

Article

Eldercare: What we know today



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Eldercare: What we know today

by Kelly Cranswick and Donna Dosman

Introduction

Gerontologists, health care providers and government have long been attempting to define and better understand caregiving.¹ Statistics Canada's General Social Survey (GSS) first collected data in 1996 on measuring the care provided to Canadians. The focus of that survey was on all care that Canadians provided and received due to temporary difficult times or long-term health problems. According to these data, while the demands and consequences were considerable, Canadians were willing to help family and friends.²

Canada has an aging population with a growing number of seniors (people aged 65 and older) who need support and care. As a result, when data were collected for a second time (2002 GSS), the focus shifted to care provided to seniors. The findings suggested that aging Canadians need assistance, and that family and friends provide help despite growing work and family demands.³ However, while Canadians are willing to help out their family and friends, caregiving duties have consequences that impact caregivers' work, health and family.

Two other factors will likely impact the continued ability of caregivers to provide the care needed to support seniors with a long-term health problem. Firstly, there is the aging of the population, with projections showing that by 2056: the proportion of Canadians 65 years and older

will more than double to over 1 in 4; the proportion of older seniors 80 years and over will triple to about 1 in 10, compared with about 1 in 30 in 2005.⁴

Secondly, baby boomers (people currently between 45 and 60 years of age) are a generation that tended to delay marriage, postpone having children, and have contributed to the increasing participation of women in the workforce. Boomers now live in a world of paid work, caring for children (with more adult children still living at home⁵) and increasingly long-lived parents and friends. The size of the "sandwich generation," the generation caring for children and older parents, is likely to grow.⁶

The aging of the baby boomers will result in a much larger proportion of seniors in the population. With lower fertility rates, there may be fewer adults to care for the elderly. Seniors already provide a significant proportion of care for other seniors. Consequently, the focus of the 2007 General Social Survey was to better understand the caregiving experience of baby boomers and seniors who provide care to our aging population.

Note to readers: This article focuses on caregivers who are 45 years and older. The analysis describes caregivers and their situation. To add to this profile, we include important information about those for whom they provide care. We discuss their primary

care receiver who is 65 and over with a long-term health problem. Because we focus on caregivers, the sample of their primary care receivers is not representative of all care receivers in Canada who are 65 and over, whether living at home or in a care facility. The analysis is representative of caregivers, but not of care receivers.

Using data from the 2007 General Social Survey on Family, Social Support and Retirement, this article looks at Canadians aged 45 and over who provide care to seniors. While it is possible to provide care for a host of reasons and to a multitude of people, this article focuses on care to seniors because of their long-term health problems. Special emphasis is placed on information from Statistics Canada that is available for the first time, such as: whether care was provided to seniors having a physical or mental problem; whether the senior lived in a private household or care facility; and on the support from others that allowed the caregiver to provide care (See "What you should know about this study").

First, the article describes the caregivers. The focus then shifts to the specific tasks caregivers provide. Emphasis is placed on the nature of the care such as care management tasks. The article provides a profile of the seniors receiving this care. We ask how the level and type of support may differ for these seniors in a private versus institutional setting. The

article concludes by asking “how do caregivers manage” and “who helps the caregiver.”

Who provides care to seniors?

In 2002, more than two million family and friend caregivers aged 45 years and older, 19% of men and 18% of women in this age group, reported assisting a senior because of the senior’s long-term health condition.⁷ In 2007, the number of caregivers aged 45 years and older increased by over 670,000 to 2.7 million caregivers. The proportion of men providing care remained at 19% between 2002 and 2007; however, the proportion of women increased by 4 percentage points to 22%.

In 2007, most eldercare (75%) was provided by those between 45 and 64 years of age.⁸ That also means that 1 in 4 of those providing care to seniors were themselves seniors. Nearly 16% of caregivers were younger seniors aged 65 to 74, and 8% of caregivers were aged 75 and over (Table 1).

Nearly 6 in 10 caregivers were women (57%) and this proportion was higher than the proportion of women aged 45 and over who were not caregivers (51%) (Table 1).

Caregivers have multiple responsibilities. In 2007, nearly 43% of the caregivers were between the ages of 45 and 54, the age at which many Canadians still have children living at home.⁹ About 3 in 4 caregivers were married (refers to married or living common-law). Others also juggled employment with family and eldercare tasks, as more than half of the caregivers (57%) were employed.

The profile of caregivers is different than that of non-caregivers. Caregivers tended to be younger, and were more likely to be women, employed and married than non-caregivers.

Caregiving is not just a family concern

In 2007, nearly 70% of care was provided by close family members (Chart 1). Six in 10 caregivers were



Table 1 The profile of a caregiver differs from a non-caregiver

	Population aged 45 and over	
	Caregivers†	Non-caregivers
	% distribution downward²	
Age		
45 to 54 years	43	38*
55 to 64 years	32	28*
65 to 74 years	16	18
75 years and over	8	16*
Gender		
Men	43	49*
Women	57	51*
Marital status		
Single	7	6
Married or common-law	76	72*
Widowed	7	11*
Divorced	10	11
Work status		
Working at a paid job	57	51*
Retired	31	34*
Other ¹	12	15*

† Reference group.

* Statistically significant difference between caregivers and non-caregivers (when comparing 99% confidence intervals).

1. Other work status includes such activities as looking for work, going to school, caring for children, household work and long term illness.

2. Due to rounding, totals might not add up to 100.

Source: Statistics Canada, General Social Survey, 2007.

providing care to an aging parent or parent-in-law. Adult children reported four times as often caring for a parent as for a parent-in-law. These statistics need to be viewed in the context of how caregiving is reported, as well as considering the impact of the gender of older seniors receiving this care.

Fewer than 1 in 10 caregivers were providing care to a spouse. Findings from the 1996 GSS suggest that spouses may underreport the care they do provide.¹⁰ Only in certain circumstances is it reported as caregiving. For example, if a husband starts to do laundry because his wife can no longer do it or if the wife starts cutting the grass, the likelihood of calling these tasks “caregiving” increases because the division of labour is now based on health, not “the way we do things.” The care provided by a spouse is often high intensity care with the aim of keeping

their partner at home and out of institutional care.¹¹

Caring for senior men can be invisible since many are cared for by their wives, often without the wife reporting it as caregiving. In addition, men often die at a younger age than women from causes such as heart attacks or strokes, with no previous need for care. Women live longer, with more women than men over the age of 74 (61% versus 39%).¹² Thus, women represent a higher percentage of seniors in the older category and they need different kinds and levels of care. When a husband dies, if the wife needs care, it may be reported as caregiving.

It follows that caregivers most commonly reported caring for their mothers (37%). Adult children reported three times as often caring for their mother as for their father.

It is not just close family members who provide care. Roughly one-third of all caregivers were friends (14%), extended family (11%), and neighbours (5%).

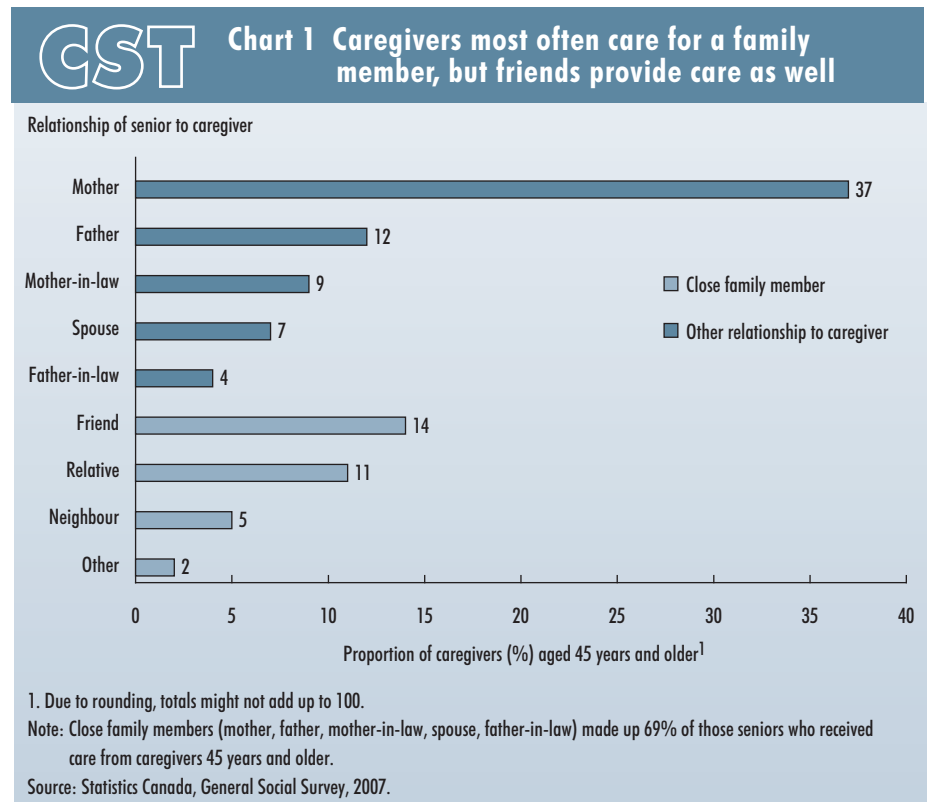
This extended care network may be related to the busy lifestyles of today's families, filled with family and work responsibilities. Some may not always be available to provide eldercare for their parents, or at least not all the care that is needed. Additionally, many seniors have had fewer children than in the past. Children could have moved away from their hometown to pursue a career. Seniors may find themselves with no family in their community when they need assistance. Further research would be needed to explore this subject.

Who performs which tasks and how often?

Caregivers perform a range of tasks in caring for seniors: personal care, tasks inside the senior's house, tasks outside the senior's house, transportation, medical care, and care management (See "What you should know about this study" for definitions of tasks measured in the survey). When examining who performs tasks and how often, it is important to remember that nearly 6 in 10 caregivers were women, and that the proportion of women caregivers was higher than the proportion of women in the general population.

The delivery of care tasks is still divided along gender lines. In 2007, nearly 40% of women caregivers and fewer than 20% of men caregivers provided personal care, which includes intimate activities such as bathing and dressing (Table 2).

Approximately 60% of women caregivers and 30% of their male counterparts performed regular tasks inside the house, such as meal preparation, cleaning or laundry. On the other hand, more men than women provided assistance with tasks outside the house, such as house maintenance or outdoor work. For those who did perform this task,



women were more likely than men to do so at least once a week.

Almost all caregivers, approximately 8 out of 10 men and women, assisted their senior with transportation needs.

While not as many caregivers took on medically related tasks (medical care) associated with the senior's health compared with other tasks, 1 in 4 (25%) women caregivers did, which was nine percentage points more than the men.

Care management involves assistance with scheduling or coordinating caregiving tasks (for example, hiring professional help, managing finances, organizing a care schedule). It can be a time consuming task as one tries to navigate the different service delivery systems. As with medically related tasks, women were more likely than men to assist with care management (42% versus 33%).

Not only are some of the tasks that women perform more personal, they also have to be performed according to a regular schedule—for example

the administering of medicines and the preparation of meals. Other tasks such as care management must be done during the day when offices are open, competing with work time in the case of working caregivers. The time-specific nature of certain tasks is likely to add burden and stress to caregivers. In contrast, tasks outside the house such as house maintenance or outdoor work can usually wait until the care provider has the time to perform them.

A profile of seniors receiving care from caregivers aged 45 years and older

To provide a fuller description of the caregiver's situation, we will look at their primary care receivers' demographic characteristics, reasons for requiring assistance, and type of housing.

Who was the senior to whom the caregiver dedicated the most time and resources because of a long-term health or physical limitation? The GSS found that of the seniors identified as

Table 2 Women and men caregivers differ in type of care they provide to seniors

Type of care	Caregivers 45 years old and over			
	Proportion performing this task		Among those performing this task, proportion who do so at least weekly	
	Women†	Men	Women †	Men
	percentage			
Personal care	37	17*	74	75
Tasks outside the house	33	53*	59	52*
Tasks inside the house	57	32*	73	73
Transportation	80	82*	66	63*
Medical care	25	14*	81	77*
Care management	42	33*	64	62*

† Reference group.

* Statistically significant gender difference (when comparing 99% confidence intervals).

Source: Statistics Canada, General Social Survey, 2007.

Health Survey (CCHS), "arthritis/rheumatism was the chronic condition most often reported by seniors (47%). Almost 25% reported cataracts or glaucoma and back problems, and 20% said they had been diagnosed with heart disease. Diabetes, a thyroid condition and urinary incontinence were also relatively common, with each affecting at least 1 senior in 10."¹³

Others may have a cognitive disease such as Alzheimer's or dementia requiring 24-hour care for safety reasons. The 2003 CCHS also found that 2% of both men and women who were 65 years of age and older living in private households reported having Alzheimer's or dementia.

In 2007, senior women and men identified as the primary care receivers by the GSS respondents were more likely to receive care because of a "physical problem only." The percentage of those receiving care for a "physical problem only" declined with age (Table 3).

Table 3 The need for care because of a mental health problem increases with age

	Reason a primary care receiver gets care ¹	
	Physical health problem only	Mental health / Mental and physical health / Other
	% distribution across ²	
Men		
Age 65 and older	74	26
65 to 74 years	79	22
75 to 84 years	74	26
85 years and over	71*	29*
Women †		
Age 65 and older	72	28
65 to 74 years	79	21
75 to 84 years	74	26
85 years and over	67	34

† Reference group.

* Statistically significant gender difference (when comparing 99% confidence intervals).

1. A primary care receiver is a person 65 years of age or older to whom the caregiver dedicated the most time and resources during the past 12 months because of a long-term health problem or physical limitation.

2. Due to rounding, totals might not add up to 100.

Source: Statistics Canada, General Social Survey, 2007.

Caregiving is not just provided to seniors living in private homes

The majority of the senior primary care receivers (78%) continued to live in their homes (75% of women care receivers and 83% of men care receivers in 2007); and only one-fifth of them (22%) lived in care facilities (25% of women and 17% of men care receivers).

When a senior moves into a care facility it is often because they have become frailer and require more care than their family and network of friends can provide. In other instances no family members live close enough to the senior to provide the necessary assistance. Care facilities range from assisted living to nursing homes. Institutions provide a varied level of care. In many cases, assistance from family and friends may continue to be required.

Based on what caregivers reported, the women primary care receivers living in care facilities were just

the primary care receivers, 7 out of 10 were women. Almost half were 75 to 84 years of age. Care was provided to a large proportion of the oldest seniors—nearly one-quarter of men and 33% of women were 85 years of age and older.

Seniors require assistance for a range of different health reasons. They may be becoming frailer as they age, have a physically debilitating disease or be terminally ill. According to the 2003 Canadian Community

as likely as men to have care from family and friends. Between the ages of 65 and 74 years, only 9% of men and 11% of women who were primary care receivers lived in a care facility (Table 4). These proportions increased to 15% for men and 20% for women in the age group 75 to 84 years. For those 85 years and older, the proportions doubled for both men and women with respectively almost 30% and 40% of men and women in this age group living in care facilities and receiving support from their family and friend care networks.

Caregivers' tasks differ when the primary care receiver lives in a care facility

Caregivers are more likely to provide personal care to seniors living in a care facility than to those still residing in their home. In the 2007 GSS, 34% of their primary care receivers who lived in a care facility received personal care from family and friends (Table 5). This was 7 percentage points more than those seniors receiving care who still resided in their homes.

A senior in a care facility is likely to need medical care. However, more than 1 in 10 family and friend caregivers provided some of this medical care to seniors residing in an institution. This proportion was lower than the number of caregivers who provided medical care to seniors still living in their own homes.

According to what caregivers reported, nearly half of the primary care receivers living in their own homes had their caregiver's assistance with tasks inside the house, such as meal preparation, cleaning or laundry (49%) and tasks outside the house, such as house maintenance or outdoor work (51%).

Nearly 30% of primary care receivers who lived in care facilities still needed assistance with inside tasks. This finding can be explained by the types and level of care provided in care facilities. The care offered is viewed as a spectrum ranging from basic services, to supportive living services such as meals and

Table 4 Type of housing of a primary care receiver differs by age¹ and sex

	Primary care receivers aged 65 and over ²	
	Type of housing	
	Private household	Care facility
	% distribution across ³	
Men		
Age 65 and older	83*	17*
65 to 74 years	91*	9*
75 to 84 years	85*	15*
85 years and over	71*	29*
Women †		
Age 65 and older	75	25
65 to 74 years	89	11
75 to 84 years	81	20
85 years and over	61	39

† Reference group.

* Statistically significant gender difference (when comparing 99% confidence intervals).

1. These figures include those who have died in the past year as well as those who are still receiving care.

2. A primary care receiver is a person 65 years of age or older to whom the caregiver dedicated the most time and resources during the past 12 months because of a long-term health problem or physical limitation.

3. Due to rounding, totals might not add up to 100.

Source: Statistics Canada, General Social Survey, 2007.

housekeeping, to full nursing. In some cases, as a senior's health fails, the senior may require more services than the facility offers. Family and friends help out.

Sixteen percent of primary care receivers living in care facilities received assistance with tasks outside the house. These seniors may still own homes that family and friends help maintain. The GSS gathers information about seniors in institutions from their caregivers, and no information on home ownership of the care receiver is available.

Approximately 80% of the caregivers, whether primary care receivers lived in their home or a care facility, provided assistance with transportation. This type of care included driving them to medical appointments or taking them shopping. For seniors, these are tasks that become almost impossible to undertake without a driver's license or with limited mobility.

Care responsibilities do not disappear for many family and friend caregivers when the senior moves into a care facility as many caregivers still performed care management activities. When these seniors lived in a care facility, almost one-half of their family and friend caregivers helped out by ensuring that the requisite formal care was in place. About one-third of caregivers of seniors living in their homes arranged appointments and formal care services.

There are several reasons why family and friends may continue to provide care to the primary receiver once they have moved into a care facility. Families often want to maintain some continuity when the senior family member moves into a care facility which can be done through the continuation of care provision by family and friends.¹⁴ In some newer types of facilities such as "assisted living," each additional service comes with an additional cost. Family and friends may choose to assist with some tasks to reduce

Table 5 Tasks performed by caregivers differ depending on the type of housing of the primary care receiver

Tasks	Primary care receivers aged 65 and over ¹	
	Type of housing	
	Private household †	Care facility
	percentage	
Personal care	27	34*
Tasks outside the house	49	16*
Tasks inside the house	51	28*
Transportation	81	82
Medical care	22	15*
Care management	36	45*

† Reference group.

* Statistically significant housing difference (when comparing 99% confidence intervals).

1. A primary care receiver is a person 65 years of age or older to whom the caregiver dedicated the most time and resources during the past 12 months because of a long-term health problem or physical limitation.

Source: Statistics Canada, General Social Survey, 2007.

Only a small percentage of the caregivers (less than 5%) indicated that they were doing not very well or not well at all. The majority of the caregivers who were not coping well were married women. One in three of burdened caregivers had at least one child at home. Nearly all of them were of working age (45 to 64 years old) and over half of them were employed. Two-thirds were caring for a parent. The difficulty coping may be because of the role conflict that occurs, especially for women, as they attempt to manage the many facets of their lives.¹⁷

Who helps the caregiver

Caregivers often have to rely on others for support when they are trying to balance care responsibilities with family and work, or when the amount of care increases to a level beyond that which they can handle.

In the 2007 GSS, respondents were asked if they were provided with help to manage their care responsibilities. They could report more than one source of support (Chart 2).

Over one-third of caregivers (34%), reported that their children provided them with help, such as assisting with household chores. The second most important source of support was from a spouse. Just over 1 in 4 caregivers (26%) were better able to manage because of modifications made by their spouse to life and work arrangements. The next most common source of help was that provided by extended family (24%).

Caregivers also found support outside their families. One in 5 caregivers (19%) relied on close friends or neighbours for help. Next in frequency, 13% of caregivers stated that their community provided support. In addition to community as defined by geographical proximity, community could also refer to their spiritual community, cultural or ethnic group.

In order to accommodate their caregiving duties, 12% of caregivers got support from their local or provincial government. Government

Table 6 In most cases, Canadians are coping with their role as caregiver

	Caregivers 45 years and over		
	Women †	Men	Overall
	% distribution downward ¹		
Coping very well	52	57*	54
Generally managing	42	40	42
Not very well or not well at all	5	3	4

† Reference group.

* Statistically significant gender difference (when comparing 99% confidence intervals).

1. Due to rounding, totals might not add up to 100.

Source: Statistics Canada, General Social Survey, 2007.

the costs.¹⁵ Another factor could be a response to the increase in the patient-to-service provider ratio,¹⁶ which ultimately would impact service levels.

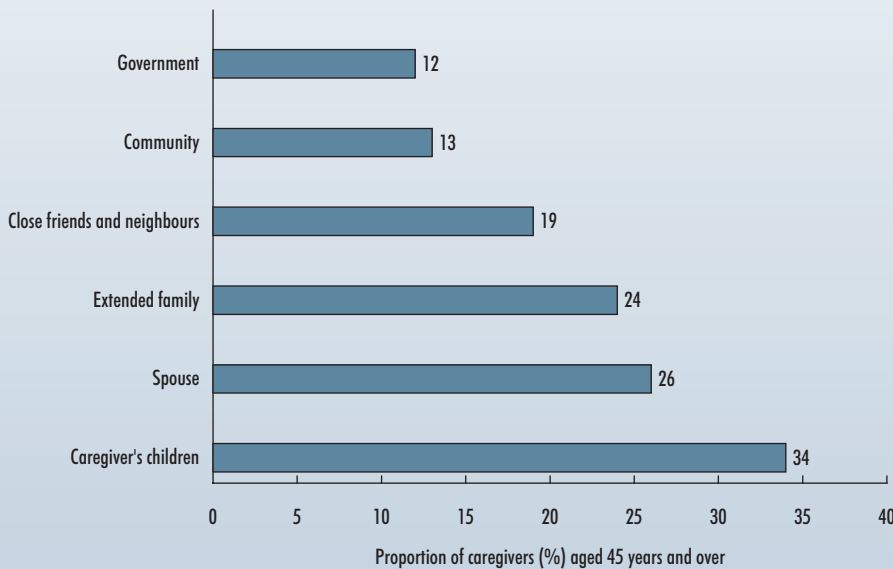
How do caregivers manage?

Caring for a senior can take place over a number of years. In 2007, family and friends between the ages of 45 and 64 years had been providing care for an average of 5.4 years. Caregivers 65 years and older had given assistance for an average of 6.5 years.

Approximately 10% of all caregivers, 45 years and older, had been providing care for at least 13 years. The majority of these long-term caregivers were married women who were of working age and more than half of them were employed. About half of these long-term caregivers were caring for aging parents.

When asked, the vast majority of caregivers said they were coping with their caregiving responsibilities. More than 50% of both men and women were coping very well and more than 40% were generally managing (Table 6).

Sources of support¹



1. Caregivers could report more than one source of support.
 Source: Statistics Canada, General Social Survey, 2007.

support could include a social worker’s assistance to access formal services (for example, respite care and homecare), or help arranging a senior’s move into a care facility.

The only significant gender difference in support was in the area of help from friends. Women got help from their friends more frequently than men did (21% versus 16%).

Summary

This article examined the caregiving experience of baby boomers and seniors. Approximately 1 in 5 Canadians 45 years and older provided care to a senior in 2007.

According to the GSS, caregiving is not just provided to seniors living in their private homes. Some seniors living in care facilities still count on family and friends for care. In 2007, more than 1 in 5 caregivers provided care to seniors living in care facilities.

2007 General Social Survey

Data used in this article come from the 2007 General Social Survey on Family, Social Support and Retirement, which interviewed approximately 23,000 Canadians aged 45 years and older living in private households in the 10 provinces. The survey was developed to better understand the experiences of Canadians 45 years of age and over by examining key transitions related to their families, caregiving and receiving, work and retirement.

The target population of this article is based on a sample of approximately 4,700 respondents 45 years of age and older who identified themselves as a caregiver to a primary care receiver aged 65 or older, and represents over 2.5 million Canadians.

Note to readers: This article focuses on caregivers who are 45 years and older. The analysis describes caregivers and their situation. To add to this profile, we include important information about those for whom they provide care. We discuss their primary care receiver who is 65 and over with a long-term health problem. Because we focus on caregivers, the sample of their primary care receivers is not representative of

all care receivers in Canada who are 65 and over, whether living at home or in a care facility. The analysis is representative of care givers, but not of care receivers.

History of General Social Survey caregiving data

The 1996 GSS collected data from Canadians 15 years and older. The focus was on all care provided to all age groups for a multitude of reasons. The goal was to better understand caregivers and care receivers.

The 2002 GSS collected data from Canadians 45 years and older. While the questions were similar to those asked in 1996, the focus was on care given by those 45 years and older to seniors and the characteristics of those seniors.

In the 2007 GSS, data was again collected from Canadians 45 years and older about the care given to and received by seniors. However, the focus was on the caregiving and care receiving experience with emphasis placed on a caregiver’s care history.

One key difference between the three cycles of caregiving data is that in 2007 GSS, the respondents provided information on their primary care receiver. In the previous two cycles, information was collected on all care receivers.

However, in these data there is no way to identify which care receiver the caregiver would identify as their primary care receiver. This makes trend analysis on the relationship between the caregiver and their primary care receiver not possible.

Definitions used in this article

Seniors: Refers to persons 65 years of age or older.

Married: Refers to married or living common-law.

Eldercare or care: Unpaid assistance provided to a person 65 years of age or older because of a long-term health condition or physical limitation.

Caregiver: A person who, during the past 12 months, gave assistance to someone with a long-term health condition or physical limitation. This assistance may be for family, friends, neighbours, co-workers or unpaid help provided on behalf of an organization. It excluded paid assistance to clients or patients.

Primary care receiver: A person 65 years of age or older to whom the caregiver dedicated the most time and resources during the past 12 months because of a long-term health or physical limitation.

Transportation and/or banking or bill paying: Assistance with transportation, shopping for groceries or other necessities, banking or bill paying.

Tasks inside the house: Assistance with meal preparation, meal clean-up, house cleaning, laundry or sewing.

Tasks outside the house: Assistance with house maintenance or outdoor work.

Personal care: Assistance with personal care (such as bathing, toileting, care of toenails or fingernails, brushing teeth, shampooing and hair care, or dressing).

Medical care: Assistance with medical treatments or procedures (such as giving injections, performing physiotherapy, changing bandages or dressings, giving medications, changing IV bags, performing blood pressure tests, performing heart monitor tests, assisting with insulin tests, etc).

Care management: Assistance with scheduling or coordinating caregiving tasks (such as hiring, monitoring and dismissing of professional help, managing finances, making appointments, organizing a care schedule, negotiating provision of services, and/or managing health insurance claims).

Care facility: The primary care receiver resided in supportive housing with minimal to moderate support or an institution or care facility (such as hospital or nursing home).

Caregivers tend to be those who already undertake many roles in their lives such as paid worker, parent and spouse in addition to their caregiving tasks. Eldercare tends to be provided by close family members; however, friends and neighbours may in some cases also help out when needed.

Gender differences in the tasks performed still persist and this can cause role conflict, especially for women. However, the article concludes that the majority of Canada's caregivers are coping with their caregiving tasks, reinforced by the support they receive.

Caregiving impacts the caregiver, the senior receiving assistance as well as family, friends and even government, as families and friends strive to find ways to support not only seniors who receive care but the caregivers who provide it.



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