Catalogue no. 89-652-X — No. 003
ISBN 978-1-100-24896-7

Analytical paper

Spotlight on Canadians: Results from the General Social Survey

Young Canadians providing care

by Amanda Bleakney

Social and Aboriginal Statistics Division

September 2014

Statistics Canada   Statistique Canada

Canada

How to obtain more information

For information about this product or the wide range of services and data available from Statistics Canada, visit our website, www.statcan.gc.ca.

You can also contact us by

email at infostats@statcan.gc.ca,

telephone, from Monday to Friday, 8:30 a.m. to 4:30 p.m., at the following toll-free numbers:

• Statistical Information Service	1-800-263-1136
• National telecommunications device for the hearing impaired	1-800-363-7629
• Fax line	1-877-287-4369

Depository Services Program

• Inquiries line	1-800-635-7943
• Fax line	1-800-565-7757

To access this product

This product, Catalogue no. 89-652-X, is available free in electronic format. To obtain a single issue, visit our website, www.statcan.gc.ca, and browse by “Key resource” > “Publications.”

Standards of service to the public

Statistics Canada is committed to serving its clients in a prompt, reliable and courteous manner. To this end, Statistics Canada has developed standards of service that its employees observe. To obtain a copy of these service standards, please contact Statistics Canada toll-free at 1-800-263-1136. The service standards are also published on www.statcan.gc.ca under “About us” > “The agency” > “Providing services to Canadians.”

Published by authority of the Minister responsible for Statistics Canada

Cette publication est aussi disponible en français.

Note of appreciation

Canada owes the success of its statistical system to a long-standing partnership between Statistics Canada, the citizens of Canada, its businesses, governments and other institutions. Accurate and timely statistical information could not be produced without their continued co-operation and goodwill.

Standard symbols

The following symbols are used in Statistics Canada publications:

.	not available for any reference period
..	not available for a specific reference period
...	not applicable
0	true zero or a value rounded to zero
0^s	value rounded to 0 (zero) where there is a meaningful distinction between true zero and the value that was rounded
^{p}	preliminary
^{r}	revised
x	suppressed to meet the confidentiality requirements of the *Statistics Act*
^{E}	use with caution
F	too unreliable to be published
*	significantly different from reference category ($p < 0.05$)

Highlights

- In 2012, 1.9 million (27%) of young Canadians aged 15 to 29 years provided some form of care to a family member or friend with a long-term health condition, disability, or aging needs.

- Ailing grandparents were the most frequent recipients of young caregivers' help, identified by four in ten young caregivers. Parents were the next most common group, with 27% of young caregivers looking after the needs of a parent.

- One in five young caregivers reported that their studies had been impacted as a result of their caregiving responsibilities. A few young caregivers (7%) reported that they could not attend school altogether, due to their caregiving responsibilities.

- Over one-third of young caregivers arrived to work late, left early or took time off because of their caregiving responsibilities.

Young Canadians providing care

By Amanda Bleakney

In recent years, there has been a growing interest in young adults who contribute to the well-being of those with long-term health conditions, disabilities or age-related problems (Charles et al. 2012). These young Canadians assist family and friends with the tasks of daily living, transportation, home maintenance, and other caregiving activities.

While they share many similarities with their older counterparts, young caregivers, defined here as those aged 15 to 29 years, are a unique group. They are at an important stage of physical, emotional, and mental development, where most have not yet solidified life plans and choices. Consequently, taking on the role as caregiver could interfere with life pursuits. Education and career development may be postponed, and delays may be experienced in leaving the family home, getting married, and having children (Levine et al. 2005).[1]

Using data from the 2012 General Social Survey (GSS) on Caregiving and Care Receiving, this report presents the number of young caregivers in Canada, the relationship of these caregivers to the care recipient, the intensity of caregiving, and the types of care provided. The report concludes to highlight the impact of caregiving duties on young caregivers, examining the possible consequences on education, paid work and mental and physical health.

One in four young Canadians provided care to a family member or friend

In 2012, an estimated 1.9 million young Canadians, or 27% of the population aged 15 to 29, provided some form of care to a family member or friend with a long-term health condition, disability, or aging needs. This care was provided in the 12 months preceding the survey. Canadians between the ages of 15 and 24 were equally as likely as those aged 25 to 29 to have caregiving responsibilities.

Rates of caregiving were consistently higher among young women. In total, an estimated 31% of women under the age of 30 provided care, compared to 24% of young men.

Young caregivers most often caring for their grandparents

Providing care was not always restricted to helping one family member, friend, or neighbour. About one in four (28%) young caregivers provided care to two people, while 19% provided care to three or more family members or friends.

Ailing grandparents were the most frequent recipients of young caregivers' help. In 2012, four in ten young caregivers reported primarily helping their grandparent over the past year. Most times, grandmothers, rather than grandfathers, were the recipients of this care (75% versus 25%). This likely reflects the greater life expectancies among women, and their corresponding higher representation within the senior population (Milan and Vézina 2011).

Parents were the next most common group, with 27% of young caregivers looking after the needs of their parent. While less common, 14% of young caregivers reported helping friends or neighbours, and 11% had provided some form of help to a sibling or extended family member.

There were some variations in the types of people helped, based on the age of the caregiver. In particular, providing care to a grandparent was more commonly reported by caregivers aged 15 to 24 years than those in their mid- to late-twenties (47% and 31%). The opposite was true for parental care, where caregivers in their mid- to late-twenties were more likely than their younger counterparts to provide care to a parent (32% and 24%).

Age-related needs most common reason for providing care

Young caregivers were asked about the type of health problem requiring care. Around one-third (29%) were helping a family member, friend or neighbour because of age-related needs, making it the most common reason for providing care. Next was cancer at 10%, followed by cardio-vascular problems and mental illness, both at 8%.

---

[1] The 2012 General Social Survey (GSS) on Caregiving and Care Receiving asks questions regarding the impact of caregiving on educational and career development, but does not ask questions on postponement of marriage and family.

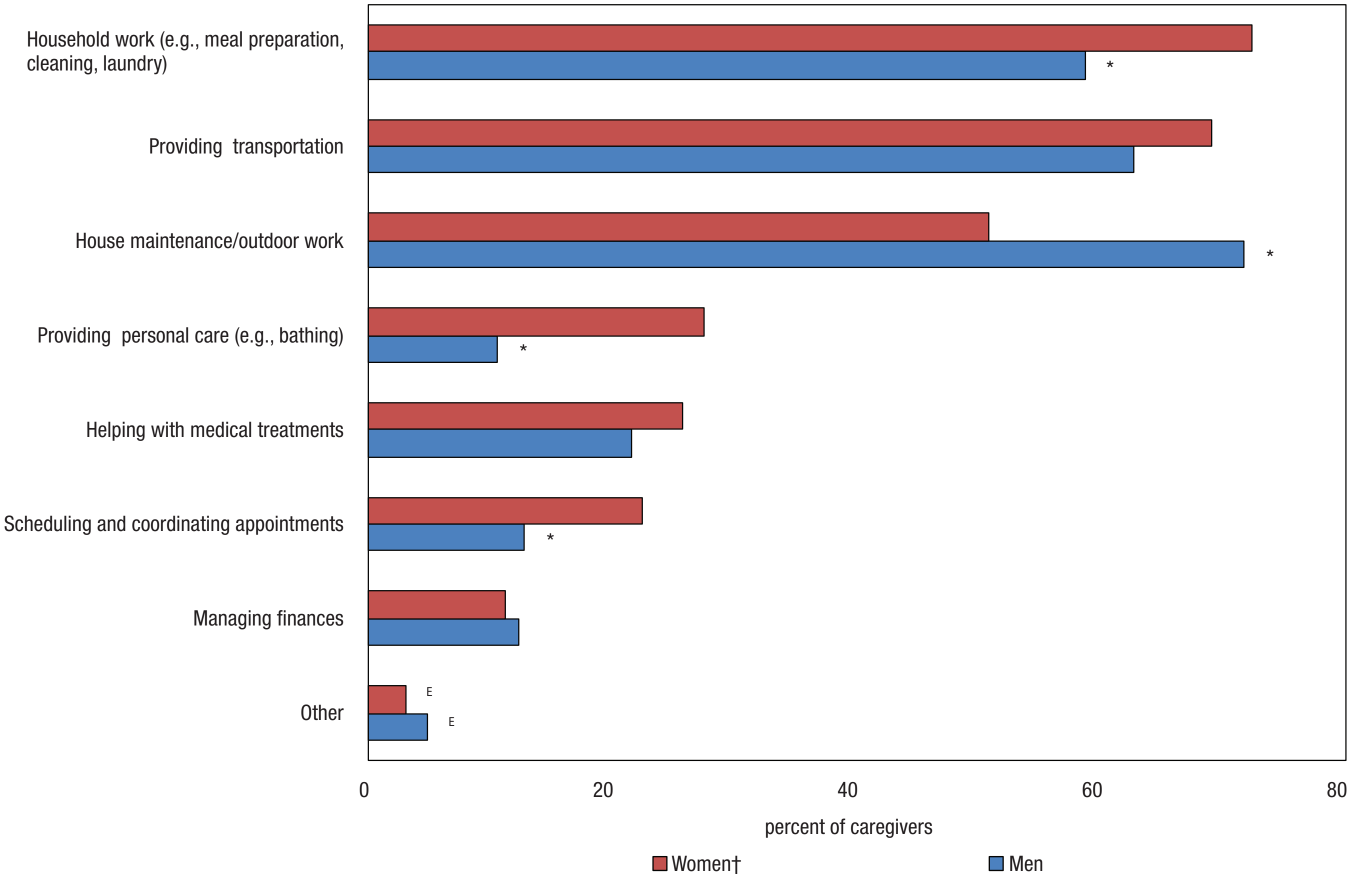
Not unexpectedly, aging needs or frailty were by far the most often reported by those caring for grandparents (55%). Cancer and dementia were the next most common, each reported by about 8% of young people caring for a grandparent. Reasons for providing care to parents were more varied. Cardio-vascular problems (15%), cancer (14%), and accident-related injuries (11%) topped the list of reasons cited by young people caring for a parent.

Housework and transportation most common helping activities

The types of help provided by young caregivers were similar to caregivers overall (Sinha 2013). Caregivers under 30 most often helped with tasks inside the home, such as meal preparation and cleaning (66%), transportation to and from appointments or shopping (66%), and house maintenance or outdoor work (60%).[2]

Young women and men somewhat differed in the types of tasks performed (Chart 1). Young women were more likely than their male counterparts to help with housework, personal care, and scheduling and coordinating appointments, whereas young men more often provided assistance with house maintenance and outdoor work. These findings are consistent with the overall picture for caregivers.

Chart 1
Young women and men differ in the types of help provided



† reference category
* significantly different from reference category
E Use with caution
Source: Statistics Canada, General Social Survey, 2012.

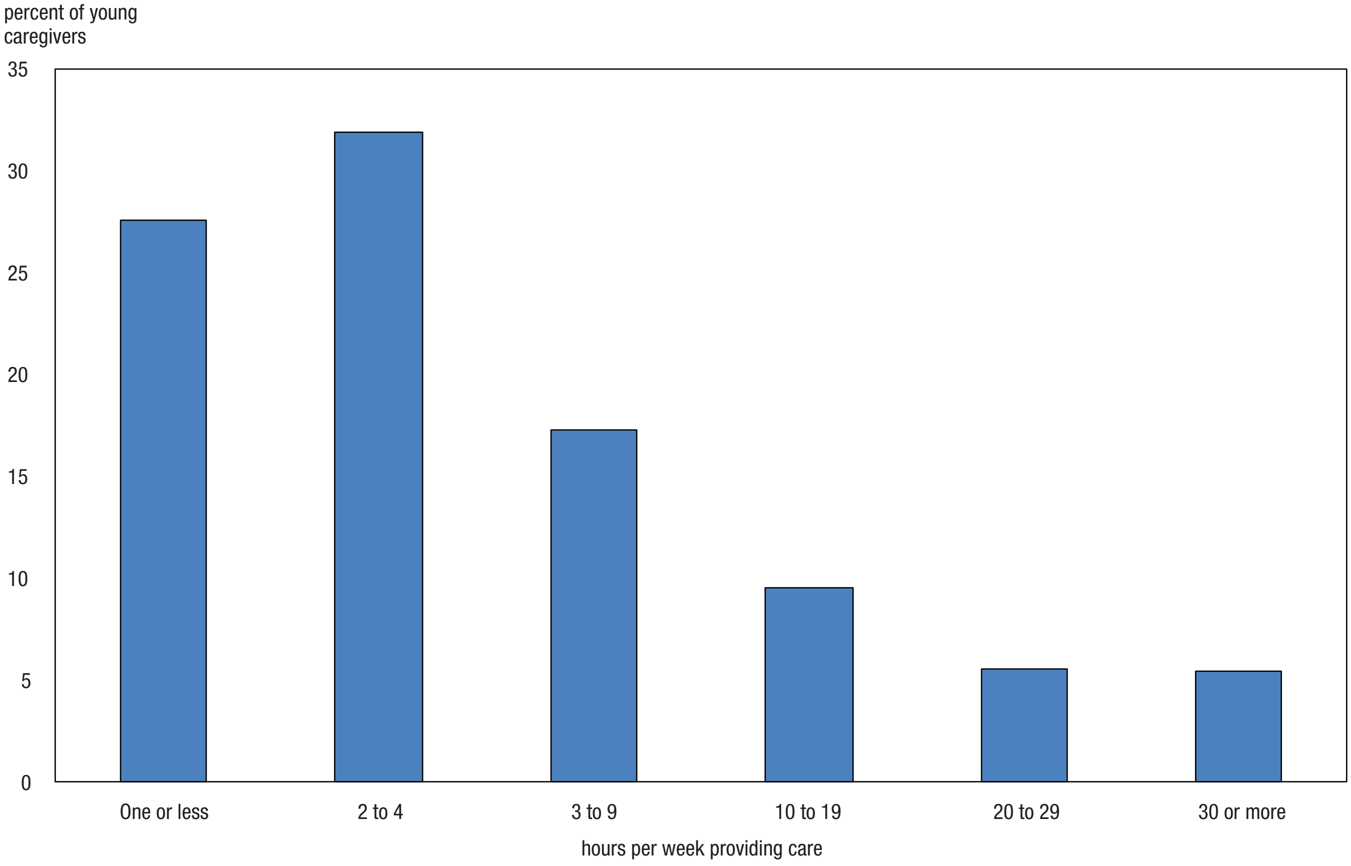
---

[2] Respondents were able to provide multiple responses. Therefore, percentages will not total 100%.

One-third of young caregivers spent 2 to 4 hours a week on caregiving

The intensity of caregiving may vary from less than one hour per week to full-time care. Most commonly, young caregivers spent 2 to 4 hours a week caring for a family member or friend, with 32% reporting this weekly commitment (Chart 2). Another 28% spent one hour or less a week on caregiving activities. While full-time care was relatively rare, 5% of young caregivers provided care for 30 or more hours a week.

Chart 2
Young caregivers most often spend between 2 to 4 hours a week on caregiving



Source: Statistics Canada, General Social Survey, 2012.

The weekly hours of care somewhat varied depending on the young person's relationship to the care recipient. Caring for a grandparent was characterized by the lowest intensity of family care, despite being the most common. Young caregivers spent a median of 2 hours per week caring for a grandparent, compared to a median of 3 hours overall. Taking care of a parent required around 5 hours of help every week.

Variations in intensity may be explained by a number of factors, such as assistance from other caregivers and the distance between the caregiver and care recipient's homes. For instance, 35% of young people caring for a parent identified themselves as the primary caregiver. In contrast, 8% caring for their grandparent reported that they were their primary caregiver.

There were no differences in median weekly hours of care based on the young caregiver's age or sex.

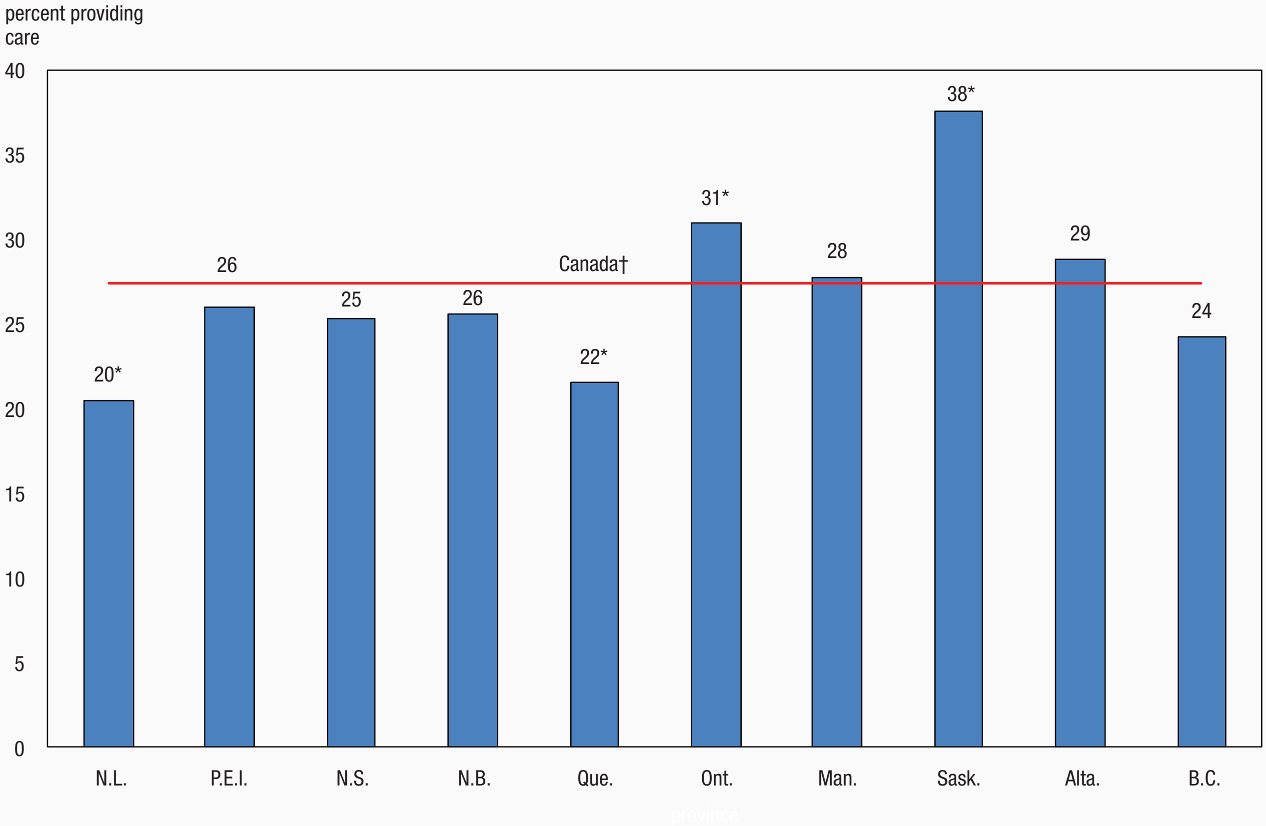
Most young caregivers had been providing care for 1 to 3 years

Along with the weekly commitment to caregiving responsibilities, the intensity of care can also be measured by the duration of care. In other words, how long the caregiver has been providing care. Approximately half (47%) of young caregivers reported assisting their primary caregiver for 1 to 3 years, while 38% had been caregiving for 4 years or more. The latter was more often the case among caregivers aged 25 to 29, with 45% providing care for this length of time. A minority of young caregivers (15%) reported providing assistance for less than a year.

Young caregivers most prominent in Saskatchewan and Ontario

Young people's involvement in caregiving varied considerably by province. Consistent with the provincial rates of caregiving overall, the highest rates were recorded in Saskatchewan and Ontario, where rates were above the national average of 27% (Chart 3). The lowest rates were observed in Newfoundland and Labrador (20%) and Quebec (22%), while the remaining provinces were on par with the rate for Canada.

Chart 3
Higher proportion of young caregivers in Saskatchewan and Ontario



† reference category
* significantly different from reference category ($p < 0.05$)
Source: Statistics Canada, General Social Survey, 2012.

There are a number of factors that may contribute to provincial variations in caregiving among young Canadians, including differences in living arrangements, health conditions, and interprovincial migration of young Canadians across provinces.

Education adversely affected for one in five caregivers enrolled in school

Most caregivers under the age of 30 were either going to school or working at a paid job or business, with an estimated 47% reporting their main activity as schooling and 42% as paid work. The engagement in these two areas may be adversely affected by caregiving responsibilities.[3]

Overall, one in five young caregivers enrolled in school reported that their studies had been affected as a result of their caregiving responsibilities. This could mean anything from missing deadlines, not attending classes, having less time to study, being distracted or experiencing any other negative outcomes related to their educational experience.

These consequences on schooling were most often reported by young caregivers spending at least 10 hours per week on caregiving activities. Over one-third (37%) of these young caregivers reported that their caregiving responsibilities had a negative impact on their education, compared to 14% of caregivers spending less than ten hours a week on care. A few young caregivers (7%) reported that they could not attend school altogether, due to their caregiving responsibilities. They either postponed plans indefinitely or to a later date.

For young caregivers in the paid workforce,[4] the impact on their caregiving responsibilities was also felt. Over one-third (36%) of young caregivers arrived to work late, left early or took time off because of their caregiving responsibilities. There was no significant difference based on the intensity of care. A further 12% of young caregivers said that they had to reduce their weekly hours of work because of their caregiving duties.

One-third of young caregivers report being worried, anxious and tired

Providing care to a family member or friend can be a genuinely rewarding experience. An overwhelming proportion (85%) believed that their relationship with the care recipient had strengthened during the caregiving period, compared to 5% that reported that their relationship had weakened during that time.

Furthermore, most young caregivers found their caregiving experiences either very rewarding (78%) or somewhat rewarding (19%). This may be related to the fact that nearly three in four young caregivers felt they had a choice in taking on their caregiving responsibilities.

Although there are positive outcomes associated with providing care to a family member or friend, caregiving duties may take a toll on a caregiver’s emotional, mental, and physical health. Worry and anxiety were the single most common feelings reported by young caregivers (39%), followed by fatigue (36%), feeling overwhelmed (28%), and feeling short-tempered or irritable (26%).

These negative emotional, mental, and physical impacts of caregiving were typically higher for young caregivers providing 10 or more hours of care per week. Compared to other young caregivers, these higher-intensity caregivers felt more tired (58% vs. 27%), worried or anxious (54% vs. 32%), overwhelmed (47% vs. 20%), and sleep-deprived (41% vs. 14%).

Summary

An estimated 1.9 million Canadians under the age of 30 provided some form of assistance to an ailing family member or friend, most often a grandparent or parent. The weekly commitment varied, with young caregivers providing a median of 3 hours of care per week. Help with cooking and cleaning topped the list of helping activities, along with providing transportation and helping with home maintenance and outdoor work.

Caregiving had a positive impact on most young Canadians, though some reported negative consequences on their schooling or paid work, as a result of their caregiving responsibilities. The impact on work was magnified among those who provided longer hours of care.

---

[3] Questions on the impact of caregiving on the life of the caregiver were only asked of those providing care for 2 or more hours per week.

[4] Includes caregivers whose main activity was working at a paid job or business.

Data source

This report is based on Cycle 26 of the General Social Survey (GSS) on “Caregiving and Care Receiving”. The objectives of this survey are to provide estimates of caregiving and care receiving in Canada and the characteristics of care receivers and caregivers.

Sampling

The target population included all persons 15 years and older living in the ten provinces of Canada, excluding full-time residents of institutions. In 2012, all respondents were interviewed by telephone. Households without telephones or with only cellular phone service were excluded. Based on the most recent Residential Telephone Services Survey, conducted in 2010, these two groups combined represented approximately 14% of the target population. This proportion may be higher for 2012 due to the likely increase in cellular-only households. Survey estimates were adjusted (weighted) to represent all persons in the target population, including those without telephones. Once a household was contacted, an individual 15 years or older was randomly selected to respond to the survey. The sample size in 2012 was 23,093 respondents.

Data collection

Data collection took place from March 2012 to January 2013 inclusively. Computer assisted telephone interviewing (CATI) was used to collect data. Respondents were interviewed in the official language of their choice. Proxy interviews were permitted. These represented 4% of all interviews.

Response rates

The overall response rate was 65.7%. Types of non-response included respondents who refused to participate, could not be reached, or could not speak English or French. Survey estimates were weighted to represent the non-institutionalized Canadian population aged 15 years or over.

Data limitations

As with any household survey, there are some data limitations. The results are based on a sample and are therefore subject to sampling error. Somewhat different results might have been obtained if the entire population had been surveyed. This article uses the coefficient of variation (CV) as a measure of the sampling error. An estimate that has a CV between 16.6 and 33.3 should be used with caution and the symbol ‘E’ is referenced with the estimate. Where descriptive statistics and cross-tabular analysis were used, statistically significant differences were determined based on a p value of 5%.

References

Charles, G., Stainton, T., and Marshall, S. 2012 (July 3).“Young Carers in Canada – The Hidden Costs and Benefits of Young Caregiving”. *A Vanier Institute of the Family Publication*, <www.vanierinstitute.ca/include/get.php?nodeid=2036> (Accessed July 22, 2014)

Fruhauf, C.A., & Orel, N.A. 2008. « Developmental issues of grandchildren who provide care to grandparents”, *International Journal of Human Development*, 67, 209-230. doi:10.2190/AG.67.3.b.

Howard, K., & Singleton, J.F. 2001. “The forgotten generation: The impact a grandmother with Alzheimer’s disease has on a granddaughter”, *Activities, Adaptation, & Aging, 25,* 45-57. doi:10.1300/J016v25n02_03.

Levine, C., Gibson Hunt, G., Halper, D., Hart, A.Y., Lautz, J., and Gould, D.A. 2005. “Young Adults Caregivers: A First Look at an Unstudied Population”, *American Journal of Public Health*. 95(11). 2071-2075.

Milan, A., & Vézina, M. 2011. “Senior Women”, *Women in Canada: A Gender-based Statistical Report*. Catalogue no. 89-503-X.

Sinha, M. 2013. “Portrait of caregivers, 2012”, *Spotlight on Canadians: Results from the General Social Survey*. Catalogue no. 89-652-X – No. 001.

Siskowski, C. 2003. *From Their Eyes…Family Health Situations Influence Students’ Learning and Lives in Palm Beach County, Grades 6-12*. West Palm Beach, Florida. Available at: www.boca-respite.org/children.doc. Accessed August 19, 2005.

Treas, J. 2008. “Transnational Older Adults and Their Families”, *Family Relations*. 57, 468-478.