



Military and Veteran Caregiving in Canada



Canadian Centre for
Caregiving Excellence
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The Canadian Centre for Caregiving Excellence (CCCE) believes that caregiving is the next frontier of public policy in Canada. Across the country, caregivers and care providers are working tirelessly to meet the needs of people in their care — and they need more support from every order of government.

CCCE advocates for policy changes that caregivers, care providers and recipients of care need. CCCE’s ambitious pan-Canadian public policy, research and advocacy goals bring together caregivers, care providers, people with lived and living experience, families, researchers and other stakeholders. CCCE works with federal, provincial and territorial governments, as well as with organizations and caregivers, to effect change, amplify ongoing work and provide support where needed.

CCCE’s focus areas include underserved communities, support networks and knowledge sharing, education and leadership development, and advocacy and policy development.

CCCE is a program of the [Azrieli Foundation](#).

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Land Acknowledgement

The office of the Canadian Centre for Caregiving Excellence is located in Toronto, TKaronto, on the traditional territory of the Anishinaabe, including the Mississaugas of the Credit, Haudenosaunee, and Huron-Wendat. This land has been governed by the Dish With One Spoon Wampum Belt for a thousand years and in recent times by the Williams Treaty and Treaty 13.

All people living in Canada are treaty people; we are all part of a relationship based on respect, co-operation, partnership and recognition of Indigenous rights.

CCCE is committed to equity for Indigenous caregivers and care providers and to learning from and working with Indigenous communities.

About the Military and Veteran Caregiving Project

CCCE initiated the Military and Veteran Caregiving Project to compile information and insights from research and people with lived and living experience. CCCE has been integrating the unique perspectives, considerations, and experiences of military-connected families within the National Caregiving Strategy.

This project builds on the experience and expertise of the Project Team, culminating in this foundational report, which draws from the following activities: an environmental scan and rapid, non-exhaustive review of Canadian literature; in-depth interviews with key stakeholders; participation in CIMVHR Forums (2024 and 2025); a rapid, non-exhaustive review of military and Veteran caregiving in the Five Eyes; an analysis of Veterans Affairs Canada's Caregiver Recognition Benefit, and a roundtable discussion on military and Veteran caregiving.

The Military and Veteran Caregiving Project Team is grateful to CCCE for its leadership on the project. The project would not have been possible without the generosity and wisdom contributed by the many military and Veteran caregivers, community service providers, researchers and policymakers who shared their experiences, research, stories and insights during the many interviews and gatherings.

About the Military and Veteran Caregiving Project Team

Nora Spinks

CEO, Work-Life Harmony Enterprises

Nora Spinks is the CEO of Work-Life Harmony Enterprises, a consulting firm expediting research to practice focused on well-being and quality of life. In 2012, Nora co-hosted a Families in Canada Roundtable with the Governor General, Canada's Commander-in-Chief, which sparked her interest in military and Veteran families. She has co-chaired roundtables, co-hosted conferences and facilitated strategy sessions with former Ministers of Defence and Veterans Affairs, Chiefs of Defence, Chiefs of Military Personnel Command, and Directors of Military Family Services.

She founded the Military and Veteran Families Roundtable, which continues to meet annually at the CIMVHR Forum. Nora fosters innovative collaborations between military and civilian organizations across Canada. Currently, she co-chairs the Minister of Veterans Affairs Family Advisory Group, serves as an advisor to the Garnet Families Network and Families Matter Research Group at Queen's University, as well as Purdue University's Military Family Research Institute. She combines this extensive experience with her work on aging, disability, dementia and caregiving as lead consultant on the CCCE Military and Veteran Caregiving Project.

Sara MacNaull, DSc

Senior Consultant, Work-Life Harmony Enterprises

Sara MacNaull, DSc, is a senior consultant at Work-Life Harmony Enterprises. Sara thrives when she is working with diverse stakeholders to support innovative change initiatives that make a difference for individuals, families and organizations. Sara leads communication and engagement initiatives at Work-Life Harmony. During her time as program director at the Vanier Institute of the Family, Sara managed the Canadian Military and Veteran Families Leadership Circle and led the development of the Military and Veteran Families in Canada: Collaborations and Partnerships Compendium. Sara worked at the Atlas Institute for Veterans and Families, where she promoted opportunities for strategic engagement, partnerships and collaboration among diverse, interconnected stakeholders in both official languages. Sara brings her considerable skills and talents to the CCCE Military and Veteran Caregiving Project.

Lynne Steele

Project Manager, Work-Life Harmony Enterprises

Lynne Steele is a project manager at Work-Life Harmony Enterprises. Lynne is a member of a military-connected family, self-identifying as a *military brat*. Several of her family members have served in the Canadian Armed Forces, and she has lived on or near bases across Canada and around the world. Lynne manages various projects at Work-Life Harmony. She is a management professional with expertise in administration, human resources management and non-profit governance. She has served as chief of staff for federal cabinet ministers, where she applied her extensive skills, talents and expertise to build networks, engage key stakeholders, train, support and mentor many rising stars on Parliament Hill. Lynne is a valuable member of the CCCE Military and Veteran Caregiving Project Team.

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Letter from the Executive Director

At CCCE we want Canada to be the best place to give and receive care. Our vision is **a Canada where caregiving is valued, caregivers are supported and those receiving care benefit from strong policies and practices that meet their needs**. This vision is shaped by the voices of caregivers and care providers who remind us every day what meaningful support truly looks like.

In January 2025, CCCE proudly published *A National Caregiving Strategy for Canada*, co-designed with caregivers, care providers and leaders across disability, aging, healthcare, and illness communities from across the country to ensure the Strategy reflects what matters most to those who give and receive care.

The strategy contains actionable public policy solutions to address the biggest challenges faced by caregivers, care recipients and care providers across Canada. The five key areas of action include:

- Pillar 1: Supports, programs and services for caregivers;
- Pillar 2: Supports for caregivers in work and education;
- Pillar 3: Financial supports for care recipients;
- Pillar 4: Build a sustainable care provider workforce;
- Pillar 5: Leadership and recognition to strengthen our national approach to care.

We heard clearly from military and Veteran caregivers that their experiences are distinct, and the Strategy reflects the realities they navigate every day.

- Ensure the seamless transition of healthcare records to improve the continuity and coordination of healthcare services for military families when they relocate.
- Ensure interprovincial mobility of services, such as automatic eligibility for Autism services.
- Assign a case manager to military families with complex needs.
- Expand eligibility of Veterans Affairs Canada's Caregiver Recognition Benefit to more families.



Liv Mendelsohn

Executive Director,
Canadian Centre for
Caregiving Excellence

These recommendations are just the beginning. Military and Veteran caregiving occurs in cities, towns and rural communities across Canada, emphasizing the need to build awareness and competency to support the well-being and quality of life of all military and Veteran caregivers.

The men and women who serve in the Canadian Armed Forces put their lives on the line to preserve our freedom and way of life. The caregivers who support them are the too often unseen power making it possible for our Forces to do their critical work. In a time of growing global instability, it has never been more important to make sure that our soldiers, sailors and flyers, and all who support them, have the support they deserve.

Thank you to everyone who contributed to these important conversations. We are excited to continue this journey with you.

Warm regards,

A handwritten signature in black ink, reading "Liv Mendelsohn". The signature is written in a cursive, flowing style.

Liv Mendelsohn

Executive Director,
Canadian Centre for Caregiving Excellence

About Military and Veteran Families in Canada

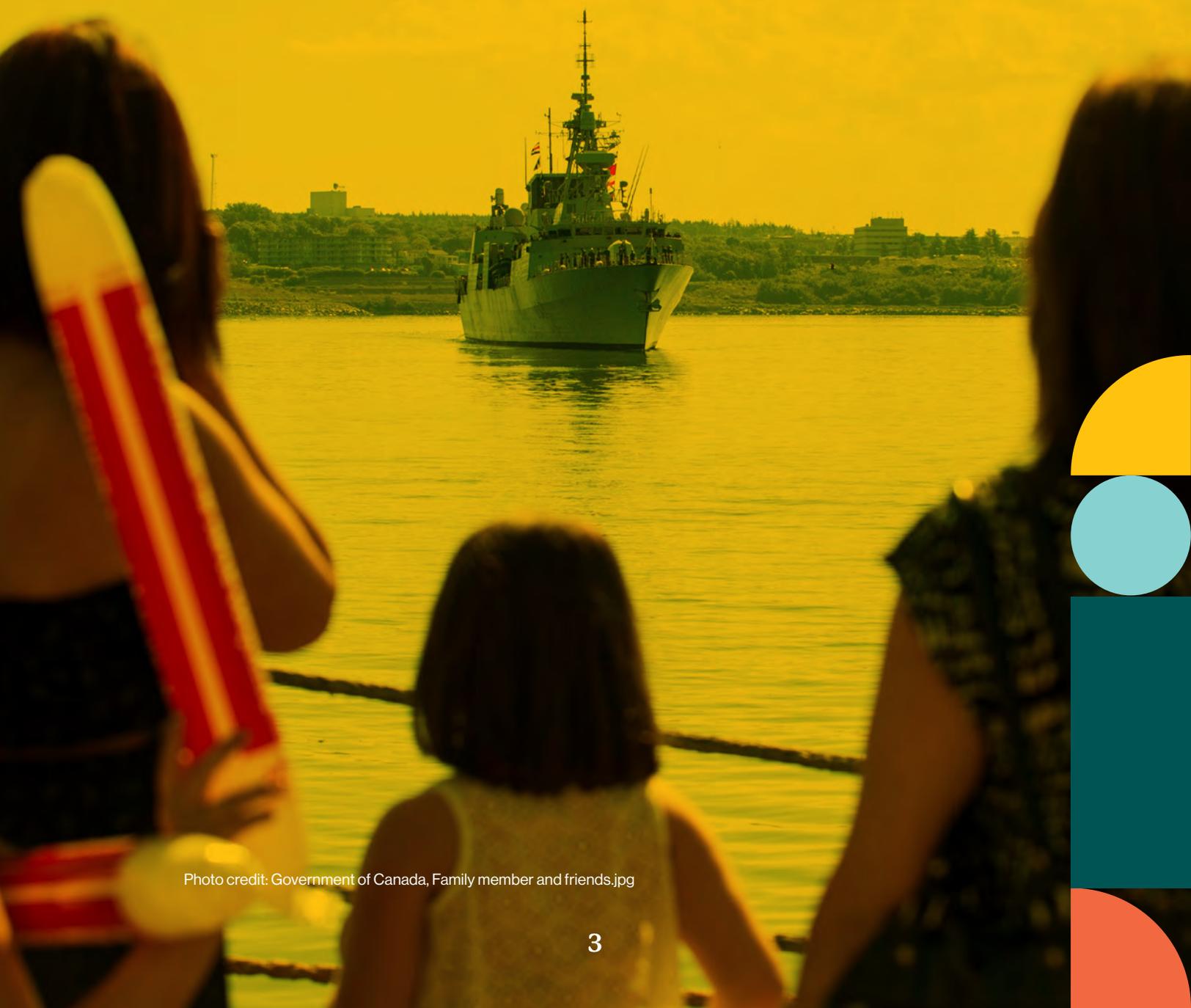


Photo credit: Government of Canada, Family member and friends.jpg

About Military and Veteran Families in Canada

“It’s all about caring. That’s what the military does. We should empower service members and Veterans to be caregivers and provide them with the resources they need.”

In 2021, there were 345,180 military families in Canada, representing 3.4% of all Canadian families:

- 15.5% were active (currently serving) military families (53,510 families), and
- 84.5% were Veteran families (291,670 families).¹

Canadian Armed Forces (CAF) Members and Military Families

The CAF comprises Regular and Reserve Force Members. All Regular Force members serve full-time in the CAF and make up the majority of personnel deployed both domestically and internationally for operations. Regular Force Members are posted to bases and wings across Canada based on their trade, career stage and environment (sea, land, air, or special operations). Most Reserve Force members work part-time in the Canadian Armed Forces, usually one night a week and one weekend a month.

Military and Veteran caregivers include military personnel and Veterans, as well as children and youth, spouses or partners (including couples where both serve or ‘dual-serving’ couples), parents and grandparents, siblings, extended family, friends, chosen family, colleagues and peers. These family members are often described as military-connected, and military and Veteran children are also called military-connected children.

Military families face many life stressors, such as frequent relocations, long periods of separation within the family, geographical isolation from extended family support systems and deployments to high-risk areas around the world.

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While children and youth in military families follow the same developmental and motivational paths as their civilian peers, they also face additional pressures and stressors resulting from the unique demands of military life.

The impacts of military life on families and children are beginning to be better understood. Recognizing the specific concerns of children and youth from military families and mobilizing targeted resources to support them are essential for addressing the health care needs of these families.

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Regular Force members



Over the past decade,
women have
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between
16-19%
of the CAF



70% of Canadian
spouses have experienced
the **deployment of their
military partner** at least once



Approximately
60,000
dependent children live in
Canadian military families



Canada has
25 domestic
military bases

By the Numbers: About Military Families in Canada

- Canada has 25 domestic military bases, often situated in remote areas.²
- There are 52,835 Regular Force members and 22,024 in the Reserve Force of the Canadian Military (2024).³
- 83% of Regular Force (reg force) families now live in civilian communities rather than on a military base (i.e., National Defence housing units).^{4,5}
- Over the past decade, women have constituted between 16% and 19% of the CAF.⁶
- There are approximately 53,000 military families in Canada:⁷
 - 75% of military couples have children.⁸
 - 64,000 children are living in military households.⁹
- 6.6% of military families are one-parent families.¹⁰
- More than 1 in 10 active military families live in the Ottawa–Gatineau region.¹¹
- At least 12% of military-connected children and youth have both parents serving.¹²

- Approximately 10% of all CAF members have caregiving responsibilities for elderly parents or disabled adult family members.¹³
 - Approximately 60,000 dependent children live in Canadian military families. With an estimate that 8.2% of these families have a child with special needs, such as Autism, this amounts to around 4,920 children with special needs.¹⁴

- Approximately 10,000 families are posted to new locations and need to relocate each year, with around 8,000 of them moving to a different province or territory.¹⁵
- A deployment is a short-term assignment of a military member to either a combat or non-combat zone. Deployments usually last from one to 15 months and may involve routine training, planned deployments or unexpected ones. Deployment is a major stressor for military families and a key aspect of military life.¹⁶

- 70% of Canadian spouses have experienced the deployment of their military partner at least once, while 17% have experienced deployment more than five times.¹⁷

- Unlike in the United States, spouses and children of Canadian military members do not receive healthcare from the military medical system (i.e., Canadian Forces Health Services). These family members rely on the public provincial or territorial healthcare system to meet their health needs.¹⁸

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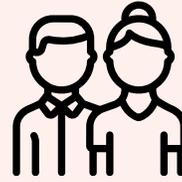




On Census Day 2021 there were

461,240

Veterans in Canada



84% of Veterans are **men**

16% are **women**



23%

of Veterans
live alone



28% of Veterans
are likely to report **“always
having difficulties”** with
activities of daily living



46% of Veterans in
Canada had **at least one
disability** (compared with
27% of non-Veterans)

By the Numbers: Canadian Veterans and Veteran Families

Veterans face significant social, physical, and mental health challenges after their military service. Veterans are more likely than other Canadians of the same age to experience various physical and mental health issues and chronic conditions, such as back problems, musculoskeletal disorders, arthritis, depression, anxiety, PTSD, hearing difficulties, chronic pain and limitations in daily activities.¹⁹

- On Census Day 2021ⁱ, there were 461,240 Veterans in Canada.²⁰
- There are Canadian military families, Veterans living in other countries, and there are Veterans from allied countries living in Canada.
- There are several differences between Veterans and the Canadian population:²¹
 - 83.8% of Veterans are men and 16.2% are women compared with 48.8% men and 51.2% women in the Canadian population.
 - Veterans, on average, are older than the Canadian population (61 years vs 49 years).
 - Veterans are more likely to be married/common-law (67.0% vs 59.2%).

ⁱ In May 2021, for the first time in 50 years, the national census asked a question to identify Veterans of the Canadian Armed Forces (CAF) living in Canada.

- Veterans are more likely to be living alone (23.1% vs 15.8%).
- Veterans are more likely to report “always having difficulties” with activities of daily living (28.1% vs 14.9%).
- Almost half (46%) of Veterans in Canada had at least one disability compared with 27% of non-Veterans. Veterans aged 65 years and over had the highest rate.²²

In March 2022, Veterans Affairs Canada (VAC) served approximately 143,835 clients out of the 461,240 Veterans in Canada.

- In March 2022, Veterans Affairs Canada (VAC) served approximately 143,835 clients out of the 461,240 Veterans in Canada. A VAC client is any person who is alive and currently receiving a payment for a VAC benefit, has received a VAC service, or has received a short-term VAC benefit within the last 12 months.²³
- While 16.2% of Veterans are women, only 13% of VAC clients are women.²⁴



About Military and Veteran Caregiving in Canada



About Military and Veteran Caregiving in Canada

“Family members have a central role in veteran well-being, and vice versa, that far exceeds the effects of medication and individually focused therapies. In sum, no matter the specific individual veteran-centric treatment, it is the social and family context that matters most to veteran welfare and progress.”

– House of Commons, Standing Committee on Veterans Affairs [ACVA], Evidence, 22 March 2021, 1535 (Dr. John Whelan, Lead Psychologist, Whelan Psychological Services Inc.)

Military and Veteran caregiving (MVC) closely resembles civilian caregiving. However, it involves additional complexities and stressors linked to military life, culture, the nature of the work, and the challenges of mobility, logistics and risk. These challenges are heightened by military service, leading to unique caregiving demands such as managing constantly shifting logistics, frequent relocations without control over timing or location, and exposure to potentially hazardous or demanding work environments. While military service impacts MVC, so does the distance from family and friends who may otherwise provide additional support to the family. Military members, Veterans, their families, and caregivers may be isolated in new communities, adjusting to disrupted routines and disconnected social networks. Most military and Veteran caregivers are women (90%), caring for their spouses or partners, while the majority of care recipients are men.

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MV caregivers include active service military members and Veterans, their spouses/partners, children, siblings, parents, friends, peers and colleagues who care for children who are neurodivergent, have disabilities, adult family members (friends or colleagues) with service-related and non-service-related injuries, illness, disabilities and mental health conditions (e.g., depression, anxiety, PTSD, military sexual trauma, moral injuries, etc.).

Like civilians, MV caregivers struggle with the financial consequences associated with caregiving, system navigation, lack of information and resources, and insufficient or inadequate support for their own physical and mental health. High rates of depression, anxiety, PTSD and social isolation are far too common among MV caregivers, affecting their own well-being and their ability to provide care to others.

MV caregivers play an undeniable role in supporting all those who currently serve or have served in the Armed Forces. Regardless of whether the military member or Veteran requires short-term, long-term, daily, occasional or significant care, their caregivers are vital to their well-being. However, the MVC experience includes additional complexities stemming from military service, such as the demands of the job, deployments and relocations, physical injuries, mental health conditions, post-service adjustments, and a sense of identity and belonging.



Approximately 70% of Veteran caregivers provide and/or coordinate over 30 hours of care per week, with one-third contributing more than 60 hours, and nearly a quarter reporting more than 100 hours per week.

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A 2019 survey on the well-being of Canadian Veterans found that 25% of Veterans required help with at least one activity of daily living, and among these Veterans, 79% reported their spouse or partner was their primary unpaid caregiver.²⁶

Caregivers of Veterans may face significant challenges, such as mental and physical health issues, burnout and financial instability. They also play a crucial role in the effectiveness of home care services for Veterans, enabling them to age in place.

Military and Veteran Caregiving Across the Five Eyes

Military and Veteran Caregiving Across the Five Eyes

The Five Eyes is an intelligence alliance comprised of Canada, the United States, the United Kingdom, Australia and New Zealand. It is known for its unified approach and shared legal framework and language. Despite the notion of a shared legal framework and language, there is inconsistent use and multiple definitions of caregivers across the Five Eyes.ⁱⁱ

Interest in military and Veteran caregiving and caregivers appears universal; however, observations from the Five Eyes highlight that:

- Caregivers are generally assumed to be family members rather than a distinct group with specific roles and responsibilities, irrespective of family ties.
- The types of support available to MV caregivers vary widely, from financial, emotional and mental health, peer support, respite care and online resources.
- Existing programs and support appear to be geared more towards Veteran caregivers with limited focus on caregivers of currently serving members.
- Criteria to receive caregiver-related benefits or services can be stringent, and the application process can be onerous, deterring military members, Veterans and caregivers from seeking assistance and perpetuating a culture of self-reliance.

Programs and services are essential to caregivers who provide invaluable support to military members and Veterans. Access to programs and services enables caregivers to provide better care, more attention, emotional support, and comfort to military members and Veterans, positively impacting their mental health and well-being.

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ii Depending on the Five Eyes country, the term “carer” may be used to reflect preferred terminology in that country.

Canada

In Canada, MV caregivers can access services and supports geared towards their unique experiences, including many that originate from or receive funding from Veterans Affairs Canada (VAC). The benefits have strict eligibility criteria, and only a small percentage of caregivers meet the requirements.

- **Caregiver Recognition Benefit (CRB)**

Established in 2018 (updated in 2022) and delivered by Veterans Affairs Canada, the CRB recognizes the contributions that unpaid, caregivers make to the health and well-being of Veterans, as well as the significant role they play on a day-to-day basis.²⁷ Typically, the caregiver is a family member, spouse or close friend who is actively involved in supporting the Veteran's daily living needs. The CRB is a non-taxable, monthly benefit, indexed annually. While not considered an income replacement, the 2026 CRB payment is \$1,264.25 per month, helping alleviate the financial burden and enabling caregivers to focus more on the quality of care they provide.²⁸ The CRB is the only VAC benefit paid directly to the caregiver caring for a Veteran.

- **VIP for Primary Caregivers**

This VAC program provides primary caregivers with annual tax-free funding so they can remain in their home and community when a Veteran who was receiving VIP has now moved to long-term care or is deceased. While the VIP also includes funding for Veterans and survivors, the program for primary caregivers provides up to \$13,779.63/year in funding for grounds maintenance (e.g., lawn mowing, snow removal) and housekeeping services (e.g., house cleaning, meal preparation, errand services).²⁹

- **VAC Assistance Service**

Provides free, short-term psychological support 24/7 for Veterans, their family members and caregivers from a mental health professional, regardless of whether they are receiving other services through VAC.

- **Operational Stress Injury Resource for Caregivers**

Designed to provide education and self-care tools to support caregivers of military members or Veterans living with an operational stress injury (OSI).



United States

The United States has 14.3 million MV caregivers, representing 5.5% of the US population.³⁰ The Department of Veterans Affairs (VA) Program of Comprehensive Assistance for Family Caregivers recognizes the invaluable role of caregivers; however, eligibility requirements include familial ties (e.g., spouse, parents, child, stepfamily, extended family).

- **Military Caregiver Retreat**

Offered by the Vail Veterans Program for caregivers of wounded Veterans, the retreat focuses on health and wellness through therapeutic and educational activities, empowerment training and outdoor adventures while connecting with other caregivers.

- **The Program of General Caregiver Support Services (PGCSS)**

Peer support mentoring, skills training, coaching, telephone support, online programs and referrals to available resources for Veteran caregivers.

- **Building Better Caregivers**

An online workshop with six self-paced lessons, facilitator guidance, and group support for caregivers of Veterans with dementia, memory problems, Post Traumatic Stress Disorder (PTSD), a serious brain injury or any other serious injury or illness.

- **Public Counsel Legal Support**

Pro bono legal counsel for military caregivers to obtain the government benefits and assistance to which they are entitled, including retroactive benefits.



United Kingdom

The Royal British Legion (RBL) defines a carer as an adult or child who looks after or helps a family member, partner, friend, or neighbour.³¹ While many supports for MV caregivers are only available to adults, the RBL recognizes the role of children or young carers within a Veteran's care network.

- **Emotional Wellbeing Support from Admiral Nurses**

In partnership with Dementia UK, the RBL provides emotional and psychological support, including information and practical advice, to carers of a Veteran living with dementia.

- **The Ripple Pond**

An online peer support forum, workshops and events, virtual meetups, referral and navigation support, and specialist support with the aim of ensuring all those caring for a loved one with a physical or psychological injury from military service are seen, heard and supported.

- **Guide to Caring for the Armed Forces Veteran Community**

Developed by Carers Wales, the guide includes practical information and advice on caring for a Veteran, such as financial and emotional support, with stories of lived experiences.

- **Care for the Carer Course**

Developed and offered by Help for Heroes, this virtual group course explores defining oneself as a carer, time management and life changes, how to focus on your own health and well-being and links to available support.



Photo credit: Government of Canada, Love you papa.jpg

Australia

Australia's Department of Veterans' Affairs (DVA) states that the term "family" may include caregivers, along with partners, parents, children, and friends.³² The DVA defines a carer as a friend, partner, or family member who provides ongoing care.³³ They also recognize that, much like families, carers possess their own unique perspectives and needs that may require support.³⁴

- **Shoulder to Shoulder**

An online forum accessible 24/7 for Veteran families and carers to connect and receive peer-led support moderated by mental health professionals.

- **Stronger We Stand**

Delivered by peer supporters and mental health clinicians, this initiative provides free online support and workshops for Veteran families and carers supporting a Veteran experiencing suicidal distress or coping with suicide bereavement.

- **Department of Veterans' Affairs (DVA) Respite Care**

Respite care for Veteran carers, including in-home respite, residential respite, and emergency short-term home relief.



New Zealand

While other Five Eyes countries use terms such as “family,” “caregiver,” or “carer,” New Zealand refers to “whānau” – a Māori word often translated as family. A person’s whānau can refer to their immediate or extended family or as a metaphor for close friends.³⁵ As a result, the intended meaning of this term as it pertains to the recognition or support of MV caregivers can be difficult to determine.ⁱⁱⁱ

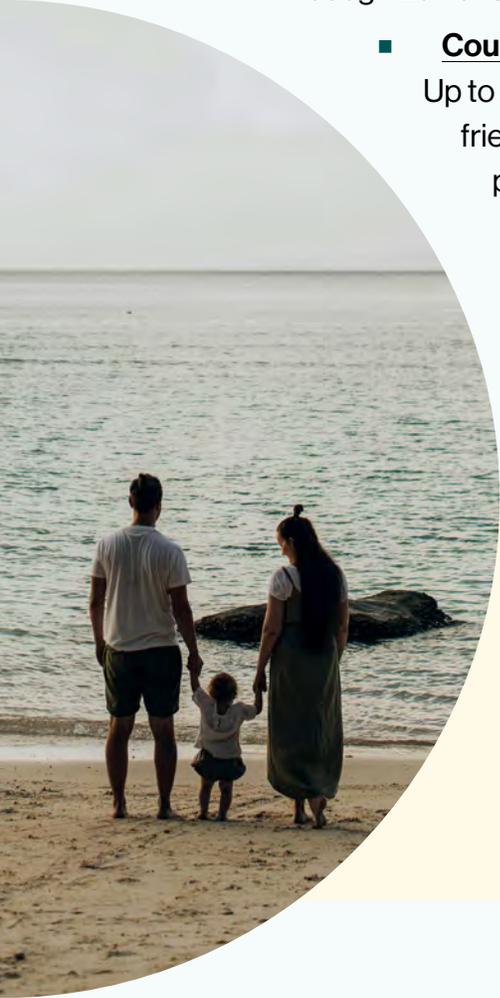
- **Counselling for Veteran Support People**

Up to six counselling sessions for support people, including family, friends and flatmates (i.e., roommates), who provide non-professional support to a Veteran with a service-related injury or illness.

- **The Ranfurly Veterans’ Trust Respite Care**

A dedicated respite bed for Veterans and their whānau to enable carers to take a much needed and deserved break, reducing the likelihood of carer stress and burnout.

Given the vast array of programs and services recognizing MV caregivers across the Five Eyes, Canada can learn from its counterparts about how to enhance public awareness, develop initiatives that meet an existing or emerging need, honour lived experiences and expertise, and amplify the voices of MV caregivers throughout their caregiving journeys.



iii For the purpose of this report, whānau is being interpreted in its broadest sense to include those who take on the role as carers.

Military and Veteran Caregiving in Canada: Next Steps



Military and Veteran Caregiving in Canada: Next Steps

Building on CCCE's *A National Caregiving Strategy for Canada*, countless opportunities exist to support MV caregivers across Canada throughout their caregiving journeys. To provide support that positively impacts their day-to-day lives, there is a need for:

- increased awareness and understanding;
- competency and capacity; and
- policy and program benefits.

Complemented by quotes from MV caregivers and case studies, the next steps below outline observations and pathways to optimize well-being for all those impacted by MVC.

Awareness and Understanding

A serving member of the forces cares for his son with autism and his father with dementia, while he and his spouse are also dealing with his own occupational stress injury.

- In recent months, the Canadian Armed Forces has garnered increased attention due to a rise in defence spending to meet NATO commitments. As a result, there will be a greater demand for family support as the military recruits more personnel and becomes involved in more deployments and operations.
- Unless you are military-connected or live near a large urban base in Canada, there is limited exposure or education about the military and the experiences of military families and caregivers.
- Military and Veteran communities are different than other communities and require benefits and support that are designed specifically for them. Tailored family support requires awareness and understanding of the diverse and unique experiences of military members, Veterans, and their families and caregivers.

Whether someone serves in the Canadian Armed Forces for a year or two or several decades, their family serves beside them.

- Whether someone serves in the Canadian Armed Forces for a year or two or several decades, their family serves beside them.
- Like the rest of the population, members of the Canadian Armed Forces hold many identities, diverse perspectives and unique experiences, and they share a deep commitment to service and sacrifice.
- The public assumes that a Veteran is always an older man, and the caregiver is always a woman. This is not the case across Canada. All genders and ages can be Veterans, caregivers or both.
- Many caregivers, particularly male caregivers, do not identify as caregivers. They tend to see themselves as spouses/partners, sons and fathers.
- Many Veterans and Veteran families do not identify as such and therefore do not seek support from VAC or the Veteran community.
- Most research and reports on MV caregiving focus on ill and injured military members and Veterans receiving care only. Existing data collection on MV caregiving also lacks intersectional analysis, making it challenging to address the specific needs of equity-deserving groups within the military and Veteran communities.



Photo credit: Government of Canada, Michael King.jpg

“My son served eight years, and then, after a traumatic event, he was medically released. So, I have experience caring for an adult child who is a Veteran, and then also caring for my aging parents and moving them all into our home. It’s not how I envisioned retirement.”

Competency and Capacity

“We need more training for community service providers about military and Veteran experiences, families and caregiving. We get referred. They’ll get funding for psychotherapy, but the person who’s providing the psychotherapy has just no idea about what we are dealing with, the complexity of our lives and the trauma we have experienced.”

- Distinct from MV caregivers, care providers are employed and paid to provide care and support for activities of daily living and well-being (e.g., administering medication, support with eating or bathing, physical therapy and mental health services).
- Care providers can operate within healthcare (hospitals, clinics), home care, rehabilitation, long-term and palliative care settings. Access to care providers can vary depending on location (e.g., rural, remote, northern) and the unique needs and barriers of the person receiving care. And yet, there is little or no training on military and Veteran experiences, lifestyles, or entitlements.
- For MV caregivers to benefit from civilian medical professionals, allied healthcare professionals, and paraprofessionals, service providers, long-term care staff and community organizations need training to meet the needs of all those involved in or affected by MV caregiving.

“My husband was diagnosed with PTSD, then he had an accident, and physical injuries ended his career. When he was first diagnosed with PTSD, I didn’t know what I was doing, and I didn’t know every day if I was helping or hindering.”



Innovation

Campaign for Inclusive Care (US)

A joint initiative between the Elizabeth Dole Foundation and the US Department of Veterans Affairs (VA) that aims to transform the culture of care at the VA to be fully inclusive of caregivers by integrating caregivers into the Veteran’s healthcare team from day one.

Policy and Program Benefits

Including MVC in public policy – such as in the CCCE's *A National Caregiving Strategy for Canada* – begins with recognizing the complexity and diversity of MVC, and then applying this understanding to data analysis, policy design, program implementation and impact assessment.

“Many necessary medical tests are only available in big cities. I often have to travel to Toronto or Ottawa for appointments for myself or my children. So, I need to figure out how to get there without a car, find accommodations, arrange and pay for childcare for the other children, or take them out of school when I am away for a day or two. It is expensive and stressful for everyone.”

- There is a lack of programs designed explicitly for Veteran family members and caregivers.
- Canadian Armed Forces healthcare services and VAC programs are not provided directly to family members or caregivers, except for the CRB and VIP programs, which are available to a select few.
- The few VAC programs that include caregivers are only accessible through the Veteran. There are no programs available to families or caregivers independently ‘in their own right’.
- While completing forms is necessary, not all caregivers have the required details, such as where the Veteran served or what years, etc. Information about CAF service and release is not readily available and accessible, especially to adult children of the Veteran.

“Many rural areas in Canada lack stable and reliable internet access. And yet, service providers and governments assume that everyone can participate in a Zoom call. They assume that everyone has access to this technology, has a laptop, and is comfortable using it. And yet, a large number of people in need of caregiving actually do not! It is even worse when a Veteran lives in rural areas.”



- Policy makers and program staff assume that everyone has access to a computer or tablet, high-speed internet access, or the necessary level of digital literacy to access information, services, and support online. This is not accurate; many military and Veteran families and caregivers live in rural and remote areas with little or no reliable internet service, and not everyone is comfortable using the technology.
- Military and Veteran caregiving benefits should always complement, not compete with, other benefits and entitlements.



Innovation

DVA Lived Experience Register (Australia)

A planned initiative to support and inform the Department of Veterans' Affairs (DVA) Lived Experience Framework, the Register will enable members of the Veteran community, including caregivers, to express their interest in sharing their lived experiences and expertise to support continuous improvement across the DVA.

Conclusion



Conclusion

A perfect storm is brewing, with an increasing number of people requiring care support, more caregivers feeling overwhelmed, and a shortage of paid care workers available and willing to remain in the field. Every family and every care situation is unique, complex and dynamic.

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Caregiving can be a rewarding, fulfilling and life-enriching experience. It can also be lonely, demanding and exhausting. For military and Veteran caregivers, it's even more complex.

The challenges of finding a primary care provider,

accessing specialist care, navigating complex healthcare systems and making time for essential self-care are magnified due to frequent moves with little notice or control over where you end up — far from family members, friends and social supports.

Like in the rest of the community, not all military members and Veterans have family members who are willing or able to provide care. Caregivers are not a homogeneous group of people. They bring diverse perspectives, experience, needs and hopes for the future. As Canada begins to recognize the work of caregivers, it is essential to identify, recognize and include military and Veteran caregivers, care providers and care recipients in discussions, frameworks, strategies and solutions.



Appendices

Appendix A: Glossary & Acronyms

- **Care Provider:**

An individual trained and employed to offer care to people with physical, intellectual or developmental disabilities; medical conditions; mental health concerns; or age-related needs. This includes professionals such as Direct Support Professionals (DSPs), Personal Support Workers (PSWs), attendants for people with disabilities and respite workers.

- **Care Recipient:**

A person with a physical, intellectual or developmental disability; a medical condition; or mental illness, or those who are aging, and are receiving care. This definition excludes children without a disability, medical condition or illness.

- **Caregiver:**

A family member, friend, or other support for someone who needs care due to physical, intellectual, or developmental disabilities, medical conditions, mental illness, or needs related to aging. Caregivers give care because of a relationship, not as a job or a career. This definition does not include parents or guardians caring for a child without a disability, medical condition or illness. Caregivers are also referred to as unpaid family/friend caregivers, unpaid caregivers or unpaid care partners.

- **Caregiving:**

Helping or caring for another person (without pay), including people with physical, intellectual, or developmental disabilities; people with medical conditions; people experiencing mental illness; and/or people with changing support needs related to aging.

- **Dual-Serving Couple:**

Both persons in a couple are currently serving in the military.

- **Dual-Veteran Couple:**

Both persons in a couple are Veterans.

- **Medically Released from the Military:**

The process by which a member of the Canadian Armed Forces (CAF) is discharged from service because they are no longer medically fit to perform their duties, even with restrictions.

- **Military and/or Veteran Care Recipients:**
 Military members and Veterans who are the recipients of care from family members (spouse/partner, child, parent, sibling), extended family members (ex-spouse/partner, stepchildren, cousins, etc.), friends, colleagues, and/or peers. The recipient may be ill or injured, recovering from surgery, in rehab or in treatment; they may be any age, any gender, or any rank.
- **Military and/or Veteran Caregiver:**
 A family member, friend, or other person caring for a military member or a Veteran who needs care due to disability, medical condition, mental illness, or needs related to aging. Caregivers provide care because of a relationship, not as a job or a career. This definition does not include parents or guardians providing care to a child without a disability, medical condition, or illness.
- **Military and Veteran Caregiving:**
 Care that is given or provided *to* or *by* an actively serving military member, Veteran, or family member, friend, colleague or peer.
- **Operational Stress Injury:**
 Any persistent psychological difficulty resulting from operational duties performed.
- **Transition:**
 Transition to post-military life is the process by which a CAF member prepares for civilian life after release.
- **Veterans Affairs Canada (VAC):**
 VAC offers services and support to Veterans, Canadian Armed Forces (CAF) members, still-serving and retired Royal Canadian Mounted Police (RCMP) members, their families, caregivers, and survivors.
- **Veteran:**
 Any former member of the Canadian Armed Forces who successfully underwent basic training and is honourably discharged.

Appendix B: Military and Veteran Caregiving Special Considerations

Programs and policies that affect military and Veteran caregiving should be designed, implemented, and evaluated by military and Veteran caregivers and care recipients.

While some experiences are similar (e.g., combat and support in a combat zone, where all personnel are exposed to comparable risks and exposures), special consideration must be given to the military experience when developing policies, benefits and programs. This is a unique community, and special consideration should be given when embarking on co-design, roll-out, scale-up or piloting interventions designed to ensure the high quality of life and well-being of MV caregivers, care providers, care recipients and their loved ones. The military member or Veteran may be both a care recipient and a caregiver at the same time.

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Recognizing that this is a unique group of individuals and circles of support, it is critical to consider several factors, including (but not limited to):

Service History

- Length and years of service (when and for how long).
- Branch, rank and career path.
- Generational involvement in the military (first, second, or multiple generations).
- CAF vs RCMP.
- Active duty, voluntarily transitioning to civilian life, or medically releasing or released from service, is a new or long-term Veteran.
- Operational Tempo (the pace and intensity of CAF activities, both domestic and international).
- Type of work (support or combat).

Sociodemographic Characteristics

- Age and life stage (i.e., not just older Veterans).
- Sex and gender.
- Family dynamics (presence, strength, and duration of connections to loved ones).
- Living arrangement (home, rental, congregate living, long-term care facility, unhoused/homeless/precariously housed).
- Living with service animals.
- Living alone, with loved one(s) or with others.
- Living near or on a military installation or not.
- Independent, dependent.
- Black, racialized, Indigenous, 2SLGBTQI+.
- Connection to peer supports (e.g. Legion, Treble Victor, etc.).
- Urban, rural, northern, remote, suburban, exurban (access to services and internet).
- Dual serving caregivers to each other.
- Disability status (as defined by the Pension Act or Veterans Well-Being Act).

Nature of Care (given/received)

- Intensity and duration of care.
- Complexity of care.
- Progressive illness (e.g., Parkinson's, dementia).
- Ill, injured, in hospital, in treatment, in rehab or in recovery.
- Chronic condition (e.g., diabetes, arthritis).
- Episodic medical conditions (e.g., depression, anxiety disorders).
- Diagnosed/undiagnosed health conditions.
- Complex co-morbidity— injury, illness, mental health condition (e.g., dementia and PTSD).
- Cumulative stress and vicarious trauma.

Nature of the Care Relationship

- Spouse or partners, ex-spouse or partner, parent, grandparent, sibling, extended family, colleague, friends, chosen family member.
- Depth and size of the care Circle of Support (i.e., are there one, two, or many caregivers, and/or care providers supporting the care recipient).
- Generational relationships (e.g., a mother and father looking after an adult son or daughter, or a young adult caring for a parent).
- Health of the relationship (e.g., has there been a separation or divorce, history of violence, etc.).
- First, second or subsequent partnership.

Work-related Experiences

- Women Veterans (reproductive health, physical conditions or chronic pain due to equipment designed for men).
- Service-related needs (e.g., Operational Stress Injury, hearing loss, musculoskeletal disorders/injuries, chronic pain, moral injury, brain injury, substance-related illness, PTSD, suicidality).
- Non-service-related illness, injuries or disabilities (e.g., Parkinson's, cancer, Alzheimer's).
- Traumatic experience (e.g., military sexual trauma, conflict-related trauma, LGBT purge).
- Spousal employment patterns, career disruptions, access to supplementary benefits and pensions, and contributions to family/household income.

Diverse Perspectives

- Canadian Veteran ex-pats (i.e., Canadian Veterans living in other countries).
- Military or Veteran caregivers needing support after a suicide or the death of a loved one.
- Loss of identity as a caregiver following the death of a loved one.
- Military member or Veteran supports after a caregiver dies or dies by suicide.
- Military/Veteran caregiver or family member's self-harm or substance use related to caregiving responsibilities.
- Military or Veteran caregivers at the end-of-life (palliative care).

Appendix C: Resources

Addressing the Coming of Age and Its Related Complexities Among Canada's Veterans:

The National Institute on Ageing (NIA), in partnership with the Canadian Institute for Military and Veteran Health Research (CIMVHR) and the Canadian Frailty Network (CFN), published a groundbreaking report calling for the urgent development of a comprehensive strategy to support Canada's aging Veterans. The report highlights the aging Veteran population and the growing challenges they face, including complex physical and mental health conditions that require specialized care.

CCCE National Caregiving Strategy:

Canadian Caregiving Centre of Excellence.

CFMWS - Guide to Working with Military-Connected Children & Youth:

CFMWS guide for adults who may be in a position to offer support. Camp leaders, coaches, healthcare providers, youth group organizers, recreation workers, church leaders, teachers, early childhood educators, social workers, program coordinators, professional therapists and other trusted adults who play a significant role in the lives and well-being of military-connected children and youth. (2024)

CFMWS | Caregiver Page:

An information hub for military and Veteran caregivers.

CFMWS | Family Information Line:

A confidential, personal, bilingual, and free service offering information, support, referrals, reassurance and crisis management to the military community.

CFMWS | Providing support to military & Veteran families:

Website for military and Veteran families.

CFPC Best Advice Guide: Caring for Military Families:

The College of Family Physicians Canada (CFPC) guide provides recommendations to family physicians and other primary care providers in caring for military service members and their families, who experience a unique combination of circumstances that few other Canadians encounter, and family physicians have an essential role to play in ensuring they stay healthy. (2017).

CFPC Best Advice Guide: Caring for Veterans:

The CFPC guide provides recommendations to family physicians and other primary care providers in caring for Canada's Veteran population, on how to address the key health needs of Veteran patients while sharing best practices, practical tips, and resources for family physicians. Key themes include military literacy and cultural competency, challenges associated with transitioning to life after service, special considerations for military-related physical and mental health conditions, team-based care with family physician leadership, and patient and family-partnered care. (2022).

CIMVHR - Our Alphabet Roller Coaster – The ABC's of Training and Deployment, D is for Deployment: Emma Raps it Up!, My Colourful Kite, And so, things have been a bit different: Oliver's Story:

A new series of free online storybooks (and related resources, activity sheets) aimed at building strengths and coping skills in young children from military, Veteran and public safety personnel (PSP) families. The four books, adapted from award-winning Australian storybooks, are the first in Canada to pair children's stories with research evidence and the lived experiences of Canadian military and public safety personnel's families. Partners included the Royal Canadian Legion, the Canadian Institute for Military and Veteran Health Research (CIMVHR), Canadian Forces Morale and Welfare Services (CFMWS) and Dr. Marg Rogers, a Doctor of Early Childhood Education at the University of New England (UNE), and a research fellow with the Manna Institute, Australia.

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