



## The characteristics and consequences of family/friend care: Comparing Canada and Alberta

*Making a meaningful difference in the lives of older adults and their families by bridging research, policies and practice*

### Summary

To date, a significant proportion of large scale survey-based research about family/friend care has been done at a national level. These large data sets allow for federal-provincial comparisons which are useful to provincial policy makers who wish to determine whether there are systematic differences in their regional populations. Using Statistics Canada's 2002 General Social Survey (GSS) on aging and social support, we drew a sub-sample of people aged 45 and over who had provided assistance in the last year to an adult aged 65 or older who had long-term health problems. We compared the characteristics of and consequences experienced by family/friend caregivers who provide care to older adults in Canada and Alberta. We found that:

- In 2002, nearly 1 in 5 (19.5%), or 2,274,639 Canadians aged 45+ provided unpaid care to a senior with long-term health or activity limitations, slightly less than the 22.5% of Albertans who did so.
- Canadian and Albertan caregivers were similar in terms of their demographic characteristics. Overall, more than half of caregivers were female, about 5 in 6 were aged 45 to 64 years, about 3/4 were married and living in urban areas (more so in Alberta), and about 2/3 were caring for close kin.
- Competing demands on the time of Canadian and Albertan caregivers aged 45 and over were similar. Approximately 3/4 were employed, about 1 in 4 were caring for more than one person, and every 1 in 6 had children under 15 years of age living at home.
- Canadian and Albertan caregivers experienced similar consequences. Many caregivers reported that providing care to an older adult affected their physical health, their social well-being, and/or their emotional well-being.
- Caregiving affects employment, more so in Alberta. Alberta caregivers reduced their hours of work, changed their work patterns, and reported reduced income slightly more often than their Canadian counterparts.
- While most provinces and territories have recognized job protection in their employment standards legislation as part of the Compassionate Care Benefit for those providing end-of-life care, Alberta and the Northwest Territories have not yet done so.
- While national level data can help to inform provincial level policies that benefit caregivers, national averages may not provide the complete picture of provincial sub-populations of interest, such as employed caregivers in Alberta.
- Because labour standards are shared between the federal and provincial governments, there is a need to coordinate the benefits to employed caregivers among provincial and federal policy jurisdictions. Other policies are needed to help caregivers in other circumstances.

As people age they may experience chronic health problems or disabilities, and some may need care from family members or friends. While there are some federal policies and programs that benefit family/friend caregivers, many of them fall under provincial jurisdiction. Yet, most recent large-scale survey research on family/friend caregivers has been at a national level.

Provincial policy makers may be reluctant to use national analyses to inform their policies if the characteristics of their areas are different than that of the country. For example, Alberta is the youngest province in Canada, and over the past decade, has had the highest rate of economic growth. Such socio-economic differences may influence the availability of caregivers, the types and amount of care they provide, and the consequences of their caregiving.

### Research Objectives

- To compare the characteristics of and consequences experienced by Canadian and Albertan family/friend caregivers who provide assistance to adults aged 65 and over.

### Data

We analyzed Statistics Canada's 2002 General Social

Survey (GSS) on aging and social support. From the total sample of 24,870 respondents aged 45 and older, we drew a sub-sample of 4,428 people, of whom 394 were from Alberta. This sub-sample consisted of people who had provided assistance in the last year to an adult aged 65 or older who had long-term health problems. Care tasks included: housekeeping, meal preparation, outdoor maintenance, shopping, transportation, banking/bills, and personal care. Those who provided only care management, checking up, or emotional support were not included.

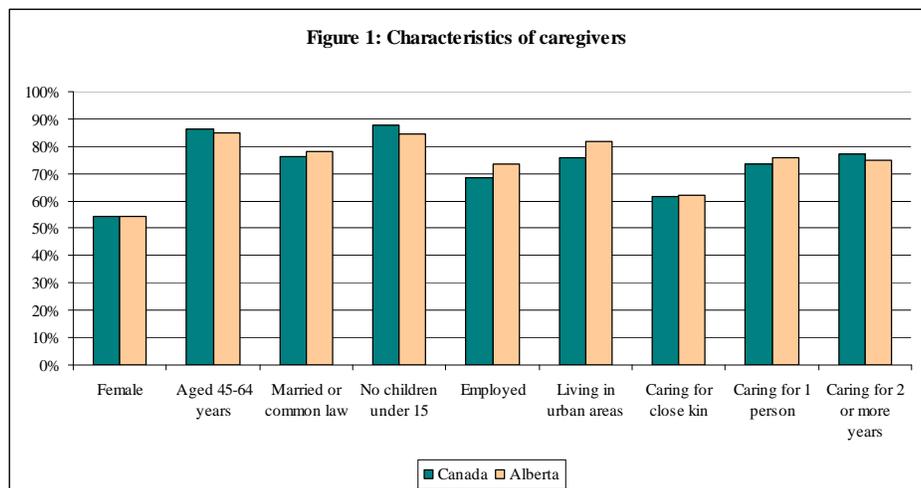
### Analysis

We used descriptive statistics to examine the characteristics of Canadian and Albertan family/friend caregivers. Data were weighted to assure that the samples from Canada and Alberta were representative.

### Caregivers in Canada and Alberta are similar

In 2002, nearly 1 in 5 (19.5%), or 2,274,639 Canadians over the age of 45 provided unpaid care to a senior with long-term health or activity limitations, slightly less than the 22.5% of Albertans (226,498 people) who provided eldercare. Demographic characteristics between Canadian and Albertan caregivers over 45 were similar (see Figure 1): just over half were female (54.4% CDN vs. 54.5% AB); over 3/4 were married (76.3% CDN vs. 78.2% AB); and most were aged 45 to 64 years (86.2% CDN vs. 84.9% AB).

Almost 2/3 of caregivers over 45 cared for close kin (61.8% CDN vs. 62.3% AB), which included parents (-in-law) or spouse/common-law partner. The remainder cared for other kin (siblings, grandparents, etc.), friends, or neighbours (38.2% CDN vs. 37.7% AB). While nearly 3 in 4 caregivers in



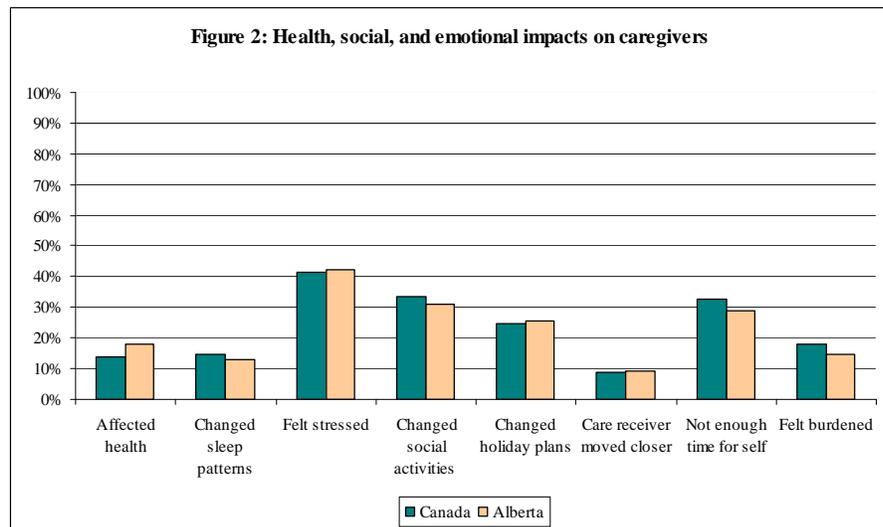
Canada lived in an urban area, even more caregivers, 4 in 5, did so in Alberta (75.9% CDN vs. 81.7% AB).

Canadian and Albertan caregivers generally faced the same competing responsibilities. In both Canada and Alberta, most caregivers cared for one person (73.7% CDN vs. 75.6% AB), yet about 1/4 of caregivers provided assistance to two or more people (26.3% CDN vs. 24.4% AB). The majority of caregivers (77.0% CDN vs. 75.0% AB) had been providing care for two or more years. Fewer Canadian than Albertan caregivers over 45 had children under the age of 15 (12.4% CDN vs. 15.7% AB).

### Caregiving impacts many caregivers

For many caregivers, providing care affected their physical, social, or emotional well-being (see Figure 2). Caregivers in Canada and Alberta differed little in terms of the consequences experienced because of their caring labour.

Almost 3 in 20 Canadian caregivers felt that their **physical health** was affected, lower than those in Alberta (13.9% CDN vs. 18.0% AB). Over 1 in 10 caregivers reported a change in sleep patterns (14.5% CDN vs. 13.0% AB), while over 40% felt stressed (41.3% CDN vs. 42.3% AB) because of their caregiving responsibilities.



Caregiving impacted the **social well-being** of caregivers too. Overall, over 30% of caregivers changed their social activities to accommodate caregiving (33.3% CDN vs. 30.9% AB) while 1 in 4 changed their holiday plans (24.6% CDN vs. 25.7% AB). Less than 10% of caregivers reported that the care receiver had moved closer to them (8.6% CDN vs. 9.1% AB).

Providing care also impacted caregivers' **emotional well-being**. More Canadian than Albertan caregivers reported not having enough time for themselves (32.6% CDN vs. 28.7% AB), and feeling moderately to extremely burdened by their caring responsibilities (18.1% CDN vs. 14.6% AB). More than half felt that they should be providing better care (52.6% CDN vs. 54.9% AB), and almost 2/3 of caregivers felt they should be doing more for the care receiver (58.6% CDN vs. 63.5% AB),

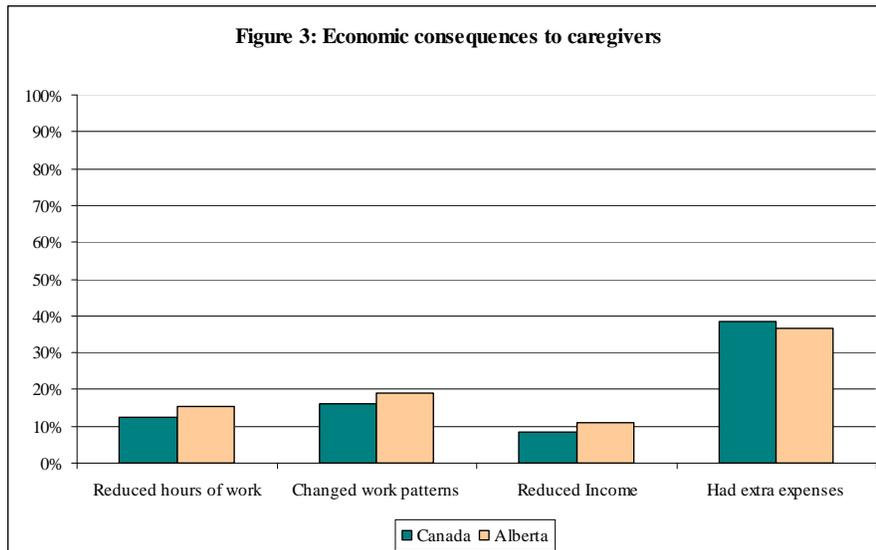
slightly higher for caregivers in Alberta than in Canada.

Interestingly, caregivers in Alberta were more likely to report **positive consequences** of providing care than those in Canada. More Albertan caregivers felt that they give back what others have given them (79.3% CDN vs. 89.9% AB), that caregiving enhanced their relationship with the care receiver (71.3% CDN vs. 79.5% AB), and that they rarely wished someone would take over their caregiving (73.2% CDN vs. 74.0% AB).

### Caregiving impacts employment, more so in Alberta

One key difference between caregivers in Canada and Alberta was that a slightly higher proportion of Albertan caregivers were employed (68.7% CDN vs. 73.6% AB). This is likely reflective of Alberta's economic boom.

Figure 3: Economic consequences to caregivers



The consequences for employed caregivers were notable (see Figure 3). In comparison to their Canadian counterparts, more Albertan caregivers reduced their hours of work (12.3% CDN vs. 15.3% AB), and felt that caregiving had caused them to change their work patterns (16.2% CDN vs. 19.2% AB).

### Caregiving Costs

In comparison to Canadian caregivers, those in Alberta also experienced greater economic consequences. Less than 1 in 10 Canadian caregivers (8.4%) compared to 11.1% of those in Alberta reported reduced income because of their caregiving. In addition, more than 1/3 of Canadian and Albertan caregivers incurred extra out of pocket expenses as a result of their care work (38.6% CDN vs. 36.8% AB).

### Policy Implications

Our findings illustrate that Canadian and Albertan caregivers are similar in their characteristics and the consequences they face. While national level data can help to inform provincial level policies that benefit caregivers, national averages may not provide the complete picture of provincial sub-populations of interest, such as employed caregivers in Alberta.

Labour force participation and employment impacts were two key (albeit small) differences between caregivers in Canada and those in Alberta, likely attributable to the current socio-economic context of Alberta, having a younger population and a growing economy.

Labour policies can address the impact of caregiving on paid

employment, which has both short- and long-term effects on family/friend caregivers' income and financial security. Labour standards are shared between the federal and provincial governments so a coordinated approach is required. For example, as part of the Employment Insurance program, the federal Compassionate Care Benefit provides eight weeks of benefits to those employed Canadians caring for a gravely ill family member, six of which include partial income replacement. While most provinces and territories have amended their labour legislation to provide job protection as part of the Compassionate Care Benefit, Alberta and the Northwest Territories have not done so yet.

Other policies are needed to help those caregivers who are not providing end-of-life care. For example, some jurisdictions have unpaid, family responsibility leaves that help employees deal with the care and health needs of family members by protecting jobs, work conditions, and benefits. Although some programs are in place, more work is required to coordinate the benefits to employed caregivers among provincial and federal policy jurisdictions.