



## Who are the seniors caring for other seniors?

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

### Summary

Family caregiving is an emerging public health issue. Family/friend caregivers comprise the backbone of our health care system, providing 80-90% of care. Despite variability in experiences, some family/friend caregivers are more at risk of negative health outcomes than others. Seniors caring for seniors may be one such group. Using Statistics Canada's 2002 and 1996 General Social Surveys on aging and social support, we described the characteristics of family/friend caregivers aged 65 and older who provided care to a fellow senior with long term health conditions and identified trends across time between seniors caring for seniors in 1996 and 2002. We found that:

- In 2002, seniors comprised 15.0% of all family/friend caregivers aged 45 and older. 324,681 Canadian seniors cared for fellow seniors with long term physical, cognitive or mental health conditions; 1.5M seniors provided assistance to other seniors because of any reason other than long term health problems, such as temporarily difficult times.
- More than half of seniors caring for seniors are women (56.9%), although the gender gap is narrowing as more men become involved in caring for older family members and friends.
- Two-thirds of seniors caring for seniors are younger than age 75, although the "old-old" still comprise a substantial minority of seniors caring for seniors.
- While 88% of men caregivers aged 65+ are married, a much smaller proportion (58.3%) of their female counterparts are attached.
- The majority of seniors caring for seniors were born in Canada, but this proportion has declined since 1996, reflecting the increasing cultural diversity of Canada.
- Over 60% of seniors caring for seniors have completed high school, college or university, though nearly 4 in 10 seniors caring for seniors did not graduate from high school. Health promotion and caregiver education materials for this target group need to consider reading comprehension.
- Among seniors caring for other seniors, 56.4% of women and 44.4% of men were caring for two or more persons, and most had been caring for two or more years. 12.6% of women and 10.9% of men provided end-of-life care.
- More than 65% of senior caregivers are caring for friends and neighbours; 1 in 4 care for siblings and spouses, with little difference between women and men. Less than 1 in 5 care for other relatives or parents (in-law). Programs that base eligibility for caregiver support on close family ties are of little benefit to the majority of senior caregivers caring for non-kin.
- The majority of seniors caring for seniors report being in good health compared to others their age, however functional health status declines with age among seniors caring for seniors suggesting that caregivers aged 80 + are the most vulnerable to health consequences.

Family caregiving is an emerging public health issue. Despite a growing body of evidence documenting the physical, psychological and social impact on family members and friends who provide care to persons with long term health conditions, little attention has been paid to the population-based public health outcomes for caregivers. Family and friend caregivers comprise the backbone of our health care system, providing 80-90% of care. The value of care provided by family members and friends aged 45 and older is estimated at \$25 billion annually<sup>1</sup>.

While there is considerable variation in their experiences, some family/friend caregivers are more at risk of negative health impacts than others. This project describes seniors who provide care to others with long term health conditions who are aged 65 and over. Although contributing to society can enhance seniors' quality of life, caregiving carries some risk of negative consequences, which need to be redressed to maintain the health and well-being of seniors caring for seniors, and ultimately to sustain the formal health care sector that depends on them. Understanding the circumstances of seniors caring for seniors is key.

<sup>1</sup> Hollander, M., Liu, G., & Chappell, N. (2008). *Unpaid care givers in Canada: Replacement cost estimates*. Victoria BC: Hollander Analytical Services.

### Research objectives

- To describe characteristics of family/friend caregivers aged 65 and older who provide care to a fellow senior with long term health conditions.
- To identify trends across time in the characteristics of seniors caring for seniors in 1996 and 2002.

### Data sources

We analyzed two national Statistics Canada surveys.

[2002 General Social Survey \(GSS\)](#) on aging and social support. From the total sample of 24,870 respondents in the public use file, we drew a sub-sample of **seniors caring for seniors**, comprising 1,103 people aged 65 and older who had provided assistance with one or more care tasks in the last year to an adult aged 65 or older because of the care receiver's long-term physical, cognitive or mental health condition.

[1996 General Social Survey \(GSS\)](#) on social support. From the total sample of 12,756 respondents, we drew a matching sub-sample of 263 people aged 65 and older who had provided assistance with one or more care tasks in the last year to an adult aged 65 or older because of the care receiver's long-term health condition.

In both surveys, **care tasks** included:

- indoor domestic tasks (meal preparation and clean-up, house cleaning, laundry, sewing);
- outdoor domestic tasks (home maintenance, other outdoor work);
- transportation and errands (driving, grocery and other shopping, banking, paying bills); and
- personal care (assistance with bathing, toileting, nail care, brushing teeth, hair care, dressing).



### Analysis

We used descriptive statistics to examine the characteristics of seniors caring for seniors and to compare them with seniors who cared for seniors in 1996. All analyses take gender into account. Data were weighted to ensure that the samples were representative of the Canadian population.

T-tests and Analysis of Variance (ANOVA) were conducted to determine whether differences between sub-groups (men and women; in 2002 and 1996) were statistically significant.

### Seniors provide care

Contrary to popular belief, older adults are not just receivers of care. Rather in 2002 older adults represented 15.0% of all family/friend caregivers aged 45 and up.

The vast majority (93.9%) of caregivers aged 65 and older was caring for their peers aged 65 and older. In 2002, 324,681 Canadian seniors provided care to other seniors with long term health conditions. In addition, over 1.15M seniors provided assistance to another senior because of *any reason other than long term health problems*, such as temporarily difficult times. This latter group of seniors who support other seniors may become caregivers of seniors in the future.

### Women comprise the majority of seniors caring for seniors

Women comprise the majority (56.9%) of seniors caring for seniors. This gender gap is surprisingly small (see Figure 1), and shrinking. Senior men represented a slightly larger proportion of seniors caring for seniors in 2002 (43.1%) than in 1996 (41.4%).

### Seniors caring for seniors are younger than 75

More than two-thirds of seniors caring for seniors are younger than 75, with little difference in

age between women and men (68.5% of women; 70.9% of men). The “old-old” still comprise a substantial minority of seniors caring for seniors: 1 in 5 seniors caring for seniors is aged 75-79 (21.5% of women; 18.5% of men) and 1 in 10 is over 80 (10.0% of women; 10.6% of men).

Since 1996, the proportion of seniors caring for seniors who were over age 80 has declined for men (18.7% in 1996; 10.6% in 2002), but remained stable for women (4.4% in 1996; 10.0% in 2002). This may reflect the narrowing gender gap in life expectancy and the fact that older women are more likely than older men to have chronic conditions in later life and so need assistance.

### Fewer female seniors caring for seniors are married

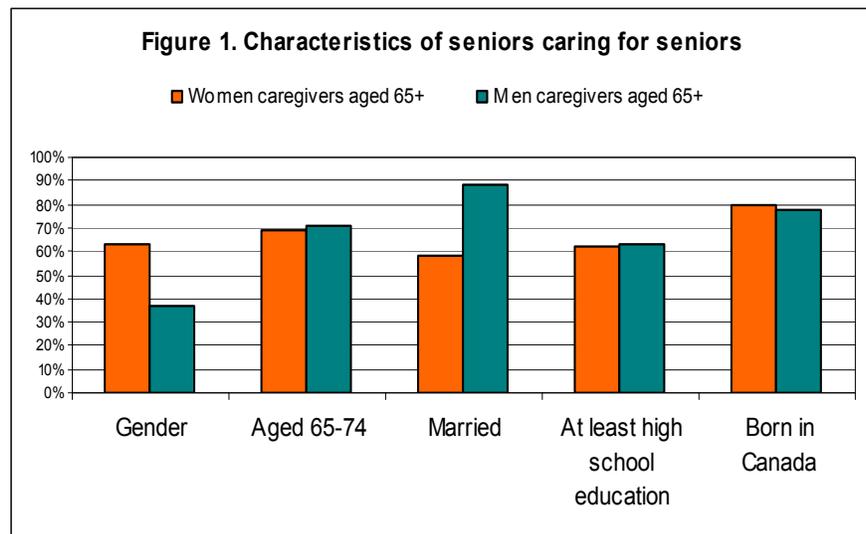
There is a clear gender difference in marital status of caregivers of seniors. While the

majority (88.1%) of men caregivers aged 65+ are married or living in common-law relationships, a much smaller proportion (58.3%) of their female counterparts are attached.

Since 1996, the proportion of seniors caring for seniors who were unattached (single, widowed, separated or divorced) has increased slightly for both women and men (32.2% of women in 1996 and 41.7% in 2002; 9.4% of men in 1996 and 11.9% in 2002). This, too, can probably be attributed to the narrowing gender gap in life expectancy.

### Seniors caring for seniors are often Canadian born

The majority of seniors caring for seniors were born in Canada (80.0% of women; 77.9% of men). This proportion has declined slightly since 1996 (81.4% of women; 83.4% of men), reflecting Canada’s increasing cultural diversity.



### Some are less educated

Over 60% of seniors caring for seniors have high school education or better (61.8% of women; 62.9% of men), though nearly 4 in 10 seniors caring for seniors did not graduate from high school.

The proportion of seniors caring for seniors with less than high school completion has remained relatively constant since 1996 (45.9% of women in 1996 and 39.9% in 2002; 38.2% of men in 1996 and 37.2% in 2002), but the proportion who have pursued college or university education has increased slightly for women and men (24.2% of women in 1996 and 35.6% in 2002; 33.3% of men in 1996 and 38.2% in 2002). This finding is not surprising given improved access to education among later cohorts.

### Seniors care for more people, and often friends

Among seniors caring for other seniors, 56.4% of women and

44.4% of men were caring for two or more persons (see Figure 2). Seniors were much more likely than their middle aged counterparts to have multiple care responsibilities, perhaps because they have fewer competing demands on their time than younger caregivers with employment and child rearing responsibilities.

There is little difference between women and men caregivers of seniors in terms of who they care for. Two-thirds are providing care to friends and neighbours (67.7% of women; 65.9% of men). One in 4 care for siblings (in-law) (29.4% of women; 21.9% of men) and spouses (24.2% of women; 23.4% of men). Less than 1 in 5 care for other relatives (18.1% of women; 15.0% of men) or parents (in-law) (14.2% of women; 15.9% of men).

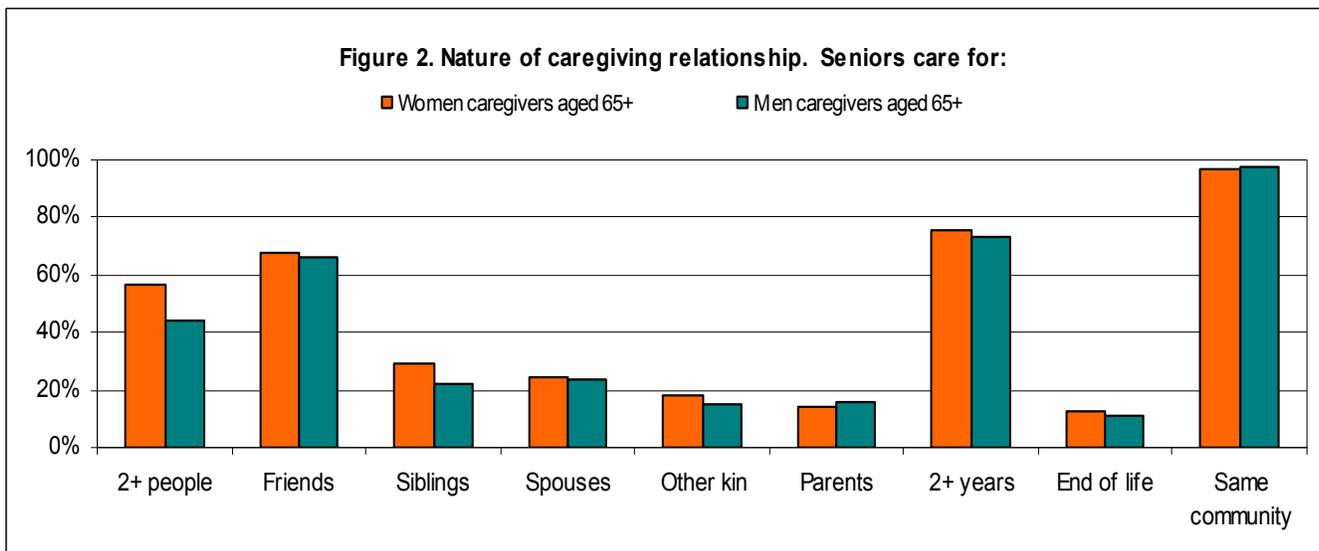
Compared with 1996, more seniors were caring for parents

or parents-in-law in 2002 (10.5% of women in 1996 and 14.2% in 2002; 4.7% of men in 1996 and 15.9% in 2002). As well, more seniors were caring for siblings or siblings-in-law, particularly among women (13.6% of women in 1996 and 29.4% in 2002; 18.5% of men in 1996 and 21.9% in 2002).

It should be noted that seniors caring for their spouses are probably under-reported in these data as many choose to think of the help they provide to their spouse as a normal way of doing things in their household rather than because of a long term health condition.

### Seniors live with or near their care receivers

The vast majority of senior caregivers live near the person they are caring for (97.1% of women; 97.7% of men). More than half live in the same or surrounding community (57.5% of women; 66.0% of men), while



one-third live in the same household as the care receiver (39.6% of women; 31.7% of men) - much higher than in the general population of caregivers. Few live at a distance.

**Caregiving is a long term commitment**

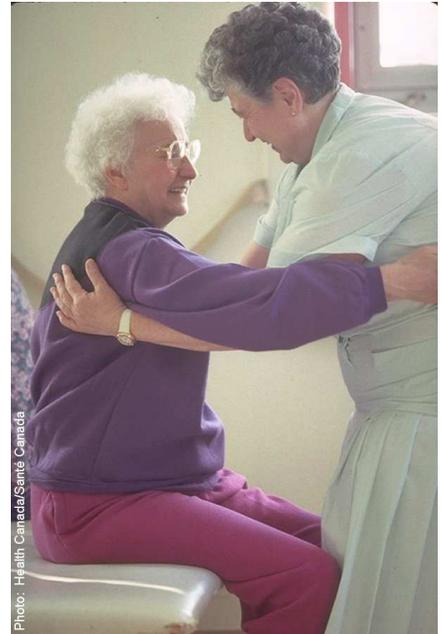
Almost ¾ of seniors caring for seniors have been providing care for two<sup>2</sup> or more years. This proportion has risen since 1996, especially among women (65.1% of women in 1996 and 75.5% in 2002; 69.7% of men in 1996 and 73.6% in 2002).

Given population aging and increased life expectancy it's not surprising that most seniors are caring for the "old-old". More than 1 in 3 seniors provided care to adults aged 85 and older (39.0% of women; 34.8% of men), while 4 in 10 cared for someone aged 75-84 (41.3% of

women; 39.8% of men). Less than ¼ cared for younger seniors aged 65-74 and this proportion has declined since 1996 (27.7% of women in 1996 and 19.7% in 2002; 31.4% of men and 25.4% in 2002). Only 1 in 10 had provided care to someone at end-of-life (12.6% of women; 10.9 % of men).

**Seniors caring for seniors seem to be in good health**

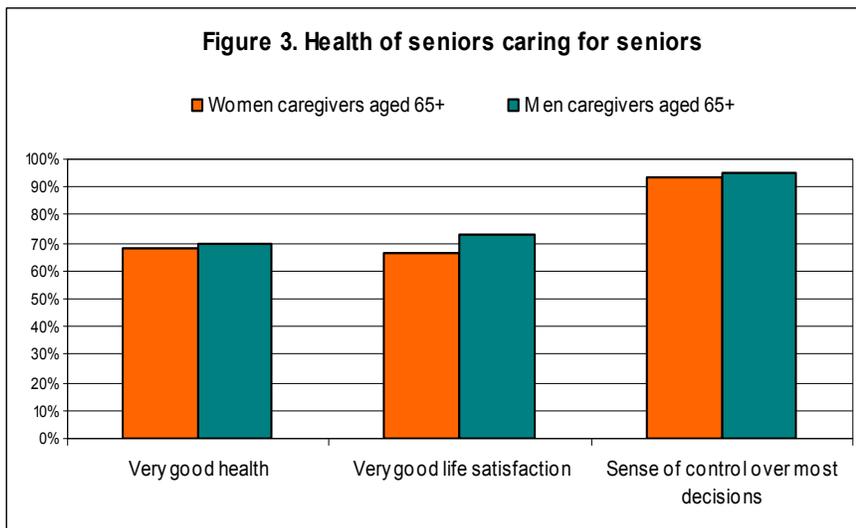
Most seniors caring for seniors seem to be in good health overall (see Figure 3). More than two-thirds reported very good or excellent health compared to others their age (68.4% of women; 69.3% of men), very good or excellent satisfaction with life in general (66.4% of women; 73.0% of men) and having control over most or all decisions that affect their everyday activities (93.7% of women; 95.0% of men). There is little difference between women and men on these measures.



Since 1996, the proportion of seniors caring for seniors who rated their health as very good or excellent has increased for both women and men (57.3% of women in 1996 and 68.4% in 2002; 57.4% of men in 1996 and 69.3% in 2002), consistent with a trend toward better health among older adults over time.

As a group seniors caring for seniors seem to consider themselves to be in good health. However, the Health Utility Index, a composite indicator of functional health, shows that health status declines with age among seniors caring for seniors: caregivers aged 80+ have significantly lower functional health indices than female caregivers 65-69 and male caregivers 65-74. The oldest caregivers likely are at greatest risk for health consequences because of their own concomitant health issues.

<sup>2</sup> Length of time spent caregiving is capped at two years or more in the GSS data file.



## Trends and Policy Implications

Seniors caring for seniors are likely to care for more than one senior and for more distant relatives and non-kin. Public policies and programs that base eligibility for caregiver support on close family ties are of little benefit to seniors who are caring for older friends and neighbours. The personal resources of these senior caregivers are likely to be stretched caring for more than one person, often for extended periods of time, particularly among women who comprise the majority of seniors caring for seniors and are more likely to be unattached in later life.

With the rapid growth of the population aged 65 and older, it is important to consider trends across time when planning for the future. Understanding the shifting nature of seniors caring for seniors is key to maintaining their health and well-being. Although six years (1996 to 2002) is a relatively short time span, we can see several important trends.

Perhaps foremost among these is a narrowing gender gap: men are increasingly involved in caring for family members and friends; men's and women's life expectancies are converging; and men are now equally likely to be caring long term. While greater gender equity is welcome, we must continue to examine differences between men and

women in both the *practice* and *consequences* of care because the nature of care work remains gendered in important ways. Men still tend to help with tasks that can be done at their convenience (home maintenance, yard work, transportation), while women's time is more constrained by tasks that are relatively inflexible and potentially more physically and emotionally taxing (meal preparation, heavy housework, medications and personal care).

Greater longevity and a narrowing of the gender gap in life expectancy means that fewer older men and women will be widowed in the future, as evidenced by a slight decline between 1996 and 2002 in the proportion of seniors caring for seniors who are unattached and an increase in the proportion of seniors caring for their parents. A projected continuation of these trends suggests that more spouses and older adult children may be available to care for future cohorts of seniors with long term health conditions.

More seniors also are caring for siblings. Although this trend may reflect increased longevity, we do not expect the trend to continue since family sizes are getting smaller and sibling ties and obligations perhaps more tenuous because of higher rates of divorce and remarriage which alter traditional family structures.

Finally, while increasing proportions of seniors caring for seniors have pursued post-secondary education, more than 1/3 still have not completed high school. As a result, health promotion and caregiver education materials for this target group need to be designed taking reading comprehension into account.

The proportion of seniors caring for seniors is rising and more are providing care for longer than 2 years. Many seniors caring for seniors are contending with their own health issues, particularly among caregivers in their 80s. The impact of providing care on family/friend caregivers is well-documented but, given their age, are seniors who provide care at greater risk for health consequences? Good public health policy and practice requires complementing a better understanding of the characteristics of seniors caring for seniors with insights into their experiences.



For more information on family/friend caregiving contact Dr. Janet Fast at [janet.fast@ualberta.ca](mailto:janet.fast@ualberta.ca)