



Military Families Caring for Elderly Parents

The Experiences of Canadian Armed Forces Personnel and Families Who Are Caring for Elderly Parents – Survey Results

June 2018

Canada 

Military Families Caring for Elderly Parents

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Comprehensive Military Family Plan
Canadian Forces Morale and Welfare Services

CITATION INFORMATION

Manser, L. (2018). *Military Families Caring for Elderly Parents: The Experiences of Canadian Armed Forces Personnel and their Families Who Are Caring for Elderly Parents – Survey Results*. Ottawa, ON: Military Family Services, Canadian Forces Morale and Welfare Services.

Military Family Services

Canadian Forces Morale and Welfare Services
Department of National Defence / Government of Canada

June 2018

The opinions expressed in this paper are those of the authors and should not be interpreted as the official position of the Canadian Armed Forces, nor of the Department of National Defence.

Abstract

To inform the development of a Comprehensive Military Family Plan, Military Family Services and Canadian Forces Morale and Welfare Services conducted a research study, “***Understanding the Needs of Canadian Armed Forces Personnel and their Families Who Care for Elderly Parents***”. The objective of this research was to understand the stressors facing military families who are caring for elderly parents and the professional supports accessible and used by them.

In total, 110 Regular Force personnel and/or spouses who were caring for an elderly parent completed the survey. The majority of respondents were female between the ages of 35-44, either a Regular Force member or civilian employee, and married/common-law. One-quarter of the respondents had relocated due to a posting 4-6 times in the military career. And 80% of respondents had deployed to an overseas mission at least once.

Results revealed that the majority of respondents caring for elderly parents feel their emotional health and, to a lesser extent, their physical health is suffering as a result of their caregiving responsibilities. Yet more than half had not accessed military family support services. Reasons for not accessing their services included being turned away, not having time, and not having services that would be useful to them. About 1 in 5 did not know where or when to seek help. The majority also stated their caregiving responsibilities had a financial impact on their family, but they had not accessed financial assistance.

For almost half of respondents, the burden of caregiving impacted their decision to accept a posting requiring a relocation. And for one-fifth, it impacted their ability to deal with a deployment.

Respondents suggested a number of resources that they would like to be able to access for support. Most common were respite care, financial assistance and benefits, flexible work hours, and specialized health care provision.

Recommendations are provided to help address some of these issues, including realignment of the Military Family Service Program, availability of services, and additional support targeted to military families caring for elderly parents.

Résumé

Pour guider l'élaboration du Plan global pour les familles des militaires, les Services aux familles des militaires et les Services de bien-être et moral des Forces canadiennes ont mené une étude intitulée **Comprendre les besoins des membres des Forces armées canadiennes et des membres de leur famille s'occupant de parents âgés**. Ce projet de recherche visait à mettre en lumière les facteurs de stress que vivent les familles des militaires qui prennent soin d'un parent âgé ainsi que les mécanismes de soutien professionnels qu'elles connaissent et qu'elles utilisent.

Au total, 110 membres de la Force régulière et conjoints de membres de la Force régulière s'occupant d'un parent âgé ont répondu au sondage. La majorité des répondants étaient des femmes âgées de 35 à 44 ans membres de la Force régulière ou employées civiles étant mariées ou vivant en union de fait. Le quart des répondants avaient dû déménager de quatre à six fois en raison d'une affectation militaire. De plus, 80 % des répondants ont dû partir en mission à l'étranger au moins une fois.

Les résultats ont révélé que la majorité des répondants s'occupant d'un parent âgé sentaient que leur santé émotionnelle – mais aussi physique, dans une moindre mesure – souffrait en raison de leurs responsabilités d'aidant. Cela dit, plus de la moitié n'avaient pas eu recours à des services de soutien destinés aux familles des militaires. Ils ont entre autres déclaré s'être fait refuser l'accès à de tels services, ne pas avoir le temps d'aller chercher de tels services et ne pas avoir accès à des services qui leur seraient utiles. Environ un répondant sur cinq a déclaré ne pas savoir où se diriger pour obtenir du soutien. La majorité ont également souligné que leurs responsabilités d'aidant avaient des répercussions financières pour leur famille, mais qu'ils n'avaient pas obtenu d'aide financière.

Pour près de la moitié des répondants, le fardeau de leurs responsabilités d'aidant avait joué un rôle dans leur décision d'accepter une affectation qui les forcerait à déménager. Pour un répondant sur cinq, ce fardeau avait eu une influence sur la capacité de leur famille à composer avec un déploiement.

Les répondants ont suggéré quelques ressources et services de soutien qu'ils aimeraient avoir à leur disposition, principalement des services de relève, de l'aide et des indemnités financières, un horaire de travail flexible et l'accès à des soins de santé spécialisés.

Des recommandations sont fournies pour aider à remédier à certains des problèmes soulevés, notamment le réalignement du Programme des services aux familles des militaires sur le plan de la disponibilité des services et de la prestation de services de soutien supplémentaires conçus pour les familles des militaires qui s'occupent d'un parent âgé.

Contents

Abstract.....	i
Résumé.....	ii
Contents.....	iii
List of Figures.....	iv
List of Tables.....	iv
1 Introduction.....	1
2 Methods.....	2
3 Results.....	4
3.1 Demographics.....	4
3.1.1 Respondent Demographics.....	4
3.1.2 Military Characteristics.....	5
3.1.3 Relocations Due to Postings.....	6
3.1.4 Deployments to Overseas Missions.....	7
3.2 Caregiving Experiences.....	8
3.2.1 Caregiving Responsibilities.....	8
3.2.2 Impacts on Caregiver.....	10
3.2.3 Support Resources.....	13
3.2.4 CAF Mental Health Continuum and Seeking Support.....	15
3.2.5 Impacts on the Family.....	16
4 Discussion.....	20
5 Conclusion and Recommendations.....	22

List of Figures

Figure 1: Percentage of Caregivers Providing Help to Parents by Problem(s)	8
Figure 2: Percentage of Caregivers by Caregiving Tasks	9
Figure 3: Percentage of Caregivers Who Are Also Caring for Their Own Children	10
Figure 4: Percentage of Caregivers Who Felt the Time Spent on Caregiving Reduced the Amount of Time they Spent on Various Other Activities	11
Figure 5: Common Emotions Resulting from Caregiving Responsibilities	11
Figure 6: Percentage of Caregivers by Caregiving Tasks	12
Figure 7: Access of Military Family Support Services	13
Figure 8: CAF Mental Health Continuum.....	15
Figure 9: CAF Mental Health Continuum Support Strategies	16

List of Tables

Table 1: Respondents by Geographic Location	2
Table 2: Respondent Demographics	4
Table 3: Respondents Connection to Military	5
Table 4: Years at Current Location	6
Table 5: Total Number of Posting-Related Relocations During Military Career	6
Table 6: Total Number of Deployments to an Overseas Mission	7
Table 7: Deployment-Related Briefings	7
Table 8: Percentage Distribution Among All Health Conditions or Problems	9
Table 9: Additional Stress and Coping	12

1 Introduction

Military Family Services (MFS) and Canadian Forces Morale and Welfare Services (CFMWS) conducted a research study in 2018 called “***Understanding the Needs of Canadian Armed Forces Personnel and their Families Who Care for Elderly Parents***” to inform the development of a Comprehensive Military Family Plan.

The Comprehensive Military Family Plan is an initiative within the new Defence Policy, STRONG SECURE ENGAGED, released by the Government of Canada in June 2017. This policy is deliberately ambitious and provides unprecedented support to Canadian Armed Forces (CAF) members and their families. It offers clear direction on Canada’s defence priorities over a 20-year horizon. It focuses on ensuring military personnel and their families are well-supported, diverse and resilient – physically, psychologically and socially – from the moment they join the Canadian Armed Forces, throughout their careers, to the time they transition out of the military.

As stated in STRONG SECURE ENGAGED, military families are the strength behind the uniform. They share in the stresses and strains resulting from deployments of their loved ones into dangerous operational duty, and the prolonged separations they entail. They also make important sacrifices and face challenges associated with frequent relocation, such as finding new family health care providers, re-establishing child care, moving children between schools and education systems, professional licensing and dealing with inconveniences such as changing drivers’ and vehicles licenses when moving between provinces. They must also deal with the financial instability resulting from frequent moves, whether it be the loss of employment, different tax systems or changes to post-living differentials.

CFMWS was tasked with the implementation of STRONG SECURE ENGAGED Initiative 24 – Develop a Comprehensive Military Family Plan. Specifically, the STRONG SECURE ENGAGED Defence Policy detailed the following to be included within Initiative 24:

- Providing an additional \$6 million per year to modernize Military Family Support Programs, such as Military Family Resource Centres (MFRCs), to provide better support to families when members are deploying or during periods of absence;
- Establishing relocation expertise to help military families find and access the services they need in a new community; and
- Working with federal, provincial and private sector partners to improve the coordination of services across provinces to ease the burden of moving.

The objective of this research was to inform specifically the first and second components of the Comprehensive Military Family Plan from the perspective of military families who are providing care to elderly parents.

2 Methods

An online survey was developed based on an initial review of existing literature on CAF family experiences. The objective of this research was to understand the needs of CAF personnel and their families who are caring for elderly parents.

This survey focused on understanding the demographics of respondents, the stressors facing military families who are caring for elderly parents and the professional supports accessible and used by them. To better understand these issues, eligibility was limited to CAF Regular Force (RegF) members and/or their spouses who were currently caring for an elderly parent.

This research study was approved by the Director General Military Personnel Research and Analysis Social Science Research Review Board in accordance with Defence Administrative Order Directive 5062-0 and 5062-1 with approval number 1730/17.

An initial “invitation to participate” email was sent in February 2018 to all 32 MFRCs in Canada as well as to MFS Europe and MFS US, requesting that the survey be promoted among the families in their communities. Additionally, MFS promoted the research through their social media channels. The survey remained open for 6 weeks, after which data was compiled and analysed.

In total, there were 110 responses from military family members who are caring for elderly parents from 24 geographic locations. No responses were received from the following locations:

- Calgary
- Cold Lake
- Gander
- Goose Bay
- London
- Moose Jaw
- North Bay
- Prince Edward Island
- St. John’s
- Yellowknife

Therefore, all reported results represent only the 24 locations in the following table.

Table 1: Respondents by Geographic Location

	Respondent Count	% of All Respondents
Bagotville	8	7%
Borden	3	3%
Central Saskatchewan / Dundurn	4	4%
Chilliwack	1	1%
Edmonton	21	19%
Esquimalt	9	8%

	Respondent Count	% of All Respondents
Europe	2	2%
Gagetown	5	5%
Greenwood	4	4%
Halifax and Region	8	7%
Kingston	3	3%
Mainland BC	2	2%
Meaford	7	6%
Ottawa (NCR)	5	5%
Petawawa	2	2%
Shilo	10	9%
St-Jean / Montreal	2	2%
Suffield	1	1%
Toronto	4	4%
Trenton	2	2%
USA	1	1%
Valcartier	1	1%
Wainwright	2	2%
Winnipeg	3	3%
TOTALS / AVERAGE	110	4%

While the sample size is small, the purpose of this research was not to conduct a comprehensive study with full representation of all CAF families caring for elderly parents, but rather to gain a more in-depth exploratory understanding of their issues and experiences.

All qualitative comments in this report are taken directly from the surveys, and any errors or apparent errors in the transcribed material do not arise from transcription but rather from being reproduced exactly as spelled or presented in the original source.

3 Results

3.1 Demographics

3.1.1 Respondent Demographics

The typical parent respondent was female (68%), either a RegF member (45%) or civilian employee (36%), between the ages of 35-44 (46%), and married/common-law to a RegF member (64%). For the large majority of respondents (85%), English is their primary language.

For comparison purposes, demographics are presented as percentage of respondents to this survey (n=110) alongside the percentage of all respondents to the CAF Community Needs Assessment conducted in 2016¹ (n=8,049).

Table 2: Respondent Demographics

	Overall % of Respondents (n=110)	Comparison to CAF Community Needs Assessment 2016
Gender		
Male	32%	61%
Female	68%	39%
Age		
18-24	3%	6%
25-34	31%	32%
35-44	46%	42%
45-54	15%	16%
55-64	5%	4%
Marital Status		
Common-Law with Civilian	8%	n/a
Common-Law with RegF member	17%	n/a
Common-Law with ResF member	0%	n/a
Divorced	0%	n/a
Married to Civilian	21%	n/a
Married to RegF member	47%	n/a
Married to ResF member	2%	n/a
Separated	0%	n/a
Single	4%	n/a
Widowed	1%	n/a

¹ Prairie Research Associates. (2017). *CAF Community Needs Assessment 2016 Overall Results*. Ottawa, ON: Canadian Forces Morale and Welfare Services.

	Overall % of Respondents (n=110)	Comparison to CAF Community Needs Assessment 2016
Primary Language		
English	85%	95%
French	11%	5%
Current Employment Status		
Civilian Employee (non-military)	34%	10%
Civilian Employee (DND, NPF)	2%	13%
RegF member	45%	60%
ResF member	2%	8%
Self-employed	3%	1%
Homemaker / Not Seeking Employment	15%	3%
Unemployed / Seeking Employment	4%	1%
Retired	3%	1%
Other	0%	2%
Note: Due to rounding and that some respondents did not provide an answer, totals may not sum to 100%.		

Just over half of all respondents were civilian spouses of RegF members, and just under half were RegF members of which 16% were part of dual service couples.

Table 3: Respondents Connection to Military

	Overall % of Respondents (n=110)	Comparison to CAF Community Needs Assessment 2016
Connection to Military		
RegF member (single or with civilian spouse)	33%	58%
RegF member (dual service couple)	16%	3%
Civilian spouse of RegF member	57%	13%
Recently medically-released RegF member	4%	n/a
Civilian spouse of a recently medically-released RegF member	0%	n/a
Other	0%	26%
Note: Due to rounding and that some respondents did not provide an answer, totals may not sum to 100%.		

3.1.2 Military Characteristics

Respondents were asked to respond to a variety of questions related to the military careers, including connection to military, years served, environment, postings, etc.

Half of respondents indicated they or their spouse was with the Canadian Army (53%). Almost one-third (27%) were with the Royal Canadian Air Force. And 13% were with the Royal Canadian Navy. The remaining were with other elements and or commands.

On average, respondents indicated the military personnel had served in the CAF for 14 years. The years served ranged anywhere from 0.5 to 31 years of service.

3.1.3 Relocations Due to Postings

Respondents were asked a variety of questions on the military career related to postings and relocations. For comparison purposes, these results are presented alongside the results of both the Relocation Experiences study conducted by CFMWS² and the Impacts of Military Lifestyle on Military Families study conducted by DGMPRA³.

More respondents in this study had been at their current location for 5 years or more.

Table 4: Years at Current Location

	% of Respondents (n=110)	Compared to Relocation Experiences	Comparison to CAF CNA 2016
Less than 1 year	16%	34%	18%
1-2 years	19%	30%	25%
3-4 years	28%	31%	32%
5 or more years	38%	5%	35%

Note: Due to rounding and that some respondents did not provide an answer, totals may not sum to 100%.

Approximately 5% of respondents are currently on Imposed Restriction, which is similar to the percentage in the Relocation Experiences study (4%).

Respondents were fairly evenly distributed between 1-6 relocations, most of which were to different provinces, over the course of the military career.

Table 5: Total Number of Posting-Related Relocations During Military Career

	% of Respondents (n=110)	Comparison to Relocation Experiences	Comparison to Impacts of Military Lifestyle
Total Number of Relocations			
0	14%	0%	15.7%
1	22%	20%	28.3%
2	20%	24%	19.3%
3	15%	22%	13.4%
4-6	26%	26%	17.5%
7-9	3%	4%	4.1%
10+	0%	4%	1.5%

Note: Due to rounding and that some respondents did not provide an answer, totals may not sum to 100%.

² Manser, L. (2018). *Relocation Experiences. The Experiences of Military Families with Relocations Due to Postings – Survey Results*. Ottawa, ON: Military Family Services, Canadian Forces Morale and Welfare Services.

³ Wang, Z., Aitken, N. CAF Family Research Team. (2016). *Impacts of Military Lifestyle on Military Families: Results from the Quality of Life Survey of Canadian Armed Forces Spouses*. Director Research Personnel and Family Support, Director General Military Personnel Research and Analysis, Defence Research and Development Canada Scientific Report DRDC-RDDC-2016-R012, Ottawa, Canada.

3.1.4 Deployments to Overseas Missions

Respondents were asked a variety of questions on their deployment experiences.

For most respondents, the military member had been deployed either 1 time or 4-6 times to an overseas mission while serving with the CAF.

Table 6: Total Number of Deployments to an Overseas Mission

	% of Respondents (n=110)
Total Number of Deployments to an Overseas Missing	
0	20%
1	22%
2	18%
3	14%
4-6	22%
7+	4%
Note: Due to rounding and that some respondents did not provide an answer, totals may not sum to 100%.	

Almost one-quarter of respondents had not attended any deployment-related briefings. Results are presented in comparison to the CAF Community Needs Assessment.

Table 7: Deployment-Related Briefings

	Overall % of Respondents (n=110)	Comparison to CAF Community Needs Assessment 2016 (n=6,582)
Yes, through the CAF	44%	27%
Yes, through the MFRC	27%	13%
Yes, online through the Road to Mental Readiness Training	6%	n/a
No	23%	60%
Note: Due to rounding and that some respondents did not provide an answer, totals may not sum to 100%.		

3.2 Caregiving Experiences

3.2.1 Caregiving Responsibilities

Respondents were asked a number of questions related to the caregiving responsibilities they are engaged in. Where possible, the results reported in this section are compared to those of the general Canadian population⁴.

Of the approximately 60 respondents who provided an answer to the type(s) of problems their parents were requiring caregiving help with, almost four-fifths were providing assistance for general ageing problems. Respondents could select all problems that apply, as such percentages add up to more than 100.

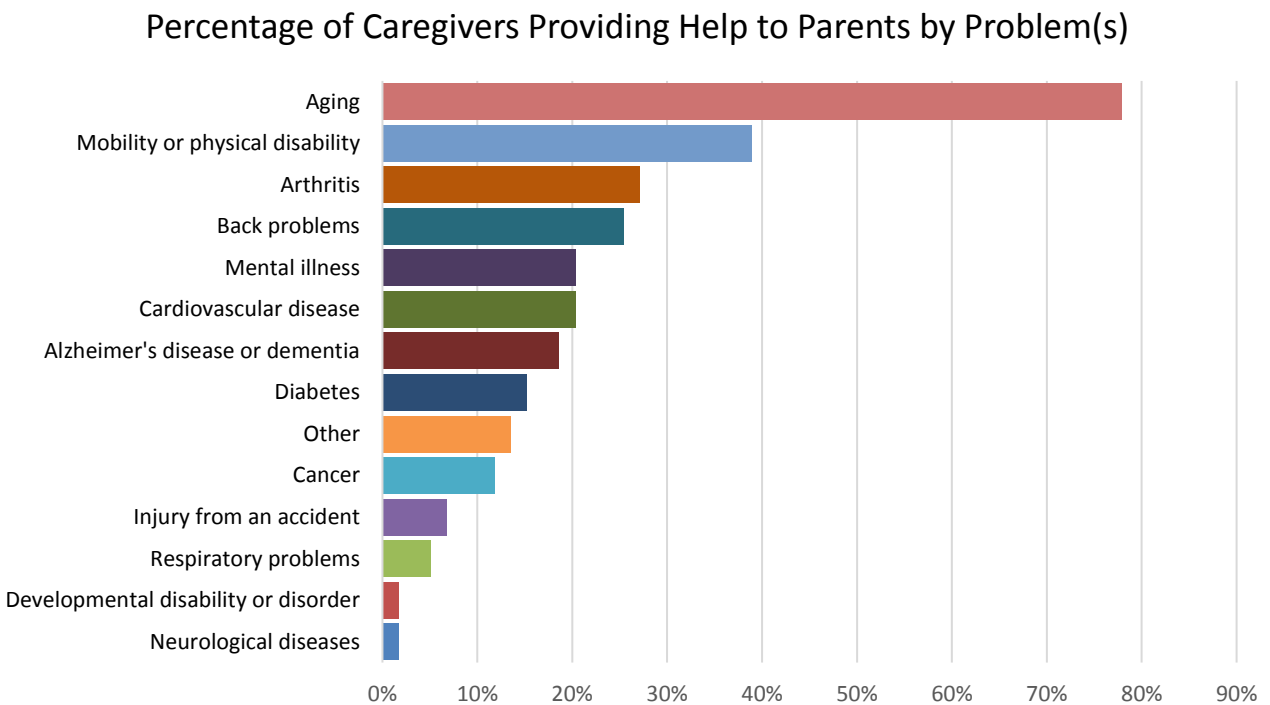


Figure 1: Percentage of Caregivers Providing Help to Parents by Problem(s)

In terms of the percentage distribution among all health conditions or problems, the distribution identified by respondents are somewhat similar to those identified by the general Canadian population.

⁴ Sinha, M. (2013). *Portrait of Caregivers, 2012*. Catalogue No. 89-652-X–No.001. Ottawa: Statistics Canada.

Table 8: Percentage Distribution Among All Health Conditions or Problems

	Overall % of Respondents (n=59)	Comparison to Statistics Canada 2013
Aging	27%	28%
Mobility or physical disability	14%	~2%
Arthritis	10%	~4%
Back problems	9%	~3%
Cardiovascular disease	7%	9%
Mental illness	7%	7%
Alzheimer's disease or dementia	7%	6%
Diabetes	5%	~4%
Cancer	4%	11%
Injury from an accident	2%	~5%
Respiratory problems	2%	~2%
Neurological diseases	1%	~6%
Developmental disability or disorder	1%	~2%
Other	5%	~12%

Of the 64 respondents who provided an answer to the types of caregiving activities provided and their frequency, managing finances and providing transportation were the most common.

Percentage of Caregivers by Most Common Caregiving Task

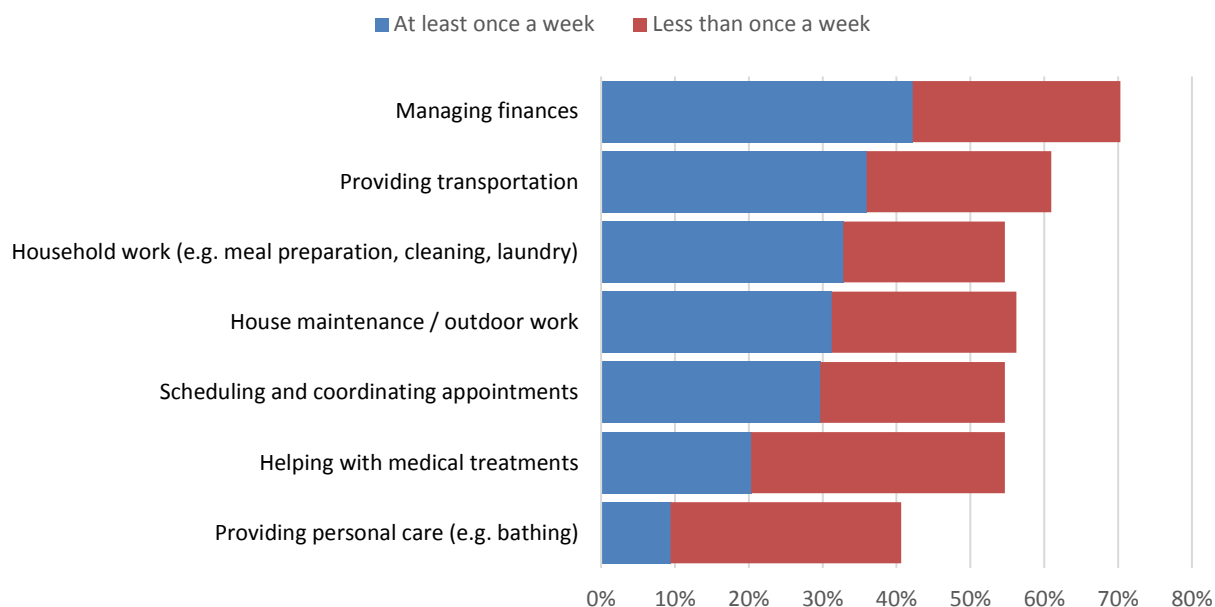


Figure 2: Percentage of Caregivers by Caregiving Tasks

These are similar with those identified by the general Canadian population, where the most common task was providing transportation (73%), household work (52%), house maintenance / outdoor work (45%).

Of 40 respondents who detailed how many hours a week they spend on caregiving activities, the average was 7.5 hours. This is similar to the general Canadian population where most caregivers spend under 10 hours a week, although higher than those who are caring specifically for parents (3-4 hours a week).

Among 47 respondents who answered, on average they had been providing care for their elderly parent for 5.5 years. Similar to the general Canadian population, half of caregivers had been caring for a loved one for 4+ years, and those who longer-term caregivers (4+ years) were more likely caring for an aging family member.

The majority of caregivers were also caring for their own children.

Percentage of Caregivers Who Are Also Caring for Their Own Children

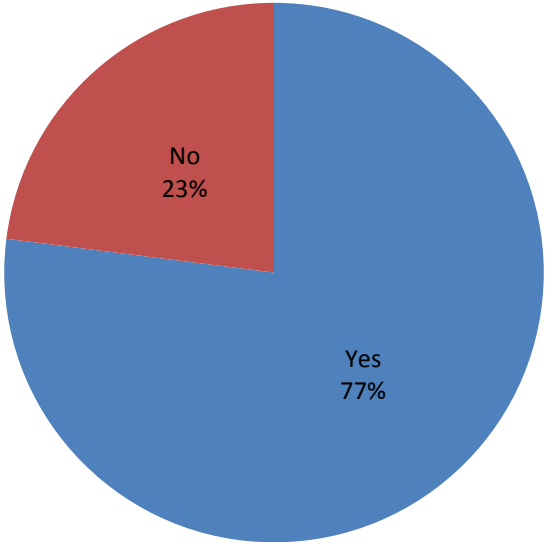


Figure 3: Percentage of Caregivers Who Are Also Caring for Their Own Children

3.2.2 Impacts on Caregiver

The time spent on relaxing or taking care of themselves was most impacted by the caregiving responsibilities of respondents.

Has the Time Spent on Caregiving Caused You to Reduce the Amount of Time You Spend:

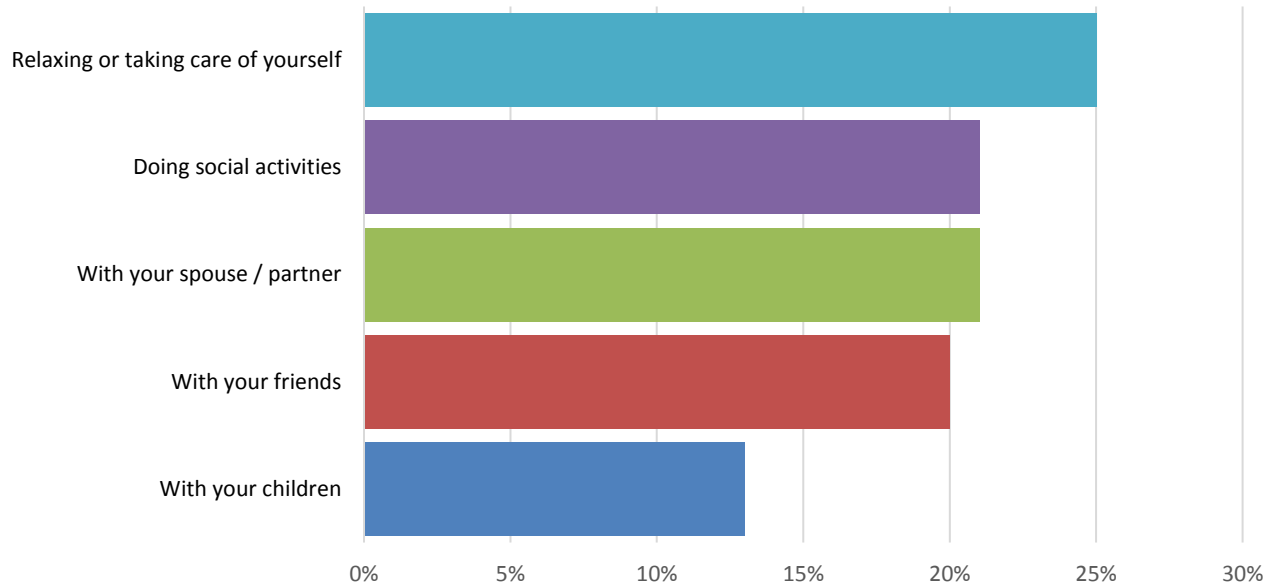


Figure 4: Percentage of Caregivers Who Felt the Time Spent on Caregiving Reduced the Amount of Time they Spent on Various Other Activities

The most common emotions resulting from caregiving responsibilities are feeling tired, overwhelmed and worried or anxious.

Most Common Emotions Resulting from Caregiving Responsibilities

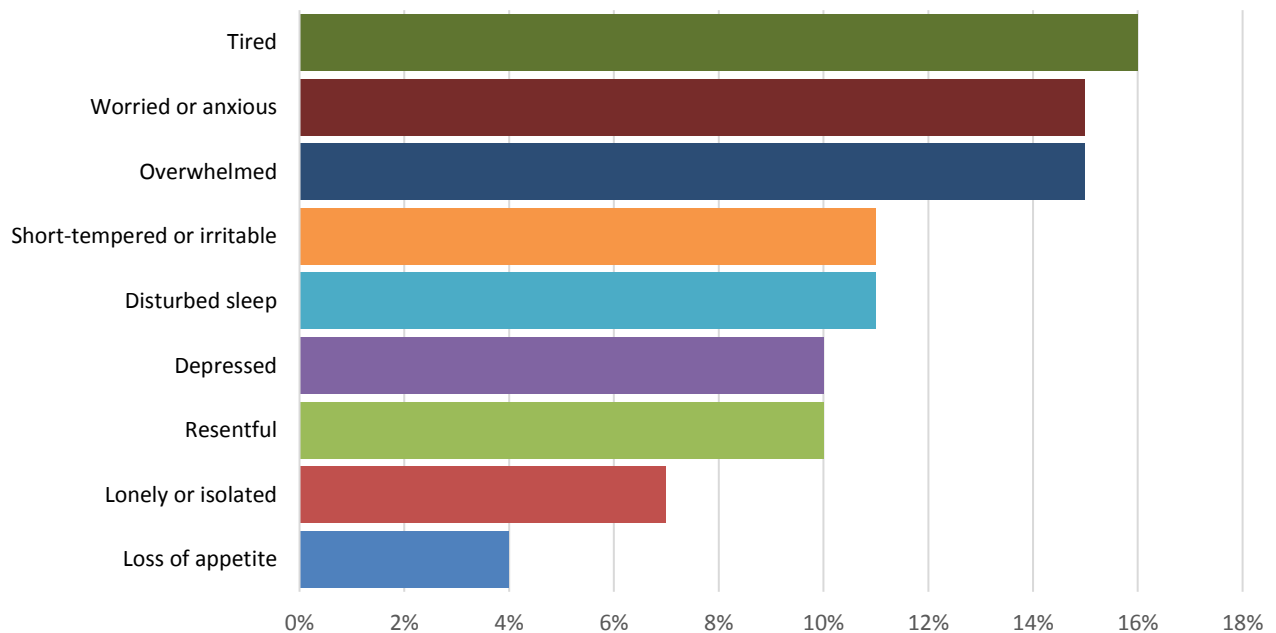


Figure 5: Common Emotions Resulting from Caregiving Responsibilities

More respondents (74%) believe their emotional health suffered as a result of their caregiver responsibilities as opposed to their physical health (36%). However, one-third of respondents suffering physically and three-quarters suffering emotionally is concerning.

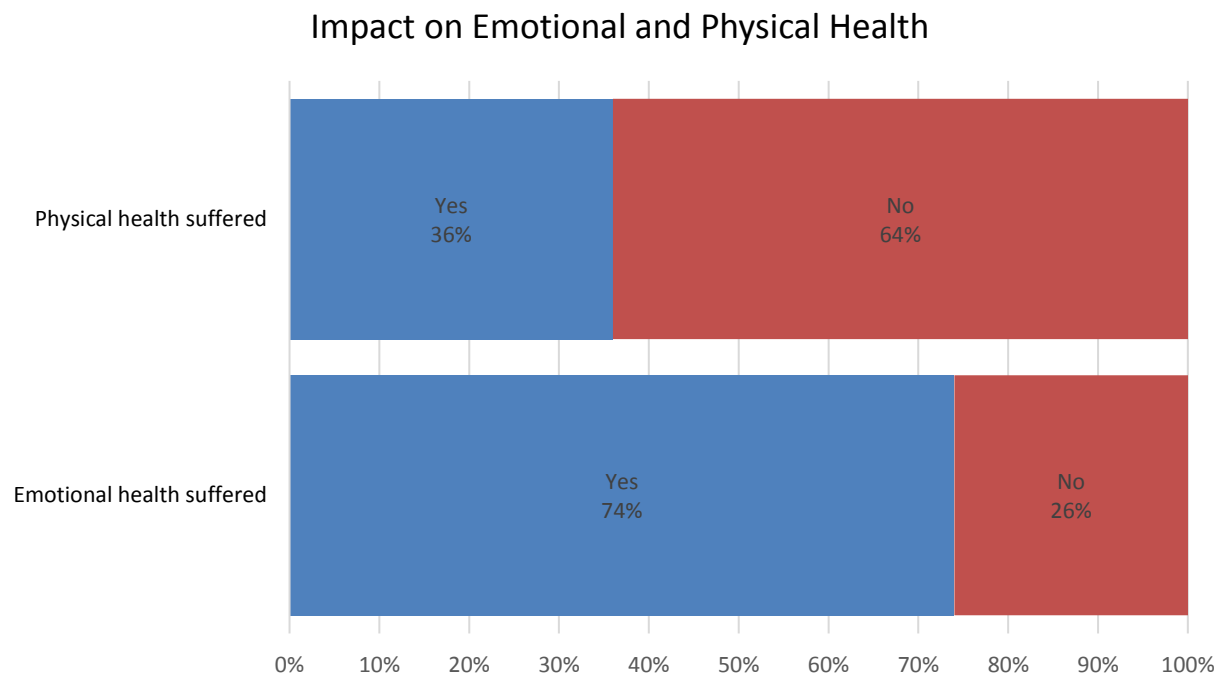


Figure 6: Percentage of Caregivers by Caregiving Tasks

In general, respondents feel they are coping somewhat with somewhat stressful responsibilities. They feel they know how to deal with the extra stress somewhat, and that the experience of caregiving has been somewhat rewarding. While many felt they received support from their family and friends, the majority they received no support from the CAF (71%) or the MFRC (65%).

Table 9: Additional Stress and Coping

	Not Coping Well	-	Coping Somewhat	-	Effectively Coping
Do you feel you are coping with the caregiving responsibilities?	4%	11%	51%	17%	17%
	Not Very Stressful	-	Somewhat Stressful	-	Very Stressful
How stressful are your caregiving responsibilities?	17%	12%	37%	27%	8%

	Not Too Much	-	Some	-	A Great Deal
How well do you feel you know how to deal with the extra stress added to your life because of your caregiving responsibilities?	4%	6%	57%	25%	9%
	Not At All Rewarding	-	Somewhat Rewarding	-	Very Rewarding
Has the experience of providing care been rewarding?	11%	18%	38%	18%	16%
	Not Much at All	-	Some	-	Very Much
Do you feel you have support to handle the extra stress associated with your caregiving responsibilities from...					
...your family?	29%		33%		39%
...your friends / personal networks?	37%		45%		18%
...the CAF?	71%		23%		6%
...the MFRC?	65%		29%		6%
Note: Due to rounding and that some respondents did not provide an answer, totals may not sum to 100%.					

3.2.3 Support Resources

Respondents were asked if they had ever accessed specific military family support services. Less than half had ever accessed MFRCs, and even less had accessed www.cafconnection.ca or Family Information Line.

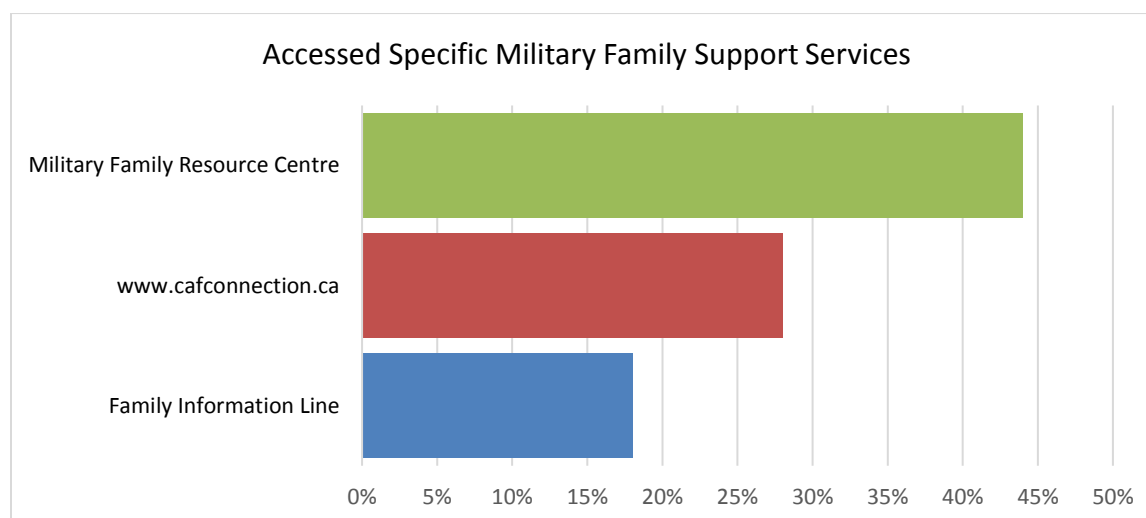


Figure 7: Access of Military Family Support Services

Of those who had accessed specific military family support services, some of their additional comments included (sic):

- *Deployment, disability support for a child, compassionate care*
- *PTSD couples therapy*
- *Emergency child care*
- *Deployment, mental health counsel for child*
- *Finding a life balancing job*
- *R2MR, advice*
- *Counselling*
- *Therapist referral*
- *thérapie de couple*
- *Information about mail, events, facilities, yes*

Of those who didn't access specific military family support services, some of their additional comments included (sic):

- *Nothing to offer*
- *Turned away*
- *Not applicable to us*
- *Ne correspondent pas*
- *eligibility*
- *No time*
- *pas nécessaire*

When asked what resources they would like to be able to access for support, some of the comments included (sic):

- *respite care, financial assistance*
- *unsure what is available to start with*
- *IN home care while I am at work*
- *Mfrc*
- *Nursing staff for home visits*
- *Free transportation to appointments or other events*
- *conseils en matiere d immigration*
- *Flexible work hours*
- *Employment for family, work, life balance*
- *Any*
- *How to help aging parents across the country when we are posted to a different province.*
- *Medical benefits*
- *Therapy*
- *Respite, paid child care capable of handling a medical needs child*
- *Discounts or funding assistance to keep aging parents in own home*
- *Benefits to add parents to sunlife plan as a dependant*
- *LTA to visit parents*
- *Money*

3.2.4 CAF Mental Health Continuum and Seeking Support

The CAF developed the Mental Health Continuum to help explain how individuals cope. The Mental Health Continuum describes the spectrum of mental health concerns that may impact CAF members and their families. Mental health is not an all or nothing concept – individuals are not either sick or healthy. Rather mental health exists along a continuum.

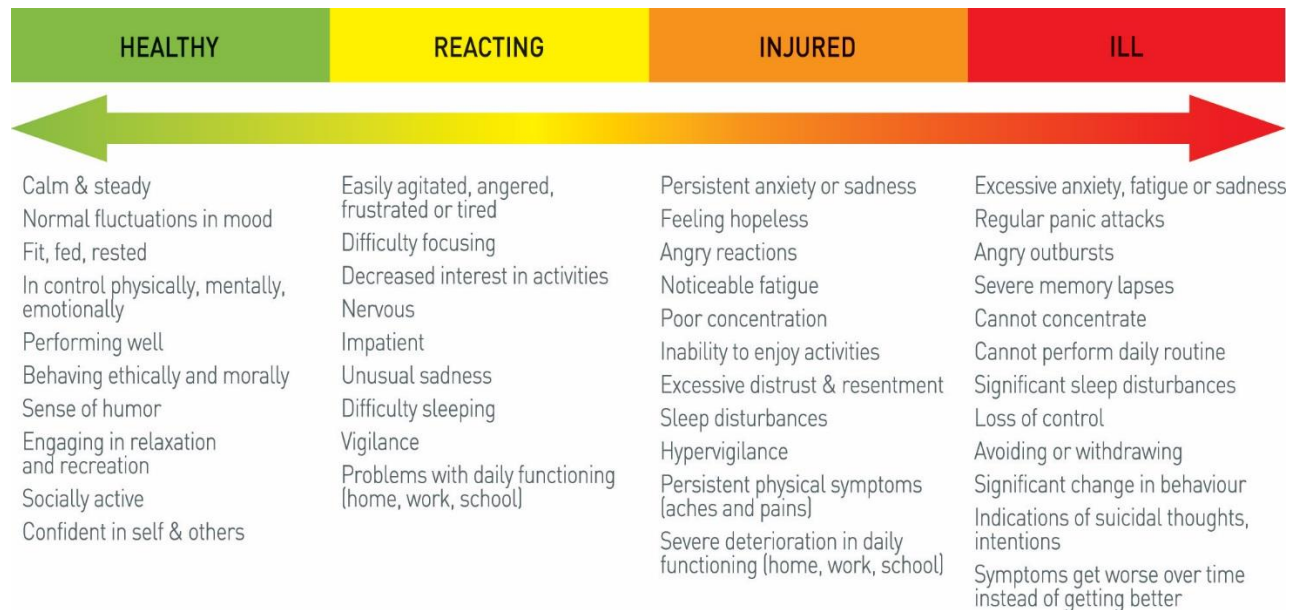


Figure 8: CAF Mental Health Continuum

The Mental Health Continuum Model goes from healthy, adaptive coping (green), through mild and reversible distress or functional impairment (yellow), to more severe, persistent injury or impairment (orange), to clinical illnesses and disorders requiring more concentrated medical care (red).

Throughout one’s life, an individual may find themselves moving in and out of the yellow/reacting zone of the continuum. This is a normal reaction to stressful situations. However it is important at this stage along the continuum to employ positive, effective coping strategies to return to green. It is equally important to monitor one’s mental health and watch for signs that an individual may be moving further along the continuum in the orange or red zones so that they can get the extra support required to return to green.

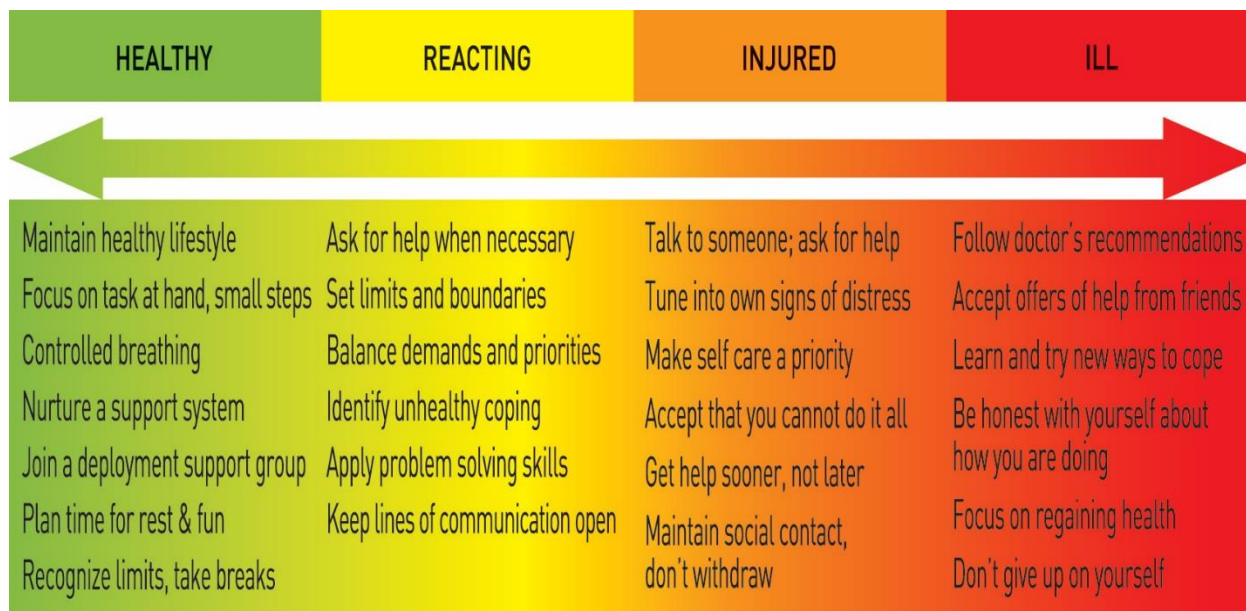


Figure 9: CAF Mental Health Continuum Support Strategies

Every situation differs and each person will move along this continuum at a different pace. But movement can happen in both directions along the continuum, indicating that there is always the possibility for a return to complete health and functioning.

Depending on where each person is on the Mental Health Continuum, a different level of service may be required. And each member of a family dealing with a mental health issue may fall in different areas of the continuum. For family support to be truly effective, mental health services must be tailored to fit the unique needs of each individual where he/she falls within the Mental Health Continuum.

When asked if respondents had heard of the CAF Mental Health Continuum, almost two-thirds of respondents (64%) had heard of it. More than half of respondents felt they knew enough about the warning signs to know when to seek help for changes in their or their family's mental health, and 30% felt somewhat sure they knew enough. Only 17% felt they did not know enough to know when to seek help.

Almost one-fifth of respondents stated they did not know where to go for support if they needed help to deal with their own or their family's mental health struggles. Just over one-third (36%) felt they know where to go, and 45% felt they knew to some extent where to go for help.

3.2.5 Impacts on the Family

Almost two-thirds of respondents stated caregiving responsibilities had a financial impact on their family. Some of their comments include (*sic*):

- *Air travel, hospital expenses, food, temporary separation from family*
- *We had to move to a much larger home on our own dime because we are posted away from family. 200K more debt including moving parents into province and new home.*

- *Travel costs*
- *my mother in law cannot afford living on her own, and lives with us*
- *I pay for some bill. Therefore less for my own family needs*
- *No savings on my life*
- *It has cost in services paid for and in loss of income due to time off work*
- *We provide all financial support*
- *Trying to place one grandparent in a facility while the other is home*
- *Not Currently working due to depression caused by prolonged period of stress*
- *Financial support to Parent*
- *Extra groceries, extra fuel, more leave needed IOT go to appointments, so not used for family*
- *Moins d'argent pour moi*
- *Cant find employment to balance with other responsibilities*
- *Paying for travel and accommodation when going home to help parents*
- *Paying for medications, gas to appointments, parent resides with us so providing basic needs unmet by provincial disability*
- *We pay all utilities, yard maintenance and snow removal best we can do from so far away*
- *Additional expenses with all bills including groceries hydro cogeco. Had to purchase new phone for parent. Need to assist with medical expenses and help find new vehicle.*
- *loss of work; direct monetary costs*
- *Moins d'argent disponible*

Just over half of respondents (56%) stated they were satisfied with their work / life / caregiving balance. Of the 44% who were not satisfied with this balance, some of their comments include (sic):

- *Travelling to and from a different province is difficult. My father wants to live home as long as possible*
- *3 young kids, TWO aging parents, fulltime job and DH who is away all the time.*
- *I want to do more and I can't*
- *most stuff takes place on weekends cutting away from time to do other stuff*
- *All we do is work and care*
- *It's all work or care for them*
- *Always shouldering the responsibility*
- *C'est vraiment ici le noeud. Je suis Ã l'exterieur et je ne peux pas m'occuoeer de mes parents qui sont vieillissants. Je dois voyager les fins de semaine si je veux qu'ils se sentent aimés et moins isolés. Les mutations nous empachent de prendre soin de nos parents qui ne sont nullement considés lorsque vient le temps des postings sauf s'ils habitent sous notre toit.*
- *Less Time at Home*
- *no time to self*
- *I feel like I have to be available in case something happens and I have to leave suddenly.*
- *Never enough hours in the day*
- *Lack of career makes it worse*
- *It's stressful not living close to aging parents. I'm worried a lot and it's too expensive to keep going home.*
- *Stressful*

- *I would like to return to school and work and can't because of the caregiver needs and my children*
- *Concerned for my dad who is on his own. He lives 3 hrs away from me.*
- *Disappointment*

For more than one-third of respondents (37%), providing care impacted their employment or ability to work. Some of their comments include (*sic*):

- *The need to be available at anytime for my parent, for support of my husbands military career and support for my oldest son who has disabilities and regular parenting*
- *Appointments and transportation of parents*
- *time taken off from work*
- *I have to take time off work, employers don't want to hire you, passed by for promotion due to lost time*
- *Appointments, meetings*
- *Currently on medical leave for depression*
- *Le temps plein ne convient pas prend un horaire flexible*
- *Have to take leave from work IOT got to Ottawa frequently*
- *It is too stressful to care for my child and travel to care for my parents, so I do all my preparations during the time I would normally work.*
- *At times of mental health crisis we need time off to deal*
- *Evenings and weekends are impossible especially when my spouse is traveling for work and gone for weeks/months at a time*
- *Sometimes I have to take vacation or not work as much so I can plan a long trip home.*
- *Stress leave*
- *Trained as an lpn but can't work*
- *I have to stay for days at a time*
- *Missed shifts*

The majority of respondents (89%) had not accessed financial support to assist with their caregiving responsibilities. Of the 11% who accessed financial support, some of their comments include (*sic*):

- *Extra mortgage, line of credit*
- *was denied as my husband and I apparently make too much*
- *Provincial disability*

For 44% of respondents, providing care for a parent impacted their family's decision to accept a posting requiring relocation. Some of their comments include (*sic*):

- *Distance from my parents location, financially it's easier to be closer*
- *My husband will retire if we get posted.*
- *parent can not move so needed to stay in location longer and not ask for a posting*
- *we have asked to stay in Kingston due to her medical needs. We would like to move*
- *no one is around to help them if something bad were to happen due to their declining health due to age*
- *Yes to say no to a posting on I/R*
- *Asked for posting to Manitoba*

- *cannot move, spouse turned down promotion*
- *We specifically requested Esquimalt so I would be within a 3 hour drive.*
- *We cannot go - compassionate posting here was god send-*
- *We feel guilty moving away.*
- *Parent requires various medical practitioners which can only be provided in a major city*
- *turned down a posting*

For 21% of respondents, providing care for a parent impacted their family's ability to deal with a deployment. Some of their comments include (sic):

- *My husband was deployed to the USA when my mother was dying from lung cancer*
- *It would be very difficult if he were deployed, but we did 5 years of restricted posting so we could handle it.*
- *I feel like I am spread very thin and have no contingency plan for my parents when my husband is away.*
- *On top of all the deployment stress, it's hard when your parents are aging, needing help but having no family close by, and trying to help parents who have a mental illness.*
- *No support*
- *Deployment was very difficult to deal with everything alone*

4 Discussion

While the sample size for this study is small, it does shed some light to give an exploratory understanding of the experiences of military families who are caring for elderly parents. There is limited current research on elderly parent caregiving among CAF members, but the most comprehensive to date estimates that approximately 10% of all CAF members have caregiving responsibilities for elderly parents or disabled adult family members⁵. Among Canadians, over one-quarter (28%) provided care to a chronically ill, disabled or aging family member or friend in a one-year timeframe, almost half of which reported caring for their own parent(s) or parent(s)-in-law⁶. This would represent a national average of approximately 13% of Canadians caring for an elderly parent, similar to the rate found in the CAF Community Needs Assessment.

From the limited demographic data available on those CAF RegF members who have declared a dependent elderly parent⁷, a tentative profile can be seen. More than half are under the age of 40. Just under one-quarter have less than 5 years of service. Approximately 20% have served 6-10 years, and another 20% have served 11-15 years. Just over one-quarter have served more than 15 years. Over one-third are divorced, separated, widowed or single, while almost two-thirds are married / common law. A higher percentage of RegF personnel posted in Canada who have a declared dependant parent are female (24%) compared to the overall percentage of females in the RegF (15%) to males (85%).

To some extent, the respondents to this survey appear to be a reflection of this demographic. The typical respondent was female under the age of 45, either a RegF member or married to a RegF.

For one-quarter of the respondents, they had relocated due to a posting 4-6 times in the military career. And 80% of respondents had deployed to an overseas mission at least once.

The majority of respondents were providing help to their parents for general aging problems. To a lesser extent, respondents were providing help for mobility or physical disability problems, arthritis, back problems, mental illness or cardiovascular disease. Most frequently, they were providing financial management assistance, transportation and house maintenance or outdoor work. On average, these tasks consumed 7.5 hours a week, and they had been providing assistance for 5.5 years.

⁵ Prairie Research Associates. (2017). *CAF Community Needs Assessment 2016 Overall Results*. Ottawa, ON: Canadian Forces Morale and Welfare Services.

⁶ Sinha, M. (2013). *Portrait of Caregivers, 2012*. Catalogue No. 89-652-X–No.001. Ottawa: Statistics Canada.

⁷ Manser, L. (2018). *Profile of Military Families in Canada: 2017 Regular Force Demographics*. Ottawa, ON: Canadian Forces Morale and Welfare Services.

The caregiving responsibilities most impacted the time respondents spent on taking care of themselves or relaxing, and to a lesser extent, the time they spent doing social activities or time spent with their spouse/partner.

Most commonly, respondents felt tired, worried or anxious and overwhelmed because of their caregiving responsibilities. They believed their emotional health suffered as a result of caregiving.

The majority of respondents stated their caregiving responsibilities had a financial impact on their family, but they had not accessed financial assistance. For more than one-third, their caregiving responsibilities impacted their employment or their ability to work. The burden of caregiving impacted their decision to accept a posting requiring a relocation for almost half of respondents, and their ability to deal with a deployment for one-fifth of respondents.

Less than half of the respondents had ever accessed supports from MFRCs. Reasons for not accessing their services included being turned away, not having time, and not having services that were useful to them. Approximately 20% of respondents felt they did not know enough to know when to seek help for their mental health, nor did they know where to go to get support.

Respondents suggested a number of resources that they would like to be able to access for support. Most common were respite care, financial assistance and benefits, flexible work hours, and specialized health care provision.

5 Conclusion and Recommendations

The majority of respondents caring for elderly parents feel their emotional health and, to a lesser extent, their physical health is suffering as a result of their caregiving responsibilities. Yet more than half had not accessed support services. And some did not know where or when to seek help. Based on the results of this research, there are some areas of concern requiring attention, and the following recommendations are offered to help address these areas.

Recommendation #1: Military Family Services Program Realignment

The Military Family Services Program exists to help families through the more challenging aspects of the military lifestyle – those primarily being relocations due to postings, repeated absences from the family, and injury/death. Caring for an elderly parent affects whether a family can accept a posting requiring a geographical relocation, and to a lesser extent, their ability to deal with a deployment. Caring for an elderly parent also impacts the family – emotionally, physically, socially and financially. And while this type of challenge may only affect an estimated 10% of families, the negative impacts can be significant, both on the individuals in the family and also on operational readiness. As such, family services, such as those provided by MFRCs, should be available and accessible to assist these families with higher support requirements. Yet when respondents were asked if they accessed any military family support services, the majority had not, and some had been explicitly told they were not eligible for services. This speaks to a serious disconnect between military family needs, organizational mission, services offered and accountability mechanisms. The Military Family Services Program operational directive, funding and accountability mechanisms must be reviewed and realigned in light of existing research and evidence, including this study. Services need to be available to military families, regardless of their configuration, in a manner that directly addresses their needs, using evidence-based practices. And accountability measures need to be built in to ensure that those services are delivered in accordance with researched needs and evidence-based practices, and that military families, regardless of their configuration, are not being turned away or finding themselves unable to access those services.

Recommendation #2: Service Availability

The majority of respondents had not accessed any military family support services, primarily because they had been turned away, they did not have time, or they did not have services that were useful to them. One in 5 respondents stated they would not know where to go for support if they needed help. Efforts and resources should be invested to ensure information about services are made available to all military family members, regardless of their physical location, so families know where to go for help when they need it.

Recommendation #3: Support for CAF Personnel Caring for Elderly Parents

While some existing services may be relevant for military families caring for elderly parents (e.g. mental health information and resources), some services should be developed and tailored specifically to the realities and experiences of those caring for dependant adult family members. For instance, education and information about community services and specialized health care providers, preventing caregiver fatigue, or sources of financial assistance would be most relevant to families in these situations. And more online resources and peer support groups for those caring for parents would also be valuable, presuming these are marketed effectively and widely to reach potential users. Some type of respite care is essential to prevent caregiver burnout. The importance of respite care for families is recognized by the Military Family Services Program through its Emergency Child Care policy. The need for respite for those caring for adult dependants is equally important as those caring for young children, yet no similar supports currently exist for them. Respite support should be developed and implemented. Financial assistance, improved benefits, and flexible work hours would also benefit military families caring for elderly parents or other dependent adults.