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article

Life course trajectories of family care

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More than 30 years ago, Elder theorised multiple life-course trajectories in domains such as family and work, punctuated by transitions that create the structure and rhythm of individual lives. We argue that in the context of population ageing, family care should be added as a life-course domain. We conceptualise life courses of family care with core elements of 'care as doing' and 'care as being in relationship', creating hypothetical family care trajectories to illustrate the diversity of life-course patterns of care. The framework provides a basis for considering influences of care on cumulative advantage/disadvantage for family carers.

key words family care • life courses of family care • family carers • life-course theory

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Introduction

There is increasing global consciousness of carers' integral role in supporting family members with chronic health problems and disabilities. In developing countries,

families have long been carers by default, where normative imperatives align with the structural absence of formal options (Sabzwari et al, 2016). The need for and fragility of care in these regions are amplified by pandemics, wars and other forces generating family instability. In more developed regions, care has also largely fallen to families, with support for family carers more or less available depending on national perspectives on care as a public issue or a private family responsibility (Keating and De Jong Gierveld, 2015). Chronic care needs and concern about family capabilities in these regions are linked to family structural changes (Fingerman et al, 2012), increasing care complexity and difficulties in balancing employment and family demands (Eifert et al, 2016). In light of these challenges, carer advocacy organisations and academic researchers alike have raised alarm about the sustainability of the family care sector (EuroCarers Association, 2016; Moen and DePasquale, 2017).

Family carers comprise a substantial and growing proportion of the population. Estimates are that there are 6 million family carers in the UK, which is expected to rise to 9 million by 2037 (Carers UK, 2015). There is growing evidence of care-related economic, social and health consequences (Bauer and Sousa-Poza, 2015). Even relatively short-term caring episodes may truncate social networks (Keating and Eales, 2017), constrain labour force participation (Eldh and Carlsson, 2011) and increase the risk of poor health (Pinquart and Sörensen, 2007).

This body of work has helped us move beyond monolithic but conflicting perspectives that family care is natural and should be assumed (Al-Janabi et al, 2018), but that care needs will exceed the capacity of family carers (Cherlin and Seltzer, 2014). Moen and DePasquale (2017: 50) argue the need for a critical examination of these tensions, calling for ‘scholarship capturing: caregiving trajectories and tradeoffs over the life course; variability in caregiving careers and compatibility of caregiving careers with other pathways’.

The purpose of this article is to take up this challenge towards better understanding life courses of family care and their heterogeneity. Drawing on a life-course perspective, we theorise family care as a life-course domain, articulate its core constructs and hypothesise several care trajectories. We call for empirical examination of the diversity of care trajectories and of how they might lead to cumulative advantages/disadvantages across the lives of family carers.

Positioning care as a life-course domain

A fundamental assumption of life-course theory is that life pathways create the structure and rhythm of individual lives (Dannefer and Kelley-Moore, 2009; Elder and George, 2016). In his pioneering life-course scholarship, Elder (1985) began to specify these pathways, arguing that there is no singular life course, but several domains, each with transitions that punctuate it. Scholars have built upon this idea, theorising the shape and diversity of key trajectories in domains such as family and employment (Alwin, 2012; Halpern-Manners et al, 2015).

There is a long tradition of theorising pathways of family life courses. Within this domain, scholars have identified key family transitions related to marriage and fertility (O’Flaherty et al, 2016) and have tracked their increasing diversity (Perelli-Harris and Lyons-Amos, 2015; Holland, 2017). We have learned much about how these patterns create rhythms of family life (O’Flaherty et al, 2016) and of how marital/partnership and fertility histories are associated with outcomes in health (O’Flaherty

et al, 2016; Roberson et al, 2018) and income (Mikkonen et al, 2016; Sefton et al, 2011). Diversity in family trajectories is increasing, influenced by institutional changes such as the liberalisation of laws regulating marriage and divorce (Abela and Walker, 2014), and changes in social mores such as those related to cohabitation (Jowett, 2017; Stoilova et al, 2017). In turn, these changes raise questions about the boundaries around how we define families (Ó Súilleabháin, 2017; Nelson and Colaner, 2018) and how we understand family solidarity and ambivalence (Girardin et al, 2018).

Life-course pathways of work have also been the focus of considerable theorising. Scholars have articulated the bookends of these pathways through critical examination of how national policies and programmes structure both age of (first) entry into and (final) exit from the labour force (Larsson and Stattin, 2015; Clark et al, 2017). Diversity among work pathways between these bookends has been examined in micro-transitions from employment to unemployment (Haeggglund and Baechmann, 2017), full time to part time (Van Winkle and Fasang, 2017) and sequential precarious employment (Raymo et al, 2011). Interfaces with family trajectories are a major interest. The term ‘work–life balance’ is often invoked as a way of understanding how family demands influence the type and amount of labour force participation, and vice versa (Benson et al, 2017; Sirgy and Lee, 2018). There are ongoing efforts to theorise how work pathways differentially influence the risk of late-life exclusion (Scharf and Keating, 2012; Sefton et al, 2011).

These efforts to understand life-course pathways reflect what Alwin (2013) suggests are key tenets of life-course theorising. These include understanding transitions and trajectories across the life span and linking early life-course experiences with later life outcomes. Following these tenets, we propose key components of a life-course domain of family care. These include definitions of family care that set the boundaries around this domain and components of trajectories that create the theoretical language to understand care across time. Drawing on these conceptual building blocks, we hypothesise three family care trajectories that illustrate the potential structure and rhythms of diverse patterns of family care.

Conceptualising family care

In recent years, there has been considerable interest and debate around what constitutes family care. Often, definitions are crafted towards specific policy or empirical interests, such as documenting the current prevalence of family carers or the amount of time spent on a set of tasks (Robards et al, 2015; Aldridge, 2018). There has been less critical discussion of what constitutes the domain of family care. This is important if we are to better understand how life courses of family care evolve and how cumulative care experiences might shape lives and influence late-life outcomes. We begin by proposing a definition of family care with two elements: care as doing tasks and care as being in relationship.

Care as doing tasks

Most of the existing definitions of family care fall within the broad category of care work. Operational definitions have included different sets of tasks. In a recent systematic review, Cès and colleagues (2017) found that assistance with activities of daily living (eg personal care) and instrumental activities of daily living (eg meal

preparation and financial management) are most commonly used in existing research. More indirect tasks (eg organising formal care and travelling to the care receiver's dwelling), as well as intangible activities (eg supervising and monitoring the care receiver), are included to a lesser extent.

At a broader conceptual level, 'care as doing' can be seen as encompassing activities and responsibilities whose purpose is to assist family members because of a long-term health problem, disability or functional limitation (Moen and DePasquale, 2017). This purpose distinguishes care from everyday family activities such as looking after young children or preparing meals (Collins, 2015).

'Care as doing' is further delineated by its distinction from formal care. There is general agreement that family carers are people with an ongoing, personal connection to the cared-for person based on close kin connections or long-standing friendships (Hahmann, 2017; Øydgard, 2017). Researchers have positioned family care work as stemming from a bonded relationship that is variously motivated by love, reciprocity or obligation (Yeandle et al, 2017). In contrast, formal care is based on a contractual relationship to provide supportive services (Dahlberg et al, 2018).

Concerns about the sustainability of the family care sector stem primarily from evidence about time spent in care and the opportunity costs incurred in current care provision (O'Shea and Monaghan, 2017). Yet, such snapshots of life pathways are rather blunt instruments for understanding how lives and care unfold (Milne and Larkin, 2015). As life-course theorists, we assume, for example, that individuals who have extensive care experience might differ from first-time carers, as much as those entering first marriages might diverge from those beginning their third, or those with intermittent labour force engagement might have differential ability to sustain their current employment compared to those with continuous labour force engagement. We know little about how care work across the life course might ebb and flow, or about how these patterns might result in varying capacity or predilection for care. The risk of cumulative disadvantage across a life course of care remains untested.

Care as being in relationship

In our view, while 'doing' is important, it does not comprise the entirety of the conceptual territory of family care. The bonded relationship that lies at the core of family care seems a classic example of the assumption of life courses as relational (Bengtson et al, 2012; Grenier, 2012). Reflecting the life-course concept of linked lives, Settersten (2017: 5) says: 'the many decades of adult life are heavily shaped by relationships in which our own welfare is inextricably dependent on the choices, behaviors, and resources of others, and in which the welfare of others is inextricably dependent on ours'. Thus, we believe that the ways in which linked lives evolve over the course of family care must be taken into account.

Family care researchers have argued the importance of accounting for the personal relationships and interdependent nature of care (Collins, 2015). Along with life-course theorists, their arguments coalesce around the need for increased understanding of the 'complex relational nature of care' (Dannefer et al, 2008: 105) and the ways in which carers 'work in, through or away from relationships with others' (Tronto, 2017: 32). It seems timely, then, to add 'care as being in relationship' as the second component of family care. Care as being in relationship represents the processes of experiencing and negotiating close relationships over time in the context of doing care.

Conceptualisations of relational aspects of care (ie ‘being in relationship’) have received much less attention than has ‘care as doing’. Operational definitions are implicit and somewhat piecemeal. These include changes in the perceived quality or frequency of interactions (Ducharme et al, 2007), and changes in the size of support or social networks (Wenger and Keating, 2008). There are clues as to how relationships evolve over the course of care which suggest that the dyad of carer and cared-for person, as well as other close family relationships, may undergo profound changes. If we continue to embrace terms such as ‘family care’, we surely need to consider how those intimate, bonded relationships might change in the context of needs for support by a close family member.

A recent review of the social consequences of care provides a foundation for mapping changes in relationship convoys across care pathways. Keating and Eales (2017) found evidence of changes in relationships: between carers and care receivers; between carers and other family members, such as spouses, children and siblings; and between carers and broader social network members, including friends and neighbours. Although most of the 66 articles reviewed were based on current care, they nonetheless foreshadow life-course questions about how care trajectories are shaped and negotiated within evolving ‘convoys’, which may include strained marriages, acrimonious sibling relationships or diminished friend networks. Caregiving may also enhance some relationships, giving back to and deepening bonds with care receivers, increasing cohesion among family members who share the experience, and strengthening or creating new socially supportive ties (Chen and Greenberg, 2004; Anderson et al, 2017; Yu et al, 2018).

Structural components of trajectories of family care

Alwin (2012: 217) says that ‘each life course transition is embedded in a trajectory that gives it specific form and meaning’. The components of care trajectories have not been articulated – a task that we believe is fundamental to understanding care as a life-course domain. We propose two structural building blocks of family care trajectories: ‘care episodes’ and their sequencing across time; and ‘bookends’ that delineate the beginning and end of this life-course domain. Together, these structural building blocks establish the form of family care trajectories. The evolution of relationships is the main process that gives meaning to trajectories. Diversities in patterns of being in relationship are proposed in the section on profiles of family care over time.

Care episode

An episode is a period of care to an individual care receiver (Moen et al, 1994). Research on care episodes has resulted in a rich body of knowledge on tasks and services to people with diverse illnesses and disabilities (Stenberg et al, 2009; Grossman and Webb, 2016; Larkin et al, 2019), and provided by carers with varying kinship relationships to the cared-for person (Broese van Groenou et al, 2013; Lapierre and Keating, 2013; Kallander et al, 2018). Research referencing the beginning and end of care (Lee and Gramotnev, 2007; Larkin and Milne, 2017) most often refers to these single episodes.

Bookends of care

First transition into and final exit from care comprise the bookends of care trajectories that mark their length and place in the carer's life course. Hamilton and Cass (2017) argue that we have paid insufficient attention to the ways in which life-course stage structures care and its interfaces with family and with work. For example, early entry into care may result in delayed development of intimate relationships and truncated education (Hamilton and Adamson, 2013; Hamilton and Cass, 2017). Midlife entry may result in labour force exit (Principi et al, 2012; King and Pickard, 2013) and lost social connections (Chappell and Funk, 2011). It seems likely that those whose trajectories begin and end relatively early in life would have more opportunity across the life course to rebuild relationships, engage in the paid labour force and maintain their health than those whose care trajectories extend into late life. Understanding the length and timing of family care trajectories may help us better understand why, for example, late-life carers experience greater social disadvantage, poorer mental health and lower income than carers earlier in the life course (Colombo et al, 2011).

Care trajectory

There are hints in the empirical literature of patterns of care episodes across the longer sweep of the life course. Carers may provide more than one episode of care across the carers' life course (Ghosh et al, 2012; Larkin et al, 2019), at times, caring for multiple people concurrently (Perkins and Haley, 2010; Lunsky et al, 2017). Increasing prevalence of people with lifelong or acquired disabilities augurs a trajectory defined by a single care episode stretching over a long period of time (Brennan et al, 2018). Together, these episodes comprise trajectories, the patterns of moving into and out of care work across time. How care episodes are juxtaposed across time, and how the juxtaposition reflects and influences the evolution of close relationships, remain unexamined.

Family care trajectories: profiles of family care over time

In this section, we propose three hypothetical care trajectories, informed by the conceptual building blocks just presented and the somewhat slim trail of empirical evidence on life-course patterns of family care.

Generational Care Trajectory

We define the Generational Care Trajectory (GCT) as episodes of care within high-obligation close-kin relationships with generational sequencing to cared-for persons. The GCT is typified by cumulative processes of change in relationships with siblings and in marriage.

We have been thinking about elements of this trajectory for a very long time. Brody (1985: 19) identified parent care as 'a normative experience – expectable, though usually unexpected'. Spousal care is assumed to be available when needed, stemming from the marital contract (Birditt and Antonucci, 2012). The recognition of the importance of these bonded family relationships is evident in the large bodies

of research on parent care and spousal care. Thus, in some ways, we could argue that the GCT is the classic family care trajectory.

While these elements of family care are familiar, we have yet to articulate the ways in which they might unfold across a life course. We know that generational care to parents and spouses is both obligatory and conditional. Parental care carries expectations of siblings who are ‘genealogically equivalent’ to share in care tasks and responsibilities (Lashewicz and Keating, 2009: 129), but its availability is contingent on such factors as the historic relationships between siblings and their parents, and demographic, physical and social contexts (Burridge et al, 2007; Evandrou et al, 2018). We do not yet understand the circumstances under which a first episode of parental care might leave an imprint of ambivalence and conflict or of cohesion and solidarity, or how these might influence the unfolding of care to a second parent (or parent-in-law).

Episodes of care to parents, in turn, provide a backdrop to later care to their own spouses. The assumption that spousal care is obligatory by virtue of its embeddedness in the marital contract has been tempered by research illustrating that it is also contingent (Spitze and Ward, 2000). Strains in the marriages of adult child carers resulting from parental care (Bookwala, 2009) may lead to reduced intimacy and later uncertainty that one’s spouse will be available if care is needed (Reczek and Umberson, 2016). Decisions about remarriage or living-apart-together (LAT) after spousal care may be better understood from the perspective of the cumulative impact of these generational care relationships (Davidson, 2001).

Career Care Trajectory

We define the Career Care Trajectory (CCT) as a single episode of care of long duration within a high-obligation close-kin relationship. The CCT is typified by cumulative processes of change within these relationships, primarily between parent carers, their spouses and their children.

An exemplar of this care trajectory is parent care to a child with a lifelong or acquired disability. Career care may span much of the life course (Perkins and Haley, 2010). It creates a focus in the life of the carer through the exigencies of vigilance and the provision of highly complex care tasks (Smith et al, 2010; Tong et al, 2010), and through the ways in which it changes close relationships (Svanberg et al, 2011). Positioning career care explicitly within the life-course domain of family care distinguishes it from the everyday activities that people do in families and from discourses of the selfless (but natural) devotion of a parent to the care of a vulnerable child, which have been challenged as condoning their marginalisation (Knight, 2012) and rendering invisible the work of care.

Research on marriage and on relationships with children in this continuous and lengthy care career is often about impact. There are long-standing discourses about ‘doomed marriages’ and evidence that risk of divorce may increase later in the life course (Hartley et al, 2011). Findings from cross-sectional studies show marked variability in marital quality and stability (Saini et al, 2015; Tøssebro and Wendelborg, 2017), suggesting that there is much to learn about how couples negotiate their relationship with each other over a long period of care.

There are indications that relationships between parents and their other children also evolve across this trajectory. Young children may experience increased responsibilities

and insufficient parental attention (Tozer et al, 2013; Werner et al, 2009), while older siblings may express ambivalence about obligations to care (Lashewicz et al, 2012). Having grown up in the context of care relationships, siblings are logical care successors (Pryce et al, 2017; Tomeny, 2017). There is potential here for better understanding the final bookend of CCTs through examining how these relationship processes might lead to the transfer of care responsibility from parent to a sibling (Leith et al, 2018).

Serial Care Trajectory

Lastly, we define the Serial Care Trajectory (SCT) as multiple episodes of care to diverse care receivers with no normative or predictable sequencing. The SCT is typified by fluidity in carers' social networks across these diverse care episodes.

Strong patterns of obligation and close kin connections of generational kin care are relatively familiar conceptual territory. In contrast, theorising patterns of care to those with whom relationships might be more discretionary and based on loose ties (Keating and Dosman, 2009) is less familiar terrain (Ihara et al, 2012; Power and Hall, 2018). Nonetheless, there is sufficient evidence of movement into and out of care episodes to more than one individual across a carer's life span that terms such as 'serial' and 'sequential' have been adopted to reflect these patterns (Larkin, 2009; Rocha and Pacheco, 2013). How and why those with such discretionary ties engage in these care relationships across time are of particular interest given contemporary 'localism agendas' that emphasise volunteerism and community contributions (Power and Hall, 2018: 308). Thus, in some ways, we could argue that the SCT is akin to the good neighbour and community member who watches out for others and helps whoever is in need.

Unlike patterns of generational care, the rhythms of this trajectory emerge from less intense patterns of doing care and increased choices around care relationships. Carers to extended kin and to non-kin undertake more limited tasks (Broese van Groenou et al, 2013; LaPierre and Keating, 2013) and generally evaluate their care relationships more positively (Broese van Groenou et al, 2013; Lum et al, 2014). In combination, these create what Železná (2018: 990) calls a 'general tendency to care' motivated by anticipation of personal gains from future care (Rohr and Lang, 2016). The predilection to care may be most evident among those who have strong community ties (Hahmann, 2017) and normative beliefs about 'doing the good thing' through helping community members and kin (Broese van Groenou et al, 2013: 309). The SCT may be unique in its pattern of new relationships created across care episodes. These relationships may extend the set of lives to which carers are connected, embedding them more firmly within their communities. Alternatively, care relationships may be more fluid, active only during a particular care episode and then becoming dormant.

Discussion

Addressing Moen and DePasquales's (2017) challenge to develop scholarship about family care trajectories and their variability is somewhat daunting. We hope that we have made a good beginning. As theorists are wont to do, we have drawn on the work of those who have laid the groundwork in the evolution of life courses over time. We have brought in evidence from the body of literature on family care

to place our work within the purview of those who seek to extend the frontiers of knowledge about carers and care. At this early stage of theorising, we raise three questions to stimulate further theoretical conversations and empirical investigations towards understanding how lives unfold in the context of care.

First, have we created a compelling argument that family care is an independent life-course domain distinct from family and from work? We have argued that family care is normative but that its pathways are under-theorised. In turn, we have illustrated how theorising other life courses of family and of work, and testing these empirically, have led to understanding their increasing diversity and cumulative impact on late-life outcomes. We have noted the need to challenge, yet again, remarkably persistent discourses of family care that place it within the family domain and outside the work domain, rendering it natural, private and free.

We subscribe to the notion that theoretical innovation should be judged not only by its originality, but also by its practicality (Corley and Gioia, 2011). One metric for assessing the practicality of family care as a life-course trajectory stems from the question of what we can learn about its influence at the interfaces with the family and work life-course domains. An excellent starting point is research undertaken by Carmichael and Ercolini (2016), who created 20-year trajectories using combinations of paid employment, childcare and family care. Their ‘caring intensive’ trajectory reflected the high incidence of family care, the presence of young children and no employment. These carers had the lowest income and poorest health and well-being.

The CCT is also ‘caring-intensive’. In this trajectory, family care is distinguished from everyday family responsibilities by such features as its extension well beyond the period of young children at home and from its potential to influence the family transitions of the siblings of children with disabilities. For siblings, obligations to care may inhibit the development of intimate relationships or decisions to have children. The CCT might be useful in further articulating the interface between family care and employment. We know that policies to reduce tensions at this interface should look rather different from parental leaves, which are time-limited and meant to support a family transition after the birth of a child. Keeping this distinction on policy agendas may require a tripartite approach: balancing family care, employment and family responsibilities.

Second, have we captured the important structural building blocks of care trajectories? We have been parsimonious in our approach, defining just two: bookends marking the entrance into and exit from a trajectory; and episodes of doing care. With this beginning, we believe that we have begun to consider the ways in which a life course might ‘have more discernible borders drawn around it’ (Silverstein, 2012: 205).

Bookends create the ‘black box’ of trajectories. Determining the adequacy of conceptualised structural elements within them requires looking inside. Our hypothesised trajectories serve as a starting point. For example, within the GCT, we might see a long period of caring in turn for each parent and parent-in-law with long gaps between episodes. Thus, the period of parent care might be long, but with breaks between care episodes. A contrasting pattern might be a short-duration period of parent care with episodes that are intense, overlapping and without breaks between them. Determining differences in how each of these patterns creates an overall trajectory structure may be primarily an empirical undertaking that requires operational definitions of the sequencing of episodes, their overlap, intensity and duration.

Third, does highlighting the evolution of care relationships across time add to our understanding of the ways in which lives are linked? In theorising ‘care as being in relationship’, we have positioned relationships as an integral part of the process of care. In doing so, we have responded to empirical findings about the importance of care relationships. Thinking of these relationships as convoys of care also provides us with the opportunity to address Antonucci, Ajrouch and Birditt’s (2013: 86) call for new directions in the ‘assessment of how relationships change over time’.

SCTs and CCTs provide some insight into how lives linked through care relationships might evolve in quite different ways. For serial carers, we assume potential for adding care relationships with each new episode of care to a disparate set of neighbours, friends or extended family members. Under what circumstances might such relationships continue, forming convoys that could be activated within new care contexts? Are serial carers’ lives thus sustained and enriched? In contrast, do career carers begin with small convoys of care relationships with partners and with children that may erode over a long process of care? There are opportunities here to learn about the ebb and flow of the structure and supportiveness of convoys of care.

There is much work ahead. An important theoretical lacuna lies in our tradition of life-course theorising from the perspective of the Global North. Yet, socio-political contexts such as national-level discourses about family care obligations and mass migrations that disconnect families are surely important drivers of the unfolding of care pathways. It is time to lift our heads and to theorise how contexts matter. We must no longer ignore other global voices. A further theoretical challenge lies in mapping intersectionalities across the family care life course. Perhaps as a starting point, we might examine the truism that family care is gendered through consideration of the complex and likely diverse relationships of gender with race, class and nationality (Holvino, 2010).

There are considerable empirical challenges ahead. Analyses to establish the main patterns of trajectories are needed to build understanding of life courses of care work and relationships. Ideally, we would draw on longitudinal data sets that would allow for the life-course mapping of the building blocks of care work. Qualitative methodologies might best be employed to capture the ebb and flow of ‘care as being in relationship’. In turn, this foundational work is needed as a basis for examining the impact of diverse life courses of care on health, wealth and social connections across the lives of family carers.

Finally, we believe that this work can foster a more nuanced debate about the sustainability of the family care sector. There are opportunities to identify, within different trajectories, specific tipping points that may render carers especially vulnerable. Meticulous attention to policies that are responsive to these tipping points will go a long way towards truncating the cumulative disadvantage that is central to the lives of too many carers.

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Conflict of interest

The authors declare that there is no conflict of interest.

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