

Caring in Canada 2026

Survey insights from caregivers and care providers
across Canada



**Canadian Centre for
Caregiving Excellence**
A program of the Azrieli Foundation





The Canadian Centre for Caregiving Excellence supports and empowers family caregivers and care providers, advances the knowledge and capacity of the caregiving field and advocates for effective and visionary social policy with a disability informed approach. The Canadian Centre for Caregiving Excellence is a program of the Azrieli Foundation, which has long supported innovative initiatives to improve access to quality care.

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Land Acknowledgements

The office of the Canadian Centre for Caregiving Excellence (CCCE) 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.

Acknowledgements

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Caregivers and care providers: What do these terms mean?

Caregiving

Caregivers are **unpaid** family members, friends or other support for someone who needs care due to physical, intellectual or developmental disabilities; medical conditions; mental health conditions, 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 caring for a child without a disability, medical condition or illness.

Care providers

Care providers are people who are **trained and paid** to provide care to people with physical, intellectual or developmental disabilities; medical conditions; mental health conditions or needs related to aging. This includes direct support professionals, personal support workers, attendants for people with disabilities and respite workers.

Caregivers and care providers need more support.

They play crucial roles in Canada's care economy and in ensuring all Canadians can live dignified lives. Caregiving and care providing roles are not mutually exclusive: many care providers are also caregivers.





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Executive Summary



Executive Summary

Caregivers and care providers are the backbone of Canada's health and social care systems, yet they do not have the supports they need to thrive. Canada can be the best place to give and receive care, but insufficient support for caregivers is harming millions of Canadians and dragging down current and future economic growth. Concrete and substantive policy reform is urgently needed to address this crisis.

The care crisis has significant consequences for our economic prosperity. As Canadians take on more and more care responsibilities, we are seeing all age groups and sectors fall behind in productivity, long-term workforce participation and financial stability. The policy choices we make or choose not to make will have lasting consequences for Canada's economic resilience as we face a time of uncertainty.

To capture the realities of caregiving in Canada today, CCCE surveyed more than 2,600 Canadian caregivers and care providers in summer 2025. The survey found that while caregivers are a diverse group, they share many of the same struggles. The results are clear: caregivers and care providers are doing essential work without the right support behind them, and they need an urgent response from the government. Survey findings point clearly to the supports that caregivers and care providers need to thrive.

The caregiving experience has not improved since CCCE conducted its National Caregiving Survey in 2023. For most caregivers, the challenges of providing care remain unchanged, and, for some, access to supports has declined. Across both survey periods, approximately three-quarters of caregivers report negative impacts on their well-being and about two in five experience financial hardship. Moreover, despite these ongoing challenges, caregivers now report increased difficulty (+6%) in finding affordable, high-quality services and care options.

CANADA'S CARE CRISIS

77%

of caregivers have experienced negative impacts of caregiving on their well-being

49%

of caregivers have experienced financial strain due to caregiving

51%

of caregivers are unfamiliar with tax credits related to care

73%

of care providers have considered leaving the profession

61%

of caregivers do not feel supported by the government and 44% of caregivers and care providers are disappointed in the federal government's progress on caregiving policy

This report outlines the findings of CCCE's 2025 survey. Findings are organized around the five pillars of action outlined in [CCCE's National Caregiving Strategy](#). The Strategy was developed in partnership with caregivers, care providers and care recipients.

● **Pillar 1**

Improve supports, programs and services for caregivers

● **Pillar 2**

Support caregivers in work and education

● **Pillar 3**

Improve financial supports for care recipients

● **Pillar 4**

Build a sustainable care provider workforce

● **Pillar 5**

Show leadership and recognition

Pillar 1

Improve supports, programs and services for caregivers

Providing care means that caregivers are less financially stable and more likely to experience poor health.

Almost half of caregivers (49%) have experienced financial strain because of their care duties. Caregiving restricts caregivers' earnings and savings: 13% of caregivers earn less as a result of their responsibilities and 22% of caregivers have had to stop saving. At the same time, more than three-quarters of caregivers (77%) experience negative impacts of caregiving on their well-being, like fatigue, stress or anxiety. Rates of poor physical and mental health and burnout are highest among working-age caregivers and those caring for a child with a medical condition or disability. Despite clear need, caregivers are being left unsupported: only 13% of caregivers have received supports and services in the past year.

Policy solutions

- Provide caregivers with financial support when and how they need it, by making the Canada Caregiver Credit refundable, and by providing caregivers with a monthly allowance to offset care costs.
- Improve caregivers' well-being through targeted programs and services, like free counselling, mental health supports and respite services to give caregivers a break.

Pillar 2

Support caregivers in work and education

Caregivers are caught in a vicious cycle of needing to work more to meet the financial demands of care while simultaneously needing to work less to meet the time demands of care.

More than half of caregivers (59%) are working, and these caregivers provide an average of 5.1 hours of care each day. On the one hand, caregiving demands more work to cover costs: 17% of working caregivers have had to work more hours, 9% have put off when they planned to retire and 5% have had to find a second job. On the other hand, caregiving makes it harder to work: 36% of working caregivers had their work productivity suffer, lost earnings or struggled to find balance between work and care. The result is that many caregivers in their prime working years cannot participate in the economy to their full potential, slowing our economic growth and productivity considerably.

Policy solutions

- Make employment leaves and Employment Insurance (EI) caregiving benefits work for working caregivers, especially given the mismatch between caregiving as a long-term commitment and programs targeting short-term breaks from work.
- Improve long-term financial security for caregivers in work and school through changes to the Canada Pension Plan (CPP) and student loans.
- Give caregivers the flexibility to stay in the workforce as they provide care by offering flexible work hours, remote work and job protections.



Pillar 3

Improve financial supports for care recipients

Caregivers and care recipients are navigating a maze of benefits and supports.

Having to navigate through limited and complex caregiver support options is an endless chore for millions of Canadians. Thirty-five per cent of caregivers manage the finances and health insurance of the person they support, while 31% schedule or coordinate their care and 23% provide them with financial assistance. These figures are especially high for caregivers for people with intellectual and developmental disabilities, with 48% managing their care recipients' finances and 44% providing financial assistance. While financial supports exist, they are not reaching the people they are intended to help. More than half of caregivers (51%) say they are unfamiliar with tax credits related to care and only 13% of caregivers have actually used them.

Policy solutions

- Reduce administrative barriers for care recipients and their families, including simplified and expanded access to the Disability Tax Credit and related benefits and automatic enrolment in financial supports.
- Increase the Canada Disability Benefit and the scale of other financial supports for care recipients to better mitigate financial strain and out-of-pocket care expenses.



Pillar 4

Build a sustainable care provider workforce

Care work is low-paid and high-stress, setting up a workforce that is on the brink of collapse.

More than half of care providers (59%) do not feel they are paid fairly, 39% say there is inadequate staffing on their shifts and 28% feel unsafe at work. As a result of these difficult working conditions, 73% of care providers have considered leaving the profession. Women care providers are particularly at risk of changing professions, pointing to low salaries, poor work-life balance and lack of job security. With care needs rising and the population aging, it is more urgent than ever for care workers to be recruited into and retained in the care economy, not pushed out of it.

Policy solutions

- Value care providers by paying them a living wage and creating supportive working conditions.
- Protect and encourage migrant care workers by improving pathways to permanent residency for them.



Pillar 5

Show leadership and recognition

Caregivers and care providers are not satisfied with their government's approach to care.

A large majority (61%) of caregivers do not feel supported by the government, while more than half of care providers feel the same (54%). This sentiment is highest among caregivers for a child living with disability or medical complexity, with 76% feeling unsupported and 28% going so far as to say that the government has abandoned them. Overall, 44% of caregivers and care providers are disappointed in the federal government's progress on caregiving. This is a major voter support issue, as 65% say caregiving policy is important to how they choose to vote, a figure that remains high across demographic, political and geographic lines.

The federal government has distinct responsibilities toward Veterans and military families, who face additional barriers to navigating systems of care. Today, the federal government is falling short on that duty. Caregivers for a service member have higher-than-average rates of financial hardship (67%) and difficulty finding affordable services in their community (57%). These figures point not to isolated challenges, but to a systemic failure to support those who sacrifice in service to our country.

Policy solutions

- Make caregiving a government priority by advancing the National Caregiving Strategy.
- Ensure Veterans and military families get the support they deserve, since they are a population whose service needs are under federal jurisdiction and they face unique caregiving complexities.



Introduction: Canada's Caregiving Crisis





The need for policy reform to support caregiving in Canada has never been more urgent.

As our population ages and people's care needs become more complex, we are leaning more and more on caregivers and care providers as essential players in our economy, society and health and social care systems. Unpaid caregiving is becoming a universal experience, where one in four Canadians are currently caregivers and at least half will be a caregiver at some point in their lifetime.¹

¹ Canadian Centre for Caregiving Excellence. (2022). Giving care: An approach to a better caregiving landscape in Canada. https://canadiancaregiving.org/wp-content/uploads/2022/11/CCCE_GivingCare.pdf; Statistics Canada. (2020). Caregivers in Canada, 2018. <https://www150.statcan.gc.ca/n1/daily-quotidien/200108/dq200108a-eng.htm>

Canada's care demands come with significant economic impact.

It would cost an estimated \$97.1 billion per year to replace the care currently provided by caregivers.² Beyond this direct cost, caregiving harms people's productivity and financial stability. Providing care means taking time away from work and paying for care needs out of pocket. Caregivers experience lasting effects on their careers and finances long after times of intensive caregiving. These significant economic costs could be mitigated with smart policy choices.

Canada does not have the right supports in place to help caregivers thrive.

Providing care is meaningful and vital work, but caregivers cannot do it alone. The physical, mental and financial toll of caregiving is weighing heavily on caregivers and care providers. Canadians providing care are looking to the federal government for bold action that leads to real change in people's lives and makes Canada an excellent place to give and receive care.

The federal government has shown important leadership with recent commitments to improve Canada's caregiving landscape.

In Budget 2024, the federal government committed to launching consultations on a national caregiving strategy and developing a sectoral table on the care economy.³ This commitment was reinforced in the current government's 2025 election platform, which included plans to move forward with a national caregiving strategy that is focused on caregiver recognition, improved access to benefits and services and intergovernmental coordination on caregiver supports.⁴

² Fast, J., Duncan, K.A., Keating, N.C., Kim, C. Valuing the contributions of family caregivers to the care economy. *Journal of Family and Economic Issues* 45, 236–249 (2024). <https://doi.org/10.1007/s10834-023-09899-8>

³ Government of Canada. (2024). Budget 2024: Fairness for every generation. <https://www.budget.canada.ca/2024/report-rapport/toc-tdm-en.html>;

⁴ Liberal Party of Canada. (2025). Canada strong: Mark Carney's plan. <https://liberal.ca/wp-content/uploads/sites/292/2025/04/Canada-Strong.pdf>

The roadmap for federal action is clear with CCCE's National Caregiving Strategy.⁵

The Strategy brings together the latest evidence on care, and Canada's caregiving community is ready to help make its recommendations a reality. Through five pillars of action, the federal government can make a positive impact on caregivers' well-being and, in turn, the well-being of all Canadians:

1. **Improving supports, programs and services for caregivers** so they can maintain their own well-being while fulfilling caregiving responsibilities.
2. **Supporting caregivers in the workforce and education** so they can better manage the responsibilities of providing care and their work.
3. **Supporting care recipients financially** so their care needs do not subject them to a lower quality of life.
4. **Building a sustainable care provider workforce** so care providers are valued with higher wages, better training and clear pathways to permanent residency for migrant care providers.
5. **Showing leadership and recognition** so Canadians know caregiving is a priority, and provinces, territories, businesses and others can follow in the federal government's footsteps.



It is time to give caregivers the support they deserve.

The National Caregiving Survey paints a concerning picture for the future of care in Canada. Caregivers are helping others at the expense of their own well-being, facing sharp declines in their health, productivity and trust in the government to enact solutions. Caregivers have not seen progress on these issues in the two years since CCCE's first survey, and their struggles will only get worse with time as Canadians' care needs continue to rise. The evidence is clear: we cannot expect caregiving to get better unless we take bold action toward concrete policy reform.

⁵ Canadian Centre for Caregiving Excellence. (2025). A national caregiving strategy for Canada. <https://canadiancaregiving.org/national-caregiving-strategy/>

Methodology



Methodology

The findings in this report are drawn from CCCE's second National Caregiving Survey, which was conducted from August to October 2025. This survey aims to better understand caregivers and care providers and their needs in a rapidly changing world.

More than 2,600 caregivers and care providers across the country took the time to share their views and experiences. Respondents were considered caregivers and/or care providers if they answered yes to either of the following questions:

- During the past 12 months, have you helped or cared for someone with a medical condition, mental health condition or disability?
- During the past 12 months, have you helped or cared for someone who had challenges related to aging?

This report is a follow-up to *Caring in Canada*,⁶ CCCE's report on the first National Caregiving Survey (conducted during the summer of 2023), which brought important new insight into the experiences of caregivers and care providers. The results of that survey informed CCCE's National Caregiving Strategy. The surveys are similar in structure, design and study population, but did not survey the exact same group of respondents. Since the sample and context are different, the goal of this report is not to compare the two cycles of the survey, but instead to get a clear picture of caregiving in 2025 to guide effective solutions to the challenges caregivers face.

Interpreting results

Use of the terms “caregiver” and “care provider” is based on the definitions provided on Page 4. Unless noted otherwise, answers from people who are paid care providers only are not reflected in the data describing caregivers. Survey results indicated in percentages in this report incorporate all recorded responses, including, for example, “no answer” and “I don't know” responses, unless otherwise noted.

⁶ Canadian Centre for Caregiving Excellence. (2024). *Caring in Canada*.
<https://canadiancaregiving.org/caring-in-canada/>.

To develop and field the survey, CCCE worked closely with market research and analytics firm Leger and researchers with expertise in caregiving.

The survey collected information on caregiver and care provider demographics, care responsibilities, the impacts of caregiving on different dimensions of well-being and policy priorities. Many questions were used or adapted from best practices and existing measurements in caregiving research (e.g., from Statistics Canada).

The survey was shared online with Leger panel members. Leger estimates that about 20% to 25% of its panel members are caregivers, which is in line with national rates.⁷ The panel survey was weighted to be nationally representative of Canada's caregivers, meaning the distribution of selected demographic characteristics (i.e., gender, age, region, education and Indigenous status) among the survey sample mirrored the distribution of these characteristics among caregivers in Canada as derived from statistics Canada. The survey methodology also included sampling techniques that increased participation from certain smaller populations (e.g., Indigenous caregivers and caregivers in Prince Edward Island). This was done to ensure that there were enough responses from all provinces and smaller caregiver groups to draw conclusions and ultimately ensure that underrepresented voices were heard. Taken together, this means the survey results can confidently be interpreted to reflect the realities of Canadian caregivers.

⁷ Statistics Canada. (2022). More than half of women provide care to children and care-dependent adults in Canada, 2022. The Daily. <https://www150.statcan.gc.ca/n1/daily-quotidien/221108/dq221108b-eng.htm>

About the survey: in brief



Purpose

To collect nationally representative data on caregivers and care providers in Canada.



Participants

2,673 respondents, including 2,262 caregivers, 309 care providers and 89 dual caregiver/care providers.



Language

Conducted in English and French.



Data Collection Point

Between August 26 and October 3, 2025.



Sampling Method

Leger online panel (a closed group of 500,000 people that is representative of the Canadian population), including additional participation (i.e., an oversample) from Indigenous caregivers, caregivers and care providers for someone with cognitive decline, caregivers and care providers for someone with dementia and caregivers in Prince Edward Island and the North.



Our commitment to research and evidence

CCCE is making de-identified data from the survey available for further research. This is part of our commitment to shedding more light on the experiences of caregivers and care providers in Canada and to supporting more study and analysis. To preserve participants' expectation of anonymity, we will not be releasing written responses in the publicly available data.

Please contact info@canadiancaregiving.org if you would like to access the dataset used to prepare this report.

The Big Picture: Canada's Economic Resilience at Risk





The big picture: Canada's economic resilience at risk

Canada's care crisis is an economic crisis.

The National Caregiving Survey shows that about half of Canada's caregivers (49%) have experienced financial strain due to their care responsibilities. Caregivers are unable to afford basic expenses, working more hours or using up their savings sooner than expected. On top of this, one in five caregivers (21%) is spending \$12,000 or more annually on out-of-pocket care expenses. Caregiving without support is costing too many caregivers their long-term financial stability. This results in lower consumer spending, saving and investment, and higher need for public services.

Findings from the second National Caregiving Survey are sounding the alarm.

Canadians' care needs are growing every day, yet the challenges weighing on caregivers have not improved since CCCE's first survey in 2023. Strains on the care system are growing and we cannot expect caregiving to get easier without government leadership. Inaction leaves scars on the physical, emotional and financial well-being of caregivers and care recipients, and excludes a sizeable share of the workforce from full participation in the economy.

Failing to support caregivers harms Canada's productivity and prosperity.

More than one-third of working caregivers (36%) are experiencing distress around work and care, from reduced productivity, to lost earnings and struggling to find balance between competing responsibilities. This figure does not account for the many caregivers who have exited the workforce or education to provide care. As Canada faces labour market shortages in a range of critical sectors that are projected to grow as our population ages, we urgently need solutions that support caregivers in remaining connected to the labour market for the long term.

Some caregivers are more at risk of economic hardship than others.

The financial impacts of care are most commonly experienced by caregivers in their prime working years (aged 35 to 54) and those caring for a child with a medical condition or disability. This is setting Canada on a dangerous path, failing the "sandwich generation" of working-age Canadians that are juggling care for parents and children, all while falling behind in both earnings and savings.

The paid care economy is not faring any better.

Care work is low-paid and high-stress. About three-quarters of care providers have considered changing careers to move out of the profession, most often because they are not being paid enough. Caregivers agree: 82% say it is important to ensure paid care providers earn a living wage. The care needs of Canadians are increasing, so we must ensure a sustainable care workforce, not a shrinking one.



Improving Canada’s care landscape is essential to our economic resilience.

Pressures on the Canadian economy are mounting, between trade disruptions and broader economic shifts. The Canadian economy cannot rise to these challenges while caregivers, care providers and care recipients are held back by inadequate support. To be resilient to geopolitical uncertainty, we need to first be resilient to the certain need for care. Caregiving needs to be at the forefront of policy and investment decisions as the federal government continues to prioritize building a strong Canadian economy.

64%

of caregivers are in employment or education

49%

of caregivers have experienced financial strain due to care responsibilities

36%

of working caregivers have had their productivity affected by care responsibilities

Snapshot of Care in Canada



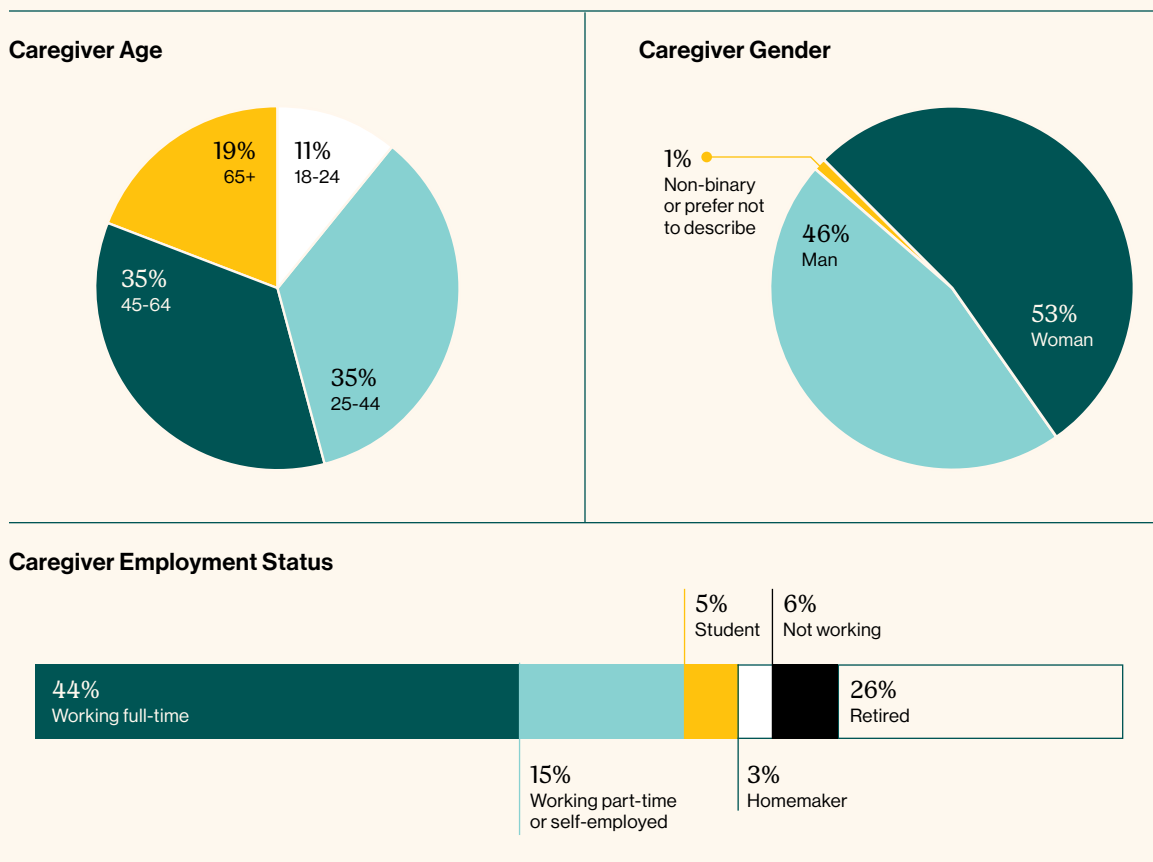
Snapshot of care in Canada

The second National Caregiving Survey provides insights into who Canada's caregivers and care providers are, who they care for and what their experiences are like.

Who are Canada's caregivers?

Caregiving is a widespread experience: about one in four Canadians is a caregiver to a family member or friend.⁸ Most caregivers are middle-aged and working. Women are slightly more likely than men to be caregivers, but women provide more intense care for longer. On average, women have been providing care for five years (compared to 4.3 years among men) and more often care for someone experiencing severe or very severe impacts on their daily functioning (27% vs. 20%).

Figure 01. Caregiver demographics



⁸ Statistics Canada. (2020). Caregivers in Canada, 2018. <https://www150.statcan.gc.ca/n1/daily-quotidien/200108/dq200108a-eng.htm>



Caregivers reflect their communities.

They are a diverse group, with a range of backgrounds and identities. This diversity is reflected in the survey data:

13%

are LGBTQ2S+

24%

are racialized

7%

are First Nations, Métis
or Inuit

17%

were born outside of Canada

26%

speak French at home

The most common type of caregiver is someone who is providing care to an aging parent: 67% of caregivers care for someone 65 or older and 43% care for a parent. However, caregivers provide care to many different people, from in-laws and children to neighbours and those facing all sorts of conditions, including medical and chronic conditions, physical and intellectual disabilities, and dementia. The full story is even more complex: nearly half (47%) of caregivers provide care to more than one person, while the majority (74%) of care recipients have multiple health conditions or problems.

Caregiving is often a major part of a person's life: nearly two in five caregivers (36%) live with their main care recipient, while almost one-quarter (24%) care for someone whose condition has a severe or very severe impact on their daily functioning and independence, reflecting a significant need for support. Further, about one-third (32%) of caregivers do not have anyone assisting them in providing care.

Caregivers dedicate a significant amount of time to caregiving: the average caregiver provides five hours of care per day. About 13% of caregivers provide upwards of nine hours of care daily. During those hours, caregivers provide a range of different forms of care. A large share of caregivers perform essential medical and physical care tasks, like helping with medications or medical treatments (44%), mobility support (like getting in and out of bed) (31%) and feeding (24%). But caregivers' responsibilities go beyond this to support other facets of care recipients' lives, like providing emotional support (66%), transportation (57%), meal preparation or clean-up (50%) and house cleaning or laundry (50%).

Caregivers also have a range of life experiences, living situations and needs:

7%

of caregivers have served in the Canadian Armed Forces

12%

of caregivers are also care recipients

28%

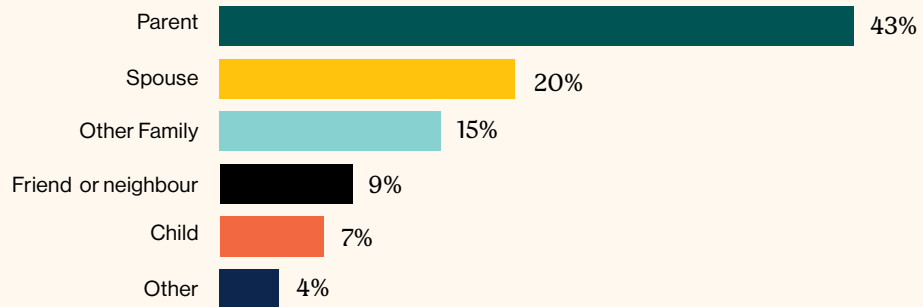
of caregivers are single

34%

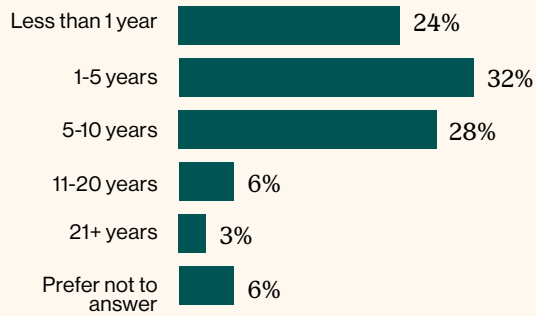
of caregivers have a household income under \$60,000 per year

Figure 02. Caregiving experiences

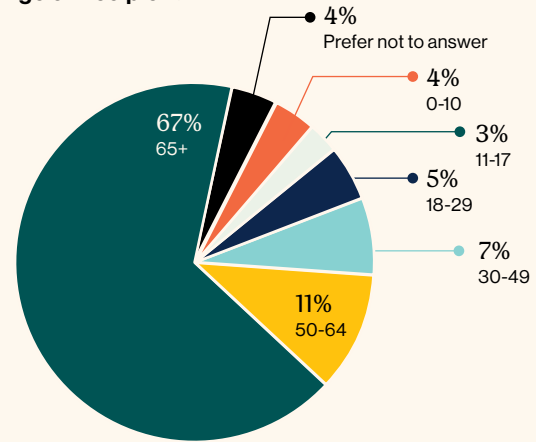
Relationship with Care Recipient



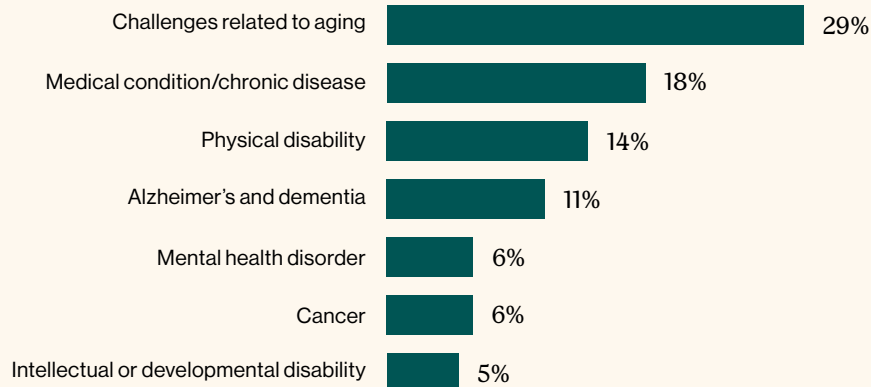
Duration of Caregiving



Age of Recipient



Care Recipient's Primary Condition



Caregiver Spotlights

Young caregivers

Caregivers aged 18 to 24 are typically caring for a parent (23%), a spouse (18%) or other family member (32%). Their care recipient is most commonly someone with a physical disability (27%) who lives with them at least part of the time (58%). The top supports young caregivers are looking for are free counselling and mental health supports (76%) and formal training on care responsibilities (74%).

LGBTQ2S+ caregivers

More than half of LGBTQ2S+ caregivers (54%) live with their care recipient all or part of the time, with the most common care condition being a physical disability (23%). LGBTQ2S+ caregivers have higher rates of accessing financial supports, respite services or counselling than other caregivers (38% vs. 23%). The most important need among LGBTQ2S+ caregivers is improved access to home care services.

Indigenous caregivers

Indigenous caregivers are more likely than their counterparts to be caring for a child (14% vs. 7%) and for someone with an intellectual or developmental disability (11% vs. 6%). Indigenous caregivers provide an average of seven hours of care each day. When it comes to supports, 36% of Indigenous caregivers have received financial supports, respite services or counselling, compared to 24% of non-Indigenous caregivers.

Senior caregivers

Caregivers aged 65 and older are the age group most likely to be caring for a spouse (36%). About one-third of senior caregivers (29%) care for someone with challenges related to aging. Eighteen per cent of senior caregivers have accessed caregiver supports in the past year, with the most important support needs among this age group being improved access to home care (88%) and ensuring that care providers earn a living wage to build a sustainable workforce (81%).

▀ Sibling caregivers

Sibling caregivers provide care for longer periods than non-sibling caregivers (6.3 vs. 4.9 years on average) and often support individuals with high needs, with one in four caring for someone with a severe or very severe condition. Despite this intensity, over 90% receive no financial support, even though nearly 86% say a monthly allowance would be important. Improved access to home care is the top priority for sibling caregivers, with 93% rating it as important and 61% as very important, compared to 51% of non-sibling caregivers.

▀ Veteran and military caregivers

Among care recipients who have served in the military, 42% are primarily receiving care for a condition related to their service. Half of Veteran and military care recipients and 37% of Veteran and military caregivers and care providers receive supports from Veterans Affairs Canada. Caregivers for a service member have more difficulty finding affordable services in their communities compared to their counterparts (57% vs. 40%).



Who are Canada's care providers?

60%

of care providers are women

52%

of care providers are between the ages of 25 and 44

35%

of care providers are racialized

57%

of care providers work full time

25%

of care providers were born outside of Canada

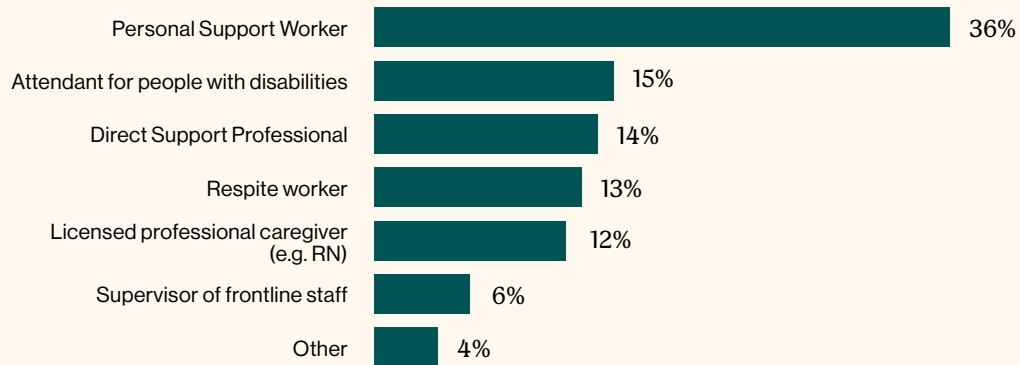
The average care provider has been working in the field for

7.3 years



Figure 03. Care provider experiences

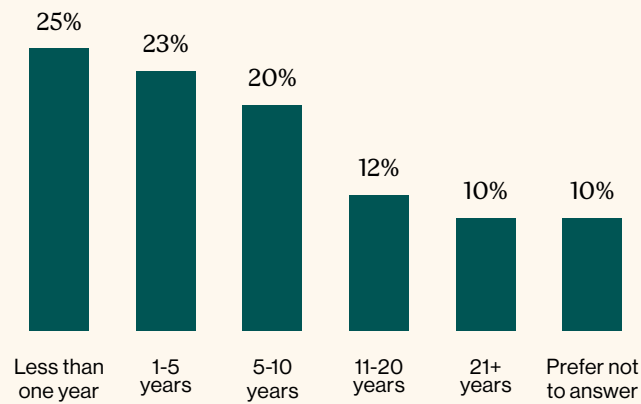
Care providers' job titles



Care providers' primary workplaces



Years working as a care provider



Advancing an Evidence-Based Caregiving Strategy





“ I know I’m not alone in the feeling,
but I’m drowning.”

Advancing an evidence-based caregiving strategy

Pillar 1

Improve supports, programs and services for caregivers

The Issue

Caregivers want to provide care, but they are struggling with its financial, physical and mental impacts.

Caregiving comes with a significant financial cost. Almost half of caregivers (49%) have experienced the negative financial impacts of caregiving, like leaving bills unpaid and taking on more debt. These impacts compound to cause financial hardship, an experience reported by 41% of caregivers. Some caregivers are paying a higher price of care, with more than 60% experiencing financial hardship among caregivers for a child, caregivers for someone with mental health or addiction issues and Indigenous caregivers. Overall, the number of caregivers experiencing financial hardship has slightly increased (+4%) since 2023, a worrying trend as the cost of care and cost of living continue to rise.

“ We need more financial recognition. I would have had my mortgage paid off by now, but I have had to financially bear the impact of supporting my son.

Part of the financial strain caregivers face is the result of having to pay out of pocket for care expenses. Almost one in four caregivers (23%) provides financial support to their care recipient. The scale of these financial contributions is significant: 21% of caregivers are spending at least \$1,000 per month on out-of-pocket expenses related to caregiving. This means one in five caregivers has an annual caregiving price tag of \$12,000 or more from their own finances before accounting for lost earnings.

Caregivers' finances are stuck in a vicious cycle of lost earnings and savings. As a result of their caregiving responsibilities, 13% of caregivers are working less than full-time hours. With less money coming in, caregivers have less to put away: 22% of caregivers have had to stop saving because of their caregiving duties. These financial impacts are even more common among caregivers aged 35 to 54 (30% and 16%, respectively) and those caring for a child with a disability or medical complexity (43% and 27%, respectively). This reflects a critical window of working-age life in which caregivers are losing out on future financial security, which also means they may not have adequate savings when it comes time to retire or meet their own care needs.

“ Everything happens suddenly. And sometimes with both parents back-to-back in the worst-case scenario. I was overwhelmed and didn't think about the financial impact on my family. Even though my parents had some money saved up, I wasn't and currently am not being compensated. The time I spent with my father and then my mother took a toll on my own family.

“ Caregiver well-being is very important. If the caregiver is not doing well, then the [person receiving care] isn’t doing well either.

As caregivers struggle with their finances, they are also struggling with their well-being. More than three-quarters of caregivers (77%) experience direct negative impacts of caregiving on their well-being, with the most common being fatigue (48%), stress (46%) and worry or anxiety (45%). These impacts trickle down to affect caregivers’ health status: almost one in four caregivers (23%) report fair or poor physical health, while an even higher share (28%) report fair or poor mental health.

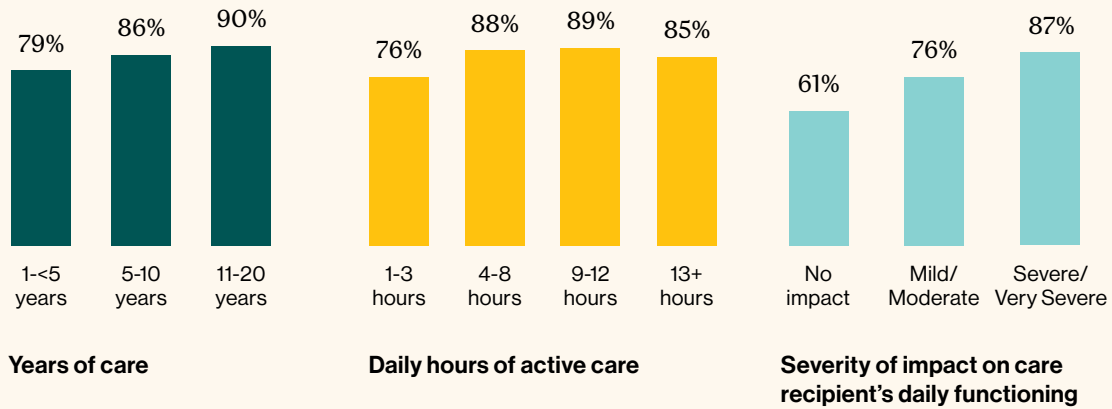
The impact of caregiving on well-being is not evenly distributed. Women (83%), LGBTQ2S+ caregivers (84%), caregivers for someone with cancer (86%) or dementia (87%) and those who live in the same home as their main care recipient (84%) are more likely to experience negative impacts of care on their well-being. At the same time, physical and/or mental health is worse among middle-aged caregivers and those caring for a child with a medical condition or disability (Table 01).

Table 01. Caregiver physical and mental health

	Fair or poor physical health	Fair or poor mental health
All caregivers	23%	28%
Caregivers aged 35-44	19%	37%
Caregivers aged 45-54	26%	30%
Caregivers aged 55-64	30%	26%
Caregivers for a child with a medical condition or disability	30%	37%

Figure 04. The well-being costs of caregiving

Percentage of caregivers experiencing negative impacts on well-being due to care responsibilities



The combined mental, physical and financial strain of providing care is wearing caregivers down. Almost one in five caregivers (19%) feel burned out and unsure if they can keep going with their care responsibilities. Feelings of burnout are higher among caregivers aged 35 to 54 (25%), caregivers for a child with a medical condition or disability (30%) and caregivers for someone with mental health or addiction issues (37%). These figures reflect more than individual distress; they are the product of system failures that are accelerating Canada's care crisis.

“ The biggest thing for me is the lack of a break that I can anticipate. I've burnt out now after years of not enough support. Access to consistent support, even if it's not 'big' would go a long way.

Even with these challenges, caregivers find meaning in their roles. Almost all caregivers (91%) associate providing care with positive feelings. Caregivers feel a sense of love (53%), importance (26%) and appreciation (25%) from their care responsibilities. Caregivers are not looking to be replaced or to stop providing care to their loved ones, they are looking for supports that make things easier for the people they care for and themselves.

“ More supports in small towns. My uncle is in a town three hours away with less than 1,000 people. He can’t afford to move and I don’t have space for him. The cost of living and lack of medical support is so hard.

At the end of the day, caregivers are left unsupported. Only 13% of caregivers have received supports or services designed for caregivers, and this figure varies considerably across provinces and territories (Table 02). About one in four caregivers often or always feels like they do not have enough support (23%) or that no one understands what they are going through (24%). This is not a surprise in a system underpinned by confusing eligibility rules and administrative burden: among caregivers who have not received supports, 40% do not know if they are eligible, 35% do not know what is available and 25% do not even know where to start when it comes to accessing supports.

Table 02. Accessing caregiver supports across Canada

Caregivers who received supports or services designed for caregivers in the past 12 months

BC	AB	SK	MB	ON	QC	NB	NS	PEI	NL	North
10%	10%	11%	12%	15%	15%	3%	10%	28%	8%	13%

The Solution

Caregivers need support and services that target their well-being and their financial security.

Provide caregivers with financial support when and how they need it.

Caregivers need adequate income to offset the financial costs of caregiving. One path to do this is to make the Canada Caregiver Credit (CCC) refundable. More than four in five caregivers (83%) report that a refundable CCC would help their financial situation. Most caregivers are also looking for an expansion of the CCC that increases its amount and makes more caregivers eligible. Another way to financially support caregivers is to compensate them for at least some of their care work. Eighty-five per cent of caregivers report that a monthly caregiving allowance to offset care-related costs would help them financially. These solutions align with where caregivers most want government action: three of the top four issues caregivers want to see on the federal agenda are cost of living, affordable housing and the economy of care and cost of living.

“ Way more support needs to be provided. A caregiver loses out on many things, such as money, time and focus. At the same time, they are [often] losing their loved one. So much more needs to be done.

The other side of financial support is bringing paid care costs down. Eighty-three per cent of caregivers said it would be financially helpful to have more affordable access to paid care services, like respite care and home care. More affordable care was of highest interest to women (88%), caregivers in the North (92%) and those caring for someone with dementia (92%). However, lower paid care costs cannot come at the expense of the underpaid care providers' earnings.

Improve caregivers' well-being through targeted programs and services.

Caregivers put others' well-being first, but, without support, their own well-being suffers. One of the top supports caregivers are looking for is free counselling and mental health supports, ranked as important by 82% of caregivers.

Caregivers are also experiencing a gap between the supports they need and the supports they are accessing. For instance, 79% of caregivers say it is important to have respite services to give them a break, yet only 7% have used respite services in the past year. Similarly, 74% of caregivers find it important to require healthcare providers to assess and track caregiver well-being, while only 11% of caregivers have had a healthcare provider ask them what they need to take care of themselves.

“ Financial aid would relieve some of the stress, training would allow one to confidently provide caregiving duties, access to care for my partner would allow me time for myself and care for myself would be like a dream.

Voices of Care

Pamela

For Pamela, a fifth-generation resident of a small town in Nova Scotia, caregiving was never a single moment, but a series of transitions. For more than a decade, she was a caregiver to multiple people in her life, supporting her father through Alzheimer's, dementia and lung cancer, her mother through terminal brain cancer and lung cancer, and her husband through vascular and frontal temporal dementia.



Her father was diagnosed with late-stage dementia when she was 45. Balancing a demanding career with the realities of caregiving quickly became unsustainable, and she could no longer give her full attention to both. At the time, she did not yet know that her mother and husband would also become seriously ill and pass away within a six-year period. At 49, at the height of her career and just five years from retirement eligibility, she made the decision to leave the workforce.

“I loved my career, but I loved my family more.”

What followed was a prolonged period of caregiving that was emotionally, physically and financially demanding.

“ Support from Nova Scotia Health Continuing Care, which helped fund part-time caregiving, was critical in allowing my family to remain in the home. Yet even though some support exists for patients, there is little to no financial support for caregivers themselves.

Stepping away from work meant losing income, pension contributions and long-term financial security. Caregivers who leave the workforce, she says, are often penalized in ways they do not anticipate, particularly when it comes time to access retirement benefits.

“Caregivers who leave work for many years to care for adults are penalized for lack of CPP contributions. It's a big surprise when they go to draw CPP—as it was for me.”

She now advocates for changes to the system, including a provision like the child-rearing benefit in CPP, which allows parents to exclude low-earning years from benefit calculations.

After her husband's passing, the caregiving role did not end. It shifted. Today, Pamela supports her brother, helping him navigate a civilian healthcare system that she says is not equipped to meet the needs of veterans, particularly in rural communities. Another concern, she says, is the increasing number of Canadian veterans who are relying on specialized food banks due to rising living costs, financial crises, and gaps in support services.

For Pamela, this reflects a broader issue that is as relevant to veterans as it is to caregivers, who often step away from their careers and their contributions remain largely unrecognized—and in some cases penalized.

“If I did the math of taking care of three people at home, I saved the healthcare system at least \$60,000 a year over more than a decade. We say we want people to age at home, and that's fine. But how are we going to do that without supporting the caregiver?”

Today, Pamela is focused on advocating for change. She wants to ensure caregivers are recognized, supported and not left to carry the long-term consequences alone.

“ I want to educate people. I want to advocate for supports, education and training.





“ It is difficult to retain a good paying job when you are needed at home.

Pillar 2

Support caregivers in work and education

The Issue

The time demands on caregivers in work and education are not sustainable.

Caregivers are feeling the crunch as they try to navigate caregiving alongside other responsibilities. About 58% of caregivers are working, including 44% who are working full time. Balancing work and care is more common among middle-aged caregivers, with 66% of caregivers aged 35 to 54 working full time. Working full-time while being a caregiver is also more common among men (55%), racialized caregivers (58%) and caregivers born outside of Canada (58%).

Caregiving is not a casual commitment; it is a daily responsibility that can be as time-consuming as a full-time job. On top of their work and school responsibilities, working caregivers still provide an average of 5.1 active hours of care per day, while caregivers who are studying still provide an average of 4.4 hours of care per day. This invisible load equates to providing 36 hours and 31 hours of care per week, respectively, on top of work or school. These time demands are unsustainable and put many workers and students at risk of leaving employment or education altogether.

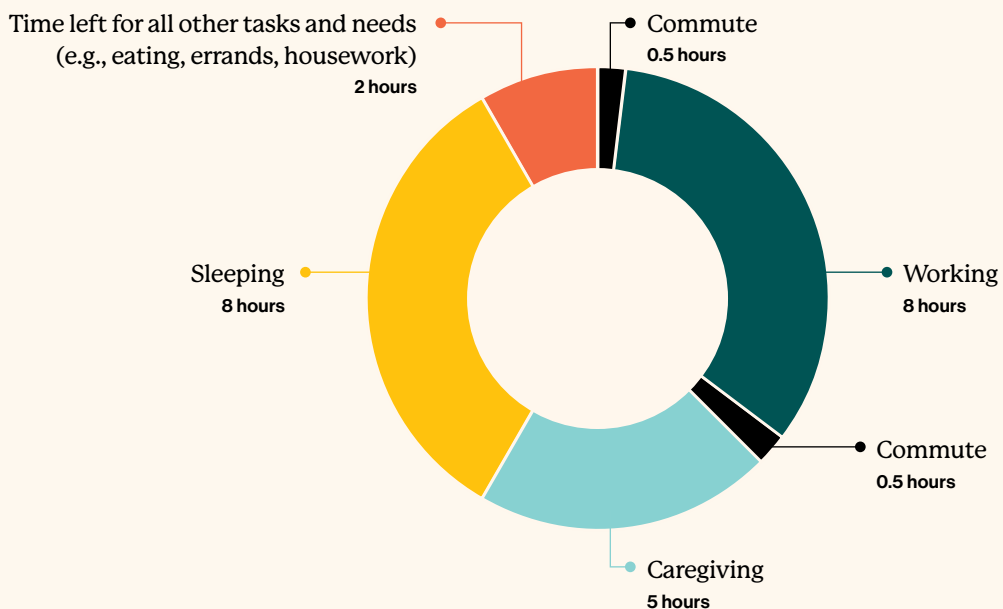
“ I can only work part time due to caregiving. It would be very helpful if there was financial aid that would offset the hours I cannot work due to caregiving. I have two autistic daughters. It’s hard to make ends meet.

Those who provide the most care are the same caregivers who work the most.

Forty-four per cent of those providing nine to 12 hours of care in a day work full time—slightly more than those who provide fewer hours of daily care. Those who require more care have more out-of-pocket costs to cover. Working-age caregivers, the population that is most likely to have the longest working hours and young children, provide the most hours of daily care. Those aged 25 to 34 provide an average of 6.1 hours of care per day, while those aged 35 to 44 provide an average of 5.6 hours of care per day, pointing to major time constraints weighing on the sandwich generation.

For many caregivers, there simply are not enough hours in the day. If a caregiver is working full time, their work and care responsibilities can add up to over 13 hours per day. This means that if an individual is both working and caregiving, something has to give: they must then spend less time on activities like sleep, taking care of their own needs (e.g., eating, drinking, transportation) or other unpaid responsibilities (e.g., child care, housework, volunteering)(Figure 5).

Figure 05. Example of caregivers’ daily time constraints



It does not end there: the financial burden of caregiving can pressure caregivers to work more. The costs of care provision have forced 17% of working caregivers to work more hours, 9% have put off when they plan to retire (or decided never to retire); and 5% have had to find a second job. This will only get worse as the cost of living, which is the top social issue on caregivers' minds, continues to rise.

This leaves caregivers under tremendous pressure to balance multiple parts of their lives. About one-quarter of working caregivers (26%) feel that they do not have enough time for themselves. A similar share of working caregivers (23%, and 19% for students) frequently or nearly always feel stressed between caring and meeting other responsibilities, while an additional 38% (36% for students) feel that stress sometimes. All the while, employers do not necessarily understand when employees are under this pressure: 36% of working caregivers do not feel supported by their employer.

“ I retired at 58 years so that I could help around the house. I lost 7 years of pension growth in my workplace as well as CPP. When my mother dies, the difference in my retirement income will be devastating. Financial support now that I might put toward saving would be a godsend.

As a result, many caregivers in prime working years cannot participate in the economy to their full potential, causing our economic growth to slow considerably. More than one-third of working caregivers (36%) report that, because of their care responsibilities, they have had their work productivity suffer, have lost earnings or have struggled to find balance between work and care. Further, 14% of caregivers say their largest financial impact related to care comes from working less to fulfill their care responsibilities.

This does not begin to capture the many caregivers who have shifted to part-time work or left the workforce entirely to provide unpaid care, draining Canada's economic productivity. It also means missing out on innovation and businesses from entrepreneurs who lack the supports to balance work and care. A slightly smaller share of caregivers report being in the workforce in 2025 compared to 2023 (-3%), including fewer full-time employees (-2%). As Canadians' care needs increase in the coming years, our economy will struggle even further with the lower productivity, higher absenteeism and less stable labour market participation caused by caregiving.

The Solution

Caregivers need policy solutions that help them balance caregiving responsibilities with work and school.

Make leaves and benefits work for working caregivers.

Working caregivers say that the most important way to support them is to provide tax credits or benefits that are easier to access and more generous. Right now, benefits are mismatched with the typical caregiving experience. For example, the average caregiver has been supporting their main care recipient for 5.1 years, yet caregiver benefits often target only a short-term, one-time break from work or school. Similarly, 15% of caregivers are working part time or are self-employed, yet caregiver benefits are often only available to full-time workers.

Provide caregivers in work and school with greater financial security.

Working caregivers are looking for long-term policy solutions that limit the financial penalties of caregiving. Eighty-two per cent of caregivers feel that it is important to credit caregiving years in the CPP to protect retirement security for those who leave work to provide care, while 82% report that this approach would help their financial situation. Among student caregivers, 73% feel it is important to make the federal component of student loans more flexible.

Give caregivers the flexibility to stay in the workforce as they provide care.

Flexible work hours, remote work and job protections can go a long way in supporting caregivers to remain in the workforce while providing care. More than four in five working caregivers (81%) feel it is important to encourage employers to adopt caregiver-friendly workplace policies. These types of policies also help caregivers address the financial toll of caregiving: 83% of working caregivers would find it financially helpful to have a partially paid leave of absence from work as well as caregiving-specific paid leave days.

“ Employers should allow employees who are also caregivers to modify their work hours/shifts or work from home. [...] They should make accommodation for people who are in the midst of this juggling act, without having to worry about losing your job on top of it all. The population is aging, and society is ill-prepared to handle it, as is our government and our employers.



Voices of Care

Bhavini Patel

Bhavini Patel is a dedicated caregiver and advocate based in the Greater Toronto Area. Her caregiving journey began shortly after her father was diagnosed with dementia. Bhavini gradually assumed increasing responsibility for her father's care over more than six years, all while supporting her aging mother with her own care needs.

In 2020, as her father's condition progressed and her caregiving responsibilities grew, Bhavini decided to leave her career as a director of operations in the hospitality industry to provide full-time care. This marked a profound shift in both her professional and personal identity. It also marked a major economic and professional turning point, one that would shape her financial security, career trajectory and sense of self.

Throughout her caregiving journey, Bhavini remained closely involved in both her parents' daily lives, living nearby and dedicating the equivalent of full-time hours each week to caregiving responsibilities. Her role extended far beyond emotional support; she became the primary decision-maker and coordinator, managing financial matters, providing medical advocacy and coordinating interactions with an interprofessional healthcare team, as well as personal support workers.

While she received support from her family through a shared roster system, formal supports, like publicly funded home care services, were often limited in scope and flexibility, leaving Bhavini to fill critical gaps.

Bhavini's father passed away at home in 2022. More recently, she has taken on a similar caregiving role for her uncle, who is receiving ongoing treatment for cardiovascular disease. This continuation of care reflects a pattern familiar to many caregivers: even after one intensive caregiving chapter ends, another often begins, with little time to recover and few supports in place.

“ I never defined myself as a caregiver because I was just a daughter, niece, or granddaughter taking care of family members when they needed help. But everything changed when I realized that what I was facing was much bigger — there's the administrative and financial running of a house; there are medication and lifestyle adjustments; and you're forward-thinking about what will happen with this unknown journey ahead of you.



The impact of caregiving on Bhavini's life has been significant, and continues today. She still faces financial strain from lost income and reliance on personal savings, along with challenges re-entering the workforce after an extended absence. The demands of caregiving also limited her ability to maintain social connections and personal time. Notably, her burnout stemmed less from emotional strain and more from the relentless logistical and administrative burden of navigating fragmented systems and coordinating care.

Despite these challenges, Bhavini has developed a strong sense of purpose and has become actively involved in caregiver advocacy through organizations such as the Alzheimer Society Peel, Institute for Better Health, the Ontario Caregiver Organization, and the Canadian Centre for Caregiving Excellence.

In many ways, the six-year gap in employment while being a full-time caregiver has re-written her resume in ways she never expected. She is now seeking opportunities to combine her professional background with her lived experience, aiming to improve systems and supports for other caregivers facing similar challenges. Bhavini feels that getting employers to lead with compassion and flexibility, especially when it comes to caregivers, would be a major shift in the right direction.

“Supporting employees through the realities of caregiving is key to retaining high-performing talent who will go above and beyond when they feel understood. Caregivers build valuable, transferable skills, and with an aging population and increasing pressure on the healthcare system, we need workplaces, HR teams, and insurers to work together to keep people—especially women—in the workforce. Supporting caregivers isn't optional; it's something that will impact all of us.”





“ Caregivers have trouble navigating the [government] bureaucracy. Make it easier on people to stop with the paperwork and get on with helping others.

Pillar 3

Improve financial supports for care recipients

The Issue

Limited access to financial supports harms care recipients and causes caregivers to spend more time and money on care.

Living with a condition requiring care comes with both a time cost and a financial cost. The administrative burdens and complex systems that care recipients must navigate have a direct impact on caregivers' responsibilities. Thirty-five per cent of caregivers manage the finances and health insurance of their care recipient, while 31% schedule or coordinate their care and 23% provide them with financial assistance. The connection between caregiver and care recipient finances is further complicated by the fact that 12% of caregivers are also receiving care themselves.

“ Accessing tax credits and support programs is very difficult. Long, cumbersome paperwork, slow turnaround times, social workers who disagree with medical diagnosis, etc. There needs to be a better intake service and automated supports that make it easier!

Some groups of caregivers are more likely to contribute financially to the lives of care recipients. Women caregivers and caregivers aged 55 or older are more likely to manage care recipients' finances than their counterparts. Further, Indigenous caregivers (37%) are more likely to provide financial assistance to their care recipients. Care recipients with intellectual and developmental disabilities are also supported by caregivers who are highly involved in the financial aspects of care, with 48% managing their care recipients' finances and 44% providing financial assistance. Inequity is at the heart of this story: bureaucracy often places the greatest administrative load on the people who have the toughest time navigating it and who need support the most.

Despite clear need for financial support, caregivers and care recipients are not receiving tax credits for which they are eligible. More than half of caregivers (51%) say they are unfamiliar with these tax credits, and only 13% of caregivers have actually used them. The lack of familiarity with tax credits related to care is even higher among caregivers aged 35 to 54 (58%), newcomers in Canada for less than a year (60%) and caregivers for someone with aging issues (61%).

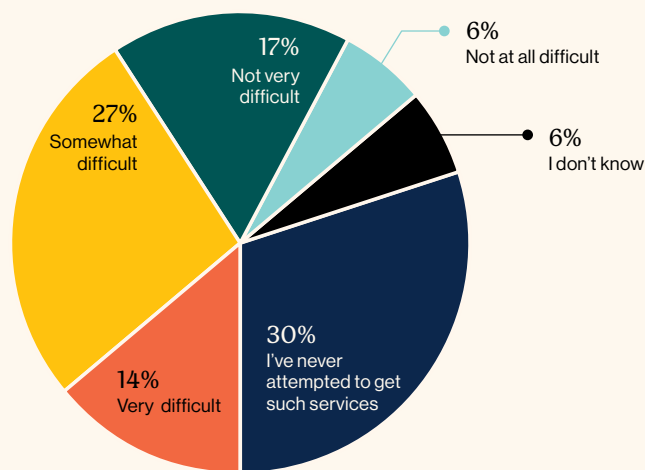
These financial challenges are happening against the backdrop of an unaffordable care system and a cost-of-living crisis. One in 10 caregivers (10%) took on their care role because there was no access to affordable care options, and 64% of caregivers who tried to access care services report difficulty finding affordable services in their community (Figure 6). While public services exist, only 14% of caregivers have accessed publicly funded home care.

“ When you are a mom of a child with a disability and you yourself have a disability, it makes it nearly impossible to hold down a job. Our medications cost over \$400 a month. We applied for the [provincial drug plan] but the system is not designed well [...] and you end up paying out of pocket anyways because nothing is automated. I feel like I am exhausted and not actually living.

“ The most difficult things to access in my experience are short-term respite care and subsidized long-term care. Demand exceeds supply in both areas, mostly due to lack of staff. Remuneration for this kind of work is poorly paid. [...] If we want good care, we must pay for it, the same as we must pay for any other quality service or product.

Figure 06. Difficulty in accessing affordable care services

How difficult has it been to get affordable services in the area you are providing care in?



The Solution

Caregivers need easier access to financial supports for care recipients and adequate levels of funding.

Reduce administrative barriers for care recipients and their families.

Caregivers and care recipients are navigating a maze of benefits and supports: they access information from healthcare providers (45%), social workers (36%) and provincial organizations (25%), among others. Four in five caregivers are looking for reduced barriers to accessing financial supports, including simplified and expanded access to the Disability Tax Credit and related benefits (81%) and automatic enrolment in financial supports (e.g., Canada Disability Benefit, Registered Disability Savings Plan) (81%). Interest in both these solutions was even higher among caregivers aged 35 to 54, caregivers for a child or someone with dementia and caregivers experiencing financial hardship.

“The maze of possible help requires a master’s degree! [...] There needs to be an easy-to-follow roadmap of how to navigate that.

■ Increase the Canada Disability Credit and scale of other financial support for care recipients.

Canada’s benefits system does not go far enough to support the financial toll placed on care recipients. This can lead to reliance on caregivers for financial support: almost one-quarter of caregivers (23%) supplement care recipient finances. Caregivers are left in tough financial situations as a consequence of financially supporting the people they love, with large shares of caregivers facing financial strain (49%) and hardship (41%) as a direct result of their care responsibilities. It is no surprise that the top issue that caregivers want the government to address is the cost of living.

There are also limitations on which expenses government programs cover. Among caregivers, 29% report that their biggest out-of-pocket care expenses are uncovered medical and personal care items, which include bathing and showering supplies, mobility and transfer aids and other medical equipment. Caregiver spending on medical expenses is more common among immigrant caregivers, caregivers under 35 and those caring for someone with an intellectual or developmental disability. These are groups that already face compounding barriers to accessing financial supports.



Voices of Care

Elizabeth Chambers

Elizabeth Chambers' caregiving journey did not begin all at once—it unfolded over a lifetime. As a young person, she volunteered in the disability community and supported her extended family's work as foster parents. That early exposure quietly shaped what would become a life defined by care, advocacy, and resilience.

As an adult, Elizabeth left her career as a teacher and, with her husband Keith, became a foster parent. When her teenage foster brother, Adam, who has been with her family since infancy, asked to stay not as “the little foster brother” but as a permanent member of the family, they said yes and welcomed him as their son. Today, Adam is 28 and lives with an intellectual and developmental disability. He remains, in Elizabeth's words, “the kindest person with the biggest sense of humour.”

Caregiving expanded again with the birth of her youngest son, William, following complications that nearly claimed both of their lives. Now eight years old, William is non-speaking, deaf, blind, tracheostomy- and ventilator-dependent at night, with spastic quadriplegia, requiring round-the-clock care.

Alongside Adam and their 14-year-old daughter, Daisy, who Elizabeth insists should never feel responsible for caregiving, the family also cares full time for Elizabeth's 89-year-old mother, who has been living with Alzheimer's for more than seven years.

Elizabeth describes her role as managing “a tower of responsibility” — six people under one roof, each with complex and evolving needs. For William alone, she coordinates a network of more than 50 care providers, therapists, and professionals. The logistics are relentless, but the stakes are deeply personal.

Even with this level of involvement, the system meant to support families like hers often feels precarious. Critical services can disappear without warning. When a key care provider was forced to stop working due to visa delays, the family was left scrambling. This is an all-too-common reality in a system where urgent replacement support is rarely available.



Financial pressures add another layer of strain. Despite the intensity of care required, Elizabeth's family does not qualify for full support. Essential equipment comes with significant out-of-pocket costs. A recent "basic" wheelchair for William cost approximately \$11,000, with 75% covered by the Ontario Assistive Devices Program.

As a full-time caregiver, Elizabeth receives no income, pension contributions, or employment benefits—losses that compound over time.

"I was working at my dream job and planned a short maternity leave," she explains. "But the level of care my son needed made it impossible, and I experienced complete burnout."

The physical and emotional toll is constant. Sleep is inconsistent. Respite is limited. Basic needs are often deferred.

Alongside caregiving, she has become a powerful advocate and contributor to research through McMaster University's CanChild Centre for Childhood-Onset Disability Research, where she acts as a family leader, researcher, author, and partner on multiple projects. She is especially passionate about programs like ENVISAGE, which support families early in their caregiving journeys, helping them navigate new realities with "confidence and connection."

Through it all, her purpose remains clear, but it's never without worry.

“ I worry about the future, and not just for my children, but for caregivers like us. Everything feels short-term and reactive. What will happen in 20 or 30 years, when we need care too? Why can't I find a way to care for my loved ones now while knowing I don't have to fear my own future because of it.





“ [We need] more funding for retirement and long-term care homes. The workers are not paid what they are worth.

Pillar 4

Build a sustainable care provider workforce

The Issue

Care providers are reaching a breaking point, with many at risk of leaving their roles, which threatens Canada’s paid care system.

Care work is low-paid, physically demanding and high-stress, setting up a workforce that is on the brink of collapse. More than half of care providers (59%) do not feel they are paid fairly; this figure rises to 67% for women. Twenty-eight per cent feel unsafe at work and 37% feel unsupported at work. Feeling unsupported is even more common among care providers who are not Canadian citizens (54%) and care providers with fair or poor mental health (65%). Yet care providers still know that they are doing valuable work: 70% feel their work is appreciated by the people they care for.

Care provision is chronically under-resourced and under-staffed. Two in five care providers (39%) feel that there is insufficient staff present throughout their shifts. Meanwhile, one-third of caregivers (32%) are providing care for someone in a long-term care or nursing home, taking on significant unpaid work in order to effectively subsidize the under-staffed paid care system.

As a result of these difficult working conditions, about three-quarters (73%) of all care providers have considered changing careers to move out of the profession. The most common reasons for considering changing careers were not being paid a high enough salary (27%), poor work-life balance, burnout or stress (21%) and a lack of job security (17%). All of these were greater factors for women care providers than for their male counterparts. With care needs rising and the population aging, it is more urgent than ever for care providers to be recruited into and retained in the care economy, not be pushed to exit it.

Some groups of care providers are more likely to have considered leaving their roles. This risk is highest among attendants for people with disabilities (90%) and respite workers (81%). It is also higher than average for care providers under 35 (86%), LGBTQ2S+ care providers (79%) and care providers who are not Canadian citizens (89%). The amount of care provided also has an effect: 91% of care providers working 13+ hours per day have considered changing careers. This means that the care providers most responsible for holding Canada's care system together are also most at risk of leaving the system altogether.

“ When management [...] has people working as a team, it adds so much to the environment and gives that support. Keeping places well-staffed adds to a balanced workload.

The Solution

Changes in working conditions can keep care providers doing their essential jobs.

Value care providers with proper wages and better work conditions.

Almost all care providers (91%) feel that improved working conditions would encourage them to continue working in the care sector. Pay is the most common driver of care provider retention. Forty-five per cent of respondents felt that higher pay would make them more likely to continue working in the sector. This is a sentiment also shared by caregivers: 82% want to ensure paid care providers earn a living wage.

Other factors that would help retain the care workforce include reasonable working hours (29%), flexible scheduling (28%) and a supportive work environment (27%). When caregivers identified ways to increase their support at work, 35% pointed to supportive management, 19% to collaboration/teamwork and 13% to adequate staffing levels.

Figure 07. Care provider support needs at work



Protect and encourage migrant care workers.

Canada’s care workforce heavily relies on newcomers, who often face precarious working and immigration conditions. Almost one in five care providers (19%) is not a Canadian citizen, i.e., either a permanent resident (10%), a temporary resident (6%), a refugee (5%) or an asylum seeker (1%). Among care providers born outside of Canada, 24% have been in Canada for less than five years. Caregivers see it as a priority to support these care providers: more than half (56%) say it is important to improve pathways to permanent residency for migrant care workers.



Voices of Care

Fredrica Henry-Pottinger

On any given day in Toronto, Fredrica Henry-Pottinger might be helping someone take their first trip to a movie theatre, supporting a resident through a behavioural crisis, or simply sitting beside an older adult reading a book aloud. These moments, which may seem small on the surface, are everything to her.



“I see each individual as a gift. Rights matter, but so do real opportunities for people to shape their own lives, build connection, and do what matters to them.”

After more than two decades as a care provider, she has built a career, and a calling, around that belief. What began as informal support work evolved into structured roles planning trips and events, then work in a children’s home, and eventually a position at Community Living Toronto. Today, she works as a residential support worker, supporting adults with developmental disabilities in a group home.

At the heart of Fredrica’s work is the idea that care must support dignity, autonomy, and belonging. She supports six individuals who require 24-hour care, helping with daily routines while also supporting goals, relationships, and experiences that matter to them.

“The fun part of my job is creating plans of care and short-term goals to improve quality of life. Seeing someone go to a movie for the first time, make a new friend, or enjoy a community barbecue is really exciting.”

These moments, often taken for granted, reinforce why the work matters. But despite the rewards, Fredrica is candid about the realities facing frontline workers.

“ This is one of the lowest-paid sectors. We touch lives like first responders, nurses, and teachers—but the wages don’t reflect that.

Many workers juggle multiple jobs—days in schools, evenings in group homes, and weekends wherever they can. The result can be physical, emotional, and social burnout, with little time or money for personal well-being.

Fredrica's commitment extends beyond her shifts. For the past decade, she has been active in the Canadian Union of Public Employees, advocating for workers and those they support. Her work spans local to national levels, focusing on health and safety and worker's rights, including opposition to policies like Ontario's Bill 124, which capped public sector wage increases at 1 per cent for three years.

The law was repealed in February 2024 after court rulings found it unconstitutional. While many workers have received negotiated wage reopeners and back pay, the compensation process is ongoing for many others.

"We were called heroes during COVID. But at the same time, our wages were being capped."

Fredrica also points to broader challenges, including reliance on non-unionized agency staff and barriers facing temporary foreign workers. Immigration classifications can leave skilled care workers under-recognized and underpaid, with limited pathways to permanent residency.

"These workers don't have the same rights. And yet they're essential to the system."

Originally from Jamaica, Fredrica has called Canada home since 1986. Caregiving, she says, has become second nature. After a career spanning more than 20 years, she remains deeply committed, but clear-eyed about what needs to change.

“ I hope at some point value is placed on a wage that allows us to be comfortable.

Until then, she and thousands like her continue to hold up a system that depends on their dedication, even as it struggles to support them in return.





“ Government can be more effective and powerful [in] using resources.

“ Families should not have to fight for assistance from the government to support seniors who can no longer care for themselves and cannot afford the private care required 24 hours a day.

Pillar 5 Show leadership and recognition

The Issue

Caregivers and care providers are the backbone of Canada’s economy, but they do not feel like the government has their back.

Caregivers and care providers feel like they have been left behind by the government. A large majority (61%) of caregivers do not feel supported by the government, while more than half of care providers feel the same (54%). This is even higher among certain groups of caregivers: caregivers aged 35 to 54 (68%), caregivers in Quebec (69%), caregivers experiencing financial hardship (71%) and caregivers in fair or poor physical (72%) or mental (73%) health. Strikingly, more than three-quarters of caregivers for a child with a medical condition or disability (76%) feel unsupported by the government. This illustrates that caregivers from many walks of life are feeling alone in their care journey.

For some, a lack of support translates into a sense of outright neglect.

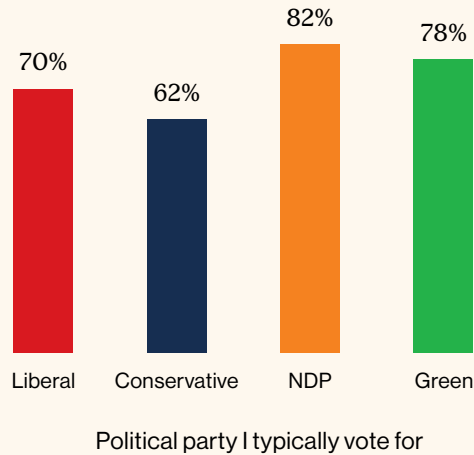
For example, more than one-quarter (27%) of caregivers for Veterans feel that the government has abandoned them, while a similar number (28%) of those caring for someone under 17 feel abandoned. These numbers stand out because Veterans and families with children are two of the groups that count most on the federal government for support. Other communities that feel abandoned by the government include Indigenous caregivers (20%), caregivers experiencing financial hardship (24%) and caregivers caring for someone with severe or very severe impact on their daily functioning (24%).

“ There is a considerable amount of bureaucracy involved in applications. [...] In some cases, the left hand doesn't know what the right hand is doing, and there seems to be silos building within and between departments, all of which frustrates caregivers who are trying their best to meet the needs of a loved one.

Government action on care is a cross-partisan and coast-to-coast-to-coast issue. Regardless of which major political party they typically vote for in federal elections, at least three in five caregivers and care providers vote with caregiving policy in mind (Figure 8). Across all provinces and territories, at least 62% of caregivers and care providers consider caregiving policy in voting, reaching its highest level in Prince Edward Island, where 83% take it into consideration. Since 2023, the number of caregivers and care providers who vote with caregiving in mind has slightly increased (+2%). Just like the need for care, caregiving policy is a voter issue that transcends demographic, political and geographic lines.

Figure 08. Voting with caregiving policy in mind

Caregiving policy is important to how I choose to vote



Veterans and military families are a strong example of where the federal government can make a difference in care policy. This is a population whose service needs are under federal jurisdiction and who face unique caregiving complexities. Government leadership requires recognizing and acting on these differences. In particular, military and Veteran caregivers have distinct financial struggles. Caregivers for a service member have one of the highest rates of financial hardship among caregiver groups, with 67% reporting a little or a lot of financial hardship in the past year (compared to 40% among non-service members). Similarly, they experience more difficulty with finding affordable services in their community, with 57% saying it is very difficult or somewhat difficult to do so compared to 40% among their counterparts. More than one-third (36%) of military caregivers are unaware of available tax credits related to care, and only 13% had accessed them. In combination, these numbers likely contribute to the high proportion of military and Veteran caregivers who feel that the government has abandoned them.

The Solution

Caregivers and care providers across political lines are looking for government action on care and its related policy areas.

Make caregiving a government priority.

Caregivers and care providers are not satisfied with the government's caregiving policy efforts. Almost half of caregivers and care providers (44%) are disappointed in the federal government's progress on caregiving policy. Feelings of disappointment spike even higher among people providing the most intense care. More than half of caregivers and care providers who provide four to eight hours of daily care (53%), who have been providing care for 11 to 20 years (59%), and who care for someone with severe or very severe impacts on their daily functioning (52%) are disappointed in government efforts. The caregivers and care providers at the centre of our care system do not think the government is doing enough.

Canadians' disappointment in caregiving policy translates into a major voter support issue. About two-thirds of caregivers and care providers (65%) say caregiving policy is important to how they choose to vote, and half of Canadians will be a caregiver in their lifetime. Caregiving policy is especially important to caregivers and care providers under 35 (74%), who will become a larger share of voters over time. This data tells politicians explicitly that caregiving is not a niche issue; how the government cares for caregivers is top of mind for many Canadians.

“ The cost of hiring home support and care homes is unaffordable so people are trying to do it on their own, which is causing them to have medical issues. The government needs to help lower the cost of caring for seniors.

■ **Show federal leadership in health care.**

Caregiving and the healthcare system are closely linked. About one-third of caregivers support their care recipients with care coordination, while healthcare providers are the most common source of information for caregivers on supports, services and benefits. At the same time, a strong healthcare system can support caregiver well-being as caregivers deal with significant strain on their physical and mental health. Seventeen per cent of caregivers say their own health has suffered due to care responsibilities and about three-quarters of caregivers (74%) find it important for healthcare providers to assess and monitor their well-being. With all these intersections, it is unsurprising that three of the top six issues caregivers and care providers would like to see the government address are health care, wait times and access to a doctor.

■ **Ensure veterans and military families get the support they deserve.**

Currently, half of Veteran care recipients and 37% of Veteran caregivers and care providers receive supports from Veterans Affairs Canada. Veterans and military caregivers expressed strong interest in certain supports, many of which fall under the mandate of the federal government in supporting service members. These supports include free counselling and mental health supports (83%), improved access to home care services (75%), formal training on caregiving responsibilities (73%) and a refundable Canada Caregiver Credit (71%).

As Canada continues to make investments in national defense, part of those efforts should include strengthening their commitment to those who serve. Better system coordination is needed to support Veterans and members of the military who give and receive care. Military service presents distinct challenges for care, like frequent relocation, isolation from support networks and disruptions in continuity of care. To address these challenges, the federal government must ensure seamless transition of healthcare records, interprovincial eligibility, continuity for services and access to military-specific case management.



Voices of Care

Nicholas Goberdhan

Nicholas Goberdhan is a PhD candidate in Communications Studies at Concordia University. His research looks at young caregivers and the intersection of caring, culture, and identity. The work comes from somewhere very personal.

He grew up as an only child in a low- to middle-income household, living with both parents. His mother lives with mental health-related challenges, and while his father worked to maintain financial stability, Nicholas took on a different kind of role within the home. Not one defined by physical care, but by awareness, anticipation, and emotional responsibility.

From a young age, he learned to read his mother's distress and changes in her well-being, to notice when something was shifting, and to intervene early when things felt unstable. What he now understands as caregiving did not feel like a defined role at the time, it was just something he did.

“ I realized that there were certain caregiving things I would do that weren't physical. I did a lot of sitting nearby, being very aware of what was happening, and understanding that in certain situations where there was emotional distress. I would be present and I learned how to diffuse situations.

This form of caregiving was constant, but largely invisible. There was no formal support, no guidance, and no shared understanding of what he was experiencing. Much of his childhood was shaped by uncertainty and the need to stay alert to changes at home.

“I would listen for tones in her voice that sounded distressed. I had this kind of hyper-awareness – a sense of when something wasn't quite right. At the time, I didn't think of it as care work. But it was.”

Cultural context also played a significant role in shaping his experience. As part of an Indo-Caribbean family, mental health was not openly discussed. That meant that many struggles remained private. Even when things became difficult, reaching out didn't feel like an option. When support did come, it was usually at a breaking point involving emergency rooms or hospital visits when things had already escalated.



“The only time support was present was when things turned into a crisis. It would be about mitigating situations without police getting involved and doing more harm than good.”

Today, Nicholas continues to live with his parents, who are now separated but share a home. His caregiving role has evolved over time, shaped by experience and a greater degree of stability, particularly financially.

That stability has shifted his role. It's less about reacting now, and more about maintaining those conditions. The awareness he developed early on is still there. It doesn't really go away.

“There's always that uncertainty... like, could this be the day things escalate? Even when things are stable, that question is always in the back of my mind.”

That experience eventually led him to his research. He is also part of the Young Caregiver Council of Canada, an organization he connected with in his mid-20s that brings together and supports youth with diverse care experiences. The organization focuses on advocacy for change, support and the value of young carer stories.

Looking back, he doesn't point to one missing service or one moment that could have changed things. It's something broader than that. The gap, for him, is everything that happens before and after a crisis. A system that reacts, does not anticipate, and leaves caregivers to navigate uncertainty on their own.

So, young caregivers manage as best they can—on their own, quietly, consistently, and often without being seen.



Conclusion



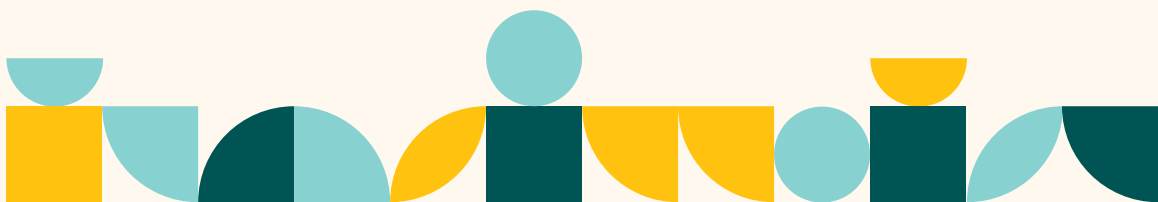
Caregivers are united in what they need to thrive

The status quo on caregiving is failing Canadians. Caregivers, care providers and care recipients are disappointed in how government is handling the care crisis and recognize this as a public policy choice to leave them unsupported. Caregivers are shouldering the burdens of underpowered health and social systems and receive scant support from their governments. The mental, physical and financial toll of providing care is not just harming individuals; it is a drag on productivity and economic growth and a major threat to our economic resilience in the face of growing risks. Today's care challenges are already cause for concern, but they are only a preview of the danger Canada is racing toward as our population ages and care needs become increasingly prevalent and complex.

The care crisis is holding Canada back from economic prosperity. Working caregivers are trapped in a vicious cycle of needing to work more to meet the financial demands of care and needing to work less to meet the time demands of care. Caregivers are burnt out, losing out on earnings and savings, and watching their productivity suffer. Working-age Canadians are missing out on long-term workforce participation, opportunities for entrepreneurship and innovation and, ultimately, the ability to prepare for the cost of their own care needs in the future. As Canada navigates historic economic uncertainty, a sustainable care economy will be a key driver of our economic resilience. Canada cannot and will not succeed without caregiving placed at the forefront of policy and investment decisions.

Canadians' commitment to care should give us reason for optimism. Caregivers and care providers perform valuable work and they are motivated to continue doing it with the right supports to thrive. Care policy matters to us all; nearly half of Canadians will be a caregiver in their lifetime and all Canadians will be affected in some way by the growing demand for giving and receiving care. Caregivers are a diverse group that are largely united in their belief that some simple but substantive changes could dramatically improve their lives.

CCCE has worked with dedicated caregivers and care providers across the country to build an actionable plan for solving the care crisis. The National Caregiving Strategy and the caregiver needs captured in this report serve as a clear call to action: there are critical gaps in support for caregivers and care providers, but there is a clear roadmap to closing those gaps. It is time we use this roadmap to build a resilient care landscape and a strong Canadian economy.





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