

Care Networks of Frail Seniors and the Formal-Informal Interface

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Hidden Costs/Invisible Contributions

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Background/rationale

- ◆ Aging population in Canada
 - ◆ Increase demands on care providers
 - ◆ Increase demands on health and social services
- ◆ Family/friends are the main caregivers to frail seniors
- ◆ Family and friend care networks
 - ◆ Organize care in different manner
- ◆ Two competing theories about the formal-informal interface
 - ◆ Substitution of formal for family/friend care
 - ◆ Formal care complement family/friend care

Objectives:

- ◆ How is family/friend care organized?
- ◆ Do different family/friend care networks provide different levels of care?
- ◆ Do different family/friend care networks draw on formal sources differently?
- ◆ Does formal care substitute for or complement family/friend care?

Data

- ◆ GSS cycle16- Aging and Social Support (2002)
- ◆ Sub-sample of 2597 respondents over age 65 who received help with one of a specified set of tasks (housekeeping, meal preparation, outdoor maintenance, transportation, banking/bills, shopping and personal care) because of their long term health or physical limitations

Methods

- ◆ Identify network types → Cluster analysis
- ◆ Descriptives on:
 - ◆ Time spent on family/friend and formal care
 - ◆ Time spent on inside household tasks, outside tasks, transportation and personal care
- ◆ Multivariate analysis:
 - ◆ Examining whether care network types predict:
 - ◆ Time spent on family/friend care
 - ◆ Time spent on formal care

How do family & friends organize themselves to provide care?

- ◆ **Children at home:** more likely to be employed; male; co-residing; age 25-44; 1.5 members.
- ◆ **Close kin & friends:** evenly split on gender; 45-64; live in same neighbourhood; employed; mix of close kin and friends; 2.3 members.
- ◆ **Lone spouse:** small networks of older; co-resident kin; not employed; 1 member.
- ◆ **Younger diverse:** age 25-64, employed male, living nearby, distant kin mixed with close kin and friends, 1.5 members
- ◆ **Older diverse:** mainly 65+, not employed, living nearby, mainly friends with some close and distant kin, 1.6 members
- ◆ **Spouse & children:** female, mixed ages, co-resident or living nearby, mixed employment, close kin or friend, 1.5 members

Table 1: Mobilization of care by care network type

Network type	Hours per week of care			
	Only Family/ Friend care	Both care types		
		Family/Frien d	Formal	Total
Children at home	6.0	23.3	4.0	27.7
Close kin & friends	6.0	7.3	4.8	12.1
Lone spouse	8.0	18.8	4.1	22.9
Younger diverse	2.4	3.6	5.9	9.5
Older diverse	6.9	5.8	6.2	11.9
Spouse & children	16.8	19.1	7.1	26.2

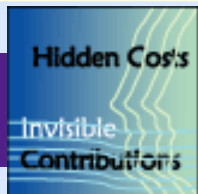
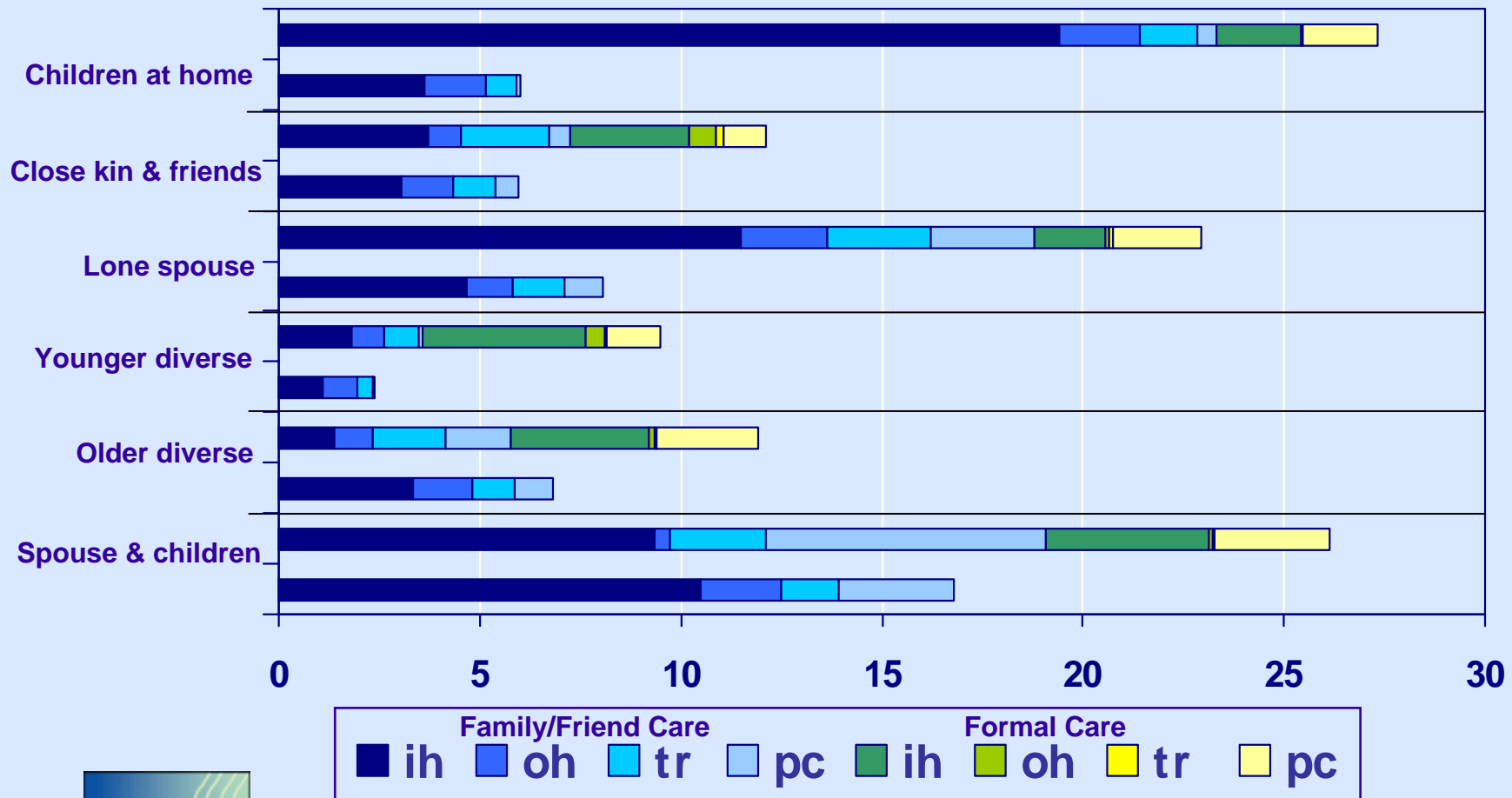


Table 2: Differences in time spent on care tasks by network types (hrs/wk)



Does network type predict amount (hrs/wk) of care received?

◆ Family/Friend Care

◆ Positive

- ◆ Spouse and children provide more care than lone spouse network
- ◆ Male care receivers
- ◆ Severe disability

◆ Negative

- ◆ Close kin and friends and younger diverse provide less care than lone spouse networks

◆ Formal Care

◆ Positive

- ◆ Care receivers with a lone spouse network receive less care than those with any other network type
- ◆ Age
- ◆ Moderate or severe disability

Does network type predict amount (hrs/wk) of care received?

◆ Total care provided

◆ Positive

- ◆ Spouse and children provide more care than lone spouse network
- ◆ Male care receivers
- ◆ Moderate and severe disability

◆ Negative

- ◆ Younger diverse provide less care than lone spouse networks

Summary/conclusions

- ◆ Family and friend care networks organize themselves in different ways
- ◆ Most of the network types are dominated by close family and friend but in 2 networks non-family play a crucial role.
- ◆ The amount of care provided by family and friend and formal sources differs by network type

Summary/conclusions

- ◆ Smallest and least robust network (lone spouse) receives the least amount of formal care
- ◆ When formal care is introduced the amount of family and friend care increases especially for care networks that are predominantly close kin
- ◆ Strong evidence that formal and family/friend care are complements

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Definition of health measure

Disability (based on questions used to compute the HUI)

- ◆ **No disability**
- ◆ **Mild disability**
 - ◆ Mobility problem but do not need any help
 - ◆ Dexterity problem but do not need any help from someone else (may or may not use special equipment)
 - ◆ Somewhat forgetful and little difficulty in thinking
 - ◆ Moderate and/or severe pain prevents performing some or few tasks
- ◆ **Moderate disability**
 - ◆ Requires wheel chair or mechanical support to walk
 - ◆ Dexterity problem and need help to perform some tasks
 - ◆ Very forgetful and a lot of difficulty in thinking
 - ◆ Severe pain prevents performing most tasks
- ◆ **Severe disability**
 - ◆ Can not walk or need help from others to walk
 - ◆ Dexterity problem and need help for most or all tasks
 - ◆ Unable to remember or think