

The Healthy Balance Research Program

The Healthy Balance Research Program (HBRP) was funded by the Canadian Institutes of Health Research as a five-year program of research to examine the relationships between **women's unpaid caregiving, health, well-being and earning a livelihood in Nova Scotia**.

Equity Reference Groups

- From the inception of the Program the HBRP has made a commitment to the inclusion of under-represented groups. The four Equity Reference Groups (ERG) – **Aboriginal Women, Women with Disabilities, African Canadian Women and Immigrant Women** – have been an integral part of the development and implementation of the program.

Research Teams

- The research teams of the HBRP have produced the first **provincial survey on unpaid caregiving** in Nova Scotia, a collection of the **experiences of 14 unpaid caregivers**, findings from a series of **focus groups** and **secondary analysis** of existing data for Atlantic Canada.

As a result the HBRP is now able to describe the reality of women's unpaid caregiving in Nova Scotia and to make evidence-based recommendations for policies and programs to support caregivers in this province.

For more information on the Healthy Balance Research Program please contact us:

(902) 494 - 7850
c/o Atlantic Centre of Excellence for Women's Health
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Why Women?

Gender Based Analysis and the Healthy Balance Research Program

Gender Based Analysis (GBA) is a conceptual framework which highlights the gender differentiated impact of such broad based strategies as government legislated policies and programs. **Women and men tend to be impacted differently by public policy.** The social relationships, expectations, health, career trajectories, earning potential and economic security of men and women are gendered. This means that **men and women have different experiences based on their gender** which tend to place women at a disadvantage as the male experience tends to be used as the norm in policy development.

- GBA is used to bring considerations of gender into research, policy, planning and decision-making processes.
- GBA helps to reveal the differences and inequality both *between* men and women and *among* women.
- GBA is a tool that can be used to achieve equitable public policy.

Unpaid Caregiving and GBA

Women are more likely than men to be unpaid caregivers.¹ They may feel particularly pressured to assume the caregiving role because of traditional ideas about women's roles in families.

Caring has been defined as a feminine characteristic and as part of a woman's role in society. This creates challenges for both women and men who take on caregiving roles. For example, men may experience exclusion when attempting to join a caregiver support group which is likely to be geared toward women's caregiving experience. Women on the other hand may experience significant economic disadvantage.

The **economic implications of providing unpaid care are different for women and men.** Women are more likely to work in precarious types of employment which are either part-time or temporary and far less likely to offer employer sponsored benefits. Women are also more likely to leave paid employment to provide full-time care and/or to suffer reductions in CPP benefit payments as a result of retiring into caregiving before age 65 and/or spending significant amounts of time out of the formal labour market while providing unpaid care.²

¹Keefe, J., Hawkins, G., & Fancey, P. (2006) *A Portrait of Unpaid Care in Nova Scotia*. Halifax, NS: Healthy Balance Research Program.

²Shillington, R. (2004). *Policy Options to Support Dependent Care: The Tax / Transfer System*. Halifax, NS: Healthy Balance Research Program.

Caregiving includes varying amounts of time, physical skill, mental and emotional investment. A survey of unpaid caregivers in Nova Scotia reveals that **men and women are involved in different types of caregiving activities**. Men tend to be involved in activities which occur less frequently and require less intensity. Women tend to be more involved in the provision of intense caregiving involving daily personal and hygienic care.³

The gender differences in the types of care provided, economic impact, and likelihood of involvement in providing unpaid care requires that policymakers pay careful attention to gender in order to provide equitable benefit of policy and programs to both women and men providing care.

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³ Keefe et al.

Caregiving and Health...

- **The demands of unpaid caregiving can negatively affect women's health and well-being.**
- Focus group participants reported that their caregiving led to:
 - negative stress;
 - feelings of depression and helplessness;
 - physical injury;
 - high blood pressure;
 - poor eating habits;
 - disturbed sleep.¹
- Unpaid caregiving results in lifestyle changes including a **reduction in participation in leisure and social activities**. These changes can affect mental and physical health.²
- **Women with both childcare and eldercare responsibilities are especially likely to feel time stress.** Studies show strong correlations between stress and measured health outcomes such as days of illness or use of the health system.³

¹Gahagan, J., Loppie, C., MacLellan, M., Rehman, L., & Side, K. (2004). *Caregiver resilience and the quest for balance: A report on findings from focus groups*. Halifax, NS: Healthy Balance Research Program.

² *ibid.*

³MacDonald, M., Phipps, S., Lethbridge, L. (2005). Taking its toll: Implications of paid and unpaid work responsibilities for women's well-being. *Feminist Economics*, 11(1), 65-96.

Julia's Portrait

Julia is a fifty-eight year old woman living in a rural town in Nova Scotia where she and her partner Michael are the primary caregivers for Michael's ninety year old mother Charlotte. Julia and Michael provide 24 hour care for Charlotte which has had an impact on their health. A significant part of the care they provide is emptying and cleaning Charlotte's colostomy bag, which needs to be emptied every few hours. There is an intercom system in the house and Charlotte calls for help throughout the day and night, which has resulted in Julia and Michael living in a constant state of sleep deprivation.

"So we've aged terribly...I wonder if we can rejuvenate ourselves. Maybe not appearance-wise but health-wise we're hoping. Julia didn't realize that she had osteoporosis...I think this chronic fatigue is just depleting our own resources."

Beagan, B., Stadnyk, R., Loppie, C., MacDonald, N., Hamilton-Hinch, B., & MacDonald, J. (2005). *"I do it because I love her and I care": Snapshots of the lives of caregivers*. Halifax, NS: Healthy Balance Research Program.

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Caregiving and Employment...

- 47% of unpaid caregivers in Nova Scotia also work full-time in paid employment; 12% work part-time.¹
- 54% of men who are unpaid caregivers work full-time compared to 34% of women.²
- Employed caregivers in Nova Scotia are more likely than non-employed caregivers to:
 - have a higher level of life satisfaction;
 - have a higher level of daily stress.³
- 51.2% of full-time, full year employed women report feeling constantly under stress.⁴
- Women are far more likely than men to leave paid employment to provide unpaid care: 22% of women compared with 11% of men.⁵

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² *ibid.*

³ Keefe, et al. forthcoming.

⁴MacDonald, M., Phipps, S., Lethbridge, L. (2005). Taking its toll: Implications of paid and unpaid work responsibilities for women's well-being. *Feminist Economics*, 11(1), 65-96.

⁵ Shillington, R. (2004). *Policy Options to Support Dependent Care: The Tax / Transfer System*. Halifax, NS: Healthy Balance Research Program.

Caregiving and Diversity...

- **Immigrant women** identified issues including:
 - lack of information related to Canadian medical and education systems;
 - failure of policy and programs related to caregiving to address **language barriers**;
 - a lack of cross-cultural understanding; and
 - difficulty finding home care services able to provide consistent and sensitive care.¹

“When I moved to Canada my experience was hard because I didn’t have the language, and because I didn’t learn the Canadian system. I was feeling that I didn’t have the same abilities as them, and skills...I had to support her just by my own. So the stress for caring for her in an unfamiliar environment without network, support network, was really, is really a frightening situation.”

Gahagan, J., Loppie, C., MacLellan, M., Rehman, L., & Side, K. (2004). *Caregiver resilience and the quest for balance: A report on findings from focus groups*. Halifax, NS: Healthy Balance Research Program.

- **First Nations women** identified the issue of federal and provincial jurisdiction resulting in different services offered on- and off-reserve as a central challenge.² First Nations caregivers also emphasized the importance of culture in their perception and experience of caregiving.³

“It’s a cultural thing for sure. We have elders who come in and talk to you and they’re giving you all these things...you get counseling, they tell you stories about a long time ago. They’re kind of caregivers too, they’re giving you the comfort and emotional support you need.”

Gahagan et al.

¹ Beagan, B., Stadnyk, R., Loppie, C., MacDonald, N., Hamilton-Hinch, B., & MacDonald, J. (2005). *“I do it because I love her and I care” : Snapshots of the lives of caregivers*. Halifax, NS: Healthy Balance Research Program.

² Beagan et al.

³ Gahagan et al.

- **African Canadian women** highlighted the need to:
 - recognize the **contribution of unpaid caregiving** to support women who find fulfillment and purpose in this work;
 - **broaden the eligibility requirements** of government programs to acknowledge the fact that women care for individuals beyond their immediate family such as a friend or neighbour;⁴ and
 - educate health care providers to ensure that care is culturally appropriate.⁵

“...you have to teach them that. Because the girls that come to my husband didn’t know that. I had to say to them, this is the [correct] cream. It is important, but if we don’t have the black workers to do it, you have to show them.”

Gahagan et al.

- **Women with disabilities** who provide unpaid care identified a key challenge as the lack of programs or formal supports that recognize their needs as **both caregivers and receivers**. For example, women with disabilities need to be able to meet their specific needs for self-care as well as their need to provide care in a way that is physically and financially accessible.⁶

“I’m on long term disability so I don’t have to juggle work but that’s its own juggling. I have to juggle with my own fatigue, and things that I have to do. It’s a challenge, a big challenge.”

Gahagan et al.

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⁴ Beagan et al.

⁵ Gahagan et al.

⁶ Beagan et al.

The Cost of Caregiving...

- **Unpaid caregiving has short- and long-term financial implications for women.**
- **Caregivers often have to pay out-of-pocket costs for care** or find alternative sources for medical devices and drugs that are not covered by health insurance.¹
- Long-term implications include lost income and a lack of retirement savings due to absences from the labour market.
- **Women are far more likely than men to leave paid employment to provide unpaid care:** 22% of women compared with 11% of men.²
- **Women are less likely to benefit from programs like the Caregiver Tax Credit and Compassionate Care Benefit** because women are more likely to have lower average incomes, more likely to work part-time and more likely to have left paid employment because of their caregiving responsibilities.³
- **The actual value of unpaid care provided by caregivers nationally is estimated to be saving the Canadian health care system \$5 billion every year.**⁴

¹Shillington, R. (2004). *Policy Options to Support Dependent Care: The Tax / Transfer System*. Halifax, NS: Healthy Balance Research Program.

² *ibid.*

³ *ibid.*

⁴ Fast, Eales and Keating. (2001). *Economic Impact of Health, Income Security, and Labour Policies on Informal Caregivers of Frail Seniors*. Ottawa, ON: Status of Women Canada.

Chris's Portrait

Chris is an active single woman in her forties who self-identifies as a lesbian. She lives in Halifax and works as an administrative assistant. After several years of caring for her father, working and finishing her Master's degree Chris quit her job and focused on caring for her father. Following her father's death Chris was faced with the financial impact of leaving work however, she was unable to return to work immediately because she needed to arrange care for her mother.

"I had no money, you know. I lived off my Visa for probably three months. I'm still recovering from that, hopefully this summer will put me out of all my debts, I'm hoping. But I'm still recovering from my Dad's death a year and a half ago. Trying to, you know, get back on track financially."

Beagan, B., Stadnyk, R., Loppie, C., MacDonald, N., Hamilton-Hinch, B., & MacDonald, J. (2005). *"I do it because I love her and I care": Snapshots of the lives of caregivers*. Halifax, NS: Healthy Balance Research Program.

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Unpaid Caregiving in Nova Scotia...

- **36% (265,693) of Nova Scotians age 19 and over provided care** for someone experiencing an illness or health related limitation in 2005.¹ This is significantly higher than national averages. In 1996 11% of Canadians aged 15 and over were involved in informal caregiving because of a long-term health problem.²
- **The type and amount of care provided by men and women is different.** Women are more likely than men to be providing care for an individual with high care needs. Men are more likely than women to provide care by undertaking outdoor work and activities related to household maintenance.³ Differences in the type, frequency and intensity of caregiving tasks along with other social and economic inequities between women and men will result in caregiving impacting women and men differently.
- Over 60% of unpaid caregivers care for someone who does not live in their household.⁴
- **47% of unpaid caregivers in Nova Scotia also work full-time in paid employment; 12% work part-time.**⁵

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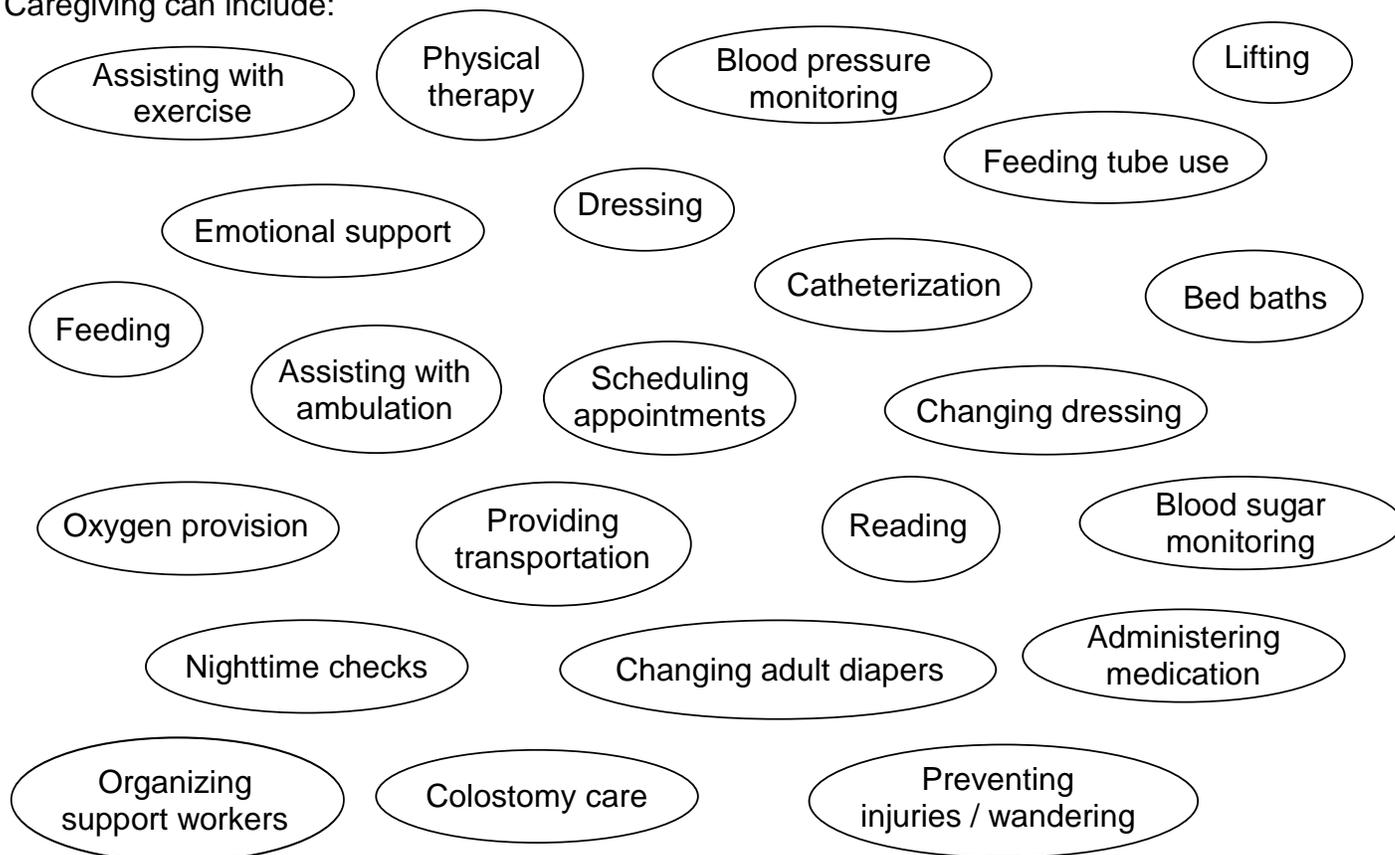
² *ibid.*

³ *ibid.*

⁴ *ibid.*

⁵ *ibid.*

Caregiving can include:



Karla's Portrait

Karla is a 27 year old woman living in Halifax. She is a single parent and the primary caregiver to her seven year old son Anthony who requires 24 hour care. In addition to her caregiving responsibilities Karla is enrolled in part-time studies at a local university. Everyday Karla changes Anthony's diapers and gets him ready for school. Three times a day Karla prepares Anthony's food and feeds him through a tube that goes directly into his stomach. Several times a year Anthony will have respiratory illnesses. To avoid trips to the hospital, Karla has equipped her home with aerosol masks, oxygen, and suction machines.

Beagan, B., Stadnyk, R., Loppie, C., MacDonald, N., Hamilton-Hinch, B., & MacDonald, J. (2005). *"I do it because I love her and I care": Snapshots of the lives of caregivers*. Halifax, NS: Healthy Balance Research Program.

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Unpaid Caregivers in Nova Scotia Need...

In order to support the health, well-being, social and economic situation of women unpaid caregivers in Nova Scotia we need:

- an integrated service delivery model for programs and services in support of unpaid caregiving;
- to identify, create and invest in programs and services that support unpaid caregivers in this province;
- a provincial health promotion strategy and communication strategy on unpaid caregiving to increase awareness of unpaid caregiving and the programs and services available;
- labour standards legislation that supports all employees providing unpaid care;
- incentives through the tax system for employers who support all employees providing unpaid care;
- a Compassionate Care Benefit that is accessible and provides adequate financial support for all unpaid caregivers;
- a Canada Pension Plan that:
 - effective immediately, allows unpaid caregivers to exclude years of low or no income due to caregiving from the calculation of their Pension benefits;
 - is restructured within the next 2 years to provide a pension top up for women and men caregivers who have years of low or no income because of care responsibilities; and
 - within the next 5 years provides a guaranteed minimum pension income for women and men whose caregiving responsibilities prevent their entry into paid work; and
- learning opportunities that will increase caregivers' confidence and capability, and allow opportunities for the transfer of the skills of unpaid caregivers to the labour market or further education.

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