

## Insights on Canadian Society

# Support received by caregivers in Canada

by Darcy Hango

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# Support received by caregivers in Canada

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## Overview of the study

Many Canadians are providing care or help to someone with a long-term health condition, a physical or mental disability, or problems related to aging. Support given to caregivers may help alleviate potential economic and health-related implications of caregiving. This study uses the 2018 General Social Survey – Caregiving and Care Receiving (Cycle 32) to examine the types of support provided to caregivers. It also examines the relationship between unmet support needs and some indicators of well-being.

- In 2018, 25% of Canadians aged 15 and older said that, in the past year, they had cared for or helped someone who had a long-term health condition, a physical or mental disability, or problems related to aging. Of these, about 70% said they received support for their caregiving duties.
- Almost half (45%) of caregivers received help from a spouse or partner who modified their life or work arrangements to help, 43% received help from their children, and 39% received help from extended family members. Financial support was less common: 14% received financial support from family and friends, 8% received federal tax credits, and 6% received funds from a government program.
- In 2018, about 30% of caregivers who received support for their caregiving duties said that there was another type of support they would have liked to have received in the past year. The most commonly reported need was financial support, government assistance or tax credit (68%).
- Unmet caregiving support needs were highest for those providing care to their children, as approximately 50% of caregivers in this situation reported that they had unmet support needs, compared with 38% for those caring for their partners or spouses, and less than 20% for those providing care to grandparents, or to friends, neighbours or co-workers.
- Unmet caregiving support needs are associated with lower life satisfaction, more daily stress and worse self-reported mental health.

## Introduction

A large number of Canadians provide care or help to family members or friends who have a long-term health condition or disability. In 2018, one-quarter of Canadians aged 15 and older reported they had, in the past year, cared for or helped someone who had a long-term health condition or a physical or mental disability, or someone who had problems related to aging. Caregiving may be a positive experience for many family caregivers. For example, it has been found to provide them with a sense of giving back to loved ones and an increased sense of meaning and purpose in life.<sup>1</sup> It may also lower potential health care costs. Studies have found that caregivers

provide more than two-thirds of the care required at home,<sup>2</sup> which—in turn—may reduce the potential cost to government and society as a whole.<sup>3</sup>

While there may be some benefits to caregiving, it can also have an impact on a person's physical and mental health, as well as their financial situation<sup>4</sup> and labour market participation.<sup>5</sup> It is for these reasons that the support that may be provided to caregivers is important, since it can help mitigate some of the potential negative impacts associated with caregiving. Support to caregivers can come in the form of paid services and assistance received

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from government programs and tax credits, but can also be in the form of unpaid support provided by friends and family.

This study uses the 2018 General Social Survey (GSS) – Caregiving and Care Receiving (Cycle 32) and focuses on caregivers and the support they may have received in the past year. Support may help alleviate some of the potential negative economic and health impacts related to caregiving. Furthermore, this support can benefit not only the caregiver but also those receiving care, as well as the health care system as a whole. For example, some research has suggested that certain types of care (e.g., provided by a home care worker) in combination with help from a family caregiver can help reduce feelings of isolation and loneliness and increase life satisfaction for those receiving care.<sup>6</sup>

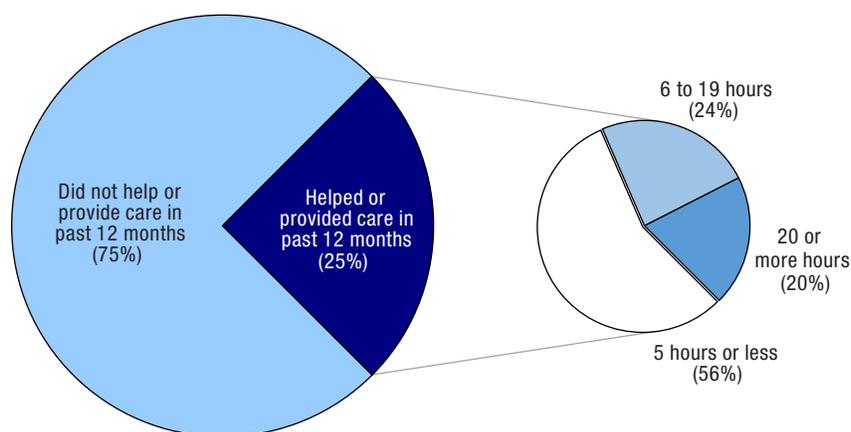
This article will first examine the proportion of Canadians who said they provided care in the past 12 months, as well as the frequency of care. Next, the analysis on the types of support provided to caregivers will focus on various indicators of financial and social support. The relationship between caregiving support and various sociodemographic characteristics will also be examined, as well as the relationship between support and characteristics of the primary care receiver. The last section highlights unmet caregiving support needs by focusing on the characteristics of caregivers who would have liked to have received other types of support than the ones they reported.

### One-quarter of Canadians provided care in the past year, and 7 in 10 caregivers received some form of support

In 2018, 25% of Canadians aged 15 and older said that, in the past year,<sup>7</sup> they had cared for or helped someone who had a long-term

health condition, a physical or mental disability, or problems related to aging (Chart 1). Of these, more than one-half said they provided less than or equal to 5 hours of care per week on average, one-quarter provided between 6 and 19 hours, and one-fifth provided 20 or more hours.

**Chart 1**  
Proportion of persons aged 15 and older who helped or provided care in the past 12 months, by average number of hours of care provided per week, 2018



Source: Statistics Canada, General Social Survey, 2018.

**Table 1**  
Sources of support received by caregivers in the past 12 months, 2018

	Received support for caregiving duties in the past 12 months
	percent
<b>Any type of support</b>	<b>70</b>
<b>Social support</b>	<b>67</b>
Spouse or partner modified their life or work arrangements	45
Children provided help	43
Extended family members provided help	39
Close friends or neighbours provided help	26
Community, spiritual community, or cultural or ethnic groups provided help	13
Occasional relief or respite care	14
<b>Financial support</b>	<b>22</b>
Family or friends provided financial support	14
Received money from government programs	6
Received federal tax credits for which caregivers may be eligible	8

Source: Statistics Canada, General Social Survey, 2018.

## Support received by caregivers in Canada

Caregivers were asked what type of support they received for their caregiving duties. Table 1 presents the proportion of caregivers who said they received support from nine different sources (multiple sources of support could be reported). There are six categories of social support: (1) spouse or partner modified their life or work arrangements; (2) children provided help; (3) extended family members provided help; (4) close friends or neighbours provided help; (5) community, spiritual community, or cultural or ethnic groups provided help; and (6) occasional relief or respite care. Additionally, there were three options for financial support<sup>8</sup> for caregivers: (1) family or friends provided financial support, (2) received money from government programs, and (3) received any federal tax credits for which caregivers may be eligible.

Table 1 shows that, in 2018, about 70% of caregivers said that they received support for their caregiving duties from at least one of the nine sources. About 67% of caregivers reported receiving some type of social support, while about 22% reported receiving some type of financial support.

The most common sources of social support were help from a spouse or partner modifying their life or work (45%), help from children (43%), and help from extended family members (39%). Less common sources of social support were help from community, spiritual community, or cultural or ethnic groups (13%) and occasional relief or respite care (14%).

The most common source of financial support for caregivers was friends and family (14%), followed by federal tax credits (8%) and money from government programs (6%).

### Women are more likely to report receiving support for caregiving

In this section, the characteristics of caregivers who received support

for their caregiving duties in the past year are examined. This section uses the more general categories of social support and financial support instead of the nine sources of support listed above.

**Table 2**  
Proportion of caregivers who received support for caregiving in the past 12 months, by sociodemographic characteristics, 2018

	Received support for caregiving in the past 12 months		
	Any type of support	Social support	Financial support
	percent		
<b>Sex</b>			
Male (ref.)	68	65	23
Female	72*	69*	22
<b>Age</b>			
15 to 34 (ref.)	70	65	29
35 to 64	72	69	21*
65 and older	67	64	17*
<b>Province of residence</b>			
Newfoundland and Labrador	75*	72*	24*
Prince Edward Island	73*	68*	31*
Nova Scotia	76*	73*	25*
New Brunswick	71*	67*	21
Quebec (ref.)	58	54	17
Ontario	73*	70*	23*
Manitoba	78*	76*	30*
Saskatchewan	76*	73*	25*
Alberta	71*	68*	19
British Columbia	74*	71*	25*
<b>Country of birth</b>			
Outside Canada	74	70	27*
Canada (ref.)	70	67	21
<b>Household size</b>			
One (ref.)	58	56	14
Two	68*	65*	17*
Three	70*	66*	25*
Four	73*	71*	22*
Five or more	80*	76*	35*
<b>Weeks employed in the past 12 months</b>			
None	71	67	25*
1 to 17	77*	72	33*
18 to 34	77*	71	24
35 to 51	72	69	22
52 (ref.)	68	66	19
<b>Total household income in 2017<sup>1</sup></b>			
Less than \$20,000	76	74	32
\$20,000 to \$39,999	73	68	30
\$40,000 to \$59,999 (ref.)	72	69	24
\$60,000 to \$79,999	72	67	26
\$80,000 to \$99,999	66	64	22
\$100,000 to \$119,999	66	63	19
\$120,000 or more	70	68	18*

\* significantly different from reference category (ref.) ( $p < 0.05$ )

1. The total household income is adjusted for household size. Imputed values (about 14%) are in a separate category (not shown).

Source: Statistics Canada, General Social Survey, 2018.

## Support received by caregivers in Canada

Women were more likely (72%) than men (68%) to report that they received some type of support for caregiving (Table 2). This difference appears to be the result of social support received. Specifically, 69% of women reported receiving social support for caregiving compared with 65% of men, while a similar proportion of women (22%) and men (23%) reported receiving financial support.

The proportion of caregivers who were receiving support for caregiving varied little by age, except in the case of financial support. Specifically, a higher proportion of young carers aged 15 to 34 reported receiving some financial support for their caregiving. Young carers who reported receiving financial support were more likely to receive it from friends or family, while senior caregivers were much more likely to receive federal tax credits.<sup>9</sup>

A person's province of residence may also have an impact on the type and amount of financial support that is available to caregivers, as caregiver programs vary by provinces. Some past work<sup>10</sup> examined caregiving by province. However, the level of support to caregivers by province had not been studied previously.

In 2018, caregiving support was found to be relatively uniform across the country, except in Quebec, where 58% of caregivers said that they received some type of support in the past year. This percentage was lower than every other province, particularly Manitoba (a difference of 20 percentage points). There appears to be slightly more provincial variation with respect to social support than financial support. For example, while caregivers in Quebec were less likely to receive any type of social support than caregivers

from all other provinces, they reported similar levels of financial support to those of caregivers in New Brunswick and Alberta.<sup>11</sup>

Household size is an important sociodemographic factor that may point to not only family size but also the presence of one or more extended family members (e.g., grandparents). Household size has been on the decline in Canada over the past century and, as a result,

issues such as the care given to family members may be spread over a smaller circle of potential family caregivers.<sup>12</sup> Table 2 shows that the amount of support reported for caregiving increased as the number of people in the household increased. For example, 58% of caregivers in single-person households reported some form of support, while this figure was 80% among their counterparts in households with five or more people. The same trend

**Table 3**  
Support received by caregivers who provided care in the past 12 months, by characteristics of the primary care receiver, 2018

	Received support for caregiving in the past 12 months		
	Any type of support	Social support	Financial support
	percent		
<b>Relationship with primary care receiver</b>			
Spouse or partner (ref.)	77	72	29
Son or daughter	88*	84*	50*
Parent	72*	69	18*
Sibling	72	68	23
Grandparent	70	67	26
Other family member	69*	67	15*
Friend, neighbour, co-worker or other	53*	50*	13*
<b>Age of primary care receiver</b>			
Younger than 15	89*	87*	58*
15 to 24	82*	72	52*
25 to 34	68	67	26*
35 to 44	73	70	29*
45 to 54	73	71	29*
55 to 64	69	63	23*
65 to 74	67	63	20
75 and older (ref.)	68	67	15
<b>Distance from primary care receiver</b>			
Same household or building (ref.)	78	73	37
Less than 10 minutes by car	67*	65*	15*
10 to 29 minutes by car	63*	61*	11*
30 minutes to less than 3 hours by car	68*	66*	12*
3 hours or more by car	72	70	19*
<b>Usual dwelling of primary care receiver</b>			
Private household (ref.)	71	67	23
Supportive housing	68	66	15*
Institution or care facility	73	70	18*
<b>Frequency of in person contact with primary care receiver</b>			
Less than once a month	59*	58*	13*
At least once a month	61*	59*	11*
At least once a week	66*	64*	12*
Daily	73*	70	22*
Lives with care receiver (ref.)	80	75	38

\* significantly different from reference category (ref.) (p < 0.05)

Source: Statistics Canada, General Social Survey, 2018.

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was observed regardless of whether the support was social or financial in nature.

Table 2 also shows that caregivers from the highest-income households were less likely than caregivers from middle-income households to report that they had received financial support to help with their caregiving. For example, 24% of caregivers in households whose total household income was between \$40,000 and \$60,000 reported receiving financial support for caregiving, which was significantly higher than among caregivers with household incomes of \$120,000 or more (18%).

### Caregivers whose primary care receivers are their children report receiving more social and financial support

The amount of support received by caregivers also depended on the characteristics of the people for whom they provided care. For example, the relationship between the caregiver and care receiver, the age of the care receiver, and the living arrangements of the care receiver were important.

Table 3 shows that caregivers who provided care to their children were more likely to receive support than those who provided care to their spouse or partner. This was true regardless of whether the support was social or financial.<sup>13</sup> On the other hand, caregivers who provided care to their spouse or partner reported receiving more support than those who provided care to their parents, other family members, friends, neighbours or co-workers. This appears to be especially true in the case of financial support.

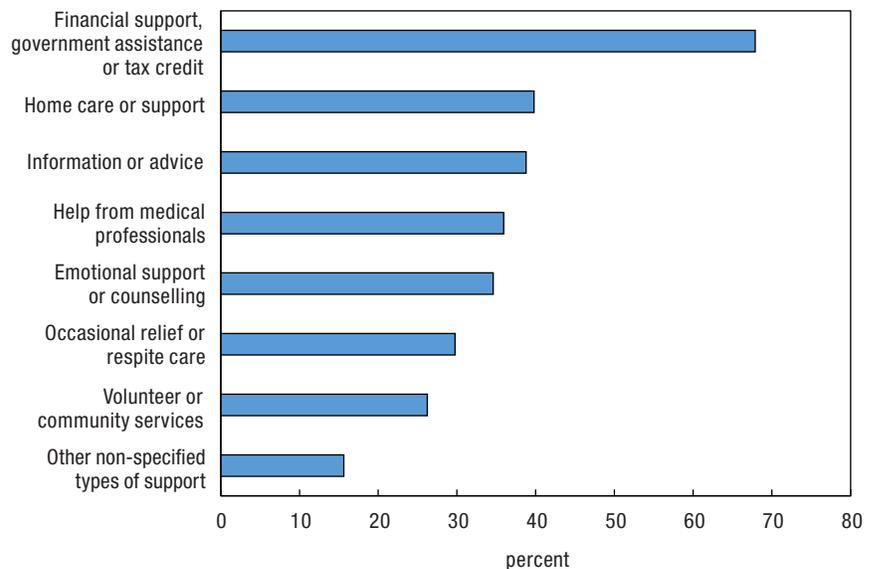
The age of the person receiving care seems to also play a role in caregivers receiving support. Specifically, financial support was more likely to be provided to those caring for children.

The distance between a caregiver and care receiver can complicate care, as it may mean that more resources need to be spent on care.<sup>14</sup> Table 3 shows that when the care receiver lived with the care provider, they were significantly more likely to report receiving both financial and social support. Reported differences in support were especially pronounced with respect to financial support. Among those who lived with their primary care receivers, 37% reported receiving some form of financial support, compared with 15% of those who lived less than 10 minutes away by car, and 11% of those who lived between 10 and 29 minutes

away by car.<sup>15</sup> Similarly, financial support was significantly more likely to be reported when the care receiver lived in a private household instead of in supportive housing, an institution or a care facility.

The frequency of visits to one's primary care receiver is important, as it may mean that the caregiver is able to spend more time with them, but could also speak to the severity of the primary care receiver's condition, as more severe conditions likely require more frequent visits. Table 3 shows that caregivers who reported less contact with their care receiver also reported receiving less support—both social and financial. For example, about 59% of caregivers who visited their primary care receiver less than once a month reported receiving some form of support, whereas this figure was 73% among those who reported daily visits. These are

**Chart 2**  
Kinds of support caregivers would have liked to have received to help with caregiving in the past 12 months, 2018



Source: Statistics Canada, General Social Survey, 2018.

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both lower than the 80% reported by caregivers who lived with their primary care receiver.

### Caregivers list financial support as the most common type of support needed

Not all caregivers received all the support and assistance they required, meaning that their caregiving needs were unmet.<sup>16</sup> In 2018, about 30% of caregivers who received support for their caregiving duties said that there was another kind of support they would have liked to have received in the past year (Chart 2). If caregivers responded yes to the question on unmet needs, they were then asked about the specific types of support they would have liked to have received to help with their caregiving duties.

The eight kinds of support options were (1) home care or support; (2) financial support, government assistance or tax credit; (3) information or advice; (4) emotional support or counselling; (5) help from medical professionals; (6) occasional relief or respite care; (7) volunteer or community services; and (8) other non-specified types of support. These categories were not mutually exclusive and caregivers were allowed to report more than one option.

The most common kind of support that caregivers said they would have liked to have received was financial support, government assistance or tax credit (68%). The next most common types of unmet support were home care or support (40%), information or advice (39%), and help from medical professionals (36%).

### Unmet caregiving needs are greatest for caregivers aged 35 to 64

This section examines the characteristics of caregivers who stated that they had unmet

caregiving needs. Table 4 shows that female caregivers were more likely to report unmet needs (32%) than male caregivers (28%). Furthermore, a higher proportion of caregivers between the ages of 35 and 64 reported having unmet

**Table 4**  
Proportion of caregivers<sup>1</sup> who would have liked other kinds of support for caregiving in the past 12 months, by sociodemographic characteristics, 2018

	percent
<b>Total</b>	<b>30</b>
<b>Sex</b>	
Male (ref.)	28
Female	32*
<b>Age</b>	
15 to 34 (ref.)	25
35 to 64	34*
65 and older	28
<b>Province of residence</b>	
Newfoundland and Labrador	24*
Prince Edward Island	22*
Nova Scotia	26
New Brunswick	26
Quebec (ref.)	31
Ontario	33
Manitoba	25*
Saskatchewan	22*
Alberta	27
British Columbia	30
<b>Country of birth</b>	
Outside Canada	38*
Canada (ref.)	28
<b>Household size</b>	
One (ref.)	26
Two	29
Three	34*
Four	27
Five or more	35*
<b>Weeks employed in the past 12 months</b>	
None	30
1 to 17	24*
18 to 34	22*
35 to 51	30
52 (ref.)	33
<b>Total household income in 2017<sup>2</sup></b>	
Less than \$20,000	29
\$20,000 to \$39,999	32
\$40,000 to \$59,999 (ref.)	33
\$60,000 to \$79,999	32
\$80,000 to \$99,999	32
\$100,000 to \$119,999	26*
\$120,000 or more	30

\* significantly different from reference category (ref.) (p < 0.05)

1. Only includes caregivers who received support in the past 12 months.

2. The total household income is adjusted for household size. Imputed values (about 14%) are in a separate category (not shown).

Source: Statistics Canada, General Social Survey, 2018.

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caregiving support needs (34%) than young carers aged 34 and younger (25%) and senior caregivers aged 65 and older (28%). Caregivers born outside Canada were also more likely to report unmet needs.

Unmet caregiving support needs also varied slightly by province. For example, caregivers from Quebec reported significantly greater levels of unmet needs than caregivers from Newfoundland and Labrador, Prince Edward Island, Manitoba, and Saskatchewan. Caregivers in these four provinces, as well as those from New Brunswick, Nova Scotia and Alberta, also had lower unmet caregiving needs than caregivers in Ontario.

### Unmet needs are highest for those providing care to their children

Similar to past work,<sup>17</sup> the current study also found that the relationship between the caregiver and care receiver played a significant role in terms of unmet caregiving support needs. For example, caregivers who provided care to either their spouse or partner or their children were more likely to report unmet needs than those who cared for others, including grandparents, siblings, other family members and people outside the family (Table 5).

For those who provided care to their children, nearly 50% reported unmet needs, compared with almost 40% of those caring for their partners or spouses, and less than 20% of those caring for grandparents or for friends, neighbours and co-workers. This highlights the great demands placed on caregivers from those closest to them. Caregivers who provide care to their spouse or to a child are on average responsible for a greater number and variety

of tasks, they provide more hours of care and they are more likely to experience psychological and financial consequences because of their responsibilities.<sup>18</sup>

A similar phenomenon emerges when examining the age of the primary care receiver. Caregivers whose care receivers were younger than 15 or between the ages of 25 and 34 were more likely to report unmet needs than caregivers whose primary care receivers were aged 75 and older.

Moreover, caregivers who lived in the same household as the person to whom they provided care reported higher levels of unmet needs than caregivers who did not live with the person receiving care, regardless of distance. For example, about 40% of caregivers who lived in the same household as their care recipient said that their support needs were not met, compared with about 25% of those who lived between 10 and 29 minutes away by car. Those whose needs were

**Table 5**  
Proportion of caregivers<sup>1</sup> who would have liked other kinds of support for caregiving in the past 12 months, by characteristics of the primary care receiver, 2018

	percent
<b>Relationship with primary care receiver</b>	
Spouse or partner (ref.)	38
Son or daughter	49*
Parent	34
Sibling	27*
Grandparent	16*
Other family member	27*
Friend, neighbour, co-worker or other	16*
<b>Age of primary care receiver</b>	
Younger than 15	62*
15 to 24	26
25 to 34	42*
35 to 44	32
45 to 54	32
55 to 64	32
65 to 74	28
75 and older (ref.)	29
<b>Distance from primary care receiver</b>	
Same household or building (ref.)	40
Less than 10 minutes by car	22*
10 to 29 minutes by car	25*
30 minutes to less than 3 hours by car	27*
3 hours or more by car	29*
<b>Usual dwelling of primary care receiver</b>	
Private household (ref.)	31
Supportive housing	28
Institution or care facility	29
<b>Frequency of in person contact with primary care receiver</b>	
Less than once a month	24*
At least once a month	21*
At least once a week	24*
Daily	29*
Lives with care receiver (ref.)	41

\* significantly different from reference category (ref.) ( $p < 0.05$ )

1. Only includes caregivers who received support in the past 12 months.

Source: Statistics Canada, General Social Survey, 2018.

met the most were those who lived only a short driving distance away (less than 10 minutes by car). These caregivers were likely able to live in their own household but were still close enough to provide assistance as needed. In addition, in cases where caregivers did not live with their primary care recipient, it may have been because the severity of the condition was not as great and—as a result—did not require as much care.

These findings are echoed with respect to the frequency of contact with the primary care receiver. Caregivers who lived with their primary care receiver were much more likely to report unmet needs than those who did not, regardless of how often they visited them. For example, 24% of caregivers who visited their primary care receiver less than once a month reported that they would have liked to have received more support, and this figure was 29% among caregivers who said they visited their primary care receiver daily. The real difference with respect to reported unmet needs depended on whether the caregiver and primary care receiver lived together.

What is the impact of these unmet caregiving support needs? How are caregivers affected by the shortage of support in their day-to-day lives in terms of their health and well-being? The next section examines some well-being and health indicators for those who did not provide care and those who provided care with and without support, as well as whether the support was sufficient.

**Unmet caregiving support needs are associated with lower well-being**

Past research examined the effects of caregiving and focused mainly on caregivers only, while relatively fewer studies have focused on the entire population. This work highlighted the risks of caregiving on topics related to psychological distress, health, and work and finances.<sup>19</sup> However, it did not allow for well-being comparisons with those who had not provided any care.

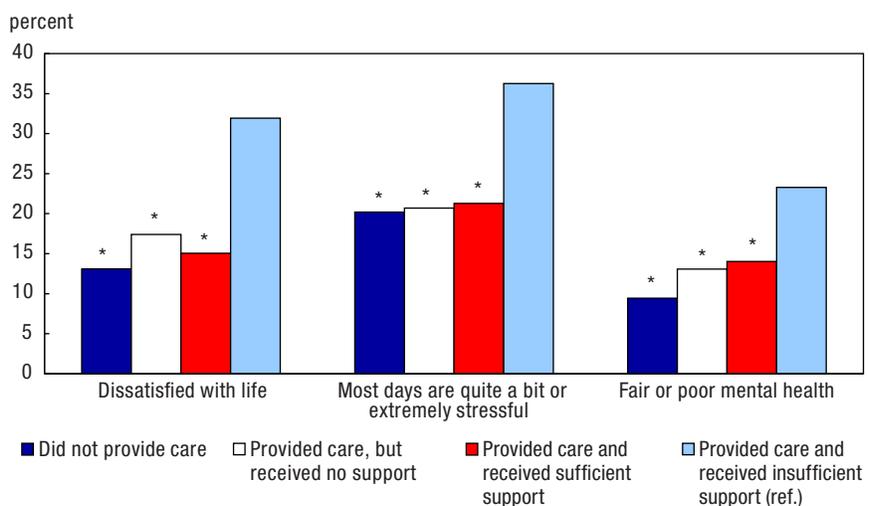
The current analysis aims to examine the relationship between caregiving, support and unmet caregiving needs and various measures of well-being for four groups: (1) those who provided no care in the past year; (2) those who provided care in the past year, but received no support for their caregiving duties; (3) those who provided care in the past year

and received support that they deemed to be sufficient; and (4) those who provided care in the past year and received support, but reported that they would have liked to have received other support (i.e., the support they received was insufficient).

Well-being was measured using three related indicators: (1) life dissatisfaction, (2) daily stress and (3) mental health.<sup>20</sup> Among all Canadians aged 15 and older, 15% said that they were dissatisfied with life, 21% said that most days were quite a bit or extremely stressful, and 11% said that they had fair or poor mental health.<sup>21</sup>

Caregivers who received insufficient support reported the lowest levels of well-being. In 2018, 32% of caregivers who received insufficient support said that they were dissatisfied with life, 36% reported that most days were quite a bit or extremely stressful, and 23% reported that most days were quite a bit or extremely stressful, and

**Chart 3**  
Relationship between caregiving, support, unmet caregiving support needs and selected measures of well-being, 2018



\* significantly different from reference category (ref.) (p < 0.05)  
Source: Statistics Canada, General Social Survey, 2018.

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23% reported fair or poor mental health (Chart 3). These rates were significantly higher than those of all other groups, including those who didn't provide care and caregivers who received sufficient support. For example, among those who provided care and who received support that they deemed to be sufficient, 15% were dissatisfied with life, 21% said that most days were quite a bit or extremely stressful and 14% reported fair or poor mental health.

Therefore, the results show that caregiving is not necessarily associated with a lower level of well-being, but when the support received for caregiving activities was not sufficient, it had a significant impact on a person's well-being. These results were not adjusted for any caregiver or care receiver characteristics, and further work is needed to explore these issues more comprehensively.

### Conclusion

In 2018, just over one-quarter of Canadians (about 7.8 million) reported that, in the past year, they had cared for or helped a family member or friend who had a long-term health condition, or

a physical or mental disability, or problems related to aging. Caregiving can be very demanding, and most caregivers reported receiving some type of support. In fact, over two-thirds (70%) reported receiving some type of support for their caregiving duties in the past year. Support from family and friends was reported most often, while support from the government through programs or tax credits was reported least often.

Receiving caregiving support was reported more by women, young carers aged 34 and younger (especially in terms of financial assistance), caregivers outside Quebec, caregivers who lived in households with more people, and caregivers with lower incomes (mostly with respect to financial support). Support was also reported more by caregivers who provided care to a child and to those who lived with their primary care receiver.

However, not all caregivers' needs were met. This study found that almost one-third of caregivers who received support said that they wished they had received more support. The most common kind of support needed was financial

support—more than two-thirds of caregivers who said they needed more support said they needed financial support, government assistance or tax credits. The implications of these unfulfilled needs were also observed in indicators related to life satisfaction, daily stress and self-reported mental health.

The results of this study highlight the most recent nationally representative data on caregiving and care receiving in Canada. While many facets of caregiving are of interest to Canadians, this article focused on caregivers, the support they receive for their caregiving duties and potential outcomes associated with a lack of support (e.g., lower well-being). Future work using these data will continue to increase understanding of this topic, which is of great importance to Canadians.

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*Darcy Hango is a senior researcher with the Centre for Social Data Insights and Innovation at Statistics Canada.*

### Data sources, methods and definitions

#### Data sources

This article is based on data from the 2018 General Social Survey – Caregiving and Care Receiving. The analysis covers the population aged 15 years and older and living in a private household (20,258 respondents representing almost 31 million Canadians). The main focus of this study is the 7,664 respondents who reported providing care in the past 12 months.

#### Definition of caregiver

Caregivers were defined as respondents aged 15 and older who reported that, in the previous 12 months, they had either (a) cared for or helped someone who had a long-term

health condition or a physical or mental disability, or (b) cared for or helped someone who had problems related to aging.

This assistance could have taken various forms, such as (a) transportation; (b) meal preparation, meal clean-up, house cleaning, laundry or sewing; (c) house maintenance or outdoor work; (d) personal care; (e) medical treatments or procedures; (f) scheduling or coordinating care-related tasks; (g) managing finances; or (f) other. Respondents who reported that they had cared for a person but had not engaged in any of these activities were not considered caregivers.<sup>22</sup>

### Notes

1. See the recent report by Battams (2017) that provides a snapshot of the caregiving experience in Canada.
2. A 2012 Health Council of Canada report found that caregivers often provided between 70% and 75% of the care required at home.
3. Hollander et al. (2009) reported that family caregivers in Canada likely contributed \$25 billion in unpaid labour to the health care system.
4. A recent CIBC report (Tal and Mendes 2017) found that almost 15% of Canadians with parents aged 65 and older had out-of-pocket expenses as a result of caregiving, which translated into an average cost of over \$3,000 a year—or an annual cost of over \$6 billion to the overall Canadian economy.
5. See Turcotte (2013), Fast and Lero (2014), and a review of the literature by Lero et al. (2007) that summarizes the existing knowledge on risk factors associated with negative outcomes for caregivers.
6. See Lee et al. (2018).
7. The caregiving period in this study was the past 12 months. However, this period may have been just one of many in a person's life. Recent research has begun to focus on caregiving throughout the life course (Keating et al. 2019; Proulx 2017).
8. In some analyses in this study, all sources of financial support—including from the government and family and friends—were combined so that financial support, regardless of origin, could be separated from social support. Some supplementary analyses were carried out that included financial support from family and friends along with the other forms of social support, while financial support included only the two forms from government sources. The overall results and conclusions did not change. These supplementary results are available upon request.
9. Some 86% of young carers said that the financial support they received came from family and friends, while this figure was 51% for adult carers and 34% for senior carers. The percentage of those who reported that their financial support came in the form of federal tax credits was 11%, 43% and 54%, respectively, by age group. These results are available upon request.
10. See Sinha (2013).
11. In some results not shown, provincial differences were most pronounced with respect to financial help from friends or family, with Quebec caregivers reporting significantly less of this type of support than every other province except for Newfoundland and Labrador, New Brunswick, and Alberta. With respect to receiving money from government programs, caregivers from Quebec had only significantly lower values than caregivers from Prince Edward Island, Nova Scotia and Ontario, while caregivers from Quebec differed significantly only from caregivers from Manitoba with respect to receiving support in the form of federal tax credits. These results are available upon request.
12. See Milan (2015).
13. Almost 60% of caregivers who reported that their primary care receiver was their child said that the main health condition of their child was mental illness or developmental disorder.
14. See research by Vézina and Turcotte (2010) and Joseph and Hallman (1998).
15. Some supplementary analyses found that the largest differences in financial support received by caregivers who lived with their primary care receiver were in governmental support, such as programs and federal tax credits. In fact, caregivers received the lowest level of financial support from family and friends when they lived with their care receivers. These results make sense, especially given that, to be eligible for programs like the Canada caregiver credit at the time this survey was carried out (2017), the person being cared for had to live with their caregiver. This is no longer the case, and the 2017 federal budget consolidated caregiver tax credits, which eliminated this requirement for the 2017 tax year and beyond. However, respondents in this survey would not have had this information on tax changes and would have responded based on information from the 2016 tax year. For more information on changes to the Canada caregiver credit, see the [2017 federal budget](#).
16. The actual wording of the question was “Is there any other type of support that you would like to have to help with your caregiving duties?” It was asked only of respondents who reported having helped at least one family member, friend or neighbour in the past 12 months. Turcotte (2013), using the 2012 GSS, labelled this as “More assistance is needed to provide care than is being received.” This indicator is essentially measuring unmet needs related to support provided to caregivers.
17. See Turcotte (2013).

18. See Turcotte (2013).
19. See, for example, Turcotte (2013).
20. Dissatisfied with life is a dichotomous variable equal to 1 if a respondent reported a 5 or less on a scale of 0 to 10 to the question, "Using a scale of 0 to 10, where 0 means 'very dissatisfied' and 10 means 'very satisfied,' how do you feel about your life as a whole right now?" High levels of daily stress is a dichotomous variable equal to 1 if a respondent reported "quite a bit stressful" or "extremely stressful" to the question, "Thinking of the amount of stress in your life, would you say that most days are..." Fair or poor mental health is a dichotomous variable equal to 1 if a respondent reported "fair" or "poor" to the question, "In general, how would you rate your mental health?"
21. A measure of general health was examined in a previous version of the article, the results were almost identical to mental health. These results are available upon request.
22. See Turcotte (2013) for a similar approach.

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