



## Home Caregiving

Source: <http://rathboneimages.com>

Krysti  
Horton

With an aging demographic in Canada and an increasing number of seniors wishing to remain in their homes (Ageing in place Kelly) in order to maintain aspects of their quality of life, there is an increasing demand for home-based care (Statistics Canada, 2008). This extends for changing demands for services such as primary health care and housekeeping that would otherwise be available in more formal care facilities. Professional caregivers and family members are taking on new and increasing roles. As a result, communities are evolving to accommodate the elderly. Planners need to understand these issues in order to create communities that are conducive to a strong network of caregivers.

### **The young-old (aged 55-75) are the most likely to use informal care.**

(Statistics Canada, 2008)

#### **Formal versus informal care**

In-home caregiving is becoming more and more prevalent for the elderly in Canada (Ornstein, Smith, & Boal, 2008). As the proportion of elderly within our population increases, the need for more options for the elderly and associated support for home-based caregivers and receivers is becoming apparent (Lyons, Zarit, 1999). There are two forms of caregiving within the home: formal, and informal. Formal support is with the aid of professional workers within the home. Spouses, children, extended family or friends can also provide informal caregiving. This latter form of caregiving is becoming more prevalent due to the high costs associated with formal care, as well as cutbacks to government and healthcare programs (Soodeen, Gregory, & Bond, 2007).

Formal home-based caregiving refers to care provided by paid professionals. These professionals provide services ranging from specialized primary healthcare to general day-to-day tasks such as housecleaning, meal preparation, and transportation to appointments. Government agencies, for profit businesses, nonprofits and religious institutions all play a role in providing formal care within the home. Formal services can help ease the stress levels of both care recipient and caregiver. However, a high turnover of formal care providers as well as challenges obtaining the desired quality of services can increase stress levels (Soodeen, et. al., 2007). Providing planned options for formal and informal caregivers will be a challenge in the coming years as the number of people needing support continues to increase.



Source: <http://inhomecaredaytona.com/>

## The changing nature of who provides care

Between 2002 and 2007, the high cost of formal care, and the limited availability of programs and staff to provide formal care has resulted in the number of caregivers within the family increasing from 670,000 to 2.7 million (Statistics Canada, 2008). The majority of those providing care are women between the ages of 45 and 64 (Statistics Canada, 2008; Choi, Burr, Mutchler & Caro, 2007). Many in this age group have their own children still living at home, resulting in what researchers call the “sandwich generation”. For many in this generation, care is provided for both the younger and the older generation simultaneously, in addition to working full time (Rubin, & White-Means, 2009). Secondary suites is an option that would allow for independence and flexibility within the built form seniors.

The number of spouses providing care is difficult to determine due to the reality that many spouses do not consider their work as caregiving. They consider it to be a reality of living with a significant other. That said, spouses have a large role to play in ensuring that proper care is provided. Spouses provide roles such as house management, physical and emotional support and basic health care tasks. Spouses, like all caregivers can suffer from added stress, and depression (Sooden, et. al, 2007).

Even though there is usually one primary caregiver, the importance of a network of care providers is growing. More and more family and friends are being involved in the active roles of providing care (Van Dussen & Morgan, 2010).

## Maintaining health and wellbeing of Caregivers

Stress and depression are major issues that face caregivers and those receiving care alike. With today’s families being spread out due to employment, or fragmented by things such as divorce, the stress of caring for loved ones is growing (Davidhizar, 1999). For example, in addition to dealing with their own aging, spouses and family members can often have a hard time accepting the reality that their loved one is no longer able to be as independent as they once were. All of this adds to the stress level of caregivers (Soodeen, et.al., 2007). Meanwhile, for those receiving care, the pressure to

## “Raise children to safeguard your old age”

(Guberman & Maheu, 2003, pg. 40)



Source: <http://www.saanich.ca/sep/prepared/seniors.html>



Source: [http://www.nanniesdirect.ca/seniors\\_\\_\\_special\\_needs](http://www.nanniesdirect.ca/seniors___special_needs)



Source: <http://www.cornwallseawaynews.com/>



Source: <http://gamerinvestments.com/video-game-stocks/>

minimize the “burden” of care required, while also maintaining their connection to community and limiting the cost of care is potentially very stressful. Caregivers are at increased risk of stress, depression and burnout, all of which negatively affect themselves and the person, or people they are caring for. The importance of mitigating these symptoms is paramount. Ways to do this include providing a variety of options for formal care in order to reduce the burden on informal caregivers (Lyons & Zarit, 1999), as well as ensuring that there is a wide network of caregivers in the informal setting (Van Dussen & Morgan, 2009). Facilitating the creation of these networks, both physically and culturally could be a role that planners play in making an age-friendly community.

### Options for joint caregiving

Due to the stresses that are involved in caregiving, options are needed to support families. Formal care can greatly help caregivers get a break. A home-based formal caregiver can greatly reduce the stress of all involved (Lynon & Zarit, 1999). However, their relationship these professional have with the family is very important. The more the formal caregiver has a caring and friendly relationship with their clients, the more likely the experience of formal care will be a stress reliever rather than adding to stresses (Soodeen, et. al, 2007). This arrangement can usually mean that care recipients can maintain living in there homes longer - only having to seek formal facility-based care once there situation becomes significantly worse. Once within a facility, the role of a family caregiver changes from that of primarily care to emotional support (Guberman & Maheu, 2003). Spaces can be included in communities to ensure that a range of formal care options are available. For example, facility-based care is typically available within a community. These facilities are well positioned with the expertise and equipment necessary to also provide home-based care. This could help reduce the pressure to develop new facilites, and would also serve as a way to keep seniors in their familiar community settings for longer.

**78% of seniors receiving care from family members remain in their own homes.**

(Statistics Canada, 2008)

### Conclusion

The combined network of care, including more than just one caregiver, will lighten the load and allow the whole community to be involved in supporting loved ones as they age together. Planning communities that have services, which support all caregivers, can ease the burden and create a community that is inclusive and livable for all.

## Sources:

- Choi, N.G., Burr, J.A., Mutchler, J.E., & Caro, F.G. (2007). Formal and Informal Volunteer Activity and Spousal Caregiving Among Older Adults. *Research on Aging*, 29(2) 99-124.
- Davidhizar, R. (1999). Caregiving from a Distance. *Hospital Topics*, 77(1), 10-13.
- Guberman, N. & Maheu, P. (2003). Beyond Cultural Sensitivity: Universal Issues in Caregiving. *Generations* 27(4), 39-43.
- Lyons, K., & Zarit, S. (1999). Formal and Informal Support: the Great Divide. *International Journal of Geriatric Psychiatry*, 14.
- Rubin, R.M., & White-Means, S.L. (2009). Informal Caregiving: Dilemmas of Sandwiched Caregivers. *Journal of Family & Economic Issues*, 30, 252-267.
- Ornstein, K., Smith, K.L., & Boal, J. (2007). Understanding and Improving the Burden and Unmet Needs of informal Caregivers of Homebound Patients Enrolled in a Home-Based Primary Care Program. *Journal of Applied Gerontology*, 28(4).
- Soodeen, R.A., Gregory, D., & Bond, J.B. (2007). Home Care for Older Couples: "It Feels Like a Security Blanket...". *Qualitative Health Research*, 17(9).
- Statistics Canada. (2008). Eldercare: what we know today. Retrieved on October 16, 2011, from: <http://www.statcan.gc.ca/pub/11-008-x/2008002/article/10689-eng.htm#a2>
- Van Dussen, D.J., & Morgan, L.A. (2009). Gender and Informal Caregiving in CCRC's: Primary Caregivers or Support Networks? *Journal of Women & Aging*, 21(4), 251-265.

## Precedence setting

Canadian Caregivers Coalition- is an excellent resource for all caregivers within Canada. <http://www.ccc-ccan.ca/index.php>

District of Saanich, BC – An excellent example of providing recourses and information directed at caregivers. <http://www.saanich.ca/parkrec/community/agefriendly.html>