

The Social and Health Consequences of Family/Friend Caregiving

Summary

The retrenchment of health care and other public support services coupled with economic and demographic changes have increased demands on family/friend caregivers. Family/friend caregivers are expected to do more with less. Yet the social and health consequences of providing family/friend care can undermine caregivers' own well-being.

A better understanding of these non-economic costs is important to preserving this vital resource. Using Statistics Canada's 2007 General Social Survey (GSS), we describe the impact caregiving has on the health and social well-being of family/friend caregivers aged 45 and older in Canada.

We found that:

- More than 1.3 million Canadians incurred social costs. Overall, a higher proportion of women than men incurred social consequences: spending less time on social activities, cancelling holiday plans and spending less time than desired with their spouse/partner and their children.
- Twice as many women as men reported that assisting someone had caused their health to suffer, regardless of caregiver, care receiver or dyad characteristics. More than 537,000 Canadians reported that their health suffered because of their caregiving responsibilities.
- Almost two-thirds of those people caring for a spouse/partner spent less time on social activities, 44% cancelled holiday plans and one in four suffered ill-health. Less than one in ten spouse caregivers wanted to spend more time with their spouse, likely reflecting their need for respite.
- More than half of caregivers providing end-of-life care spent less time on social activities. One-third cancelled holiday plans and spent less time than they would have liked with their spouse or partner. One in four reported that assisting someone had caused their health to suffer.
- Half of caregivers assisting a person with both physical and mental problems spent less time on social activities. About one-third cancelled holiday plans and spent less time than they would have liked with their spouse or children. Nearly one-quarter reported that their health had suffered.
- Additional factors that impact caregivers' health and social well-being include: proximity (living with the care receiver or living within a half-day's drive of the care receiver), living with children under the age of 15 years, being between the ages of 45-54 years, and being employed.
- For those family/friend caregivers whose health and social well-being is affected by their caregiving responsibilities, their social connectedness, the quality of care provided or their ability to continue providing care may be vulnerable and in need of support.
- Findings suggest that the health and social consequences of family/friend care may lead to increased costs to the public health care system, with both caregivers and care receivers drawing more heavily on services.





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The retrenchment of health care and other public support services has increased demands on family/friend caregivers at a time when significant changes to the structure of the economy and of families have further decreased the resources with which to meet this demand.

In short, family/friend caregivers are expected to do more with less. Yet the social and health consequences of providing such care can undermine family/friend caregivers' own well-being. This can, in turn, impair their ability to continue their caregiving role.

A better understanding of the social and health costs of family/friend caregiving is important to preserving this vital resource.

Research objectives

- To describe the social and health consequences experienced by women (W) and men (M) caregivers in Canada
- To explore the caregiver, care receiver and dyad characteristics related to the likelihood of experiencing social and health consequences.

Data source

We analyzed data from Statistics Canada's 2007 General Social Survey (GSS) on family, social support, and retirement. From the total sample of 23,404 respondents aged 45 and older, we drew a sub-sample of 6,742 people who had provided unpaid assistance to someone because of a long-term health condition or physical limitation.

During the 12 months prior to the survey, they helped with one or more of: transportation, meal preparation, house cleaning, outdoor work/house maintenance, personal care, medical treatment, scheduling or coordinating.

To measure consequences we used these GSS questions:

Social Consequences: In the past 12 months, has assisting someone caused you to:

- reduce the time spent on social activities?
- spend less time than you would have liked with your spouse or partner?
- cancel holiday plans?
- spend less time than you would have liked with your children?

Health Consequences: In the past 12 months, has assisting someone caused your health to suffer?

Analysis

We report proportions to describe the social and health consequences experienced by women and men caregivers.

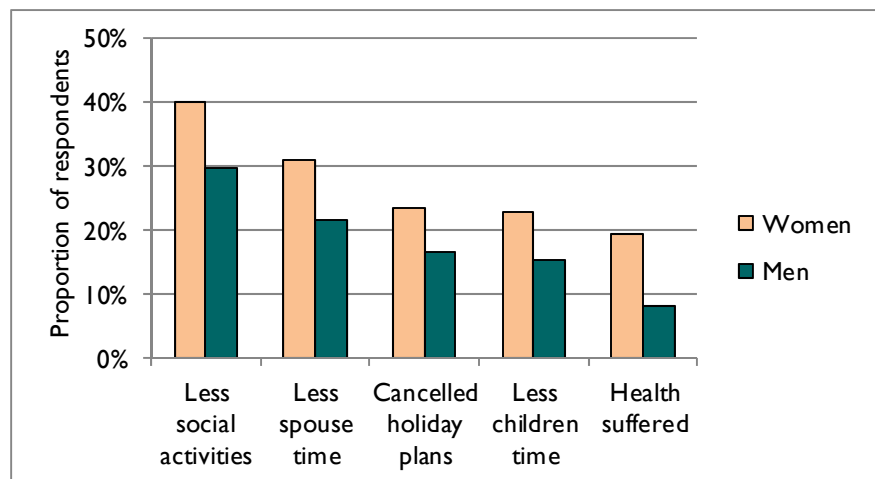
Using cross-tabulations we looked at characteristics of caregivers, care receivers, and the caregiver-care receiver dyad by gender across each type of consequence.

Data were weighted to ensure that the findings are representative of the Canadian population. All analyses were split by gender.

Women incur more social and health costs

Over 1.3 million Canadians reported that caregiving impacted their social lives while 537,717 suffered ill-health. Overall, a higher proportion of women than men caregivers incurred social and health consequences (see Figure 1).

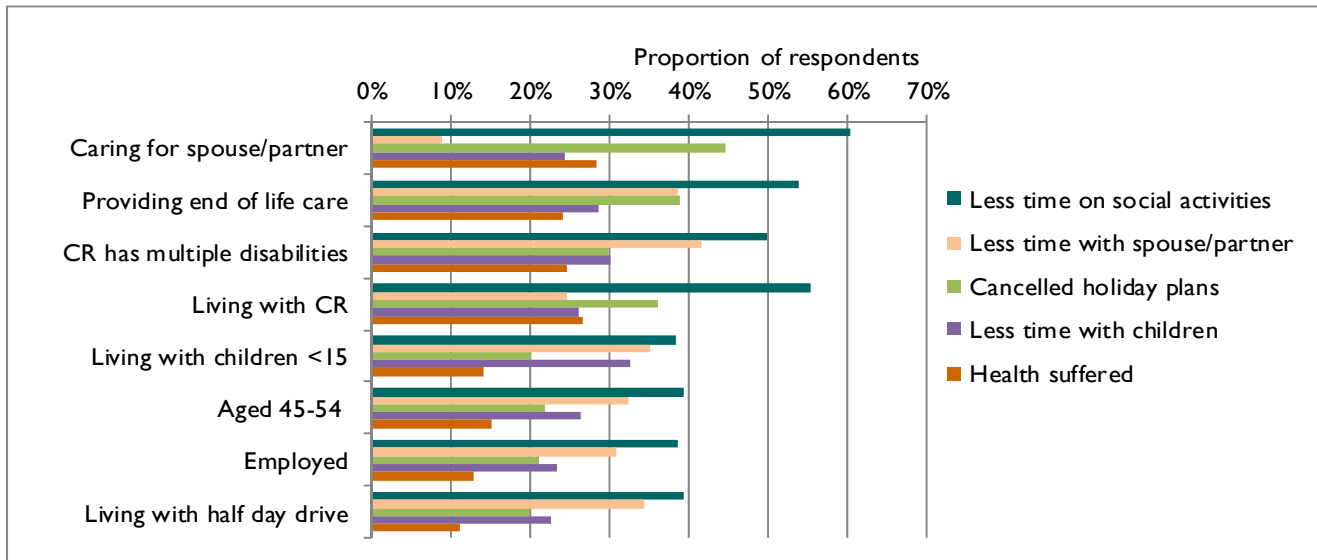
Figure 1. Gender differences in social and health consequences



Based on persons aged 45+ who had provided assistance to someone because of long-term health condition or physical limitation.



Figure 2. Characteristics that put caregivers at risk of health and social costs



Because of their caregiving responsibilities, women were more likely than men to spend less time on social activities (W 39.9%; M 29.7%), with their spouse or partner (W 31.1%; M 21.6%), and with their children (W 23.0%; M 15.5%).

More women than men caregivers cancelled holiday plans (W 23.5%; M 16.7%) and twice as many women as men caregivers reported that assisting someone had caused their health to suffer (W 19.3%; M 8.1%). That is, caregiving negatively affected the health of 1 in 5 women caregivers in Canada.

Spouse caregivers often incur social and health costs

When we look across caregiver, care receiver and dyad characteristics, those people caring for a spouse commonly reported spending less time on social activities (W 63.0%; M 57.2%), cancelling holiday plans (W 47.5%; M 41.4%) and suffering ill-health, especially among women (W 37.9%; M 17.1%), because of their caregiving responsibilities (see Figure 2).

Not surprisingly, fewer than one in ten spouse caregivers (W 10.9%; M 6.3%) wanted to spend more time with their spouse, likely reflecting a need to have a break from caregiving responsibilities, which can be socially isolating.

End-of-life caregivers incur more social and health costs

Providing end-of-life care also was related to caregivers' health and social well-being. More than half of caregivers providing end-of-life care spent less time on social activities, with women much more likely than men to do so (W 61.6%; M 42.9%).

About 4 in 10 end-of-life caregivers cancelled holiday plans (W 40.9%; M 35.7%) and spent less time than they would have liked with their spouse, with women much more likely than men to feel this way (W 47.1%; M 28.2%). They also reported that assisting someone had caused their health to suffer, with women more apt than men to report ill health (W 31.5%; M 13.6%).

Care receivers' health affects caregivers' well-being

Half of caregivers providing care to persons with multiple health problems spent less time on social activities (W 54.0%; M 43.7%) and one-third cancelled holiday plans (W 33.2%; M 25.0%) compared to caregivers of persons with either a physical or a mental health problem.

Caring for a person with both physical and mental health problems also left caregivers with little time to spend with others. One in three of these caregivers spent less time than they would have liked with their spouse or partner (W 48.5%;



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M 32.3%) and one in four spent less time than they would have liked with their children (W 34.4%; M 23.6%), with women more likely than men to feel this way.

Gender differences persist in health consequences too. Twice as many women as men caring for a person with multiple health problems reported that assisting someone had caused their health to suffer (W 30.9%; M 14.7%).

Additional risk factors

Proximity. At least half of caregivers who lived with the person to whom they were providing care spent less time on social activities (W 60.0%; M 49.1%) compared to those living separately, either in the same neighbourhood or at a distance. Twice as many women as men who lived with the person they were assisting reported their health had suffered (W 34.2%; M 15.8%), further compounding their apparent social isolation.

Caregivers living within a half day's drive of the care receiver also experienced social costs. One-third of these commuting caregivers spent less time on social activities (W 41.6%; M 36.3%) and less time than they would like with their spouse or partner (W 38.2%; M 30.2%).

Parenting children. Almost a third of caregivers living with children under the age of 15 spent less time than they would have liked with their children (W 33.9%; M 31.5%) as well as their spouse or partner (W 39.5%; M 32.1%) compared to those living without young children.

More than one-third spent less time on social activities (W 41.0%; M 35.8%). Providing care leaves little extra time to spend with other family members or friends, regardless of gender.

Being middle aged. Compared to older age groups, caregivers between the ages of 45 and 54 spent less time on social activities (W 43.9%; M 33.9%), with their spouse (W 37.9%; M 25.9%), and with their children (W 30.8%; M 20.7%).

The impact of caring on middle-aged caregivers' social lives likely reflects their struggle to manage competing demands of caregiving, family and employment, typical of the 'sandwich generation'.

Being employed. Similarly, caregivers who were employed spent less time on social activities (W 44.7%; M 32.1%) and with their spouse or partner (W 37.5%; M 25.0%) compared to those caregivers who were not in the paid labour force. Being employed limits the time available to provide care and spend time with other people.

Implications

Overall, a substantial number of family/friend caregivers' health and social well-being is affected by their caregiving responsibilities, which in turn may influence their social connectedness, the quality of care provided or their ability to continue providing care. The significant gender differences observed mean that costs are unequally distributed, impacting the health and well-being of women more than men.

The social consequences of family/friend caregiving risk undermining caregivers' social networks. Social networks provide companionship, support and a feeling of connectedness. In turn, this can positively influence caregivers' health and well-being.

Lost time for social activities and other family members can negatively influence the physical and mental health of caregivers, which may lead to increased public sector costs. One quarter of caregivers whose health had been affected by their caregiving responsibilities sought professional care to address their own health issues. Findings suggest that the health and social consequences of family/friend caregiving may lead to increased costs to the public health care system, with both caregivers and care receivers drawing more heavily on services.

The next step will be to identify key factors that place caregivers at risk of social and health costs using multivariate analyses

About the Policy Brief



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