve to 52 per cent, and total response rate to 61 per cent.

² However, the interviewer with the highest rate left the job before completing her list; remaining names were reassigned to other interviewers. It may be those remaining on the list were more difficult to contact.

³ Ineligible or uncontactable includes: deceased; gone no address; moved out of area; insufficient address to locate; did not speak English; too ill to respond.

The reason for concern about low response rates is that non-response will have created a bias in the ideally randomly selected sample. Thus in addition to the response rate, it is important to consider the representativeness of the actual sample achieved. A low response rate may be acceptable if it is still representative, that is, non-response does not contain a bias (Babbie, 1990:182). Similarly, a good response rate may still be unrepresentative if there has been strong bias in the non-response category.

The Sample

Table 7.2 below shows the demographic breakdown of the total sample and comparisons of the subsamples for each data collection methodology. Comparison is also made with the total population for the selected sampling area, the Palmerston North Local Authority Area, from the 1996 New Zealand Census of Population and Dwellings.

Table 7.2 Sample Characteristics

	Postal	Face-to-face	Total Sample	Total Sample Population aged 18 yrs and over
	%	%	%	%
Sex				
Male	38	44	42	48
Female	62	56	58	52
Age				
18-24	11	15	13	24
25-44	43	42	42	39
45-64	29	31	30	23
65+	18	13	15	14
Ethnicity				
NZ European	89	79	83	82
NZ Maori	4	11	8	10
Pacific Island group	0	1	1	2
Asian group	1	1	1	5
Other ⁴	7	9	8	1

(Table 7.2 continued)

⁴ Includes combined ethnicities, that is, those who could not choose one group over another, plus categories such as "New Zealander" or "Kiwi" (2%), United Kingdom (2%) as well as American, Dutch.

(Table 7.2 continued)

	Postal	Face-to-face	Total Sample	Total Sample Population aged 18 yrs and over
	%	%	%	%
Socio-economic status				⁵
1 hi	7	11	9	5
2	16	22	20	18
3	26	30	28	21
4	26	21	23	23
5	18	9	13	17
6 lo	8	6	7	18
Education				
no qualifications	26	20	23	28
secondary qual.	24	18	21	35
trade/technical qual.	24	16	19)	34) 25
nurse/teaching	11	17	15)	)
/univ. diploma				
university degree	16	25	21	13
Personal Income				
< \$15000	39	38	38	48
\$15001-30000	22	23	22	29
\$30001-40000	23	21	22	11
\$40001-50000	9	7	8	6
\$50001-70000	6	7	7	4
\$70001+	1	4	3	3
Employment status				
fulltime (30hrs+)	40	43	42	46
parttime	18	18	18	14
selfemployed	7	8	8	na
not in paid work	36	31	33	41
Marital Status				
never married	19	26	23	30
married 1st time	52	51	52	43
remarried	11	5	7	5
separated	5	2	3	3
divorced	5	4	4	4
widowed	5	5	5	6
de facto ⁶	4	6	5	9
Family/household type				
single person	10	13	12	20 ⁹
couple only	29	26	27	27
couple+dependent chn ⁷	24	23	23	25
sole parent + dep chn	2	4	3	10
couple + adult chn	5	5	5	5
couple+dep + adult chn	7	4	5	na
group non relatives	10	11	10	10
other ⁸	13	15	15	

⁵ Comparison for SES taken from NZSEI on which classification based, which in turn is from national census data, rather than Palmerston North Local Authority Area census data.

⁶ Supersedes other categories, for example, if divorced and in de facto relationship, recorded as de facto only.

⁷ Dependent children=under 18 years of age.

⁸ See questionnaire appendix for full breakdown of household composition.

(Table 7.2 continued)

	Postal	Face-to-face	Total Sample	Total Sample Population aged 18 yrs and over
	%	%	%	%
Birthplace				
New Zealand	85	87	86	83
Other	16	13	14	17

Comparison with Total Population

Women are more highly represented in the sample compared to the total population (Table 7.2), although not more so than in a national postal sample of N=1043 carried out by Massey University Marketing Department on social issues, which also had 58 per cent women (Gendall and Russell, 1995).

Young people are underrepresented, and mid-life people (aged 45-64) are overrepresented. This is not unusual in survey research, as young people tend to move more, especially in Palmerston North with a high student population, and be out of the house more so are harder to contact. The topic of this survey is perhaps also one of most interest to the mid-life age groups.

The representation of non-European ethnic categories is good for survey research, which is a particularly Western methodological tradition. Maori and "other" ethnic categories are only slightly underrepresented, with Asian and Pacific Island categories the least represented. Language difficulty may be a factor inhibiting participation by some in these latter categories. There is very little difference between the sample and the total population on the proportions of New Zealand born and overseas born, but as many of the overseas born are from English speaking countries such as the United Kingdom, United States, Australia and South Africa, being overseas born is not necessarily correlated with language difficulty, so this does not rule out

⁹ This comparison is not exact as published and supermap data for Palmerston North is only available by household, not by individual.

language as a factor in the low representation of Pacific Island and Asian groups.

By comparison with the NZSEI test on national census data, this sample is high in socio-economic groups 1 and 3, and low in groups 5 and 6, the main differences occurring at the extremes, "1" and "6". However, Palmerston North, with its education industries, could be expected to be high in group "1". The excess in group "3" may come from apportioning some into this category on the basis of contextual data; for example, students on the basis of their education and father's occupation, rather than their part-time student supporting occupation, or women at home with children in terms of their husband's and/or father's occupation. The low ratings in the lower groups are probably partly due to this reallocating to group 3, and partly genuine lack of interest or lack of representation in Palmerston North. However, education and income contribute to the socio-economic status indicator, and comparison of sample distribution on these variables with census distribution confirms that higher education and income groups are overrepresented in the sample.

Methodological Comparison

Response Rate

The methodological comparison of response rates to the different survey administration methods is detailed under the general response section above. It is clear that, even allowing for the difficulty of calculating ineligibles for the postal sample, the face-to-face method achieved a much higher response rate. Although the postal rate was adequate also, and the postal method is cheaper, the difference in response rate of 47 per cent (or 52 per cent adjusting for ineligibles) for postals compared with 70 per cent for interviews justifies using the more expensive method in any future survey on this topic. Analysis of the sample characteristics and quality of response given below adds to the justification that face-to-face interviewing is a more cost-effective administration mode for a survey on extended family support.

Sample Characteristics

There were no statistically significant¹⁰ differences in the demographic characteristics of the samples of those interviewed and those who completed postal questionnaires. However slight preferences for face-to-face interviewing can be seen in Table 7.2 for women, young people, Maori, higher educated and socio-economic status. Surprisingly, the finding was the opposite of what might be expected: those with lower educational qualifications were more likely to complete a postal written questionnaire than a face-to-face interview, and conversely, those with higher qualifications were less likely to complete the written postal questionnaire. Perhaps this might reflect the increasing hours worked by professional people, and the time factor in ignoring a postal questionnaire, but responding more positively to a peer interviewer at the door. Other possible explanations are that those with less qualifications may have felt more compelled to answer and return the postal questionnaire, or more comfortable completing it anonymously than with a university interviewer present. In congruence with this were slight preferences for interviewers by those in higher socio-economic categories, although there was virtually no distinction by personal income level or employment status.

There were no real differences by birthplace. On the family structure variables the postal sample was slightly more likely to be married than not married, perhaps reflecting the higher youth response to the interview sample.

Given that it is men, young people and Maori that are underrepresented in the sample, but that these groups all responded better to an interview survey, this is another justification for using face-to-face interviewing in any further survey on this topic. However lower socio-economic groups are also underrepresented, and they, surprisingly, preferred the postal option. This

¹⁰ Chi-square test of significance used.

may, however, be due to the higher quality of response to socio-economic questions in the interview survey which enabled more respondents to be allocated to group 3 socio-economic scale based on a wider range of data for those not currently in full-time work.

Quality of Response

The quality of response was also higher for the face-to-face questionnaires than the postal. With the postal some questions were not answered and in some questionnaires some pages were missed. With Q10 in particular, on preferred sources of various types of help, answers from the postal sample were more incomplete, particularly the "Why" section. Some demographic questions were also more likely to be omitted, either by choice or by turning two pages together and missing whole sections. A summary of the comparative rates of missing data for the different sections of the questionnaire is given in Table 7.3.

Table 7.3 Comparison of Missing Data, Postal and Interview Surveys

	Postal missing data %	Interview missing data %
Section A ¹¹ :		
Family size - total relatives	5	1
Section B ¹⁰ :		
Contact	0	0
Section C:		
Q.9 Help given (average per	87	83
Help received item)	90	90
Total given	19	9
Total received	32	26
Q.10 ¹²		
Preferred source of help	16	1
Reasons for preference	56	32
Section D:		
Attitude items	3	1
Attitude score	8	4
Qualification to answers	75	69
Section E:		
Demographics	4.6	1.5

¹¹ Missing data in Sections A and B had to be converted to zeros to compute the total numbers across items, thus a missing rate can only be obtained for the end variable, such as total size.

¹² Mean over 18 items in Q.10. Childcare and divorce were eliminated from this analysis as they were not applicable to many respondents and therefore had legitimate missing data.

Q.10 was the most qualitative part of the questionnaire and required much response to open questions, but this response was essential to the analysis of why people prefer family or other sources of help. Thus a high response rate is important and it is clear that, on open ended questions requiring much writing compared to just circling or writing numbers or single words on other sections of the questionnaire, a much higher response rate is achieved with an interviewer-administered questionnaire than a self-administered questionnaire.

Section D, the attitude items, received a much higher response rate than Q.10, and with less difference between modes. The open question qualitative part of the question was more voluntary, less essential than in Q.10 where it was a key part of the analysis, thus the high levels of missing data across modes was not such a problem.

Q.9, on actual help given and received, also had a high level of missing data across all items and both modes because only those who had received or given a type of help were required to answer. So the analysis is concerned with the different levels of missing data across modes. Again, there was less difference than with Q.10. Of interest, though, is that while there was no difference in reporting help received, interview respondents were more likely than postal respondents to report help given. This occurred particularly for social-emotional help with a difference of 55 per cent (postal) compared to 38 per cent (interview) in missing data on that item. But conversely, postal respondents (65 per cent missing) were more likely to report receipt of social-emotional help than were interview respondents (88 per cent missing). Clearly this is an interview sensitive issue that perhaps elicits interviewer pleasing responses to giving this type of help, and interviewer embarrassment at admitting receipt of this type of help. But overall there is no significant difference in administration mode for assessing the provision and receipt of help.

The main items missing from the demographic section were also sensitive issues: personal income and household income, at 4 per cent and 10 per cent respectively for the interview data, but rising to 10 per cent and 15 per cent for the postal data. By comparison occupation has only 1 per cent missing in both modes and thus is a better basis for calculating socio-economic status. Overall 7 per cent of postal respondents could not be allocated a socio-economic status compared with only 1 per cent of the interview sample.

On all other questions the postal had a higher rate of missing data than 1 per cent whereas most of the interview items had only 0 to 1 per cent missing. The other key analysis variables of sex and age had no missing data in interview mode but 2 per cent and 3 per cent respectively missing in postal mode. Birthplace, education and the family status variable all had much higher missing data rates in the postal mode than in interview mode.

Section A on family size and distance had similar levels of non-reponse to the demographics, with the postal mode being about five times more likely than the interview sample to have missing data. Section B on contact did not show any missing data, reflecting perhaps that this was the easiest question to answer, requiring only the circling of numbers to indicate response.

Conclusion

In conclusion, then, it is clear after analysing response rates, sample characteristics and quality of response that interviewer administered questionnaires are preferable for a survey on the topic of extended family support. Because of the length of the interview and the need to use a prompt card for Question 10, it is not thought that telephone interviews would be a suitable alternative to face-to-face interviewing.

CHAPTER EIGHT

EXTENDED FAMILY STRUCTURE: SIZE, PROXIMITY AND CONTACT

Introduction

The first step in investigating the nature of extended families in a provincial city of predominantly Pakeha/European New Zealand is to describe their size, and the demographic relationship between members in terms of geographic proximity and the amount and type of contact between members. This forms the basis of the potential extended family network that then may or may not be utilised to provide support to members, and thus allows an assessment of the degree to which networks are being utilised as support networks. It also allows the identification of the proportion of the population for whom there is no potential network, or only a small network, and the demographic characteristics of these individuals. This information has particular relevance for policy making which, as outlined in Chapter Five, may assume the existence of a potential family support network. This chapter presents a description of the size, proximity and contact levels of extended families in Palmerston North, New Zealand, the relationship between these variables, and the demographic characteristics associated with them.

Size of Extended Families

The number of extended family members a person has may affect the amount of contact and support that occurs between family members. It is also an important factor in determining whether people in a Western society such as New Zealand have extended families and what the nature of them is.

To determine the size of people's extended families, respondents were asked to indicate the number of people of a specific relationship, such as "brother",

"grandchild", or "other relatives" beyond the elementary family, aged 18 years and over, who live at specified distances from them (see questionnaire, Appendices 1a & 1b).

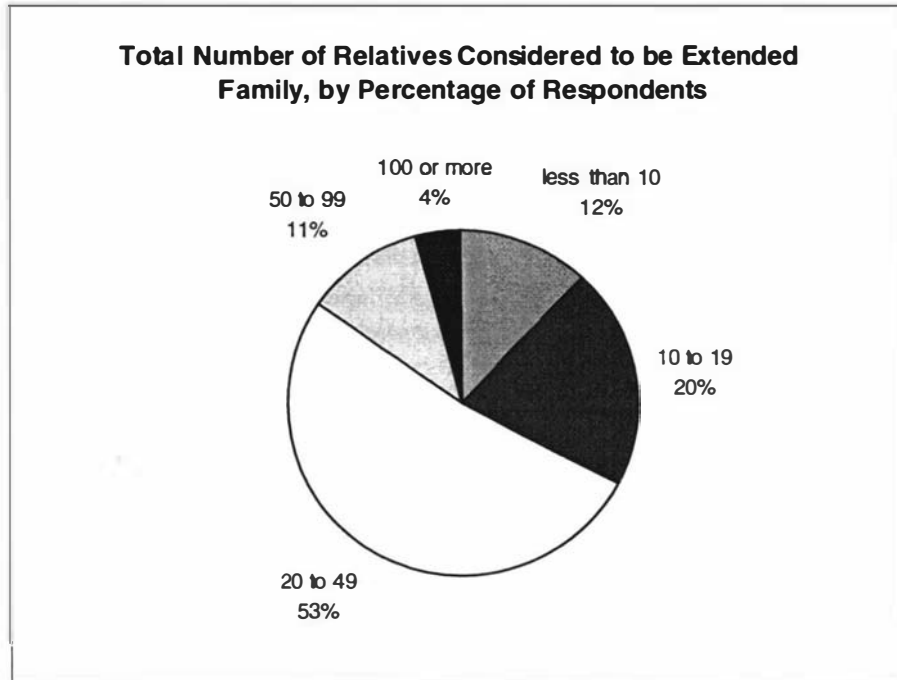
"Family" was defined as "related by blood or marriage, or adoption, or through de facto relationship". To be consistent with the definition of extended family arrived at in Chapter Two, the nuclear family of spouse and dependent children were excluded. Other relatives (beyond the elementary family of parents, adult children and siblings) were defined by the criterion "who you know of, and regard as family". The decision to exclude those under 18 years was made in order to separate adult children from the nuclear family of dependent children, so this age criterion was continued to other categories of relative. This clearly omits some relatives who are children and will one day be part of a support network, such as grandchildren and nieces and nephews, and one's own children. But it was decided to limit the criterion to those who form the adult extended family network at this point in time.

The decision was also made to limit the extent of the family to those "known of and regarded as family" in order to make the data gathering manageable. It would take people some time to recall, list and trace all genealogical kin, and it was felt that those who were not easily recalled or known would not be part of the active extended family network. It is possible that some of those having "100 or more" relatives were actually counting all genealogical kin, regardless of any form of social relationship or kin, although those I actually interviewed and asked about this insisted they did see and interact with the all of those counted.

Figure 8.1 below shows the proportions of the sample with extended family networks of various sizes. It can be seen that most respondents have between 20 to 50 members in their extended family. A significant third have less than this though, and 1 in 8 has fewer than 10 extended family

members, while only 1 in 6 has more than 50. Very few have 100 or more. Average extended family size was about 30¹.

Figure 8.1



Only one person had no extended family relatives at all. Apart from this person, no-one had no first degree relatives². Most³ people had only between 3 to 5 first degree relatives and, for a quarter of the sample, only 10 per cent of their extended family members were first degree relatives, the rest being more distant. For 90 per cent of people, over half their relatives were not first degree and for 2 out of 3 people only a quarter of their relatives were first degree. Only 4 per cent had no second degree relatives. This combination of factors indicates that the extended family network of this predominantly European ethnicity population does extend beyond the elementary family of parents, adult children and siblings.

¹ Mean=31; SD=25; SE=1.5 median=26; modes at 14 & 21; range 1-214.

² First degree relatives are parents, adult children, and siblings.

³ Most=57%, with mean and median=5, mode=3

It is, however, a matter for concern that 21 per cent of those aged 65 years and over had only one or two first degree extended family members (siblings or adult children), as it was concluded in Chapter Three that it is first degree relatives who provide most support. The relationships discovered in this study between degree of relationship and provision and receipt of family support will be presented in the next chapter.

Demographic Characteristics and Size

Demographic sub-group effects were initially analysed using bivariate analysis with descriptive⁴ and inferential statistics⁵. The major variables were then analysed using a logistic regression model for dichotomous variables or analysis of variance for ordinal or interval variables to determine the key determining factors. As a number of detailed measures are combined and computed into major variables representing the key sections of the study - size, proximity, contact, giving help, receiving help, family preference or state preference, and level of family obligation - details of the derivation of key variable measures and which statistics are used can be found in Appendix 6.

Age Groupings

The variables will be analysed according to the following age groups: 18-24; 25-44; 45-64 and 65+. These age groupings have been chosen to broadly represent four major life cycle stages: young adult, childrearing, middle aged with adult children, and the elderly. These age groupings are also the standard groupings used by the Ministry of Health (1999b). The sample size is not large enough to separate the elderly into retired younger elderly (from 60 or 65 years to 75 or 79 years) and the "old-old" (over 75 or 80 years) in the age group which makes most demands on health services. Analysis of extended family size is also undertaken by cohort age groups, defined as follows:

⁴ Cramers V for nominal variables; gamma for ordinal variables (see Appendix 6).

⁵ Pearson's chi square.

pre baby-boom	born pre 1946	age 52+ in 1997
baby-boom	born 1946 - 1966	age 31-51 in 1997
post baby-boom	born 1967+	age 18-30 in 1997

Socio-Economic Status

The key variables were analysed according to three broad socio-economic groupings based on the on the scale developed by Davis et al (1997). These groupings are based on occupation and are as follows:

Group 1	Davis et al, classes 1&2 (professional,administrative,technical)
Group 2	Davis et al, classes 3&4 (clerical and sales)
Group 3	Davis et al, classes 5&6 (agricultural, service, labouring and production)

(Davis et al, 1997:49).

Table 8.1 shows that the only demographic factor having some statistically significant association with extended family size was age, when grouped according to life-cycle stage. Those in the 25-44 age group tended to have larger extended families (26 per cent with 50 or more members), with both the youngest and oldest groups being less likely to have large families (6 per cent and 8 per cent, respectively, with 50 or more members,) and more likely to have smaller family sizes. This could be a factor of age in that the middle generation is more likely to have both younger and older generations qualifying for inclusion in extended family size, while older people will have lost their older generation of relatives, and even much of their peer generation such as siblings or cousins. The younger generation, however, will not yet have established their younger family members (who need to be aged 18 or over to qualify for inclusion, according to the definition employed) or affinal family members through marriage. The larger family size for the 25-44 year age group could also be related to a greater need for

the family support network at the life-cycle stage of raising children, and thus greater identification of extended family members.

Table 8.1 Extended Family Size by Demographic Variables

	Extended Family Size			
	less than 10 %	10 - 29 %	30 - 49 %	50+ %
SEX				
male	14	44	27	14
female	10	46	24	19
AGE GROUP*				
18-24	19	56	19	6
25-44	7	38	30	26
45-64	14	43	28	15
65+	17	61	14	8
SES				
hi	6	48	30	17
med	13	46	21	20
lo	15	38	32	15
TOTAL	12	45	26	17

* $p < .05$, $\gamma = 0.16$. There is also a similar Spearman's rank correlation between age and number of extended family members, ungrouped data.

Cohort based age groups did not show any significant association with extended family size. This is not surprising given that although particular cohort sizes might vary, because the extended family covers different generations, it also combines these variable sized cohorts. There was, however, a statistically significant difference in the number of first degree extended family members by both life-cycle stage ($\gamma = 0.22$, $p < .01$) and cohort-based age groups ($\gamma = 0.25$, $p < .01$). Surprisingly, it was the pre-baby-boom cohorts (born before 1946) that had larger first degree family networks (44 per cent with 6 or more first degree relatives compared with 31 per cent for baby-boomers and 18 per cent for post baby-boomers). However, the pre-baby-boomers were also more likely than baby-boomers to have fewer than 3 first degree family members (14 per cent compared with 6 per cent, respectively). This is probably due to the difference in distribution of family size for the two cohorts, as shown in Figure 4.6 (Chapter Four).

The pattern of the relationship between life-cycle stage age groups and size of first degree family network was different from that with total extended family size. It was the mid-age (45-64 years) age group rather than the child rearing age group (25-44 years) which was most likely to have a large first degree network: 49 per cent compared with 28 per cent.

No statistically significant relationships were found between extended family size and sex or socio-economic status. This is inconsistent with Mugford and Kendig (1986) in Australia who found that women were more likely to report higher family size. The difference may be explained by the small size of this sample which did indicate such a trend, but was insufficient not to be explained as due to sampling error.

The literature reviewed in Chapter Three, such as Mugford and Kendig (ibid), indicates that divorce and never marrying lead to reduced extended family networks. Having ever been divorced - either oneself or one's parents - did not show up in this study as affecting family network size. There is insufficient sample size to investigate the effect of currently being divorced or never married.

Birthplace did not show a significant relationship with family size either. There is more likely to be a relationship between the number of years in New Zealand and family size, but sample numbers were too small to investigate this statistically.

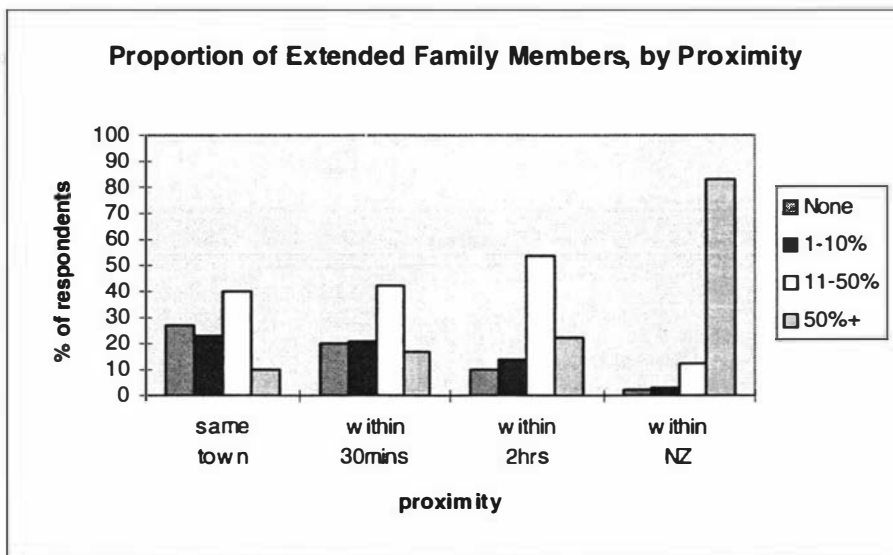
Size of extended family may also be an independent variable affecting degree of proximity, contact, support given or received, and attitudes to extended family support. This will be discussed under these topics in this and following chapters.

Geographic Proximity

The types of help that can be given to or received from extended family members are likely to be dependent on the geographic proximity of family, and in particular of first degree relatives. While 8 out of 10 people had an extended family member within thirty minutes drive, and only 10 per cent did not have any extended family within two hours drive, there was still a sizeable proportion which did not have extended family nearby.

One in four people in Palmerston North did not have any relatives⁶ living in the same town, and one in five had none within thirty minutes drive, although half of these did have a spouse. Half of the sample had less than 10 per cent of their relatives living in the same town (which in actual number terms equates to less than three family members, Figure 8.2), and less than 15 per cent within thirty minutes drive. Only 10 per cent had over half of their extended family living in the same town.

Figure 8.2



⁶ I am concerned here with the role of the extended family, that is, beyond the nuclear family of spouse and dependent children, as defined in Chapter Two, thus these figures do not include spouse. However, to indicate the difference in total potential family support that the inclusion of spouse would make, some comparative figures are given which, on the whole, still show a substantial deficit of potential family support for some vulnerable groups, such as the elderly.

Forty per cent of respondents had no first degree extended family members living in the same town and approximately one-third had none within thirty minutes drive (a fifth had no spouse either). A further 40 per cent had only one or two first degree extended family members living that close. Overall, three-quarters had fewer than three first degree extended family members living near enough to provide any type of practical assistance or regular social contact.

Particular groups who may be of concern to policy makers if they lack close proximity of family members to provide support are those who live alone, especially the elderly and sole parents. Almost half of all people who lived alone, and one-third of those aged 65 years or more, had no extended family members in the same town, rising to 60 per cent and 40 per cent respectively with no first degree relatives in the same town. A quarter of those aged 65 years or more had no spouse either. Forty-one per cent and 33 per cent, respectively, did not have any extended family within thirty minutes drive.

While sole parents with dependent children and not sharing a house with others were no more likely than average to be without extended family in the same town, this still means one in five sole parents with dependent children had no family member nearby for childcare and other support, rising to double that with no first degree relative nearby.

Also of concern may be the 2 per cent of people who did not have any extended family in New Zealand. As this group consisted of only eight people in this small sample, further analysis of their characteristics was not considered to provide useful information. However, overseas born New Zealanders were more likely to have fewer than 20 extended family members in New Zealand (91 per cent) compared with 49 per cent for New Zealand born. This did not translate into being less likely to have extended

family living in the same town; although they had a smaller family network in New Zealand, those relatives they did have lived nearby.

In keeping with New Zealand's relatively recent colonial history and being a high immigrant nation, together with the tendency for its young people to travel to overcome its geographic isolation, three-quarters of the sample had at least one extended family member living outside New Zealand. Seven per cent had at least one relative who they knew of and regard as family, but did not know where they were living.

Extended Family Households

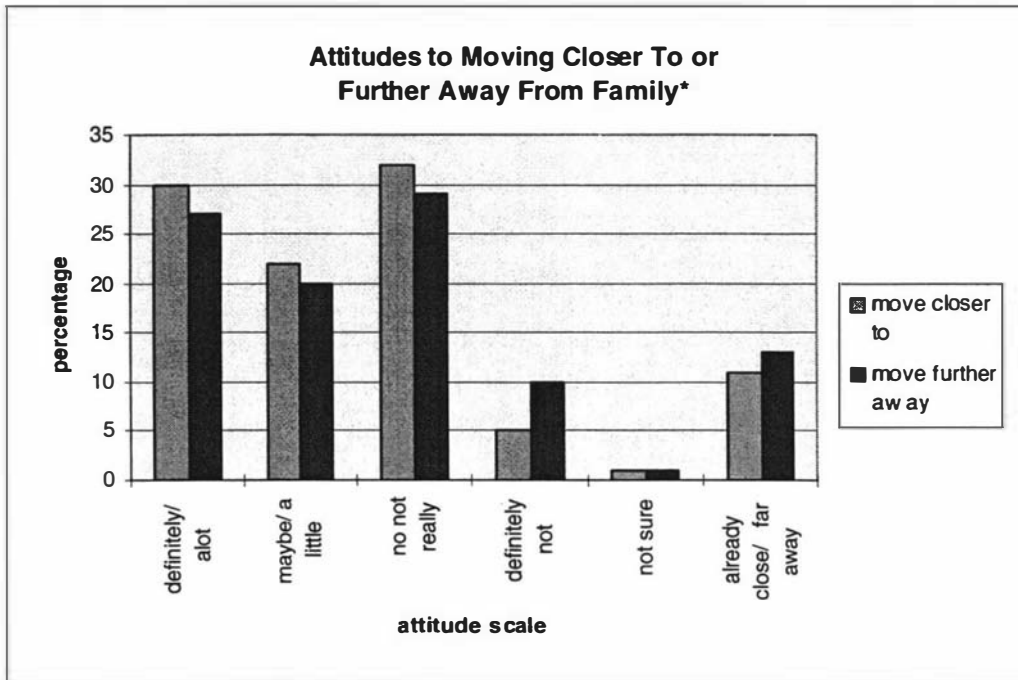
The extended family household is not very common. Fifteen per cent of respondents had extended family members living in their household, but most of these were adult children still living with parents. Only 4 per cent of the sample had parents or other relatives living with them, or lived in three-generational households, compared with 6 per cent of all New Zealanders (Statistics New Zealand, 1998c, 1998d). It is not common to have family members living in the same street; only 2 per cent had family living in the same street, in addition to those within the household.

How Important is Living Near Family?

Respondents were fairly evenly split about how important it is for them to live near family. Just over half would like to live nearer to family members than they do now, with one-third feeling strongly about this. Only 5 per cent felt strongly that they would not like to live closer to family (see Figure 8.3).

Similarly, it would bother just under half if they had to move further away from family than they live now, and just over a quarter felt strongly about this. Only 10 per cent would definitely not be bothered if they had to move away from family. Only about a third were not bothered about how close to family they lived.

Figure 8.3



* Respondents were asked:

Would it bother you to move further away from family members than you already live?

Would you like to live nearer to family members than you do now, if it were possible?

Demographic Factors Associated with Proximity of Family Members

Total family size was the only demographic factor with a statistically significant relationship to proximity of extended family (Table 8.2). The larger the total family size, the higher the number of family members living within the same town or within thirty minutes drive ($\gamma=0.33$, $p<.0001$; similar Spearman rank correlation). Nearly half (47 per cent) of those with fewer than 10 relatives had none living within thirty minutes drive, compared with just under 20 per cent for those with more total relatives.

The only significant relationship between sex and proximity occurred with regard to preferred proximity. Women were more likely than men to be bothered by the idea of moving further away from family members than they already lived: 62 per cent compared to 42 per cent (Cramers $V=0.2$, $p<.01$), and over half of these women would be bothered "a lot" rather than just "a little" by the prospect of moving further away from family.

There was no statistically significant association between age or socio-economic status, and proximity of family members, although there were some differing patterns by age that might show up in a larger sample (see Table 8.2).

Table 8.2 Number of Extended Family Members Living Within Thirty Minutes Drive, by Demographic Characteristics

	Number of extended family members within 30 minutes drive			
	0 %	1 - 2 %	3 - 9 %	10 + %
SEX				
male	25	23	35	17
female	18	17	37	28
AGE GROUP				
18-24	28	16	34	22
25-44	23	16	30	31
45-64	12	27	43	18
65+	24	18	42	16
SES				
hi	24	20	42	14
med	21	20	33	27
lo	17	17	34	32
TOTAL***				
FAMILY SIZE				
less than 10	47	30	23	0 ⁷
10-29	19	20	41	20
30-49	13	19	38	31
50+	19	12	33	37
TOTAL	21	19	36	24

*** p<.001, gamma=0.33

The next level of investigation of the nature of extended families is to see how much contact family members have with one another.

⁷ Family size by proximity was rerun with only three categories for proximity, the third being 3+, thus including category four, in order to avoid the empty cell when "less than 10" meets "10+" in the crosstabulation. As it did not change the distribution, just collapsed the "3-9" and "10+" columns, I have left the presentation to fit with the rest of the table for the other variables. Removing the empty cell and reducing to three categories for proximity does not alter the gamma value, at 0.32, p<.001.

Contact with Family Members

Contact with family members is an important variable in establishing the nature of extended families and a precursor to providing and receiving assistance to/from the extended family. It has been shown above that most people have extended family members living in New Zealand and, for the majority, extended family size consists of more than 10 people, with four out of five respondents having an extended family member living within thirty minutes drive. But living close to family was important for only about half the respondents. Given family size and location, and attitudes to proximity, this next section looks at how much contact occurs between these family members.

Contact was measured for individual first degree extended family members on a 7-point scale, from daily to never, for three separate types of contact: in person, telephone, letter/fax/email. In addition the question was asked with regard to grandchildren and "another relative, aged 18 years or over, with whom you have the most contact" in order to cover those having contact with a non-first degree family member, while still keeping the questionnaire manageable in terms of length (see questionnaire, Appendices 1a&1b, and Appendix 6 for how the variable "contact" was computed and analysed).

Contact with extended family members was reasonably high overall. Four out of five (84 per cent) people saw a relative at least once a month, and 60 per cent at least once a week. This is consistent with the finding above that 80 per cent have a relative within thirty minutes drive and 73 per cent within the same town. Only 16 per cent of respondents did not see a relative at least once a month, and three-quarters of these people had phone contact with a relative in an average month, a quarter of them weekly. Of the remainder, a third had mail contact with a relative at least monthly, leaving only 3 per cent of the total sample with no contact of any type with an extended family member within a typical month.

Contact with First Degree Extended Family Members

Given that first degree relatives are most likely to be involved in the exchange of assistance (Chapter Three), it is important to consider this group separately. Three-quarters of the sample saw a first degree extended family member at least monthly, and over half (54 per cent) saw such a relative weekly.

Contact With the Wider Family Network

In considering the nature of extended families, it is necessary also to analyse the amount of contact with relatives beyond the elementary or first degree family of parents, adult children and siblings. As Table 8.3 below shows, about 38 per cent saw a second degree relative or in-law at least once a month (compared with 75 per cent for first degree), with 21 per cent seeing one such relative weekly. None of those who had second degree relatives had no face-to-face contact with any of them. (So almost half of respondents had regular contact with a second degree relative; conversely, just over half did not have regular contact beyond the elementary family, but 19 per cent did not have second degree relatives.) Two-thirds of those who had grandchildren over the age of eighteen saw one of them in person at least once a month, with a third seeing one such relative at least weekly.

Table 8.3 Frequency of Face-to-face Contact,
by Degree of Relationship

Frequency of face-to-face contact	Degree of Relationship	
	First degree ¹ %	Second Degree %
At least Monthly	75	38
At least Weekly	54	21

¹Parents, adult children or siblings

Most Frequently Seen Relatives

Mothers were the most frequently seen relatives (38 per cent at least once a month, 26 per cent weekly), followed by “other relatives” which could include in-laws, such as mother-in-law (37 per cent monthly and 20 per cent weekly). Daughters were the next most frequently seen (17 per cent saw a daughter at least weekly) and then sisters (25 per cent saw a sister at least monthly).

However, as Table 8.4 shows, there were some differences by sex and, since the sample is skewed towards women, this affects the overall rankings. While mothers and other relatives were still the most frequently seen relative for men, brothers (24 per cent at least monthly) rated more highly than daughters (20 per cent) or sisters (15 per cent).

Table 8.4 Most Frequently Seen Relatives, by Sex

	WEEKLY			MONTHLY		
	Male %	Female %	TOTAL %	Male %	Female %	TOTAL %
Mother	20	32	26	34	42	38
Father	14	16	14	20	24	22
Sister	7	18	12	15	32	25
Brother	20	11	12	24	21	22
Daughter	18	17	17	20	24	22
Son	12	15	13	12	22	18
Other relative	16	24	20	28	43	37

As might be expected, there were also differences by life cycle stage, as represented by age groups (Table 8.5). For the youngest age group (18-24), parents, especially mothers, were the most frequently seen relatives. Mothers remained the highest category for the child-raising age group (25-44), followed by “other” (most likely mothers-in-law). From age 45 there is a notable change to adult children becoming the most frequently seen relatives, but while daughters outweighed sons for the middle age group

(45-64), this evened up for the 65+ age group, probably due to changes in adult children's labour force participation patterns.

Table 8. 5 Most Frequently Seen Relatives, by Age Group

	Seen at least once a week				
	18-24 years %	25-44 years %	45-64 years %	65 and over %	TOTAL %
Mother	45	36	13	8	26
Father	32	21	4	-	14
Sister	13	13	10	14	12
Brother	10	17	7	9	12
Daughter	-	5	37	26	17
Son	-	6	25	26	13
Grandchild	-	-	3	12	3
Other relative	19	26	12	18	20

Demographic Characteristics Related to Contact

Women, older people and those in the lower socio-economic groups had more frequent face-to-face contact with their relatives. Although the range of personal monthly contact across sex, age and socio-economic status was not great - from around 76 per cent to 90 per cent - these relationships were all statistically significant (see Table 8.6), although not as strong as those between contact and proximity, particularly for first degree relatives. There was more variation in weekly contact. Those in the lower socio-economic groups were much more likely than those in higher socio-economic groups to have seen a relative at least weekly (75 per cent compared with 54 per cent), and women (68 per cent) were more likely than men (49 per cent) to have done so.

Table 8.6 Frequency of Contact,
by Demographic Characteristics

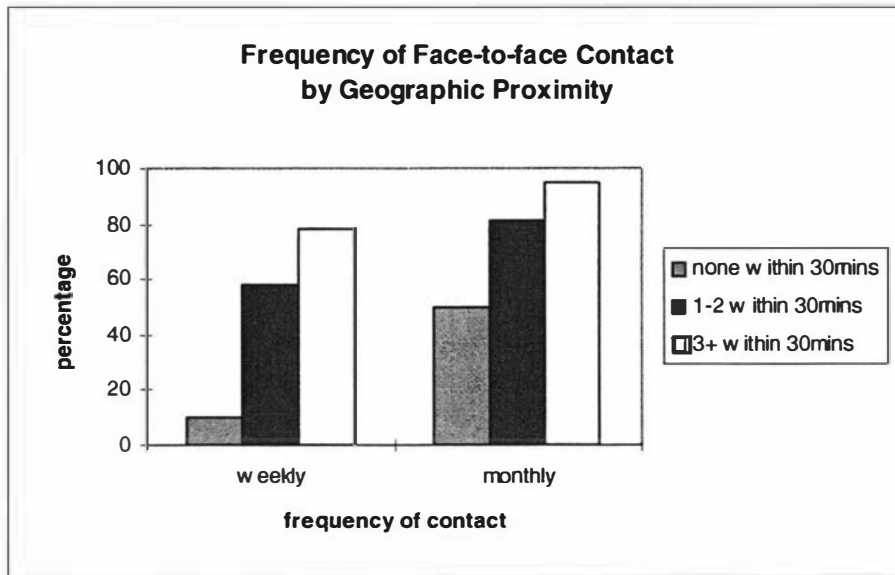
Frequency of Face-to-Face Contact					
	Weekly at least %	Test result	Monthly at least %	Test result	Test used
SEX		.18**		.17**	CramersV Spearman's
male	49		76	.2*	
female	68		89		
AGE GROUP		n.s.		.3*	gamma
18-24	50		81		
25-44	59		78		
45-64	65		90		
65+	63		91		
SES		.24*		.3*	gamma
hi	54		76		
med	58		86		
lo	75		89		
TOTAL	60		83		

* $p < .05$; ** $p < .01$

Family Size and Proximity by Contact

Proximity, particularly of first degree relatives, was the variable most strongly associated with contact (Spearman rank correlation = 0.4, $p < .001$). Only 50 per cent of those with no relatives living within thirty minutes drive saw a relative at least once a month, compared with over 80 per cent of those with at least one relative within thirty minutes drive (Cramers $V = 0.5$, $p < .0001$). Similarly, over 50 per cent of respondents with at least one relative within thirty minutes drive saw at least one of them at least once a week, compared to only 10 per cent of those with none within thirty minutes drive (Cramers $V = 0.5$, $p < .0001$). These statistics are based on a four-way classification of proximity: 0 within thirty minutes, 1-2, 3-9 and 10 or more within thirty minutes. Figure 8.4 shows these comparisons with the two upper categories combined to three or more relatives within thirty minutes drive.

Figure 8.4



The total number of extended family members did not affect the frequency of face-to-face contact, although it may affect the number of relatives with whom one has that contact, which was not measured in this survey. However, the number of first degree extended family members living within thirty minutes drive was very strongly associated with contact. Over 90 per cent of respondents who had a first degree extended family member within thirty minutes drive saw at least one of them at least monthly, and over 70 per cent at least weekly ($\gamma=0.85$ and 0.73 respectively, $p<.0001$). In comparison, only 20 per cent of those without a first degree relative living that near saw such a relative weekly, and only 44% did so at least once a month.

There was no significant difference between New Zealand born and overseas born in the frequency of face-to-face contact with relatives, probably because, as stated in the previous section, there were no differences in proximity and number of first degree relatives, which were shown in this section to be the key influences on contact.

Phone contact did not add a great deal to the relationship with other variables. Only 4 per cent did not have either face-to-face or phone contact, making numbers too small to analyse the effect of face-to-face plus phone contact. However, a score of frequency of phone contact showed that people with high phone contact (which may include face-to-face contact also) tended to have fewer total relatives ($\gamma=0.18$, $p<.05$), and fewer first degree relatives ($\gamma=0.3$, $p<.001$).

Thirty people had phone contact with at least one extended family member without any face-to-face contact. Analysis of this group showed that phone contact alone was related to having fewer first degree relatives within thirty minutes drive: three-quarters had none in this category ($\gamma=0.36$, $p<.001$) while 50 per cent had no relatives at all within thirty minutes drive, compared to 15 per cent of those with face-to-face contact as well as phone contact ($\gamma=0.32$, $p<.001$). Sex was also a relevant demographic variable, with men more likely than women to have phone contact only (18 per cent compared to 7 per cent; Cramers $V=0.17$, $p<.01$).

Contact may also be an independent variable affecting amount of help given to or received from family members, and may be related to attitudes towards helping or receiving help from family as either a dependent or independent variable. These relationships will be reported in the following chapters on helping behaviour and attitudes respectively.

Summary

This chapter has presented a description of the demographics of the extended family for the people of Palmerston North, New Zealand - a pattern primarily representing the numerically dominant European or Pakeha population - as a basis for extrapolating to an understanding of the nature of extended families in late 20th century New Zealand. While it is clear that most people do have an extended family network, there are aspects of its common characteristics that are important for policy makers.

Firstly, the European dominant extended family is not large, with the mode, median and mean being around 30. Very few people had networks of a hundred or more family members as might be expected in, say, a Maori whanau group.

Secondly, while overall contact is quite high, with four out of five people seeing a relative at least once a month, and three out of five at least weekly, for just over half of respondents, contact with relatives beyond parents, adult children and siblings was infrequent (less than once a month). This suggests that for most people the wider family group does not provide a potential support network.

Thirdly, a considerable proportion of around a quarter of the research population did not have any extended family member living near enough to provide regular contact or support, and a third had no first degree relative within thirty minutes drive. Of particular concern is the high proportion of elderly with only one or two first degree extended family members (21 per cent) and with fewer than three extended family members in the same town (33 per cent). The small number of sole parents in this sample ($n=8$) is not statistically analysable but findings suggest a similar pattern to that of the sample as a whole, and there is no reason to believe they would be any less likely than the general population to be without relatives nearby.

The factors most influencing contact with extended family were proximity, particularly of first degree relatives, sex, socio-economic status and, to a lesser extent, age. It may be fortunate or deliberate that those most vulnerable and lacking other sources of support were the ones showing the highest levels of family contact: women, the aged and the lower socio-economic groups. Sex also influenced proximity, along with total family size, while age, in turn, was related to family size. The effects of both age and socio-economic status disappeared when sex was controlled for, as

women as a group were both older and of lower socio-economic status than men.

Multivariate analysis by analysis of variance using sequential sums of squares⁸ shows that most of the variance in proximity is accounted for by extended family size ($p < .001$), followed by sex ($p < .05$), with the other variables not being significant (except for socio-economic status ($p < .05$) in some models, which previous analyses show is a function of gender). Proximity, in turn, accounts for more of the variance in contact ($p < .001$), ahead of sex ($p < .01$) and size ($p < .05$).

Analysis of Variance on Proximity			
	Sums of Squares	F	significance of F
Size	1336.03	8.97	.000
Sex	268.79	5.41	.021
SES	350.28	3.53	.032
Analysis of Variance on Contact			
	Sums of Squares	F	significance of F
Sex	718.67	11.32	.001
Proximity	1519.18	7.98	.000
Size	572.09	3.00	.031

The next chapter examines the survey findings on actual help given to or received from family members, and which family members are the main providers and which the main recipients of family help. Indexes of giving and receiving help are created which enable these behavioural variables to then be analysed in relation to the family structure variables of size, proximity and contact analysed in this chapter.

⁸ Variations in the order in which variables were entered into the analysis affected absolute values but not the overall outcome of order of effect of variables, see Appendix 7.8.1, 7.8.2.

CHAPTER NINE

THE GIVING AND RECEIPT OF EXTENDED FAMILY HELP : WHAT KINDS OF HELP, WHO IS GIVING, WHO IS RECEIVING

Introduction

The giving of help to, and receiving of help from extended family members are determinants of the nature of extended family networks; whether they are just genealogical networks, or social networks, or whether they form a deeper support function for their members. In order to assess the type of support or assistance most often provided by or received from kin, respondents were asked whether they had given to, or received from a family member any of the following types of help in the last twelve months. The types of help were grouped into four broad categories - caregiving, household help, financial help and socio-emotional - each with several individual items, plus a miscellaneous group of other items that did not fit into the main categories (for detailed items see questionnaire, Appendices 1a & 1b). If they had done so, they were then asked to state the family member most often involved, in terms of relationship - for example, "daughter" - so that the demographic characteristics of the main providers and recipients of support could be identified.

The analysis, presented below, looks firstly at which types of help are most commonly given and received. This is done at both category and item levels (see Appendix 5 for measurement details). The second stage of the analysis investigates the characteristics of the main providers and recipients of each type of help, at individual item, category and total levels. The characteristics analysed are the family or genealogical relationship of the giver or recipient in relation to the respondent (for example, mother, cousin); the degree of relationship to the respondent (first degree blood relatives, in-laws, second degree blood relatives); the generational relationship in relation to the respondent (for example, older - parents, aunts; peer - sibling, cousins; younger - adult child, grandchild); and the gender of the givers or recipients.

The characteristics of a special sub-group - those who have not given or received any family help in the past twelve months - are then described, as those who are not actively engaged in family networks may be in need of alternative societal support services. This is particularly relevant to the second aim of this thesis, which is to provide information for policymakers on public perceptions of the respective roles of families and the state in providing support to those in need.

Finally, in order to ascertain the main influences, family helping behaviour is analysed by the key demographic variables used throughout this study - sex, age group and socio-economic status - plus other variables relevant to particular categories, such as income level in relation to financial help. The influence of key variables from the previous chapter - family size, proximity and contact - in relation to family helping behaviour is also analysed. This information on the characteristics and influences of family helping behaviour is relevant to determining future trends in family helping behaviour, and thus the implications for policy-making of patterns and trends in help provided by or received by extended family members.

Section I. The Types of Help Most Frequently Given by or Received from Extended Family Members

Caregiving

Table 9.1a Most Commonly Given and Received Types of Care

Type of care	% who have given*	% who have received*
Caregiving 3 months or less	22	12
Caregiving more than 3 months	6	3
Occasional childcare	29	15
Regular childcare	4	3
TOTAL (N=252)	45	26

* not mutually exclusive, therefore totals are those who have given/received at least one type of care, but may have given/received more than one type

The most common types of caregiving help provided by family are short-term care when sick or injured, and occasional childcare. Few family members have given or received the more demanding long-term and regular care. It is likely that this is partly due to the need for the more demanding types of care not arising as often, but is also likely to be partly due to these types of care being considered too demanding for family. (Reasons for not preferring family help are presented and discussed fully in Chapter 10).

When considered in terms of just those who were eligible - that is, had children aged under 14 years who cannot be left alone - there was a very high level of receipt of occasional childcare from family (53 per cent) but only 10 per cent received regular childcare from extended family members.

There were, however, discrepancies between the proportions reporting giving family help and those reporting receipt of family help with caregiving. It is possible, especially with childcare, that more than one family member can be providing help to one recipient. A full discussion of this discrepancy is given in the section summary on types of help, below, as this phenomenon occurs across categories.

Household Tasks

Table 9.1b Most Commonly Given and Received Types
of Household Help

Type of help	% who have given*	% who have received*
Food, meals	31	17
Shopping	21	9
Housework	19	9
Garden, lawns	15	11
House maintenance, repairs	17	14
Building a home	5	6
TOTAL (N=252)	48	35

* not mutually exclusive, therefore totals are those who have given/received at least one type of household help, but may have given/received more than one type

The most common type of household help provided by family members was food or meals. The remaining types of household help - shopping, housework, and house and garden maintenance - were all provided to a similar extent to each other. While approximately 5 per cent of people helped with the more major task of home building, this was less common than the other types of household help.

There were some big discrepancies between giving and receiving on these items, particularly housework and food and meals. This may be a perceptual effect, with givers more likely than recipients to perceive the help as being a special effort rather than a normal part of daily life (see section summary below).

Financial Help

Table 9.1c Most Commonly Given and Received Types
of Financial Help

Type of help	% who have given*	% who have received*
Home loan with interest	3	2
Home loan, interest free	2	1
\$100+ loan	21	16
Gift of money (\$ not specified)	27	21
Regular payments (power, phone, rent)	7	3
Doctor's bills, medical costs	7	4
Education fees	7	6
Clothing	14	11
TOTAL (N=252)	50	33

* not mutually exclusive, therefore totals are those who have given/received at least one type of financial help, but may have given/received more than one type

While half of the sample had provided some kind of financial help to a family member, a large proportion of this was just a gift of money, which could be as low as twenty dollars or so for a birthday or Christmas present. The next most common form of financial assistance was the small loan. Help with the more substantial types of financial assistance such as home loans, regular and essential living payments, and health and education fees was not a common family practice. There was not the same level of discrepancy between reports of giving and receipt of financial help as for caregiving and household help.

Social-Emotional Help

Table 9.1d Most Commonly Given and Received
Types of Social-Emotional Help

Type of help	% who have given*	% who have received*
Emotional support	55	39
Divorce/separation support	12	5
TOTAL (N=252)	57	40

* not mutually exclusive, therefore totals are those who have given/received at least one type of social-emotional help, but may have given/received more than one type.

Social-emotional support is clearly a key area for extended family involvement in the support of its members (Table 9.1d). Given that only about 1 per cent of the adult population divorced in 1997 (Statistics New Zealand, 1999a) although more would have separated, family support in this area is high, as well as in the more general emotional support area.

As with childcare, the discrepancy between numbers reporting giving and receiving social-emotional help may be genuine, since several people can provide this type of help to one person, but there may also be a perceptual effect occurring with the givers more aware of the helping than the recipients (see section summary below).

Other Types of Help

Table 9.1e Most Commonly Given and Received
Other Types of Help

Type of help	% who have given*	% who have received*
Place to live, less than 3 months	11	5
Place to live, more than 3 months	6	4
Getting a job	11	4
Dealing with officials, institutions	13	9
Help with transport	16	11
Help with car repairs	9	9
Loan of tools, equipment	25	18
Other types of help: (moving house, furnishing flat, help with computing, help with new baby)	11	6
TOTAL (N=252)	53	41

* not mutually exclusive, therefore totals are those who have given/received at least one "other" type of help, but may have given/received more than one type.

Borrowing and lending tools and equipment, and to a lesser extent giving a lift in a car or loan of a car, were the main types of provision and receipt of family help not already covered (Table 9.1e). Like social-emotional help, these are more of the social support type of help rather than an alternative to support

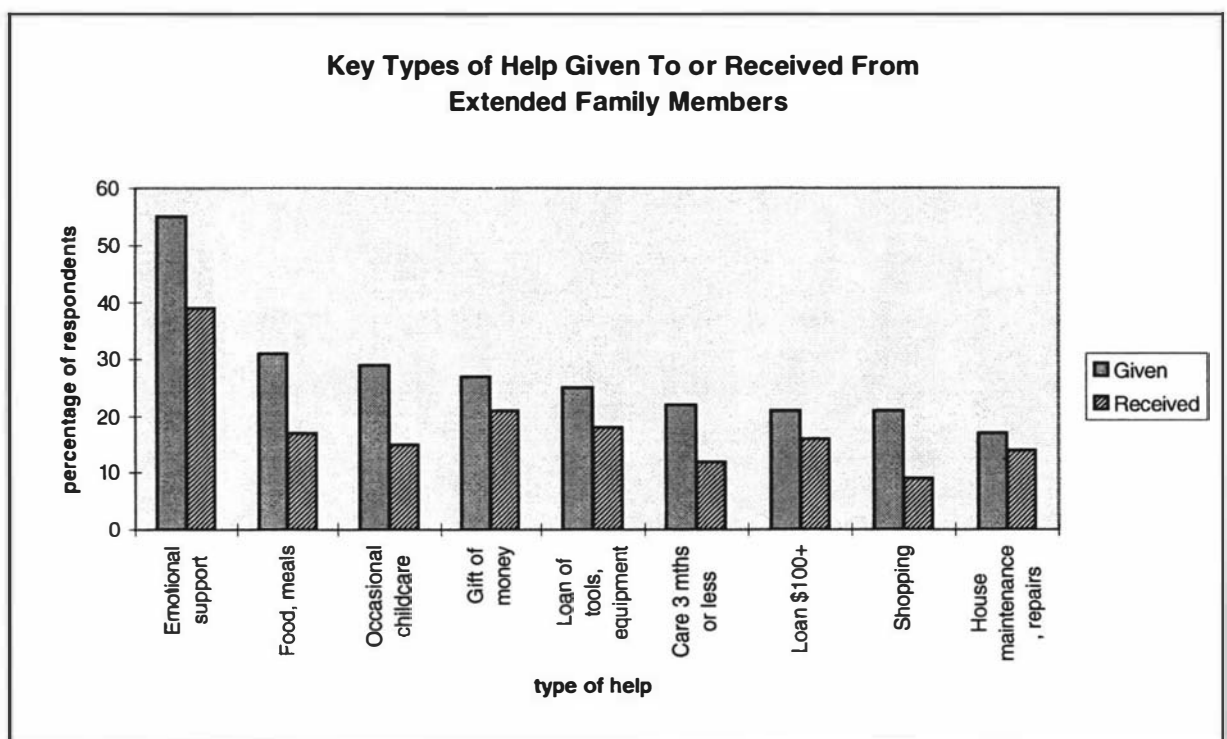
such as caregiving, household help or financial help which may be provided for by the state.

Summary - Types of Help

Overall, the main categories of help, as measured by the proportion of the population giving one of these types of help in the past twelve months, were socio-emotional, “other”, financial, household, and least of all, caregiving. The “other” category is made up of such disparate items that it cannot really be considered as a category in relation to the other categories. The main types of financial help were “gift of money” (which could be a very small amount and an alternative to buying an actual present) and loans of \$100 or more, not large-scale or regular financial help. This leaves socio-emotional, small-scale and occasional financial help, and household help as the most common types of help provided by family.

The key types of help given and received, by individual item, are shown in Figure 9.1.

Figure 9.1



Throughout all categories there was a discrepancy between the proportion giving help and the proportion in receipt of help, with more reports of help given. This phenomenon has been reported by others (Stoller 1985; Finch and Mason, 1993; Sarason et al, 1994; Johnson, 1995; de Vaus and Qu, 1998). De Vaus and Qu (1998:29) found that while 9 per cent of parents reported providing accommodation for adult children, only 6 per cent of children reported receiving this type of help. Conversely, while 9 per cent of adult children reported giving personal care/home help, only 1 per cent of parents reported receiving it. Johnson, (1995:250) also notes that most studies find this same discrepancy, always with giving exceeding receiving. Receipt of help is not perceived by the recipient in the same way as it is perceived by the giver, but neither of these authors attempts to explain why this might be happening.

According to Sarason et al (1994), it is not that the measures are invalid, but rather it reflects recipients' subjective evaluation of helping behaviours; that is, it is a report of perceived support rather than actual support. This discrepancy may also be related to solicited versus unsolicited support: support that is asked for will be acknowledged as such, whereas support provided without being asked for may not be perceived as such by the recipient, but will be by the provider. The recipient may even regard such help as unwanted interference. Another possible explanation is that people are more likely to recall giving help than receiving help. It is possible much help is taken for granted and not perceived as such by the recipient. Finch and Mason's (1993) findings tend to support this theory. Their study showed that help was often seen as unremarkable - just a characteristic of being a family. That giving help is more likely to be perceived as something special compared to receiving help may be indicative of the conflicts inherent in family helping being perceived as "natural", as explored in Chapters Two and Five, while sometimes the providers actually find it a burden and want their efforts recognised.

There was more discrepancy in some areas than others, in particular caregiving (the difference between giving and receiving is double in all categories except

regular childcare); food, meals, shopping and housework; social-emotional support; accommodation and jobs. Most of these are key types of help where people said they would be most likely to go to family first if they needed this sort of help (see Chapter Ten for details), but clearly people have more sense of giving than receiving these kinds of help. Since the discrepancies were particularly high for caregiving and household help this may be because of the element of "burden" attached to providing these types of help. There may also be a conceptual difference which is occurring more in some items than others, that is, whether or not an action is perceived as giving or receiving that type of help. Sample bias by age group may also be a factor: the 18-24 year age group was the biggest recipient of care, and this group was underrepresented in the sample, so there is likely to be less reporting of receiving help. However, some of the discrepancy could be genuine in that, with childcare for example, a number of family members may provide occasional childcare for one person.

As there was a discrepancy between reports of giving and receiving help, but ranking of items and categories was consistent between the two, analysis of overall ranking of categories was carried out on giving.

An alternative index of help given is to measure the amount of help given by weighting the items according to the level of difficulty or demand involved (see Appendix 6 for how this was done) and summing across items to create a score of amount of help given. For example, long-term or regular caregiving is weighted more highly than short-term or occasional caregiving. This is a useful index of total amount of help given or received and was used in the bivariate and multivariate statistical analyses reported later in this chapter, but is not useful for ranking the categories of types of help as it is affected by the number of items in a category.

Section II. Main Providers and Recipients of Family Help

The following tables and analyses present the characteristics of the main providers and recipients by category of help, and overall, as measured by the numbers of incidences of help given by each family relationship type.

Caregiving

Table 9.2a Providers of Care, by Relationship

	Type of Care				
	Short-term caregiving (less than 3 months)	Long-term caregiving (more than 3 months)	Occasional childcare	Regular childcare	TOTAL CARE
Mother	17	-	11	3	31
Father	5	-	5	3	13
Daughter	5	3	1	-	9
Son	1	-	2	1	4
Sister	1	2	8	-	11
Brother	4	1	4	-	9
Mother-in-law	-	-	3	1	4
Father-in-law	-	-	1	-	1
Daughter-in-law	-	-	-	-	0
Son-in-law	-	-	-	-	0
Sister-in-law	1	1	4	-	6
Brother-in-law	-	-	-	-	0
Grandparent	-	-	1	-	1
Grandchild	-	-	-	-	0
Aunt/uncle	-	-	1	-	1
Niece/nephew	-	-	-	-	0
Cousin	1	-	2	-	3
TOTAL (N=252)	35	7	43	8	93

(Totals may be greater than in section I above because more than one person may be involved in a helping incidence. For example, parents = mother + father.)

The main providers of caregiving help to family members were parents, especially mothers, followed by siblings and daughters, that is, first degree relatives. First degree in-laws were next, ahead of second degree blood relatives, but featuring almost solely as providers of childcare, not care of the sick, injured or disabled. Second degree relatives provided very little care overall, and mainly occasional childcare.

In terms of generational¹ breakdown, the older generation was the main provider of care overall (54 per cent of caregiving incidences) followed by peers (32 per cent), with the younger generation providing least care (14 per cent). However, for long-term care of sick, injured or disabled people, peers and the younger generation are the main providers.

Gender analysis shows women provided 65 per cent of reported incidences of care given to family members in the past twelve months, compared with 29 per cent by men. In the remaining 6 per cent of instances gender was indeterminable because of relationship category, such as "cousin".

Table 9.2b Recipients of Care, by Relationship

	Type of Care				
	Short-term caregiving (less than 3 months)	Long-term caregiving (more than 3 months)	Occasional childcare	Regular childcare	TOTAL CARE
Mother	25	6	4	1	36
Father	5	3	1	-	9
Daughter	9	2	18	5	34
Son	3	1	7	-	11
Sister	2	-	14	2	18
Brother	1	1	10	1	13
Mother-in-law	8	2	1	1	12
Father-in-law	1	-	-	-	1
Daughter-in-law	1	-	1	1	3
Son-in-law	-	-	-	-	-
Sister-in-law	1	-	6	-	7
Brother-in-law	-	-	1	-	1
Grandparent	1	2	-	-	3
Grandchild	-	-	-	-	-
Aunt/uncle	4	1	3	-	8
Niece/nephew	-	-	-	-	-
Cousin	1	-	-	-	1
TOTAL (N=252)	62	18	66	11	157

(Totals may be greater than in section I above because more than one person may be involved in a helping incidence. For example, parents = mother + father.)

¹ Generation as used here refers to the generational relationship in relation to the respondent. Thus parents, aunts, uncles, grandparents are the older generation; siblings and cousins are the peer generation; and adult children, grandchildren, nieces and nephews comprise the younger generation.

The main recipients of family care were mothers, daughters, siblings, mothers-in-law and sons. First degree relatives dominated again (77 per cent of reported incidences), followed by in-laws (15 per cent), with second degree relatives (8 per cent) the least likely to have received family care.

The older generation (44 per cent of care received) was primarily receiving care when sick or injured, while the peer (25 per cent) and younger generations (31 per cent) were primarily receiving childcare.

Women accounted for two-thirds of care received, compared with a fifth going to men. Thus caregiving was primarily a female first degree relative activity.

Household Tasks

Table 9.2c Providers of Household Help, by Relationship

	Type of Household Help						TOTAL
	Food meals	Shopping	House-work	Garden lawns	House maintenance	House building	
Mother	21	9	11	6	4	-	51
Father	4	1	2	7	9	9	32
Daughter	1	10	7	4	3	-	25
Son	1	-	-	7	7	1	16
Sister	4	-	3	1	-	1	9
Brother	3	2	-	2	4	2	13
Mother-in-law	1	-	1	1	-	-	3
Father-in-law	-	-	-	-	-	1	1
Daughter-in-law	-	-	-	-	-	-	0
Son-in-law	-	-	-	-	5	-	5
Sister-in-law	1	-	1	1	-	-	3
Brother-in-law	-	-	-	-	1	3	4
In-laws	1	-	-	-	-	-	1
Grandparent	2	-	-	-	1	-	3
Grandchild	-	1	-	2	-	-	3
Aunt/uncle	1	1	-	-	1	-	3
Niece/nephew	-	-	-	-	-	-	0
Cousin	-	-	-	-	-	-	0
TOTAL (N=252)	40	24	25	31	35	17	172

(Totals may be greater than in section I above because more than one person may be involved in a helping incidence. For example, parents = mother + father.)

The main providers of household help were mothers, fathers, daughters, sons and brothers. First degree relatives remained prominent, followed again by

in-laws ahead of second degree relatives. Just over half of household help providers (54 per cent) were older generation, 29 per cent were younger generation, and only 17 per cent were peers.

Men featured much more strongly in the provision of household help category - 39 per cent of help provided compared to 52 per cent for women - due mainly to their predominance in house maintenance and repairs, and house building. Gender was indeterminate for the remainder of cases due to the relationship classification, such as "cousin".

Table 9.2d. Recipients of Household Help, by Relationship

	Type of Household Help						TOTAL
	Food, meals	Shop-ping	House-work	Garden, lawns	House repairs	House building	
Mother	28	26	21	15	15	4	109
Father	7	7	5	9	11	4	43
Daughter	11	5	6	5	9	1	37
Son	7	2	2	2	3		16
Sister	5	3	5	1			14
Brother	3	1	-	1	1	2	8
Mother-in-law	8	7	4	3	6	1	29
Father-in-law	1	1	2	1	1	1	7
Sister-in-law	2	2	-	-	-	-	4
Brother-in-law	1	-	-	-	-	-	1
Daughter-in-law	-	-	2	-	-	-	2
Son-in-law	-	-	-	-	-	1	1
In-laws	3	-	1	1	-	-	5
Grandparent	4	2	2	-	1	-	9
Grandchild	1	-	-	-	-	-	1
Cousin	1	-	-	1	1	-	3
Aunt/uncle	2	3	2	1	-	-	8
Whanau	1	-	-	-	-		1
TOTAL (N=252)	85	59	52	40	48	14	298

Mothers were overwhelmingly the main recipients of household help by a wide margin, followed by fathers and daughters, mothers-in-law, sisters and sons.

The main age group of the respondents reporting giving household help to mothers was 18-24 year olds, suggesting this is not elderly mothers, but mothers in their forties or fifties who are probably being helped by young adults living at home. However, generationally, this puts the older generation

ahead by a wide margin in receipt of household help (75 per cent of all help given), followed by the younger generation (21 per cent), with peers (11 per cent) being least likely to receive household help from a family member. Similarly this dominance of mothers as recipients of household help influences the gender division, with women receiving 72 per cent of household help given by family members.

Consistent with previous sections, first degree relatives dominated, receiving three-quarters of household help, followed by in-laws (18 per cent), with second degree relatives (8 per cent) being least likely to have received household help.

Whereas women dominated both giving and receipt of care, they only dominated receipt of household help, with men providing a large degree of help in the areas of home maintenance, repairs and building.

Financial Help

The patterns for financial help (Table 9.2e) were a little different to those for caregiving and household help. While parents were the main providers of financial help to family members, the level of assistance provided by fathers more closely approximated that of mothers than was the case with respect to other categories of help. They were followed by sister, mother-in-law and a second degree blood relative, grandparents. But the pattern was still first degree relatives providing the majority of assistance, followed by in-laws, with second degree relatives last. And women still dominated overall, but not as much as with previous types of help: 53 per cent of incidences of financial help provided compared to 39 per cent for men.

The flow of help was downwards, with the main providers being the older generation (81 per cent of financial help given). Only 6 per cent of financial assistance to family members was provided by the younger generation, and 13 per cent by peers.

Table 9.2e

Givers of Financial Help, by Relationship

	Type of help							
	Home loan	\$100+ loan	Gift of money	Regular payments	Doctors' bills	Educational	Clothing	TOTAL
Mother	2	17	23	4	4	6	15	71
Father	4	13	16	3	6	10	6	58
Daughter	-	1	1	-	-	-	1	3
Son	-	2	2	-	-	-	-	4
Sister	-	3	3	1	-	1	3	11
Brother	-	3	1	-	-	-	3	7
Mother-in-law	1	-	7	-	1	-	2	11
Father-in-law	1	1	3	-	-	-	1	6
Sister-in-law	-	-	2	1	1	-	2	6
Brother-in-law	-	1	-	-	-	-	-	1
In-laws	-	-	-	-	-	-	-	0
Grandparent	1	2	4	-	1	1	-	9
Grandchild	-	1	2	-	-	1	-	4
Cousin	-	-	-	-	-	-	-	0
Aunt/uncle	-	-	2	-	-	-	-	2
Whanau	-	-	-	-	-	-	-	0
TOTAL	9	44	66	9	13	19	33	193

Table 9.2f

Recipients of Financial Help, by Relationship

	Type of help							TOTAL
	Home loan	\$100+ loan	Gift of money	Regular payments	Doctors' bills	Educational fees	Clothing	
Mother	2	6	7	8	2	-	4	29
Father	1	2	4	2	-	-	1	10
Daughter	3	13	18	7	9	5	14	69
Son	4	11	21	1	6	9	5	57
Sister	-	5	9	-	-	-	3	17
Brother	-	9	8	1	1	1	1	21
Mother-in-law	1	-	2	-	-	-	1	4
Father-in-law	2	-	1	-	-	-	1	4
Sister-in-law	-	1	1	-	1	-	3	6
Daughter-in-law	-	-	-	-	-	-	1	1
Son-in-law	-	1	1	-	-	-	-	2
Brother-in-law	-	1	2	-	-	-	-	3
In-laws	-	-	-	-	-	-	-	0
Grandparent	-	1	-	-	-	-	-	1
Grandchild	-	1	3	-	-	2	2	8
Cousin	-	2	2	-	-	-	3	7
Aunt/uncle	-	-	-	-	-	-	-	0
Niece/nephew	-	2	7	-	-	-	2	11
Whanau	-	-	-	-	-	-	-	0
TOTAL	13	55	86	19	19	17	41	250

In a break with the previous patterns, adult children were the main recipients of financial help from family (Table 9.2f). Daughters and sons were followed by mothers, sisters, brothers, niece/nephew, and fathers. Niece/nephew featured for the first time as recipients of help, but this was mostly in the gift category, and probably small-scale (for birthday presents, for instance); first degree relatives still dominated.

The younger generation were clearly the main recipients of financial help: 59 per cent of incidences of provision of financial help compared with 19 per cent by the older generation and 22 per cent by peers. Women still dominated, receiving 49 per cent of help compared to 39 per cent for men, the remainder being of indeterminate gender.

Social-Emotional Support

Table 9.2g Providers of Social-Emotional Support,
by Relationship

	Type of help		
	Emotional	Divorce	TOTAL
Mother	40	6	46
Father	9	3	12
Daughter	15	1	16
Son	5	-	5
Sister	21	3	24
Brother	13	2	15
Mother-in-law	1	-	1
Father-in-law	2	-	2
Daughter-in-law	-	-	0
Son-in-law	-	1	1
Sister-in-law	2	1	3
Brother-in-law	4	-	4
In-laws	1	-	1
Grandparent	1	1	2
Grandchild	-	-	0
aunt/uncle	3	-	3
niece/nephew	2	-	2
Cousin	-	-	0
Whanau	-	-	0
TOTAL (N=252)	99	17	116

Female first degree relatives - mothers, sisters, daughters - were the main providers of social-emotional help, with fathers and brothers (but not sons)

close behind. In-laws were less important in this category of family help, perhaps because it is a more personal rather than practical type of help - help that is being done for the individual, not the nuclear family unit. It is also help that is very strongly dominated by first degree relatives: 86 per cent of helpers, compared with 6 per cent who were second degree, and 8 per cent in-laws.

Generationally, while the largest group of providers was still the older generation (with just under half - 46 per cent - of the providers), the peer generation (at 32 per cent), featured more strongly in the social-emotional help giving category than in other categories. The younger generation, at 17 per cent, was still well behind the older and peer generations as a provider of help in this category.

Women still dominated, providing two-thirds of the social-emotional help reported in this study, but males (27 per cent) were also important, with fathers and brothers among the key providers of social-emotional help.

Table 9.2h Recipients of Social-Emotional Support,
by Relationship

	Type of help		
	Emotional	Divorce	Total
Mother	33	5	38
Father	11	3	14
Daughter	34	7	41
Son	18	4	22
Sister	29	2	31
Brother	14	2	16
Mother-in-law	2	-	2
Father-in-law	1	-	1
Sister-in-law	7	7	14
Daughter-in-law	1	-	1
Son-in-law	1	-	1
Brother-in-law	2	2	4
In-laws	1	-	1
Grandparent	1	-	1
Grandchild	1	-	1
Cousin	4	-	4
Aunt/uncle	1	1	2
Niece/nephew	2	1	3
Whanau	-	-	0
TOTAL (N=252)	163	34	197

There were some key differences in the pattern of recipients of social-emotional help, compared with the providers. While the key players were mostly the same, the order has changed, with daughters replacing mothers as the largest group, and sons, who barely featured as providers of this type of help, being ahead of fathers and brothers as recipients. Similarly, whereas in-laws did not feature strongly as providers of this type of help, sisters-in-law rate quite highly as recipients. But overall, in terms of degree of relationship, the proportions of help received are similar to those given: 83 per cent by first degree relatives, 11 per cent by in-laws, and 6 per cent by second degree relatives.

Generationally, receipt of social-emotional help was more evenly spread than in other categories, with the peer group (35 per cent of help received) having more prominence than in other areas, and being equal with the younger generation, both of which were just ahead of the older generation (30 per cent).

The gender differential in receipt of social-emotional help was similar to that for provision. Women made up about two-thirds of recipients, and men a third.

Other Types of Help

Although this group of miscellaneous individual items cannot really be considered as a "category" as they do not have a common characteristic, there are some patterns coming through in items that differ from the four main categories and are thus worthy of discussion. Due to the nature of some of the items, such as car repairs and loan of tools or equipment, men (53 per cent) predominated as providers of these varied types of help compared to women (37 per cent), the remainder being of indeterminate gender (Table 9.2i). In line with this, while parents still led the list of key providers, fathers surpassed mothers for the first time, and brothers were the next highest.

Table 9.2i

Givers of Other Types of Help, by Relationship

	Type of help								TOTAL
	Accomm- odation less than 6 months	Accomm- odation more than 6 months	Help to get a job	Help to deal with officials	Trans- port	Car repairs	Loan of tools, equipment	Other	
Mother	7	8	4	8	9	3	6	3	48
Father	4	4	3	2	5	9	18	5	50
Daughter	-	-	1	4	2	3	1	2	13
Son	-	1	-	1	1	1	3	-	7
Sister	3	-	1	2	1	-	3	1	11
Brother	-	2	-	4	5	5	12	5	33
Mother-in-law	-	-	-	-	-	-	2	-	2
Father-in-law	-	-	-	-	1	1	4	-	6
Sister-in-law	-	-	-	1	-	-	-	-	1
Daughter-in-law	-	-	-	-	-	-	-	-	0
Son-in-law	-	-	-	1	1	1	-	-	3
Brother-in-law	-	-	1	1	1	2	6	-	11
In-laws	1	-	-	-	-	-	-	1	2
Grandparent	-	-	-	1	1	-	1	-	3
Grandchild	-	-	-	-	-	1	-	-	1
Cousin	-	-	-	-	-	-	-	-	-
Aunt/uncle	1	-	-	1	1	-	-	1	3
Niece/nephew	-	-	1	1	1	-	2	1	6
Whanau	-	-	-	-	-	-	-	1	1
TOTAL	16	15	11	27	29	26	58	20	202

The pattern for degree of relationship remained the same as in most categories above, with first degree relatives (at 81 per cent of help given), still predominating, followed by in-laws (12 per cent) and second degree (at 8 per cent). The generational pattern for providers also remained consistent, with the older generation making up just over half (56 per cent) of help given, followed by peers (28 per cent) and the youngest generation providing least (15 per cent).

Table 9.2j shows that, for the miscellaneous types of help overall, the younger generation was the main recipient of help (47 per cent of help received), with sons and daughters being equal as highest recipients of these types of help overall. Most of this help consisted of borrowing tools, equipment or transport, assistance in dealing with officials or institutions, and short-term accommodation. Parents were the next most likely to receive help in this group, being for the same items of help (with the exception of accommodation), followed at lower levels by siblings and mothers-in-law. Thus, generationally, the older generation (27 per cent) received slightly more help than peers (24 per cent), which was approximately equal to that received by the younger generation as noted above. While first degree relatives were still the main providers, at 75 per cent their dominance is slightly less pronounced than in other helping areas, while in-laws increased their share to 16 per cent and second degree relatives to 10 per cent.

As in the provision of this group of "other" types of help, the main distinction in receipt of help compared to the other categories was the change in the gender pattern, with males and females now equal.

Figure 9.2j

Recipients of Other Types of Help, by Relationship

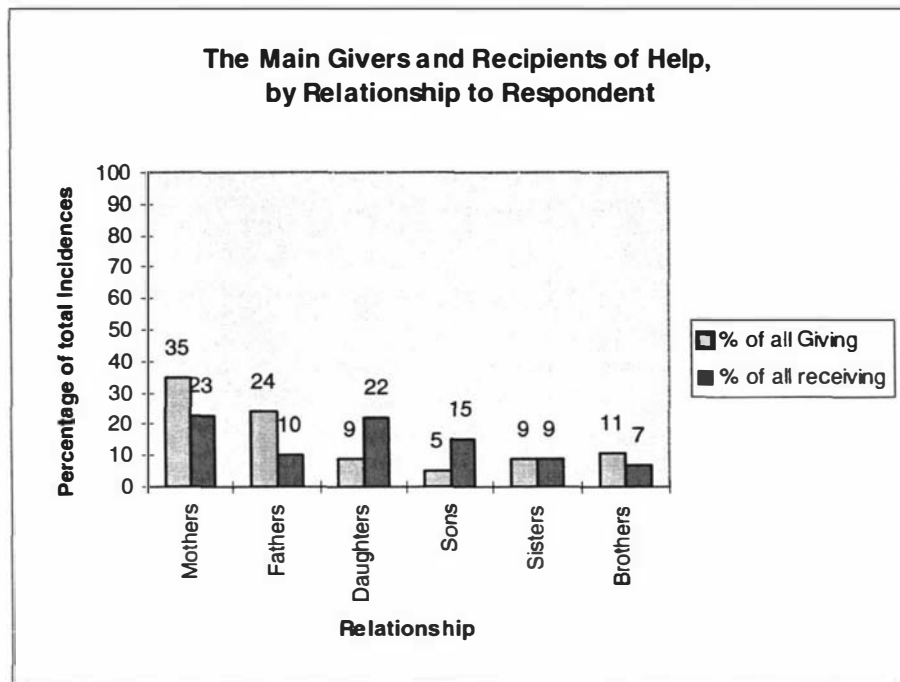
	Type of help								TOTAL
	Accomm- odation less than 6 months	Accomm- odation more than 6 months	Help to get a job	Help to deal with officials	Trans- port	Car repairs	Loan of tools, equipment	Other	
Mother	1	-	-	12	11	3	6	1	34
Father	2	1	2	4	2	3	10	3	27
Daughter	8	3	5	7	11	6	10	5	55
Son	5	6	6	7	4	4	19	4	55
Sister	1	-	6	-	4	-	4	2	17
Brother	2	1	-	-	3	3	10	3	22
Mother-in-law	-	1	-	3	4	-	1	2	11
Father-in-law	1	-	-	-	-	1	1	2	5
Sister-in-law	1	1	2	2	1	1	-	1	9
Daughter-in-law	-	-	-	-	-	-	-	-	0
Son-inlaw	1	-	-	-	-	-	5	1	7
Brother-in-law	1	-	1	-	2	1	6	1	12
In-laws	1	-	-	-	-	-	-	1	2
Grandparent	-	-	-	-	-	-	1	1	2
Grandchild	3	1	1	-	-	1	-	-	6
Cousin	1	-	1	2	1	-	2	1	8
Aunt/uncle	-	-	-	-	1	-	1	-	2
Niece/nephew	3	-	2	-	-	2	1	1	9
Whanau	-	-	-	-	-	-	-	2	2
TOTAL	31	14	26	37	44	25	77	31	285

Summary

Family Relationship of Main Providers and Recipients of Help

Figure 9.2 below shows who the main providers and recipients of family help were in terms of family relationship to respondent.

Figure 9.2



Mothers were both the highest providers and the highest recipients of help, across categories, and parents together were the main providers. However, the most interesting information to emerge from this analysis was that, while both parents were net providers of help, and siblings tended to be fairly equal in the amounts of help given and received, adult children were net recipients of help, with daughters receiving a similar amount of help to mothers, but not giving as much. The fact that there are more adult children than mothers in the population may skew this result, thus it is important to look at it in conjunction with the demographic analysis on the effect of age on family helping behaviour later in this chapter.

Generation of Providers and Recipients of Family Help

That adult children were net recipients of family help is consistent with the findings on the generational analysis of provision and receipt of family help. Table 9.3a below shows that while the younger generation tended to be equal with the older generation as the main recipients of help (38 per cent, and 39 per cent respectively), compared with the peer generation which received least help (22 per cent of all help received), the younger generation was the lowest provider of family help (16 per cent), while the older generation was the biggest provider of help, by a wide margin (61 per cent). Thus while the peer generation gave about the same proportion of help as it received, the younger generation was a net recipient of help, and the older generation a net provider of help. This is consistent with the findings on family helping behaviour reviewed in Chapter Three, and the findings of the effect of age on helping behaviour presented in the next section. The suspicion that the age bias in the sample of this study towards the middle age groups may have distorted these findings, in conjunction with the discrepancy between reports of help given and received discussed in the previous section, is controlled in the age group analysis below which shows that the younger age group was the major recipient of help given.

Table 9.3a Main Providers and Recipients of Family Help,
by Generation

Category of help	Provider Generation			Recipient Generation		
	Older	Peer	Younger	Older	Peer	Younger
Caregiving	48	26	13	66	40	48
Household help	93	29	49	205	30	57
Financial	157	25	11	48	54	148
Social-emotional	66	46	24	58	69	69
Other	112	56	30	81	68	132
TOTAL (N=252)	476 (61%)	182 (23%)	127 (16%)	458 (39%)	261 (22%)	454 (38%)

Peers were most involved in social-emotional help, which is consistent with the findings of Cicerelli et al (1992) and Horowitz (1994) reported in Chapter Three, and with a range of “other” types of help, particularly lending things. This fits with having a more similar life style and needs due to the provider and recipient of help being at the same life-cycle stage.

Degree of Relationship to Respondent

Provision and receipt of help is clearly predominantly a first degree relative activity, across all categories of help. This may be partly a consequence of the question wording, which asked respondents to state “the family member most often involved”; so where several family members might give or receive help, just the main one will be recorded. However, this makes the findings still valid in terms of the *main* givers and receivers, and is consistent with the literature, such as Wellman (1990:207,216) who found that extended kin beyond first degree relatives rarely provide support.

While of much lower occurrence than for first degree relatives, help by and for in-laws is greater than for second degree relatives. Second degree relatives are most likely to be involved in financial and other practical types of help, and receipt of household help. In-laws beyond the first degree were seldom mentioned, and whanau received few mentions (although there were only a few Maori in sample (n=19), and only two of these mentioned whanau).

Table 9.3b Main Providers and Recipients of Family Help,
by Degree of Relationship to Respondent

Category of help	Providers			Recipients		
	1st degree relatives	2nd degree relatives	1st degree in-laws	1st degree relatives	2nd degree relatives	1st degree in-laws
Caregiving	77	0	10	121	12	24
Household help	146	9	17	227	21	49
Financial	154	15	24	203	27	20
Social-emotional	118	7	12	162	11	24
Other	155	13	25	210	27	46
TOTAL (N=252)	650 (83%)	44 (6%)	88 (11%)	923 (78%)	98 (8%)	163 (14%)

Gender of Providers and Recipients of Family Help

Females outweigh males in all categories of help, for both giving and receiving help, except for "Other types of help" (Table 9.3c). Provision of household help is also quite equal across genders. These are the more practical types of help. The biggest gender differences were in caregiving and social emotional help, the types of help requiring more personal input.

Table 9.3c Gender of Providers and Recipients of Family Help

Category of help	Providers		Recipients	
	Female	Male	Female	Male
Caregiving	60	27	107	35
Household help	89	66	195	76
Financial	102	76	123	97
Social-emotional	90	39	127	58
Other	75	106	126	128
TOTAL*	416 (54%)	314 (40%)	678 (57%)	394 (33%)

(*total does not = 100% because gender indeterminate for some categories
e.g. cousin)

However, there was less gender equality in receiving than in giving help. Males were much less likely than females to receive help, particularly childcare, household help and emotional help. Females were the biggest recipients of help as well as the main providers. This fits with the findings from the literature reviewed in Chapter Three showing that women are the hub of extended family support networks.

The gender imbalance in the sample could be affecting these results. However, analysis of the effect of gender on helping behaviour in which sample bias is controlled for (presented in the next section) showed no statistically significant gender differential in family helping behaviour. Furthermore, males surpass females in the provision of "other" types of help, despite a sample skew towards females.

The Characteristics of Non-Participants in a Family Helping Network

Only 6 per cent (n=15) of the respondents had neither given nor received any kind of help in the last twelve months. While such a small number is not sufficient for subgroup analysis by key variables, a description of their characteristics is important for future research in trends likely to affect family helping behaviour.

Members of this group were predominantly female (73 per cent), and most were New Zealand born (only four were overseas born, all English). They tended to have fewer extended family members than the sample as a whole, and lacked close relatives living near by: over half had no extended family within two hours drive, none had more than two first degree relatives within thirty minutes drive, and two-thirds had none in this group. This is consistent with the findings in Chapter Eight. However, those who did have extended family nearby had reasonably frequent contact with them, so it may be that they just did not have need of help in the study period. Just over half lived alone and a third were over 65 years of age, but most were in the 25-44 year age group. This is the age group which the demographic analysis below shows to be a major recipient of family care. This suggests that this group of people who are not involved in a family helping network may be in need of help, but due to lack of family proximity is not receiving it.

Section III: Demographic Characteristics Associated with Provision and Receipt of Family Help

The provision of help to and receipt of help from family members requires complex analysis. The measure of such help used in this study is made up of five categories of help, each with from two to eight individual items. Analysis of the relationship with other variables needs to be examined at all three levels of the help measure: individual item, category and overall scale (see Appendix 6 for details of these measures). In addition to the standard demographic variables employed in this study - age, sex and socio-economic status - other

analyses were employed where relevant, such as the relationship between employment status and caregiving, and between income level and financial help.

Giving Help

There was no statistically significant overall relationship between sex, age or socio-economic status and the provision of help to family members (see Table 9.4 below).

Table 9.4 Relationship Between Provision of Help to Family Members and Demographic Characteristics of Provider

	SEX	AGE	SES
TOTAL HELP GIVING SCORE	n.s.	n.s.	n.s.
CAREGIVING	n.s.	n.s.	n.s.
HOUSEHOLD HELP	n.s.	.2** (i)amount 18* (ii)likelihood	n.s.
FINANCIAL	n.s.	n.s.	n.s.
SOCIO-EMOTIONAL	n.s.	n.s.	.16* (i) n.s. (ii)

(i) Spearman correlation test. Amount=sum of weighted number of items of help given. See Appendix 6 for how measure calculated.

(ii) Cramers V test of association. Likelihood=gave or did not give any of this category of help. See Appendix 6 for details.

* $p < .05$; ** $p < .01$

n.s. not statistically significant

Caregiving

There was no statistically significant relationship between sex and the overall category of providing care (Table 9.4). At an individual item level, however, women were more likely than males to provide short-term care of the sick or injured (27 per cent compared to 15 per cent; Cramers V = 0.14, $p < .05$), but no significant differences were found for the more demanding levels of care. No

statistically significant relationships were found between caregiving and agegroup or socio-economic status at any level. While the overall caregiving score includes very different types of care - childcare and care of long- and short-term sick, injured and disabled family members, no difference was found at the individual item level either, perhaps due to the small numbers providing long-term and regular care.

There were no statistically significant relationships between employment status (full-time, part-time, self-employed or none) and giving care, for total sample or by gender, but numbers were small in some categories, particularly the long-term and regular caregiving. In a larger sample, differences might show up.

Financial Help

There is no statistically significant relationship between sex and the overall provision of financial help category (Table 9.4). However, looking at the individual items, women were more likely than men to provide help with doctors' bills (11 per cent compared to 3 per cent; Cramers $V=0.15$, $p<.05$) and clothing (20 per cent compared to 7 per cent; Cramers $V=0.18$, $p<.01$). There is no statistically significant relationship between sex and the giving of small loans or gifts, or with the major financial items of loans to buy a house, education fees and regular payments such as rent.

While there was no general relationship between age and providing financial help, there was some relationship between age and helping to pay education fees: as might be expected, the 45-64 age group was more likely to have provided this kind of help than other age groups (14 per cent compared to 3 per cent of 25-44 year olds, and 8 per cent of those aged 65 years and over; Cramers $V=0.2$, $p<.05$).

No statistically significant relationships were found between socio-economic status and helping family members financially. Nor did analysis of total financial help, or individual financial items, by personal income level show any

significant relationships. So few respondents had provided the major types of financial help, such as home loans, that subgroup analysis was not reliable due to the small numbers in each category.

Household Help

Although there was no difference between men and women in overall likeliness of providing household help, on individual items men were more likely to help with household repairs (27 per cent compared with 10 per cent of women; Cramers $V=0.22$, $p<.001$) while women were more likely to help with housework (23 per cent compared with 12 per cent of men; 0.15 , $p<.05$) and provision of food or meals (36 per cent compared 23 per cent of men; 0.13 , $p<.05$). There were no statistically significant gender differences for helping with shopping or lawnmowing and garden maintenance.

Age group had the only significant relationship to overall provision of household help (Table 9.4), with young people (18-24 years) being the most likely to provide household help (66 per cent), and people aged 65 years and over least likely (32 per cent). Housework, food and meals were the kind of help most provided by young people to their families, probably because most of them lived in the household.

There was no overall difference by socio-economic status for this category. However, there was one difference by employment status with the self-employed (presumably tradesmen), being more likely to provide help with home maintenance and repairs (37 per cent) than those in paid employment (18 per cent full-time and 19 per cent part-time) or not in paid work (10 per cent, being mostly retired or students). (None of these relationships was strong, Cramers V being between 0.1 and 0.2 , with $p<.05$ or $.01$).

Socio-Emotional Help

Socio-economic status was the only demographic variable showing a significant relationship with giving socio-emotional help to a family member (Table 9.4).

The higher socio-economic groups were more likely than the mid or lower groups to have reported having given socio-emotional help to a family member (70 per cent compared to 54 per cent and 51 per cent respectively for the other groups).

Receiving Help

There were much stronger relationships between receipt of help from family members and demographic characteristics of the person helped than there were with the provision of help. As shown in Table 9.5, age was significantly and moderately related to all categories of help received except household help, and to total help received.

Table 9.5 Relationship Between Receiving Help from Family Members and Demographic Characteristics of Recipient

	SEX	AGE	SES
TOTAL HELP RECEIVED			
(i) amount	n.s.	-.45***	n.s.
.....			
(ii)receiving versus not receiving	n.s.	.36***	n.s.
CARE			
(i) amount.	n.s.	-.19**	n.s.
.....			
(ii)receiving versus not receiving	n.s.	.28***	n.s.
HOUSEHOLD			
(i) amount.	n.s.	n.s.	n.s.
.....			
(ii)receiving versus not receiving	n.s.	n.s.	n.s.
FINANCIAL			
(i) amount.	n.s.	-.53***	n.s.
.....			
(ii)receiving versus not receiving	n.s.	.48***	n.s.
SOCIO-EMOTIONAL			
(i) amount.	.15*	-.26***	n.s.
.....			
(ii)receiving versus not receiving	n.s.	.32***	n.s.

(i) Spearman correlation test. Amount=sum of weighted number of items of help given.

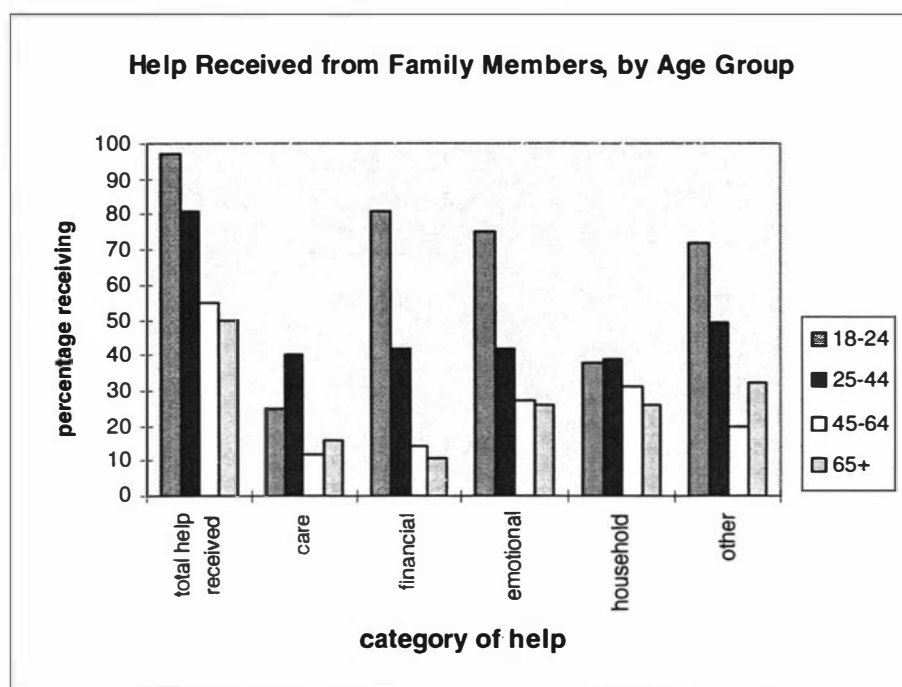
See Appendix 6 for how measure calculated.

(ii) Cramers V test of association. Whether received or did not receive any of this category of help. See Appendix 6 for details.

* $p < .05$, ** $p < .01$; *** $p < .001$; n.s. = not statistically significant

Figure 9.3 shows this to be an inverse relationship, with younger people reporting higher levels of help received than older groups: 97 per cent of 18-24 year olds reported receiving some kind of help from a family member in the last twelve months, compared with only 50 per cent of those aged 65 years and over, and 55 per cent of 45-64 year olds. The young family age group, 25-44 years, also reported high levels of help received from family, at 81 per cent.

Figure 9.3



The patterns were similar for financial and emotional help, but with the youngest age group receiving much higher levels of help than the 25-44 year olds. The 25-44 age group was the highest for receipt of care, being mainly receipt of childcare. The only categories where the 65 years and over group scored higher than the 45-64 year olds were "care" and "other". However, it must be noted that the very elderly, aged 80 years or more, especially those in need of heavy care to the extent that they may have been unable to answer the questionnaire due to physical or mental incapacity, may therefore be under-represented in the sample. There were no significant differences by age of family members for the giving of household help (Table 9.5).

These findings are in keeping with the literature reviewed in Chapter Three, such as de Vaus and Qu (1998), which generally reports that, overall, the direction of help is downwards from older to younger family members. Findings on age are also consistent with the earlier analyses of the data in this study by generation and relationship of recipient to respondent.

Statistically significant relationships between receipt of family help and gender applied only to emotional help and were weaker than for age (Table 9.5). Women were slightly more likely than men to report receiving emotional help (46 per cent compared to 31 per cent).

This lack of significant gender differential is not consistent with earlier analysis of the data in this study by relationship of recipient to respondent, which found women to be higher recipients of extended family help than men overall. Although this earlier finding may be a factor of sample bias towards women in this study, it is also consistent with the findings of the literature reviewed in Chapter Three. The lack of statistically significant differential by gender may be due, then, to sample size.

There were no statistically significant relationships between socio-economic status and receipt of help. However, there were some relationships between employment status and household help, and between personal income level and receipt of financial help. Household income did not show a significant relationship to financial helping behaviour.

Being in paid work (38 per cent), especially self-employed (58 per cent), was related to higher levels of receipt of household help overall than not being in paid work (24 per cent, Cramers $V=0.19$, $p<.05$), and of receiving help with food or meals (30 per cent self employed, 20 per cent paid work, 7 per cent not in work, Cramers $V=0.2$, $p<.05$).

Overall it was those in the \$15,001-\$30,000 income group who received most financial help from extended family members, with half of them receiving such help in the last twelve months, compared to a third of those in the middle income groups, and only 10 per cent of those earning \$50,000 or more (Cramers $V=0.24$, $p<.01$). People who earned less than \$15,000 were the only group to receive help with regular payments such as power, phone or rent, but still only 8 per cent of them received such help. Those earning less than \$30,000 were most likely to receive family help to provide clothing for themselves or their children, but only 16 per cent of them did so.

It was those in the middle income groups of \$15,001 - \$40,000 who were most likely to receive a loan of \$100 or more from a family member (25 per cent). This may have been because their families could afford it, and they could afford to pay it back, unlike the lowest income group, and yet, unlike the higher income groups, they were in need of financial assistance. The lowest income group would also include pensioners who have a low income, but many of these would also have reduced outgoings if they were mortgage free and, therefore, potentially be less in need of assistance.

Summary

No strong relationships between demographic characteristics and provision of help to family members were identified. The patterns that did emerge suggest two conclusions: what relationships there are relate to individual types of help rather than the five broader categories of help, or to help-giving overall; that a larger sample is needed to test these relationships as the proportions giving some important types of help are small.

There was a strong relationship between age and receipt of family help overall, and in all types of help except household help. This was an inverse relationship in all categories, which means younger people were the greatest recipients of family help.

Section IV: Relationship of Family Helping Behaviour to Family Structure

Giving Help

Aspects of extended family structure appear to be more important influences on provision of help to family members than demographic characteristics were. Both the amount² of help given to extended family members (Table 9.6a) and whether or not any help was given (Table 9.6b), were significantly related to proximity and contact. Of the three extended family structure variables, size had the least association with provision of help.

Table 9.6a Relationship Between Amount¹ of Help Provided to Family Members in the Last 12 Months, and Extended Family Structure

	FAMILY SIZE (total) (first degree only ²)	PROXIMITY (within 30 mins drive)	CONTACT (face-to-face)
TOTAL HELP GIVEN	.18** total size .23*** 1st degree only	.19** all relatives	.28*** monthly .26*** weekly
CAREGIVING	n.s. total size n.s. 1st degree only	.27*** all relatives .38*** 1st degree rels	.28*** monthly
HOUSEHOLD	n.s.	.24*** all relatives .28*** 1st degree rels	.2** monthly
FINANCIAL	.14* total size .13* 1st degree only	.14* all relatives .13* 1st degree rels	.15* monthly
SOCIO-EMOTIONAL	n.s.	.13* all relatives	n.s.

¹ See Appendix 6 for details of how amount of help provided was calculated.

² First degree relatives = parents, siblings, adult children;
Second degree relatives = grandparents, grandchildren, aunts, uncles,
cousins, nieces and nephews.

* p<.05, ** p<.01, *** p<.001, **** p<.0001, Spearman correlation test
n.s. not statistically significant

The amount of help given was associated with both total size and number of first degree extended family members, but more strongly for the latter (Table

² Amount of help was calculated by summing the number of items in each category which were given. Those considered to be more onerous were weighted more heavily. See Appendix 6 for details of how amount of help was calculated.

9.6a). Whether or not help was provided was more related to the number of first degree relatives, rather than overall extended family size, and with a weaker statistical relationship than for the other variables (see Table 9.6b) and not large variance. Of those with six or more first degree relatives, 93 per cent had given help in the last twelve months, compared with 73 per cent of those with fewer than three relatives.

Table 9.6b Relationship Between Providing or Not Providing Help to Family Members in the Last 12 Months, and Extended Family Structure

Category of help	FAMILY SIZE (total) (first degree only ¹)	PROXIMITY (within 30 mins drive)	CONTACT (face-to-face)
TOTAL HELP GIVEN	n.s. total size .16* 1st degree only	.27*** all relatives .22** 1st degree rels	.26**** monthly .20** weekly .17** 1stdeg monthly .18** 1stdeg weekly
CAREGIVING	n.s. total size .21**1st degree only	.27*** all relatives .38*** 1st degree rels	.25*** monthly .28**** weekly .25**** 1stdeg monthly .29**** 1st deg weekly .15* 2nd deg weekly
HOUSEHOLD	n.s.	.24** all relatives .3**** 1stdegree rels	.15* monthly .26**** weekly .27**** 1st deg monthly .22**** 1st deg weekly .13* 2nd deg weekly
FINANCIAL	n.s.	n.s.	n.s. monthly .15* weekly .15* 1stdeg monthly .16* 1stdeg weekly
SOCIO-EMOTIONAL	n.s.	n.s.	n.s. monthly .13* weekly

¹First degree relatives = parents, siblings, adult children;
second degree relatives = grandparents, grandchildren, aunts, uncles,
cousins, nieces and nephews.

* p<.05, ** p<.01, *** p<.001, **** p<.0001, Cramers V test of association

n.s. not statistically significant

Note: 1stdeg monthly: contact with a first degree relative at least monthly

1stdeg weekly: contact with a first degree relative at least weekly

2nd deg monthly: contact with a second degree relative at least monthly

2nd deg weekly: contact with a second degree relative at least weekly

Being within thirty minutes drive and having monthly face-to-face contact with at least one extended family member were more strongly related to provision of help than family size, and not so dependent on the degree of family

relationship (Table 9.6b). Only around 70 per cent of those with no extended family within thirty minutes drive, and of those with less than monthly contact, gave help, compared to over 90 per cent of those with three or more relatives that close by, and of those having contact with at least one relative at least once a month. More frequent contact, having first degree extended family members within thirty minutes, and contact with first degree relatives, while also statistically significant, did not increase the strength of the relationships between provision of help and proximity or contact. Relationships between proximity or contact of second degree relatives, however, were not significantly related to provision of help, indicating that degree of relationship is a factor influencing provision of help.

Adding phone contact to face-to-face contact left too few respondents with no contact of either type to allow analysis of the difference between having contact, and not having contact. However, it was possible to analyse the effect of having phone contact only, without face-to-face contact. The findings showed that this was not associated with overall helping, but did have a slight association with being less likely to provide caregiving help (23 per cent compared with 48 per cent of those who had face-to-face contact as well as phone contact, Cramers $V=0.16$, $p<.05$). Frequency of phone contact (which may or may not be accompanied by face-to-face contact) is related to having a higher number of first degree relatives within thirty minutes drive. Of those with three or more such relatives, 92 per cent had weekly phone contact compared with 85 per cent of those with one or two such relatives, and 55 per cent of those with no first degree relatives within thirty minutes drive, (Cramers $V=0.37$, $p<.0001$).

Multivariate analyses showed face-to-face contact to be more important than proximity for both the amount of help given, and the likelihood of giving help. Sequential analysis of variance was used to look at the relative contributions of key variables to the amount of help given, with the result that only contact,

proximity and preference for family help⁴ were significantly related to the amount of help given to family, and of these three factors only contact added to the effect of the other variables ($p < .05$). Family preference was only significant when the other variables were not considered.

Similar results were found when all key variables were entered by blocks into a logistic regression⁵ in order to examine their relative contribution to the likelihood to give help to family members compared with not giving any help of this kind. The three blocks used were socio-demographic (sex, age, socio-economic status); extended family structure (size, proximity, contact) and attitude (family as preferred source of help). Of these, only extended family structure contributed significantly to the model ($p < .01$). When size, proximity and contact were then entered into a series of logistic regressions to test the effect of its order, contact was the only one to show significance regardless of order in the equation ($p < .01$, see box). Size was never significant, and proximity did not hold its significance when it followed contact. There was considerable overlap in proximity and contact, as shown in Chapter Eight, but contact has added predictive value for provision of help, whereas proximity did not add to the predictive ability of contact.

<u>Model 1:</u>				
Model:	contact	$p < .01$		
	proximity	n.s.		
	size	n.s.		
Improvement:				
proximity		$p < .05$	contact	$p < .001$
size		n.s.	size	n.s.
contact		$p < .05$	proximity	n.s.
<u>Model 2:</u>				
Model:	contact	$p < .05$		
	proximity	n.s.		
Improvement:				
contact		$p < .00$	proximity	$p < .01$
proximity		n.s.	contact	$p < .05$

⁴ See Chapter Ten, Section I, and Appendix 6 for details of the measure of family preference.

⁵ See Appendix 7, Table 7.9.3 for full details of logistic regression analysis.

Caregiving

Provision of care to family members was most strongly related to having first degree extended family members within thirty minutes drive, and having frequent contact with any relative. Two-thirds (68 per cent) of those with three or more first degree extended family members within thirty minutes drive reported giving care to a family member in the last twelve months, compared with 19 per cent of those with no first degree extended family that nearby. Just over half of those who saw an extended family member at least monthly reported giving care, compared with 18 per cent who saw an extended family member less than once a month. The number of second degree relatives and overall family size did not affect provision of help, although weekly contact with second degree relatives was weakly related to caregiving. General proximity and contact of family members was important, but increased frequency of contact (weekly rather than monthly) did not noticeably increase the likelihood of caregiving (Table 9.6b).

Household Help

Provision of household help was not significantly related to family size. Table 9.6a above shows that having first degree extended family members within thirty minutes drive was the strongest influence on the amount of household help provided to family members, and the likelihood of providing household help was influenced by seeing first degree relatives at least monthly. Weekly contact with second degree relatives was weakly related to provision of household help, and proximity of general family members. Frequency of contact - weekly rather than monthly - showed a substantial increase in the strength of the relationship between contact and helping with household tasks.

Financial and Socio-emotional Help

As Table 9.6b shows, provision of help was not significantly related to family size or proximity in either financial or socio-emotional help categories, but was weakly related to having weekly contact with extended family in general, or at least monthly contact with a first degree extended family member. There were

weak relationships between the amount of financial help provided (in terms of the number and degree of items) and extended family size and proximity, and between the amount of emotional help provided and proximity (Table 9.6a).

Receiving Help

In contrast to giving help, receipt of family help was not so strongly related to extended family structure (see Tables 9.7a. & 9.7b). Proximity (being within thirty minutes drive) was the only factor significantly related to the amount of help received, but only for the categories caregiving and household help, not for receipt of help overall (Table 9.7a). This may be because financial and socio-emotional help were the main types of help reported as being received, and neither of these require close geographic proximity. While having first degree extended family nearby added to the likelihood of receipt of household help, it did not add to the strength of the relationship with caregiving (Table 9.7b). Proximity, rather than degree of relationship, was significantly related to receipt of care.

Table 9.7a Relationship Between Amount¹ of Help Received from Family Members in the Last 12 Months, and Extended Family Structure

	SIZE	PROXIMITY (within 30 mins drive)	CONTACT (face-to-face)
TOTAL HELP RECEIVED	n.s.	n.s.	n.s.
CAREGIVING	n.s.	.16** all relatives	n.s.
HOUSEHOLD	n.s.	.15* all relatives .2** 1st degree rels	n.s.
FINANCIAL	n.s.	n.s.	n.s.
SOCIO-EMOTIONAL	n.s.	n.s.	n.s.

¹ See Appendix 6 for how amount of help was calculated.

* p<.05, ** p<.01, *** p<.001, Spearman correlation test

n.s. not statistically significant

The relationship between contact and receipt of family help was more complex. Contact was not significantly related to the amount of help received overall (Table 9.7a) but had varying relationships with the likelihood of help being received or not, depending on frequency of contact and whether it was with first degree extended family members (Table 9.7b). Receipt of help overall and of financial help were more likely when there was face-to-face contact with a first degree extended family member at least monthly. Receipt of social-emotional and household help were more likely where there was at least weekly contact. Caregiving was most likely to be received by those who had at least monthly contact with a first degree extended family member, but was also significantly related to montly contact with any relative, including second degree.

Table 9.7b Relationship Between Receiving or not Receiving Help from Family Members in the Last 12 Months, and Extended Family Structure

	SIZE	PROXIMITY (within 30 mins drive)	CONTACT (face-to-face)
TOTAL HELP RECEIVED	n.s.	n.s.	n.s. monthly n.s. weekly .17** 1st deg monthly .16* 2nd deg monthly
CAREGIVING	n.s.	.19* all relatives n.s. 1st degree rels	.13* monthly .19** weekly .27*** 1st deg monthly .15* 1st deg weekly .13* 2nd deg monthly .15* 2nd deg weekly
HOUSEHOLD	n.s.	.24* all relatives .24*** 1st degree rels	n.s. monthly .17** weekly .13* 1st deg monthly .18** 1st deg weekly
FINANCIAL	n.s.	n.s.	n.s. monthly n.s. weekly .15* 1st deg mthly .13* 1st deg weekly
SOCIO-EMOTIONAL	n.s.	n.s.	n.s. monthly .13* weekly .13* 1st deg monthly

* $p < .05$, ** $p < .01$, *** $p < .001$, Cramers V test of association

n.s. not statistically significant

Note: 1stdeg monthly: contact with a first degree relative at least monthly

1stdeg weekly: contact with a first degree relative at least weekly

2nd deg mthly: contact with a second degree relative at least monthly

2nd deg weekly: contact with a second degree relative at least weekly

Those who had phone contact with an extended family member in a typical month (without any face-to-face contact) received higher levels of financial assistance than those with no type of contact (50 per cent compared with 31 per cent, Cramers $V=0.13$, $p<.05$), but did not receive different levels of help overall. It was not possible to analyse the effect of having phone contact plus face-to-face contact as there were too few respondents who did not have any contact. High levels of phone contact - which may or may not be accompanied by face-to-face contact - were related only to receipt of care: 40 per cent of those who had high levels of phone contact received care during the twelve month period asked about, compared to 17 per cent of those with low levels of phone contact (Cramers $V=0.2$, $p<.01$). However, the phone contact may be a consequence of the need for care, rather than a precursor to the likelihood of receiving care.

Multivariate analyses of socio-demographic and extended family structure variables showed age to be the most significant factor in receipt of family help. Analysis of variance showed age contributed most⁶ to the amount of help received from family members ($p<.0001$), while no other variables were significantly related to receipt of help. Logistic regression showed age was also the best predictor of the likelihood of receiving help compared to not receiving help ($p<.0001$), followed by socio-economic status ($p<.05$) and contact ($p<.05$), neither of which was significantly related to the amount of help received though (Appendix 7, Table 7.9.4).

Attitude, as expressed in preference for family as a source of help, was also significantly related to both measures of receipt of help ($p<.0001$), but was also closely related to age (see Chapter Ten, Section One), so it is difficult to separate out the effects of age and family preference. However, both forms of analysis were consistent in showing age to be the prime factor. Reversing the order of entry into a logistic regression showed that, regardless of order, age

⁶ The contribution of age to the variance was between 18% and 24%, depending on the model, See Appendix 7, Table 7.9.2

was a marginally better predictor of likelihood to receive help than family preference ($p < .0001$ compared to $p < .001$, Appendix 7, Table 7.9.4). Furthermore, the sums of squares in the sequential analysis of variance showed that age contributed 18 per cent of the variance over and above family preference, while family preference contributed only 8 per cent of the variance over and above age (Appendix 7, Table 7.9.2).

Summary

Contact was the prime factor in provision of family help, while age was the prime factor in receipt of family help. Contact and proximity were more important for both giving and receipt of help than extended family size. However, the total number of first degree extended family members was important for overall provision and receipt of help, and for the specific categories of caregiving and financial help. In most cases the strength of the relationship with contact and proximity was increased when restricted to first degree extended family members. For some variables, such as size, the relationship existed only for first degree extended family members, not the whole extended family. In the case of caregiving and contact, however, a relationship existed for second degree relatives separately, though weaker than that for the total extended family or first degree members only.

The demographic characteristics of sex, age and socio-economic status were not very important for the provision of help, but age was important for receipt of help, with the younger age groups clearly being the greatest recipients of family help. This fits with the generational analysis which showed that the older generation were the greatest providers of help, particularly parents and mothers.

Only weak and category- or item-specific statistically significant relationships were found between sex and help, mainly the provision of help, with women being the prime providers of short-term care. This is inconsistent with analysis by the relationship of the giver or receiver of help, which found that women

dominated the number of incidences of help given or received, particularly in the caregiving and social-emotional help categories. The literature reviewed in Chapter Three also supports the finding that women are the main participants in family support networks. This contradictory finding may be due to the effect of a relatively small sample on the statistical analyses; thus relationships may exist which would show up in a larger sample.

This chapter has found that the main types of help being provided by the extended family were social-emotional, small-scale financial help, and household help, with caregiving relatively less likely to be provided by extended family. The next chapter looks at the preferred sources of help and attitudes to the respective roles of the family and the state in helping individuals, and for what types of help state provision is preferred. It will also relate these findings to those on actual helping behaviour identified in this chapter.

CHAPTER TEN

NORMS AND ATTITUDES TO FAMILY HELPING BEHAVIOUR AND PERCEPTIONS OF THE ROLE OF THE STATE

Introduction

This chapter presents both quantitative survey data and qualitative focus group data in relation to the second aim of this thesis, which is to investigate attitudes to the provision and receipt of extended family support and perceptions of the role of the state in the provision of support. It has been noted that there is not a strong correlation between attitudes or projected behaviour, and actual behaviour (Horowitz, 1994; Dressel and Clark, 1990:769). In the area of family helping behaviour, the attitudes and norms held by society are important, however, for reasons other than projecting behaviour; the discrepancy between normative and actual behaviour is, in fact, at the crux of the criticisms made of policy assumptions discussed in Chapter Five. If people are helping when they do not want to be helping, but are doing so out of a sense of societal expectation or lack of alternative options, the outcome may be negative.

Whereas attitudes are expressions of a viewpoint on an issue, George (1980:140, cited in Mangel and Westbrook, 1988:187) defines norms as “socially defined rules or standards of behavior [that] provide guidelines to the range of attitudes and behaviors appropriate to roles and social situations”. More specifically, familial norms are defined by Mangel and Westbrook (ibid:188) as “those standards of behavior that govern and mediate intrafamilial interactions and expectations of the family as a social system”. In relation to family support these norms guide the expectations and obligations of family members towards one another. Mangel and Westbrook (ibid:189) go on to point out that these norms are not static but may change over time, and particularly in relation to the role of government in providing for basic human needs.

This thesis explores attitudes and, consequently, norms regarding the respective roles of the family and the state in New Zealand in providing support to individuals. It does this in three ways: through open questions and vignettes in the survey, and discussions in the focus group. The first section in the survey probed attitudes to preferred sources of help for oneself, to distinguish between types of help where family is preferred and where a role for the state is preferred, while the second focused on attitudes to a sense of obligation to families in general, through perceptions of third person obligation. The focus group allowed for in-depth exploration of both perspectives. The findings on each of the survey measures are presented in separate sections below; Section One on preferred sources of help, and Section Two on attitudes towards family obligation to help. Each section includes an analysis of the relationship of demographic variables and extended family structure to attitudes to family helping behaviour, and between attitudes and actual helping behaviour as presented in the previous chapter. Relationships between the two quantitative attitude measures are also examined.

The focus group discussion concentrated on the nature of the provision and receipt of extended family support and perspectives on the role of the state (see interview guide, Appendix 3). The emphasis taken by the members of the group was on caregiving help, with occasional reference to other types of help, such as financial, where guided by the facilitator. (See Chapter Six for details of the organisation and conduct of the focus group.) Ten key themes emerged from the focus group which both support and expand on those arising from the survey data. These are integrated with the quantitative findings, where relevant, to explain, enhance or illustrate the quantitative data.

The chapter concludes with a summary integrating the findings from the two sections of the chapter, in order to present a wholistic view of attitudes

towards family helping behaviour and the role of the state in the provision of support.

Section I: Preferred Sources of Help

In order to investigate people's preferred sources for different types of help, survey respondents were asked: "Who would you be most likely to go to first, if you needed this type of help?". Answers were selected from a prompt card (see Card D below) and then respondents were invited to give reasons for their choice in an open response format.

CARD D	
01	A family member
02	Whanau
03	A friend
04	A neighbour
05	Hapu or iwi service
06	Government agency e.g. Social Welfare/Income Support, Social Worker, Housing NZ, hospital
07	Local council
08	Community group e.g. Rotary, Lions, Girl Guides/Scouts
09	Voluntary agency e.g. Barnados, Citizens Advice Bureau, Aged Concern, Meals on Wheels
10	Church
11	Professional, or private institution e.g. nurse, bank, builder, counsellor
12	Pay someone to do it
13	Pay a family member
99	Other

The decision was made to examine this topic hypothetically rather than in terms of actual behaviour for two reasons. First, it was presumed that only a small portion of the sample may have had need of a particular type of help, and with a small total sample this would not have allowed adequate analysis by the several categories within a variable. Second, the aim is to investigate attitudinal norms regarding the roles of the family and the state. While it is accepted that there is likely to be a discrepancy between intentional behaviour and actual behaviour, this thesis is interested in identifying any such discrepancy. As detailed in Chapter Five, provision of

help which results from a lack of alternatives and is not willingly given may be detrimental to the recipients of that help.

Findings are presented on preferred sources of help for individual items within each of the five major categories of help studied - caregiving, household tasks, financial, social-emotional, other - and the reasons for these preferences. As the focus group discussion centred around caregiving as a type of family help, this section includes qualitative data on the reasons for the preferred source of help to explain, illustrate and add to the quantitative findings. The key roles of family, government, the private sector, community groups and friends or neighbours, and the reasons for these are then summarised. Preferences for the main sources - family, government and private sector - are then examined in relation to the key demographic variables in this study - gender, age and socio-economic status, the extended family structure variables from Chapter Eight, and actual helping behaviour by family members presented in Chapter Nine.

Caregiving

Table 10.1 Preferred Source of Caregiving Help

Type of care	Family/ whanau %	Government agency %	Friend/ neighbour %	Private institution /pay %	Community group (incl.church) %	Other %
When sick or injured 3 months or less	75	4	9	3	1	8
When sick or injured more than 3 months	57	12	3	12	1	15
Childcare* occasional	20 (58)	<1 (1)	12 (34)	2 (6)	-	-
Childcare* regular	9 (29)	<1 (1)	6 (18)	12 (44)	1 (3)	1 (4)

* a large number answered "not applicable" for these questions, so %s in () based on those for whom it was applicable.

At the normative level, family was the first source of all types of caregiving except childcare on a regular basis (Table 10.1). The importance of family declined as the length of time that care was required increased, but it remained the first choice for the majority. Compared to care for oneself, however, family (outside the nuclear family) was not as important for childcare. The government was not seen as having a major role to play in direct provision of childcare, and only when personal care was needed for more than three months would many people seek help from a government agency. Nor were community groups perceived to be an important source of caregiving help. Friends and neighbours, though, did have a strong role to play in occasional childcare, as did private institutions/paid care for regular childcare and longer term personal care.

The key reasons¹ that people would go to family first for their own care, whether short or longer term, included: proximity, closeness of relationship and that a family member(s) would be willing to help and would offer this sort of help if it were needed. In contrast, the absence of family living close by was the reason for people not going to family first if they needed looking after when sick or injured. In addition, where care was needed for more than three months, the main reason given by those who would not seek help from family was that it would be an imposition because it would be too much to ask of family or was for too long a time. The need for more expertise was also an important reason for preferring sources of help other than family.

¹ The data on reasons for preferred source of help are analysed qualitatively as they are derived from open questions (see Question 10 in questionnaire, Appendices 1a & 1b) and some questions, for example, on childcare or divorce, applied only to some people. Some respondents, especially in the postal sample, did not answer this part of the question. Analysis is thus broad and qualitative, based on comparison of the main responses coming through in each category, as per Tashakkori and Teddlie (1998:128) who state that: "In survey research, there often is a combination of open-ended and closed-ended response options. These closed-ended responses are analyzed statistically, and the open-ended responses are content analyzed."

Various views were expressed in the focus group about caring for the elderly at home versus in rest homes. There was strong feeling that a family carer was not necessarily the best, that rest home care may be better for the elderly person's wellbeing than being cared for at home by family.

*"I would think to put them in a rest home is probably a reasonable exercise, because there you've got companionship all day long. To have them at home they're probably going to spend quite a few hours by themselves. Now depending on their state of health, whether that's a good thing or a bad thing I don't know, cos if there's an emergency it could be a bad thing you know."*²

"With Alzheimers they can't be left by themselves so it's better to be in a rest home situation where they can be kept an eye on all day in case anything happens to them."

"I've got an elderly cousin who has Alzheimers disease ... it must be very difficult to live with a person that's got that complaint because they don't know what's going on."

The older person's perspective and preference were also mentioned both by an older person and one who experienced growing up in a home where her grandmother was being cared for. While the ideas of family care not necessarily being the best option and the need for the wishes of the person being cared for to be considered were also expressed in the survey data, additional information on this theme came through in the focus group discussion. What emerged from the discussion was that the older person may have feelings of "being a burden" if cared for by family at home. This reflected findings from other research presented in Chapters Two and Five about the inherent problems in the unequal nature of the family caregiving relationship.

"I actually think that they would feel a burden to the person that's looking after them - [expressions of agreement] - the likes of my grandmother - Mum and Dad looked after her, but all she'd ever go on about - 'I don't want to be any trouble, I don't want to be any trouble'. Now it got to the stage, Mum and Dad had people come for dinner and she wouldn't sit at the table because she felt that she didn't want to be a burden. Now the last thing they ever ever wanted

² Quotation marks are used to indicate where one speaker ends and another begins.

was for that, but she just thought 'I'm going to live with them, that's fine, but I want to have my own identity - don't want to be any burden at all', so she would have actually been better off going into a home."

Similar feelings were expressed by the older person in the group in relation to giving up jobs to care for elderly family members; he would not want to put the pressure on his family that caring for him would involve.

Another reason against family provision of help that was a key point of discussion in the focus group, but which did not come through in the structured survey approach, was the financial costs of helping family.

"I often think if I got to the stage where I got cancer of that sort of magnitude that my life expectancy wasn't very great, I would hate anybody to see me in that situation. I reckon I'd go and jump over a cliff first - I wouldn't want to put that pressure on my family. By coming to look after me they've got to give up their job, by giving up their job they're decreasing their style of living, because the money's not there."

A further point emerging from the discussion was that the financial costs of helping exacerbated feelings of inequity among family members and therefore added to the need for government assistance, in order to alleviate family tensions.

" And then you look at the other concept of course, with mine you see I've got a daughter in X, one in Y, one in Z, my son's in A, I've got one daughter in PN, and she works at a very important job. Sso it would all fall on her, and that would be the last thing I'd expect from her, and I know that probably there'd be a bit of animosity that would creep in."

Participants wanted flexibility and alternatives in the provision of financial help. They wanted it to be responsive to individual family need in terms of how that assistance was utilised; for example, to enable choice of purchasing private or government care, or respite care.

" If some families are scraping the barrel, still their pride will not let them go out and get government assistance; they'll do it privately and they'll fund it whatever way they can. That option should be

there, it shouldn't be compulsory. There should also be the facility for them to get assistance to do that privately without people realising it's coming through state assistance."

"Exactly."

"They should be able to go to Social Welfare and say look we want to get a private home on our own - what help can we get from you, we don't want to go public. A lot of families, because of family pride, will not go to Income Support. They'd rather go without and let them suffer."

And they want public financial support to be there as of right, and universal, not targeted or means-tested.

" I feel there needs to be a government service but it should be available to all people, not depending on how much finance or family they've got [expressions of agreement] - I think financial government assistance should be there to a certain level for everyone - not means tested - so everyone's got equal rights no matter how many savings or non savings they've got, they've got that assistance available, and if they need more above that the family should come in then."

This led to a discussion of cultural differences and of the strong culture of independence in European New Zealand society - compared to the Polynesian and Asian cultures - whereby help is not taken for granted, and is often difficult to accept. As a result, by the time someone asks for help, they are often past being able to be cared for by family. The notion of a strong culture of independence for European New Zealanders, stemming from our colonial history, was spontaneously raised by the group. This was a unique contribution of the focus group discussion to the overall empirical data on the attitudes of European New Zealanders to the giving and receipt of extended family support.

"We're not trained, or we're not conditioned to look after our elderly relatives, not like the Maoris do; they're conditioned to it, its been part of their heritage for many many years."

"We stay independent for too long and by the time you need that help you're past that family help. The Islanders have it, and the Asians, but the Maori lost it when they became westernised, and they're trying to pick it back up. In the Europeans, some families have got it and some families haven't."

"Yeah, I'd agree with both of you. _____ answered it beautifully before; he wouldn't tell his daughter because he'd feel as though he's a burden. We are conditioned to be self-dependent and by the time any of us admit that we need help we're past going to the family. We stay independent for too long and by the time you need that help you're past that family help."

For childcare, the survey data showed that the most important reasons for going to family remained the same as for one's own care: proximity, close relationship or knowing the children, and their willingness to help. However, two further reasons became more prominent with the care of children: reliability and trust, and reciprocity. These two, along with knowing the children, were also important reasons for choosing friends or neighbours for occasional childcare.

In the provision of regular childcare, the importance of family, friends and neighbours declined and the private sector, involving payment and professionalism, became the most important source of care. The main reason for preferring the private sector, stated by half of those choosing it, was that childcare on a regular basis is too great an imposition on family, friends or neighbours and that these people would not have the time to carry out this task. Expertise was also an important factor in choosing to pay for regular childcare, followed by family not being geographically close enough.

Thus, there are similar patterns between care for oneself, and care of children, with the amount of time that help is required for being a factor in the likelihood of seeking help from the government (personal care) or the private sector (childcare).

Household Tasks

Table 10.2 Preferred Source of Help for Household Tasks

Type of help	Family/ whanau %	Government agency %	Friend/ neighbour %	Private institution /pay %	Community group (incl. church) %	Other %
Food, meals	54	2	13	7	8	16
Shopping	56	1	23	2	1	17
Housework	47	2	11	21	2	17
Garden/lawn	43	1	11	25	1	19
Home repairs	35	<1	12	31	<1	21

Family is still the preferred source of help with household tasks, but not to the same extent as with caregiving. Help with food or meals and shopping are the tasks for which people are most likely to go to family. As the tasks become less personal or require a higher degree of skill, people turn to other sources of help. The reasons for choosing family are proximity and willingness, with the willingness declining for housework and home maintenance or repairs.

Friends and neighbours are the most likely alternatives for assistance with provision of meals and with shopping. The reasons are their proximity when there are no family members in the same town, and the belief that these tasks are generally not too onerous and therefore non-family would also be likely to be willing to do them. They are also viewed as tasks that can fairly easily be reciprocated thus keeping the relationship equal.

When assistance with housework, gardening, lawnmowing and home maintenance and repairs is required, people are more likely to pay someone. The reasons for paying rather than going to family, or to friends and neighbours when family do not live locally, are that these tasks are perceived as being more of an imposition, and in the case of home maintenance or repairs, requiring a degree of skill.

The government is not seen as a direct source of help with household tasks and the provision of food/meals is the only area where community groups are looked to for help.

Financial Help

Table 10.3* Preferred Source of Financial Help

Type of help	Family/ whanau %	Government agency %	Friend/ neighbour %	Private institution %	Community group (incl. church) %	Other %
Home loan	14 (20)	1 (2)	-	52 (76)	-	<1 (2)
Loan \$100+	38 (53)	1 (1)	6 (8)	26 (35)	<1 (1)	1 (2)
Regular payments	26 (45)	17 (30)	3 (5)	6 (11)	1 (2)	5 (7)
Doctors bills	27 (40)	19 (29)	2 (4)	12 (19)	<1 (1)	5 (7)
Education fees	13 (28)	17 (38)	1 (2)	10 (21)	1 (3)	3 (8)
Clothes	23 (53)	9 (19)	2 (5)	3 (7)	3 (6)	4 (10)

*A large proportion of respondents considered this question not applicable/home already paid off, so %s in () are based on those who answered.

Families are not perceived as having such a role to play in financial assistance as with other types of help. The main reasons given for this are: there are other more appropriate avenues for this sort of help, not being able to afford this kind of help, and a desire for independence in financial matters. The main role of family in this area is perceived as being with small monetary loans and clothing. However, a surprising 20 per cent (n= 35) of those who felt this question was applicable to them said they would go to their family as the first source for a home loan or a deposit for a home. In the categories where people do turn to family, willingness to help and being able to afford to are the key reasons given.

For the most part, the provision of large-scale financial assistance was seen as the province of private institutions, such as banks. The private sector is more prominent in this section as a whole than in previous help categories, the reasons given being that "that's what they're there for", "no-one else

could afford that kind of assistance", and "independence"/"freedom from obligation". Even in categories where affordability is not such an issue (such as small monetary loans, doctor's bills and education fees) for those who go to the private sector, independence and not wanting to ask family are major concerns.

The government is also perceived by more people as being the first port of call for assistance of a financial nature rather than for caregiving or household help, particularly for regular essential payments such as power, phone or rent, doctor's bills or medical costs, education fees and clothing. However, "help to pay education fees" was the only item on which the government outranked the family as the preferred source of help. The main reason people gave for being most likely to go to a government agency first, was that "that's what they're there for" coupled with a sense of entitlement (especially if they were already receiving income support from government).

Social-Emotional Support

Table 10.4 Preferred Source of Social-Emotional Support

Type of help	Family/ whanau %	Government agency %	Friend/ neighbour %	Private institution /pay %	Community group (incl. church) %	Other %
Emotional support	47 (51)	<1(<1)	32 (35)	6 (6)	4 (4)	10(3)
Divorce support*	30 (50)	-	17 (29)	6 (11)	4 (6)	2 (4)

* A large number of respondents answered "not applicable" for these questions, so %s in () are based on those for whom it was applicable.

Families were perceived by around half of the respondents as being the first source of emotional support and support during or following a separation or divorce. This is consistent with this being the type of help occurring most often in the question on actual family helping behaviour over the past twelve months, with 40 per cent having received it (see Chapter Nine). However, while family has an important role to play here, about half of the

respondents were as likely to prefer another option for this kind of support. Friends are the most likely alternative source, with a smaller number going to private counsellors or community groups, including the church. It is clear that people do not perceive the government as having a role in this type of support.

The main reason for turning to a family member for emotional support is, not surprisingly, emotional closeness of the relationship, with some also mentioning the history of the relationship as being important; the fact that that person knows you well. While these factors also apply to friends, who are the main alternative source of this kind of help, friends are additionally sought out as being more independent and impartial than family. This becomes even more important where divorce is the reason for needing support. Having had a similar experience is also a key reason for turning to a friend for support during or after a divorce or separation. Those needing support as a result of divorce or separation are also likely to feel the need for the skills of a professional.

Other Types of Help

Table 10.5* Preferred Source for Other Types of Help:
(accommodation, jobs and advocacy)

	Family/ whanau %	Government agency %	Friend/ neighbour %	Private institution /pay %	Community group (incl. church) %	Other %
Place to live less than 6 months	46 (56)	7 (8)	16 (19)	8 (12)	1 (2)	2 (3)
Place to live more than 6 months	27 (35)	20 (25)	7 (9)	18 (27)	1 (2)	2 (3)
Help to get a job	8 (11)	19 (28)	12 (17)	17 (24)	<1 (1)	13 (19)
Help to deal with institutions	26 (30)	7 (8)	9 (11)	19 (23)	11 (13)	14 (15)

*A large number of respondents answered "not applicable" for some of these questions, so %s in () are based on those for whom each question was applicable.

Family were most likely to be approached first for short-term accommodation, followed by friends and the private sector. When the need becomes longer term, people were less likely to go to friends or family, and more likely to go to the private sector or a government agency.

The reasons given were that family and friends would be able and willing to provide short-term accommodation, whereas a longer term accommodation need would become an imposition and not be considered feasible by about half of those who would go to family on a short-term basis. Notably though, this means that about half those who could go to family for short-term accommodation felt that they could still go to family for accommodation on a longer term basis.

While the desire not to impose on family or friends was the main reason for both those who would go to the private sector and those who would go to a government agency for longer term accommodation need, independence and expertise were other key reasons for using the private sector. This compared with "it's their job; they are the most appropriate" as the reason for those who would use government agencies.

The government, through its employment service, is also seen by many as having a role in helping people find jobs. This is not an area where people are likely to turn to family, the reason being lack of resources or skills to provide such help. It is clear that there is a range of avenues for help in this category, depending on the type of work done and the ability, therefore, of particular sources to be able to help. A large number of respondents in the "other" category reported that they would not look to anyone for help with this task.

Similarly, 14 per cent felt they could handle dealing with officials or institutions by themselves. While one in three would seek family support,

one in five would look to a professional such as a lawyer, and community groups are also seen as being useful in this area.

For the last two remaining categories, finding a job and dealing with officials or institutions, the most important criteria in choosing someone to help were expertise or experience. This applied across helper categories, with a government agency (NZ Employment Service, now part of the Department of Work and Income) and private sector employment agencies being the most likely sources of help to get a job. For dealing with officials or institutions, family or the private sector were seen as the sources most likely to have the necessary skills. Voluntary groups also featured in this type of help more than any other type due to being perceived as having the necessary expertise and experience. With family, the next most important reason was being happy to assist, while for government or private sector help it was their appropriateness and “being their job” that came next. Proximity was a second factor in turning to friends for help. As with other categories above, independence also featured for those seeking private sector help.

The Relationship Between Family and Government as Sources of Help

There is a generally perceived need, evident in both the survey and focus group data, for government assistance in addition to what families can provide. Geographic distance and the history of family relationships are issues identified in both sets of data as affecting families’ ability to help.

“I think it all depends on what sort of family life it’s been from sort of go - if the family’s been a bit dysfunctional, then you’re not going to get support.”

However, the focus group discussion provided the additional and important depth of information that it is not possible to draw a fixed line about when that help is needed.

"You can't personally draw the line - each situation is totally individual - ok take a topical one these days - sexual abuse - [others - mmm]. If someone in the family gets accused of it, no-one wants to touch it; if it's cancer, half them don't want to touch it; if it's heart attack - what's wrong, nothing's wrong, that's accepted, they can handle that [agreement]. They can't hack cancer, they can't hack sexual abuse, a lot of them can't handle infidelity, break up in the family for that sort of reason. So if they've got strong religious views or feelings on those sorts of matters, you cannot force them, it'll only make it worse - personal make-up and social feelings and beliefs. There needs to be some service available, because if you force them you'll only make it worse."

The general consensus from both the focus group discussion and the survey data is that government assistance does not replace family help, but supports it, enabling families to help themselves. The focus group data makes it clear that the family will still be involved if they can, providing the things the government is unable to provide and any extras.

"I feel that there should be government funding for whatever the situation is, and it should be on a base level. The family should also be there to help or help decide how the money from the government should be used."

"Well I would far prefer to see the family help staying within the family, but with that financial help to take the burden off the family, if and when it's required ... a lot could be adequately looked after at home if there was that."

"I don't think you'll ever take away the need for families to help one other. I think it would depend on the type of family, but in our situation that would never occur. The funding would always be there, but family would also always be part of it." [agreement expressed by others]

The exceptions are in those instances outlined earlier where, due to family history, the excessive demands of the type of help required, or the personal incapacity of family members to help, the family would not help anyway, and the person needing help would suffer. Alternatively, family would be forced to help against their will, because of a lack of government assistance, and again that would not be in the best interests of the person needing help.

However, consistent with Dalley (1996) and O'Connor (1996) as presented in Chapter Five, participants in the focus group discussion were clear that there is a difference between family and non-family help: family care *about* the person, while the state may care *for* them, as either provider or funder. Families, they say, do not want to totally relinquish responsibility for their members; they want to be involved in decision making, monitoring quality of care, and social-emotional support.

"I feel that there should be government funding for whatever the situation is, and it should be on a base level. The family should also be there to help or help decide how the money from the government should be used - now he needs new trousers, new undies or whatever, she should have that sort of say. If he deteriorates, improves, she should be able to discuss with the hospital which avenue is the best to take. I think if she has some sort of input, it's her way of showing that she's contributing and helping."

"Because it's blood-related and it's feelings, it's like you're my brother, it'll be a caring sort of a side, it'll be emotional."

"You're not a number, you're a relation."

"Showing the recipient that there is some care for them out there even though they can't actually look after them."

"Yeah, and you are prepared to help, you're not just leaving them on an island on their own, you're actually there doing something to show that you're there for them, that you're interested in what happens to them."

Again, this is important depth of information which emerged from the focus group discussion and that could not be obtained from the structured survey data collection method. It highlights the complexity and complementarity of the roles of the two key institutions - family and state - involved in the provision of support to individuals. The distinction between family involving duty and obligation, and non-family involving choice, was also expressed.

"With a family it becomes a duty."

"Duty and obligation."

"That's right. It's still a choice as a family member, but I think tied up with that degree of choice is a degree of family duty."

When compared with non-family helpers, such as friends and voluntary organisations, an interesting perspective on this tension between "choice" and "obligation" emerged: if others will help, the family will stand back and let them, which suggests that family sometimes help only from duty rather than choice. This tension between duty and choice in helping family leads in to Section II of this chapter, on attitudes towards family obligation to help. This follows the analysis of preferred sources of help by demographic factors and relationship to family helping behaviour.

There were some clearly identified circumstances in both the survey and the focus group data as to where government help is essential: the financial costs of helping, long-term care and accommodation, and care of the mentally ill. Also for care of the elderly, who are perceived as requiring health care when they are beyond being independent. There was also another strong view emerging from the focus group data, but not the survey data, as to why people strongly believe the elderly are primarily the responsibility of government; people have paid their taxes throughout their working lives in the belief that they will be looked after by the government in their old age:

"I think it's conditioning. I think it's what's happened like back in my parent's day, they were told like go out and get your job, do your work, so a portion of your tax is going to be for your pension, so it's conditioned, I think that's why the answer will come through that way. I've heard it from my parents, it doesn't matter a portion of my tax is going for my retirement that's fine. I think that's the way the government's taught people over the years and I think that's why, like with my parents felt so strong that they should have been getting something, they paid their taxes because this was what was going to happen when they get to 65."

Summary of Preferred Sources of Help

Table 10.6 Types of Help for Which Each Source is Most Important*

	Caregiving	Household help	Financial help	Housing, jobs	Social-emotional
Family	1	2			3
Government	3		1	2	
Private sector		2	1	3	
Community groups		2		1	3
Friends and neighbours	3	2		3	1

* Numbers represent ranking order within each source of help, rather than within categories e.g. the category in which friends occur most is socio-emotional, rather than friends are the most important source of socio-emotional help. Family are still the most important source of this type of help (see Table 10.4)

Family is the preferred source for most types of help compared to other sources, but is most preferred for caregiving (except regular childcare), shopping, food and meals, and emotional support. It also rates above other sources for small loans and clothing and short-term accommodation.

In contrast, government was rated most highly in the areas of financial help, long-term housing and jobs, but on specific items only rated higher than family for education fees and help to get a job. Long-term caregiving is also an area where government is often the preferred source, but family is still more likely to be preferred.

The private sector is only looked to for the less personal and more arduous types of support. It is the most preferred source of the major financial area of home loans, and for regular childcare. It also rates strongly for the more onerous types of household help such as home maintenance, gardening and housework, for long-term accommodation and help in dealing with institutions where expertise is required.

Friends and neighbours are not a major preference for support, as found in the research reviewed in Chapter Five, but when they are sought it is for more personal tasks (caregiving - especially childcare - personal household

tasks, social-emotional help) compared to the non-personal types of help where government is preferred (finance, practical types of help, housing, jobs). The areas where friends and neighbours are most preferred are for socio-emotional help and occasional childcare, that is, peer group type activities, where sharing a life cycle stage might be regarded as important. They are also noted for help with some household tasks, such as shopping, and short-term accommodation (less than six months).

Community groups are rarely mentioned as a preferred source of support. Mention occurs mainly in the areas of dealing with institutions, provision of food and meals, and social-emotional support, but does not approach the leading sources in any category of help.

Although "local council" was a response option for this question, it was rarely chosen, and when selected it was mostly for accommodation (short-term $n=2$; longer term $n=3$). Similarly, iwi and hapu services were not often chosen; this is not surprising given the low number of Maori in this small sample³.

Main Reasons for Preferences

The main reasons for preferring each source of help, according to the survey data, are summarised in Table 10.7 below.

³ The categories where iwi and hapu services were mentioned were help with education fees and with dealing with officials or institutions. Whanau did occur more often, being preferred by between two to four respondents (10-20 per cent, $n=19$ Maori in sample) across the items. The items where whanau occurred most were: occasional childcare, food and meals, garden and lawns, clothing, help with divorce, short-term accommodation, help with dealing with officials or institutions.

Table 10.7 Main Reasons for Preferring Each Source of Help

	Sources of Help				
Reasons for preference	Family	Government	Friend	Private sector	Community
Proximity	√		√		
Lack of family proximity		√	√	√	√
Relationship (closeness, history)	√		√		
Willingness	√		√		
Because it's family	√				
Reciprocity			√		
Expertise	√	√	√	√	√
Because they're there; it's their job		√		√	
Independence/ no obligation			√	√	
Imposition on family		√		√	
Affordability	√			√	
Lack resources (e.g. room)					√

From Table 10.7 it can be seen that family and government complement each other rather than overlap. Another point of note in Table 10.7 is that, while the reasons for going to friends for help most approximate the reasons for going to family, the reasons for going to government most approximate the reasons for going to the private sector or community groups.

The key factors involved in perceiving family as the first port of call for help are proximity, the closeness or history of the relationship, and the willingness and ability of family to provide help. Whilst proximity is the most important factor for caregiving and help with household tasks, and the quality of the relationship is a key factor in caregiving and emotional support, willingness to provide help is the most important reason across all categories except social-emotional. An example of the importance of willingness to provide help as a reason for preferring family help is that, in

the category of financial help, willingness to provide help was more frequently given as a reason for going to family than was the ability of family to afford such help.

In the areas where government is preferred as a first source of help it is because family do not live close by or tasks are seen as an imposition on family and expertise is needed, but mostly because these areas are seen as the responsibility of government. The private sector is also looked to for things that are seen as too much to ask of family or where expertise is needed, but distinct from government was the incidence of the "independence" factor for those who would be most likely to go to the private sector for assistance.

The fourth sector of the mixed economy outlined in Chapter Five was the community. This includes friends, neighbours and voluntary organisations or community groups. Choosing friends as the preferred source of help shows a combination of the factors that occur in choosing family (such as relationship and willingness and proximity) along with those factors that apply in going elsewhere (such as lack of proximity of family, expertise, and independence). Of interest is that reciprocity rates more highly as a reason for seeking help from friends than it does as a reason for seeking help from family. Community groups and voluntary organisations were not often chosen as preferred sources of help. When they were it was because they were seen as having some expertise, or because family members were not available or did not have the skills or resources to provide the type of help required.

The choice of where to go for help will be determined to some extent by what is available to choose from, or what has been available in the past. For instance, for long-term personal care people are likely to seek government help because it exists or has in the past, but for regular childcare would choose a paid option as there is no government option available. It is likely

that if childcare were offered by government, some people would opt for this ahead of private institutions. This idea is supported by the reasons given for choosing government agencies for many of the financial help categories - "because they're there" or "I'm entitled to it" - although equally there were those whose answer was "because it's their job", that is, whether or not it is an option at present, it should be.

In distinguishing between those who turn to government for outside help compared with those who would turn to the private sector, there is an element of independence. Numbers are too small, however, to test the statistical significance of this distinction.

There were some important reasons for helping family members evident in the literature discussed in Chapters Two and Three that were not commonly given by respondents in this study. Reciprocity was not a frequently given reason for helping family, arising more often in relation to help from friends. The areas where it did occur in relation to family help were mainly caregiving, especially occasional childcare, and provision of food or meals, and shopping help. These are types of help that are not particularly onerous or long-term compared to, say, regular or long-term caregiving. Nor did a sense of obligation or duty occur frequently enough to rate as a main reason. Whilst the concept of family help as "natural" or "automatic" as expressed in the comment "because it's family" was mentioned, it was not a main reason in any category. It occurred most often in the "other" category of miscellaneous types of help, but also in relation to personal caregiving, household tasks and short-term accommodation (less than six months).

In comparison, the concept of "willing, would offer, want to, happy to" was a key reason for being most likely to go to family first for all types of help except social-emotional, where emotional closeness was most important, and getting a job or dealing with officials, where expertise and

experience were more important. It is interesting to note that, for household tasks other than help with food and shopping, likeliness to ask family for help decreased as willingness of family members to provide help declined as a reason for seeking family help. That is, people are less likely to seek help from family for tasks which they feel family would not be willing to provide.

Demographic Factors Associated with Preferred Sources of Help

In order to examine how demographic factors and extended family structure were related to helping preferences, a single measure was developed for preferred source of help overall. This was calculated by summing the number of types of help for which each source of preference was expressed, allowing a possible total score of 21 for each source (see questionnaire Appendix 1a). Scores were then grouped into high, medium and low tracentiles, with 0-3 being low preference, and 7 or more being high preference. Details are provided in Appendix 6.

Sex and age were the only demographic factors significantly associated with preference for going to family first if in need of help. There was no significant relationship between socio-economic status and expressed preference for family help. Age was also significantly related to preference for seeking government and private sector help (see Table 10.8).

Women were more likely than men to express a preference for turning to family for help. Forty-three per cent of women said they would choose family for seven or more types of help, compared to 29 per cent of men, while 50 per cent of men said they would choose family for fewer than four types of help compared to 31 per cent of women (Cramers $V=0.2$, $p<.01$).

Young people aged 18 - 24 years were more likely than the other age groups to choose family help, and it is by far the main source of help they would choose (see Table 10.8). This is consistent with findings in the previous

chapter that the younger generation, and this age group in particular, is the main recipient of family help.

Table 10.8 Preferred Sources of Help, by Age Group

Source preferred for seven or more types of help	Age Group					Test
	18-24 yrs	25-44 yrs	45-64 yrs	65+ yrs	TOTAL	Cramers V
	%	%	%	%	%	
FAMILY	69	32	37	21	37	0.2**
GOVERNMENT	25	29	16	8	21	0.2**
PRIVATE	16	44	42	11	34	0.2***

** p<.01; *** p<.001

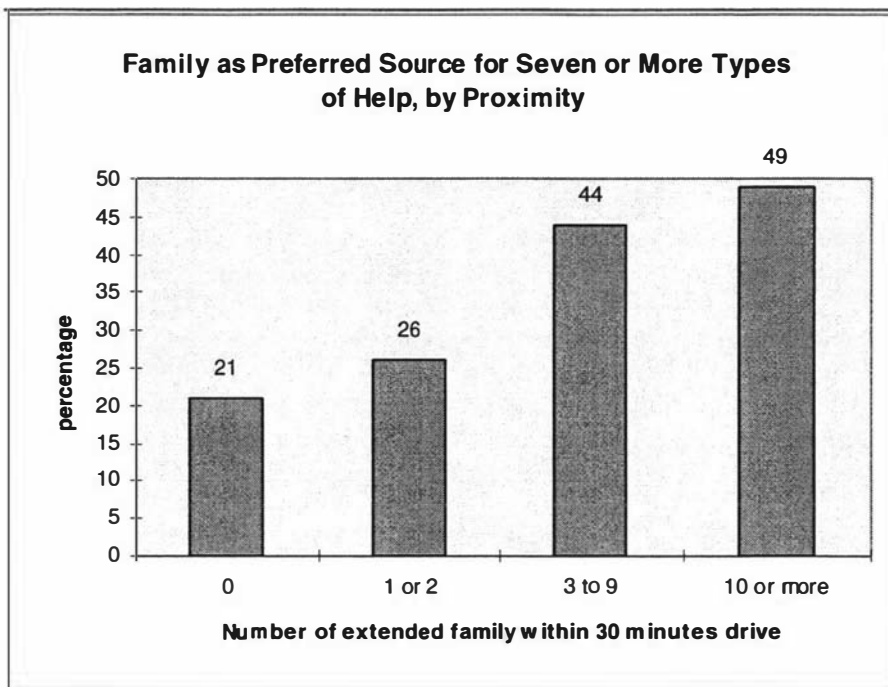
Those under 45 years of age were the most likely to seek government help, while those in the centre age groups (25-44 and 45-64 years) were the most likely to choose private sector or paid help (perhaps, as the labour force age group, being the most likely to be able to afford to pay). Interestingly, the older age group, 65 years and over, were least likely to report that they would seek help from any of these sources, perhaps indicating they have less need of many of these types of help. Yet family is still the preferred source of help for this group.

Extended Family Structure

Proximity (spearman's rank correlation 0.3, p<.001) and contact (spearman's rank correlation -0.3, p<.001⁴) were the main aspects of extended family structure associated with family as the preferred source of help. Size of extended family network was not significantly related to helping preference, but both the number and proximity of first degree relatives were.

⁴ Contact correlation negative because high score = low contact, thus high contact is correlated with high family preference.

Figure 10.1



As figure 10.1 shows, people with no relatives within thirty minutes drive, or only one or two such relatives, were less likely to prefer family for more than seven types of help than those with three or more relatives at this proximity (Cramers $V=0.23$, $p<.001$, which increases to 0.3 , $p<.0001$ for first degree relatives at this proximity).

Similar results were found for contact. Of those who see a relative at least once a month, 40 per cent have a high preference for family help, compared to 23 per cent of those with less contact (Cramers $V=0.22$, $p<.01$). Weekly contact increases the statistical significance and strength of association slightly, with similar percentage distributions (43 per cent and 29 per cent respectively, 0.28 , $p<.0001$). Having frequent contact with a first degree relative does not increase the level of association greatly (49 per cent for monthly contact and 29 per cent for less contact, 0.24 , $p<.001$), but there is no significant relationship between family as the preferred source of help and seeing only a second degree relative, or having only phone contact.

There were no statistically significant relationships between extended family structure and choosing the government or private sector as the preferred source of help.

Multivariate analysis using sequential analyses of variance to determine the effect of a variable over and above the others in the equation shows that the main factors significantly associated with preferring family as a source of help were proximity ($p<.001$) and receiving help in the last twelve months ($p<.001$), plus age ($p<.01$), which is highly correlated with receipt of help.

The Relationship Between Preferred Source of Help and Actual Helping Behaviour

Both giving and receiving family help were significantly related to family being the preferred source for several types of help, but the relationship was stronger for receipt of help than provision of help (see Table 10.9). As Table 10.9 shows, these findings are repeated for the giving and receipt of care, but in the categories of household, financial and socio-emotional help, only receipt of help is significantly related to preferred source of help.

Table 10.9 Family as Preferred Source of Help,
by Actual Family Helping Behaviour

Category of help	Giving of help	Receipt of help
Total help	0.2*	0.3****
Caregiving	0.2*	0.3****
Household help	n.s.	0.2***
Financial help	n.s.	0.2*
Socio-emotional help	n.s.	0.3***

¹ By Cramers V on grouped percentage data for preferred source of help (see Appendix 6 for how measure calculated).

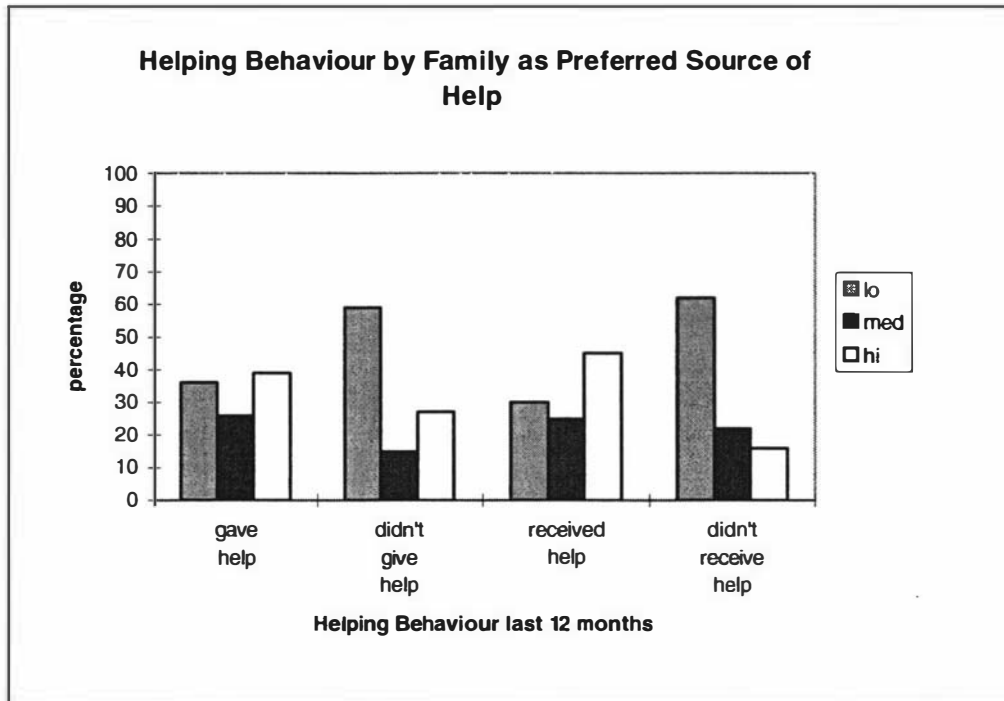
*= $p<.05$; ***= $p<.001$; ****= $p<.0001$

n.s. not statistically significant

Distribution of helping behaviour over the family preference tracentiles is presented in Figure 10.2 below. It shows that those with low family preference scores were much less likely to have given or received family

help in the past twelve months, while those with high family preference scores were more likely to have received family help. Having a high preference for family help did not result in markedly higher rates of giving help to family though.

Figure 10.2



Preference for government as a source of help was only significantly related to receipt of help from family, not to the giving of help to family. Seventy-nine per cent of those who mentioned government as a preferred source of help had received help in the past twelve months compared to 63 per cent of those who did not mention government at all (Cramers $V=0.2$, $p<.05$). This relationship is specifically in relation to receipt of financial help (0.2 , $p<.01$) and social-emotional help (0.2 , $p<.01$). Those with high scores for government as preferred source of help were twice as likely as those with low scores to have received financial help (49 per cent compared with 25 per cent) and socio-emotional help (60 per cent compared with 31 per cent) in the past twelve months. Thus it seems that those in financial and emotional need are likely to turn to both family and government when they need help.

Multivariate analyses reported in Chapter Nine show proximity and contact are stronger contributors to help giving behaviour than helping preference, but helping preference is one of the most significant factors in receipt of help.

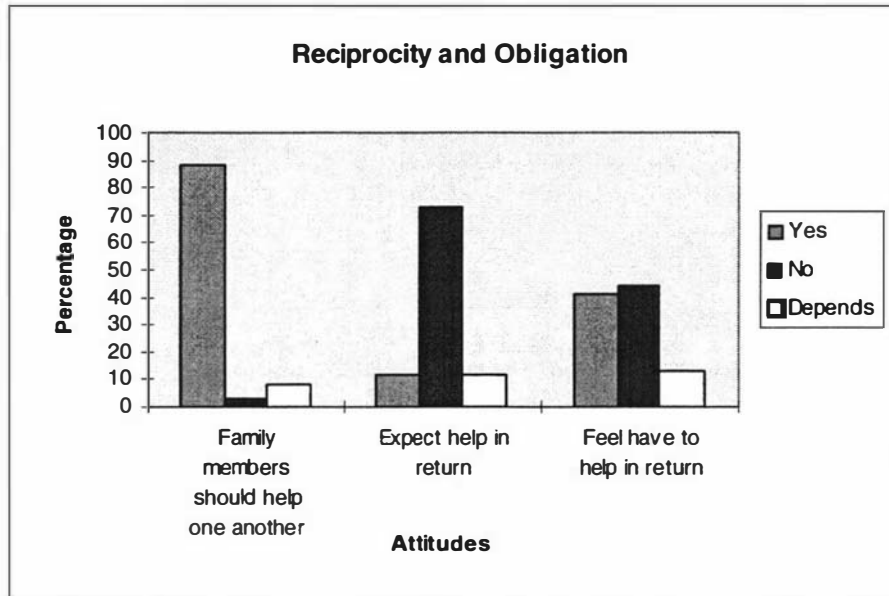
Section II: Attitudes Towards Family Obligation To Help

This section presents the findings from attitude statements and vignettes in the survey that examined attitudes towards family obligation and reciprocity directly, and then through specific circumstances which explored a range of dimensions such as type and degree of help, and degree of relationship between the potential helper and recipient. Qualitative data from the focus group are included, where relevant, to illustrate, explain and enhance the quantitative findings. Relationships between the findings on this measure of attitudes are then considered in relation to the standard demographic measures, and the measures of extended family structure and family helping behaviour used in this study. The two attitude measures, “helping preference” (from Section I of this chapter) and “sense of obligation to family in general”, are then looked at in relation to both their correlation with, and distinction from, each other.

Obligation and Reciprocity

Figure 10.3 shows the outcome when survey respondents were asked direct questions about whether family members should help one another, and whether or not they expected to have help reciprocated, or felt obliged to return help received. There was almost universal agreement that, in general, family members should help one another. What is interesting is the discrepancy between feeling one has to reciprocate help received, but not expecting that help given be reciprocated; while almost three-quarters felt obliged to reciprocate help received, less than half expected help given to be reciprocated.

Figure 10.3



A small proportion (up to 15 per cent) qualified their answers to the above. The most common factors that responses depended on were the type of help involved and an ability to provide the help required. A further point was made by some respondents that feeling obliged to reciprocate help did not mean having to do so immediately or with the same type of help.

Later scenario type questions designed to tap situations when family members should or should not help on a range of dimensions such as degree of relationship, type of help, and other commitments also provided an opportunity to investigate a sense of reciprocity in two ways: those who specifically mentioned reciprocity as being a reason for helping, and through bivariate analysis of questions posing reciprocal scenarios. For example, respondents were asked both whether “parents who can afford to should offer to help their adult children if they are struggling financially” and whether “adult children who can afford to should offer to help elderly parents financially if they need it”. Two-thirds of the sample said “yes” to both, yet only 3 per cent mentioned that reciprocity was a factor involved in whether or not elderly parents should be helped financially. In addition, a total of 13 per cent said “yes” to one and “no” to the other (a similar

percentage for each combination) suggesting they do not see this kind of help as reciprocal.

Obligation Vignettes

The results of these scenario or vignette style questions are presented by individual items in Table 10.10. These items are then grouped by broader topics, such as “parents and children”, and “care of the elderly” for analysis of both the quantitative survey data and qualitative focus group data on attitudes to family obligation.

Parents and Adult Children

Table 10.10 shows that whilst there was strong agreement in general for parents and adult children helping each other out financially when needed, if they can afford it, there was equally strong opposition to parents having to be financially responsible for adult children who were students up to the age of 25. Of the 15 per cent who qualified their answer, just over half felt it depended on need, in terms of whether the student could get part-time work or not, and the remainder thought that 25 was definitely too old to be financially dependent on parents. Ages of 18-20 years were suggested as cut off points, after which students should be responsible for themselves and, where they could not manage, be eligible for government support.

There was also a reasonably strong level of support for providing accommodation to adult children in need, as expressed by a scenario involving a sole parent. Almost two-thirds thought parents should offer temporary accommodation to a daughter and children following a separation, but it was stressed that this depended on circumstances and ability to help, and should be confined to the short-term, not a permanent arrangement.

Table 10.10 Responses to the Helping Scenarios

Attitude Vignettes (N=252)	Yes %	No %	Don't know /not sure %
Parents who can afford to should offer to help their adult children if they are struggling financially.	73	12	14
Parents should be financially responsible for their unmarried children until they are 25 if the children are students.	18	70	12
Adult children who can afford to should offer to help elderly parents financially if they need it.	77	16	8
Adult children should care for their elderly parents when they can no longer manage on their own even if this means taking them into their home.	45	32	23
Anne's father needs constant supervision and can't live on his own. Should Anne give up her job to care for him so he doesn't have to go into a resthome.	6	71	21
Jane is an elderly woman who never married and has no children. Should her niece or nephew offer her a home with them so she doesn't have to go into a resthome.	18	54	27
If Jane could manage in her own home with just some help to do the shopping and household tasks, should her niece or nephew offer to do these things for her.	76	12	10
Jenny needs to find childcare for her two-year old while she goes to work. Her mother-in-law lives nearby. Should her mother-in-law offer to look after the child so Jenny can go to work?	33	37	31
Hine's husband has left her with two small children. Should her parents offer for her and the children to move in with them for a while, until she gets on her feet financially?	65	16	18

* totals do not equal 100% due to rounding or missing data

Respondents had a more mixed reaction to the scenario regarding whether a mother-in-law should offer childcare while her daughter-in-law worked, with response split almost evenly in thirds over "yes", "no" and "not sure". Time length and circumstances were mentioned again, but the strongest qualification given was that it should be a matter of choice, not obligation. This item also introduces the dimension of degree of relationship. It may be that the lower level of support for this item is related to the more distant in-law relationship.

Care of the Elderly

There was also mixed feeling about taking elderly parents into your own home, with just over half against it (32 per cent) or unsure (23 per cent). The most common reason given by those that qualified their answer was that adult children have to put their own nuclear family needs ahead of caring for elderly parents. Others suggested that it should be a matter of "choice, not obligation", that there may be better care available elsewhere and that "it depends on the circumstances". There is also a greater degree of demand in the type of help required in this situation than in the parent-child situations analysed above.

As can be seen in Table 10.10, feelings were much clearer about whether a woman should give up her job to care for an elderly parent (father), with almost three-quarters (71 per cent) definitely against it, and only 7 per cent in agreement. The rest were unsure, the main reasons being that it would depend on her need for the job and income, general circumstances, and whether or not other care options might be better.

This strong opposition to a family member giving up their job to provide care for a family member was also expressed in the focus group discussion, which enhanced the survey finding by indicating why there was such strong opposition. Two reasons were that their own and their immediate family's financial and mental well-being should come first. A further important point

made was that it is difficult to re-enter the workforce after time out to fulfil caring duties.

"The biggest problem would be that their quality of life and their own family would have to go down because the finances are not coming in. The other point is of course that if she gives up her job to look after her ailing father - OK he might hang around for two months, he might even hang around for two years, and then he passes on. She's two years older. To go back into the workforce after two years out of it, with the state the workforce is in today, unless she's a highly qualified person, she's not going to get a job."

The issue of the conflict between needing to work to prepare for one's own retirement and being expected to give up work to care for family was also recognised:

"I'd let my wife give up work as long as I had a written guarantee that was honoured by any government that because we couldn't work and save we had a hundred per cent guarantee of income and life and care after retirement. They expect you to save for later on but at the same time how can you do it if you've got to give up that second income to get to that stage."
[expressions of agreement]

An additional potential effect of unwillingly giving up a job to provide care came out of the focus group discussion. The potential for elder abuse if a family member is forced to give up a job to provide care, or does it purely from a sense of duty, and not by choice, was indicated:

"The animosity could go to the extent of the person that was the caregiver - say it is over three years - this person was absolutely despising that they gave up their job. Now you could find that they could leave you so that you die, murder you [expression of agreement] - you know, like it could get to that extent, it could drive people to that, that they just don't give them the quality of care that they really deserve because so much animosity's festered. I mean that's probably the absolute extreme, but that could probably actually happen."

There was also a converse belief expressed by the group that the person in need of care would not expect family to give up their job to care.

"I'd be there for him but I wouldn't, and I don't think he'd expect me to, give up my job because you lose your independence in some ways too."

"Can I ask you a question. If you took crook, and you knew that if you told your daughter that you were crook and needed help, that she'd give up work, would you tell her you were crook?"

"No, because I wouldn't want to put that sort of pressure on any of my kids."

The degree of relationship is clearly also a factor in deciding whether or not to take an elderly relative in need of care into a family member's home. About half the survey respondents said a definite "no" to a niece or nephew doing this for an aunt, compared to around a third for adult children taking a parent into their home. In both situations about a quarter were unsure, but only 18 per cent said a definite "yes" to the more distant relationship compared with 45 per cent when it was a parent/child relationship. With the niece/nephew/aunt situation, the closeness of the relationship was a more important reason for not being obliged to provide accommodation, and the notion of "choice" over "obligation".

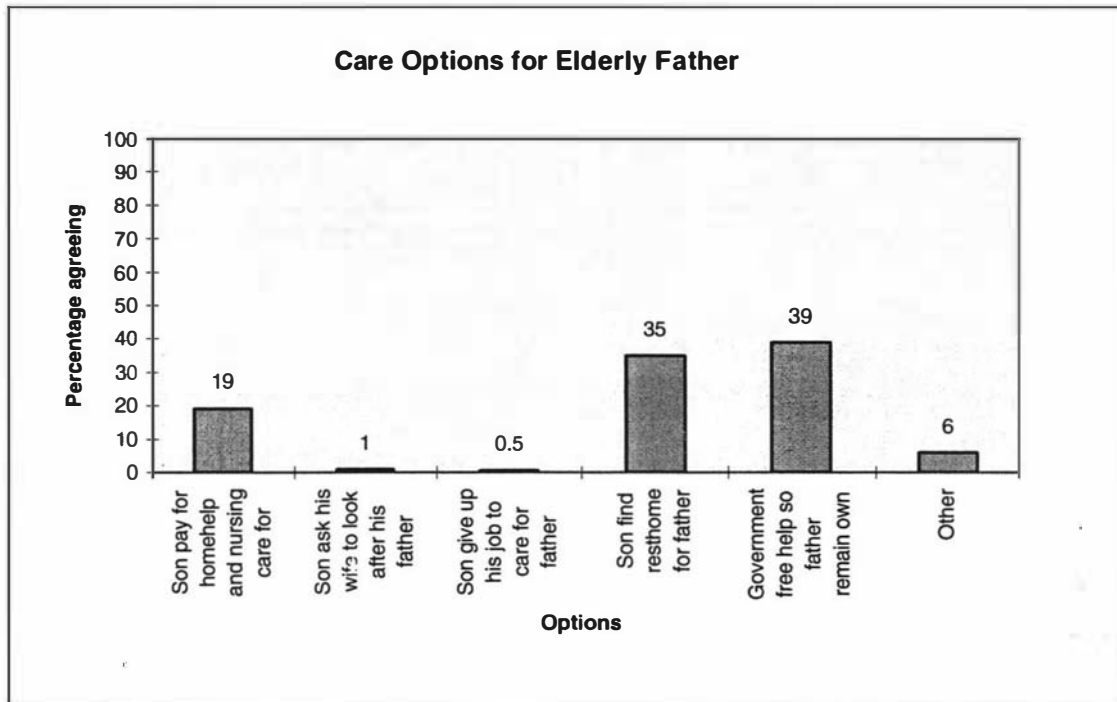
The degree of help required also emerges again as a factor in the sense of obligation to help a family member. Three-quarters of respondents thought the niece or nephew should do household tasks or shopping to help the aunt, with choice again being mentioned by a small number as a qualification of this obligation.

The results of another question which was designed to tap the issue of whether the family or the state should be the first resort in elder care are presented in Figure 10.4.

David's father needs constant supervision/help to shower and dress and help with housework and meal preparation: he can't manage on his own. Should David: pay for home help and nursing care for his father; ask his wife to look after his father; give up his job and care for his father; find a nice rest home for his father; or should the government provide free help so his father can continue to live in his own home.

If the rest home option was chosen, respondents were then asked to indicate who should pay for this: David, his father, the government, or some other specified option. If "David" or "father" were chosen, respondents were then asked who should pay if that person can't afford it (see questionnaire Appendices 1a&1b, p.18 for full question and response format)

Figure 10.4



There was virtually no support for the son to ask his wife to care for his father, or for the son to give up his job to care for his father⁵. Almost two out of every five respondents thought the government should provide free home help as a first option, and another 10 per cent thought the government should pay for rest home care; thus a total of 50 per cent saw the provision of care for a son's elderly father as being the financial responsibility of government. This compares with 19 per cent who thought the financial

⁵ Although the questions are worded differently and so not directly comparable, in an earlier question 6.5% thought a daughter, Anne, should give up her job to care for her elderly father, compared with 0.5% for David in this question.

responsibility for home help or rest home care should be David's. Around a fifth (21 per cent) thought the father should be responsible for paying for rest home care, and then get help from the government (30 per cent) or his family (3 per cent) if he could not afford it. Thus there is a strong preference overall for government rather than family responsibility for an elderly person who can no longer manage on his own, with half seeing this as solely the government's responsibility, and a further 30 per cent as the government's responsibility if the father cannot pay for his own care.

Siblings and Responsibility for the Mentally Ill

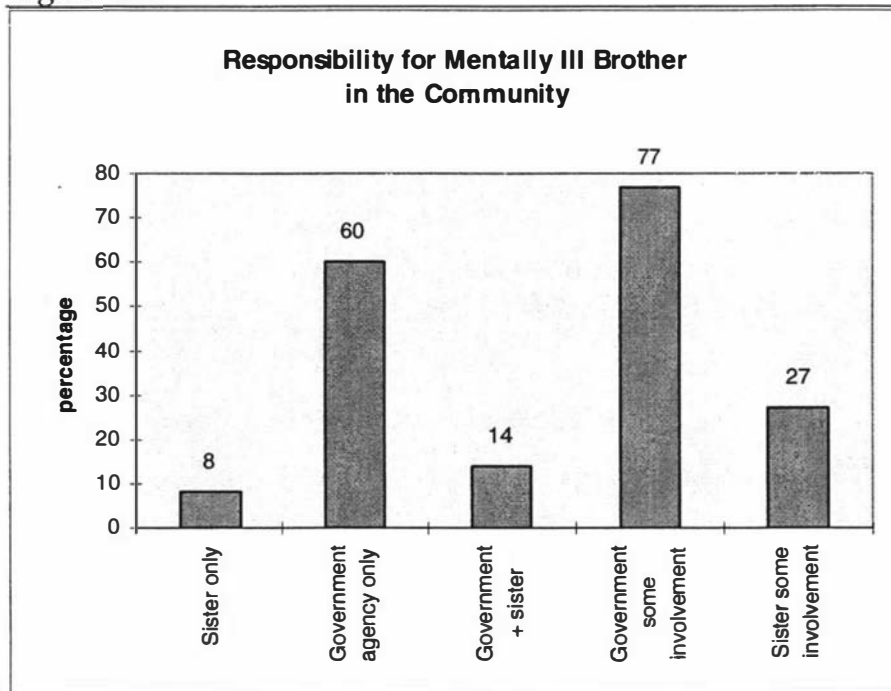
The responsibility of siblings in the area of mental health was also explored.

Figure 10.5 shows the responses to the situation where:

Mary has two preschool children and a part-time job. Her brother John has a long-term mental illness and has recently been discharged from hospital. There are no other family members. Who should be responsible for seeing that John is managing alright in the community?
(see questionnaire Appendices 1a&1b, p.17)

Responses allowed for "Mary", "The hospital", or "Other". Those in the "Other" category have been coded to produce the results shown in Figure 10.5 in terms of family versus state responsibility.

Figure 10.5



There was a strong rejection of a sister with nuclear family commitments being totally responsible for "seeing that a sibling with a chronic mental illness is managing alright in the community": only 8 per cent thought she should have sole responsibility. People regarded the government, through its health and welfare agencies, as having the prime responsibility for a long-term mentally ill patient in the community whose only family member was a sister with young children and a part-time job. Almost half felt the discharging hospital should take total responsibility, with a total of two-thirds believing the hospital should have some responsibility. Only just over a quarter felt the sibling should have some responsibility (shared or on her own), but the majority of these felt it should be shared with the hospital or other service or caregiver, mainly because of her prior commitment to her children.

Circumstances Under Which it is Reasonable to Refuse to Provide Personal Help for a Sick or Elderly Relative

The question for this topic was taken from Finch and Mason's (1993:201) British study because of its relevance to this study, but also to provide a comparison. Just over half (58 per cent) of the respondents in this study thought there were circumstances under which it is reasonable to refuse to provide personal help for a sick or elderly relative, exactly the same proportion as Finch and Mason (*ibid*) found in Britain.

The main circumstances under which it is considered reasonable to refuse to provide personal help to a sick or elderly relative, as identified in this study were:

	(n=157)
	%
* poor relationship quality/history	26
* when it strains the nuclear family	24
* when skilled help is needed	23
* when own health is poor (physical, mental or emotional)	23
* lack of financial ability to help	23
* other commitments (such as work, nuclear family)	13

Family help is not automatic for many, with relationship characteristics, the ability to help in terms of competing commitments of immediate family and work, and one's own capacity in terms of health being important variables in the decision to help or not to help.

There was general agreement in the focus group about the tensions that can build up between the need to meet responsibilities to the immediate, nuclear family and the responsibilities for the wider extended family members. There was agreement that this be resolved by putting the immediate nuclear family first. Again, these focus group data expanded on the findings from the survey presented above by explaining *why* the nuclear family should take priority over the needs of extended family members:

"If you haven't got harmony at home, you can't sort out or channel your energies into the other one without causing friction; you've got to balance it out, otherwise you end up with tensions at both ends."

"Any mental illness, puts immediate strain on immediate family. It will affect the behaviour patterns of the children, because if there's stress at home the kids pick it up straight away. You're going to have education problems, they're not going to learn, you're going to have sleeping habits, bedwetting; you name it, you've got the whole lot coming through from kids. Why should you muck up another generation?"

Overview of Attitudes Toward Family Obligation

There is strong agreement that, in general, family members should support one another. However, it becomes clear when specific situations are considered that family help is not automatic and depends on the type of help, the degree and quality of the relationship between the helper and the recipient, and both ability to help and willingness to help and be helped. Reciprocity did not emerge as a major factor, with much inconsistency in people's sense of reciprocity with respect to family helping.

The focus group discussion reinforced the findings from the open questions in the survey that there is a feeling of duty and obligation towards family

members, combined with a feeling that it is preferable if help is given willingly, including choice as to how you fulfil your obligations. In addition, the focus group data is consistent with the conclusions reached on the basis of literature reviewed in Chapter Five, that forcing families to care against their will or regardless of their ability will not be in the interests of the person needing help as that can result in lack of appropriate care for the care recipient, abuse, stress, and the carer requiring help. The stress and tension that may develop in the absence of choice may also affect the immediate family, particularly children.

"You felt obliged but at the same time you did it because you wanted to - it does put a strain on - but once again you've got to be willing to do it - ok you gotta, but if you're willing to do it that is good because it takes the stress off everyone else, but if you just feel as though you're obliged to do it and you're not willing to do it, the stress factor comes through, tensions build up, it doesn't matter what the situation is."

"If you're forced to doing that when you don't really want to then you can get anger."

"Oh yes, yes, yes - its definitely there - if you have to do a thing and you're not willing you cannot do it in a pleasant way - the tensions are going to come out."

This tension is increased by the fact that family members do not share the load equally. As reported in Chapter Three, a United States study (Suitor and Pillemer, 1993) found intersibling stress to be the key source of carer stress.

"I would think the major aspect that you've got to take upon board is that, ok, you are the resident, you've got to realise that the whole ball game is going to fall into your court and accordingly, because of that, you've got to be prepared to pick up the ball and run with it - you mightn't like it but by the same token the other members of the family still have a responsibility to you to make your job as easy as possible, not the sole giver and no take."

"Well I quite agree - I suppose in my family its always the same people that are always either giving, paying out money, helping and the others will just sit on back and say - oh yeah, they'll do it, don't worry - so yeah, that's sort of how I see the situation and definitely

that's where stress does come in and before you know it it's right fireworks."

Although there was also understanding of family members' differing capacities to help.

"I always think the major concept of all this sort of giving and receiving or caring depends on the nature of the people, [expressions of agreement in background]. To me I think that I'm an outgoing person; I've been involved with (voluntary organisations) for many years - done this done that - but that was the nature of my wife and myself - you know - we could give, we didn't expect to receive bouquets in exchange for that, whereas another person I daresay, and probably my older brother would come into this category, he just didn't have that sort of ability to do that giving. I certainly don't blame him for what happened between us, although he was the cause of it, but it could have been just his nature, I don't know".

" I think some people are genuinely frightened."
[expressions of agreement]

"Just being in our situation with my father, when he got really ill, like not that long to go, two of my sisters couldn't handle that situation, so they just said: look, I can't do it, I don't want to see him like this, I can't cope with him like that. So we sort of had a night nurse as well as one of us helping Mum. But no, that's not dad, we just don't want to see him get to that stag. They just walk away".

"There's always one, in a group of more than three in a family, that will have the personality to help and care, and there's always one who's the totally opposite."

A point made in the literature reviewed in Chapter Five that also emerged from the discussion was that the emotional involvement inherent in family relationships makes it difficult for some family members to carry out the caring.

"You want to keep the good memories and you don't want to have them clouded by your sense of duty and lots of other things."
[expressions of agreement]

" Like you've got to be there and I don't want to remember him like this."

"Yeah, I remember two of my sisters, they just said , we can't handle it we can't cope."

There is less support for caregiving help than other types of help, especially where it requires co-residence or departure from the labour force for the carer, and for second degree relatives. In contrast, there is quite strong support for financial help between parents and adult children, with the exception of support for students in their twenties, and qualified by affordability and lack of other alternatives. Those age groups most affected as either providers or recipients were least likely to support an obligation for provision of financial help by family members.

Demographic Factors Associated with Attitudes Towards Obligation to Help Family

An attitude score was developed⁶ in order to investigate the relationship between attitudes towards family help and other variables in the study. As the score was made up of individual items which sometimes operated in different directions in relation to other variables, such as age, the score itself was often neutralised and proved an invalid measure. Consequently, the analysis proceeded mostly on the basis of the individual items in this section (see Table 10.11 below).

The only demographic variable showing a statistically significant differential with the attitude score overall was sex, with women tending to be less supportive than men of family helping, ($F=12$, $p=0.0006$, 1way ANOVA). In order to see how men and women were distributed on the family obligation scale, the attitude scores were grouped into those relating to high medium and low family obligation, showing that whereas nearly half (46 per cent) of men scored high, only a third of women did. Conversely, while 39 per cent of women had a low family obligation score, only a quarter of men did (Cramers V, 0.16, $p<.05$).

⁶ See Appendix 6 for details of process

Table 10.11 Relationship Between Individual Attitude Vignettes
on Family Help, and Demographic Factors

Attitude Vignettes	SEX	AGE	SES ¹
Parents who can afford to should offer to help their adult children if they are struggling financially	n.s.	n.s.	n.s.
Parents should be financially responsible for their unmarried children until they are 25 if the children are students	n.s.	.24****	n.s.
Adult children who can afford to should offer to help elderly parents financially if they need it	n.s.	.17*	n.s.
Adult children should care for their elderly parents when they can no longer manage on their own even if this means taking them into their home	n.s.	n.s.	n.s.
Anne's father needs constant supervision and can't live on his own. Should Anne give up her job to care for him so he doesn't have to go into a rest home	n.s.	n.s.	n.s.
Jane is an elderly woman who never married and has no children. Should her niece or nephew offer her a home with them so she doesn't have to go into a rest home	28****	n.s.	n.s.
If Jane could manage in her own home with just some help to do the shopping and household tasks, should her niece or nephew offer to do these things for her.	.19*	n.s.	n.s.
Jenny needs to find childcare for her two-year old while she goes to work. Her mother-in-law lives nearby. Should her mother-in-law offer to look after the child so Jenny can go to work?	.26***	n.s.	n.s.
Hine's husband has left her with two small children. Should her parents offer for her and the children to move in with them for a while, until she gets on her feet financially?	n.s.	n.s.	n.s.
[Table 10.11 continued next page]			

[Table 10.11 continued]			
If you help a family member in some way, do you expect them to help you in return	n.s.	n.s.	n.s.
If a family member helps you, do you feel you have to do something in return for them.	.23**	.18*	n.s.
Do you believe family members should help one another	n.s.	n.s.	n.s.
Are there any circumstances under which it is reasonable to refuse to provide personal help for a sick or elderly relative?	n.s.	n.s.	.2**
Mary has two preschool children and a part-time job. Her brother John has a long-term mental illness and has recently been discharged from hospital. There are no other family members. Who should be responsible for seeing that John is managing alright in the community?	n.s.	.17*	.17
David's father needs constant supervision/ help to shower and dress and help with housework and meal preparation: he can't manage on his own. Should David: pay for home help and nursing care for his father; ask his wife to look after his father; give up his job and care for his father; find a nice resthome for his father; or should the government provide free help so his father can continue to live in his own home.	n.s.	n.s.	n.s.

¹ SES = socio-economic status

Cramers V, * = $p < .05$; ** = $p < .01$; *** = $p < .001$; **** = $p < .0001$;

n.s. = not statistically significant

Analysis of individual attitude items by demographic factors as presented in Table 10.11 shows that, rather than a relationship between the overall score for attitude to family help and sex, age or socio-economic status, relationships tend to be confined to a few specific items of those making up the overall score (generally those where the demographic factor is particularly pertinent).

For instance, gender differentials were found for the items about caring for an elderly second degree relative, and childcare by a mother-in-law, with women being less likely to believe that they should be obliged to provide this type of family support (see Table 10.12).

Table 10.12 Gender Differentials on Significantly Related Attitude Items Concerning Family Help

Attitude items	Men		Women	
	Agree %	Disagree ¹ %	Agree %	Disagree %
If a family member helps you, do you feel you have to do something in return for them	55	32	32	52
Jane is an elderly woman who never married and has no children. Should her niece or nephew offer her a home with them so she doesn't have to go into a rest home.	31	48	9	60
If Jane could manage in her own home with just some help to do the shopping and household tasks, should her niece or nephew offer to do these things for her.	85	5	72	17
Jenny needs to find childcare for her two-year old while she goes to work. Her mother-in-law lives nearby. Should her mother-in-law offer to look after the child so Jenny can go to work?	47	26	23	46

¹ does not total 100% because remainder = "not sure"

In these cases it could be argued, on the basis of findings in Chapters Three and Nine, that women would be the ones most likely to end up providing these types of support. This result suggests that women may not want to provide help to extended family members, particularly more genealogically distant ones, simply because of a societal obligation to do so.

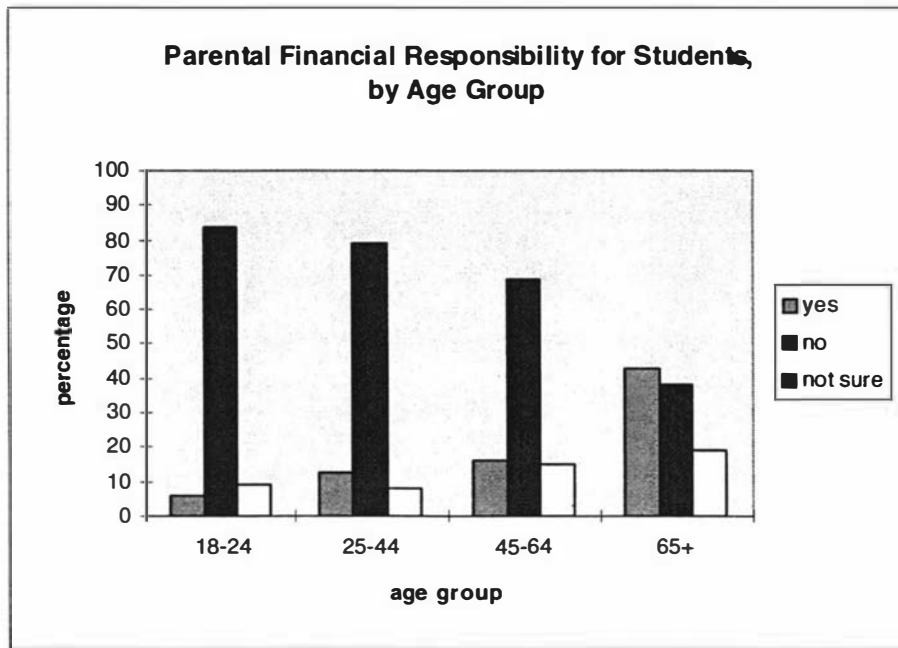
Women were also less likely than men to feel a sense of reciprocity for help received by a family member. Perhaps this is why men tend to be less involved in family support networks; to avoid the reciprocal nature they believe such involvement requires. Women, however, have less sense of entering into a reciprocal relationship when giving or receiving family help, and thus may find it easier to give or receive.

People in the two younger age groups also felt less of a sense of reciprocity than those in the older age groups. Fifty per cent of 18-24 year olds did not feel they had to return help given, and a quarter of 25-44 year olds were uncertain, whereas just under half (47 per cent) of the middle-aged and elderly felt they would have to help in return. Given that reciprocity of family help is not timebound (Chapters Two and Three), older people may have had more experience of reciprocity being called on, or feeling obliged, which younger people, who are the largest recipients of help, have yet to experience. At their current young ages they may take the help given for granted as part of being a family, especially if the help is unsolicited. This issue is discussed more fully in Chapter Eleven in relation to the literature on this topic.

There are also relationships between age and the giving of financial help between parents and adult children. It was only those aged 65 years and over who supported the giving of financial help to children up to age 25 who are students; the age groups most involved as either student or parent did not support this form of family support (see Figure 10.6).

Similarly, it is those in the middle-aged group (45-64 years), those most likely to have to provide the financial support to elderly parents, who are most strongly against this type of support (24 per cent) compared to 8 per cent of those aged 65 years and over, and 13 per cent of the two younger age groups (Cramers $V = 0.17$, $p < .05$).

Figure 10. 6



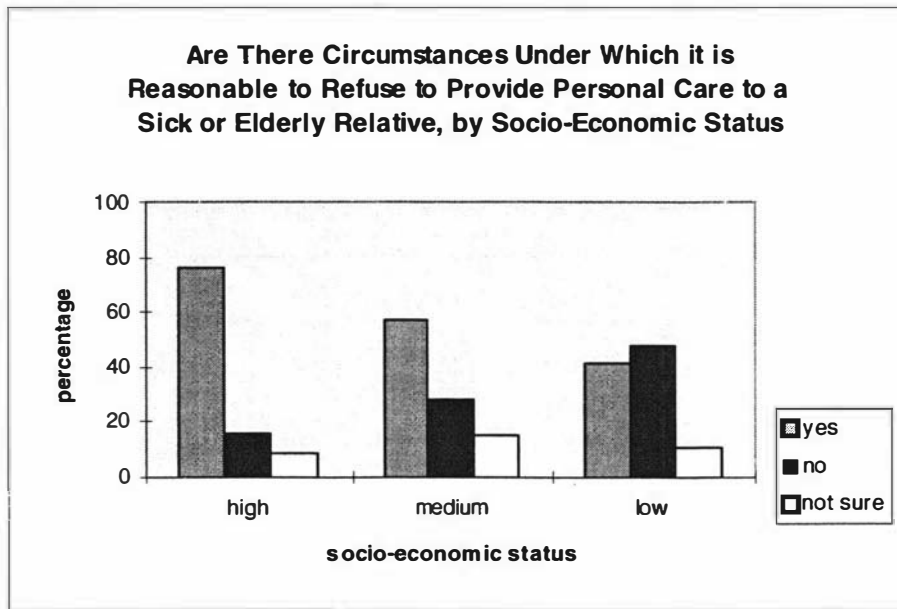
Age was also related to attitudes towards a sibling taking responsibility for a mentally ill brother in the community, with young people aged 18-24 years being most supportive of this type of help (18 per cent compared to less than 10 per cent for each of the older groups). Those aged 65 and over were most likely to think the hospital should take full responsibility, while 25-44 year olds (the age group most likely to be providing the care) supported other alternatives, such as combined care or community services care.

Socio-economic status, which has not been identified in this study as a major influence on family helping behaviour, also showed a relationship to sibling care for the mentally ill, with the lower socio-economic groups being most supportive of family care in this situation (14 per cent) compared to 9 per cent of the middle groups, and only 3 per cent of the higher groups. The middle and lower groups were most likely to feel the hospital should take sole responsibility, while the higher groups were most likely to support

alternatives such as combined care and community services care (60 per cent).

The lower socio-economic groups were also less likely to feel that there are circumstances under which it is reasonable to refuse to provide personal help for a sick or elderly relative (see Figure 10.7).

Figure 10.7



Note: Socio-economic status categories: high=professional, administrative, technical (Classes 1&2, Davis et al, 1997); medium=clerical and sales (Classes 3&4); low=agricultural, service, labouring and production, (Classes 5&6).

Relationship Between Attitudes and Extended Family Structure

In general, attitudes to providing family help are not strongly associated with extended family structure. There were no significant relationships between overall attitude to family obligation as measured by the score on the vignette questions⁷, and size of, proximity to or contact with extended family.

⁷ For details see Appendix 6 and questionnaire Appendices 1a & 1b.

The only individual item showing a significant relationship to family structure was whether there are circumstances when it is reasonable to refuse to provide personal help for a sick or elderly relative, which was related to proximity (Cramers $V=0.2$, $p<.01$). Those with no relatives within thirty minutes drive were less likely to refuse (10 per cent) compared to those with one or two relatives that near (25 per cent), rising to 40 per cent for those with 10 or more relatives nearby. The low proximity group was also more likely to be unsure (24 per cent), perhaps reflecting the lower likelihood of having to provide such support given their lack of proximity to family. Those with many relatives were less likely to be uncertain (5 per cent of those with 10 or more relatives within thirty minutes drive). Perhaps if there are more relatives around to share the burden, it is easier to accept.

Relationship of Attitudes to Helping Behaviour

Relationships between attitudes to family obligation, as measured by whether or not a third person should give help in a particular situation, were not strongly related to actual helping behaviour. Where there were significant relationships on individual items, they applied in both directions; that is, irrespective of whether attitude or helping was the dependent variable. Since, in this study, I am more concerned to identify factors related to family helping behaviour, the results are presented for helping behaviour as the dependent variable and attitude as the independent variable.

It is not possible to ascertain the direction of influence; whether attitude predicts helping behaviour or helping behaviour predicts attitude. The direction of influence is not important in this case, though, as statistical analyses did not show any relationship between family helping behaviour and attitudes towards family help. Statistical analysis by logistic regression showed that attitude toward family obligation was not a predictor of either giving or receiving help, and analysis of variance indicated that neither giving nor receiving family help accounted for a significant amount of the variance in attitude to family obligation.

Where there were statistically significant relationships between individual items of both family helping and attitudes, it was mostly to do with financial help and it was those who were uncertain in their attitudes who were least likely to be involved in actual helping. Those who agreed with the provision of financial help were the most likely to have been involved as givers or recipients of help in the last 12 months.

Those who were unsure about parents helping adult children financially were less likely to have given financial help (72 per cent, compared with 52 per cent who disagreed and 45 per cent who agreed (Cramers $V=0.19$, $p<.05$). And those who were unsure about adult children helping parents financially were less likely to have received financial help (11 per cent, compared to 26 per cent who disagreed and 37 per cent who agreed, 0.16, $p<.05$) or to have received help overall. Only just over half (53 per cent) of those who were unsure about adult children's obligation to help elderly parents financially had received any kind of help, compared with 75 per cent who agreed with this statement and 62 per cent who disagreed (0.16, $p<.05$).

Those who expect help in return for help given were more likely to have received financial help in the last 12 months than those who did not expect help they gave to be reciprocated (45 per cent compared to 29 per cent, Cramers $V=0.16$, $p<.05$), but there was no significant relationship with expectation of reciprocating help received. And those who thought a mother-in-law should provide childcare for her daughter-in-law were more likely to have received financial help (43 per cent) than those who disagreed with this statement (25 per cent, 0.16, $p<.05$). With respect to the provision of household help to a second degree relative, those who did not agree with family obligation to do so were less likely to have given help overall in the past twelve months (66 per cent) than those who did support this type of help (89 per cent, 0.24, $p<.01$).

There is a consistent direction in the relationships above that allows the conclusion that, in general, a lower sense of family obligation is related to less provision or receipt of help, and a higher sense of family obligation is related to more provision or receipt of help. But as these relationships were confined to specific items on the attitude scale, this did not show up as a general relationship between the overall family obligation score and either giving or receiving family help.

Relationship Between Preferred Source of Help and Sense of Obligation to Help Family

The two measures of familism attitudes are distinct yet related. One is about preferred source of help for the self, the other about "third person" or general obligation to give help to a family member, so one could expect some differences. Yet both are ultimately about family as support, hence the slight to moderate Spearman's rank correlation of 0.27, $p < .001$. The common ground of the measures is a gauge of their validity in terms of construct validity; that is, that the measure taps the quality it is intended to measure (Babbie, 1998). In contrast there is a -0.17, $p < .01$ inverse correlation between attitude score and likelihood to seek private help, and there is no significant correlation between attitude to family obligation and preference for government help.

There are a number of specific attitude scale items which are significantly related to preference for seeking help from family, as shown in Table 10.12. Those who had a high rating on family as preferred source of help were more likely to believe parents should help adult children financially (84 per cent compared to 63 per cent with a low rating, Table 10.13), whereas those with a high rating on government or private sector as preferred source of help were less likely to believe parents should help adult children financially (64 per cent, Cramers $V = 0.14$, $p < .05$ and 59 per cent, 0.17, $p < .01$ respectively). Conversely, those with a low government rating were more

likely to believe parents should help adult children financially (77 per cent), as were those with a low private sector rating (79 per cent) .

People who were more likely to prefer family help were less likely to disagree with a woman giving up her job to care for an elderly dependent father (59 per cent) compared to around 80 per cent of those with low and medium ratings (Table 10.13), and twice as likely to be unsure on this issue, whereas those with a high government rating were most likely to disagree with this level of family support (89 per cent). Those with a high family rating were also more likely to agree that parents should take a sole-parent daughter into their home, provide household help for a second degree relative (Table 10.13), or take responsibility for a mentally ill sibling (14 per cent compared to 1 per cent of those with a low rating, Cramers V=0.17, $p<.01$).

Table 10.13 Attitudes to Family Obligation that are Significantly Related to Preference for Family Help

Attitude item	RATING FOR FAMILY AS PREFERRED SOURCE OF HELP			
	Low	Medium	High	Cramer's V
% who agree Parents who can afford to should offer to help their adult children if they are struggling financially	63	74	84	.17**
% who disagree Anne's father needs constant supervision and can't live on his own. Should Anne give up her job to care for him so he doesn't have to go into a rest home.	78	80	59	.15*
% who agree If Jane could manage in her own home with just some help to do the shopping and household tasks, should her niece or nephew offer to do these things for her.	67	81	87	.15*
% who agree Hine's husband has left her with two small children. Should her parents offer for her and the children to move in with them for a while, until she gets on her feet financially?	52	68	79	.2***

*= $p<.05$, **= $p<.01$, ***= $p<.001$

Those with a high preference for private help were less likely to support the idea of a mother-in-law caring for a grandchild while the daughter-in-law works (21 per cent compared to 44 per cent for those with a low rating on the private help scale, Cramers $V=0.18$, $p<.01$). These results all demonstrate consistency between preference for family support and sense of family obligation.

There was a moderate overall relationship between level of belief in family obligation to help members, and preferring family as a source of help. Relationships found between individual items from the obligation scale and level of preference for family as a source of support show consistency, that is, a high sense of family obligation is associated with higher preference for family as a source of help. Analysis of variance revealed that both family preference and gender were the only variables significantly related to the family obligation score as a dependent variable, and as these two independent variables were also correlated with each other, it is difficult to ascertain which is the primary factor operating here. However, the sums of squares in the sequential analysis of variance showed that family preference added marginally more to the variance (9 per cent; $F=11.68$, $p<.0001$) than gender (6 per cent; $F=17.19$, $p<.0001$)⁸. This relationship will be discussed in more detail in the conclusion to this chapter.

There was no significant correlation between attitude to family obligation and preference for government help, which suggests that seeking help from the government is independent of the concept of family obligation. This lends support to the theory advanced in Chapter Five of government help being complementary to family help rather than replacing it. This point will be taken up further in Chapter Twelve.

⁸ See Appendix 7, Table 7.10.1 for full details.

Conclusion

An integration of the findings from the three sources of data on attitudes towards extended family helping behaviour and the role of the state shows a strong sense of duty and obligation towards family members, combined with a clear preference for help from family rather than from other sources. However, these feelings are qualified by a combination of the ability and willingness of family to provide help, together with a sense that there are some areas where help should be the responsibility of government, rather than families.

From the data presented in this chapter it can be argued that state support is needed where there is lack of ability or resources to provide family help, or a lack of willingness by family. The state was seen as having an important role to play where families are unable to help due to:

- number of family members,
- distance,
- where there are problems with the quality or history of the relationship with an extended family member,
- where helping an extended family member conflicts with responsibility to the immediate nuclear family,
- when the type and degree of help required is beyond what the family can cope with or family is not the most appropriate source of help, particularly long-term or regular caregiving and accommodation, care of the mentally ill, jobs and education,
- where help results in financial costs to the carer, or where families do not have the financial resources to help,
- where families are not willing to help.

The private sector was not seen as having a major role in helping people, being restricted to types of help that are regarded as beyond the ability of families in terms of financial affordability, such as home loans, or involving

excessive time demand, such as regular childcare. There was a strong feeling that family should not have to pay for help for a family member if the family is unable or unwilling to provide the help directly themselves.

Although reciprocity features strongly in the literature on family support reviewed in Chapters Two and Three, it did not come through strongly in any of the data sources in this study. It was not a major reason given in the section on preferred source of help except for help by friends. In the direct questions about reciprocity in the survey fewer than half (41 per cent) felt a definite sense of having to return help received, and only one in eight expected help in return for help they had given. In the case of attitude statements that were reciprocal in nature, such as the provision of financial support between parents and adult children, there was evidence of reciprocity operating for only about two-thirds of respondents.

There is no obvious explanation for the difference between the findings of this study and those of other studies. Two possible explanations are: differences in types of questions asked about reciprocity, and differences in interpretation of findings. A common theme in the literature on reciprocity of family support reviewed in Chapters Two and Three is the time factor; that reciprocity in family relationships is not necessarily immediate but built up over time (d'Abbs, 1991; Finch and Mason, 1993; Anderson, 1994). The vignettes employed by Finch and Mason (1993:34-35) were longer than those used in this study and better captured this time dimension. Evidence of reciprocity in d'Abbs (1991) study came mostly from more detailed individual qualitative interviews which were not used in this study. However, Finch and Mason's findings were not markedly different from those of this study, with fewer than half their sample endorsing it in some circumstances (Finch and Mason, 1993:35-36). There is a difference rather in interpretation of whether or not these findings indicate normative support for the importance of reciprocity in extended family helping behaviour.

There was stronger evidence of a sense of obligation in all data sources in this study, but in all cases it was either qualified by the circumstances or type of help and, particularly in the qualitative data, obligation came through in conflict with choice. In the section on preferred source of help the notion of choosing alternatives to family in order to avoid any obligation to reciprocate was also expressed.

A stronger finding of this study was that willingness is believed to be an important factor in the success of family support and that coercion into supporting family members, through policy assumptions or lack of alternative options provided by the state, is likely to lead to family tensions, sometimes to the point of family breakdown. There is also likely to be stress on the supporter if they are not giving help willingly. In some cases this may result in abuse or neglect of the dependent, or the supporters themselves needing help. These findings are in line with Finch (1989) and Harding (1996) who claim that, where there are discrepancies between a government's view of family obligations and public opinion, policies will not be effective and may result in vulnerable people falling through the cracks.

There are also socio-demographic and extended family structure influences on attitudes. An important finding is that women expressed less belief in family obligation than men, although women were shown to be the main gender involved in family support networks and to have a strong preference for family as a source of support for themselves. Perhaps this indicates that women also have a greater awareness of the problems encountered in providing support, and this third person measure of attitude enabled the distancing required to express their real wishes not to be *obliged* to provide family help. They are asserting that the provision of help should be based on choice rather than obligation. As discussed in Chapter Three, there is a tension for women over fulfilling perceived expectations to provide help to

family members, and being able to exert their right to choice and control in their own lives. The complexity that arises from the emotional aspects of relationships and the satisfaction that may be obtained from helping family, when confused with externally imposed obligations to provide help (discussed in Chapter Five), may also account for the disjunction between women's high level of provision of family support but lower rating than men on whether family should be obliged to provide such support.

Socio-economic status was not a major factor associated with attitudes to family obligation, but in the two instances where it was significantly related, those in the lower socio-economic groups expressed a higher sense of family obligation. Similarly, extended family structure was not strongly related to family obligation, except for having more relatives in close proximity, which was associated with a greater inclination to help.

With respect to actual helping behaviour, those with less sense of obligation to second degree relatives are less likely overall to provide family help, while high recipients of help are more supportive of provision of help by more distant relatives. Those who support provision of financial help between parents and adult children are more likely to be either providers or recipients of such help. There were no significant relationships between overall family obligation score as an independent variable in relation to other variables.

Overall, the preferred source of help measure was a better predictor of actual family helping behaviour than the third person obligation to give help measure. While there was some correlation between the two, and between items within the latter measure, the third person obligation measure bore little relation to other aspects of extended family, such as structure and helping behaviour. The exceptions were proximity, and giving and receipt of financial help. However, the obligation scale is still an important measure and the findings, which are supported by those from the focus group

discussion, tell us what people think *should* happen. If this is not strongly related to what is *actually* happening, then perhaps we have the discrepancy between norms and behaviour, with the resultant potentially poor outcomes, referred to by Finch (1989).

The obligation scale, through its reliance on the word "should", also taps the element of "choice" versus "obligation" brought out in the focus group. People may actually prefer to receive help from family, and in fact often do give help to family, but they do not accept that they or others "should have to" do this: rather it should be a matter of "choice". Demographic analysis of levels of family obligation is also important. It allows analysis of relationships between those most affected by either the provision or receipt of specific types of help and their attitudes to family obligation.

In contrast to the obligation scale, the preferred source of help scale tells us what source of help people would be most likely to turn to. Proximity and contact are more important in relation to preferred source of help than attitude to family obligation. Another important difference is that women, who are less likely to support obligation to help family in many types of help, are most likely to seek help from family members. This illustrates the dilemma and conflict referred to in the literature discussed in Chapter Two and Chapter Five about family help being assumed to be natural and desirable, yet that giving help may become a burden. Thus people want a choice about whether to give or accept family help, rather than to feel obligated.

The preference for family help by young people is also an important finding, which fits with their position as the greatest recipients of family help (Chapter Nine). This has implications for, and is affected by, policies which promote youth dependence and delay their economic independence (Chapter Five). Of concern is that, in the direct questions on reciprocity, young people expressed low feelings of having to reciprocate the help they

are receiving. The wider implications of this for the intergenerational contract are discussed in detail in Chapter Twelve.

A preference for family help is related to giving family help, but the relationship is not as strong as that between contact and proximity, and giving family help. However, along with age, preference for family help is a major factor in overall receipt of help, ahead of extended family structure factors. Those who scored highly on receipt of help, especially financial and socio-emotional, also showed a high preference for government help, suggesting a greater likelihood to seek help in general, from all possible sources. This finding is consistent with those of Cantor et al (1994) and Grattan and Wilson (1988) (see Chapter Three) indicating that need is a major determinant in family helping behaviour.

In contrast, attitudes to family obligation are not significantly related to helping behaviour. This is evidence of a disjunction between attitudes to helping and actual family helping behaviour which was identified in the introduction to this thesis as a major issue for policy. This issue was expanded on in Chapter Five, concluding that such a disjunction can result in a poor outcome for the person needing help and the person giving it.

This completes the presentation of empirical data on extended families in this study, and the interrelationships between the data. The next chapter discusses and analyses the findings in relation to the literature and previous research on extended families in New Zealand and overseas, as presented in Chapters Two and Three, and in relation to demographic trends in relevant variables as presented in Chapter Four, and aspects of family and state support presented in Chapter Five.

PART THREE

DISCUSSION AND CONCLUSION

CHAPTER ELEVEN

INTEGRATION AND DISCUSSION OF FINDINGS

Introduction

This chapter presents a synthesis of the literature, demography and empirical findings about the availability and willingness of the (predominantly European) extended family in New Zealand to provide family support in terms of:

- extended family structure, as measured by the size, geographic proximity and degree of contact of extended family networks,
- patterns of extended family helping behaviour and demographic factors affecting supply of and demand for family support,
- attitudes to the provision and receipt of family support and the role of the state.

Discrepancies are identified between actual family support provided, and the assumptions of availability and willingness of family to provide support for individuals in need that underlie policies based on reliance on family, rather than state support.

Extended Family Structure

According to Nolan, Grant and Keady, (1996) "the structural properties of networks can be construed as potential pathways for transmitting care and support ... providing an opportunity framework that allows for care and support but does not guarantee it". Thus the network is a necessary but not sufficient condition for the provision of family support, and so warrants investigation and quantification in any study of extended family support.

There are three key variables in extended family structure: size, the proximity of members to one another, and the contact occurring between them. Whilst the literature and previous research offers comparative material on proximity and contact, few quantitative studies have

investigated extended family network size. This may be as a result of the perceived difficulty of measurement, if one considers the full genealogical network. Given that size was considered an important variable for this study, it was operationalised in a way that made data collection feasible, while at the same time meeting the needs of the purpose of this study. Thus a working definition of extended family was used which limited inclusion beyond the families of origin and procreation to "those related by blood or marriage, or adoption, or through de facto relationship, *who you know of and regard as family*". As the ultimate purpose of this study was to relate extended family networks to the provision of support, those who were not known of or regarded as family in a functional sense were not considered relevant.

Size and Breadth

The result of this measure was an average extended family size of around thirty members, and this finding was consistent with that reported by Wellman (1990) for Canada and the United Kingdom where average family network was thirty-five in number. D'Abbs (1991) in Australia found nineteen was the average family size, but his measure excluded cousins and nieces/nephews. Mugford and Kendig's (1986) finding on family support networks of older Australians, found that they had "only a small number of kin" with which to exchange support.

As findings in this study showed that first degree relatives are the most important for provision of support, analysis of family size, proximity and contact was disaggregated by degree of relationship, into first and second degree relatives, and in-laws. The potential support network then becomes very small, with most people having only from three to five first degree extended family members living. Again, this is supported by Wellman's findings; he reports the number of active kin to be about six, and intimate kin to be about three.

As well as identifying average family size, it is important for the purpose of this study to identify how many people have no potential family network, or a very small one. While only one person had no relatives at all, a quarter only had three or fewer first degree extended family members. As the elderly are one group of particular interest for social policy, it is a matter of concern that one in five aged 65 years and over had only one or two first degree extended family members. This finding is almost identical to that of Rossi and Rossi (1990:146) in the United States that 19 per cent of those aged 70 years and over had no ascendant or descendant kin.

Another important aspect of this study is to identify the breadth of the extended family network, beyond first degree relatives. For nine out of ten people, over half their extended family network, as defined above, goes beyond first degree relatives. Thus it can be considered that, in general, Pakeha New Zealanders do have extended families beyond parents, adult children and siblings, though they are not large, and a significant proportion have very few people potentially available to provide support.

Proximity

The next factor to consider in determining the availability of an effective extended family support network is the proximity of those family members counted above. The review of the literature on the importance of this variable, in Chapter Three, is inconclusive. Litwak (1965) and Sussman (1988) both argue that modern communications and transport mean physical distance need not prevent the provision of support, and this is supported by more recent studies in the United States (Rossi and Rossi, 1990) and Australia (d'Abbs, 1991). However others, such as Warnes and Ford (1995), found proximity to be a key factor in the level of support provided, and obviously for those types of support which are important from a policy perspective, such as personal caregiving and household help, physical proximity is important. In addition, what those taking a longitudinal

perspective note is the necessity of living in proximity at some stage of the life-course in order to establish the kin relationship with wider kin.

Results of the empirical research for this study are consistent with those of overseas studies Rossi and Rossi's (1990), Millward (1992, 1995, 1998) and Millward and de Vaus (1997) and other New Zealand studies (Department of Statistics, 1984). All show what is considered to be a high level of proximity, particularly of parents and adult children, with 80 per cent to 90 per cent living close enough to provide services and weekly contact. While this study found that very few people live in extended family households, especially other than adult children still at home with parents, this is in line with the New Zealand census and British survey findings reported in Chapter Four and, as discussed in Chapter Two, co-residence is not a necessary condition of extended family status.

However, it is important to note the substantial proportion without close extended family members living nearby: a quarter with none in the same town, a fifth with none within thirty minutes drive, one third with no first degree extended family members within thirty minutes drive, and three-quarters with fewer than three first degree relatives close enough to provide practical assistance. For the elderly, the proportion without extended family nearby is higher. Another group of concern to policymakers is sole parents. De Vaus and Millward (1998:37) found in the Australian Living Standards study that there was a significant inverse relationship between having relatives such as grandparents, aunts or uncles within thirty minutes drive, and levels of unsupervised children. While numbers of sole parents in this study were too small for generalisable analysis, findings indicate that proximity for this group is no different than for the population as a whole. This means that about one in five sole parent families is likely to be without any extended family living locally to provide support, such as childcare, rising to double that with no first degree relative nearby.

Contact

Living nearby does not guarantee having contact, having good relationships, or provision of support (Millward and de Vaus, 1997). However, the findings in this study found proximity to be strongly correlated with contact, which in turn was the main predictor of provision of help. Contact with extended family members was found to be relatively high, with four out of five people seeing a relative at least once a month, and three out of five weekly. This shows no change from earlier New Zealand findings. The Social Indicators Survey 1981 found 71 per cent had at least weekly contact, and 90 per cent monthly, but this included phone and letter contact (Department of Statistics, 1984:107). The findings in this study are also consistent with more recent findings from Australia (Millward and de Vaus, 1997), the United Kingdom (Wellman, 1990) and the United States (Rossi and Rossi, 1990).

This study found contact to be the main predictor of provision of family support. This is consistent with the literature (Wellman, 1990; Lye et al, 1995), which shows that helping behaviour between generations depends on contact and genealogical closeness of the relationship. The findings of this study also found degree of relationship to be an important influence on provision of support and that contact with relatives beyond parents, adult children and siblings, occurs less than monthly for over half of respondents.

Conclusion

In conclusion, the extended family in New Zealand's predominantly European population is similar to that in other Western Anglo-societies in functional size, proximity, and contact. Although people do have regular contact with the wider family beyond parents, adult children and siblings, this is less so than with genealogically closer family. As contact is the prime predictor of family support, this suggests that the wider family group does not provide a potential support network. Thus those without first degree

extended family members nearby¹ are likely to be vulnerable to any policies based on assumptions of family availability for support.

Characteristics of Extended Family Helping Behaviour

There are two reasons for examining patterns of extended family helping behaviour in this thesis. Firstly, to identify demographic patterns in provision and receipt of family support so that trends in supply of and demand for family help can be investigated. Secondly, it is important to look at actual provision of support by families to see to what extent actual behaviour is consistent with or differs from their attitudes and beliefs regarding family support. Both discrepancies between actual family help and attitudes to family help, and trends in supply and demand of family help, have implications for policy development and outcomes.

This section discusses the main types of help being provided by family, and the main factors emerging from the empirical study and the literature as influences on supply of and demand for family support . These are then considered in terms of trends in the demographic factors influencing helping behaviour. Findings on the main types of family help being provided and received in this study are presented and discussed in a later section of the chapter in relation to attitudes to the roles of family and state, in order to identify discrepancies between the help provided and attitudes.

Types of Help

The main types of help being provided by participants in this study were socio-emotional, household help and small-scale financial help. There are both similarities and differences with other New Zealand and overseas studies. The Mid-Life Transitions study from the Population Studies Centre at Waikato University in New Zealand also found home help, financial assistance and emotional support to be the main types of help being

¹ One in three without a first degree extended family members within thirty minutes drive; one in three elderly; two in five sole parents.

provided by and to those aged 40-55 years of age (Mitchell and Hendy, 2000; O'Driscoll, 2000). In the area of financial support the findings of this study are consistent with those of the 1992 Survey of Families in Australia, with the 33 per cent in this study who reported receiving financial help from families being almost identical to the 35 per cent reported in that study (Millward and de Vaus 1997).

Caregiving was not often reported in this study as being given by or received from family, especially long-term care and care of the elderly. Yet many other studies conducted in New Zealand and overseas, and reviewed in Chapter Five, attest to family being the main provider of care to the elderly, and to the physically and mentally incapacitated. While data from disability studies in New Zealand reported in Chapter Four showed that 16 per cent of all New Zealanders and 29 per cent of elderly need help with daily living (Health Funding Authority and Ministry of Health, 1998:166), the findings of this study suggest we may have overestimated the proportion of elderly requiring support from family². The discussion of perceptions of family roles later in this chapter shows consistency with the findings on actual family caregiving, with far from universal support in New Zealand or other similar countries for care of the elderly being seen as most appropriately carried out by the family.

This study shows more childcare is being provided by family than elder care. The high provision of childcare by family is again in line with the 1992 Survey of Families in Australia study which found family to be much more important providers of regular childcare for working parents than of elder care (Millward and de Vaus, 1997).

² While it is possible the most needy elderly did not take part in this study, that would only account for low reports of receiving family help, not of provision of care.

Gender

This study is consistent with overseas studies reviewed in Chapter Three in finding that women were the main providers of support, especially caregiving. However, gender was not a significant factor in predicting provision of support or amount given, except for caregiving and financial help, where women were more likely to provide support. This contradiction may be due to the sample size; statistical significance may show up in a larger sample.

Women were also high recipients of help, with mothers receiving more help than fathers, and daughters receiving more help than sons. De Vaus and Qu (1998), reporting on the Survey of Australian Families 1992, also found daughters to be higher recipients of family help than sons were, especially with childcare.

Age and Generation

In relation to age, the findings of this study are consistent with those of many overseas studies (Kendig and Rowland 1983; Rossi and Rossi, 1990; Castles, 1993; de Vaus, 1996; de Vaus and Qu, 1998) in showing that support is a top-down phenomenon, from the older generation and age groups to the younger. However, the literature reviewed in Chapter Three also identifies both the old and the young as the age groups most in need of support, and there is little evidence of the elderly in this study being an age group with high demand for family support. This finding may depend on how one defines the older age group. The young elderly, defined as aged from 60 or 65 years up to 75 or 79 years, are net providers of help, rather than recipients. The young elderly are prime carers of children and the elderly and mentally ill as well as major providers of financial and emotional support to young adults and young families. The proportion of the very elderly in this study - aged over 75 years - who might be more likely to be recipients of support, was too small for separate statistical analysis of the two different groups of elderly.

However, it is likely that the very elderly who are in need of support are using professional support rather than family. The findings of this study that the elderly (aged 65 years and over) were less likely than those at younger ages to prefer family and more likely to prefer other sources of help is consistent with Wellman and Wortley's (1989) finding that older adults make greater use of non-family or friends than family. There is some support in other studies for this finding; Millward and de Vaus (1997) reporting findings of the 1992 Survey of Families in Australia found only 1 per cent of disabled, elderly or ill had received care from family, and (Castles, 1993:10) reported from the same study that only 4 per cent of all respondents had received either long term care *or* home help from family.

The finding of this study that 25-44 year olds are big recipients of family support is in line with the Australian Family Support Networks Projects findings that families with young children are the most likely to receive family help (d'Abbs, 1991), along with young people and low income people. The outcomes of the two studies are similar in finding that family help declines with increasing age (although d'Abbs study does not include elderly). In 1965, Sussman also found the greatest recipients of financial aid were young marrieds. Now that the younger age group (18-24 years) are more likely to be in tertiary education rather than employment, thus delaying marriage and children and, as Thomson (1989, 1999) details, with less state support than in previous generations - such as student allowances, housing and family benefits - financial support from family is still going downwards to this group.

Degree of Relationship

Findings from this study that show little support between second degree relatives may have been skewed by the wording of the question which recorded only the relative *most* involved. However, overseas research reported in Chapter Three is consistent with the finding in this study that

distant relatives rarely provide support. Wellman (1990) found that most active kin were first degree relatives or in-laws in this category, with very few second degree relatives involved in support giving, and Wellman and Wortley (1989) report that the wider family shows little involvement in support. This reinforces the conclusions reached above in relation to low levels of contact between wider family members being indicative of low levels of family support, and hence the potential vulnerability of those without first degree extended family nearby if social policies are reliant on family support.

Socio-Economic Status

Whereas overseas studies reviewed in Chapter Three generally found an inverse relationship between socio-economic status and kin support - particularly that the middle classes are more likely than lower classes to provide financial support to their adult children, but that low income parents are more likely to receive help from their adult children - this study did not find substantial differences by socio-economic status. The only significant relationships with socio-economic status found in this study were that higher status groups were more likely to report giving emotional help and lower status groups had higher levels of contact, but this was not translated into helping behaviour, despite the positive relationship between contact and provision of family support in general.

Socio-economic status was not significantly related to giving or receipt of financial help as would be expected from the findings of other studies. However income level is, with Chapter Nine showing that those in the \$15,000-\$30,000 income bracket are most likely to receive financial help from families.

The lack of any statistically significant relationship between family helping behaviour and socio-economic status found in this study may be a result of the limitations of a small sample, relatively uneven distribution between

groups when collapsed into a three way categorisation of low-medium-high socio-economic status, and low representation in the lowest group on the 6-point socio-economic status scale. This study was also using a new socio-economic status classification scale devised by Davis et al (1997) and, as with all classification systems based on occupation, it failed to deal adequately with those not currently employed, like students, the retired and homemakers. Rather than leave a substantial proportion unclassified, classifications for these respondents were based on other information, such as their education level, previous occupation or father's occupation, and current income level. This resulted in overrepresentation in Group 3 on the 6-point scale.

Socio-economic status is a complex measure incorporating aspects of education and values, as well as the economic variables of income and occupation. Income level may be inconsistent with educational and occupational level and, as this study shows, giving and receipt of financial help is more reliant on income than on the other factors.

Ethnicity

Socio-economic status is also relevant to the discussion of the effect of ethnicity on family helping behaviour. It is one of the greatest limitations of the empirical study reported in this thesis that the sample was not large enough to allow for sub-group analysis by ethnicity, as an original impetus for the study was the perceived assumption in our society that Maori, Pacific Island and Asian cultures are more extended family-based than New Zealand European culture is. Ethnic analysis of data is also important because of the relationship between ethnicity and socio-economic status; thus it can be argued that some ethnic groups are more likely to be affected by social policy initiatives aimed at those in the lower socio-economic groups.

What the overseas literature (Hogan et al, 1993; Cantor et al, 1994; de Vaus, 1996; Roschelle, 1997; Millward, 1998; Batrouney and Stone, 1998) shows, however, is that non-European ethnic groups within Western societies are over represented in low socio-economic groups, and/or recent migrants do not have extended family nearby. This means that they are unable to practise the type of family support that would be congruent with their familist norms and, in fact, give and receive less family support than European groups. It is possible that what is happening in these studies to produce these results is that the measures of helping behaviour are not culturally appropriate. Cameron's (1981) investigation of measures of family interaction and aid in New Zealand found that different measures were needed to reflect these behaviours in different cultural groups, such as Maori and European. However, it could be argued that what is important to measure from a policy perspective is help which would otherwise need to be provided by the state, and thus there are certain measures which are applicable cross-culturally.

Findings from studies reviewed in Chapters Two and Three show that, while there does still appear to be a higher level of support among Maori families than European, especially financial support, and a higher level of reciprocity, lack of economic resources and geographic mobility are leading to modifications in traditional whanau support practices. Hope (1997) also found that when family size is controlled for, Maori do not have higher levels of support than European New Zealanders. Since comparative extended family size was mainly affected by the higher number of siblings of Maori, and since Maori now have a similar number of children to Europeans (Statistics New Zealand, 1998i:42), future Maori cohorts will be likely to have smaller extended families and thus lower levels of family support than they currently have.

Migration

Related to the effects of ethnicity on family helping behaviour is the effect of migration, already referred to in the above discussion. Clearly migration can affect the ability of the extended family to provide support despite strong familial norms, if all family members do not migrate to the new location. Another factor for new migrants, even when there is extended family nearby, is the resultant lack of material resources due to a downward shift in occupational status that often accompanies migration, especially in New Zealand today (Rivera, 1997). Liu's (1992:177) study of Chinese New Zealanders concluded that "political assumptions of high levels of family support in ethnic minority families may have a negative outcome for those groups already marginalised" and that "family support is a response to disadvantage and lack of suitable options rather than cultural heritage" (Liu 1992:184).

Again, this study is limited by its sample size to adequately address this issue: while measures of years in New Zealand and in Palmerston North were collected, the sample size was inadequate to permit analysis by these measures of the effect of migration, as it is recent rather than long-term migrants who are most likely to experience these negative outcomes. If strong familist norms translate into higher levels of helping behaviour and attitudes towards family helping, we would expect those longer-term migrants who have overcome any socio-economic disadvantage and built up family around them in their new location to score more highly than New Zealand born. On the other hand, longer term residence may result in assimilation to the prevailing norms of the new country. It is most likely that the key difference is that identified by Litwak (1965): modern European extended families are of the modified or informal, selective form, while other cultures may still be of the classical, prescribed form in their country of origin, which breaks down on migration due to geographic distance and lack of material resources for the provision of support.

Geographic Proximity and Mobility

While the literature is inconsistent on the importance of geographic proximity for extended family support, this study found proximity to be important for contact, despite the rise in telecommunications and transport, and for the provision of caregiving and practical help. Long-term data on geographic mobility are not available in New Zealand, however, historical evidence from Europe presented in Chapter Two refutes the assumption that people have been more mobile in the 20th century than previously. Analysis in Chapter Four of New Zealand mobility data for the last two decades does show a recent increase over the last intercensal period, suggesting it could be on the rise. The rise in unemployment and economic globalisation (such as multi-national companies) may require people to move in order to get or keep employment, and this can disrupt extended family face-to-face contact and practical helping. But there is also evidence in New Zealand that the elderly, for example, will accept the need to move nearer to their mobile adult children in the workforce when their needs for more frequent contact and support increase, as shown in Chapter Three.

Divorce

Another form of mobility which definitely has been more prevalent in late 20th century European societies, and which research shows to have an inverse effect on extended family support, is marital status, as a result of the increase in divorce in the 1970s, to peak levels in the 1980s and 1990s. While this study did not show significant relationships between having ever been divorced and family structure, and there was no apparent relationship between parents' divorce and helping behaviour, the sample is small and the research reviewed in Chapter Three does show that divorce results in smaller networks and less contact and support for young adults and their parents, especially fathers. This includes findings from a New Zealand survey that children of divorced parents are less likely to co-reside with or have regular contact with their parents than those of legally married parents (Hillcoat-Nalletamby et al, 1999).

The current younger generation, with high demand for support due to high youth unemployment and reduced state support for tertiary education, are the children of families which experienced high levels of divorce which, according to the literature, results in reduced family resources, contact and support for young adults, yet increased demand by elderly divorced parents on their adult children. The parental cohort which experienced high divorce has yet to reach old age and feel the impact of the divorce on their intergenerational relationships in terms of care in old age.

The last three factors, ethnicity, migration and divorce all increase the need for support and decrease the capacity of families to provide material support. The next section summarises the trends in all the factors identified above as influencing demand and supply of family support.

Trends in Key Factors Affecting Demand for and Supply of Extended Family Support

Having established, through the empirical data and the literature, the main factors affecting demand for, and supply of family support, Tables 11.1a and 11.1b below present summaries of trends in these factors based on the analysis presented in Chapter Four. Factors are presented in order of importance of their effect on demand, and supply, respectively, thus the order differs for each table. The combination of trends in these factors will affect the availability of family to provide support. The implications for policymaking and planning that is relying on the availability of family support are then discussed in relation to demand for and supply of family support, respectively.

Demand for Support

Table 11.1a Trends in Key Variables in the Demand for Extended Family Support

DEMAND FACTOR	TREND
AGE - young 18-24 and 25-44	Declining numbers and proportion but increasing dependence; may result in increased demand for support.
AGE - very old 75+	Increasing numbers and proportion, also increasing numbers living alone; may result in increased demand for support.
DIVORCE	May be stabilising or declining, but the effects for intergenerational relations are still to be felt when the cohorts who experienced high divorce rates reach old age; will mean increased demand for state support.
CONTACT AND PROXIMITY	Stable or some decline in face-to-face contact due to reduced proximity as a result of increasing geographic mobility; may result in increased demand for state support.
ETHNICITY and MIGRATION	Increasing numbers and proportion of recent migrants and non-New Zealand born European ethnic groups; likely to lead to increased demand for state support.
SOCIO-ECONOMIC STATUS	Low SES results in increased demand for support; although educational and occupational indicators are improving, income inequality is increasing so those at the bottom will need increased support - these include ethnic minority groups and new immigrants, sole parents, women.

From Table 11.1a it is clear that we can expect an increase in demand for family support due to increasing youth dependence, increasing numbers of elderly over age 75 years, especially those living alone, and increased divorce among cohorts yet to age. This increase in demand, plus a possible decrease in geographic proximity of family members, an increasing proportion of new migrants and minority ethnic groups, and increased income inequality for the population as a whole, will create increased demand for state support to complement family support.

Perhaps the main contribution of this study to the debate is to highlight the demand from the younger age groups, 18-24 and 25-44 years, rather than from the elderly. Demand for family support, including caregiving, is highest from the younger age groups, which are declining in size, rather than from the elderly population, which is increasing in size. The

proportion of elderly being cared for by family is small. However, while the number and proportion in the younger age groups is going to decrease, high unemployment and costs of education will keep them dependent longer. The high level of dependence of young adults on their families is probably a direct result of state policies which give very little support to this group (Thomson, 1991). The wider social implications of this in relation to the intergenerational contract are discussed in Chapter 12.

Moreover, the child rearing age group (25-44) which features in those 6 per cent not involved in family support and with lack of family nearby, is currently at a peak in terms of its relative proportion in the population. This age group is also the highest recipient of family care in this study, especially childcare. Future demand for support from the family and the state may come from this group, in relation to material and practical support in raising their children, rather than from the dependent elderly which have received such high focus from the media.

The findings of this study are consistent with those of de Vaus and Qu (1998) in Australia who write of the myth of the burden of the elderly with an ageing population. These findings do not support the view that, at the micro-level of the family, the elderly are a burden. Quite the opposite: the young elderly are key providers of support. While previous research in New Zealand (Koopman-Boyden, 1987) and overseas (McGlone and Cronin, 1994), shows that the family remains the main source of care for dependent elderly, and the increase of chronic disability with age together with the increasing proportions of the very aged (75 years and over) may suggest an increasing burden for women in families, few in this sample required such care or were receiving it from family. Not all elderly people are in need of support. That empirical data show that, while families are the main carers of the elderly, few family members are actually caring for their elderly kin, suggests perhaps we have overestimated the demand for this type of care, or that family is not the preferred form for elder care. This is discussed

further in relation to perceptions of the role of the family and the role of the state, below.

However, if the elderly do require care, the trends suggest they have more than built up rights to reciprocity through having given so much to the younger generation previously. However, the attitudinal data discussed below suggest little support for the idea of adult children caring for elderly dependent parents, especially residentially, or if it requires giving up labour force participation (McPherson, 1999). This applies across all age groups, including the elderly themselves. It is believed that adult children's responsibility to their nuclear family comes first, and that family care is not necessarily the best option for those in need. Thus any increase in demand from increasing numbers in this group is likely to be demand for state support.

The research reviewed in Chapter Three shows marital breakdown generally weakens intergenerational relations and the ability to provide material support. The increasing proportions of future elderly whose adult children will have experienced family breakdown through divorce is, therefore, also likely to increase the need for state support. The impact of the aging of divorced individuals on family support is yet to be felt, with the cohorts which experienced high levels of divorce currently aged in their forties and fifties.

The lack of availability of family through numbers of first degree extended family members, their proximity and competing commitments to their nuclear families and labour force needs will also increase the demand for state support to complement what families can provide in future. Finally, lack of proximity of extended family for new migrants, and the lower socio-economic status of the ethnic groups that are increasing in proportion in our population may also lead to a need increased state support.

Supply of Support

As Table 11.1b shows, the ability of families to meet this increased demand will be constrained by reductions in ability to provide support due to:

- possible reduced proximity and hence reduced contact;
- the increasing reliance on young elderly as opposed to middle-aged women and hence their reduced capacity to provide physical care;
- weakened intergenerational relations due to divorce;
- reduced capacity to provide material support due to increased income inequality and increasing proportions of groups traditionally overrepresented in low socio-economic groups;
- long-term decline in number of first degree relatives for the post baby-boom cohort that has few siblings as well as few children.

This reduction in supply may be exacerbated by government policies such as increased age of eligibility for superannuation and the possibility of compulsory superannuation, which will render the young elderly less able to provide family support, either financial or caregiving.

While this study has shown contact and proximity to be important predictors of family helping behaviour, it has been difficult to measure trends in geographic mobility in New Zealand over time, although European writers reported in Chapters Two and Three show that, contrary to popular opinion, mobility has always been high. What data are available for recent decades in New Zealand show a slight upturn in the last intercensal period. With globalisation of employment, and the need to move to where jobs are, geographic mobility may continue to increase. Contact is currently quite high but it is difficult to find measures of contact over time. Modern communications and transport aid maintenance of contact suitable for social-emotional and financial support, but not the face-to-face contact required for the provision of practical support and caregiving. As face-to-face contact is strongly correlated with proximity, it is more likely to decline in the future, thus reducing potential supply of family support.

Table 11.1b Trends in Key Variables in the Supply of Extended Family Support

SUPPLY	TREND
CONTACT	Stable or may be some decline in face-to-face contact due to reduced proximity; may result in reduced supply of family support and increased demand for state support.
PROXIMITY	May be some decline; may result in reduced supply of family support and increased demand for state support.
FAMILY SIZE, especially of first degree relatives	Declining, but will not affect elderly family support network until after 2031. Will improve supply of support for young. Will not lead to reduced supply of family support and increased need for state support in near future.
GENDER	Female labour force participation increasing - mixed effect on provision of support - less available for direct physical caregiving, but more able to provide financial support and purchasing of services to meet filial obligations; may result in increased demand for provision of support services by the state to complement family support by those with labour force responsibilities also.
AGE - young elderly 60-74 years	Increasing numbers, may be available for family support, but reducing physical capacity for arduous caregiving; policy changes may result in future young elderly having fewer material resources for providing support to younger generations or less availability for caregiving due to continued labour force participation; may result in increased demand for provision of support services to enable them to provide family care.
DIVORCE	May be stabilising or declining, but the negative impact on intergenerational relations is still to be felt when the cohorts who experienced high divorce rates reach old age; results in reduced supply and resources for family support; may result in increased demand for state support.
ETHNICITY and MIGRATION	Increasing numbers and proportions of ethnic minorities and immigrants; may result in reduced capacity to provide family support.
SOCIO- ECONOMIC STATUS	Low SES results in reduced capacity to provide family support; although educational and occupational indicators are improving, income inequality is increasing so those at the bottom will be less able to provide family support and more reliant on state support.

Family networks are not large, and active networks are largely confined to first degree relatives, that is, adult children, parents and siblings, and sometimes in-laws in these categories. While family size in itself is not important - and in fact the research reviewed in Chapter Three is consistent in finding that in family caregiving, responsibility is not shared but falls on

one adult child or sibling, regardless of number of siblings - the number of first degree relatives is significant. Thus demographic trends affecting the size of the first degree network are important. These are: declining nuclear family size as measured by the number of children, including increasing childlessness; the effects of declining marriage but increased remarriage, blended families, cohabitation, and divorce on family ties, especially for men.

However, as parents are the main providers, and children the main recipients of family support, smaller families can have a positive outcome for family support as parents will be able to give more and each child receive more. Further, the decline in family size will not be felt in the family support arena until, after the baby-boomers pass through old age and their own children are elderly, as the baby-boomers have many siblings to substitute for adult children as carers. Indications of a shift from adult daughters to siblings as providers of long-term family care for the elderly appear in the data from this study. This finding is inconsistent with the literature on sibling helping behaviour reported in Chapter Three, which may be due to a changing trend in the age of family caregivers, suggesting a need for further research on this factor.

As demonstrated in Chapter Four, the decline in the number of children in the nuclear family is balanced by the increasing survival of the parent generation. Often overlooked when considering the increasing number and proportion of elderly, is that the young elderly (60 or 65 to 75 or 79 years) will also increase, and this age group is a high provider of family support, especially of care to the very old and to children, and material and emotional support to the young adult generations. The contribution to potential supply of family support by the young elderly - who contribute more than they receive - may lead to an *increase* in the potential supply of family support. However, their capacity for providing physical care will be limited by their own physical capabilities, and superannuation policies

have the potential to further erode this growing source of family support, as outlined earlier.

As women, especially mothers, have been identified in the literature and this study as prime providers of family support and care, the prevailing view is that since female labour force participation is increasing - and this trend is projected to continue, in response to changing social attitudes to women's role as well as changes in policy areas such as superannuation, student allowances, user pays health care which create a need for women to be in paid work - this will lead to a reduction in potential supply of family support. How will women fulfil their traditional support role in conjunction with paid work? Research reviewed in Chapters Three and Five suggests that this will occur at personal and economic costs to individual women as they attempt to combine both roles (Finch and Groves, 1985; Osterbusch, 1987; Aronson, 1990; Orodener, 1990; Lechner, 1991; Evandrou, 1995; Biggs, 1997).

However, this assumes women's main support function is direct provision of care. In fact, according to this study, they are more likely to be required to provide financial support to the young, thus their labour force role enhances their ability to provide family support. They could also fulfil their responsibilities for elder care in the same way as men in paid work might do, by purchasing services rather than direct provision by themselves. Dalley (1996) suggests gender expectations would make it more difficult for women to do this than it is for men, but role expectations have changed over time, and this study also found strong support for women to maintain their labour force participation rather than withdraw to fulfil family care responsibilities.

It is by no means clear that increased female labour force participation will result in a decline in provision of family support, given that financial support to the younger generation is more prevalent than caregiving to the

elderly. What is more likely is increased conflict for women over their perceived obligation to provide traditional hands-on care to their elderly parents and other dependants, as opposed to purchasing services as per the male model, as suggested by Aronson (1990), and Lewis and Meredith (1988) in Chapter Three. Given that overseas research reported in Chapter Three shows that women are still likely to reduce labour force participation to meet family obligations - and even though some of this may be done willingly - there are implications for women's citizenship and inferior placing in a market-based economy. Thus it can be argued that, in order to reduce the costs to women of their caring role, the provision of state services will be needed to complement the support that women are providing at the micro-level of the family.

While older siblings and the young elderly may substitute for the decline in the availability of adult children and women as providers of family support in the near future, when the post baby-boom cohort ages the shortage of both adult children and siblings is likely to result in overall lack of numbers available for family caregiving support. This is also the cohort where both mother and daughter are likely to have late childbearing, therefore creating increased possibility of the sandwich effect for their children where adult children are caring for both the older and younger generation simultaneously. Thus again, there is likely to be a need for state services to complement and support the care that family are able to provide.

The next section presents the findings of this study in relation to the third aim of this chapter, attitudes to the respective roles of the extended family and the state in providing help for those in need, and how these relate to trends in actual helping behaviour. The combined implications of both trends in the availability of family support, and attitudes towards family and state roles for policy, in relation to the wider social context of the intergenerational contract, are then discussed in the final chapter.

Attitudes to the Provision and Receipt of Extended Family Support

According to Mangen and Westbrook (1988), norms of obligation to care for family members are not static or universal; they are guides to expectation rather than absolute. The overall feeling emerging from this study is that while, in general, a sense of duty and obligation towards family prevails, help should be given and received by choice, not by state coercion through assumptions that result in a lack of alternatives. The findings echo those reported in Chapter Five (Carillo and Eisenberg, 1983; Munford, 1994b; Walker 1991, 1995; Graham, 1999) that help that is provided only from duty or from lack of alternative options has a negative impact on the emotional quality that constitutes the essence of family support.

Sense of family obligation varies according to a number of factors, such as degree of relationship, gender and age. Chapter Ten shows that a sense of obligation to help family members declines with genealogical distance. This finding is supported by Rossi and Rossi (1990) and the literature reviewed in Chapter Three. The findings presented in Chapter Nine that actual family helping behaviour is largely confined to first degree relatives (parents, adult children and siblings), with little help extending to the wider family group, is also consistent with the attitudinal data on family obligation and degree of genealogical relationship.

Women in this study expressed a lower sense of obligation to extended family than men. Similarly, Millward (1998) found Australian women are less supportive of the elderly living with them than men are. While these findings seem incongruent with women's higher level of actual helping behaviour, it may in fact be a consequence of that involvement: because women do more they are more aware of the burden that family obligation can become, and are expressing a wish that helping family be by choice, therefore, not an obligation. However, this does highlight another instance of discrepancy between actual behaviour and attitudes which may have negative outcomes for both parties in the family support situation. If

women are providing help when they would prefer not to, is this because of societal expectation or lack of alternatives? Is there, then, a need for state services, rather than assuming support will be provided on the basis of presumed norms of family obligation which are not, in fact, substantiated?

There is also an age dimension in attitudes to family obligation found overseas that is not so apparent in this study. The young in other studies report higher levels of obligation than the middle and older age groups (Rossi and Rossi, 1990; de Vaus, 1996; Wolcott, 1997; Millward, 1998). As with the gender differential discussed above, this perhaps reflects the respective levels of experience with such support and the likelihood of being directly involved in providing it. These same differences occurred in this study, but were not statistically significant, perhaps due to the relatively small sample size. Such a relationship may be found in a larger sample

However, in Chapter Ten, reciprocity was also found to be less important for women and young people. As noted in Chapter Ten, there may be some disjunction occurring for women between what they do, since they are most involved in family support, and what they believe or desire. In this disjunction women may be expressing their strong experience-based belief that family help should be given from choice, not because one feels obliged to reciprocate.

Young people also express a low sense of having to reciprocate help they have received, despite having a preference for family help and being high recipients of family help. Yet, paradoxically, this group has a high sense of obligation to help family. Kendig (1986a:87-88) notes the distinction between obligation and reciprocity which may explain this apparent contradiction. He says young people see family support as an obligation rather than an exchange. They feel that helping family is a duty to be done regardless of whether or not you have received help.

Reciprocity occurred more often in this study in relation to friends as a preferred source of support than family, which is in line with Bulmer (1987). Where it did occur in relation to family, recipients of help felt the need to reciprocate, but providers did not expect reciprocation, and it did not have to be immediate or of the same type. This fits with what Finch and Mason (1993) also found in Britain. Finch and Mason believe this sense of owing felt by recipients of family help raises issues of dependency, burden and power balance in family helping relationships, and certainly these issues emerged in the attitudinal data in this thesis.

This study also identifies, in Chapter Ten, an overall disjunction between people's beliefs about the roles of family and state and what they are actually doing. Discrepancy between actual provision of family help and attitudes to family help is attested to in the literature. Horowitz (1994) found that norms of obligation are not highly correlated with the actual provision of support, but only with hypothetical support. And Dressel and Clark (1990:769) note that: "While family members hold idealized notions of family care, their behaviours and feelings are often at odds with their ideologies". Some of the specific areas of discrepancy identified in this study are detailed below.

The measurement of attitudes or hypothetical behaviour is often dismissed as irrelevant because of the discrepancy with actual behaviour. It is, however, highly relevant to this study, as one of the contentions outlined in Chapter One is that such discrepancies lead to potentially negative outcomes for the vulnerable who are in need of support, and hence for policies based on assumptions of the willingness of people to provide support for extended family members. As discussed in Chapter Five, if people are providing care or support to family against their will, because of social expectations or lack of alternative options, the quality of that care is likely to be reduced.

This study has also identified where our society believes the boundaries come between family help that is willingly provided, and the need for state provision of help. Many of these findings are consistent with overseas findings, and other New Zealand findings. While four main categories of potential family support were identified in Chapter Three and investigated in this study, plus a collection of other miscellaneous types of practical support, those that are of most concern for policy are financial support and caregiving, plus household help, as these are areas where the state does, or has in the past, provided an alternative to family support. Social-emotional support is more clearly a role for personal relationships - either family or friends - for, as concluded in Chapter Two, it is the emotional component of family relationships that distinguish them from non-family support (although social workers may provide an element of social support).

Financial Support

The overall outcome of this study is that regular or substantial financial support is regarded as being the responsibility of government. Although families will help out with small scale financial help in cases of need, if they are able to and choose to, they do not see full financial support of the elderly or young adults as their responsibility, and resent the costs incurred in providing help such as caregiving. This is supported by Foulke et al (1993) reporting on several United States studies.

While agreement about adult children helping their elderly parents financially in this study was quite high (77 per cent) it was qualified by "being able to afford it", and only involves "helping", not "totally supporting". This is similar to findings in the Australian Family Life Course Study (Wolcott, 1997; Millward, 1998), but support dropped to about 50 per cent agreement with adult children being financially responsible for elderly parents *if providing such support is difficult for them* (de Vaus 1996:18). In contrast, Koopman-Boyden (1981:12) found that 74 per cent of New Zealanders expected the state to provide financial support for the elderly

and the New Zealand study on "The Role of Government" found 94 per cent think it is the government's responsibility to provide a decent standard of living for the old (Table 11.2). Thus it is clear that there is a difference in attitudes to provision of total financial support compared with just helping out, and that affordability is a factor.

This study also found that the financial costs of caring are a major factor in rejection of their role by families. This is consistent with Turvey and Thomson (1996), where this factor emerged as a major theme in their focus groups with carers, and Graham (1999) in the United Kingdom.

Similarities were also found between the Australian Family Life Course study (Millward, 1998) and this study in attitudes towards parents helping adult children financially if they need it. While there is agreement with this kind of help in general, it is qualified by genuine need and a sense of responsibility and independence on the part of the children, and that it be temporary rather than ongoing support. However, there was also a clear rejection in this study of the role of the family in financial support for the education of tertiary students by 70 per cent, with a further 12 per cent unsure. This is lower than, but consistent with, the 85 per cent in the New Zealand study on "The Role of Government" who see financially helping tertiary students from low income families as the responsibility of the state (see Table 11.2).

Table 11.2 Attitudes to the Role of Government

It should be governments' responsibility to:	Yes	No	Can't Choose
	%	%	%
Provide financial help to university students from low income families	85	13	2
Provide a decent standard of living for the old	94	6	1
Provide health care for the sick	97	3	-
Provide a decent standard of living for the unemployed	61	35	4
Provide a job for everyone who wants one	54	44	3

* where totals do not = 100%, due to rounding

Source: Raw data from Dept of Marketing, Massey University, ISSP study on The Role of Government and Work Orientation, 1997, analysed by author.

Yet financial support is one of the main types of support being provided by family. This suggests some incongruence between beliefs and values about family help and the role of the state. It may be an area where the family is unwillingly providing help to fill a gap where the state is not providing adequate support, or it may be that the help given by family is small and irregular, while it is regular and large scale financial support that is seen as being the responsibility of government.

A further negative impact of these findings is that, according to an Australian study reported in Chapter Five (de Vaus and Qu, 1998; Millward 1998), those in highest need of financial support - low income families, sole parents, non English speaking migrants and older divorced men - have the least family resources to provide this type of support. These views echo those of the Americans, Hogan et al (1993), that many families of all races lack the resources for a sustained exchange of support and do not give or receive. While there was no relationship between personal income and giving financial help in this study, those with lower household incomes were less likely to give financial help, though the finding is not statistically

significant. The lack of statistical significance may again, however, be due to sample size, rather than lack of a true relationship.

Care of the Elderly and the Mentally Ill

Nor is there universal and unqualified support, in this study or others, for the idea that families should care for the elderly. As Table 11.2 shows, there is almost universal support in New Zealand for the idea that provision for the elderly and health care are the government's responsibility. This view is expressed across all age groups (see Table 5.2, Chapter Five), and is consistent with but stronger than the findings in this study. This study did not directly ask whether adult children should care for elderly parents, but over half did not think they should have to take a parent into their own home to care for them, three-quarters did not think they should have to give up a job to care, and half thought it was the solely the government's responsibility to provide care for a dependent elderly man who could not manage on his own. Similar attitudes have been found in Australia (Kendig, 1986a; de Vaus, 1996; Wolcott, 1997; Millward 1998), as reported in Chapter Five.

The findings of the focus group discussion reported in Chapter Ten identified a culture of independence in the European based culture of our society that is in conflict with an ethos of familism which involves dependency and obligation, rather than freely chosen support. This fits with previous discussions on the ideology of the extended family and the conflict between obligation and independence outlined in Chapter Two (Morgan, 1975; Finch and Mason, 1993; Gottlieb, 1993), and is allied to the discussions of citizenship status of carers and care recipients expounded in Chapter Five (Finch and Groves, 1985; Bryson, 1995, 1996; Chappell, 1996; O'Connor, 1996; O'Connor et al, 1999). It was argued there that dependency, lack of choice and the impact of unpaid family work on participation in and remuneration from paid work, all affected the citizenship status of those involved in the family support relationship.

These findings were supported by a general view emerging from the qualitative data that adult children's own children were a higher priority than their parents, and that when the elderly need care it is generally health care and therefore government's, not family's responsibility. Allen and Perkins (1995) noted that, in addition to perceptions of the role of the state and a sense of duty and obligation towards family, willingness to help is moderated by nuclear family commitments, paid work commitments, and the financial costs of helping. All these factors emerged in this study, in both the reasons for preferred sources of help in the survey, and in the focus group data, but foremost was the notion that adult children have to give priority to their immediate nuclear family³. Parsons (1959:262) termed the responsibility for the nuclear family a "higher order obligation". This is supported by findings in Australia, with less than half of Australians saying responsibilities for dependent children and dependent parents are equal (de Vaus, 1996:18).

Allied to this is concern for the sometimes negative impact on children in the nuclear family resulting from the time and stress involved in having parents caring for other relatives, or co-residing which manifests in behavioural and psychological problems in the children. This feeling emerged from the focus group in this study, and is supported by Carrillo and Eisenberg (1983). This attitude is reflected in the lack of support for the idea of adult children taking parents into their own home to care for them, which is stronger in Australia than in this study: 45 per cent in this study, compared to 31 per cent in the Australian Family Values Study (de Vaus, 1996:18). Similar findings are also reported in Foulke et al (1993) review of United States' studies. The finding that accommodation in general is a state rather than a family responsibility also has support from Foulke et al (1993) review of studies in the United States.

³ Thirty percent of respondents in this study had nuclear family obligations.

Other ways in which family care may not be the most appropriate form of care, as detailed in Chapter Five, are that it may involve dysfunctional family relationships, or stress and isolation emanating from both the tasks and the dependency aspects of the caregiving relationship. Dissatisfaction with the notion of family support identified in this study also arose from the inequity of the helping load which was seen as falling mostly on one family member, usually the one living nearest or being perceived as having least other commitments, or on a gender division of labour basis. Again, this is consistent with the findings from other research reported in Chapter Three.

The belief found in this study that family is not necessarily the best option for care is also supported in the literature. This is in direct contradiction with the core element of familism, that 'family is best', but as discussion of other research shows (Chapter Five), is consistent with findings on the negative impacts of family caregiving, which involve an emotional aspect that may be affected by the caregiving role. It is this emotional aspect of family care which was identified in the focus group as being what distinguished family help from non-family help, and was seen as being important to preserve. This is consistent with the literature reviewed in Chapter Two and Five, which concluded that this element should be preserved by meeting the physical needs of individuals outside of the family if necessary. This issue is discussed more fully in Chapter Twelve, under policy assumptions.

In the allied area of household help, the finding of this study of a high belief in the right to government services mirrors that found in Australia (Kendig, 1986a; Millward, 1998). The main reason given by the elderly themselves for this preference is "so as not to be a burden", which is consistent with their preferences for accommodation and independence discussed earlier in relation to caregiving.

Another area of caregiving that this study showed is not accepted as the role of family is care of the mentally ill in the community. This is consistent with the literature reviewed in Chapter Three which shows that carers of the mentally ill are usually quite old, generally being parents, and that siblings see this role as too demanding, competing with commitments from children and employment. Also, the sibling relationship may have been negatively affected by the demands of the mental illness throughout the life course. The review of the literature on this issue in Chapter Three concludes that the assumption that family members will take responsibility for each other does not happen with the mentally ill. These findings are in conflict with current state policy of community care and deinstitutionalisation for the mentally ill outlined in Chapter Five, which, as shown there, often results in families left to care without sufficient information, due to the way the Privacy Act is being implemented, or sufficient professional support.

That some of these findings are stronger in Australia, and are also found in the United States - the bastion of minimal state and maximum self-reliance - suggests that these attitudes are widespread cultural norms of the industrialised Western English-speaking world. Given the findings in this study, it can be argued that the area of care of the elderly is another area of discrepancy between public opinion and government policy, where the government is trying to shift a projected demographically-driven increase in demand for support on to the family, through policies based on familist assumptions, together with a reduction in the provision of support services. As can be seen in the findings of this study, however, the family and the elderly themselves do not want this.

Summary

This chapter has drawn on the material from the previous sections of this thesis to discuss the findings on extended family structure, patterns of extended family helping behaviour, trends in the key factors affecting demand for and supply of family support, and attitudes to the provision and receipt of family support. The next chapter will sum up the key findings and conclusions of this study in relation to the aims set out in Chapter One. In particular, the findings discussed in this chapter will now be considered in relation to the first aim of the thesis, as to whether, in terms of the literature and theory discussed in Chapter Two, the New Zealand population - which is predominantly European/Pakeha - has extended families. The findings on perceptions of the relative roles of family and state are then considered, noting any discrepancies with policy assumptions.

Conclusions are then drawn with respect to the implications for social policy that may rely on assumptions of the availability and willingness of families to provide support. Conversely, the findings will also be considered in relation to the impact on families of policies that rely on family support. Of particular concern in this thesis is the implications of the findings for the intergenerational social contract, which relies on consent and trust in the ongoing and reciprocal nature of exchange of help between generations over time.

CHAPTER TWELVE

CONCLUSIONS, IMPLICATIONS AND RECOMMENDATIONS

Introduction

This chapter concludes the thesis by providing a discussion in respect of the aims of the thesis, and answers to the research questions as set out in Chapter One. On the basis of these conclusions, recommendations for policy are then made. The limitations of the methodology employed in the empirical section of the thesis are then discussed in relation to the conclusions and recommendations, resulting in recommendations for further research in the area of extended family¹ support in New Zealand.

Conclusions in Relation to the Aim and Research Questions

The broad aim of this thesis was to investigate the extended family in New Zealand in order to ascertain whether this predominantly European/Pakeha population has extended families that can meet the requirements of recent social policies which have been increasingly based on reliance on family support. The research questions to be answered were:

- 1] What is the nature of the extended family, in terms of its demographic structure and patterns of helping behaviour between members - as extrapolated from one provincial city - and hence the potential availability of families to provide support to their members? Conversely, what proportion of our society are without potential family support?
- 2] How willing are people to provide support to their extended family, or to accept help from them, and where do they see a role for the state in the provision of support? Conversely, what proportion in our society does not accept the role of the extended family in the provision of support?

¹ The definition of extended family employed was: biological kin or relatives by marriage, aged 18 years and over, plus "social" kin such as adoptees and relatives from de facto relationships, who are known and regarded as family. It does not include the nuclear family household of spouse or dependent children (see Chapters One and Eight).

In short, what is the potential availability and willingness of extended families to provide support to their members and, conversely, what proportion in our society is without potential family support networks?

The underlying rationale for these aims was to provide an empirical basis for identifying discrepancies between family support behaviour and attitudes, and the assumptions of family availability and willingness which underlie policies that are increasingly based on reliance on family support for individuals in need. Ultimately, this thesis considers whether families can meet the requirements of such policies, and what the implications are for the social intergenerational contract.

This study:

- Provides the first quantitative data in New Zealand on extended family structure and support patterns, and the capacity of families to provide support;
- Provides New Zealand based information on and contributes to the general debate on whether the family or the state should be providing support to individuals in need, what types of support and in what circumstances.

In answer to the research questions of this thesis, analyses of the data suggest that:

- For the predominantly European/Pakeha culture of New Zealand² which makes up the bulk of this sample, there is evidence that the extended family exists and operates in providing mutual assistance to its members,

² The sample was not large enough to carry out analysis by the other major cultures in New Zealand, but that needs to be done. There is some evidence in New Zealand that for many Maori the “whanau” (extended family) broke down with urbanisation (Walters and Walters, 1986; Ruwhiu, 1999; see Chapter Two). As they become integrated into the western market economy, have smaller families, and have market commitments, Maori may be faced with the same tensions between duty and obligation and ability to meet those commitments.

with quite high social contact and lighter types of interaction and assistance over the wider extended family network.

- Future demand for family support may outstrip supply due to trends in demographic factors influencing this supply and demand.
- New Zealanders - as extrapolated from the urban provincial city of Palmerston North - do have a sense of duty and obligation towards family members, but without choice or willingness as well, they believe this can result in negative outcomes for both provider and recipient of family support, and for the immediate nuclear family.

The Nature of the Extended Family in New Zealand

Structurally our extended families are not large. While they generally have quite high levels of proximity and contact, a substantial proportion do not have extended family living close enough to provide practical support, and contact is very dependent on degree of genealogical closeness. Since contact with extended family is related to provision of extended family support, the active support network of the extended family is largely confined to first degree relatives of parents, adult children and siblings only. This transfers to norms of extended family support. While the data from this study show that New Zealanders, as represented by those in Palmerston North, have a high sense of extended family obligation, this does not extend much beyond first degree relatives of parents, adult children and siblings, and is qualified by choice and willingness. These findings are in line with the overseas research and literature reviewed in this thesis, as discussed in Chapter Eleven.

The extended family of the predominantly Anglo-European New Zealand population is a loose informal selective network of nuclear families and individuals, rather than the more prescribed classical form based on geographic proximity, economic interdependence, hierarchical authority and precedence of the kin relationship over the conjugal relationship, which better describes the traditional Maori whanau. This form of extended family

fits with Litwak's (1965) "modified extended family", where relationships and interaction are more selective rather than the traditional more prescribed "classical extended family" model which we assume to still apply to other cultural groups in New Zealand.

Litwak further describes the modified extended family as geographically dispersed, which also fits with the situation in Palmerston North where four out of five people have over 50 per cent of their extended family living elsewhere in New Zealand or overseas. The final factor in Litwak's modified extended family, as compared with the traditional extended family, is economic independence. Laslett (1977) argued that few European extended families, even traditionally, ever were economically dependent. This study found quite a high level of financial support occurring between extended family members (50 per cent giving, 33 per cent receiving), particularly by parents to adult children, which conflicts with the notion of economic independence for all adults. This may be occurring because of lack of alternative financial support available to young adults and families today. However, whereas Litwak sees the role of the modified extended family as being domestic rather than economic, and thus concerned with caregiving and nurturing, this study suggests that there is less support for this as a key role for the European extended family in New Zealand today, particularly with respect to care of the elderly and more genealogically distant family members.

That this study found interaction with wider kin to be limited mostly to social contact fits with Morgan's (1975) note that most kinship studies are confined to linear, not lateral kin, and Sussman's (1988) definition of extended families as based on three interlocking nuclear families: the families of origin, procreation and affines (in-laws) which were the groups most involved in helping behaviour. Harris (1972) argued that these are not really extended families, but what he terms "elementary" families, mostly involving parents and adult children. However, I conclude that the

structure and function described from the data in this study is that of an extended family as defined by Litwak, and while much support (as reported in Chapter Nine), especially of the more demanding type was generally limited to the elementary family, this was not always so.

Clearly there is a sense of a broader extended family in a social sense, evidenced through contact and inclusion in the respondent's definition of extended family, and for some, though a minority, this extends to mutual exchange of support. But it is also clear that there are limits on the extent of family support, and degree of relationship is one of these. There is enough evidence in this study to state that, from a policy perspective, one could not rely on extended family support being available for second degree relatives, especially of the more demanding types of support that are usually the concern of policy, such as long-term caregiving. While the question wording may have affected the likelihood of responses about helping wider extended family, some evidence was presented in Chapters Two and Three that mutual reliance and co-operation do not extend to the wider family (for example, Wellman and Wortley, 1989; Wellman, 1990), thus offering some external validation for the findings of this study.

This study, in line with the 1996 New Zealand Census findings reported in Chapter Four (Statistics New Zealand, 1998c), shows that very few New Zealanders live in extended family households. However, the literature reviewed provides evidence that co-residence rarely ever was a feature of European extended family culture, and is not the most successful means of providing support to family members in need of care. Hence lack of co-residence does not rule out the existence of extended families among the predominantly European New Zealand population.

Chapter Two identified caring and intimacy as central concepts of family. The issues raised in the literature are whether caring *about* family has to mean caring *for* them (Dalley, 1996; O'Connor, 1996), and whether caring

for dependent family members can have a negative impact on the beneficial emotional or intimacy aspects of family relationships (Munford, 1994b; Walker, 1991, 1995). Support for both of these notions emerged in the focus group data in this study. Chapter Two also identified mutual support as being an essential component of the concept of family, with social-emotional support and practical support being the most common types of support provided by the extended family. These were certainly the key types of helping behaviour found in this study, and Chapters Two and Five show that, historically, there is little evidence that families ever did provide more support than they are providing now. Thus the findings on extended family in this study are consistent with most of the key aspects of extended family identified in the literature.

However, the concept of reciprocity, which was so prevalent in the literature on extended family support, does not feature so strongly or directly in the empirical findings of this thesis. It was not often given as a reason for preferring family as a source of help, and was restricted mainly to types of help that were relatively easy to reciprocate, such as occasional childcare, food or meals, and shopping, rather than the more demanding types of help like long-term caregiving. In line with Hogan et al (1993), there was some indirect evidence of reciprocity in a reasonable correlation between giving and receipt of help; that is, most people do both. This fits with the notion in the literature of reciprocation being more generalised and less personalised, that is, not necessarily directly between two people.

Willingness to Provide and Accept Extended Family Support and Perceptions of the Role of the State

The empirical findings of this study on the willingness of New Zealanders to provide and accept extended family support, and their perceptions of the role of the state in the provision of support, were discussed in the previous chapter in relation to the findings of previous, mainly overseas, research. The conclusions in relation to this issue are now presented.

Chapter Two concluded that, while obligation features strongly as a characteristic of the extended family, there is no socially prescribed pattern of obligation, rather a continual tension between choice and obligation. The findings from this research are consistent with this, showing that people do have a sense of duty and obligation towards extended family members, but without choice or willingness as well, they believe this can result in negative outcomes for both provider and recipient of support, and for the immediate family.

Families generally want to be involved and in fact prefer family for most types of help where it is willingly given, but also recognise the difficulties sometimes incurred by extended family members in meeting their support role.

The literature reviewed in Chapter Two is inconclusive about whether family is the first or last resort when help is needed, and I suggested it may depend on the degree of help needed. This is borne out by findings reported in Chapter Ten. Family is not preferred when the type and degree of help required is beyond what the family can cope with or family is not the most appropriate source of help. However, people believe that families can fulfil their obligations by caring *about* their kin. They are not totally rejecting any role in helping each other, but may not want to take full day-to-day responsibility for care, or to bear the financial costs of helping, particularly for those things they see as being a government responsibility; that is, education fees, and care of the mentally ill and the dependent elderly. These people are perceived as requiring health care and, therefore, being the financial responsibility of the state.

Thus this study has identified where our society considers the boundaries come between family help that is willingly provided, and the need for state provision of help. As shown in the previous chapter, the categories of potential family support that are of most concern for social policy are

financial support, caregiving and household help, as these are areas where the state does, or has in the past, provided an alternative to family support. Social-emotional support is more clearly a role for personal relationships. It is in the areas of financial support and the care of the mentally ill and elderly that people believe the state, rather than the family, should be responsible.

However, attitudinal data from this study support the theory advanced in Chapter Five that state help should complement, rather than replace the family. For example, the finding reported in Chapter Ten that those with high need, as demonstrated by high receipt of financial and emotional help from family, reported high preferences for both family and government help. They do not see the two as mutually exclusive, but suited to different types of help or need. The lack of correlation between overall attitude to family obligation and preference for government help also demonstrates this point. If one replaced the other, an inverse relationship would be apparent. The lack of correlation suggests that seeking help from government is independent of the concept of family obligation. That is, one may hold both views: a general sense of obligation towards family, and a need for state support. The next section considers why this might be.

Can Families Meet the Requirements of Policies Based on Increased Family Support

Finch (1989) and Harding (1996) claim that where there are discrepancies between a government's view of family obligations and public opinion, policies will not be effective, resulting in a negative outcome for both the person needing help and the person giving it. This could apply to policies not based on empirical research of extended family demographics and helping behaviour.

Analysis in Chapter Ten showed that there was a disjunction between overall attitude to obligation to help family, and actual helping behaviour.

A number of specific areas of discrepancy between attitudes to family support and the provision of family support, and between policy assumptions about family support and actual availability and norms of family support, have been identified in Chapter Eleven. In particular, the areas of financial support, particularly of students and the elderly, and care of the elderly and mentally ill, were believed to be government's responsibility. Yet due to lack of state provision of economic support for young adults, families are providing financial support. In addition, policies of community care are shifting responsibility for the elderly and the mentally ill on to families through insufficient resourcing of community support services. In addition to the discrepancy between assumptions about the family having the capacity to support its members if state support is reduced, and the family accepting this role, there are also discrepancies in assumptions about the role of women as carers and the family being the best and natural source of support.

Testing Policy Assumptions Against the Evidence

Four assumptions were identified in Chapter Five as underlying much social policy that impacts on families. Each is considered below in relation to the empirical and theoretical evidence of this thesis: all are found to be wanting.

Policy Assumption #1:

Families accept the role of supporting their members and being supported by them.

As outlined above, this study and previous research reviewed show that choice is an essential component in successful family support, contradicting the assumption that families accept the role of supporting their members, and being supported by them. While there is general agreement with families helping where they are able, and when both they and the person in need choose this form of help, there is not agreement that family should always provide the support. Being forced to care by direct or indirect policy impacts, such as inadequately resourced community care policies, can result

in feelings of dependency and burden that can destroy the essential emotional element of family care.

Policy Assumption #2:

Family help is the most appropriate form of help.

With respect to the ideology of familism, based on the assumption that family help is natural and the most appropriate form of help, a review of literature shows that reliance on this assumption in the past has left vulnerable people uncared for and unsupported. While European New Zealand families are often criticised and made to feel guilty for leaving their elderly to live alone or in a rest-home³, both the findings of this study and other studies reported in Chapter Five show that family help is not always preferred by the person being cared for, especially the elderly, and is not always regarded as being the best or most appropriate form of help.

Policy Assumption #3:

Families have the capacity to care for their members.

The assumption that families have the capacity to care for their members is also erroneous. Of major concern for policy makers is that this research shows that a significant proportion of individuals (a quarter to a third) do *not* potentially have extended family members available to provide support in terms of number, proximity, or regular contact. Further, low income families, in which some ethnic groups and new migrants are heavily represented, may not have the material resources to provide many types of support. Availability of family support to extended family members is also limited by competing commitments such as the nuclear family, jobs and financial resources, health status of potential helpers, and the degree and history of relationships within the family. Moreover, provision of the more demanding types of support that are the concern of policy, such as caregiving, does not generally extend beyond first degree relatives, and in-

³ Although only 5 per cent of elderly are in residential care plus 1 per cent in hospitals, (Statistics New Zealand, 1998f:43-44). This has not increased from 1981 (Jack et al, 1981).

laws in this category, and one in three people - including those with special support needs such as sole parents and the elderly - do not have first degree relatives close by.

Having first degree family available is important, and with the decline in nuclear family size and an emerging trend towards increasing childlessness again, first degree peer and younger relatives will decline, while the older generation will increase. What we may see is a shift in the focus of demand for help. Although the younger generation will decrease in number and proportion, their needs may continue to increase if high youth unemployment and lack of financial support for tertiary education continue. They are also the children of families in which there was a high divorce rate, which results in reduced family resources, contact and support for young adults. Thus the young age group (18-24 years) will be needing increasing support from the state as they are the cohort with least family support resources (see Chapter Four). Also, the child rearing age group (25-44 years) is set to increase in number in the near future. This group is a high recipient of family support, but also features in those 6 per cent not involved in family support, due in part to lack of family nearby. Demand for support from the state may come from this group, in relation to material and practical support in raising their children, rather than from the dependent elderly group which receives such high media attention in terms of future demands for support.

Conversely, while the number and proportion of elderly will increase, they do not make high demands on family and this thesis has shown a widespread belief that their needs are not best met by family, but by the state. Support from the state will continue to be necessary for this group, with family complementing rather than replacing what the state can provide. There may also have been an overestimation of the level of caregiving support needed by the elderly, as new cohorts of young elderly remain physically independent longer. Numbers of these young elderly will

also increase and this is a high provider age group of care to the old-old and care, material support and emotional support to adult children - as long as neo-liberal policies of self-reliance do not force them into the labour force thus reducing their availability for caregiving.

Lack of socio-economic resources will also affect the capacity of families to provide support. While there is an increase in ethnic groups with more traditional classical extended family norms in our population, overseas research suggests that non-European ethnic groups within Western societies are over represented in low socio-economic groups, and so are unable to practise the support networks of those norms and in fact give and receive less family support than European groups, as discussed in Chapter Eleven. This is also the case for many recent migrants who often do not have extended family nearby.

This has implications, for example, for the implementation and outcomes of the Children Young Persons and Their Families Act (1989), which aims to place young people in need of care and protection with their extended family, or whanau. Such placements may need to be fiscally resourced to enable families to provide the care. Bedford's (1997) work on Pacific Island groups within New Zealand and Faiva's (1989) study of Tongans in Sydney, show a high level of financial support back to family in the Islands. However, Faiva found this strong familist obligation to older generations affected the material and educational well-being of the younger generation and children in the new society which requires high investment in children and the nuclear family.

As indicated in Chapter Two, the effect of colonisation and urbanisation had a negative impact on Maori whanau. Although Maori culture is experiencing a renaissance and an attempt to strengthen traditional structures, this may be affected in the future by the coming demographic and user pays effects on traditional customs. The Maori population has a young age structure

compared to the European/Pakeha New Zealand population, with only a small proportion of elderly (Statistics New Zealand, 1994b). This structure is, however, projected to change rapidly, with the Maori population ageing at a faster rate than the non-Maori population⁴ (ibid:5) resulting in a markedly changed dependency ratio of old to young compared to the past and present. The working age population will, like the non-Maori population, be more reliant on paid work to meet user pays health, education and superannuation charges, and thus less available for customary whanau caring roles.

Clearly policy makers are in danger if making assumptions about behaviour based on extended family norms or structures: empirical evidence presented in Chapter Three shows that believing in familism and/or having a large extended family does not necessarily translate into family helping behaviour of the type that social and economic policy assumptions rely on. It was also shown that replacing state support with market or user-pays based services leads to inequality for those groups with low material resources. There is a real need for some multicultural research on this topic in New Zealand.

Policy Assumption #4:

Women are available and willing to fulfil their traditional role as caregivers.

A further assumption underlying policy is that of women's traditional role as caregivers. This study supports many others in finding that women are the prime supporters in families, particularly for the more demanding types of support like caregiving. This has implications for policy as, with increasingly market driven policies - such as financial provision for one's own retirement, user pays tertiary education and health - together with

⁴ From a base year of 1996, the number of Maori aged 65 years and over is projected to be eight times higher by 2051 whereas in the same period the proportion of non-Maori aged 65 years and over will only double (Statistics New Zealand, 1998f:12,22).

This is due to different age structures for the two populations as a result of different fertility patterns until recently.

changing attitudes to women's traditional role as unpaid workers in the private sphere, women may be less able and less willing to assume this role. As pointed out in Chapter Eleven, though, participation in the labour force will enhance women's ability to provide financial support and purchase home help and nursing services in place of direct provision of care and help with household tasks, as long as such community support services are available. A recent Ministry of Health (1999a) report, however, concludes that adequate support services are not available. A further barrier to the purchase of support by women, as pointed out in Chapter Five, is that such behaviour deviates from traditional societal norms which hold women responsible for the direct provision of care in the family, creating psychological conflict for women.

The young retired elderly may take up women's role as key providers of family support, as long as policies such as increased age of eligibility for superannuation and private provision of superannuation¹¹ do not reduce the availability of this group as well. Where family members are providing care as well as participating in paid work, however, they will need complementary support services, such as day and respite care, and home help, to enable them to fulfil both roles without so much personal cost, as argued in Chapter Five.

A contradiction in the neo-liberal tenet of self-interest resulting in the best outcome for society (King, 1987; Upton, 1987) is that the self-interest of women in participating in paid work rather than their prescribed role of unpaid caregivers and nurturers in society is, according to Dalley (1996), regarded as deviant because it does not support the gendered nature of familist policies which are reliant on women's unpaid work in the household. It may also be perceived to be in conflict with the needs of the care recipient. There is an inherent conflict in policies based on increased family responsibility and a reduced role for the state, and a society that simultaneously holds more liberal attitudes to women's rights and roles.

For example, as shown in this study, there is virtually no support for women giving up their jobs to provide caregiving to family members. It was argued in Chapter Five that women's self-interest in their rights, citizenship and well-being are affected by the conflict between the caring role expected by familist policies and their need to participate in paid work. This need is, in part, created by other neo-liberal policies such as user pays or self-reliance for superannuation, health care and education which require the financial rewards of labour force participation. This conflict for women may have been expressed in this study by their lower level of belief in family obligation compared with men, which suggests that they are not prepared to accept an increased family support role as a result of a reduced role for the state in social policy delivery.

The Impact of State Policies on Families

Carrillo and Eisenberg (1983) pointed out that reduced levels of state support state assume the expectation of an increased role for families, ignoring the fact that they already provide the bulk of care. While mixed economy policies assume families are not doing enough and need to do more, the reality is, as claimed in Chapter Five, that families are doing all they can, and such policies ignore the social, economic and personal costs of family care. Previous research, such as Qureshi and Walker (1989) and Qureshi (1996), together with the demographic trends for New Zealand detailed in Chapter Four, indicate that there is unlikely to be any unused capacity for support to be taken up by families. That is, the potential supply of family members to provide support does not exceed the demand for support, and thus there is still a need for state provided services. This is particularly so for the cohort born 1972-1976 in New Zealand, currently aged in their twenties.

Foulke et al (1993), Munford (1994a, 1994b) and Walker (1995) have pointed out that provision of family support is in part determined not by choice, or by the ability of families to provide help, but by public policies which

determine whether or not there are alternative options (see Chapter Five). They argue that the rise in demand for care and the increase in level of impairment of those living in the community will result in increased overall demand for services. This increased demand is not indicative of abandonment by families but of the increasing level of impairment and overall demand. An example of increased demands on families created by policies, pointed out by Foulke et al (1993) but also applicable in New Zealand, as detailed in Chapter Five, is the policy of earlier discharge from hospitals. Thus people are returning to the community still in need of care, but without sufficient community support services, which results in increased demand on families.

Walker (1995) says that the current concepts of mixed economy of care and shared care are not the answer, as both rely too much on family and are top-down constructions which do not involve families and those in need of support in the formulation of policies, as called for by the respondents in this study. As noted in Chapter Five, some New Zealand policies which attempt to involve families are doing it in a top-down way which still denies families the choice *not* to be involved, and evidence is provided in Chapter Five of the negative impact on families of this forced involvement, which often leaves them unable to cope. This applies in respect of some particular types of help, such as support of the mentally ill, which are felt to be beyond the ability of the family to provide. Chapter Five noted that some recent New Zealand policies, such as *Advancing Health in New Zealand* (Shipley, 1995) and *The Blueprint for Mental Health Services in New Zealand* (Mental Health Commission, 1997), appear to have incorporated the idea of family involvement in policy formulation, but there is not yet available evaluation data on their successful implementation and outcomes. In other areas, especially mental health, Chapter Five showed that the media still abounds with anecdotal accounts of the failure to incorporate the public and families in the policy making process, and to adjust the balance away from heavy imposition on families and reduction of state responsibility.

Attempts to shift increasing responsibility for the dependent elderly on to families are not likely to work since, as shown in both the theoretical and empirical sections of this thesis, neither families nor the elderly themselves automatically accept or prefer this role for families. Given that this study finds that willingness to both provide and receive is believed to be an important factor in the success of family support, coercion into supporting family members as proposed in the Code of Social Responsibility in 1997⁵, through policy assumptions or lack of alternative options provided by the state, is likely to lead to family tensions, sometimes to the point of family breakdown, and stress on the supporter. In some cases this may result in abuse or neglect of the dependent, or the caregiver themselves needing help.

A counter argument that could be made - and sometimes is by politicians of a neo-liberal persuasion - is that maintaining or increasing the role of the state will affect the amount of taxation that individuals and families then have to pay to fund the state funding of services. The micro-level analysis of patterns, attitudes and trends in family support found in this study thus needs to be considered in relation to the macro-level context of social and economic policy and broader concepts such as social cohesion and the intergenerational contract outlined in Chapter Five.

The tenet of economic rationalism and the neo-liberal free market philosophy underpinning public policy approaches of the last two decades suppose that the pursuit of economic self-interest results in the best outcome for society (King, 1987; Upton, 1987). Yet, as argued in Chapter Five, the self interests of old and young for the distribution of resources has a

⁵ A Code of Social Responsibility was proposed by the 1996 National-New Zealand First coalition government. Its aims were to formalise a set of obligations for individuals and families towards the maintenance of their own and their families' welfare. For example: "As individuals and members of families we are responsible for ensuring our children *and other family members* are cared for and supported" (Roger Sowry, Minister of Social Welfare, *Towards a Code of Social Responsibility. Public Discussion Document, February 1998:4*).

potentially negative outcome for society, resulting in conflict, and eventual breakdown in the intergenerational social contract, and hence of social cohesion.

Such conflict may be currently prevented by the flow of family support at the micro-level which favours the younger generations, whose needs are not currently being met by the state. Findings from this study show that, at the micro-level of the family, the young adult age groups are indebted to the older generation for all the top-down support they are currently receiving from their parents. Although members of the younger generation do not currently have a high sense of having to reciprocate help given, they do have a strong sense of family obligation, and are likely, as they age, to develop a greater sense of reciprocity as they experience the sometimes negative consequences of providing support. The sense of responsibility, obligation and reciprocity to the older generation produced at the micro-level may save the intergenerational contract and thus social cohesion.

As Chapter Four shows, the current younger generation has experienced high rates of unemployment and is dependent for longer than previous generations due to increased length of education which, together with student debts, makes them the least able to be economically independent, to own their own home, support a family, and so on. According to Thomson (1999) they have also received the least from the state/society in terms of income transfers, as have the young families age group. It is not surprising, then, that at the micro-level help is so top-down. The macro-level balance towards the older generation may be redistributed towards the young at the micro-level. The increasing reliance at the micro-level of the young on the older generation due to divorce, unemployment, and so on, may actually be offsetting the macro-level imbalance towards the elderly (see Table 12.1).

Table 12.1 Relative Amounts of Help Received from Family (micro-level) and State (macro-level), by Older and Younger Age Groups

	FAMILY (micro-level)	STATE (macro-level)
YOUNG	high	low
OLD	low	high

Attitudinal findings in this study and others detailed in Chapter Five support this. There are no major attitudinal differences by age in this study, except that the youngest age group has less preference for privately purchased support than older age groups and a higher preference for both family and government as sources of support. In addition, the 1997 ISSP New Zealand survey on the role of government presented in Table 5.2 shows across age group support for increased taxes for health (which primarily benefits the older generation) and education (which primarily benefits the younger generation) and maintaining the level of the old age pension. These findings do not suggest intergenerational self-interest and conflict. While there may be some caution in the validity of these findings in that the young are under-represented in both surveys and this may cause bias, the findings are supported by findings from Australia (de Vaus, 1996) and the United States (Rossi and Rossi, 1990).

An individualist ethic have increased at government level as seen in social policies over the last two decades, but is not so clear at the micro-level of the family or in the views of individuals. Most people in this study (nearly 90 per cent) thought that, in general, families should help one another, but for many types of help and circumstances this was qualified by "if they are able to", and "if they choose to". While there is an increasing sense of individual rights within families, especially for women, there is still a strong sense of family obligation, but with a need for state support because the demands on family go beyond their capacity to provide, given their competing

commitments to work and the nuclear family, and their own physical and mental capacities, (Qureshi, 1996; McPherson, 1992;1993).

But what will happen to this sense of obligation if policies make it more difficult for the older generation to provide that support at the micro-level of the family - through user pays superannuation schemes for instance - which will reduce their capacity to support their adult children? As shown in Chapter Four, the younger cohort (aged 18-24 years) already has the least potential family support as it moves through the life course. Policy aims may need to incorporate a shift of some of the responsibility for the young away from the micro-family level and back to the macro-state level. However, any policy moves to shift more responsibility for the older generation on to the family are likely to upset the balance shown in Table 12.1, and thus create intergenerational conflict which, in turn, will have a negative impact on social cohesion. Walker (1993, 1996b) describes the demographic imperative argument for reduction of state support as an invalid cover for neo-liberal ideological reasons, and sees it resulting in an increasing burden on women and families which they will not be able to meet. This, he argues, will cause inter-generational conflict at the micro-level of the family. If that happens then the social intergenerational contract is in jeopardy. In addition, the younger generation is the most disadvantaged in terms of both state and potential family support network, thus future support for this group must come from the state, as they do not have the potential family support capacity to meet any increased demand.

The Need for State Support

Chapter Five outlined the mixed economy of welfare which includes roles for the private sector and the community, as well as state and family, but concludes that family are the main providers of care. The conclusions of this study in relation to the mixed economy model of welfare presented in Chapter Five as the current model for social policy - whereby state assistance is reduced and the roles of families, communities and the market increased -

are that this model is not likely to be viable. Chapter Five showed that recent social policies were based on assumptions of increased family support, and this study has shown that increased levels of family support are not available or acceptable to New Zealanders. In the study that forms the basis of this thesis a substantial proportion of respondents did not have family members available nearby to provide support, and this must be a major concern for policy makers in New Zealand. The general conclusion of this study was that families cannot meet the needs of their members on their own; families are already doing what they are able and willing to do and government assistance is needed in addition to what families can provide.

It was argued in Chapter Five that community care policies have become care by the community rather than care in the community, with formal state provided or funded services providing a minority of support compared to family. Assumptions that there is a community out there to care have been shown to be erroneous as community care has translated into family care, mainly by women, and the assumptions that families and women are able or willing to increase their role have been shown in this thesis to be incorrect.

The community alternatives to family are also lacking. Chapter Five argued that neither the private sector nor other sectors of the community are able to replace the state in providing care where families cannot do so. As shown in Chapter Five, numbers available for work in the voluntary sector will decline, and the empirical study in this thesis reported in Chapter Ten found very low preference for community groups as a source of support. While this study did not investigate actual provision of support by neighbours and friends, hypothetical preference for going to these groups for support was small, as shown in the literature reviewed in Chapter Three, and was mainly utilised for peer type support such as childcare and social-emotional support. Findings from this study on preferred sources of support presented in Chapter Ten show that community groups were the least preferred source of support. This is consistent with the literature on sources

of actual help. Kendig (1986a:103), in his study of Australian elderly found that community services accounted for only 7 per cent of the total assistance provided to elderly people, and tended to replace self-help and *complement rather than replace* support by the family.

Nor is the market or private sector a valid alternative to state services or family support as for many, market-based services are unaffordable, and this leads to inequality of access. A New Zealand study of women in the reproductive ages found that families were the key providers of childcare (Hope, 1997) but this study showed they are not the *preferred* source of care. People see regular childcare as too much of an imposition for family, and they want professional, skilled care. They report a preference for private care over family, yet a new report on childcare in New Zealand shows that childcare is too expensive, especially for those most in need (Department of Labour and Statistics New Zealand, 1999). This is why the private sector is not a realistic alternative to the state. State funding, if not direct provision, is still needed to provide equity of access to services such as childcare by those who need them.

Thus it is concluded, in line with d'Abbs (1991) and Graham (1999), that there is a need for adequate community resourcing by the state to fill the gap where the family, the community and the private sector cannot provide. The findings of this study echo those of d'Abbs (1991:128) that "caring about kin does not remove the need for a strong public social services sector", as the informal sector complements rather than replaces the formal sector due to limited family capacity. Families are not an underutilised reservoir of potential support. The findings of this study on types of help provided and attitudes to the role of the family are also consistent with d'Abbs finding that there are norms of reciprocity and social distance that limit provision of family help to less demanding types of help. In this study, the government was perceived as having an important role in the provision of financial support, especially for education and the care of the elderly, and long-term

caregiving and support of the elderly and mentally ill. While constraints on the ability of families to provide these types of help due to lack of resources, skills, geographic proximity or poor relationship history are reasons for requiring government help, there is also a belief that these things *should* be government's responsibility, as they are too onerous for families to provide on their own.

However, in relation to the theoretical models presented in Chapter Five, it was also apparent from the empirical data that people believe that what is wanted in terms of Moroney's (1976) models of type of state assistance, is that this help from government should support families rather than replace them. This is consistent with the overwhelming consensus of the literature reviewed in Chapter Five on the respective roles of the family and the state is that they be complementary: that the need for support is too much for either institution to bear alone.

The second model used as a framework for analysis of the respective roles of the family and the state is Harding's (1996) Hypothetical Continuum Model of the Relationship Between Family and State presented in Chapter Five, with the following broad positions:

- 1) The Coercive Model: the state, through legislation and penalties, attempts to enforce family responsibilities in specific areas, such as financial and caregiving obligations.
- 2) The Incentive Model: the state uses a system of incentives - penalties and rewards - to attempt to shape familial behaviour.
- 3) The Assumption Model: the state uses assumptions about how families operate to create constraints to the boundaries of familial behaviour by making it disadvantageous to act in a different way; for example, by not providing alternatives to family support.
- 4) The Supportive Model: the state provides alternative forms of support where families are unable to meet their needs. The request for such

support is initiated by the family or the individual so it is not imposed where it is not wanted.

- 5) The Responsive Model: the state responds to the needs and demands of families through provision of benefits and services and there are no assumptions about the nature or responsibilities of families. The initiative for state response comes from the family or the individual.

The research in this study suggests a need for the state to be responsive and flexible to family and individual need, rather than to impose a role on families as a result of untested assumptions and inadequate provision of alternative support services, or through the more coercive measures of positions 1 and 2 above. This is also in line with the recommendations from the literature reviewed in Chapter Five.

Recommendations for Policy

Some clear indications for social policy making have emerged from this thesis. Recommendations are made at three levels: policy making in general; specific policy areas; examples of actual policy content. It is argued that, if social policies are to avoid discrepancies between the government's view of family obligations and public opinion, actual helping behaviour and extended family demographic trends, so that they are more effective and protect the vulnerable who are in need of support, without overburdening and having a negative impact on families, they should consider the recommendations below:

- That social policy be based on relevant empirical data rather than ideology, and therefore further research be funded to provide the necessary empirical basis for policy.
- That family impact studies be a requisite part of all social policymaking.
- That policymakers work in partnership with families to determine where and how the state can complement the help that families can provide.

- That social policy be responsive to need rather than coercive, imposed by the state through the use of sanctions, penalties, untested assumptions or the absence of alternatives.
- That there be more multivariate cross-sector policy making to account for the interactive effects of policy changes in one sector on another; for example, the effect of increased age of eligibility for superannuation on the availability of the young elderly for family support.
- That there be more links between family, community, employment/workplace/market and the state in formulating social policy. For example, workplace reform to accommodate the family responsibilities of workers, both men and women.

In order to achieve these recommendations there is an underlying need for recognition of the basic principles of the role of the state in planning, integration and the achievement of equity of opportunity for support so as to avoid the potential for vulnerability of individuals inherent in reliance on the market or their families for support. Specific policy areas where this study shows there is a lack of public support for family provision of assistance and a desire for state provision are:

- financial support for tertiary students
- care of and financial support for care of the elderly
- support of the mentally ill in the community
- income support for young families
- assistance with accommodation.

An example of how policies might incorporate the recommendations above is in the area of care of the dependent elderly. Heeding the demographics of supply of family support, and attitudes to provision of care of the elderly by both families and the elderly themselves, the state should note the types of support services recommended to enable the elderly to remain in the community. While these are many, and well documented in the literature

reviewed in Chapter Five (for example, respite care, home help, financial support for carers) and the state has a nominal policy of maintaining the independence of the elderly in the community, evidence from the literature has been presented in Chapter Five of this thesis that support services to achieve this policy aim are currently inadequate. The cross-sector impact of changes to superannuation policy also need to be considered in terms of its impact on the supply of caregivers for the elderly. And finally, workplaces need to accommodate the caregiving roles of employees for their elderly in the same way as for childcare, with flexible hours and caregiving leave, for example. This may require some direction and support from the state, in the same way as is being proposed for paid parental leave. A good step in this direction would be for the New Zealand government to ratify the ILO convention 156 on Workers with Family Responsibilities, as Australia has (International Labour Organization, 1994; Briar, 1997).

There are a number of reasons, both ideological and practical, as to why such policy responses may not be currently practised. Ooms (1984) wrote of the barriers to implementation of such policies as being:

- an obsession with individualism
- an obsession with definitions of family
- romantic notions of the family as haven
- barriers to interdisciplinary research and teaching
- gaps between researchers and policy makers.

The problems of policies based on neo-liberal individualist and familist ideologies for family support have been discussed above. With the change of government in New Zealand in December 1999 to a Labour-Alliance coalition, there may be a change of ideological direction in social policy to a more collectivist social democratic focus⁶. The difficulty social policy

⁶ However an attempt by the Alliance party to introduce paid parental leave has been hampered by division within the coalition itself, let alone the opposition, over who should be responsible for resourcing this: the government or employers.

researchers continue to face, however, is to get their findings used by policy makers so that policy is based on empirical data rather than on ideology, or on the views of vocal or powerful interest groups. The use of empirical research findings on public norms and attitudes could minimise the discrepancies between public opinion and social policy directions which may result in policy failure.

The difficulty of achieving policy based on social research findings is a subject of recent literature and conference presentations in the field (Pool, 1997b; Wightman, 1996). There are several issues involved, but most fundamental is that research findings are but one of many factors feeding into the policy making process, a process that is inherently political in nature, with political ideology often overriding empirical evidence, or colouring its interpretation and utilisation. Other issues in the interface between policy making and empirical research are : the differing timeframes for research and evaluation (lengthy), and policy making (immediate); the often detailed, complex and technical nature of data analysis and the policy makers' need for simple, clear conclusions and recommendations.

To improve the utilisation of research and evaluation findings by policy makers we need to involve the users in the design of the research and in deciding what the outcome indicators will be, and not just in the presentation of findings. Wightman (1996:5) quotes research showing that "in the absence of an explicit organising principle such as a shared set of clearly defined national goals the indicators are of little value", and recommends the Oregon benchmarking approach (SLCRC 1996, cited in Wightman, *ibid*:6).

Pool (1997b:16) argues further that we must move beyond recording and analysing social indicator data to "interpreting the implications for policy and communicating this to the general public and policymakers". Communication between researchers and policy makers is the key: whilst

researchers need to improve the nature of that communication, policy makers have to be prepared to seek out, accept and grapple with the complex nature of the issues we are dealing with and, therefore, of the findings presented to them.

Limitations of the Methodology

The major limitation of the methodology for the conclusions in this study is that the empirical data is based on a small local sample, not a large nationally representative sample. This means, firstly, that many important sub-group analyses such as ethnicity, migration, marital, family and household status were not possible. However, the total sample conclusions are partially externally validated, despite being based on a small sample, in that they are largely consistent with those of larger overseas studies.

Secondly, results are extrapolated from the population of one provincial city - Palmerston North - to New Zealand. In lieu of other New Zealand data being available, the inductive method is applied to infer from these local observations some general principles for the wider population which could be further tested by larger scale nationally representative deductive research. However, it is acknowledged that technically the sample, and therefore the data, do not apply to New Zealand as a whole. The main difficulty perceived with this is that an important variable for proximity, contact and attitudes may well be location: whether one lives in a small town, rural area or large city. Secondly, Palmerston North may not be typical of New Zealand in an important respect: being a university town and a large provincial centre, it is possible that an above average proportion of people living here may be here for a temporary purpose - education or on work transfer - and thus a larger than average proportion may not be living in close proximity to their families. In a larger city like Auckland, people do not have to leave their families to receive an education and are less likely to have to leave the area for work. Despite these limitations, however, this study is the first quantitative study undertaken in New Zealand to link

structural, functional and attitudinal data on the extended family, and thus provides a solid basis for future research on the extended family in New Zealand.

Recommendations for Further Research

In addition to making a useful contribution to a base knowledge of the nature and role of the extended family New Zealand, the research undertaken for this thesis has indicated ways in which this could be built on by further research. The most useful contribution for policy making now would come from a nationally representative quantitative survey based on a randomly selected sample in order to allow generalisability of results to the total population. As a result of the limitations outlined above, and the discussion of the findings in the previous chapter, it is clear that such a survey should be based on sample large enough to allow the important subgroup analyses of ethnicity, migration, marital, family and household status, and urban/rural or location size. While an increasing proportion of New Zealand's population is from ethnic groups with more traditional classical extended family norms, empirical evidence from overseas shows that believing in familism and/or having a large extended family does not necessarily translate into family helping behaviour. There is a need for some multicultural research on this topic in this country. It is still inconclusive whether in fact non-European cultures in New Zealand do have stronger norms of familism, and whether these translate into more familistic behaviour, but given the conclusions from the overseas literature reviewed in Chapter Three on the effect of migration and socio-economic status on extended family support, it is certainly a questionable assumption that requires further research on an adequate sample size in New Zealand

The split data collection methodology employed in this study demonstrates also the need for further surveys in this topic to be by face-to-face interview rather than postal in order to achieve data completion on all questions and a good response rate, especially from those groups that were under-

represented in the sample, such as men, young people and Maori. Further preliminary research should also be undertaken into the development and testing of the familism scales and indexes developed in this study (Q.10 and Section D of the questionnaire, see appendices 1a and 1b). In addition, the question on actual help given and received should be expanded to include sources of help beyond the family, and beyond the main provider and recipient, so a truer picture of helping behaviour in the wider extended family can be achieved.

The useful depth of information on reasons and processes behind attitudes to extended family support and the role of the state that was obtained from the one focus group held for this study enhanced the quantitative findings. This demonstrates the value of undertaking more focus group research on this topic.

There are also a number of specific sub-topics arising from this research that would benefit from further specific research. For example, more New Zealand research on intergenerational relations at both the micro-level of the family and macro-level of the state, and the connection between the two. Families are essential to the function of state social policy and, conversely, state policies impact on families. We need more empirical data on this interactive effect. The long-term effect of policies which result in prolonged youth dependence on families is an example of such research.

This study has suggested that the future demands for support from the elderly may not be as great as once thought. More empirical research is needed about who is caring for the dependent elderly - elderly siblings or elderly adult children, or the "sandwich generation" who are simultaneously caring for dependent children - and what, therefore, are their particular needs. Is it younger women who are still engaged in the labour force, or older women with declining physical capacities? Allied to this is the need for further New Zealand research into who can best meet

the needs of the dependent elderly - the family or the state - and what is their own preference. In conjunction with this the intergenerational impact of high levels of divorce in cohorts coming into old age early next century should be monitored.

More research is also needed on the two younger age groups, the 18-24 year olds, and the 25-44 year olds, as to their needs for support and who can best provide it. There is evidence to suggest that there has been an overemphasis on the needs of the elderly while the needs of the younger age groups have been ignored. Conversely, the contribution of the young elderly to their families and society has not been emphasised enough. More research into the net contribution of the elderly is needed to counter the prevailing conception of the elderly as a burden.

Concluding Remarks

This thesis began with a quote from Salmond (1975) that stated her belief in a probably universal rule that kinfolk should help each other in life crises. This thesis has demonstrated that this rule is not universally accepted. In predominantly European/Pakeha New Zealand at the end of the twentieth century the belief is more that kinfolk should not *have* to help each other. Helping extended family should be a matter of choice and dependent on a number of factors which can be summed up as 'ability to help in a particular circumstance'. In order for that to be possible, given the increasing demands projected for support, it is argued that the state must continue or increase its funding of services to complement the role that families are able and willing to play.

GLOSSARY

aiga generic name for kinship, extended family group, family in Samoan culture.

MAORI

aroha caring, compassionate love for others, especially love for relatives

hapu middle range socio-political grouping defined by descent from a named ancestor through both male and female links, generally associated with a local district and community; sub-tribe

hui generic term for a Maori gathering, meeting

iwi a large scale socio-political grouping defined by descent from a named ancestor and usually translated as tribe

kaumatua a person of senior social status, of either sex, who is knowledgeable in tikanga Maori (Maori custom); a person of grandparental or equivalent age of either sex, elder.

tangata whenua person connected with a marae or locality through a line of occupying ancestors; local or indigenous people

tangihanga funeral wake lasting several days

taonga treasure, something highly prized, tangible and intangible, animate and inanimate, passed down the generations.

tikanga knowledge of rules and customs; taonga: treasures or resources

whakapapa descent line tracing the connection between ancestors and their descendants; kinship linkages

whanau several meanings but used here in sense of extended family based on a core group descended through both male and female links, plus spouses and children adopted from outside; a collection of individuals and parent-child families who act and interact together on an ongoing basis

whanaungatanga ego-centred kinship connections and commitments; relationship, kinship

Sources: Maori:

Metge, Joan, 1995 *New Growth From Old. The Whanau in the Modern World*, Victoria University Press, Wellington.

Ryan, P.M., 1995 *The Reed Dictionary of Modern Maori*, Reed, Auckland.

Samoan:

Meleisea and Schoeffel, 1998 "Samoan Families in New Zealand: the Cultural Context of Change", in V. Adair and R. Dixon (eds), *The Family in Aotearoa New Zealand*, Longman, Auckland.

APPENDICES

APPENDIX 1a: Interview Questionnaire

FAMILY SUPPORT NETWORKS QUESTIONNAIRE

Interviewer No. 1Respondent No. 2-4

Hello, my name is _____ and I am doing research for a lecturer from the Department of Social Policy at Massey University.

Can I speak to _____
ELECTORAL ROLL NAME

[When will he/she be available?]

You have been randomly chosen to take part in this Massey University study on extended families in New Zealand.

If you would be prepared to spend about **45 minutes** helping us by answering a questionnaire, you can read this information sheet to see what is involved before agreeing to take part in this study.

[If respondent busy right now, offer to call back at more convenient time
- make appointment.]

GIVE RESPONDENT INFORMATION SHEET. WHEN THEY HAVE READ IT, IF THEY AGREE TO ANSWER THE QUESTIONNAIRE, GET THEM TO SIGN CONSENT FORM.

(IF RESPONDENT CAN'T READ, READ THE INFORMATION AND GET SIGNED CONSENT)

Notes for completing Q1 & 2 on facing page:

Q.1 Parents:

- * If Mother lives in same town, write '1' in box opposite those words and under "Mother".
- * If Father is no longer alive, write '0' in box opposite "deceased" and under Father.
- * If respondent is adopted or has step parents, and knows their birth parents too, they choose which you record here, and which in Question 5.

* Brothers and Sisters:

- * If one sister lives in same town, write '1' in box on that line under Sisters;
- * If two sisters live more than 2 hours drive away in NZ, write '2' in box on that line under Sisters.
- * If you have no brothers, write '0' in the "not applicable" box under Brothers

E.G.	Sisters	Brothers
Not applicable*	☐ ₂₄	☐ ₃₃
Same house	☐	☐
Same street	☐	☐
Same suburb/town	☐	☐
Not same suburb/town but less than 30 minutes by car	☐	☐
More than 30 minutes drive but less than 2 hours drive	☐	☐
Elsewhere in New Zealand	☐	☐
Overseas	☐	☐
Don't know	☐ ₃₂	☐ ₄₁

- * Record half- or step- brothers/sisters here if respondent thinks of them as "brothers and sisters". Otherwise record them in Q.5.
- * Write '0' in the "not applicable" boxes if respondent has no living brothers/sisters.

PART A: GEOGRAPHIC DISTANCE and NUMBER OF RELATIVES

I want to start by asking some questions about how close to you your family members live. By family members we mean related by blood or marriage, or adoption, or through de facto relationship.

1. Looking at **CARD A**, please indicate how far away your **parents** live.

*RECORD by marking '1' in box beside answer for each column; '0' for deceased.
[See notes on opposite page for any queries]*

	Mother	Father
Deceased	☐ ₆	☐ ₁₅
Same house	☐	☐
Same street	☐	☐
Same town	☐	☐
Not same town but less than 30 minutes by car	☐ ₁₀	☐
More than 30 minutes drive but less than 2 hours drive	☐	☐ ₂₀
Elsewhere in New Zealand	☐	☐
Overseas	☐	☐
Don't know	☐ ₁₄	☐ ₂₃

2. **Brothers/Sisters aged 18 years or over:**
How many live at each distance on **CARD B**?

Write number in each box.

[See notes on opposite page for any queries]

	Sisters	Brothers
Not applicable*	☐ ₂₄	☐ ₃₃
Same house	☐	☐
Same street	☐	☐
Same town	☐	☐
Not same town but less than 30 minutes by car	☐	☐
More than 30 minutes drive but less than 2 hours drive	☐	☐
Elsewhere in New Zealand	☐	☐
Overseas	☐	☐
Don't know	☐ ₃₂	☐ ₄₁

* Write '0' in these boxes if respondent has no living brothers/sisters aged 18 or over.

3. Children aged 18 years and over:

How many live at each distance on **CARD B**

[Write number in appropriate box. For "not applicable, write '0'.]

	Daughters	Sons
Not applicable	☐ ₄₂	☐ ₅₁
Same house	☐	☐
Same street	☐	☐
Same town	☐	☐
Not same town but less than 30 minutes by car	☐	☐
More than 30 minutes drive but less than 2 hours drive	☐	☐
Elsewhere in New Zealand	☐	☐
Overseas	☐	☐
Don't know	☐ ₅₀	☐ ₅₉

4. Grandchildren aged 18 years and over:

How many live at each distance on **CARD B**.

Write number in box.

[If they have no grandchildren aged 18 years and over, place a "0" in the "Not applicable" box.]

Not applicable	☐ ₆₀
Same house	☐
Same street	☐
Same town	☐
Not same town but less than 30 minutes by car	☐
More than 30 minutes drive but less than 2 hours drive	☐
Elsewhere in New Zealand	☐
Overseas	☐
Don't know	☐ ₆₈

[Write the number at each distance in the appropriate box. If there are no relatives in a category, e.g. no grandparents, leave that row of boxes empty.]

70

72

74

76

□ □ 78

80

Other.....
Please say who e.g. partners
relatives,
step brother/sister)

- (2)
-

6. **Would it bother you to move further away from family members than you already live?**

[Read response options]

Yes, a lot	1
Yes, a little	2
No, not really	3
No, definitely not	4
Already live far away	5
Don't know /not sure	9

office use
only

4

7. **Would you like to live nearer to family members than you do now, if it were possible?**

[Read response options]

Yes, definitely	1
Maybe	2
No, not really	3
No, definitely not	4
Already do live close to family	5
Don't know /not sure	9

5

PART B: CONTACT

8. Looking at **CARD C** , How often do you have contact with family members.

Please indicate type of contact: in person, by phone, or by letter (include fax, email), for each type of family member when asked.

(a): **Mother**

In Person		Telephone		Letter, fax or email	
Daily	1	Daily	1	Daily	1
At least once a week	2	At least once a week	2	At least once a week	2
At least once a month	3	At least once a month	3	At least once a month	3
A few times a year	4	A few times a year	4	A few times a year	4
About once a year	5	About once a year	5	About once a year	5
Less than once a year	6	Less than once a year	6	Less than once a year	6
Never	7	Never	7	Never	7
Deceased	8				

office use
only

6-8

(b) **Father**

In Person		Telephone		Letter, fax or email	
Daily	1	Daily	1	Daily	1
At least once a week	2	At least once a week	2	At least once a week	2
At least once a month	3	At least once a month	3	At least once a month	3
A few times a year	4	A few times a year	4	A few times a year	4
About once a year	5	About once a year	5	About once a year	5
Less than once a year	6	Less than once a year	6	Less than once a year	6
Never	7	Never	7	Never	7
Deceased	8				

9-11

(c) **A Sister aged 18years or over, with whom you have the most contact**

In Person		Telephone		Letter, fax or email	
Daily	1	Daily	1	Daily	1
At least once a week	2	At least once a week	2	At least once a week	2
At least once a month	3	At least once a month	3	At least once a month	3
A few times a year	4	A few times a year	4	A few times a year	4
About once a year	5	About once a year	5	About once a year	5
Less than once a year	6	Less than once a year	6	Less than once a year	6
Never	7	Never	7	Never	7
Not applicable /no sisters (living)	9				

12-14

(d) **A Brother, aged 18 years or over, with whom you have the most contact**

In Person		Telephone		Letter, fax or email	
Daily	1	Daily	1	Daily	1
At least once a week	2	At least once a week	2	At least once a week	2
At least once a month	3	At least once a month	3	At least once a month	3
A few times a year	4	A few times a year	4	A few times a year	4
About once a year	5	About once a year	5	About once a year	5
Less than once a year	6	Less than once a year	6	Less than once a year	6
Never	7	Never	7	Never	7
Not applicable /no brothers (living)	9				

office use
only
15-17(e) **A Daughter aged 18 years or over and living away from home with whom you have the most contact**

In Person		Telephone		Letter, fax or email	
Daily	1	Daily	1	Daily	1
At least once a week	2	At least once a week	2	At least once a week	2
At least once a month	3	At least once a month	3	At least once a month	3
A few times a year	4	A few times a year	4	A few times a year	4
About once a year	5	About once a year	5	About once a year	5
Less than once a year	6	Less than once a year	6	Less than once a year	6
Never	7	Never	7	Never	7
Not applicable /no daughters left home	9				

18-20

(f) **A Son aged 18 years or over and living away from home with whom you have the most contact**

In Person		Telephone		Letter, fax or email	
Daily	1	Daily	1	Daily	1
At least once a week	2	At least once a week	2	At least once a week	2
At least once a month	3	At least once a month	3	At least once a month	3
A few times a year	4	A few times a year	4	A few times a year	4
About once a year	5	About once a year	5	About once a year	5
Less than once a year	6	Less than once a year	6	Less than once a year	6
Never	7	Never	7	Never	7
Not applicable/ no sons left home	9				

21-23

(g) **A Grandchild aged 18 years or over with whom you have the most contact**

In Person		Telephone		Letter, fax or email	
Daily	1	Daily	1	Daily	1
At least once a week	2	At least once a week	2	At least once a week	2
At least once a month	3	At least once a month	3	At least onfce a month	3
A few times a year	4	A few times a year	4	A few times a year	4
About once a year	5	About once a year	5	About once a year	5
Less than once a year	6	Less than once a year	6	Less than once a year	6
Never	7	Never	7	Never	7
Not applicable	9				

office use
only
24-26(h) **Another relative, aged 18 years or over, with whom you have the most contact**

In Person		Telephone		Letter, fax or email	
Daily	1	Daily	1	Daily	1
At least once a week	2	At least once a week	2	At least once a week	2
At least once a month	3	At least once a month	3	At least once a month	3
A few times a year	4	A few times a year	4	A few times a year	4
About once a year	5	About once a year	5	About once a year	5
Less than once a year	6	Less than once a year	6	Less than once a year	6
Never	7	Never	7	Never	7
Special occasions only*	8				
Not applicable	9				

27-29

* special occasions such as weddings, tangi or funerals, celebrations

PART C: GIVING AND RECEIVING HELP

9. I would now like to ask you about the kinds of help you might give to or get from your family members.

In the last 12 months [since October last year] which family member have you **received from or given** any of the following types of help.

Please state the family member most often involved.e.g. daughter

[WRITE down relationship of family member e.g. daughter.

Do NOT include partner or children under 18 years.]

	Received by you FROM	Given by you TO	office use only
Caregiving: Which family member have you given to or received from:			
(a) Care when sick or injured for 3 months or less	_____	_____	☐ ☐ ₃₀ ☐ ☐ ₁₀
(b) Care when sick, disabled or mentally ill for more than 3 months	_____	_____	☐ ☐ ☐ ☐
(c) Occasional childcare or babysitting	_____	_____	☐ ☐ ☐ ☐
(d) Childcare on a regular basis	_____	_____	☐ ☐ ☐ ☐
Help with household tasks: Which family member have you given to or received from:			
(e) Help to provide food, meals	_____	_____	☐ ☐ ☐ ☐
(f) Help to do the shopping	_____	_____	☐ ☐ ₄₀ ☐ ☐ ₂₀
(g) Help with housework	_____	_____	☐ ☐ ☐ ☐
(h) Help with garden or lawnmowing	_____	_____	☐ ☐ ☐ ☐
(i) Help with house maintenance or repairs	_____	_____	☐ ☐ ☐ ☐
(j) Free practical or technical help with building a home: e.g. concreting, electrical wiring, drawing plans, plumbing)	_____	_____	☐ ☐ ☐ ☐
Financial help: Which family member have you given to or received from:			
(k) A loan or deposit to buy a home (with interest)	_____	_____	☐ ☐ ₅₀ ☐ ☐ ₃₀
(l) Interest free loan or deposit to buy a home	_____	_____	☐ ☐ ☐ ☐
(m) Other financial loan of \$100 or more	_____	_____	☐ ☐ ☐ ☐
(n) Gift of money	_____	_____	☐ ☐ ☐ ☐

Received by you
FROM

Given by you
TO

office use only

(o) Help with regular payments.
(such as power, phone, rent)

☐☐ ☐☐

(p) Help with doctors bills, medical costs

☐☐ 60 ☐☐ 40

(q) Help to pay education fees

☐☐ ☐☐

(r) Help to provide clothes for yourself
or children

☐☐ ☐☐

Social or emotional support:

Which family member have you given to or received from:

(s) Emotional support, someone to listen, give advice,
or help to sort out a problem by talking it through

☐☐ ☐☐

(t) Support when going through, or after, separation/divorce

☐☐ ☐☐

Which family member have you given to or received from
other types of help, such as:

(u) A place to live, for less than 6 months

☐☐ 70 ☐☐ 50

(v) A place to live, for more than 6 months

☐☐ ☐☐

(w) Help to get a job

☐☐ ☐☐

(x) Help to deal with officials or institutions
such as courts, medical services, income support.

☐☐ ☐☐

(y) Transportation on a regular basis
e.g. a regular lift in a car or loan of a car

☐☐ ☐☐

(z) Help with car maintenance/repairs

☐☐ 80 ☐☐ 60

(3)

(@) Loan of tools or equipment

☐☐ ☐☐

Is there any other type of help or support you have given to,
or received from, a family member in the last 12 months.

Other.(write what kind of help)

(1).....

☐☐ ☐☐

(2).....

☐☐ ☐☐

(3).....

☐☐ 8 ☐☐ 68

10. I am now going to ask you another question about these types of help.

(i) For each type of help I say, I want you to tell me who you would be MOST likely to go to first, IF you needed this sort of help?

Select your answer from the list on **CARD D**. [*Give CARD D*].

(ii) then say WHY you would choose that one instead of the others?

If you feel that a particular type of help wouldn't ever apply to you, choose "not applicable".]

Caregiving:

If you needed:

(a) Looking after when sick or injured for 3 months or less:

Who would you be most likely to go to first?-----

Why that one? -----

(b) Looking after when sick, disabled or mentally ill Who? -----
for more than 3 months

Why? -----

(c) Occasional childcare/babysitting: Who? -----

Why? -----

(d) Childcare on a regular basis: Who?-----

Why? -----

Help with household tasks:

If you needed:

(e) Help to provide food, meals: Who? -----

Why? -----

(f) Help to do the shopping: Who? -----

Why? -----

(g) Help with housework: Who? -----

Why? -----

(h) Help with garden/lawnmowing: Who? -----

Why? -----

(i) Help with home maintenance/repairs: Who? -----

Why? -----

office use
only

☐ ☐ 70

☐ 71

☐ ☐

☐ 74

☐ ☐

☐ 77

☐ ☐

☐ 80

(4)

☐ ☐

☐ 03

☐ ☐

☐ 06

☐ ☐

☐ 09

☐ ☐

☐ 12

☐ ☐

☐ 15

Financial help: if you needed:

- (j) A loan to buy a home, or for the deposit: Who? -----
Why? -----
- (k) Other financial loan of \$100 or more: Who? -----
Why? -----
- (l) Help with regular payments: Who? -----
(such as power, phone, rent)
Why? -----
- (m) Help with doctors bills, medical costs: Who? -----
Why? -----
- (n) Help to pay education fees: Who? -----
Why? -----
- (o) Help to provide clothes for yourself or children: Who? -----
Why? -----

Social/emotional support: if you needed:

- (p) Emotional support, someone to listen, give advice,
or help to sort out a problem by talking it through: Who? -----
Why? -----
- (q) Support when going through or after
separation/divorce Who? -----
Why? -----

Other types of help: if you needed:

- (r) A place to live, for less than 6 months; Who? -----
Why? -----
- (s) A place to live, for more than 6 months: Who? -----
Why? -----
- (t) Help to get a job: Who? -----
Why? -----
- (u) Help to deal with officials or institutions
such as courts, medical services, income support Who? -----
Why? -----

office use

☐ ☐☐ 18☐ ☐☐ 21☐ ☐☐ 24☐ ☐☐ 27☐ ☐☐ 30☐ ☐☐ 33☐ ☐☐ 36☐ ☐☐ 39☐ ☐☐ 43☐ ☐☐ 46☐ ☐☐ 49☐ ☐☐ 52

PART D: OBLIGATION AND RECIPROCITY

The following questions ask for your **OPINION**, in general.

[READ question and response options]

11.(a) If you help a family member in some way, do you expect them to help you in return?

Yes	1	
No	2	
Don't know/not sure	3	
Depends	4	GO TO 11(b)

office use
only
53

(b) [What does it depend on]
.....]

☐ 54

12.(a) If a family member helps you, do you feel you have to do something in return for them?

Yes	1	
No	2	
Don't know/not sure	3	
Depends	4	GO TO 12(b)

55

(b) [What does it depend on]
.....]

☐ 56

13.(a) Do you believe family members should help one another?

Yes	1	
No	2	
Don't know/not sure	3	
Depends	4	GO TO 13b

57

13(b) Can you say what sort of things you feel your answer depends on:

.....
.....
.....
.....
.....

☐ 58

☐ 59

☐ 60

I am now going to describe to you some situations where family members might help.
 I want you to tell me what you think people, in general, should do
 by answering either YES or NO.
 I want your opinion, in general, not what you would actually do yourself.
 You may make additional comments to an answer if you wish.

[CIRCLE the appropriate number to indicate answer:

[Write in additional comments below a question if respondent wishes to qualify the answer]

14. Parents who can afford to should offer to help their adult children if they are struggling financially.

Yes	1
No	2
Don't know/not sure	3

office use

61

☐ 62

15. Parents should be financially responsible for their unmarried children until they are 25, if the children are students.

Yes	1
No	2
Don't know/not sure	3

63

☐ 64

16. Adult children who can afford to should offer to help elderly parents financially if they need it.

Yes	1
No	2
Don't know/not sure	3

65

☐ 66

17. Adult children should care for their elderly parents when they can no longer manage on their own, even if this means taking them into their home.

Yes	1
No	2
Don't know/not sure	3

67

☐ 68

18. Anne's father needs constant supervision and can't live on his own. Should Anne give up her job to care for him so he doesn't have to go into a resthome.

Yes	1
No	2
Don't know/not sure	3

office use

69

☐ 70

19. Hine's husband has left her with two small children. Should her parents offer for her and the children to move in with them for a while, until she gets on her feet financially?

Yes	1
No	2
Don't know/not sure	3

71

☐ 72

20. Jenny needs to find childcare for her two-year old while she goes to work. Her mother-in-law lives nearby. Should her mother-in-law offer to look after the child so Jenny can go to work?

Yes	1
No	2
Don't know/not sure	3

73

☐ 74

- 21 (a). Jane is an elderly woman who never married and has no children.
Should her niece or nephew offer her a home with them so she doesn't have to go into a resthome.

Yes	1
No	2
Don't know /not sure	3

.....

office use

75

☐ 76

- 21(b.) If Jane could manage in her own home with just some help to do the shopping and household tasks, should her niece or nephew offer to do these things for her.

Yes	1
No	2
Don't know /not sure	3

.....

77

☐ 78

22. Mary has two preschool children and a part-time job. Her brother John has a long-term mental illness and has recently been discharged from hospital. There are no other family members. Who should be responsible for seeing that John is managing alright in the community.

Mary	1
The hospital	2
Other (say who)	3

.....

79

☐ 80

23.(a) David's father needs constant supervision/help to shower and dress and help with housework and meal preparation: he can't manage on his own.

Should David:

	Pay for home help and nursing care for his father	1	GO TO 23c
	Ask his wife to look after his father	2	
	Give up his job and care for his father	3	
	Find a nice rehome for his father	4	GO TO 23b
or	Should the government provide free help so his father can continue to live in his own home	5	

office use

(5)

01

23(b) And who do you think should pay for this rehome care:

David	1	GO TO 23c
Father	2	GO TO 23c
Government	3	
Other(who?).....	4	

02

23(c) And who should pay if he can't afford it?.....

☐ 03

.....

24.(a) Are there any circumstances under which it is reasonable to refuse to provide personal help for a sick or elderly relative?

Yes	1	GO TO 24b
No	2	
Don't know /not sure	3	

office use

04

24. (b) Briefly describe the circumstances:

.....

☐

05

.....

☐

06

.....

☐

07

.....

You may have felt you wanted to explain some answers in more detail than this questionnaire allows.

Would you be happy to go on a list from which 10 people will be randomly selected to take part in a discussion group on these issues in a few months time?

If YES, [TICK BOX here and on address list]

☐

08

PART E: DEMOGRAPHICS

As we want to be sure we get a range of different people in our study, we would like to finish by asking you a few personal details.

Remember that all responses remain **STRICTLY CONFIDENTIAL**.

				office use
1.	Are you: (<i>note</i>)	Male	1	09
		Female	2	
2.	What is your age (in years)			10-11
3.	Which ethnic group do you belong to:			
		NZ European	1	12
		NZ Maori	2 GO TO Q.4	
		A Pacific Island group (which one).....	3	
		An Asian group (which one).....	4	
		Other (which one).....	5	
4.	If you are Maori, what is the main iwi you belong to:.....			
	What other iwi do you have strong ties with:			
5.	In what country were you born:			
		New Zealand	1 GO TO Q.7	13
		Other (specify).....	2. GO TO Q.6	
6.	If you were not born in New Zealand, how many years have you lived permanently in NZ?			
				14-15
7.	How many years have you lived in Palmerston North? [If been away and come back, total years].			
				16-17

8. What is your present employment status?:

[READ options]

Employed full-time (30hrs a week or more)	1	
Employed part-time (less than 30 hrs a week)	2	
Self-employed	3	
Not in paid work	4	GO TO Q.10

office use

18

9. If employed, what is your present occupation:.....

[GO TO Q.11]

☐	☐	☐	☐	22
			☐	23

10. If not currently in paid work, what was your previous main occupation

.....

11. If you live with a partner, what is or was his or her main occupation?

.....

12. What is or was your father's main occupation.....

13. Which of these categories best describes your highest level of formal education?

[READ options]

Primary or secondary school with no qualification	1
A secondary school qualifications (School Certificate with one or more subjects, University Entrance, Sixth Form Certificate, Bursary or Scholarship (one or more subjects)	2
Trade or Technical qualification	3
Nursing, Teaching or University diploma or certificate	4
University degree	5
Other (e.g. overseas qualification unable to place above - please state	9

24

- 14(a). Which of the following categories best describes your personal income before tax, from all sources, including income support, for the last 12 months.:

[READ options]

less than \$15000 (\$288 per week)	1
\$15,001 - 30,000 (\$289 - 577per week)	2
\$ 30,001 - 40,000 (\$578 - \$769 per week)	3
\$ 40,001 - 50,000 (\$769 - 961 per week)	4
\$ 50,001 - 70,000 (\$962 - 1346 per week)	5
\$ 70,001 or more (\$1346 per week or more)	6

office use

25

- 14(b). Which of the following categories best describes your household income from all sources, before tax, for the last 12 months?

[READ options]

less than \$15000 (\$288 per week)	1
\$15,001 - 30,000 (\$289 - 577per week)	2
\$ 30,001 - 40,000 (\$578 - \$769 per week)	3
\$ 40,001 - 50,000 (\$769 - 961 per week)	4
\$ 50,001 - 70,000 (\$962 - 1346 per week)	5
\$ 70,001 - 99,999 (\$1346 - 1923 per week)	6
\$100,000 or more (1923 or more per week)	7

26

15. Which of these categories best describes your present marital status:

never married	1
married 1st time	2
remarried	3
separated	4
divorced	5
widowed	6
de facto	7

27

[If respondent is de facto, just circle '7', even though they may also be never married or divorced].

- 16(a). Have you ever been divorced?

Yes	1
No	2

28

16(b). Have your parents ever been divorced?

Yes 1
No 2

office use

29

17. Do you have children of yours aged 14 years or under living at home with you?

Yes 1
No 2

30

18. Who are the persons that usually live in the same household as you:

TICK as many boxes as apply.

Father ☐
Mother ☐
Husband/wife/partner ☐
Children under 18 ☐
Children 18 or over ☐
Other relative(s)
(who? e.g. uncle.....) ☐
Other person(s)
(who? e.g. flatmate(s).....) ☐
No-one else ☐

☐ ☐ 32

THANK YOU FOR GIVING YOUR TIME TO HELP

19. Are there **any comments** you wish to add concerning the topics covered in the questionnaire?

☐ ☐ 34

☐ ☐ 36

☐ ☐ 38

DO YOU HAVE ANY QUESTIONS?

IF YOU HAVE ANY QUESTIONS LATER, PLEASE PHONE THE NUMBER
ON THE INFORMATION SHEET

APPENDIX 1b Postal Questionnaire

**FAMILY SUPPORT NETWORKS
POSTAL QUESTIONNAIRE**Interviewer No. ☐

1

Respondent No. ☐☐☐

2-4

You have been randomly chosen to take part in this Massey University study on extended families in New Zealand. If you would be prepared to spend about **45 minutes helping us by answering a questionnaire**, you should **first read the attached information sheet to see what is involved** before agreeing to take part in this study.

HOW TO COMPLETE THIS QUESTIONNAIRE

Most of the questions can be answered by **CIRCLING A NUMBER** or writing a number in a box.

WHAT TO DO WHEN YOU ARE FINISHED

Please mail the questionnaire to the Research Project Manager in the stamped addressed envelope provided:

Mervyl McPherson
Dept of Social Policy
Massey University
P.B. 11-222
Palmerston North

THANK YOU

Notes for completing Q1 & 2 on facing page:**Q.1 Parents:**

- * If Mother lives in same town, write '1' in box opposite those words and under "Mother".
- * If Father is no longer alive, write '0' in box opposite "deceased" and under Father.
- * If you are adopted or have step parents, and know your birth parents too, you choose which you record here, and which in Question 5.

*** Brothers and Sisters:**

- * If one sister lives in same town, write '1' in box on that line under Sisters;
- * If two sisters live more than 2 hours drive away in NZ, write '2' in box on that line under Sisters.
- * If you have no brothers, write '0' in the "not applicable" box under Brothers

E.G.	Sisters	Brothers
Not applicable*	☐ ₂₄	☐ ₃₃
Same house	☐	☐
Same street	☐	☐
Same suburb/town	☐	☐
Not same suburb/town but less than 30 minutes by car	☐	☐
More than 30 minutes drive but less than 2 hours drive	☐	☐
Elsewhere in New Zealand	☐	☐
Overseas	☐	☐
Don't know	☐ ₃₂	☐ ₄₁

- * Record half- or step- brothers/sisters here if you think of them as "brothers and sisters". Otherwise record them in Q.5.
- * Write '0' in the "not applicable" boxes if you have no living brothers/sisters.

PART A: GEOGRAPHIC DISTANCE and NUMBER OF RELATIVES

I want to start by asking some questions about how close to you your family members live.

By family members we mean related by blood or marriage, or adoption, or through de facto relationship.

1. Please indicate how far away your **parents** live, by writing "1" in the appropriate box below.

[If unsure what to do, see notes on opposite page]

	Mother	Father
Deceased	☐ 6	☐ 15
Same house	☐	☐
Same street	☐	☐
Same town	☐	☐
Not same town but less than 30 minutes by car	☐ 10	☐ 20
More than 30 minutes drive but less than 2 hours drive	☐	☐
Elsewhere in New Zealand	☐	☐
Overseas	☐	☐
Don't know	☐ 14	☐ 23

2. **Brothers/Sisters aged 18 years and over:**
Indicate how many live at each distance listed below
by writing the number in the appropriate box.
[see notes on opposite page if you are unsure what to do]

	Sisters	Brothers
Not applicable*	☒ 24	☐ 33
Same house	☐	☐
Same street	☐	☐
Same town	☐	☐
Not same town but less than 30 minutes by car	☐	☐
More than 30 minutes drive but less than 2 hours drive	☐	☐
Elsewhere in New Zealand	☐	☐
Overseas	☐	☐
Don't know	☐ 32	☐ 41

* (write '0' in these boxes if you have no living brothers/sisters aged 18 or over)

3. Children aged 18 years and over:

Please indicate how many live at each distance by writing the number in the appropriate box below.

[If you have no children aged 18 years and over, place a "0" in the "Not applicable" box.]

	Daughters	Sons
Not applicable	☐ 42	☐ 51
Same house	☐	☐
Same street	☐	☐
Same town	☐	☐
Not same town but less than 30 minutes by car	☐	☐
More than 30 minutes drive but less than 2 hours drive	☐	☐
Elsewhere in New Zealand	☐	☐
Overseas	☐	☐
Don't know	☐ 50	☐ 59

4. Grandchildren aged 18 years and over:

Please indicate how many live at each distance by writing the number in the appropriate box below.

[If you have no grandchildren aged 18 years and over, place a "0" in the "Not applicable" box.]

Not applicable	☐ 60
Same house	☐
Same street	☐
Same town	☐
Not same town but less than 30 minutes by car	☐
More than 30 minutes drive but less than 2 hours drive	☐
Elsewhere in New Zealand	☐
Overseas	☐
Don't know	☐ 68

5. Other relatives, aged 18 years and over, who you know of, and regard as family:

Write the number of each kind of relative at each distance in the appropriate box below.

If you have no relatives in a category, e.g. grandparents, leave that row of boxes empty.

Same town.....										office use only 70
Not same town..... but less than 30 minutes by car										72
More than 30 minutes drive..... but less than 2 hours drive										74
Elsewhere in New Zealand.....										76
Overseas.....										78
Don't know.....										80
	Grandparents.....	Aunts/uncles.....	Cousins.....	Nieces/nephews.....	Father/Mother-in-law.....	Sister/Brother-in-law.....	Daughter/Son-in-law.....	Other..... (Please say who e.g. partners relatives, step brother/sister)		

* include defacto partners in inlaw boxes

(2)

₃

6. **Would it bother you to move further away from family members than you already live.**

CIRCLE the number beside the answer that best matches your feelings.

Yes, a lot	1
Yes, a little	2
No, not really	3
No, definitely not	4
Already live far away from most family	5
Don't know/not sure	9

office use
only
4

7. **Would you like to live nearer to family members than you do now, if it were possible?**

CIRCLE the number beside the answer that best matches your feelings.

Yes, definitely	1
Maybe	2
No, not really	3
No, definitely not	4
Already do live close to most family	5
Don't know/not sure	9

5

PART B: CONTACT

8. How often do you have contact with family members.
Please indicate type of contact: in person, by phone, or by letter (include fax, email)
for each type of family member,
by CIRCLING the appropriate number in each column below.

(a): Mother

In Person		Telephone		Letter, fax or email	
Daily	1	Daily	1	Daily	1
At least once a week	2	At least once a week	2	At least once a week	2
At least once a month	3	At least once a month	3	At least once a month	3
A few times a year	4	A few times a year	4	A few times a year	4
About once a year	5	About once a year	5	About once a year	5
Less than once a year	6	Less than once a year	6	Less than once a year	6
Never	7	Never	7	Never	7
Deceased	8				

office use
only

6-8

(b) Father

In Person		Telephone		Letter, fax or email	
Daily	1	Daily	1	Daily	1
At least once a week	2	At least once a week	2	At least once a week	2
At least once a month	3	At least once a month	3	At least once a month	3
A few times a year	4	A few times a year	4	A few times a year	4
About once a year	5	About once a year	5	About once a year	5
Less than once a year	6	Less than once a year	6	Less than once a year	6
Never	7	Never	7	Never	7
Deceased	8				

9-11

(c) A Sister aged 18 years or over, with whom you have the most contact

In Person		Telephone		Letter, fax or email	
Daily	1	Daily	1	Daily	1
At least once a week	2	At least once a week	2	At least once a week	2
At least once a month	3	At least once a month	3	At least once a month	3
A few times a year	4	A few times a year	4	A few times a year	4
About once a year	5	About once a year	5	About once a year	5
Less than once a year	6	Less than once a year	6	Less than once a year	6
Never	7	Never	7	Never	7
Not applicable/ no sisters (living)	9				

12-14

(d) A Brother aged 18 years or over, with whom you have the most contact

In Person		Telephone		Letter, fax or email	
Daily	1	Daily	1	Daily	1
At least once a week	2	At least once a week	2	At least once a week	2
At least once a month	3	At least once a month	3	At least once a month	3
A few times a year	4	A few times a year	4	A few times a year	4
About once a year	5	About once a year	5	About once a year	5
Less than once a year	6	Less than once a year	6	Less than once a year	6
Never	7	Never	7	Never	7
Not applicable/ no brothers (living)	9				

office use
only
15-17

(e) A Daughter aged 18 years or over and living away from home, with whom you have the most contact

In Person		Telephone		Letter, fax or email	
Daily	1	Daily	1	Daily	1
At least once a week	2	At least once a week	2	At least once a week	2
At least once a month	3	At least once a month	3	At least once a month	3
A few times a year	4	A few times a year	4	A few times a year	4
About once a year	5	About once a year	5	About once a year	5
Less than once a year	6	Less than once a year	6	Less than once a year	6
Never	7	Never	7	Never	7
Not applicable/ no daughters left home	9				

18-20

(f) A Son aged 18 years or over and living away from home, with whom you have the most contact

In Person		Telephone		Letter, fax or email	
Daily	1	Daily	1	Daily	1
At least once a week	2	At least once a week	2	At least once a week	2
At least once a month	3	At least once a month	3	At least once a month	3
A few times a year	4	A few times a year	4	A few times a year	4
About once a year	5	About once a year	5	About once a year	5
Less than once a year	6	Less than once a year	6	Less than once a year	6
Never	7	Never	7	Never	7
Not applicable/ no sons left home	9				

21-23

g) **A Grandchild aged 18 years or over, with whom you have the most contact**

In Person		Telephone		Letter, fax or email	
Daily	1	Daily	1	Daily	1
At least once a week	2	At least once a week	2	At least once a week	2
At least once a month	3	At least once a month	3	At least onfce a month	3
A few times a year	4	A few times a year	4	A few times a year	4
About once a year	5	About once a year	5	About once a year	5
Less than once a year	6	Less than once a year	6	Less than once a year	6
Never	7	Never	7	Never	7
Not applicable	9				

office use
only
24-26

(h) **Another relative aged 18 years or over, with whom you have the most contact**

In Person		Telephone		Letter, fax or email	
Daily	1	Daily	1	Daily	1
At least once a week	2	At least once a week	2	At least once a week	2
At least once a month	3	At least once a month	3	At least once a month	3
A few times a year	4	A few times a year	4	A few times a year	4
About once a year	5	About once a year	5	About once a year	5
Less than once a year	6	Less than once a year	6	Less than once a year	6
Never	7	Never	7	Never	7
Special occasions only*	8				
Not applicable	9				

27-29

* special occasions such as weddings, tangi or funerals, celebrations

PART C: GIVING AND RECEIVING HELP

9. I would now like to ask you about the kinds of help you might **give to** or **get from** your family members.

In the last 12 months (since October last year) which family member have you **received from** or **given** any of the following types of help.

Please write the family member most often involved. e.g. daughter
[Do not include partners or children under 18 years.]

	Received by you FROM	Given by you TO	office use only	
Caregiving:				
Which family member have you given to or received from:				
(a) Care when sick or injured for 3 months or less	_____	_____	☐ ☐	☐ ☐ 30 ☐ ☐ 10
(b) Care when sick, disabled or mentally ill for more than 3 months	_____	_____	☐ ☐	☐ ☐
(c) Occasional childcare/babysitting	_____	_____	☐ ☐	☐ ☐
(d) Childcare on a regular basis	_____	_____	☐ ☐	☐ ☐
Help with household tasks:				
Which family member have you given to or received from:				
(e) Help to provide food, meals	_____	_____	☐ ☐	☐ ☐
(f) Help to do the shopping	_____	_____	☐ ☐	☐ ☐ 40 ☐ ☐ 20
(g) Help with housework	_____	_____	☐ ☐	☐ ☐
(h) Help with garden or lawnmowing	_____	_____	☐ ☐	☐ ☐
(i) Help with house maintenance or repairs	_____	_____	☐ ☐	☐ ☐
(j) Free practical or technical help with building a home: e.g. concreting, electrical wiring, drawing plans, plumbing)	_____	_____	☐ ☐	☐ ☐
Financial help:				
Which family member have you given to or received from:				
(k) A loan or deposit to buy a home (with interest)	_____	_____	☐ ☐	☐ ☐ 50 ☐ ☐ 30
(l) Interest free home loan	_____	_____	☐ ☐	☐ ☐
(m) Other financial loan of \$100 or more	_____	_____	☐ ☐	☐ ☐
(n) Gift of money	_____	_____	☐ ☐	☐ ☐

Received by you
FROM

Given by you
TO

office use only

(o) Help with regular payments.
(such as power, phone, rent)

(p) Help with doctors bills, medical costs

60 40

(q) Help to pay education fees

(r) Help to provide clothes for yourself
or children

Social or emotional support:

Which family member have you given to or received from:

(s) Emotional support, someone to listen, give advice,
or help to sort out a problem by talking it through

(t) Support when going through, or after, separation/divorce

Which family member have you given to or received from
other types of help, such as:

(u) A place to live, for less than 6 months

70 50

(v) A place to live, for more than 6 months

(w) Help to get a job

(x) Help to deal with officials or institutions
such as courts, medical services, income support.

(y) Transportation on a regular basis
e.g. a regular lift in a car or loan of a car

(z) Help with car maintenance/repairs

80 60

(3)

(@) Loan of tools or equipment

Is there any other type of help or support you have given to,
or received from, a family member in the last 12 months.

Other.(write what kind of help)

(1).....

(2).....

(3).....

8 68

10. I am now going to ask you another question about these types of help.

- (i) For each of the types of help listed below, who would you be MOST likely to go to first, IF you needed this sort of help?

Select your answer from the list on **CARD D** which is clipped to this page.

- (ii) say WHY you would choose that one instead of the others?

[If you feel that type of help wouldn't ever apply to you, write "not applicable".]

Caregiving:

If you needed:

- (a) Looking after when sick or injured for 3 months or less:

Who would you be most likely to go to first?-----

Why that one? -----

- (b) Looking after when sick, disabled or mentally ill Who? -----
for more than 3 months

Why? -----

- (c) Occasional childcare/babysitting: Who? -----

Why? -----

- (d) Childcare on a regular basis: Who?-----

Why? -----

Help with household tasks:

If you needed:

- (e) Help to provide food, meals: Who? -----

Why? -----

- (f) Help to do the shopping: Who? -----

Why? -----

- (g) Help with housework: Who? -----

Why? -----

- (h) Help with garden/lawnmowing: Who? -----

Why? -----

- (i) Help with home maintenance/repairs: Who? -----

Why? -----

office use
only

☐ ☐ 70

☐ 71

☐ ☐

☐ 74

☐ ☐

☐ 77

☐ ☐

☐ 80

(4)

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☐ 09

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☐ 12

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☐ 15

Financial help: if you needed:

- (j) A loan to buy a home, or for the deposit: Who? -----
Why? -----
- (k) Other financial loan of \$100 or more: Who? -----
Why? -----
- (l) Help with regular payments: Who? -----
(such as power, phone, rent)
Why? -----
- (m) Help with doctors bills, medical costs: Who? -----
Why? -----
- (n) Help to pay education fees: Who? -----
Why? -----
- (o) Help to provide clothes for yourself or children: Who? -----
Why? -----

Social/emotional support: if you needed:

- (p) Emotional support, someone to listen, give advice,
or help to sort out a problem by talking it through: Who? -----
Why? -----
- (q) Support when going through or after
separation/divorce Who? -----
Why? -----

Other types of help: if you needed:

- (r) A place to live, for less than 6 months; Who? -----
Why? -----
- (s) A place to live, for more than 6 months: Who? -----
Why? -----
- (t) Help to get a job: Who? -----
Why? -----
- (u) Help to deal with officials or institutions
such as courts, medical services, income support Who? -----
Why? -----

office use

☐ ☐☐ 18☐ ☐☐ 21☐ ☐☐ 24☐ ☐☐ 27☐ ☐☐ 30☐ ☐☐ 33☐ ☐☐ 36☐ ☐☐ 39☐ ☐☐ 43☐ ☐☐ 46☐ ☐☐ 49☐ ☐

PART D: OBLIGATION AND RECIPROCITY

The following questions ask for your **OPINION**, in general.

Please indicate the response that best matches how you feel, in general, by **CIRCLING** the appropriate number.

11.(a) If you help a family member in some way, do you expect them to help you in return?

Yes	1	
No	2	
Don't know /not sure	3	
Depends	4	GO TO 11(b)

office use
53

(b) [What does it depend on]
.....]

☐ 54

12.(a) If a family member helps you, do you feel you have to do something in return for them?

Yes	1	
No	2	
Don't know /not sure	3	
Depends	4	GO TO 12(b)

55

(b) [What does it depend on]
.....]

☐ 56

13.(a) Do you believe family members should help one another?

Yes	1	
No	2	
Don't know /not sure	3	
Depends	4	GO TO 13b

57

13(b) Can you say what sort of things you feel your answer depends on:

.....
.....
.....
.....
.....

☐ 58

☐ 59

☐ 60

I am now going to describe to you some situations where family members might help. I want you to tell me what you think people, in general, should do by answering either YES or NO.

I want your opinion, in general, not what you would actually do yourself.

CIRCLE the appropriate number to indicate your answer:

You may write in additional comments below a question if you wish.

14. Parents who can afford to should offer to help their adult children if they are struggling financially.

Yes	1
No	2
Don't know /not sure	3

.....

office use

61

☐ 62

15. Parents should be financially responsible for their unmarried children until they are 25, if the children are students.

Yes	1
No	2
Don't know /not sure	3

.....

63

☐ 64

16. Adult children who can afford to should offer to help elderly parents financially if they need it.

Yes	1
No	2
Don't know /not sure	3

.....

65

☐ 66

17. Adult children should care for their elderly parents when they can no longer manage on their own, even if this means taking them into their home.

Yes	1
No	2
Don't know /not sure	3

.....

67

☐ 68

18. Anne's father needs constant supervision and can't live on his own. Should Anne give up her job to care for him so he doesn't have to go into a resthome.

Yes	1
No	2
Don't know/not sure	3

.....

office use

69

☐

70

19. Hine's husband has left her with two small children. Should her parents offer for her and the children to move in with them for a while, until she gets on her feet financially?

Yes	1
No	2
Don't know/not sure	3

.....

71

☐

72

20. Jenny needs to find childcare for her two-year old while she goes to work. Her mother-in-law lives nearby. Should her mother-in-law offer to look after the child so Jenny can go to work?

Yes	1
No	2
Don't know/not sure	3

.....

73

☐

74

- 21(a). Jane is an elderly woman who never married and has no children.
Should her niece or nephew offer her a home with them so she doesn't have to go into a resthome.

Yes	1
No	2
Don't know/not sure	3

.....

office u:

75

☐ 76

- 21 (b). If Jane could manage in her own home with just some help to do the shopping and household tasks, should her niece or nephew offer to do these things for her.

Yes	1
No	2
Don't know/not sure	3

.....

77

☐ 78

22. Mary has two preschool children and a part-time job. Her brother John has a long-term mental illness and has recently been discharged from hospital. There are no other family members. Who should be responsible for seeing that John is managing alright in the community?

Mary	1
The hospital	2
Other (say who)	3

.....

79

☐ 80

23.(a) David's father needs constant supervision/help to shower and dress and help with housework and meal preparation: he can't manage on his own.

Should David:

Pay for home help and nursing care for his father	1	GO TO 23c
Ask his wife to look after his father	2	
Give up his job and care for his father	3	
Find a nice resthome for his father	4	GO TO 23b
or Should the government provide free help so his father can continue to live in his own home	5	

office use

(5)

01

23(b) And who do you think should pay for this resthome care:

David	1	GO TO 23c
Father	2	GO TO 23c
Government	3	
Other(who?).....	4	

02

23(c) And who should pay if he can't afford it?.....

☐ 03

.....

24.(a) Are there any circumstances under which it is reasonable to refuse to provide personal help for a sick or elderly relative?

Yes	1	GO TO 24b
No	2	
Don't know /not sure	3	

office use

04

24.(b) Briefly describe the circumstances:

.....

☐ 05

.....

☐ 06

.....

☐ 07

.....

You may have felt you wanted to explain some answers in more detail than this questionnaire allows.

Would you be happy to go on a list from which 10 people will be randomly selected to take part in a discussion group on these issues in a few months time?

If YES, [TICK BOX]

☐

08

PART E: DEMOGRAPHICS

As we want to be sure we get a range of different people in our study, we would like to **finish** by asking you a few personal details.

Remember that all responses remain **STRICTLY CONFIDENTIAL**.

Answer by **CIRCLING** the number beside your answer, or writing your answer in the boxes provided.

1.	Are you:	Male	1		office use 09
		Female	2		
2.	What is your age (in years)(write in boxes)				10-11
3.	Which ethnic group do you belong to:				
		NZ European	1		12
		NZ Maori	2	GOTO Q.4	
		A Pacific Island group	3		
		(which one).....			
		An Asian group	4		
		(which one).....			
		Other.....	5		
		(which one)			
4.	If you are Maori, what is the main iwi you belong to:				
	What other iwi do you have strong ties with:.....				
5.	In what country were you born:				
		New Zealand	1	GO TO Q.7	13
		Other	2	GO TO Q.6	
		(which country).....			
6.	If you were not born in New Zealand, how many years have you lived permanently in NZ?				14-15
7.	How many years have you lived in Palmerston North?				16-17
	[If you have been away and come back, total years].				

8. What is your present employment status?:

Employed full-time (30hrs a week or more)	1	
Employed part-time (less than 30 hrs a week)	2	
Self-employed	3	
Not in paid work	4	GO TO Q.10

office use

18.

9. If employed, what is your present occupation:.....

[GO TO Q.11]

☐ ☐ ☐ ☐ 22

☐ 23

10. If not currently in paid work, what was your previous main occupation

.....

11. If you live with a partner, what is his or her main occupation?

.....

12. What is or was your father's main occupation.....

13. Which of these categories best describes your highest level of formal education?

Primary, or secondary school with no qualification	1	
A secondary school qualification (School Certificate with one or more subjects, University Entrance, Sixth Form Certificate, Bursary or Scholarship (one or more subjects)	2	
Trade or Technical qualification	3	
Nursing, Teaching or University diploma or certificate	4	
University degree	5	
Other (e.g. overseas qualification unable to place above - please state	9	

24

14(a). Which of the following categories best describes your personal income before tax, from all sources, including income support, for the last 12 months.:

less than \$15000 (\$288 per week)	1
\$15,001 - 30,000 (\$289 - 577per week)	2
\$ 30,001 - 40,000 (\$578 - \$769 per week)	3
\$ 40,001 - 50,000 (\$769 - 961 per week)	4
\$ 50,001 - 70,000 (\$962 - 1346 per week)	5
\$ 70,001 or more (\$1346 per week or more)	6

office use
25

14(b). Which of the following categories best describes your household income from all sources, before tax, for the last 12 months?

less than \$15000 (\$288 per week)	1
\$15,001 - 30,000 (\$289 - 577per week)	2
\$ 30,001 - 40,000 (\$578 - \$769 per week)	3
\$ 40,001 - 50,000 (\$769 - 961 per week)	4
\$ 50,001 - 70,000 (\$962 - 1346 per week)	5
\$ 70,001 or more (\$1346 per week or more)	6
\$100,000 or more (\$f1923 or more per week)	7

26

15. Which of these categories best describes your present marital status:

never married	1
married 1st time	2
remarried	3
separated	4
divorced	5
widowed	6
de facto	7

27

[If you are de facto, just circle "7", even though you may also be never married or divorced].

16(a). Have you ever been divorced?

Yes	1
No	2

28

16(b). Have your parents ever been divorced?

Yes 1
No 2

office use

29

17. Do you have children of yours aged 14 years or under living at home with you?

Yes 1
No 2

30

18. Who are the persons that usually live in the same household as you:

TICK as many boxes as apply.

Father ☐
Mother ☐
Husband/wife/partner ☐
Children under 18 ☐
Children 18 or over ☐
Other relative(s)
(who? e.g. uncle.....) ☐
Other person(s) ☐
No-one else ☐

☐ ☐ 32

THANK YOU FOR GIVING YOUR TIME TO HELP

19. Are there **any comments** you wish to add concerning the topics covered in the questionnaire?

☐ ☐ 34

☐ ☐ 36

☐ ☐ 38

**IF YOU HAVE ANY QUESTIONS OR ARE UNSURE HOW TO ANSWER ANY
PART OF THE QUESTIONNAIRE,
PLEASE PHONE THE NUMBER ON THE INFORMATION SHEET**

APPENDIX 1c: Questionnaire Prompt Card D

CARD D

- 01 A family member
- 02 Whanau
- 03 A friend
- 04 A neighbour
- 05 Hapu or iwi service
- 06 Government agency e.g. Social Welfare/Income Support,
Social Worker, Housing NZ,hospital
- 07 Local council
- 08 Community group e.g . Rotary, Lions, Girl Guides/Scouts
- 09 Voluntary agency e.g. Barnados, Citizens Advice Bureau, Aged
Concern, Meals on Wheels
- 10 Church
- 11 Professional, or private institution e.g. nurse, bank, builder, counsellor
- 12 Pay someone to do it
- 13 Pay a family member
- 99 Other
- 00 Not applicable

APPENDIX 2a Information Sheet - Focus Group

Extended Family Support Networks Project

INFORMATION SHEET
Focus Group**What is involved:**

If you agree to participate in the discussion group for this project for which you have already completed a questionnaire, you will be required to attend a group discussion of about 1.5 to 2 hours with up to 10 other people who also answered the questionnaire.

Topics of discussion will be related to the questionnaire, in particular to provide more detail about issues involved in giving or receiving family support, and attitudes regarding the roles of the family and the government in providing support.

The group discussion will be facilitated by Mervyl McPherson, Lecturer in Social Policy at Massey University, Contact Phone 350-4361. The discussion will be audio-taped and transcribed (typed up) by Mervyl McPherson.

Why you have been approached:

When originally interviewed for the questionnaire stage of the research you indicated you would be happy to take part in a further discussion where you could provide more detailed information on some issues. As only ten people were required for the discussion group, selection of people was made by listing all those who were interested, and randomly selecting twenty from this list. Ten of these have been approached initially and if any of these ten is unable to attend, another person from the random list of twenty will be chosen.

Your rights:

- To refuse to participate in the group discussion;
- To refuse to discuss any particular topic;
- To request that the audio tape be turned off while you make a particular comment;
- To leave the group at any time;
- To receive a copy of a summary of the transcript of the tape and amend or delete any quotes made by you that you are not happy with;
- To receive a summary of the findings of the research.

Confidentiality:

Your name will not appear in the transcription or any published report. The tapes will be kept in a secure place and will be destroyed once the research is complete. All participants are requested to keep confidential the identities of other participants.

APPENDIX 2b Consent Form - Focus Group

Extended Family Support Networks Project

**CONSENT FORM
for Focus Group**

I have read the Information Sheet about the discussion group and any questions have been answered to my satisfaction. I understand that I may ask further questions at any time.

I understand I have the right to withdraw from the study at any time and to decline to answer any particular questions.

I agree to provide information to the researchers on the understanding that my name will not be used and that the information will be used only for this research and publications arising from this research project and any other information.

I agree to the interview being audio taped.

I also understand that I have the right to ask for the audio tape to be turned off at any time during the interview.

I agree to keep confidential the identities of other participants in the group.

I agree to participate in this study under the conditions set out in the Information Sheet.

Signed:

Name:

Date:

[Phone:(not compulsory)]

APPENDIX 3: Interview Guide - Focus Group

EXTENDED FAMILY NETWORKS PROJECT

FOCUS GROUP INTERVIEW GUIDE

Introduction:

- aim of group
- confidentiality outside of group
- consent forms
- first name introductions

1] I want you to begin by thinking about the last time you gave to or accepted help from a family member
(not spouse or young child - outside nuclear family household)

- **What were the issues involved for you in doing this**
e.g. did you feel you helped because you SHOULD or because you wanted to, CHOSE to? [obligation]
- had they done something for you in past [reciprocity]
- is relationship history important in deciding whether to help or expect help
- **According to the survey you helped with, most people believe family members should help one another**
While they don't expect help given to be returned
they are more likely to feel have to return help received
WHY do you think that is?
- **How might giving or receiving help affect a relationship?**
- - [dependence/independence]
- - [burden]

2] What sort of things might affect your willingness to help a family member?

[Desire vs capacity to help]

- competing commitments (nuclear family, work)
- distance
- financial resources,
- accommodation available, size
- own health
- degree/quality of relationship

3] What do you think should be your responsibility to extended family members (outside nuclear household)?

- natural, automatic
- mandatory, obligatory
- voluntary
- depend on circumstances

(a) What sort of things does extended family helping depend on:

- type of need, degree of help required
- length of time
- degree of relationship
- competing commitments - nuclear family, job
- distance - would you move nearer elderly/they to you

(b) Thinking about particular types of help now, as in questionnaire:

- What kinds of **financial help** should family give, and when should govt offer assistance?
 - e.g. education fees
 - health costs
 - housing
- What is it about **education fees** as opposed to other living costs that makes it more govt responsibility than family, according to our survey?.
- What kinds of **caregiving** should family give, and when should govt offer help
- Role of family in care of:
 - elderly
 - disability
 - mental health
 - childcare

According to the survey we did, most people believe:

- Believe in helping elderly financially, but split over taking into own home
 - why not automatic ?
- Believe women should not give up job to care for others - why?
- Sole mother not live with parents - why?
- Niece/nephew do tasks for aunt, but not share home with her - why?
- Most thought sister should share responsibility for mentally ill brother released from hospital, but not totally
 - why? - why be involved at all?
- Most thought govt should pay for resthome care or homehelp for elderly man unable to manage on his own
 - why?

4] **What is the role of the government/state/society?**

- should it **replace or support** the help families can provide for one another?
- does it **respond to a need - a gap** that families are unable to fill
- or does state help **replace/weaken** families by **affecting their willingness** to provide help

5] **Should families purchase private assistance if they can't provide it themselves?**

6] **What is different about family and non-family when it comes to helping?**

APPENDIX 4a Information Sheet - Interview

Extended Family Support Networks Project

INFORMATION SHEET

Face to Face Interviews

You have been randomly selected from the electoral roll to be invited to take part in this study about extended families in New Zealand.

The aim is to find out how families help each other, and people's ideas about helping family members. It asks about things like:

- the number of family members people are in contact with;
- whether they turn to them for help of various kinds, such as childcare, care of the sick and elderly, and so on.

This will help to decide how to better combine the help of services and families, as there have been many changes in recent times that may affect how much people are able to help family members in times of need.

Everything you say will be completely confidential. Your answers will be combined with other people's, and you will not be identified personally. The questionnaire has a number, not your name.

Rights:

- you don't have to take part in the study
- you do not need to answer any question if you don't want to - just let me know and I will go on to the next question.
- you have the right to withdraw from the study at any time
- you may ask any questions of the researchers
- you have a right to access to a summary of the findings, which will be published and held in libraries.

[Tell your interviewer if you want a summary of results sent to you.]

However, **your answers would be valued** as we need to get information from as wide a group of people as possible taking part so the results are truly representative of the people of Palmerston North.

This research has been funded and approved by Massey University.

You may contact the researchers with any questions:

Mervyl McPherson, Research Manager Ph: 350-4361; or 350-5222;
 or Associate Professor Robyn Munford, Ph: 350-5224;
 or Dr Ruth Anderson, Ph: 350-5217.
 Department of Social Policy & Social Work, Massey University

Mervyl McPherson
 Lecturer in Social Policy
 26.9.97

Extended Family Support Networks

CONSENT FORM for Face-to-face Interviews

I have read the Information Sheet and have had the details of the study explained to me. My questions have been answered to my satisfaction, and I understand that I may ask further questions at any time.

I understand I have the right to withdraw from the study at any time and to decline to answer any particular questions.

I agree to provide information to the researchers on the understanding that my name will not be used and that the information will be used only for this research and publications arising from this research project and any other information.

I agree to participate in this study under the conditions set out in the Information Sheet.

Signed:

Name:

Date:

APPENDIX 4c Informati
25 September 1997

Extended Family Support Networks Project

Dear

You have been randomly selected from the electoral roll to be invited to take part in this study about extended families in New Zealand. The aim is to find out how families help each other, and people's ideas about helping family members. It asks about things like:

- the number of family members people are in contact with;
- whether they turn to them for help of various kinds, such as childcare, care of the sick and elderly, and so on.

This will help to decide how to better combine the help of services and families, as there have been many changes in recent times that may affect how much people are able to help family members in times of need.

Your answers will be completely confidential.

Your answers will be combined with other people's, and you will not be identified personally. The questionnaire has a number, not your name.

Rights:

- you don't have to take part in this study
- you do not need to answer any question if you don't want to.
- you may ask any questions of the researchers
- you have a right to access to a summary of the findings, which will be published and held in libraries.

However, **your answers would be valued** as we need to get information from as wide a group of people as possible taking part so the results are truly representative of the people of Palmerston North.

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Mervyl McPherson, Research Manager Ph: 350-4361; or 350-5222;
or Associate Professor Robyn Munford, 350-5224;
or Dr Ruth Anderson, 350-5217.
Department of Social Policy & Social Work, Massey University

Thank you, yours faithfully

Mervyl McPherson,
Lecturer in Social Policy

If you now complete and return the questionnaire this will be taken as having consented to take part in the research under the conditions set out in this letter. If you wish to receive a copy of results summary, write "results copy" by return address on envelope.

APPENDIX 5

Questionnaire Measures and Problems in Measurement

Family Size and Degree of Relationship

Measurement of this information was combined with measurement of geographic proximity by asking how many of each type of extended family member lived at each distance (see questionnaire Appendices 1a & 1b). It was then possible to add up the total number of extended family members, or the total number of family by degree of relationship. Using the geographic distance categories simplified the task of counting relatives by breaking it down into numbers by distance. Thus, rather than having to think of the total number of relatives, respondents found it easier to count the number in the same town, then the number within two hours drive, then those elsewhere in New Zealand, and so on until a total was reached. This process was also an economical use of questionnaire space and time. This approach was based on that used in the Australian Family Living Standards Survey 1992/93 (see next section).

Geographic Proximity

Studies reviewed tended to use travelling time rather than geographic distance to measure proximity. The Australian Institute of Family Studies Family Living Standards Study used the following categories:

Q. How far away do the following people live?

For each relationship category, how many live at that distance

(a) Your brother(s)/sister(s)	Number at this distance:
• Same house/same street • In the same suburb/town as you • Not in the same suburb/town, but within 30 minutes by car • More than 30 minutes away, but under 2 hours drive • Elsewhere in Australia (New Zealand) • Overseas • Don't know	

Rossi and Rossi (1990) in their United States study used the number of miles distant. I chose to follow the Australian approach as it seemed more appropriate to the way we conceive distance in New Zealand. The pretesting proved this approach worked well.

Frequency of Contact

I also based measures of type and frequency of contact on the Australian Family Living Standards 1992/93 study (AFLSS), as these measures had been tested extensively by the Australian Institute of Family Studies and found to work well. Again, my pretesting in New Zealand found no problems with this measure.

The question measured contact by three modes - in person, by phone, by mail (including email and fax) - on the following scale:

AFLSS: daily
 at least once a week
 at least once a month
 a few times a year
 about once a year
 less than once a year
 never

Other studies used similar scales.

Rossi and Rossi (1990):
 daily
 several times to once a week
 several times to once a month
 several times to once a year
 never

and the earlier AIFS Family Support Networks Project (d'Abbs, 1991) :
 very regularly (at least weekly)
 fairly regularly (at least monthly)
 sometimes (say 1 to 4 times a year)
 rarely (say once a year)
 never

Type of Assistance

The common types of assistance have been identified in Chapter Three as caregiving, financial assistance, household help, social-emotional help and a range of other individual specific types of help. Each of these types of help can be broken down into specific items such as childcare or care of sick or elderly, and into time periods, such as long- or short-term, occasional or regular. This study asked about provision and receipt of help using the five broad categories, each of which contained several specific items (see questionnaire Appendices 1a & 1b).

Specific issues needing to be addressed in this question - apart from the types of help to measure - were the time period in which help occurred and the degree of precision in responses. Question formats employed in previous studies limited the time period of recalled actual behaviour to "in the last year" (d'Abbs, 1991); "over the past year or so" (Rossi and Rossi, 1990); "over the last month" and "over the last six months" (Kendig, 1986c). The time period for this study was set at "the last twelve months".

Finch and Mason (1993) distinguish between the provision of short-term and long-term care; crisis help for acute but temporary incapacity as opposed to chronic, long-term need. Short and long-term care were respectively distinguished in this study as being three months or less, and over three months. Short-term accommodation was defined as less than six months; long-term accommodation as six months or more.

Sussman (1988) notes difficulty in asking direct questions about financial aid. Most of the studies reviewed in this thesis asked this question in a broad, general way (Kendig, 1986c; Mangen et al, 1988; d'Abbs, 1991; de Vaus, 1995b, 1996) and do not mention specific amounts. The Australian Family Living Standards Study 1992/93 defines amounts of financial aid as \$200-\$500. Distinctions were made in the study undertaken for this thesis between small loans of around \$100, but without an upper limit, and a loan or deposit to buy a

house. No amount was specified for gifts of money, and in hindsight should have been, as it became clear from the interviewing that this often involved only \$20 or so, but could have had an infinite upper limit.

Characteristics of Providers and Recipients of Help

The Australian Family Networks Project (d'Abbs, 1991) listed types of support (for example, "help with household repairs"), and then recorded the relationship of up to three people from whom the respondent has received each type of help in the last year, and up to three people to whom the respondent had provided each type of help in the last year. In order to contain the size of the questionnaire for this project, only the main provider or recipient was recorded for each type of help.

Other studies focused on the exchange relationship. Rossi and Rossi (1990) and Mangen et al (1988), were specifically looking at intergenerational relationships, so their questions were limited to the exchange between parents and adult children. Mangen et al asked about exchange in a frequency mode, that is, how often do you (*specify type of help*) for your parents/child(ren), while Rossi and Rossi simply asked if an exchange of a particular type of help had taken place in the past year or so.

Again, due to the constraints of this study, which also incorporated attitudinal measures, detailed exchange relationships were not measured. Hence, exchange could not be analysed at the individual level, only at the aggregate level of which categories of relationship were the main givers, and which the main recipients of help. It was, thus, possible to determine the extent to which categories were in balance between giving and receiving, and which were net recipients or providers of help.

Attitudes and Normative Data

Previous studies have used either standard 5-point or 10-point agreement attitude scales, or employed scenarios or vignettes to obtain normative data about family support. Examples of the vignette technique can be found in Finch and Mason (1993) and Rossi and Rossi (1990):

1(a) A 19-year-old girl, who has been living with her boyfriend, has a baby. She and her boyfriend split up and she can no longer go on living in his home. She cannot afford to rent a home of her own. Should she:

- Go back to her parents' home
- Do something else
- Don't know/depends

(b) Do you think her parents ought to offer her a home or not?

2. Are there any circumstances under which it is reasonable to refuse to provide personal help for a sick or elderly relative?

- Yes
- No
- Don't know/not sure

3. If someone lends money to a relative so that they can start a business, do you think that the loan should be repaid with interest, or should just the amount that was borrowed be returned?

- Repaid with interest
- No interest
- Don't know/depends

(Finch and Mason, 1993:199-202)

4. Your married brother has undergone major surgery and will be disabled for a very long time. This problem is straining his financial resources. How much of an obligation would you feel to offer him some financial help?"

	1	2	3	4	5	6	7	8	9	10	
no											very strong
obligation											obligation

(Rossi and Rossi, 1990:45).

While it is not possible to cover all possible scenarios, they can be selected to cover a range of degree of help and degree of relationship situations to see where boundaries are being set, by what proportion of the population, and whether there are any common socio-demographic characteristics among those subscribing to or not subscribing to the prevailing norms.

Kendig (1986a) and de Vaus (1996) use simpler attitude statements with a 5-point agreement scale. For example,

“Older people should be able to depend on their children for the help they need”
(Kendig, 1986a:87).

“It is the responsibility of adults to care for elderly parents”
(de Vaus, 1996:18).

These rather crude measures may also be used to select a subsample of those in various categories for more in-depth unstructured qualitative interviews later in order to refine the meaning and potential qualifications behind the standardised questionnaire data. This form of screening was not employed in this study (see section on Focus Group, below).

Finch (1987:105) makes a case for the use of vignettes to study beliefs, norms and values, in preference to the less specific attitude statements, which she describes as “crude and highly questionable measurement scales”. She believes the empirical study of beliefs, norms and values is one of the most difficult methodological questions for sociology, and cites Marsh (1982:110) as saying that even the best survey researchers find it difficult to study values. Finch (1987:105) defines vignettes as “short stories about hypothetical characters in specified circumstances, to whose situation the interviewee is invited to respond”. They are more refined than attitude statements in that they contextualise the circumstances about which an attitude is being expressed. Looking at the attitude statements quoted above, it is easy to see that respondents may also want to qualify their answers. The response option of “depends”, as used by Finch and Mason (1993) in their vignettes quoted above, seems to be important, and I added “specify” to this option (see questionnaire Appendix 1a & 1b).

Finch’s stance is supported by Mangen and Westbrook (1988). In their research into measuring intergenerational norms of familism they concluded that, in order to improve the measurement of familism, more specific aspects of familistic behaviour must be addressed by increasing “the specificity of the

items to reduce ambiguity and maximise face validity ... and also improve the reliability of the scale" (Mangen and Westbrook, 1988:205).

The users of both vignettes and attitude statements point out the need to specify the major dimensions to be explored through the methods (Finch 1987; Rossi and Rossi, 1990). For example, the types of relationship to be explored: the adult child-parent relationship; sibling relationships; third degree relationships; the types of assistance to be explored: financial, accommodation, long- and short-term caregiving, assistance with household and home maintenance tasks.

Finch (1987) is careful to note that vignettes designed to elicit information on norms should not be extrapolated to behaviour. Because people say that adult children *should* look after their aging parents, does not mean they *will* do this themselves. Thus there is an issue of discrepancy between norms or hypothetical future behaviour and actual behaviour, to be addressed when considering the use of these measures. However, the discrepancy may arise because, for example, a policy requires behaviour of people that they do not in fact subscribe to. Rather than the measuring of norms being a waste of time because people do not act in accordance with their attitudes or beliefs, it is an important exercise in determining the discrepancy between belief and behaviour, and the relationship of this discrepancy to policy. For example, taking the converse of the example just given, just because people say adult children should not have to be responsible for their elderly parents, does not mean they will not take care of their own parents if necessary. It may be, however, as discussed in Chapter Five, that undesirable behavioural outcomes, such as elder abuse, result from discrepancies between norms and policy. The subsequent qualitative focus groups enabled these issues to be explored in more depth than could be obtained in the time restricted survey interview.

Attitudes and norms regarding family support were measured in three ways in this study:

- 1) Open question format in the survey questionnaire on preferred source of help for the types of help previously covered in the question on actual helping behaviour. To economise on space in the questionnaire, some of the items which were not felt to be of importance to the policy area were excluded, as this question format required more room than the actual helping behaviour question. This question asked both "who would be the preferred source of help", using a prompt card (Appendix 1c), and then "why this was the preferred source of help".
- 2) A mixture of attitude scales and vignettes was then used in Section D of the questionnaire to assess levels of obligation and reciprocity about family support, both in general and then over a variety of specific situations covering a range of dimensions in terms of degree of relationship and type of help (see questionnaire Appendices 1a & 1b)
- 3) These measures were then supplemented with qualitative information from the focus group to elicit more detail about the reasons for the preferences and attitudes given in the survey (see section on Focus Group, below).

Demographic Sub-Group Measures

Age

Data on age was collected at single year level so it could be grouped later according to type of analysis required.

Socio-economic status

The three major variables contributing to socio-economic status are occupation, income and education. The standard measure in New Zealand for many years was the Elly and Irving scale, based on occupation, which was developed in the 1970s and revised in the 1980s (Elly and Irving, 1985). Davis et al (1997) developed a new scale more relevant to contemporary occupations, especially for women. Like the Elly and Irving scale it has six categories based on occupation.

To allow flexibility of analytical method, data was collected on a range of socio-economic variables: occupation/former occupation, occupation of spouse, occupation of father, employment status, education and income. Estimation of socio-economic status for those outside the occupational classification - for example, the retired, homemakers and students - based on a combination of the above information, is then possible. Occupation was coded on the four-digit occupational classification scale (Statistics New Zealand, 1995).

Ethnicity

This was recorded in the same way as in the New Zealand Census of Population and Dwellings; that is, self-identified ethnicity. The extent of analysis available on this variable was limited by sample numbers. The largest sub-population contained within the total population of New Zealand is the tangata whenua or Maori population. At approximately 15 per cent of the New Zealand population, but only 10 per cent of the sample population (Palmerston North), a sample of 252 provided a subsample of only 19 Maori in this study. To enable analysis at the same level as for the total population, oversampling of Maori would be needed to provide a Maori sample of equal size, and this would have markedly increased the cost of the survey. Analysis of data for other smaller size ethnic groups within the population, such as the Pacific Island groups, or Asian groups was even more limited. Although numbers obtained in the sample were not sufficient for reliable quantitative analysis by ethnicity they may allow some exploratory qualitative analysis useful for suggesting further research and to test how the questionnaire works for different ethnic groups.

The review of the literature and previous overseas research undertaken in Chapter Three concluded that findings about the effect of ethnicity on kinship support networks are mixed. Poor socio-economic resources and therefore lack of means for providing support have been suggested as reasons for low levels of family support among some ethnic groups in the United States. Whilst it would be useful to have analysis of extended family data in New Zealand by

ethnicity, as discussed earlier, it would be costly to obtain. The main perspective that will emerge from this study, therefore, is that of the European/Pakeha majority group in the population, for whom policy is being designed on the basis of assumptions about the operation of the wider family which seem more in line with the traditional family values of tangata whenua and recent migrant groups. However, these traditional norms may not be operating widely in contemporary New Zealand society even for these groups.

Birthplace, years in New Zealand

Data were collected on "place of birth" and "length of residence in New Zealand" to enable analysis of the effect of recent migration, particularly international, on kinship support networks. These variables were unable to be dealt with fully in this study, however, due to small numbers, but this is clearly an issue for further research. The information obtained may also provide a means of screening for respondents for a later qualitative study on this issue.

Marital Status

The census classification for legal marital status is used, but the category "de facto" is added to it, with the instruction that this category override whatever legal status such as "divorced" or "never married" might apply. Thus whereas the census separates legal and social marital status, this study combines them in one question. Specific questions were also added concerning divorce history of the respondent and his/her parents in order to enable assessment of the impact of divorce on intergenerational relations.

Family Type and Household Composition

Data were gathered on variables such as marital status, household composition and relationship of other household members, and number of children to enable exploratory analysis according to living arrangements, and family type. However, as with ethnicity, numbers in sub-categories, such as sole parent families, were not sufficient to be reliably generalised to the total population.

Information obtained does, however, suggest issues for further research and identifies potential respondents for a qualitative study on these issues.

Geographic Location

This study was undertaken in one city only. Thus while no question is asked to measure this variable in this study, it is noted that this would be an important measure for a larger scale national study. Such a variable could be analysed on an urban/rural dichotomy and at a three-way level of city of 100,000+, city 20,000-99,999, and small town - rural, as these factors are likely to affect the provision of family support.

APPENDIX 6: DATA MEASURES AND ANALYTICAL PROCEDURES

MEASURES

Sex: dichotomous nominal variable: male, female

Age: single year of age, interval variable
 grouped by life cycle stage: 18-24, 25-44, 45-64, 65+ : agegp1,
 nominal/ordinal - order not always relevant
 grouped by cohort: under 30, 31-51 (baby-boomers) 52+ pre-boomers.

Socio-economic status: collected on 6pt NZEIS scale (Davis et al, 1997)
 Grouped for crosstab analysis, as very few in category '6':
 hi (1&2) med (3&4) lo (5&6)

Birthplace: dichotomous nominal variable: born in NZ, born overseas.

Size: Total number of relatives added from Q1 - Q5.
 - interval variable TOTRELS
 Grouped for crosstab analysis (ordinal var):
 totrelgp: 0-9, 10-29, 30-49, 50+.
 Separated into first degree relatives (mother, father, sister, brother, son, daughter) Tot1st and second degree (all others): tot2ndeg

Proximity: Added across Q1-Q5 by distance:
 total number within same town: TOTOWN - interval var.
 total number within 30mins drive: TOT30MIN- " "
 Grouped for crosstab analysis (ordinal variable):
 totowngp and gp30min: 0, 1-2, 3-9, 10+
 Separate variables created for each of these by first and second degree relatives.

Contact: Added across Q8a to Q8h by frequency of face-to-face contact:
 PERSON, interval
 Grouped into two dichotomous variables of at least weekly/less than weekly (totweek) and at least monthly/less than monthly (totpers)
 Separate variables created for each of these by first and second degree relatives.
 Phone contact was calculated in a similar way, and analysed either combined with face-to-face contact, or as phone contact only.
 Totcont = person + phone, dichotomous
 Phonly = phone - person, dichotomous

Due to the skewed nature of most of these as interval variables, and also to fit purpose of analysis which is more interested in specific groups rather than a

general relationship between the variables, they were mostly grouped and analysed as ordinal or nominal variables.

Helping

Coded initially by relationship of helper or recipient. Added by individual items, within categories and overall, by relationship.

Recoded to weighted helping scores, where help for minor items = 1; help for major items = 2. Weighting done according to combination of least reported items and by subjective evaluation of weight, e.g. long-term care greater than short-term care; loan of \$100 less than loan to buy a house. Both approaches were congruent.

This enabled helping scores of amount of help given/received at interval and grouped level (4 groups).

Dichotomous variables (helped/not helped) were also created from these codes.

There were moderate correlations between all categories (Spearman's rank, 0.2 - 0.4, $p < .001$), and strong correlations between each of the categories and the total help giving scale (0.5 - 0.7, $p < .001$).

Attitudes

(1) Preferred Source of Help

Coded for source of help preferred as per Card D (Appendix 1c).
Analysed by frequency of source for each item, category and in total.

A Family Preference Index was created by adding the total number of items for which family was the preferred source of help, allowing a total possible score of 21. An ordinal scale was then also created by grouping the scores into three categories: high being 7+, medium being 4-6, and low being 0-3 items for which family is preferred source of help.

Similar indexes and ordinal scales were created for Government and Private sector as preferred sources of help.

(2) Family Obligation

Frequencies on individual items in Part D of the questionnaire were measured. For questions 14 to 21b this was on a 1 to 3 scale of Yes, No, Don't know/not sure. For question 11 to 13 there was a fourth option "depends". Questions 22 and 23 had a different range of item specific responses.

Cronbach's Alpha test was used for reliability analysis of this scale (Q11-Q21b) with Alpha=0.7 (n=237).

An overall family obligation score was created for question 14 to 21b by first recoding so that 1 = Yes, 2 = Don't know/not sure, 3=No, so that '2' now represented the midpoint on the yes/no continuum. Scores on individual items were then added across these nine questions, resulting in a total possible score of 27. A high score represented low family obligation, a low score represented high family obligation. This score was also turned into an ordinal level variable with three categories - high = 19-27 medium = 16-18 low = 9-15 - for use in bivariate analysis tables. This categorisation was done by using SPSS frequency statistics programme to create tracentiles, which came at 15 and 19, combined with mean, median and mode all = 17.

STATISTICS

Measures of Association: nominal - Cramers V; inferential - chi2
ordinal - gamma; inferential, gamma sig.

Age group (life cycle) was sometimes treated as nominal as order is not always important and relationship is not necessarily linear.

Correlations (interval by interval): Spearman's rank order because of skewed tails.

To determine relative effects of key independent variables (as identified in crosstabs) on helping behaviour, logistic regression and analysis of variance were used:

Logistic regression with helpgiving/helpreceiving as dichotomous dependent variables (helped/didn't help) to determine which variable best predictor of likelihood of giving/receiving help compared to not giving/receiving.

Analysis of variance (ANOVA) with helpgiving/helpreceiving as interval variables, square root or log used to stabilise the variance across the range of data where data too skewed. Because of overlap between variables, such as proximity and contact, sequential ANOVA was used to determine the effect of a variable over and above the effect of the other variables in the equation. Significance levels reported are for a variable when it is entered into the equation last. Sums of Squares figure = the amount of the variance accounted for by that variable.

APPENDIX 7: Multivariate Analyses - Background Data

Chapter 8

7.8.1 Analysis of Variance

Dependent Variable: Proximity

Model 1.1	Sums of squares	F	sig. of F
Within+residual	8593.04		
Sex	359.06	7.23	.008
Age	217.18	1.46	.228
SES	296.39	2.98	.053
Size	1125.86	7.56	.000
Model	4546.98	1.37	.056
Total	13140.02		
R-squared=.346 Adjusted R2=.093			
Model 1.2			
Size	1336.03	8.97	.000
Sex	268.79	5.41	.021
Age	43.39	0.29	.832
SES	350.28	3.53	.032

7.8.2 Analysis of Variance

Dependent Variable: Contact

Model 1.1	Sums of squares	F	sig. of F
Within+residual	4626.86		
Size	1410.63	9.76	.000
Sex	540.94	11.22	.001
Age	537.04	3.71	.014
SES	138.12	1.43	.244
Proximity	956.05	6.61	.000
Model	12589.01	1.81	.001
Total	17215.87		
Rsquared=.731 Adusted R2=.328			
Model 2.1			
Within+residual	13841.42		
Sex	718.67	11.32	.001
Proximity	1519.18	7.98	.000
Size	572.09	3.00	.031
Model	3613.64	1.96	.004
Total	17455.06		
R-squared=.207 Adjusted R2=.102			
Model 2.2			
Proximity	1822.94	9.57	.000
Size	587.30	3.08	.028
Sex	399.70	6.30	.013

Chapter 9

7.9.1 Analysis of Variance

Dependent Variable: Help Given

Model 1.1	Sums of squares	F	sig. of F
Within+residual	129.01		
Size	3.02	1.67	.174
Proximity	7.79	4.31	.006
Contact	3.95	6.54	.011
Model	28.40	1.88	.009
Total	157.41		
R-squared=.180 Adjusted R2=.085			
Model 1.2			
Contact	9.74	16.15	.000
Size	2.09	1.16	.327
Proximity	2.92	1.62	.187
Model 1.3			
Proximity	10.04	5.55	.001
Contact	3.86	6.40	.012
Size	0.85	0.47	.702
Model 2.1			
Within+residual	109.38		
Proximity	10.04	5.48	.001
Contact	3.86	6.32	.013
Size	0.85	0.47	.707
Family preference	2.09	1.71	.184
Model	48.04	1.31	
Total	157.41		
Model 3.1			
Within+residual	129.48		
Proximity	11.04	6.25	.000
Contact	3.36	5.70	.018
Family preference	2.14	1.82	.165
Model	30.29	2.45	.001
Total	159.77		
Model 3.2			
Family preference	6.12	5.20	.006
Proximity	7.73	4.38	.005
Contact	2.69	4.56	.034
Model 3.3			
Family preference	6.12	5.20	.006
Contact	6.73	11.43	.001
Proximity	3.69	2.09	.103

7.9.2 Analysis of Variance: Help Received

Model 1.1	Sums of squares	F	sig. of F
Within+residual	120.69		
Age	38.21	22.37	.000
Proximity	2.01	1.18	.319
Contact	1.87	3.28	.072
Model	50.68	3.30	.000
Total	171.37		
R-squared=.296 Adjusted R2=.206			
Model 1.2			
Proximity	1.15	.67	.571
Contact	.52	.91	.341
Age	40.42	23.67	.000
Model 2.1			
Within+residual	68.41		
Proximity	1.61	1.08	.3359
Contact	0.39	0.78	.377
Age	40.63	27.32	.000
SES	1.14	1.15	.320
Sex	0.63	1.27	.262
Model	99.26	2.11	.000
Total	167.67		
R-squared=.592 Adjusted R2=.311			
Model 3.1			
Within+residual	89.32		
Proximity	1.15	0.77	.515
Contact	1.52	1.04	.309
Age	40.42	27.00	.000
Family preference	13.03	13.06	.000
Model	82.05	2.74	.000
Total	171.37		
R-squared=.479 Adjusted R2=.304			
Model 3.2			
Within+residual	108.18		
Contact	.99	2.00	.159
Family preference	23.22	23.4	.000
Age	30.13	20.24	.000
Model	63.19	6.06	.000
Total	171.37		
R-squared=.369 Adjusted R2=.308			

7.9.3 Logistic Regression

Dependent Variable : Help Given

Model 1.1	Chi2 Improvement	sig.	R	sig.
Proximity	10.9	.0120	.0000	.5166
Size	2.0	.5678	.0000	.5122
Contact	6.6	.0100	.1685	.0093
Constant				.0000
Model 1.2				
Contact	14	.0002	.1707	.0093
Size	3.1	.3733	.0000	.5122
Proximity	2.4	.4946	.0000	.5166
Constant				.0000
Model 2.1				
Contact	13.4	.0002	.1428	.0190
Proximity	4.4	.2251	.0000	.2287
Constant				.0000
Model 2.2				
Proximity	12.4	.0060	.0000	.2287
Contact	5.3	.0209	.1424	.0190
Constant				.0000

7.9.4 Logistic Regression

Dependent Variable : Help Received

Model 1.1	Chi2 Improvement	sig.	R	sig.
Proximity	1	.3169	.0000	.9083
Age	31	.0000	-.3227	.0000
Contact	4.2	.0395	-.0937	.0390
Constant				.0003
Model 1.2				
Proximity	1	.3169	.0000	.9083
Contact	1	.2991	-.0887	.3900
Age	34	.0000	-.3052	.0000
Constant				.0003
Model 2.1				
Age	35.8	.0000	.3158	.0000
Contact	5.5	.0185	.1158	.0217
SES	7.7	.0200	.1203	.0232
Constant				.0225
Model 3.1				
Demographic variables	46.1	.0000	.3053 (age) .1030 (ses) .0000 (sex)	.0000 .0400 .3923
Extended family structure	6.4	.4893	.0000(size) .0000(prox) .0000(cont)	.6579 .7559 .1631
Family preferred source of help	15.1	.0005	.2082	.0009
Constant				.0091
Model 4.1				
Age	35.7	.0000	.2633	.0000
Family preference	20.7	.0000	.2350	.0001
Constant				.0000
Model 4.2				
Family preference	26.1	.0000	.2309	.0001
Age	30.3	.0000	.2587	.0000
Constant				.0000

Chapter 10

7.10.1 Analysis of Variance

Dependent Variable: Attitude to Family Obligation

Model 1.1	Sums of squares	F	sig. of F
Within+residual	3211.70		
Sex	155.50	11.09	.001
Family preference	327.51	11.68	.000
Sex by Fampref	19.33	.69	.503
Model	502.34	7.16	.000
Total	3714.04		
R-squared=.135			
AdjustedR2=.116			
Model 1.2			
Family preference	241.90	8.62	.000
Sex	241.11	17.19	.000

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