Demographic change and the supply of potential family supporters in Britain, Finland and France in the period 1911–2050

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Abstract We consider the contribution of changes in mortality and fertility to availability of living mothers and living children among older people in Britain, Finland and France. The proportion of people aged around 60 with a mother alive will more than double between those born in 1911 and 1970 before starting to decline slightly. Conversely, a higher proportion of elderly people are likely to have a surviving child than for any generation ever born in all three countries in the next quarter century or so, with about 85% of 80-year-old women having at least one surviving child, and about two-thirds having two or more.

Keywords Ageing • Population projections • Developed countries • Kinship

Résumé Cet article analyse la contribution des changements de mortalité et de fécondité sur la probabilité, pour les personnes âgées en Grande Bretagne, en Finlande et en France, d’avoir encore sa mère vivante ou d’avoir des enfants vivants. La proportion de personnes âgées d’environ 60 ans avec leur mère toujours en vie devrait doubler entre les cohortes nées en 1911 et celles nées en 1970, puis baisser légèrement par la suite. De même dans les trois pays, la proportion de personnes âgées ayant un enfant vivant devrait être plus élevée pour les cohortes à naître au cours du prochain quart de siècle qu’elle ne l’a jamais été dans le passé, avec 85 pour cent des femmes de 80 ans ayant au moins un enfant survivant, et deux tiers ayant deux enfants ou plus.

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1 Introduction

1.1 Background and aims

Elderly care needs are mostly met by informal care, most of which is provided by children and spouses (Breuil, 1998; Dutheil, 2001; Goddard & Savage, 1994). The overwhelming importance of informal care from close kin arises from the preferences of the elderly as well as their relatives for intimacy and close relations.

In the face of rapidly increasing proportions and numbers of elderly people in developed countries, both access to and provision of informal care are of increasing policy importance (Bontout, Colin, & Kerjosse, 2002; Duee & Rebillard, 2004). Informal care represents a major commitment by a large number of people for the benefit of their kin, and the potential magnitude of this needs to be quantified: when informal care is not available or of insufficient intensity, or through personal preference, elderly people may require formal care, which shifts the burden from one’s social and kin networks to society as a whole through tax and insurance schemes. The United States Congressional Budget Office estimated that expenditures in the US on formal long-term care were over $120 billion in 2000, and their projections suggest a figure of $270 billion in 2030 (Congressional Budget Office, 1999). In addition, the economic value of informal care-giving around 2000 is about $200 billion a year, considerably more than formal care costs (Arno, Levine, & Memmott, 1999). In Britain, social care costs have been estimated at £34 billion, and costs for one component, long-term care, are projected to more than double between 2001 and 2031, to £25.3 billion (Comas-Herrera, Pickard, Wittenberg, Davies, & Darton, 2003). In France, a benefit for the dependent elderly was introduced in 2001 to help elderly people pay for the support they need (whether living in a nursing home or in their own home, where they can pay a child for help given). The cost of the benefit was €3.2 billion in 2003 (Bechtel, Caussat, & Loisy, 2004). In Britain and Finland, a long-term care place costs about €120 per day. Canadian evidence suggests that formal residential care for the elderly is more expensive than care in the community even when full replacement salary costs for informal carers are accounted for (Chappell, Dlitt, Hollander, Miller, & McWilliam, 2004).

Increasing concerns have been raised about the availability of informal care for elderly people from children in the next quarter century or so, both because of possible changes in the propensity to provide such care (European Commission, 1995) and because some analysts have assumed decreases in fertility will reduce the potential pool of supporters (Clarke, 1995; Evandrou & Falkingham, 2000; Pickard, 2002), although others have pointed out that this pool of supporters may not decline as the cohorts now entering old age include lower proportions childless than their predecessors (Grundy, 1996; Himes, 1992). Furthermore, delayed fertility and declining mortality have also increased the chances of having surviving children at older ages. However, little is known about how many surviving children elderly people of different generations have, even though their