

CLC Submission to the Government of Canada on Labour Shortages, Working Conditions and the Care Economy

Submitted to the
Standing Committee on Human Resources, Skills and Social
Development and the Status of Persons with Disabilities (HUMA)

April 5, 2022



the 1990s, the number of people in the world who are under 15 years of age is expected to increase from 1.1 billion to 1.5 billion (United Nations 1998).

There are a number of reasons why the number of children in the world is increasing. One of the main reasons is that the number of children who are surviving to the age of 15 is increasing. This is due to a number of factors, including improved healthcare, better nutrition, and a decrease in child mortality.

Another reason why the number of children in the world is increasing is that the number of children who are being born is increasing. This is due to a number of factors, including a decrease in the age at which women are having children, and an increase in the number of children who are being born to women who are already having children.

There are a number of challenges that are associated with the increasing number of children in the world. One of the main challenges is that there are not enough resources to provide for all of the children. This is particularly true in developing countries, where there is a lack of access to education, healthcare, and basic necessities.

Another challenge is that there are not enough jobs available for the children who are growing up. This is particularly true in developing countries, where there is a high level of unemployment. This means that many children are forced to work to support their families, which can have a negative impact on their education and health.

There are a number of ways that we can address these challenges. One way is to improve access to education, healthcare, and basic necessities. This can be done through a number of ways, including increasing government spending, and increasing international aid.

Another way is to create more jobs for the children who are growing up. This can be done through a number of ways, including increasing investment in infrastructure, and promoting entrepreneurship.

There are a number of other ways that we can address these challenges, including increasing the age at which women are having children, and increasing the number of children who are being born to women who are already having children.

The increasing number of children in the world is a major challenge that we need to address. It is important that we take action now to ensure that all children have the opportunity to live a better life.

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Recommendations

1. Ensure the implementation of the child care agreements enshrining the principles of affordable, inclusive and high-quality early learning and child care in legislation, and increase investment in early learning and child care workers.
2. Form a Care Economy Commission to study, design and implement a comprehensive Canadian care strategy that would:
 - create a broader and inclusive labour-market strategy to achieve high-quality, equitable care jobs;
 - examine paid and unpaid care work and develop a roadmap to meet the increasing demands for care; and
 - reduce and redistribute women’s unpaid care work by improving access to public care services for children, the elderly and people living with disabilities.
3. Ratify the International Labour Organization’s Convention 189 on decent work for domestic workers.
4. Prioritize and further accelerate the foreign credential recognition supports for internationally educated nurses (IENs) in Canada.
5. Accelerate processing of permanent residency for immigrant care workers, in particular for IENs, migrant caregivers and health care workers.
6. Invest in public social infrastructure and care work as part of Canada’s commitment green/low-emission jobs amid the climate crisis.
7. Develop broadly based just transition programs for workers, equity-seeking groups and communities in the care sectors.

Introduction

The CLC represents workers in every public and private sector in Canada. Many of the unionized workers are in Canada's care sectors such as child care, education, health care, social services and community care and seniors' care sectors. We also represent many workers in construction and the building trades, agriculture and agri-food, transportation and manufacturing. We welcome the opportunity to make a submission on *Labour Shortages, Working Conditions and the Care Economy*.

This HUMA study on *Labour Shortages, Working Conditions and the Care Economy* is an important effort during such unprecedented times. The COVID-19 pandemic, the prominent rise of populism and the Russian invasion of Ukraine is changing many dynamics and the order of society as we know it. Growing inequalities make us less resilient and more vulnerable – a lesson from the pandemic that if ignored will be our peril. At the heart of it all are workers and people who by their own values and determination are getting us through the pandemic and now the reverberations of the war in Ukraine.

Canadians are at the crossroads of determining the kind of future we want, and that we want to leave to generations that will come after. Canada's unions have strongly advocated for a worker-centred recovery that's equitable and fair to everyone. This must be the foundation on which we base our response to labour force development, improving working conditions and creating a truly caring economy and society.

Care Sectors

We all need care at some point in our lives. Our jobs, our families and our economy depend on having our care needs met.

During the COVID-19 pandemic, caregivers were essential to sustaining the economy, community and families. We owe a debt of gratitude to the more than three million people who work in paid care occupations, making up nearly one-fifth (19 percent) of the total employed population in Canada.

Care work includes health care and mental health, child care, early childhood education, care for the elderly and people with disabilities, domestic work and other vital social and health care services that support our families and communities.

The vast majority of both paid and unpaid care work is done by women. Even before the pandemic, most unpaid caregivers provided one to three hours of care a week in Canada. Globally, women perform more than three times the hours of unpaid care work than men do.

The care sector is dominated by low-wage and often precarious workers who are predominantly women, many of whom face multiple and intersecting forms of discrimination.

The COVID-19 pandemic has exposed deep and long-standing cracks in our care systems. The climate crisis, an ageing population and a prolonged pandemic make it even more urgent that we address these deficits immediately.

At the crossroads, the Canadian government must provide a large-scale investment in care systems that support everyone who needs and provides care – including child care, early childhood education, disability and long-term care and elder care.

It's going to take real action to realize everyone's right to receive quality care, and to ensure the right to decent work for those providing care services.

Canada's unions have been sounding the alarm about the challenges of care work even before the pandemic, in particular in the child care and health care sectors. In our view, staffing challenges in the care economy result from the following causes:

- heavy demands of unpaid work among women-dominated workforces;
- staffing shortages fueled by years and even decades of fiscal austerity and spending cuts, leading to high workloads and poor retention;
- low wages and poor working conditions;
- rising harassment and violence; and
- a lack of workforce planning.

The pandemic not only exposed but compounded existing challenges in paid and unpaid care work – and the toll of this crisis is pushing care workers and care sectors to a breaking point. To continue to combat inequities in the gender division of paid and unpaid care, and to ensure decent jobs and high-quality care for children, adults and seniors, it's essential to invest in high-quality public services and workforce planning now.

After two unrelenting and grueling years, droves of workers are leaving the care sectors. The challenges in the child care sector were so bad that even as early as 2013, one-in-four child care workers said they planned to exit the sector within three years while 63 percent of employers had a hard time filling vacancies.

This situation became especially dire during the long course of the pandemic with repeated temporary closures of child care sites. Child care workers were expected to absorb the job insecurity and income instability while working for low pay, having no access to proper testing or PPE and working with unmasked and unvaccinated children. More than 95 percent of child care workers in Canada are women. After the first year of the pandemic, employment among child care workers decreased by 21 percent compared to three percent of total employment in Canada.¹

In 2019, before the pandemic, there were nearly 320,000 child care workers or 1.6 percent of all employed workers in Canada. Almost one-third of child care workers were immigrants or non-permanent residents, while they account for one-quarter of workers in all other occupations.²

A PEI report in 2019 looked at why one-third of the province's child care workers left employment in the sector. The main reason given by former child care workers was the low pay.³ Low wages is a perennial deterrent to the recruitment and retention of child care providers across the country, with wages often falling below what is considered a living wage. With added inflation and a lack of affordable housing options, child care workers are among the many people in Canada who cannot keep up.

However, low wages are not the only issue. Most child care workers do not have access to good workplace benefits, 10 paid sick days, or employer sponsored training, education and skills development.

Health care is another critical area that is experiencing labour shortages. The pandemic has exacerbated Canada's health care worker shortage that pre-dates the COVID-19 health crisis. Health care workers – nurses, nurse aides, personal support workers and homecare workers – are very overworked, underpaid, burnt out, experiencing worsening mental health and face rising violence and harassment. The unrelenting waves of COVID-19 have dangerously stretched hospital capacity and resulted in the tragic loss of many lives in long-term care homes. The pandemic has also exacted its toll on homecare and community care including shelters for women fleeing abuse and the homeless. These workplaces have also been experiencing high staff turnover and labour shortages.

A national study conducted by the Canadian Federation of Nurses Unions (CFNU) found that 61 percent of nurses reported a serious problem with violence over a recent 12-month period and two-thirds considered leaving their jobs as a result.

In addition to physical injury, workplace violence has a serious impact on workers' mental health, as revealed by a 2020 CFNU study that found disturbing rates of mental disorder symptoms among nurses. Physical assault was the traumatic event most reported, affecting 92.7 percent of nurses. Nearly half of nurses (46.4 percent) reported exposure to physical assault 11 or more times.

Young and racialized women workers have also reported higher levels of harassment, verbal abuse and racism in the workplace throughout the pandemic. Often in precarious, low-wage and frontline positions with limited labour protections, they have experienced increased workloads and new hazards including increased risks of exposure to COVID-19 and backlash in enforcing pandemic safety measures.

After 22 months of the pandemic, health care workers are leaving the sector in great numbers. A survey conducted in October 2021 found that a majority (54 percent) of health care workers said they are considering leaving the health care system to work in another sector.⁴ The main reason, according to 70 percent of workers surveyed, were poor wages and unsafe working conditions. In addition, 72 percent of personal support workers were preparing to leave the homecare workforce because of high gas prices and low pay.⁵ Before the pandemic, 60 percent of nurses said they intended to leave their jobs within the next year, and more than one quarter (27.1 percent) of these nurses wanted to leave the profession altogether.⁶

In addition, there are immigrant and migrant health care workers who are in jobs that are not commensurate with their international education and experience. This population of workers needs Canadian recognition of their education and experience,

requiring prior learning assessment and recognition (PLAR) and/or foreign credential recognition (FCR) as such for IENs. The immigration backlog for processing permanent residency applications stood at 1.84 million in mid-March 2022. This keeps many migrant care workers from participating in the care workforce, in particular for IENs, migrant caregivers and health care workers.

There is also a disproportionate concentration of racialized, immigrant and migrant women in low-wage health care jobs such as nurse aides, orderlies and patient service associates. Black and Filipino women are overrepresented in positions of nurse aides, orderlies and patient service associates.⁷ Filipino women were also overrepresented among care providers and educational workers, child care providers and home support workers and housekeepers.⁸

Many racialized workers caring for children, elderly or those with medical needs are migrant caregivers. Canada's unions have fought and continue to fight for migrant caregivers' rights. During the pandemic, some of the key issues reported by this invisible workforce of women workers included intensification of work, unpaid wages for extra hours of work, immigration and work permit processing difficulties as well as employer control over their movement in public. The latter includes barring the migrant caregivers from leaving the employer's home during the pandemic, getting groceries, sending remittances, accessing health care and using public transit.⁹

Aside from low wages and wages that undervalue care work, there is also a gender and racial wage gap. Women earn much less than men working in care. On average, women had lower earnings than men (\$59,300 vs. \$73,400) according to Statistics Canada.¹⁰ Indigenous, racialized and immigrant women had the lowest earnings comparatively.¹¹

Invest in public social infrastructure and care work

Paid care work is a key engine of the economy, while unpaid care work subsidizes it. This relationship of paid and unpaid care work has deleterious effects on women, many of whom face multiple and intersecting forms of discrimination. We need to approach care in a systemic manner, acknowledging and integrating the relationship between paid and unpaid work, and the interrelationships between various care sectors.

Low wages and poor working conditions in the care economy are a sign of an inequitable system, not of a lack of a skilled labour force or of jobs that are not labour intensive. Care workers need investments in better, safer jobs that compensate them fairly.

We need public investments in the care economy to address the pandemic's impact, especially on women workers. We have to create a more equitable and resilient care system by reducing and redistributing the unfair distribution of unpaid care work, creating high-quality green jobs and helping meet current and rising care needs.

It is critical that care work be integrated into Canada's response to the climate crisis and any climate, workforce and infrastructure policies. The majority of what we perceive to be green jobs fall into male-dominated sectors. Equitable and gender-responsive policy must consider care work and include workforce investments in low-emitting jobs related to the wellbeing of people and the planet. This would ensure high-quality and decent work in sectors where women, migrant workers and other equity-seeking groups are disproportionately represented. Greater investments in the care economy must be a component of Canada's National Adaptation Strategy, as we respond to the current and future impacts of climate change, increasing the need for care services. Investing in social protection, including a strong care economy can also provide stability for communities in the transition to a net-zero economy.

Another important step in the direction of a new workforce strategy is the progress toward a national system of affordable, accessible child care in Canada. This is a crucial investment in women's full and equal labour-market participation. As the system

expands it is important to address the challenges facing the child care workforce. We want this to result in well-paid and high-quality early learning and child care jobs.

We need a new workforce planning strategy of systematically investing in care workers to supply current and future labour needs. A new Care Economy Commission could examine the challenges facing all care sectors and develop an integrated approach.

The roadmap for such a Commission has been well established by the International Labour Organization's ground breaking report on [care work and care jobs](#), which examines paid and unpaid care work and sets out policy recommendations and measures in what they call the 5R Framework for Decent Care Work: to *recognize*, *reduce* and *redistribute* unpaid care work; to *reward* paid care work, by promoting more and decent work for care workers; and to guarantee care workers' *representation*, social dialogue and their right to collective bargaining.

The Care Economy Commission should apply this framework to the Canadian context. Strong policy will define the level of security of decent employment, the working conditions, the pay and the benefits for care workers. The result should be an integrated strategy that includes sector-specific policy recommendations.

Conclusion

Before the toll of the pandemic, almost one-in-five people worked in the paid care sector, and unions were already sounding the alarm of a shortage of labour, especially in the health care sector. The inhuman demands on health care workers during the pandemic has prompted many to leave the sector. The demands on child care workers were also brutal with lack of priority for their health and safety in the workplace, coupled with untenable job insecurity and income instability. Similarly, other care workers including janitorial and cleaning staff, food service workers, domestic workers and social workers have given to all of us in immeasurable ways while putting themselves and their families at risk of COVID-19, and many making low-wages.

Care workers and care provision are at a critical juncture. Canada's unions are calling for the government to act immediately and decisively with actions to create a national care strategy. This strategy can address the immediate worker shortages as well as build into the future as part of just transition and a decarbonized economy.

Canadian Labour Congress

The CLC is Canada's largest central labour body and speaks on issues of national importance for three million unionized workers across Canada. The CLC brings together more than 50 national and international unions in Canada, as well as 12 provincial and territorial federations of labour, and over 100 labour councils.

¹ Sharanjit Uppal and Katherine Savage. June 25, 2021. *Child care workers in Canada*. <https://www150.statcan.gc.ca/n1/pub/75-006-x/2021001/article/00005-eng.htm>

² Sharanjit Uppal and Katherine Savage. June 25, 2021. *Child care workers in Canada*. <https://www150.statcan.gc.ca/n1/pub/75-006-x/2021001/article/00005-eng.htm>

³ <https://www.theglobeandmail.com/canada/article-daycare-early-childhood-education-workers-leaving-jobs-access/>

⁴ <https://www.newswire.ca/news-releases/survey-results-show-more-healthcare-workers-leaving-the-system-because-of-poor-wages-and-working-conditions-than-because-of-vaccine-mandates-892138306.html>

⁵ <https://www.newswire.ca/news-releases/survey-72-of-personal-support-workers-preparing-to-leave-the-homecare-workforce-because-of-high-gas-prices-and-low-pay-853876887.html>

⁶ Canadian Federation of Nurses. August 2020. *Outlook on Nursing A snapshot from Canadian nurses on work environments pre-COVID-19*. https://nursesunions.ca/wp-content/uploads/2020/12/CFNU_outlook_ENfinal_web.pdf

⁷ Martin Turcotte and Katherine Savage. June 22, 2020. *The contribution of immigrants and population groups designated as visible minorities to nurse aide, orderly and patient service associate occupations*.

⁸ Statistics Canada. January 25, 2022. *Study: Women working in paid care occupations*. <https://www150.statcan.gc.ca/n1/daily-quotidien/220125/dq220125a-eng.htm>

⁹ *Behind Closed Doors Exposing Migrant Care Worker Exploitation During COVID-19*. October 28, 2020.

¹⁰ Statistics Canada. January 25, 2022. *Study: Women working in paid care occupations*. <https://www150.statcan.gc.ca/n1/daily-quotidien/220125/dq220125a-eng.htm>

¹¹ Statistics Canada. March 10, 2022. *COVID-19 in Canada: A Two-year Update on Social and Economic Impacts*. <https://www150.statcan.gc.ca/n1/pub/11-631-x/11-631-x2022001-eng.htm>

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