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# Class, caring and disability: evidence from the British *Retirement Survey*

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***ABSTRACT***
There has been an increasing interest in the caring responsibilities of middle generation individuals as numerous studies have noted the continuing family obligations of people in later life. Employing data from the United Kingdom Office of National Statistics *Retirement Survey* of 1988/89, we examined social class differentials in the provision of care by 55–69 year olds. Our results show few social class differences in the provision of co-resident care to a parent (among those aged 55–69 in 1988/89 with at least one living parent), but significant social class differences in the provision of care to a spouse. Working class individuals were more likely to be caring for a spouse than their middle class counterparts because of the higher prevalence of disability among this group.

***KEY WORDS –*** older people, class inequalities, informal care, health, Great Britain.

## Introduction

In most industrial societies, the greatest amount of the care received by older people is provided by family members including other elderly people, particularly spouses, with only a small portion of care provided by public social services (Arber and Ginn 1993a; Walker 1995). The centrality of the family's role in the provision of support for older people has lead to a large number of studies on the characteristics, determinants and future availability of family caregivers (for two excellent overviews of work in this area, see Pickard 1999, and Marks and Lambert 1997). The literature on family care has often emphasised gender differences; women provide more care and care of higher intensity than do men, although researchers have also examined the

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important role of men as spouse carers (Arber and Gilbert 1989; Parker 1990; Parker and Lawton 1994). Few researchers, however, have examined socio-economic differences in caregiving by older people. An exception is the work by Arber and Ginn (1993a), which examined social class differences in the provision of informal care for elderly people using the British 1985 *General Household Survey* (GHS) (Green 1988). They concluded that middle class (non-manual) individuals in late mid-life were less likely than those in manual groups to provide care for older people. This work, however, did not examine social class differences relating to who was being cared for (*e.g.* a spouse or parent), and, as the data analysed included no information on whether respondents still had living parents, the results may have been confounded by social class differences in parental survival (Henretta *et al.* 2001).

The gender-based system of measuring social class has generated considerable debate (Abbott and Sapsford 1989; Arber 1991; Erikson and Goldthorpe 1992; Sacker *et al.* 2000). Conventionally, men and unmarried women have been assigned a social class based on their own current or past occupation, while married women are classified according to their husband's occupation rather than their own. However, Arber and Ginn's (1993a) study of class differences in informal care provision used an 'individualistic' approach, measuring class by own main occupation for both men and women. To our knowledge, there are no studies which analyse the relationship between the joint social class of couples and the provision of care.

In this paper we use the British 1988/89 *Retirement Survey* to examine the relationship between social class and the provision of care to spouses and parents among individuals aged 55–69 years. As this survey collected information on whether respondents had living parents, we were able to examine social class differences among those respondents who were actually 'at risk' of providing parental care. In addition, we explored the relationship between gender and social class by assigning unmarried men and women a social class based on the main occupation held during their working lives, and by assigning husbands' and wives' a joint social class based on both their main occupations.[1] This paper provides additional analyses concerning the provision of care and is supplementary to the initial descriptive findings presented in the Department of Social Security Research Report No. 72, *The Dynamics of Retirement* (Disney *et al.* 1997).

## Class and caring

Social class differences in the propensity to provide care are thought to be related to the following factors: (1) social class inequalities in health which increase the likelihood of manual workers having a spouse in need of care (Gould and Jones 1996; Macran *et al.* 1996; Rahkonen *et al.* 1995), (2) the greater availability of both material and cultural resources among non-manual groups which may enable them both to purchase and negotiate assistance for older relatives rather than providing it themselves (Arber and Ginn 1992; Arber and Ginn 1993a), and (3) social class differences in demographic factors which influence both the number of surviving kin who may need care, such as parents, and those available to provide care, such as children (Clarke 1995; Grundy 1995; Henretta *et al.* 2001; Himes 1992).

Green (1988) found no differences in carer status by social class in her examination of the 1985 *Informal Carers Survey* (conducted as part of the *General Household Survey*: Green 1988), the first nationally representative survey on the subject in Great Britain. Arber and Ginn (1993a), in their study of class divisions in informal caring based on this latter dataset, argued that previous work did not find any class differentials because it did not distinguish between co-resident and extra-resident care, that is, care that takes place within the household and care for someone outside the household. Co-resident care involves more hours per week, is more likely to involve personal and physical care, and carers are less likely to be employed than extra-resident carers (Green 1988; Parker and Lawton 1994). The distinction between caring for someone inside or outside of the household is important for these reasons. Arber and Ginn (1993a) found that different types of caregiving were related to class, with manual workers being more likely to provide co-resident care, and non-manual workers more likely to provide extra-resident care (Arber and Ginn 1992; Arber and Ginn 1993a). Providing co-resident care for an older person, whether parent, spouse or other relative, was more likely among working class than middle class individuals of both sexes in younger age groups (16–44), and this was true for men of all ages. Among women, there was no class gradient at ages 55–64 years, but in the 65 and over age group, working class women were once again more likely to be co-resident carers (Arber and Ginn 1993a). Here we were only able to examine differences among people in late middle age (55–69 years), the age group in which the prevalence of caregiving is the highest (Rowlands 1998), and, as noted above, we were able to take account of differences in proportions with living parents.

For married men and women, it is unclear whether provision of care is likely to be more strongly associated with their own or their spouse's social class. For married women of all ages, social class classifications based either on husband's occupation, or on the occupation of the highest status household member, tend to be associated with greater differentiation in health and mortality than measures based on own occupation (Sacker *et al.* 2000). For older women, however, fewer of whom are currently married, Arber and Ginn (1993b) found both methods gave similar results. This issue has not been examined in studies of caregiving.

Apart from gender differences in caregiving (Bone *et al.* 1992; Green 1988; Grundy and Glaser 1997; OPCS 1992; Stone *et al.* 1987), it is also known that marital status is associated with differences in the provision of care. Obviously, unmarried individuals cannot be carers of spouses, but unmarried individuals, especially the never-married, are more likely to provide care for parents than the married (Brody *et al.* 1992, 1995; Parker and Lawton 1994). We have therefore distinguished the married from the unmarried, and women from men, in our analyses.

## Data and methods

The 1988/89 *Retirement Survey* targeted people aged 55–69 years,[2] reflecting its focus on retirement, but spouses outside this age range were also interviewed. In all 3,543 interviews were conducted with people aged 55–69, and 609 interviews were carried out with spouses or partners outside this age range, giving a total of 4,152 interviews. The response rate for the initial wave was 75 per cent (Bone *et al.* 1992).

### *Definitions*

*Carers*: Our analyses of carer status are based on two questions asked in the survey. The first of these was: 'Looking after others may also affect people's retirement decisions and circumstances … May I check, is there anyone living with you who is sick, handicapped or elderly whom you look after or give special help to (for example, a sick or handicapped (or elderly) relative/husband/wife/friend etc.)?' The second question asked: 'And how about people not living with you, do you provide some regular service or help for any sick, handicapped or elderly relative, friend or neighbour not living with you?'[3]

This preamble differed from those used in the *General Household Survey* (GHS) informal carers supplements;[4] the questions, however, them-

selves were identical. In addition, as in the GHS, respondents in the *Retirement Survey* were asked who they were looking after or helping, *e.g.* spouse, child, parent, parent-in-law. Unlike in the GHS, respondents were not asked what was the matter with the person they looked after. However, the design of the survey meant that both spouses in couples were included in the survey (provided they were living together), so for married respondents the survey provides information about their own health and disability status, and the health and disability status of their spouse.

*Health and Disability*: The *Retirement Survey* included detailed questions on disability which were used to derive the comprehensive severity of disability measures initially developed for the 1985/86 *Disability Survey*.[5] In this study we used the severity of disability scores[6] allocated to each respondent, with values ranging from 0.5 (no disability on the scale used) to 21.4 (the highest level of disability) (Martin *et al*. 1988).

*Social Class*: Occupationally derived social class has been widely used as a summary index of social circumstances in both official statistics and medical and social research since the first classification was produced by Stevenson, the then Registrar General in the 1920s (Blaxter 1990; Stevenson 1928). Subsequently the allocation of particular occupations to social class categories has been revised to reflect shifts in the occupational distribution of the population, changes in the status of particular jobs, and the disappearance of some occupations and emergence of others. In 2000 a revised type of classification was produced. Here, however, we have used the Registrar General's classification of occupations into social classes, current at the time of the study, to allocate individuals to social class categories. This classification is based on six social class groupings, three non-manual (I, II and IINM, denoting respectively: professionals, intermediate and skilled non-manual occupations), and three manual groups (IIIM, IV and V, denoting: skilled, partly skilled and unskilled manual workers). In some analyses presented here we distinguish only between these wider non-manual and manual groups, as the numbers in the sample precluded more detailed analysis. We used the individual's *usual occupation* (referring to the job most frequently held throughout their working lives), and not the most recent job, as the basis for assignment. This is because the onset of a health problem may result in downward social mobility, so that a person's last job may not accurately reflect his or her overall work experience. A proportion of the sample had held no usual job (NSUJ). For married respondents, those with no usual job were grouped with those who had manual occupations, as other

characteristics were similar to those in manual groups. For the unmarried, those with no usual job have been distinguished from the non-manual and manual groups, as a relatively high proportion of unmarried respondents fell into this category.

Unmarried men and women were assigned a social class based on their own usual occupations, and married people a joint social class based on both the usual occupations of both husband and wife.

## Results

Our first step was to compare results with those from the GHS to see whether the different contexts of the surveys had an effect on the reporting of caregiving. As Table 1 shows, the proportions of men and women in the selected age groups providing care were similar in the 1988/89 Retirement Survey and the 1985 and 1995 GHS.

### *Class differentials in the provision of care*

Table 2 shows the provision of care by gender, the location of care, *i.e.* whether the person is being cared for in the household (co-resident care) or outside of the household (extra-resident care), and social class.

The figures show that among married respondents, individuals from manual groups whose spouse was also from a manual group (manual/manual) were more likely to be providing co-resident care than individuals from a non-manual group with a non-manual spouse (non-manual/non-manual). For example, some 11 per cent of married 'manual/manual' women were providing co-resident care, compared with five per cent of their 'non-manual/non-manual' counterparts (Table 2a). Married men were just as likely as married women to be providing co-resident care (6 and 8 per cent respectively) (Table 2a), reflecting the importance of caring for partners among this age group. On the other hand, members of non-manual groups were more likely to be providing extra-resident care than individuals in manual couples. For example, 21 per cent of married women in the former group (both non-manual) were providing extra-resident care compared with 10 per cent of the latter group (both manual) (Table 2a). Married women as a whole were more likely to be providing extra-resident care (16 per cent) than were married men (11 per cent) (Table 2a). There were no significant social class differences, however, in the provision of co-resident care among unmarried men or women (Table 2b), although extra-resident caregiving was more common among women than men

TABLE 1. *Respondents providing care by location of care, sex and age (years)*

| | Sex and age of respondent at time of interview (%) | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | Men | | | | Women | | | |
| | 55–59 | 60–64 | 65–69 | All | 55–59 | 60–64 | 65–69 | All |
| **Caring for someone in same household** | | | | | | | | |
| 1988/89 RS | 4 | 7 | 4 | 6 | 8 | 7 | 8 | 8 |
| 1985 GHS | 5 | 5 | 6 | 6 | 7 | 9 | 7 | 7 |
| 1995 GHS | 6 | 7 | 8 | 7 | 7 | 7 | 6 | 7 |
| **Caring for someone in another household** | | | | | | | | |
| 1988/89 RS | 13 | 9 | 8 | 10 | 18 | 12 | 13 | 15 |
| 1985 GHS | 10 | 10 | 9 | 9 | 16 | 14 | 12 | 14 |
| 1995 GHS | 12 | 13 | 10 | 12 | 16 | 17 | 12 | 15 |

*Sources*: RS = *Retirement Survey*; GHS = *General Household Survey*.

TABLE 2. *Percentage of married and unmarried respondents providing care by gender, location of care and social class, 1988/89*

| | Joint social class | | | | |
|---|---|---|---|---|---|
| **a. Married men and women** | Both NM | Respondent NM-Spouse M | Respondent M-Spouse NM | Both M | All |
| Married men | | | | | |
| Co-resident care[1] | 3.9 | 5.1 | 5.6 | 8.7 | 6.1 |
| Extra-resident care[2] | 14.6 | 7.0 | 11.0 | 7.8 | 10.7 |
| Weighted N | 418 | 125 | 312 | 447 | 1302 |
| Married women | | | | | |
| Co-resident care[3] | 5.2 | 10.1 | 1.6 | 10.5 | 7.8 |
| Extra-resident care[4] | 21.4 | 18.2 | 14.1 | 10.3 | 15.9 |
| Weighted N | 369 | 271 | 127 | 421 | 1188 |
| | **Individual social class** | | | | |
| **b. Unmarried men and women** | NM | M | NSUJ | All* | |
| Unmarried men | | | | | |
| Co-resident care | 3.2 | 3.2 | – | 3.4 | |
| Extra-resident care | 14.3 | 8.2 | – | 10.0 | |
| Weighted N | 98 | 180 | – | 298 | |
| Unmarried women | | | | | |
| Co-resident care | 7.4 | 5.2 | 1.4 | 5.9 | |
| Extra-resident care | 17.8 | 14.1 | 11.2 | 15.7 | |
| Weighted N | 302 | 207 | 65 | 574 | |

*Notes*: M = manual occupational background; NM = non-manual; NSUJ = no single usual occupation. * includes those individuals in category NSUJ.
*Significance levels*: 1. $\chi^2 = 8.9$; degress of freedom (df) = 3; $p < 0.05$. 2. $\chi^2 = 12.5$; df = 3; $p < 0.01$. 3. $\chi^2 = 16.3$; df = 3; $p < 0.01$. 4. $\chi^2 = 19.7$; df = 3; $p < 0.01$.
*Source*: 1988/89 *Retirement Survey*.

TABLE 3. *Percentage of married respondents providing care to a spouse by gender and joint social class, 1988/89*

| | Joint social class | | | | |
|---|---|---|---|---|---|
| | Both NM | Respondent NM-spouse M | Respondent M-spouse NM | Both M | All |
| Married men[1] | 1.7 | 3.5 | 4.3 | 5.6 | 3.8 |
| Weighted N | 419 | 125 | 313 | 447 | 1,304 |
| Married women[2] | 3.0 | 6.7 | 0.8 | 7.6 | 5.3 |
| Weighted N | 369 | 271 | 127 | 421 | 1,188 |

*Notes*: M = 'manual' occupational background; NM = non-manual; NSUJ = no single usual occupation. 1. $\chi^2 = 9.3$; df = 3; $p < 0.05$. 2. $\chi^2 = 14.6$; df = 3; $p < 0.01$.
*Source*: 1988/89 *Retirement Survey*.

(Table 2b). Table 2, therefore, largely supports Arber and Ginn's (1993a) findings of higher levels of provision of co-resident care by those in manual class groups in contrast to the higher prevalence of extra-resident caregiving among those in the non-manual groups.

*Class differentials in the provision of care for a spouse*

Table 3 shows significant differences in the provision of care to a spouse by social class. Married men who were in the manual group and married to women in the same group were approximately three times more likely to be looking after a partner, compared with men who were in the non-manual group married to women in the same group. Married women were also more likely to be looking after a husband if they and their spouse were from manual groups compared with women who were in the 'both non-manual' group (8 versus 3 per cent). In addition, the prevalence of caregiving for a spouse was highest among women who were married to men in the manual group irrespective of their own social class.

*Class differentials in disability*

One reason for social class differences in the provision of care may be the greater need for care among spouses in manual groups, reflecting socio-economic differentials in health. In Figure 1 we show, for married men and women in different social class groups, their spouse's mean severity of disability score. The spouses' severity of disability scores were substantially higher among those couples where both partners were in manual groups compared with their non-manual counterparts. For example, the mean severity of disability score of the respondent's

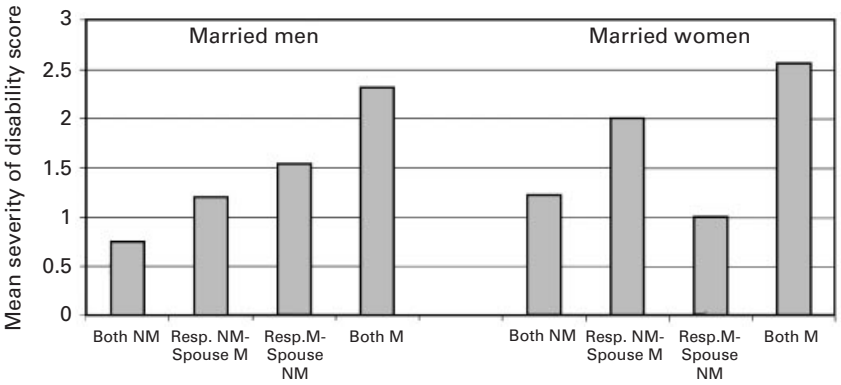


Figure 1. Mean severity of disability score of respondents' spouses by joint social class.
*Notes*: Resp. = respondent; M = 'manual' occupational background; NM = non-manual.

spouse in manual/manual couples was significantly higher than the mean severity of disability score of spouses in non-manual/non-manual couples. For married women, regardless of their own social class, a husband's mean severity of disability score was higher if he was from the manual group.

Given the higher mean severity of disability scores for respondents' spouses in the manual than for the non-manual groups (Figure 1), more men and women in the former group may be providing care for a spouse because, on average, their spouses are more disabled. An examination of the mean severity of disability scores among 'cared-for' spouses showed a mean severity of disability score of five regardless of their own social class. Thus, it appears that working class individuals were not caring for partners who were more seriously disabled than the partners of middle class carers, but were more likely to be providing such care because of the higher prevalence of disability among this group.

### *Differentials in the provision of care to a parent(s)*

Table 4 shows the percentage of respondents providing care for a parent by the location of care for those individuals with at least one parent alive. Providing co-resident care for a parent was more common among unmarried men and women than among the married.

Around 18 per cent of unmarried individuals aged 55–69 years were providing care for a parent in their own households (Table 4b),

TABLE 4. *Percentage of married and unmarried respondents with at least one living parent that provide care to a parent, by gender, location of care and social class, 1988/89*

| | Joint social class | | | | |
|---|---|---|---|---|---|
| **a. Married men and women** | Both NM | Respondent NM-Spouse M | Respondent M-Spouse NM | Both M | All |
| Married men | | | | | |
| Co-resident care parent | 3.5 | 0.0 | 0.0 | 1.6 | 1.8 |
| Extra-resident care parent[1] | 29.4 | 9.4 | 23.8 | 9.4 | 20.5 |
| Weighted N | 84 | 20 | 58 | 64 | 226 |
| Married women | | | | | |
| Co-resident care parent | 5.5 | 10.3 | 5.7 | 12.9 | 9.0 |
| Extra-resident care parent | 34.4 | 39.7 | 29.5 | 27.8 | 33.2 |
| Weighted N | 71 | 48 | 17 | 62 | 198 |

| | Individual social class | | | |
|---|---|---|---|---|
| **b. Unmarried men and women** | NM | M | NSUJ | All* |
| Unmarried men | | | | |
| Co-resident care parent | – | – | – | 17.3 |
| Extra-resident care parent[1] | – | – | – | 12.7 |
| Weighted N | – | – | – | 32 |
| Unmarried women | | | | |
| Co-resident care parent[2] | 26.3 | 11.3 | – | 18.0 |
| Extra-resident care parent | 27.6 | 33.6 | – | 30.8 |
| Weighted N | 51 | 35 | – | 96 |

*Notes*: M = 'manual' occupational background; NM = non-manual; NSUJ = no single usual occupation. * includes individuals in all social class categories. – indicates results not given because *N* is less than 20. 1. $\chi^2 = 10.8$; DF = 3; $p < 0.05$. 2. $\chi^2 = 5.7$; DF = 3; $p < 0.10$.
*Source*: 1988/89 *Retirement Survey*.

compared with nine per cent of married women and two per cent of married men (Table 4a). Among married men and women, there were no significant social class differences in the provision of co-resident care for a parent. Among unmarried women, however, there were large and statistically significant differences in the proportions providing co-resident care for a parent by social class, for 26 per cent of women from the non-manual groups provided such care compared with 11 per cent of those in the manual groups (Table 4b). Social class differences in the provision of co-resident care for a parent among unmarried women may be influenced by differences in the marital status composition of social class groups, as 27 per cent of unmarried women in non-manual groups were never-married, compared with just 14 per cent of their counterparts in the manual social classes. It is known that never-married individuals are more likely to be providing care for a parent than the ever-married, as some of these never-married people have

never left home and may end up caring by default (Brody *et al*. 1995). Never-married individuals may also more readily return to the parental home to care for an elderly parent when compared with their ever-married siblings.

Married and unmarried women were the most likely to be providing extra-resident care for a parent (33 and 31 per cent respectively), followed by married men (21 per cent), with unmarried men including the lowest proportion of extra-resident carers (13 per cent) (Table 4a and 4b).

The only significant social class difference in provision of extra-resident care for a parent was among married men. Regardless of their own social class, married men were more likely to provide extra-resident care for a parent if their wives were in the non-manual group. This apparent association between the husband's provision of extra-resident care for a parent, and the wife's social class may be because some men report the help given by their spouse as their own (Connidis *et al*. 1996). It may also reflect the fact that certain types of help often provided by men, such as giving lifts in cars, depend partly on access to resources such as car ownership.

### *Modelling social class differences in the provision of care*

In order more thoroughly to investigate the relationship between social class and the provision of care, logistic regression models of the provision of co-resident care for a spouse and co-resident care for a parent were used. The analyses of provision of co-resident care for a spouse were conducted separately for married men and women to allow for the inclusion of the partner's characteristics. For this analysis we used a fuller breakdown of individual and spouse's social class than in the multivariate analyses reported above. The analysis of provision of co-resident care for a parent is based on the joint sample of unmarried men and women, as the small sample sizes did not justify separate models. In the logistic regression model examining social class differences in the provision of co-resident care for a spouse, the independent variables were the respondent's age at interview, severity of disability score, own social class (with the reference group being those in the professional and managerial Social Class I and II groups), together with spouse's severity of disability score and spouse's social class. The independent variables for the logistic regression model of provision of co-resident care for a parent, among unmarried men and women with at least one living parent, included the respondent's gender, whether he or she was single/divorced (the reference group

TABLE 5. *Logistic regression of provision of co-resident care for spouse, 1988/89*

| Variable | Coefficients | SE | Odds ratio | 95% confidence intervals |
|---|---|---|---|---|
| Married men | | | | |
| Intercept | −9.35*** | 2.81 | | |
| Age at interview | 0.07 | 0.04 | 1.07 | 0.98 to 1.17 |
| Severity of disability score | −0.07 | 0.05 | 0.94 | 0.84 to 1.03 |
| Spouse's severity of disability score | 0.33*** | 0.03 | 1.39*** | 1.31 to 1.48 |
| Respondent's social class | | | | |
| NSUJ, V, IV | 0.53 | 0.60 | 1.69 | 0.52 to 5.67 |
| IIIM | 0.80 | 0.53 | 2.23 | 0.83 to 6.65 |
| IIIN | 1.60** | 0.71 | 4.97** | 1.15 to 19.82 |
| Spouse's social class | | | | |
| NSUJ, V, IV, IIIM | −0.27 | 0.57 | 0.76 | 0.26 to 2.45 |
| IIIN | −0.37 | 0.58 | 0.69 | 0.23 to 2.29 |
| Model chi-square | 156.58 | | | |
| Degrees of freedom | 8 | | | |
| Sample size (*N*) | 1,298 | | | |
| Married women | | | | |
| Intercept | −3.76 | 2.65 | | |
| Age at interview | −0.02 | 0.04 | 0.98 | 0.90 to 1.06 |
| Severity of disability score | −0.05 | 0.04 | 0.95 | 0.87 to 1.03 |
| Spouse's severity of disability score | 0.34*** | 0.03 | 1.41*** | 1.33 to 1.50 |
| Respondent's social class | | | | |
| NSUJ | −0.32 | 0.75 | 0.73 | 0.16 to 3.18 |
| IV, V | −0.51 | 0.61 | 0.60 | 0.19 to 2.07 |
| IIIM | 0.40 | 0.63 | 1.48 | 0.44 to 5.34 |
| IIIN | 0.03 | 0.56 | 1.03 | 0.36 to 3.25 |
| Spouse's social class | | | | |
| NSUJ, V, IV | 1.30** | 0.52 | 3.66** | 1.34 to 10.36 |
| IIIM | 0.91* | 0.45 | 2.47* | 1.06 to 6.16 |
| Model chi-square | 201.37 | | | |
| Degrees of freedom | 9 | | | |
| Sample size (*N*) | 1,182 | | | |

*Notes*: SE: Standard errors. Significance levels: * $p < .10$, ** $p < .05$, *** $p < .01$. Reference categories for married men: Respondent's social class, I and II; Spouse's social class, I and II; for married women: Respondent's social class, I and II; Spouse's social class I, II and IIIN.
*Source*: 1988/89 *Retirement Survey*.

being the widowed), age at interview, severity of disability score and social class (the reference group being those in Social Classes I and II).

### *Modelling class differences in co-resident care for spouse, married men and women*

Factors influencing the provision of care for a spouse are shown in Table 5. For married men the variables most strongly associated with the provision of care for a spouse were the partner's disability score and own, rather than spouse's, social class. Married men in Social Class

IIIN (skilled non-manual) were five times more likely to be caring for a partner compared with the reference group (those in Social Classes I and II). The odds ratio for those in Social Classes NSUJ, V (unskilled manual) and IV (partly skilled manual), and Social Classes IIIM (skilled manual), were above that of the reference group, but were not significant. These results suggest social class differences but no clear gradient.

For married women, the picture was slightly different. Although spouse's severity of disability score was also significantly associated with the provision of care for a spouse, it was partner's and not own social class that had a significant effect on the provision of care. In addition, for married women there was a clear social class gradient in the provision of care according to her spouse's social class.

*Modelling social class differences in co-resident care for a parent by unmarried men and women*

Table 4 showed that the only social class differences in the provision of co-resident care for a parent, among those with at least one living parent, were found for unmarried women. Unmarried women in the non-manual groups were more likely to provide co-resident care than unmarried women in the manual groups. It was hypothesised that this difference was due not to social class *per se* but to social class differences in marital status, as non-manual class women are more likely to be never-married than their manual class counterparts, and never-married individuals are more likely to be looking after a parent. Table 6 shows the determinants of co-resident care for a parent for those unmarried men and women with at least one living parent. The only significant independent variables were the respondent's age at interview, most likely serving as a proxy for parental age, and whether or not the respondent was single or divorced (single/divorced individuals were four times more likely to be providing co-resident care for a parent than widowed individuals: Table 6). As expected, with marital status in the model, social class had no significant effect.

*Modelling extra-resident care for a parent, married men and women*

As shown in Table 4, the relationship between social class and extra-resident care for a parent was only apparent for married men with at least one living parent. A logistic regression model was used to examine the determinants of the provision of extra-resident care for a parent for this group (results not shown). Of the independent variables used in the model (age at interview, respondent's severity of disability score,

TABLE 6. *Logistic regression of provision of co-resident care for parent among those with at least one living parent, unmarried men and women, 1988/89*

| Variable | Coefficients | SE | Odds ratio | 95% confidence intervals |
|---|---|---|---|---|
| Intercept | −11.06*** | 4.26 | | |
| Gender: women | 0.33 | 0.61 | 1.45 | 0.44 to 4.95 |
| Marital status: single/divorced | 1.40** | 0.60 | 4.30** | 1.32 to 14.36 |
| Age at interview | 0.15** | 0.06 | 1.17** | 1.02 to 1.33 |
| Severity of disability score | −0.14 | 0.10 | 0.76 | 0.69 to 1.03 |
| Respondent's social class | | | | |
| NSUJ, V, IV | −0.74 | 0.59 | 0.48 | 0.14 to 1.46 |
| IIIM | −0.58 | 0.77 | 0.53 | 0.11 to 2.34 |
| Model chi-square | 13.73 | | | |
| Degrees of freedom | 6 | | | |
| Sample size (*N*) | 130 | | | |

*Notes*: SE: Standard errors. Significance levels: * $p < .10$, ** $p < .05$, *** $p < .01$. Reference categories: sex, men; marital status, widowed; respondent's social class, I and II.
*Source*: 1988/89 *Retirement Survey*.

spouse's severity of disability score, respondent's social class and partner's social class), only the spouse's social class was (marginally) significant. As it was not feasible to break down the spouse's social class into more detailed categories, the marginal effect of the partner's social class may actually be masking characteristics of the husband's own social class.

## Summary and discussion

Our findings suggest that social class differences in the provision of co-resident care largely reflect the greater likelihood that those in manual class groups provide care for a spouse. This clearly reflects the higher prevalence of disability in manual groups. There were almost no social class differences in the provision of co-resident care for a parent among married respondents who had at least one living parent. Social class differences in the provision of co-resident care for a parent among unmarried respondents with at least one living parent were reversed, with a greater proportion of women from the non-manual groups providing this type of care. This reflected the greater proportions of unmarried women in this group, and once the effect of marital status was taken into account the association between social class and caring for a parent was not significant. With respect to extra-resident care, we

found that men married to women in the non-manual groups were more likely to provide care for someone outside the home.

The logistic regression model of the provision of care for a spouse showed that for married men, their own social class and their spouse's severity of disability score were the most important determinants of such care. For women, on the other hand, while their spouse's severity of disability score was also an important determinant of the provision of care, it was their husband's social class, and not their own, which was a significant covariate. This finding suggests that the couple's socio-economic resources, best captured by the husband's social class, may have a greater impact on the provision of care for a spouse than the socio-economic factors captured by the woman's own social class. In addition, husband's social class may be more strongly associated with differentials in health (Sacker *et al*. 2000).

Although the needs of carers were explicitly recognised in the community care reforms in Britain in the 1990s (NHS and Community Care Act 1990, and the Carers Recognition and Services Act 1995), it remains unclear what impact these reforms have had on informal carers. Although the intention of the reforms was to address inadequate service provision, recent evidence shows a decline in the level of service support for those individuals who have an informal carer (Rowlands 1998). Concerns have been raised that some groups may be at a disadvantage in coping with the increasing reliance on family support suggested by these reforms. Only by building a more detailed knowledge of the profile of informal carers, and the influences which affect people's willingness and ability to care, will government policy seeking to encourage and support care providers be effective, and potential gaps in care provision be avoided. It is therefore important to analyse closely the available data in Britain on who provides care and on factors affecting that provision. Most studies on this topic in Britain rely on the informal carers supplements in the GHS (Green 1988; OPCS 1992; Rowlands 1998). The GHS, however, is limited in that it includes no information on living relatives outside the household so, for example, those with no living parents cannot be distinguished from those with a parent alive.

Our analyses using the *Retirement Survey* suggest that the provision of care for a spouse was most common among women married to men from manual social class groups, and never-married women were the most frequent carers of parents. These groups are perhaps most affected by changes in formal service provision as they may find it harder to pay for services to back up the help they themselves provide, than non-manual class couples who are, in fact, the least frequent providers of co-resident care.

There are some limitations in the data set and analyses. First, in the logistic regression of co-resident care for a spouse (Table 5), the 95 per cent confidence intervals for the social class categories are wide, reflecting the relatively small numbers in some sub-groups which also precluded more detailed breakdowns of social class. Secondly, there is a continuing debate about the adequacy of the severity of disability measure used (Grundy *et al.* 1999). In this analysis, however, severity of disability score of respondents' spouses was one of the strongest predictors of the provision of care for a spouse, furnishing some validation of this measure. Further work on social class differences in the provision of care would benefit from more detail on the health of the cared-for person (whether a spouse or other individual) and the inclusion of other indicators of social advantage and access to resources, besides the traditional social class measure used.

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## NOTES

1 The married category includes the few cohabitors in this age group.
2 This study used age at interview and not the age of the respondent on 1 December, 1988. As a result, the 16 people who were 70 at the time of the interview (but 69 on 1 December, 1988) were included in this analysis.
3 *The Retirement Survey* also asked about caring experience in the past. For the exact question wording, see Bone *et al.* (1992).
4 The 1985 and 1990 GHS section on carers began with 'Some people have extra family responsibilities because they look after someone who is sick, handicapped or elderly'.
5 For a fuller discussion of the health and disability measures used in the *Retirement Surveys*, see Martin and Elliot (1992) and Grundy and Glaser (1997).

6 For more detail and discussion concerning the construction of these scores, see Martin and Elliot (1992) and Martin *et al*. (1988).

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