

Research Article

Support Now to Care Later: Intergenerational Support Exchanges and Older Parents' Care Receipt and Expectations

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Abstract

Objectives: Older parents' previous support exchanges with adult children could influence which child currently provides care or which child they expect to provide care in the future. Distinguishing between support and care, we investigated how different types of past support exchanges with children were associated with care receipt and expectations from the parent's perspective.

Methods: Older parents ($N = 190$; $M_{\text{age}} = 79.98$) reported on exchanges of tangible and nontangible support, and provision of childcare support with each of their adult children ($N = 709$; $M_{\text{age}} = 52.69$) in two waves of the *Family Exchanges Study* (2008 and 2013). Multilevel, within-family, logistic regression models were estimated to examine how past patterns of support exchanges were associated with which child the older parent receives or expects to receive care from.

Results: Parents with functional limitations at Wave 2 were more likely to receive care from children whom they received more tangible support from at the prior wave. Parents without current limitations more likely named children whom they previously provided childcare support to and received more tangible support from as their expected future caregiver.

Discussion: This study distinguished different types of support to examine unique pathways to received and expected care within families. Taking the older parent's perspective, these findings endorse previous studies that emphasize continuity in the transition from receiving tangible support to receiving and expecting care from adult children. The findings also suggest the importance of older parents' childcare support given to adult children, highlighting reciprocity in intergenerational care exchanges.

Keywords: Care receipt, Grandchild care, Informal care, Preparation for future care needs

Older adults are encouraged to plan their long-term care resources well before they need them. Often the first line of defense is sought within the family, especially receiving support and care from adult children (Pecchioni, 2001). Prior research has explored how intergenerational support exchanges are associated with care receipt, such as how much care an older parent receives, what types of care an

older parent receives, or who provides care for an older parent later in life when they are unable to take care of themselves (e.g., Evandrou et al., 2018; Leopold et al., 2014). However, often the distinctions between routine support and care within families are unclear or inconsistent (Brandt et al., 2009; Kim et al., 2017). Furthermore, care expectations of prospective recipients prior to needing care

constitute another dimension of care receipt that has been less explored (see Pillemer & Suitor, 2006). Understanding how older parents form their expectations for care is important because unmet care expectations (e.g., the expected child does not provide care later) could negatively compromise the parent's well-being (Suitor et al., 2013). Parental expectations have also proven to be reliable in predicting which child provides care in the future (Pillemer & Suitor, 2014), thus, pointing to the importance of understanding parents' expectations of children in family care planning prior to the onset of care needs.

This study employed a two-wave, prospective, within-family approach in examining how two different care outcomes—older parents' care receipt and expectations of their children are shaped by past patterns of intergenerational support exchanges. This study aimed to contribute to the literature by clarifying distinctions between support and care and exploring how different types of support (i.e., tangible, nontangible, and childcare) are related to older parents' reports about care receipt and expectations.

Reciprocity and Continuity in Family Support and Care

The intergenerational solidarity model posits that relationships between older and younger generations can be characterized by multiple dimensions, such as structural, functional, normative, and affectual dimensions (Bengtson & Roberts, 1991). This study focuses on the dimension of functional solidarity, defined as the "degree of helping and exchanges of resources" between generations in a family (p. 857). Functional solidarity highlights how a parent's given and received support can be related to whether they expect to receive care from children when needs intensify (Lee et al., 1994). A norm of reciprocity is implied in the exchange of resources between generations, in that generations are obligated to remain balanced exchanges of support (Bengtson & Roberts, 1991). Because parents often do not require help or assistance until later years of life, concepts have arisen regarding intergenerational reciprocity in support and care exchanges, such as long-term reciprocity between generations (Silverstein et al., 2002) and a support bank within the family that parents can draw upon later (Antonucci & Jackson, 1990). These concepts emphasize that exchanges between generations happen throughout the life course and suggest that past support patterns are likely to influence future care patterns.

Additional frameworks have also underscored the importance of continuity in family support and care receipt. Parents may receive less intensive support from their young adult children in midlife and early old age before transitioning to requiring more intensive care later (Cheng et al., 2015). Scholars have referred to this continuity of receiving or expecting care from children who helped in the past as path dependency (Leopold et al., 2014) or the pragmatic

principle (Lin & Wu, 2014). Prior studies identified that older parents were likely to receive or expect care from children whom they received support from in the past. These studies, however, were inconsistent in how they measured support and care (e.g., defining "sick care" as instrumental support; Lin & Wu, 2014). The current study builds upon previous work by distinguishing between support and care and examining the role of past routine support exchanged with children in older parents' care receipt and expectations.

Dimensions of Family Care for Older Adults

Studies commonly assess care needs and then examine older adults' actual received care. Care receipt is often reported by older adults and can be compared with caregivers' reports of care given (e.g., Urwin et al., 2021). When older adults with functional limitations face unmet care needs (i.e., not receiving care when there is a need), this can result in adverse consequences for the recipient, such as going without bathing or groceries (Beach & Schulz, 2017). Studying care receipt emphasizes the importance of collecting care recipient's perspective.

Another important dimension of family care from the recipient's perspective is the expected availability of someone to provide care when the need arises. Prior to onset of care needs, older adults can form expectations of how their care needs will be met once they arise. Parents often name children as their expected caregiver, at times even before spouses (Abrahamson et al., 2017). Although older parents' care expectations are found to be consistent in predicting who becomes a caregiver and how much care is received (Leopold et al., 2014; Peek et al., 1998; Pillemer & Suitor, 2006, 2014), less is understood about what factors influence a parent's selection of their expected caregiver—prior to them needing care. Pillemer and Suitor (2006) conducted a seminal study that found mothers expected children whom they received support from in the past (upward) to be their caregiver, but not children whom mothers gave support to (downward). Although they did not distinguish between different types of support exchanged, this study emphasized the importance of separating the concept of care expectations from care receipt. Experiencing discrepancies between care expectations and receipt can compromise older parents' psychological well-being (Suitor et al., 2013). Indeed, Abrahamson et al. (2017) found that nearly one-third of older adults who identified an expected informal caregiver prior to the onset of care needs had their expectations unfulfilled in the future. This unanticipated gap in care expectations may result in further risks to physical, emotional, and financial well-being in later life. To build upon this previous research, the present study examined how older parents' care receipt and expectations are associated with support that they gave to and received from younger generations in the past.

Intergenerational Support Exchanges and Care for Older Parents

This study distinguished routine and intermittent support exchanges from more intensive daily care to explore how the former is associated with a transition into the latter from the older parent's perspective. Care receipt is generally unidirectional and entails an individual with functional limitation receiving intensive and regular help with instrumental or basic activities of daily living (I/ADL). On the other hand, intergenerational support exchanges encompass less intensive support (i.e., not long-term or needed daily) that can flow in both directions (Antonucci, 2001). Brandt et al. (2009) provided conceptual distinction between family help and care in European countries. They defined help (which we refer to here as support) as support that is exchanged intergenerationally across the life course, whereas care is more intensive as it is required regularly and predominantly occurs at the end of the older parent's life. The present study further differentiated types of support exchanged—tangible, nontangible, and childcare—to examine which types of support are associated with older parents' care receipt and expectations (Bangerter et al., 2015). In addition to different types of support, research suggests that the direction of support (i.e., upward from children to parents or downward from parents to children) is also associated with older parents' care receipt from adult children (Fingerman et al., 2011; Lin & Wu, 2014).

Tangible Support

Support exchanges have been conceptually divided into tangible and nontangible types of help (Antonucci, 2001). Tangible support involves financial and practical help (Parrott & Bengtson, 1999). Financial and practical support exchanges between older parents and adult children have generally been associated with more upward support received by older parents later in life (Kalmijn, 2019; Kim et al., 2017). Earlier financial transfers from parents to children have been viewed as an insurance mechanism for care receipt from the same child in later life (Henretta et al., 1997; Koh & MacDonald, 2006). However, this association was not found in a study of parental future inheritance bequests as a potential motivation for midlife adults to provide support (Kim et al., 2013). In addition to financial support, practical support has also been associated with children's caregiving. Parents who received IADL assistance from children in the past were more likely to receive ADL care from that same child later (Leopold et al., 2014). Lin and Wu (2014) found that parents who received tangible support in the past from children were more likely to expect to receive continued support in the future if they became sick. This study, however, did not distinguish between specific children (i.e., they used a global measure of all children) and did not explore expectations of receiving more intense, long-term ADL care.

Non-tangible Support

Nontangible support encompasses affective and emotional support, which can play a role in trust and closeness between parents and children (Morelli et al., 2015; Parrott & Bengtson, 1999) and ultimately influence which children older parents receive care from or expect to receive care from. Silverstein et al. (2002) found that when children reported on various types of parental support earlier in life, associational support through shared activities (e.g., having conversations, talking about important matters, dinner together) was the only type that significantly predicted children's provision of IADL care to parents in later life. Tolkacheva et al. (2010) found that if a parent identified emotional support exchanges with a child at an earlier time (no direction), that child was more likely to provide caregiving for both IADL and ADLs for the parent later. In rural China, parents were more likely to name a child as their preferred caregiver if they felt emotionally close to the child (Cong & Silverstein, 2012). However, some studies did not find evidence of upward or downward nontangible support in predicting which child provides care for older parents in the future (Evandrou et al., 2018; Pillemer & Suito, 2014). The inconsistent findings regarding nontangible support exchanges as a precursor for older parents' care receipt leave room for this association to be further explored from the older parent's perspective.

Childcare Support

Grandparents' childcare is another type of support exchanged (Geurts et al., 2012) that should be distinguished from the previous categories of support. Childcare support predominantly flows downward, with older parents supporting working adult children by caring for grandchildren. Childcare has both tangible and nontangible value in that it can save childcare costs for adult children, as well as instill familial values and foster intergenerational solidarity (Xu et al., 2017). Giving childcare support to adult children requires maintaining close intergenerational ties that may extend to later in the life course when older parents need care themselves. Although older parents providing childcare support earlier in life were more likely to receive basic and instrumental support from children later, they were not likely to receive personal care later (Evandrou et al., 2018). However, this finding was examined from the child's perspective and may have included reports on older parents who did not need intensive care yet. Similarly, Geurts et al. (2012) and Cong and Silverstein (2012) found that grandparents providing childcare in the past were likely to receive more emotional and instrumental support from adult children later, but these studies focused on the association from support to support, rather than support to care. The association between older parents' giving childcare support to an adult child and expectations of I/ADL care receipt from the same adult child has yet to be explored from the older parent's perspective in previous research.

Other Factors and the Present Study

In addition to types of support exchanges, we also considered other factors that have been associated with older parents' care receipt and expectations as covariates in our study. Older parents are more likely to receive care from children who are daughters, coresiding, and have good relationship quality with their parents (Leopold et al., 2014; Pillemer & Suitor, 2006). In contrast, older parents are less likely to receive care from children who are married, working, more educated, and have their own children (Leopold et al., 2014).

Drawing on the older parent perspective, this study examined how different types of support exchanges with their children are associated with which child older parents receive care from or expect to receive care from when they accrue disabilities. We investigated the following research questions: (a) Among parents with current functional limitations in I/ADL, how are different types of past support *given to* and *received from* adult children associated with which child becomes their caregiver? and (b) Among parents without current functional limitations in I/ADL, how are different types of past support *given to* and *received from* adult children associated with which child older parents expect to provide care in the future?

Method

Data and Sample

We analyzed older parents' reports on their middle-aged children from the first and second waves of the *Family Exchanges Study* (FES; Fingerman, 2008, 2013). The FES started in 2008 with 633 midlife adults (40–60 years old) from the Philadelphia Primary Metropolitan Statistical Area, who had at least one living parent *and* one adult offspring (age 18 and older). Based on the contact information, these midlife adults provided, 455 aging parents were contacted and 337 participated in the separate parent survey (74%).

The second wave data were collected in 2013. Of the 337 aging parents from Wave 1, 211 completed the follow-up survey (63%); 126 did not return because they were deceased ($n = 58$), were too ill to participate ($n = 5$), or could not be reached ($n = 63$). After excluding additional 21 cases with missing values in the study's key variables, the final study sample consisted of 190 older parents who provided information about themselves and each of their adult children (up to 12 children; $N_{\text{child}} = 709$) in both waves (2008 and 2013), including background information as well as different types of support exchanges with each child. The mean age of parents was 79.98, and mean age of children was 52.69 at Wave 2. At each wave, parent participants finished a 1-hr computer-assisted telephone interview.

Measures

Current or expected child caregiver

At Wave 2, older parents were first asked about whether they required help on a regular basis to do any instrumental

or basic activities of daily living (I/ADL), which included (a) personal care (bathing and dressing), (b) daily care (housework and shopping), (c) transportation, and (d) help with finances from the Community Disability Scale (Basset & Folstein, 1991; Rovner et al., 1996). Parents who had any I/ADL limitations (35%, $n = 66$) were then asked to name who provided them with the care they needed with these tasks (i.e., spouse, children, or other). Parents who did not have I/ADL limitations at Wave 2 (65%, $n = 124$) were asked to name who they expected to provide care when they need it in the future. If parents answered "child" for either of these questions, they were asked to specify which child(ren) currently provided or was expected to provide care. Parents could name more than one child. Each child was coded dichotomously as either named or not named as a current or expected caregiver by the parent (1 = *yes*, 0 = *no*). Only six respondents (3.2% of entire sample) had one child. Among the only-child families, three respondents named their child as their expected caregiver; no parents with current I/ADL limitations from only-child families were receiving care from their child.

Support exchanges with each child

Tangible support.—Given and received tangible support at Wave 1 were assessed using two support items: practical support (e.g., fixing something around the house, running an errand, or providing a ride) and financial support (e.g., giving or loaning money, helping with purchasing goods, services, insurance, or education). Older parents reported whether such tangible types of support were given to or received from each child, and rated the frequency of these items from 1 (*less than once a year or never*) to 8 (*daily*). Mean scores across practical and financial support were calculated. Spearman–Brown reliability coefficients of two-item scales were assessed ($\rho = .57$ for support given to child; $\rho = .60$ for support received from child).

Nontangible support.—Given and received nontangible support at Wave 1 were assessed using three support items: emotional support (e.g., being available when they are upset), listening to daily events, and providing advice (e.g., helping with a decision or suggestions). Older parents reported whether such nontangible types of support were given to or received from each child and rated the frequency of these items from 1 (*less than once a year or never*) to 8 (*daily*). Mean scores across emotional support, listening, and advice were calculated ($\alpha = .81$ for support given to child; $\alpha = .85$ for support received from child).

Childcare support.—Older parents indicated whether they provided childcare or babysat for any of their grandchildren at Wave 1 and subsequently identified which adult child(ren) were the parents of those grandchildren. Whether a parent provided childcare support to an adult child was coded dichotomously (1 = *yes*, 0 = *no*). Of the sample of 190 older parents, 25.8% reported providing childcare to an adult child at Wave 1.

Covariates

We considered two additional intergenerational characteristics at Wave 1 as covariates: coresidence with each child (1 = *coresided*, 0 = *did not coreside*) and relationship quality with each child (1 = *poor* to 5 = *excellent*). For older parents' characteristics at Wave 2, we included parents' age, gender (1 = *female*, 0 = *male*), marital status (1 = *married*, 0 = *not married*), years of education, employment status (1 = *employed*, 0 = *not employed*), racial/ethnic minority status (1 = *minority*, 0 = *non-Hispanic White*), self-rated health (1 = *poor* to 5 = *excellent*), number of living adult children, and whether they had I/ADL limitations at Wave 1 (1 = *yes*, 0 = *no*). For characteristics of each adult child at Wave 2, we considered children's age, gender (1 = *female*, 0 = *male*), marital status (1 = *married*, 0 = *not married*), years of education, employment status (1 = *employed*, 0 = *not employed*), and parental status (1 = *has a child under age 18*, 0 = *does not have a child under age 18*).

Analytic Strategy

Bivariate statistics were first calculated to compare older parents who had limitations in I/ADLs with those who did not have limitations in I/ADLs at Wave 2. To handle the nested structure of data (i.e., each child nested within parents), we estimated multilevel logistic regression models. Specifically, we estimated separate models for older parents who had I/ADL limitations and who did not have I/ADL limitations at Wave 2 to examine (a) how different types of support exchanges at Wave 1 were associated with receiving care from a specific child at Wave 2 and (b) how different types of support exchanges at Wave 1 were associated with expecting care from a specific child at Wave 2 (see [Supplementary Figure 1](#) for the relationships of variables). The two groups of older parents were examined separately because they reported different outcomes depending on their functional status at Wave 2; thus, parents with I/ADL limitations reported on who they are receiving care from, whereas parents without I/ADL limitations reported on who they expect they would rely on when they need care. Therefore, we examined what factors matter for parents' receipt of care versus parents' care expectations within each of the separate models.

Results

[Table 1](#) presents descriptive statistics of the study sample, with a bivariate analysis of differences between older parents who do and do not need help on a regular basis with any I/ADL at Wave 2. As expected, parents who did not have I/ADL limitations were younger, more likely to be employed, and rated their physical health as better in comparison to parents with I/ADL limitations. In terms of intergenerational characteristics, parents without I/ADL limitations provided more childcare support to children and received less tangible and nontangible support from

children. The average frequencies of support at Wave 1 ranged from 2.27 (occasionally throughout a year for received tangible support) to 5.11 (a few times a month for given childcare support), as such, these types of less intense forms of support do not occur on a daily basis.

[Table 2](#) presents results from within-family multilevel logistic regressions to address the study's research questions. For older parents with I/ADL limitations at Wave 2 (Model 1), we found that parents were more likely to receive care from a child who they received more tangible support from (OR = 1.40, $p = .085$) and coresided with (OR = 6.19, $p = .064$) at Wave 1—although both were marginally significant. Given the proportional reduction in the variance, the main predictors of support exchanges showed a small effect size (Cohen's $f^2 = .03$). Regarding child and parent characteristics, we did not find significant covariate effects on which child provides care for parents who have I/ADL limitations.

For older parents who did not have I/ADL limitations at Wave 2 (Model 2), we found that older parents were more likely to identify children whom they previously provided childcare to (OR = 3.06, $p = .020$) and whom they received more tangible support from (OR = 1.71, $p = .001$) as their expected future caregiver. However, we did not find significant associations of tangible or nontangible support given or nontangible support received with older parents' expected future caregiver. The main predictors of support exchanges showed a small effect size (Cohen's $f^2 = .01$). And, older parents were more likely to identify children whom they had better relationship quality with (OR = 1.54, $p = .089$). Regarding child characteristics, older parents were more likely to identify daughters (OR = 2.94, $p = .001$) and less-educated children (OR = 0.85, $p = .030$) as their expected future caregiver. Regarding parent characteristics, married parents (OR = 0.32, $p = .007$) were less likely to name a child as an expected caregiver; more educated (OR = 1.27, $p = .012$) and employed (OR = 2.88, $p = .074$) parents were more likely to name a child as an expected caregiver.

Discussion

Previous research has emphasized the need to explore how intergenerational support exchanges within families impact long-term care receipt among older parents. Furthermore, there is insufficient understanding of the older parent's perspective and their expectations for children meeting their future care needs. This study addressed these gaps by drawing on in-depth prospective within-family data from the *Family Exchanges Study* to examine how different types of support—given to and received by older parents with all adult children within a family influence (a) which child provides care to older parents with functional limitations or (b) which child older parents without current functional limitations expect to provide care when they need it in the future.

The findings of this study endorse prior studies that emphasize the importance of continuity in the transition

Table 1. Sample Characteristics

Variables	Parents with I/ADL limitations at Wave 2 (<i>n</i> = 66)			Parents without I/ADL limitations at Wave 2 (<i>n</i> = 124)			<i>t</i> or χ^2
	<i>M</i>	(<i>SD</i>)	Range	<i>M</i>	(<i>SD</i>)	Range	
Parent characteristics (W2)							
Age	82.53	(5.18)	66–88	78.63	(5.18)	66–88	–4.87***
Female, %	80			67			3.78
Married, %	32			42			1.86
Years of education	12.62	(2.06)	7–17	13.10	(2.08)	8–17	1.53
Employed for pay, %	2			12			6.25*
Racial/ethnic minority, %	38			30			1.27
Self-rated health ^a	2.47	(0.95)	1–4	3.26	(1.07)	1–5	5.01***
Number of children	3.76	(1.70)	1–10	4.04	(2.31)	1–15	0.87
Had I/ADL limitations at W1, %	29			4			23.92***
Child characteristics (W2)							
Age	55.25	(5.85)	31–70	51.40	(6.16)	30–68	–7.99***
Female, %	57			49			4.15*
Married, %	59			65			2.56
Years of education	13.92	(2.09)	8–17	14.03	(2.23)	0–17	0.59
Employed for pay, %	71			79			5.01*
Has a child under age 18, %	22			34			11.44**
Intergenerational (W1)							
Coresiding with child, %	7			7			0.00
Relationship quality with child ^a	4.36	(0.89)	1–5	4.36	(1.67)	1–5	–0.01
<i>Support given to child</i>							
Non-tangible ^b	4.42	(1.84)	1–8	4.50	(1.67)	1–8	0.58
Tangible ^c	2.64	(1.81)	1–8	2.49	(1.39)	1–8	–1.15
Childcare, %	15			32			5.98*
Frequency of childcare ^d	5.11	(2.62)	1–8	4.40	(1.87)	1–8	–1.10
<i>Support received from child</i>							
Non-tangible ^b	4.60	(2.12)	1–8	4.17	(1.86)	1–8	–2.67**
Tangible ^c	2.99	(1.81)	1–8	2.27	(1.38)	1–8	–5.36***

Notes. Parent (respondent) *N* = 190; child *N* = 709. W1 = 2008; W2 = 2013. I/ADL = instrumental and basic activities of daily living. Asterisks representing significance should be on the right side of the *t* or χ^2 value (not below). Once corrected, then there should be no empty line space in between variables.

^aRated from 1 = *poor* to 5 = *excellent*.

^bMean of 3 non-tangible support items rated from 1 (*once a year or never*) to 8 (*daily*).

^cMean of 2 tangible support items rated from 1 (*once a year or never*) to 8 (*daily*).

^dRated from 1 (*once a year or never*) to 8 (*daily*).

**p* < .05.

***p* < .01.

****p* < .001.

from receiving support prior to the onset of disability to receiving and expecting more intense I/ADL care from adult children as care needs increase (Kim et al., 2017; Leopold et al., 2014). Also referred to as path dependency (Leopold et al., 2014) and the pragmatic principle (Lin & Wu, 2014), we found that parents without I/ADL limitations are likely to expect children who provided more tangible support in the past to continue doing so as their care needs intensify. This is plausible as previous receipt of support distinguishes which child has the capacity to care for parents and establishes the support relationship before the onset of care needs. Continuity was also reflected among older parents with current I/ADL limitations who were most likely cared for by adult children whom they

received more tangible support from and coresided with in the past. Furthermore, this study separated tangible support from nontangible support, and findings indicated that receiving more nontangible support from a child does not increase the likelihood that older parents would identify that child as their future caregiver, suggesting the predominance of tangible support in care receipt and expectations.

In terms of reciprocity in support exchanges (Cropanzano & Mitchell, 2005), this study found that only giving childcare support was associated with older parents' expectations of their child caregiver. Although Pillemer and Suitor (2006) did not find a reciprocity effect in mothers' care expectations associated with tangible

Table 2. Multilevel Logistic Regression for Identifying a Child as Current or Expected Caregiver

Variables	Model 1: Current caregiver (for parents with I/ADL limitations)			Model 2: Expected caregiver (for parents without I/ADL limitations)		
	B	(SE)	OR	B	(SE)	OR
Fixed effects						
Intercept	-7.05	(5.05)	—	-11.26	(3.94)	—
Support given to child (W1)						
Childcare ^a	-0.53	(0.83)	0.59	1.12	(0.48)	3.06
Non-tangible ^b	0.18	(0.23)	1.20	-0.12	(0.16)	0.88
Tangible ^c	-0.04	(0.19)	0.96	0.18	(0.15)	1.19
Support received from child (W1)						
Nontangible ^b	0.20	(0.21)	1.22	0.25	(0.16)	1.29
Tangible ^c	0.34	(0.19)	1.40	0.53	(0.16)	1.71
	†			**		
Covariates						
Coresiding ^a (W1)	1.82	(0.98)	6.19	0.25	(0.58)	1.28
	†					
Relationship quality ^d (W1)	-0.03	(0.31)	0.98	0.43	(0.25)	1.54
				†		
<i>Child characteristics</i>						
Age	0.01	(0.05)	1.01	0.02	(0.03)	1.02
Female	0.59	(0.44)	1.80	1.08	(0.32)	2.94

Married	0.00	(0.46)	1.00	-0.15	(0.33)	0.86
Years of education	0.10	(0.13)	1.10	-0.16	(0.08)	0.85
				*		
Employed for pay	-0.19	(0.52)	0.83	-0.17	(0.38)	0.84
Has a child under 18	0.69	(0.59)	1.99	-0.12	(0.39)	0.89
<i>Parent characteristics</i>						
Age	0.05	(0.06)	1.05	0.05	(0.05)	1.05
Female	0.27	(0.83)	1.31	0.11	(0.47)	1.12
Married	-0.19	(0.73)	0.83	-1.14	(0.41)	0.32
				**		
Years of education	-0.09	(0.16)	0.91	0.24	(0.09)	1.27
				*		
Employed for pay	-0.15	(1.97)	0.87	1.06	(0.59)	2.88
				†		
Racial/ethnic minority	0.22	(0.66)	1.25	-0.41	(0.47)	0.67
Self-rated health ^d	-0.29	(0.32)	0.75	0.14	(0.19)	1.15
Number of children	-0.25	(0.18)	0.78	-0.06	(0.08)	0.94
Had I/ADL limitations ^a (W1)	-1.59	(0.74)	0.21	0.00	(0.96)	1.00
	*					
Random effects						
Intercept	1.84	(0.84)	—	1.21*	(0.51)	—
	*					
-2 (pseudo) log likelihood	1,194.09			2,529.78		

Notes: I/ADL = instrumental and basic activities of daily living. Parent (respondent) *n* = 66; Child *n* = 238 for Model 1. Parent (respondent) *n* = 124; Child *n* = 471 for Model 2. W1 = 2008; W2 = 2013. Asterisks and symbols representing significance should be on the right side of the *B* value (not below). Once corrected, then there should be no empty line space in between variables.

^a1 = yes, 0 = no.

^bMean of 3 nontangible support items rated from 1 (once a year or never) to 8 (daily).

^cMean of 2 tangible support items rated from 1 (once a year or never) to 8 (daily).

^dRated from 1 = poor to 5 = excellent.

†*p* < .10.

**p* < .05.

***p* < .01.

****p* < .001.

and nontangible support given to children, this study highlights that giving childcare support in particular may reflect reciprocity in the link between support given and expected care receipt. Childcare is a unique type of support that may hold both tangible value (e.g., reducing financial costs of working adult children) and nontangible value (e.g., maintaining intergenerational ties through regular in-person contact, trust, and distributing family values). Related to reciprocity in intergenerational functional solidarity, family caregiving that extends outside of the traditional parent-to-child care can be viewed as a currency that is exchanged across generations and expected to be reciprocated at different points in the life course. For example, the oldest generation may provide care to the youngest generation in the present so that the middle generation can provide care to the oldest generation later. Notably, however, given the nature of childcare, adult children (i.e., the middle generation) would need to have young children that require childcare (e.g., younger than age 13) to receive childcare from aging parents.

Among covariates, child characteristic covariates mattered more for older parents' care expectations than older parents' receipt of care. This can be a result of practicality versus expectation; when it comes down to the moment when care is needed, practicality may override other options, such as who has room in their home or who has the capacity to provide tangible support (see Model 1). This difference between older parents' care expectations and receipt of care may suggest that before care is needed, older parents might have a certain vision of who will provide care for them, but this may not become actualized when care is needed and therefore someone different than who they expected may end up providing care for them (see [Suito et al., 2013](#)). We encourage future research to take longitudinal approaches in building upon this understanding, such as by testing who older parents name as their expected caregiver prior to the onset of care needs and whether this previously named expected caregiver matches who actually provides care for them later on when care is needed (see [Abrahamson et al., 2017](#)). Future research should explore how discrepancies between expectations and receipt come about and how this could impact the older care recipient's well-being.

There are limitations of this study to consider and address in future research. Similar to prior studies, this study examined older parents' current and expected future caregiver for ADL and IADL tasks in general. It should be more informative to separate caregivers for ADL tasks from IADL tasks because the nature of the care differs. Personal care for ADLs is more intensive, can cause more strain, and requires more planning than instrumental support with IADLs (see [Evandrou et al., 2018](#)). Furthermore, the study contributes to current literature by introducing a new sample with detailed family data, but the sample may not be generalizable to other populations. Racial and ethnic differences, for example, in parental expectations

were not able to be captured in this small sample ([Unson et al., 2020](#)). Additionally, although having a single primary caregiver is more likely ([Leopold et al., 2014](#)), shared responsibilities of parental care among multiple children have been documented ([Lin & Wolf, 2020](#)). How multiple expected caregivers within a family divide the care tasks should also be explored. There are also important contextual circumstances that we could not consider in this study due to the data limitation. For example, this study could not account for the possibility that children were providing care for their parents through outsourcing to formal care services. If children's paying for or organizing formal care is considered, then more children may appear to be providing care, which is more likely the case in countries that have more robust formal care services (see [Brandt et al., 2009](#)). Also, this study could account only for coresidence, but not for geographic proximity between parents and all adult children. Geographic proximity has consistently been found as a predictor in its relationship to support and care and should be included in future studies. In particular, tangible support requires geographic proximity which may also be a factor in determining future care expectations. Likewise, our measure for tangible support indicated low reliability for the two-item scale. Although scholars have combined practical and financial support into a tangible support variable, future studies should test for whether practical assistance and financial support should be examined separately, rather than together. Finally, the *Family Exchanges Study* only surveyed community-dwelling older parents and thus could not capture cases in which older parents may have become institutionalized between waves, affecting who they are receiving care from.

Despite these limitations, this study contributed to current research on familial care receipt and expectations among older parents. Distinguishing between support and care from the older parent's perspective, this study examined how different types and directions of past intergenerational support are associated with which children they receive or expect to receive care from. When older parents envision their future care, they are most likely to draw on support from children whom they have given childcare support to and whom they have received more tangible support from in the past. This study suggests that whether continuity or reciprocity theories apply in the association between care and support may be dependent on the type and direction of support exchanged between older parents and adult children in the past. Future research is encouraged to continue expanding upon these findings and explore related topics, such as how discrepancies between care expectations and care receipt can affect the recipient's health and well-being outcomes (e.g., [Suito et al., 2013](#)). The findings of this study encourage family counselors and long-term care planning to pay adequate attention to older parents' expectations of future care before the onset of care needs and within the context of current support exchanges. Emerging interests and similar findings are found in other

cultural contexts (e.g., Hu & Chen, 2019; Surachman et al., 2018), implying the cross-cultural significance of studying older parents' expectations for future care.

Supplementary Material

Supplementary data are available at *The Journals of Gerontology, Series B: Psychological Sciences and Social Sciences* online.

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Author Contributions

C. N. Bui planned the study, performed statistical analyses, and drafted the manuscript. K. Kim served as a close mentor to the first author by supervising the statistical analysis and reviewing and editing the manuscript. K. L. Fingerman conducted original data collection and contributed to reviewing and editing the manuscript.

Conflict of Interest

None declared.

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