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In The Best Interest Of The (Adult) Child: Ideas About Kinship Care Of Older Adults

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Abstract

This article uses a qualitative, ethnographic approach to examine the experiences older adults and their kin, as the older adult engages in relocation. Studies looking at caregiving by kin for older adults highlight burdens for the adult child. This study offers a life course perspective on kinship care, analyzing older adults' decisions' to move. It was found that many older adults are strongly influenced by the desire to not be cared for by their kin as well as to select housing near their existing social network, which might exclude kin. In conclusion, policy implications are discussed.

Keywords

Relocation; older adults; kinship care; family caregiving; housing transitions

Introduction

In the matter of social welfare, decisions are ideally made *in the best interest of the child*, which may entail the passing of responsibility of care, either formally or informally, to a relative; a concept known as kinship care (National Abandoned Infants Assistance Resource Center, 2004). The care of vulnerable persons by members of a kin network can occur over the life course. Parent-child relationships evolve and decisions are now made in the best interest of the adult child. The caregiver relationship between older adults and their kin is an important story to be told. As a meso level unit of analysis, this article aims at focusing on the intergenerational nature of caregiver roles within a family and the factors that influence the choice for older adults to consider relocation into retirement communities and assisted living residences (Bronfenbrenner, 1977). The balance of intergenerational help and support evolve throughout developmental phases (Merz, Schuengel & Schulze, 2009). Examination of parent-child relationships at various points in a lifespan helps us understand the complexity of these relationships.

In older adulthood, it is most commonly labeled as family caregiving. For example, in older adulthood, kinship care may include assisting with activities of daily living (ADLs) such as bathing and instrumental activities of daily living (IADLs) such as assisting with managing finances. Some older adults live with kin, while others receive kinship care while living independently. Today, adults are likely to spend more time caring for their parents than caring for their children (National Alliance for Caregiving & AARP, 2009). Around 42% of adult workers have provided unpaid care to kin in the past five years and nearly 50% anticipate needing to provide care in the next five (Center for Americans for Progress, 2012). Over 40% of kin feel they had no choice in taking on a caregiving role (American Association of Retired People [AARP], 2012). Fingerman, Pillemer, Silverstein and Suito (2012) have noted the importance of intergenerational relationships are to the aging Baby Boom population; their parents have served as their primary source of support and now they are looking to their own adult children for support.

For older adults, the kinship relations are established long before the caregiving needs arise. As Testa and Slack (2002) describe, caregiving responsibilities span a lifetime and we see a focus on the younger and older ends of the spectrum. Merz, Schuengel and Schulze (2009) found that the emotional and physical support received from parents was strongly associated with the level of support their children then provided to their parents as adults. Other researchers note the increase risk of anxiety and depression (Dura, Stukenberg & Kiecolt-Glaser, 1991), absenteeism at work (Boise & Neal, 1996), detrimental effect on interpersonal relationships (Chenoweth & Spencer, 1986), and financial strain (Swartz, 2011) that caregiving produces. Similarly, Fingerman et al. (2012) found that children typically support their parents if they too received support during their development, once again supporting the notion that prior relationships heavily influence future kinship care. An adult child's time, finances and health conditions are unimportant in predicting kinship care (Ikkink et al., 1999; Knijn & Liefbroer, 2006). Recent scholarship has identified the complex nature of the caregiving relationship suggesting benefits evident in caregiving in addition to its challenges. Peirce (2007) suggested that caregivers had strong commitments to home care and maintained their commitments despite the difficulties of the emotional and physical demands of the care. Also, Wuest, Hodgins, Malcom, Merritt-Gray and Seaman (2007) found that risk factors associated with caregiving are less likely to occur when the former relationship between caregiver and parent was reciprocal with regard to love and respect.

Nevertheless, a large number of older adults recognize these burdens caregiving might have on their adult children and make choices to alleviate these challenges, one of which would be to relocate. When it comes to co-locating with kin or relocating near kin, Litwak and Longino note the importance of the timing of an older adult's move (1987). They divide older adult's moves into three distinct, sequential stages. The first move is considered an amenity move where older adults seek to live in a residence that may provide opportunities for leisure. However, older adults may develop physical or cognitive limitations that may lead them to consider moving closer to kin (phase two) or to an institution (phase three) in Litwak and Longino's model. The sequentiality proposed by Litwak and Longino (1987) is not always evident in the current relocation practices of older Americans. Scholars have also addressed the impact on the older adults' social networks in local and non-local relocation

decisions (Waldron Waldron, Gitelson, Kelley & Regalado, 2005). The importance of geography on parent-child relationships is often an important consideration. Recent studies have begun to analyze how older adult relationships of dependence differ by proximity to kin (Ha et al., 2005). Additional studies have pointed toward co-location of older adults and kin in terms of mutual benefits (Choi, 2003).

In 1900, 57% of adults 65 and older lived with adult children or grandchildren (Pew Research Center, 2010). Today, 19.6% of older adults live with adult children or grandchildren (some serving as caregivers and others care receivers). The drop over the last century is attributed to individual health and prosperity, and social safety net programs like Social Security and Medicare (Pew Research Center, 2010). In fact, patterns of residing near kin have also changed significantly over recent decades as broader social structures have taken over historical functions of a family (Cliquet, 2004). In recent decades, changes in technology have also worked to facilitate communication among members of a kin network, allowing families to maintain emotional ties that transcend geographical distances.

In this last century, the co-location patterns have changed dramatically. Under the backdrop of an American individualist culture as well as demonstrated caregiving burden for adult children, many older adults with the option, opt to not receive kinship care. From a historical perspective, these concerns about burden others in older adulthood have been long-standing. In examining the Great Depression and the emergence of Social Security's impact on older Americans, Ray and Casalanti (2011) suggest, "if self-supporting' is a measure of a good old age, old people *were* a burden to themselves a burden to themselves (they worried constantly about becoming and being a burden), their families and society" (p. 2, emphasis in the original). The authors also emphasize the fear of the loss of independence was present in older adults living during the development of the Social Security system and these fears continue today (p.2). Loss of independence may lead to seeking supports from others in one's kinship network.

Of older adults not living independently or with the help of kin, approximately 4.1% of adults over 65 (or 1.5 million people) are living in a nursing home, assisted living facility, or other long-term care option (Administration on Aging, 2011). Approximately 2.4% of older adults live in supportive housing with at least one available supportive service such as transportation, meal provision, or health care assistance (Administration on Aging, 2011). Jungers (2010) finds that relocation can be a way present older adults may address their concerns about becoming a burden to their family members after experiencing health challenges. Their ability to "opt out" by voluntarily relocating is usually based on financial and personal resources (Blinded for Review, 2012). Additionally, as we see in the findings, it is based on ideologies of independence.

Older adults have a number of housing options as they age. They could stay in their home with additional physical supports, move-in with kin, move to a smaller condominium or home that is easier to navigate, transition to a nursing home or more to a Continuing Care Retirement Community (CCRC). CCRCs have become more popular in recent years and offer a continuum of care including independent living, assisted living, skilled nursing facilities and at times, specialized dementia services (Continuing Care Retirement

Community Task Force, 2010). CCRCs offer both support for active living as well as assurances of services if healthcare and instrumental support is needed (Sherwood et al., 1997). Research on CCRCs has established that residents choose such settings to be in charge of their moves, rather than face moving in acute health crisis or death of a spouse (Krout et al., 2002). Older adults often choose to move into CCRCs before acute health events or death of a spouse occurs (Sherwood et al., 1997). This paper examines the reasons older adults transitions to Continuing Care Retirement Community (CCRC), condominiums, or smaller homes, rather than co-locate with kin.

Methods

Sample

Data from this study are from an ethnographic study examining the moving practices of older adults (n=81) and the influence of the kin (n=49) on those moves. Of the older adults in the study, 59 were female and 22 were male. Also, the sample of older adults was comprised of 95.1% Caucasian, 3.7% African Americans and 1.2% Asian. In the county where the study took place, 86% of the older adults ages 55 and older are Caucasian, 9% are Black and 3% Asian (Blueprint for Aging, 2012). To examine relocation experiences, we can also examine the prevalence of older adults living in skilled nursing facilities. Nationally, Caucasians older adults residing in skilled nursing facilities are over 85 % with Blacks comprising 12% and others comprising 2% (Jones, Dwyer, Bercovitz, & Strahan, 2009). Participants were recruited through presentations and flyers at retirement communities, local agencies, housing fairs for older adults, and word of mouth. Inclusion criteria for participants were: age 65 or older and if in a partner relationship, that both partners agreed to be participants.

Participants were recruited from a Midwestern county with a population of approximately 345,000 people (US Census Bureau, 2010). Home to a large, public research university, it has the second highest median family income in the state (Economic Research Service, 2009). With about 65,000 older adults (ages 55+) in the county (Blueprint for Aging, 2009), the city is often viewed as a desirable place to retire. Recently, the American Association of Retired Persons named it the healthiest hometown for retirement (Mahoney and Edmondson, 2008).

Data Collection

This ethnographic study conducted from January 2009 to May 2012 involved participant observation of the moving processes of older adults packing possessions, hosting garage sales, and conversing in their homes pre-move, moving day, and post-move visits. In some of these observations, kin were present. In addition to these observations, some kin agreed to semi-structured interviews during the pre-move, moving day, and post-move phases. For the initial conversation covering pre-move planning, interviews on topics included: the selection of the new living situation, the timing of the move and whether the move was self-initiated or initiated by others. For the post-move interview, topics included: feelings about the new residence, the utility of their possessions, and the impact of the move on their well-being. Interviews lasted between one and three hours.

Interviews with kin provided data on the move from their perspectives. Interviews with kin throughout the moving stages helped researchers understand the kin's role in the move. Kin interview topics included: concerns about the move, analysis of the economic impact of the move, view of the family possessions, and how the kin's support network influences the move.

Interviews with older adults and their kin provided an opportunity for a “co-creation of meaning” (Hesse-Biber and Leavy, 2006, p. 134). While the interviewee remained the expert on the subject of moving, the researcher was also able clarify, contrast one experience from another, or go back to points that seemed particularly salient to the research questions (Padgett, 2008, p. 111). The researcher also kept fieldnotes to document reactions to the interviews (Padgett, 2008).

Data Analysis

Interviews were selectively transcribed and were selected based upon rated quality and content. These verbatim selections were analyzed for patterns of communication within kin networks, for ways of speaking about moving, and for emergent themes. The fieldnotes were also analyzed for emergent themes. Selections of interviews speaking about kin and involving kin were targeted for this analysis. Due to the ethnographic nature of the project, themes emerged after data collection through analysis of interviews and field notes. Due to the prolonged engagement with research participants, the researcher was able to discuss the themes of this paper, older adults valuing autonomy and not wanting to burden their kin as a rationale for voluntarily moving, on numerous occasions with study participants.

Results

Two main themes emerged from the examination of kinship care in older adulthood. It was found that older adults chose to relocate to address issues of care. Participants spoke often about these concerns. The main reasons for adults relocating away from or choosing not to live with kin: (1) the fear of burdening kin who would be involved in care and, (2) not wanting to leave a social network that is not geographically close to kin.

Not Burden Children

The prevailing theme of the study participants relocating voluntarily was to prepare for the future. Most succinctly stated, Mrs. Wyatt explains, “I do not want to be a burden to my kids.” Mrs. Wyatt was in her mid-70s and was interviewed three years after she downsized to a condo. While already having moved once, she continued to be interested in the opening of new long-term care facilities because she was considering another move in the next few years. Other participants specifically chose to relocate to near their children in an independence home because of past experiences. Mr. Lewis, age 72 at time of move, responded to the question of why he chose to move by stating it was “to be help and assistance to our to our kids and grandkids and, number two, to make it so that our kids didn't have to go out to the middle of nowhere and pick up the pieces.” Mr. Lewis' choice to move was based on his previous experience as a caregiver. He and his wife left their lives

and their social networks at another point in their lives, to care for both of their mothers, in their hometown.

In addition to the caregiving obligations mentioned above, couples planned for their own possessions and residences to avoid the adult child's need to take on those tasks upon their passing. This effort would be another area where older adults would try not to burden their kin. Another couple, Mr. and Mrs. York, ages 85 and 84 at the time of their move to a CCRC, echoed that sentiment, “[if we stayed] where we were and kicked the bucket over there, our kids would suddenly have to clean up the property and we kind of think that that's unfair to the kids.”

For some older adults, their own childrearing practices came into the discussion.

The importance of reciprocal support in kinship relations prior to their children's role in caregiving was evidenced by Mrs. Jenkins interview, which took place a few years after her husband's death, wherein she stated:

Well, you know, (husband) and I had actually taken out long-term care insurance years ago. When he retired. Because at that point it was clear to us that our kids were going to have their own lives. That's how we raised them... We raised them, and we, we didn't live near our parents. My parents lived in (a different State) and his were in (a different State) and (a different State), so you know we're not so much about that... So, you know, maybe we laugh and said, you know, they're not gonna take care of us. Not that we'd, I know, I know they love us and...

Later in the interview she said, “But you know they've just been raised to take care of themselves and we take care of ourselves.” In Mrs. Jenkins case, she suggested that their parenting approach when their children were young, as well as her own relationship with her aging parents and parents-in-law, shaped the whole family's expectations of kinship care in her old age.

Adult children and children's spouses also recognized the potential burden. The Keiths, ages 80 and 74, were moving primary of changing health conditions of Mr. Keith. Their son-in-law stated the move to a CCRC was “like a stress reliever for me” because “I was thinkin', how can they manage [at their current home]?” Adult kin worry about the older adult's ability to maintain the home and grounds of his/her residence. Other kin actively participate in the required tasks. With his parents' move, Mr. Keiths' only son said, “It's a weight off of my shoulder... well, because first of all, having to come out this way... I'm glad that I'm available to do it. I'm really, I'm grateful for that. But I would like to be free of having to do that. Now I can launch into a new life.”

Conversely, an adult daughter whose mother, Mrs. Ash, age, 91 at move, was moving across state lines emphasized, “I keep telling her I'm happy that's moving there, it's not a burden, I'm trying to convince her of that” but the mother worried that even though they were not living together, the geographical closeness might be burdensome. While Mrs. Ash's daughter welcomed her mother's presence living nearby, she did face unanticipated adjustments in her schedule as she planned visitations and outings with her mother. She also faced the task of convincing her mother that her presence was not a burden.

Importance of Current Social Networks

For older adults who did not live near kin, a move-in with kin or even near kin would also signify an end to current support systems. Mrs. Jenkins stated, “we’d have to start all [over again], you know?” later stating, “...where do you begin? I’ve lived here for forty years.” Other couples were influenced by the experiences of peers in making their moving decisions. Seeing the social network of their peers diminish with an increased reliance on kin for interactions and support was viewed negatively. Mr. and Mrs. York had two daughters who lived within forty miles of them noted that “the nice thing about it as far as we’re concerned, uh, not only as far as [wife’s name] and I are concerned, but as far as our family’s concerned, [their children] live all local.” They do not have to contemplate a nonlocal move. Later they shared, “we’ve had friends that moved from [town name] to [another state] and they had no uh, uh, I mean, a social life or anything except they just knew their kids but, and that, that’s it.”

In addition to understanding the social implications, others older adults considered the impact on their lives of a lack of a separate physical place to call one’s home. As Mrs. Wyatt explained, “My one friend sold her home and she lives with one daughter, then another daughter and so forth and um, I think she kind of regrets that she doesn’t have her own place you know?” For both social and spatial reasons, older adults in this study suggested living near and with kin would affect their lives as well as their adult children’s lives.

Discussion

Ideologies of independence infuse the themes above. The ways that older adults wish not to burden their children and the ways they wish to retain their social networks illustrate older adults’ contemplation about how to involve kin as they age. Older adults in this study overwhelmingly supported the notion that receiving kinship care was a burden. In this study, only one of the participants relocated to live with kin. However many spoke to the reason they chose not to do this. It is apparent that the perceived barriers experienced by caregivers (increased risk of anxiety and depression, absenteeism at work, and financial strain) in fact influence the adult parent’s decision to receive kinship care, though it may not have impacted their children’s decision to provide support.

Some participants who had already cared for their own aging parents responded that they did not want the same for their children. Due to their own family histories, older adults foresee the benefits of voluntarily relocating. Those incidents helped shape their own plans about housing. Some did not want their children to relocate to care for them, so they tried to lighten the burden move within a few miles of one of their adult sons.

As previously mentioned, other studies also demonstrate the challenges that adult children’s caregiving has on interpersonal relationships. Distinct from 1900 when over half of older adults lived with children or grandchildren, today this is not case. In this century, possibilities for care have diversified. However, concerns of being a burden and loss of independence have been documented since the Great Depression. One difference in possibilities for care may be the amount of resources, both personal and federally funded, that some older adults have to address these concerns. Another possibility is that modern

technology permits contact regardless of distance from older adults to their kin, facilitating updates on health and social concerns in unprecedented ways.

Older adults in this study noted that a move closer to kin, but away from social networks, was not uniformly desirable. Some did not relocate to be near kin. On the other hand, some study participants moved this move across county or state boundaries to reside near kin. Other older adults already had kin in the area, so their new residence continued to be near kin. For the purposes of this discussion, to be near kin is within a distance where constant contact can be maintained in order to engage in kinship care. Methodologically, assessing kinship relationships in terms of geography where interactional histories and strength of interpersonal relationships vary may not be the best way to understand relocation decisions. For example in this study, some kin resided physically close, but did not actively participate in the moving process. Others lived across the state and country, but came back to assist at various stages in the moving process.

The ideological basis for kinship care in the United States differs so strongly as to preclude many older adults, who have their own resources, from considering co-located kinship care as an option. For older adults, a culture of continued independence trumps any familial cultural benefits that might be gained living with adult children. This is congruent with the individualistic American culture.

Ideas for kinship care older adults have shifted over time. By 2030, 19% of Americans will be 65 and older (Swartz, 2011). It is problematic that 28.5% of American households care for kin, when studies report such negative effects on children and our interviews highlight the felt burden on the part of the older adult parents (National Alliance for Caregiving & AARP, 2009). In the U.S. on a policy level, adult kinship care is not well-supported. On a societal level, the culture surrounding kinship care for adults is unenthusiastic. Both a political and cultural shift is necessary to best support the burgeoning older adult population.

Families providing kinship care across the lifespan is more universal than framed in the literature and that age-graded policy responses could better-serve all families if unified. Officially and unofficially, caregiving is often separated ideologically as “kinship” care for minors and as “family caregiving” for older adults. However, there are potential mutual benefits for both kinship care advocates for minors and family caregivers of older adults to join in advocating for policy change. If the advocates were able to frame the issue together, it would allow child kinship advocates to benefit from the large demographic of older adults and their powerful voices. At the same time, family caregiving advocates, who have fought for the recognition of the importance of the family from successful policy and cultural level shifts that minor kinship care has already undergone.

For example, the Family Medical Leave Act (FMLA) has allowed certain workers to take 12 weeks unpaid leave from their job to care for kin. However, the law only covers workers who have been employed by the same company for one year and does not cover part-time workers. Only about half of the U.S. work force is eligible for these benefits, leaving out populations who have been with their current employer for less than one year or work multiple part-time jobs, statistically that includes low-income workers and people of color

(Center for American Progress, 2012). This program leaves many some of the most vulnerable populations of caregivers uncovered and an expansion could combat some of the stressors adult children report when caring for aging parents and kin report when caring for children.

Second, specifically in the arena of older adults, as the shift towards non-kin care is evident, residential and community based services for older adults needs to acknowledge and plan for the heterogeneity of family involvement in the lives of older adults. Institutions that serve older adults need to recognize older adults' motivations for relying on non-kin care. Agencies should have programs and policies in place that help older adults and their kin make decisions about care needs and assist in reducing some caregiver burdens.

We recommend the following for practitioners working with older adults and family members:

1. Assess concerns about being a burden in both discussions with older adults and family members.
2. In assessing the relationships between older adults and their children, avoid biased expectations that kin should and will be involved various aspects of support (e.g., rides to medical appointments, assistance with relocation). Understand that lack of involvement might be driven ideologically by an older adults' desire to not burden to kin. Expect a variation of involvement of family members.
3. Acknowledge that caregiving comes in many forms such as financial, instrumental and emotional. Explore the various ways older adults may be recipients of care and also offer care to other family members (e.g., babysitting grandchildren).
4. Acknowledge that these relationships may change over time. Encouraging the older adult and family members to continually reassess kin needs and alter plans where necessary.

Limitations and Future Research

One main limitation is the socioeconomic homogeneity of the sample. Also, the economic resources of the participations in the study allowed the older persons able to execute moves and live in independent senior living communities where subsidies were not available. Many were able to maintain two homes at once and move at slow pace. These results may not be generalizable to populations who do not have the financial resources to execute this kind of move. Often, working class families provide more direct care for aging family members than upper class families who are able to hire help do. Therefore, lower income status families may not have the same choices as the participants in this study, even if they experience similar burdens (Arber & Ginn, 1992).

Most of the sample participants were Caucasian, of Christian upbringing, and all participants lived in the Midwest. This ethnic and racial homogeneity mirrors the statistics on users of long-term care environments. Scholars have documented the disparate use of residential and community based services by people of color (Himes et al.; 1996; Mui et al. 1994). Borsch-Supan (1990) found that nonwhite older persons are most likely to live in a household with

other individuals even though overall the use of institutions for residential care has risen. And recent studies note that African Americans were 54.5% less likely to engage in nonlocal moves than whites (Longino et al., 2008). However, some of these rates are changing and since the 2000 the use of long-term facilities has increased 14% by African Americans.

Despite these limitations, this study offers important insights for policy makers considering older adult housing transitions. Future research should be conducted with differing socio-economic groups. It should also look at the impact of kinship care on older adults, since many study focus on the impact of caregiving on kin, rather than on the interdependent nature of care.

In conclusion, “In the best interest of the child” is often a value considered and enacted by others. Although often utilized when speaking about minors, in actuality, this consideration extends over the life course. Older adult parents make decisions about their care and housing needs based on the perceived best interest of their adult children. In order to best understand kinship care, the conversation should be expanded across the lifespan.

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