

HIGHLIGHTS

SOCIO-DEMOGRAPHIC DETERMINANTS OF CARE FOR OLDER ADULTS EXPERIENCING LOSS OF AUTONOMY

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This working paper examines the main socioeconomic and demographic determinants associated with individuals' intentions to provide long-term care to a parent or parent-in-law experiencing loss of autonomy. The analysis considers three dimensions of anticipated care: who would be the primary potential care recipient, the type of care the potential care recipient would receive, and the number of hours of care respondents expect to provide each week.

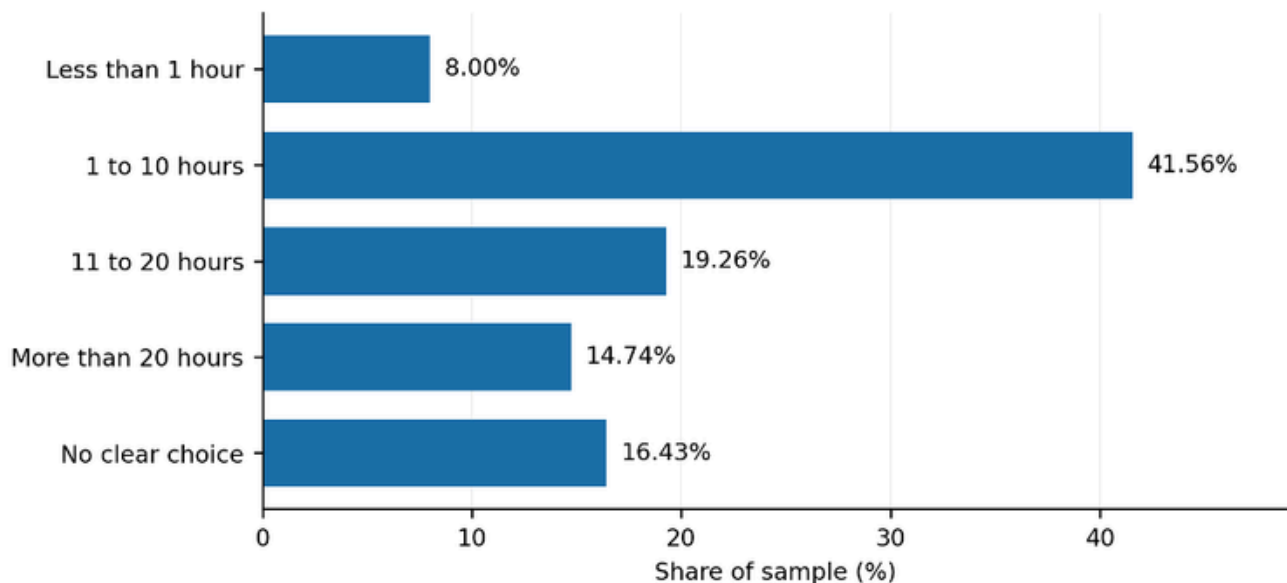
The analysis is based on an online survey conducted in December 2023 with 2,300 respondents aged 45 to 58, living in Quebec or Ontario, employed at the time of the survey, and reporting that they would be willing to provide care to a parent or parent-in-law. Respondents indicated how likely they considered different care scenarios by distributing ten balls among the available options; more balls meant a higher stated likelihood. The responses are then used to study anticipated choices about the type of care and weekly care intensity. The results concern stated intentions in a hypothetical scenario, rather than observed behavior.

This working paper finds that:

- Among respondents with a current or past relationship to a family-in-law, 79.4% of women and 68.1% of men report that they would be more likely to help their own parents rather than their parents-in-law. This preference reaches 90.5% among respondents who are separated, divorced, or widowed, compared with 71.0% among those who are married or living common-law.
- Among the 1,705 respondents who expressed a clear preference for a type of care, 49.8% expected their parent or in-laws to receive care in a long-term care facility, 29.3% expected home care provided primarily by family members or other relatives, and 20.9% expected home care provided primarily by professional caregivers.
- Working full time is associated with a greater likelihood of anticipating professional home care rather than family-provided home care. This result is consistent with time constraints affecting how care is organized.

- Compared with a low perceived life expectancy for the potential care recipient, a medium or long perceived life expectancy is associated with a greater likelihood of anticipating care in a long-term care facility rather than family-provided home care.
- As shown in Figure 1, across the full sample, 83.6% of respondents express a clear preference regarding the number of weekly care hours they expect to provide to a parent or parent-in-law: 41.6% choose 1 to 10 hours per week, 19.3% choose 11 to 20 hours, 14.7% choose more than 20 hours, and 8.0% choose less than one hour.
- Compared with an anticipated commitment of 1 to 10 hours per week, more than 20 hours is more likely to be anticipated by women and when the potential care recipient is a parent rather than a parent-in-law. Respondents working full time are less likely to anticipate this level of care.

Distribution of respondents' stated preferences for anticipated weekly care intensity (n = 2,300)



CONCLUSION

The results indicate that anticipated caregiving when a parent or parent-in-law experiences a loss of autonomy is a multidimensional decision whose determinants differ across the dimensions studied. The person who would be the primary care recipient depends in particular on gender and the respondent's relationship with their family-in-law. The anticipated type of care is mainly associated with organizational constraints linked to full-time work and the expected duration of care needs. Anticipated weekly care intensity depends more on gender, employment-related time availability, the perceived health of the potential care recipient, and whether that person is a parent or parent-in-law. Economic resources play a more limited role: higher savings reported by respondents are associated mainly with a lower relative probability of anticipating less than one hour of care per week rather than 1 to 10 hours per week, but savings are not significantly associated with the type of care anticipated. Although the overall explanatory power of the model examining the type of care remains relatively modest, the results nevertheless highlight several factors associated with care preferences. It is also important to bear in mind that the sample is restricted to employed individuals who reported being willing to provide care, and that the survey captures stated intentions rather than actual observed behaviors. These considerations call for some caution when generalizing the findings, without undermining the relevance of the associations identified.

POTENTIAL POLICY IMPLICATIONS

The findings suggest that support measures for caregivers could benefit from considering time constraints, employment trajectories, and family dynamics together. The association between full-time employment, the anticipated use of professional care, and a lower relative probability of anticipating more than 20 hours of care per week highlights the importance of measures that support the reconciliation of work and caregiving, as well as clear and coordinated access to formal home-care services. The differences observed by gender and family relationship also point to the unequal distribution of caregiving responsibilities, which should be taken into account when designing support and financial protection measures. Finally, additional longitudinal research would be needed to establish the extent to which stated intentions translate into behavior and to assess the role of the actual availability of care services.