Title: Life course pathways into intergenerational caregiving

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Abstract:

Background and objectives:

We develop a framework for the analysis of pathways into family caregiving to older people defined around life course concepts such as key turning events in life, cumulative processes

and linked lives within the family realm that influence decisions around intergenerational family caregiving.

Research design and methods:

Using Framework Analysis, we analyse semi-structured qualitative interviews from a sample of dyads (older cared-for adults and their main family carers) in Austria (N=24) and Slovenia (N=52). Data was collected in 2019 through a purposive sampling strategy that included dyads from a differentiated socio-economic background and gender composition.

Results:

The analysis reveals the existence of four non-exclusive pathways into caregiving. One pathway is associated with single turning events occurring in family or work trajectories of carers that expanded the possibilities for caregiving later in life. Another pathway referred to cumulative processes that later influenced transitions into caregiving, such as personal biographies marked by weak labour market attachment or previous occupations as professional carers. The third pathway is characterized by continued and sustained exchanges of support within families that cement reciprocal ties that underpin caregiving at later stages. In the fourth pathway, life trajectories of siblings, but also family relationships and conflicts constrained carers into their role.

Discussion and Implications:

Decisions regarding caregiving within families can be best understood as processes, linked to developments in other trajectories in carers' lives, as much as to internal family dynamics and relationships. Becoming a carer may be itself the result of intertwined accumulated vulnerabilities.

Introduction

Family caregiving makes up for a substantial share of care provided to dependent people in old-age in both Europe and North America and its relevance seems unlikely to diminish in the future (Barczyk & Kredler, 2019). While the determinants of family care provision have been widely studied across different long-term care systems (Roth et al., 2009, Schmid et al., 2012), existing research has often taken a static view of these determinants and of the timing of care transitions. Two recent reviews have questioned whether these snapshots taken at particular moments of life fully and adequately capture the complexity of caring experiences and trajectories, particularly the determinants of caregiving, and have explicitly called for a life course perspective on caregiving (Moen & DePasquale 2017, Larkin & Milne 2018).

Family caregiving has recently merited attention as a specific trajectory of the life course. Most studies have focused on either the timing and sequence of caregiving careers across the life course (Keating et al., 2019, Fast et al., 2020), or on the impact of such caregiving careers on other life trajectories. Examples of the latter are studies that show how the timing of caregiving shapes further possibilities for education and employment among carers (Hamilton & Adamson, 2013; King & Pickard, 2013). Transitioning into caregiving has also been shown to impact perceived family relations, i.e. family life trajectories, among caregiving partners in old-age (Kramer & Lambert, 1999).

In comparison, linking earlier life trajectories with transitions into caregiving later in life, for example through accumulation or pathway processes (Graham, 2002), remains a relatively unexplored aspect. To our knowledge, only Carmichael and Ercolani (2016) specifically address informal caregiving as part of a cumulative process associated with prior life events and choices, where path dependency plays an important role. Using longitudinal data, they show that differences in economic resources, health and wellbeing well before the first episode of caregiving are associated with different patterns of informal caregiving observed later in

life. Hamilton and Adamson (2013) also discuss pathways into care, more concretely the ‘being born into care’ pathway, albeit in the context of young family carers. The present study thus aims to analyse pathways into family care. In doing so it addresses Moen and DePasquale’s (2017) appeal for an investigation of caregiving that conceptualizes it as a dynamic process. To this end, we propose a framework for analysing transitions into family caregiving for older relatives that draws from life course theories and allows it to be interwoven with other life trajectories, such as family relations or labour market careers. We then go on to apply this framework to the analysis of a qualitative dataset gathered from dyads of older adults and their family carers in Austria and Slovenia.

A life course framework to analyse transitions into intergenerational informal caregiving

The framework we detail below builds on four main components or concepts taken from life course approaches: pathways, key turning events, cumulative processes and linked lives. The framework links events and processes starting or taking place in earlier life stages, as well as shared relationships with others (e.g. family members), with family caregiving later in life. In doing so, it moves away from snapshots of individual-level predictors of caregiving, to offer an alternative conceptualization based on pathways into family caregiving that are represented as dynamic life course processes within broader family constellations. The framework therefore focuses not only on the processes, but also on the contexts (e.g. family relationships, cultural norms) that underpin caregiving.

Life events and transitions

The life course has been characterized as a sequence of episodes in which earlier life events influence later ones (Alwin, 2012). These events have the potential to mark bookends of life stages and transitions in the trajectories of individuals (Elder, 1985). Transitions may be discrete and relatively abrupt or gradual. In addition, the consequences of transitions in one domain of the life course are seldom circumscribed to that domain only. Life course also

emphasises the social and institutional embeddedness of trajectories, as the meaning and consequences of particular transitions are moderated by gender and socio-economic position, for example (Moen & Sweet, 2004). Finally, the timing of life events is also key, as shown by the impact that unemployment in early youth has on lifelong earnings (Genda, et al., 2010).

We posit that transitions into family caregiving are informed by other life events in different domains of the life course (e.g. family life or employment) and their timing. Transitions caused by said events, such as divorces leading to cohabitation with parents (family life) or early exit from the labour market due to illness or disability (health, employment), have the potential to shape life trajectories and put them in a pathway that leads to caregiving at a later stage in life.

Cumulative processes

Another key tenet of life course analysis is the cumulative effect that links exposure to certain conditions earlier in life to current trajectories (Kuh & Ben-Shlomo, 2004). We understand these cumulative processes in two ways. Firstly, cumulative processes are triggered by life events and tend to reinforce advantages and disadvantages, in what is known as the ‘Mathews effect’ (Ferraro et al., 2009). Transitions into caregiving may thus result from a cumulative process of disadvantage, e.g. in weak labour market attachment that leads to caregiving. Secondly, we build on Finch and Mason’s (1993) earlier work on intra-family support as a manifestation of responsibilities that develop over time, as well as on Tronto’s (2013) definition of care as encompassing a relational aspect or feelings of concern for others, to define cumulative processes specific to family caregiving and defined around the creation of ‘ties that bind’ through reciprocal exchanges over time within kinship contexts. Finch and Mason (1993) portray these exchanges as part of a negotiation process within families underlined by power and control. They highlight that “the conditions under which people live their lives make it more likely that parents and children will develop commitments to each other” (Finch & Mason, 1993:168). Transitions into family caregiving may thus be embedded into wider

reciprocal family exchanges within kinship relations oscillating between mutual dependency and independency. Family bonds therefore include a network of obligations and affections. Viewed through these lenses of cumulative processes, some transitions into family caregiving may be better understood as gradual or ‘long-term “processes’ ”taking place in people’s life trajectories” (Kramer & Lambert, 1999:659).

Linked lives

The bonded relationships around care that arise in response to reciprocal exchanges or due to the relational nature of caregiving (Rodrigues, 2020) also relate to the life course concept of linked lives. Life course scholars have long emphasised how life trajectories and individual welfare are linked to the choices, resources and transitions of other individuals in an interdependent fashion (Elder et al., 2003; Alwin, 2012; Keating et al., 2019). In fact, this interdependency arises from the sharing of relationships between people (Alwin, 2012). A relevant concept connected to linked lives in caregiving is that is of ‘social convoys’ proposed by Kahn and Antonucci (1980) as networks of relatives and friends that can be activated to become ‘care convoys’ when needs arise (Keating et al., 2019). In our framework, we propose to look at linked lives in the sense of how transitions into caregiving are shaped by evolving relationships within the family realm. Incorporating linked lives into the framework also highlights how individuals’ agency is constrained by diverse social structures (Alwin, 2012).

Data and Methods

Study design

This was a qualitative study carried out in Austria and Slovenia and based on semi-structured face-to-face interviews with dyads of older adults living in the community and their self-identified primary family carer (e.g. children, children-in-law or grandchildren). For the purpose of the analysis we defined transition into caregiving in relation to a single still ongoing care episode (i.e. with a beginning, but not yet completed at the time of the interview). The

choice of qualitative research methods allows us to better explore the interviewees' own perceptions of the transitions into caregiving and gain an in-depth knowledge of their biographies and key transitions in life.

The countries selected represent a most-similar study design (Landman, 2008) as they are neighbouring countries with similar predominant care values and approaches to care provision that in both cases are closer to the familialism side of the care regime spectrum (Saraceno, 2016). Austria and Slovenia share strong family values that emphasize the family as the main caregiver (Eurobarometer, 2007). In both countries, carers live relatively close to their dependent relatives as housing mobility is low, with a similar share (25-30%) of older adults living alone (Eurostat, 2015). At the same time, dyads were selected to have a diverse socio-economic status and gender – in effect a most-dissimilar study design concerning interviewees (Landman, 2008) – to capture a wide variation of pathways into informal caregiving.

Interviewees

The study included 52 dyads in Slovenia, and 24 in Austria. Potential interviewees were selected through home care service providers in each country, community services and organizations (e.g. GPs and religious organizations of several denominations), as well as informal contacts as part of snowball sampling. Potential interviewees all received an information sheet about the study; their participation was voluntary and their identification details were anonymized to prevent the identification of personal information. The interviewees were purposely sampled to ensure a wide but balanced representation of socioeconomic status and gender of both care recipients and caregivers (Table 1). The socioeconomic status of care recipients was defined around house ownership, education and income, while for informal carers it was defined around occupation and education. Participants who received care were aged 60 and older and their cognitive capacity allowed them to be interviewed. To minimize recall bias, shortlisted interviewees were limited to those who had

started to receive care services within the past 12 months, a threshold that was later extended to 24 months. Approval for the study was obtained from the Ethics Committee at the Faculty of Social Sciences, University of Ljubljana (2016-01/KERFDV) as no ethical approval is required for this type of study in Austria.

[TABLE 1 HERE]

Data collection

Interviews were carried out between February and September 2019. Most interviews took place at the interviewees' own home, but approximately one third were carried out in workplaces, cafes and day care centers at the request of interviewees. Each member of the dyad was interviewed separately, but if requested by interviewees, carers and cared-for persons were present in the same room during the interview.

The semi-structured interviews used a prepared topic guide as a starting point with prompts and open-ended questions covering four areas: biographies before care, the moment of needing care, providing care, paying/rewarding for care. Interviews lasted between 20 and 70 minutes and all were audio recorded and transcribed verbatim in the original language. Socio-demographic information of each interviewee was gathered in a short questionnaire before each interview and further contextual details of the interviewee recorded as field notes during and immediately after each interview.

Data analysis

Framework Analysis (Ritchie & Lewis, 2003) was applied for data analysis. This is a systematic and rigorous analytical approach that brings together information collected from different groups of interviewees and allows for the combination of deductive reasoning, to first establish a conceptually clear structure of themes, with inductive theory-building analysis, by including codes and expanding themes that stem from the transcribed interviews (Fereday & Muir-Cochrane 2006). The analysis involved four stages. In the first stage each national research team gained in-depth knowledge of their own data through coding of the transcripts

using MAXQDA software. The theoretical propositions deducted from the framework presented above guided the initial coding frame for all transcripts. The themes included *transitions*, *cumulative processes* and *joint lives*. Each theme was continuously reviewed and populated by codes arising from the interviews (e.g. family conflict, intergenerational exchanges) (Bradley et al., 2007). This mix of deductive concept-based and inductive data-driven coding aimed to ensure all elements referring to the topic were captured, while facilitating homogeneity in the analysis of both national datasets (Gibbs, 2018). In a second stage, data was summarized using thematic matrices, with each cell synthesizing information on a code (column) and individual (row). In a third stage, codes were examined for consistency and variation across the sample (e.g. patterns or outliers), aggregating codes where relevant to reflect higher abstraction and analysing the remaining events and processes mentioned by each dyad to identify main pathways and possible variation by SES and gender patterns in each country. In the fourth and final stage of the analysis both teams drew conclusions from the patterns and exceptions found in the data.

Trustworthiness and validity

A number of steps were implemented to account for the dyadic and cross-language nature of the study and ensure robustness and validity (Squires, 2009; Noble & Smith, 2015). To account for the dyadic structure of the study, we used identical topic guides for both members of the dyad to capture parallel reflections on transitions to care and past life events or trajectories; and employed an ‘embedded triangulation’ (Solomon et al., 2018) by having the two members of each dyad report on one transition into caregiving. Considering the cross-language nature of the study, the topic guides were jointly developed in English by the whole research team and then back-translated and piloted in the language of the participants in each site. The coding was carried out in the original language to limit language barriers between researchers and participants and maximize the sociocultural competence of each research team in relation to

their study site. The theoretically-developed original theme frame mentioned above was also meant to contribute to inter-site validity. In addition, both national research teams maintained regular exchanges as new codes emerged and a code lexicon was developed to ensure inter-coder consistency. Some, albeit few codes were exclusive of one national dataset, reflecting the uniqueness of each context or findings. The thematic matrices that comprise the second stage of the Framework Analysis described above were developed in English and jointly analysed by both national teams. A comprehensive audit trail of decisions, including fieldnotes and memos of meetings was kept throughout.

Results

The results are organized around the four distinct pathways that emerged from the analysis: specific turning point events in life, cumulative processes of caregiving, continued and sustained exchanges and linked lives. For each pathway we present also similarities and differences across the two countries, socio-economic condition and gender.

Pathway 1: Turning point events in life

This pathway refers to transitions in family or employment trajectories of dyads – termed turning points in their lives – that were associated with family caregiving.

Chiefly among the key events with a direct influence on care decisions were those connected with family trajectories. These included carers' own divorces, which led them to find themselves alone when needs arose (e.g. without a spouse to take up care), or those of their parents, in which carers were raised by their grandparents for whom they would later care for. It also included the carers' own children moving out and thus freeing carers from having multiple caring obligations. At least two carers reflected on the early death of one of their parents as a key moment in which their lives became strongly intertwined with their surviving parent, for whom they would later care for. Family constellations also included interviewees who as the youngest child had remained longer in the parents' house and had begun already

then to provide some form of support: *“I am the youngest, was at home for the longest time and am involved in almost all of the decisions, have been almost everywhere jointly responsible, regardless of what was done”* [A13, Austrian female caregiver, medium SES]. This was credited with creating a precedent and expectation for care later on, even though the carers at hand had eventually moved out of their parents’ house and did not reside in the vicinity at the onset of needs.

Another key transition pertained to co-habitation. Some carers never left the family home as their parents’ house was large enough to accommodate them and they had been unable or unwilling to find their own lodging. Others had returned to their parents’ home chiefly motivated by financial reasons after moving to other regions or abroad in search of work, or after divorces, as explained by one Slovenian carer:

Yes...simply, wife and I separated. I used to work here [name omitted due to anonymity] and had only the basic wage...if you are alone...you are struggling. Until it was two of us, there was no problem. But when you are alone and you have to pay 300€ per month it is...oh God. [LP15, Slovene male caregiver, medium SES]

This co-habitation singled these adult children as ‘natural carers’ when needs arose.

There were also references to transitions related to the labour market. A number of interviewees had already retired or were on prolonged sick leave when needs arose and this enabled the take-up of the caring role:

Regarding these circumstances, well I have sick leave. And on sick leave you have more time, when you can do things. If I was employed, if I had work as previously, that would be difficult. [LP05, Slovene male caregiver, medium SES]

Some of the above-mentioned transitions were mediated by gender, but less so by socio-economic condition. For instance, the timing of leaving the parents' home was intertwined with the interviewees' role as the daughter who helped around in the house, while the brothers had left as soon as possible to work somewhere else. Similarly, those who had never left their parents' home were mostly women. For male caregivers, transitions associated with withdrawal from the labour market featured more prominently as pathways into caregiving. Co-habitation or residing very close by was more often found in rural areas among multi-generational farming families, which were present mostly in the Slovenian sample.

Pathway 2: Caregiving as a cumulative process

A second pathway into caregiving reflected cumulative processes triggered by life events that came to influence the transition to caregiving.

A number of interviewees cited a personal history of weak labour market attachment (e.g. linked to several spells of sick leave) or having left the labour market altogether some time before (e.g. being inactive after long spells of unemployment) as a main factor leading to caregiving. When asked to reflect on the circumstances that led them to take up care, one interviewee offered this reflection:

And I have to say, that mine was classic woman's employment in Austria, two part-time jobs, not at all corresponding to my education... but my mother isn't to blame for this at all. This just resulted from my biography, that I have been with the children for a very long time and therefore re-entered into the workforce late. [A25, Austrian female caregiver, high SES]

For another female caregiver in Austria, taking up caregiving as her main occupation paid by the care allowance was framed against her own personal history of weak labour market attachment intertwined with frequent episodes of poor health.

The divorces mentioned earlier did not merely triggered a transition in the family trajectories of carers that led to caregiving – pathway 1. They were accompanied by or caused a deterioration of the financial situation of would-be carers. This, in turn, was a strong driving force behind co-habitation, as hinted by the words of the Slovenian carer LP15 above.

While the cumulative processes narrated by interviewees mostly referred to growing disadvantages that led to caregiving, there were exceptions to this. This cumulative pathway also included two daughters who had previously worked as professional carers. In both cases, interviewees framed their current condition of family caregivers as a continuation of this previous (professional) caring experience. The previous roles seem to have elicited renewed expectations within the family as to the interviewees' overall suitability as carers, including their perceived greater technical skill or ability to navigate the care system:

I have been... at the time we needed help, I have been employed in a nursing home as a nurse. And when mother had problems, when she needed care and everything, there was no one, that could come at a moment notice, and there was a waiting line [for care services]. So, I was called on, to provide care three times a day, seven days a week. [LP56, Slovene female caregiver, high SES]

Co-habitation following family dissolution, albeit referred by both male and female caregivers, weighted more heavily in the pathways into caregiving of lower socio-economic carers.

Pathway 3: continued and sustained exchanges of support

This pathway included past and continuous exchanges of different forms of support within the dyad. These exchanges generated a moral 'debt' or expectation to reciprocate with care at the present point in their life trajectories.

Quite a number of caregivers and cared-for persons referred to reciprocity as a clear and strong motivation for care, offering examples or linking current caregiving to concrete instances of

support provided or received in the past. These past and very often continuous exchanges were of a varied nature including financial support and grandparenting. In some instances, these exchanges were linked to particular transitions or stages in life such as teenage pregnancy, divorces or upbringing:

They've helped me a lot, with the divorce first of all. That I could go out from time to time or professionally. When attending school, he [her young child] was looked after until 16:30, afternoon childcare, which was great anyway. And often I didn't get home before 17:30. And mum covered the hour. And that is what she is getting back now, I would say. [A50, Austrian female caregiver, high SES]

"Yes, I raised him [grandchild] and that's why he says 'Yes, granny, you have done so much for me in my life, I will pay you back now. I'm here for you now.'" [B28, Austrian female care receiver, average SES]

Most dyads were interviewed separately but there was a very high degree of agreement between both members on this reciprocal motivation. In two cases this cumulative process was framed in relation to the generation to which the cared-for person belonged, with an Austrian carer offering the following justification: „*this is my solidarity contribution. He suffered during war times, partly his generation re-built this country, I was already born into a generation where I say 'Ok, we had a nicer childhood and this is actually the thing that one can give back'*“ [A10, Austrian female caregiver, low SES].

This cumulative process resulting from reciprocal exchanges was more often found among dyads that enjoyed close relationships. There were exceptions to this rule though, as exemplified by one interviewee who downplayed her emotional attachment while still acknowledging the reciprocal exchange underlying her caregiving: *"I would say a normal relationship. Nothing particular. Linked enough, I think, so parents helped in the beginning,*

also financially, me and my brother. And I guess we are returning this now in this way.” [LP07, Slovene female caregiver, high SES]. These exceptions not only confirm the relevance of these reciprocal exchanges for caregiving in later stages in life, but they were separated from norms of filial support. In fact, several interviewees clearly distinguished this moral duty to reciprocate within families from filial obligations (i.e. caregiving might not have been forthcoming in the absence of these past continued exchanges and support).

This pathway into informal caregiving was transversal to gender and country. Views on reciprocity were not stronger among individuals of lower socio-economic status. Indeed, this pathway was more frequent among higher socio-economic groups.

Pathway 4: Linked lives and life trajectories of others

In this pathway we analyse transitions into caregiving that are affected by the choices, behaviours and resources of other family members. In other words, how transitions into caregiving are impacted by life trajectories of others in the family.

Family conflicts played an outsized role in the division of care within families. As a rule, these were not disputes between siblings, but rather between the cared-for person and other children than the carer. For example, one carer cited a previous disagreement that took place between her mother and a daughter-in-law, which caused the older brother to refrain from providing care. Although references to these conflicts were not frequent, when present they were referred as particularly strong impediments for other relatives to provide care.

The ‘social convoys’, understood here as the web of relatives that could be called upon at the onset of need, also depended very much on the stage each sibling was in the employment, family or health trajectories. Several siblings were not available as they still had children of their own to care for, or could provide only limited care in addition to the main carer because they resided far away or were still employed. It was not only the life trajectories of carers themselves that shaped their transitions to care, but also the trajectories of other family

members: *“I have work, my sister is ill and cannot help. She is three years younger, but she has multiple sclerosis.”* [LP23, Slovene female caregiver, high SES].

The life trajectories of other siblings were referred as pathways to caregiving across gender lines. However, these seemed to have a greater significance as a pathway into caregiving for carers of lower social economic status. This could signal that financial resources could more easily make up for gaps in the availability of other family members in social convoys, i.e. care services could be bought and replace unavailable relatives.

Discussion

The starting point for this study was to use tenets of life course theories to build workable categories for research on pathways *into* family caregiving. Based on a theoretical framework that encompasses key life events, cumulative processes and linked lives, we found four non-mutually exclusive pathways into caregiving. The first pathway pertained to transitions occurring in family or work trajectories of carers that expanded the possibilities for caregiving later in life. These included transitions into single living by carers, following divorces, or co-habitation with parents. The work transitions that influenced caregiving were associated with more conventional work trajectories along the life stages, namely, transitions to retirement. The second pathway referred to cumulative processes triggered by key life events that later influenced transitions into caregiving. For instance, interrupted careers due to childcare led to a weak labour market attachment later in life that in turn facilitated the transition into a caregiving role. These cumulative processes also included previous roles as professional carers that may endow on these individuals care specific abilities (e.g. technical expertise) that later translates into informal caregiving for their older relatives. This accumulation was distinguished from pathway 3, which was defined around continuous reciprocal exchanges of support that were underpinned by what Yeandle called “the negotiated and historical development of relationships between families” (Yeandle, 1996: 524). This included the web

of interdependencies and reciprocal exchanges forged in lived family trajectories as well as in caring relationships (Rodrigues, 2020). Pathways into family caregiving were also very much shaped by the ebb and flow of family relationships and the life trajectories of other family members. This was evident in pathway 4, defined around the linked lives of siblings and social convoys (Kahn & Antonucci, 1980). In this pathway we find examples of how the life trajectories of siblings affected who was available to provide care, but also how strained family relationships or conflicts impacted the implicit decision of who becomes a carer within families.

As mentioned above, these pathways overlapped. Some key life events or transitions, such as ‘traumatic’ events in the life of carers (e.g. divorce) triggered cumulative processes of disadvantage as well as opportunities for co-habitation that offered greater scope for downward intergenerational support. This in turn, reinforced family ties and generated a moral debt. Similarly, family conflicts (included in the linked lives pathway) often reconfigured the webs of support within families that generated ties that bind. Life course authors have stressed the interdependency and path-dependency of life trajectories across different domains (cf. Alwin, 2012), so the overlapping nature of these pathways into caregiving is coherent with life course theory.

Some of the transitions described triggered their own cumulative processes defined by path-dependency (Ferraro et al., 2009), particularly in pathway 2. As pointed out by other authors (Carmichael & Ercolani, 2016), these cumulative processes were mediated by socio-economic condition and gender. An example of the former is co-habitation, which is a coping strategy following family dissolution for lower income individuals, while pathways into caregiving still reflected the gendered life trajectories and transitions of our sample of carers. The cumulative processes reflected the historical times (epoch/cohort) in which the biographies of dyads and the cumulation processes unfolded (Elder et al., 2003), namely, one characterized still by the

male breadwinner model in both Austria and Slovenia. A life course analysis applied to trajectories into caregiving thus also highlights a structuralist view of inequalities that underpin caregiving. There were ample examples of how agency was constrained by normative and institutional aspects of social order, either within the family, through the moral obligation to reciprocate in two deeply familialistic societies, or through biographies that were shaped by gendered norms and roles.

The study has some limitations that are worth considering. The sample analysed, and indeed the analytical framework proposed, focuses on intergenerational care to older people underpinned by kinship relations. Therefore, the present study does not include spousal care later in life. This exclusion and the focus on pathways into care, explain the limited overlap with, for instance, the typology of care trajectories proposed by Keating et al. (2019). Other types of caregiving (e.g. to children with disability or working age parents) may have different pathways into care (cf. Hamilton & Adamson, 2013). Recall bias is a possibility when interviewees look back at transitions into caregiving, despite the efforts to limit our sample to more recent transitions. To minimize this possibility, the narratives within dyads were checked for consistency when interviewed separately and these were found to concur as to the recollection of events. Unlike spousal care, transition into intergenerational family care is often abrupt rather than gradual (Seltzer & Lin 1996), which also contributes to limit recall bias. Finally, life trajectories are also very much moulded by the place and era in which they take place. We applied our framework to a diverse sample of individuals in two otherwise relatively similar countries insofar as caring arrangements and types of familialism (Saraceno, 2016). A more in-depth exploration of country or institutional differences was beyond the scope of this study. Future research could explore how pathways into caregiving may diverge from those described here, e.g. in settings defined by more differentiated forms of familialism, individualistic mores or life trajectories in dual breadwinner societies. For now, this study has

contributing to expand a body of research on life course and caregiving that has been mostly focused on Anglo-Saxon countries. Similarly, care cultures and institutions are not static and pathways into caregiving may well vary across different cohorts, reflecting, for example, greater economic independence of women or different family formation patterns. This would be a worthwhile future research avenue to explore.

Applying life course lenses to care has until now focused on the sequencing of care episodes or/and the role that caregiving plays in the cumulation of disadvantages during and in the post-care period (Seltzer & Lin 1996; King & Pickard, 2013; Fast et al., 2020). Our main contribution to this field lies in a framework for the analysis of pathways at the other bookend of care, i.e. into caregiving. This has the potential to situate caregiving not only as a generator of disadvantage, but also as a result of accumulated disadvantages that are interconnected across different life course domains, a point made earlier by Carmichael and Ercolani (2016) with quantitative data. Transitions into caregiving can thus be viewed in the contexts of inequality generating processes already underway before the care episode, what is usually coined as ‘self-selection into caregiving’ in the empirical literature (Van Houtven et al., 2013). From a policy standpoint, findings confirm that many family caregivers face multiple disadvantages as some of the pathways into caregiving were clearly linked to previous tenure labour market trajectories, for example. Caregiving may therefore be associated with previously existing inequalities (e.g. in income and health) and there is indeed some evidence that family caregiving, particularly of intense form, may be becoming increasingly concentrated on disfavoured groups (Rodrigues & Ilinca, 2021). Our findings reinforce the view that women may be particularly vulnerable to such accumulation of disadvantages. These overlapping vulnerabilities may be partially addressed through the provision of health insurance and pension credits to carers, as in Austria. In Slovenia, such provisions exist but are limited to an extremely limited number of informal carers and for many developed countries

they are not available at all (Courtin et al., 2014). In the US, federal legislation supporting family carers (the Family and Medical Leave Act of 1993) still lags considerably behind (Heymann et al., 2008) and as healthcare is dependent on the employer, caregiving may play a disproportionate role in widening inequalities.

With this study we aimed to demonstrate the opportunity and indeed the relevance of applying the tenets of life course theory to fully understand pathways into intergenerational caregiving within families. In doing so, we hope to have contributed to the arguments made by others in favour of considering care as a distinct life course domain, while at the same time suggesting that life course lenses may render visible the circumstances leading to caregiving.

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Table 1: Characteristics of the interviewed dyads

	Caregiver			Cared-for person		
	Austria	Slovenia	Total (%)	Austria	Slovenia	Total (%)
Gender						
Male	7	22	29 (38.2)	5	8	13 (17.1)
Female	17	30	47 (61.8)	19	44	63 (82.9)
Socio-economic status						
Low	5	5	10 (13.2)	8	29	37 (48.7)
Middle	10	21	31 (40.8)	11	16	27 (35.5)
High	9	26	35 (46.0)	5	7	12 (15.8)
Age group						
<50	5	20	25 (32.9)	-	-	-
50-59	10	18	28 (36.8)	-	-	-
60-74	8	14	22 (28.9)	1	7	8 (10.5)
75-84	1	-	1 (1.3)	7	18	25 (32.9)
>84	-	-	-	16	27	43 (56.6)
Employment status (caregivers)						
Full-time	14	38	52 (68.4)	-	-	-
Part-time	4	2	6 (7.9)	-	-	-
Unemployed/sick leave	-	2	2 (2.6)	-	-	-
Retired	6	10	16 (21.1)	-	-	-
Living arrangement						
Alone	10	2	12 (15.8)	19	15	34 (44.7)
With spouse or other relatives	14	50	64 (84.2)	5	37	42 (55.3)
Total	24	52	76	24	52	76