



**Submission to the Standing Committee on Human Resources, Skills and Social
Development and the Status of Persons with Disabilities (HUMA):
Study on Labour Shortages, Working Conditions and the Care Economy**

Submitted by:

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The Quality of Care: Decent Work and the Gendered, Racialized Workforce of the Care Economy

A Fractured Care Sector

The COVID-19 pandemic sparked national recognition that care work is essential to our daily lives and economy, simultaneously shining a light on the fractures and gaps in Canada's care services. While care work proved essential to containing the pandemic - reducing impacts and ensuring continuity of essential services - it is, paradoxically, also assigned low social value.

Much of our care economy relies on a largely underpaid labour force who are disproportionately recent immigrants, migrant workers, and Black and racialized women.¹ Decades of neglect and privatization have undermined Canada's caring economy and compromised the rights and well-being of this workforce, which is overwhelmingly gendered and disproportionately racialized. Underscoring the economic and social necessity of care work, the pandemic emergency has created an opportunity to ensure decent work for care workers and high-quality care for communities.

The federal government can seize this opportunity to take a leadership role across the care sector and stimulate critical social infrastructure with investment tied to non-profit care and to meeting standards for decent work and for care for all residents of Canada. Working with the provinces and territories, the federal government could leverage the increased public interest to create decent jobs in care services that will address labour shortages and quality of care in communities.

Defining Care

The International Labour Organization (ILO) broadly defines care work as activities and relations involved in meeting the physical, psychological, and emotional needs of adults and children, old and young, frail and able-bodied.² These include direct care services such as child care, long-term care, and gender-based violence services as well as cashiering and cleaning jobs. Paid or unpaid, care is the work of reproducing and maintaining the population on a daily and generational basis.³ As such, it is critical for the functioning of the economy and society. Care work has a profound impact on gender equality within families and households as well as on the ability of women—and parents of all genders—to engage in paid employment.

While child care, long-term care, and home care are often cited as examples of care work, non-profits and charities provide a wide range of human services. The women's and gender-based violence sector is a care sector of largely non-profits and charities which offer counselling and referrals, employment programs, gender-based violence services, public health and trauma support, child care, and legal aid to women, gender diverse people, and their families. Women make up 80% of the labour force of non-profits and charities and over 90% of the women's sector. Non-profits and charities providing essential caring services are most often funded through an inadequate model of unpredictable individual donations and

gifts, earned income, and government service and project contracts. The pandemic exponentially elevated the pressure on this key sector.

- *Unpaid care and the care sector*

As child care centres and schools closed during public health lockdowns, the pandemic demonstrated that women's disproportionate share of unpaid household care work remains a key barrier to their participation in labour markets and a significant obstacle to accessing higher quality jobs, better working conditions, and higher earnings.

Even with high rates of women's participation in the workforce, on average, women spend 1.6 times the amount of time on unpaid work per day than men: 3.9 hours vs 2.4 hours per day.^{a,4} Cumulatively more than 28.6 million hours of unpaid labour every day, or the equivalent of 3.6 million people working 8 hours per day.^b This reflects the status attached to unpaid care work, the monetary value of which has been pegged conservatively at \$10.8 trillion annually—three times the value of the world's tech industry.⁵

A Gendered & Racialized Workforce

Care work parallels traditional gender roles. Gender stereotypes position women as natural care workers and care work as gendered work.^c Intersecting with gender stereotypes, racist stereotypes and immigration policies, ostensibly designed to address Canada's care deficit,^d position immigrant, Black, undocumented, and low-income women as those best suited to perform care work. Over half of all female workers (56%)⁶ are employed in occupations involving the "5 Cs" - caring, clerical, catering, cashiering, and cleaning - jobs that have been undervalued historically and systematically offloaded to women, particularly immigrant and racialized women.

Primary care and long-term care systems are staffed largely by women.⁷ Over 90% of nurses are women, as are 75% of respiratory therapists and 80% of those working in medical labs. Up to 90% of the Personal Support Workers (PSWs) are women. Over two-thirds of the people who clean and disinfect hospitals, schools, and office buildings are women, undertaking work that is labelled "low skilled" yet indispensable to collective well-being.

Many women working in these sectors are racialized, immigrant, migrant, and/or undocumented. They are concentrated in the lowest paying and most precarious of caring jobs that are less likely to offer paid sick leave or health benefits.⁸ Only 21% of women workers in Canada are racialized women, yet they make up roughly 30% of home support workers and housekeepers, kitchen workers, and light duty cleaners.⁹ This is also true for Indigenous women who are over-represented in several low-wage service occupations.¹⁰

^a The gap is even greater if unpaid work completed in conjunction with other tasks is taken into account.

^b An OECD study estimates that the value of all unpaid work (undertaken by both women and men) is between [11.5% to 41.1% of GDP](#), depending on the method used to calculate the cost of labour (OECD, 2018).

^c Another term used to describe this phenomenon is feminized labour.

^d "Care deficit" and "care gap" refer to Canada's longstanding labour shortage in home-based care, addressed for decades through labour migration programs importing racialized women from the Global South. The "care gap" has been constructed through a combination of excluding these workers from basic employment standards, occupational health and safety, and collective bargaining rights, and immigration laws that tie them to individual employers putting them at high risk of exploitation.

- ***Migrant care workers***

Since creation of the 1955 Caribbean Domestic Workers Scheme, Canada has imported primarily racialized women from the Global South as care workers with temporary migration status. While migrant care work was originally restricted to live-in workers providing care for children in private homes, as austerity programs deepened, the scope of care provided by migrant workers expanded to include in-home care for elderly people and those with high medical needs. Since 2014, migrant labour programs expanded to include registered nurses, registered psychiatric nurses, licensed practical nurses, childcare workers, attendants for persons with disabilities, home support workers, live-in caregivers, and personal care attendants delivering care in private homes and health care facilities.¹¹

Whether on work permits that tie them to a specific employer^e or trying to complete the work period necessary to qualify for permanent residence, the precarious, temporary status of migrant care workers in Canada makes them vulnerable to exploitation and prevents effective enforcement of their rights. Virtually invisible in system-wide policy discussions about care in Canada, the significant role that precarious and exploited migrant labour plays in Canada's care economy is obscured, as is meaningful policy discussion of how to build a sustainable care economy anchored in decent work for all workers.

Fractures, Working Conditions and Labour Shortages

- ***Privatization and working conditions***

Over the past 25 years, the social infrastructure developed in Canada through 20th century government initiatives has largely been scaled back. The current initiative to establish a national childcare system is a major departure from that trend and the result of many decades of broad community advocacy. Two decades of austerity measures in health care and community services have left Canada with a growing care deficit. Government withdrawal opened the door to the for-profit sector and the adoption of private sector managerial practices that have profoundly impacted the organization of care services within both private and public sectors.¹² Expansion of public services in the previous century provided women with critical caring supports and a source of good employment, opening better paying public sector opportunities in professional and management occupations in largely unionized health, education, and social services. Jobs we would now call decent work, with lower gender wage discrimination and better benefits such as paid parental leave, family leave, sick leave, and health benefits.¹³

Privatization focused on “investment friendly” care sectors such as child care, home care, and long-term care with the private sector supplying capital investment to build the hospitals, drug treatment clinics, and nursing homes, and, in many instances, then managing the facility with operating funds from the government.¹⁴ Decades of research shows that for-profit service delivery is associated with substandard care, with negative consequences for those receiving care and for the highly gendered and racialized workforce in caregiving roles.¹⁵ As governments moved out of direct service delivery, job quality declined.¹⁶

^e Migrant care workers who have arrived in Canada since 2019 under the new Home Childcare Provider or Home Support Worker pilot programs receive occupation-restricted work permits rather than employer-restricted work permits.

- **Long-Term Care**

Health care workers in long-term care paint a picture of a system struggling prior to COVID-19, strained by two decades of austerity measures.¹⁷ Only 26% of Manitoba nurses working in long term care rated the quality of care provided in their facility as “excellent”; 58% said they didn’t have enough time to properly care for their patients, and 56% said staffing levels were inadequate.¹⁸

Low staffing levels have long been a critical problem for care workers in nursing homes, who are overwhelmingly women - often racialized, Black, migrant and/or undocumented women - most employed as PSWs or care aides. Although regulations require one registered nurse on staff or on call, only a few jurisdictions set minimum staffing levels, and those that do set them well below the recommended four hours of direct care per resident per day, a standard now considered too low.

Some long-term care homes that receive public funding have unionized staff, with some protections against job loss and sick leave benefits. This is rarely the case for contract care workers and those employed through contracted services who, in many instances, are treated as self-employed contractors, responsible for their own training and protective equipment.

Intent on containing health care costs and improving efficiencies, governments turned to private sector delivery and for-profit managerial strategies that deliver lower quality care at greater expense while shifting costs and labour to seniors and their families.¹⁹ Study after study shows the result: for-profit facilities - 37% of residential care facilities nationally and approximately 60% in Ontario - have poorer quality of care, fewer staff (34%) and lower spending on direct care than non-profit or municipal long-term care homes nationally.²⁰

- **Child Care**

In Canada, 97% of child care workers are women, a highly racialized workforce. Similarly, Indigenous-led early learning and childcare is a critical source of employment for Indigenous women.²¹ Historically, child care workers’ wages have not reflected the value of child care work or the level of education and experience required to work in the sector. Child care workers typically earn less than workers in other women-majority sectors and men in male class jobs that require the same level of education and skills.

With all provinces and territories having concluded early learning and child care agreements with the federal government by the end of March 2022, child care advocates warned that child care expansion would fail unless plummeting staff retention and growing worker shortages were addressed.²² Attention to workforce strategies with wage grids and decent work standards such as 10 paid sick days, adequate planning time, paid time for professional learning, health benefits and pension plans are high priority. The Indigenous ELCC framework recognizes the need for decent work for childcare workers, noting that wage equity and stability directly impact the well-being of childcare workers and their families.²³

Ownership and delivery of child care services impacts decent work for the child care labour force.²⁴ Numerous studies and policy analyses conclude that a community-based non-profit model delivers higher quality, more affordable, and more equitable childcare compared to a market model.²⁵

- ***Gender-based Violence Services***

Service responses to gender-based violence (GBV), such as women's shelters, transition houses, and sexual assault centres also fit the ILO's care work definition, as do service responses to poverty including homeless shelters, drop-in centres, and food banks, many of which are utilized by survivors of violence and trauma. What now constitutes a broad national care sector working in response to, and for prevention of gender-based violence, began as community crisis responses initiated by in the 1970s as young women embraced feminist activism.²⁶ Almost five decades later, these, along with a host of other services from counselling to crisis phone lines to court support, comprise an autonomous, largely community-based women's and GBV service sector.

Typically, staff in these organizations are women - the shelter workforce is over 97% women²⁷ - and only shelters and sexual assault services, have some stable, if inadequate, provincial or territorial funding. Otherwise, the sector is rife with the precarious funding issues discussed above. Based on an unstable model that directly impacts workers, those working in community-based women's service organizations are often precariously employed, working from project to project; many without benefits of any kind. Those on casual contracts are frequently not protected by employment legislation or benefit packages, regardless of how many hours they work. Almost three quarters of the GBV sector reports insufficient funding. Worsening finances and systemic gaps are currently occurring simultaneous with increased staff absences, vicarious trauma and burn out.

Typical of care work, in GBV shelters, casual and relief staff make up a significant portion of the workforce (32%), while half of the shelter staff are full-time and 18% part-time.²⁸ Shelters identified low pay and lack of benefits in the sector as major challenges to retaining quality staff. More than one-third (38%) of shelters in Canada are unionized, and the average minimum hourly rate in those shelters is 10% higher than non-union shelters.²⁹ Staff turnover and burnout are major issues for the majority of shelters.

Shelter and sex assault workers report increased physicality of abuse, increased sexual violence, and greater mental health difficulties during the pandemic. Levels of vicarious trauma for workers are on the rise. Workers are also dealing with serious levels of unpredictability - unable to plan or predict their workload - due to the levels and forms of violence, and changes in how support can be offered. On top of shortages and wait lists, unpredictability leads to greater stress and burnout. There is an urgent need for attention to care work - paid and unpaid - and to gendered, racialized labour to improve conditions in this workforce.

Conclusion and Recommendations

The COVID-19 pandemic and the imposition of emergency measures exposed the fractured state of Canada's care economy and the inadequacy of employment in the care sector, spurring increased public awareness of the state of this essential sector. This offers an opportunity to address employment conditions for the concentrations of racialized, Black, migrant, and undocumented women working in low-wage, precarious care jobs. Prioritization of decent work in women-dominated care sectors can ensure women thrive at work, address growing labour shortages, advance gender equality and boost the economy.

Ongoing progress on the development of a national child care system demonstrates a welcome openness on behalf of the federal government to enacting transformative change on long neglected social infrastructure. The government should continue transformative long-term investments in early learning and child care and adopt a similar leadership role across the care sector, stimulating social infrastructure with investment tied to non-profit care and to enforceable national standards for decent work and quality of care.

Government decisions on size and investment in different sectors should take into account gender segregation by industry and build a thriving care sector that can provide a social safety net and decent jobs for workers. Policies that support paid and unpaid caring labour are crucial to stopping the erosion of women's economic and social rights.

One approach to ensuring fair and decent work, addressing the care crisis and promoting fair work for women, would be for the federal government to form a **Care Economy Commission** to study, design and implement a national care strategy that would:

- Create a broad 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.
- Reduce and redistribute women's unpaid care work by improving access to public care services for children, the elderly and people living with disabilities.

Recommendations:

Revitalize social infrastructure through care sector investments:

- Build a care economy centred on equity, equality, and shared prosperity working with care workers, including migrant care workers, care recipients, unpaid caregivers, and feminist economists.
- Set, monitor, and enforce national standards for quality care services based on evidence-based best practices covering staffing levels, training, service management and delivery, and protection of labour rights.

Ensure Decent Work:

- Lead meaningful policy development with stakeholders to build a sustainable care economy anchored in decent work
- Develop care labour force strategies for long-term care, child care and the gender-based violence sector based on appropriate valuing of the skill, effort, responsibility, and working conditions and support for equitable, decent conditions.
- Raise federal, provincial, and territorial employment standards to a decent work floor for care workers, including minimum wages that reflect living wages, paid sick days, the right to refuse unsafe work, and stable full-time employment.
- Invest in women-majority care workforces through designated federal funding to the provinces and territories for the creation of high-quality jobs in the care economy that

offer full-time work at better wages, improved working conditions, access to training, and robust employment protections.

- Ensure migrant care workers have decent work:
 - Grant permanent residence status to all migrant care workers currently in Canada, including those who have become undocumented.
 - Ensure that migrant care workers access permanent residency status on arrival in Canada.
 - Include migrant care workers have a seat in care economy discussions.
 - Ensure labour relations legislation provides real access to unionization and collective bargaining for in-home care workers, including sectoral bargaining.

Address funding and working conditions in specific care sectors:

Long-Term Care

- Introduce federal legislation enshrining Canada's commitment to high quality long-term care, and related home care services for all in need, that sets out the principles, conditions, and accountability mechanisms for federal transfer payments to provinces/territories.
- Increase federal and provincial public investment in long-term care and related community-based supports for seniors and others in need of care, including services, infrastructure, and facilities to meet increasing care needs.
- Expand publicly managed non-profit long-term care facilities and home care services and reverse privatization.
- Report annually on the delivery and impact of long-term care services in provincial and federal legislatures in collaboration with all stakeholders.

Child Care

- Address staff retention issues and growing worker shortages with comprehensive workforce strategies covering:
 - Wage grid commensurate with education and experience required and closing the gender gap with comparable male-dominated sectors
 - Decent work standards including:
 - A minimum of 10 paid sick days
 - Adequate paid planning time
 - Professional development
 - Extended health benefits
 - Pension plans

- Support continued expansion of a national child care system with investments in physical infrastructure
- Continue to ensure ongoing government investments are in non-profit centres and state operated services

Gender-Based Violence Services

- Recognize the long-term role of the broader gender-based violence service sector with stable permanent funding that supports decent work in the sector.
- Co-develop and implement the National Action Plan on Gender-Based Violence with the sector following the Roadmap for a National Action Plan and including financial resources and standards sufficient to ensure national levels of service, protection for all women and standards of decent work for the workforce.
- Implement the Calls for Justice of the National Inquiry into Missing and Murdered Indigenous Women and Girls, including the National Action Plan to address violence against Indigenous women, girls, and 2SLGBTQQIA people.
- Recognize the public health role of sexual assault centres and stabilize funding at levels commensurate with growing demand that will support decent work while retaining autonomy and community governance.

About the Canadian Women’s Foundation

[The Canadian Women’s Foundation](#) is a national leader in the movement for gender equality in Canada. Through funding research, advocacy, and knowledge sharing, we work to achieve systemic change. We support women, girls, and gender-diverse people to move out of violence, out of poverty, and into confidence and leadership. Since 1991, our generous donors and supporters have contributed more than \$130 million to fund over 2,500 life-transforming programs throughout Canada.

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