





The Sandwich Generation

A growing cohort of adults is saddled with the responsibility of caring for both children and aging parents, Sheima Benembarek reports.

Art by Dror Cohen

One afternoon last year, Amy Coupal went to visit her eighty-seven-year-old father at the retirement facility in Toronto where he lives. She soon realized that a medical need he hadn't told her about was going to extend what was supposed to be a brief drop-by. With a pair of thirteen-year-old twins at home expecting her, focusing on her father was going to require some pivoting and reorganization. Coupal was familiar with this caregiving skillset, not only personally, but also as the CEO of the Ontario Caregiver Organization (OCO), a nonprofit that supports the province's roughly four million caregivers. She quickly came up with an alternative plan for her children, messaging her husband: "I need to not be on dinner anymore. I need you on

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it." Caregiving for her parent rose to the top of her priority list as the leisure visit turned into three hours of healthcare management.

Coupal has been tending to her father's age-related healthcare needs for the past two years, with the remote help of her out-of-town sister. "My caregiving responsibilities move through peaks and valleys," Coupal says. "When he's in the hospital, I'm at the hospital with him every day. Then there are times where he's able to be more independent, and I'm doing things like medication management." Thankfully, on that evening Coupal made it back home in time for her children's bedtime routine. "My goal, sometimes, is, 'Can I finish my caregiver duties in time to get home for bedtime?' It's an anchor," she says.

The work of a caregiver—defined by the nonprofit advocacy organization Canadian Centre for Caregiving Excellence as an unpaid relative or friend who provides support to someone with geriatric needs, a disability or a medical condition—is extremely variable. It can involve personal care, such as help with mobility, bathing or dressing. It can consist of emotional support or the management of medical needs, like administering medication or attending appointments. Caregiving can include day-to-day household duties like meal preparation, cleaning, transportation or running errands. It can involve financial tasks, such as managing budgets or navigating insurance benefits. Caregivers may also have to handle end-of-life logistics. If nothing else, caregiving requires adaptability. That goes double for sandwich caregivers, people like Coupal who care for parents and children simultaneously, and for whom constant acts of triaging, prioritizing and juggling are the norm.

According to a Statistics Canada report released last spring, sandwich caregivers represent 6 percent of Canadians—or 1.8 million people—and are a frequently overlooked facet of the country's care economy. We can expect the number of sandwich caregivers in Canada to increase in the coming years. The growth of this "sandwich generation" is the result of a perfect storm of demographic shifts and systemic failures in healthcare. One major factor is that Canada's population continues to age: while in 2003 12.8 percent of Canadians were sixty-five and older, by 2023 that proportion had risen to 18.9 percent. Statistics Canada projections estimate that by 2068, up to 29 percent of Canadians could be considered seniors. The country, according to Pierre-Carl Michaud, professor of economics at the business school HEC Montréal, is ill-equipped to manage the aging trend, often causing the responsibility of elder care to fall on families.

Michaud points to two key social trends underlying the growth of the sandwich generation: people

having children at older ages, and parents living longer. "Fifty years ago, no one at forty was having children. They all had their children in their twenties. And when you were forty or forty-five, your parents [had passed]," he says. "We haven't invested sufficiently in creating the supply space for long-term care. We've known this problem [of an aging population] was coming for twenty or thirty years, but we didn't do it." In a 2023 report, the C.D. Howe Institute, a Canadian public policy think tank, emphasized concerns about the country's capacity to meet the growing care needs of its aging population, pointing to deficiencies in the quality and availability of senior support services such as long-term care beds. And last October, the Health Insider media network revealed that Canada has a critical shortage of geriatricians—the wait to see one can take up to eighteen months—aggravating the difficulties seniors encounter in accessing specialized care. What all this amounts to is a pressure cooker for sandwich caregivers.

This is especially alarming given the emotional and financial impacts of being a sandwich caregiver. The Statistics Canada study from last spring notes that 86 percent of sandwich caregiver respondents had experienced at least one negative impact on their wellbeing due to their caregiving responsibilities. In comparison, 74 percent of respondents caring only for adults, and 62 percent of respondents caring solely for children, reported negative impacts on their wellbeing. Sandwich caregivers frequently mentioned feelings of exhaustion, anxiety and overwhelm. Over two-thirds of sandwich caregivers reported that their caregiving duties impeded their careers. Many specified they had to adjust their work schedules, cut back on hours or scale down their job responsibilities. "What the data really shows is that this group of caregivers is uniquely burdened compared to other caregivers, because they're being pulled in each direction," explains Dana Wray, a senior analyst at Statistics Canada and the author of the report. If we want to address the negative impacts on sandwich caregivers, and prepare ourselves and our institutions to meet the challenges of the demographic shifts, we're going to have to imagine new ways of caregiving—and of caring about caregivers.

When Esther Howell's mother was diagnosed with cancer two years ago, it meant Howell and her brother potentially needed to care for two parents—Howell's mother had been her father's primary caregiver. "My dad has had the beginnings of dementia and Alzheimer's for a while. So when [my mother] got this cancer diagnosis, all of a sudden it was like, 'Holy shit, we've got to take care of Mom and Dad,'" says



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around, or for dinner. And I missed them. I just missed seeing my family. It's been very draining,” Howell says.

For sandwich caregivers, even ones who are afforded some protection by savings, the strain of their position—financially, and from the time crunch of endless pivoting and prioritization—can be difficult. So, too, can be the complex and layered emotions that caregivers experience. “Caregiving can really help us increase connection with the person that we’re caring for. We can be grateful that we have the opportunity to do it,” says Coupal. “Caregivers can also work through things like anger and frustration and sadness.” It’s important, she explains, to know that it’s okay to experience a whole array of feelings.

Coping with caregiving’s layered emotions may be complicated by the stigma associated with the work. A 2022 OCO survey of caregivers found that they don’t always feel that they can ask for help. The survey indicated that 53 percent of caregivers don’t reach out to professionals, employers or family and friends for support, and that the reasons include embarrassment and fear of judgment or pity. “We hear from caregivers that when somebody says, ‘Let me know what I can do,’ there’s a low likelihood that they will take them up on that,” shares Coupal.

Sophie Ferrandino, who is caring for a child and an older underemployed parent, is familiar with this minefield of emotions associated with sandwich caregiving. Although her parent doesn’t have age- or health-related concerns and thus Ferrandino’s work doesn’t fit neatly into the mainstream definition of caregiving, the dynamics of sandwich caregiving remain present.

Howell, a secondary school teacher at the Toronto District School Board. After her mother passed away last May, Howell became a full-time caregiver for her father. “My mom, on her deathbed, wanted us to have him live with us,” she says. But the difficulty of in-home care soon became apparent. “We realized he was deteriorating quickly. It would take more than just us being around. It was a hard decision. And it’s very, very expensive to have [private] care in Ontario, especially in Toronto ... It’s awful,” says Howell. The wait time for a public long-term care bed in Ontario can be several years. “If you are able to afford care for your parents, how blessed are you?”

The financial burden would have been a lot for Howell, particularly with two sons—one in high school, the other in university—that Howell and her husband remain financially responsible for. Thankfully, Howell’s parents had some savings, which are currently being used to pay for her father’s stay at a private long-term care centre. Despite that help, balancing being a mother and a daughter has been trying. “I felt I was neglecting my kids. Even though your teenagers don’t need you, they need you for rides, they need you

Ferrandino became a new mother in 2024 after a whirlwind romance—she met her husband in Cuba in 2021, they got married in 2022 and he moved to Canada in 2023. “I got pregnant not long after he arrived, our baby is ten months [old] now. And [my husband’s] mother is still in Cuba, alone. It’s been very tough on them. She owns her house, but [my husband] was the main breadwinner in the family,” says Ferrandino. Her mother-in-law works part-time as a pharmacy clerk, but she doesn’t make enough to support herself, and Cuba’s economic situation makes it hard for an older woman to secure better employment. “We send her about \$150 to \$200 for groceries once a month. And we also always organize with people that we know that are travelling there to send her shampoo and deodorant, toothpaste and clothes, all the basics.

She pretty much survives on us right now,” Ferrandino says.

The responsibility has pushed Ferrandino, who works as an HR solutions trainer at the insurance company AGA Benefit Solutions, to cut her parental leave short. “I took a ten-month leave instead [of a year or more] so I can go back to work. My husband just got [to Canada], so he has this basic job at nineteen bucks an hour. We’re not rich. And our baby is starting daycare,” she shares. The couple has managed to find a spot for their infant at a government-subsidized daycare, but making sure everyone’s needs are met has involved serious juggling. “[My husband] feels a lot of pressure. You work forty hours a week, you’re tired, and [there’s] the baby, and all the responsibilities and the bills. He feels the pressure of taking care of his mom, but he’s far away,” says Ferrandino. “I feel that pressure too. I feel guilty not to be able to support her better. It’s a lot.” Though Ferrandino says her mother-in-law knows they’re doing their best, it’s almost impossible not to let the feelings take over: the pressure to take care of both generations, the guilt of continuing to fall short of one’s own standards and the constant fatigue.

Barbara Mitchell, professor of gerontology and sociology at Simon Fraser University, notes that certain communities—such as racialized newcomers to Canada—have stronger senses of filial devotion than others. Within these communities there can be greater pressure around the duty to care for parents. Howell, who is Korean Canadian, says that cultural expectations

played somewhat of a role in her caretaking decisions. “Culturally, in Korea, you are supposed to take care of your elderly parents,” she explains. “If you’re a good child, you don’t want to just [neglect] your parents.”

But trying to meet traditional expectations of familial duties, whether they involve in-home care or financial support, is often unsustainable in the long term. Julie, who requested a pseudonym due to the sensitive nature of the topic, is a Montreal-based parent who financially supports her own mother. She says that the pressure to send money to her mother can be a weight on her shoulders. Julie’s six-year-old son loves dinosaurs, and she wants to bring him to see the dinosaur skeletons in the Royal Tyrrell Museum in Drumheller, Alberta; she thinks about how the money

she sends her mother could be used on trips like that instead. “I would like to offer my kids a wonderful life based on experiences, but all those experiences cost money. And I feel like all the money I send my mother could go to my kids. It’s heavy on me,” she says.

Most of the time, Julie’s mother lives in West Africa. While Julie would be fine with paying for her mother’s necessities, there are cultural expectations around higher amounts of financial contribution. “There’s this mentality in a certain part of the population, like my mother’s circle, of ‘Oh, my kid bought me a car,’ or ‘Oh, my kid took me to Dubai.’ It’s very deeply rooted,” says Julie. “And the kid in me [is guilt-tripped]. I feel mixed emotions, I feel angry at her. It’s complicated.” Julie knows

that savings have compound interest, and that the money she sends her mother every month could go into an account to help pay for her children’s higher education.

Julie also knows that though her mother may be healthy now, there will come a time when she will become care-dependent; and that while she’s willing to help, being sandwiched between her mother and her children may cause strain. “I think about how that would impact my financial situation further. I don’t want to bring money issues into my [relationship]. [My husband] knows that I send some money [to my mother], but he doesn’t know the extent,” says Julie.

Facing strong cultural pressure to support one’s parents can add to the stress, self-reproach and shame sometimes associated with caregiving responsibilities.

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In an increasingly expensive world, with a growing sandwich generation, meeting one's familial duties in traditional ways is becoming increasingly unfeasible. It's time to find different, more sustainable ways to fulfill our caregiving responsibilities.

When it comes to gender roles in the caregiving space, data from last spring's Statistics Canada study on caregiving indicates that sandwich caregivers are slightly more likely to be women—7 percent of women are sandwich caregivers, compared to 5 percent of men. While the difference isn't substantial, the intensity and nature of the care provided varies greatly between genders. Wray, the Statistics Canada analyst, says that in an average week, women sandwich caregivers spend eight more hours providing care than men sandwich caregivers. The study notes that roughly 45 percent of women sandwich caregivers deliver personal care, compared to only 30 percent of men in the same position. Women sandwich caregivers often handle tasks that are less flexible and bound by strict schedules, like meal preparation, household cleaning or providing transportation. The data also reveals that women more frequently face negative impacts from being sandwich caregivers than men do, including financial hardship and feelings of strain on their relationships. "A whopping 93 percent of women reported at least some negative impact to their wellbeing when they were sandwiched, compared to ... 76 percent of men," shares Wray.

The gendered division of labour in caregiving relates to expectations about men and women's places within their families and how they should show up for their loved ones. "While there's been some progress made in society, and men are picking up the slack in terms of doing a lot more childcare and even caring for their parents, at the same time, some existing patterns continue. In more traditional-based families, women are still expected to do more of that domestic labour which involves, often, caregiving," explains Mitchell.

According to Mitchell, men often don't feel like they can step up due to entrenched norms around masculinity. "Men, in a particular job, [when] they want to take time off [for caregiving], it's almost met with this attitude of 'Well, why doesn't your wife do it?' Or they're afraid their colleagues are going to—especially in really more blue-collar [types] of jobs—heckle them," Mitchell says.

Regardless of gender, ensuring that sandwich caregivers can stay committed to their careers is imperative. According to the OCO, caregivers make up 35 percent of Canada's labour force, and the reduced work hours and exiting of such individuals due to their caregiving commitments results in \$1.3 billion lost in

Canadian workforce productivity annually. "Over 30 percent of the caregivers that we looked at [in the Statistics Canada study] who were sandwiched said that they had to adjust their schedule in response to their caregiving responsibilities," Wray says. "Eleven percent of them had to give up opportunities in their work life or career because of these caregiving responsibilities. And on the more extreme side, about 6 percent said, 'In the previous twelve months, I've either lost my job or had to quit my job because of my caregiving responsibilities."

Alison Lawler-Dean, the former vice president of marketing at a large retailer, has experienced firsthand how the responsibilities of caring for both a parent and a child can affect a career. When Lawler-Dean's mother, who had cancer, moved into her house, Lawler-Dean became responsible for her mother's care in addition to her own daughter's. "My career took a hit. I had work that was quite supportive and [that offered] a fair amount of flexibility, but I didn't know how long I would need some of those things," Lawler-Dean admits.

Lawler-Dean's daughter was five, and her mother seventy-four, when the move happened. Her mother lived at her house for almost five years before she passed away, much of which was during the Covid-19 pandemic. "[My mother and daughter] were both needing things from me all the time. It's a lot. Especially when you're right in the apex of your career, which I was. All these things were needing my attention and splitting me quite a bit," she says. Lawler-Dean remembers having to step away in the middle of Zoom calls in order to help her mother or her daughter. "I was running up and down through the house and then trying to act all poised [for work]. But I just couldn't not do it. My mom made lots of sacrifices in her life for me, and now I [had to] do that for her."

There never seemed to be enough time to balance all her caregiving responsibilities. "I was lying with [my mother] in bed [one day] and having coffee and just talking, and she said, 'Wow, we haven't done this in a while.' And I had this moment [of thinking], 'It's because I'm working for you, I don't have time left to just sit and be with you. I only have so many hours in a day.'"

Due to her caregiving responsibilities, Lawler-Dean's career suffered. "[After] my mom passed away I left the company," she says. "I wasn't doing my best because I was exhausted. I just couldn't do both at full capacity. There's something that has to give." After the experience, Lawler-Dean compiled advice and resources for caregivers on a website called Papillon, to help others in similar circumstances. To assist caregiving employees, the OCO's guide for employers, *Caregivers in the Workplace*, recommends explicitly offering flexible scheduling and

support for employees who are balancing caregiving responsibilities, and considering providing caregiver-specific benefits such as remote work options or access to respite care. Lawler-Dean says the option of paid caregiver leave could be a helpful benefit, to provide a break from the built-up stress and exhaustion before burnout happens.

What's important is starting the conversation. Sandwich caregivers want more awareness of the work, and more public education around how to offer support. "It's important to recognize that there's a cultural shift, and that we need to be talking about caregivers and caregiving broadly in our society—that includes in our families, in our communities and in our workplaces," Coupal insists. As time goes on and Canada's demographics continue to shift, more and more people will face caregiving responsibilities. Advocates like Coupal are interested in solving one big dilemma: how we prepare ourselves and our society for the growth of the sandwich generation.

Improving the ability of caregivers, sandwiched or otherwise, to care for their relations means providing them with increased support and more choice in how care is accessed. On a policy level, we can introduce strategies to build better infrastructure in our healthcare and community care systems.

Expanded social prescribing programs might be one way to do this. Social prescribers are trained professionals who connect individuals with non-medical resources and community-based supports to improve overall wellbeing, often working as part of healthcare teams to address the social determinants of health. Factors like loneliness, housing insecurity and financial stress can contribute to health challenges, and social prescribers provide tailored support by referring clients to services like fitness programs, art classes or support groups. This approach aims to reduce the strain on medical services while promoting holistic and preventative care. Ontario was the first province where a large-scale social prescribing initiative was implemented. In 2018, Ontario's Alliance for Healthier Communities, a network of healthcare organizations, launched the Rx: Community Social Prescribing pilot project across eleven community health centres. During the year-long project, social prescribers provided 1,100 healthcare clients with resources that encouraged healthy routines and self-care practices. Overall, the clients reported a 49 percent decrease in loneliness, 12 percent improvement in mental health and 19 percent increase in participation in social activities.

Following Ontario's lead, other provinces slowly developed their own social prescribing programs.



The success of these initiatives, particularly when it comes to addressing mental health issues, chronic disease and age-related needs, has contributed to social prescribing's growing adoption across Canada, with programs now in every province. According to the Canadian Institute for Social Prescribing, these programs have supported aging at home, curbed hospital admissions, emergency visits and ambulance calls, and saved \$268 million per year in healthcare costs nationally. "It's almost like a one-stop shop kind of thing," says Mitchell. "Let's say I was having some issues within my family [with] caregiving. I would reach out to one of these social prescribers and they would help me set up programs like respite care and other ideas for helping me manage my caregiving stress." Social prescribers can alleviate the burden that caregivers experience by offering alternative non-clinical solutions when they make sense. They are, in a manner of speaking, the middlemen between family care and the medical industry.

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Investments like these in our wellbeing also support the health of our communities and of society at large. “[People] say long-term care is a policy issue only for the elderly, no, it’s a policy issue for us,” Michaud, the economics professor at HEC Montréal, says soberingly. Working to improve long-term elder care benefits anyone caring for an elder, anyone who will one day care for an elder—and anyone who will one day become an elder.

Improving infrastructure to support caregivers may also mean expanding tax credits like the Canada caregiver credit, which is intended to support those providing care to dependent family members with physical or mental impairments. “A lot of people who are providing care are incurring out-of-pocket expenses. They may be for small things here and there, but they can really add up,” Mitchell says. These expenses can include transportation costs, grocery items, mobility aids or incontinence supplies.

Concerns have been raised about the Canada caregiver credit’s adequacy and accessibility. As a non-refundable credit, it doesn’t benefit caregivers with little or no taxable income, who are often among those most in need of support. Advocates have argued for solutions such as making the credit refundable, so that it can provide more equitable assistance to caregivers across income levels. In its 2021 platform, the Liberal Party proposed expanding the credit into a refundable, tax-free benefit, a change that would help two hundred thousand more Canadians qualify, and increase the amount of support received by 448,000 applicants. Last year, the Canadian Centre for Caregiving Excellence (CCCE) submitted a proposal before the 2025 federal budget recommending the same thing.

Throughout 2024, the CCCE led the development of a comprehensive National Caregiving Strategy aimed at offering tangible policy solutions to support both unpaid caregivers and paid care providers. The organization conducted nationwide consultations with caregivers, care providers and healthcare leaders to identify the most pressing needs. The strategy was launched this February. It includes policy proposals such as providing caregivers with financial support, improving caregiver leave, improving residency pathways for migrant care providers and asking the federal government to formalize a strategy for Canada’s caregivers. The suggested policies have yet to be taken up by politicians.

On an individual family level, laying out plans, wishes and what’s in the realm of the possible when it comes to caregiving can help alleviate stress for caregivers, and give care recipients a sense of agency. “We don’t always know when caregiving responsibilities may arise, because accidents or diagnoses can come at any time,” says Coupal. “But the more we understand about what the wishes are of the person that we may care for, or how we might balance responsibilities within a family, it can help us to start to plan.”

Like the old adage goes, pain is inevitable, but suffering—especially alone and in silence—is optional. Normalizing open conversations around caregiving for families, employers, marginalized groups and all genders is vital. Recognizing that providing care is one of the most universal experiences is helpful. “There are many of us [caregivers], and we can support each other and learn from each other,” says Coupal. It’s on all of us to change things for the better, if for no other reason than because we, too, are likely to one day fall into a position of either needing care or needing to care for others. Caregiving, and its associated difficulties and infrastructural needs, is not something that can be ignored—at least not indefinitely. It’s an essential part of all of our lives, whether we’re prepared for it or not. **