

Economic and Social Reports

What can be learned about caregivers in Canada from the analysis of families claiming the Canada caregiver credit?



by Sung-Hee Jeon and Yuri Ostrovsky

Release date: July 26, 2023



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by *Sung-Hee Jeon and Yuri Ostrovsky*

DOI: <https://doi.org/10.25318/36280001202300700002-eng>

Abstract

The main objective of this study is to use nationwide administrative data to spotlight Canadian families caring for family members (including extended family members) who have severe and prolonged impairments in physical or mental functions. This study documents the prevalence of families claiming the Canada caregiver credit among all tax-filing families and breaks down the results by several essential family characteristics, such as age, family status, family income and immigrant status. An important strength of this analysis is that it is based on data from individual income tax returns, minimizing the subjectivity in the assessment of the disability status of those who receive care and the involvement of those who claim to provide care for their infirm spouse, children or parents.

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Executive summary

The main objective of this study is to use nationwide administrative data to spotlight Canadian families caring for family members (including extended family members) who have severe and prolonged impairments in physical or mental functions. More specifically, this study documents the prevalence of families claiming the Canada caregiver credit (CCC) among all tax-filing families and breaks down the results by several essential family characteristics. The CCC was introduced as a non-refundable federal tax credit in 2017 to provide financial relief to caregivers who support a low-income spouse or common-law partner or low-income dependants with a physical or mental impairment. A person claiming the CCC must provide evidence that the dependant's ability to perform basic activities of daily living is significantly limited and that the dependant requires the assistance of a caregiver to maintain everyday living. The impairment is expected to be long-lasting or permanent, and the dependant is expected to rely on help from others to a larger degree than other individuals of the same age.

An important strength of the analysis in this study is that it is based on data from individual tax returns. This minimizes the subjectivity in the assessment of the disability status of those who receive care and the involvement of those who claim to provide care for their infirm spouse, children or parents. The study identifies three CCC types: the CCC for infirm children younger than 18 years; the CCC for infirm spouses (including common-law partners); and the CCC for infirm adults (excluding spouses), a category that may include adult children, parents, siblings and other relatives. The data are from the T1 personal master file (T1PMF), also known as the T1 Income Tax Return (T1), and the T1 Family File (T1FF) covering the three-year period from 2017 to 2019, which are linked to the 2019 Longitudinal Immigration Database to determine the immigrant status of individuals in the T1PMF and T1FF. The main unit of analysis is a family, and a family in which at least one member is a CCC claimant is deemed a caregiver family. The study looks at several key characteristics of families claiming the CCC: family status, age, immigrant status and family income.

About 406,800 families in 2017, 421,500 in 2018 and 433,100 in 2019—approximately 2.5% of all families in each of these years—claimed at least one CCC type. The number of families claiming the CCC for infirm adults—about 180,000 (1.1% of all families) in 2019—was higher than the number of families claiming the CCC for infirm spouses (partners) or infirm children in all three years. About 130,000 (0.8%) families provided care for infirm spouses, and a similar number of families provided care for infirm children.

The prevalence of families claiming the CCC in Atlantic Canada was considerably higher than the prevalence of those in Western Canada. Newfoundland and Labrador (4.1%) registered the highest prevalence of families claiming the CCC, while Quebec (1.7%) had the lowest prevalence of these families.

Older families were more likely to claim the CCC for spouses and common-law partners than families with a reference person younger than 70 years, while families with a reference person in their 40s were particularly likely to claim the CCC for infirm children. Canadian-born couples were considerably more likely to claim the CCC for spouses than immigrant couples. By contrast, immigrant families were generally more likely to claim the CCC for infirm adults (e.g., infirm parents). Family income was only weakly associated with claiming the CCC for infirm children, but the degree of association was stronger for other CCC types. A higher family income generally meant a higher prevalence of families claiming the CCC for infirm adults.

Introduction

According to the 2018 General Social Survey (GSS) data on caregiving in Canada, one in four Canadians aged 15 and older have provided some form of care for people with a long-term health condition, a disability or problems related to aging (Statistics Canada, 2022). Hango (2020) used GSS data to document the essential characteristics of caregivers in Canada, the degree and type of involvement of their caregiving activities, the support caregivers receive, and the impact of caregiving on their well-being. According to Hango (2020), about 40% of caregivers reported spending 1 to 3 hours per week on their caregiving responsibilities, and 21% reported spending 20 hours or more. Women (64%) were far more likely than men (36%) to be among those who provided 20 hours or more of care per week.¹ The top three caregiving activities included providing transportation (72% of all caregivers), helping with housework (55%), and assisting with house maintenance and outdoor work (45%). About 70% of caregivers reported that they had received social or financial support for their caregiving activities. Financial support was less common than social support: 67% of caregivers received social support from other family members, friends or communities, while 14% received financial support from family and friends, and less than 8% received federal tax credits. Yet financial support was the most frequently reported unmet need of caregivers: those who lacked financial support represented 68% of all caregivers who reported unmet caregiving needs.

The 2018 GSS data are well suited for analyzing all levels of informal caregiving activities, from occasional activities to physically demanding and time-consuming regular activities, and the findings mentioned above offer important insights into the overall characteristics of informal caregivers. However, the small size of the GSS sample hinders the possibility of a more disaggregated analysis that would help differentiate between key subgroups of caregivers, such as occasional and regular caregivers, or examine in more detail the characteristics of caregivers who provide care for individuals with serious physical or mental impairments, which is more demanding than other forms of informal caregiving.

Another potential weakness of the GSS data is the subjectivity of the information provided by GSS respondents. This means that the actual conditions of those who presumably receive informal care and the degree of their reliance on the help they receive from their caregivers are unknown. While some of them undoubtedly have disabilities significantly limiting their daily activities, making them dependent on the help and care of other people, others may be able to maintain independent living despite receiving some form of informal care. A large percentage of informal caregivers who report having spent only a few hours per week or less on caregiving also suggests that many self-reported caregivers provide only occasional or marginal support. Although such support is likely appreciated by its recipients, it may involve far less commitment and effort on the part of the caregiver than taking care of severely physically and mentally impaired individuals.

The main objective of this study is to use nationwide administrative data to spotlight Canadian families caring for low-income family members (including extended family members) who have severe and prolonged impairments in physical or mental functions. More specifically, this study documents the prevalence of families claiming the Canada caregiver credit (CCC) among all tax-filing families and breaks down the results by several essential family characteristics. The CCC was introduced as a non-refundable federal tax credit in 2017 to provide financial relief to caregivers who support a low-income spouse or common-law partner or low-income dependants with a physical or mental impairment

1. In an earlier study based on data from the Canadian Community Health Survey, Turner and Findlay (2012) found that 35% of Canadians aged 45 or older were providing informal care for seniors with health issues. The study noted that “although 57% of caregivers described their provision of care as ‘regular,’ this was a daily commitment for only 21% of them; 36% provided regular care once a week, once a month, or less than once a month” (p. 2). Using the same data source as Hango (2020), Arriagada (2020) found that almost one-third of senior caregivers caring for a spouse spent 30 hours or more per week providing care.

(Government of Canada, 2022). An important strength of the analysis in this study is that it is based on data from individual income tax returns and, therefore, minimizes subjectivity in the assessment of the disability status of those who receive care and the involvement of those who claim to provide care for their infirm spouse, children, parents or other relatives.

A CCC claimant must satisfy strict eligibility criteria. A person claiming the CCC must provide evidence that the dependant's ability to perform basic activities of daily living is significantly limited and that the dependant requires the assistance of a caregiver to maintain everyday living. Eligibility for the CCC generally requires either a signed statement from a medical practitioner indicating when the dependant's impairment began and how long it is expected to last or an approved Disability Tax Credit Certificate (Form T2201). The impairment is expected to be long-lasting or permanent, and the dependant is expected to rely on help from others to a larger degree than other individuals of the same age.

The main unit of analysis in this study is a family. A family in which at least one member is a CCC claimant is deemed a caregiver family. The focus on families as opposed to individuals is motivated by the fact that caregiver duties are more likely to be shared by family members than performed by just one person, particularly in the case of the CCC, which is intended for those who provide care for dependants with severe physical or mental impairments.² Although all informal caregivers may be exposed to a higher risk of physical or psychological distress and experience additional financial pressure associated with caregiving, caregiver families claiming the CCC carry a particularly heavy burden among all informal caregivers, as they provide support to infirm dependants, and their well-being is in greater danger of being negatively impacted than the well-being of other informal caregivers.³ The families of CCC claimants will be called **CCC families** as convenient shorthand.

The study looks at the likelihood of claiming different CCC types—the CCC for spouses or common-law partners, the CCC for infirm children and the CCC for infirm adults other than spouses—by several key family characteristics: family status, age, immigrant status and family income. The relationship between age and the likelihood of caregiving can be expected to be different for different CCC types. For instance, those who provide care for their disabled children are likely to be younger than those who provide care for their spouses. Similarly, the patterns of claiming the different CCC types may be different for singles and couples. Those who receive the CCC for spouses are a couple by definition, but how family status is related to receiving other CCC types is less clear. Family income is an important dimension of CCC family characteristics as it provides some clues regarding the financial circumstances of a CCC family and the relative importance of the CCC in the total family income. Finally, immigrant status is another key background characteristic, as it is often asserted that immigrants are more likely to live in multi-generational households (Casper et al., 2016).

Canada caregiver credit

In 2017, the CCC replaced three credits that existed in previous years: the caregiver credit, the infirm dependant credit and the family caregiver credit. The eligibility rules for the CCC became simpler and more generous and allowed individuals to claim the credit for providing care for a spouse or common-law partner with a physical or mental impairment, which was not allowed before 2017. The CCC is available to an individual who financially supports and provides care for physically and mentally impaired

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2. According to the 2018 GSS, 45% of caregivers received help from their spouse or partner, and 43% of caregivers received help from their children.
 3. However, it is understood that the needs of those receiving care are complex and can be impossible to measure, and even for those who do not satisfy the CCC requirements, informal care provided by relatives and friends may be highly beneficial or even necessary.

dependants categorized into four types: (1) a spouse or common-law partner (infirm spouse), (2) an infirm dependant younger than 18 years (infirm child), (3) an infirm co-resident dependant 18 years of age or older (co-resident infirm adult), and (4) another infirm relative 18 years of age or older who was a Canadian resident at any time during the tax year but did not necessarily live with the individual claiming the credit (other infirm adult).⁴

Each CCC type can be identified from T1 tax returns depending on the combination of CCC amounts claimed in different tax return lines. Eligibility requirements vary depending on the type of CCC, the duration of the impairment and the disability status of the dependant. Except for infirm children, the net income of infirm dependants must be below a specified threshold, which was \$23,906 in 2019. Individuals who have spouses or common-law partners are not eligible for the CCC for co-resident infirm adults. However, if they provide care for an infirm adult living in the same household, they may still be able to claim the CCC for other infirm adults. The eligibility for the CCC for other infirm adults does not depend on co-residence with the claimant, but the recipients of care must be Canadian residents and have a physical or mental disability that makes them dependent on help from other people.⁵

The maximum CCC amount for infirm spouses and adults in 2019 was \$7,140, but the credit amount could be lower depending on the net income of the dependant. The federal non-refundable tax credit rate was 15%, so the maximum single-credit reduction in the federal income tax paid by a CCC claimant was \$1,071 (15% of \$7,140). The CCC for infirm children was \$2,230 per child in 2019. A dependent child generally had to live with the CCC claimant.

Data

The data are from the T1 personal master file (T1PMF) and the T1 Family File (T1FF) from 2017 to 2019. These are linked to the 2019 Longitudinal Immigration Database (IMDB) to determine the immigrant status of the individuals in the T1PMF and the T1FF. The T1FF has been updated annually by Statistics Canada since the early 1980s to identify parent–child families based on information from various administrative sources, including T1 files and Canada child benefit (CCB) files.⁶ The T1FF includes all individuals who filed a T1 or were CCB recipients in a given year. Non-filing family members are imputed from information about tax credits, deductions, child benefits or other sources. A non-filing spouse is imputed using tax information provided by the other spouse.

A T1FF family represents the unit of analysis in this study, and families are broadly categorized as **couples** or **singles**. Couples are T1FF family units that include married or common-law couples with or without children,⁷ and singles, or single adult families, are other families, including lone parents.

The reference person for a family is the one with the highest total individual annual income. The total annual family income is the total income of all family members. The income sources included in the total family income (before tax) are the same as those included in the Canada Revenue Agency's definition of

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4. The tax return lines identifying these group were 51090, 51100, 30425 and 30450 in Schedule 5 and 30500 in Schedule 1 of the 2019 tax year. Corresponding lines were used for the 2017 and 2018 tax years. A co-resident infirm adult must be a claimant's parent, grandparent, child, grandchild or sibling. Other infirm adults can also include an aunt, uncle, niece or nephew.
 5. It is likely that not all those who are eligible for the CCC claim it because they find the process too burdensome, are unaware of the credit or decide not to claim it for various other reasons. However, the number of eligible "non-claimants" is difficult to estimate using existing data.
 6. A T1FF family is essentially the same as a census family and consists of a couple with or without children living in the same dwelling, a lone parent living with at least one child, or a single person. The children, either biological or adopted, may be any age as long as they live in the same dwelling and do not have a spouse, common-law partner or co-resident child.
 7. If a spouse died during a tax year, the family was still considered a couple family in that year.

total annual income.⁸ The family income was categorized into population-based family income deciles, with the 1st decile being the lowest and the 10th decile being the highest. The family income deciles are specific to the family type and tax year. For single families, income deciles are also specific to the sex of the reference person to account for differences between the income distributions of men and women.⁹ The age of the family is the age of the reference person. In this analysis, the age variable is categorized into five-year intervals.

The IMDB file contains information taken from landing records of all immigrants and refugee claimants who arrived in Canada since 1980. The information is collected at the time of landing and is not updated in subsequent years. By linking the T1FF to the IMDB it is possible to determine the immigrant status of individuals in the T1FF. However, given the structure of the IMDB, it is impossible to identify immigrants who arrived in Canada before 1980, so only immigrants who arrived in 1980 or later could be identified as immigrants.¹⁰ If any family member was an immigrant, the family was considered an immigrant family.

About 406,800 families in 2017, 421,500 in 2018 and 433,100 in 2019—approximately 2.5% of all families in each of these years—claimed at least one CCC type.¹¹ Most families claimed only one CCC type, while 2.1% of all CCC families claimed more than one type. Table 1 presents a breakdown of the total number of CCC families by each CCC type. The number of families claiming the CCC for other infirm adults was the highest of all four CCC types in all three years, about 150,000 (0.9% of all families) in 2019, while the number of those claiming the CCC for a co-resident infirm adult was the lowest, about 30,000 (0.2%). About 130,000 families (0.8%) provided care for infirm spouses, and a similar number of families provided care for infirm children.

Table 1
Number of Canada caregiver credit families and the prevalence of the Canada caregiver credit, by year

	2017		2018		2019	
	Total number of CCC families	Prevalence of CCC families among all families	Total number of CCC families	Prevalence of CCC families among all families	Total number of CCC families	Prevalence of CCC families among all families
	count	percent	count	percent	count	percent
All CCC types	406,800	2.5	421,500	2.5	433,100	2.6
CCC for infirm spouses	122,600	0.8	129,000	0.8	134,400	0.8
CCC for infirm children	122,800	0.8	122,300	0.7	126,300	0.7
CCC for infirm adults	168,400	1.0	177,700	1.1	180,100	1.1
CCC for co-resident infirm adults	25,700	0.2	29,100	0.2	28,700	0.2
CCC for other infirm adults	144,200	0.9	150,200	0.9	153,000	0.9

Notes: CCC = Canada caregiver credit. All counts are rounded to the nearest 100.

Source: Statistics Canada, T1 Family File and Longitudinal Immigration Database, authors' calculations.

All three years of data were pooled for the analysis, as the distributions of the CCC types and the characteristics of CCC claimants were similar in all years. The data on the CCC for co-resident infirm adults and the CCC for other infirm adults were also pooled and will be collectively called the CCC for infirm adults, unless noted otherwise. Among single families claiming the CCC for infirm adults, about 2.5% of families claimed the CCC for co-resident infirm adults and the CCC for other infirm adults.

8. This is the before-tax total income in line 15000 of the 2019 T1 form and in the corresponding lines in previous years.

9. The median annual total family incomes in 2019 were \$99,200 for a couple, \$35,200 for single men and \$30,000 for single women.

10. Conversely, the Canadian-born category will also include immigrants who arrived in Canada before 1980.

11. All counts are rounded to the nearest 100.

Results

The main metric used to analyze the characteristics of caregivers in this study is the prevalence of the CCC, defined as the percentage of CCC families, n , in the total number of families in the T1FF, N :

$$\theta = \left(\frac{n}{N} \right) 100\%. \quad (1)$$

For a particular category k (e.g., age or immigrant status) and the CCC type l , CCC prevalence is defined as

$$\theta_{k^l} = \left(\frac{n_{k^l}}{N_k} \right) 100\%, \quad (2)$$

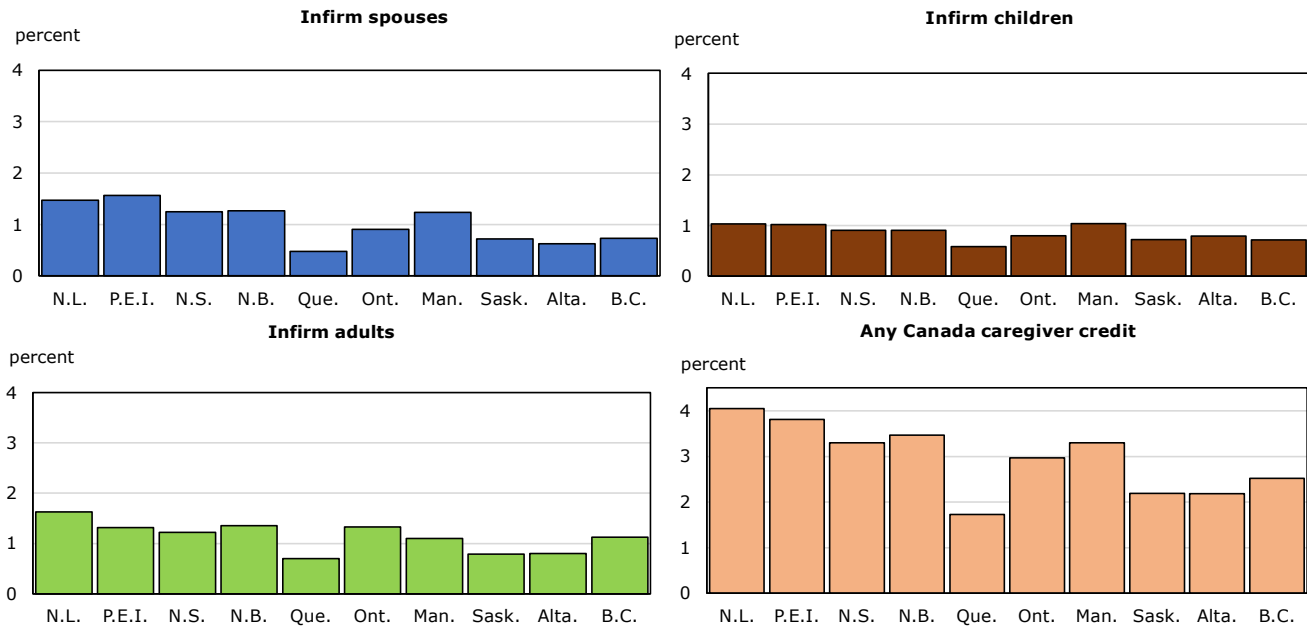
Where n_{k^l} is the number of CCC families in category k receiving l , and N_k is the total number of families in k . For example, if k represents immigrant families and l represents the CCC for infirm adults, θ_{k^l} is the percentage of immigrant families receiving the CCC for infirm adults among all immigrant families, or the prevalence of the CCC for infirm adults among immigrant families.

Differences in the prevalence of the Canada caregiver credit across different provinces

As the first step in documenting the characteristics of CCC families, this study looks at the differences in the prevalence of the CCC across different Canadian regions and provinces. The prevalence of the CCC in Atlantic Canada was considerably higher than the prevalence of the CCC in Western Canada (Chart 1). Newfoundland and Labrador registered the highest prevalence of CCC families (4.1%), while the province with the lowest prevalence of CCC families was Quebec (1.7%).¹² In six provinces (the Atlantic provinces, Ontario and Manitoba), the prevalence of the CCC was above the Canadian average (2.5%), and in British Columbia it was the same as the average.

12. According to the 2017 Canadian Survey on Disability, disability rates are lower in Quebec than in other provinces. For example, among individuals aged 15 to 64 years, the disability rate in Quebec was 14.0% in 2017, compared with 18.6% in Alberta (second lowest) and 27.3% in Nova Scotia (highest) (Statistics Canada, 2018).

Chart 1
Prevalence of Canada caregiver credit families, by province and type of Canada caregiver credit



Source: Statistics Canada, T1 Family File, authors' calculations.

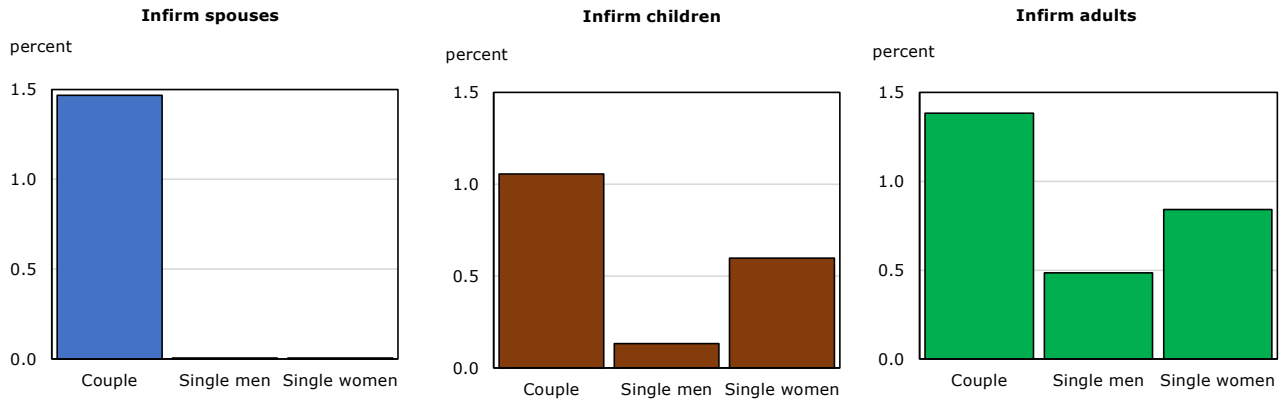
Differences across provinces in the prevalence of the CCC for each CCC type were similar to the overall differences in the prevalence of the CCC across provinces, with the prevalence being high in the Atlantic provinces and low in Quebec (Chart 1). Except for Quebec, the prevalence of all CCC types was generally lower in Saskatchewan, Alberta and British Columbia than in the other provinces. For instance, the prevalence of the CCC for spouses was about twice as high in Nova Scotia (1.3%) and New Brunswick (1.3%) than in Alberta (0.6%) and more than twice as high in Newfoundland and Labrador (1.5%) and Prince Edward Island (1.6%). The prevalence of the CCC for infirm children was more equally distributed across the provinces, but the difference between the highest prevalence in Manitoba (1.0%) and the lowest in Quebec (0.6%) and British Columbia (0.7%) was still substantial. The prevalence of the CCC for infirm adults was twice as high in Newfoundland and Labrador (1.6%) than in Saskatchewan (0.8%), Alberta (0.8%) and Quebec (0.7%).

Family characteristics and the prevalence of the Canada caregiver credit

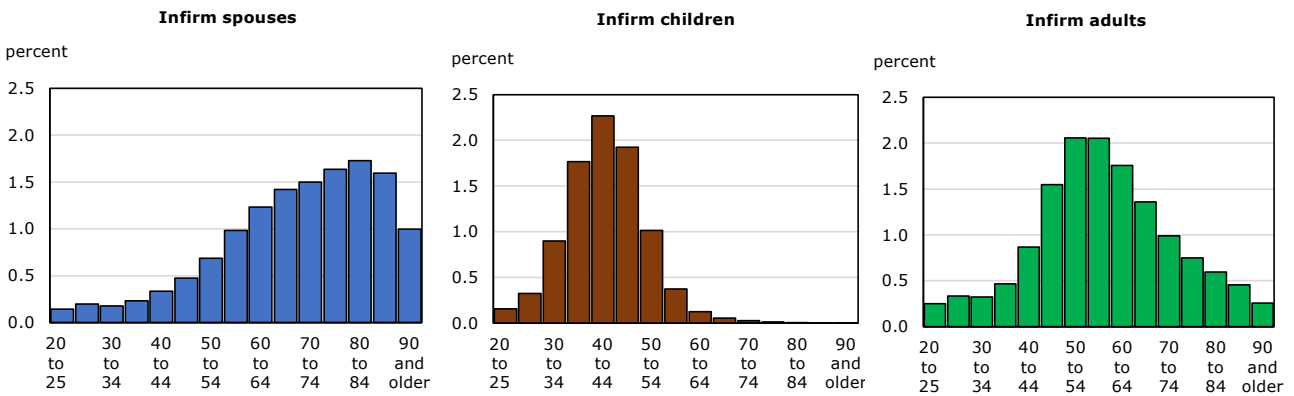
CCC caregivers for infirm spouses: Those who claimed the CCC for spouses were older than claimants for all other CCC types (Chart 2). The CCC prevalence was high for families with a reference person in their late 70s and early 80s, falling sharply for older seniors (reference person aged 90 years or older). Table 2 also presents the prevalence of the CCC by family type. Among couples, the prevalence of the CCC for spouses generally rose with the age of the reference person and was the highest among families with a reference person aged 90 years or older: 6.9% of all couples with a reference person aged 90 years or older claimed the CCC for spouses (Table 2). However, even among young couples with a reference person younger than 40 years, the CCC prevalence was non-trivial, about 0.4% (almost 28,700 families).

Chart 2
Prevalence of Canada caregiver credit, by family characteristics and type of Canada caregiver credit

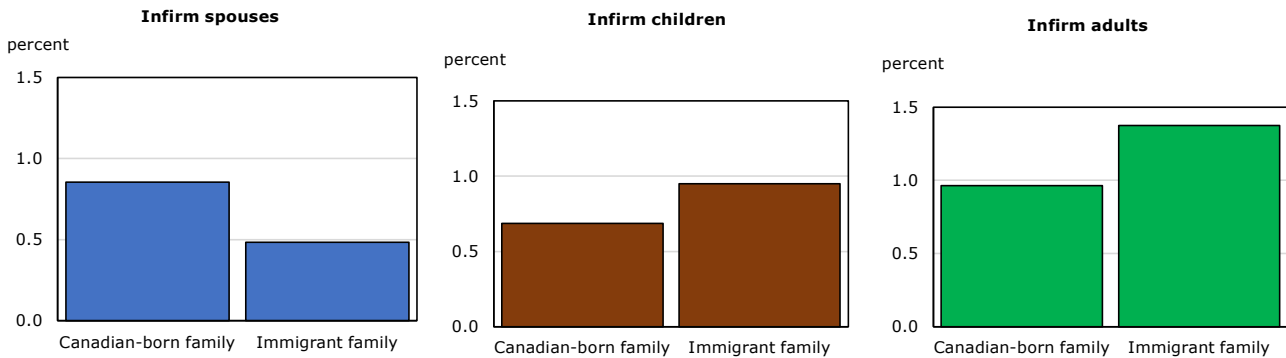
Family type



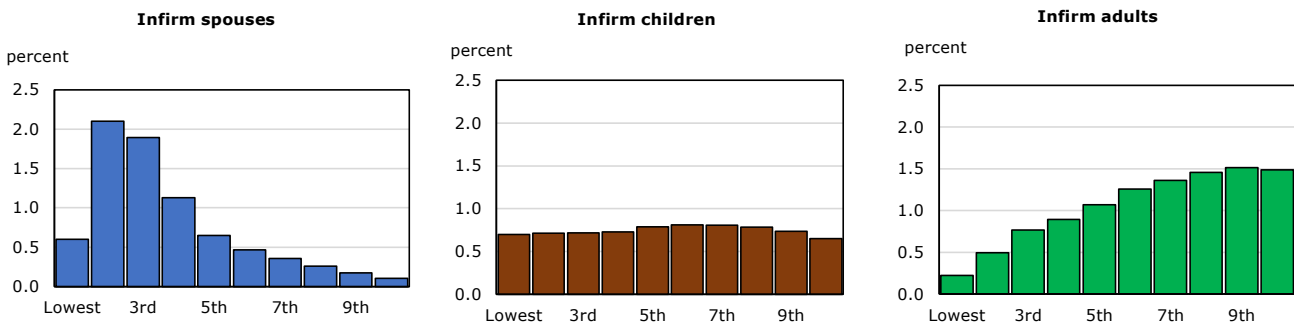
Age group (years)



Immigrant status



Total family income (before tax)



Source: Statistics Canada, T1 Family File, authors' calculations.

Table 2
Prevalence of Canada caregiver credit families, by family characteristics and family type

	Couple families			Single families		
	Infirm spouses	Infirm children	Infirm adults	Infirm spouses	Infirm children	Infirm adults
	percent					
Age group (in years)						
20 to 25	0.6	0.3	0.6	...	0.1	0.1
25 to 29	0.4	0.4	0.4	...	0.3	0.3
30 to 34	0.3	1.1	0.3	...	0.7	0.3
35 to 39	0.4	2.1	0.5	...	1.3	0.4
40 to 44	0.5	2.7	0.9	...	1.5	0.7
45 to 49	0.8	2.4	1.8	...	1.1	1.1
50 to 54	1.2	1.3	2.5	...	0.5	1.4
55 to 59	1.7	0.5	2.6	...	0.2	1.4
60 to 64	2.2	0.2	2.2	...	0.1	1.2
65 to 69	2.6	0.1	1.7	...	0.0	0.9
70 to 74	2.8	0.0	1.3	...	0.0	0.7
75 to 79	3.4	0.0	1.0	...	0.0	0.6
80 to 84	4.4	0.0	0.8	...	0.0	0.5
85 to 89	5.5	0.0	0.7	...	0.0	0.4
90 and older	6.9	0.0	0.5	...	0.0	0.2
Immigrant status						
Canadian-born family	1.8	1.0	1.3	...	0.4	0.7
Immigrant family	0.7	1.2	1.6	...	0.4	0.9
Total family income (before tax)						
Lowest decile	1.1	0.9	0.3	...	0.5	0.1
2nd decile	4.0	0.9	0.8	...	0.5	0.2
3rd decile	3.6	1.1	1.3	...	0.3	0.2
4th decile	2.1	1.2	1.4	...	0.3	0.3
5th decile	1.2	1.2	1.5	...	0.4	0.6
6th decile	0.9	1.2	1.6	...	0.4	0.9
7th decile	0.7	1.2	1.7	...	0.4	1.0
8th decile	0.5	1.1	1.7	...	0.4	1.1
9th decile	0.3	1.0	1.8	...	0.4	1.2
Highest decile	0.2	0.9	1.7	...	0.4	1.2

... not applicable

Source: Statistics Canada, T1 Family File and Longitudinal Immigration Database, authors' calculations.

The prevalence of the CCC for spouses was higher among Canadian-born (0.9%) than immigrant (0.5%) families (Chart 2). The difference was even larger when only couples (with or without children) were considered: the prevalence of the CCC for spouses was 1.8% for Canadian-born couples and 0.7% for immigrant couples (Table 2). In other words, the prevalence of the CCC for spouses was more than two times higher among Canadian-born couples than among immigrant couples. Canadian-born couples were older than immigrant couples, and the prevalence of the CCC for spouses is higher among older couples, so the large difference in the prevalence of the CCC for spouses between Canadian-born and immigrant couples likely reflects differences in the age composition between these groups.

Families in the lower family income deciles were more likely to claim the CCC for spouses than families in the higher family income deciles (Chart 2).¹³ A similar pattern is observed for couples in Table 2. One possible reason why the prevalence of the CCC for spouses is higher in the second than in the first decile is that the CCC is a non-refundable tax credit, so families in the first decile, whose annual taxable income is low, have little incentive to claim this credit since they have no or little income tax to pay.

CCC caregivers for infirm children: Overall, about 0.7% of all families claimed the CCC for infirm children (Table 1). The highest CCC prevalence was observed for couples (1.1%) and the lowest was observed for single men (0.1%) (Chart 2). Families with a reference person aged 30 to 54 years are more likely to have young children than families in other age groups. This partly explains why the prevalence of the CCC for infirm children was the highest in the 40-to-44 age group (2.3%) and close to zero for families with a reference person older than 65 years. The prevalence of the CCC for infirm children among couples with a reference person aged 40 to 44 years was 2.7%.

Immigrant families (1.0%) were more likely to claim the CCC for infirm children than Canadian-born families (0.7%). Little difference in the prevalence of the CCC for infirm children was observed across family income deciles, although the prevalence was slightly higher in the sixth and seventh family income deciles (0.8%) than in other deciles. As mentioned above, unlike eligibility criteria for other CCC types, the eligibility criteria for this CCC do not include any income requirements. This may explain the almost uniform distribution of the prevalence of the CCC for infirm children across family income deciles. However, CCC prevalence is somewhat higher among singles in the first and second family income deciles than among singles in other deciles (Table 2).

For further analysis, the prevalence of the CCC for infirm children was computed just for families with children younger than 18 years. Among families with children, the highest prevalence of the CCC for infirm children was observed for single women (3.5%), followed by couples (3.0%) and single men (2.2%). Table 3 shows the age distribution for each family type. For families with a reference person in their 30s, the prevalence of the CCC for infirm children was considerably higher for single adult families with children than for couples with children. Most notably, in contrast to the results for all families in Chart 2, Canadian-born families with children were more likely to claim the CCC for infirm children (3.3%) than immigrant families with children (2.6%). The difference between the immigrant status results in Chart 2 and Table 3 is related to the fact that immigrant families are more likely to have young children than Canadian-born families.¹⁴ Therefore, compared with immigrant families, a larger share of all Canadian-born families were not “at risk” of claiming the CCC for infirm children because they did not have children. The presence of families without children influenced the results in Chart 2 but not in Table 3. Although the prevalence of the CCC for infirm children generally declined across family income deciles from the second decile onward, the decline was steeper for couples with children (from 3.4% in the 5th decile to 2.3% in the 10th decile) than for singles with children (from 3.5% to 2.8%).

13. This result partially reflects the eligibility rules for this CCC type, which require that the income of the infirm spouse be below a low threshold. The income of both spouses is included in the total family income.

14. Of all the immigrant families in the sample, 35.8% had children younger than 18 years, compared with 19.8% of all Canadian-born families.

Table 3
Prevalence of Canada caregiver credit for infirm children among families with children, by family type

	Canada caregiver credit for infirm children, families with children		
	All families	Couple	Single adult
		families	families
	percent		
Reference person age group (in years)			
20 to 25	1.3	1.5	1.1
25 to 29	1.5	1.4	1.8
30 to 34	2.1	1.9	3.1
35 to 39	3.0	2.8	3.8
40 to 44	3.6	3.5	3.9
45 to 49	3.7	3.7	3.9
50 to 54	3.7	3.7	3.9
55 to 59	4.0	4.0	4.0
60 to 64	4.1	4.1	4.0
65 to 69	3.5	3.6	3.1
70 to 74	2.3	2.3	2.3
75 to 79	1.8	1.9	1.7
80 to 84	0.9	1.0	0.8
85 to 89	0.6	0.7	0.5
90 and older	0.0	0.0	0.0
Immigrant status			
Canadian-born family	3.3	3.3	3.5
Immigrant family	2.6	2.6	2.7
Total family income (before tax)			
Lowest decile	2.8	2.7	2.9
2nd decile	3.5	3.5	3.6
3rd decile	3.6	3.6	3.7
4th decile	3.6	3.6	3.7
5th decile	3.4	3.4	3.5
6th decile	3.3	3.2	3.4
7th decile	3.1	3.0	3.4
8th decile	2.9	2.7	3.4
9th decile	2.6	2.5	3.1
Highest decile	2.4	2.3	2.8

Source: Statistics Canada, T1 personal master file, T1 Family File and Longitudinal Immigration Database, authors' calculations.

CCC caregivers for infirm adults: As mentioned above, individuals can claim the CCC for co-resident infirm adult dependants or other infirm adult relatives. A higher percentage of families claimed the CCC for infirm adults than any other CCC type (1.1%) (Table 1). The prevalence of the CCC for infirm adults was higher among couples (1.4%) than among single men or single women. Although single men were least likely to claim the CCC for this category of dependants, the prevalence of the CCC among single men was nevertheless substantial (0.5%) when compared with single women (0.8%).

The age distribution of the prevalence of the CCC for infirm adults was roughly bell-shaped, with the highest prevalence (2.1%) observed in the 50-to-54 and 55-to-59 age groups (Chart 2). This is not surprising given that individuals in their 50s are likely to have parents in their 70s and 80s, the age when the demand for care is highest. The prevalence was considerably higher among couples in both age

groups than among singles. For example, it was 2.5% among couples with a reference person in the 50-to-54 age group but 1.4% among singles (Table 2). Couples have a higher probability of claiming the CCC for infirm adults partly because either of the two spouses can have infirm parents or other relatives.

The prevalence of the CCC for infirm adults was higher among immigrant filers (1.4%) than among Canadian-born filers (1.0%) (Chart 2). Immigrant couples and immigrant singles were more likely to claim this type of CCC than their Canadian-born counterparts (Table 2).¹⁵ As mentioned in Section 2, the “CCC for infirm adults” category in this study is a combination of two credits: the CCC for coresident infirm adults and the CCC for other infirm adults. The difference between immigrant and Canadian-born singles in the prevalence of the CCC for infirm adults primarily reflects the difference in the prevalence of the CCC for other infirm adults. While the prevalence of the CCC for co-resident infirm adults is about the same for immigrant and Canadian-born singles (0.3%), the prevalence of the CCC for other infirm adults is considerably higher for the former (0.6%) than for the latter (0.4%).¹⁶

Chart 2 shows that the prevalence of the CCC for infirm adults increases across family income deciles, reaching 1.5% in the top three deciles. Higher-income families may be in a better financial position to support infirm parents or other relatives than families whose income is lower. Similar patterns of rising prevalence across family income deciles were observed for couples and singles, although there are also notable differences (Table 2). Among couples, the prevalence of the CCC for infirm adults rises quickly across the deciles in the lower half of the family income distribution but is almost flat in the upper half. Among singles, the fastest increase is observed in the middle deciles.

Conclusions

The main objective of this study was to broaden the existing research on informal caregiving in Canada by using recent administrative data and focusing specifically on caregivers who provide regular care for low-income individuals with considerable physical and mental impairments and whose involvement in caregiving requires substantial effort and commitment. The study is primarily motivated by an often-expressed concern that this category of caregivers is likely to experience a considerable physical, financial and psychological strain associated with caregiving. The CCC in the current tax system is designed to partially alleviate the financial burden carried by these caregivers and to make it easier for individuals with physical and mental disabilities living at home to receive the support they need.

The study uses nationally representative tax data from the T1PMF and the T1FF from 2017 to 2019 to document the main socioeconomic characteristics of CCC families involved in three types of informal care: care for spouses or common-law partners, care for infirm children, and care for infirm adults. The main metric used in this analysis is the prevalence of the CCC among all Canadian families broken down by main socioeconomic dimensions available from tax data, such as family type, age and income. The tax data were linked to the IMDB to obtain the immigrant status of CCC families for further analysis. Part of the analysis focused on the geographic differences in the prevalence of the CCC.

The results indicate that about 2.5% of all families in Canada receive some type of CCC, with the highest prevalence observed for the CCC for infirm adults (1.1% of all families). There are substantial differences in the geographic distribution of CCC families across Canada. The prevalence of the CCC is generally higher in the Atlantic than in the Western provinces, although Quebec has the lowest prevalence of the

15. The income criterion for eligible infirm recipients of care may play a role in explaining this result. For example, compared with Canadian-born families, immigrant families may be more likely to have low-income elderly parents.

16. As mentioned above, those with a spouse or partner cannot claim the CCC for co-resident infirm adults, but the CCC for other infirm adults can be claimed for infirm adults residing in the same household as the caregiver.

CCC among all provinces (1.7%, compared with 3.0% in Ontario and 4.1% in Newfoundland and Labrador).

Older families were more likely to claim the CCC for spouses and common-law partners than families younger than 70 years, while families in their 40s were particularly likely to claim the CCC for infirm children. Canadian-born couples were considerably more likely to claim the CCC for spouses than immigrant couples. By contrast, immigrant families were generally more likely to claim the CCC for infirm adults. Family income was only weakly associated with claiming the CCC for infirm children when all families were considered, but the correlation was stronger for families with children: high-income families with children were less likely to claim the CCC for infirm children than those in the middle deciles. The prevalence of the CCC for spouses also generally declined across family income deciles. By contrast, a higher family income meant a higher prevalence of the CCC for infirm adults.

The study complements previous studies on caregiving in Canada, which used survey data to identify caregivers and examine their characteristics. While survey data are particularly suitable for understanding the nature and extent of caregiving activities and their impact on caregivers, administrative data are valued by researchers for their accuracy, objectivity and size. However, tax data also have limitations and drawbacks. For example, tax data reveal little about the nature of the care provided by CCC families, the time spent on caregiving or the impairment of those receiving care. Future research on caregiving in Canada will likely benefit from efforts to link relevant survey and administrative data into a single database that will combine the strengths of both data sources.

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