CRDCN Research Policy Snapshot

Life course trajectories of family care: Implications for care policy

Eales, Jacquie and Fast, Janet "Life course trajectories of family care: Implications for care policy" CRDCN research-policy snapshots. January 2022

What the researchers did

Researchers drew a sample of 3,299 Canadians aged 65+ who had ever provided care from the 2012 General Social Survey on Caregiving and Care Receiving (representing 2.1 million Canadians). Using Latent Profile Analysis and cross-tabulations on retrospective care history data, they empirically identified life course patterns (trajectories) of family care.

What the researchers found

Researchers moved beyond point-in-time 'snapshots' of care to identify, for the first time, life course care trajectories. Trajectories differed in age of first care experience, number of care episodes, total years of care and amount of overlap among episodes. They identified five distinct trajectories: (1) late bloomer; (2) encore; (3) all at once; (4) enduring; and (5) serial. These are described in further detail in the attached supplementary information with percentage of the population experiencing that trajectory.

RDC Datasets used

2012 (Cycle 26) General Social Survey on Caregiving and Care Receiving (GSS)

Policy areas this research can inform

- Families, households and marital status
- Health
- Population and demography

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- Seniors and aging
- Society and community

Policy implications of this research

Canada lacks a policy strategy to mitigate negative health, social and economic consequences for 8 million current and 13 million previous caregivers, despite claims that supporting them is important. Evidence about life course trajectories deepens understanding of caregiver diversity, and suggests interventions to mitigate cumulative financial, social, and health risks by tailoring solutions to the needs of caregivers with specific care trajectories (see supplementary information for details).

Read the full article

Fast, J., Keating, N., Eales, J., Kim, C., and Lee, Y. (2020). Trajectories of family care over the lifecourse: evidence from Canada. Ageing & Society, 1-18. DOI:10.1017/S0144686X19001806.

For illustrations of the different care trajectories, please see: Research Recap: Beyond "Snapshots" to "Lifetimes" of Family Care. <u>https://vanierinstitute.ca/research-recap-beyond-snapshots-to-lifetimes-of-family-care/</u>

Supplementary Information

Eales, Jacquie and Fast, Janet "Life course trajectories of family care: Implications for care policy"

Further details on the five distinct life course care trajectories, with percentages of the population experiencing that trajectory, were as follows:

- Late bloomer (54%; single 4-year period of care to parent or spouse starting in their 60s);
- Encore (25%; mid-life, 14-years of caring for close family members, then to same generation kin or friends);
- All at once (11%; intense mid-life decade of care to parents or in-laws, often at the same time);
- Enduring (6%; starting young and caring for close family members for over 3 decades); and
- Serial (4%; mainly women who start young and care for over 3 decades for multiple kin and friends, often at the same time).

Solutions tailored to the needs of caregivers in the life course trajectories identified in this research are as follows:

- For Enduring and Serial caregivers: supports that help caregivers successfully juggle work, parental and caregiving responsibilities (flexible work arrangements, paid leaves), healthy opportunities/choices; socially engaged life styles.
- For All at Once and Encore caregivers: supports that help caregivers successfully juggle paid work and care work (flexible work arrangements, paid leaves); financial supports for caregivers who have to leave the labour force (caregiver allowance, pension protection, e.g. CPP drop out); return-to-work assistance.
- For Late Bloomer caregivers: supports that help caregivers maintain their financial (pension credits, early retirement opportunities, retirement transition assistance), physical and mental wellbeing and reduce social isolation (system navigation, formal care services).