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2002

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General Social Survey Cycle 16: caring for an aging society

2002

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.	not available for any reference period
..	not available for a specific reference period
...	not applicable
p	preliminary
r	revised
x	suppressed to meet the confidentiality requirements of the *Statistics Act*
E	use withcaution
F	too unreliable to be published

Caring for an aging society

Introduction

Issues related to caregiving and social support continue to be important to Canadians. Demographic changes, such as an aging population and increasing life expectancy; family structure changes, such as delayed marriage and childbirth and low fertility; and the longstanding influx of women into the labour force, continue to affect the proportion of Canadians requiring and providing care. What is new, however, is the dramatic rise in the proportion of the "oldest old" of our population. In a short 10-year period, from 1991 to 2001, the number of seniors aged 80 years and over increased by more than 40%, with substantial growth expected in the years ahead (2001 Census of Population). This suggests that a growing group of seniors may require care. The population growth is compounded by a shift away from institutional care. Using data from the 2002 General Social Survey (GSS) on aging and social support, this article explores the consequences of providing care to an aging society.

Note to readers

Data source:

This article is based on Cycle 16 of the General Social Survey (GSS), "Aging and Social Support". The GSS is an annual telephone sample covering the non-institutionalized population in the 10 provinces. In 2002 respondents were randomly selected from a list of individuals aged 45 years and over, who responded to another Statistics Canada survey. Data were collected over an 11-month period from February to December 2002. The representative sample had approximately 25,000 respondents.

This is the second time that the GSS has collected information on social support. Data from the 1996 GSS on "Social and Community Support" focused on caregiving and receiving for the entire population. The 2002 GSS is the first time Statistics Canada has devoted an entire survey to the collection of detailed information on care provided to people aged 65 years and over.

While the main objective of 2002 GSS was to provide data on the aging population, the survey will allow detailed analysis of characteristics of family and friends who provide care to seniors, characteristics of seniors receiving informal and formal care; links to broader determinants of health (such as income, education and social networks); and people's retirement plans and experiences.

Definitions:

Care receiver - *Canadians 65 years and over who reported receiving assistance, in the past 12 months, with at least one task because of a long-term health problem.*

Care provider - *Canadians 45 years and over who reported providing assistance, in the past 12 months, with at least one task because of a long-term health problem of the care receiver.*

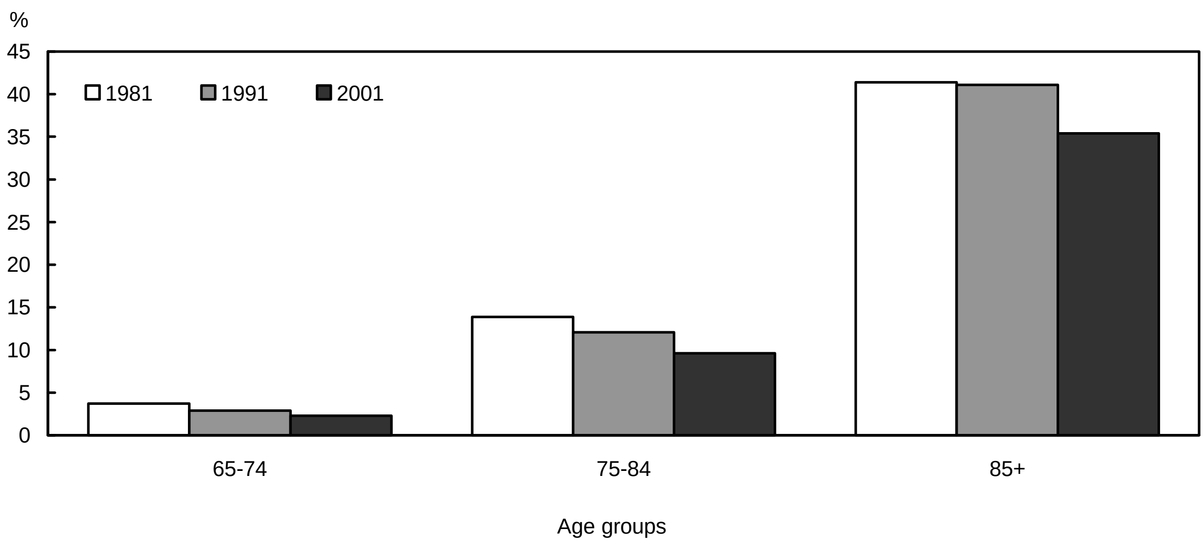
Caregiving tasks - *Include duties inside the house (meal preparation and clean-up, house cleaning or laundry and sewing); duties outside the house (house maintenance and outside work); transportation (shopping for groceries or other necessities, providing transportation, banking and bill paying); or personal care (bathing, toileting, care of toe/fingernails, brushing teeth, shampooing and hair care or dressing).*

The 1996 General Social Survey was the first survey to provide data on caregiving at the national level. Now, more than six years later, we are able to re-visit the topic. The first section of this paper looks at the characteristics of care receivers[1] in 1996 and 2002. Several factors are closely linked to the receipt of care: gender, age, and living arrangements, and they are presented below. The source of care received by seniors in the community is also discussed. The second section of the paper profiles family members and friends[2] who provide care to seniors with a long-term health problem.[3] The focus is on gender, age, living arrangements and the main activity of the caregiver. The tasks that caregivers provide assistance with are also presented. The article concludes with a discussion of the rewards as well as the social, economic and physical consequences of providing informal care to seniors with a long-term health problem. It also examines the impact that caregiving has on living arrangements and employment.

One million seniors receive assistance because of a long-term health problem

One of the most profound impacts on caregiving in recent years has been the move away from institutional care. According to estimates from the 2001 Census, fewer than 10% of senior women and almost 5% of senior men resided in health care institutions in 2001. This was a decline for both men and women, and for all age groups. Although living in health care institutions was most common for those 85 years and over, the vast majority of this age group still resided in the community. As institutionalization has decreased over time, a corresponding increase has taken place in the proportion of seniors receiving care in the community.

Chart 1
Percentage of women 65 years and over in health care institutions, by age group, 1981 to 2001

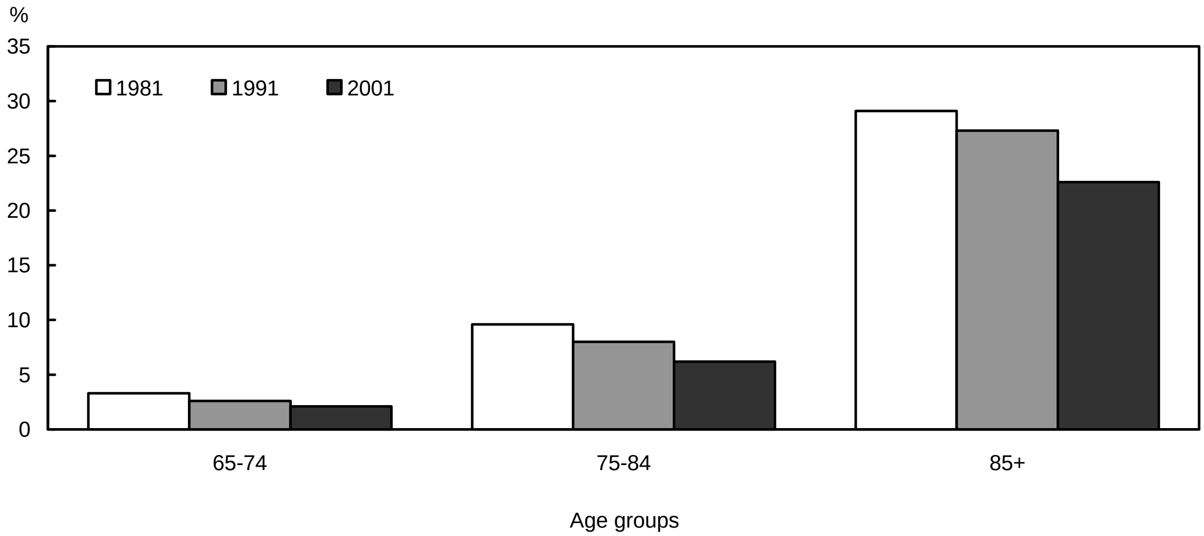


Source: Statistics Canada, Census, 2001.

[1] The analysis of care receivers includes individuals who received help informally through family and friends, formally through governmental and non-governmental organizations and paid employees, as well as those who received care from a mix of formal and informal sources.
[2] Family and friends care is also referred to as informal care and excludes care provided by paid employees or organizations.
[3] Changes to the wording of the 2002 General Social Survey caregiving questions make comparisons with the 1996 caregiving questions difficult. The 2002 questions are a more direct measure as respondents were asked specifically about “those people OVER THE AGE OF 65 that you assist with everyday activities”.

Chart 2

Percentage of men 65 years and over in health care institutions, by age group, 1981 to 2001

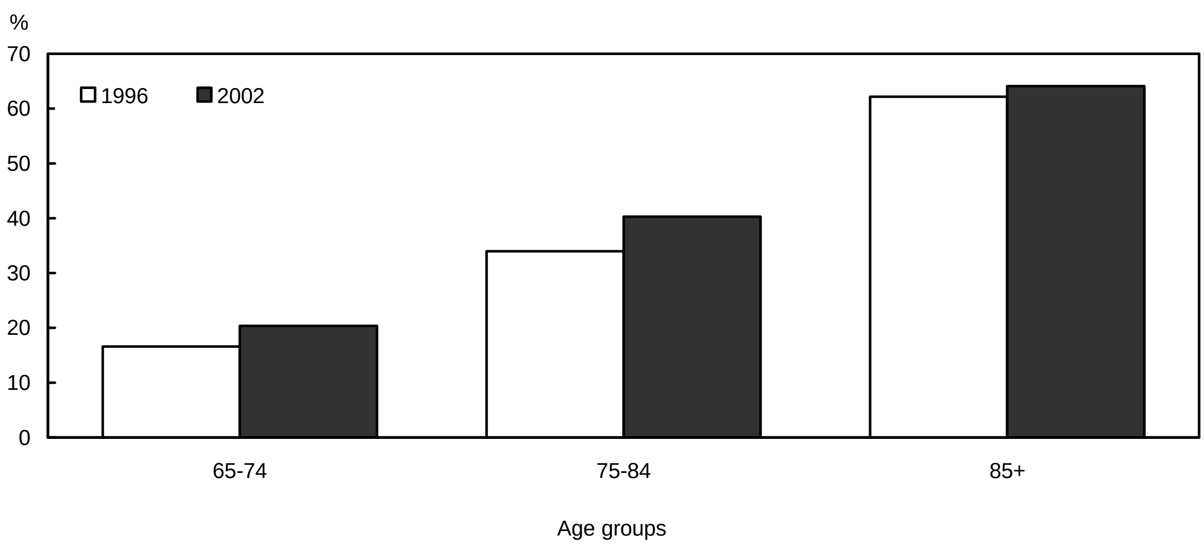


Source: Statistics Canada, Census, 2001.

Based on the 2002 GSS, an estimated 1.0 million Canadians aged 65 years and over living in the community reported receiving care due to a long-term health problem. Overall, their care came from informal sources (family, friends and neighbours), formal sources (government or non-government organizations or paid employees), or a mix of both informal and formal services. Care recipients represented 32% of women aged 65 and over, up from 26% in 1996. Twenty-one percent of senior men received care in 2002 compared to 17% in 1996.

Chart 3

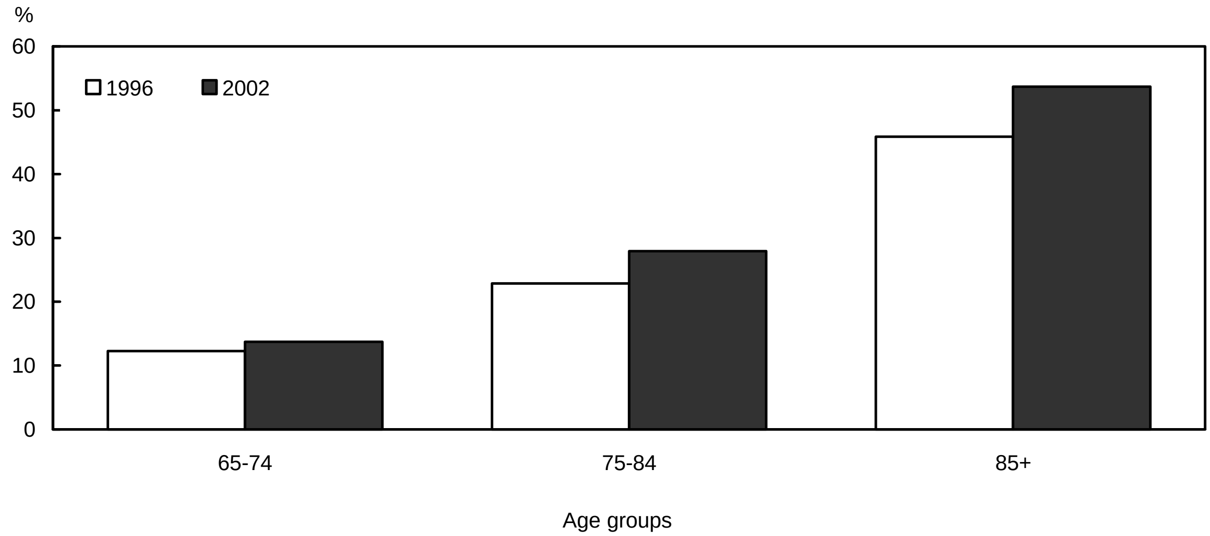
Percentage of women 65 years and over in the community receiving care, by age group, 2002



Source: Statistics Canada, General Social Survey, 1996 and 2002.

Chart 4

Percentage of men 65 years and over in the community receiving care, by age group, 2002



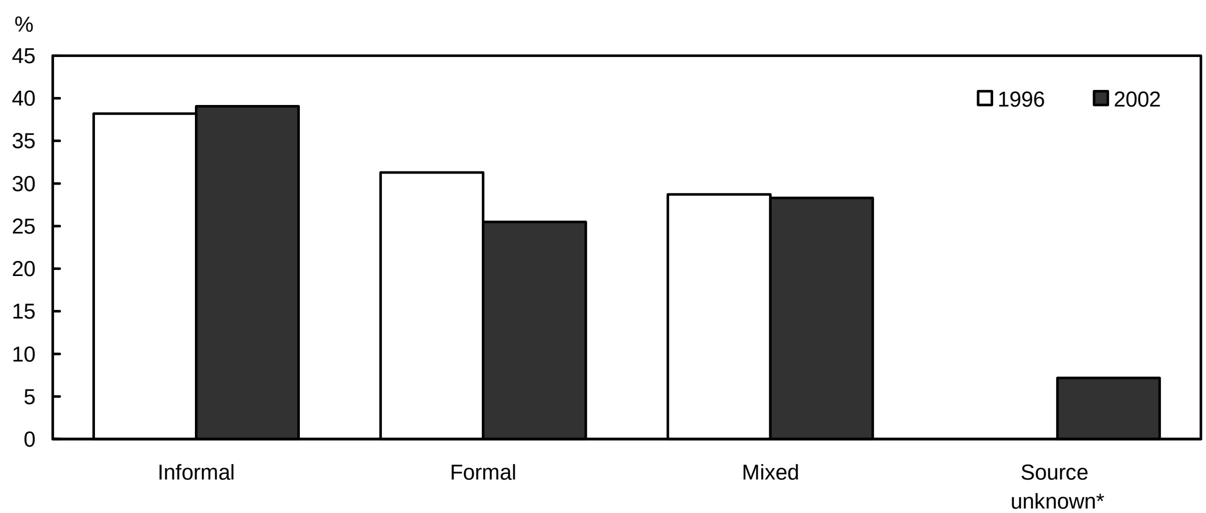
Source: Statistics Canada, General Social Survey, 1996 and 2002.

Almost half of seniors receive all their care from family and friends

"Recent changes in patterns of care provision for the elderly, including a withdrawal of the formal system, and increasing reliance on family care providers …" (Ward-Griffin and Marshall, 2003, p. 189), more specifically, a shift away from institutionalization has left the bulk of caregiving duties to family members and friends. For example, in 2002, 39% of women and 46% of men received all of their care from informal sources (no change from 1996). At the same time, the proportion of older adults who received care from formal sources alone fell from 31% of women to 25% of women, with no change for men.

Chart 5

Percentage of women 65 years and over in the community receiving care, by the source of care, 2002

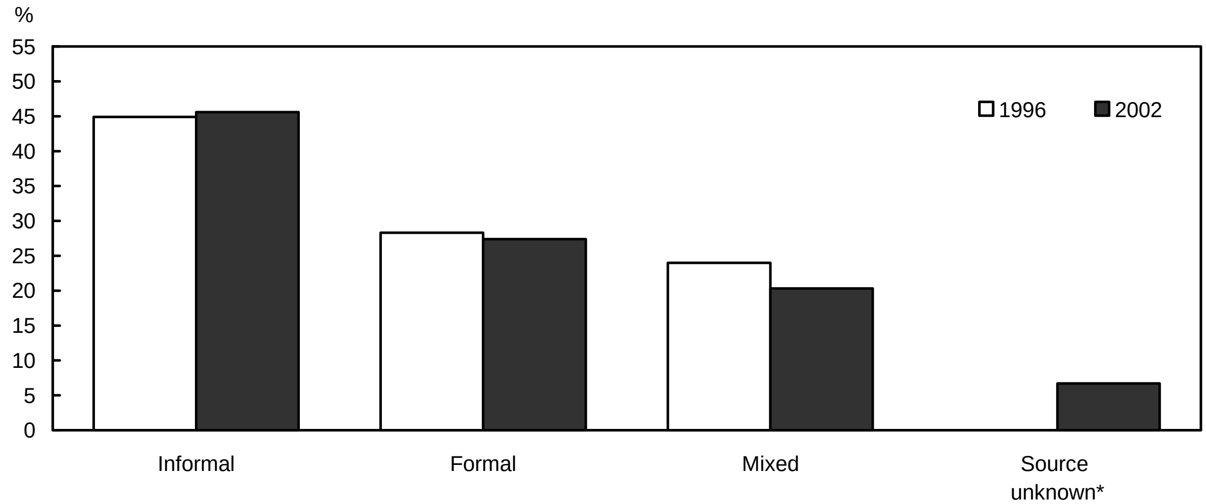


* The data for 1996 is too small to be expressed.

Source: Statistics Canada, General Social Survey, 1996 and 2002.

Chart 6

Percentage of men 65 years and over in the community receiving care, by the source of care, 2002

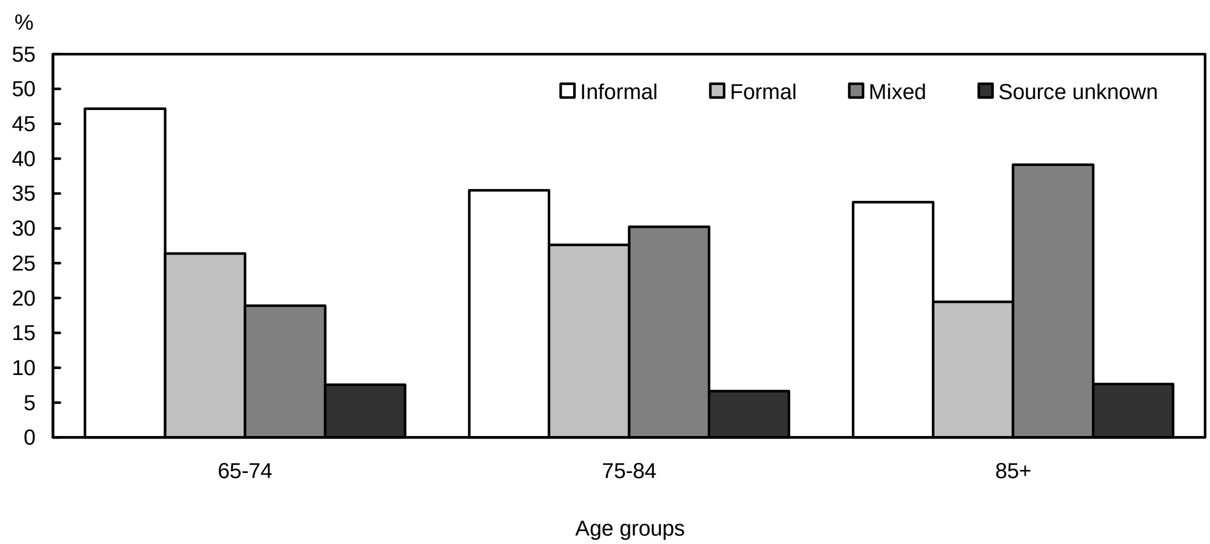


* The data for 1996 is too small to be expressed.
Source: Statistics Canada, General Social Survey, 1996 and 2002.

The mix of formal and informal sources of care differs across age groups. The majority (47% of women and 52% of men) of seniors aged 65 to 74 received all of their care from informal sources. By the age of 75, especially for women, family and friend care was supplemented or replaced by care from formal sources with the reliance on a mix of care increasing with age.

Chart 7

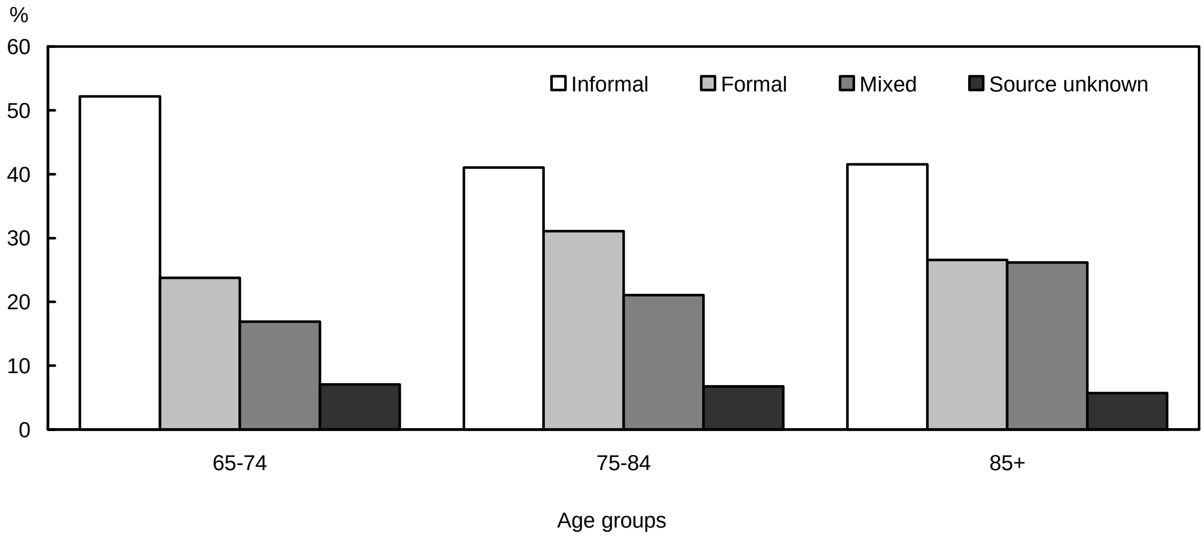
Percentage of women 65 years and over in the community receiving care, by age group and the source of care, 2002



Source: Statistics Canada, General Social Survey, 2002.

Chart 8

Percentage of men 65 years and over in the community receiving care, by age group and the source of care, 2002



Source: Statistics Canada, General Social Survey, 2002.

More than one-quarter of care receivers live alone

It is impossible to examine care without looking at the living arrangements of the receiver. The availability of a care provider within the home has an impact on not only the receipt of care but also helps determine if the care will be formal or informal. According to a study using 1996 GSS data, "those living with others had the greatest probability of using only informal sources" (Carriere et al., 2001, p. 148).

According to the 2001 Census, many seniors in Canada live with their spouse or partner (and no children), up slightly from 20 years ago. The likelihood decreases with age for both men and women. In 2001, 35% of women aged 65 and over and 61% of senior men lived with a spouse or partner. However, men are far more likely than women to spend their senior years with a spouse or partner, because of their lower life expectancy and tendency to marry younger women. These figures somewhat reflect the living arrangements of seniors receiving care, as 28% of women aged 65 and over and 65% of senior men lived with a spouse. The majority of men in all age groups lived with their spouse and thus were more likely to have a source of informal care. Married seniors who received care tended to report that their caregiver resided in the same household (the exception was if help was provided with tasks outside the house). This leads to a potentially fragile arrangement for couples if something were to happen to the care provider.

Some seniors reside with at least one of their adult children. In 2001, 13% of all men aged 65 and over lived in the same household as their children, while 13% of senior men receiving care lived with their children. Twelve percent of senior women co-resided with their children in 2001, while 17% of the senior women receiving care lived in the same household as their children. The proportions are highest for care receivers 85 years and over.

Not only are more seniors living with a spouse or partner or with children than they did 20 years ago, but seniors are also more likely to live alone. Based on the 2001 Census, 35% of women aged 65 and over lived alone as did 16% of the men in this age group. Living alone is becoming more common even for the seniors aged 85 and over. Living alone is also common for seniors receiving care due to a long-term health problem. According to the 2002 GSS, 52% of women aged 65 and over and 18% of men 65 and over who received care lived alone.

Examining the living arrangements of care receivers draws our attention to the "oldest old" of our population. For people 85 years and over who received care, one-quarter of men (24%[E]) and over half of women (62%) resided alone. This represents a potentially vulnerable group who must rely on sources outside their own homes to help them maintain their independence. Such help often entails the organization of family and friends as well as formal care.

Table 1
Living arrangements of seniors aged 65 and over by sex and age group, 2001

Sex	Age group	Living alone	Living with spouse or partner (no children)	Living with children	Living in health care institution	Other living arrangements[1]	Total
							(numbers)
Males	**Total 65+**	**16.0**	**61.4**	**13.3**	**4.9**	**4.4**	**1,666,400**
	65-74	14.0	64.4	15.4	2.1	4.0	1,008,735
	75-84	18.3	60.7	10.2	6.2	4.6	533,705
	85+	22.7	39.5	8.5	22.6	6.7	123,960
Females	**Total 65+**	**34.8**	**35.4**	**12.1**	**9.2**	**8.4**	**2,224,395**
	65-74	28.2	48.1	14.1	2.3	7.3	1,135,475
	75-84	42.8	27.7	10.8	9.6	9.2	798,300
	85+	38.5	7.2	8.4	35.4	10.6	290,620

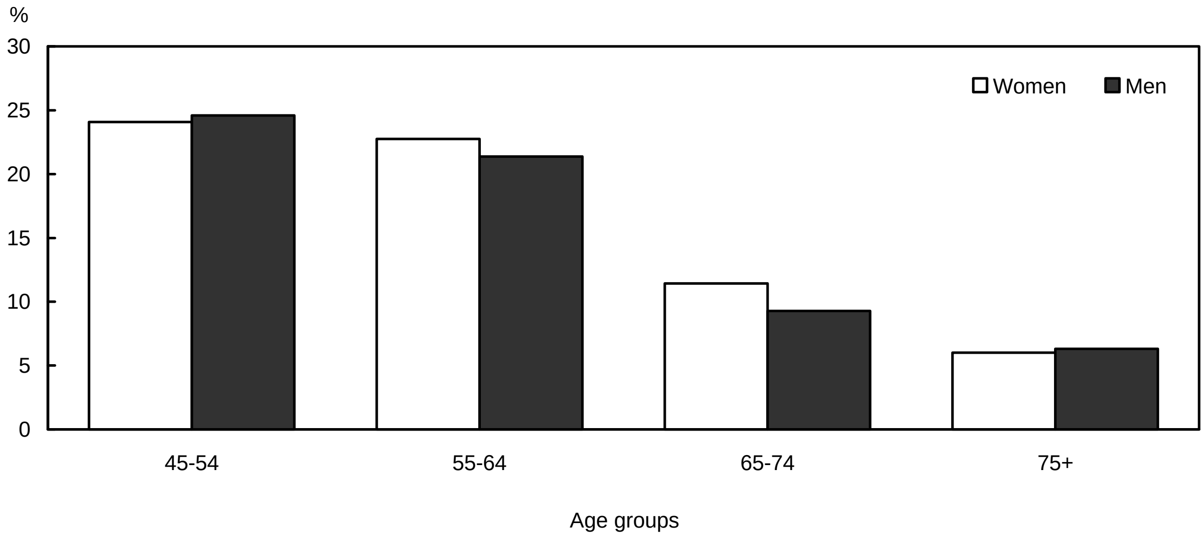
[1] Includes living with other relatives, e.g. a niece or nephew, or with non-relatives, e.g. a lodger.
Source: Statistics Canada, Census, 2001

One in five Canadians 45 years and over provide care to a senior

In 2002, there were more than two million family and friends 45 years and over who reported providing informal care to seniors. It is necessary to establish who provides care to our aging population in order to better understand the consequences of caregiving and how best to assist caregivers.

Eighteen percent of women and 19% of men aged 45 and over reported providing care to one or more seniors with a long-term health problem, however, there were differences by age. While 24% of women and 25% of men 45 to 54 years old gave care to a senior, 6% of those 75 years and over were caregivers. We often think of seniors as the receivers of care, but older Canadians were also actively involved in caregiving.

Chart 9
Percentage of informal caregivers 45 years and over, by age group, 2002



Source: Statistics Canada, General Social Survey, 2002.

Informal caregivers most likely to live with a spouse

Caregivers lived in a variety of arrangements, usually not with the care receiver. Many caregivers lived with their spouse (41% of both women and men) and a substantial proportion of those aged 45 to 54 years lived with a spouse and children under the age of 25 years (22% of women and 34% of men). This represents a group of caregivers with many competing demands.

Female caregivers (18%) were more likely than their male counterparts (11%) to live alone. While over half (55%) of caregivers aged 75 years and over lived with their spouse, more than one-third (36%) lived alone and provided care to family and friends outside their household.

Most caregivers work outside the home

More than three-quarters (77%) of male caregivers aged 45 to 64 reported that their main activity was working at a job or business; almost all of these men (93%) worked full-time hours (30 or more hours per week). The majority of female caregivers aged 45 to 64 years were also working at a job or business (63%), most in a full-time capacity (72%).

Caregiving tasks differ by gender

Care was measured across a set of tasks: inside the house, outside the house, transportation and personal care. Gender and age differences were prevalent in the provision of these caregiving tasks. Two-thirds (66%) of female caregivers aged 45 to 64 provided assistance with inside the house tasks, such as meal preparation and house work, compared with 34% of men this age. Women were the principal performers of these tasks. The situation was similar among seniors: higher proportions of women (39%) provided care with these tasks than men (25%).

The gender trend was reversed for tasks outside the house as roughly one-third (35%) of women and two-thirds of men (60%) 45 to 64 years old provided this kind of help. Due to the more physically demanding nature of these tasks, it was not surprising that seniors were less likely than younger caregivers to help out with house maintenance and outside work (35% of male and 5%[E] of female caregivers).

The tasks that could be described as less physical in nature, such as providing transportation and shopping, saw few gender or age differences. Among the 45 to 64 year old group, 69% of women and 61% of men helped out, while among seniors, 63% of female and 64% of male caregivers provided assistance with these tasks.

Personal care includes time consuming tasks, such as bathing, toileting, care of toe/fingernails, brushing teeth, shampooing and hair care or dressing. It is well-documented that providing personal care is demanding. Based on findings from the 1996 GSS:

> Providing personal care was particularly problematic, resulting in job adjustments, increased costs, and changes in social life, as well as guilt and burden. Being required to do personal care may be especially difficult for men who are less likely than women to have had experience with such tasks.
> — Keating et al., p. 104

According to the 2002 GSS, it still falls predominantly to women to perform personal care tasks (34% of 45- to 64-year-old caregivers and 32% of caregivers 65 years and over) such as bathing and dressing. However, men did assist with personal care: 11% of younger and nearly 18% of older caregivers helped with these activities.

Most caregivers believe they were giving something back

It is also well documented that caregiving can provide benefits not only for the receiver but also for those providing care. When Canadians were asked about the intrinsic rewards associated with their duties, the vast majority responded positively. With demands on seniors' informal care networks unlikely to subside in the coming years, it is encouraging to learn that Canadians look upon these duties in a positive light.

Table 2
Percentage of informal caregivers 45 years and over who experienced positive consequences, 2002

How often do you feel that…	Women	Men	Total
	% responding affirmatively		
by helping others, you simply give back what you have received from them?	80.9	77.2	79.0
by helping people, you simply give back some of what life has given you	90.2	89.2	89.7
helping others strengthens your relationship(s) with them?	91.3	89.8	90.6

Source: Statistics Canada, General Social Survey, 2002

The literature often divides the consequences of caregiving on the care provider into several types. Social consequences can include relinquishing social and recreational activities or being unable to find the time for relationships. Economic impacts involve incurring extra expenses while physical consequences include sleep disturbances and health problems. There can also be changes in living arrangements and employment-related consequences.

More than one-third of caregivers incur extra expenses

The responsibility of caring for a frail senior can affect the caregiver in many ways. Respondents were asked if assisting persons over the age of 65 caused them to make changes to their social activities. Forty percent of female caregivers aged 45 to 64 reported having to change their social activities as did nearly one-third of male caregivers (30%). The impact on caregivers 65 years and over was not as great, with approximately 20% of both women and men reporting consequences.

A slightly smaller proportion of caregivers needed to change their holiday plans (29% of women and 22% of men aged 45 to 64). Many seniors also had to alter their vacation plans as they tried to balance caregiving and time away (17% of women and men).

The most profound of the socioeconomic impacts are the financial consequences of providing care. More than one-third of younger caregivers cited extra expenses due to their caregiving duties (42% of women and 38% of men), as did 27% of senior women and 30% of senior men.

One in 10 caregivers report health problems

A caregiver's duties can also have physical consequences, which vary considerably by gender. While one in 10 men aged 45 to 64 reported that their sleep patterns had been disrupted because of their caregiving activities, nearly two in 10 women experienced these problems. Similar gender differences occurred for caregivers 65 years and over, as 13% of women and 7%[E] of men reported disrupted sleep.

Large discrepancies existed between the proportions of women and men who indicated that their health had been affected by their caregiving duties. While 7% of male caregivers aged 45 to 64 cited health problems, a much larger proportion of women (21%) did so. Similarly, 7%[E] of senior men and 16% of senior women care providers felt caregiving had affected their health. The physical strains of caregiving raise concerns about "caregiver burnout". Excess stress on a caregiver can have an impact on the care receiver as well, particularly if their needs are no longer being met.

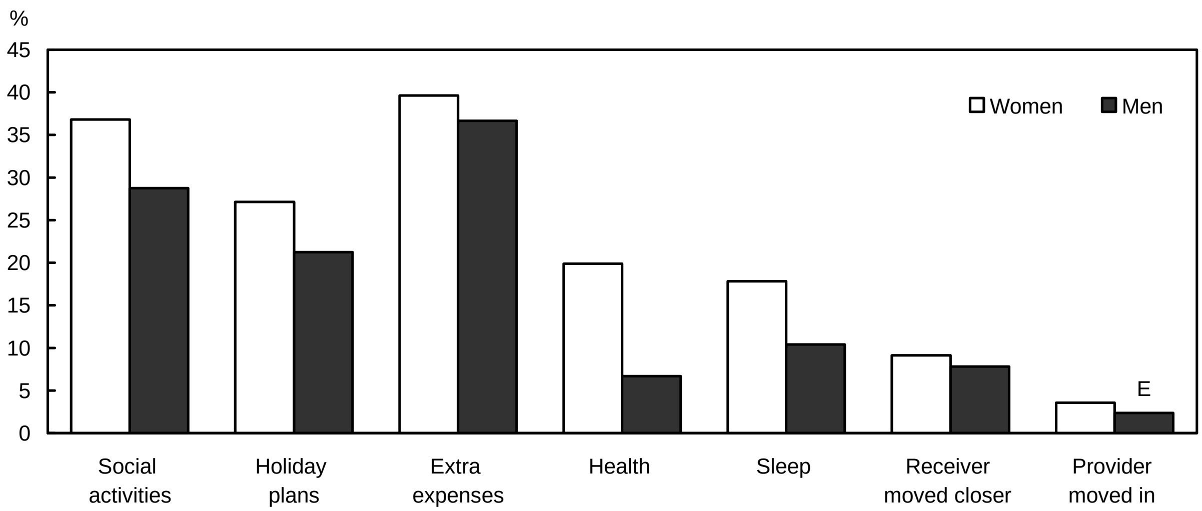
Some caregivers move in with the care receiver

Other impacts can involve a person having to move residence because of the assistance they provide to seniors. Ten percent of women and 8% of men caregivers aged 45 to 64 reported that the person they were caring for moved closer to them. Among seniors, 7%[E] of men and 4%[E] of women had their care receiver move closer to them.

An even more extreme lifestyle change occurs when the caregiver moves in with the care receiver. In 2002, more than one in 10 seniors receiving care resided with their children with the proportions highest for seniors 85 years and over. In 2002, 4% of female and 2%[E] of male care providers (aged 45 years and over) reported moving in with a senior in order to give care.

Chart 10

Percentage of informal caregivers 45 years and over who experienced consequences due to caregiving, 2002



Source: Statistics Canada, General Social Survey, 2002.

Caregiving affects labour market activities

The number of people aged 65 and over is expected to double by 2026 with seniors accounting for 21% of the population. Given these recent Statistics Canada population projections, the number of seniors requiring care in the years ahead will probably grow. This implies an increase in the number of employed Canadians who will be balancing paid work with caregiving duties. It is, therefore, important for governments, employers and employees to better understand balancing work and caregiving.

Having to alter one's work patterns may entail working split shifts or leaving early and then making up the time. A change of work patterns was required by more than one-quarter (27%) of female caregivers aged 45 to 54. The proportion of men in this age group reporting work pattern impacts was about half that of women (14%). Work patterns also needed to be changed by more than one in 10 caregivers aged 55 to 64 (14% of women and 13% of men).

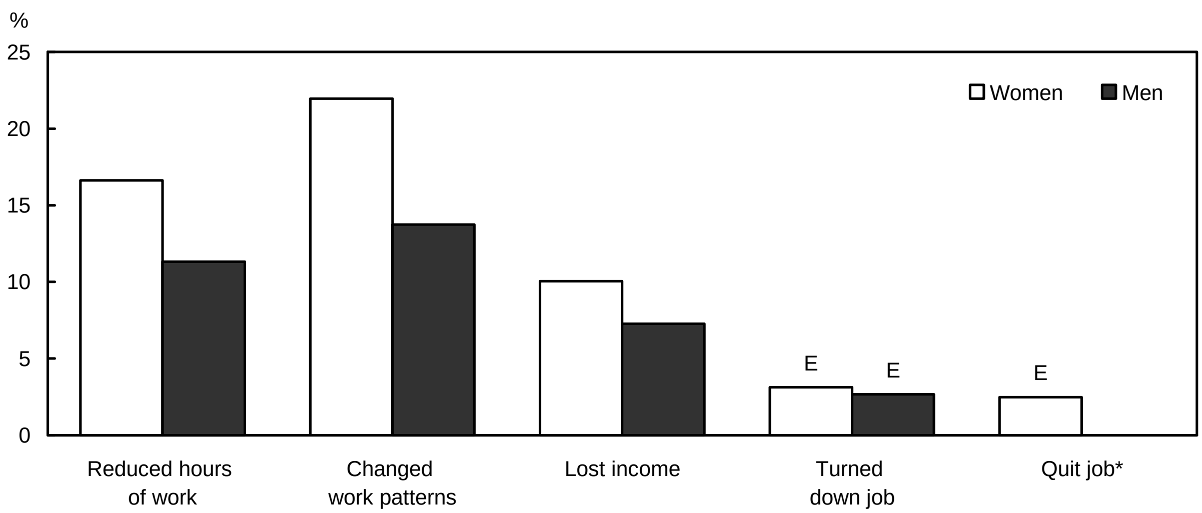
In 2002, reducing hours of work was common for caregivers aged 45 to 54: 20% of women and 13% of men reported having done so. About 10% of 55- to 64- year olds reported cutting down on the amount of time they spent on paid work (12% of women and 8%[E] of men).

Reduced hours of paid work result in lower income. Approximately one out of every 10 women and slightly fewer men lost income due to their care duties (11% of women and 9%[E] of men aged 45 to 54 and 9% of women and 4%[E] of men aged 55 to 64).

Income may also be adversely affected when opportunities are turned down at work. In 2002, 3%[E] of women and 3%[E] of men (aged 45 to 64) who provided care reported that assisting persons over the age of 65 caused them to turn down a job or promotion.

However, the greatest impact caregiving can have on one's employment is quitting a job because of its incompatibility with caregiving duties; 2%[E] of caregivers 45 to 64 years old stopped working at their paid job, citing the assistance they provided to seniors as the reason.

Chart 11
Percentage of informal caregivers 45 to 64 years who experienced employment consequences, 2002



* The data for men is too small to be expressed.
Source: Statistics Canada, General Social Survey, 2002.

The consequences of providing personal care

Based on findings from the 1996 GSS, women providing personal care to seniors were often the primary caregiver who were most likely providing care to someone who was frail (and had died during the previous year), who lived with them and who was their spouse (Keating et al., p. 57).

In 2002, nearly half a million Canadians 45 years and over provided personal care to a senior and three-quarters were women. More than half of personal care providers were 45 to 54 years of age with proportions decreasing with age. And once again, the findings point to a very demanding role.

One-half of the family and friends who provided personal care to seniors had to change their social activities (52%) because of their caregiving duties. More than one-third had to alter their holiday plans (39%). Roughly one-third also suffered disturbances to their sleep (31%) and health (29%). And, one out of every two caregivers had to incur extra expenses (55%) related to caregiving. There were larger proportions of personal care providers reporting these impacts than the overall population of caregivers. This further points to the intensity of this type of care.

Summary and conclusions

The findings from both the 1996 and the 2002 General Social Surveys show the continuing willingness of Canadians to provide care to their family and friends. However, the consequences reported by caregivers can be intense especially for those providing personal care. Also, the aging of the population and the increase of the "oldest old" raises the question of the ability of caregivers to provide the care that is needed to maintain an independent senior population who reside in their own homes. The continuing challenge is to provide support, today and in the future, for the growing numbers of care receivers who require both informal and formal services to remain autonomous. Another challenge is to support the growing number of caregivers who juggle many demands and make sacrifices, particularly at work, in order to provide care to their loved ones.

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