Intergenerational Perceptions of Family Care: Examining Non-Dyadic Baby Boomers and Adult Children of Boomers

by

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Abstract

The aging of the baby boomer (BB) generation (1946-1965) presents unique challenges for those planning future care contexts. Limited research has examined anticipated care perspectives of both BBs and adult children (AC). Drawing upon a critical life course perspective, this study aims to: (1) examine family care perceptions of BBs as future care recipients and non-dyadic AC of BBs as potential caregivers; and (2) explore perceived societal supports for family caregivers. Two focus groups of BBs (n=10) and two of AC (n=9) were conducted between January and March 2020. Thematic analyses revealed congruent and non-congruent generational viewpoints within four overarching themes: individual outlooks, social locations, and proximity; family preservation/care norms; perceived aging realities and plans; and negotiating contemporary care. Analyses also identified perceived systemic gaps and opportunities in community supports for aging families. Findings are discussed in relation to supporting those giving and receiving care across generations.

Keywords: family care; future caregiving; baby boomers; thematic analysis; intergenerational relations; life course perspective

Dedication

This thesis is dedicated to the family, friends, and mentors who have supported me along my graduate student journey. None of this would have been possible without your love and guidance.

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I acknowledge that this thesis research was conducted on the unceded territories of the Squamish (Sḵwx̱wú7mesh Úxwumixw), Tsleil-Waututh (səl̓ilw̓ətaʔɬ) and Musqueam (xʷməθkʷəy̓əm) Nations.

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List of Acronyms

AC	Adult Children
ACBB	Adult Children of Baby Boomers
ACBB1	Adult Children of Baby Boomer Focus Group 1
ACBB2	Adult Children of Baby Boomers Focus Group 2
BBs	Baby Boomers
BB1	Baby Boomer Focus Group 1
BB2	Baby Boomer Focus Group 2
HHR	Health Human Resources
LCP	Life Course Perspective
LTC	Long-Term Care
MLA	Member of Legislative Assembly
SFU	Simon Fraser University

Glossary

Baby boom generation	In Canada, individuals born following World War II, between 1946 – 1965.
Filial obligation	The normative expectation that adult children are responsible for the care of their aging parents (Gans & Silverstein, 2006)
Filial piety	A cultural principle of intergenerational attitudes and behaviours typified within collectivist East-Asian societies (Ho, 1994)
Formal care	Paid aging care provided through the public or private healthcare sector (e.g., home support or long-term care)
Informal care	Aging care provided by unpaid family members or friends

Chapter 1.   Introduction

As national and global aging populations continue to increase and garner public awareness, the topic of caregiving has become central to discussions of social support. For the first time in Canada's demographic structure the proportion of seniors (aged 65+) now outnumbers children aged 14 and younger (Statistics Canada, 2017). A major component shaping Canada's population trends is the aging of the 'baby boomer' generation (i.e., those born between 1946 -1965). In 2011, the first cohort of baby boomers (BBs) turned 65, resulting in many leaving the labor market, collecting old age pension, and facing new social and physical transitions in retirement. In 2021, BBs will be aged approximately 55 to 75. Compared to previous generations, BBs have faced a variety of unique circumstances across their lifespan, including falling birth rates, rising life expectancy, higher workforce participation (especially among women), and sustained work roles following retirement age (i.e., delayed transitions). Given the vast age span and varying socio-historic circumstances of the BB generation, there is notable heterogeneity within the cohort. Subsequently, researchers have noted that the distinct characteristics of the generation pose challenges to societal notions of aging (Jönson, & Jönsson. 2015; Pruncho, 2012; Wister, 2005).

Alongside the unprecedented aging boomer landscape, are simultaneous family transitions for adult children of BBs (ACBBs) who are negotiating their own aging trajectories and occupied roles. As BBs progress through old age, many will undoubtedly face a multitude of health-related caregiving challenges (e.g., a rising need for instrumental and emotional support in daily and health activities). Despite public portrayals that reinforce antagonistic tension across these generations, BBs and the ACBBs are connected groups embedded in a unique sociopolitical context for aging care and social support resources (Pillemar & Suitor, 1998; Bernard & Scharf, 2007; Katz & Whitehouses, 2017). How boomer families approach age-related health transitions against the backdrop of socio-historic changes presents a complex and intertwined series of choices and constraints. The family support network, and particularly adult children, have traditionally been relied upon for aging care. However, within the unique generational context of aging BBs, little is known about their preferences for receipt of

future care (Guberman, Lavoie, Blein, & Olazabal, 2012; MaloneBeach & Langeland, 2011).

In the foreseeable future, ACBBs will play a prominent role in the care context, potentially assisting formal care providers, managing multiple forms of care, and/or providing supplementary informal care and emotional support. It has been argued that neoliberal health reform has shifted much of the onus of elder care planning and management onto families in order to maintain and support older adults' health and independence (Barken, 2017; Fast, Keating, Otfinowski, & Derksen, 2004). An implicit structural expectation requires that family members, when available, complement the formal healthcare, long-term care (LTC), and community care systems—what has been termed "partners in care" (Barken, 2017; Ward-Griffin & McKeever, 2000). The presumed role of family in aging care by both societal norms and systemic healthcare structures have perpetuated the taken for granted and invisible nature of family care support in aging (Silverman, Brotman, Molgat, & Gagnon, 2020). Therefore, families may not only encounter potential caregiving role stressors, but there may also be issues surrounding adequate care planning, health system navigation, and decision-making. In addition to the dependence of Canada's health system on informal or family caregivers to supplement formal care services, the very nature of care duties are accompanied by norms and beliefs regarding who is best situated to perform care tasks. Furthermore, diverse family structures (e.g., divorced or remarried families), contexts (e.g., dislocated families across provinces or countries), and cultural backgrounds might influence the allocation of care responsibilities and tasks for BB families.

Several researchers have underscored the need to re-examine societal approaches to aging supports in order to meet the dynamic needs and expectations of BBs (Eifert, Adams, Morrison, & Strack, 2016; Haber, 2009; MaloneBeach & Langeland, 2011). Rapid population aging and rising longevity imply increasing age-related care needs and potential caregiving challenges for boomer families in coming decades (Wolff, Mulcahy, Huang, Roth, Covinsky, & Kasper, 2018). Recent data from British Columbia indicates that family members are providing the majority of care for aging relatives, with adult children making up 58% of primary caregivers for older adults receiving care in the community (Office of the Seniors Advocate, 2017). Given the decline in fertility among BB families and subsequently smaller family sizes, one question is whether, and to what degree, ACBBs will be able to provide adequate support? In addition, Pillemar and

Suitor (1998) noted how wide scale societal trends of evolving family norms (i.e., less overt filial responsibility), individual negotiations of parent-child relationships, increased labour market participation and migration, and fewer co-residing families may impact the nature and negotiation of future family support. Potential gaps in care for BBs will depend upon the nature and availability of support rooted in both formal (paid caregivers/ services) and informal (unpaid care/support) systems (Leist, 2018; Office of the Seniors Advocate, 2017). Accordingly, the need to examine boomer perceptions of their future care and aging priorities is pressing (Haber, 2009).

Despite the systemic reliance on and significant contributions of family caregivers, relatively little is known about caregiving expectations and beliefs within an intergenerational context for BBs and ACBBs (Eifert et al., 2016; Guberman et al., 2012; Wolff et al., 2018). Although BB aging is ongoing, research on the topic is limited due to the uncertainty surrounding their future care needs and circumstances. Given the burgeoning senior population, varying availability or access to care, and an increasing expectation for informal caregivers to supplement formal care there is a need to examine how BBs and the ACBBs perceive these matters. By examining aging boomer family contexts, this thesis presents considerations for community and health system planning and can highlight potential avenues for reinforced support for an evolving aging population (Black, Dobbs, & Young, 2015). Pruncho (2012) outlined the research challenges of projecting BB aging experiences, but emphasized the necessity of closer examinations of their distinctive aging context. Similarly, Hewson and colleagues (2017) emphasized how strategic community planning and leadership in age-friendly initiatives require engagement with BBs. Accordingly, they also noted how a lack of institutional understanding of BBs aging needs might suggest a disconnect between current older adult service provision and targeted policy and practice planning for BBs (Hewson, Kwan, Shaw, & Lai, 2017). As many BBs do not yet require care, or simultaneously age and provide care for their own aged parents, a proactive examination of future care perspectives has the potential to clarify priorities or gaps for boomer families. Furthermore, as community planners and policymakers consider sustainable responses to the needs of our burgeoning aging population, it is prudent to consider both current and oncoming cohorts of care recipients and providers. Intergenerational expectations pertaining to potential care needs, in particular support originating from adult children, is

an emerging gerontological issue (Merz, Schulze, & Schuengel, 2010; Malonebeach & Langeland, 2011; Lendon, 2017; Lin & Yi, 2019; Weng & Li, 2020).

Situated within critical gerontological (e.g., Bernard & Scharf, 2007) and life course perspectives (e.g., Elder, Johnson, & Crosnoe, 2003), this thesis will explore non-dyadic (i.e., non-kin) intergenerational perceptions of future boomer care and awareness of supports for caregivers. This in-depth exploration of intergenerational care perceptions offers benefits for policy analysis and program development, and has the potential to improve outcomes for care providers and recipients (Merz, et al., 2010). Through an enhanced understanding of the dynamic needs of boomer families, health policy and care services might address targeted areas of need within the community and mitigate the projected gaps in support for both BBs and their presumed family caregivers (Silverman et al., 2020). The inclusion of multiple generational perspectives on the topic of prospective care allows for critical consideration of the negotiations and compromises that face BB families in the coming decades. Examining intergenerational perspectives on future boomer care can challenge taken-for-granted assumptions about supporting families along their aging trajectories. Additionally, including both generational perspectives can help identify areas of intervention (e.g., community and government services, resources, and information sharing practices) that will best support the needs of heterogeneous boomer families. The researcher's critical life course impetus to examine diverse family aging experiences lies within the multilevel (i.e., individual, familial, societal) opportunities to better support life course transitions (Bernard & Scharf, 2007). This value-laden approach was applied in the current study so that aging boomer families, future family caregivers, and societal care systems might be better understood and more sustainably supported by research and policy.

In summary, the overarching objective of this thesis is to examine how BBs and non-dyadic ACBBs perceive future care contexts. Given the exploratory nature of this emerging topic, the specific goals of this project are to: (1) examine family care perceptions of BBs as future care recipients and non-dyadic ACBBs as potential caregivers; and (2) explore perceived societal supports for family caregivers. Of note, this thesis does not aim to predict the care behaviors or responses of boomer family members. Nonetheless, this examination of subjective aging perceptions has the potential to deepen contemporary understandings of family care and lay relevant foundations for further exploration.

The following chapter reviews the literature on family caregiving, family care norms and attitudes, and future care for BBs and highlights critical gaps in the existing research. Chapter 3 outlines the theoretical models applied to frame the topic under study, construct the research project, and examine/interpret the qualitative findings. Chapter 4 presents the study methods, study design, and decisions made for this qualitative research project conducted in Metro Vancouver, British Columbia. The findings of the thematic analysis are presented in Chapter 5, organized in relation to the two research goals. The presentation of findings also includes points of congruence and non-congruence across participant generations. Lastly, Chapter 6 discusses the research findings in connection to the theoretical perspectives and previous empirical work on the topics of family care and aging boomer families. In addition, the final chapter presents limitations of the present study and future research and policy directions.

Chapter 2. Literature Review on Family Care and Aging Baby Boomers

This chapter provides an overview of the empirical literature on intergenerational family care and the future care context for aging BB families. Following a description of the literature review methods, the first section synthesizes the extensive research on family caregiving to older adults. More specifically, it explores the nature of family caregiving circumstances and documented patterns among adult child caregivers. Inclusion of literature on the impact of family care and the types of support exchanged contextualize family care perspectives, and the ways that care roles (i.e., recipient or provider) are understood. Furthermore, the challenges and consequences of care shape how the topic is framed by individuals, families, and society.

The subsequent section explores research on family care norms, attitudes, and preferences. Within heterogeneous boomer families, the care perceptions of aging parents and adult children are situated and shaped by diverse socio-cultural contexts. It is especially pertinent within the Canadian, and Metro Vancouver context to consider how diverse families negotiate and form perspectives on care. The next section examines the small, but growing, research on the unique attributes of BBs as potential care recipients. This expanding body of empirical work highlights what is known about BBs' perceptions of care and societal supports for aging families.

Lastly, the final section will synthesize and critically analyze what is known about the topics and identify the gaps in knowledge that this thesis seeks to address. Together the existing literature and identified gaps contributed to the study design, data collection, and interpretation of findings.

Literature Review Methods

Family caregiving studies were accessed through databases including: AgeLine, CINAHL, PsycInfo, and GoogleScholar. In addition, the SFU online Library Catalogue was used to access journal articles and book chapters pertaining to the topic. A collection of combined search terms and Boolean phrases were used to navigate the available literature. Searches included the following terms and phrases: "family care or informal care or relatives or family"; "caregiving or caregiver"; "expectations or

perceptions or attitudes"; "baby boomers"; "adult children of baby boomers". Initial searches of one or two of the above terms yielded a large number of results (500+), and combining terms narrowed the results lists significantly (ranging from 25-50 articles). Abstracts were screened for relevance to the topics under study. Due to the scarcity of literature on the topic of BB as family care recipients (especially in a Canadian context), literature search methods involved "snowball" searching, whereby the reference lists informed the selection and inclusion of additional literature. In total, 40 English-written articles were compiled into the final literature review. Included studies were from Canada, the United States, Great Britain, China, Taiwan, Hong Kong, the Netherlands and Australia and published between 1991 and 2020. This range of research includes general patterns of family care provision and normative socio-cultural contexts for family care, as well as the more recent studies on BB as potential care recipients.

Family Caregiving to Older Adults

Historically and in contemporary society, the family has been relied upon for support and care in old age (Chappell & Funk, 2011; Pinquart, Sörensen, & Song, 2018; Wolff et al., 2018). Extant family care literature focuses primarily on exploring the care contributions of spouses and adult children who provide support to aging loved ones (Wolff & Kasper, 2006). Since the focus of this thesis is on the perceptions of future care provided by children to aging parents, included articles in this section pertain to the nature of intergenerational care. This includes insight on patterns within aging care, and the intergenerational issues documented on family care provided by adult children to aging parents.

Empirical investigations of intergenerational aging care have demonstrated distinct characteristics and patterns within adult child caregiver contexts. In their meta-analysis comparing various types of family caregivers (i.e., spouses, children, and children-in-law), Pinquart and Sörensen (2011) found adult child caregivers were more likely than spousal caregivers to be young, female, employed, and unmarried. In addition, adult children providing care to aging parents were more likely to utilize informal supports, perceive their health as better, and experience less psychological distress than spousal caregivers (Pinquart & Sörensen, 2011). The parental care recipients were found to be older, and more functionally impaired in comparison to spousal care recipients (Pinquart & Sörensen, 2011). Additionally, Wolff and colleagues'

(2018) analysis of trends in family care from 1999-2015 found that adult children were more likely than spousal caregivers to be living with a child under the age of 18 and provided an average of 35 hours of weekly care. In addition, their analysis suggests that adult children are the largest group of family caregivers using respite services (Wolff, et al., 2018). Adult child caregivers also demonstrated considerable stability in their caregiving for aging parents, with adult children living nearby their parent and daughters (as opposed to sons) most likely to remain in primary caregiver roles (Szinovacz & Davey, 2013).

Gendered patterns in care are well documented in the empirical literature, whereby demonstrably more family caregivers are women (Chappell & Funk, 2011; Dwyer & Seccombe, 1991). Societally and within the family, women are relied upon extensively as "kin-keepers", providing a disproportionate amount of care and domestic work (Dwyer & Seccombe, 1991; Moen, Robison, & Dempster-McClain, 1999). In the elder care context, gender differences emerged in the overall amount and types of care provided by sons and daughters (Dwyer & Seccombe, 1991). Female caregivers have been found to provide more hours of care in total, as well as more hours of intimate personal care (Pinquart & Sörensen, 2006; Rahman, 1999). In comparison to their male counterparts who more often provided financial, managerial, or home maintenance assistance to family care recipients, female caregivers have been found to frequently partake in the domestic and personal "hands-on" elements of care (Burns, Quinn, Abernethy, & Currow, 2015; Campbell & Martin-Matthews, 2003). Silverman and colleagues (2020) examined the tensions between the personal experiences and societal forces that structured and reinforced Canadian women's care to older relatives. The researcher's qualitative study examined past, current, and prospective intergenerational care provision and found that care roles disrupted life course transitions for the participants. Their findings critically noted the pervasive and precarious impacts of family care on the lives of young women, including limitations in their financial, career, relational, and health prospects (Silverman, Brotman, Molgat, & Gagnon, 2020).

The lesser documented role of sons in family care literature and social care patterns have led researchers to also examine men's involvement in care for aging parents (e.g., Campbell & Martin-Matthews, 2003; Campbell, 2010). Based on their analysis of adult son caregivers, Campbell and Martin-Matthews (2003) found that

competing obligations and family features (e.g., proximity to parent and sibling network composition) predicted men's involvement in care. Additionally, they suggested that the gendered nature of the care impacts how other factors (e.g., sense of filial obligation, parental status, education, and income) influenced sons' participation in care. Furthermore, Campbell (2010) found that unemployed, unmarried, or co-residing sons exhibited greater involvement in "non-traditional" parental care (i.e., comprehensive support through domestic and personal care work). Caregiving sons, regardless of their marital or employment status, shared a concern for and commitment to caring for their aging parent (Campbell, 2010). Established gender patterns surrounding the tasks, nature, and performance of parental care are pertinent to the current study. Specifically, the socio-historic roles occupied by boomer women (e.g., professional and family labor) and the smaller family sizes within BB families call into question whether "traditional" family care patterns will be purported. Thus, within aging boomer family care contexts, it will be important to consider gendered care notions that may emerge in participant perspectives.

Family care literature also highlights the range of outcomes experienced by adult children providing care for older relatives. Amidst boomer families aging transitions, perceived health impacts might influence how potential care recipients and providers view future care. A substantial body of research focuses on the adverse outcomes faced by adult child caregivers, measuring the reported stress, burden, and subsequent health decline experienced by those providing informal care (Chappell & Funk, 2011; Strauss, 2013). Barnett's (2015) use of longitudinal data examined the interaction of adult child caregiver's health trajectories in relation to their occupied roles, life course timing, and role interactions. Across the mostly female sample, caregivers' psychological and physical health status declined across the life course. Caregiving alone was not found to significantly predict health outcomes, but the interaction of marital and employment status had protective benefits for caregiver's well-being (Barnett, 2015). In addition, Kim and colleagues (2018) measured care burden across three domains (i.e., financial hardship, emotional stress, and physical strain). Adult child caregivers reported unique challenges surrounding dual care responsibilities (i.e., providing care to aging parents as well as children), unemployment issues, and family relationships with care recipients. Notably, caregiving roles perceived as involuntary (i.e., without choice/autonomy) and

increased time spent caregiving were identified as determinants of increased burden among family caregivers (Kim, Lee, Cheon, Hong, & Chang 2018).

Similarly, future care perspectives in the current study may be shaped by prospective care provider and recipient circumstances in addition to the perceived outcomes. Researchers have found types of stress or burden encountered by adult child caregivers to vary as a function of required care roles and care recipient characteristics (Moen, Robison, & Dempster-McClain 1995; Savundranayagam, Montgomery, & Kosloski, 2010). Adult children who helped with an aging parent's activities of daily living (ADLs), such as bathing, feeding, and dressing exhibited greater objective burden (i.e., operationalized as time infringements imposed by care responsibilities) (Savundranayagam at al., 2010). Similar findings from Moen and colleagues (1995) suggested that the effects of care provision on emotional health were moderated by caregivers' prior psychological wellbeing. Other variables significantly impacting care outcomes included caregivers' previous social integration (e.g., multiple social networks), non-family roles (e.g., work and volunteer), the duration of caregiving, and the timing of care episodes in the caregivers' lives (Moen et al., 1995). More recently, a quantitative examination from Merz and colleagues (2010) synthesized results from 55 intergenerational care studies to examine the relationship between older parent care and well being of parents and adult children. The mixed effects (i.e., protective and negative impacts) within care relationships exhibited the complex facets of stress and closeness that characterize parent-child dynamics in care. Although the results indicate stress and challenges in family care, the effects suggested how individual features may offset the impacts of care. Such features included the interplay of amount and types of exchanged support, filial norms, obligations, and expectations (Merz et al., 2010). In the current study, these complex and sometimes ambivalent patterns of individual characteristics and care contexts may shape how participants perceived future care.

Moreover, a smaller but expanding research body focuses on the growth and personal gains and protective health patterns experienced by adult child caregivers—termed the healthy caregiver effect (see Roth, Fredman, & Haley, 2015). For example, Donorfio and Sheehan (2001) examined the complexity of care relationships between aging mothers and their daughters providing care, studying the costs and benefits of caregiving. Across mother-daughter dyads, care roles impacted relational outcomes in both positive and negative ways (i.e., altered individual sense of purpose or changed

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parent-child relationship dynamics) (Donorfio & Sheehan, 2001; Keefe & Fancey, 2002). Rohr and Lang (2016) compared future care preferences for three groups of potential caregivers (i.e., people willing to take on caregiving responsibilities, people who were undecided about entering the caregiving role, and those unwilling to provide care) to actual family caregivers. Results showed that relationship type (i.e., spouse or adult child) did not influence the willingness to provide care, whereas greater relationship satisfaction with the potential care recipient increased willingness to provide future care. Additionally, participants who anticipated more gains and fewer losses were more likely to be willing potential caregivers, in contrast to those unwilling to provide care—who were more likely to anticipate losses (Rohr & Lang, 2016). These findings suggest how potentially ambivalent appraisals may inform anticipated family care perceptions.

Family Care Norms, Attitudes and Preferences

In addition to the empirical explorations on intergenerational care, significant research has examined the influence of constructed understandings of family care. The vast heterogeneity of BB families, and ethno-cultural diversity within the current study's local context, necessitate consideration of the societal and cultural forces that shape care perceptions. Structurally, family and societal norms reinforce who is expected to provide care, the care tasks deemed "appropriate" for various family caregivers, and the availability of supports outside the family (Campbell & Martin-Matthews, 2003). Filial obligation in the context of adult child caregivers refers to the normative expectation that adult children are responsible for the care of aging parents (Gans & Silverstein, 2006). Within diverse cultural contexts, care preferences resemble a complex interaction of cultural backgrounds, personal attitudes towards formal and informal care services, social norms concerning caregiving, and perceived control in obtaining desired care (Bradley, Curry, Mcgraw, Webster, Kasl, & Andersen, 2004). The concept of filial obligation should not be confused with filial piety, which is a distinct cultural principle of intergenerational attitudes and behaviors typified within collectivist East-Asian societies, and rooted in Confucianism (Ho, 1994; Hwang, 1999). Researchers have demonstrated that traditional filial caregiving beliefs, including a preference for primarily family care, influenced both care contexts and outcomes cross-culturally (Donorfio & Sheehan, 2001; Pinquart & Sörensen, 2005; Campbell & Martin-Matthews, 2003).

Further, cultural meanings and norms within family care contexts exhibit patterns of change over time and across diverse populations. Critical examinations have inspected dynamic care perceptions in various cultural and socio-historic contexts (Finch & Mason, 1991; Gui & Koropeckj-Cox, 2016). For example, Finch and Mason's (1991) British study of family norms within aging care used hypothetical vignettes to examine normative judgements and perceptions of socially acceptable care attitudes. The authors did not find stable values and meanings in the participants' obligations to family care, rather they found some agreement on what factors (e.g., care recipient/provider characteristics) were considered in specific family care scenarios (Finch & Mason, 1991). More recently, Gui and Koropeckyj-Cox (2016) identified various negotiations of traditional filial piety norms and contemporary dilemmas or compromises amongst adult children of China's only-child cohort. Participant concerns for future aging and care arrangements considered the needs of their older parents, and the constraints of their own lives. Adult children within this study negotiated flexible care approaches, redefined social expectations, and considered alternative care options (Gui & Koropeckyj-Cox, 2016). Contemporarily, the current study of diverse intergenerational perspectives on care may resemble a similarly unstable and negotiated range of purported norms and perspectives.

Likewise, family care perceptions exhibit a range of purported care norms within families and across individual life courses. For instance, Gans and Silverstein (2006) examined longitudinal patterns in filial attitudes and observed variance in care expectations amongst family members. Family norms regarding adult children's role in caring for older parents weakened over the study period (i.e., 1985-2000), decreasing after midlife or the loss of a parent. Women reported consistently higher filial norms than men, and later-born generations (i.e., those born in 1950s and 1960s) exhibited higher filial attitudes at midlife than earlier-born participants (Gans & Silverstein, 2006). Similar longitudinal analysis showed that endorsement of filial attitudes by adult children acted in conjunction with parents' changing health status to initiate more support from adult children (Silverstein, Gans, & Yang, 2006). Daughters displayed a higher conversion of filial norms into actual support when the care recipient was an aging mother. Eggebeen and Davey (1998) also found that transitional events for aging parents (e.g., increased need for ADL assistance, health status decline, and decreasing income) led to support from adult children. However, their research showed that parental expectations for

intergenerational support, or identification of an adult child expected to help, did not solely predict future helping patterns (Eggebeen & Davey, 1998).

Predominant patterns of ethno-cultural diversity within the study's Metro Vancouver setting warrants consideration of how culture may shape diverse families' care perspectives. For example, local intergenerational perspectives may exhibit cross-cultural differences in care preferences and normative beliefs regarding family support. Pinquart, Sörensen, and Song (2018) discussed the role of culture in shaping care preferences and caregiving choices, where culturally endorsed norms shaped available care options, preferred sources of care, and expression of care preferences. Pinquart and colleagues (2018) noted the dynamic nature of cultural care expectations, whereby traditional societal norms have changed over time. As an example, the authors cited an increase in reported acceptance for formal service use among Chinese older adults despite the normative cultural role of filial piety. Similarly, Bradley et al. (2004) explored the role of ethnicity and cultural background in shaping intended service use in an American context. Their analysis found that African American older adults were more likely than Caucasian participants to intend to use informal care. Furthermore, the authors identified psychosocial factors, such as attitudes, experiences, and norms surrounding family care, as mediators in the relationship between ethnicity and care preferences (Bradley et al., 2004). In the current study, it is pertinent to consider the interactive role of participant's ethnic background with other social locations or norms in relation to future care preferences.

A growing body of research across Asian cultures examines changing family care norms and patterns for similarly aged cohorts to Canada's boomers. Notably, Weng and Li's (2020) longitudinal exploration of anticipated support for aging Chinese parents (aged 55+) considered how support from adult children may vary from the traditional filial care norms expected by boomer-aged cohorts. In this contemporary Chinese context, population transitions such as household size, living arrangements, and competing family demands, were identified as potential contributors to changing filial care practices (Weng & Li, 2020). Similarly, Leung, Lam and Liang (2020) examined parental expectations of familial aging care in a neoliberal Hong Kong context. Their qualitative results posited that changing filial beliefs signified a shift in aging care responsibilities away from the family and repositioning them onto individuals and the private market (Leung et al., 2020). Self-reliance, intertwined neoliberal and filial values, redefined filial

roles and diminished role of family in care, and the commodification of care were presented as key considerations for aging cohorts in Hong Kong. Lin and Yi's (2019) inquiry examined Taiwanese participants' attitudes towards both adult children's and the welfare state's relative responsibilities in elder care. Families were characterized by high patterns of normative co-residence; however, attitudes on family care demonstrated a spectrum of shared responsibility and cooperation between the state and the family (Lin & Yi, 2019). Despite cultural ethics of aging care, changing policies and socioeconomic factors shaped how participants identified care responsibilities across the family and the state. These patterns of evolving care norms and adaptations to traditional family values may inform perspectives among diverse boomer families in the current study.

Baby Boomer Future Care Perceptions

Following the initial cohort of BBs (i.e., those born in 1946) entering old age in 2011, some research began to examine the aging experiences and perceptions of this vast generation. This section outlines background context for BBs future care perceptions, care planning, and aging priorities in relation to the cohort's distinct socio-historic context. Robison and colleagues (2013) examined cohort differences in long-term support service planning among BBs and older adults born before 1946. Most BB respondents (72% of women and 63% of men) anticipated needing some long-term support services, and the majority expected to remain in their homes while aging (i.e., aging in place). While only 35% of all respondents expected to live with their adult children, boomer women made up the largest group (45%) willing to do so. Across the variety of housing and care arrangements that boomers anticipated, the availability of social support was a strong predictor of their aging support and housing plans (Robison, Shugrue, Fortinsky, & Gruman, 2013). Notably, few of Robison et al.'s (2013) participants had concrete plans established for their future care. Similarly, Khatutsky et al. (2017) explored the long-term service attitudes of individuals aged 40-70 and found widespread concern for the loss of independence and becoming a burden for family. Respondents expressed preferences for informal care and aging in place, while tension emerged between the preferred care environment and participants' fear of being a burden on family caregivers (Khatutsky, Wiener, Greene, & Thach, 2017).

Within the current examination of future care perceptions, it is pertinent to consider how BBs aging plans may be informed by a variety of experiences, priorities,

and roles. Igarashi and colleagues' (2013) exploration of midlife BBs (aged 45-68) found that providing care for their aging parents had informed elements of BBs late life planning, including health optimization and non-filial care planning. Notably, BB participants considered future possibilities within the context of minimizing burden on their children (Igarashi, Hooker, Coehlo, & Manoogian, 2013). Likewise, Guberman et al. (2012) explored Quebecois BB perspectives on family care and found that BB with filial care experience demonstrated a dynamic conceptualization of care. Participants actively balanced family and societal roles, expressed a desire for less family care involvement, and had high expectations for family caregiver supports through formal support services (Guberman, Lavoie, Blein, & Olazabal, 2012). In their examination of future care among urban Chinese BB (aged 45-65), Song and colleagues (2018) explored care expectations and planning behaviors among a generation facing decreasing family size and reduced formal support services. Family support was found to influence preparations for future care in three ways: (1) support from/to children impacted the boomers' available preparation resources; (2) providing support to an aging parent may have informed boomers about the need for future care planning; and (3) the emotional support received by boomers from their children may have diminished their perceived need for preparing (Song, Sörensen, & Yan, 2018).

Similarly, boomers' family care perspectives have been studied in relation to their unique generational experiences and population aging. For example, Finkelstein and colleagues (2012) studied future care awareness and anticipation among BB, comparing those with experience caring for aging parents to non-caregivers. In comparison to their non-caregiving peers, BB with care experience were more likely to anticipate needing services in the future and receiving home support for LTC needs. Caregiving boomers were also less likely than non-caregiving peers to expect care in a nursing home setting. Boomers with care experience did not differ from non-caregiving peers in expectations of care to be provided informally, or in their likelihood of taking concrete care planning actions (Finkelstein et al., 2012). In comparison to previous generations (i.e., post-depression era and parents of BB), Ryan and colleagues (2012) contended that BB face a widening care gap with a decreased likelihood of available family caregivers living nearby. Accordingly, they noted that planning for the anticipated care needs of BB required further study into the expectations and perceptions of available supports (Ryan, Smith, Antonucci, & Jackson, 2012).

Additional research has also examined changing contemporary patterns for supports and services for BBs. In their review of US literature on aging boomers, Eifert and colleagues (2016) utilized life course principles to review the trends and generational impact on family care. In order to respond to the changing needs of aging populations, the authors identified areas of consideration for boomers' future family care. These areas included: increased use of technology for information gathering and support; greater diversity for care recipients and providers; strained financial resources and loss of entitlement; more complex care and care management; heightened demand for public policies on caregiving; and greater balancing of work, care, family, and chronic illness (Eifert, Adams, Morrison, & Strack, 2016). Another US study from MaloneBeach and Langeland (2011) examined BBs prospective needs and expectations for aging services. They found that participants intended to maintain strong family ties, and expressed concerns for aging well (i.e., keeping a healthy lifestyle, affording retirement, and remaining in their own homes). However, very few boomers indicated concerns about their own future care needs or engaged with seniors' resources in preparation for aging-related transitions (MaloneBeach & Langeland, 2011).

Gaps in the Literature

This review of family care literature uncovers some empirical, methodological, and conceptual gaps that will be addressed in this study. The majority of surveyed studies consists of quantitative research that utilized cross-sectional and longitudinal designs to examine interactions and patterns among care populations. Moreover, the study samples typically underrepresented the ethnic and socioeconomic diversity of the larger populations (Finkelstein et al., 2012; Gans & Silverstein, 2006; Igarashi et al., 2013). In addition, the quantitative measures attempt to summarize care experiences without an in-depth or critical exploration of the heterogeneity in participants' perspectives. The results of these quantitative studies offer a wide breadth of insight on the topic of adult children providing care for aging parents. However, there is a gap in the depth of knowledge about the subjective meaning individuals ascribe to family care provision.

In contrast, the qualitative research on family care has examined smaller samples through more in-depth collection of participants' perspectives and experience. Silverman and colleagues (2020) point to the necessity of examining future perceptions

in family care, and the navigation of increasingly complex roles, choices, and consequences in life course development amidst care responsibilities. The findings of these exploratory studies reflect the diverse nature of care experiences and expectations, but have been limited by focusing exclusively on one generational perspective in the care relationship. The novel and heterogeneous characteristics of contemporary aging families (i.e., rising longevity, smaller family sizes, changing patterns of work and immigration) point to the need for examination of multiple perspectives on intergenerational dynamics and care (Donorfio & Sheehan, 2001; Gans & Silverstein, 2006; Pillemar & Suitor, 1998; Silverman et al., 2020). In addition, the inclusion of intergenerational perspectives on prospective family care acknowledges the essential linkages between family members and the shared stakes that both BBs and ACBBs have in future care. By including BBs and non-dyadic ACBBs, this exploratory study examines varying future care perceptions across families on the cusp of aging transitions.

Substantial gerontological research has examined the characteristics and experiences of specific care subpopulations, such as adult children caring for a parent with dementia (e.g., Schulz & Martire, 2004). The experience of caregivers for parents living with dementia falls outside of the scope of the current study and warrants unique research considerations. Although some of the reviewed literature grouped the experience of dementia-specific caregivers with the general caregiving population, it is pertinent to acknowledge the differences in care intensity, duration, and tasks that may influence family care contexts (Savundranayagam at al., 2010). This current study focuses outside of the dementia context in order to examine intergenerational perceptions of care responses to general age-related changes (e.g., physical or cognitive limitations that require instrumental and/or emotional support or living with chronic conditions).

In order to better reflect and support the heterogeneity of aging families in the local Canadian context, the current study addresses a number of research gaps. The predominance of family care research based in the US offers fundamentally distinctive socioeconomic and aging care contexts in comparison to Canada (Chappell & Funk, 2011). Despite the prevalence of family care across North America, the characteristics of Canada's healthcare system and population present unique implications for boomer families (e.g., financial costs of care and varying cultural expectations for care).

Accordingly, American research may not wholly reflect the lived experiences of Canadian family caregiving. In Canada, and other aging nations, a limited understanding of boomer expectations alludes to potential service or policy gaps, and unmet community needs (Robison et al., 2013; Ryan et al., 2012). Furthermore, overly homogenous samples of mostly white and female caregivers do not reflect the varying circumstances of diverse boomer families. Inclusion of men in the proposed sample may provide insight into the perceived nature of family care and examine whether gendered patterns are maintained by BB and their children. In addition, Metro Vancouver offers a culturally diverse population to recruit an inclusive sample with a potential range of family care perceptions and norms. In sum, the current study aims to explore the lived experience of diverse BB families in Metro Vancouver and examine intergenerational perspectives on shared, but distinct, family aging transitions.

Chapter 3.   Theoretical Models and Conceptual Approach

Various theoretical perspectives and concepts have been introduced in an attempt to understand intergenerational relations, perceptions of family care, and related aging supports. In addition, gerontology and health researchers alike have presented explanatory models of aging care provision, which apply in the contemporary aging care context of Metro Vancouver, Canada. Similar to many qualitative studies, the current examination of intergenerational perspectives on care does not aim to test particular theories on the topic (Taylor, Bogdan, & DeVault, 2016). However, the collection and interpretation of intergenerational perspectives on family care will be grounded in this integrated framework. The framework applies components of critical gerontology and the life course perspective with elements of intergenerational ambivalence and mixed models of care. Together, these concepts provide a lens for examining the complex and contextual societal and individual forces that shape perceptions of family care and approaches to supporting older adults and their caregivers.

Life Course Principles and Critical Gerontology

Adopting a life course orientation within family caregiving research assumes a dynamic, temporal, and contextual view of interacting individuals and larger societal forces (Moen, Robison, & Dempster McClain, 1995). Elder and colleagues (2003) proposed the life course paradigm as a method of examining lives within context, and a particular "framework for studying phenomena at the nexus of social pathways, developmental trajectories, and social change (p.10)." Accordingly, five paradigmatic principles of life course perspective (LCP) can be applied to guide research of human development and aging: (1) the principle of life-span development, which posits that human development and aging are lifelong processes; (2) the principle of agency assumes that individuals construct their own life course through the choices and actions they take within the opportunities and constraints of history and social context; (3) the principle of time and place emphasizes that the individual life course is embedded and shaped by the historical times and places they experience over their lifetime; (4) the principle of timing proposes that the developmental antecedents and consequences of life transitions, events, and behavioral patterns vary according to their timing in a

person's life; and (5) the principle of linked lives assumes that human lives are lived interdependently, and that socio-historical influences are expressed through this network of shared relationships (Elder, Johnson, & Crosnoe, 2003; Mitchell, 2007, 2018).

A LCP views phenomenon such as family aging care as a lifelong process emphasizing how early life experiences impact subsequent later life outcomes, and shape the interaction of historical events, social policies, personal decisions, and individual opportunities (Elder, 1994; Zhan, 2002; Guberman et al., 2012). In the case of family care history, it is possible that past care roles or experiences shape the perspectives of aging boomer families. The LCP ties the micro and macro levels by emphasizing the bidirectional influences individuals and larger societal systems have on each other. For family caregiving, interactions within cultural and societal contexts can shape the sequence and timing of such life events, in addition to the nature and availability of care resources (Guberman et al., 2012; Hareven, 1994). For example, current socio-cultural patterns reflect how community aging in place policies and public attitudes shape one another, and impact the emphasized care resources (e.g., home support and community care). Within the family care context, LCP provides a rich lens to examine evolving family arrangements, transitions, and the interconnected nature of family member lives and roles (Alley & Crimmins, 2004; Dentinger & Clarkberg, 2002; Mitchell & Lai, 2014; Barnett, 2015). Specifically, the LCP concept of "linked lives" proposes an inherent social interdependence of human lives, such as parents and children (Moen et al., 1995).

Within the current study, the concept of linked lives plays a fundamental role in the interpretation of perceived future care contexts of BBs and ACBBs. The age-related transitions of a parental generation have inherent implications for adult children, and vice versa. Subsequently, these linked care relationships are situated within larger societal contexts (e.g., health policy and service availability and migration trends). Interdependent relationships such as those in a caregiving context demonstrate a linked trajectory for care recipients and caregivers, and informs how families consider their prospective roles and interactions (Moen et al., 1995). Throughout the study, the bidirectional connection and interdependence of BB parents and their adult children is central to the analysis and interpretation of participant perspectives. Participant perspectives on intergenerational exchanges and perceived care will be contextualized by the linked aging trajectories and implications within boomer families.

Furthermore, the application of a life course perspective in this study is supplemented by a critical gerontological stance. When used together, critical gerontology and the LCP present aging as a life course issue concerning all of society, not only older adults (Bernard & Scharf, 2007). Critical gerontology emerged out of concern for mainstream gerontology. Specifically, scholar's criticized social gerontology's failure to acknowledge underlying value commitments, reductionist tendencies, superficial examinations of health disparities without considering the role of power relationships, inadvertent promotion of ageism (e.g., promotion of successful aging), and inability to recognize the simultaneous celebrations and pains of ageing (Holstein & Minkler, 2007). Critical gerontologists such as Estes and colleagues (2003) also questioned past social gerontological research that "continued hold of perspectives that fail to acknowledge the profound effects of race, ethnicity, gender and class divisions, as well as intergenerational relations, on the experience of ageing" (p 145). Hence, critical gerontology resembles an approach for understanding and challenging constructions of old age and aging by problematizing mainstream gerontological work and engaging in value committed research (Bernard & Scharf, 2007; Holstein & Minkler, 2007).

In addition, critical gerontology is informed by a wide array of conceptual and disciplinary traditions that shape the potential pathways for critical inquiry. Contemporarily, critical gerontologists have adopted feminist and political economy perspectives to examine taken-for-granted and inequitable challenges facing aging societies (Holstein & Minkler, 2007). Accordingly, the current study set out with explicit consideration of the taken-for-granted and disproportionately gendered nature of family care work and contemporary aging supports. In addition, this study is shaped by critical gerontology's political economy roots that analyze lived experiences in relation to societal forces and phenomena that shape how families experience aging and growing old (Holstein & Minkler, 2007). Applying a political economy lens encourages consideration of the social structures shaping how older adults are viewed, but also how older adults (or BBs approaching old age) view themselves (Estes, Biggs, & Phillipson, 2003). Through the use of critical inquiry, the current study also explicitly places participant perspectives in an agentic position as intergenerational stakeholders in aging supports (Holstein & Minkler, 2007). Together BBs and ACBBs are viewed by the

researcher as active participants within the aging life course, enacting agency as meaning makers in their socio-historic circumstances.

Contemporary critical gerontology also offers a practical and action-oriented approach to re-examine societal understandings of later-life family transitions across increasingly diverse communities. As outlined in the previous chapters, heterogeneous boomer families face status quo policies that assume an equitable context for aging and care partnerships within families or across formal and informal care systems. This emergent gerontological issue necessitates a framework that considers the potential life course patterns, choices, and experiences that could lead to varying care resources, outcomes, and aging trajectories (Bernard & Scharf, 2007; Etherington, 2016). Namely, critical gerontologists acknowledge the transformations in age consciousness and age relations that are needed "if our aging societies are to be societies in which we all wish to grow old" (Bernard & Scharf, 2007, p. 12). As noted by Wellin (2018), there is a need within the increasingly diverse context of BBs to critically examine how evolving aging care policies support varying individuals and families in old age. While neoliberal aging care policies purport the significance of community-based aging and personal onus in determining aging outcomes, the documented challenges facing family caregivers suggest a more complex reality for BB families. Accordingly, the use of a critical lens in the current study acknowledges the evolving context for intergenerational relations and questions the need for adapted health policy or practice for more just and sustainable aging care.

Aside from critical gerontology's examination of the socio-political circumstances that shape constructions of aging and old age, the perspective also recognizes the explicit value commitments that situate researchers within their critical inquiry (Wellin, 2018). Since all gerontologists are aging individuals, critical gerontology emphasizes the underlying and explicit value base and concern for aging welfare and intergenerational justice that informs our work (Bernard & Scharf, 2007). Summarized by Moody (2008), critical gerontology's pathways of self-reflection and social action resemble "two sides of the same coin" (p. 207). Within the current study, ongoing reflexive practice entails consideration for the influence of the researcher's own aging context and the underlying motivation to foster more equitable and responsive supports for aging families. Although this motivation cannot be decisively achieved by the current study, critical gerontology's

passionate scholarship ultimately offers an approach to aging research that aims to effect social change (Bernard & Scharf, 2007).

Several critical researchers have utilized the LCP as a platform for the development of more contextual or critical theoretical approaches (Etherington, 2016; McDonald, 2011). As summarized by McDonald (2011) the flexible application of life course principles can act "simply as a scaffolding for other theories" and application of interdisciplinary perspectives to examine and explain diverse aging families. In the current study, the application of both critical gerontology and LCP allows the researcher to examine the interactive manner by which aging boomer family members construct family care perspectives. In sum, both life course and critical gerontological lenses have been identified as conceptual means to examine the historic and cultural contexts within which aging and related issues exist (Wellin, 2018). The unique socio-historic circumstances of BBs presents an opportunity to examine whether taken-for-granted family care notions and old age assumptions apply to their imagined care futures. Moreover, the inclusion of prospective AC caregivers addresses the critical need for intergenerational perspectives on care contexts that collectively impact aging parents and children.

Solidarity, Conflict, and Intergenerational Ambivalence

Although the current study does not examine parent-child perspectives within the same family, the study topic is situated within the complex reality of intergenerational relations. Population aging and increasing diversity in family structures requires re-examining the nature of intergenerational experiences over time (Katz, Lowenstein, Phillips, & Daatland, 2011). The model of family solidarity was widely applied to interdisciplinary studies of intergenerational relationships, rooted in notions of cohesion and mutual dependence (Roberts, Richards, & Bengston, 1991; Rossi & Rossi, 1990). However, the solidarity model was criticized for portraying an overly idealized concept of family relations that failed to reflect their actual nature (Marshall, Mathews, & Rosenthal, 1993). The depiction of negative aspects of family life as a lack of cohesion was revised to reflect conflict as a regular element of family structures (Bengston, Giarrusso, Mabry, & Silverstein, 2002). Bengston and colleagues (2002) subsequently proposed a solidarity-conflict model that recognized conflict as a normal part of family relations, shaping family members' perceptions of one another and their subsequent willingness to

assist one another. In this way, the solidarity-conflict model does not imply a continuum of high solidarity or high conflict, but a range of potential combinations of high to low solidarity and/or conflict (Katz et al., 2011).

More recently, in the study of adult-child and aging parent relationships, the models of family solidarity and conflict have been challenged by the concept of 'intergenerational ambivalence' (Lüscher & Pillemar, 1998; Pillemar, Suitor, Mock, Sabir, Pardo, & Sechrist, 2007). Lüscher and Pillemar (1998) argue that these relationships cannot be characterized as simple dichotomies of solidarity and conflict, rather they propose that societies and individuals are ambivalent about parent-child relationships in later life. The ambivalence orientation builds upon the previous critical conceptualizations of filial norms, informed by postmodern and feminist perspectives that question and challenge the fundamental contradictions experienced by family units and members. Within the context of family care, ambivalence encompasses contradictions at the social structural level (i.e., simultaneous desires for personal care autonomy and support from social institutions) and in individuals' perceptions and subjective experiences (i.e., women's care work experienced as potentially meaningful and overwhelming) (Lüscher and Pillemar, 1998).

An ambivalence lens applies to commonplace challenges facing relationships, such as caregiving, in a way that avoids pathologizing conflict or assuming normative solidarity (Katz et al., 2011). In addition, the concept of ambivalence has an application within the life course perspective on families, and family transitions (Guberman et al., 2012; Keefe & Fancey, 2002). Coser (1966) and Boss (1999) supported a dynamic understanding of how transitions over the life course display ambivalent qualities whereby status changes (i.e., from adult child to adult child caregiver) typically entail both gains and losses for family members. Applied to the present study, care relationships and expectations of family care are recognized as potentially ambivalent matters for BBs and ACBBs. This conceptual framing also allows the researcher to critically examine the negotiations, compromises, and complex considerations that BBs and ACBBs might apply to their perceived care futures. Similarly, the application of an ambivalence lens accounts for the relational solidarity and conflict that may shape perspectives on intergenerational support.

Models of Care

The current examination of intergenerational care perceptions requires a structural understanding of contemporary formal-informal care delivery models. Participant discussions of family care inherently connect with formal care services and entail an interface between the two systems; as adult child caregivers frequently interact with various formal care actors (e.g., community nurses, home-support staff, doctors, and social workers). In addition, the health policy reforms shaping BB aging contexts place participants as active agents in prospective care arrangements. Accordingly, a range of potential care models, or spectrums of formal/informal care involvement may be present in participant perspectives.

Theoretical development of care models has undergone considerable change, as care arrangements and the healthcare systems evolve to meet the needs of aging populations. Early conceptual models of care, also known as "conventional" care models, have been critiqued for framing informal and formal care as distinctly separate spheres and largely ignoring the wider contextual forces shaping care experiences (Ward-Griffin & Marshall, 2003). For example, Cantor's (1979, 1991) hierarchical compensatory model posited that a preferred ordering of chosen caregivers was based on closeness in social networks, with family recognized as the most desired caregiver, and formal/paid caregivers as the least desirable. Greene's (1983) substitution model suggested that formal care acts as a replacement for informal care, whereas Litwak's (1985) task specificity model proposed that care tasks dictate caregiver type required. Over time, more integrated approaches such as Chappell and Blandford's (1991) complementary model theorized that formal care can both compensate for, and supplement, informal care in the event of an older adults' escalating care needs. These conventional models have been critiqued for providing an oversimplified understanding of informal and formal care as separate spheres, and for excluding care recipients as active participants in their own care processes (Ward-Griffin & Marshall, 2003; Sims-Gould & Martin-Matthews, 2010; Kemp, Ball, & Perkins, 2013).

Kemp and colleagues (2013) integrated critiques of these conventional care models and key elements from the life course, social-economist, socialist-feminist, and symbolic interactionist perspectives to propose a convoys of care model that conceptualizes formal-informal care interfaces. Building upon Antonucci's (1985) convoy

model, Kemp et al. (2013) support the idea that care collaborations consist of both formal and informal members, whereby care relationships and arrangements are unique, complex, and dynamic in response to multi-level factors. Specifically, they define convoys of care as

> Evolving collections of individuals who may or may not have close personal connections to the recipient or to one another, but who provide care, including help with activities of daily (ADLs) and instrumental activities of daily living (IADLs), socio-emotional care, skilled healthcare, monitoring, and advocacy (Kemp et al., 2013, pp. 5-6).

Furthermore, Kemp et al. (2013) suggested that care convoys shape care recipients' experiences and outcomes, as well as their ability to age in place.

Applicable across various care settings (i.e., from community care to institutional LTC sites), the convoy of care model accounts for macro-level influences, as well as industry-, community-, agency-, and individual-level forces (Kemp et al., 2013). Elder's (1998) life course concept of linked lives also emerges in the convoy model, as lives are considered inherently interconnected and viewed as long-term exchanges over time. Convoys are portrayed as dynamic networks of relationships, with members added or removed, often in conjunction with life course transitions (Antonucci, 1985). In the context of intergenerational family relations, health-related transitions might require support or assistance from convoy members in response to an older relative's needs. Convoys demonstrate various properties, including structure (i.e., size and stability), function (i.e., support given, received, or exchanged), and adequacy (i.e., satisfaction with support), all of which are influenced by personal and situational characteristics (Kemp et al., 2013).

Similarly, Sims-Gould and Martin-Matthews (2010) suggested that formal and informal (or family and paid) care systems are inextricably linked and overlap to meet the needs of older adults. Within the increasingly popular Canadian home health-care context, the integration of formal and informal services is necessary to ensure safe and reliable care for older adults who are aging in the community. The integrated care model proposed by Sims-Gould and Martin Matthews (2007) conceptualizes care processes as interactive between formal care providers, informal care providers, and older care recipients. This focus on bidirectional exchanges proposes an intertwined understanding of supporting older adults, through processes of assistive care (care provided together

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by formal and informal caregivers) and direct care (care provided by formal caregiver to older client). Sims-Gould and Martin-Matthews' (2010) integrated care model posits that care processes may demonstrate reciprocal collaborations between the paid and unpaid systems, characterized as 'caring together' (e.g., family caregivers preparing meals or baths prior to the arrival of paid care workers). Alternatively, more unidirectional assistive care between formal and informal systems is represented in family caregiver experiences of care management, quality assurance, and monitoring. Essentially, the integrated care model assumes that formal and informal care systems rely on each other and "combine efforts and work in synchrony with one another in providing care that meets the most basic and intimate needs of frail older people" (Sims-Gould & Martin-Matthews, 2010, p.422).

Together Kemp et al.'s (2013) conceptualization of care convoys with Sims-Gould and Martin-Matthews' (2010) integrated care model provide a background to how care of older adults consists of multiple actors over time. In the case of adult children acting as the primary caregiver for aging parents, family care can represent a myriad of tasks and roles, performed in parallel to or supplemented by formal care supports. In the current study, these care models provide a means to understand the perceived caregiving options, while recognizing the interactions between formal and informal systems that seek to meet the changing needs of older adults and their caregivers.

Chapter 4.   Methods

This chapter includes the research methods that the researcher applied to examine intergenerational perspectives on future care in aging boomer families. This qualitative study consisted of semi-structured cohort specific focus groups. In total, four unrelated groups of BBs and ACBBs gathered to discuss their various perceptions of family care and related supports. The following sections outline the study design, participant recruitment and demographic details, as well as the methods applied for data collection and analysis.

Study Design

Qualitative approaches have been identified as an appropriate method for health research, especially in the context of exploring emergent and complex issues (Powell & Single, 1996). In comparison to more deductive quantitative approaches, qualitative interviews allow for concept development to occur in a more natural setting that emphasizes the significance of participants' meanings, views, and experiences (Powell & Single, 1996). Due to the exploratory nature of the current study, this project employed focus group techniques to support an inductive latent knowledge generation process and examine participant negotiations of the topic (Kristiansen & Grønkjær, 2017). The researcher applied the aforementioned empirical and conceptual literature to develop a semi-structured interview guide on family care. The guide was purposefully flexible and applied the same broad approach with both generations.

The researcher applied group interview methods based on the primary research goals to (1) examine family care perceptions of BBs as future care recipients and non-dyadic ACBBs as potential caregivers; and (2) explore perceived societal supports for family caregivers. Thus, qualitative focus group methods were well suited to elicit a range of perspectives from respondents in a short period of time. Focus groups are a qualitative method, by which a group engages in a focused discussion about a specific topic (i.e., future caregiving) and group interactions facilitate the elicitation of participant (i.e., BB and ACBB) views (Byrne, 2017; Van den Hoonard, 2018). According to Powell and Single (1996), focus groups offer an ideal means of examining underexplored areas of human experience and generating new avenues for inquiry to inform subsequent

research or practice. Beyond their wide use in marketing and business research, focus groups have a longstanding application within the social science field (Belle-Brown, 2000; Hesse-Biber & Leavy, 2006). In addition, focus groups have been used in gerontology to facilitate conceptual development, and to capture participants' authentic voice (Bershtling, Doron, Werner, & Laish-Shamir, 2016; Keefe & Fancey, 2002).

Prior to data collection, the researcher obtained ethics approval through Simon Fraser University's Institutional Review Board: #2019s0210. For this study, focus groups were conducted exclusively with members of the same generation to facilitate sharing of similar-aged/cohort experiences. Therefore, two rounds of focus groups were conducted with distinct samples from each generational perspective (i.e., two focus groups for BBs and two for ACBBs). Group dynamics were an important consideration for this study, as care preferences and experiences may present a variety of viewpoints and opinions. Accordingly, the researcher sought to encourage a range of perspectives and make note of points of consensus and disagreement. The researcher facilitated, audio-recorded, and transcribed the focus group data. Over the course of the current study, the researcher took a number of steps to facilitate in-depth commentary and concept development. These steps included brief note-taking during the focus group and longer conceptual memo-writing following the discussions and throughout analysis. Also, two convenience sampled one-on-one interviews were conducted prior to the focus groups in order to pilot the content of the semi-structured interview guide. The pilot interviews took place at an agreed upon time and location with eligible members of the participant generations. Pilot interview participants provided informed consent to the audio recording and transcription of the interview for potential interview guide revisions. Notably, these one-on-one interviews were not used in the data analysis but prepared the researcher's facilitation approach to the focus groups and interview guide.

Participants

Participants in this study were recruited through flyers, online postings, newsletters, and in-person recruitment at community and recreation centres targeting both generational groups. Snowball recruitment and word of mouth from network contacts of the researcher also contributed to the recruitment of eligible BB parents and ACBB across Metro Vancouver. In addition, targeted study promotion letters were sent to senior serving and health focused organizations in several Metro Vancouver

neighbourhoods. In order to be eligible for the study, participants had to either be: (1) a BB (born between 1946-1965) living in Metro Vancouver and have at least one adult child (aged 19+); or (2) an adult aged 19+, living in Metro Vancouver, and have a parent born between 1946-1965. All potential participants needed English language comprehension and speaking abilities to participant in the study, as no translation services were available to the researcher.

Nineteen participants, including ten BBs and nine unrelated ACBBs participated in one of four focus groups conducted between January and March 2020. All participants provided written informed consent and permission to be audio recorded, and participant names and identifying details were removed from the transcripts in order to protect their identities. Participants were made aware of the limits to confidentiality within group research settings and encouraged to respect each other's privacy following the completion of the study. Anonymized demographic details were collected separately from participant informed consent to reflect the general group characteristics of the study participants. See Table 4.1. for the summary of these participant demographics.

The majority of BB (n = 8) and ACBB (n = 8) participants self-identified as female. The majority of boomer participants identified as married (n = 7), while ACBB participants reported similar numbers of being married (n = 4) and single (n = 5). BB participants' birth years ranged from 1947 through 1965 and they identified as Caucasian, either of Canadian or European descent (n = 5), Chinese (n = 4), and Persian (n = 1). ACBB participants were born between 1974 and 1991 and they identified as Caucasian, either of Canadian or European descent (n= 4), Filipino (n = 1), Korean (n =1), Fijian (n = 1), South Asian (n = 1), and Chinese (n = 1).

Family size data was also collected for participants with boomer parents asked their number of adult children, and adult children asked how many (if any) siblings they had. For BB participants, the majority had two adult children (n = 8), others had one adult child (n = 1) or four adult children (n = 1). Meanwhile, the ACBB participants presented slightly more diverse boomer family structures, with the majority also from a two-child family (n = 5), while others were from three children (n = 1), four children (n = 1), seven children (n = 1), and single-child (n = 1) families.

Table 4.1.   Focus Group Participants' Self-Reported Demographic Data

Participants	Birth Years	Gender	Ethnicity	Marital Status
BB: (n = 10)	1947, 1949, 1952, 1954 (n = 2), 1960 (n = 2), 1961, 1964, 1965	Female: (n = 8) Male: (n = 2)	Caucasian (European/Canadian): (n = 5) Chinese: (n = 4) Persian: (n = 1)	Married: (n = 7) Single or divorced*: (n = 3)
ACBB: (n = 9)	1974 (n = 2), 1983, 1986, 1988, 1989, 1990, 1991 (n = 2)	Female: (n = 8) Male: (n = 1)	Caucasian (European/Canadian): (n = 4) Chinese: (n = 1) Fijian: (n = 1) Filipino: (n = 1) Korean: (n = 1) South Asian: (n = 1)	Married: (n = 4) Single: (n = 5)
BB Focus Group 1 (BB1): (n = 5)	1960 (n = 2) 1961, 1964, 1965	Female: (n = 5)	Caucasian (European/Canadian): (n = 3) Chinese: (n = 2)	Married: (n = 4) Single or divorced*: (n = 1)
BB Focus Group 2 (BB2): (n = 5)	1947, 1949, 1952, 1954 (n = 2)	Female: (n = 3) Male: (n = 2)	Caucasian (European/Canadian): (n = 2) Chinese: (n = 2) Persian: (n = 1)	Married: (n = 3) Single or divorced*: (n = 2)
ACBB Focus Group 1 (ACBB1): (n = 4)	1974, 1986, 1989, 1991	Female: (n = 3) Male: (n = 1)	Caucasian (European/Canadian): (n = 2) Filipino: (n = 1) Korean: (n = 1)	Married: (n = 1) Single: (n = 3)
ACBB Focus Group 2 (ACBB2): (n = 5)	1974, 1983, 1988, 1990, 1991	Female: (n = 5)	Caucasian (European/Canadian): (n = 2) Chinese: (n = 1) Fijian: (n = 1) South Asian: (n = 1)	Married: (n = 3) Single: (n = 2)

* Note that only baby boomer participants reported both divorced/single marital status.

Data Collection

Data collection consisted of four separate 60-90-minute audio-recorded generational focus groups (i.e., two for BB parents and a separate two for ACBB). The number of participants per focus group ranged between 4 and 5. Focus groups took place at a previously agreed upon meeting space at a time and date appropriate for participants (e.g., community space/center meeting rooms approved by community

contacts). Meeting details were organized ahead of time with participants, and light refreshments were provided at each focus group. Upon arrival, participants were seated in a private meeting space where other participants and the researcher/facilitator sat. The researcher provided some background details on the study, outlined the process of informed consent, and asked for permission to audio record the conversation for analysis. Additionally, the researcher explained the nature of group research settings and encouraged participants to engage in a respectful and open conversation around the topic, recognizing the varying opinions and experiences that fellow participants may have. Demographic information was collected through anonymized written responses to gather general information on the sample's age, gender, family structure, marital status, and ethno-cultural background. Demographic data were not linked to participant conversations.

Following the researcher's introduction, a semi-structured interview guide was used to facilitate the focus group conversations, with roughly 10-12 open ended questions guiding the process. Focus group questions were informed by the conceptual models identified in the extant literature, as well as the literature review findings (see Appendix A for the focus group interview guide). Opening questions queried participants about general perceptions of care, which introduced participants to the topic and built rapport with the researcher and fellow participants. Subsequent questions explored participant experiences, attitudes, and perceptions of care contexts and supports for caregivers. In order to fully capture participants' range of views and experiences, the researcher asked follow-up and probing questions. Accordingly, the interview guide was used as a loose outline of the desired research topics, with the researcher anticipating additional topics to synergistically emerge as a result of group interactions.

Data Analysis

Data analysis followed the thematic analysis methodology as outlined by Braun and Clarke (2006; 2012) taking place throughout and following data collection, positioning the researcher as an active component of analysis interacting with the data to develop rich contextual themes. Following the completion of the focus groups, the researcher transcribed each audio recording verbatim, removing any identifying participant information in order to anonymize personal details. Through transcription, the researcher developed a thorough familiarity with the data (i.e., closely reading the focus

group data). Preliminary memos and coding notes were recorded in an ongoing manner. These early memos informed the subsequent coding stages of data analysis and contextualization of the data within the existing literature. Focus group data and memos were input into the NVivo12 Qualitative Software in order to assist in data organization and analysis.

Through multiple readings of each focus group transcript, initial codes were generated by the researcher and segments of data were coded for different themes. The researcher applied a latent, contextualist approach to coding by examining meaning across the whole dataset (Braun & Clarke, 2006). The overarching study purpose and two primary research goals guided the preliminary data organization. Subsequently, the researcher developed numerous potential patterns of meaning and coding schemes for individual data extracts. This approach allowed for the exploration of several thematic avenues and accounted for the range of overlapping and distinct perspectives within and across generational groups. The first two focus groups for each generational group were independently coded by a peer researcher and a member of the supervisory committee, and then checked for internal coding consistency against the researcher's coding of the same data. For subsequent coding of the remaining two transcripts, the researcher incorporated the feedback of the two independent coders into the overall coding scheme and continued to generate new codes based on the ongoing analysis of the data.

Once the initial coding and collating of data was complete, an exhaustive list of preliminary codes was examined by the researcher for thematic patterns and combinations of data into larger overarching themes, and potential sub-themes. After thorough searching, the researcher drafted a collection of broad candidate themes and sub-themes. At this point, the researcher discussed preliminary themes with the same member of the supervisory committee who assisted in the independent coding. Theme refinement followed, whereby the researcher examined which themes were sufficiently demonstrated in the data, and where themes were too broad or overlapping. At this phase, the researcher applied Patton's (1990) dual criteria judging categories to review themes for internal homogeneity (i.e., fit between data within a theme), and external heterogeneity (i.e., clear distinctions between various themes). This review technique was applied both at the level of coded data segments and checking themes in relation to the entire dataset, re-coding additional extracts when relevant. Next, the different themes and overall data organization was defined and further refined for analysis, and

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data within each theme was examined for clarity and consistency. The researcher conducted and wrote a detailed analysis for each theme in relation to the research goals and contextualized some sections with sub-themes to give structure to more complex thematic hierarchies.

The final analysis and write-up applied the set of fully developed themes and ongoing analysis memos into this thesis. This thesis reflects the prevailing context of participant discussions in relation to the overarching goals and theoretical framework guiding the research. The culmination of the final analysis was an iterative process, reflecting the various phases of analysis and ongoing revisions to thematic content in relation to the goals of this study. In order to maintain trustworthiness throughout data analysis, the researcher utilized a number of strategies to maintain the integrity of the analytical method. Nowell and colleagues' (2017) techniques for establishing trustworthiness in thematic analysis were applied. Reflexive and methodological memos were written throughout the proposal, data collection, and analysis phases reflecting on the impact of the researcher's epistemological positioning, theoretical framework, and methodology in the final reporting of analysis. This audit trail was recorded in NVivo12 and used as a log for the study's development and reiterative processes. Credibility and confirmability were maintained by incorporating independent coders in the initial coding phase and discussing preliminary themes and analysis with peers and a member of the supervisory committee. Lastly, diagramming and thematic maps were utilized to make sense of thematic connections, and to promote detailed note-keeping on the relational hierarchies and definitions of themes and sub-themes.

Researcher Reflexivity

Reflexivity has been identified as a crucial component of qualitative critical inquiry (Mao, Akram, Chovanec, & Underwood, 2016; Wellin, 2018). Specifically, critical gerontology calls upon the researcher to acknowledge their personal awareness, or reflexivity, within the co-constructed narrative (Wellin, 2018). In contemporary aging studies, Wellin (2018) argued that critical researchers 'need to honor our experience but, also, move beyond subjectivity, using the self and biography as vehicles for understanding social processes that are distinctive, in our lives, but not unique to us' (p.13). Due to my proximity to family care and my active role in the current study,

transparent reflections are necessary to examine and negotiate my potential biases, assumptions, or experiences.

As a critical qualitative researcher informed by political economy and feminist lenses, I am conscious of my personal role in the collection and presentation of participant perspectives on family care. Throughout the development of the research concept, the study design, data collection, and interpretation of findings I recognize my ongoing influence on this project. My positionality and bias were consistently inspected, as I was explicitly aware of the societal context and power structures that situate myself and my research (Mao et al., 2016). Over the course of the study, reflexive memo writing facilitated critical reflection of my personal impact on this work. I documented my connection to the topic as a child of aging BBs and a witness to my family's aging care approaches. Equally important, I explored my awareness of the disproportionate impact of care responsibilities on the women in my personal and professional life. Furthermore, I examined the role of my employment experiences in community care and aging respite services. Through interactions within these aging spaces in diverse urban environments across Western Canada, I gained insight on the breadth of family care experiences that resembled and diverged from my own. Through recording and examining my personal experiences and beliefs on family care, and engaging in discussions with peers and mentors, I became explicitly aware of my influence in this study. Moreover, I recognized the shared and distinctive ways that individuals from various social locations and families examine future care for the heterogeneous BB generation.

In addition, my approach to the current study was motivated by explicit critical gerontological commitments to transforming societal understandings and approaches to aging. As noted by Bernard and Scharf (2007), passionate scholarship within critical gerontology encompasses explicit value commitments; clear concerns around aging, social justice issues, and varied dimensions of difference (e.g., intersectionality); engaging in good science that is reflexive; as well as challenging, and hopefully changing, prevalent aging paradigms. Similarly, Mao and colleagues (2016) noted how the learning and use of critical methodologies is accompanied by the researcher's experiences and reflections of the real lives and challenges which bring real people into the research space. As a novice researcher committed to social change, I recognize the inequitable challenges currently facing aging families. Therefore, I engaged with a

proactive examination of intergenerational perspectives on aging and care as a vehicle for more just and sustainable supports for BBs and their potential family caregivers.

Chapter 5.   Findings

Study findings are organized in order to address the two primary goals of this study. The first section addresses the research goal of better understanding intergenerational perspectives on future family care. Participant data is organized into four overarching thematic categories. These categories include: (1) individual outlooks, social locations, and proximity; (2) family preservation and care norms; (3) perceived aging realities and plans; and (4) negotiating contemporary care arrangements. Each thematic section includes quotes from focus group participants that demonstrate the overlapping and unique generational perspectives on aging boomer family contexts. The categories were prominent across the focus groups and encapsulate intergenerational perspectives while demonstrating matters of congruence and non-congruence across the BBs and ACBBs. Together, the broad thematic categories demonstrate the complex construction of norms and perceptions that surround family care within the context of aging boomer families.

Next, the results of the second research goal of exploring perceptions of societal supports for family caregivers are presented in two thematic categories. The first section explores the supports and services identified throughout focus group discussions while the second section presents the gaps and opportunities participants identified for expanded societal supports to family caregivers. Participants' discussions present a critical evaluation of the supports and challenges facing current families in care, and their desired changes within the care landscape.

Intergenerational Perspectives on Future Family Care

Across the non-dyadic generational focus groups with BBs and ACBBs, various intergenerational perspectives on future family care were conveyed. Participants demonstrated a variety of factors they incorporate into their perceived family futures. Although the following sections are identified and explored as separate themes, they also resemble interactive considerations that collectively shape participants' complex perceptions of future care contexts and roles.

First, an individual's outlook, social locations, and proximity to family influenced care perspectives. Second, family preservation and care norms are presented. Third, the

perceived realities of aging and associated aging plans, informed care perspectives. Finally, the negotiated contemporary care models, and various conceptualized roles of family care for BBs were explored by study participants. Each of these thematic categories are discussed in-depth to contextualize the breadth of participants' future care perspectives. In addition, areas of congruence and non-congruence across participant perspectives (displayed in Table 5.1.) demonstrate the variance and similarities within and across the generational groups. Table 5.1. also exhibits the perceived matters of congruence and non-congruence that participants identify within their own aging families.

Table 5.1.   Overview of Intergenerational Perspectives on Future Care

Themes & Respective Sub-themes	BB Participant Quotes	ACBB Participant Quotes

1. Individual outlook, social locations and proximity: the personal characteristics and contexts shaping participants' future care perspectives.
 	
  I.   Personal outlook
 	
  II.   Social locations (e.g., gender, socio-economic status, ethno-cultural background, etc.)
 	
  III.   Emotional & geographical proximity (i.e., physical and emotional closeness of potential family care recipient/provider)
	And don't get your expectations too high, let's put it that way okay? Because if you do that, you find yourself sad because they don't come to see you. Right? But have the mentality that if you are happy, and they will be happy to see you and that is the most important thing. (Male Participant; BB2)
	
	… so ever since we came to Canada just many battles. Minimum wage, so [hard] to find a good job, and another reason is our language is not good to find a good job. So not a good pay for living, and… right now we are getting old, we want more money to support like dental [and] our health... (Female Participant; BB2)
	
	I think we just need to take a different outlook… and we don't really know what the future is going to give us and how we're going to end up. And it's just okay, my kids might be out of town to, they might be in Alberta and across the world, I don't know. (Female participant; BB1)
		…it's not necessarily something that people feel they have the time for, or the money, or because it's so difficult… Like if you have a family and you have kids, or both people in the family are working, and you also have to look after someone that's aging and needs assistance… (Female participant; ACBB1)
		
		… technically my parents will say my brother will take care of them, but I see even now, like I'm recently married and I'm not living at home, but my mom had surgery but I was the main person to go and sleepover and take care of her, and I would still see that in the future... (Female participant; ACBB2)
		
		… even though I live far away from him, I'm still involved in some care with him to a certain extent … I try to make sure I phone him at least twice a week and try to converse with him in a way, and I try to support him emotionally… as a daughter who lives far away I try and talk to him and encourage him… (Female participant; ACBB1)

Themes & Respective Sub-themes	BB Participant Quotes	ACBB Participant Quotes
Theme 1 Congruence: Managing individual expectations/outlook; limited personal resources, prioritizing family closeness		
Theme 1 Non-Congruence: Mismatched outlooks/expectations within participant families		

2. Family preservation and care norms: the relational dynamics and family care history or norms that inform future care perspectives.
 	
  I.   Navigating family roles & dynamics (e.g., parent-child dynamics amidst aging transitions)
 	
  II.   Prior family care experiences
	… they don't look at me as old enough to have their care. They think I can do everything on my own… And I think it's the dialogue that you have with your children, you have to admit there's things you can't do. (Female participant; BB2)
	
	… If you look upon your kids to take care of you, you are actually interfering with their schedule because nowadays my schedule is dictated by my wife, just like my daughter right now with… my granddaughter, her schedule is dictated by the little one. Okay? So, you have to look at how things can be sort of set up so that every party can still enjoy a good time. (Male participant; BB2)
		… a very challenging like morph from being a child and expecting your parent to be responsible for you and tell you how to do things, and encourage you and support you, to being the one that has to be in the position of … I have to make these choices now for my parents, or I have to help them make these choices... (Female participant; ACBB1)
		
		… like [if] the daughters and the granddaughters went away, and [my grandma] didn't want care from anyone else. … they were getting kind of run down and worn out because they were taking care of their kids and taking care of their parents. (Female participant; ACBB2)

Theme 2 Congruence: challenging family role transitions; accepting care roles; and competing family demands		
Theme 2 Non-congruence: Perceptions of care roles within participant families		

3. Perceived aging realities and plans: notions of old age and associated plans that inform future care perspectives.
 	
  I.   Independence, control & capacity
 	
  II.   Planning for future care needs (e.g., casual conversations, retirement plans, and/or advanced care directives)
	I don't want to be a burden on my children, I don't want to have any expectations when it comes to them caring for me… I don't want to interfere with their youth, and marriage if they decide to go that route. I kind of feel the onus is on us, to ensure that we have our care in place. (Female participant; BB1)	… And so I tried to have these conversations with my parents. Like when would you be really, really able to go into assisted living or something so that you can keep your independence longer? As opposed to having it completely taken away, like when you break a hip or whatnot, and I get the same answer— "Nope! I'm going to live with you, you're going to take care of me!". (Female participant; ACBB2)

Themes & Respective Sub-themes	BB Participant Quotes	ACBB Participant Quotes
	… but just having casual conversations and telling [my kids], if anything happened to me, if I'm not here anymore, where to bring me. And if I'm not sound of mind, I wanted to know what their opinion is, how they feel about it. (Female participant; BB1)	… have those awful conversations with them that they don't want to have. I gave them… [advanced care planning] pamphlets from work saying "tell me what you want", and then during my grandfather's [passing] I'm like—now that this has happened I'm not going to make these decisions for you, you'll have to tell me. (Female participant; ACBB2)

Theme 3 Congruence: Reality of aging transitions; need for aging care conversations
Theme 3 Non-Congruence: Onus of care planning; parent-child aging expectations; casual or concrete care planning

Themes & Respective Sub-themes	BB Participant Quotes	ACBB Participant Quotes

4. Negotiating contemporary care: modern care considerations and spectrum of formal/informal involvement perceived for BBs future care.
  I.   Perceptions of LTC
  II. Formal and informal partnerships in BBs care
  III. Innovations in aging care for BBs
	I'm sure there were some long-term care facilities in the city … And we did not want our parents to go out of the community. So yeah, there's a lot of pressure, and shame associated with not keeping them in the house, until they were put in the ground. (Female Participant; BB1)
	
	I would like to find similar to a group home… wouldn't it be nice to have a bunch of seniors that are sort of healthy and then you have a group home... And the seniors are all cooking and still have activity… Like co-housing. (Female Participant, BB2)
		… Because my grandparents told my parents they would rather die than go into a care home, and so my mom was like, 'okay you're not going in a care home.' But then, she kind of saw the benefits of going into a care home with her partner's aunt so, I don't know. I'm unsure about my mom, but my dad will be very resistant. (Female Participant; ACBB2)
		
		…we share our caregiving things, for my dad…I have a certain brother who stays home and day-to-day is the one being with my dad… most of the medications—three of my sisters are all nurses. So they share those things like appointments, and the other one is on finances. (Female Participant; ACBB1)

Theme 4 Congruence: Stigma surrounding LTC placement; changing perceptions of care environments
Theme 4 Non-Congruence: Expected role for formal or informal supports in aging care

Individual Outlooks, Social Locations, and Proximity

Participants' (a) outlooks, (b) social locations, and (c) emotional and geographic proximity to future care were identified as central to their family care perspectives. The personal outlook of participants was noted to be a feature of future care understandings,

as emotional or philosophical views shaped their preferences and expectations. The social locations (e.g., gender, socio-economic status, family arrangement, and cultural background) and overlapping identities of care recipients and caregivers were identified as playing a role in participants' perceptions of future care contexts. Finally, the geographical proximity and emotional closeness to potential caregivers and care recipients were core to future care perspectives. These individual factors interacted to inform the future care perceptions of both potential care recipients and caregivers.

Personal Outlook

The personal outlook of each individual contributed to their perceived approach and response (e.g., urgency or nonchalance) to hypothetical future family needs. One female boomer from the first BB focus group (BB1) reflected upon her fellow participants' concerns in future care by contextualizing her flexible perspective in the face of future uncertainties. The following excerpt demonstrates her dynamic outlook, which takes into consideration the potential proximity of her children and her own priorities in later life and care:

> I just don't understand this burden thing, because as our kids grow up, are they burdening us with their problems in their adulthood? Like it's… life is a burden, period. And I think we just need to take a different outlook, and somethings have to get done and somethings don't have to get done, and teamwork is important, and we don't really know what the future is going to give us and how we're going to end up. And it's just okay, my kids might be out of town to, they might be in Alberta and across the world, I don't know. But I know I'm going to write down how I feel and what I think, and try and make some plans, and if they can help out with it, it's great! But, otherwise yeah what are you gonna do?

In the second baby boomer focus group (BB2), one female noted her personal outlook in relation to conversations about future care needs. Her perspective emphasized an acceptance of future uncertainties and prioritization of keeping in positive spirits and good health in order to pursue a good quality life. Additionally, as opposed to focusing on the care she may need to receive, she underscored her desire to remain healthy in order to continue helping others. She explained:

> Everything's natural, what happens just happens, you cannot control your life. Just go which way you think is good, if you stay healthy you can to help someone, you should do that. You don't think about the: I help you; you give me money, I think no! No reason. We just think about which is [a] good thing, we want to help someone. Do that! Stay positive! … Nobody know[s], [you could be] gone tomorrow!

Similarly, a male BB noted how his outlook prioritizes the needs of both his children and himself, which manages his expectations for future care:

> That's why I said you have to look at both sides. You cannot just use your own interest to enforce something on them. And don't get your expectations too high, let's put it that way okay? Because if you do that, you find yourself sad because they don't come to see you. Right? But have the mentality that if you are happy, and they will be happy to see you and that is the most important thing. (Male Participant; BB2)

One adult child participant from the first focus group (ACBB1) reflected on her impressions of family care and how the outlooks of individuals interact with the perspectives of care recipients, and intertwine with family realities, to determine how family care is enacted and the complexities associated with each family's care choices and actions.

> I'm just thinking, I know lots of experiences I've had, I worked in a hospital, and with my own family that's very reserved, well we're German, it's like: "I'm independent, I can do it my own way. I don't need any help." But I think of people my age, and wonder about this sense in Canada specifically, of like a responsibility, but it's not necessarily something that people feel they have the time for, or the money, or because it's so difficult to kind of, already be. Like if you have a family and you have kids, or both people in the family are working, and you also have to look after someone that's aging and needs assistance. I've heard lots of people talk about it, that it's like this chore almost, this extra thing that they don't want to feel bad doing, because obviously it's like their family, and they love their family, but it's this sense of: "you know I don't want them in a care home, that just seems so impersonal, and yet with the time I'm able to give, and the resources it makes it challenging." … And I mean for my own family, there was a real resistance from the older generation to be cared for, even if there was the possibility of having support, it was always "no we can do it our own way." (Female Participant; ACBB1)

Social Locations

Related to the theme of participant's personal outlooks, the role of individual social locations also emerged as a consideration within participant's future care perspectives. Individual characteristics such as socio-economic status (SES), disability status, language and culture, age, and gender were discussed amongst participants as shaping care perceptions.

The role of financial resources in determining aging experiences and future care contexts was underscored across participant groups. For BBs, the role of personal

savings, access to government aging and health resources, and costs of age-related transitions were emphasized. Meanwhile, the competing demands of unpaid family care alongside other family priorities, such as paid work and supporting their own children, was highlighted among ACBB. When speaking to the influences on future care, one female participant from BB1 reflected: "The other factor is money. Like if our children don't have any money, if we haven't saved for our retirement, you know there's going to be different levels of care associated with our own economic status." Another female BB participant from BB2 expressed a similar sentiment in relation to the varying costs of LTC facilities, noting that: "…money influences where you go, the attention you get, because at some places the attention is a lot where you're paying a lot, it's better… You get more because you're able to do that."

Furthermore, intersecting social locations like SES, immigrant status, and age were explained by a female BB participant from BB2 noticing the current impacts of her financial status, work-history, and language skills in determining access to healthcare and aging supports as an older immigrant:

> When we move[d] out [from China], we [didn't] have job[s], so ever since we came to Canada just many battles. Minimum wage, so [hard] to find a good job, and another reason is our language is not good to find a good job. So not a good pay for living, and… right now we are getting old, we want more money to support like dental, our health, maybe our body is getting weak[er]… like the bone. (Female Participant; BB2)

This participant also described the escalating costs of medications and procedures for the many age-related transitions that require savings. Another immigrant experience was reflected in BB2 by another female participant who had ongoing challenges of supporting her older mother in an unfamiliar local care system. This participant emphasized the financial pressures placed on her family in order to support her mother's physical disabilities, all the while navigating her own health transitions as a senior. She explained:

> My mother got paralyzed seven years ago, and now she is officially blind too, and it happened unexpectedly, and the entire family is lost because it is overwhelmingly stressful not only physically, emotionally. We love our mother very much and the pain that she is going through, the lack of information that we have about the system, the children are seniors, none of us are young. And umm, financial strain also, this is really a difficult situation and with her paralysis the entire family is somehow damaged in a way. (Female participant; BB2)

The role of gender in future care perceptions also emerged across conversations for both generational groups. In some cases, participants reflected on the gendered nature of care work, while others discussed culturally influenced practices and norms. More specifically, participants both reflected upon and purported the gendered nature of family aging care, with the gender of both care recipients and family caregivers being noted as a potential consideration.

Three female participants from BB1 reflected on the varying expectations of gendered care in their own families. The following interaction presents one participants observed impression and the responses of group members noting how individual characteristics and willingness also come into play, and how their own family experiences have defied typical gender expectations:

> BB1 Female Participant 1: …I see a difference between female offspring and male offspring, I think there are some maybe… some cultural issues or social issues or gender expectations about what daughters provide and what sons provide. That's just my personal observation, but I think there are differences on how hands-on the children are.
>
> BB1 Female Participant 2: Personally, in my situation, my boy will take care of me first before my daughter. And I did ask her and she said, "well of course who else would take care of you?" But my boy he offered, he said, "I will take care of you" without me even asking.
>
> BB1 Female Participant 3: But in my situation actually, my youngest brother is more like, uh more gentle, and my mom likes him. So, my mom prefer[s] him to take care of her rather than me!

Another female participant in BB1 who only has sons reflected on her different perceptions of care than participants who have daughters, and the intimate nature of care tasks. She noted:

> I think the daughter thing is got something to do with this. I don't think my sons have that nature to, you know, to do personal care anything like that. And I think from my perspective, I'd be more comfortable with a daughter helping me bathe than a son helping me bathe. So, I think that definitely has some impact and influence on my decisions. (Female Participant; BB1)

In BB2, a male participant reiterated the notion of specific gendered roles in care tasks. In response to a female participant's reflection on the care role her daughter has played and her desire for that care to continue in the future, a male BB who fathered two sons

described his care preferences and the appropriateness of specific care tasks based on gender:

> BB2 Male Participant: Ideally, theoretically, that would be the best for everyone… If you have a female.
>
> BB2 Female Participant: Or a son.
>
> Male Participant: No, females should be taking care… by a female if possible. Because of bathing and other stuff. But yeah, your own kids that would be ideal, but if it's not possible then what?...

Multiple female ACBB2 participants spoke to gendered patterns of care within their family and cultural contexts, identifying instances of gendered expectations from older relatives and male siblings. For instance, one female participant noted her impression that "in the Asian culture, I guess it's kind of sexist, cause like the females generally are the caretakers." Another female participant added "same in Indian culture." The first participant then spoke to how she feels that "there is more that falls, at least in my family in my experience, it's just the females have more of the caregiving, or caregiver roles." Another female ACBB2 participant noted how, in her family, despite the availability and willingness of male family members and cultural emphasis on male sons as the care providers, she saw some differences in how care tasks and divisions will actually work between siblings. She noted:

> … technically my parents will say my brother will take care of them, but I see even now, like I'm recently married and I'm not living at home, but my mom had surgery but I was the main person to go and sleepover and take care of her, and I would still see that in the future. It will be me like delegating, like [another participant] said [about her and her brother]. (Female participant; ACBB2)

Emotional & Geographical Proximity

Participants also reflected on the overlapping effect of geographical and emotional closeness of BBs and ACBBs in perceptions of future family care and the possibilities for support. One female participant (BB2) described the role of emotional and physical closeness in determining family care realities, demonstrating the individual variance in how each family member might be positioned to support family care needs and how this shapes perceptions of the future:

I've been lucky, I've lived far away from my mother for many years and my sisters and my brothers had to take care of my mom. And one of my siblings, my brother, just gave up because she's a diva, she was a diva. (laughs) She was very demanding. And my other sister just wanted to be her guardian on paper, and just email her and that's what happened in the last two years. But my sister, who had no benefits at all, had to come to the states every week or on emergency and take care of her and the rest of us felt really bad. But you know I wasn't in any position to go and help, ... And in my case, I've had a lot of issues, health issues serious ones, and my kids they live far away. My son lives in Turkey and my daughter lives in Australia so, those are, that is the only help that I would have.

Another female participant (BB1) described how geographic distance shapes her perceptions: "The reality is, geographically, there are children located all over the world, and so I don't think it would be prudent on any of our parts to rely on them for caregiver support."

Related, a female ACBB1 participant commented on how despite her geographic distance, her prioritized emotional closeness impacts her engagement with shared family care for her aging father in the Philippines. She explained:

… even though I live far away from him, I'm still involved in some care with him to a certain extent. Actually, this is the way that I, or [my siblings and I] share our caregiving things, for my dad. … And the other thing is I try to make sure I phone him at least twice a week and try to converse with him in a way, and I try to support him emotionally because my mom just passed away almost two years ago… So, he's still in the process of grieving and everything, but we try, as a daughter who lives far away I try and talk to him and encourage him, and talk to him about certain things, and try to surprise him in special occasions, and that's just one thing that would make him happy, and I try to make myself available to see him at least once a year during my vacation. (Female Participant; ACBB1)

Family Preservation and Care Norms

Across both generational groups, participants alluded to the importance of maintaining established family dynamics, in particular the parent-child, sibling, and spousal relational norms. In addition, the prominence of prior family care exposure (e.g., for aging parents/grandparents, or care provided from parents to children) was conveyed as a model for participants to align with or deviate from, depending on their lived experience. For some participants, adverse experiences with disproportionate care responsibilities, challenging or unclear arrangements, or negative consequences

following the death of an aging relative informed their subsequent desires for care arrangements. The diverse family structures (e.g., married/divorced/remarried), histories, and norms varied among participants and influenced perceptions of future care.

Navigating Family Roles & Dynamics

Participants reflected on the evolving dynamic between parents and children in aging- and care-related transitions, as well as the interconnected impact of family care on the individual family members making up the support system of older adults. Two female participants (ACBB1) spoke to the difficulties associated with role reversal in care transitions, particularly the ways in which providing care to parents can challenge normal conceptions of where care originates and who is responsible for providing care. When asked about the feelings elicited by future care conversations, one participant responded with discomfort and explained her experience planning for her parent's future care:

> … I'm the youngest of four also, so like I'm still the baby, and my parents are my parents. I still see them as parents and not frail, definitely when I see them I'm always like-- I want to help and I'll clean up more, or like I'll carry something so they don't have to but such like minor things and only when I'm visiting or whatever. But I'm still like—"mom, I'm sad" you know? Like I still go to them [for support]. So, I want them to be able to come to me but it's making me sad, I'm worried about them aging and me not being able to help at all… (Female participant; ACBB1)

Another female participant agreed based on her past care provision to her mother and her perceptions of family care and the accompanied change of roles:

> …that is a very challenging like morph from being a child and expecting your parent to be responsible for you and tell you how to do things, and encourage you and support you, to being the one that has to be in the position of telling someone that you felt was your superior or your leader or whatever, to then being the person that is suddenly then—oh I have to make these choices now for parents, or I have to help them make these choices in whatever role you may be in. … But I would think no matter what age you are, whether you are sixteen or you're forty, that's still going to be a challenge to have that change of dynamic within a relationship that has been… Cause that is such a structured, like the parent-child relationship in mostly healthy families, is very defined. The parent looks after the child… (Female participant; ACBB1)

In a similar vein, participants from BB2 spoke to family challenges in acknowledging and responding to aging transitions. One female BB explained how she feels her children view her and the discomfort that might be associated with recognizing some of her age related limitations:

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…they don't look at me as old enough to have their care. They think I can do everything on my own… Oh I'm just perfect and I can scrub and pull the fridge out! They think I'm just wonderful. And I think it's the dialogue that you have with your children, you have to admit there's things you can't do… I think it's scary though, I think it's scary for both ends. (Female participant; BB2)

A male BB2 participant built upon the above point by noting the effort he and his children expend not dwelling on aging transitions, or disturbing the dynamic in place, whereby they frame his aging as a scenario to be handled at a later time:

I did have this conversation with my kids, in that mentioning here and there, they think just like you said that I'm going to live forever. So, I can take care of myself. Not forever, but for a long long time, so they don't think about it in this way. And I don't encourage them to think about it. But if the time comes it comes, so until then—just like [another participant] said, until I can take care of myself at that level, that time… (Male Participant; BB2)

One female BB1 participant examined the dynamic with her own daughters, as well as her mother as formative in her perceptions of her future care context. Within her own intergenerational exchanges with her aging mother and the support she is giving currently, she noted her efforts to "instill those values" as an example for her daughters. Later, when asked about the potential for her future family care needs, she reflected on the support between her and her children:

… I gave up a lot to come back to Canada, and I've made huge sacrifices so my children could benefit. So I think in the back of my mind if I'm really honest with myself, I think I kind of expect it back from them way down the road. Because, yeah there's been some major changes in my life, and I did it for them. So, yeah, I think I do expect a little bit in return. (Female participant; BB1)

Outside of the parent-child dynamics, a male ACBB1 participant framed his relationships with siblings and his spouse as a priority within the context of future care for parents. He acknowledged the potential tensions that could arise for families providing care to an aging parent:

Ideally the care would be easy as possible, I'm hoping. Otherwise I'd say minimize family hostility, cause that's what you're going to be left with after they pass… Like if that's going to break up me and my brother or my wife and her sister, or even me and my wife—I mean that could happen right. I feel that's the scariest thing. So, I'm hoping that we avoid that at all costs. (Male participant; ACBB1)

Prior Family Care Experiences

Previous personal or professional exposure to family care played a role in informing the future care conceptions of BBs and ACBBs. Various cultural and familial traditions were noted, and a range of positive and negative evaluations framed the complex considerations for boomers' future family care.

One female BB1 participant described how her past experience as the adult child or informal support network member tasked with handling care and end-of-life arrangements has motivated her to not leave her children in a similar position. She explained:

> … I have a couple experiences. One, I was an executor of a will that was contested, and it took me two years to resolve it. Lot of hours involved, that for me was an indicator of-- is this what I want at the end of my life? The other experience was my father's death, and how I have three siblings and we could not reach any agreement on… what was going to be the funeral. And so, like [another participant] I just said: "well I'll deal with it". And I had the task of going and picking out a casket, and this and that, by myself! And then going back to nothing but resentment, but you don't leave these things until the day of death to discuss because you are setting yourself up for a nightmare! So, again, lived experiences have really directed me to be proactive in this regard and make sure whatever I want is documented. (Female participant; BB1)

Similarly, a male (BB2) participant spoke to how his informal care provision to his wife who lives with a disability and occasional instrumental help to his mother-in-law, shapes perceptions of his future care and the minimal impact he wants to have on the lives of his adult children.

> … I've actually been taking care of my wife for twenty-some years, she's a quadriplegic. And so, taking care of people is not too foreign to me, I can relate to that. You basically, and just generally speaking, if you look upon your kids to take care of you, you are actually interfering with their schedule because nowadays my schedule is dictated by my wife, just like my daughter right now with her [daughter], my granddaughter, her schedule is dictated by the little one. Okay? So, you have to look at how things can be sort of set up so that every party can still enjoy a good time. (Male participant; BB2)

Several female ACBB2 participants discussed the desirable and challenging elements of care they have witnessed from their parents to their aging grandparents. For some, patterns of co-residence aligned with their family's needs; for others,

intergenerational friction arose between the desires and needs of parents and their adult children care providers. When asked about their impressions of family care, one female ACBB2 participant pointed to her parents' care experiences and frustrations with her grandparents' hesitation to embrace supports:

> … I see my parents taking care of my grandparents all the time, cause they're kind of in that sandwich generation. Umm, I see a lot of frustration because a lot of times like even from my point of view for when I'm dealing with my parents it's like the adult generation thinks— "oh I don't want to be a burden on my children, I can do everything for myself, I don't need you to do this for me, I don't need you to take me to this appointment." And then the children get frustrated with their parents. (Female participant; ACBB2)

Another female participant (ACBB2) provided an example of burnout among family members who provide intensive aging care while simultaneously supporting children:

> I've seen it opposite, like the frustration where like my grandma, it would be more frustration on my aunt or my mom's sisters because she wanted the care a lot. So, if we all went away and then we all… like the daughters and the granddaughters went away, and she didn't want care from anyone else. So, it was struggles with like having a respite worker, anything like that. And I saw frustration in that sense, because it was… they were getting kind of run down and worn out because they were taking care of their kids and taking care of their parents. (Female participant; ACBB2)

In contrast, another female participant (ACBB2) spoke to how her family care experiences had given her the impression of collaborative and positive experiences in managing aging family members' needs:

> I don't think that I had the same experience in my family. Like it's very cohesive, my dad takes care of my grandfather, my aunt takes care of my grandmother, and then my other grandpa on the other side, his wife passed and he had one little slip where he didn't drink enough water and had to have the ambulance come because he was very dehydrated, and we had to put him in a home, like a care unit, and he's been wonderful ever since! There hasn't ever been [conflict]… And I guess I never really thought that it could get as ugly as maybe some people have experienced. (Female participant; ACBB2)

Lastly, a male ACBB1 participant noted how his family care experiences and history is distinctive due to his parent's migration to Vancouver from Korea. He reflected on how this characteristic of his family diverges from family care experiences or norms in both Korea and Vancouver.

… coming [to Vancouver] I guess I kind of have both perspectives, I've seen other families here care for their grandparents, and I've seen my family take care of my grandparents. But at the same time, our family did split, so there's a big part of my family in Korea, and we're here … Yeah, so I don't see that as much, I hear it right? I'm in touch with Korean media, so I hear people talk about taking care of grandparents. But when I compare that to my family, it's a little bit different. Also, when I hear people here [in Vancouver] talking about taking care of their grandparents, it's also different. (Male participant; ACBB1)

Perceived Aging Realities and Plans

Participant perceptions of old age and the available supports for aging transitions informed their perspectives on future care. For both groups of participants, neoliberal narratives of independence, control, and capacity were present. Notably, these notions of aging were particularly salient in the perceived care priorities of aging boomers as future care recipients. Furthermore, the nature of actual aging plans across the focus groups reflected the available options and narratives around planning for and understanding future care.

Independence, Control & Capacity

Both generational groups' acknowledged the notion of preserved independence in the face of aging, and the difficulties associated with a loss of control when one's capacity is impacted by age-related health transitions. In addition, the neoliberal ideal of choice was tethered to many participants' notions of control within an aging context, specifically the choice of living environment, end-of-life decisions, and health practices to promote a healthy or ideal aging experience. Unsurprisingly, the heterogeneity of the sample was reflected in their vast perceptions of old age and the planning associated with aging transitions (e.g., retirement, health changes, escalating care needs, and end-of-life).

One female BB1 participant stated how she would prefer to avoid imposing a burden on others by controlling her care. This participant emphasized how her agency may ensure that her wishes are addressed and her independence is prioritized:

I don't want to be a burden on my children, I don't want to have any expectations when it comes to them caring for me. I think that comes from my mother, because she would always say, "I don't want to be a burden, on any of you. I don't want to move in with any of you." So, I'm of the same mind, I don't want to interfere with their youth, and

marriage if they decide to go that route. I kind of feel the onus is on us, to ensure that we have our care in place. (Female Participant; BB1)

Later, she reiterates how independence underpins her approach to aging:

> From my perspective, I want to maintain my independence, I do not want them involved in my decisions about end-of-life care. That is strictly between me and my husband. Obviously, they could have some input on it. But no, I mean I see my husband and myself making all these decisions before they're involved.

Another female boomer (BB2) discussed similar notions of independence, but framed through choices preserving their health and social life to remain independent and promote self-reliance. In response to one participants' reflection on reaping the benefits of his good genetics and being "over sixty-five and [feeling] like forty", she stated:

> Yeah, you look healthy and strong, but some seniors their bodies are really weak, and they don't want to go out, they don't want to talk with someone. And [getting] the dementia is a problem, so many questions. We want our body to [be made] more strong, we don't want to bother someone … we want [to] be independent. Our own! (Female Participant; BB2)

This participant continued to highlight the ways in which she and her aging husband seek opportunities and activities (i.e., volunteering and joining a walking club) that keep them happy, healthy, and engaged with other older adults and community members.

The tension between the struggle of accepting care and remaining independent was noted by two female participants from ACBB1. Despite their family's emphasis on helping older relatives, and the early exposure to such care values, both participants described the reluctance they witnessed in older family members in need of support:

> (ACBB1 Female) Participant 1: I think of that [pushback] as like a fear of people that are aging, the fear of losing control.
>
> (ACBB1 Female) Participant 2: A hundred percent. Yeah, hundred percent I agree.
>
> Participant 1: Losing control of their own life and their own agency, and it's like of course, even with the [older adults at my work] when I try to put myself in their shoes. I would want to be independent as long as I could, and not feel like I am a burden to anyone, whether it's my family, my society, the center I come to, you know I want to be still engaged and participating and feeling like I'm giving back and not just taking.

Similarly, a female ACBB2 participant reflected on how she tries to emphasize independence and care realities in prospective care discussions with her parents:

> And so I tried to have these conversations with my parents like when would you be really, really able to go into assisted living or something so that you can keep your independence longer, as opposed to having it completely taken away, like when you break a hip or whatnot, and I get the same answer—"Nope! I'm going to live with you, you're going to take care of me!" (Female Participant; ACBB2)

Planning for Future Care Needs

In terms of the concrete actions related to future care contexts, participants presented a range of potential plans that shaped future care perceptions. For many participants, the idea of future care seemed distal in comparison to the more proximal retirement plans they are currently engaging with. As one female participant (BB1) noted, "I still don't feel there yet." For BB participants past retirement age, many preferred to focus on the present as opposed to planning for hypothetical care needs. For participants who had engaged with future care planning, the dialogues ranged in focus from housing and care arrangements, to end-of-life planning such as advance care directives, and legal or financial representation agreements.

Some participants focused on retirement plans as opposed to care-focused plans. One female participant (BB1) who was still working noted:

> I haven't thought as far as… me being incapacitated, I mean myself and several girlfriends have the plan of you know, buying the house on the lake in Ontario and all retiring together you know? We're all single, and the kids are going to be all off doing their own thing and we will grow old and drink wine, and rock in the rocking chairs, and look at the lake. Umm, after that I'm not really sure. (Female Participant; BB1)

Similarly, when asked about family conversations of future care, one male ACBB1 participant expressed how his parent's focus is more on their retirement, not potential health transitions and aging:

> …my parents actually have a plan to travel half the time, I guess. So, we haven't really had a planning session where we talk about what we're going to do when they're not able to do certain things. It's… most of it is talk of what they are able to do and what they are going to do… (Male Participant; ACBB1)

In the case of future care planning, the range of discussed options varied considerably by participants. Some BBs were just beginning to formulate their approach, while others had substantial arrangements or plans in place. One female participant (BB1) explained how she had just begun to devise some plans by working "backwards", focusing first on her end-of-life plans and then navigating her way towards retirement and care plans. She explained how the arrangement of her final resting place, and the growing stability she sees in her children has led her to begin some of the communication around aging plans. When asked about what kind of conversations she has had, she responded:

> Yeah, not so much as going to the office and talking to them, but just having casual conversations and telling them, if anything happened to me, if I'm not here anymore, where to bring me. And if I'm not sound of mind, I wanted to know what their opinion is, how they feel about it. But they have not gotten to that point of thinking about me being that way. And they were very quiet about it. A couple of times I tried to initiate the conversation, but I want them to get used to thinking that way so when the time comes it's not overwhelming for them. So just casually talking, but I have not gotten any answers from them yet. So, I myself am still thinking—what should I be doing? (Female Participant; BB1)

Another female BB1 participant had a fully conceptualized approach with medical, legal, and financial directives. When asked about her future care expectations, she explained:

> I do not expect my boys to look after me. That is not in the cards at all, they will not be living in Canada… they will have power of attorney after me or my husband passes, and they will have representation, they do have representation agreements. Umm, however I expect to, after working in the not-for-profit world for thirty-three years my ducks are lined up. We have very clear directives as to how our, the last quarter of our life is going to pan out, with the exception of things out of our control of course. But we will be staying in our home and modifying it and bringing someone in to help us. (Female Participant; BB1)

In contrast, two female participants (ACBB2) with healthcare backgrounds had ordered advanced care paperwork for their BB parents to fill out. Both tried to navigate the care conversations proactively and nudge their parents into considering what they may want in the future. The participants explained their approaches:

> ACBB2 Female Participant 1: I gave them, two years ago, pamphlets from work saying "tell me what you want", and then during my grandfather's [death] I'm like—now that this has happened I'm not

going to make these decisions for you, you'll have to tell me. Because my mom is Christian and my dad is Hindu, so they're completely different on what they want, and I'm like well you're going to be getting whatever I give you. And then all of a sudden, they're like giving me all these answers to things, and I'm like alright so those papers I gave you and my dad is like: "I have them inside" and I'm like: yeah inside is not what I need, c'mon start filling them out!

ACBB2 Female Participant 2: On the fridge so when you call the paramedics from the bathroom, they'll know whether to resuscitate you or not! I ordered all the paperwork and it showed up in their mailbox one day, and my dad calls me like: what is this? And I was like "oh it's in case you die, today." And he was like "WHAT?" and I was like "yeah fill it out."

Participant 1: Cause it's so stressful for people to think about.

Participant 2: They do not want to have those conversations and I was like if you don't want to talk about it, you can fill out the paperwork.

Negotiating Contemporary Care

Building upon the aforementioned themes, participants described a range of care arrangements they perceived as possible in BBs future care. From minimal to no involvement of family in care, to the proposed roles and task division across formal and informal supports, the perceptions of future care from both BBs and ACBBs presented a variety of imagined care arrangements. Future care conversations did not exclusively focus on the role of family, nor did many participants prefer family as the sole provider of aging care. In addition, participant perceptions of LTC environments shaped how they negotiated and perceived potential models of care.

Perceptions of LTC

For participants across both generations, some stigma and disdain was expressed around placing a loved one in a nursing home or LTC facility. As noted by a female BB1 participant, "[For those] knowing the sector, [we] would not choose LTC for us or our family members if at all possible." Similarly, two ACBB2 participants spoke to how placing an older relative in LTC is culturally frowned upon in East Indian culture:

ACBB2 Female Participant 1: … in more East Indian culture, or even in my family, care homes—even with my grandma that passed away, towards the end it was like, just cause the aunt she lived with also had a disability, we were saying we could take care of her or we could put

her in a nursing home. But putting her in a nursing home, like elders in a nursing home in our culture is almost like frowned upon.

ACBB2 Female Participant 2: Totally, it's so faux pas, they don't want to do it, and they don't see the benefits of it.

ACBB2 Female Participant 1: Even if you're visiting all the time, because we would even have conversations like "oh it would be the same thing, we'd come in and visit." But to the elder it would feel as they were being…

ACBB2 Female Participant 2: Abandoned.

ACBB2 Female Participant 1: Kind of like they were being pushed away.

Similarly, a BB1 participant spoke to how in her rural childhood community in Newfoundland, aging and dying in place was the norm in absence of accessible care facilities:

> …so the expectation is: wherever she lived, that's where her funeral was. You know, poor communities didn't have access to the services, it's as simple as that. Or any supports, I'm sure there were some LTC facilities in the city, but… we did not want our parents to go out of the community. So yeah, there's a lot of pressure and shame associated with not keeping them in the house until they were put in the ground. (Female Participant; BB1)

There was a shared understanding across generational groups regarding suitability between individual care needs and appropriate care environments. Participants acknowledged that LTC facilities may be best when the demand or intensity of care exceeds the level of family- or community-based supports available. One female BB1 participant reflected on her experience in relation to her own future:

> But yeah, depending on the care level, my father [was] sent into nursing home, because the level we couldn't do. He [would] even sit in a wheelchair and slide, then he later needed the tilt wheelchair, so, and the lift. That, that level, I mean for me at that level, I wouldn't let my kids do that. Right? … but when daddy [was] in the nursing home, we [went] there often. (Female Participant; BB1)

Formal and Informal Partnerships in Boomers Care

Partnerships across formal and informal care systems were described within family approaches to care tasks and supports for aging parents. These partnerships included receiving formal community-based home support, coupled with informal support from adult children or grandchildren.

As the circumstances of each family varied, so too did the nature of potential arrangements. For BBs living apart from their adult children or those who desired less hands-on involvement, the idea of children conducting care management or coordination with formal services or supports seemed possible. One BB2 mother reflected on the care partnership between her children and formal resources:

> My kids can only help by hiring somebody, or setting up a grocery delivery, but one year my daughter came to Vancouver four times from Australia, because I was super sick. And my son came twice that year… they have the finances to come and help, but for everyday stuff no, they don't have the… I mean because they have jobs, they don't have funds and time, so… (Female participant; BB2)

Across the two BB focus groups, participants spoke to a desire for more hands-off care from their adult children. For some, this entailed adapting their living environment to suit their potential future needs (i.e., retrofitting their current dwelling or downsizing to smaller single-level units).

One ACBB1 participant described her siblings' partnership approach to the care of their father:

> … Even though I live far away from him, I'm still involved in some care with him to a certain extent. Actually, this is the way that I, or we share our caregiving things, for my dad. I have a couple of siblings and most of them are busy working and everything, I have a certain brother who stays home and day-to-day is the one being with my dad. But in some [instances], most of the medications—three of my sisters are all nurses. So they share those things like appointments, and the other one is on finances. Because caregiving is like a whole thing not only about caring, it involves a lot of aspects like supporting emotionally, financially, all sorts of stuff. (Female Participant; ACBB1)

Later on, this participant reiterated that within her family's care arrangement, despite living further away, she is still able to extend her support to her family, and that she views this as a personal responsibility.

Innovations in Aging Care for Boomers

The changing landscape of aging care was also reflected in participant discussions, including changes that may impact future care models. One BB1 female reflected on the evolving nature of family care that she has seen since providing care to her aging parents, and the continued changes she perceives:

And maybe the care isn't the way we've always known it to be, like the daughter, the oldest, the youngest, whatever. But maybe it's going to change to a different degree like maybe they'll, because technology and things changing, maybe it'll have a different look to how they assist in caregiving. I do think my kids will do something, but not what maybe what I've been doing for my mom. I did power of attorney, but maybe they'll do that and maybe not some of the other things. I'm not really sure a hundred percent. (Female Participant; BB1)

Other BB1 participants explored the role that remote monitoring technology, artificial intelligence, telehealth medical care, and creative intergenerational housing models may play in their perceived aging futures. Creative housing and care models were discussed by a few boomer participants who had witnessed or conceived a model of co-housing that might best suit their care preferences for community-based supports, with minimal support from family caregivers. In particular, one female BB1 spoke of a care arrangement she was exposed to through her work experience:

It's like a big heritage house, and it's got an elevator in it, and there's two cooks, and one person lives in there and does all the grocery shopping, and it's like a real… everybody eats together in a home situation. I like that idea, and I was talking with some friends of ours and we were talking about having a bigger home for maybe three or four couples, and hiring people to come in. (Female Participant; BB1)

In BB2, a female participant reflected on her desire to live in a similar community-based co-housing care setting:

I would like to find similar to a group home, like where they put kids, but wouldn't it be nice to have a bunch of seniors that are sort of healthy and then you have a group home, and a group mom or dad. And the seniors are all cooking and still have activity… Like co-housing, that's… I would like to find that and I know in the Yukon where I lived they actually had one, where six people bought it, they renovated it so you had your own bathroom and room, they had an apartment attached to it and they hired a young couple, with a baby, to take care of them. And they do their own cooking, and I wish I could go to one right now, like tomorrow. (Female Participant; BB2)

Societal Supports for Family Caregivers

In relation to the second research goal of exploring perceived societal supports for family caregivers, thematic analysis revealed participant perspectives on existing and desired resources. The following sections explore the supports and services identified by both generations of participants, as well as the perceived gaps and opportunities for

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expanded support to assist current and future families navigating aging care. Participant perceptions of supports targeting aging families were situated within the life course notion of linked lives. For instance, participants noted how supports for one generation had implications on the care realities for the other. Notably, some BB participants emphasized how the use of health promotion efforts and supports for older adults may translate to a reduced need for support from adult children. In addition, BBs perceived how supports could provide family caregivers respite from demanding care responsibilities.

BB participants' discussions centered on prevalent supports to meet the anticipated needs of BBs while limiting the demand on informal family carers. Meanwhile, ACBB participants focused on the direct respite, emotional, or financial supports for family caregivers supporting aging parents. Together, these care conversations framed how individual supports and needs have consequences for interconnected family members that extend into the wider community and healthcare contexts. For example, participants across both generational groups noted how under-supported families create challenges for the healthcare system. They cited issues such as the increasing health needs of physically or emotionally strained family caregivers, mismatch between care environments and care recipient needs, and negative care recipient outcomes because of family burnout.

Identified Supports & Services

A variety of direct and indirect supports were identified by participants from both generational groups. The following section summarizes the levels of supports available to individuals and families in order to support the health of caregivers, care recipients, and the communities in which they live.

The formal resources identified by participants included home support services, respite services, adult day centers, family or caregiver counselling, home health nurses and care aids, and provincial charities providing low-barrier supports to older adults needing to arrange representation agreements (e.g., Nidus personal planning registry), non-profit services for support in community living (e.g., non-medicalized assistance with light housekeeping or visiting through United Way's Better at Home program), healthcare information phone lines (i.e., HealthLink BC 811), City of Vancouver resource

information phone lines (i.e., 311), federal government supports and incentives for family caregivers, and employer paid caregiver leave. Informal resources noted by participants included one's extended family, in-person or on-line caregiver support groups, volunteer community programs, and peer supports.

During the focus groups, a significant amount of knowledge translation and experience with particular resources was shared between participants. For those early in their engagement with aging plans, individuals with more familiarity shared insight from their own experiences. Similarly, participants with applicable experience or knowledge of resources informed others who were facing current challenges caring for an aging parent. Upon the conclusion of focus groups, a few participants noted how the focus group discussion had expanded their understanding of supports for aging relatives and their care networks or encouraged them to re-evaluate their current approach to ongoing family care, and future care for their families.

Gaps and Opportunities for Expanded Supports

Beyond identifying the potential supports available to family caregivers and aging care recipients, participants across all groups critically assessed and noted the gaps and opportunities within the aging care landscape. In particular, participants addressed the gaps in supports for individuals and sub-populations particularly impacted by care (e.g., women, adult children providing multi-generational family care, and aging immigrant families unfamiliar with local care approaches). Participants also identified opportunities for wider and more systemic change in how we support older adults and their caregivers. The following subthemes outline the noted gaps and opportunities for caregiver and aging supports to better help BBs and their families. Specifically, the need for improved system navigation supports, gaps in caregiving education, meeting the projected care needs of an aging population, and recognizing particular sub-populations for whom care roles may be especially impactful and demanding.

Healthcare System Navigation Supports

One gap noted by participants across generations was the need for navigational supports for families attempting to access aging services and systems. The need for enhanced navigation supports was especially salient for participants unfamiliar with family care or the available health and social care for older adults. However, even

participants with some care background or formal healthcare knowledge noted the challenges of navigating the aging care system. For instance, a female participant (BB2) in the midst of caring for her mother noted the challenges she encountered as someone unfamiliar with the aging care system. She emphasized the difficulties she has faced trying to determine where to go for the right supports, and how to access the available information and support services:

> Information, where to go. Navigation… before my mother got paralyzed I was totally blank, through that system I learned a little bit, but I think that's not enough because I can't find someone to substitute me even for a short time, because my mother is low income they send two workers, one hour in the morning and one hour in the evening, and there is no more financial support that they can send someone sometime so that I can take a break… resources are available, but if you know how to get it you can get it. If you don't know, it is not coming directly to the eligible people. (Female Participant; BB2)

Another female participant (ACBB2) noted how even with insider knowledge, based on her healthcare career background, navigating aging care still presents challenges and that extra efforts are required within the care system:

> And knowing where the gaps are in the care, like I work in the system and when you're on the other side it's still really difficult to get things to happen. I usually have to go down and like [say]: "Yeah I know what you're saying, so using your medical speak to get around me is not helping, I understand the things you're saying." And it's still difficult to get things fixed and answered, the healthcare system is not very effective, it's effective when people are in crisis, in an acute crisis, and the rest of anything that's chronic, like being old, is not easily fixed. (Female Participant; ACBB2)

Education and Training for Family Caregivers

Beyond navigation supports, participants reported a need for educational opportunities on possible aging plans and training in care roles for family members. Across generational groups, participants varied in their awareness of available resources and care options. Several participants identified the increased role that education could play in encouraging or facilitating family care planning, as opposed to the existing reactive nature of supports. In addition, for those currently facing family care roles the need for sufficient family caregiver training was noted as a potential buffer to protect family caregivers' physical and mental well-being and prevent potential burnout. Together these education and training interventions were reported as options to better equip families in their planning for and responses to aging care needs. As one female

participant (BB1) noted: "if there's somebody that could really educate you, on the different aspects, on how things work. I think that's important."

Educating families and providing opportunities for facilitated care conversations was noted as a potential solution to gaps in awareness, which could prevent the last-minute reactions to care that many families encounter once care demands arise. Participants in both generational groups spoke to the challenges associated with family care conversations and the discomfort that it can cause. In addition, participants reflected on how the range of family experience with care may not inform potential care recipients and caregivers of the realistic and possible transitions.

Accordingly, several of the female adult children (ACBB2) presented an idea for more structured care conversations to provide families with a facilitated understanding of future care:

> ACBB2 Female Participant 1: I feel like these conversations … can be very difficult for families to have on their own, that if it was more of a structured.

> ACBB2 Female Participant 2: Like a class!

> Participant 1: Yeah, if it was something that just like everybody had to do at some point, like oh when you turn fifty, you and five of your loved ones have to show up to this conversation… and yeah basically intervention, like there's a financial person here, and a doctor there, and OT or somebody. Just so everyone kind of understands what the trajectory can look like, I think that could be something that could be beneficial. And then it also maybe would take or help with emotions… cause if you start discussing finances that can get people super heated or, like emotional

> ACBB2 Female Participant 3: And families like talk over each other, and especially like siblings have different outlooks on it and then parents have their own outlook. Like it would probably just be an argument within most families.

Furthermore, the role for caregiver training and education was explored by a female participant (BB2) who was had experienced physical strain from insufficient training in providing intensive hands-on care for her mother and subsequently required treatment for herself:

> But family also need some training, that's what happened to us. We didn't know how to handle the situation, how to turn mom, how to lift her, and we damaged our own bodies. There was nothing, no

information sheet to help us in that regard. After three years in a seniors' forum, I suddenly saw a very good book to show how to deal with pictures. So, these are the kind of information that could save a lot on this medical system, because then I became a patient and I had to go, I became a burden on the system because the right information was not provided at the right time. (Female Participant; BB2)

Insufficient Health and Aging Care Resources

Another gap recognized by participants concerned insufficient health and aging care resources for the projected needs of an aging population. Boomer participants noted their concerns of inadequate health promotion efforts and health screening for older adults, insufficient staffing of skillfully trained healthcare workers, insufficient equipment and specialists to meet the health and surgical needs of aging populations, and insufficient housing to meet the intensive care needs of frail older adults. One male BB2 participant reflected on the demands of an aging population and regional variance in healthcare:

> I don't know if there is a quick way to solve it, but probably have to start looking at training more healthcare professionals, and sometimes I know Vancouver is okay, as a big metro city people come and work here. But for some rural areas, to my understanding, it's even worse to get specialists to work there. (Male Participant; BB2)

Another male BB2 participant agreed with lengthy wait-time experiences and noted that additional equipment could also be required. The first participant pointed to the need for responsive healthcare policy in light of the increased demand and greater proportions of older adults requiring such care.

While some BB participants embraced the idea of formal care supports and framed the government's role in providing formal support as a sort of 'safety net' for aging populations, other participants were wary of the current aging infrastructure's ability to meet individual care needs. A female participant (BB1) reflected on the changing landscape for aging in Canada and expressed her concerns around the insufficiency of government supports, citing the limited physical space for expanded supports in Vancouver:

> I think the rule of thumb is there's going to be less and less for us, and we would be foolish to rely on any state support. LTC is not going… the general consensus with that is that there will not be LTC except for mental health. So, all support is going to be done in the home, that's the trend. I don't even know if our pensions are going to be there in five

years, let alone caregiver support… So, there are very few resources that are going to be around, is my feeling. (Female Participant; BB1)

Supporting Especially Vulnerable Family Caregivers

Participants also highlighted particularly challenging impacts of family care for vulnerable caregivers who face language and financial barriers to care or disproportionate demand in competing care roles. In particular, participants reported a need for cultural safety and language supports for immigrant and non-English speaking families in care. In addition, participants emphasized the emotional, financial and physical costs of care for family members providing multigenerational or intensive care to older relatives with higher care demands.

In the case of immigrant participants, or those from Non-English speaking families, the uncertainty of being understood in the healthcare system was reported as particularly challenging. A female participant (BB2) was concerned about how her cultural community would be supported in care, emphasizing the significance of language and translation opportunities for some families and aging individuals:

> But also, the other people that share that stage with me, their main concern is when they are placed somewhere that nobody speaks their first language, and nobody understands their culture, so that is kind of really scary. And the housing associations, or societies, should think about that, that if they can place people of the same language, a few of them in one facility, or at least to hire nurses or workers who speak the language to have some connection to feel that someone understands your needs. (Female Participant; BB2)

Another female participant (BB2) whose first language was not English agreed stating, "Yeah if you speak the same language, the people feel comfortable, close." Similarly, two female ACBB2 participants addressed the role language plays in enabling older family members to communicate with formal and informal support networks. Particularly, one ACBB2 participant discussed the example of families navigating LTC supports and care management for older relatives with limited English capabilities. Another ACBB2 reported how her family had prioritized the language needs of her grandmother by securing Punjabi-speaking home support workers.

Lastly, participants in both generational groups noted the need for interventions for family caregivers at-risk of emotional and financial strain, burnout, or challenging care circumstances. One female (ACBB2) participant noted examples where "[families are]

totally done, they are absolutely burnt out, it's like having a toddler that never ends. They have no resources, no back up, nothing…" In the case of individuals facing extra strain in their family caregiving, one female participant (ACBB2) noted how some caregivers could benefit from access to respite resources that would be "similar to those government supports like leaves and [caregivers] could actually themselves even go on disability leave if they are feeling the stress of taking care of their family member." In addition, several female ACBB2 participants anticipated stress in navigating multiple family care roles in the future, one participant noting:

> … that's where I could see myself having the stress come in because I know I would be the main person for my mom or dad, but then I also know I now would have to be the main person for my partner's parents as well. Because in our culture too, the male, especially for in our family, they'll eventually live with us and that's just expected. So, it's not even like his sister would do that, it would still be on me. So, I could just see in the future that's where I think my frustrations or stress might [come in] … (Female Participant; ACBB2)

Chapter 6.   Discussion

Aging families face a unique and unprecedented context with important implications for BBs and their family support networks, including the ACBBs (Pillemar & Suitor, 1998; Bradley et al., 2004; Hudson & Gonyea, 2012). Despite the aging of Canada's BBs, relatively little research attention has been paid to exploring their perspectives on their own aging care. Even fewer empirical studies consider the perceptions of their prospective caregivers. Accordingly, this qualitative study explored intergenerational perspectives on future family care provided by adult children to aging BBs. This chapter examines the findings in relation to the two primary research goals and the applied conceptual frameworks (critical life course perspective, intergenerational ambivalence, and mixed models of care). In addition, this chapter presents findings within the context of extant research on family care and aging BB families. Lastly, this chapter covers the limitations of the study, as well as future directions for research and policy supporting aging boomer families.

Intergenerational Perspectives on Future Family Care

This section summarizes the findings in relation to the research goal of better understanding intergenerational perspectives on future family care through exploring the perspectives of (a) BBs as future care recipients and (b) ACBBs as potential caregivers. I developed a conceptual model to summarize the key findings and demonstrate the relationship between the overarching thematic categories.

As presented in Figure 6.1. below, the conceptual summary of findings illustrates the interactive nature of this study's themes and contextualizes participant perceptions of future care within a critical life course framework. In addition, the findings account for the range of family perceptions and relations (solidarity, conflict, and ambivalence) and mixed care model approaches that accompany aging transitions for boomers and their adult children. The overlapping and permeable borders between themes indicates the connection between topics and how care perspectives entail a myriad of considerations. The ongoing nature of life course development, aging, and dynamic transitions are reflected in the temporal arrows throughout the figure. These cyclical pathways resemble

how boomer families continually evaluate and negotiate individual and collective responses to age-related care transitions.
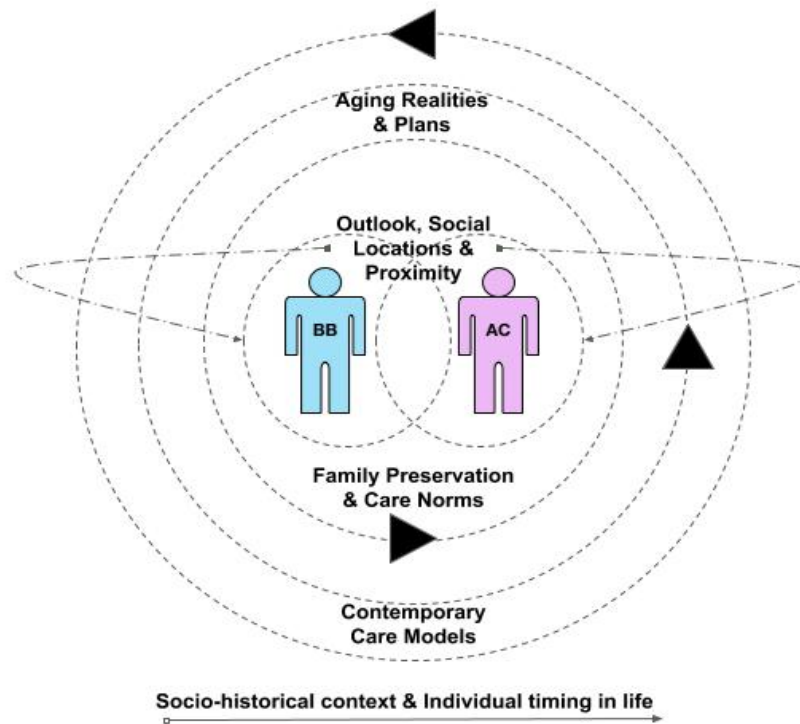

Figure 6.1.   Conceptual Model of Intergenerational Future Care Perceptions

Starting at the center of the model, the first theme of individual outlooks, social locations, and proximity (i.e., emotional and geographical) is represented by individual agentic spheres. These parent-child spheres account for the influence of BB and ACBB characteristics and choices in shaping future care perspectives. Varying outlooks and ambivalent standpoints on family care responsibilities were present throughout the participant discussions. For example, participant outlooks on family care as either burdensome or reciprocal exchanges of support influence their perceptions of future care receipt or provision. Distinct social locations of participants, such as their gender, ethno-cultural background, marital status, age, ability, employment background, and socioeconomic status were also found to shape future care perspectives. These patterns were particularly salient for ethno-culturally diverse participants who reflected on how immigrant experiences shaped access to care resources and information as well as the types of care expected within their families. Family care perspectives were further influenced by the emotional and physical proximity between BBs and ACBBs. Across both generations, participants described the physical and emotional likelihood of care

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given geographical dispersion across locales, provinces, and countries. Within this theme, the participant's distinct outlooks, social locations, and proximity were evaluated in relation to similar considerations for the characteristics of their potential care provider or recipient

Moving outwards through the model, the linked lives of BB and ACBB are represented by the overlapping of spheres and the dynamic horizontal pathways through subsequent thematic rings. This link accounts for the interdependent trajectories of parent-child relationships in care and resembles the shared negotiation of individual characteristics in care contexts. For example, in the cases of (1) a BB mother with children residing internationally, or (2) a female ACBB with local parents and in-laws and strong norms of filial care, their family care perspectives must account for the individual factors across their linked lives. Accordingly, family care perspectives and parent-child dynamics in participants' imagined futures entailed complex negotiations of each individuals' characteristics and capacity. For some participants, these intergenerational tensions were easily negotiated and grounded in explicit understandings of what was realistic for their family. Meanwhile, others found discomfort or uncertainty in the unresolved or seemingly incongruent expectations they perceived within their aging families.

Building on the linked lives of BBs and ACBBs, the theme of family preservation and care norms also shaped future care perspectives. Participants across both generation groups addressed typical patterns of parent-child support, framing parents as common care providers to children. Considering future care, participants anticipated challenges for aging families that faced changing support dynamics (i.e., role reversal). Both generation groups also considered the broader impact of care on family dynamics amongst ACBB siblings caring for an aging parent, or ACBB spouses supporting multiple sets of parents and dependent children of their own. Collectively, participants emphasized how these relational considerations would be negotiated with future care needs to preserve family dynamics. Furthermore, participants' family histories and observations of aging care informed their future perceptions. By witnessing or directly experiencing care provided by adult children to older parents, BBs and ACBBs reported family care norms as patterns to emulate or avoid. Participants' emphasized strong solidarity within their families, but also acknowledged how dynamic aging transitions may impact family arrangements and care responses. Across both generations, there was a

salient desire to keep family disruption to a minimum while preserving emotional closeness across various family members.

The theme of aging realities and plans reflects the range of old age conceptions and age-related plans that participants associated with BBs' future care. Across generation groups, care perspectives reinforced notions of independence, control, and capacity. Boomer families are situated within a socio-political setting that positions agentic older adults in control of the construction of a positive aging experience. The successful aging paradigm alludes to aging experiences that concurrently minimize burden on others while optimizing independence within a desired aging environment (Black, Dobbs & Young, 2015; Jönson & Jönsson, 2015). Both BBs and ACBBs reported anticipated family care priorities that echoed such neoliberal discourse and aging narratives. Some BB participants identified current health promotion behaviours (e.g., exercise groups and peer support volunteering) as investments in their prolonged independence, hopefully deterring the need for family care. Meanwhile, the majority of ACBB participants reported a desire to preserve their parents' dignity and personhood in appropriate care environments to suit their parents' future needs.

Participants' actual engagement with planning for future care (e.g., expressing verbal or written future care instructions or wishes) revealed the range of considerations. Some participants reported having engaged in legal and financial planning, end of life planning, and formalizing advanced care directives. However, others engaged in more informal conversations about future care needs or roles and the wishes or priorities of parents and children. For many BB families, the focus on retirement planning seemed more proximal than escalating aging care needs. Across all generation groups, participants reported instances of limited or no family conversations or plans. Amongst both BB and ACBB participants, the use of humour was often noted as a component applied to the challenging and uncomfortable conversations associated with uncertain BB care futures.

The final thematic category of negotiating contemporary care is represented by the outermost ring of the model. This theme demonstrates the dynamic structural considerations and diverse arrangements that BB family members apply to their future care perceptions. Contemporary care models integrated participants' perceptions of formal LTC with preferred partnerships between formal-informal care structures and

within families. For example, some BB participants offered stigmatized impressions of institutional LTC coupled by desires to remain in the community with formal and informal care provided in the home (i.e., aging in place). Meanwhile others considered options such as supportive housing or co-housing arrangements. Proposed care models reflected the diverse family structures (e.g., number of siblings involved in family care), roles (e.g., care manager, advocate, or hands-on provider), and involvement that ACBBs may face in supporting BBs. Furthermore, participants considered how technological advancements might be implicated in future care. For BBs facing geographically dispersed family contexts, the availability of remote monitoring technologies, telehealth, and online communication platforms were considered in their imagined futures.

For each thematic category and participant perspective on future care for BBs, the role of socio-historic and individual timelines are represented by the temporal arrow at the bottom of the figure. The future care perceptions of BBs and ACBBs exist within distinct cohort experiences and socio-historic features. In an aging context, both BB and ACBB participants reflected on how contemporary options, such as medical assistance in dying and advanced care planning resources, varied from past family aging contexts. Participants across both groups also reflected on the contemporary economic features shaping their care understandings. Both BBs and ACBBs discussed the inflated costs and limitations of the housing market in Metro Vancouver, limited public land available to build new care infrastructure, and the necessity of retrofitting domestic and public spaces to meet the aging needs of the boomer population.

The two generations included in the study are characterized by their heterogeneity and dynamic life course transitions. Accordingly, the overarching impact of individual timing diversified the care perceptions for aging boomer families. Both BBs and ACBBs identified how timing was especially crucial for ACBBs prospective care involvement, which could entail coinciding navigation of professional obligations and competing family demands (i.e., care provision to dependent children). Similarly, BBs perspectives and lack of identifying themselves as older adults, might reflect the role of individual timing in shaping the ability to identify as recipients of future care. In addition, increasing life expectancy patterns place BBs in a multigenerational family context, where their own aging transitions may coincide with ongoing care provision to their own older parents.

Areas of congruence and non-congruence emerged across and within participant conversations. Incongruent perceptions of family care between BBs and non-dyadic ACBBs were particularly salient on the perceived burden associated with aging care and expectations for ACBBs involvement in future care. Despite most participants framing future care as potentially challenging or uncertain circumstances, BBs and ACBBs presented varying approaches to their anticipated roles of care recipient or provider. For example, although ACBB participants had witnessed aging care in their families and the associated hardships, they acknowledged a realistic likelihood of their involvement in care for their aging parents. Meanwhile, several BB participants seemed eager to reduce the potential need for care provision from their children but were uncertain of care alternatives they could rely on in the future. Within participant conversations, both BBs and ACBBs acknowledged areas of perceived incongruence within their families on the topic of future care. For BB participants, they expressed concern about how their children perceive them as older adults and how their families will navigate age-related changes in capacity. Additionally, ACBB participants noted the disparate perspectives of their own parents, and the challenges they may face in uncomfortable conversations about the financial, housing and healthcare choices that accompany aging transitions. These patterns of intergenerational incongruence present vital considerations for how aging communities prepare to meet the needs of older BBs, and the various perspectives and expectations that might lead to gaps in their care.

Previous research has indicated that relatively little is known about the future family care preferences for BBs (Guberman et al., 2012; Hudson & Gonyea, 2012). In addition, population aging projections allude to expected increases in age-related care challenges for families in the coming decades (Wolff et al., 2018). The literature is also concerned with the potential gaps in formal and informal support for BBs (Hewson et al., 2017; Leist, 2018). Amidst the backdrop of neoliberal health reform, the onus of elder care planning and management has shifted from the state to individuals and, when available, the family. Accordingly, many BBs and their families face prospective care partnerships with formal supports along the health and housing continuum (i.e., home and community care, assisted living, and LTC) (Barken, 2017; Fast et al., 2004; Ward-Griffin & Mckeever, 2000).

The presented intergenerational perspectives on future care demonstrate dynamic conceptions of family care across diverse boomer families. Despite the varying

historic and cultural emphases on family care for support in old age (Chappell & Funk, 2011; Wolff et al., 2018; Pinquart et al., 2018), BB and ACBB participants described an evolving understanding of the potential roles of family in BBs future care. Several participants across both generations spoke to competing family demands and changing social patterns that face ACBBs as potential caregivers (i.e., working and supporting their own families and/or caring for younger generations). For BB participants, conversations reflected their concerns for not wanting to burden or impose care demands on their adult children. Similarly, several ACBB participants anticipated challenges navigating multiple family and societal roles and the resources (i.e., time and money) required to support aging parents. The congruent concerns for family life and exchanges of support from adult children to aging parents reiterate previously examined patterns within family care (Pinquart & Sörensen, 2011; Wolff et al., 2018).

In addition, the current study also demonstrates gendered considerations in family care that align with previous critical life course research (Bastawrous, 2013; Etherington, 2016; Hooyman, Browne, Ray, & Richardson, 2002). Specifically, the diverse participant experiences and perceptions coincide with previous findings of how female family members are often relied upon as 'kin-keepers', tasked with providing disproportionate amounts of family care (Chappell & Funk, 2011; Moen et al., 1991; Pinquart & Sorensen, 2006). Previously identified patterns of care task division and gendered care expectations (Campbell & Martin-Matthews, 2003) were demonstrated in the current study. In this study, participants in both generational groups reflected on the appropriateness of certain care tasks for adult sons and daughters (e.g., financial managers and hands-on or emotional carers). BBs held diverse perspectives on the topic. While some participants adhered to traditional gender expectations around daughters providing more hands on and emotional care work, others emphasized the individual nature and willingness of their sons and daughters as important future care considerations. In contrast, ACBB participants explored the cultural norms and expectations that frame women's care involvement. For some of the ACBBs with siblings to prospectively share care tasks with, both the role of gender and skillsets were considered. Notably, for ACBBs with healthcare backgrounds they imagined more managerial and delegation roles to allocate tasks across their respective siblings. Across each focus group the reflections on (and reinforced presence of) gender norms in family

care present distinct considerations for the anticipated roles and consequences for ACBBs.

Both positive and negative perceptions of family care and associated care outcomes were presented in the current study. Specifically, participant perceptions highlighted managing stress, burnout, and burden in family care experiences and imagined future care contexts. Meanwhile, participants also explored the potential for personal satisfaction and desired reciprocity through BB family care. Ambivalence and tension were exhibited in future family care perceptions, with many participants noting simultaneous challenges and rewards within parent-child care relationships. Additionally, the role of familial and societal norms were found in participants' perspectives as family care traditions to recreate or defy in future contexts. Participant care perceptions aligned with the findings of Bradley and colleagues (2004) as a complex assembly of cultural and personal factors shaping the reflections on care arrangements. Previously documented (Pinquart et al., 2018), patterns of traditional filial care attitudes emerged for some participants of Asian descent. However, contemporary migration patterns and changing norms were noted amongst participants as well (e.g., gradual use of LTC, reduced expectations of family support among some Chinese boomer participants, and dispersed family care responsibilities across international families).

Indeed, BBs and non-dyadic ACBBs presented a range of anticipated care perspectives and desired family care arrangements. Participants' anticipated care environments and formal service considerations align with previous findings on care expectations for BBs (Robison et al., 2013). For example, both generational groups in the current study alluded to potential BB use of formal care services across the care continuum (e.g., home and community care, assisted living, and LTC). Participants' also reflected the desire for BBs to remain in the community and age in place. In addition, many participant family contexts aligned with the notion "not there yet" in relation to aging plans and care conversations. This supports literature showing that baby boomers do not fully consider aging issues (Haber, 2009; Hudson & Gonyea, 2012; Jönson, & Jönsson, 2015; Pruncho, 2012). For instance, Haber (2009) describes BBs as a generation that is 'unlikely to even see themselves as old, much less, frail, disadvantaged, or dependent' (p. 284). The current study provides a unique intergenerational depiction of BB aging identities and the range of perceived relevance of anticipated aging care needs across generational groups.

Finally, BBs and ACBBs demonstrated varying future care priorities, but several shared the desire to minimize the impacts of future family care on their relationships and individual lives. For both BB and ACBB participants, past and ongoing experiences with care burden as well as witnessing "sandwiched" family members informed their future care perspectives. These findings reiterate previous research concerning burden in family care contexts and expectations (Khatutsky et al., 2017; MaloneBeach & Langeland, 2011) and confirms research showing that previous experience with or exposure to family care is a determinant of future care (Guberman et al., 2012; Igarashi et al., 2013; Song et al., 2018). Interestingly, participant responses in the current study are consistent with the findings of Finkelstein and colleagues (2012), whereby no consistent distinction in approach to planning for aging care emerged between BBs with and without family caregiving experience. Of note, for some ACBB participants with healthcare backgrounds their professional care experience informed their approach to advanced care planning and care conversations with their aging parents.

Societal Supports for Family Caregivers

Participant perceptions of societal supports for family caregivers are summarized in Figure 6.2. Experiences and familiarity with aging care varied across the sample, which impacted awareness of supports and services available for family caregivers. Furthermore, participants described potential supports for older adults that might indirectly impact the need for or demands of family care. For example, some BBs emphasized the need for more health promotion activities and health screening events for BBs. Collectively, participant discussions reinforced the need for increased accessibility and awareness of extant supports, filling the policy and practice gaps facing aging families, and building upon the existing community opportunities.
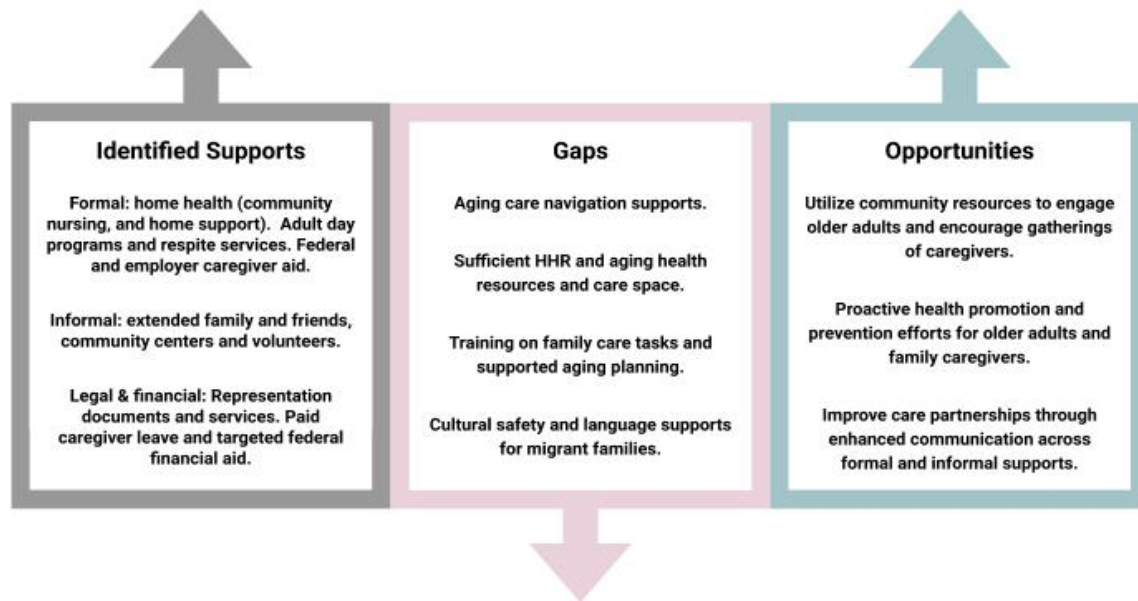
Identified Supports

Formal: home health (community nursing, and home support). Adult day programs and respite services. Federal and employer caregiver aid.

Informal: extended family and friends, community centers and volunteers.

Legal & financial: Representation documents and services. Paid caregiver leave and targeted federal financial aid.

Gaps

Aging care navigation supports.

Sufficient HHR and aging health resources and care space.

Training on family care tasks and supported aging planning.

Cultural safety and language supports for migrant families.

Opportunities

Utilize community resources to engage older adults and encourage gatherings of caregivers.

Proactive health promotion and prevention efforts for older adults and family caregivers.

Improve care partnerships through enhanced communication across formal and informal supports.

Figure 6.2.   Summary of Identified Family Caregiver Supports, Gaps, and Opportunties

Findings emphasized the need for proactive societal approaches to family aging care transitions. The public health promotion stances across generational groups reflects previous research in the aging boomer context, and the empirical push for revamped service approaches to meet dynamic aging needs (Black et al., 2015; Haber, 2009; MaloneBeach & Langeland, 2011). Findings reinforced the notion that actively planning for population aging entails innovative community-based and participatory programs, services, and movements (e.g., peer support roles and information/resource exchanges across family caregivers) that aim to alleviate the anticipated burden on available, but increasingly limited, public services (Black et al., 2015). Participants identified enhanced peer-based support groups for family caregivers, collaborative intersectoral aging navigation services, and health-promotion events and opportunities for aging BBs. Furthermore, the sustainability of aging infrastructure is supported through engaging intergenerational groups with community planning and capacity building in aging communities, resulting in a reinforced quality of life for current and future cohorts of older adults (Black et al., 2015). BB participants especially emphasized the opportunities for peer-based health promotion (e.g., exercise and social groups in local community centers), language supports and healthcare accompaniment, and extra-familial intergenerational relationships to empower BBs, while limiting care demands on ACBBs.

At the individual level, participants identified how enhanced financial and educational resources might better equip aging families to tackle the economic and psychosocial demands of aging care. In addition, participants emphasized how greater access to caregiver resources could assist with navigation of the many roles that family carers often occupy (e.g., parent, spouse, employee, child, caregiver). Family caregiver training, tax credits, or paid leave were a few of the examples provided by participants. The diverse support needs of aging families were accounted for by participant recommendations and noted gaps; such needs are not adequately addressed by existing policies and supports. Accordingly, assuming that BB families are equally equipped to navigate aging transitions ignores the heterogeneity of population differences and the stratifying impacts of various social locations (Etherington, 2016; McDonald, 2011). Participants' past interactions within the care system, as both care recipients and caregivers, highlighted the impact of social locations on experiences with, access to, and awareness of supports. Improving public awareness of the available supports and structures for aging families would highlight the legal, financial, and health resources that families might utilize to match their care needs and priorities.

BB and ACBB participants questioned the sustainability of the aging care landscape and perceived shortcomings in current infrastructure and supports for aging families. Specifically, BB participants questioned the sufficiency of existing aging care and LTC, shortages in human health resources—both equipment and trained professionals, and federal supports for older adults. Meanwhile, ACBBs discussed the knowledge transfer and support across formal and informal care partnerships and the need for family caregiving training and planning facilitation. Participant concerns echoed research which questions the ability of existing services and structures (Hewson et al., 2017; MaloneBeach & Langeland, 2011; Pruncho, 2012). Accordingly, more critical evaluation is required to consider the longevity of our current approach to family care. System planners and practitioners must consider how access to and engagement with formal/informal care partnerships is not a consistent experience or expectation for all BB families. Furthermore, they need to account for the subsequent impact of family care roles on certain individuals. Participant recommendations for improved societal supports reinforce previous evaluations of family care experiences. Notably, participants emphasized how varying personal resources, identities, and circumstances of care

recipients and presumed family caregivers shape the impact of care on the individuals and families involved (Barnett, 2015; Kim et al., 2018).

Limitations

A number of limitations exist in the present study. As with most qualitative research, generalizability of the current findings is limited. Considering the small sample size, the prospective nature of the study topic, and the unique characteristics of the participants, these findings are not intended to apply across all contexts of aging BB families. However, the in-depth exploration of family care perceptions provides insight into the breadth of considerations facing aging families and societies. The eligibility criteria required that participants have verbal and written English language comprehension, which may have deterred the participation of willing individuals for whom English was not a first language. Despite this limitation, the sample demonstrated the considerable diversity of BB families in Metro Vancouver. Given that family care perceptions in this study and others were linked to the cultural backgrounds of participants, future studies would benefit from exploring the family care perceptions of BBs in various languages to explore the vast cultural experiences within the local context.

Although this study did not aim to predict long-term patterns of care response for BBs, participant responses can only provide a snapshot into the lived experience or perspective on family care at the time of the research. As most participants had not been a care recipient or care provider, their discussions are limited to perspectives on an uncertain and removed care reality. Thus, participant perspectives are tenuous in relation to future care needs and demands. Notably, the patterns of instability in care perceptions over time may result in considerable variance between participant's expressed future care perspectives and their actual care contexts. In addition, the researcher's decision to explore non-dyadic BBs and ACBBs limited insight into intrafamily intergenerational perspectives on family care. Ideally, a study that also incorporates dyadic BBs and ACBBs could elucidate potential interfamily and intrafamily intergenerational differences in attitudes towards future care contexts. Despite this limitation, the current study lays groundwork for the initial examination of these issues.

Furthermore, although participants agreed to partake in a group interview with a variety of individuals, they may have not felt comfortable disclosing complete personal views in front of other focus group members. Although the researcher attempted to facilitate a safe environment of openness and respect for divergent opinions, the role of power dynamics and social conformity may have influenced study findings. In addition, the researcher's recruitment through community contacts and general advertising across intergenerational community spaces may reflect a selection bias within the sample. Although the sample accounted for diverse inter- and intra-cohort differences across BBs and ACBBs, the perspectives presented in the current study may vary considerably from members of the larger population. Similarly, the physical settings of the focus groups may have influenced the responses of participants, particularly the focus group that took place within a community office space of a local Member of Legislative Assembly (MLA). In this case, participants and their responses may have been influenced by the political nature of the focus group location. For example, the recommendations surrounding health and aging infrastructure may have been informed by participant's preconceived notions about the MLA's political portfolio and affiliation. Despite this potential limitation, there were no reports of participant discomfort and the data collected was rich and informative.

Finally, the use of a one-time qualitative focus group method presents some limitations. Although the focus groups provided the researcher insight into a number of perspectives in a relatively short time-frame (in comparison to one-on-one interviews), the gathering of multiple perspectives on a topic can take away from the researcher's ability to collect more in-depth individual insight on personal experiences and meanings of the topic. For instance, the broad examination of intergenerational perspectives may have minimized the unique distinctions across parent-child aging care perceptions. Notwithstanding this potential limitation, the current exploratory study addresses the critical need to consider intergenerational perspectives on aging care issues for BBs. Some emergent focus group topics warrant a more in-depth inspection in relation to family care, but the method's structure and timing did not allow for sufficient exploration. Future research should explore the use of more stringent inclusion criteria and in-depth interviewing methods to explore family care perceptions for BB families facing diverse family structures (e.g., blended families) or aging transitions for future BB care recipients living with a disability.

Future Directions

Using mixed methods in future studies would enable participant responses to be contextualized with scalable and well-defined measures. Because care perceptions were situated within a complex domain of beliefs, preferences, and available care options, multi-method assessments might allow for more contextual analysis of intergenerational attitudes towards future care. Similarly, while this study applied a purposefully open-ended definition of care, which was used to generate open discussions on various family care arrangements and roles, quantitative measures may provide more specific insights into the types of care tasks and roles participants conceptualize as formal or informal. These mixed methods approaches might assist in situating perceptions across standardized care definitions so that findings can be generalized to broader populations of BBs and ACBBs.

As noted in the aforementioned limitations, in-depth explorations of targeted sub-populations and family arrangements in the heterogeneous BB generation could explore unique family care perceptions. Such studies could examine family care perceptions among remarried BB with blended families, or aging families facing care at the intersections of old age and disability. Additionally, the health promotion and preventative emphasis of both BBs and ACBBs warrant follow-up exploration with the study populations. In light of the predominant focus on proactive health supports and services across both generational groups and the few extant proactive societal supports participants identified, this area for further study seems especially promising. Thus, future research and planning efforts must continue to provide meaningful participation and engagement opportunities for intergenerational stakeholders in aging communities.

Ongoing research and policy considerations must examine BB care perceptions as they enter various stages of old age. With the eldest BB participant in the study being born in 1947 (approximately 73 years old), and the majority of BB participants (n= 8) born after 1950 (<70 years old) it is pertinent to consider how the aging process will continue to reshape BBs perceptions of family care, and the reality of care responses in their lives. In addition, future studies should examine intrafamily family care dyads (i.e., adult children or spouses) with respect to congruence and incongruence in family attitudes and expectations. These explorations might provide further insight into future potential care gaps. Additionally, longitudinal examinations of BBs and ACBBs could

examine the dynamic processes by which care perceptions are enacted and renegotiated as aging transitions occur and the demand for care arises.

Although the application of a multi-conceptual framework aided in the exploratory examination of aging boomer contexts, future studies may benefit from examining boomers within an explicit intersectional life course perspective (e.g., Brown, Richardson, Hargrove, & Thomas, 2016; Etherington, 2016; Ferrer, Grenier, Brotman, & Koehn, 2017). The current critical life course study did account for some of the heterogeneity within boomer families, but emerging patterns of disproportionate preparedness, awareness, and expectations reaffirm the need to examine the varying intersecting identities that perpetuate inequalities within and across aging families. Similarly, the need for critical study and evaluation for interventions targeting the bi-lateral impacts of family care on aging parents and adult child caregivers is crucial given the varying individual factors and conditions that may impact care experiences.

Conclusion

The future care of BBs remains an emerging gerontological and societal issue. This study contributes qualitative insight into the intergenerational perspectives on the evolving caregiving landscape. Although local aging policies and discourse promote care as a partnership between formal and informal systems, the assumed role of family in care may not reflect the desires of aging individuals or the realities of their presumed family caregivers. Through engaging in conversations with multiple generations as stakeholders in the future care of BB, this research examined the perceptions of BBs as future care recipients and non-dyadic adult children of BBs as potential caregivers.

A critical life course perspective was applied, which integrated concepts of ambivalent intergenerational family relations and mixed models of care, to situate constructions of family care. Through focus group conversations with similar aged/cohort peers and thematic data analysis, interrelated categories were found to shape individuals' perceptions of future care. At the micro-level, individual outlooks, social locations, and proximity between care recipients and providers were essential to future care perspectives. Relational considerations point to the significance of preserving family dynamics, past care history, and care norms in shaping future care perceptions. In addition, notions of aging and associated planning framed the participants' perceived

future care contexts and current care conversations. Lastly, the negotiated contemporary care models reflected participants' evolving context for modern aging care and the spectrum of involvement for formal and informal support in the lives of BB families.

For BB families, the assumed role of informal support may not apply for all family structures and circumstances. The perspectives expressed by BB parents reiterated the heterogeneity of the vast generation, and the variety of care arrangements perceived as possible. In this study, BB participants reflected a range of ethnic and regional cultures, demonstrated sustained community connections and labour market participation, and possessed unique family ties and personal histories. Amidst the backdrop of Canada's aging population and pressures in the healthcare system (i.e., access to acute and specialist care, and long-term beds), BB participants reflected a notion of "not there yet" in relation to their decisions and conversations on future care. For some BB participants, the recent or ongoing proximity to care of their parents or support to adult children may hinder their ability to consider themselves in a position of requiring family support. As reflected by Pillemer and Suitor (1998), rising longevity and greater shared years for intergenerational relations will continue to shape how aging is experienced by BB family members. Moreover, the aging of BBs will be intertwined with complex negotiations of multiple or conflicting intergenerational roles and transitions (Pillemer & Suitor, 1998).

Including the perspectives of ACBBs extends our understanding of the complexity of boomer family's navigation of aging landscapes. In contrast to the concerns of intergenerational uncertainty for modern families and less overt societal norms of filial responsibilities (Pillemer & Suitor, 1998), ACBBs demonstrated novel negotiations and considerations that informed their future care perspectives. Despite the non-dyadic nature of BB and ACBB participants, their perspectives demonstrated the necessity of considering the co-construction of intergenerational care contexts. Family care contexts are inherently relational and require inclusion of both stakeholder perspectives in order to inform comprehensive notions of aging care. ACBB participants demonstrated varying degrees of willingness and capacity to contribute to future care and, in some cases, played a central role in preparing their aging parents for future uncertainties. Subsequently, research and policy examinations of family care must continue to consider the intergenerational roles, interactions, and impacts within aging communities.

Participants' familiarity with supports for family caregivers varied considerably, but were especially accessible to those with past family or professional care experiences. Beyond identifying available supports for family caregivers, participants across all focus groups spoke to the gaps and opportunities for improvement. Participants also shared care and service knowledge, resources, experiences, and challenges with other participants. In light of these exchanges, both generational groups identified a range of supports and services they believed could help families at various stages of the life course. Recommendations at various intervention levels were discussed in order to improve the sustainability of family care, as well as the health and wellness of individual care providers and recipients, families, and communities. Predominantly, participants alluded to how improved public awareness of aging supports and services might influence how equipped families are to face future care scenarios.

Researchers, community planners, and policymakers must continue to examine the nature of aging supports as society progresses through this unprecedented landscape. This entails paying attention to the direct supports for aging Canadians and their family caregivers and evaluating the care system's capacity to meet evolving aging care demands. In a context framed by choice, independence, and control, we must account for the preferences of older adults and their support networks. Within the BB care context, there is potential to align healthcare system actions with the health policy that prioritize partnership and empowered older adults. Accordingly, the perspectives of older adults, their families, and those who provide their care must be accounted for in the community planning and health policies that shape their shared future.

References

Alley, D.E. & Crimmins E.M. (2004). Aging and the life course revisited. *Contemporary Gerontology: A Journal of Reviews and Critical Discourse 11*(2), 60-62.

Barken, R. (2017). Reconciling tensions: Needing formal and family/friend care but feeling like a burden. *Canadian Journal on Aging/La Revue Canadienne du Vieillissement*, *36*(1), 81-96.

Barnett, A.E. (2015). Adult child caregiver health trajectories and the impact of multiple roles over time. *Research on Aging, 37*(3), 227-252.

Bastawrous, M. (2013). Caregiver burden—A critical discussion. *International journal of nursing studies*, *50*(3), 431-441.

Belle-Brown, J. (2000). The use of focus groups in clinical research. In Crabtree, B.F. (Ed.) *Doing qualitative research* (pp. 109-124). US: Sage.

Bengtson, V., Giarrusso, R., Mabry, J. B., & Silverstein, M. (2002). Solidarity, conflict, and ambivalence: Complementary or competing perspectives on intergenerational relationships?. *Journal of Marriage and Family*, *64*(3), 568-576.

Bernard, M., & Scharf, T. (Eds.). (2007). Critical perspectives on ageing societies. Policy Press. UK.

Bershtling, O., Doron, I., Werner, P., & Laish-Shamir, A. (2016). The Right to Health in Old Age: Israeli Professionals' and Older Persons' Perspectives. *The International Journal of Aging and Human Development*, *83*(4), 468-490.

Black, K., Dobbs, D., & Young, T. (2015). Aging in Community: Mobilizing a New Paradigm of Older Adults as a Core Social Resource. Journal of Applied Gerontology, 34(2), 219-243.

Boss, P. (1999). Ambiguous loss. Cambridge, MA: Harvard University Press.

Bradley, E.H., Curry, L.A., McGraw, S.A., Webster, T.R., Kasl, S.V., & Andersen, R. (2004). Intended use of informal LTC: The role of race and ethnicity. *Ethnicity & Health, 9*(1), 37-54.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative research in psychology*, *3*(2), 77-101.

Braun, V. & Clarke, V. (2012). Thematic analysis. In: H. Cooper, P. M. Camic, D. L. Long, A. T. Panter, D. Rindskopf, & K. J. Sher, (Eds), *APA handbook of research methods in psychology: Research designs: Quantitative, qualitative, neuropsychological, and biological, Vol. 2.* (pp. 57–71). Washington, DC: American Psychological Association.

Brown, T. H., Richardson, L. J., Hargrove, T. W., & Thomas, C. S. (2016). Using multiple-hierarchy stratification and life course approaches to understand health inequalities: The intersecting consequences of race, gender, SES, and age. *Journal of health and social behavior*, *57*(2), 200-222.

Burns, E., Quinn, S., Abernethy, A., and Currow, D. (2015). Caregiver expectations: Predictors of a worse than expected caregiving experience at the end of life. *Journal of Pain and Symptom Management, 50*(4), 453-61.

Byrne, D. (2017). What are focus groups? *Project Planner.* London, UK: SAGE Publications Inc.

Campbell, L. D., & Martin-Matthews, A. (2003). The gendered nature of men's filial care. *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences*, *58*(6), S350-S358.

Campbell, L. D. (2010). Sons who care: Examining the experience and meaning of filial caregiving for married and never-married sons. *Canadian Journal on Aging/La Revue canadienne du vieillissement, 29*(1), 73-84.

Cantor, M. H. (1979). Neighbors and friends: An overlooked resource in the informal support system. *Research on aging*, *1*(4), 434-463.

Cantor, M. H. (1991). Family and community: Changing roles in an aging society. *The Gerontologist*, *31*(3), 337-346.

Chappell, N. & Blandford, A. (1991). Informal and formal care: Exploring the complementarity. *Ageing and Society* 11: 299–317.

Chappell, N. L., & Funk, L. M. (2011). Social support, caregiving, and aging. *Canadian Journal on Aging/La Revue canadienne du vieillissement*, *30*(3), 355-370.

Coser, R. L. (1966). Role distance, sociological ambivalence, and transitional status systems. *American Journal of Sociology*, *72*(2), 173-187.

Dentinger, E., & Clarkberg, M. (2002). Informal caregiving and retirement timing among men and women: Gender and caregiving relationships in late midlife. *Journal of Family Issues, 23*(7), 857-879.

Donorfio, L.M., & Sheehan, N.W. (2001). Relationship dynamics between aging mothers and caregiving daughters: Filial expectations and responsibilities. *Journal of Adult Development, 8*(1), 39-49.

Dwyer, J.W., & Seccombe, K. (1991). Elder care as family labor: The influence of gender and family position. *Journal of Family Issues, 12*(2), 229-247.

Eggebeen, D.J. & Davey, A. (1998). Do safety nets work? The role of anticipated help in times of need. *Journal of Marriage and the Family, 60*(4), 939-950.

Eifert, E. K., Adams, R., Morrison, S., & Strack, R. (2016). Emerging trends in family caregiving using the life course perspective: Preparing health educators for an aging society. *American Journal of Health Education, 47*(3), 176-197.

Elder, G. H. (1994). Time, human agency, and social change: Perspectives on the life course. *Social psychology quarterly*, 4-15.

Elder Jr, G. H. (1998). The life course as developmental theory. *Child Development*, *69*(1), 1-12.

Elder, G. H., Johnson, M. K., & Crosnoe, R. (2003). The emergence and development of life course theory. In Handbook of the life course (pp. 3-19). Springer, Boston, MA.

Estes, C.L., Biggs, S. and Phillipson, C. (2003) Social theory, social policy and ageing: A critical introduction, Maidenhead: Open University Press.

Etherington, N. (2016). Gender and health over the life course: temporal, contextual, and intersectional considerations. Electronic Thesis and Dissertation Repository. 3750. https://ir.lib.uwo.ca/etd/3750

Fast, J., Keating, N., Otfinowski, P., & Derksen, L. (2004). Characteristics of family/friend care networks of frail seniors. *Canadian Journal on Aging/La Revue Canadienne du Vieillissement*, *23*(1), 5-19.

Ferrer, I., Grenier, A., Brotman, S., & Koehn, S. (2017). Understanding the experiences of racialized older people through an intersectional life course perspective. *Journal of Aging Studies, 41*, 10-17.

Finch, J., & Mason, J. (1991). Obligations of kinship in contemporary Britain: Is there normative agreement? *The British Journal of Sociology, 42*(3), 345-367. doi:10.2307/591185

Finkelstein, E.S., Carrington Reid, M., Kleppinger, A., Pillemer, K., & Robison, J. (2012). Are BB who care for their older parents planning for their own future care needs? *Journal of Aging & Social Policy, 24*(1), 29-45.

Gans, D. & Silverstein, M. (2006). Norms of filial responsibility for aging parents across time and generations. *Journal of Marriage and Family, 68*(4), 961-976.

Greene, V. L. (1983). Substitution between formally and informally provided care for the impaired elderly in the community. *Medical care*, 609-619.

Guberman, N., Lavoie, J. P., Blein, L., & Olazabal, I. (2012). Baby boom caregivers: Care in the age of individualization. *The Gerontologist*, *52*(2), 210-218.

85

Gui, T., & Koropeckyj-Cox, T. (2016). "I Am the Only Child of my Parents:" Perspectives on future elder care for parents among Chinese only-children living overseas. *Journal of Cross-Cultural Gerontology, 31*(3), 255-275.

Haber, D. (2009). Gerontology: Adding an empowerment paradigm. *Journal of Applied Gerontology*, *28*(3), 283-297.

Hareven, T. K. (1994). Aging and generational relations: A historical and life course perspective. *Annual review of sociology*, *20*(1), 437-461.

Hesse-Biber, S.N. & Leavy, P. (2006). Focus group interviews. In Hesse-Biber, S.N. & Leavy, P. *The practice of qualitative research* (pp. 195-211). Thousand Oaks CA: SAGE Publications.

Hewson, J.A., Kwan, C., Shaw, M., & Lai, D.W.L. (2017). Developing age-friendly social participation strategies: Service providers' perspectives about organizational and sector readiness for aging baby boomers. *Activities, Adaptation, & Aging, 42*(3), 225-249.

Ho, D. Y.-F. (1994). Filial piety, authoritarian moralism, and cognitive conservatism in Chinese societies. *Genetic, Social, and General Psychology Monographs, 120*(3), 347-365.

Hooyman, N., Browne, C. V., Ray, R., & Richardson, V. (2002). Feminist gerontology and the life course. *Gerontology & Geriatrics Education, 22*(4), 3-26.

Holstein, M.B., & Minkler, M. (2007). Critical gerontology: reflections for the 21st century. In M. Bernard & T. Scharf (Eds.), *Critical perspectives on ageing societies* (pp. 13-26). Policy Press.

Hudson, R. B., & Gonyea, J. G. (2012). BB and the shifting political construction of old age. *The Gerontologist*, *52*(2), 272-282.

Igarashi, H., Hooker, K., Coehlo, D.P., & Manoogian, M.M. (2013). "My nest is full:" Intergenerational relationships at midlife. *Journal of Aging Studies, 27*(1), 102-112.

Jönson, H., & Jönsson, A. (2015). BB as future care users—An analysis of expectations in print media. *Journal of aging studies*, *34*, 82-91.

Katz, R., Lowenstein, A., Prilutzky, D., & Halperin, D. (2011). Employers' knowledge and attitudes regarding organizational policy toward workers caring for aging family members. *Journal of aging & social policy*, *23*(2), 159-181.

Katz, S., & Whitehouse, P. J. (2017). Legacies, generations, and ageing futures: the ethics of intergenerativity. Planning Later Life. Bioethics and Public Health in Ageing Societies, 240-253.

Keefe, J. M., & Fancey, P. J. (2002). Work and eldercare: Reciprocity between older mothers and their employed daughters. *Canadian Journal on Aging/La Revue canadienne du vieillissement*, *21*(2), 229-241.

Kemp, C. L., Ball, M. M., & Perkins, M. M. (2013). Convoys of care: Theorizing intersections of formal and informal care. *Journal of Aging Studies*, *27*(1), 15-29.

Khatutsky, G., Wiener, J.M., Greene, A.M., & Thach, N.T. (2017). Experience, knowledge, and concerns about long-term services and supports: Implications for financing reform. *Journal of Aging & Social Policy, 29*(1), 51-69.

Kim, H., Lee, S., Cheon, J., Hong, S., & Chang, M. (2018). A comparative study to identify factors of caregiver burden between BB and post BB: a secondary analysis of a US online caregiver survey. *BMC Public Health, 18*(1), 579.

Kristiansen, T. M., & Grønkjær, M. (2017). Focus groups as social arenas for the negotiation of normativity. *International Journal of Qualitative Methods, 17*(1), 1609406917747393.

Krueger, R., Casey, M.A. (2000). *Focus groups: A practical guide for applied research 3rd edition*. Thousand Oaks, CA: Sage Publications, Inc.

Hwang, K. K. (1999). Filial piety and loyalty: Two types of social identification in Confucianism. *Asian Journal of Social Psychology*, *2*(1), 163-183.

Leist, A.K. (2018). Population aging, demographic trends, and consequences for LTC. In Boll, T., Ferring, D., & Valsiner, J. (Eds.), *Cultures of care in aging* (pp. 3-19). Charlotte, NC: Information Age Publishing, Inc.

Leung, V. W., Lam, C. M., & Liang, Y. (2020). Parents' expectations of familial elder care under the neoliberal Hong Kong society. Journal of Family Issues, 41(4), 437-459.

Lin, J. P., & Yi, C. C. (2019). Dilemmas of an aging society: Family and state responsibilities for intergenerational care in Taiwan. *Journal of Family Issues, 40*(14), 1912-1936.

Litwak, E. (1985). Complementary roles for formal and informal support groups: A study of nursing homes and mortality rates. *The Journal of applied behavioral science*, *21*(4), 407-425.

Lüscher, K., & Pillemer, K. (1998). Intergenerational ambivalence: A new approach to the study of parent-child relations in later life. *Journal of Marriage and the Family*, 413-425.

MaloneBeach, E. E., & Langeland, K. L. (2011). Boomers' prospective needs for senior centers and related services: A survey of persons 50–59. *Journal of Gerontological Social Work*, *54*(1), 116-130.

Mao, Li, Mian Akram, Ayesha, Chovanec, Donna, & Underwood, Misty L. (2016). Embracing the spiral. *International Journal of Qualitative Methods*, *15*(1), 160940691668100. https://doi.org/10.1177/1609406916681005

Marshall, V. W., Matthews, S.H. & Rosenthal, C.J. (1993). Elusiveness of family life: A challenge for the sociology of aging. In Maddox G.L. & Lawton, M.P. (Eds.) *Annual review of gerontology and geriatrics: Focus on kinship, aging, and social change* (pp. 39–74). New York,NY: Springer.

McDonald, L. (2011). Theorising about ageing, family and immigration. *Ageing & Society*, *31*(7), 1180-1201.

Merz, E. M., Schulze, H. J., & Schuengel, C. (2010). Consequences of filial support for two generations: A narrative and quantitative review. Journal of Family Issues, 31(11), 1530-1554.

Mitchell, B.A. (2007). *The boomerang age: Transitions to adulthood in families.* Aldine Transaction Publishers.

Mitchell, B.A. (2018). *Family matters: An introduction to family sociology in Canada. 3rd Edition*. Toronto: Canadian Scholars Press.

Mitchell, B. A., & Lai, Y. (2014). Intergenerational conflict in ethnically diverse ageing families. *Families, Relationships and Societies*, *3*(1), 79-96.

Moen, P., Robison, J., Dempster-McClain, D. (1995). Caregiving and women's well-being: A life course approach. *Journal of Health and Social Behaviour 36*, 259-273.

Moody, H. R. (2008). The maturing of critical gerontology. *Journal of Aging Studies*, *22*(2), 205–209. https://doi.org/10.1016/j.jaging.2007.12.002

Morgan, D.L. (1993). Future directions for focus groups. In D.L. Morgan (Ed.), *Successful focus groups: Advancing the state of the art* (pp. 225-244). Thousand Oaks, California: SAGE Publications Inc.

Nowell, L. S., Norris, J. M., White, D. E., & Moules, N. J. (2017). Thematic analysis: Striving to meet the trustworthiness criteria. *International Journal of Qualitative Methods*, *16*(1), 1-13.

Office of the Seniors' Advocate. (2017). Caregivers in distress: A growing problem.

Patton, M.Q. (1990). *Qualitative evaluation and research methods*, (2nd ed.). Sage Publications, Inc.

Pillemer, K., & Suitor, J. J. (1998). Baby boom families: Relations with aging parents. *Generations*, *22*(1), 65.

Pillemer, K., Suitor, J., Mock, S., Sabir, M., Pardo, T., & Sechrist, J. (2007). Capturing the complexity of intergenerational relations: Exploring ambivalence within later-life families. *Journal of Social Issues, 63*(4), 775-791.

Pinquart, M., & Sörensen, S. (2005). Ethnic differences in stressors, resources, and psychological outcomes of family caregiving: A meta-analysis. *The Gerontologist, 45*(1), 90-106.

Pinquart, M., & Sörensen, S. (2006). Gender differences in caregiver stressors, social resources, and health: An updated meta-analysis. J*ournal of Gerontology, 61,* 33-45.

Pinquart, M., & Sörensen, S. (2011). Spouses, adult children, and children-in-law as caregivers of older adults: a meta-analytic comparison. *Psychology and Aging*, *26*(1), 1.

Pinquart, M., Sörensen, S., & Song, Y. (2018). Older persons' care-related preferences: Cultural and cross-cultural influences. In T.Boll, D. Ferring, & J. Valsiner (Eds.) *Cultures of care in aging*, (pp.123-148). Charlotte, NC: Information Age Publishing, Inc.

Powell, R. A., & Single, H. M. (1996). Focus groups. *International Journal for Quality in Health Care*, *8*(5), 499-504.

Pruncho, R. (2012). Not Your Mother's Old Age: BB at Age 65. The Gerontologist, 52(2), 149-152.

Rahman, N. (1999). Understanding conflict: Perception of female caregivers. *Australasian Journal on Ageing, 18*(3), 140-144.

Roberts, R. E. L., Richards, L. N., Bengtson, V. L. (1991). Intergenerational solidarity in families: Untangling the ties that bind. In S. K. Pfeifer & M. B. Sussman (Eds.). Marriage and Family Review, Vol. 16. Haworth Press, Binghamton, NY: 11-46.

Robison, J., Shugrue, N., Fortinsky, R.H., & Gruman, C. (2013). Long-term supports and services planning for the future: Implications from a statewide survey of BB and older adults. *The Gerontologist, 54*(2), 297-313.

Rohr, M.K. & Lang, F.R. (2016). The role of anticipated gains and losses on preferences about future caregiving. *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences, 71*(3), 405-414.

Rossi, A.S., & Rossi, P.H. (1990). Of Human Bonding. New York: Aldine de Gruyter.

Roth, D. L., Fredman, L., & Haley, W. E. (2015). Informal caregiving and its impact on health: A reappraisal from population-based studies. The Gerontologist, 55(2), 309–319.

Ryan, L. H., Smith, J., Antonucci, T. C., & Jackson, J. S. (2012). Cohort differences in the availability of informal caregivers: are the Boomers at risk?. *The Gerontologist*, *52*(2), 177-188.

Savundranayagam, M.Y., Montgomery, R.J., & Kosloski, K. (2010). A dimensional analysis of caregiver burden among spouses and adult children. *The Gerontologist, 51*(3), 321-331.

Schulz, R. & Martire, L.M. (2004). Family caregiving of persons with dementia: Prevalence, health effects, and support strategies. *American Journal of Geriatric Psychiatry, 12*(3), 240-249.

Silverman, M., Brotman, S., Molgat, M., & Gagnon, E. (2020). "I've always been the one who drops everything": the lived experiences and life-course impacts of young adult women carers. International Journal of Care and Caring, 00(00), 1-18.

Silverstein, M., Gans, D., & Yang, F.M. (2006). Intergenerational support to aging parents: The role of norms and needs. *Journal of Family Issues, 27*(8), 1068-1084.

Sims-Gould J. & Martin-Matthews A. (2007) Family caregiving or caregiving alone: who helps the helper? *Canadian Journal on Aging, 26*(1), 27–46.

Sims-Gould, J., & Martin-Matthews, A. (2010). We share the care: Family caregivers' experiences of their older relative receiving home support services. *Health & Social Care in the Community*, *18*(4), 415-423.

Song, Y., Sorensen, S. & Yan, E. (2018). Family support and preparation for future care needs among urban Chinese BB. *Journals of Gerontology: Social Sciences, 73*(6), 1066-1076.

Statistics Canada (2011). Seniors. In Statistics Canada, *Canada Yearbook 2011 Catalogue no. 11-402-XPE* (pp. 406-421). Ottawa, Ontario: Statistics Canada.

Statistics Canada (2017). "Age and sex, and type of dwelling data: key results from the 2016 Census." *The Daily.* May 3. Statistics Canada Catalogue no. 11-001-X. P. 1-17. https://www150.statcan.gc.ca/n1/en/daily-quotidien/170503/dq170503a-eng.pdf?st=nCWgcPuK (accessed November 1, 2018).

Strauss, J.R. (2013) Caregiving for Parents and In-Laws: Commonalities and Differences. *Journal of Gerontological Social Work, 56*(1), 49-66.

Szinovacz, M.E. & Davey, A. (2013). Prevalence and predictors of change in adult-child primary caregivers. *International Journal on Aging and Human Development, 76*(3), 227-249.

Taylor, Bogdan, DeVault, Bogdan, Robert, & DeVault, Marjorie L. (2016). *Introduction to qualitative research methods : a guidebook and resource / Steven J. Taylor, Robert Bogdan, Marjorie L. DeVault.* (4th edition.). Wiley.

Van den Hoonard, D. K. (2018). Qualitative research in action: A Canadian primer. Don Mills, ON: Oxford University Press Canada.

Ward-Griffin, C., & Marshall, V. W. (2003). Reconceptualizing the relationship between "public" and "private" eldercare. *Journal of Aging Studies*, *17*(2), 189-208.

Ward-Griffin, C., & McKeever, P. (2000). Relationships between nurses and family caregivers: partners in care?. *Advances in Nursing Science*, *22*(3), 89-103.

Wellin, C. (Ed.). (2018). *Critical gerontology comes of age: advances in research and theory for a new century*. Routledge.

Weng, Y., & Li, D. (2020). Realizing an anticipation: Anticipated support and received support from children in China. Journal of Family Issues, 0192513X20905335.

Wister, A.V. (2005). *Baby Boomer Health Dynamics: How Are We Aging?* Toronto ON: University of Toronto Press.

Wolff, J. L., & Kasper, J. D. (2006). Caregivers of frail elders: Updating a national profile. *The Gerontologist*, *46*(3), 344-356.

Wolff, J., Mulcahy, J., Huang, J., Roth, D., Covinsky, K., & Kasper, J. (2018). Family caregivers of older adults, 1999–2015: Trends in characteristics, circumstances, and role-related appraisal. *The Gerontologist, 58*(6), 1021-1032.

Zhan, H. J. (2002). Chinese caregiving burden and the future burden of elder care in life-course perspective. *The International Journal of Aging and Human Development*, *54*(4), 267-290.

Appendix.

Pilot and Focus Group Interview Guide

Pilot and Focus Group Interview Guide(s)— () indicates the adaptable portion of question pending if the focus group sample consists of (1) BB, or (2) adult children of BB.

1. What are your impressions of caregiving provided by adult children to their older parents?

2. What influences your opinion on family caregiving?

    Probe for gender or cultural differences and norms

3. What has your family experience caring for an elderly parent looked like?

    How has this experience shaped your own care expectations?

4. If (you/your parent) did not have a partner to help out, who do you expect to help (you/your parent) if (you/they) needed care support later in life? (e.g., help with bathing, dressing or eating? Help with banking, grocery shopping, or assistance getting to/advocating in medical appointments?)

5. What kind of considerations do you factor into choosing that person/people who helps?

6. How would you feel about your children helping with your future care needs? OR How would you feel about helping your parents with their future care needs?

7. What do you like about the idea?

8. What do you dislike about the idea?

9. What is important to you when it comes to (your/your parents) future care?

    Why does that matter to you?

    Has your opinion on this changed throughout your life? If so, how?

10. What do you know about supports for family caregivers?

    Have you had any experiences with any caregiver supports?

11. What kind of supports do you think are important for family caregivers?

12. What kind of conversations have you had with your (children/parents) about (your/their) future care preferences?

   When do you think people should have these conversations?

   Who should be a part of future care conversations?

13. Based on your experience, what kind of differences or similarities would adult children and parents have in their opinions on family caregiving?

Note: Probes will be used to elicit further discussion between participants. Such probes will include:

- How do others feel about that point?

- Who has a different perspective on that?

- Can someone build on that point?

And elaboration style probes to gather more information, or clarify points made:

- What else can you tell me about that?

- Can you give me an example?

- Just so we understand, can you explain more?

- Why do you think you feel this way?

- Is there anything else you would like to add?

- Have we missed anything in our conversations?

In the event that further probing or hypothetical care scenario is needed participants may be presented with the following scenarios:

Vignette 1. Imagine (you/or your parent) has recently experienced a fall at home that resulted in a broken hip and required hospital recovery. (You/they) are widowed and nearing 75. Upon discharge back into the community, the hospital staff check in on how (you/they) will be getting home, taking care of (your/their) recovery needs or personal (you/they) will be getting home, taking care of (your/their) recovery needs or personal care, arranging groceries, and making it to medical appointments. What would you do/say? Who would you expect to help? Why?

Vignette 2. Imagine (you/or your parent) has recently been widowed and are nearing 80. (You/they) have been experiencing difficulty with the day-to-day activities (your/their) partner used to do around the house and (you/they) miss the company and support. What would you do/say? Who would you expect to help? Why?