

# The influence of socio-economic and health differences on parents' provision of help to adult children: a British–United States comparison

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## **ABSTRACT**

Transfers of assistance from older to younger family members are an important, though often ignored, component of intergenerational exchanges. The ability to help younger family members, either financially or practically, may be influenced by the health and socio-economic status of older parents, but very little is known about these patterns. This article examines the effects of socio-economic and health status on the help that late mid-life parents in Britain and the United States give their children with money, domestic tasks, and grandchild care. Results for the different types of family support yield three main findings. First, there are relatively few differences between Britain and the USA in the factors affecting the provision of support. Secondly, socio-economic factors appear to be more important among married respondents while health is more important among the unmarried. Thirdly, children's co-residence has greater effects on the provision of domestic task help in Britain than in the United States.

**KEY WORDS** – Intergenerational support, health, socio-economic variations, transfers.

## **Introduction**

Much of the debate on the implications of population ageing has focused on the potential reduction of both formal and informal transfers from young to old (World Bank 1994). With some notable exceptions, less consideration has been given to another component of inter-

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generational exchanges, transfers from older to younger generations (Arber and Attias-Donfut 1999). In this article we examine the help that late mid-life parents provide to their children in Britain and the United States (USA). In particular, we focus on how parental socio-economic and health status affect the provision of three types of help: with money, with domestic tasks, which we term chore help, and with the care of grandchildren. Previous research, predominantly in America, has shown that money transfers from parents to children peak when parents are in their late fifties and early sixties, and decline in advanced old age (Cox and Raines 1985; Kronebusch and Schlesinger 1994). High-income parents are most likely to make transfers, and low-income children are most likely to receive them (Cox and Raines 1985; Rossi and Rossi 1990; Cox and Rank 1992). Transfer receipt is unequally distributed among children (Henretta *et al.* 1997), and many transfers to young adults are for education expenses (Cox and Raines 1985; Cox 1987; 1990). Younger adult children and those with fewer siblings are more likely to receive transfers (Rossi and Rossi 1990; Cox and Rank 1992). These findings suggest that adult children of lower income mid-life parents, including for example those who have left the labour market through redundancy, caring responsibilities or disability, may be disadvantaged in comparison with the children of better-off older adults. The provision of financial help is only one type of possible transfer, however, and those with fewer financial resources and more time may provide more help of other kinds. This issue is examined here.

The second effect that will be examined is that of parents' health on the transfers of money and help to children. Our analyses are for adults aged 55–63 years, some of whom have already experienced significant health declines which, we hypothesise, would affect their ability to provide support of any type. This issue has received relatively little attention in the literature, and the available findings from America show only a modest or even no effect of a donor's poor health on either the frequency or volume of money transfers to children (McGarry and Schoeni 1995) or their total value (Rossi and Rossi 1990; Hogan *et al.* 1993).

A greater understanding of variations in transfers from late mid-life parents to their children is particularly important given the recent cut-backs in various forms of state assistance. In Britain, for example, the reduced financial support for both higher education students and in the income support paid to non-working adults aged under 25 years suggests a greater need for help from parents to adult children. Moreover, the policies that are designed to encourage single mothers to enter the labour market imply a greater demand for help from relatives

with childcare. At the same time, adults in late mid-life may be faced with a need to save for their own retirement (or to adjust to an earlier than anticipated retirement) and, in some cases, to provide help to their own elderly parents.

The analyses compare two developed countries with relatively old age structures – Britain and the United States – which allows consideration of the stability of family support in different family structure and social policy settings (Henretta *et al.* 2001). Mid-life American adults have more children, while the higher divorce rates in America mean that fewer are currently married. Compared to most other industrialised countries, both Britain and the USA have limited welfare states with only modest ‘social protection’ (Esping-Andersen 1990). Beyond this shared attribute, it is difficult to characterise the implications of the two countries’ different public policies on family support, since governments have multiple means of affecting individual behaviour. State-provided welfare probably affects a wider range of activities for a higher proportion of the mid-life and younger population in Britain than in the United States, as through the National Health Service and the universal child social security benefit. By examining the relationship of socio-economic and health status to family support in the two countries, it is hoped that robust conclusions can be reached about key influences on family support patterns in two culturally-similar societies with different family structure patterns and public health and welfare programmes.

#### **Data and variables**

Data for the analysis come from two sources. The British are from the Office for National Statistics (ONS) *Retirement and Retirement Plans Survey* of 1988, and the American from the second wave of the *Health and Retirement Study* (HRS) of 1994. Both were panel studies, and the two enable comparison of the 55–63 years age group, although the birth cohorts are not exactly equivalent because the data were collected in different years. The British survey was carried out by the Office of Population Censuses and Surveys (now part of the ONS) and its sample includes 3,543 randomly selected 55–69 year olds (therefore born between 1919 and 1933), and 609 spouses outside the age range, giving a total of 4,152 respondents in 2,917 households.<sup>1</sup> The American survey was conducted by the Survey Research Center at the University of Michigan, and interviewed a sample of the United States population born between 1931 and 1941, and also the sample’s spouses or partners

of any age (Juster and Suzman 1995). 'Wave 1' data were collected in 1992, and 'Wave 2' in 1994, with respective response rates of 82 and 92 per cent, producing 7,702 household and 12,652 individual respondents; some 22 per cent were spouses outside the HRS age range. Data in both surveys are weighted to their respective population proportions.

Because our purpose is to analyse the help given to children, we include only respondents with at least one living child. Among British respondents, 15 per cent of women and 18 per cent of men report no living children; the equivalent percentages among the American respondents were nine per cent and 12 per cent. The British data on non-resident children came from complete fertility histories of married and unmarried women and unmarried men, but were not available for men in second or later marriages (10 per cent of men in the sample) who therefore are absent from the British analyses. The data for British men in first marriages were inferred from their wives' responses, so children fathered outside the marriage or by their wives before marriage were not recorded. This may create a bias although because non-marital child bearing was low in these cohorts, it is unlikely to be significant.

The transfers were coded 1 if the help is given and 0 otherwise. In the British survey dataset, these items are coded from an omnibus question that was asked of all unmarried respondents and of one respondent for each couple. It pre-coded seven types of practical help, and allowed 'write-in' other answers.<sup>2</sup> The American survey used three separate questions on the relevant types of help, and they were asked of one respondent in each household, usually the woman in married or partnered households.<sup>3</sup>

The variables influencing transfers to children of most interest were the parents' socio-economic status and health, and these are the focus of the analyses reported here. Multivariate analyses have also been carried out to examine the influence of respondent's age, number of living own children, whether all children were aged 25 years or older, whether any children or stepchildren co-resided, and the number of living parents. The need to help older parents may be a competing demand that influences the help provided to the children in late mid-life. Whether or not grandchildren exist and, if so, their number and ages, are clearly also relevant factors. Unfortunately the British survey did not establish whether a respondent had grandchildren. It is known that by the age of 50 years, half of British adults are grandparents, and that the number of grandchildren is strongly associated with the number of children (for more children create more paths to

TABLE 1. Definition and coding of the variables used in the analysis

Variable	Definition
Employed	Dummy indicator indicating current employment
Education	British coding: no qualification, trade qualifications such as recognised apprenticeships and commercial qualifications, and Ordinary 'O' or Advanced 'A' secondary school (or higher) qualifications or their equivalents. <sup>a</sup> US coding: less than, equal to, more than ... 12 years.
Income	Ratio of respondent's family income to the country-specific median family income. British coding: benefit unit income net of taxes. US coding: pre-tax income for respondent and spouse.
Missing income	1 = income missing; 0 = not missing.
Occupational social class	Three categories, using data on current or last occupation, professional or managerial occupations, all other non-manual occupations (junior non manual), and manual occupations. <sup>b</sup>
Missing occupational social class	1 = occupation missing, 0 = not missing. The US data do not have last occupation for those who have not worked in the past 20 years; and this omission creates most of the missing data.
Respondent's age	In years (55–63).
Self-reported health	British survey categories: good, fairly good, not good. US survey categories: excellent, very good, good, fair, poor. <sup>c</sup> The reference category is the best health category.
Number of living parents	Categorical variable coded as 0, 1 or 2 living parents. The reference category is no parents living.
Children co-reside	Dummy indicator for co-residence with at least one child or stepchild.
Number of children	Categorical variable coded, one child, 2–3 children, 4 or more own children. The reference category is one child. <sup>d</sup>
All children aged 25 years or older	Dummy indicator for all children being aged 25 years or older.

*Notes:*

<sup>a</sup> 'O' and 'A' level examinations are taken at around respectively age 16 and 18 years.

<sup>b</sup> Missing data rates are very low for occupation, except for US women among whom 14 per cent are missing. The Health and Retirement Survey collected occupation data only for respondents who had been employed in the previous 20 years. Since the question was not asked of these respondents, a dummy variable represents 'occupation missing' to produce a four category classification.

<sup>c</sup> The US data are recoded by combining the two highest and two lowest categories.

<sup>d</sup> The measures for both countries are edited to define children as own living children, and exclude step-children. Because of the way data were collected, British men in a first marriage are assigned the number of children reported by his wife as own living children. British men in second and later marriages are excluded, as described in the text.

grandparenthood) (Grundy *et al.* 1999). Every effort was made to make the British and American measures equivalent. They are defined, and the remaining differences specified, in Table 1.

## Methods

We first created a combined data set including relevant information from the British and American surveys, and after exploratory cross-tabulation fitted multivariate models using logistic regression. The various models have several purposes and justifications. To examine whether the effects varied between the two countries, a dummy variable indicating country was included, and this allowed extensive tests for interaction effects. Separate models by sex and marital status are presented, and they retain only the statistically significant interactions. The separate models for marital status were run because in married or partnered households transfers can be made by one of two people, *i.e.* either member of the couple, an important distinction from unmarried or unpartnered people. The separate models for married men and women avoid the problems arising from correlation among the multiple characteristics of husbands and wives. While husbands' and wives' samples overlap, the samples of the two sexes are not identical, because in the age range under study women tend to have older husbands (and, therefore, men younger wives). The models for married men and women estimate the effects of the individual's characteristics on the probability that the couple will provide help.

The measures of intergenerational transfers differ in the two countries, requiring consideration of the implications for the comparative analysis. The British survey asked respondents whether they provided help 'regularly or frequently', while the American survey asked if they provided more than a stated duration or dollar value of help. It is believed that there are fairly strong correlations between various measures of the amount and frequency of help, and in this study we treat the two countries' measures as approximately the same. While there will be differences in the proportions reporting different specifications of help provided, we expect the regression coefficients to be influenced more by the relative levels of help for different values of the independent variables than by the absolute levels. This argument has been developed formally in the proportional odds model (Agresti 1990, 1996; McCullagh and Nelder 1989). The measures are dichotomised in the analysis to make them more similar, which might hide detailed differences in the amounts of help provided.

## Results

### *Sample characteristics*

The results of the analysis are presented in Tables 2 to 6. Table 2 presents the descriptive statistics of the variables used in the analysis for four groups: married men, married women, unmarried men, and unmarried women. The percentage providing help with money, chores, and grandchild care are shown first. The data suggest that providing help to children is relatively common, especially among married couples, but differences in question wording prevent direct comparison of the British and American percentages. Other variations in the frequency of providing help by educational level and health status are presented in Tables 3 and 4.

Turning to the socio-economic variables, the American respondents in all four groups are more likely to be in the labour force. The education variable is ordinal in each country, but the large differences in school credentials prevent exact comparisons between the two countries. A higher proportion of British respondents are in the lowest category, and a greater proportion of the US respondents are in the highest category. The ratio of the couple's average income to the median population income is higher in the United States, but the higher standard deviation partly reflects measurement differences, for the US respondents reported pre-tax income and the British after-tax income. Occupationally-based social class is coded in the same way in both data sets. British men are slightly more likely to be in or have had manual occupations, while American women are more likely to be from professional or managerial occupations and less likely to have had manual occupations. This difference may reflect differential selection into mid-life employment. No information is available on occupation for the American women who had not been employed during the past 20 years. In both countries, married people report better health than the unmarried.

The sample is restricted to respondents with at least one living child. The American respondents are less likely to have only one (living) child, and more likely to have four or more children, and their children are slightly older. Despite the different number of children and their different ages, the percentage who were co-resident with a child at the time of the surveys was similar in both countries in all the gender-marital status groups except unmarried women. The average age of British respondents is a few months older because of the sampling procedures. The youngest British respondents were aged 55 or more years at the survey screening, so by the time of the interview were

TABLE 2. *Dependent and independent variables: values by country, marital status, and gender*

Variable	Great Britain				USA			
	Married		Unmarried		Married		Unmarried	
	Men	Women	Men	Women	Men	Women	Men	Women
Provide help to one or more children (%)								
Money help	27.5	18.6	15.7	17.0	44.3	39.2	40.0	26.2
Chore help	55.9	46.0	31.9	42.0	33.1	28.0	24.3	23.0
Grandchild care	35.4	35.5	26.9	36.5	41.3	46.6	16.4	34.8
Currently employed (%)	65.2	41.7	48.3	36.3	71.9	49.2	56.5	59.1
Education (%)								
Low	47.9	65.4	56.0	68.7	23.1	23.4	28.3	35.9
Medium	24.0	12.4	27.6	17.1	33.7	43.7	31.3	35.2
High	28.1	22.2	16.4	14.2	43.3	32.9	40.4	28.8
Median income ratio <sup>a</sup>								
Mean	1.6	1.4	0.7	0.6	2.1	1.8	1.1	0.6
Standard deviation	1.0	1.0	0.5	0.5	2.8	2.4	1.9	0.7
Missing on income (%)	7.9	5.2	0.0	1.4	0.1	4.1	0.0	0.7
Current or last occupation (%)								
Prof. and managers	34.7	18.7	25.0	19.9	36.0	36.8	27.8	30.0
Other non-manual	9.2	35.3	0.0	30.4	14.8	35.8	13.4	28.7
Manual	56.1	46.0	75.0	49.7	49.2	27.4	58.9	41.3
Occupation missing (%)	0.0	1.3	0.0	5.0	1.1	14.6	0.0	9.8
Health (%)								
Best	58.1	51.5	34.3	40.0	52.4	52.2	39.8	38.0
Middle	23.0	29.5	30.5	32.0	29.1	30.2	34.4	29.4
Worst	18.9	18.9	35.2	28.0	18.6	17.5	25.8	32.5
Have children at home (%)	41.5	29.9	25.4	30.0	39.1	30.9	22.6	39.4
Number of children (%)								
One	18.4	19.9	26.6	17.5	9.2	7.9	13.2	11.6
Two or three	64.3	62.2	39.5	58.2	58.9	56.7	56.9	48.2
Four or more	17.3	18.0	30.6	24.3	32.0	35.4	29.9	40.3
All children aged 25+ (%)	57.2	71.9	55.5	71.0	61.5	75.7	57.9	78.5
Age (years)								
Mean	59.1	58.9	59.0	59.4	58.7	58.6	58.5	58.9
Standard deviation	2.6	2.6	2.4	2.4	2.5	2.5	2.6	2.5
Parents alive (%)								
None	75.7	77.8	83.1	76.0	58.5	61.3	63.8	63.4
One	20.8	20.6	16.9	24.0	35.3	32.9	30.2	31.1
Two	3.5	1.6	0.0	0.0	6.2	5.9	5.9	5.5
Unweighted N	663	703	52	211	2,243	2,172	305	981

*Notes:*

<sup>a</sup> Median income ratio expresses the respondent's family income as a proportion of the median income of each country. The standard deviation indicates the variability in this statistic, such that some respondents have above-median incomes and others are below.

slightly older. As the US data collection included respondents aged less than 55 years, the selection we have analysed includes the entire range from 55 to 63 years.

Table 3 shows the percentage of respondents providing each type of



TABLE 3. Percentage providing each type of help by education<sup>a</sup>

Education level	Great Britain			United States		
	Money	Chores	Grandchild	Money	Chores	Grandchild
Married Men						
Low	23.5	54.5	37.8	30.8	29.0	46.8
Medium	27.5	59.0	37.0	40.9	34.6	45.8
High	34.2	55.5	30.0	54.2	34.1	36.2
Married Women						
Low	15.2	47.3	38.3	28.3	23.5	45.4
Medium	20.8	43.8	30.8	38.3	28.3	49.6
High	27.4	43.6	29.8	48.2	30.8	43.5
Unmarried Women						
Low	16.2 <sup>b</sup>	45.1 <sup>c</sup>	37.9	14.4 <sup>b</sup>	19.5 <sup>c</sup>	29.0
Medium	5.5 <sup>b</sup>	27.7 <sup>c</sup>	38.8	23.0 <sup>b</sup>	24.8 <sup>c</sup>	40.2
High	34.2 <sup>b</sup>	44.0 <sup>c</sup>	27.3	44.9 <sup>b</sup>	25.1 <sup>c</sup>	35.2

Notes:

<sup>a</sup> Tables for unmarried men not reported because of small numbers of British respondents.

<sup>b</sup> Tests of difference between British and US distributions: chi square = 7.1 with 2 df.  $p < 0.05$ .

<sup>c</sup> Tests of difference between British and US distributions: chi square = 6.0 with 2 df.  $p < 0.05$ .

help by their educational qualification category. Higher levels of education are associated with a higher probability of providing money help. The effect is statistically significant for married men and women in both Britain and the USA, and for American unmarried women, while among British unmarried women, a U-shaped relationship is found. Those with trade qualifications are less likely to provide money support than those with either no qualifications or Ordinary ('O') and Advanced ('A') level secondary school qualifications (examinations taken at around the ages of 16 and 18 respectively). Education is not significantly associated with the provision of help with chores among married men or women. Among unmarried women, the British and American patterns differ because in the former a U-shaped relationship is found (as with money support). Help with grandchild care is negatively and significantly associated with education in every marital status and gender group. The pattern is least clear among American unmarried women.

Table 4 shows the associations between health and the provision of help. Better health is associated with a higher probability of providing money help among married men and women in both countries and among unmarried American women. The provision of chore help shows a similar positive and significant association with better health in all groups. On the other hand, providing grandchild care is not significantly related to health in any of the marital status and gender groups.

TABLE 4. *Percentage providing each type of help by health*

Health state	Great Britain			United States		
	Money	Chores	Grandchild	Money	Chores	Grandchild
Married Men <sup>a</sup>						
Best	28.6	57.1	35.2	47.2	33.8	39.5
Middle	29.8	59.5	37.2	44.7	36.5	44.5
Worst	20.7	47.8	34.0	35.6	25.6	44.3
Married Women						
Best	20.4	44.8	33.2	43.1	28.5	47.1
Middle	17.1	51.2	39.2	35.2	29.5	46.7
Worst	16.0	41.3	36.0	34.7	23.9	45.0
Unmarried Women						
Best	12.1 <sup>b</sup>	36.9	36.0	34.1 <sup>b</sup>	25.7	38.9
Middle	21.1 <sup>b</sup>	57.0	43.6	28.5 <sup>b</sup>	26.1	32.8
Worst	19.2 <sup>b</sup>	32.0	29.1	14.9 <sup>b</sup>	17.0	31.6

*Notes:*

<sup>a</sup> Tables for unmarried men not reported because of small numbers of British respondents.

<sup>b</sup> Tests of difference between British and US distributions: chi square = 10.4 with 2 df.  $p < 0.05$ .

#### *Multivariate analysis: married men and women*

Table 5 presents the results of the logistic regressions for married men and women that examined the effects of socio-economic status and health on transfers while controlling for other variables. When the two country results differ, as indicated by significant interactions with the country variable, it is not possible to say whether they stem from measurement or true differences. When the results are the same, there is evidence that the models are robust, although there is a remote possibility that measurement differences between the two countries offset differences in the actual relationships.

Overall, the findings indicate that among married men and women the most consistent and strongest effects of socio-economic status are on transfers of money. In both countries, and for both men and women, higher income and higher levels of education associate with greater financial help. Men's current employment is also positively associated with money transfers, while the effect among women is positive but statistically insignificant. Women without an occupation (as scored), which in America is associated with being unemployed during the previous 20 years, are less likely to be in couples providing money transfers.

Providing help with chores and grandchild care show less consistent associations with socio-economic status. Married men and women with more education are more likely to help their children with chores, but

TABLE 5. *Logistic regression models of influences on providing help to children: married men and women<sup>a</sup>*

Variables	Married men			Married women		
	Give money	Help with chores	Grandchild care	Give money	Help with chores	Grandchild care
Great Britain	-0.65**	0.72**	0.57**	-0.86**	-0.29	-0.29**
Employed	0.26**	0.04	-0.02	0.18	-0.22*	-0.30**
Middle education (vs. low) <sup>b</sup>	0.30**	0.27*	-0.03	0.42**	0.22	0.05
High education (vs. low)	0.52**	0.27*	-0.28*	0.56**	0.42**	-0.17
Income	0.08**	-0.03	0.00	0.15**	-0.03	0.00
Income missing	0.05	0.03	0.40	0.23	0.19	0.08
Non-manual (vs. professional)	-0.12	0.10	0.18	-0.27*	0.25*	-0.01
Manual (vs. professional)	-0.39**	0.13	0.24*	-0.30*	0.25	0.01
Occupation missing	-0.65	0.51	0.27	-0.53**	-0.29	-0.17
Age (years)	-0.01	0.00	0.02	-0.03	-0.03	-0.01
Middle health (vs. best health)	0.11	0.06	0.15	-0.16	0.12	0.01
Poor health (vs. best health)	-0.06	-0.44**	-0.01	0.05	-0.15	-0.14
One parent living (vs. none)	0.08	-0.02	0.15	0.17	-0.11	0.18*
Both parents living (vs. none)	-0.24	0.23	0.10	-0.46*	-0.25	-0.20
Children co-reside	0.30**	0.59**	-0.17	0.15	0.37**	-0.15
2-3 children (vs. 1 child)	0.01	-0.01	0.54**	-0.05	-0.07	0.58**
4+ children (vs. 1 child)	-0.13	-0.09	1.09**	0.04	0.10	1.31**
All children age 25 or older	-0.52**	-0.31**	0.88**	-0.57**	-0.26*	0.63**
Country interactions <sup>c</sup>						
Britain						
Employed					0.54**	
Children co-reside		0.78**	-0.56*		1.18**	
All children over 25 yrs			-0.86**			
Intercept	-0.22	-0.75	-2.86	1.06	0.76	-0.06

Notes:

<sup>a</sup> Pooled sample from the *British Retirement and Retirement Plans Survey* and the *American Health and Retirement Study*.

<sup>b</sup> Reference case for dummy variables shown in brackets.

<sup>c</sup> Only statistically significant interactions are retained. Significance levels: \*  $p < 0.05$ ; \*\*  $p < 0.01$ .

women from the higher occupational social class are least likely to provide chore help (although only the difference between junior non-manual and professional occupations is statistically significant). The effect of women's employment on chore help differs in the two countries. Being employed has a negative association with the provision of chore help in America, but a positive association in Britain. Higher levels of education among women have no association with the provision of help with grandchildren, and a negative association for men. Women in employment are less likely to provide help with grandchildren than those who are not. Married men in the poorest health are less likely to help with chores than men in the best health, but otherwise no significant associations are found between health and the provision of the various forms of help.

The co-residence of a child increases the probability that the parents provide chore help (though the measure is help to any child, not necessarily the co-resident child), and the effect is greater in Britain. Having all children aged over 25 years is negatively associated with giving money or chore help for both married men and women, indicating that parents tend to help younger children most. Co-residence also promotes help with the care of grandchildren. Since the British data do not indicate whether a respondent has grandchildren, the grandchild care model is estimated for all the respondents with children. It shows that the number of children, children's age, and children's co-residence (which indicates their marital status) are strong predictors. Co-residence with a child decreases grandchild care, possibly because childless adult children are more likely to co-reside with their parents than those with children (Grundy 2000).

#### *Unmarried men and women*

Table 6 presents the logistic regression models for unmarried men and women. While for these groups, their socio-economic attributes associate with providing financial help, the effects are much less consistent than those just reviewed for married people. Among unmarried men and women, higher income is associated with a higher probability of money transfers. Among unmarried women, the factors influencing the provision of money help differ in the two countries. In Britain, it positively associates with professional occupations, while in America it associates with the longest education. Turning to the provision of grandchild care, among unmarried men it negatively associates with higher income, while among unmarried women it positively associates with higher education.

TABLE 6. *Logistic regression models of influences on providing help to children: unmarried men and women<sup>a</sup>*

Variables	Married men			Married women		
	Give money	Help with chores	Grandchild care	Give money	Help with chores	Grandchild care
Britain	-1.10*	-0.49	1.00*	1.00*	0.69**	0.30
Employed	-0.13	0.02	0.31	0.34	-0.02	-0.24
Middle education (vs. low) <sup>b</sup>	0.57	0.03	-0.12	0.36	0.10	0.55**
High education (vs. low)	0.49	0.09	0.76	1.16**	0.04	0.37
Income	0.61**	0.01	-0.74**	0.37**	0.01	-0.08
Income missing				-0.27	-0.93	0.64
Non-manual (vs. professional)	-0.12	0.07	-0.22	0.03	-0.38	0.02
Manual (vs. professional)	0.18	-0.49	0.60	-0.08	-0.21	0.21
Occupation missing				-0.36	-0.63	0.32
Age	-0.12*	-0.26**	-0.15*	-0.02	0.00	-0.03
Middle health (vs. best health)	0.01	-1.24**	-0.52	0.14	0.14	-0.21
Poor health (vs. best health)	-1.36**	-1.43**	-0.70	-0.12	-0.54**	-0.49**
One parent living (vs. none)	0.41	0.04	-0.15	0.01	-0.26	0.11
Both parents living (vs. none)	0.20	0.42	0.16	-0.10	-0.29	0.36
Children co-reside	0.16	0.52	1.40**	0.24	0.74**	0.10
2-3 children (vs. 1 child)	-0.27	-0.39	1.25*	0.06	0.05	0.60**
4+ children (vs. 1 child)	-0.16	0.35	1.43*	0.05	0.22	1.03**
All children age 25 or older	-0.78**	-0.45	0.49	-0.46*	-0.19	-0.16
Country interactions <sup>c</sup>						
Britain						
Middle education				-1.96*		
High education				-0.77		
Other non-manual				-1.48*		
Manual				-1.01		
Children co-reside		4.33**			0.98**	
Intercept	6.35	14.77	4.81	-1.25	-1.04	0.47

Notes:

<sup>a</sup> Pooled sample from the *British Retirement and Retirement Plans Survey* and the *American Health and Retirement Study*.

<sup>b</sup> Reference case for dummy variables shown in brackets.

<sup>c</sup> Only statistically significant interactions are retained. Significance levels: \*  $p < 0.05$ ; \*\*  $p < 0.01$ .

Poor health has a greater effect on transfers among unmarried than among married people. Being in the poorest health category reduces the probability of providing either grandchild care or, among women, chore help. The effects are stronger for men, with poor health significantly reducing both help with chores and help with money. Among the other variables, having children co-reside has a positive effect on helping with chores, particularly in Britain. Men's age has a negative association with giving all three types of help. Having older children reduces the probability of providing money help, but does not affect other types of help. Interestingly, unmarried men who co-reside with their children are more likely than those who do not to help with grandchild care, but an inverse relationship is found among married men.

### **Summary and discussion**

This research has examined specific forms of intergenerational transfers within families, those made to *any* child, and a limited set of influences, principally the donor's characteristics. Other aspects could not be studied, such as the recipient's characteristics, the volume of transfers to *individual* children, and characteristics of the recipient and non-recipient children. These limitations derive from the requirement to produce a comparable set of variables from two independently designed national surveys. Nonetheless, these large, nationally representative surveys have provided a rare opportunity to analyse comparatively some of the influences on widespread forms of parental support for their adult children.

The main findings summarise to four statements. First, there are few differences between the two countries in the factors that affect transfers of help. Second, socio-economic status variations have the clearest effects on money transfers among married people, while health is a more consistent influence among the unmarried. Third, while higher socio-economic status is positively associated with money transfers, there is little evidence that lower status promotes non-financial transfers. Fourth, children's co-residence has a greater effect on the provision of chore help in Britain than in America.

The few country differences in the socio-economic and health effects suggests that similar processes operate in Britain and the United States. Not surprisingly, income affects money transfers among all groups of respondents. Among married people, however, occupationally-based

social class and education are also associated with money transfers even when controlling for income. That is, among those at a certain income level, the higher status couples are more likely to provide financial help to their children. This finding may reflect a cultural expectation that middle class married couples should be actively involved in helping their children (perhaps because of aspirations that children should achieve a similar status), a proposition that is supported by the positive effects of education on help with chores. Alternatively it may be that parental socio-economic status is associated with attributes of their children that call forth parental help. Children of high status couples are most likely to enter higher education, which prolongs their financial dependence on their parents.

Health affects the transfers made by unmarried persons of around retirement age in a more general and consistent way than among married people, and the effect is greater among men than women. This marital status difference may simply reflect the number of people available to provide help. The poor health of one spouse still leaves the other able to provide help. In contrast, single individuals depend on their own efforts to provide help, which is perhaps more likely to be reduced by poor health. The greater suppressing effect of poor health for unmarried men compared with women could reflect differences in the health problems experienced by older men and women. Alternatively, men may have a lower threshold of poor health than women, a threshold at which they cease providing help.

The overall similarity in the relationship of health and socio-economic status to help given to children in the British and American data suggests a stable role for family exchange regardless of the formal social welfare environment. Higher income and better health imply an enhanced capacity to help children, and the results show that greater capacity has a similar effect on increasing the likelihood that parents will assist children. Of course, the social welfare system may raise or lower the likelihood of parent-to-child transfers. Differences in wording in the British and American surveys prevent us from addressing the absolute level of assistance to children. There appears, however, to be no difference in the relationship between capacity and the provision of help.

We anticipated that parents in low-income or socio-economic status groups would provide more non-financial help than more advantaged parents, both as a form of 'compensation' for providing less money help, and because of the evidence of these groups' particularly close intergenerational ties (*e.g.* Grundy and Shelton 2001). We found, however, little evidence that those of lower income or socio-economic

status are more likely to provide non-financial help than more advantaged people. The expected relationship was found only for grandchild care among married and unmarried men (see Table 3). Married men with the lowest level of education are in couples that provide the most grandchild care, and among unmarried men, those of highest income are least likely to provide grandchild care. Overall, the results suggest that those of high socio-economic status are most likely to provide help – particularly money help<sup>4</sup> but other types of assistance as well.

Differences between the British and American respondents were however found in the effect of children's co-residence on chore help: it was reported to be greater in Britain. This may arise from the lower fertility of both married and unmarried respondents; nearly 20 per cent of the British respondents have only one child, compared with approximately 10 per cent of the American. The co-residence of one or more children in a small family increases the average level of help to all children when compared with many-child families. Alternatively, given the many differences in English language usage, lifestyles and housing amenities, it would not be very surprising if the questions on chore help to co-resident children were interpreted differently.

How people act in one set of circumstances is not necessarily a guide to their behaviour under changed circumstances, as when public-sector social services are curtailed. The few differences between the two countries in the observable influences on the provision of help suggest that changes to 'people support' programmes (within the relatively small range of differences currently observed between Britain and America) are unlikely to have much effect on the associations between socio-economic status or health and the provision of help. The results also show that being the child of high-income or high-status parents is likely to confer a continuing advantage into adult life. Such parents are more likely to provide help with money and, if not more likely, to provide other types of assistance. This implies that intergenerational exchanges in adulthood may reinforce the socio-economic inequalities that arise through differential childhood opportunities.

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## NOTES

- 1 Data were collected using in most cases a postal questionnaire. The response rate was 75 per cent (Bone *et al.* 1992).
- 2 The question was, 'Nowadays, do you/does either of you regularly or frequently do any of the things on this card for your child(ren)? (include step and adopted children). The pre-codes were: give lifts in your car (if you have one); shopping; providing or cooking meals; looking after children; helping with money; washing, ironing, or cleaning; helping to sort out paperwork, like financial or legal affairs; and decorating, gardening, or house repairs'. The respondents indicated whether or not they provided each specified kind of help. 'Looking after children' is in this analysis interpreted as providing help with grandchild care. 'Helping with money' is described as a financial transfer. Positive responses to any of the other items are coded as providing 'help with chores'.
- 3 The three-part question was:
  - a. Not counting any shared housing or shared food, did you [and your (husband/wife/partner)] give (your child/any of your children) financial assistance amounting to \$100 or more in the past 12 months?
  - b. In the past 12 months, did you [or your (husband/wife/partner)] spend 50 or more hours altogether taking care of the (grandchild/grandchildren)?
  - c. In the past 12 months, did you [or your (husband/wife/partner)] spend a total of 50 or more hours helping your children in (other) ways, such as with household chores, errands, transportation?
- 4 It should be noted that in both countries help with transport was an element of chore help and that, especially in Britain, car ownership and driving ability in late life is associated with high socio-economic status.

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