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## Spotlight on Canadians: Results from the General Social Survey

# “Sandwiched” between unpaid care for children and care-dependent adults: A gender-based study

by Dana Wray

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# “Sandwiched” between unpaid care for children and care-dependent adults: A gender-based study

by Dana Wray

## Acknowledgements

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## Highlights

- In 2022, 42% of Canadians aged 15 years or older provided unpaid care to children under 15 years old or to adults 15 years or older with a long-term condition or disability in the past 12 months.
- 6% of Canadians reported “sandwich caregiving,” or providing unpaid care to both children and care-dependent adults. Women were more likely (7%) than men (5%) to be sandwich caregivers.
- Caregivers were most likely to have multiple care responsibilities for both care-dependent groups in middle adulthood. Sandwich caregiving is most common for those 35-44 years old (29%), followed by those 45-54 years old (20%) and 55-64 years old (18%).
- Most commonly, sandwich caregivers cared for their parents or parents-in-law and own child under 15 (34%), their parents and grandchild under 15 (15%), or their spouse or partner and own child under 15 (8%).
- Nearly half of sandwich caregivers reported that the pandemic in the past 12 months led to a perceived increase in their average caregiving time for children (47%) or adults (46%).
- 86% of sandwich caregivers said that their care responsibilities affected at least one aspect of their health and well-being, compared to 74% of caregivers for only adults and 62% of caregivers for children. The most common impacts were feeling tired, worried or anxious, or overwhelmed.
- Two-thirds of non-retired sandwich caregivers (66%) said that their caregiving responsibilities affected their employment or job-seeking activities in the past 12 months. For example, sandwich caregivers reported having to adjust their schedule, reduce hours, or reduce tasks and responsibilities at work.
- Women caregivers were more likely than men to experience negative impacts on their well-being, especially if they were “sandwiched” between multiple care responsibilities.

## Introduction

Care is a pressing issue in Canada, with important consequences for economic issues, societal inequalities, and the well-being of Canadians. Although issues related to needs for care have existed for decades, the COVID-19 pandemic intensified these demands and shone a light on the importance of the care economy for the wellbeing and economic prosperity of Canadians. Indeed, in the past several years, a growing group of researchers, policymakers, and advocates in Canada and internationally have called for more attention to the care economy.

According to a proposed definition by Statistics Canada, the care economy is that sector of the broader economy comprising the provision of paid and unpaid care work involved in meeting the physical, psychological, and emotional needs of children (under 15 years old) and care-dependent adults or youth (15 years or older) with long-term conditions or disabilities (Statistics Canada, 2022b; Wray et al., 2023).<sup>1</sup>

1. This proposed definition is developed as part of Statistics Canada’s ongoing care economy project (for more information on the project, see Wray et al., 2023). The definition was also adapted from key research in the field (e.g., Addati et al., 2018; Peng, 2019; UN Women, 2018).

The care economy is a central issue that is growing in importance. In 2022, about 15 million Canadians 15 or older provided unpaid or paid care to care-dependent groups in the past 12 months (Statistics Canada, 2022b). The need for care in Canada is likely to increase due to population aging and longer life expectancies (Statistics Canada, 2022a), putting pressure on not only paid health care and social care services, but also on the family and friends who provide a large part of unpaid care.

Unpaid care work is a critical part of the overall care economy. In 2022, 4 in 10 Canadians provided unpaid care to children or care-dependent adults in the past 12 months (Statistics Canada, 2022b). A recent study estimates the economic contribution of caregivers for those with long-term conditions, disabilities, or problems related to aging at \$97.1 billion in 2018 (Fast et al., 2023).

Yet, this unpaid caregiving is often invisible and devalued, as well as unevenly distributed. Providing care is a gendered phenomenon. Women in Canada provide more unpaid care than men and they report more negative impacts of their caregiving responsibilities on their well-being (Moyser & Burlock, 2018; Sinha, 2012; Statistics Canada 2022b, 2023).

However, to fully understand the unpaid domain of the care economy and its impacts on Canadians, it is critical to consider all types of unpaid caregivers. Taking this perspective also sheds light on an often-overlooked group of caregivers: those who provide care to both adults and children at the same time. Due to a combination of demographic trends such as population aging and delayed fertility, some Canadians may be “sandwiched” between caregiving needs of dual care-dependent groups. As past studies generally look at care to care-dependent adults or children separately (e.g., Sinha, 2012; Moyser & Burlock, 2018), primarily due to data limitations, little is known about sandwich caregiving.

This study uses data collected in 2022 from the Canadian Social Survey (CSS) Wave 6 (Well-being and caregiving) to explore unpaid caregiving for care-dependent adults and children in Canada, including being “sandwiched” between multiple responsibilities for different care-dependent groups. The CSS Wave 6 is the only survey at Statistics Canada that asks about both unpaid care to children under age 15 as well as care-dependent adults in the past 12 months, providing a comprehensive look at unpaid caregiving. This study addresses three key research questions on unpaid caregiving in Canada in 2022. First, who provides unpaid care in Canada? Second, how much unpaid care is provided and to whom? Third, what are the impacts of providing unpaid care on caregivers?

## Results I: Who provides unpaid care in Canada?

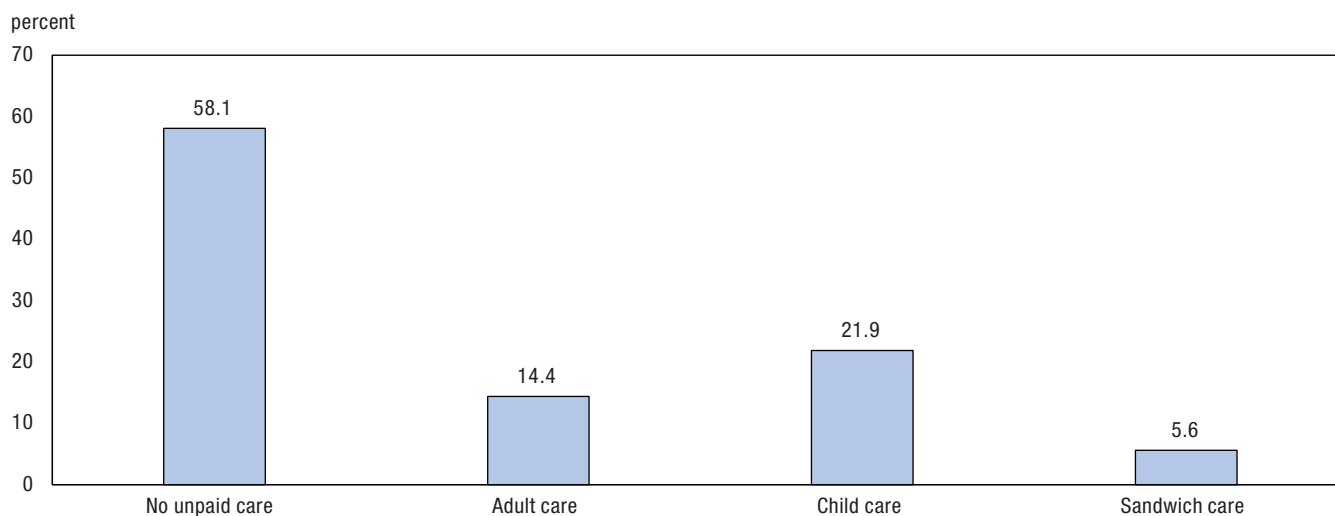
### 42% of Canadians provided unpaid care in the past 12 months to children under 15 years old or to adults and youth 15 years or older with a long-term condition or disability

For the first time, the Canadian Social Survey (Wave 6 – Well-being and caregiving) asked about Canadians’ unpaid caregiving responsibilities in the last twelve months for both care-dependent adults and care-dependent children (see: [Data sources, definitions, and methods](#)). Respondents were asked whether, in the past 12 months, they had cared for, helped, or looked after either someone 1) under the age of 15 years old (including their own children) or 2) over the age of 15 years old who had a long-term condition, disability, or problem related to aging, without any explicit monetary compensation.

In 2022, 4 in 10 Canadians aged 15 or older (42% or 13.4 million) provided unpaid care to either care-dependent adults or children in the past 12 months (Chart 1). About 6.4 million (20%) Canadians reported caring for care-dependent adults and 8.8 million (28%) provided unpaid care to care-dependent children.

Most data on care considers caregiving for either adults or children separately – but does not examine the intersection of the two. 6% of Canadians 15 or older reported “sandwich caregiving,” or providing unpaid care to **both** care-dependent adults and children in the past 12 months (see: [Data source, definitions, and methods](#)). As a result, nearly 1.8 million Canadians over 15 years old were “sandwiched” between multiple care responsibilities for both care-dependent adults and children in the past 12 months. When looking at unpaid caregivers specifically, 13% provided sandwich care, while 52% provided care only to children and 35% only to care-dependent adults.

**Chart 1**  
**Percentage of unpaid care provision in population 15 and older, in the previous 12 months, by type of caregiver, 2022**



Source: Statistics Canada, Canadian Social Survey – Well-being and caregiving, 2022.

### Who are the caregivers for care-dependent groups in Canada?

The responsibilities of care are not evenly distributed among Canadians. Past research consistently shows that care for children and care for adults is provided disproportionately by women (Moyser & Burlock, 2018; Sinha, 2012). Less is known, however, about sandwich carers in Canada (see Williams, 2004 for an exception).

Women (44%) were more likely than men (40%) to report having provided unpaid care in the past 12 months (Table 1).<sup>2</sup> However, there was no gender differences in caring for **only** care-dependent adults or only children. Instead, this difference was driven by sandwich caregiving: 7% of women, compared to 5% of men, provided care to **both** care-dependent adults and children in the past 12 months.

**Table 1**  
**Sociodemographic characteristics of the population aged 15 or older, by type of unpaid caregiver, 2022**

	No unpaid care		Care to adults only			Care to children only			Sandwich care			
	%	95% confidence intervals		%	95% confidence intervals		%	95% confidence intervals		%	95% confidence intervals	
		lower bound	upper bound		lower bound	upper bound		lower bound	upper bound		lower bound	upper bound
<b>Gender<sup>1</sup></b>												
Men+ (ref.)	60.3	58.4	62.2	14.2	12.9	15.5	21.1	19.5	22.7	4.5	3.8	5.3
Women+	55.9	54.0	57.7	14.7	13.5	16.0	22.8	21.3	24.3	6.6	5.8	7.6
<b>Marital status</b>												
Married (ref.)	46.9	45.2	48.7	15.6	14.4	17.0	30.2	28.5	31.9	7.3	6.4	8.2
Common-law	57.0*	53.1	60.8	13.4	11.2	16.0	23.1*	20.0	26.4	6.5	5.0	8.5
Never married	73.9*	71.0	76.6	12.3*	10.5	14.4	11.1*	9.1	13.3	2.8*	2.0	3.8
Divorced/ Separated/ Widowed	66.2*	63.3	68.9	15.6	13.7	17.7	13.9*	12.0	16.1	4.3*	3.2	5.9
<b>Own child less than 15 years old in household<sup>2</sup></b>												
Yes	26.4*	23.8	29.2	2.5*	1.8	3.6	58.8*	55.8	61.7	12.3*	10.6	14.2
No (ref.)	65.9	64.3	67.4	18.4	17.3	19.7	11.8	10.8	12.8	3.9	3.4	4.6
<b>Multiple generation household<sup>2</sup></b>												
Yes	35.1*	28.2	42.8	18.3	12.9	25.4	32.7*	25.9	40.4	13.8*	9.5	19.7
No (ref.)	58.0	56.6	59.4	14.8	13.8	15.8	21.7	20.6	22.9	5.5	4.9	6.1
<b>2SLGBTQ+<sup>3</sup></b>												
Yes	65.0*	58.7	70.8	14.6	10.7	19.6	13.8*	10.3	18.4	6.6	4.3	10.1
No (ref.)	57.6	56.3	59.0	14.4	13.5	15.4	22.5	21.3	23.6	5.5	4.9	6.1

2. Given that the non-binary population is small, data aggregation to a two-category gender variable is sometimes necessary to protect the confidentiality of responses. In these cases, individuals in the category “non-binary persons” are distributed into the other two gender categories. Unless otherwise indicated in the text, the category “men” includes men, as well as some non-binary persons, while the category “women” includes women, as well as some non-binary persons. A fact sheet on gender concepts, [Filling the gaps: Information on gender in the 2021 Census](#), is also available.

**Table 1**  
**Sociodemographic characteristics of the population aged 15 or older, by type of unpaid caregiver, 2022**

	No unpaid care			Care to adults only			Care to children only			Sandwich care		
	%	95% confidence intervals		%	95% confidence intervals		%	95% confidence intervals		%	95% confidence intervals	
		lower bound	upper bound		lower bound	upper bound		lower bound	upper bound		lower bound	upper bound
<b>Respondent identifies as disabled<sup>4</sup></b>												
Yes	59.6	55.6	63.5	20.2*	17.0	23.9	13.6*	11.2	16.4	6.6	5.0	8.7
No (ref.)	57.9	56.4	59.3	13.6	12.7	14.5	23.2	22.0	24.4	5.4	4.8	6.0
<b>Age group</b>												
15 to 24 years old (ref.)	74.4	69.8	78.5	9.6	7.0	13.0	13.4	10.4	17.1	2.6	1.5	4.5
25 to 34 years old	61.6*	57.9	65.2	6.0	4.2	8.6	28.7*	25.5	32.1	3.7	2.5	5.3
35 to 44 years old	38.4*	35.2	41.6	6.4*	5.1	8.0	45.3*	42.1	48.5	10.0*	8.3	12.0
45 to 54 years old	52.4*	49.2	55.6	17.3*	15.0	19.8	22.9*	20.4	25.7	7.4*	5.9	9.2
55 to 64 years old	56.8*	54.0	59.6	26.2*	23.9	28.6	10.7	9.1	12.5	6.3*	5.1	7.8
65 to 74 years old	59.3*	56.4	62.2	19.0*	16.9	21.4	15.9	13.9	18.1	5.7*	4.5	7.3
75 years or older	71.0	67.7	74.1	19.6*	17.0	22.5	8.1*	6.3	10.3	1.3	0.6	2.8
<b>Racialized population<sup>5,6</sup></b>												
Racialized group	59.0	56.1	61.8	9.9*	8.2	11.9	25.8*	23.4	28.3	5.3	4.3	6.6
Non-racialized population (ref.) <sup>7</sup>	57.7	56.2	59.2	16.2	15.2	17.3	20.5	19.3	21.8	5.6	5.0	6.3
<b>Indigenous identity<sup>8</sup></b>												
Indigenous person <sup>8</sup>	57.8	49.9	65.3	15.8	10.7	22.6	18.6	13.5	25.0	7.8	4.5	13.2
Non-Indigenous person (ref.)	58.1	56.7	59.4	14.4	13.5	15.3	22.0	20.9	23.2	5.5	4.9	6.1
<b>Immigrant status</b>												
Non-recent immigrant (10 years and older)	58.7	55.7	61.7	13.0*	11.1	15.0	23.1	20.6	25.9	5.2	4.0	6.6
Recent immigrant (less than 10 years)	60.5	55.2	65.5	3.8*	1.7	8.4	31.8*	27.3	36.7	3.9	2.4	6.2
Non-immigrant <sup>9</sup> (ref.)	57.6	56.1	59.2	16.0	14.9	17.1	20.5	19.3	21.8	5.9	5.2	6.6
<b>Educational attainment</b>												
Less than high school (ref.)	68.8	64.9	72.5	12.1	9.9	14.8	16.2	13.2	19.6	2.9	1.9	4.5
High school diploma	61.3*	58.4	64.0	15.5*	13.6	17.7	19.2	17.1	21.5	4.0	3.1	5.2
College or trades	55.9*	53.6	58.1	15.0*	13.6	16.6	22.1*	20.3	24.0	7.0*	5.9	8.2
University	51.8*	49.5	54.1	14.1	12.6	15.7	27.3*	25.3	29.4	6.8*	5.8	8.0
<b>Main activity in last week</b>												
Employed	57.8	56.0	59.6	12.6*	11.5	13.8	24.0*	22.5	25.6	5.6	4.9	6.4
Not employed (ref.)	58.4	56.5	60.4	16.7	15.3	18.2	19.4	17.9	20.9	5.5	4.7	6.5

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

1. Given that the non-binary population is small, data aggregation to a two-category gender variable is sometimes necessary to protect the confidentiality of responses. In these cases, individuals in the category "non-binary persons" are distributed into the other two gender categories and are denoted by the "+" symbol.

2. These variables come from the linkage to the 2021 Census. 11% of respondents do not have any Census records and are not displayed in the total percentages here. The total percentage (100%) refers to the CSS respondents that were linked to the Census.

3. Whereas the Government of Canada adopted and encourages the use of the acronym 2SLGBTQI+ to refer to Two-Spirit, lesbian, gay, bisexual, transgender, queer and intersex people and those who use other terms related to gender or sexual diversity, for the purposes of data analysis, the acronym 2SLGBTQ+ is used in this document, as information is not yet specifically collected about intersex people in Statistics Canada surveys.

4. This variable cannot be disaggregated further due to sample size issues, based on rules that required the suppression of estimates that do not meet quality and privacy thresholds for release. Based on the derived variable for disability status; "yes" = respondent identifies as disabled, with or without a long-term condition; "no" = does not identify as disabled, with or without a long-term condition.

5. Further disaggregation with these variables was not possible due to sample size issues, based on rules regarding the suppression of estimates that do not meet quality and privacy thresholds for release.

6. Data on "racialized groups" is measured by the "visible minority" variable.

7. Includes non-Indigenous people who reported being white.

8. Includes people who reported being First Nations, Métis or Inuit.

9. The category "non-immigrant" includes those who were born in Canada, as well as those who were not permanent residents (temporary residents). Due to privacy thresholds for release, it was not possible to have a separate category for temporary residents.

Source: Statistics Canada, Canadian Social Survey – Well-being and caregiving, 2022.

The living arrangement of families, perhaps unsurprisingly, is linked to unpaid caregiving. 65% of those in multiple generation households (including multigenerational or skip-generation households)<sup>3</sup> provided care, compared to 42% of those in other households. The rate of sandwich caregiving was particularly high: 14% of those living in multiple generation households were sandwich caregivers, compared to around 6% in other households.

Although those who were born outside of Canada and those who were born in Canada (non-immigrants) have similar rates of unpaid caregiving, the care receiver varies. More specifically, recent immigrants (those who immigrated in the last 10 years) are significantly less likely to care for care-dependent adults (4%, compared to 16% for non-immigrants), but much more likely to care for children (32%, vs. 20.5% for non-immigrants). Non-recent immigrants (those who immigrated more than 10 years ago) are more similar to caregivers born in Canada. This is likely linked to two factors. First, recent immigrants may not have as large of a family network located in Canada – particularly older family members. Second, recent immigrants have a younger age structure on average when compared to non-recent immigrants or those born in Canada.

Racialized groups<sup>4</sup> are also similarly likely to provide care as non-racialized groups in the past 12 months, but racialized groups are less likely to care for care-dependent adults and more likely to care for children. These patterns mirror the association with immigration status, which makes sense as 76% of CSS respondents who were part of racialized groups were also not born in Canada. Although racialized groups are not a homogenous population, due to sample size limitation, it is not possible to look at variation in caregiving rates by different population groups.

### Defining sandwich caregiving

Sandwich caregiving has been of interest for researchers, advocates, and caregivers for decades (e.g., Miller, 1981). Caregiving for adult and children care receivers with different and complex needs can have negative impacts on caregivers’ well-being (Boyczuk & Fletcher, 2016; Rubin & White-Means, 2009; Williams, 2004).

In past research, sandwich caregivers are typically defined as those caring for seniors, usually their own aging parents, and who have minor children in the household (Hodgdon et al., 2023; Sinha, 2012; Williams, 2004). Definitions vary across studies: some look at only specific age ranges, usually 40-59 (e.g., Angus Reid Institute, 2019; Parker & Patten, 2013); others consider different relationships to care receivers (e.g., Luna et al., 2021; Vlachantoni et al., 2020).

New data from the CSS Wave 6 allows for an expanded perspective on sandwich caregiving (see: [Data sources, definitions, and methods](#)). In this study, “sandwich caregiving” refers to providing care in the past 12 months to **both** care-dependent adults (over 15 years old, with a long-term condition or disability) **and** to children under age 15. This does not limit the definition to a specific age range, household co-residence, or relationship arrangement. The CSS Wave 6 also provides new data on care provision to **both** groups simultaneously, whereas past studies usually only have information about care to one of two groups (e.g., Sinha, 2012; Williams, 2004).

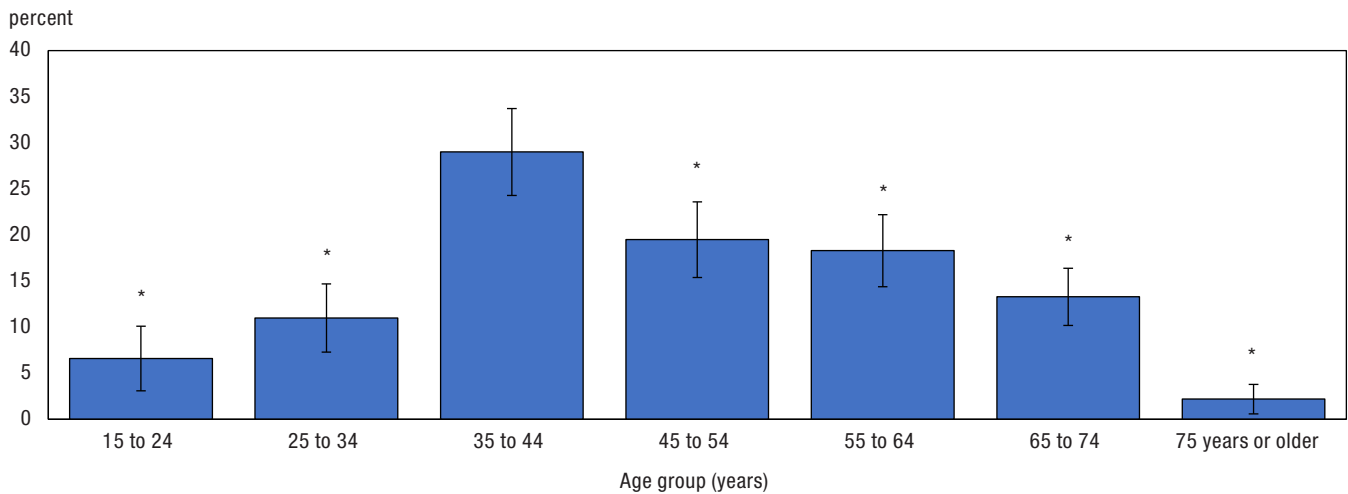
3. Multigenerational households are defined as households in which a) at least one person is both the grandparent and the parent of persons in the household or b) at least one person is both the child and grandchild of different persons in the household (Statistics Canada, 2022c). In this study, those in “skip-generation” households – where there is no middle generation – are also included as multigenerational households. An example of a “skip-generation” household would be a grandparent and grandchild living together, but no parent of the child in the household.

4. In this release, data on ‘racialized groups’ is measured with the ‘visible minority’ variable. The ‘non-racialized group’ is measured with the category ‘Not a visible minority’ of the variable, excluding Indigenous respondents. For the purpose of this study, Indigenous respondents are not part of the racialized group, nor the non-racialized group. “Visible minority” refers to whether or not a person belongs to one of the visible minority groups defined by the Employment Equity Act. The Employment Equity Act defines visible minorities as “persons, other than Aboriginal peoples, who are non-Caucasian in race or non-white in colour.” The visible minority population consists mainly of the following groups: South Asian, Chinese, Black, Filipino, Latin American, Arab, Southeast Asian, West Asian, Korean and Japanese.

## Caregivers aged between 35 and 54 years are most likely to have multiple care responsibilities

Unpaid caregiving varies across the life course, following the progression of major life events. In mid-adulthood, as people are in prime childbearing years, they are most likely to care for children; and as people age, they are more likely to care for care-dependent adults (Statistics Canada, 2022b).

**Chart 2**  
Age distribution of sandwich caregivers



\* significantly different ( $p < 0.05$ ) from reference category (35 to 44 years old)  
**Note:** Error bars represent the 95% confidence interval for the percentage, and can be interpreted as such: if the survey was repeated many times, then 95% of the time (or 19 times out of 20), the interval would cover the true population value.  
**Source:** Statistics Canada, Canadian Social Survey – Well-being and caregiving, 2022.

Being “sandwiched” between multiple caregiving responsibilities is most common of those in the prime working age groups (Chart 2), with no differences between men and women in the age distribution. Nearly one-third of sandwich caregivers are between 35-44 years old (29%). Similar proportions of sandwich caregivers are between 45-54 years old (20%) and 55-64 years old (18%). The oldest (those 75 and over) and youngest (those 15 to 24 years old) age groups are the least likely to be sandwich caregivers.

This aligns generally with past research on the “sandwich generation,” which suggests that the dual responsibilities of care are most common at a time when people may have young children and aging parents (see: [Defining sandwich caregiving](#)). At the same time, Chart 2 shows that being “sandwiched” is still common at other stages of the life course. For example, about one-third of sandwich caregivers are 55 or above.

## Results II: How much unpaid care is provided, and to whom?

### Canadians provide care to children, parents, and spouses, but also to grandchildren, friends and neighbours

Much research on care, especially for sandwich caregiving, focuses on how parents provide care to children, or how adult children provide care to their aging parents (see: [Defining sandwich caregiving](#)). Indeed, these caregiving relationships were most common. 63% of those who cared for children in the past 12 months did so for their own child (Table 2A). Caregivers for only children were more likely to care for their own child (65%) compared to sandwich caregivers (54%). Similarly, 53% of caregivers for care-dependent adults cared for a parent or parent-in-law (Table 2B), with no difference depending on whether they were “sandwiched.”



**Table 2A**  
**Percentage of unpaid caregivers in the previous 12 months, by relationship with the adult care receiver and type of caregiver, 2022**

Relationship to adult <sup>1</sup>	Type of caregiver					
	Care to adults only			Sandwich care		
	Percent	95% confidence intervals		Percent	95% confidence intervals	
		lower bound	upper bound		lower bound	upper bound
Spouse/partner	19.0	16.7	21.6	15.8	12.2	20.1
Own child (15 and older)	10.3*	8.6	12.4	15.3	11.8	19.6
Sibling	8.6*	6.9	10.6	4.6	2.9	7.3
Parent	51.4	48.2	54.7	57.1	51.7	62.4
Other family member	13.6	11.2	16.5	15.4	11.8	19.8
Friend/neighbour	17.3*	15.0	19.8	9.7	7.1	13.1
Other	1.5	0.8	3.0	2.3	0.7	6.9

\* significantly different (p < 0.05) from reference category (sandwich caregiving)

1. Respondents could report multiple relationships if they had more than one care receiver. Percentages in this table are not mutually exclusive and do not add up to 100.

**Note:** 95% confidence intervals are shown (LB = “lower bound” and UB = “upper bound”) and can be interpreted as such: if the survey was repeated many times, then 95% of the time (or 19 times out of 20), the interval would cover the true population value. “F” indicates that estimate is too unreliable to be published.

**Source:** Statistics Canada, Canadian Social Survey – Well-being and caregiving, 2022.

**Table 2B**  
**Percentage of unpaid caregivers in the previous 12 months, by relationship with the child care receiver and type of caregiver, 2022**

Relationship to child <sup>1</sup>	Type of caregiver					
	Care to children only			Sandwich care		
	Percent	95% confidence intervals		Percent	95% confidence intervals	
		lower bound	upper bound		lower bound	upper bound
Own child (less than 15)	64.9*	62.1	67.6	53.5	48.2	58.8
Grandchild	19.2*	17.4	21.2	30.5	25.9	35.5
Sibling	6.5	4.7	8.7	3.1	1.4	6.4
Other family member	2.6	1.7	3.9	3.7	2.0	6.8
Child of friend/neighbour	5.2*	3.9	7.0	8.8	6.1	12.5
Niece/nephew	7.0*	5.6	8.6	10.5	7.6	14.4
Other	0.6	0.3	1.3	x	x	x

x suppressed to meet the confidentiality requirements of the *Statistics Act*

\* significantly different (p < 0.05) from reference category (sandwich caregiving)

1. Respondents could report multiple relationships if they had more than one care receiver. Percentages in this table are not mutually exclusive and do not add up to 100.

**Note:** 95% confidence intervals are shown (LB = “lower bound” and UB = “upper bound”) and can be interpreted as such: if the survey was repeated many times, then 95% of the time (or 19 times out of 20), the interval would cover the true population value.

**Source:** Statistics Canada, Canadian Social Survey – Well-being and caregiving, 2022.

At the same time, even if these care relationships were common, they should not obscure other relationships. More than half of unpaid caregivers (55%) did **not** provide care for their own children under 15 or their aging parents. For example, 22% of those providing care to children did so for their grandchild or grandchildren. This was more common for those with multiple care responsibilities, as 31% of sandwich caregivers compared to 19% of caregivers for only children cared for at least one grandchild, a pattern that aligns with the older average age of sandwich caregivers.

## Caregivers are most likely to be “sandwiched” between their parents and own children (34%) or their parents and grandchildren (15%)

Beyond individual caregiving relationships, we can also examine how caregivers are “sandwiched” between different relationship to both care-dependent groups. As expected, the most common ‘sandwiching’ arrangement is between minor children and aging parents: 34% of sandwich caregivers reported caring for a parent (or parent-in-law) and child under 15 years old in the past 12 months. These caregivers are close to the typical profile of the sandwich generation, as about half are 35-44 years old and 31% are 45-54 years old. According to linked Census data, about 14% of these caregivers lived in multiple generation (including skip-generation) households.<sup>5</sup>

There are many kinds of multiple caregiving responsibilities beyond this more typical profile. The second-most common (15%) sandwich caregiving arrangement is caring for a parent and grandchild. These caregivers tend to be between 55 and 74 years old. This arrangement reflects not only the aging of the population but also the increased longevity of Canadians: as caregivers move into grandparenthood and help their adult children, their own elderly parents may still be alive and requiring care (Luna et al., 2021; Vlachantoni et al., 2020).

Another way caregivers may be “sandwiched” includes providing care to one’s own spouse or partner. 8% of sandwich caregivers report caring for their partner and own child, while about 7% report caring for a grandchild alongside a spouse.

However, due to small sample sizes in the data, the CSS is limited in how much information it can provide about different “sandwiched” arrangements. Future research could explore how the intensity of caregiving and the impacts of caregiving might vary depending on the relationships.

## Sandwich caregivers do different care tasks for care-dependent adults than other caregivers

Understanding which care tasks are done for care-dependent adults<sup>6</sup> enriches our understanding of not only what kinds of care responsibilities are taken on by unpaid caregivers, but also how these responsibilities are gendered. Care tasks tend to be gendered (Moyser & Burlock, 2018): women are more likely to provide direct, personal care – which tends to be more inflexible – whereas men are more likely to help with more indirect and flexible tasks such as household maintenance or outdoor work. Although numerous studies document differences between men and women in care tasks for adult or child caregivers (e.g., Arriagada, 2020; Moyser & Burlock, 2018; Statistics Canada, 2022b), little is known about sandwich caregivers.

Caregivers for multiple care-dependent groups were more likely to help with a slightly greater diversity of tasks. Sandwich caregivers helped with an average of about 5 different tasks, compared to caregivers for adults only who provided help with about 4 types of tasks.

Sandwich caregivers were more likely to report providing help with certain tasks compared to those who care only for care-dependent adults. For example, sandwich caregivers were more likely to report doing household chores and meal preparation (65% vs. 58%), personal care (39% vs. 33%), and scheduling or coordinating care (48% vs. 42%). These differences tended to be driven by women who had multiple care responsibilities: that is, men were similar regardless of providing sandwich care or not, but women sandwich caregivers were more likely to report these tasks.

Gendered differences in care tasks were similarly patterned regardless of whether caring for one or dual care-dependent groups. For example, women were more likely to provide help with scheduling and coordinating care for adults compared to men, for both sandwich carers (52% vs. 41%) and those caring for adults only (47% vs. 36%). In some cases, though, gender differences were larger for sandwich caregivers than carers for only adults. For example, about 45% of women sandwich caregivers provided personal care, compared to only 30% of men sandwich caregivers. This almost 15-point difference was more substantial than the gap between women caregivers for adults only (37%) compared to men (30%).

5. This percentage includes the 11% of CSS respondents do not have a linked Census record. That is, 14% of all CSS respondents lived in multiple generation households, compared to 75% who either did not live in a multigenerational household and 11% who had a missing linked record.

6. The CSS did not ask any questions about the care tasks provided to children, so there is no comparison possible between caregivers for children and sandwich caregivers.

**Table 3**  
**Percentage of caregivers of adults in the previous 12 months, by care task, and by type and gender of caregiver, 2022**

	All			Men+ <sup>1</sup>			Women+ <sup>1</sup>		
	Percent	95% confidence intervals		Percent	95% confidence intervals		Percent	95% confidence intervals	
		lower bound	upper bound		lower bound	upper bound		lower bound	upper bound
<b>Panel A: care to adults only</b>									
Transportation	71.6	68.3	74.7	71.4	66.4	75.9	71.8	67.3	75.9
Household chores	57.8*	54.5	61.0	55.2	50.3	60.0	60.3*	55.8	64.6
House maintenance/outdoor work <sup>2</sup>	53.1	49.8	56.4	61.9	57.0	66.5	44.8*	40.5	49.2
Personal care <sup>2</sup>	33.4*	30.3	36.7	30.1	25.7	34.9	36.6*	32.3	41.1
Medical treatment/procedures	32.7	29.7	35.8	30.4	26.0	35.1	34.8*	30.8	39.1
Scheduling/coordinating care <sup>2</sup>	41.8*	38.6	45.1	36.1	31.5	41.0	47.2	42.9	51.6
Managing finances	42.8	39.6	46.1	43.5	38.6	48.5	42.2	38.0	46.5
Emotional support <sup>2</sup>	79.2	76.0	82.0	76.3	71.7	80.4	81.9	77.4	85.6
Other	4.1	3.0	5.6	4.4	2.7	7.2	3.9	2.7	5.6
<b>Panel B: sandwich care</b>									
Transportation	71.7	66.5	76.5	74.9	67.3	81.3	69.6	62.4	75.9
Household chores	64.9	59.7	69.8	60.3	51.9	68.2	68.0	61.3	74.1
House maintenance/outdoor work	54.7	49.3	59.9	59.2	50.8	67.1	51.7	44.8	58.4
Personal care <sup>2</sup>	39.0	33.8	44.4	30.2	23.0	38.4	44.8	38.0	51.8
Medical treatment/procedures <sup>2</sup>	36.3	31.3	41.5	28.8	21.8	36.9	41.3	34.8	48.2
Scheduling/coordinating care <sup>2</sup>	47.7	42.4	53.0	41.5	33.4	50.0	51.8	45.0	58.6
Managing finances	42.5	37.3	47.9	41.4	33.3	50.1	43.3	36.6	50.2
Emotional support <sup>2</sup>	82.4	77.7	86.3	76.9	69.2	83.2	86.0	79.7	90.6
Other	5.7	3.7	8.7	4.6	2.1	10.1	6.4	3.8	10.5

\* significantly different (p < 0.1) from reference category (sandwich care)

1. Given that the non-binary population is small, data aggregation to a two-category gender variable is sometimes necessary to protect the confidentiality of responses. In these cases, individuals in the category “non-binary persons” are distributed into the other two gender categories and are denoted by the “+” symbol.

2. Significantly different (p < 0.1) from reference category (men).

**Note:** Respondents could report providing multiple care tasks; as such, percentages in this table are not mutually exclusive and do not add up to 100. 95% confidence intervals are shown (LB = “lower bound” and UB = “upper bound”) and can be interpreted as such: if the survey was repeated many times, then 95% of the time (or 19 times out of 20), the interval would cover the true population value.

**Source:** Statistics Canada, Canadian Social Survey – Well-being and caregiving, 2022.

### Those “sandwiched” between multiple care responsibilities report the same average caregiving time as caregivers for only one care-dependent group

In an average week in the past 12 months, caregivers for care-dependent adults reported providing 21 hours of care on average, whereas caregivers for children provided 39 hours. Sandwich caregivers provided similar hours of care in an average week for care-dependent adults and for children, respectively.<sup>7</sup>

An important factor in caregiving time is co-residence: living in the same household as their care receiver is associated with more intense caregiving. Both caregivers for children and caregivers for adults spent significantly longer on caregiving when they lived currently or in the past 12 months with a care receiver (Appendix Table A1).<sup>8</sup> For example, on average, caregivers for a household adult spend 18 more hours caring in an average week compared to caregivers for non-household adults, and caregivers for a household child spend 13 hours more than caregivers for non-household children.

Having a care receiver that is an immediate family member is also associated with more intense caregiving. Caring for a spouse or partner or for an own child is associated with significantly more time in caregiving, once adjusting for sociodemographic factors and other care arrangements (such as household co-residence) (Appendix Table A1). For example, those who cared for a spouse or partner spent about 10 hours more in an average week, compared to other caregiving relationships. Those who cared for household children reported spending 36 hours more in an average week, compared to other caregiving relationships – a dramatic difference.

7. Due to data limitations, it is not possible to assess the total caregiving burden in hours of sandwich caregivers. Measures that ask about “average” hours in a week of care do not account for the potential overlap in care hours for both care-dependent groups (e.g., children and adults at the same time). Adequately assessing this combined burden would either require a survey using time use diaries or differently designed questions that explicitly identify overlap. It is strongly recommended against to simply add together the hours for both care-dependent groups.

8. In results not shown here, regression models were run separately for each outcome of care hours by adult or child only caregivers and multiple care responsibilities (sandwich caregivers). There were no significant differences in the factors that affected hours of care for sandwich caregivers versus those that only cared for children or adults. As such, the findings here discuss the factors that affect caregiving for each care-dependent group, regardless of single or multiple responsibilities.

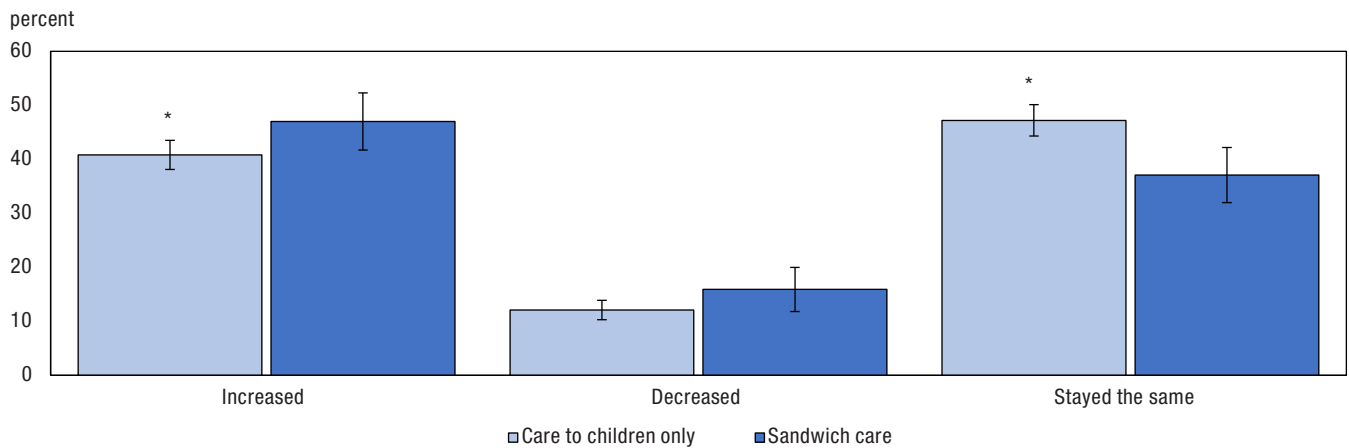
In addition, women reported significantly more care time for both adults and children compared to men. Net of other sociodemographic and care factors, women spent 4 hours more caregiving in an average week for care-dependent adults compared to men, and 8 hours more for children compared to men (Appendix Table A1).

### Almost half of sandwich caregivers felt that the pandemic led to increased caregiving time

The COVID-19 pandemic was a shock to the lives of unpaid caregivers. As lockdown restrictions in early 2020 limited access to paid care services such as daycares or residential care facilities, unpaid caregivers were faced with a different set of care responsibilities for children (Leclerc, 2020) and adults (Anderson et al., 2021; Beach et al., 2021). However, data for the CSS Wave 6 were collected in July to August 2022. At this time, there were relatively fewer restrictions related to the pandemic in Canada. Indeed, studies suggest that disruptions to gendered patterns of care that happened in the early period of the pandemic (e.g., Shafer et al., 2020) may have dissipated as the pandemic moved past the initial shock and lockdown period (Sánchez et al., 2021). As such, the data collected by the CSS may show different patterns than data collected in early months of the pandemic.

Given this pandemic context, how did unpaid caregivers perceive the impact of the pandemic over the last 12 months on their caregiving time for care-dependent adults or children? Caregivers for children were more likely to report impacts than caregivers for adults. 41% of caregivers for only children felt their time increased (Chart 3), compared to 31% of caregivers for only care-dependent adults (Chart 4).

**Chart 3**  
Impact of the pandemic in the previous 12 months on caregiving time for children, by type of caregiver, 2022



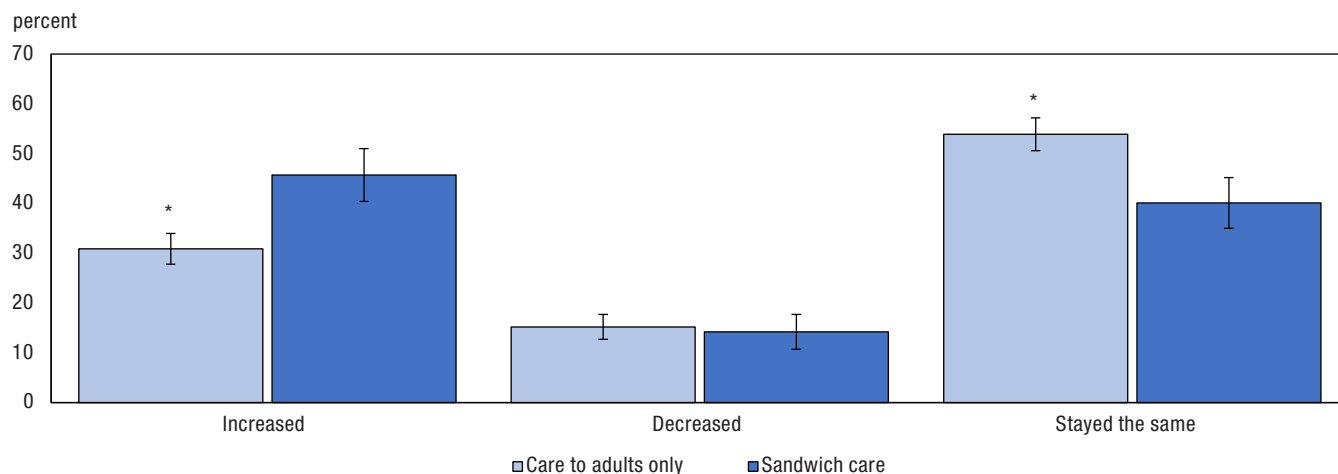
\* significantly different ( $p < 0.05$ ) from reference category (sandwich care)

**Note:** Error bars represent the 95% confidence interval for the percentage, and can be interpreted as such: if the survey was repeated many times, then 95% of the time (or 19 times out of 20), the interval would cover the true population value.

**Source:** Statistics Canada, Canadian Social Survey – Well-being and caregiving, 2022.

Sandwich caregivers were significantly more likely to feel impacts of the pandemic on increased caregiving time, compared to caregivers for only one care-dependent group. Nearly half of sandwich caregivers reported a perceived increase in their time spent caring for children (47%) or adults (46%). However, once adjusting for other sociodemographic and care factors using regression models (Appendix Table A2), sandwich caregivers were not more likely to report pandemic-related increases to care time. This suggests that this association can be explained by the characteristics of sandwich caregivers or their caregiving arrangements.

**Chart 4**  
**Impact of the pandemic in the last 12 months on caregiving time for adults, by type of caregiver, 2022**



\* significantly different ( $p < 0.05$ ) from reference category (sandwich care)

**Note:** Error bars represent the 95% confidence interval for the percentage, and can be interpreted as such: if the survey was repeated many times, then 95% of the time (or 19 times out of 20), the interval would cover the true population value.

**Source:** Statistics Canada, Canadian Social Survey – Well-being and caregiving, 2022.

The types of care provided changed how caregivers perceived the pandemic’s impacts (Appendix Table A2). Caregiving arrangements that are associated with more hours of care were also associated with perceived increases in caregiving time due to the pandemic, compared to no change or decreases in time.

For example, living in the same household as a care receiver was associated with a higher likelihood of reporting that the pandemic in the past 12 months led to increases in care time, compared to no change or decreases. Caregivers for children were also more likely to report perceived increases in care time if they had a care receiver(s) with a long-term condition or disability that required more care, net of other factors.

Impacts were also not evenly distributed across caregivers, either (Appendix Table A2). Women and caregivers from a racialized group were both more likely to report perceived increases for time caring for care-dependent adults, once adjusting for other sociodemographic and care factors. Indigenous<sup>9</sup> caregivers were more likely to perceive increases in care time for children, net of these other factors. However, there was no gender difference in impacts on care for children.

### Results III: What are the impacts of unpaid caregiving?

#### 86% of sandwich caregivers report negative impacts on their physical health and well-being due to their caregiving responsibilities

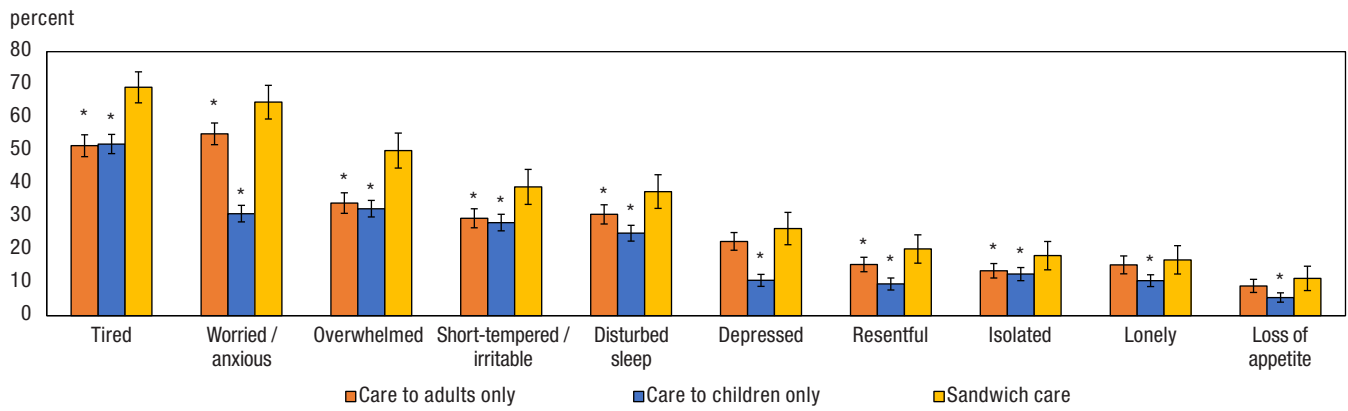
At first glance, most caregivers reported coping well with their caregiving responsibilities. Caregivers for children were less likely to report struggling with caregiving (5%) compared to caregivers for adults (15%) or sandwich caregivers (17%).

Yet, when looking more specifically at impacts to health and well-being, this picture shifts. Caregivers tended to report slightly lower levels of general perceived health and mental health than non-caregivers. Caregivers for only adults (18%) and sandwich caregivers (21%) were more likely to report having fair or poor mental health compared to caregivers for children or non-caregivers (14%). Caregivers for only adults and sandwich caregivers (15%) were both more likely to report fair or poor general health. In contrast, caregivers for children were less likely than non-caregivers and other caregivers to report poor overall health.

9. In this report, the term “Indigenous” refers to people who self-identified as First Nations, Métis or Inuit. The question was worded as follows: “Are you First Nations, Métis or Inuk (Inuit)?” Due to confidentiality requirements, the data cannot be disaggregated by the different Indigenous groups. It is important to acknowledge the diversity and plurality of Indigenous communities in Canada. The data presented in this report represent the sum of the responses provided by Indigenous respondents and may therefore not accurately reflect the reality of each individual community.

When asked specifically about how their care responsibilities affected their health and well-being, most caregivers reported at least one negative impact (Chart 5). Sandwich caregivers were most likely, with 86% reporting at least one impact, compared to 74% of caregivers for adults and 62% of caregivers for children. This aligns with past research on caregivers with multiple care responsibilities, which finds that being “sandwiched” between aging parents and minor children is associated with heightened stress, lower psychological well-being, and less healthy behaviour (Hodgdon et al., 2023).

**Chart 5**  
**Impacts on health and well-being because of caregiving responsibilities in previous 12 months, by type of caregiver, 2022**



\* statistically significant (p less than 0.05) difference from the reference category (sandwich care)  
**Note:** Error bars represent the 95% confidence interval for the percentage, and can be interpreted as such: if the survey was repeated many times, then 95% of the time (or 19 times out of 20), the interval would cover the true population value.  
**Source:** Statistics Canada, Canadian Social Survey – Well-being and caregiving, 2022.

Over two-thirds of sandwich caregivers reported feeling tired (69%), compared to about half of caregivers for only adults or only children. Significantly more sandwich caregivers (65%) reported feeling worried or anxious compared to caregivers for only adults (55%) or those for only children (31%). In addition, fully half of sandwich caregivers were overwhelmed (50%), compared to only about a third of caregivers for care-dependent adults or children.

Similarly, over a third of sandwich caregivers reported having disturbed sleep (38%), more than caregivers for adults (31%) or children (25%). Nearly a quarter of sandwich caregivers (26%) and caregivers for adults (23%) reported that their care responsibilities in the past 12 months made them feel depressed.

Compared to other caregivers, caregivers for children reported feeling significantly less worried or anxious (31%), less lonely (11%), and less depressed (11%). However, they felt just as tired (52%), overwhelmed (32%), and short-tempered or irritable (28%) compared to caregivers for adults.

### Over two-thirds of sandwich caregivers felt their employment or job-seeking was negatively affected by their caregiving

Caregiving responsibilities, particularly those for care-dependent adults, have negative consequences for one’s job and employment potential. Due to their responsibilities for care-dependent adults, caregivers experience both short-term disruptions to their work as well as potential long-term consequences for their career (Keating et al., 2014; Sinha, 2012). It is less clear, however, how being “sandwiched” in between different caregiving responsibilities might impact employment.

The CSS asked all respondents about whether their caregiving responsibilities affected their employment or job-seeking activities in the past 12 months. These impacts vary significantly by the type of caregiver, for caregivers who were not retired as a main activity in the past week.<sup>10</sup>

10. In the CSS, the only question asked about employment was for the past week. Because caregivers may have experienced impacts that pushed them out of the labour market in the past year, the CSS asked these questions to all respondents. In this analysis, caregivers who were retired were excluded, as 96% of retired caregivers reported no impacts to employment. Robustness checks with a narrower sub-population (only caregivers who reported being employed, on vacation, or actively looking for work in the past week; N=5,253) showed no substantive difference in patterns in employment impacts.

**Table 4**  
**Percentage of non-retired caregivers by impacts on employment and job-seeking activities in the previous 12 months, and by type of caregiver, 2022**

Employment impact <sup>2</sup>	Type of caregiver <sup>1</sup>								
	Care to adults only			Care to children only			Sandwich care		
	95% confidence intervals			95% confidence intervals			95% confidence intervals		
	Percent	lower bound	upper bound	Percent	lower bound	upper bound	Percent	lower bound	upper bound
Quit/lost job	3.1*	1.9	5.0	2.5*	1.8	3.5	5.6	3.3	9.2
Additional job	1.6	0.8	3.2	1.6	1.1	2.4	1.5	0.5	4.4
Reduced hours	4.9*	3.6	6.6	8.7*	7.2	10.6	14.1	10.3	18.8
Increased hours	2.8	1.7	4.5	4.0	3.1	5.2	4.7	2.9	7.5
Adjusted schedule	14.9*	12.4	17.8	18.5*	16.3	21.0	30.0	25.0	35.5
Reduced tasks and responsibilities	3.8*	2.7	5.3	4.5*	3.5	5.8	9.3	6.5	13.1
Gave up opportunities	3.3*	2.3	4.9	5.1*	4.0	6.4	11.1	7.9	15.3
Unable to work	5.8	3.5	9.5	5.4	4.1	7.0	7.3	4.8	11.0
Other	1.9	1.1	3.2	1.5	1.0	2.2	2.2	1.1	4.3

\* significantly different (p < 0.05) from reference category (sandwich care)

1. Caregivers who reported being retired as their main activity in the past week were excluded. However, all other caregivers were included, even if not employed in the past week, as the outcomes may have occurred earlier in the past 12 months. The adjusted total sample was N=3,161.

2. Respondents could report multiple impacts on employment; as such, percentages in this table are not mutually exclusive and do not add up to 100.

**Notes:** 95% confidence intervals are shown (LB = “lower bound” and UB = “upper bound”) and can be interpreted as such: if the survey was repeated many times, then 95% of the time (or 19 times out of 20), the interval would cover the true population value.

**Source:** Statistics Canada, Canadian Social Survey – Well-being and caregiving, 2022.

Sandwich caregivers were most likely to report impacts on their employment due to their caregiving responsibilities in the past 12 months, compared to other caregivers. 66% of sandwich caregivers reported at least one negative consequence for their employment, compared to 39% for caregivers for children and 30% for caregivers for adults.

In particular, sandwich caregivers were more likely to report adjusting their schedule to deal with caregiving (30%) compared to caregivers for children (19%) or for adults (15%) only. These sandwich carers were also more likely to reduce hours (14%) or reduce tasks and responsibilities (9%). Finally, sandwich caregivers also reported having given up better opportunities at work more (7%) than other caregivers.

## Over one-third of sandwich caregivers experienced financial hardship due to caregiving responsibilities

Unpaid caregiving not only has costs for health and well-being, but also substantial economic costs. These costs may be driven by labour market consequences or by out-of-pocket expenses (Keating et al., 2014). Together, these costs contribute to higher levels of economic strain for caregivers.<sup>11</sup>

Indeed, caregivers were more likely to say that their household had difficulty meeting its financial needs (in terms of transportation, housing, food, clothing, and other necessary expenses) in the past 12 months. About 22% of non-caregivers reported finding it difficult or very difficult, compared to 26% of caregivers for adults or children only. Sandwich caregivers were significantly more likely to have difficulty, as 35% reported it was difficult or very difficult.

When asked specifically about the impact of their caregiving responsibilities, 35% of sandwich caregivers reported experiencing financial hardship due to their caregiving responsibilities, compared to about 25% for caregivers for only care-dependent adults or for only children.<sup>12</sup>

11. The CSS is limited in what it collects related to economic costs. Unlike the GSS on Caregiving and Care Receiving, the length of the CSS restricts detailed questions on out-of-pocket expenses. The CSS also does not collect detailed labour market information.

12. Unfortunately, the CSS does not collect any information on income (on the survey or through linkages). As a result, analyses are not presented for the association of different care or sociodemographic factors with financial hardship. Without adjusting for income, it is not possible to rule out confounding relationships.

## Women experience more negative impacts than men due to caregiving responsibilities, especially when 'sandwiched' between both care-dependent groups

In general, women report coping as well or only slightly less well with their caregiving responsibilities as do men. Yet, women report significantly more negative consequences for their well-being, financial situation, relationships, and employment due to their caregiving responsibilities. In particular, women who are sandwich caregivers fare poorly compared to women providing care to only adults or only children, as well as compared to men who are sandwich caregivers.

**Table 5**  
**Percentage of caregivers by impact of caregiving responsibilities, and by type of caregiver and gender, 2022**

	Men+ <sup>1</sup>			Women+ <sup>1</sup>		
	Percent	95% confidence intervals		Percent	95% confidence intervals	
		lower bound	upper bound		lower bound	upper bound
<b>Panel A: Care to adults only</b>						
Not coping well <sup>3</sup>	11.5	8.4	15.5	17.7	14.0	22.1
Well-being <sup>3</sup>	69.1	64.4	73.5	79.1*	75.3	82.4
Financial hardship	22.8*	18.7	27.6	21.1*	17.8	24.8
Relational strain	27.9	23.7	32.5	32.0*	28.1	36.1
Employment <sup>2,3</sup>	25.2*	20.3	30.9	38.8*	33.2	44.7
<b>Panel B: Care to children only</b>						
Not coping well	4.6*	3.1	6.8	5.5*	4.0	7.4
Well-being <sup>3</sup>	54.6*	50.3	58.9	67.4*	63.7	70.8
Financial hardship	23.4*	19.9	27.3	20.9*	18.0	24.0
Relational strain	22.5*	19.2	26.3	24.1*	21.2	27.4
Employment <sup>2</sup>	35.6*	31.3	40.1	41.4*	37.5	45.4
<b>Panel C: Sandwich care</b>						
Not coping well	14.2	9.1	21.5	18.1	13.4	24.0
Well-being <sup>3</sup>	75.1	67.3	81.5	92.7	89.2	95.1
Financial hardship <sup>3</sup>	28.0	20.9	36.5	41.1	34.4	48.1
Relational strain <sup>3</sup>	38.1	30.3	46.6	50.1	43.4	56.9
Employment <sup>2</sup>	51.8	42.6	60.9	58.5	51.0	65.6

\* significantly different ( $p < 0.05$ ) from reference category (sandwich care), within gender

1. Given that the non-binary population is small, data aggregation to a two-category gender variable is sometimes necessary to protect the confidentiality of responses. In these cases, individuals in the category "non-binary persons" are distributed into the other two gender categories and are denoted by the "+" symbol.

2. Caregivers who reported being retired as their main activity in the past week were excluded. However, all other caregivers were included, even if not employed in the past week, as the outcomes may have occurred earlier in the past 12 months.

3. Significantly different ( $p < 0.05$ ) from reference category (men).

**Notes:** 95% confidence intervals are shown (LB = "lower bound" and UB = "upper bound") and can be interpreted as such: if the survey was repeated many times, then 95% of the time (or 19 times out of 20), the interval would cover the true population value.

**Source:** Statistics Canada, Canadian Social Survey – Well-being and caregiving, 2022.

Across types of caregivers, women are the most likely to report that their unpaid caregiving responsibilities caused negative impacts to their health and well-being. This gendered difference is largest for sandwich caregivers, where 93% of women reported negative consequences, compared to 76% of men. Almost 7 out of 10 women (69%) who care for children report at least one impact to their health and well-being, compared to 55% of men. The smallest gap was between women (79%) and men (70%) who cared for care-dependent adults.

Women who were sandwich caregivers were most likely to report more negative outcomes overall than men who were sandwich caregivers. Indeed, fully half of women sandwich caregivers (50%) felt that caregiving caused strain in their relationships, compared to just over one-third of men sandwich caregivers (38%). Similarly, 41% of women sandwich caregivers said their caregiving responsibilities led to financial hardship in the past 12 months, compared to 28% of their male counterparts.



Women who cared only for care-dependent adults were also more likely than men to report their caregiving affected their employment or job-seeking negatively. Nearly 4 out of 10 (39%) non-retired women caring only for adults reported at least one impact, compared to 25% of men.

However, there were no statistically significant gendered differences in how caregiving affected employment between men and women sandwich caregivers or caregivers for children. This may be because the CSS only provides a cross-sectional snapshot in time. In addition, women who provided care as sandwich caregivers or to children were significantly less likely to report being employed as a main activity in the past week,<sup>13</sup> compared to men.<sup>14</sup> It is possible that women may have changed their employment due to their caregiving responsibilities outside of the reference period of the past 12 months. However, without additional data on employment in the past 12 months, it is not possible to assess this in depth. Future research examining work and caregiving histories of sandwich caregivers would be important.

## Summary

Unpaid caregiving is a critical part of Canada’s care economy, especially as trends such as population aging, longer life expectancies, more complex care needs, and delayed fertility put pressure on Canadians who provide care. Using the Wave 6 of the CSS, this study provides an updated portrait of unpaid caregivers in Canada in 2022, with a particular focus on those who are ‘sandwiched’ between caregiving responsibilities for dual care-dependent groups.

13.4 million Canadians aged 15 and older (about 42%) provided unpaid care to either care-dependent adults or children in the past 12 months. 1.8 million Canadians, or about 13% of unpaid caregivers, were sandwiched between the unique care demands of both care-dependent groups. Women were more likely to provide unpaid care, mainly because more women are sandwiched between multiple caregiving responsibilities than men. Being in the middle of dual caregiving roles was most common for those in mid-adulthood.

Canadians provided unpaid care not only to their immediate family – such as their own children, their spouse, or their parents – but also to their grandchildren, their nieces and nephews, and friends and neighbours, among others. Although caregivers were most likely to be sandwiched between their parents and own children, as is typical of the “sandwich generation,” 15% were sandwiched between their parents and grandchildren – a stark example of the pressures of population aging and delayed fertility.

Although sandwich caregivers juggled multiple care responsibilities, they reported the same average hours of caregiving time in an average week as caregivers for only one care-dependent group. The factors related to more intense caregiving were very similar across caregivers: having a care receiver live in the household, or an immediate family care receiver, were associated with more caregiving time.

The responsibilities of unpaid caregiving, especially sandwich caregiving, are not evenly distributed. In particular, this study reinforces that caregiving is gendered: women are not only more likely to be caregivers, but are also more likely to spend more time on caregiving, often on more inflexible and direct types of care tasks. The impact of caregiving is also gendered, as women sandwich caregivers are more likely than men to report more negative impacts on their physical health and well-being, financial well-being, family relations, and employment.

13. The CSS does not provide any additional information on employment beyond the main activity in the last week. It is not possible to look at employment history in the past 12 months or over a long period of time, which may be a more relevant measure of employment given caregiving responsibilities.

14. Results not presented in the tables and charts of this paper, but available upon request.

## Data sources, definitions, and methods

### Data sources

This study uses data from the Canadian Social Survey (CSS) Wave 6 (Well-being and Caregiving). The CSS has a target population of non-institutionalized persons 15 years of age or older, living off-reserve in the 10 provinces of Canada. This survey was collected from July 15 to August 28, 2022, with an estimated response rate of 56.5%.

To provide additional information about household living arrangements, data from the 2021 Census and the CSS Wave 6 were linked in the Social Data Linkage Environment (SDLE) and integration keys were used to prepare the final file. Approximately 89% of the records in the CSS were linked to a Census record.<sup>15</sup>

### Definitions

Data and concepts in the CSS are based on Statistics Canada’s conceptual framework of the care economy (Wray et al., 2023). The care economy is that sector of the broader economy comprising the provision of paid and unpaid care work involved in meeting the physical, psychological, and emotional needs of care-dependent adults and children (Statistics Canada, 2022b; Wray et al., 2023; see also Peng, 2019).

**Unpaid caregiving:** In the past 12 months, having “cared for or looked after” unpaid someone under the age of 15 years old; or having “helped or cared” for someone 15 years or older with a long-term condition, a disability, or a problem related to aging.<sup>16</sup> The care is given without explicit remuneration because of a personal relationship to family or friends, and does not include care provided by someone on behalf of a volunteer organization.

This care could be ongoing or temporary, regular or irregular, and can vary in intensity. The tasks of care work range from direct, hands-on care such as activities of daily living (e.g., feeding or bathing) to more complex or indirect care (e.g., cleaning, transportation), as well as care management (e.g., helping schedule or coordinate care), and supervising the care receiver.

**Sandwich caregiving:** In the past 12 months, providing unpaid care to care-dependent children under 15 years old **and** care-dependent adults and youth aged 15 or older with a long-term condition, disability, or problems related to aging (see: [Defining sandwich caregiving](#)).

### Methodology

The total sample of the CSS Wave 6 was 9,767 respondents (4,200 of whom were unpaid caregivers). Where appropriate in analyses, respondents with not stated responses on key characteristics were excluded using listwise deletion.

Descriptive statistics were used to examine the sociodemographic characteristics of unpaid caregivers, the characteristics of caregiving, and caregivers’ reported impacts on well-being. Statistical tests were conducted to assess the statistical significance of these estimates. In addition, ordinary least squares (OLS) linear regression and logistic regression analyses were conducted where appropriate to assess the factors associated with care outcomes. All estimates in this study used population weights and bootstrap weights from the CSS.

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15. This data linkage should be interpreted with some caution, as there is a gap of over a year between data collection for the Census (May 2021) and the collection of the CSS (July to August 2022).

16. Due to limitations on survey length, if a respondent provided **both** paid and unpaid care to a care-dependent group, they were only asked follow-up questions on **paid** care. As a result, 43 caregivers for adults and 78 caregivers for children were excluded from these analyses.

## Appendix

**Appendix Table A1**

**Ordinary least squares regression models: for hours spent on caregiving in an average week in the previous 12 months, for children and care-dependent adults**

	Children (N=2,481)			Care-dependent adults (N=2,033)		
	Coefficient	95% confidence intervals		Coefficient	95% confidence intervals	
lower bound		upper bound	lower bound		upper bound	
	hours					
Unpaid sandwich care	2.2	-1.8	6.1	1.1	-2.9	5.1
Multiple adult care receivers (ref. = 1 adult care receiver)	...	...	...	-1.4	-4.9	2.0
Adult care receiver(s) lives in household	...	...	...	17.8***	12.6	23.0
Adult care receiver is spouse or partner	...	...	...	9.7*	1.6	17.9
Adult care receiver(s) is own child (ref. = no)	...	...	...	7.5*	0.1	14.9
Adult care receiver(s) is sibling (ref. = no)	...	...	...	-0.8	-7.9	6.2
Adult care receiver(s) is parent (ref. = no)	...	...	...	-0.3	-5.6	5.1
Adult care receiver(s) is other family member (ref. = no)	...	...	...	-2.0	-8.2	4.3
Adult care receiver(s) is friend or neighbour (ref. = no)	...	...	...	-1.9	-9.1	5.3
Multiple child care receivers (ref. = 1 child care receiver)	1.1	-2.4	4.6	...	...	...
Child care receiver(s) lives in household	12.6***	7.1	18.2	...	...	...
Child care receiver(s) has long-term condition or disability requiring extra care	3.4	-1.7	8.5	...	...	...
Child care receiver(s) is own child	37.7***	27.5	47.9	...	...	...
Child care receiver(s) is grandchild	3.3	-5.2	11.8	...	...	...
Child care receiver(s) is sibling	5.7	-15.3	26.7	...	...	...
Child care receiver(s) is other family member	-0.2	-11.1	10.7	...	...	...
Child care receiver(s) is child of friend/neighbour	-3.2	-10.9	4.4	...	...	...
Child care receiver(s) is other relationship	-4.4	-14.3	5.5	...	...	...
<b>Age group of child care receiver (ref. = 0 to 5 years old)</b>						
6 to 14 years old	-4.9*	-9.2	-0.5	...	...	...
Both age groups	-0.9	-5.7	3.9	...	...	...
<b>Gender (ref. = man+)<sup>1</sup></b>						
Woman+	7.6***	4.5	10.7	4.3**	1.0	7.6
<b>Marital status (ref. = married)</b>						
Common-law	-1.6	-6.7	3.4	1.9	-3.7	7.4
Never married	-4.6	-11.6	2.5	4.8	-1.5	11.1
Widowed/separated/divorced	0.6	-4.1	5.2	3.9	-2.3	10.0
<b>Household arrangement (ref. = single generation)</b>						
Multi- or skip generation	2.0	-6.4	10.4	0.2	-9.1	9.5
Missing record linkage	-3.8	-8.9	1.3	2.8	-3.2	8.8
<b>2SLGBTQ+<sup>2</sup> (ref. = no)</b>						
Yes	0.9	-6.8	8.5	-3.2	-9.7	3.2
<b>Respondent identifies as having a disability<sup>3</sup> (ref. = no)</b>						
Yes	0.1	-5.3	5.5	4.9	-1.6	11.5
<b>Age group (years) (ref. = 35 to 44)</b>						
15 to 24	-3.5	-16.4	9.3	-15.7***	-23.5	-7.8
25 to 34	5.5	-0.2	11.2	-2.0	-10.2	6.1
45 to 54	-5.7*	-11.0	-0.4	0.9	-5.6	7.4
55 to 64	-1.9	-9.6	5.7	0.6	-5.2	6.5
65 to 74	-5.5	-13.7	2.8	-4.2	-10.7	2.3
75 or older	-7.4	-16.6	1.8	-0.1	-9.9	9.8
<b>Racialized group<sup>4</sup> (ref. = non-racialized population)</b>						
Racialized population	-1.1	-5.9	3.7	0.8	-6.3	7.9
<b>Indigenous identity<sup>5</sup> (ref. = not Indigenous)</b>						
Indigenous	-0.4	-10.0	9.3	-3.2	-15.9	9.5
<b>Immigrant status (ref. = not an immigrant<sup>6</sup>)</b>						
Non-recent immigrant (10 years and older)	-6.0*	-10.6	-1.3	5.0	-2.3	12.2
Recent immigrant (less than 10 years old)	-4.5	-11.6	2.7	1.1	-8.2	10.5

**Appendix Table A1**

**Ordinary least squares regression models: for hours spent on caregiving in an average week in the previous 12 months, for children and care-dependent adults**

	Children (N=2,481)			Care-dependent adults (N=2,033)		
	Coefficient	95% confidence intervals		Coefficient	95% confidence intervals	
		lower bound	upper bound		lower bound	upper bound
hours						
<b>Education (ref. = less than high school)</b>						
High school diploma	0.9	-6.8	8.5	-5.2	-14.1	3.7
College or trades	0.1	-5.3	5.5	-6.2	-15.0	2.6
University	-3.5	-16.4	9.3	-11.7*	-20.7	-2.7
<b>Employment status (ref. = not employed last week)</b>						
Employed last week	-4.5	-11.6	2.7	-4.6*	-9.0	-0.3

... not applicable

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

\*\* significantly different from reference category (p < 0.01)

\*\*\* significantly different from reference category (p < 0.001)

1. Given that the non-binary population is small, data aggregation to a two-category gender variable is sometimes necessary to protect the confidentiality of responses. In these cases, individuals in the category "non-binary persons" are distributed into the other two gender categories and are denoted by the "+" symbol.

2. Whereas the Government of Canada adopted and encourages the use of the acronym 2SLGBTQI+ to refer to Two-Spirit, lesbian, gay, bisexual, transgender, queer and intersex people and those who use other terms related to gender or sexual diversity, for the purposes of data analysis, the acronym 2SLGBTQ+ is used in this document, as information is not yet specifically collected about intersex people in Statistics Canada surveys.

3. Based on the derived variable for disability status; "yes" = respondent identifies as disabled, with or without a long-term condition; "no" = does not identify as disabled, with or without a long-term condition.

4. Data on 'racialized groups' is measured with the 'visible minority' variable. The 'non-racialized group' is measured with the category 'Not a visible minority' of the variable, excluding Indigenous respondents. For the purpose of this study, Indigenous respondents are not part of the racialized group, nor the non-racialized group. "Visible minority" refers to whether or not a person belongs to one of the visible minority groups defined by the Employment Equity Act. The Employment Equity Act defines visible minorities as "persons, other than Aboriginal peoples, who are non-Caucasian in race or non-white in colour." The visible minority population consists mainly of the following groups: South Asian, Chinese, Black, Filipino, Latin American, Arab, Southeast Asian, West Asian, Korean and Japanese.

5. "Indigenous person" includes people who reported being First Nations, Métis or Inuit.

6. The category "non-immigrant" includes those who were born in Canada, as well as those who were not permanent residents (temporary residents). Due to privacy thresholds for release, it was not possible to have a separate category for temporary residents.

**Notes:** The 95% confidence intervals are shown (LB = "lower bound" and UB = "upper bound") and can be interpreted as such: if the survey was repeated many times, then 95% of the time (or 19 times out of 20), the interval would cover the true population value.

**Source:** Statistics Canada, Canadian Social Survey – Well-being and caregiving, 2022.

**Appendix Table A2**

**Logistic regression model: odds of reporting that the pandemic in the previous 12 months increased time on caregiving, for children and care-dependent adults**

	Care receiver children (N=2,511)			Care-dependent adults (N=2,083)		
	Odds ratio <sup>1</sup>	95% confidence intervals		Odds ratio <sup>1</sup>	95% confidence intervals	
		lower bound	upper bound		lower bound	upper bound
Unpaid sandwich care	1.3	1.0	1.8	1.6**	1.2	2.1
Multiple adult care receivers (ref. = 1 adult care receiver)	...	...	...	1.6**	1.1	2.2
Adult care receiver(s) lives in household	...	...	...	1.8**	1.2	2.6
Adult care receiver is spouse or partner	...	...	...	1.1	0.6	1.8
Adult care receiver(s) is own child (ref. = no)	...	...	...	1.1	0.7	1.8
Adult care receiver(s) is sibling (ref. = no)	...	...	...	1.3	0.7	2.3
Adult care receiver(s) is parent (ref. = no)	...	...	...	1.3	0.8	1.9
Adult care receiver(s) is other family member (ref. = no)	...	...	...	1.9	1.1	3.0
Adult care receiver(s) is friend or neighbour (ref. = no)	...	...	...	1.1	0.7	1.7
Multiple child care receivers (ref. = 1 child care receiver)	1.2	0.9	1.5	...	...	...
Child care receiver(s) lives in household	2.5***	1.6	4.0	...	...	...
Child care receiver(s) has long-term condition or disability requiring extra care	1.9**	1.3	2.9	...	...	...
Child care receiver(s) is own child	1.2	0.6	2.5	...	...	...
Child care receiver(s) is grandchild	1.1	0.5	2.4	...	...	...
Child care receiver(s) is sibling	0.7	0.2	2.5	...	...	...
Child care receiver(s) is other family member	0.9	0.3	2.6	...	...	...
Child care receiver(s) is child of friend/neighbour	0.9	0.5	1.7	...	...	...
Child care receiver(s) is niece/nephew	0.5	0.3	1.0	...	...	...
<b>Age group of child care receiver (ref. = 0 to 5 years old)</b>						
6 to 14 years old	1.2	0.9	1.6	...	...	...
Both age groups	1.0	0.7	1.5	...	...	...
<b>Gender (ref. = man+)<sup>2</sup></b>						
Woman+	1.0	0.7	1.2	1.3*	1.0	1.7

**Appendix Table A2**

**Logistic regression model: odds of reporting that the pandemic in the previous 12 months increased time on caregiving, for children and care-dependent adults**

	Care receiver children (N=2,511)			Care-dependent adults (N=2,083)		
	Odds ratio <sup>1</sup>	95% confidence intervals		Odds ratio <sup>1</sup>	95% confidence intervals	
		lower bound	upper bound		lower bound	upper bound
<b>Marital status (ref. = married)</b>						
Common-law	0.9	0.6	1.3	1.1	0.8	1.7
Never married	1.1	0.6	1.8	1.3	0.8	1.9
Widowed/separated/divorced	1.2	0.8	1.8	0.9	0.6	1.3
<b>Household arrangement (ref. = single generation)</b>						
Multi- or skip generation	0.7	0.4	1.2	1.8	0.9	3.5
Missing record linkage	0.7	0.5	1.0	0.7	0.4	1.1
<b>2SLGBTQ+<sup>3</sup> (ref. = no)</b>						
Yes	1.3	0.7	2.4	1.5	0.8	2.9
<b>Respondent identifies as having a disability<sup>4</sup> (ref. = no)</b>						
Yes	1.1	0.7	1.6	1.3	0.9	1.8
<b>Age group (years) (ref. = 35 to 44)</b>						
15 to 24	0.5	0.2	1.5	0.8	0.4	1.8
25 to 34	0.5**	0.4	0.8	0.5*	0.3	1.0
45 to 54	0.8	0.6	1.2	1.1	0.7	1.7
55 to 64	0.7	0.4	1.2	0.8	0.5	1.2
65 to 74	0.4*	0.2	0.8	0.7	0.4	1.2
75 or older	0.3*	0.1	0.8	0.4*	0.2	0.9
<b>Racialized group<sup>5</sup> (ref. = non-racialized population)</b>						
Racialized population	1.2	0.8	1.8	1.7*	1.0	2.9
<b>Indigenous identity<sup>6</sup> (ref. = not Indigenous)</b>						
Indigenous	2.3*	1.0	5.2	1.0	0.4	2.5
<b>Immigrant status (ref. = not an immigrant<sup>7</sup>)</b>						
Non-recent immigrant (10 years and older)	0.8	0.6	1.2	0.9	0.6	1.5
Recent immigrant (less than 10 years old)	0.8	0.5	1.4	0.4	0.2	1.1
<b>Education (ref. = less than high school)</b>						
High school diploma	0.9	0.5	1.7	1.0	0.5	1.7
College or trades	1.3	0.7	2.2	1.2	0.7	2.1
University	2.3**	1.3	4.1	1.6	0.9	2.8
<b>Employment status (ref. = not employed last week)</b>						
Employed last week	0.9	0.7	1.2	0.9	0.7	1.3

... not applicable

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

\*\* significantly different from reference category (p < 0.01)

\*\*\* significantly different from reference category (p < 0.001)

1. The table presents odds ratios from the logistic regression models. The odds ratio represents the ratio between the probability of an event (e.g., increase in care time due to pandemic, compared to no change or decrease in care time) occurring in the presence of a certain characteristic compared with the probability of an event occurring in the absence of this characteristic. An odds ratio higher than 1 indicates that the characteristic is associated with a higher probability that the event occurred, whereas an odds ratio less than 1 indicates a lower probability.

2. Given that the non-binary population is small, data aggregation to a two-category gender variable is sometimes necessary to protect the confidentiality of responses. In these cases, individuals in the category “non-binary persons” are distributed into the other two gender categories and are denoted by the “+” symbol.

3. Whereas the Government of Canada adopted and encourages the use of the acronym 2SLGBTQI+ to refer to Two-Spirit, lesbian, gay, bisexual, transgender, queer and intersex people and those who use other terms related to gender or sexual diversity, for the purposes of data analysis, the acronym 2SLGBTQ+ is used in this document, as information is not yet specifically collected about intersex people in Statistics Canada surveys.

4. Based on the derived variable for disability status; “yes” = respondent identifies as disabled, with or without a long-term condition; “no” = does not identify as disabled, with or without a long-term condition.

5. Data on ‘racialized groups’ is measured with the ‘visible minority’ variable. The ‘non-racialized group’ is measured with the category ‘Not a visible minority’ of the variable, excluding Indigenous respondents. For the purpose of this study, Indigenous respondents are not part of the racialized group, nor the non-racialized group. “Visible minority” refers to whether or not a person belongs to one of the visible minority groups defined by the Employment Equity Act. The Employment Equity Act defines visible minorities as “persons, other than Aboriginal peoples, who are non-Caucasian in race or non-white in colour.” The visible minority population consists mainly of the following groups: South Asian, Chinese, Black, Filipino, Latin American, Arab, Southeast Asian, West Asian, Korean and Japanese.

6. “Indigenous person” includes people who reported being First Nations, Métis or Inuit.

7. The category “non-immigrant” includes those who were born in Canada, as well as those who were not permanent residents (temporary residents). Due to privacy thresholds for release, it was not possible to have a separate category for temporary residents.

**Notes:** 95% confidence intervals are shown (LB = “lower bound” and UB = “upper bound”) and can be interpreted as such: if the survey was repeated many times, then 95% of the time (or 19 times out of 20), the interval would cover the true population value.

The dependent variable in the logistic regression was recoded into a binary variable. In response to the question, “How has the COVID-19 pandemic affected the average amount of time you spent helping or caring for any of these [children / care-dependent adults] in the past 12 months?”, “it has increased” = 1 and “it has decreased” or “the amount of time has not changed” = 0. Those who did not provide a response were dropped.

**Source:** Statistics Canada, Canadian Social Survey – Well-being and caregiving, 2022.

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