

Differences in the characteristics of caregivers and caregiving arrangements of Canadians, 2018

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Informal unpaid caregiving provided by family and friends has become increasingly recognized as serving an important role in society and in the economy. Informal caregiving can give people who help friends or family a sense of well-being, lower the economic burden for families, and reduce costs to governments and other organizations associated with health services and institutionalization. In addition, care recipients benefit from this support when they can remain at home and maintain a more positive quality of life.

Even though informal caregiving is generally considered beneficial because of the savings achieved and the well-being of the care recipients, taking on such responsibilities can have consequences for caregivers. These include the impacts on physical and mental health, participation in the labour force, pressure on personal finances, and reduced time available for other activities. Women are more likely than men to experience difficulties as a result of their caregiving duties, particularly as women represent the majority of caregivers in Canada. While caregivers spend substantial amounts of time providing critical support, it is largely invisible to others (except in its absence), typically lacks social recognition, and goes unpaid and unmeasured.

The COVID-19 pandemic brought to light the critical role that informal caregiving plays in the well-being of many Canadians, both for persons who live in the community and for those who live in long-term care homes. While the data in this analysis were collected prior to the pandemic, the results are important as they highlight the many challenges caregivers already faced. Furthermore, many caregivers during the pandemic, especially those who help people living outside their household, were not able to provide their usual caregiving activities. On the other hand, many caregivers may have had to increase their level and amount of caregiving, given the lack of other support during the pandemic.

In 2018, one in four Canadians aged 15 years and older (7.8 million people) reported providing care for family members or friends with a long-term condition, a physical or mental disability, or problems related to aging. Previous studies have found that women are more likely to be caregivers. This was also true in 2018, when women accounted for 54% of all Canadian caregivers. In what follows, data from two surveys was used to document different aspects of their experience.

Women account for almost two-thirds of caregivers providing 20 or more hours of care per week

Caregivers perform a variety of tasks that range in level of intensity and in degree of emotional and physical demands on them. In the 2018 General Social Survey on Caregiving and Care Receiving, the largest share of caregivers (40%) reported spending 1 to 3 hours per week on caregiving responsibilities, while just over one-fifth (21%) reported spending 20 or more hours per week on caregiving.

Although the median number of caregiving hours was similar between men (1.1 hours per week) and women (1.3 hours per week), women made up a larger share of caregivers spending 20 or more hours per week on caregiving tasks (64% women vs. 36% men). Meanwhile, slightly more men than women spent one to three hours per week providing care (51% vs. 49%).

The increased intensity of caregiving among women may be partly related to the type of tasks commonly performed. Women tended to provide care activities that had to be completed on a regular or set schedule, while some tasks, like transportation and house maintenance, were more often performed by men. Other tasks—personal care and medical treatments, for example—which are sometimes more time-consuming, were carried out by women.



The more time spent on caregiving, the less time left for family, self-care and social activities

Taking on the responsibility of caregiver to a family member or friend often means balancing competing demands of life, such as working at a paid job, raising children and maintaining healthy interpersonal relationships. This was magnified among those dedicating the most hours per week on caregiving.

Almost 9 in 10 caregivers providing 20 or more hours of care per week (86%) felt they were unable to spend as much time with their family members as they would have liked, compared with 53% of those caregiving 1 to 3 hours per week.

A loss in family time was often accompanied by less time spent with friends and participation in social activities. Of caregivers providing 20 or more hours of care per week, over three-quarters (78%) reported spending less time participating in social activities and with friends.

Time spent on caregiving also meant less time spent relaxing and on self-care. Among caregivers providing 20 or more hours of care per week, three-quarters (75%) reported having less time for relaxing and self-care as a result of their duties.

Those providing 20 or more hours of caregiving per week are more likely to report their caregiving responsibilities to be stressful or very stressful

Stress related to caregiving varied, depending on the number of hours per week spent on caregiving. The proportion of caregivers who reported care-related stress increased with the number of hours spent providing care, rising from 19% for those providing 1 to 3 hours of care per week to 54% for those providing 20 or more hours of care per week.

Overall, most caregivers said they were effectively coping with their caregiving responsibilities. Almost all caregivers who provided one to three hours per week (94%) reported coping very well or generally well with their caregiving responsibilities. However, a smaller proportion (82%) had the same response among caregivers spending 20 or more hours per week on caregiving tasks.

Caregivers had unmet needs when it came to supports that they would have liked to receive. The most common types of support that caregivers with unmet needs said they would have liked to have received were financial support, government assistance, and tax credits (68%). The next most common was home care or support (40%), followed closely by information or advice (39%) and help from medical professionals (36%).

Most caregivers find their caregiving experience rewarding

While caregiving can be time-consuming, it can also be a positive experience for many caregivers, providing a sense of giving back to a loved one and an increased sense of competence and purpose in life. Among caregivers providing 20 or more hours of care per week, 61% found their experience in 2018 to be rewarding or very rewarding, compared with 56% of caregivers providing 1 to 3 hours of care per week.

Differences in the caregiving arrangements of Canadians

The repercussions of informal care on the economic, physical and psychological well-being of caregivers, as well as care receivers, are likely to vary based on the duration of caregiving arrangements. Informal care may be provided over short periods of time, such as addressing short-term health issues or end-of-life needs, or as part of the transition of care received from one form of care to another. Conversely, caregiving arrangements can last for several months, even years, to meet longer-term health needs or to assist aging family members and friends. Care can also be provided continuously month after month, or on and off, with people alternating short periods of caregiving with periods where they report no caregiving responsibilities.

In 2018, caregivers were asked to identify every month for which they had provided care to someone over the last two years. More than half (54%) of caregivers reported that they had provided care continuously for all 24 months (full two-year arrangements). Another one-third (33%) provided care for a single, continuous period of time over the two years, but for less than 24 months (single, continuous arrangements). Finally, the remaining 13% had provided care on and off over the two-year period (on-and-off arrangements).

Among people who provided care for a single, continuous period of time, over half (57%) provided assistance for a short period of time, from 1 to 6 months, while 19% provided care from 7 to 12 months. The remaining 24% provided care from 13 to 23 months

Caregivers in continuous arrangements more likely to be women or older

Women and men were represented differently across the three categories of caregivers. The difference was most pronounced among caregivers in single, continuous arrangements, of which 59% were women and 41% were men. Women were also more prevalent than men among caregivers in full two-year continuous arrangements (53%, versus 47%), meaning that women outnumbered men in both categories of continuous caregiving arrangements. Conversely, caregivers in on-and-off arrangements were more likely to be men (52%) than women (48%).

Despite reporting different types of caregiving arrangements, women and men provided the same number of months of care on average between January 2016 and December 2017 (16.4 months versus 16.8 months over the two-year period). However, that care was distributed differently over time, with women providing care more continuously, whereas men were more likely to provide care on and off. Thus, women were more likely to provide care in long-term, continuous arrangements and to be over-represented among caregivers who provide 20 or more hours of care per week.

The age makeup of caregivers also differed across types of caregiving arrangements. Overall, caregivers in either type of continuous arrangements were older on average than caregivers in on-and-off arrangements, with caregivers in full two-year arrangements being the oldest. Just over half (51%) of them were 55 years and older, compared with 45% of caregivers in single, continuous arrangements and 39% of those in on-and-off arrangements.

The intensity of care provided also varied

The number of months of care is just one of the factors that characterize the informal care people provide for family members and friends. Caregivers also differed in terms of their living arrangements with the care receiver and the average weekly hours of care they provided. Each one of these factors—months of care, living arrangements, and hours of care—contributes to caregiving intensity differently. As such, their interaction is relevant to understand the experience of caregivers.

Providing care to a household member, as opposed to someone outside the household, is likely to have different implications for caregivers' economic, physical and psychological well-being. On the one hand, co-residential caregiving may offer greater flexibility in the organization of care provision. On the other hand, caregivers in co-residential arrangements may face more frequent or more constant demands on their time, meaning that co-residential caregiving may be relatively more intense. Among full two-year caregivers, almost one-third (31%) of those providing care lived in the same household or building as their care receiver, while two-thirds had to travel to provide assistance. Co-residence with a care receiver was less prevalent among people in single, continuous arrangements (26%) and in on-and-off arrangements (22%).

There were also important differences in the hours of care that people in different arrangements reported providing in a typical week. People in single, continuous caregiving arrangements provided the most hours of care on average: 44% of them provided 10 or more hours of care in a typical week. Therefore, people in these arrangements were more likely to report short caregiving spells of 6 months at most, and relatively high weekly responsibilities in terms of hours. This distinguished them from caregivers in full two-year arrangements, who also provided care continuously, but of which less than one-third (31%) provided care for 10 or more hours per week. Finally, caregivers in on-and-off arrangements (23%) were the least likely to provide 10 or more hours of care per week.

Note to readers

The focus of this article is on unpaid informal caregiving, which includes activities that entail help and care provided informally by family members and friends.

Most results are based on data from the 2018 General Social Survey – Caregiving and Care Receiving. The analysis covers the population aged 15 years and older and living in a private household (20,258 respondents representing almost 31 million Canadians).

Results on the differences in the caregiving arrangements are based on data from the Longitudinal and International Study of Adults, Wave 4, (2018). The sample is representative of the Canadian population aged 15 years and older, living in one of the provinces in 2012 (year of the first wave), with the exception of individuals living on reserves, in collective dwellings or in institutions.

In April 2018, Statistics Canada published new standards on [sex at birth](#) and [gender](#) to help clarify the concepts and classifications to be used in its statistical programs. The data from this article was collected before the development of these new standards. Therefore the data in this article only uses the "sex at birth" variable and not the gender variable.

Definitions, data sources and methods: survey numbers [4502](#) and [5144](#).

Today, as part of the fourth "Care Counts" release, Statistics Canada is releasing two infographics titled "[Care counts: Caregiving by the hours, 2018](#)" and "[Differences in the caregiving arrangements of Canadians, 2018](#)."

For more information, or to enquire about the concepts, methods or data quality of this release, contact us (toll-free 1-800-263-1136; 514-283-8300; infostats@statcan.gc.ca) or Media Relations (statcan.mediahotline-ligneinfomedias.statcan@statcan.gc.ca).