HEALTH ADVISORY NETWORK
RÉSEAU CONSULTATIF DE LA SANTÉ

# Who Supports the Support Person?

How unpaid caregivers are holding Canada's healthcare system together — and what it's costing them at work.

HEALTHPARTNERS.CA

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# Executive Summary

A national survey conducted by HealthPartners' Health Advisory Network reveals the growing pressures support persons are carrying, and the impact this is having on their work, health, and wellbeing.

In this report, HealthPartners uses the term "support persons" to reflect the broad range of people providing care, coordination, emotional support, and healthcare system navigation for loved ones facing health challenges. Some may also identify with the term caregiver or carer. We will use these terms interchangeably in the report.

Support persons are doing essential, unpaid work that helps Canada's healthcare system function. They coordinate appointments, navigate care, provide emotional and practical support, manage medications and treatments. This work has systemic and economic value, but too often it remains invisible and under-supported.

The survey also shows that support persons are not outside the economy. They are part of it. Nearly two-thirds of respondents are currently employed, and many are balancing paid work alongside significant unpaid caregiving responsibilities. For employers, this makes caregiving a workforce issue, not only a private family matter.

For many respondents, the pressure is compounded. Some are patients themselves. Many don't know where to find support or say the support available is not enough. For some, the health, financial, and career impacts continue long after the caregiving role ends. Without stronger recognition and earlier connection to help, unpaid caregiving can contribute to the very health and workforce pressures it is helping to absorb.

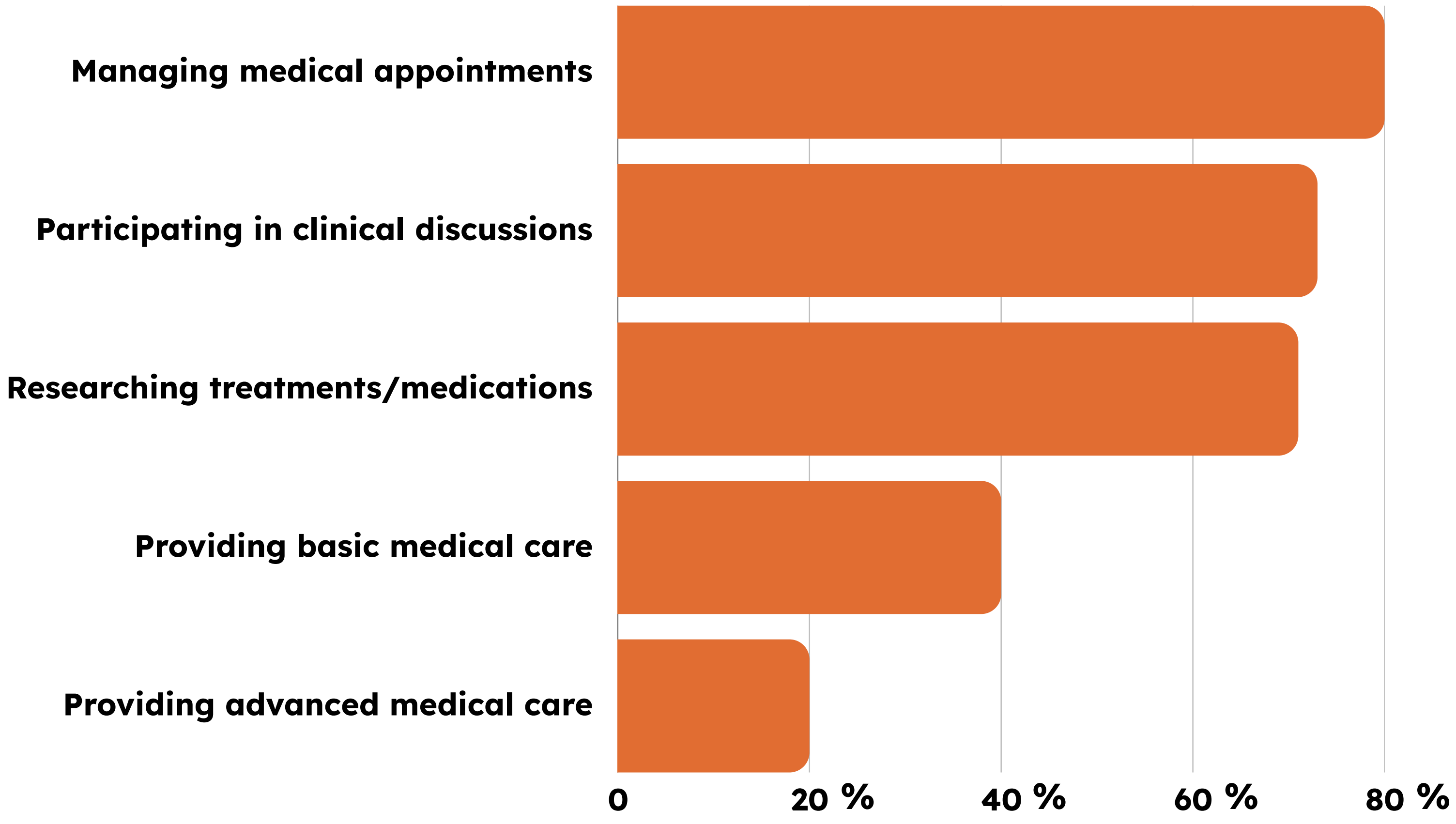
As more Canadians are expected to take on caregiving roles, employers and policymakers will need to better recognize and support the people quietly holding both work and caregiving duties together.

## The Unpaid Workforce Behind Care

Support persons often step in because someone they love needs help.

At first, that help may look simple: driving to an appointment, picking up medication, or checking in after a difficult day.

But as health declines, support persons often become the connector between care and wellbeing. In this survey, support persons described responsibilities that go far beyond emotional support. Eighty percent (80%) manage medical appointments, 73% participate in clinical discussions with healthcare professionals, 71% conduct research on medications, treatments, and system navigation, 40% provide basic medical care, and 20% provide advanced medical care such as wound care or injections.



This isn't informal help around the edges of the healthcare system. It is unpaid labour that helps the system function and saves it money. Support persons coordinate care, manage information, navigate services, advocate for loved ones, and absorb the emotional toll of illness often while carrying anticipatory grief and trying to appear "fine" in public. Much of this labour is invisible because it happens mentally, not just physically. Yet too many support persons are doing this work without training, clear pathways to resources, or enough support and recognition from the systems that rely on them.

Taken together, this data points to a larger issue: the role of support persons is still too often treated as informal or secondary, despite how much the healthcare system depends on it. A more formal recognition of this role is needed, not only in public conversation, but in how healthcare is designed and connected. That means acknowledging support persons not only as family members or loved ones, but as essential participants in care whose time and wellbeing have real consequences for the people they support and for the systems around them. While supports do exist in Canada, they are often fragmented and difficult to navigate, leaving many support persons to find help on their own while already carrying significant responsibility.

## Caregiving is a Workplace Issue

For many support persons, caregiving isn't happening outside the workplace. It's happening alongside it.

Most respondents were of working age between 19 and 59 (81%), and nearly two-thirds (62%) were currently employed. Among employed support persons, more than one in three (38%) spent 8 or more hours a week caregiving on top of their jobs, and one in five (21%) spent 21 or more hours a week. That isn't occasional help. For many, it's a second workload layered onto paid work.

### Support Persons Balancing Work and Care

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| **62%** | Currently employed |
| **38%** | Spend 8+ hours per week caregiving in addition to paid work |
| **21%** | Spend 21+ hours per week caregiving |

For many support persons, caregiving is not occasional help. It represents a substantial second workload alongside paid employment.

The impact is already showing up in people's careers. Only 30% of employed support persons said they continued working as usual with no changes needed. One in four (25%) needed employer accommodations to keep working. Across all respondents, 32% experienced job disruption, including reduced hours, changing jobs, leaving work entirely, or being fired or demoted.

This makes caregiving a workplace issue too, not just a private family responsibility. Support persons are employees, colleagues, managers, and leaders. When they're stretched too thin, workplaces feel it through burnout, absenteeism, reduced productivity, lost income, and people stepping back from roles they may otherwise have stayed in.

HealthPartners' 2025 Health Advisory Network report, **Pathways to Inclusion: Managing Health Conditions in Canadian Workplaces,** points to an additional dilemma. Many employees living with health conditions or caregiving responsibilities don't disclose these realities at work unless they have to. Even when disclosure happens, it may come only after someone is already under strain or needs formal support. That means employers shouldn't treat the number of disclosed patients or caregivers in their workplace as a true measure of need. Given how 60% of Canada's workforce is faced with a health condition and add to that, the prevalence of caregiving, employers should assume these experiences are already present, whether or not employees have named them.

Employment Impacts of Caregiving

The pressure is also financial. Seventy percent (70%) of employed support persons reported paying out of pocket for caregiving expenses, adding another layer of strain for people already balancing work and unpaid care.

These findings create a clear opportunity for workplaces. Support persons are trying to remain in the workforce, but many can't without flexibility. Among employed respondents, 88% said paid leave or flexible work policies are important, and 25% needed workplace accommodations to continue working. At the same time, only 30% were able to keep working as usual, showing that for most support persons, balancing work and caregiving requires some kind of adjustment.

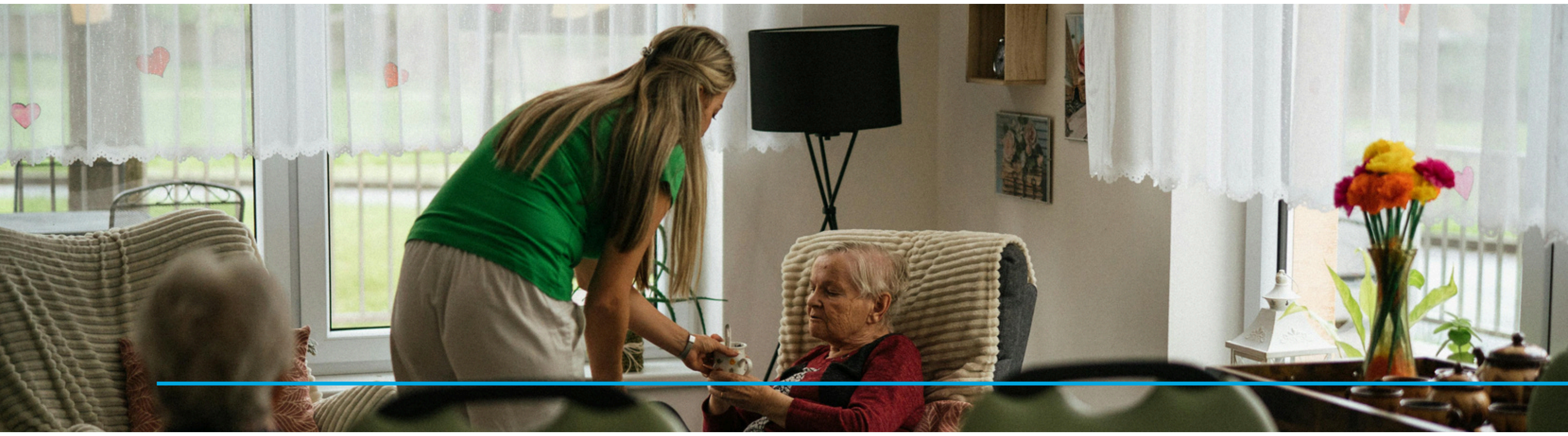
For employers, the takeaway is clear: flexible work, paid leave, and accommodation processes should not be treated only as individualized exceptions for employees who disclose. They should be built into workplace policy and culture broadly, so employees can access support earlier.

## THE DOUBLE BURDEN: WHEN THE SUPPORT PERSON IS ALSO A PATIENT

The survey also reveals another layer of pressure: 30% of support persons are also patients managing their own health condition(s), and 60% of this dual-role group are employed.
For these respondents, caregiving isn't happening in isolation. Many are navigating their own appointments, symptoms, treatment, fatigue, or uncertainty while also supporting someone else and, in many cases, trying to hold down a job.

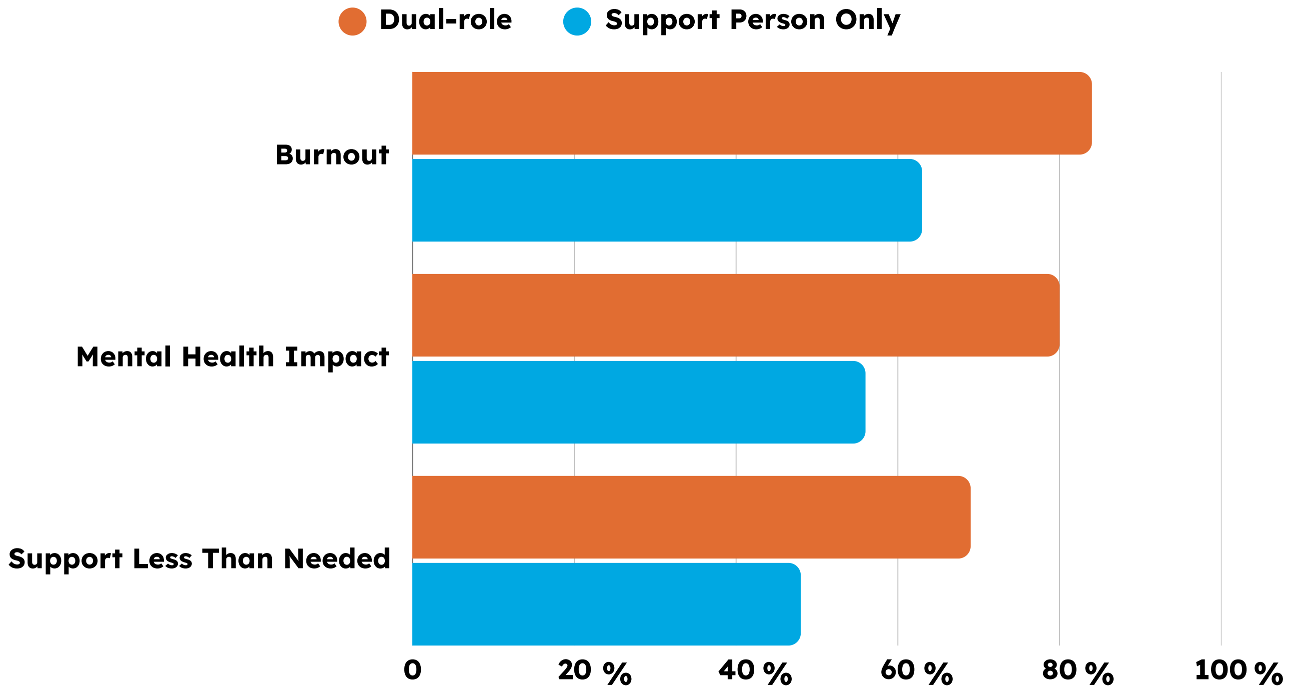
This matters for workplaces and policy makers because the system often treats "patient," "employee," and "support person" as separate identities. For many people, those roles overlap.

> One respondent put it plainly: "Recognize that the line between patient and caregiver isn't always clear. Many of us occupy both roles simultaneously and need resources that address this complexity, not programs designed for only one identity."



## THE DATA SHOWS THIS GROUP IS UNDER MUCH GREATER STRAIN.

Among support persons also facing their own health condition(s), 84% have experienced burnout, compared with 63% of support-person-only respondents. 80% report a high mental health impact, compared with 56% of support-person-only respondents. And 69% say the support they receive is less than they need, compared with 48% of support-person-only respondents.



This overlap deepens the complexity. Some employees aren't only balancing paid work and unpaid caregiving; they're also managing their own health needs at the same time. When workplaces and health systems fail to recognize that reality, the pressure doesn't disappear. It shows up in burnout, reduced capacity, delayed care, and people stepping back from work they may otherwise have been able to continue. Over time, that has consequences beyond the individual. It stretches the workforce we all rely on, affecting people across roles and sectors, from essential workers to senior leaders, and raises a broader concern for employers, society and the economy.

### THE COST DOESN’T END WHEN CAREGIVING ENDS

For some respondents, the impacts of caregiving long surpassed the caregiving function itself. For many, its effects continued to shape health, work, and wellbeing far beyond the end of the caregiving role.

One respondent shared: “It has ended and took me 5 years to recover physically and mentally.” Another wrote: “I stopped [caregiving] due to deaths. It burnt me out and took a year to recover. I retired early due to compassion fatigue.”

The costs of caregiving often do not end neatly when the role does. For some, caregiving changes their health. For others, it changes their work, income, relationships, and sense of stability. What begins as a private act of care can leave lasting effects on people’s careers and their participation in the workforce.

## The Service Gap: Help Exists, But Too Many Don’t Know Where to Find It

Canada isn’t starting from zero. Programs, benefits, workplace leave provisions, health charities, and community-based supports exist for caregivers and support persons. But too often, that support is hard to find, difficult to navigate, fragmented by province or not enough to match the reality of the role.

In our survey, 37% of respondents said they didn’t know support person services existed. More broadly, 51% said they currently receive no extra help at all, while 55% said the support available is not enough. These findings point to more than an awareness gap. They suggest a navigation gap: support may exist somewhere in the system, but it’s not consistently reaching people at the moment they need it.

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| **37%** | **Didn’t know support persons services existed** |
| **51%** | **Receive no extra help at all** |
| **55%** | **Say the support they receive is less than they need** |

That matters because support persons are often already under pressure by the time they go looking for help. Asking them to also become experts in benefits, leave provisions, eligibility rules, local services, disease-specific supports, and care navigation adds another burden to an already demanding role.

Support needs also change across the patient and caregiver journey. A support person may need clear information at diagnosis, practical tools during treatment, workplace flexibility during periods of crisis, navigation help when care needs change, respite when the role becomes overwhelming, or grief and recovery support after caregiving ends. Too often, these supports are treated as separate systems that people have to discover on their own, rather than connected resources that meet people as their needs evolve.

Health charities play an important role in addressing these needs. HealthPartners' 20 member charities already provide trusted information, programs, community, and condition-specific support for people affected by serious health conditions, including the loved ones supporting them. For workplaces, connecting employees to these resources is a practical way to reduce pressure before it turns into burnout, job disruption, or delayed care.

Employers don't need to know who's a patient or caregiver in order to help. They can make trusted supports easier to find by including health charity resources in wellness communications, benefits and accommodation materials, workplace giving campaigns, and moments when employees are already being directed to supports for leaves of absence, mental health, or benefits. When support persons are connected to the right resources earlier, they're better able to support others without losing themselves in the process.

# Our Calls to Action

## Support persons are doing work that is essential but often invisible.

The survey findings show that support persons need to be connected to help sooner and supported in ways that reflect the reality of caregiving while working. The survey points to four practical shifts that would make a meaningful difference for support persons.

### 1) Recognize caregiving as essential work

Support persons are not simply helping around the edges of care. They're carrying complex care responsibilities that help people stay connected to treatment, navigate the health system, and manage daily life with illness. This unpaid work has real social, systemic, and economic value.

Governments and workplaces should more formally recognize the role support persons play in Canada's healthcare system. That means acknowledging their contribution in policy, planning, workplace practices, benefits design, and public conversation. Recognition alone is not enough, but it's the starting point for building systems that better support the people providing care before they become overwhelmed themselves.

## 2) Build workplace policies for needs that may be invisible

Employers need to treat caregiving and patient health navigation as a workforce reality, not a private issue employees manage alone. Many employees are balancing paid work with unpaid caregiving, and some are also managing their own health conditions. Because these roles are often invisible, employers should not rely only on disclosure or formal accommodation requests to understand the level of need in their workforce.

The practical ask for employers is to build flexibility and support into workplace policy for all employees. This can include flexible work arrangements, paid leave, clear accommodation processes, benefits navigation, and regular reminders about available supports. These policies should not be treated only as exceptions for employees who disclose. They should be part of a workplace culture that assumes employees may be carrying caregiving or health responsibilities, whether they have named them or not.

## 3) Make trusted health charity and support resources visible to all employees

Health charities play an important role where the public system often ends. They provide condition-specific information, peer support, navigation tools, and connection for people living with health conditions and those supporting them.

Employers don’t need to become healthcare experts, and they don’t need to know which employees are patients, caregivers, or support persons in order to help. They can make trusted resources visible and easy to access for everyone. This could include sharing health charity resources through wellness communications, benefits and accommodation materials, workplace giving campaigns, lunch-and-learns, and moments when employees are already being directed to mental health, leave, or benefit supports. The goal is to make sure employees know where trusted support exists and can access it privately, earlier, and without having to disclose personal circumstances before help becomes possible.

## 4) Close the gap between available support and real-life caregiving

Canada has caregiver benefits, credits, and leave protections. But the survey findings suggest many support persons are still falling through the cracks. For many, the issue is not only whether support exists, but also whether they know about it, qualify for it, and can access it.

The goal should be to make support easier to find and easier to use before people reach crisis. For employers, this could mean not only having policies on paper, but making sure employees know what exists and where to turn when caregiving begins to affect their work or wellbeing.

# What happens if nothing changes...

If Canada continues to rely on support persons without better recognizing their role, their pressures at work, connecting them to trusted health charity supports, and making existing benefits easier to access, the consequences will grow. More people will burn out. More employees will reduce hours, leave jobs, or struggle in silence. And more people who once provided care may eventually need care themselves.

One respondent captured this clearly:

**“Supporting support persons not only reduces pressure on medical services in the moment, but can also help prevent support persons from becoming patients themselves.”**

The opportunity now is to acknowledge the role support persons play in our healthcare system, connect people to support earlier, and ensure available resources are reliable, and easier to find and use. That’s how Canada can better sustain the people caring for others, while protecting the workforce and healthcare system we all rely on.

# Methodology and Respondent Profile

This report is based on a HealthPartners’ Health Advisory Network survey of support persons across Canada. The survey was fielded in English and French. A total of 200 responses were received; 15 incomplete responses were removed, leaving 185 responses for analysis.

Most respondents were working age: 81% were between the ages of 19 and 59, and 62% were currently employed. Eighteen percent (18%) were retired and 11% were unemployed. Most respondents identified as women (72%) and respondents came from multiple regions, including Ontario (45%), British Columbia (22%), and Quebec (12%).

Respondents represented a range of caregiving experiences, including people supporting loved ones with chronic, complex, or serious health conditions.

This survey is not intended to be nationally representative. It reflects the experiences of people in HealthPartners’ Health Advisory Network who chose to respond and identified as support persons. As a result, percentages should be read as findings from this respondent group, not as estimates for all Canadians. These findings should be interpreted as directional and used to guide further research and discussion.

# About HealthPartners

HealthPartners brings workplaces, health charities and the communities they support together under a single, shared purpose — to improve the lives of people across Canada who are living with serious illness through innovative workplace fundraising campaigns.

HealthPartners' 20 member charities already provide trusted information, programs, community, and condition-specific support for people affected by serious health conditions, including the loved ones supporting them. For workplaces, connecting employees to these resources is a practical way to reduce pressure before it turns into burnout, job disruption, or delayed care.

For more information, please visit **healthpartners.ca**