

CAREGIVER **Support** **Line**



Canadian Caregiver Support Line Guidelines



We are grateful to the Canadian Caregiver Collaborative staff who shared their time and expertise with us. Special appreciation is extended to the young caregivers who shared their experiences and perspectives through focus groups. We have tried to weave your perspectives together in a way that honors your experiences and uplifts your voices.

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Introduction

The Canadian Caregiver Collaborative Project brings together six independent caregiving support organizations from across the country to work on projects of mutual benefit to caregiving in Canada. The participating organizations are Family Caregivers of British Columbia, Caregivers Alberta, Ontario Caregiver Organization, Caregivers New Brunswick, Caregivers Nova Scotia, and Young Caregivers Association.

With funding from the Petro-Canada CareMakers Foundation, the Collaborative undertook a joint initiative to explore current successful practices and support future support lines by creating the Canadian Caregiver Support Line Guidelines. Information on current best practices was collected from four of the Collaborative's caregiver support lines, as well as those operated by MS Canada, Parkinson Canada, and Carers United Kingdom. Data was collected through a document review and interviews with all participating organizations. A summary of models used by the Collaborative partners can be found in Appendix A. After identifying gaps in the knowledge about support lines serving young caregivers, focus groups were held with young caregivers in October 2025 to further investigate important issues and unique

shared experiences. The findings were reviewed and refined through a group consensus process, allowing the Collaborative to collectively examine the common components of support lines, promising practices, and recognize key strategic considerations. The resulting Canadian Caregiver Support Line Guidelines provide a foundation for the development and expansion of support lines across Canada.

How To Use These Guidelines

These Guidelines are a strategic resource for organizations developing or enhancing caregiver support lines. They're designed to help you plan, strengthen, and align services that meet caregivers' evolving needs.

The Guidelines are intended to be used in partnership with your organization's guiding documents. The guidance within them should be considered within your organizations structure and scope.



Scope and plan a new support line



Consider improvements to an existing support line



Plan meaningful evaluation for new and existing support lines



Scale up or expand supports in an existing support line

The guidelines are divided into 4 sections:

1. **How Support Lines Work** explains the purpose of support lines and types of supports they might offer. This section is the foundation on which the others are based.

- If you are planning a new support line, familiarize yourself with the goals and supports and begin to think about which types of support you want to provide.
- If you are improving, scaling, or expanding an existing support line, review this section as it may help you determine if there are additional support you want to provide.

2. **Setting the Stage** presents questions about the scope of your specific support line. The answers to these questions will help guide your decisions in subsequent sections. It also includes considerations about reaching young caregivers.

- If you are planning a new support line, determine the answers to the questions in this section before moving further into planning.
- If you are improving, scaling, or expanding an existing support line, take a few moments to review the questions and pull from your existing support line documentation to answer each one. You may need to revisit pieces if they are not clear.

3. **Putting It Together** includes information on different ways support can be provided and what each requires. Considerations for accessibility are outlined. It also presents different options for staffing your support line, options for tracking interactions, and options on how to organize referral resources.

- If you are planning a new support line, use this section to build out a clear plan of how your support line will function. Decide how caregivers will access support, how you will staff your support line, and what types of infrastructure and systems you will need.
- If you are improving, scaling, or expanding an existing support line, use this section for best practice ideas in conjunction with your organization's existing support line structure, policies, and procedures.

4. **Measuring What Matters** walks through the process of developing meaningful evaluation questions and the steps to gather and report data. This section does not dictate how evaluation should be done or what specific data to collect. Instead, it provides a starting point for developing an evaluation plan and it should be used within the context of your organization's overall evaluation framework.

- If you are planning a new support line, use this section as a starting point to consider key data you may want to collect to understand how your line is working.
- If you are improving, scaling, or expanding an existing line, compare your existing evaluation plan to the suggestions and consider if any adjustments should be made.



Tips for getting started:

- You'll find checklists, charts, and decision trees throughout the guidelines. Use these to help you compare options and find the best fit for your organization.
- Use the workbook at the end of this document to guide and record your decision making as you work through the guidelines.

How Support Lines Work

In Canada, the demand for caregiving has reached a critical point and is increasingly described as a crisis¹. As the number of individuals requiring care grows, so does the complexity of their needs².

Organizations that support caregivers have long recognized the importance of ensuring access to resources, services, and information that can enhance caregivers' capacity to manage their responsibilities and maintain their own well-being. Providing timely, coordinated support is essential to sustaining caregivers in their roles and improving outcomes for those they care for.

Caregiver support lines provide help for individuals caring for loved ones by offering emotional support, practical guidance, and access to critical resources. Support lines often serve as the first point of contact for overwhelmed caregivers, guiding them toward vital services, healthcare options, and community programs. By addressing the emotional and functional challenges caregivers face, these services not only improve the well-being of caregivers themselves but also contribute to better outcomes for the individuals receiving care. In this way, caregiver support lines play a significant role in sustaining caregiving relationships and strengthening the broader healthcare system.

The role of caregiver support lines is to connect callers with trained professionals who can listen empathetically and offer tailored guidance. Support lines operate differently depending on the organization and the needs of their community. There are many options for what types of supports are provided and how support lines are organized.

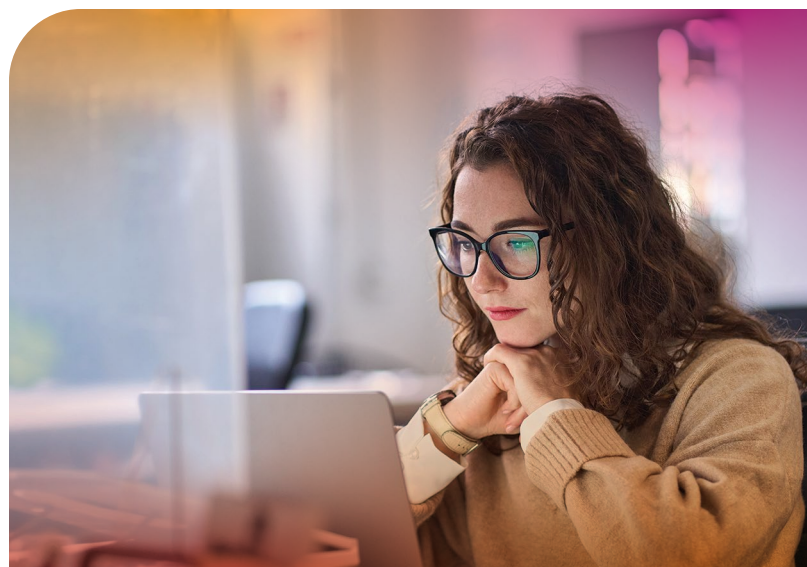
A sense of care and emotional connection created through voice, tone, and presence is the underpinning approach for caregiver support lines. This approach differentiates caregiver support

lines from general information and referral lines. Those lines tend to focus on a single initial request from the caller and value quick turnover of calls. In contrast, caregiver support lines focus on caregiver-led conversations which allow support line staff to uncover deeper needs that may not be immediately expressed. This offers space for caregivers to feel heard and understood as well as present multiple needs within a single encounter.

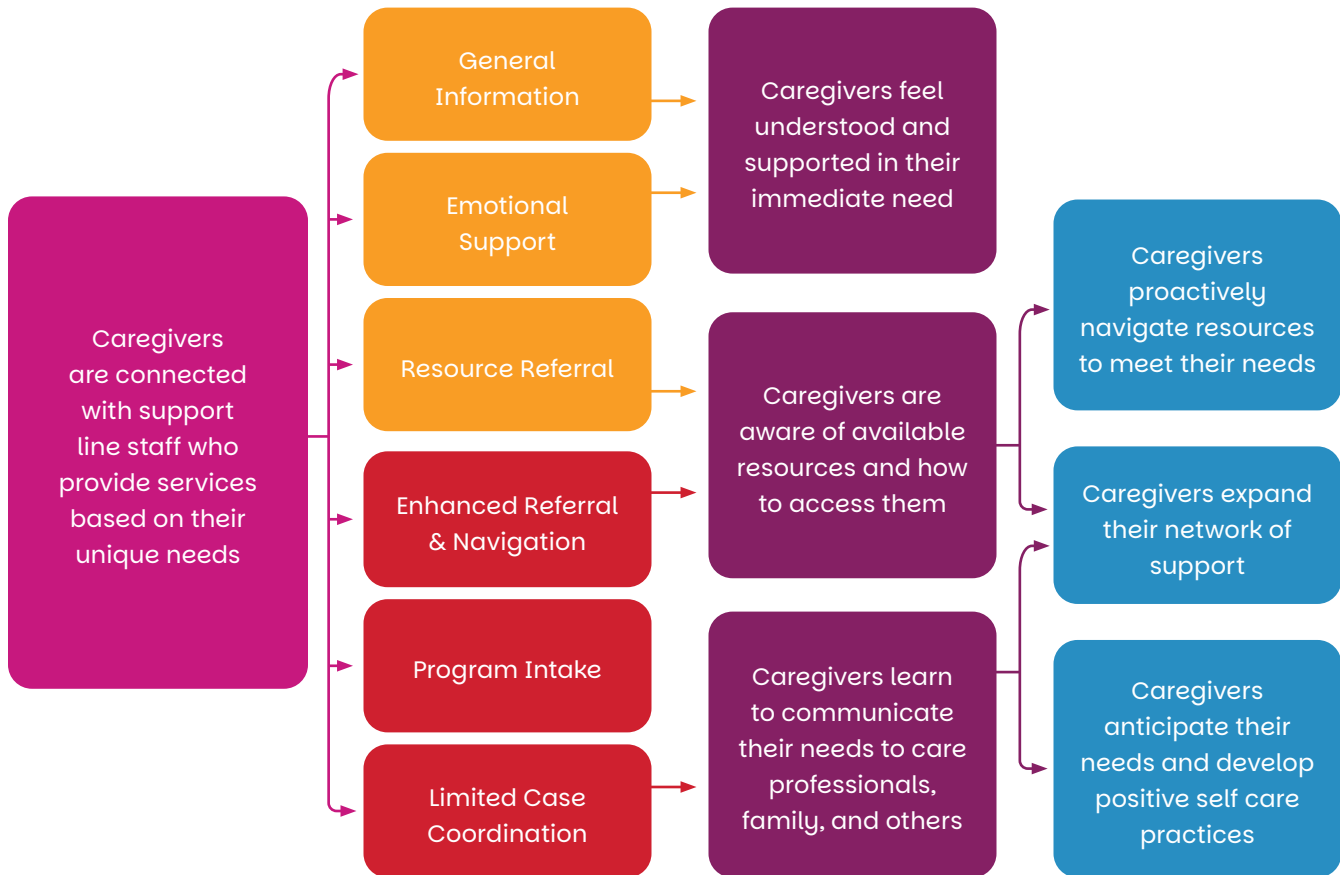
Goals of caregiver support lines

Caregivers should:

- Feel supported and understood in their immediate need
- Be aware of available resources and how to access them
- Expand their network of support



Support Line Logic Model



Common Supports Provided

Caregiver support lines provide a range of supports that respond to the varied needs of caregivers. These supports fall into two categories: Core Supports, which are commonly offered and form the foundation of support lines, and Enhanced Supports, which provide more in-depth assistance for caregivers. Enhanced supports are not offered by all support lines as they require more time interacting with the caregiver, greater resources, and more integration between the support line and the rest of the organization.

Support types:

- **General Information** – Providing basic caregiving or organizational information.
- **Emotional Support** – Offering listening, empathy, or reassurance.
- **Resource Referral** – Directing caregivers to external programs, services, or supports.
- **Program Intake** – Completing the intake process for internal organizational programs.
- **Enhanced Referral & Navigation** – Providing a warm handoff to other services, assisting with forms/intake for external services, and navigating systems.
- **Limited Case Coordination** – Following up after the initial interaction or coordinating across multiple services without full case management.

Core Supports

General Information

Support lines provide a wide range of general information including information about caregiving, caregiving research, and information about the organization running the support line. Support line staff answer common questions and point caregivers to evidence-based information about caregiving. By offering clear, accessible information, support lines empower caregivers to make sense of and feel more confident in their role.

Emotional Support

Caregiver support lines also play a crucial role in providing emotional support to those who feel overwhelmed, isolated, or exhausted in their caregiving roles. Support line staff offer a compassionate, listening ear and a safe space for caregivers to share their feelings without judgment. This emotional connection can help reduce stress, validate the caregiver's experience, and offer reassurance during difficult times. Simply having someone to talk to who understands the challenges of caregiving can make a meaningful difference in a caregiver's well-being.

consider

Impacts to mental health are a common concern for caregivers.³ Support lines are not crisis response lines. Each support line should have a protocol for responding to caregivers in crisis including clear procedures to identify when a caregiver may be in crisis and to connect them promptly to appropriate crisis services. This ensures their safety while keeping your support line within its intended scope.

Immediate crisis intervention and escalation to emergency or crisis services is needed when a caregiver:

- indicates they are unable to cope safely with their situation;
- expresses thoughts of harm to themselves or others;
- is in a heightened state of emotional distress;
- is no longer able to ensure their own or the care recipient's safety; or
- appears disoriented, confused, or highly agitated.

The procedure to manage a crisis call will differ by caregiving organization but developing a crisis intervention protocol is essential.



More Resources

Canadian Mental Health Association

The Canadian Mental Health Association's website provides province/territory specific lists of mental health resources as well as general guidance. They also provide psychological health and safety training. cmha.ca

Centre for Suicide Prevention

The Centre for Suicide Prevention outlines steps to respond to a call from someone in distress. suicideprevention.ca/media/c-a-r-e-distress-calls-at-work/

Resource Referral

Caregiver support lines are a valuable source of resource referrals, helping caregivers connect with services that meet their specific needs. Support line staff identify and recommend local programs, support groups, respite care, transportation services, financial aid, and other services. Rather than leaving caregivers to search on their own, support line staff guide them toward trusted resources and often assist with the initial steps to access them. This personalized referral process saves time, reduces frustration, and ensures caregivers receive timely, relevant support.



Enhanced Supports

Enhanced Referral and Navigation

Enhanced referral and navigation goes beyond simply offering caregivers a phone number or a website link. Caregivers are often thrust into unfamiliar systems each with its own terminology, eligibility criteria, intake processes, and waitlists. Navigating these fragmented and siloed systems can be overwhelming, especially while managing the emotional and physical demands of caregiving.

Enhanced referral and navigation requires mutual collaboration between support line staff and caregivers to help uncover needs and navigate health and social systems. This may involve warm handoffs to trusted partners, direct communication with agency staff, assistance with completing intake forms, or submitting applications on behalf of caregivers at their request. This hands-on, personalized support not only reduces access barriers but also helps caregivers feel heard, supported, and empowered.

Program Intake

Program intake involves a structured process to assess the caregiver's needs and connect them with appropriate supports within the caregiving organization. It typically begins with initial contact through the support line, where staff gather detailed information about the caregiver's situation using guided conversations and begin the intake process. Caregivers are then linked to a caregiver coach or internal programs with relevant supports. Intake procedures are caregiver-centered and designed to minimize barriers while providing compassionate, coordinated support.

Limited Case Coordination

Some caregiver support lines offer limited case coordination, helping caregivers manage multiple needs without taking on full case management roles. This may include following up on referrals, following up with caregivers after initial contact, and helping caregivers prioritize next steps based on their individual situations. Support line staff coordinate with other departments or community agencies to ensure continuity of care and reduce duplication



of effort. While not as intensive as ongoing case management, this limited coordination provides an added layer of support that helps caregivers stay organized and feel less alone in navigating complex care systems.

CASE STUDY

Family Caregivers BC: One-on-One Follow-Up

Family Caregivers BC distinguishes itself by making one-on-one follow-up a cornerstone of its support line services. With this approach, caregivers receive personalized guidance tailored to their unique circumstances and changing responsibilities. Follow-ups are initiated by support line staff at the caregiver's request, ensuring that support is both timely and relevant. These individual check-ins offer caregivers the opportunity to ask further questions, seek clarification, and continue navigating complex systems, while also providing critical emotional support to help manage stress.

Beyond immediate problem-solving, collaborative follow-up fosters strong, trusting relationships between caregivers and support line staff. Regular contact reassures caregivers that they are not alone in their journey, helping to address evolving challenges and build confidence in their caregiving abilities.



Setting the Stage

This section is intended to help you work through some critical questions before you begin designing or staffing your support line. Clarifying upfront who you are trying to reach, what their needs are, and how your service will fit into the broader system of care will help you make strategic decisions in later sections of the Guidelines. Careful pre-planning helps avoid unintentionally leaving out key groups of caregivers and ensures services are designed with equity and inclusion in mind.

Critical Questions

Who Are You Trying to Reach?

Before setting up your support line, take time to clarify exactly who you want to serve. Think beyond geography to consider factors such as caregiver age, language, abilities, cultural background, and access to local resources. A clear understanding of your community helps ensure your support line is welcoming, inclusive, and truly meets the needs of those who will rely on it most.

Reaching Young Caregivers

It is estimated that there are over 1.25 million young caregivers aged 15–24 in Canada.⁴ Research on the experiences of young caregivers is limited. However, they frequently report feeling unsupported by professionals they interact with and services aimed at caregivers in general.^{5, 6, 7} Therefore, any caregiver support line should consider the unique needs of this group when developing their supports.

A small focus group of young caregivers guided the considerations below. While more research is needed to confirm their thoughts, this list is intended to act as a starting point for organizations to intentionally support young caregivers who may contact their support line.

Provide enhanced referral & navigation –

Participants emphasized that enhanced referral and navigation support is the most valuable service. While young caregivers can often find information online, they noted that practical help, such as assistance completing forms or being personally connected with services, significantly increases the likelihood they will access services and reduces their stress and burden in doing so. Participants also emphasized that navigating the education system, whether secondary or post-secondary, is an important aspect of support. Peer support was identified as another key need to be considered by organizations. Participants described the desire to build a sense of community and connection with others who share similar experiences. This is also borne out in research which highlights the resiliency built from peer support.⁸

Hire staff with lived experience as young caregivers

– Participants preferred interacting with support line staff who have lived experience as young caregivers or who are deeply knowledgeable about the unique

challenges youth face in balancing caregiving with school, work, and personal development. They also noted that the assumptions made about young caregivers, even by those with caregiving experience as adults, can be harmful and deter them from reaching out for help.

Provide multiple, flexible ways to connect –

Participants expressed mixed preferences around communication methods. While phone was generally seen as a less desirable option, access to support through text was seen as convenient, easily accessible, and discreet. Some participants preferred moderated internet forum options as responses are instantaneous regardless of time of day and they enjoyed hearing the experiences of others in similar situations. Other participants valued more privacy, noting that forums and social media options can feel vulnerable and exposing. These participants preferred an initial reach out by text with an option to connect by phone for more in-depth support.

Providing support to young caregivers through support lines requires careful attention to ethical and legal responsibilities. Clear guidelines around liability, confidentiality, and consent are essential to protect both caregivers and staff, ensure compliance with privacy and child protection laws, and maintain the trust that makes the service effective.



Considerations for Reaching Young Caregivers

Support Types

- Provide enhanced referral and navigation supports.
- Offer guidance related to navigating secondary and post-secondary education systems.
- Create partnerships with peer-led support options alongside professional support.

Staff Expertise and Training

- Include content on experiences of young caregivers in staff training programs.
- Where possible, employ staff or volunteers with lived experience as young caregivers.
- Address assumptions about young caregivers that may be harmful or discouraging in staff training.

Communication Options

- Provide multiple ways to access support (e.g., text, moderated online forums, phone).
- Recognize that forums/social media can feel vulnerable; offer private alternatives when needed.
- Ensure responsiveness across different platforms and consider 24/7 accessibility if feasible.

Liability, Confidentiality & Consent

- Clearly distinguished non-crisis support from professional counselling or crisis intervention, with staff trained to recognize when referrals are needed.⁹
- Ensure staff receive regular supervision.¹⁰
- Ensure liability coverage extends to remote communications with youth.
- Minimize information collection to protect anonymity where possible, and align secure storage with Personal Information Protection and Electronic Documents Act (PIPEDA) and provincial/territorial legislation.¹¹
- Ensure young caregivers understand the scope of support, using accessible language.
- Ensure consent procedures are culturally safe and adaptable to diverse family and community norms.¹²
- Train staff on their legal obligations to report suspected abuse, neglect, or serious harm, with clear protocols aligned with local legislation¹³.
- Create partnerships with child welfare and crisis services to ensure smooth hand-offs during urgent safety concerns.

Where Will You Fit?

A support line works best when it complements, rather than duplicates, existing programs and services. Mapping the current landscape of supports for caregivers helps identify gaps, partnership opportunities, and ways to coordinate referrals. This ensures caregivers receive timely, connected support while maximizing organizational resources.

What Supports Will You Offer?

Not every type of support may be feasible at launch, or even desirable for your community of focus. Prioritize services based on the needs of your community of focus, available resources, and staff capacity. Starting with core supports and planning for phased expansion may help maintain quality, consistency, and sustainability.





Pre-Planning Guiding Questions

Community of Focus

- Who are the caregivers you want to support?
- Are there priority groups within your community of focus (young caregivers, caregivers with disabilities, Indigenous caregivers, non-English/French speakers, rural or remote caregivers)?
- Will you serve caregivers of all ages, including children under 12 providing care?

Geographic Scope

- Will the line serve a single community, a region, or an entire province/territory/nation?
- If you are serving a larger region, whole province, or territory, do you have adequate knowledge of resources and services in rural and remote as well as urban areas?

Equity and Access

- Are you intentionally planning for groups who often face barriers?
 - Newcomers
 - First Nations, Metis & Inuit
 - Low-income caregivers
 - 2SLGBTQ+ caregivers
 - Caregivers with disabilities
 - Young caregivers

Fit

- How does the support line complement other caregiver programs, hotlines, or community services?
- Are you filling a clear gap or duplicating existing resources?
- What partnerships are needed to strengthen referral pathways, especially in rural and remote areas?

Supports

- What is the initial funding model, and how long will it realistically fund the support line?
- Which supports are most needed and valued by your community of focus?
- Do you have the capacity and expertise to provide enhanced supports at launch?
- Can the support line scale in phases rather than launching all supports at once?

What's Your Plan to Grow?

While all support lines will evolve over time, not all will want or need to scale their supports. When planning your support line, it is better to begin with more limited services such as reduced hours or fewer communication methods and then expand as more resources become available.

Once you have a clear idea of the resources you have for the support line, you can make informed decisions about the scope of services and communication methods including whether more resource-intensive features (e.g., live chat, multilingual support, or extended hours) are feasible now or might be added later. Whether you are planning a phased launch approach or looking to expand the services of an existing support line, there are multiple readiness areas to consider. Take a look at the Scaling Checkpoints and Budget Planning Template to help you plan to scale.

Scaling Checkpoints

Use this checklist to consider if your existing support line might be ready to grow.

Service Demand

- ☐ Call, email, text, or chat volumes regularly exceed current capacity.
- ☐ Consistent evidence of unmet needs (e.g., after-hours voicemails, long wait times, high drop-off rates).

Staff Readiness

- ☐ Staff or volunteers are trained, supported, and confident in handling current call volumes.
- ☐ Systems are in place for ongoing professional development and emotional support to prevent burnout.
- ☐ Vendor relationships are strong and there is evidence of measurable quality supports.

Resource Availability

- ☐ Sustainable funding (not just short-term grants) is secured to cover additional staff, training, or technology.
- ☐ Infrastructure (e.g., phone system, CRM, IT support) can handle increased demand without service disruption.

Quality Assurance

- ☐ Current services are consistently meeting standards for response time, accessibility, and caregiver satisfaction.
- ☐ Data collection and evaluation processes are in place to monitor service quality during expansion.

Partnership Capacity

- ☐ Strong referral networks are in place to handle increased or more complex caregiver needs.
- ☐ Collaborative opportunities (e.g., shared after-hours coverage, translation support) are explored to reduce duplication.

Equity and Accessibility

- ☐ Expansion decisions are guided by who is not currently being served (e.g., rural caregivers, non-English speakers, caregivers with disabilities).
- ☐ Accessibility strategies (e.g., multilingual services, alternative formats) are considered as part of scaling to meet specific needs.
- ☐ Resource repository is robust covering all geographic areas of the planned expansion.





Putting It Together

This section is intended to help you decide how caregivers will access your support line and what infrastructure and systems you will need. It reviews considerations for making your support line more accessible.

It also walks through options for staffing your support line, options for tracking interactions, and options on how to organize referral resources. Use the foundation you built in Setting the Stage to help guide your decision making throughout this section.

How Will Caregivers Connect?

Caregiver support lines can be delivered through a variety of communication methods, each with its own benefits and limitations. While live, real-time options like phone, text, and live chat offer immediacy and emotional connection, asynchronous methods like email and voicemail provide flexibility for both caregivers and staff. Selecting the right communication method or methods depends on the preferences of your community of focus, staffing capacity, and the priorities of your organization.

When choosing a communication method for your support line, it's important to let your community of focus guide your decisions. Different methods reach different groups. What works well for tech-savvy youth may not be accessible for caregivers in rural areas with limited internet access. What is convenient for one population may unintentionally exclude another. Consider who you are trying to serve, their needs, and how they are most likely to reach out for support, then select communication options that maximize access for them.

consider

Responsiveness is a key component of quality support line service. Caregivers often reach out in moments of stress or uncertainty, and being met with timely support reflects a commitment

to dignity, respect, and person-centered care. Approaches to responsiveness can vary and must be balanced with available resources. However, the greater access caregivers have to support line staff, the higher quality service they receive.

Consider layering communication methods to reach a wider range of caregivers. For example, having both a live phone line and voicemail option provides responsiveness as well as accessibility for caregivers after hours. Following up phone conversations with emailed resources allows caregivers to focus on the conversation without taking notes. And providing the option to send resources by standard mail means caregivers without internet access can receive help.

Phone

Delivered via a central phone number, phone lines connect caregivers in real-time to support line staff. Support is immediate and real-time interaction allows for more nuanced communication. Live lines commonly allow voicemail after hours.

Voicemail

Delivered via a central phone number, voicemail lines allow caregivers to leave a message which is returned later by a support line staff. There is no restriction on when the message is left allowing caregivers to reach out at a time that is convenient for them.

Email

Delivered via a central email address, messages are responded to by support line staff asynchronously. Email lines provide flexibility for those who prefer written communication or who are only able to reach out outside of business hours.

Text

Delivered via a short messaging service (SMS)-enabled central phone number and responded to in real time during operating hours, text lines allow for discreet support and may be more appealing than other methods for younger caregivers.

Live Chat

Accessed through an organization's website, caregivers can chat in real time with support line

staff during operating hours. Live chat allows for immediate, interactive support and may appeal to caregivers who are already online doing other tasks.

consider

Artificial Intelligence (AI) agents may be used to provide some core supports such as general information and resource referral. While research does not exist on the use of AI in a caregiving support line context, if organizations are exploring this option, they should consider the following:

- Are you intending to use an AI agent in place of a support line staff entirely or as an initial contact point?
- Is an AI agent able to provide all of the supports you want to offer (particularly emotional support or enhanced supports)?
- How acceptable is an AI agent's support from a caregiver perspective?
- How will you ensure consistency and accuracy of information provided by an AI agent?
- How will you ensure the privacy and confidentiality of any information provided by a caregiver to an AI agent?



Comparing Support Line Communication Options

Communication Method	Immediate response	Asynchronous response	Tech Required (Caregiver)	Privacy & Confidentiality	Staffing Intensity	Infrastructure Cost
Phone	Yes	No	Standard phone	High	High – must be available during operational hours	Low
Voicemail	No	Yes	Standard phone	High – with secure voicemail	Medium	Low
Email	No	Yes	Internet & email access	Medium	Medium	Low
Text	Yes	No	Mobile phone/SMS	Medium	High – must be available during operational hours	Medium
Chat	Yes	No	Internet & computer or mobile device	High – with encrypted chat	High – must be available during operational hours	High

Phone, Email, Text and Chat Platforms

The communication methods you choose whether phone, email, text, or live chat, will dictate what type of platform you need to provide supports. Your anticipated inquiry volume and available resources are also key considerations in what type of platform you choose. Each platform has different strengths, limitations, and accessibility considerations, and some may work better for certain populations than others. Skip directly to your chosen communication method below to find out what platform options are available.

Phone: Land Lines & VoIP Systems

Choosing a phone system relies largely on anticipated call volume and reliability of your internet. While it may be possible to use a land line or mobile system for support line operations, voice over internet protocol (VoIP) technology provides a myriad of benefits and becomes essential when handling a larger volume of calls. VoIP systems support essential features such as call routing, voicemail, interactive voice response (IVR) menus, and call queue management. They also allow access for support line staff in different locations without needing extensive hardware or land line hook ups. However, because VoIP relies on an internet connection, unstable internet can cause lagging and dropped calls. Land lines or mobile phones are more suited for situations where internet access is unreliable.

Consider the following features when choosing a phone system:

- Automatic Call Distribution (ACD) which routes calls to the next available support line staff.
- Interactive Voice Response (IVR) which provides automated menus for caregivers to select options
- Voicemail capabilities
- Call queueing and holding features
- Call recording and monitoring capabilities

Text: SMS-enabled Phone Lines & Secure Messaging Platforms

Organizations wanting to use text may consider short message service (SMS)-enabled phone lines or secure messaging platforms specifically for text messages. If low inquiry volumes are expected, simple two-way texting from an existing shared number may be the most cost-effective option. Secure messaging platforms offer the benefit of message assignment, tagging, automated replies, and integration customer relationship management tools.

consider

Because texts may arrive at unpredictable times, a clear protocol for monitoring and responding is essential. Organizations may also want to consider autoreply functions to respond to text after hours.

Consider the following features when choosing a text system:

- Shared inbox for multiple support line staff to monitor and respond
- Message assignment and tracking features
- Autoreply or out-of-office message capability for after-hours texts
- Encryption or secure messaging to protect caregiver confidentiality

Live Chat: Web-based Live Chat Widget

There are many software options for a website-based live chat system. These options often include alerts, typing previews, and canned responses for common questions. Some products also include the ability to translate text into multiple languages and integration with AI agents.

consider

Since live chats require real-time staffing, availability windows and auto-responders must be clearly communicated so caregivers know when to expect a response. Chat hours should be clearly posted on your organization's website and your chat widget disabled or set to auto-respond during non-operating hours.



Consider the following features when choosing a live chat system:

- Real-time notifications when new chats begin
- Canned responses and file-sharing features
- Inquiry tracking and chat history log
- Auto-responder for when support line staff are offline

Email: Central Email with Shared Inbox

A central email address with a shared inbox allows support line staff to manage email inquiries. Systems with workflow tools can help manage high volumes and ensure timely responses. Tagging and folder systems can help track issues and trends over time.

consider

Response templates and tone guidelines can help maintain consistency across support line staff responses. Additionally, setting up auto-replies which confirm receipt of the message and the expected response time are helpful to manage caregiver expectations.

Consider the following features when choosing an email system:

- Shared inbox with access for multiple support line staff
- Message tagging, folders, or labels for triage and tracking
- Integration with a customer relationship management system

Multiple Communication Methods: VoIP-based Contact Centre & Omni-channel Solutions

When considering delivering a support line with multiple communication methods, for example, phone, email, and chat, there are options which allow integration within a single system. While organizations can piece together delivery by combining separate technologies, organizations should carefully consider the financial and logistical implications compared to an integrated technology solution. For example, a land line phone system, email service provider, and a single purpose live chat

plug-in will provide communication across phone, email, and chat but are not able to collect or share data with each other and each system will require separate management and training for staff.

Omni-channel contact centre solutions support multiple communication methods in a single integrated platform. They either primarily support voice-based methods (phone, voicemail) or text-based methods (text, chat, email). Voice-based systems use VoIP technology and can handle call queuing, Interactive Voice Response (IVR), and call routing. Other methods are integrated as add-ons to the VoIP system.

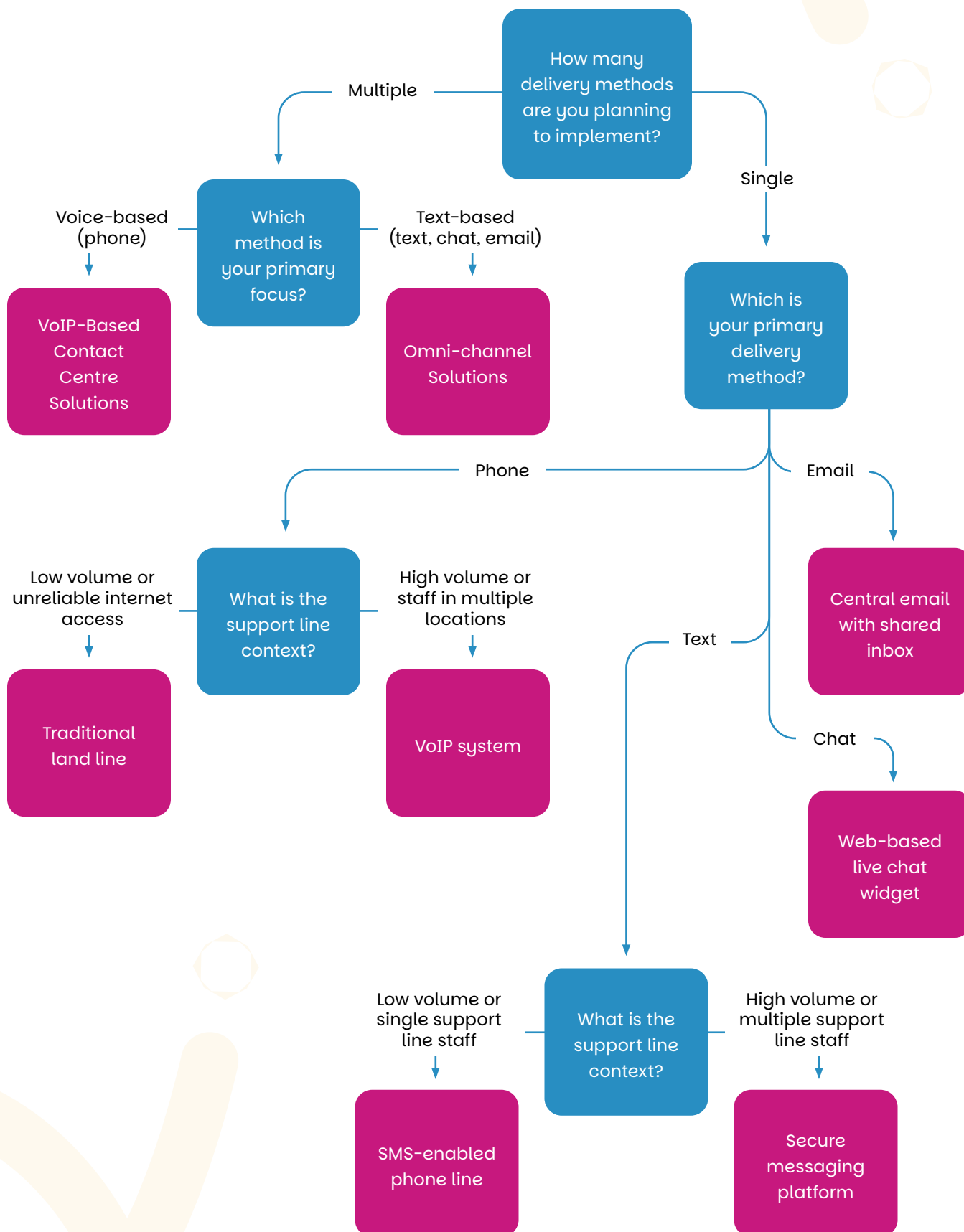
Text-based systems integrate text, chat, and email presenting these in a unified inbox. Phone and voicemail can be added to text-based systems but are not the primary focus so call routing and queuing are likely not available. Both voice and text-based systems have Customer Relationship Management (CRM) integration, analytics, and reporting capabilities.

Consider the following features when choosing an omni-channel solution:

- Compatibility with your specific customer relationship management system
- Ability to create and manage support line staff profiles and access



Decision Tree for Phone, Email, Text and Chat Platforms



Hardware Considerations

Hardware	Land lines & VoIP	Central Email with Shared Inbox	SMS-enabled Phone & Secure Messaging	Web-based Live Chat Widget	VoIP-based Contact Centre & Omni-Channel Solution
Desk phone	X				
Headset & Microphone	X				X
Computer/ laptop/ tablet	X	X	X	X	X
SMS-enabled device		X			X
Stable Internet Connection	X	X	X	X	X
Secure network	X	X	X	X	X
Web server/ hosting				X	X
Work area able to support confidentiality	X	X	X	X	X
Accessibility hardware (TTY/TDD, adaptive keyboard, screen reader, etc)	X	X	X	X	X

Make It Easy to Access

Making caregiver support lines accessible and inclusive is essential so that all caregivers can use the service. Without careful planning, barriers like language, disability, or limited technology access can unintentionally exclude those who may need support the most. Caregivers in underserved populations are often at higher risk of isolation and stress and may have the most difficulty accessing traditional services. By identifying and addressing these barriers up front, organizations can create support lines that are more equitable, responsive, and impactful.

Implementing accessible services comes with real challenges, including limited budgets, staffing capacity, and technical expertise. When

making decisions about accessibility, start by revisiting who you are trying to serve and prioritize accommodations that meet their needs first. Gathering feedback from caregivers can also help identify barriers specific to your community and guide practical solutions.

consider

A support line can only succeed if caregivers know it exists. While posting information on a website is common, it's important to test whether the information is easy to find and clearly explains the services offered. Think about how the specific caregivers you are trying to serve are most likely to hear about the line. Is it on a website, through community partners, social media, health providers, local advertising, or other outreach

methods? A thoughtful communication strategy ensures that the caregivers who need support can actually access it.

Regardless of the accessibility features provided, organizations should provide clear information about accessibility and language support on their website and in outreach materials. All support line staff should be trained in cultural competency, plain language communication, and disability etiquette.



More Resources

Accessibility requirements for ICT products and services

EN 301 549 (CAN/ASC-EN 301 549:2024) was adopted as a national standard in 2024. It outlines accessibility standards for digital services, which are directly relevant when implementing email, chat, and text support systems.

accessible.canada.ca/creating-accessibility-standards/canasc-en-301-5492024-accessibility-requirements-ict-products-and-services

Annex: Making Documents More Accessible

This Government of Canada resource presents tips for making documents more accessible. Many tips are relevant for email communication.

www.canada.ca/en/employment-social-development/programs/accessible-canada-regulations-guidance/alternate-formats/making-documents-more-accessible.html

Accessibility Fundamentals

The W3C Web Accessibility Initiative develops standards and support materials to help people understand and implement accessibility.

www.w3.org/WAI/fundamentals/



Considerations for Support Line Accessibility

Barrier	Considerations			
	Phone	Email	Text	Chat
Language Lack of multilingual staff or translation services limits access for caregivers whose first language is not English or French.	Provide access to language interpretation services to enable live multilingual support. Ensure Interactive Voice Response menus offer options in multiple languages. Prepare staff scripts and resource materials in plain language to support comprehension by non-native English or French speakers.	Accept and respond to emails in multiple languages. Use translation services for written communication (e.g., internal multilingual staff or external translation tools with review). Provide standard response templates in multiple languages for common inquiries. Write in clear, plain English or French. Avoid idioms or complex language.	Allow texting in multiple languages, using bilingual staff or real-time text translation tools. Offer a welcome text in multiple languages with instructions on language support options.	Offer a language selection option before starting the chat or a drop-down menu for preferred language. Integrate real-time chat translation tools or have multilingual staff available. Display instructions and help prompts in multiple languages to make starting the chat easier.
Disability Hearing, vision, cognitive, or fine motor differences may make phone or text-only options difficult to use.	Offer TTY (Text Telephone) or TDD (Telecommunication Device for the Deaf) services to support Deaf/hard-of-hearing users. Ensure compatibility with relay services (e.g., Canada Video Relay Service) that allow people to use interpreters via text or video. Train staff to speak clearly and allow extra time for callers who may have speech impairments or cognitive disabilities.	Ensure emails are formatted for screen reader compatibility (e.g., clear headings, alt text for images, no excessive formatting). Use plain language and clear formatting to aid caregivers with cognitive or learning disabilities. Offer accessible PDFs or documents when attaching resources (i.e., tagged PDFs with readable text).	Ensure the text platform supports large font sizes and voice-to-text or text-to-voice functionality for those with visual or motor impairments. Train staff to be patient with slower response times that may occur with assistive technology use. Provide alternative contact methods for those who cannot text easily (e.g., phone or email backup).	Use chat platforms that follow Web Content Accessibility Guidelines, supporting screen readers, keyboard navigation, and color contrast. Ensure text resizing, high contrast mode, and voice dictation features are supported. Allow users to request a transcript of the chat for future reference.

Barrier	Considerations			
	Phone	Email	Text	Chat
Technology Access Limited internet, device availability, or digital literacy can prevent participation in email or chat-based lines.	Ensure phone lines are toll-free to avoid long-distance charges. Provide a reliable system (VoIP or landline) with minimal dropped calls, especially important in rural/remote areas.	Use a single, easy-to-remember email address. Ensure messages can be read on both desktop and mobile devices without special software. Provide confirmation of receipt so caregivers know their message was received.	Offer toll-free text numbers to avoid additional charges. Ensure compatibility with a wide range of devices, including older or prepaid cell phones.	Ensure chat functions are mobile-friendly, as many caregivers rely solely on smartphones. Keep chat software lightweight and accessible without requiring downloads or accounts. Provide clear instructions for starting a chat, with visible links/buttons on the website homepage.
Hours of Operation Standard business hours may not work for caregivers who are working during the day, work shift work, or attend school.	Offer extended or staggered hours to support caregivers outside of 9–5 schedules. Clearly communicate after-hours options (e.g., voicemail with guaranteed call-back within 24 hours).	Set and communicate a clear timeframe for response (e.g., within 1–2 business days). Use auto-reply messages after hours to acknowledge receipt and provide emergency/crisis alternatives if needed.	Offer automated responses after hours to confirm receipt and set expectations for follow-up or direct caregivers to other methods available during non-operating hours (ex. email).	Clearly post live chat hours and remove/disable live chat when staff are not available to prevent frustration. Offer alternative contact options (e.g., phone or email) when chat is offline.

How Will Your Line Be Staffed?

The staffing approach you select affects the type of support you can offer, the consistency and quality of service, and how well your line can respond to caregiver needs.

Different models have distinct advantages and trade-offs in terms of control, scalability, cost, and the ability to provide core or enhanced supports. Understanding these options will help you match your staffing approach to your goals, resources, and the needs of the caregivers you want to reach.

Internal Staffing

Internal staffing means that the support line is operated and staffed by the organization's own employees. This model offers the greatest control over the service quality and close alignment with organizational values and practices. Because of this, an internal staffing model may be best suited when delivering enhanced supports which require more in-depth knowledge and integration with the organization.

Internal staffing models can use centralized or regionalized approaches.

A centralized model has support line staff based in a single location and serving multiple geographic regions. For example, a central office in Toronto with service across Ontario. Centralized staffing may help manage consistency in services and support maximizing staff capacity to cover longer operational hours.

A regionalized model has support line staff located in different regions who serve caregivers in their specific region. For example, staff located in each of the four health zones in Nova Scotia and primarily serving caregivers in their own region. Regionalized staffing may deepen connection with local resources and services to build stronger referral connections.

consider

Key qualifications for support line staff, especially those who will provide enhanced supports, include a background in a helping field (gerontology, social work, nursing, etc) and previous or current caregiving experience. Customer service or call centre experience is not necessary and can be unhelpful as support line calls are very different than a typical call centre or customer service interaction.

CASE STUDY

Caregivers Nova Scotia: Regional Caregiver Support Model

Caregivers Nova Scotia's regional caregiver support model provides a personalized, community-based approach to assist caregivers across the province. Caregivers connect through a central 1-800 phone line, where staff collect initial information about their caregiving situation, offer general information and emotional support, and make a warm referral to one of 6 Regional Caregiver Support Coordinators for follow-up. This process ensures caregivers do not have to repeat their story or manage additional outreach, reducing stress during already challenging times.

Regional Caregiver Support Coordinators follow up by phone to provide individualized

navigation, local referrals, and empathetic support. Embedded within their communities, Support Coordinators maintain strong connections with local service providers, health teams, and community networks, allowing them to remain current on available resources and deliver timely, relevant guidance.

Vendor-Operated

A vendor-operated model uses a third-party organization, such as a call centre or specialized helpline provider to manage support line operations. Specialized training is provided to the vendor's support line staff to ensure they have accurate and sufficient information to respond to caregiver inquiries.

This model is easily scalable and may allow for cost-effective benefits such as extended operational hours and accessibility features. Because of this, a vendor-operated model may be most suitable when high inquiry volume is anticipated or when serving caregivers with diverse accessibility needs. Since vendor-operated models are not as integrated with your organization's other operations it may be difficult to provide enhanced supports in this way.

Vendor-operated models require early and consistent conversations to build strong relationships as the foundation of quality assurance. Because the vendor's staff become the face of your organization to the public, it is imperative expectations are clear from the start, and a quality assurance structure is in place. Choice of vendor is critical to ensure alignment with your organizational values and experience with non-profit helplines. Commercial call centres are unlikely to be a good fit for the types of services provided through caregiver support lines.

CASE STUDY

Ontario Caregiver Organization and 211: A successful partnership

Ontario Caregiver Organization (OCO) support line operates through a partnership

with Ontario 211, where specially trained operators manage calls using a protocol co-developed with the OCO. Operators provide information, emotional listening, and referrals with the option to connect with an OCO caregiver support team for more in-depth navigation and program intake.

Partnering with 211 reduces OCO's administrative burden while leveraging 211's extensive resource database and regional coverage. This allows 24/7 phone line and weekday live chat access in English, French, and over 150 other languages. Relationship building has been critical to grow a successful partnership. 211 specialist operators receive training from OCO on caregiving-specific topics and have access to OCO staff for ongoing support. 211 shares call data and feedback with OCO for continuous improvement and reporting.

Volunteer-Based

In a volunteer-based model, support line staff are trained volunteers, under the supervision of organization staff. Volunteers are screened and specialized training is provided so they understand how to respond to inquiries and have access to adequate knowledge. Volunteer-based models allow for community-driven and experience-based support creating a peer-to-peer type of service. It also provides flexibility on operating hours and may be more cost effective than other models.

Clear protocols and boundaries are needed for volunteers to ensure high quality service and to address variability in volunteer availability. A robust training and supervision system needs to be in place to ensure the safety of caregivers and the quality of volunteer responses. Volunteers need access to organization supplied equipment (ex. mobile phone, email client) to ensure the security and privacy of interactions. They also need access to a private space where they can provide support to maintain confidentiality.

consider

Support line staff (whether internal or volunteers) need protected time and space to debrief difficult and emotionally challenging calls. At minimum, support line staff should have access to a supervisor who is trained in debriefing procedures at all times during their shift. More robust procedures to check-in regularly with support line staff may also be considered.

Comparing Staffing Approaches

Staffing Approach	Staffing needed	Requires robust training program	Requires internal infrastructure	Suited for core supports	Suited for enhanced supports	Scalability	Support for extended hours
Internal	High	Yes – ongoing training needed	Yes	yes	yes	Moderate	Moderate
Vendor	Low – vendor staff	Yes – vendor training on caregiving	No – managed by vendor	yes	No	High	High
Volunteer	Low – require volunteer supervisor	Yes – screening, training, & supervision needed	Yes – management process needed for volunteer equipment	yes	no	Low – dependant on volunteer availability	Low – dependant on volunteer availability

Comparing Staffing Approaches

Staffing Approach	Pros	Cons
Internal – Centralized	<ul style="list-style-type: none"> Consistent protocols and quality assurance Can schedule staff for high demand or extended hours 	<ul style="list-style-type: none"> Less localized referral information May feel less personal, especially for rural/remote caregivers
Internal – Regionalized	<ul style="list-style-type: none"> Strong local connections and partnerships Supports local outreach and advocacy Able to meet diverse regional needs 	<ul style="list-style-type: none"> Maintaining consistent information is more complex Harder to cover high demand or extended hours across all regions
Vendor-operated	<ul style="list-style-type: none"> Reduces administrative burden Cost-effective access to language and accessibility services 	<ul style="list-style-type: none"> Limited control over service quality Requires strong relationships and ongoing quality assurance
Volunteer-based	<ul style="list-style-type: none"> Brings diverse lived experience and empathy Engages community, builds grassroots awareness 	<ul style="list-style-type: none"> Requires robust recruitment, training, and supervision High turnover and variable availability can be a challenge



What Systems Do You Need?

Setting up and running an effective support line requires a combination of technology systems, infrastructure, and processes to ensure accessibility, efficiency, and quality of service. Below is a summary of the systems required to keep track of support line interactions and organize referral resources.

Keeping Track of Caregiver Interactions

An inquiry tracking system is vital for documenting caregiver interactions, supporting data collection, and coordinating referrals. Key functions of a system are:

- Tracking caregiver inquiries, resources provided, and referral outcomes.
- Collecting standardized data for evaluation and advocacy.
- Coordinating information for referrals or program intake.

consider

Inquiry tracking systems may collect personal data. Refer to Ethical Data Collection for considerations around data privacy.

Organizations may choose to purchase customer relationship management (CRM) software or use existing office software to build their own database for tracking inquiries. The choice depends largely on the number of inquiries anticipated and the complexity of the information being tracked. Both options require ongoing auditing and data cleaning to make data useful for reporting and decision making. Organizations should have policies and procedures in place to support data integrity.

There are a myriad of CRM software options designed for non-profits. Many vendors offer free or low-cost service tiers to small non-profits. When choosing, think about the following:

- Is the system compliant with Canadian and provincial/territorial privacy legislation?
- Does the system have Canadian data residency? This is important to ensure other countries do not have access to private data through servers.
- What is your staff capacity for understanding and using a new technology? What kind of additional training might they need?
- Can the system expand with your needs as inquiries increase?
- Does the system integrate with any existing communication systems (phone, email, text, chat?)

consider

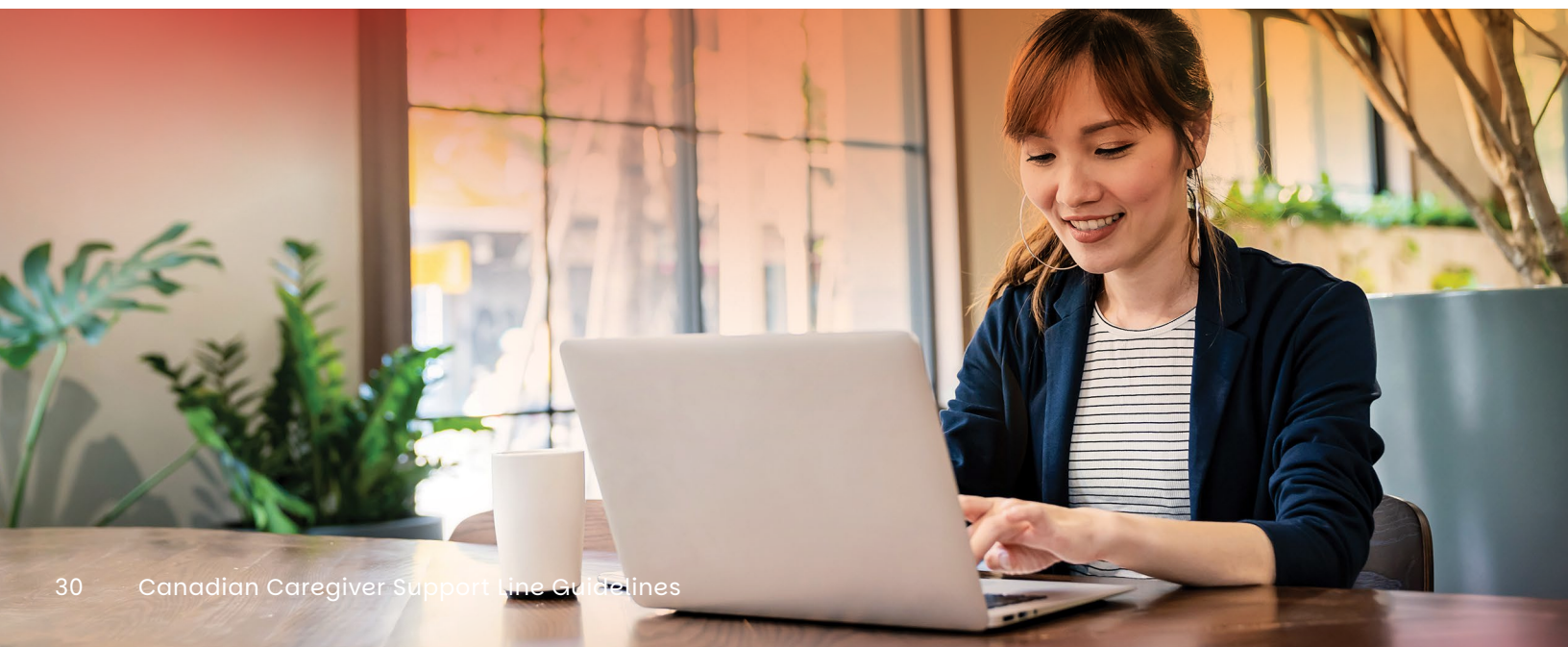
A common misperception is that Excel, OneNote, Google Docs, or SharePoint can be used as an inquiry tracking system without much setup or expertise. Using these tools effectively means creating and maintaining an internal database which requires careful planning and technical skill to implement. Without this support, the system can quickly become disorganized, hard to analyze, and prone to errors. Organizations without internal data analysis or information technology expertise may have a hard time setting up and maintaining a system in this way.

CASE STUDY

Caregivers Alberta: Evolving Technology for Improved Caregiver Support

Over the past several years, the Caregivers Alberta support line has evolved, both in the scope of its services and its technological capabilities. Initially, staff tracked inquiries and information using basic tools like Google Docs, then shifted to Excel spreadsheets as the volume and complexity of data grew but adopting a CRM system has made a significant impact. This innovation allowed the team to capture more comprehensive data, enabling team members to access information easily when they need it.

The journey has not been without its challenges. As is typical with new technology, integration and learning curves have brought growing pains. However, the organization has shown a strong commitment to improvement, patiently addressing integration issues. Even before the CRM is fully integrated, its impact is clear: inquiries are now tracked more systematically, information is centralized, and real-time insights are available. Through ongoing dedication to technological growth and service excellence, Caregivers Alberta is building a foundation for more effective and compassionate support, both now and in the years to come.



Considerations for Inquiry Tracking Approaches

Feature	CRM Software	Office Software (Excel, OneNote, Google Docs, SharePoint)
Supports high inquiry volume	X	
Scalable to multiple staff	X	
Integration with resource & referral database	X	
Easy export of statistics & reports	X	Limited to Excel & SharePoint
Handles complex data needs	X	Limited to Excel & SharePoint
Low cost	Free or non-profit rates available	Included with standard office software
Suitable for low inquiry volume		X
Suitable for single staff operation		X
Requires staff training	X	X
Requires IT and data analysis support	X	X

Organizing Trusted Resources

An accurate, up-to-date resource and referral database is essential for caregiver support lines to provide effective resource referral, allowing staff to quickly identify the most relevant supports for each caregiver. The database must be easily accessible during inquiries and searchable by location, eligibility, and service type to streamline the referral process.

To maintain its usefulness, the database should be reviewed and updated regularly to ensure all listed services are current and reliable. Organizations should have procedures in place to audit information and continually add new resources. There are a number of options for housing resources and referral information.

Integration with Organization Website

It is common for organizations to have a public-facing database on their website. This allows caregivers to search for resources directly, which can

reduce simple information inquiries to the support line. When calling the support line, staff provide additional information such as context, guidance, or personalized referrals. Support line staff can also help caregivers navigate complex eligibility or intake requirements. To facilitate this, staff may have access to an internal profile on the website's database that stores this additional information.

Office Software (OneNote, SharePoint, Google Docs)

Common office software can be used to create a database that allows shared access to resources and referral information. An internal database allows staff to quickly search by key criteria such as location, eligibility, service type, or caregiver need. This could be built using tools like OneNote, SharePoint, or other shared document systems. It's important that repositories built with these tools have a clear structure and that staff have appropriate training to quickly find resources.

Customer Relationship Management Software

CRM software options allow for a resource and referral database integrated with interaction tracking. Staff can access referral information within the same system used to log caregiver interactions. This supports more efficient, personalized service and ensures continuity, especially during staff turnover or shift changes. For organizations already considering a CRM for tracking interactions it makes good sense to use it as a resource and referral database as well.

consider

Before a support line launches, it's essential to have a well-prepared resource and referral database in place. While the database will naturally grow and evolve as caregivers ask new questions and new services become available, having a strong foundational set of information ensures staff can provide timely, accurate, and consistent support from day one. Investing time upfront to gather, verify, and organize resources also helps staff feel confident and reduces delays or confusion during interactions with caregivers.

Considerations for Resource Databases

Feature	Website Integration	CRM	Office Software
Searchable by location, eligibility, service type	X	X	Limited – One Note & Google Docs
Staff only notes or internal fields	X	X	Limited
Integration with inquiry records		X	
Public facing access for caregivers	X		
Automated referral logging	X	X	
Easy reporting and analytics		X	
Requires staff training	X	X	X
Requires expertise to set up	X	X	Limited – OneNote & Google Docs Yes – Sharepoint

Measuring What Matters

Now that you have an idea of the types of supports you will offer and how you will offer them, this final section aims to build evaluative thinking by laying out four key decision points: your purpose in collecting information, choosing the right indicators, thinking about data collection methods, and deciding on how you will report your findings.

As with other sections, it is not intended to be a prescriptive roadmap for evaluation. Rather, it will help guide your evaluation planning in conjunction with your organization's overall evaluation framework and processes.

What Do You Need Information For?

Every organization will have unique goals, contexts, and constraints, which means the questions they have about their support line and what matters most may look different. Evaluation starts with sorting out why you are collecting data and who will use it.

Evaluation questions guide the entire process. They help focus what information is collected, how it is analyzed, and how results are communicated. While it may be tempting to start with indicators or data systems, it's best to first clarify your purpose.

Organizations need data for different reasons. They may want to:

- Report back to their community on how the support line is making a difference.
- Meet funder requirements for accountability and transparency.
- Improve or expand services based on what is working well (or not).
- Monitor daily performance to ensure service standards are met.

- Build an evidence base for advocacy or future funding.
- Or something else entirely.

Once the purpose is clear, evaluation questions can be made that directly align with it. For example:

- How well is the support line meeting the needs of caregivers in our community?
- What types of supports are most frequently accessed, and by whom?
- How do caregivers describe the impact of the support they receive?
- Are there patterns in inquiries that could guide future programming or outreach?

There may also be specific information that must be collected, such as the total number of caregivers served for funder reports, or adherence to a two-day email response standard for internal monitoring. Capture these requirements, but don't skip the earlier step of identifying the broader evaluation purpose. Knowing both why you are collecting data and who it is for ensures the evaluation is practical, intentional, and useful.

What Information Should You Collect?

Selecting the right indicators is about choosing what will provide the most useful and actionable insights into your evaluation questions, given

available resources. Indicators should be both relevant and realistic to collect on an ongoing basis. Each indicator should link directly to one or more evaluation questions, ensuring that data collection efforts are purposeful and relevant. When choosing indicators, organizations should focus on those that align most closely with their goals, available capacity, and context. The objective is not to collect all possible data, but to gather the most meaningful information that answers your evaluation questions.

When deciding which indicators to include, organizations may consider:

- **Relevance:** Does this indicator align with the organization's evaluation questions and goals?
- **Feasibility:** Can this information be collected consistently with available staff, systems, and time?
- **Usefulness:** Will this information meaningfully inform decision-making, improvement, or accountability?
- **Burden:** Does the benefit of collecting this data outweigh the effort required to collect and analyze it?

The indicators outlined here are intended as a starting point. They reflect commonly used indicators for various purposes. Organizations are encouraged to use these examples as a guide, but to engage staff, caregivers, and partners in defining which indicators are most meaningful for their own support line. By tailoring the indicators collected, organizations can ensure they are tracking information that is both meaningful and practical to collect.

Volume & Reach

These indicators help track demand and identify trends in inquiry volume. Information collected can be used to:

- Look at changes over time and assess whether services need to be scaled up or down.
- Look at monthly, weekly, or daily volume trends to anticipate high volume times and adjust staffing.
- Advocate for funding to support additional staff or infrastructure.
- Determine if service standards are being met.

Number of inquiries

Definition: The total number of times a caregiver contacts the support line and receives a response, reported monthly. This metric captures the overall volume of support provided.

What Counts: Each completed exchange where a caregiver reaches out (by phone, email, chat, or text) and staff respond. Multiple contacts from the same caregiver are each counted as separate inquiries.

What Doesn't Count: Attempted contacts where no response was provided (e.g., dropped calls, incomplete messages) or inquiries from non-caregivers (e.g., health professionals, general public).

Suggested Data Collection: Some phone, email, text, and chat systems can record this data automatically. It can also be tracked manually.

In some cases organizations may want to track inquiries from non-caregivers separately.

Time of inquiry

Definition: The specific date and time when a caregiver contacts the support line. This metric helps track usage patterns, peak demand periods, and staffing needs.

What Counts: The exact timestamp of each completed inquiry received via phone, email, chat, or text.

What Doesn't Count: Attempted inquiries where no contact was successfully made (e.g., dropped calls, undelivered emails, failed chat connections).

Suggested Data Collection: Many CRM systems will record this information by default. The time and date of the interaction can also be recorded manually at the beginning of the call.

Abandonment rate

Definition: The percentage of caregiver inquiries that are started but not completed or where the caregiver disconnects before receiving support. This metric measures accessibility and potential barriers to care.

What Counts: Calls, chats, emails, or texts where the caregiver initiates contact but disconnects, hangs up, or stops responding before a staff response is provided.

What Doesn't Count: Completed inquiries where a response was provided, or instances where a caregiver attempts contact but never reaches the support line system.

Suggested Data Collection: Some phone, email, text, and chat systems can record this data automatically. It can also be tracked manually, although it is more time intensive.

Wait time

Definition: The amount of time a caregiver waits before their inquiry is answered by staff. This measures responsiveness of the support line.

What Counts: Time elapsed from when the caregiver initiates contact (e.g., call, message sent) to when a staff member begins interacting with them.

What Doesn't Count: Time spent after the initial contact (e.g., follow-up messages) or waiting time for referrals after the inquiry has been addressed.

Suggested Data Collection: Some phone, email, text, and chat systems can record this data automatically. It can also be tracked manually, although it is more time intensive.

Age range

Definition: The age category of the caregiver contacting the support line, reported monthly. This metric helps understand which age groups are accessing support.

What Counts: Self-reported age category.

What Doesn't Count: Staff assumptions about age based on voice or call content.

Suggested Data Collection: Record the caregiver's age using one of the standard categories below. If the exact age is unknown select "not reported".

Age categories:

- | | | |
|---------|---------|----------------|
| • <12 | • 18–24 | • 65– 74 |
| • 12–14 | • 25–44 | • 75+ |
| • 15–17 | • 45–64 | • Not reported |

Location

Definition: The geographic area where the caregiver resides. This metric helps understand service reach and regional needs.



What Counts: Self-reported geographic area of residence.

What Doesn't Count: Staff assumptions about residence, or secondary measures such as phone number area code or internet protocol (IP) address.

Suggested Data Collection: Record the first 3 characters in the caregiver's home postal code. If the caregiver declines or the postal code is unknown select "not reported".

Language

Definition: The main language spoken by the caregiver. This metric supports language accessibility and planning for translation or interpretation services.

What Counts: Self-reported primary language used for communication.

What Doesn't Count: Staff assumptions about language, or secondary/less frequently used languages.

Suggested Data Collection: After the interaction, caregivers are asked "To help us plan future support in different languages, could you share which language you usually speak?"



First time inquirer

Definition: The total number of caregivers who contact the support line for the first time. This metric measures the reach of the support line and how many new caregivers are accessing services.

What Counts: Each caregiver who has never previously contacted the support line and completes an inquiry by phone, email, chat, or text.

What Doesn't Count: Caregivers who have previously contacted the support line, attempted contacts that were abandoned or incomplete, or inquiries made by non-caregivers.

Suggested Data Collection: After the interaction, caregivers are asked “Have you reached out to our support line before?”

This is my first time / I've contacted before

Repeat inquirer

Definition: The total number of caregivers who contact the support line again after their first inquiry. This metric measures ongoing engagement and the continued relevance of the service.

What Counts: Each caregiver who has previously contacted the support line and completes a new inquiry by phone, email, chat, or text. Multiple repeat

contacts from the same caregiver are each counted as separate returning inquiries.

What Doesn't Count: First-time contacts, abandoned or incomplete inquiries, or inquiries from non-caregivers.

Suggested Data Collection: After the interaction, caregivers are asked “Have you reached out to our support line before?”

This is my first time / I've contacted before

consider

Many organizations set a goal for how long a caregiver will need to wait for a response. For example, “we return emails within 2 business days”. This is called a service standard. You can use abandonment rate and average wait time to determine if you are meeting this service standard.

Service Delivery

These indicators help identify what types of concerns come up most often, what types of supports are commonly provided, and where caregivers are often referred. Information collected can be used to:

- Orient supports to the most common concerns.
- Plan staff training and required qualifications.
- Identify gaps in resources or referral information.
- Advocate for expanded services for caregivers.

Support types

Definition: The total number of caregiver inquiries categorized by the main type of support provided. This metric captures what kinds of support caregivers are most often seeking.

What Counts: Each completed inquiry where staff provide a clearly defined type of support, such as emotional support, informational guidance, resource referral, or enhanced referral. Multiple types provided in one interaction should be categorized according to the primary support offered.

What Doesn't Count: Inquiries from non-caregivers or interactions where no service was delivered (e.g., dropped calls).

Suggested Data Collection: Each inquiry is assigned to one primary support type based on the main service provided during that interaction. If multiple types of support are provided, staff should record the type that best reflects the main purpose or outcome of the inquiry.

Support type categories:

- General Information – Providing basic caregiving or organizational information.
- Emotional Support – Offering listening, empathy, or reassurance.
- Resource Referral – Directing caregivers to external programs, services, or supports.
- Enhanced Referral & Navigation – Providing a warm handoff or assisting with forms/intake for external services.
- Program Intake – Completing the intake process for internal organizational programs.
- Limited Case Coordination – Following up or coordinating across multiple services without full case management.

Primary need

Definition: The main issue or concern that prompted the caregiver to contact the support line, reported monthly. This metric helps understand what types of support caregivers are seeking most often.

What Counts: The caregiver's self-identified reason for contacting the support line during a completed interaction, chosen from a set list.

What Doesn't Count: Secondary or minor concerns mentioned in passing, incomplete or abandoned inquiries, or issues reported by someone other than the caregiver (e.g., a family member calling on behalf of the caregiver without their input).

Suggested Data Collection: After the interaction, each inquiry is assigned one primary need, reflecting the main reason the caregiver reached out. If multiple issues are discussed, staff should select the need that best represents the main focus of the interaction.

Primary need categories:

- Disease/Condition/Age-Specific Information – Information about a particular illness, disability, condition, or aging.
- Basic Needs/Safety – Support related to daily living, personal safety, or immediate care needs.
- Financial Concerns – Questions about costs, benefits, or financial assistance.
- Social Engagement & Wellbeing – Support for maintaining social connections, mental health, or overall wellness.
- Legal Concerns – Guidance related to legal rights, powers of attorney, or guardianship.
- Respite & Home Care – Assistance with arranging respite services or home care supports.
- Facility-based Care – Assistance with navigating continuing care, long-term care, seniors lodges, etc.
- Grief, Loss & Palliative Care – Emotional support related to bereavement, end-of-life care, or anticipatory grief.
- Medical Assistance & Transition Services – Help navigating medical appointments, transitions between care settings, or home-to-hospital transitions.
- Advocacy & Communication – Support with communicating with service providers, institutions, or advocating for a care recipient.
- Caregiving & the Workplace – Balancing caregiving responsibilities with employment, leaves, or workplace accommodations.
- Caregiving and the Education system – balancing caregiving responsibilities with schooling, leaves, and accommodations.

- Crisis – Immediate, urgent issues that require intervention or referral to crisis intervention services.
- Unclear / Other – When the primary need cannot be determined or does not fit any category above.

Resources/referrals provided

Definition: Any resources, referrals, or information given to the caregiver during a contact with the support line, reported monthly. This metric helps understand what types of assistance caregivers are actually receiving.

What Counts: Any guidance, resources, or referrals provided by staff during a completed interaction, including links to programs, printed materials, contact information for services, or step-by-step instructions to access supports.

What Doesn't Count: General conversation or emotional support that does not include actionable information, incomplete exchanges where the caregiver did not receive the resource or referral, or staff-only notes that are not communicated to the caregiver.

Suggested Data Collection: After the interaction, record each type of resource or referral provided to the caregiver. A single inquiry may involve multiple resource types.

Resource type categories:

- Disease/Condition-Specific Information – Information about a particular illness, disability, or condition.
- Basic Needs/Safety – Resources related to daily living, personal safety, or immediate care needs.
- Financial – Guidance on costs, benefits, financial assistance, or funding programs.
- Social Engagement & Wellbeing – Resources that support social connection, mental health, or overall wellness.
- Legal – Referrals or guidance on legal rights, powers of attorney, or guardianship.
- Respite & Home Care – Resources for arranging respite services or home care supports.
- Facility-based Care – Assistance with navigating continuing care, long-term care, seniors lodges, etc.
- Grief, Loss & Palliative Care – Resources for

bereavement, end-of-life support, or anticipatory grief.

- Medical Assistance & Transition Services – Help navigating medical appointments, care transitions, or hospital-home transitions.
- Advocacy & Communication – Resources that help caregivers communicate with service providers or advocate for care recipients.
- Caregiving & the Workplace – Resources for balancing caregiving with employment, leaves, or workplace accommodations.
- Caregiving and the Education system – balancing caregiving responsibilities with schooling, leaves, and accommodations.
- Crisis – Resources for urgent issues requiring immediate intervention or referral to crisis intervention services.
- None – No resource was provided during the interaction.

Caregiver Experience

These indicators help capture how caregivers perceive the support they receive, including satisfaction, usefulness of information, and whether their needs feel understood. Information collected can be used to:

- Adjust services to better meet caregiver expectations.
- Inform staff training on communication, empathy, and resource navigation.
- Identify areas where additional support types may be needed.

Caregiver reported usefulness

Definition: Measures how useful caregivers perceive the support line to be. This metric helps understand the value of the services from the caregiver's perspective.

What Counts: Self-reported indications from caregivers about the usefulness of the support line, collected through post-contact surveys, follow-up calls, or structured feedback forms.

What Doesn't Count: Observations or assumptions made by staff, or general feedback.

Suggested Data Collection: After the interaction, caregivers are asked “How useful was the support line in addressing your needs today?”

Rating scale:

- extremely useful
- very useful
- Somewhat useful
- A little useful
- Not useful at all
- Don’t know / Declined to answer

Caregiver reported support

Definition: Captures how much support a caregiver felt they received during their interaction with the support line, reported monthly. This metric helps understand the perceived intensity or depth of support from the caregiver’s perspective.

What Counts: Self-reported indications from caregivers about the level of support they felt during the interaction, collected through post-contact surveys, follow-up calls, or structured feedback forms.

What Doesn’t Count: Observations or assumptions made by staff, or general feedback.

Suggested Data Collection: After the interaction, caregivers are asked how much they agree with the

following statements “I felt listened to during this interaction”

rating scale:

- strongly agree
- agree
- disagree
- strongly disagree

Caregiver reported stress reduction

Definition: The change in stress levels that caregivers report experiencing after contacting the support line. This metric measures the support line’s impact on caregiver well-being.

What Counts: Self-reported indications from caregivers that their stress or worry has changed following the interaction, collected through post-contact surveys, follow-up calls, or structured feedback forms.

What Doesn’t Count: Observations or assumptions made by staff, or general feedback.

Suggested Data Collection: After the interaction, caregivers are asked “After speaking with our support line, how would you describe your level of stress?”



Response options:

- Much higher than before
- Somewhat higher than before
- About the same
- Somewhat lower than before
- Much lower than before

How Will You Collect It?

Once you have a strong set of indicators clearly link each one to one or more data sources. Data sources are the places you will get the data from. They might include automated system reports (e.g., call volume, response times), staff documentation (e.g., support type, primary need), caregiver feedback tools (e.g., surveys or post-interaction questions), or document reviews (case note review).

A clear plan for data collection helps ensure that information is accurate, reliable, and meaningful over time. It also helps everyone understand where data comes from, how it will be recorded, and how it will be used to learn and improve services.

Before collecting data, make sure you have a plan for:

- Who is responsible for data entry and oversight.
- How often data will be reviewed or reported.
- What quality assurance measures will be in place (e.g., regular audits, training refreshers).
- How privacy and confidentiality will be maintained, particularly for personal caregiver information.

Ethical Data Collection

Effective support lines must responsibly manage the data they collect, especially any personal or potentially identifying information. Ethical, consistent, and privacy-compliant data practices are essential to maintain trust, protect caregivers, and reduce organizational risk. By grounding data management in best practices, support lines can ensure that information is handled transparently, securely, and respectfully, while supporting staff in making informed, responsible decisions. These practices provide a foundation for safe, effective, and accountable service delivery:

- Collect only the minimum information needed to provide support.¹⁴

- Use data exclusively for its intended purpose, ensuring that it is not repurposed without explicit consent.¹⁵
- Clearly inform caregivers about the reasons data is being collected and how it will be used.¹⁶
- Ensure robust security measures, including encryption and secure storage, to protect personal data from unauthorized access.¹⁷
- Establish clear data retention policies, specifying how long personal data will be kept and the criteria for its retention.¹⁸
- Stay updated on relevant laws and regulations, ensuring that data practices align with legal requirements.
- Provide ongoing training for staff on data privacy principles, security protocols, and ethical data handling practices.¹⁹



More Resources

Data Governance – Part 11:

Delivery of Community and Human Services

This data governance standard specifies the minimum requirements for the responsible and privacy-preserving collection, access, use, sharing and storage of personal information by non-profits.

<https://carleton.ca/profbrouard/wp-content/uploads/standardNSCDGSIcANDatagovernanceCANDGSI-100-11-2025-03-27EN.pdf>

A Framework For Nonprofit Data Strategies

The Ontario Nonprofit Network's Framework for Nonprofit Data Strategies which includes discussion of governance, standards, equity, privacy, and capacity as well as linking to additional resources.

theonnn.ca/wp-content/uploads/2023/06/A-framework-for-nonprofit-data-strategies.pdf



consider

If you've engaged a vendor to operate your support line, there are additional considerations related to evaluation and data management. Beyond the general practices outlined above, you may want to periodically review call recordings or message transcripts to ensure information is accurate and support is delivered at a high standard. It is also essential to have a data-sharing agreement in place that specifies what information is collected from caregivers, how it will be used, and who has authorized access.

What Will You Do with It?

Once there is a plan for data collection, it is important to plan how the data will be used and shared. Returning to the original purpose for collecting the data can help guide these decisions. For example:

- If the goal is to share successes with the community, consider the most effective and accessible ways to do so. You might consider presentations at annual meetings, online briefs, or highlights in newsletters.
- If the intent is to monitor service standards and identify opportunities for improvement, determine how often the data will be reviewed, who will be responsible for reviewing it, and how findings will be acted upon.

Establishing a clear plan for data reporting and review ensures that information is not only collected but also used meaningfully to strengthen the support line.



More Resources

Evaluation Design

Better Evaluation's primer on evaluation design. This resource includes more detailed descriptions of the concepts in the Measuring What Matters section.

www.betterevaluation.org/frameworks-guides/managers-guide-evaluation/evaluation-design

Program Evaluation

The Nonprofit Development Institute's framework for evaluation design gives step by step guidance on conducting an evaluation in a non-profit context.

<https://thecne.org/wp-content/uploads/2016/06/Program-Evaluation-A-Primer-for-Nonprofit-Organization.pdf>



Appendices

Caregiver Support Line Planning Workbook

Setting the Stage

Who are the caregivers you are trying to reach?

Describe the group of caregivers you are trying to reach

Characteristic	Notes
Age	
Geographic location	
Primary language(s)	
Urban or rural	

Are you trying to reach caregivers who often face barriers accessing services? These may include:

- Newcomers
- 2SLGBTQ+ caregivers
- Young caregivers
- Low-income caregivers
- Caregivers with disabilities
- Indigenous caregivers



For more help defining your community of focus, see **Pre-Planning Guiding Questions**. For information about reaching young caregivers, see Considerations for **Reaching Young Caregivers**.

How will the support line compliment or fill gaps in other services?

- What are the other caregiver or general support lines that the caregivers you are trying to reach might access?
- What partnerships or linkages do you have in place to support navigation and referral?



For more help thinking about where your support line fits in the larger system, see **Pre-Planning Guiding Questions**.

Which supports will you offer?

Core Supports	Will you offer?	Notes
General Information – Providing basic caregiving or organizational information.		
Emotional Support – Offering listening, empathy, or reassurance.		
Resource Referral – Directing caregivers to external programs, services, or supports.		
Enhanced Supports	Will you offer?	Notes
Enhanced Referral & Navigation – Providing a warm handoff, assisting with forms/intake for external services, and navigating systems.		
Program Intake – Completing the intake process for internal organizational programs.		
Limited Case Coordination – Following up or coordinating across multiple services without full case management.		



For more information on common supports, see **Common Supports Provided**.

Putting It Together

Which communication method(s) will your support line offer?

Communication method	Will you offer?	Platform Options	Will you use?	Notes
Phone		Traditional land line		
		VoIP system		
Voicemail		Traditional land line		
		VoIP system		
Email		Central email with shared inbox		
Text		SMS-enabled phone line		
		Secure messaging platform		
Chat		Web-based live chat widget		
Multiple		VoIP-based contact centre solution		
		Omni-channel solution		
Other				



For more information on communication methods, see **How Will Caregivers Connect** and **Comparing Support Line Communication Options**.

For more information on platform choices, see **Decision Tree for Phone, Email, Text, and Chat Platforms** and **Hardware Considerations**.

Will you offer options to enhance accessibility? If so, which ones?

For considerations around accessibility, see **Considerations for Support Line Accessibility**.

How will your line be staffed?

Staffing Approach	Will you use?	Notes
Internal-centralized		
Internal-regionalized		
Vendor-operated		
Volunteer-based		
Hybrid		



For more information on staffing approaches, see **Comparing Staffing Approaches** and **Staffing Approaches Pros & Cons**.

Where will you keep resource and referral information?

Database options	Will you use?	Notes
Integration with website		
Existing office software		
CRM software		



For more information on databases, see **Considerations for Resource Databases**.

Measuring What Matters

What do you need information for?

What are your main reasons for collecting information?	Who will use this information?	What big questions (evaluation questions) do you have?
Reason 1		Question 1
		Question 2
Reason 2		Question 1
		Question 2



For more information on evaluation questions, see **What Do You Need Information For?**

What Information Will You Collect?

Evaluation Question	Indicator	How will you collect this?	How will you report this data to the people who need it?



For more information on indicators see **What Information Should You Collect?** For more information on data collection and reporting see **How Will You Collect It?** and **What Will You Do with It?**

Summary Models

Organization	Description	Method of Delivery				Operator Information	Model	General Information
		Phone	Email	Chat	Text			
Caregivers Nova Scotia	Caregivers call a central 1-800 line and provide initial information about their inquiry. The central support worker responds to general information requests. If the request requires additional support, the central operator sends an email referral to the appropriate regional caregiver support worker. The regional support worker returns the caregiver's call and provides support by phone. Resources are sent by email following the phone call. Calls received outside of operating hours are returned the next day.	X				<p>7 staff (6 regional & 1 central)</p> <p>Various backgrounds (gerontology, social work, nursing, disability)</p> <p>Previous caregiving experience is a significant benefit.</p> <p>Regional support workers build their knowledge and networks through connections with organizations and services in their own region.</p>	In-house -regionalized	X
Ontario Caregiver Organization	Caregivers call a 1-800 line which is routed to 211. Specially training 211 operators handle caregiver calls. Operators provide support which may include referral to OCO for complex situations. Caregivers may be booked for a follow up call by the operator if requested to provide next-stage support. Resources are sent by email following the phone call or chat.	X		X		<p>30 specially trained 211 operators.</p> <p>OCO provides training to operators which was co-developed by OCO & 211. It includes facts about caregivers, common caregiver needs, tips on working through calls, and overview of the OCO website resources and services. Additional bulletins and opportunities to connect with OCO staff are made available on a regular basis.</p>	Outsourced	X

Emotional Support	Method of Delivery				Hours of Service	Accessibility & Languages	Scale	Evolution
	Resource Referral	Enhanced Referral & Navigation	Program Intake	Limited Case Coordination				
X	X	X	X	X	Mon-Fri 8:30am-4:30pm AST, excluding holidays	<p>Services available in English and French.</p> <p>Caregivers without email access are mailed copies of resources.</p>	"Provincial - Nova Scotia 250 calls per month"	Initially began as a centralized line in Halifax and then expanded to 6 regions as funding resources grew.
X	X		X		<p>Phone: 24/7</p> <p>Chat: Mon-Fri 9:00am-7:00pm EST</p>	<p>Services are available in both French and English. Interpretation services in 150 languages is available as needed.</p> <p>Caregivers without email access are mailed copies of resources.</p>	"Provincial - Ontario 212 contacts per month"	Relationship with 211 has evolved overtime to allow closer linkages between OCO and the specialist operators. This has aided in high quality responses to caregivers.

Summary Models

Organization	Description	Method of Delivery				Operator Information	Model	General Information
		Phone	Email	Chat	Text			
Family Caregivers of British Columbia	Caregivers call a 1-800 central Caregiver Support Line and are offered emotional, informational and system navigation support, and brief action plans when appropriate. Resources are sent by email following the phone call. Caregivers can book a follow-up call to provide next-stage support. Calls received outside of operating hours, or when the line is busy are returned ASAP.	X	X			3 staff, various backgrounds in health and social work; previous caregiving experience a benefit; additional training in motivational interviewing (brief action planning) and handling complex/challenging situations; staff are cross-trained in FCBC programs and time-on-calls are limited per week for optimal performance.	In-house - centralized	X
Caregivers Alberta	Caregivers call the main organization phone line and are routed to the client intake coordinator. Referrals, emails and webform inquiries are also routed to the client intake coordinator. Support is provided. Calls received outside of operating hours, or when the line is busy are returned ASAP. Support can also be provided by text but this is not advertised.	X	X			1 staff manages all inquiries and manages resource repository. Additional training in motivational interviewing. Support staff are cross trained to answer calls when the client intake coordinator is unavailable. This includes direct shadowing of the position.	In-house - centralized	X

Method of Delivery					Hours of Service	Accessibility & Languages	Scale	Evolution
Emotional Support	Resource Referral	Enhanced Referral & Navigation	Program Intake	Limited Case Coordination				
X	X	X	X		Mon-Fri 8:30am-4:00pm PST, excluding holidays	<p>Services available in English.</p> <p>Email responses are available to those who don't want to use the phone.</p>	"Provincial - British Columbia 157 calls per month"	Twenty years as a local, community-based service; expanded to provincial call line in 2010 and refined training, organizational processes, data tracking and reporting, adding a CRM database and digital resource and referral library for call line staff. Periodic offers (testing) of after-hours service consistently not utilized. After hours support can be booked on a case-by-case basis.
X	X	X	X	X	Mon-Fri 9:00am-4:30pm MST, excluding holidays	Services available in English.	"Provincial - Alberta 70 calls per month"	Overtime, the support line has become more specialized and centralized, moving away from solely general information inquiries to more in-depth support.

Sample Budget Template

This excel-based template can be used as a starting point for determining a budget for your support line. Expenses differ greatly depending on the communication methods, support types, scale of support, and systems needed. This budget template does not include basic organizational costs such as office space, utilities, or administration.

Salaries

Support Line Manager or Volunteer Coordinator	Estimated Amount (CAD)	Notes
Gross Salary		
Canadian Pension Plan		
Employment Insurance		
Workers Compensation Premiums		
Other Benefits (Health, Dental, RRSP Matching)		
Total		\$ Annually
Support Line Staff 1	Estimated Amount (CAD)	Notes
Gross Salary		
Canadian Pension Plan		
Employment Insurance		
Workers Compensation Premiums		
Other Benefits (Health, Dental, RRSP Matching)		
Total		\$ Annually
Support Line Staff 2	Estimated Amount (CAD)	Notes
Gross Salary		
Canadian Pension Plan		
Employment Insurance		
Workers Compensation Premiums		
Other Benefits (Health, Dental, RRSP Matching)		
Total		\$ Annually
Support Line Staff 3	Estimated Amount (CAD)	Notes
Gross Salary		
Canadian Pension Plan		
Employment Insurance		
Workers Compensation Premiums		
Other Benefits (Health, Dental, RRSP Matching)		
Total		\$ Annually
Total Salary Expenses		\$

Training and Development

Support Line Manager or Volunteer Coordinator	Estimated Amount (CAD)	Notes
Leadership & teambuilding		
Trauma informed & strengths based approaches		
Cultural safety & humility		
Understanding caregiving		
Privacy, consent, & data ethics		
Technology – caregiver interaction tracking, resource database systems		
Reflective supervision		
Total	\$	Annually
Support Line Staff 1	Estimated Amount (CAD)	Notes
Support line orientation		
Active listening & motivational interviewing		
Managing difficult calls		
Confidentiality, consent & documentation		
Trauma-informed & culturally safe approaches		
Understanding caregiving		
Data keeping practices		
Technology – caregiver interaction tracking, resource database systems		
Total	\$	Annually
Support Line Staff 2	Estimated Amount (CAD)	Notes
Support line orientation		
Active listening & motivational interviewing		
Managing difficult calls		
Confidentiality, consent & documentation		
Trauma-informed & culturally safe approaches		
Understanding caregiving		
Data keeping practices		
Technology – caregiver interaction tracking, resource database systems		
Total	\$	Annually
Support Line Staff 3	Estimated Amount (CAD)	Notes
Support line orientation		
Active listening & motivational interviewing		
Managing difficult calls		
Confidentiality, consent & documentation		
Trauma-informed & culturally safe approaches		
Understanding caregiving		
Data keeping practices		
Technology – caregiver interaction tracking, resource database systems		
Total	\$	Annually
Total Training and Development Expenses	\$	

Operational Expenses

Toll-free or dedicated phone numbers	Estimated Amount (CAD)	Notes
Total	\$	Annually
Text/SMS service costs	Estimated Amount (CAD)	Notes
Total	\$	Annually
Software subscription or licensing	Estimated Amount (CAD)	Notes
Office software		
CRM		
Communication platforms		
Hosting fees		
Total	\$	Annually
Chat or web messaging tools	Estimated Amount (CAD)	Notes
Total	\$	Annually
Email management tools	Estimated Amount (CAD)	Notes
Total	\$	Annually
Call recording & storage	Estimated Amount (CAD)	Notes
Total	\$	Annually
IT support/set up costs	Estimated Amount (CAD)	Notes
Total	\$	Annually
Accessibility or translation tools	Estimated Amount (CAD)	Notes
Total	\$	Annually
Data security & backup	Estimated Amount (CAD)	Notes
Total	\$	Annually
Total Operational Expenses	\$	

Capital Expenditures

Office Furniture and Supplies	Staffing #/ Item #	Price per Staff/ Item	Estimated Amount (CAD)	Notes
Office Desks				
Office Chairs				
Filing Cabinets & Secure Storage				
Total			\$	
IT Infrastructure and Supplies	Staffing #/ Item #	Price per Staff/ Item	Estimated Amount (CAD)	Notes
Computers & Laptops				
Printers & Scanners				
Headphones & microphones				
Cell Phones <ul style="list-style-type: none"> • Device • Plan 				
Internet & Wi-Fi Access				
Total			\$	
Total Capital Expenditures			\$	

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