**Life course trajectories of family care: Implications for care policy**

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**Introduction**

Growing care needs of an aging population is a “hot button” global policy issue (Colombo, 2011; Sinha, et al, 2016). Negative care-related consequences are well established, as is their threat to sustainability of the family and formal care sectors, labour markets and the economy (Bauer & Sousa-Poza, 2016; Keating & Eales, 2017). However, caregiving is most often seen as a status at a point in time, largely ignoring the time location and cumulative aspects of care and its consequences (Fast, et al, in review). Yet life course theory tells us that family care is a series of transitions into and out of care episodes over the life course (Keating, et al, 2019). Carers likely experience diverse patterns of care, the impacts of which accumulate differentially. Yet we know little about how carers’ lives unfold across life courses of care.

Moen and dePasquale argued for a deeper understanding of “caregiving trajectories and tradeoffs over the life course; variability in caregiving careers and compatibility of caregiving careers with other pathways” (2017, p50). We have undertaken this challenge, both conceptually (Keating et al, 2019) and empirically (Fast et al, in review), demonstrating that the structure of care does evolve across the life course and that it evolves in different ways for different individuals. This paper represents a next step in exploiting new understandings of life course care trajectories to help create a road map to shape policy interventions.

**Conceptualizing Trajectories of Family Care: Definitions**

To begin we need to have a common understanding of family care trajectories and its components. Keating et al, 2019 defined care trajectories as referring to patterns of moving into and out of family care work and the evolution of close relationships across time. Thus there are two core components to care trajectories: care as doing tasks and care as being in relationship.

*Care as doing* provides the structure to care trajectories and refers to the activities and responsibilities whose purpose is to assist frail or dependent people because of a long-term health problem, disability or functional limitation. In contrast, *care as being* provides the rhythm and meaning of care trajectories and refers to the processes of experiencing or negotiating close relationships over time in the context of doing care. A substantial majority of the extant literature on family caregiving examines care as doing with the result that we still know little about the evolution of caregiving relationships across the life course.

**Operationalizing Trajectories of Family Care**

In a rare effort to understand even the structural nature of trajectories of care across the life course, Fast, et al (in review) drew on the conceptual work of Keating et al (2019) to identify four key components of care trajectories—that is, patterns of moving into and out of episodes of care across time: age at onset of the first episode of care ever experienced; number of care episodes ever experienced; total duration of all care episodes; and the extent to which care episodes overlapped. These components were operationalized using care history information from Statistics Canadas 2012 General Social Survey (GSS) on Caregiving and Care Receiving. These components were the core independent variables used in a Latent Profile Analysis (LPA)[[1]](#footnote-1) that identified five distinct care trajectories among a sample of 3,299 carers aged 65 and older. These trajectories were then further characterized by cross-tabulating care trajectory type by factors identified in prior literature to be relevant to family care: carer sex; relationship between the carer and their care receiver; and age at start and end of each care episode.

**Five Distinct Trajectories of Care Across the Life Course**

Fast et al (in review) labeled the five distinct care trajectories: Compressed Generational; Broad Generational; Intensive Parent Care; Career; and Serial. Characteristics of each of these, based on both the LPA and cross-tabular analysis, are as follows:

The *Compressed Generational Trajectory* is the biggest group (n =1744; 54%). It had the oldest average age of onset (63.1 years), the smallest average number of episodes (1.16), shortest average total duration (3.8 years on average) and minimal overlap among care episodes (average .05 years) compared to the other trajectory types. Most cared for close kin (spouses or parents).

The *Broad Generational Trajectory* is the second biggest group (n =815; 25%). Compared to the other trajectories, it had a mid-life onset (average 51.5 years) and an average of 1.4 care episodes with a total average duration of 13.8 years and almost no overlap among care episodes (average .05 years). Most cared for close kin of the same or older generations (parents or spouses), especially in the first episode. Subsequent care episodes increasingly involved non-kin.

The *Intensive Parent Care Trajectory* was a relatively small group (n = 363; 11%). It is also characterized by mid-life onset (average 52.4 years) and an average of 2.7 care episodes with a total average duration of 10.9 years and substantial overlap among care episodes (average 4.5 years). Care to parents dominated these episodes.

The *Career Care Trajectory* was another small group of carers (n= 203; 6%). Compared to the other trajectories, it had the youngest average age of onset (34.2 years) and longest total duration (average 33.1 years). Yet, it had 1.6 care episodes on average with little overlap among them (average 0.5 years). While close kin dominated the care episodes, care to children with long term health conditions/disabilities was substantial compared to other trajectory types (17.6 percent).

The *Serial Care Trajectory* was the least common trajectory (n=144; 4%). It too had a relatively young average age of onset (36.2 years), the most care episodes (average 3.2), long duration (average 31.1 years), and the greatest amount of overlap among care episodes (13.8 years on average). Although care to parents dominated the first episode, care to other kin and non-kin became more evident in subsequent episodes.

Overall, our findings show that caring for family members and friends is a common and recurring experience when looking across broad sweeps of a carer’s life. Most research literature on caregiving examines snapshots of care (single episodes, and often only portions of a single episode). Yet lifetimes of family care permit a more expansive view that allows us to consider policy interventions based on cumulative advantage or disadvantage across the life course.

**Implications for care policy**

Fast et al’s (2019) findings confirm that caregiving experiences do not occur in an historical vacuum and that lifetime patterns of care vary in ways that have implications for research, policy and practice. The care trajectories concept adds consider depth to our understanding of carers’ experiences with which to create more effective policy interventions.

Policy makers have been challenged to meet carers’ needs given their enormous diversity, and Fast, et al’s findings (in review) layer on a new dimension of diversity, identifying substantive differences in patterns of caring across the life course. At the same time they add nuance to our knowledge of who are the carers most at-risk of poor later life outcomes, help identify potential points of intervention, and reveal diverse support needs.

For example, carers with the most extensive care histories (longest, with the most numerous and complex set of care episodes) (e.g. Serial or Career Care trajectories) are likely to experience the greatest cumulative disadvantage, rather than those with the most intense current care demands (e.g. a Compressed Generational trajectory). Yet it is the latter who are typically the focus of public policy based on their large numbers. The different understanding of at-risk carers offered by adopting a life course lens may sharpen policymakers’ view of the target population for policy and suggest that intervening earlier in the life course is called for.

It also may suggest the need for different types of interventions. Career Carers, who begin their caring careers in their mid-30s, at the same time that they are building their own families and developing their careers, would emphasize the need for policies designed to help them achieve better work-family balance and to enter or remain in the labour force early in their care journeys—flexible working arrangements and short, job-protected full and partial care leaves, for example.

In contrast, the needs of Compressed Generational carers, who experience a single, short episode of care at or beyond the end of their working lives, and at a time when they may be developing their own health problems, may run more toward retirement transition assistance, home adaptation subsidies and formal care services.

On the other hand, Intensive Parent Carers, whose care trajectory launches in mid-life but comprises multiple, overlapping care episodes spanning about a decade may instead need job protected care leaves or the opportunity to step out of the labour force temporarily with the assurance that will have access to return-to-work assistance when their care responsibilities diminish or end.

**Conclusion**

At a minimum this discussion suggest that we need more and better information about carers in order to understand their needs—not just about their current circumstances but also about the pathways that led them to those circumstances. As McDaniel and Bernard (2011) point out, a life course approach to policy making “can make visible policy options and interventions previously hidden” (p. S2). Yet, a life course approach to policy development is hardly radical. Social policy is often made to mitigate the impact of risks arising from life course transitions and events on subsequent life chances. Policy levers across the employment life course are well developed, comprising strategies to enhance labour force engagement of young people; parental leaves to assist new parents; and increases in age of pension eligibility to retain older workers. A policy lens on life courses of family care could similarly mitigate risks to carers.

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1. LPA is one of several person-centred statistical approaches to mixture modeling that categorizes individuals into substantively meaningful, homogeneous subgroups based on patterns of association among independent variables (Dyer and Day, 2015; Lylund, Asparouhov, and Muthén, 2007). [↑](#footnote-ref-1)