




CUPE

Canadian Union of Public Employees

Submission to the Standing Committee on Human
Resources, Skills and Social Development and the Status
of Persons with Disabilities

Labour Shortages, Working Conditions and the Care Economy

April 7, 2022



Our Recommendations

1. Form a Care Economy Commission to study, design and implement a comprehensive Canadian care strategy that includes a workforce strategy for care workers
2. Ensure federal care sector funding goes only to public and not-for-profit care services
3. Collect better data on the care sector to enable improved planning and programs
4. Ensure all provincial wage grids for child care workers provide at least \$25 an hour with benefits and pensions
5. Improve wages and working conditions in the health care sector including minimum hours of care in long-term care
6. Foster higher wages and decent work through funding agreements with social services
7. Support additional training and upgrading for the care sector workforce agencies under federal jurisdiction
8. Institute a \$25 minimum wage floor for federally funded care work
9. Support measures to prevent violence and psychosocial harm to care workers and support quality mental health services for the care work sector
10. Grant foreign workers permanent resident status when they arrive and provide opportunities for migrant workers to permanently immigrate to Canada
11. Streamline processes to recognize the credentials of internationally trained care workers

The Canadian Union of Public Employees

The Canadian Union of Public Employees (CUPE) is Canada's largest union, with 700,000 members across the country who work in health care, emergency services, education, early learning and child care, municipalities, social services, libraries, utilities, communications, transportation, and the airline industry. Many of our members work in the care economy as personal support workers, licensed practical nurses, early childhood educators, child care workers, educational assistants, social workers, and developmental services workers.

We thank the Standing Committee on Human Resources, Skills and Social Development and the Status of Persons with Disabilities for the opportunity to submit this brief about labour shortages, working conditions and the care economy.

Introduction

The wages and working conditions in the care sector do not reflect the importance of the work that this predominantly female and highly racialized workforce carries out. This was the context before the pandemic, which exacerbated heavy workloads, health and safety risks and poor morale. While many workers were able to transition to remote work, care workers continued to show up for children, seniors and people with disabilities in our health care, long-term care, child care, and social safety systems.

We encourage your committee to evaluate concrete ways the federal government can contribute to revaluing care work and care services in our society. This would benefit workers but also the people who rely on these care services, because the conditions of work are the

conditions of care. When workers are overloaded and short staffed, it not only causes them stress and burn out, but also adversely affects the quality of care provided. When paid sick leave is not available, workers must choose between putting service users at risk and losing a day's pay. We all have a stake in these working conditions because we and our loved ones will all need these care services throughout a lifetime.

1. Form a Care Economy Commission to study, design and implement a comprehensive Canadian care strategy that includes a workforce strategy for care workers

The care sector requires deeper study to ensure workers can enjoy decent and safe working conditions while providing people with high quality public services. Care has always been a fraught sector with tension between services provided in the private sphere by unpaid, predominantly female caregivers, publicly-funded care services that are mired in underfunding, commercialization, and uneven quality and services paid out of pocket by those who can afford it. When people can access high quality, publicly-funded care services, they are able to participate more fully in their communities and engage in paid employment. A care economy commission could help us understand and address the inadequacies in our systems of social care, both from the perspective of workers who provide the care and the people who receive it.

“Care work” refers to activities meeting the physical, psychological and emotional needs of adults and children, old and young, frail and able-bodied. It includes direct activities such as caring and teaching as well as indirect care activities such as cleaning, cooking and maintenance.ⁱ Statistics Canada found that paid care occupations make up 19% of the total employed population in Canada,ⁱⁱ making it critical to address the needs of the sector in a holistic way.

The care sector workforce is female-dominated with women accounting for 75% of care workers. Immigrants were particularly overrepresented in lower-paid health care sector occupations such as assisting occupations in support of health services. Statistics Canada found a gender wage gap of 11% between men and women in the care sector even after taking into account characteristics such as age and education.ⁱⁱⁱ There are many systemic reasons for the low wages and poor working conditions of paid care work, including the undervaluing of work that has traditionally been done by women and racialized peoples, the limited and uneven integration of care work into our public social safety net, and the labour-intensive nature of care work with limited possibility of productivity improvements.

Ultimately, the federal government could address many issues in the care sector through expanded public programs that ensure good working and caring conditions. Measures such as the national system for early learning and child care are the strongest approach to strengthen the care economy, if better wages and working conditions for child care workers are integral to system-building. Similarly, long-term care and home care must be integrated into our public health care system with legislated minimum standards for caring and working conditions.

A care economy commission could play a critical role in identifying needs and developing proposals to improve working and caring conditions. Care needs are growing as our population ages. This proposal could help set up our social safety system so everyone has the supports and

care they need throughout their lifetime and care workers have good working conditions that enable them to deliver high quality care.

2. Ensure federal care sector funding goes only to public and not-for-profit care services

Privatization damages care sector work, as profit tends to be generated by cutting costs. Given that labour costs form the majority of care sector expenses, workers employed by for-profit care sector employers tend to have lower wages and inferior working conditions. For example, the BC Senior's Advocate found that the for-profit long-term care (LTC) sector spends 17% less per worked hour, with wages to care aide staff as much as 28% below the sector standard.^{iv} Likewise, an Ontario study found significantly fewer hours of care for LTC home residents in for-profit facilities, particularly those owned by a chain corporation.^v Low staffing levels affect resident care and result in crushing workloads for health care staff.

Similarly, contracting-out by care sector employers harms working conditions and quality care services. The health care staffing crisis has resulted in use of staffing agencies to provide health care workers at exorbitant cost to the health care sector. This has contributed to low morale and frustration among health care workers, as agency workers are not familiar with service users and facilities, often earn higher salaries and get optimal shift times. In addition, the contracting-out of health care support work such as laundry, cleaning and food services tends to result in deteriorating working conditions, lower benefit coverage, elimination of pensions, and lower wages for the predominantly female and racialized workforce.^{vi}

The federal government needs to ensure federal care sector funding supports public and not-for-profit care services. Any legislation on long-term care should ensure profit is removed from the system. Federal child care funding should be directed to the public and not-for-profit sector. Some provinces are taking advantage of pandemic-related surgical backlogs to increase the role of for-profit surgical clinics in acute care. This only serves to exacerbate the workforce crisis by pulling workers from the public system into for-profit care. Funding to eliminate surgical backlogs should strengthen our public health care system rather than further entrench privatization. The federal government needs to ensure federal funding is not directed to the bottom line of corporations.

3. Collect better data on the care sector to enable improved planning and programs

Because of a lack of consistent, comparable national data on care work and the care economy we do not have the information we need to fully understand the workforce challenges faced in the care sector. For example, though the Canadian Institute for Health Information collects comprehensive data on the regulated health care workforce, little is known about unregulated health care workers such as personal support workers (PSWs), cleaners, food services workers or laundry workers. This makes it difficult to understand, identify gaps, and create strategic plans to address the needs of the health care workforce.

The federal government could use its role as funder to require data be reported on key metrics in the care sector such as staffing levels in care settings, the number of for-profit care facilities

and revenues generated, workplace violence in care settings, and occupational group information such as supply, demographics, distribution, education and employment levels. The federal government should also integrate data on equity-seeking groups to identify systemic discrimination facing care workers and care service users.

4. Ensure all provincial wage grids for child care workers provide at least \$25 an hour with benefits and pensions.

The federal government has made important commitments in the creation of a universal child care system across the country. CUPE is excited that child care will become more accessible and affordable for families, allowing parents to return or enter the workforce and removing the financial barriers to early childhood education.

The bilateral agreements with the provinces and territories are an important first step to creating high quality child care. However, we still need an Early Learning and Child Care Act- as agreed to in the supply and confidence agreement with the NDP- which protects long-term funding for non-profit and public child care spaces. Non-profit and public child care spaces offer the highest quality of care and better working environments. In the next few years, the demand for universal child care is expected to increase by 27%.^{vii} There is already a shortage of child care spaces and too few child care workers. Most provinces and territories who have signed onto the federal child care agreement have committed to releasing a new provincial wage grid for child care workers. However, the few that have already been released show grossly inadequate wages, few if any benefits, and most do not offer a pension.

Professional associations, child care coalitions, and unions are calling for a \$25 wage floor for the lowest paid worker in child care. Without strong recruitment and retention strategies, provinces will struggle to find the workers they need to provide high quality early childhood education. Ensuring a fair wage floor will help overcome this challenge.

5. Improve wages and working conditions in the health care sector including minimum hours of care in long-term care

There is a major problem with the recruitment and retention of health care workers across the country right now. Health care workers often work short staffed, subject to violence and harassment, and mandated to work overtime. They have worked throughout a pandemic while struggling to access personal protective equipment (PPE) that would keep them and their families safe. In many cases wage levels have not kept up with inflation for jobs that were underpaid to begin with. Major investments to improve health care worker wages and working conditions are necessary to address the workforce crisis in health care.

Many sources point to serious problems with the recruitment and retention of health care workers. An Ontario study into LTC staffing found that approximately 25% of PSWs with two or more years of experience leave the sector every year. Furthermore, 50% of PSWs are retained in the health care sector for fewer than 5 years and 43% left the sector due to burnout from working short staffed.^{viii} A recent poll by the Hospital Employees' Union, CUPE's health care

division in BC, found that one in three health care workers are likely to leave health care in the next two years and three quarters have experienced pandemic-related burn-out.^{ix} Another poll found that 29% of Registered Practical Nurses (RPNs) are considering leaving the field in Ontario, with most saying they would stay if they had a pay increase.^x And Nova Scotia reported more than 2,100 health care worker vacancies last October.^{xi}

Labour shortages will not be addressed without a concerted effort to improve wages and working conditions for health care workers. The mandate letter of the Minister of Health prioritizes raising the wages of Personal Support Workers in LTC. That mandate needs to be expanded to PSWs working in all health care settings including those working in home care, who are paid the least. **This federal wage support should also be expanded to cover all health sector workers including cleaners, food services workers, laundry workers and maintenance workers.** The federal government should ensure these federally-funded wage increases are integrated into collective agreements so they are secure and pensionable.

The federal government should use its role as health care funder to improve working and caring conditions in the health care sector. **Tangible measures to improve working conditions should be required under the Canada Health Transfer and additional federal funding streams** for LTC, mental health and home care. These measures should include a minimum of 70% full-time jobs, a minimum of 18 paid sick days per year, benefits and pensions for all health care workers, and higher staffing levels.

When the federal government introduces its *Safe Long Term Care Act*, **they must ensure the legislation includes minimum staffing levels in LTC homes.** Higher staffing levels have the dual purpose of addressing workload complaints for staff, which are a driver of workers leaving the sector, and providing better quality care to LTC residents. These staffing levels must provide a minimum of 4.1 hours of resident care per day, which has been found to be the bare minimum to ensure the health and safety of LTC home residents.^{xii} Higher staffing levels in LTC is correlated with lower resident death rates, improved functional abilities, fewer pressure ulcers, fewer urinary tract infections and lower urinary catheter use.^{xiii}

6. Foster higher wages and decent work through funding agreements with social services agencies under federal jurisdiction

The federal government has a clear and distinct role in funding and directly overseeing social services under federal jurisdiction, such as immigration, refugee and resettlement services. This means the government can play a unique role in improving working and caring condition in social services under federal jurisdiction.

Immigration, refugee and resettlement workers play a critical role in helping settle and integrate newcomers to Canada by helping access essentials such as housing, employment and child care. These care workers are the faces that welcome refugees fleeing violence and persecution in countries around the world. These workers often encounter precarious working conditions, unpredictable hours of work, short-term contracts, low pay, poor benefits and no pensions. This is in part due to the lack of long-term, sustainable, organizational funding that would set the stage for decent work. The federal government can help improve working

conditions by providing sustainable, long-term organizational funding. Additional contingency funding should be made available to respond to crisis situations.

The federal government should include clauses with minimum standards on decent work in funding agreements including:

- A wage floor of \$25/hour
- Benefit and pension coverage
- Predictable hours of work
- More full-time, permanent jobs

The federal government should also use its role as funder through the Canada Social Transfer to improve working conditions in the social services sector. It should require organizations receiving this funding to have a minimum of 18 paid sick days per year, benefits and pensions for all workers, and more permanent, full-time jobs.

7. Support additional training and upgrading for the care sector workforce

The federal government has indicated that it will work with the provinces and territories to train up to 50,000 new PSWs. This is an important commitment; however, this must be done in a way that supports workers. **Federally-funded training needs to include paid work placements and be offered at no fee to students.** This will reduce barriers to participation, encourage individuals to apply and minimize the financial burden of the training.

There is also a demand for child care workers to increase their levels of education. Provinces have set ratios of how many Early Childhood Educators (ECE) must be present in a defined cohort of children. These ratios vary between provinces and are often guided by the ages of the children. Many child care centres across the country are struggling to fill ECE positions. In order to help child care workers upgrade their education levels, tuition and certification fees should be waived. Removing financial barriers to increased education, offering more evening classes, and making classes more accessible for people already in the field could help Canada increase the number of ECEs available to meet the expected demand for child care in the next four years.

Care workers who are currently employed should be allowed to upgrade their training through EI training programs. They are not currently able to do this if they have voluntarily separated from work. For example, PSWs could train to be LPNs, or child care support staff as ECEs. Supporting these types of career pathways could make it more attractive for workers to stay in the care field and fill important care worker vacancies.

The current EI Training Support Benefit is too short to provide access to meaningful training. **The benefit should be extended to a minimum of 26 weeks** to support greater access to programs that will result in certifiable care-related positions.

8. Institute a \$25 minimum wage floor for federally-funded care work

The federal government should put in place a \$25 per hour wage floor for all care work funded in part by the federal government. Ensuring a wage floor of \$25 per hour would contribute toward revaluing care work and lifting up the wages for the poorest paid workers. It would help address the patriarchal biases of our labour market where work that is traditionally performed by women, like care work, is underpaid and often without benefits or pensions. This would help attract more workers to the sector and minimize the inequity faced by care workers.

9. Support measures to prevent violence and psychosocial harm to care workers and support quality mental health services for the care work sector

Care sector workers experience a range of violence and psychosocial harm, which have been exacerbated by the COVID-19 pandemic. As the pandemic enters its third year, many care sector workers are experiencing psychosocial hazards that cause harm to their mental and physical health. These hazards include crushing workloads, health and safety risks and increased trauma and illness. One study found that 80% of workers supporting people experiencing homelessness reported a decline in their mental health during the pandemic^{xiv} while Statistics Canada found that 7 in 10 health care workers reported worsening mental health during the COVID-19 pandemic.

In addition, care sector workers experience extraordinarily high rates of violence. An Ontario study involving a range of health care professionals found that “violence is experienced as a pervasive and ongoing problem throughout the health care system.”^{xv} Some workers reported violence as an everyday occurrence. Another Ontario study examining violence against LTC staff, found that most workers experienced violence on a regular basis.^{xvi}

Across the board, care sector workers have been hard hit with the physical and emotional toll of the pandemic. It is essential that prevention, supports and services are provided to these workers so they can continue to provide care to others. The federal government should work with provinces and territories to put in place better occupational health and safety protections to protect care sector workers and support public and community-based mental health supports for care sector workers.

10. Grant foreign workers permanent resident status when they arrive and provide opportunities for migrant workers to permanently immigrate to Canada

In Canada, thousands of migrant workers, mainly racialized, harvest the food we eat, care for our children and our elders, and clean our homes and offices, all while separated from their children and families. They work in isolation for low wages, under dangerous conditions. The federal government needs to ensure a living wage and income security for all migrant workers, many of whom are care workers.

Canada should welcome more immigrants as future citizens, rather than temporary migrant workers. All foreign workers should be granted permanent resident status when they arrive, as part of a strong and progressive immigration program.

11. Streamline processes to recognize the credentials of internationally-trained care workers

Across the country, there are thousands of care sector workers, including nurses, doctors, pharmacists, dieticians, physiotherapists and ECEs, who are not able to work in their chosen profession. The federal government should streamline the process to recognize the credentials of care workers and reduce fees associated with this process. This could significantly increase the supply of care workers.

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ⁱ “Care Work and Care Jobs for the Future of Decent Work” (ILO, 2018), https://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/---publ/documents/publication/wcms_633166.pdf.

ⁱⁱ Statistics Canada Government of Canada, “The Daily — Study: Women Working in Paid Care Occupations,” January 25, 2022, <https://www150.statcan.gc.ca/n1/daily-quotidien/220125/dq220125a-eng.htm>.

ⁱⁱⁱ Statistics Canada Government of Canada, “The Daily — Study: Women Working in Paid Care Occupations,” January 25, 2022, <https://www150.statcan.gc.ca/n1/daily-quotidien/220125/dq220125a-eng.htm>.

^{iv} Isobel Mackenzie, “A Billion Reasons to Care: A Funding Review of Contracted Long-Term Care in B.C.” (British Columbia: Office of the Seniors Advocate, October 29, 2020), <https://www.seniorsadvocatebc.ca/osa-reports/a-billion-reasons-to-care/>.

^v Amy T. Hsu et al., “Staffing in Ontario’s Long-Term Care Homes: Differences by Profit Status and Chain Ownership,” *Canadian Journal on Aging = La Revue Canadienne Du Vieillessement* 35, no. 2 (June 2016): 175–89, <https://doi.org/10.1017/S0714980816000192>.

^{vi} Albert Banerjee et al., “Long-Term Care Facility Workers’ Perceptions of the Impact of Subcontracting on Their Conditions of Work and the Quality of Care: A Qualitative Study in British Columbia,” *Canadian Journal on Aging / La Revue Canadienne Du Vieillessement*, May 28, 2021, 1–9, <https://doi.org/10.1017/S071498082100012X>; Jane Stinson et al., *The Pains of Privatization: How Contracting out Hurts Health Support Workers, Their Families, and Health Care* (Vancouver, B.C. [B.C.: Canadian Centre for Policy Alternatives, 2005), <https://www.deslibris.ca/ID/200007>.

^{vii} “Cost Estimate of the Federal National Child Care Plan” (Office of the Parliamentary Budget Officer, February 3, 2022), <https://distribution-a617274656661637473.pbo-dpb.ca/7ec975a74252867dc6ca24ddcaecd94644fec9285f7b1c682fc45aea8889467d>. The Parliamentary Budget Office uses the number of children 1-5 enrolled in child care in Quebec as the likely national figure once universal child care is established in Canada. According to the Library of Parliament 66% of children aged 1-5 in Canada attend child care.

^{viii} Long-Term Care Staffing Study Advisory Group, “Long-Term Care Staffing Study” (Ministry of Long-Term Care, July 30, 2020), <http://www.ontario.ca/page/long-term-care-staffing-study>.

^{ix} “Poll: Two Years into Pandemic, One in Three Health Care Workers Likely to Quit,” HEU, accessed March 28, 2022, <https://www.heu.org/news/media-release/poll-two-years-pandemic-one-three-health-care-workers-likely-quit>.

^x Donovan Vincent, “Many Ontario Nurses Are Considering Leaving the Profession as Pandemic Stress Leads to Burnout, Poll Finds,” *The Toronto Star*, May 9, 2021, sec. GTA, <https://www.thestar.com/news/gta/2021/05/09/many-ontario-nurses-are-considering-leaving-the-profession-as-pandemic-stress-leads-to-burnout-surveys-find.html>.

^{xi} Carolyn Ray · CBC News ·, “Help Wanted: Nova Scotia Has More than 2,100 Health-Care Vacancies | CBC News,” CBC, October 13, 2021, <https://www.cbc.ca/news/canada/nova-scotia/nova-scotia-health-care-vacancies-retention-recrutement-1.6208399>.

^{xii} “Report to Congress: Appropriateness of Minimum Nurse Staffing Ratios in Nursing Homes Phase II Final Report” (Baltimore, MD: Centers for Medicare and Medicaid Services, 2001); John F. Schnelle et al., “Relationship of Nursing Home Staffing to Quality of Care,” *Health Services Research* 39, no. 2 (April 2004): 225–50, <https://doi.org/10.1111/j.1475-6773.2004.00225.x>.

^{xiii} Schnelle et al., “Relationship of Nursing Home Staffing to Quality of Care”; Fevzi Akinci and Diane Krolikowski, “Nurse Staffing Levels and Quality of Care in Northeastern Pennsylvania Nursing Homes,” *Applied Nursing Research: ANR* 18, no. 3 (August 2005): 130–37, <https://doi.org/10.1016/j.apnr.2004.08.004>.

^{xiv} Nick Kerman et al., “Mental Health and Wellness of Service Providers Working with People Experiencing Homelessness in Canada: A National Survey from the Second Wave of the COVID-19 Pandemic: Santé Mentale et Bien-Être Des Prestataires de Services Qui Travaillent Avec Des Personnes En Situation D’itinérance Au Canada : Un Sondage National Sur La Deuxième Vague de La Pandémie COVID-19,” *The Canadian Journal of Psychiatry*, May 20, 2021, 07067437211018782, <https://doi.org/10.1177/07067437211018782>.

^{xv} “Assaulted and Unheard: Violence Against Healthcare Staff - James T. Brophy, Margaret M. Keith, Michael Hurley, 2018,” accessed March 30, 2022, <https://journals.sagepub.com/doi/abs/10.1177/1048291117732301>.

^{xvi} “Breaking Point: Violence Against Long-Term Care Staff - James Brophy, Margaret Keith, Michael Hurley, 2019,” accessed March 30, 2022, <https://journals.sagepub.com/doi/abs/10.1177/1048291118824872>.