Petro-Canada CareMakers Foundation™

Discussion Paper 25

Exploring the Potential of Volunteerism to Support Family Caregivers

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Do/able Consulting was engaged to support the research process, conduct the analysis, and author this report. The work was led by Kris Cummings, with primary analysis and authorship by Alexandra Whate, and support from Amanda Melnick.

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This report reflects a collective process of dialogue, learning, and synthesis; the insights and reflections are shaped by the contributions of all who participated.

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About the Author

Do/able is a consulting firm that works with organizations to address complex challenges that do not have simple or technical solutions. We specialize in strategy, research, and facilitation, supporting organizations and networks to make sense of complexity, engage meaningfully with diverse interest-holders, and move from insight to action. Our work is grounded in practical experience and informed by evidence, dialogue, and collaboration. We are often engaged where issues cut across systems, sectors, and perspectives, and where progress depends on building shared understanding and workable paths forward.

For this project, Do/able was engaged to author this report. The work was led by Kris Cummings, **with primary analysis and authorship by Alexandra Whate**, and support from Amanda Melnick. The report reflects Do/able's approach to combining evidence review, facilitated engagement, and synthesis of insights from family caregivers, volunteers, service providers, and sector leaders across Canada.

About This Report

This report is part of an initiative by the **Petro-Canada CareMakers Foundation** to elevate the voices of family caregivers and explore practical solutions to better support them. Over the past several years, the Foundation has convened national roundtables to surface insights and drive dialogue on the caregiving experience in Canada. This is the fourth such report in a series that aims to spotlight pressing issues and highlight opportunities for action.

For this year's report, the Petro-Canada CareMakers Foundation partnered with **Volunteer Canada** to examine a timely and underexplored question: How might volunteerism support family caregivers? To explore this question, the Foundation and Volunteer Canada co-hosted a series of four roundtable discussions (three in English and one in French) that brought together caregivers, volunteers, service providers and sector leaders from across Canada, including participants from rural, urban, Indigenous, and racialized communities. These sessions were complemented by evidence gathering to ensure that a diversity of perspectives informed the findings.

What emerged is a rich and practical exploration of how both formal and informal volunteerism can ease caregiver burden, build community capacity, and strengthen the social infrastructure around caregiving. This report synthesizes the key themes and insights from those engagements and proposes pathways forward to more meaningfully integrate volunteerism into the circle of care.

Who We Mean When We Say "Caregiver"

In this report, the term *caregiver* refers to someone who provides support to a person living with a long-term health condition, disability, or age-related need[1]. This may include a relative, partner, adult child, friend, neighbour, or chosen family member. While often called *family caregivers*, in this report, we use the broader term *caregiver* to reflect the diversity of caregiving relationships, many of which extend beyond biological or legal family ties.

This definition is distinct from paid care providers such as personal support workers or home care aides, and it does not include parenting in typical circumstances. However, it does include parents or guardians caring for children with disabilities or complex health needs.

A caregiver's role is typically ongoing and deeply connected to the daily life of the person receiving care. The type and intensity of support caregivers provide can shift over time and often span a broad range of physical, emotional, social, and practical responsibilities including assisting with daily activities like bathing, dressing, and eating, to offering companionship, administering medications, coordinating medical appointments, and helping access resources.

Executive Summary

Across Canada, over eight million people are caregivers, providing vital support to loved ones living with chronic illness, disability, or aging-related challenges. As demographics shift and health system strains deepen, caregivers face rising pressures with little recognition or support. Volunteerism offers a powerful, yet underutilized, pathway to help ease the growing demands placed on caregivers

This report explores the potential of both formal and informal volunteerism to enhance supports for caregivers. Drawing on a series of national roundtables with caregivers, volunteers, service providers, and sector leaders, that asked the question **'How might volunteerism support family caregivers?'**, this report examines how volunteer-driven models can address gaps in caregiver support, reduce social isolation, and build more resilient communities.

Throughout the roundtables, participants emphasized the urgent need for both practical and emotional support for caregivers, particularly those in rural, Indigenous, and racialized communities, where systemic barriers compound caregiver strain. Volunteers were identified as vital contributors to alleviate daily caregiver needs by performing practical tasks, acting as peer support, providing health system navigation, and supporting digital literacy. They also play an important role in advocacy efforts and in fostering culturally grounded, community-led models of care.

The findings of the roundtables underscore that successful volunteer engagement must be flexible, relational, and responsive to local and cultural contexts. Informal supports, such as neighbourly acts of care, mutual aid networks, and Indigenous helping traditions, are often more accessible and trusted than formal programs. At the same time, structured initiatives like friendly visitor programs, Meals on Wheels, and volunteer navigator roles provide scalable models that improve caregiver wellbeing and reduce health system costs.

To realize the full potential of volunteerism, this report calls for investment in volunteer infrastructure, including training, coordination, and digital platforms. It also recommends co-designing programs with caregivers, clarifying the boundaries between paid and volunteer roles, and building cross-sector partnerships across healthcare, civil society, education, and government. A national framework is needed to embed volunteerism within Canada's broader care strategy.

Ultimately, this report demonstrates that volunteerism is not a substitute for systemic change, but a vital complement. When thoughtfully mobilized, volunteers can help restore the social fabric of care, alleviate caregiver stress, and create a more inclusive and compassionate support system for families across Canada.

1. Introduction

Background

In every community across Canada, caregivers are stepping up, quietly and consistently, providing essential support to family members, friends, and others in need of care[1]. As our population ages and health systems face growing strain, caregivers are becoming the backbone of care, often without recognition, adequate resources, or respite[2, 3, 4].

According to recent national data, more than 8 million people (1 in 4 Canadians) are caregivers, and a growing number of those caregivers are experiencing significant consequences to their own physical and mental health, and their social and financial wellbeing[5, 6]. On average, caregivers provide 5.1 hours of care each day[2], and the economic value of this care is estimated to be at least $97.1 billion annually, underscoring its critical contribution to the Canadian economy[7].

The need for enhanced caregiver support is urgent and growing[8]. As the number of Canadians requiring care rises and the availability of community supports shrinks, the pressures on individuals and families will only intensify. Many caregivers struggle to access information, services, and financial supports, and a significant proportion report difficulty navigating complex health and social systems[9].

Volunteerism offers a powerful, yet underutilized, avenue to enhance caregiver support. Volunteers can provide practical assistance, emotional connection, and help with system navigation. By mobilizing community volunteers through both formal programs and informal networks, there is opportunity to strengthen the "circle of care" around families, reduce social isolation, and help caregivers sustain their vital roles[10]. The potential for volunteerism to bridge service gaps, foster inclusion, and promote community resilience is especially relevant in the current context of health system strain and demographic change.

In response to the growing recognition of the important role volunteers play in supporting family caregivers across Canada, this report draws on extensive consultations focused on volunteerism in the caregiving landscape. Through a series of four collaborative roundtable discussions (three in English and one in French) and other evidence-gathering activities, a diverse group of participants, that included caregivers, volunteers, service providers, and sector leaders came together to discuss the unique contributions, challenges, and opportunities associated with volunteer involvement in caregiver support. They came together to answer the question: **How might volunteerism support family caregivers?**

This report synthesizes the key themes and insights that emerged from these engagements, highlighting the perspectives and experiences of those directly involved in volunteer-driven caregiver support. By highlighting the perspectives of both caregivers and volunteers, this report examines how volunteer efforts can strengthen care networks, address gaps in support, and build more inclusive and resilient systems for families across the country.

Key Terms and Definitions

Language shapes how we understand, value, and engage with volunteering. The terms we use can influence who feels welcome, how support is offered or accepted, and whether contributions are recognized. In this section, we offer key definitions and reflections on the diverse ways people understand and experience volunteerism, particularly within the context of caregiving.

Formal volunteering refers to structured programs delivered through organizations or institutions. It involves volunteers engaging in specific tasks and typically requires processes like applications, background checks, and adherence to established schedules. Examples of formal volunteering in the context of helping caregivers include volunteer navigation programs (like Nav-CARE), friendly visiting programs, Meals on Wheels, structured volunteer respite services, peer support programs, and volunteer-run self-help groups. These types of formal programs aim to enhance trust and offer peace of mind to caregivers through structured training and screening for volunteers. However, they require significant investment in "infrastructure" such as funding, training, coordination, retention efforts, and risk management[11].

Informal Volunteering encompasses acts of relational or neighborly care provided directly within communities, outside of formal organizational structures. People engaging in informal volunteering often do not self-identify as "volunteers" but act from a place of relational care and community responsibility[12]. Examples include simple gestures like check-ins, meal drop-offs, emotional support, yard work, grocery delivery, and companionship. Informal models are often more responsive and readily accepted by caregivers because they are built on existing relationships and trust. They are effective due to low-barrier entry points and opportunities for immediate and sporadic contribution.

Volunteer Networks are community-based, institutional, or hybrid structures that mobilize and coordinate volunteers to provide support. Commonly, these are groups of volunteers mobilized within communities, workplaces, faith-based institutions, and other settings to provide assistance.

Community-based networks leverage existing social ties and grassroots efforts. Examples include the "Compassionate Communities" approach[13] which mobilizes volunteers to strengthen social support networks around families; "Village" networks that organize neighbour-to-neighbour support for older adults[14]; and "Caremongering" mutual aid networks that emerged spontaneously during the COVID-19 pandemic[15]. Social service clubs (e.g., Lions Clubs) can also be partners in creating awareness and initiating caregiver support programs. Effective informal models thrive on trust, community connection, and relational care.

Institutional networks integrate volunteers within established organizations. Examples of institutional networks include volunteer navigator programs embedded in health or palliative care organizations; corporate employee volunteering programs; youth and student initiatives, often partnered with schools or universities; and faith-based community support networks, which often serve as natural hubs for caregiver support leveraging trust and community spirit.

Hybrid structures combine elements of both formal and informal approaches. This approach retains the unique strengths of volunteerism (flexibility, empathy, community trust) while benefiting from supportive infrastructure.

Expanding Definitions: Embracing Informal, Neighbourly, and Relational Acts of Care:

Roundtable participants identified the need to broaden the language and definitions of volunteerism to include informal, neighbourly, and relational acts of care.

"Mutual aid" and "being a good neighbour": These terms describe spontaneous or organized neighbour-to-neighbour assistance, common in many communities.

"Seva" (selfless service): This term was introduced as an example of culturally embedded volunteerism, particularly in faith-based and multicultural models.

"Tikkun olam" (repairing the world): This concept reinforces that care is often woven into a person's identity rather than formalized roles.

"Giving back": This concept is rooted in cultural strengths where it describes freely giving time to benefit others and contributes to community wellness.

"Looking After Our Own" Ethic: This highlights a strong cultural ethos in Indigenous communities of caring for family and community members as a default, rather than a formal volunteer activity.

2. Caregiver Needs and Challenges

Caregiving Facts and Figures[2]

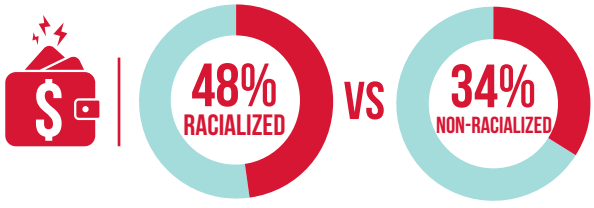
1 in 4 caregivers report poor mental health. Many feel tired (47%), anxious (44%), or overwhelmed (37%).

Caregivers provide an average of 5.1 hours of care daily—more than 30 hours a week, like working a second full-time job.

Nearly 1 in 5 caregivers is 65+, and they're the **least likely to access support** like respite care or home modifications.

Half of caregivers face financial stress. 1 in 5 spends **$1,000+ a month** on caregiving expenses. 22% provide **direct financial support** to the person they care for.

Racialized, Indigenous, and LGBTQ2S+ caregivers face **greater financial and access barriers.** Example: **48%** of racialized caregivers report financial hardship, compared to 34% of non-racialized caregivers.



Describing and understanding the needs and challenges faced by caregivers was an important first step for participants in establishing the potential role for volunteers in this space. In this section, we have synthesized the findings from the roundtable discussion as well as the growing body of literature around the state of caregiving in Canada.

Caregiver Health and Well-being

Roundtable participants recognized that caregivers commonly face heavy emotional and physical burdens throughout their journey. Despite the rewards of caregiving, the role often comes with significant personal costs. One in four caregivers report only fair or poor mental health, and nearly half experience fatigue, anxiety, or feelings of being overwhelmed as a result of their responsibilities[2]. The intensity and duration of caregiving are closely linked to negative impacts on well-being, with those providing more hours of care reporting higher rates of physical and mental health challenges[16]. Many caregivers report pervasive exhaustion, including physical fatigue and emotional burnout, and a significant proportion of caregivers report feeling highly stressed, overwhelmed, or depressed by their role[1, 17]. Over time, the caregiving role increasingly impacts caregivers' health and relationships, with nearly 30% reporting their own health deteriorating due to caregiving, and 24% feeling lonely or isolated[18]. Studies confirm that caregivers of people at end of life or in palliative care frequently report significant physical, psycho-social, emotional, and financial strains[19]. The emotional toll of being "always on" is a top stressor, leading to increased burnout and declining mental health especially for those whose care recipient requires significant levels of care[2].

In addition, social isolation is a frequently cited challenge for family caregivers. Caregivers frequently experience social isolation, with studies showing that both spousal and adult-child caregivers report increased isolation over time, particularly as caregiving hours increase[20]. This isolation is linked to reduced social contact, withdrawal from social activities, and heightened feelings of loneliness, which can negatively impact caregivers' mental health and well-being[21].

Cultural and Geographic Disparities

Participants noted that caregiving challenges are not uniform and are often shaped by cultural, social and geographic contexts.

Indigenous Communities

In Indigenous communities, care is deeply embedded as a natural family and community responsibility, rooted in cultural strengths, traditions, and helping practices. Many First Nations cultures emphasize trust-based networks, where relationships of kinship, reciprocity, and communal support are central; everyone is connected and responsible for one another across generations. Indigenous caregiving is guided by holistic values that view wellbeing through physical, mental, cultural, and spiritual lenses rather than limiting care to clinical or transactional support[22]. Communities often uplift each other and prioritize relational care, fostering environments where humor, humility, and collective wisdom are recognized as healing. These traditions parallel key principles seen in volunteer-based caregiver support, such as fostering trustworthy relationships, leveraging social capital, and meeting individuals' needs through collaborative, flexible support networks.

Unfortunately, these strengths can be strained by fragmented and siloed health and social services, the lingering effects of colonial policy, and systemic discrimination[22]. Despite challenges like poverty, geographic isolation, limited transportation, and barriers navigating external systems, Indigenous caregivers continue to draw on communal resilience and structured networks of informal support[23]. Elements of these practices, such as prioritizing relationality, enhancing social trust, and integrating holistic approaches, could critically inform the design of volunteer caregiver models outside Indigenous settings. By building on these Indigenous principles, non-Indigenous volunteer programs may become more culturally safe, relationally focused, and responsive to both caregivers' and care receivers' full spectrum of needs.

BIPOC Communities

Caregivers who are Black, Indigenous, or People of Colour (BIPOC) in Canada face disproportionately greater challenges compared to their non-BIPOC counterparts[24]. A majority (68%) report increased difficulty accessing essential support services, navigating the healthcare system, and balancing work and caregiving responsibilities[25]. Financial hardship is more prevalent among BIPOC caregivers, with nearly half experiencing economic strain due to caregiving, compared to 34% of caregivers who do not identify as BIPOC[2]. Experiences of discrimination are also significant, with 39% of BIPOC caregivers reporting that they or their loved ones have faced discrimination from healthcare professionals[25]. These intersecting barriers contribute to higher levels of stress, isolation, and negative impacts on health and wellbeing among BIPOC caregivers in Canada.

Rural Communities

Rural caregivers face significant hardships, including limited access to healthcare and social services, long travel distances, and a lack of awareness within the healthcare system, which can lead to increased isolation and emotional distress[5, 26]. These barriers are compounded by financial vulnerabilities and underdeveloped infrastructure, making it more difficult for rural caregivers to obtain needed support and respite[27]. As a result, rural family caregivers are particularly vulnerable to anxiety, social loneliness, and adverse emotional health outcomes[26].

Financial Challenges

Financial strain was identified by participants as a prevalent challenge for caregivers. Employed caregivers, especially women in the "sandwich generation,"(i.e. those caring for both their own children and their aging parents) frequently reduce work hours or leave jobs due to caregiving duties[17]. Compared to non-caregivers, they incur higher out-of-pocket costs for expenses such as home modifications, professional services, and medications[28, 29]. Additionally, caregivers are more likely to engage in financial strategies such as borrowing money, taking out loans, using personal savings, and selling assets, which can place them at a financial disadvantage[29].

3. How Volunteerism Can Help Caregivers

Roundtable participants discussed the many ways in which volunteers have the potential to offer multifaceted support to family caregivers, addressing both their immediate practical needs and broader systemic challenges. Participants noted that by providing direct assistance, facilitating navigation and advocacy, and strengthening community connections, volunteers can significantly alleviate caregiver burdens and foster a more robust "circle of care".

Direct Support

Volunteers can provide essential hands-on assistance and vital emotional connections, directly impacting caregivers' daily lives and well-being. Participants identified a wide variety of ways in which volunteers might be able to support caregivers in their role.

Day-to-day tasks:
Volunteers can offer practical supports like grocery pickup, lawn care, and snow shoveling, which are highlighted as top caregiver needs. They can also assist with rides to appointments, help with daily chores, light housework, tidying up, running errands, and even home repairs or modifications. Participants identified that these contributions alleviate some of the demands on caregivers, who may otherwise not have enough time to do these things while also providing care.

Emotional and social connection:
One of the most important roles identified by participants for volunteerism is in building social connection to reduce caregiver isolation. Volunteers can offer a listening ear, companionship, and friendly visiting to caregivers. In addition, peer support from volunteers with lived caregiving experience was identified by participants as a particularly meaningful way in which volunteers might support caregivers. The literature supports these findings, demonstrating that peer support from other caregivers reduces feelings of isolation, provides emotional comfort, and helps caregivers develop practical coping strategies[30, 31]. These connections improve psychological well-being and empower caregivers to better manage their responsibilities[32]. These peers provide emotional encouragement, reassurance, coping tips, and validate challenges, helping caregivers feel less alone and more confident.

Navigation Support

Volunteers can empower caregivers by guiding them through complex health and social service systems and by facilitating digital literacy and access to online resources.

Health and Social Service Navigation:
Participants identified the benefits of volunteer navigators who are specially trained to assist caregivers in finding and accessing services. They can help coordinate care or referrals, share information and knowledge, and even assist with decision-making support. This is crucial as caregivers often struggle with navigating complex systems like healthcare and social services bureaucracy[33]. Volunteer coordination can reduce fragmentation by linking caregivers to informal supports more quickly than formal systems.

Digital support:
Volunteers can help bridge the digital literacy gap for caregivers, particularly older adults, by providing access to technology and hands-on support in using it. This support might include setting up and troubleshooting devices, helping caregivers access virtual healthcare appointments, or guiding them through online platforms for scheduling services, applying for benefits, or joining caregiver support groups. By demystifying technology and providing this very practical assistance, volunteers not only improve caregivers' ability to navigate complex systems but also reduce isolation and empower them to engage more confidently with digital tools and online communities[34].

Advocacy

Beyond direct support, participants identified that volunteers may be able to contribute to policy reform and systemic change. The value of caregiving can be reframed as economic infrastructure, elevating it to a matter of social investment rather than private obligation. Caregivers affected by poverty may seek volunteers to advocate for better wages, employment standards, housing, and other policy-level efforts to reduce burdens. Employee Resource Groups for caregivers, though employee-led, were identified as a potential advocate for caregiver-friendly workplace policies and influence broader corporate policies like leave arrangement. Participants suggested that a national working group could define how volunteerism can systematically support caregivers and map existing models to develop a practical roadmap for integration across jurisdictions. Volunteers with policy and advocacy backgrounds could use their skills to help caregivers who do not have the time or energy to do this work on their own.

Building a Circle of Care

The concept of supportive networks often described as "circles of care" emerged as a central theme throughout the roundtable discussions. Rather than focusing solely on direct formal services, this approach highlights the importance of building sustainable, community-based systems that surround caregivers with practical, emotional, and social support. By emphasizing collective responsibility and the integration of both formal and informal acts of care, these "circles of care" offer a holistic and culturally responsive way of reducing caregiver isolation and fostering resilience within communities.

Volunteers are seen as connectors and stabilizers in caregivers' networks. Participants recognized the need for volunteers in this context to build community reciprocity and rebuild informal social networks that have been lost over time. Volunteers provide, as one participant put it, a "surrogate social safety net" by building trusting relationships and fostering social cohesion. Programs like the Village model were explored by participants to exemplify how neighbors helping neighbors can reduce social isolation and increase access to services for older adults, thereby lightening the load on caregivers. Trust, community, and connection are highlighted as core to successful informal models of volunteering[35].

The Benefits to Volunteers

While volunteerism was originally examined as a way to support overburdened caregivers, it became clear through roundtable discussions that volunteering in this way also offers meaningful benefits to the volunteers themselves. Many participants noted that engaging in both formal and informal volunteer roles can be a potential pathway to employment and skill development. Volunteers often gain experience in communication, advocacy, health navigation, and cultural competency, which are highly transferable to roles in healthcare, social services, and community work. Structured programs that include training and mentorship may especially enhance employability, especially for youth, newcomers, and individuals re-entering the workforce. Volunteers frequently report increased purpose, emotional wellbeing, and reciprocal relationships with the people they support. For many, caregiving-related volunteerism is seen as a contribution to others but is also a personally enriching experience that combats loneliness and deepens ties within the community. By designing volunteer roles that are inclusive, flexible, and skill-building, caregiver-focused initiatives can simultaneously address community needs and support the growth, wellbeing, and aspirations of those who give their time.

4. Learning from Community Models

Community-based programs that utilize volunteers offer valuable insights into supporting caregivers, encompassing both informal peer networks and mutual aid approaches and more formal volunteering approaches. These diverse models highlight effective strategies for alleviating caregiver burden and fostering resilient communities.

Informal Peer Networks and Mutual Aid Approaches

Informal volunteering, as described above, involves neighbourly acts like check-ins, meal drop-offs, emotional support, and yard work. Most individuals engaging in this type of support may not self-identify as "volunteers" but rather act from a place of relational care. The success of these models hinges on trust, community connection, and relationship-building.

Some examples of this type of volunteering include:

"Caremongering" Mutual Aid Networks (Urban, Canada): This grassroots, social-media-driven movement during COVID-19 quickly mobilized volunteers across Canada to deliver groceries, medicines, and social support to neighbours. Its success stemmed from ease of participation, inclusive outreach, and adaptability, demonstrating how digital platforms can fuel community-led solutions on a massive scale[15].

"Village" Networks for Neighbour-to-Neighbour Support: Originating in the U.S., these member-based organizations provide volunteer services like rides, home tasks, tech assistance, and social activities, significantly reducing social isolation and increasing access to services for older adults, thereby lightening the load on caregivers[14]. Their sustainability comes from being a mutual support cooperative where seniors help seniors, fostering a sense of ownership.

Throughout the roundtables, there was ongoing discussion about whether neighbourliness and mutual aid should be explicitly included in the concept of volunteerism. Some suggest broadening language to include informal acts of care, with terms like "gift-giver" or "volunt-hero" proposed to better resonate with diverse populations, especially youth.

Formal Volunteering Approaches

Formal volunteering programs typically involve structured roles, clear expectations, and organizational oversight. These programs require investment in training, coordination, and retention efforts, however, as one roundtable participant put it: "volunteering isn't free". Formal volunteering approaches tend to require substantial investment in infrastructure, training, coordination, and retention efforts to be sustainable.

Another key challenge identified by participants in formal settings is clarifying the tension between paid and unpaid roles. Roundtable participants stressed the importance of clearly defining appropriate tasks for volunteers versus paid workers to ensure fairness and equity.

Examples of Effective Models

Throughout the roundtable discussions, many examples of current models were examined to determine best practices. While this is by no means an exhaustive list, the following programs were identified as demonstrations of when volunteerism was effective at supporting caregiving:

Friendly Visitor Programs: These programs pair volunteers with socially isolated older adults for regular one-to-one visits, aiming to offer companionship and reduce loneliness. They are considered a cost-effective intervention, and their success depends on thoughtful matching and meaningful volunteer-client relationships[36].

Meals on Wheels (Volunteer Meal Delivery): This widespread program delivers meals to seniors, with volunteers also providing a friendly check-in and reducing clients' social isolation. It has a strong evidence base for improving health, independence, nutrition, and mental well-being, while also generating cost savings for health systems. Volunteers often extend their roles to informal wellness checks, finding that the social element as vital as the food delivery. As is the case with many volunteer opportunities, volunteer drivers in this program feel that they also derive validation and personal benefit through their service[37].

Faith-based initiatives (e.g., CareShare Co-op): Houses of worship often serve as natural hubs for caregiver support, leveraging existing trust and community spirit. The CareShare Co-op is highlighted as a multicultural, faith-based model that addresses caregiver respite through community-led volunteering rooted in values like seva (selfless service)[38]. Volunteers in these settings are often motivated by spiritual ideals and altruism, providing companionship, practical help (like transportation or meals), peer support, and even spiritual care and navigation assistance.

Indigenous models where care is a natural community responsibility: In many Indigenous cultures, "freely giving time to benefit others" is a common practice, deeply woven into the fabric of community life through traditions of reciprocity and collective responsibility[39]. This informal "looking after our own" ethos is sustained by deep social values and intergenerational reciprocity, rather than formal volunteer roles[40]. Caregiving is seen as a natural community responsibility, not merely "volunteering" in the Western sense.

Best Practices

Trust-building and Relational Care: The importance of trust and relationship was consistently emphasized as core to successful informal models, and as being crucial for caregiver comfort and volunteer retention. Volunteers who invest time in building relationships and understanding the unique circumstances of each caregiver are better equipped to provide responsive and personalized support. This relational approach ensures that caregivers' preferences and needs are heard and respected, ultimately enhancing the quality of care and support delivered.

Low-Barrier Participation: Participants consistently highlighted the critical importance of low-barrier participation primarily for volunteers, recognizing that complex processes and formal hurdles, such as requiring updated criminal record checks or lengthy application processes, can hinder engagement. Offering flexible, well-defined, and low-barrier opportunities is among the top strategies that many charities are adapting to recruit volunteers[41]. One key way to achieve low-barrier participation is through micro-volunteering opportunities. Micro-volunteering roles are flexible, low-commitment opportunities, such as short-term projects or assisting with daily tasks like grocery runs, errands, or friendly check-ins, that make volunteering more approachable and scalable. In addition, just-in-time onboarding, whereby the intake process is simplified, allowing volunteers to provide immediate contribution, may also reduce barriers for both volunteers and for the caregivers accessing volunteer-led services. Flexible delivery methods, including telephone befriending or hybrid virtual and in-person programs, are also seen as ways to increase accessibility and participation, especially for those in remote areas or with digital literacy gaps[42].

Volunteer Training to Reduce Risk and Improve Caregiver Trust: Thorough training is critical for volunteers to understand caregivers' needs, maintain boundaries, and address specific challenges like dementia or complex medical needs[43, 44]. This training helps volunteers feel prepared and confident, improving their ability to handle emotional challenges and provide effective support.

Supporting Community Building: Building community connections and social support networks was repeatedly highlighted by participants as a vital role for volunteerism in reducing caregiver isolation. Strategies include leveraging existing community assets like Meals on Wheels or physio clinics to foster connections where trust is already established, and developing "enablers", which are local grassroots organizers and volunteer managers who build trust and create opportunities for community engagement[45]. The goal is to cultivate a sustained culture of care by normalizing neighbourly help and recognizing the value of informal contributions, through community development activities.

5. Volunteer Engagement Considerations & Challenges

Engaging volunteers effectively to support family caregivers presents a range of opportunities, but also several systemic and practical challenges. Participants identified areas to consider from the initial onboarding process to the long-term sustainability of volunteer programs and the broader societal perception of care and volunteerism.

1. **Overly Bureaucratic Onboarding:** A significant barrier to volunteer participation is long intake processes, complex online applications, and other bureaucratic 'red tape'[46]. Simplification, through "just-in-time onboarding" and low-barrier entry points, is identified as a feature that makes informal models work well. Recruiting a new pool of volunteers cannot be achieved solely through advertisements; it requires being in community working with groups where they are at. Organizations also face challenges related to criminal record checks, online applications, and general risk-aversion.

2. **Clarifying Volunteer and Paid Role Boundaries:** A recurring concern is the tension between volunteer and paid caregiving roles, particularly for tasks like personal care or household cleaning. There is a strong suggestion to develop a guide to clarify what tasks are appropriate for volunteers versus paid workers to ensure fairness and prevent exploitation. Some participants cautioned that volunteers may inadvertently prop up systems that fail caregivers by filling gaps without systemic change or risk becoming unpaid labour substitutes when roles are overly bureaucratic. Caregivers affected by poverty, in particular, may want volunteers to advocate for better wages, employment standards, and housing rather than simply filling service gaps.

3. **Cultural Mismatch in Recruitment Language:** The very term "volunteering" may not resonate with everyone, particularly youth who associate it with mandatory school hours, or with individuals from collectivist cultures where care is seen as a natural community responsibility. In many Indigenous communities, "freely giving time to benefit others" is common but not captured by Western definitions of volunteering. Newcomer and racialized communities may also face language, trust, and cultural barriers in accessing volunteer supports.

4. **Lack of Centralized Volunteer Systems:** Caregivers often struggle with a lack of knowledge about available resources and difficulties navigating complex health and social service systems. There is an absence of centralized volunteer resources or databases, or awareness of those that do exist, making it challenging to connect caregivers with available support. This fragmentation means that healthcare professionals, who are often the first point of contact for caregivers, may not even be aware of the volunteer services available.

5. **Infrastructure Gaps (Training, Funding, Technology):** A major challenge in building sustainable and impactful volunteer programs to support caregivers lies in ensuring adequate training, securing consistent funding, and addressing technological barriers for both volunteers and caregivers.

    - **Training:** Training helps volunteers understand boundaries, handle emotional challenges, and provide effective support, thereby building trust with caregivers.
    - **Funding:** Managing volunteer programs requires significant investment in training, coordination, and retention efforts. Challenges include sporadic funding for existing programs and insufficient resources for coordinators and risk management. There is a recognized need to fully fund volunteer infrastructure at a systemic level.
    - **Technology:** Digital literacy barriers can affect both older caregivers and potential volunteers. However, technology also presents an opportunity for hybrid support models and online access to volunteer opportunities.

6. **Risk-Averse Systems:** Organizational risk-aversion can lead to stringent screening processes for volunteers, which can become barriers to volunteer participation. Additionally, concerns arise regarding the physical safety of volunteers entering unfamiliar and unregulated environments, such as the homes of caregivers and care recipients.

7. **Barriers to Volunteering: Understanding the barriers to volunteering is essential for developing effective strategies to recruit, retain, and support volunteers, particularly in diverse and underserved communities.**

    - **Technology:** As mentioned, digital literacy can be a barrier for older potential volunteers who may not be able to register or find information.
    - **Access to Volunteering Communities:** Recruiting new volunteers requires proactive community engagement rather than just advertisements. Many potential volunteers, especially older adults, are themselves caregivers or face age-related constraints, making inflexible or high-commitment roles deterrents.
    - **Lack of Supports for Volunteer Managers:** The average volunteer manager supervises significantly more volunteers than the average staff member supervises employees, highlighting a lack of sufficient support and resourcing for these "enablers" or grassroots organizers who are crucial for building trust and creating opportunities.
    - **Rural Considerations:** Participants recognized the challenges in sustaining rural volunteerism, including low population density, which places a heavy burden on a small volunteer pool, leading to worries of burnout. Flexibility, creative recruitment, and retention strategies are crucial in these contexts.

6. Recommendations:

To effectively harness the potential of volunteerism in supporting caregivers, a multi-faceted approach addressing systemic, practical, and cultural considerations is recommended by roundtable participants. These recommendations aim to bridge existing gaps, strengthen community support, and ensure ethical and sustainable volunteer engagement.

1. **Invest in volunteer infrastructure (training, support, databases, tech platforms)**

    - **Secure consistent and sufficient funding for volunteer infrastructure**, recognizing that "volunteering isn't free" and requires significant investment in training, coordination, retention efforts, and risk management.
    - **Provide comprehensive and continuous training for volunteers**, especially for complex care needs like dementia, to ensure they understand boundaries, handle emotional challenges, and provide effective, trusting support. Training should include communication skills, confidentiality, and crisis escalation protocols.
    - **Support volunteer managers and grassroots organizers and community developers** who are crucial for building trust, coordinating efforts, and creating opportunities, as they supervise a disproportionately high number of volunteers compared to staff.
    - **Leverage technology for coordination and accessibility**, such as online platforms for matching volunteers with families or offering hybrid (virtual and in-person) support models, while also addressing digital literacy barriers for older caregivers and volunteers.
    - **Build trust and relational care** as core ingredients for successful informal and grassroots volunteer models, ensuring careful screening and matching of volunteers with families.

2. **Develop flexible, community-informed volunteer roles for caregiver support**

    - **Focus on low-barrier entry and "just-in-time onboarding"** to make volunteering more accessible, as informal models demonstrate effectiveness when entry points are simplified and flexible.
    - **Offer flexible, low-commitment opportunities**, such as micro-volunteering or short-term projects, to attract a broader range of volunteers, including busy individuals and older adults who may face caregiving responsibilities or age-related constraints.
    - **Clarify the distinction between volunteer and paid roles** to ensure fairness and prevent volunteers from inadvertently becoming "unpaid labour substitutes". A guide could be developed to specify appropriate volunteer tasks.
    - **Prioritize practical support alongside emotional and social connections**, recognizing that caregivers often need help with activities of daily living, like grocery shopping, yard work, or housework. Creative approaches, such as "dog walking for seniors", could bridge the gap between volunteer interests and practical needs.
    - **Co-design volunteer roles with caregivers**, ensuring that services are caregiver-centred, flexible, and responsive to their direct needs, rather than assuming solutions.
    - **Build on existing informal helping traditions and cultural values**, especially in Indigenous, BIPOC, and rural communities, where "freely giving time to benefit others" is common but may not be recognized by Western definitions of volunteering. Recognize mutual aid and neighbor-to-neighbor support as legitimate forms of civic contribution. Culturally tailored programs, such as those leveraging values of filial piety and community service in immigrant communities, have proven effective[47].

3. **Embed volunteerism into health and social care ecosystems**

    - **Integrate volunteers as part of care teams or community programs at a system level**, such as through volunteer navigator roles, to bolster caregiver support and fill gaps that formal services cannot reach.
    - **Increase awareness among healthcare professionals about available volunteer services**, as they are often the first point of contact for caregivers but may not know what volunteer support is available.
    - **Develop centralized volunteer resources or databases** to make it easier for caregivers to find and access available support services.
    - **Form partnerships with existing community institutions** like hospices, faith-based organizations, neighbourhood associations, social service clubs, and municipal programs, as they are often under-recognized contributors to caregiver support and can expand the reach of volunteer programs.
    - **Implement a national framework** that formally recognizes and mobilizes community support as part of Canada's long-term care ecosystem, including funding and standards for volunteer roles.

4. **Recognize and measure impact: data collection, storytelling, academic partnerships**

    - **Develop standardized metrics and systematic data collection methods** to better measure and demonstrate the impact and value of volunteerism in caregiver support, moving beyond anecdotal evidence to comprehensive qualitative and quantitative outcomes.
    - **Use satisfaction surveys and qualitative feedback** to capture the subjective value and lived experiences of both caregivers and volunteers, as benefits may include reduced isolation, improved coping skills, and increased sense of purpose.
    - **Promote storytelling and success stories** to raise awareness, attract new volunteers, and demonstrate the tangible benefits of volunteer support to the wider community and policymakers.
    - **Partner with academic institutions on longitudinal studies** to build a robust evidence base on the long-term impact of volunteer caregiver support initiatives.

5. **Foster cross-sector collaboration: civic sector, government, healthcare, education**

    - **Engage diverse volunteer pathways,** including corporate employee volunteering programs, youth and student initiatives (e.g., through schools and universities), faith-based organizations, and community volunteer networks.
    - **Proactively engage potential volunteers before they become caregivers** to reduce stigma around seeking help and build readiness within communities to offer support.
    - **Introduce community service concepts and caregiving education early in schools** to foster empathy, compassion, and a culture of "giving back" among younger generations, thereby rebuilding communal norms of neighborliness.
    - **Develop engagement strategies with employers** to recognize volunteer caregiving experience as valuable workforce preparation and to encourage employer-supported volunteering initiatives.
    - **Convene cross-sector working groups or task forces** to develop collaborative frameworks and a practical roadmap for integrating volunteerism into caregiving strategies across different jurisdictions.
    - **Explore international best practices** in caregiver support to learn from diverse models and approaches.

To support planning and implementation, these recommendations have been organized into the table below according to their feasibility in the short, medium, and long term. This framework provides a visual guide for prioritizing actions that can be implemented quickly with modest resources, to those requiring sustained investment and collaboration, to long-range initiatives that depend on policy shifts and broader cultural change.

Timeframe	Actions
Short-term (can be initiated within 6–12 months with modest resources and coordination)	• Provide comprehensive and continuous training for volunteers, especially for complex care needs like dementia, including communication, confidentiality, and crisis escalation. • Support volunteer managers, grassroots organizers, and community developers. • Leverage technology for coordination and accessibility, while addressing digital literacy barriers. • Build trust and relational care through careful screening and matching. • Develop flexible, community-informed volunteer roles for caregiver support. • Focus on low-barrier entry and "just-in-time onboarding". • Offer flexible, low-commitment opportunities (micro-volunteering, short-term projects). • Clarify the distinction between volunteer and paid roles through a guide. • Prioritize practical support alongside emotional/social connections • Co-design volunteer roles with caregivers. • Build on existing informal helping traditions and cultural values. • Increase awareness among healthcare professionals about volunteer services. • Develop centralized volunteer resources/databases. • Form partnerships with community institutions (hospices, faith-based, neighbourhood associations). • Use satisfaction surveys and qualitative feedback to capture impact. • Promote storytelling and success stories. • Engage diverse volunteer pathways (corporate, youth, faith-based, community). • Proactively engage potential volunteers before they become caregivers. • Explore international best practices in caregiver support.
Medium-term (requires 1–3 years, sustained investment, and multi-stakeholder coordination)	• Invest in volunteer infrastructure (training, support, databases, tech platforms). • Secure consistent and sufficient funding for volunteer infrastructure. • Embed volunteerism into health and social care ecosystems. • Integrate volunteers into care teams or community programs (e.g., navigator roles). • Recognize and measure impact through standardized metrics and systematic data collection. • Partner with academic institutions on longitudinal studies. • Develop engagement strategies with employers for recognition and employer-supported volunteering. • Convene cross-sector working groups or task forces to create collaborative frameworks and roadmaps.
Long-term (requires systemic change, policy shifts, and broad cultural adoption; 3+ years)	• Implement a national framework formally recognizing and mobilizing community support in the long-term care ecosystem (funding and standards). • Introduce community service concepts and caregiving education early in schools to rebuild communal norms. • Foster cross-sector collaboration at scale across civic sector, government, healthcare, and education systems.

Conclusion

Across Canada, caregivers are providing essential, yet often invisible support that sustains our health and social systems. Many do so in isolation, with few resources and with growing personal cost. This report has demonstrated that volunteerism offers powerful potential to strengthen the circle of care around caregivers. From practical support and emotional connection to navigation assistance and systemic advocacy, volunteers can help reduce the weight of caregiving and foster a culture of shared responsibility.

This work must be done thoughtfully. Volunteer engagement must be grounded in trust, cultural humility, and respect for caregivers' (and volunteers') diverse experiences. It must be supported by infrastructure, responsive to community strengths, and coordinated across sectors. Above all, it must honour the lived realities of those who give their time, and those who give their lives, to caregiving.

Volunteerism is not a substitute for adequate services or systemic change, but it is a vital complement. By investing in inclusive, sustainable models of community care, we can help ensure that no caregiver is left to carry the load alone.

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