Justice for Im/Migrant Home Care Workers in Manitoba

By Leah Nicholson and Mary Jean Hande and Migrante Manitoba

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Migrante Manitoba is a migrant justice organization that promotes migrants' rights and dignity against all forms of discrimination, exploitation and abuse in the workplace and the community and resist all anti-migrant policies. They are part of Migrante International, a global alliance of grassroots migrants organizations of overseas Filipinos and their families in 24 countries. Broadly, they uphold and advance the rights and welfare of overseas Filipinos within the framework of peoples struggle for democracy, justice & peace.

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Summary

COVID-19'S IMPACT ON the home care sector has been devastating. Across Canada, it is well documented that workers and older people receiving care have experienced gruelling and isolating working and living conditions respectively. In Manitoba, most home care workers are im/migrants. While there is some emerging research on the experiences of im/migrant home care workers in Manitoba,[1] there is a dearth of public knowledge about their experiences working and living in the province. As the provincial government struggles to recruit and retain home care workers, there is an increasing need for more research on im/migrant home care workers already in Manitoba. Our research, led by Dr. Mary Jean Hande and Migrante Manitoba, attempts to fill this gap.

Between November 2020 and April 2022, we conducted qualitative interviews with 18 im/migrant home care workers in Manitoba from five different countries, working across a variety for-profit, non-profit, and publicly funded home care arrangements during the pandemic. We also interviewed seven community leaders[2] representing those providing services or support for im/migrant workers during the pandemic and analyzed data from online surveys completed by 15 settlement workers in Manitoba. Workers told us that pre-pandemic experiences of race- and gender-based discrimination and unsafe working conditions intensified during the pandemic. Some common challenges included experiences of racism, difficulties navigating issues with their employer or client, lack of adequate paid sick days and vacation days, and lack of job security. For example, most workers worked more than 40 hours/week, but none of the workers were categorized as

permanent, full-time employees, and only 60 percent (n=11) of workers had formal job contracts. These challenges were amplified by the pandemic, as many workers' hours increased and the conditions of their work deteriorated. Meanwhile, government pandemic policies and programs such as the short-lived Caregiver Wage Support Program excluded these home care workers and their families, and community infrastructure to support them remains critically under-resourced.

Our research leads to three key recommendations:

1. Improving working conditions for home care workers in Manitoba

Some of the most difficult challenges im/migrant workers told us about can be addressed by tackling the working conditions of all care workers in Manitoba. Basic provisions like living wages, legislating 10 paid sick days, vacation days, job security, and benefits will help recruitment and retainment. We also recommend a mandatory registry of all home care employers to gain data on the sector for policy planning and advocacy. For im/migrant home care workers in particular, targeted efforts to address racialized harassment and violence (discussed in more detail below) must be implemented and, in the long-term, infrastructure such as a community-driven workers' advocacy organization is needed.

2. Curb privatized home care in Manitoba

Increasingly, im/migrant home care workers are moving away from public sector care jobs and into the private sector because of burn out and the lack of full-time employment status, flexibility, and low wages in the public sector. We need to strengthen the public home care sector and further regulate the private sector to decrease its expansion and the associated erosion of working conditions for im/migrants.

3. Enhance and guide the development of formal supports and entitlements using an intersectional framework

Many vulnerable communities, such as women, im/migrant and racialized workers, and people working for private employers, were excluded from the provincial government's pandemic policy supports. Intersectional policy planning is critical to ensuring that policy actions target and benefit those who need them most. This includes regularization of migrant workers and targeted and intersectional approaches to settlement supports.

The future of Manitoba's home care sector is at a critical juncture. The government needs to step up to meet the needs of im/migrant home care

workers and the people they care for. There is also a need for broader community support and coalitions with im/migrant workers in Manitoba. We urge those receiving home care services as well as family caregivers and organizations representing them to support the recommendations in this report and speak out about the need to improve the working conditions and wellbeing of im/migrant home care workers in Manitoba.

Note on Language

We use the term 'home care worker' to refer to anyone providing direct care to someone outside of a residential long term care facility. This includes 'live-in-caregivers', 'health care aides', 'home support workers', and 'companions'. Other provinces may refer to these workers as 'home care attendants', 'personal support workers', 'care aides', or 'continuing care assistants'. The term 'im/migrant' in this report is meant to capture anyone born outside of Canada with varying immigration statuses.

Limitations and Future Studies

Due to a number of recruitment challenges, we had a small sample size, which included only one live-in caregiver and a disproportionate number of Filipino workers. This limited our understanding of the wide variation in experiences across gender, culture, race, immigration status, and immigration pathways. We also interviewed workers at one point in time only, limiting our understanding of how the volatility of the pandemic and changing COVID-19-related policy landscape changed over time. We did not consistently ask workers about their wages, so we do not have a concrete understanding of the range of wages across our sample, however only three of the workers outside the unionized regional health authorities made more than the recently calculated Living Wages for Winnipeg ($18.34). Our online survey of settlement organization workers was small (n=15) and mostly rural (66%), meaning that it is not reflective of settlement organizations across the province. We were also limited by our one-on-one, time-limited interview method that restricted our availability to build rapport and trust with workers so they felt comfortable telling us more vulnerable details about their work situations. A more collective and collaborative interview method would likely elicit deeper understandings of how workers fight against invisibility and vulnerability in their workplaces.

Introduction

MANY OLDER AND disabled people prefer to receive ongoing care in their homes rather than residential facilities,[3] and this preference and demand is projected to increase rapidly[4] as Manitoba's population ages. A growing proportion of Manitoba's home care workforce is made up of im/migrant workers who fill these home care positions across the private, non-profit, and public sectors, yet very little is known about their working and living conditions in the province. A general, pre-pandemic lack of data, government oversight, and regulation, as well as exclusion from many COVID-19 government policies and benefits and supports has rendered many of these workers invisible, undervalued, and vulnerable to violence and exploitation. The pandemic has further strained the home care sector and its workers,[5] underscoring the urgent need to better understand who Manitoba's im/migrant home care workers are and what supports they need to enhance the quality of their lives, work, and, by extension, the quality of the care they provide.

This report is part of a SSHRC-funded research grant that explored the dynamics and experiences of im/migrant home care workers in Manitoba during the COVID-19 pandemic. We analyze findings from in-depth qualitative interviews with 18 im/migrant home care workers and seven community leaders as well as an online survey of 15 immigrant settlement workers. These findings are contextualized by a review of relevant government, organizational and media documents. Our findings show that Manitoba's im/migrant home care workers, who provide essential and ongoing care and support to older people in their homes, lack institutional and cultural supports to make

their workplaces safe, secure, and equitable. Provincial pandemic policy responses excluded home care workers, and the Manitoba Paid Sick Leave program was essentially inaccessible to precariously employed im/migrant home care workers.[6] Through our interviews, we found that most workers struggled with burnout and lacked adequate vacation and sick leave to recover and maintain their overall wellbeing. Workers also reported experiencing race-based harassment, discrimination, and sometimes violence. Workers often 'normalized' these experiences to cope with the grueling emotional and physical work their jobs require, but also engaged in creative ways to resist and exert self-determination in their jobs and community.

The Manitoba Context

Im/migrants in Manitoba

Manitoba has a population of around 1.3 million people as of 2021.[7] In 2016, around 19 percent (227, 465) of Manitoba's population were immigrants, with 1.3 percent (16,375) not having permanent resident status.[8] Manitoba has the largest Filipino population per capita in Canada and is also home to tens of thousands of people from India and Germany, with thousands more from China and Mexico.[9] Since 1998 over 130,000 people have immigrated to Manitoba as a result of targeted immigration policy efforts.[10] Yet despite these significant boosts in immigration, between 2021–2022 the population growth in Manitoba was weaker than the Canadian average, sitting at 8th provincially.[11] Manitoba will be facing significant demographic challenges in the coming years, with major consequences for the Manitoba labour market and continuing care sector.

The Manitoba government projects that between 2021–2025, around 24,500 jobs in Manitoba will go unfilled.[12] Over 17 percent of the population is 65 and over, and approximately 92,000 workers in Winnipeg alone are set to retire in the next few years.[13] The replacement demand for workers — just to fill jobs that are left vacant by deaths or retirement — will be high in the region. On top of this, the healthcare and social assistance sector is expected to experience the second highest expansion demand in the province. This means that the sector will see an expansion demand that exceeds the replacement demand, exacerbating labour shortages. But like in most provinces,

the labour shortages in health care in Manitoba are already being felt. Even before the pandemic, Manitoba was experiencing a severe nursing shortage. In October 2021 Winnipeg Regional Health Authority reported a 17 percent vacancy in nursing positions.[14] In January 2022, the Canadian Union of Public Employees (CUPE) Local 204 called upon the Manitoba government and health authorities to address the critical staffing shortage for home care workers in the province.[15] CUPE 204 stated that visits to homes were being cancelled at "unprecedented rates", citing that "staffing shortages, suppressed wages, casualization of the workforce, and government neglect for home care workers" were to blame for Manitobans not receiving proper care.[16]

Immigration and Home Care in Manitoba

Immigration and home care are two unique policy realms in Manitoba. Manitoba's direct involvement in migration policy and settlement service delivery has made it a major destination for migration despite its relatively small population. Between 1999–2004 (under NDP leadership), the Government of Manitoba administered its own settlement services and developed a settlement sector that was well-regarded among other Canadian provinces.[17] The Manitoba Provincial Nominee Program (MPNP) took off during this period and was so successful that between 1999 and 2009, 45 percent of all provincial nominees arriving in Canada were destined for Manitoba.[18] Now, the MPNP is the most accessible program for temporary foreign workers to access permanent residence status in the country. In 2009, Manitoba went a step further by introducing ground-breaking legislation, the Worker Recruitment and Protection Act (WRAPA).[19, 20] WRAPA is the first piece of provincial legislation that protects migrant workers, setting a "precedence for provinces wanting to improve protections for migrant workers in their jurisdiction, and information-sharing with the federal government". WRAPA requires employers to register with the province and use a licensed recruiter (if they want third-party recruiters); it also gives fines and creates hiring restrictions for recruiters that charge migrants for their employment. Overall, Manitoba's PNP and immigration sector has been considered a 'model' and 'leader' for the rest of the country despite not traditionally being seen as an immigrant-receiving province.[21] However, temporary foreign workers in Manitoba still face many challenges in accessing their rights and protections as well as support and settlement services and consequently permanent residence status.[22] The Progressive Conservative (PC) government's implementation

of a $500 application fee for PNP nominees represents just one additional barrier for temporary foreign workers to access permanent residence.[23]

In Canada, home care is delivered through a patchwork of public and private services that range from the essential intimate personal care, physiotherapy, meal preparation, and house cleaning, all of which are required for older people to age in place and avoid long-term residential care. The structures and delivery of these services range considerably across jurisdictions, yet the workforce is largely unregulated and very few workers are employed through publicly owned and operated organizations. Instead, many are employed in private services such as non-profit or for-profit care homes or temporary staffing agencies. Home care also relies heavily on informal or unpaid care, as well as a low-wage precarious workforce. There is very little data on im/migrant home care worker experiences in this province, during the COVID-19 pandemic or otherwise.[24, 25, 26, 27] That this work is precarious, low-wage, largely unregulated, and behind closed doors in their client's homes, contributes to their invisibility in the policy landscape, as well as in popular discourse. Despite being essential for many people with ongoing care needs, home care is considered an extended service and falls outside of the Canada Health Act (CHA), which means there are no minimum requirements in its provision across the country. Because home care falls outside the CHA, every province has implemented some variation of market mechanisms into its service provision, as provinces have more leeway to embrace policy options that are closer to the political preferences of the government and leverage their unique provincial service infrastructures to meet home care needs. Despite the widespread preference for home care services (over long-term residential care) in Canada, such services remain poorly regulated and underfunded across the country.[28, 29]

Manitoba's home care services are comparatively comprehensive and centralized.[30] In fact, Manitoba has the oldest publicly funded, unionized home care program in the country. This program provides universal coverage to people of all ages, with an aim to reduce and/or prevent people from going into institutional care. Between 2015–2019, Manitoba spent, on average, more per capita/year ($305) than the Canadian average on home care ($260).[31] Yet, the recruitment of home care workers has been a challenge in Manitoba.[32] There are approximately 2500 workers employed in Manitoba's regional health authorities. While no official data is collected on how many workers are hired with the Self and Family Managed Care Program funds financed by the province, previous research suggests that clients employ between 1–8 workers per client with these public funds.[33] These publicly funded services are, however, insufficient for meeting the demand for home care services in the

province. As a result, for-profit and non-profit home care services have been proliferating in Manitoba, particularly during the pandemic. These private services are filling in gaps in service delivery, but also providing services to clients such as client-worker matching and catering to clients' preferred schedules, that are not currently provided in the regional health authorities. Unfortunately, these private services are largely unregulated. They serve only those with the means to pay out of pocket and provide little in terms of worker protections and securities. While anecdotal accounts suggest these services are expanding rapidly in the province, and the Manitoba government has repeatedly committed to home care privatization[34, 35, 36, 37] there is no accurate data on the quantity and range of these services, nor the private-sector workforce and their working conditions. Despite some progressive policies and legislation, Manitoba's immigration/settlement and home care sectors still do not meet the needs of all those they are supposed to serve. For im/migrant home care workers, then, there is the double burden of trying to navigate the challenges of two underfunded sectors with numerous hurdles to systemic improvement during a global pandemic.

About Our Project

The project, "Migrant Care Work and the Geopolitics of 'Aging in Place' During the COVID-19 Pandemic" was conceptualized and led by Dr. Mary Jean Hande in collaboration with Migrante Manitoba, and aimed to produce data and analysis to help improve home care for older people and working conditions for the im/migrants who care for them.[38, 39] To achieve this, there are two main objectives: (1) document the experiences of im/migrant home care workers during COVID-19 through one-on-one interviews, and (2) review relevant policy and legislation around im/migrant home care workers and COVID-19. Relying heavily on Migrante Manitoba for recruitment, we collected data through: (1) semi-structured qualitative interviews with 18 im/migrants with varying immigration statuses, providing direct care services for people over 65 in a wide variety of different home care contexts; (2) semi-structured qualitative interviews with seven community leaders (CLs) who were purposefully selected based on their experience organizing, leading, or supporting im/migrant workers in Manitoba; (3) an online anonymous, structured survey of 15 immigrant settlement workers; and (4) a review of the historical, organizational, and policy landscape shaping the experiences of im/migrant home care workers in the province.

Our sample size is small and does not accurately represent the diversity of im/migrant home care workers in Manitoba. Rather, our findings provide insight into the complexities of im/migrant home care workers' lives and identify themes for further research. Despite how centralized Manitoba's home care sector seems to be, only around 20 percent of workers that chose to participate in our study were employed in the public/unionized home care sector. The rest were employed by private home care agencies, for-profit agencies, non-profit group homes, staffing agencies, or were privately hired through a mix of private and public funds. Two workers lived with their clients, one of whom is a temporary foreign worker.

To contextualize the data from im/migrant workers, community leaders, and settlement workers, Leah Nicholson took the lead on collecting and analyzing historical records, government statistics and policies related to im/migrants in Manitoba. Migrante Manitoba, our community partner, is a member of Migrante Canada, which is part of Migrante International. They promote migrants' rights and dignity against all forms of discrimination, exploitation and abuse in the workplace and the community and resist all anti-migrant policies.[40] The scope of our policy review and analysis was directly related to Migrante Manitoba's research priorities which shifted during the pandemic from mainly academic outcomes to data outputs that might directly and immediately support migrant workers in Manitoba during the pandemic. Through weekly meetings with our research team and a member of Migrante Manitoba, we engaged in a Community Based Participatory Research (CBPR) approach, as we discussed what Migrante Manitoba's priorities were, how they shifted, and how our research team could help meet these emerging needs.[41, 42] Along with CBPR to guide our research goals, our policy document analysis was guided by an intersectionality-based policy analysis framework.[43] This research will help to contextualize the stories and lived experiences of im/migrant home care workers gathered during our interviews and inform organizing efforts to improve working conditions for im/migrant home care workers and the people they care for.

Who Are the Im/Migrant Home Care Workers?

According to Toews (2016), 60 percent of home care workers in Manitoba are immigrants. A larger proportion of immigrants work in healthcare in Manitoba (8%) than other populous, immigrant receiving provinces, such as Ontario (4%).[44] Meanwhile, race-based data collected in Manitoba during

FIGURE 1 Formal Home Care Work Relationships

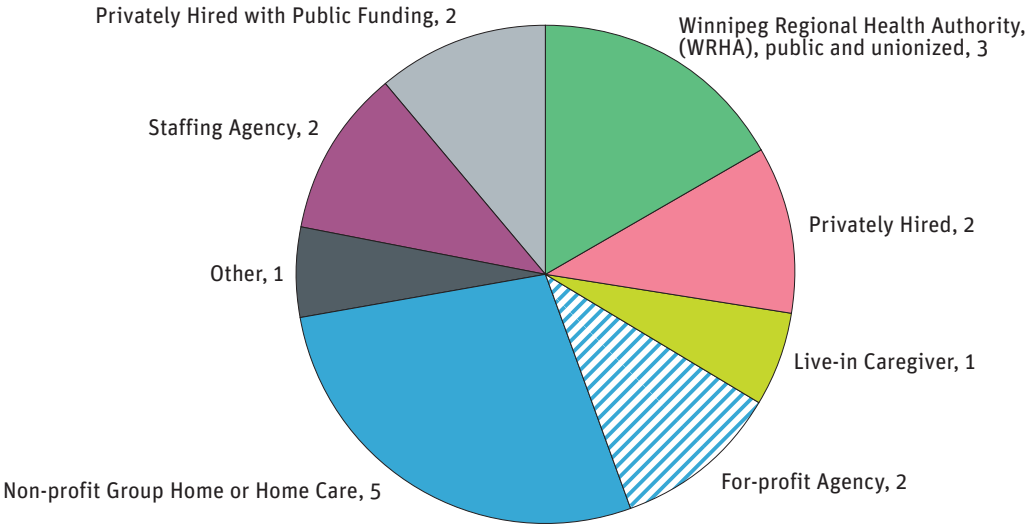
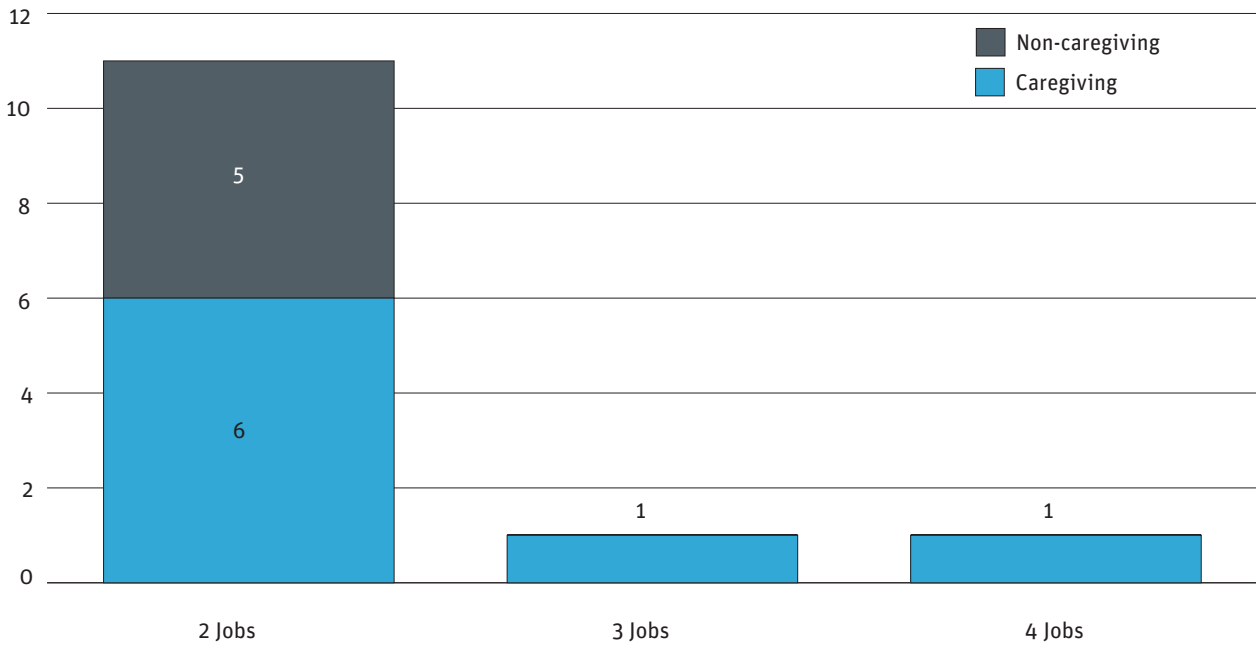


FIGURE 2 Number of Jobs per Home Care Worker



the pandemic revealed that im/migrants (especially Filipino and South Asian communities) were disproportionally impacted by COVID-19.[45] Together, while representing only 10 percent of the population, they represented 20 percent of COVID cases. Therefore, we know that immigrants play a critical role in health care infrastructure in the province, but are not getting the supports they need. Yet, we know little about im/migrant home care workers in Manitoba and their working experiences, both before and during the pandemic. Our data provide some qualitative and nuanced insights into the lived realities of im/migrant home care workers in Manitoba.

All of our research participants are racialized and provided home care for people over 65 in Manitoba. They are from Sudan, Chile, India, Guinea and the Philippines, though most workers (75%) were from the Philippines. Three of the 18 worker participants are men, which is roughly representative of the gender differences in the home care field.[46] There is a wide variety of employment relationships represented in the sample. Despite how centralized Manitoba's home care sector seems to be, only around 20 percent of workers were employed in the public/unionized home care sector, at the time of the interview. The rest were employed by private home care agencies, for-profit agencies, non-profit group homes, staffing agencies, or are privately hired through a mix of private and public funds. Two workers, one of whom is a temporary foreign worker, live with their clients.

Key Findings

OUR RESEARCH REVEALED four key findings:

1. Manitoba-based im/migrant home care workers' have experienced increasing employment precarity during the pandemic. Workers described a range of challenging working conditions, difficulties navigating and resolving issues with their employers and clients, inadequate paid sick days and vacation days, and lack of job security. Their work was also intensified due to the pandemic's impact on caring for older people. With fears of transmitting and catching COVID-19, many older people cancelled services and home care workers were restricted from working in multiple settings such as other homes or long-term care. Many informal caregiving/family supports also decreased because of the same fears of catching COVID-19 and uncertainty about if they could visit loved ones needing care. Therefore, many home care workers were on the job for longer hours and had more care responsibilities. At the same time, private sector workers took on additional jobs (often outside of the care sector) to safeguard against pandemic related-layoffs, such as if their clients became too ill to remain at home. These workers needed "backup jobs" so they could continue sending remittances to their financially-strapped families abroad.

2. All the workers in our study shared workplace experiences of racism and racialized violence suggesting that such experiences are

widespread and largely unaddressed in Manitoba. Most workers believed there was little they could do to avoid or challenge these experiences. Moreover, constantly navigating multiple forms of racism contributes to home care worker burnout and workforce retention issues.

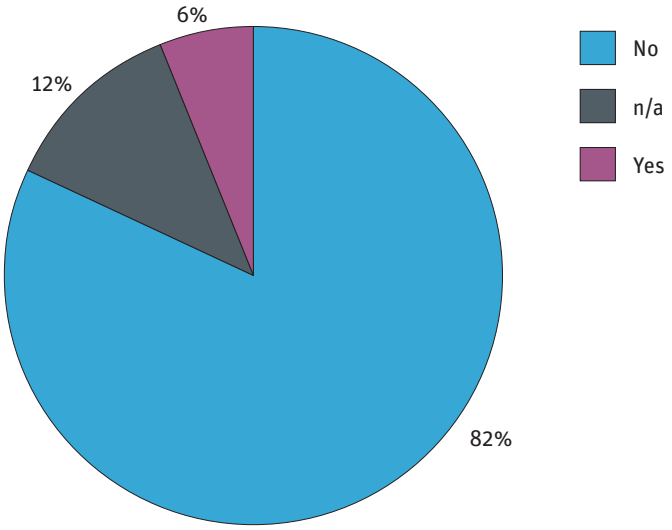
3. Provincial pandemic policies and income supports inadequately responded to the needs of im/migrant home care workers during the pandemic, and many were even excluded from Manitoba's official pandemic response policies.

4. Our assessment of Manitoba's policy, history and settlement infrastructure as it relates to im/migrant home care workers revealed a scarcity of community and public infrastructure for im/migrant workers in Manitoba. This scarcity compounds their isolation and sense of invisibility in Manitoba and makes it difficult for workers to access critical information, health, and employment supports. Below, each of these themes is outlined in more detail.

Increasing Work Precarity

The overarching theme that was made clear through our interviews was that im/migrant home care workers, whether working in public, non-profit, or private home care settings, are devalued and made invisible by intersecting structural inequalities marked by gender, class, immigration status, and race. Most importantly, direct home care work tends to be at the bottom of the care work hierarchy[47, 48] with the lowest pay and most precarious working conditions in the care economy. Residential caregivers, domestic workers, and "live-in nannies" are even excluded from various protections in the Manitoba Employment Standards Act, such as holiday pay. The pandemic then exacerbated these conditions for im/migrant care workers. Most workers worked more than 40 hours/week, but none of the workers were categorized as permanent, full-time employees, and few (n=11) had formal job contracts. Most of the workers we talked to were not compensated for working over scheduled hours and most juggle multiple jobs in other low-paying, precarious sectors to make ends meet. Even workers in the public sector were often classified as 'casual' employees,[49] meaning that they struggled to access vacation pay, sick days, or benefits. While our sample is not representative of the overall Manitoba home care work population, most (n=12) home care

FIGURE 3 Compensation for Work Beyond Scheduled Hours



workers we interviewed shared that their wages were below the recently calculated living wage for Winnipeg, Manitoba ($18.34/hour),[50] regardless of whether they are working in public and private sectors.[51] Notably, in our sample, workers hired outside formal agencies or unionized settings tended to have the lowest wages. For home care workers directly hired outside of an agency or health authority (whether funded through the provincial Self and Family Managed Care program or not), lack of formal contracts, low wages, and casualized employment relationships were the norm. Without a contract, their working conditions were largely at the whim of their employer/client. Such precarious working conditions meant that workers were not guaranteed a stable income, let alone paid sick days or vacation days. This made it difficult for them to take time off to recover from injuries or sickness and made it necessary to juggle multiple 'back-up' jobs in case they lost hours or were laid off unexpectedly. Additionally, there was increasing pressure during the pandemic to send remittances back home to loved ones who were severely impacted by the pandemic. For example, Migrante Manitoba members who were in the Philippines during the pandemic reported that during the military-enforced Extreme Community Quarantine (ECQ) or Never Ending Community Quarantine (NECQ)[52] they were forced to quarantine in their homes with no income, eating only rice, gruel, water, and occasionally sugar. The need for remittances from family in places like Canada increased tremendously as a result.[53] Im/migrant workers in Manitoba talked about how they only ate rice and eggs (sometimes just one or the other) to save

more money to send home. The national Kapit Bisig mutual-aid program[54] was created out of the growing food insecurity and poverty that im/migrant workers faced. At the cost of their health, safety, and well-being, im/migrant workers in Canada maintained remittance levels during the pandemic, despite projections that they would fall.[55, 56, 57] Remittances from Canada to the Philippines remained at just over $1 billion dollars in 2019 and 2020.[58]

Working Over Time, Getting Burned Out

PRIVATE SECTOR WORKERS emphasized a lack of support and protection that existed long before the pandemic. Celia,[59] a Filipina private sector worker in her 50s, had no paid breaks and no set pay raises. Her client with dementia could not be left alone, so Celia barely had time to go to the bathroom and says that her days were exhausting and stressful. Lawin, a live-in caregiver, came to Canada during the pandemic, and at the time of our interview she had been isolated in her client's home for almost a year. Her clients did not want her to leave the house in case she caught COVID-19, and she ended up often working overtime and spending her days off alone in her room.

Aliyah, a North African worker, worked in a for-profit home care agency before getting a casual position with her public regional health authority during the pandemic. At the private agency, she described racial discrimination in hiring practices, racist abuse from clients and feelings of mistreatment and exploitation by her case manager and clients. When she moved to the public health authority, she described a marked improvement in her working conditions and increased satisfaction with her job:

> "No it was definitely when I switched into [Public sector] I was like "Oh this is what home care is supposed to be like. This feels good going to work and helping out my clients that I have and like you know feeling good when I'm leaving the end of my shift because I had a good day".

Despite Aliyah's positive experiences in the public sector, other workers experienced challenges in the public sector. Diwata and Angel, a married Filipino couple, left the securities of their public-sector long-term care jobs to work for a direct care staffing agency. They explained that in the public system they were overworked and burned out. Despite working full-time hours for years, they were classified as 'casual' employees, which excluded them from things like health benefits, pension, and most importantly paid vacation time. Staffing shortages that pre-dated the pandemic and lack of seniority compelled them to frequently work double shifts and overtime. Paid days off were scarce but badly needed, and they felt they had little control over their schedules. Working for a staffing agency allowed them to pick and choose their shift based on their client preferences and energy level, giving them much more flexibility over their work schedules and much needed time off to rest. Working with the staffing agency was a huge advantage for Diwata, who suffers from chronic health conditions, and is now able to refuse work when he is sick. Angel stated,

> "We were convinced to apply as agency workers also, simply because of the flexibility. Because in [the public care facility] you are obliged to go to your to work like every day to your regular schedule, but when go to work with [staffing agency] you can you can make your schedule. It's very flexible like if you don't want to work today. OK I'll work whenever I would want to work. You can choose. You can choose when to rest and you can choose when to stay away".

For Diwata and Angel, the flexibility of staffing agencies outweighs the benefits and security of the public sector. They also noted that pay differences between home care and long-term care positions were not so profound. In fact, at the staffing agency, home care placements were often preferred because they were considered to be less labour intensive positions, with similar pay.[60] Diwata and Angel shared that their friends and other colleagues had either already left or were thinking about leaving the public sector for staffing agencies as well.

Nevertheless, like so many other workers told us, Diwata and Angel experienced racism and discrimination as regular parts of their job in both public long-term care and private home care systems. They told us that they both just try to ignore it and do a good job, so that both clients and co-workers want to work with them. Angel explains:

> "you have to prove to them that OK, even if I'm a Filipino, you will be wishing to her to work with me again. You have to prove them that."

Such diverse experiences reveal the complexity of challenges faced by im/migrant home care workers and the fluidity of employment across private, non-profit, and public home care systems. Though our sample size is too small to quantify the prevalence of these experiences, it indicates a need for further research on im/migrant workers across both public and private care systems in Manitoba. If the public home care sector is going to thrive in Manitoba, it needs to address these challenges, and provide sustainable, secure, and fulfilling employment for the im/migrant home care workers who make up a growing majority of the home care workforce.

Experiences of Racism and Racialized Violence

Every worker we interviewed described experiences of racism in various forms, regardless of employment relationship or home care model. These experiences of racism ranged from racist comments from home care clients and their families, to discriminatory employment practices, and to the normalization of racism and violence in intimate care relations.

Im/migrant home care workers experience multiple and intersecting exclusions that compound their structural invisibility and vulnerability, and enabled various forms of racism and racialized violence. For example, Sampaguita, a Filipino woman working in a non-profit home care agency, described the challenge of speaking up about the harassment and violence they experience. While harassment and violence are not uncommon in home care work,[61] she believed that white workers were more likely to say something about it to their supervisors, and to stand up for themselves. By contrast, she expressed that racialized minorities often "don't know what to say.... Because [racial minorities] are used to it... they end up just staying quiet." A couple of workers also noted that clients seemed to sense workers' structural vulnerability and were more likely to physically attack Black and Asian workers than their White counterparts.

Racism was also revealed in various employment practices in the private sector such as hiring and the common agency practices of matching clients to their "preferred type" of worker. Aliyah, a North African home care worker, was employed in a private for-profit home care agency during the pandemic before getting hired as a casual worker by one of the regional health authorities. She believed that she was hired by the private agency specifically because she was Black and was informally told by her supervisor that the agency's predominantly White clients preferred Black workers. While the

agency touted a zero tolerance for racism policy, when she complained to her supervisor about a client's racist comments, her supervisor told her to "keep in mind, this is an older population... back in the day...". When she switched to a home care worker position with the public regional health authority, she found that her clients were more racially diverse, and she did not have the same challenges with racism that she had with the private agency. Floribeth, another worker who also worked in both the private and public home care settings, noted that experiences of racism were more distinct or common when working for private employers or clients.

Finally, violence during intimate care, such as bathing and feeding, tends to be normalized in home care both by the workers and their supervisors. Sampaguita had grown so accustomed to experiences of racialized verbal harassment from clients that she explained that "I don't mind those incidents anymore; it's the physical part that I really [try to] avoid." Trying to prove oneself, normalizing and/or justifying experiences of racism was common for many workers, as it was part of just getting through the day. Mariame, a West African worker employed by a private home care agency, explained her experiences with racism, that were downplayed by the client's family members:

> "Yes, we have some clients if you are black, they don't treat you well. They are not comfortable with you ... For example, when you work, they say don't touch me, or they would not take medications from us. Usually we have that client who behaves that way.. Yes, one day family said you need to be patient. This is his first time [meeting a Black person]. She will get to know you better, you need to be patient. Don't take it personal."

The normalization of this racialized violence for many im/migrant workers often made workers undermine their experiences and try to avoid thinking about them. For example, Floribeth, a Filipino woman who was employed as a home care worker for both the public regional health authority and a private agency, worried that "maybe I'm just paranoid because I'm a different colour, but I don't want to think about it." She struggled with feeling constantly different and worried that if she talked about it, she would be considered too loud, too sensitive, or be dismissed like Aliyah (above) was when she complained to her supervisor.

While our research sample is small, the fact that all workers experienced some form of racism in their workplaces suggests that such experiences are widespread and poorly mitigated. Most workers believed that there was little they could do to avoid or challenge experiences of racism. This supports recent research that argues that throughout the pandemic, migrant care workers

needs have been subordinated to their clients' interests[62] and they are less likely to complain when they encounter challenges.[63] Finally, whereas home care worker burnout is now well documented, the reasons for this burnout are complex. Our research suggests that constantly navigating multiple forms of racialized violence leave workers feeling weary and unsatisfied with their job. This coincides with a large body of scholarship on the impacts of racism on people's mental and physical health.[64, 65, 66]

Systemic Exclusions in Manitoba's COVID-19 Response

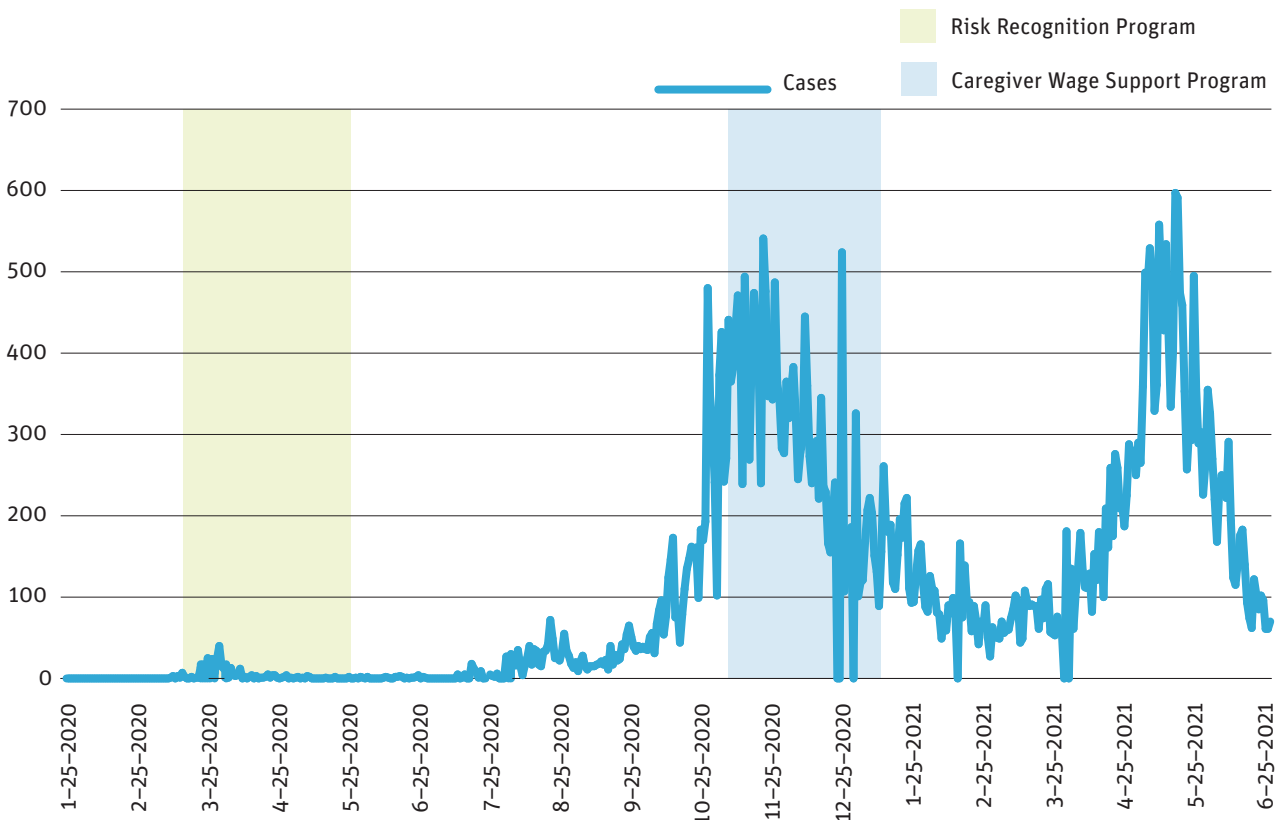
To contextualize im/migrant home care worker's experiences during COVID-19, we researched relevant government policies and programs during COVID-19 in Manitoba. We found that pandemic policy responses were inadequate to address im/migrant home care worker's needs. In the following section we examine Manitoba's wage top-up programs and paid sick leave programs.

Wage Top-up Programs

In May 2020, the federal government announced that it would provide up to $3 billion to increase wages for low-income essential workers.[67] This top-up had to be matched from 25 percent provincial to 75 percent federal, meaning that provinces would have to spend a third of what the federal government allocated to them to receive the full amount.[68] In Manitoba's case, the federal government made $117.5 million dollars available, and Manitoba used 76 percent of its allocated funding ($90 million) which left $27.5 million unused/on the table. The $90 million was used for two wage top-up programs, the Risk Recognition Program, and the Caregiver Wage Support Program.

The Risk Recognition Program (RPP) was put in place in March 2020 and, while it included care work in private homes, long-term care, and hospitals, it excluded workers in food processing/agriculture, one of the hardest hit sectors of the pandemic. Many migrant workers' families and/or community members work in the food processing sector in Manitoba. To qualify for the RPP, workers had to earn less than $5,000 monthly and work 200 hours within the valid period. It was not until November 2021 that the next wage top-up program, the Caregiver Wage Support Program (CWSP) was implemented, in the middle of the 'second wave' of COVID-19 in this province. The CWSP inexplicably excluded care workers in private homes, many of whom are im/migrant workers. It also required workers to earn less than $25/hr to

FIGURE 4 Wage Top Up Programs Compared to COVID-19 Cases in Manitoba



qualify.[69] There have been no other wage top-up programs since November 2021, despite severe COVID-19 waves in Manitoba. Ultimately, almost all of the workers in our study were excluded from the CWSP and many of their families were excluded from the RPP.

Sick Leave

Manitoba's Pandemic Sick Leave Program provided up to $600 for a total of five workdays to workers in the private, non-profit, and charitable sector who do not receive paid sick days from their employer. It excluded federal/provincial government departments, workplaces with collective agreements or other agreements providing sick leave benefits, crown corporations, incorporated municipalities, and special operating agencies.[70] The program was voluntary and employer-driven, meaning that employers need not inform their workers about the program, let alone provide pay if workers become sick. Instead, they had to apply for funds to pay their workers to take time off

due to COVID-19. None of the workers we interviewed were informed about this possible sick pay from their employers and Migrante Manitoba confirmed that, in their conversations with workers, most precarious immigrant workers in the private sector were unable to access this program. Employers were also excluded from applying to this program if they already offered 5 or more paid sick days to their employees, and employees who already used up sick leave benefits were not covered.[71]

Both policy responses — wage top-up programs and paid sick leave — provided inadequate material relief to im/migrant home care workers. Even without the pandemic, im/migrant workers face many barriers to accessing social services and supports, such as linguistic or cultural barriers, precarious immigration status, or rural isolation. Many im/migrant workers also work in private homes and have very precarious working conditions and employer-employee relationships. On top of this, many of the workers we interviewed said that they had to use their sick day hours when they had to quarantine for COVID-19 as there was no paid time off for this. Then, if workers got sick, they would have to take unpaid time off to recover. Overall, these COVID-19 policy responses failed to address the unique dynamics that im/migrant home care workers face at home and in the workplace.

Scarce Community Infrastructure

There is a clear absence of public infrastructure to support im/migrant workers in general in Manitoba. But for non-unionized im/migrant home care workers, there are even fewer accessible resources. Community-based, migrant-led organizations such as Migrante Manitoba and the Filipino Domestica Workers Association of Manitoba are currently on the frontlines providing supports for im/migrant home care workers that struggle to access support and know their rights in this fragmented and largely precarious sector. Yet they are not part of any formal immigrant/settlement or social service infrastructure in Manitoba, and the services they provide are voluntary and contingent on temporary funding. Many social and community organizations, like Migrante, were given ad-hoc funding during the pandemic to provide critical services to people in Manitoba, but there is no permanence or sustainability in these funding structures as Vicky Sinclair from Manitoba Association of Newcomer Serving Organizations (MANSO) said:

> "we pushed and we met with the Minister and we've said, do you realize it's nearly all newcomers working in the sector, let alone the clients they're

> serving, the people are being laid off, then being brought back on....You cannot build any kind of continuity in your services. And the clients are the ones who suffer because it's constant turnover, stopping, starting. And then again, it's happening this year".

While mostly unfunded, community-driven organizations like Migrante Manitoba, are taking leadership roles in advocating for these workers (particularly those that are non-unionized) and providing case support when they are in crisis. Migrante Manitoba's Kapit Bisig Laban COVID (linking arms" in Tagalog) program delivered COVID-19 test kits, personal protective equipment, and close to 1000 food hampers to migrant workers in need during the pandemic. Their direct and largely volunteer-driven support of precarious im/migrant workers responds to immediate and urgent needs that are currently underserved or absent in Manitoba's current social safety nets. According to our community leaders, this case work is survival. It means im/migrant workers are able to access basic needs and supports. But the kind of case work that organizations can provide is limited, as Susan Rodriguez from Migrante explains:

> "...food security, financial support, basic needs, clothing in times of [bad] weather, they might not have a winter jacket that is really suited with the weather, right? So many things. Legal support, mental health, support, these are very important. We provide referrals. You know, we don't really have that expertise in our program with Migrante. That's why I'm saying we utilize the resources in the community. They have to have the access of these services."

Even when Migrante or another organization can refer im/migrant workers to services, they are not always able to access them, as this settlement worker explained in our anonymous survey:

> "This past fiscal year the provincial government cut some funding which meant a reduction in service. It is hard to support the demand for non-permanent residents who are seeking support for their families when we have a max number of individuals we can support. This means we might have to turn people away from getting support. There is always a demand for these individuals looking for services but the supports are not always available to them (i.e., even for referrals you need to be mindful where you refer them as not all agencies support non-permanent residents)".

Aside from delivering critical services, many leaders, organizers, and migrant justice advocates have stated the need for more organizing and research

infrastructure in the province as well. Research is critical to engaging with government officials and key decision makers in the province on important migrant justice issues, as Diwa Marcelino explains:

> "Research is really critical because it's part of our unmasking of the issues and also it's part of our distribution of information to people who may have agency to change the… Not just politicians, just people in general, that might have the agency to change the policy. So we try to provide that level of understanding so that A, it's known, and B, we try to help people".

A key part of community-based research involves organizing — working directly with people to identify needs and concerns and supporting people in addressing those concerns. But organizing can easily fall to the wayside when people's basic needs are unmet and there is no one else to fill that gap. Community organizations need long-term supports that are complemented by adequate social safety nets for newcomers and precarious im/migrant workers in Manitoba.

Conclusion

IM/MIGRANT HOME CARE workers are essential to Manitoba's health care sector. Their work is invaluable yet continually undermined and dismissed. Despite our small sample size, our research revealed strong themes that crosscut the experiences of workers of different backgrounds, immigration statuses, gender, employment relations, and care systems. Im/migrant care worker's experiences before and during COVID-19 have been marked by exploitation, racism, and dangerous working conditions. While the province of Manitoba has a comparatively progressive history concerning immigration and home care, none of the current home care systems are providing adequate support for im/migrant home care workers. Increasing privatization in the home care sector is occurring in tandem with the deterioration of the public system. Challenges in the public model of home care are pushing im/migrant home care workers to juggle jobs across for-profit, non-profit, and publicly funded home care systems. In some instances, chronic burnout and work intensification in the public home care system are causing workers to leave the public system all together despite the loss of benefits, and other employment entitlements.

Alternative publicly-funded models, such as Self and Family-Managed Care, are also failing to provide the job security and adequate pay that workers need and deserve. Our research shows a concerning discrepancy between the government's labour planning and the lived experiences of im/migrant home care workers. Such widespread challenges require a provincial strategy to adequately fund the public home care system and provide the

wages, protections, supports, sick days, benefits, and vacation time to all home care workers in order to recruit and retain the thousands of new home care workers that are needed in a hemorrhaging workforce. Without this workforce and adequate public financial support and improvement to working conditions, Manitobans who cannot afford private home care services will increasingly struggle to secure the flexible and reliable home care services needed to age in place (outside of residential long term care). This underscores the importance of low-income disabled and older care recipients and family caregivers working in solidarity with im/migrant home care workers to improve their working conditions and Manitoba's home care systems more generally.

The challenges and experiences workers shared with us were not all unique to the pandemic. Deep-seated structural problems of inadequate pay, hours, benefits, and job security, combined with ageism, ableism, racism, sexism, and immigration precarity made them disproportionately vulnerable to the ravages of the COVID-19 pandemic. Therefore, we need policy changes that give im/migrant home care workers necessities such as living wages, adequate vacation time, security, benefits, safe working conditions, and access to formal entitlements and supports. We also need to value and fund the work of local organizations and community efforts that work directly with im/migrant home care workers and can bring forward their perspectives and demands to policy making arenas. We echo other calls for a feminist COVID-19 recovery plan[72, 73] that center the experiences of those most impacted and excluded from government priorities and policy.

Recommendations

OUR RECOMMENDATIONS DRAW on conversations that took place in our community policy forum in September 2022, where our research team presented our research findings and discussed recommendations with community members, Migrante members, and academics. We propose recommendations in three key areas:

1. Improved working conditions for home care workers in Manitoba

The home care sector is rapidly expanding in Manitoba and all over Canada, and to keep up with the demand for care services requires that home care workers are paid adequately, providers have enough staff to keep up with demands, and working conditions enable long-term and rewarding careers in the home care sector. But improving working conditions requires a multi-faceted approach that deals with wages, intersecting oppressions and forms of discrimination, worker advocacy, regulation, and monitoring in all home care systems. We propose several recommendations to tackle this problem:

Basic recommendations to help all home care workers in Manitoba:

- Invest in wages *(provincial responsibility)*
  - Living Wage ($18.34/hour for Winnipeg-based workers) as a minimum standard for workers across all home care systems (not just public).
- In line with recommendations made in other jurisdictions,[74] workers need 10 paid sick days and three weeks of paid vacation regardless of

employment status or number of hours/week in contract *(employer, provincial and federal responsibility)*.

- Removing barriers for foreign-trained professionals *(provincial responsibility, could be managed through MPNP)*.
  - E.g. Increase access to accreditation programming.
- Mandatory registry of all home care employers *(provincial responsibility)*
  - A registry that all employers, both public and private, must register ensuring that we know how many people are employed and where. Such a registry can also provide data on the standards and safety of working environments.
  - A registry should include information on scope of duties, hours, pay, benefits, vacation, and pension allocation.
  - The data can be uploaded to Data MB on an annual basis.

Recommendations to address the precarity that im/migrant home care workers are facing:

- Address racism and racialized violence *(provincial/private sector responsibility led by grassroots and local organizations)*.
  - Stronger anti-harassment regulations tailored to domestic and private workplaces to protect and support workers who make complaints about workplace harassment and abuse.
  - Create intersectional anti-discrimination training programs for home care workers and recipients of care.
  - Anti-discrimination campaigns and education organized provincially and within workplaces, sharing strategies for recognizing discrimination, understanding why it is important to address, and how to address it.
- Eliminate home care workers' exclusions from employment standards *(provincial and employer responsibilities)*.
  - Home care workers employed at temporary staffing agencies or as residential caregivers should be protected by all employment standards, just like any other worker.

- Proactive monitoring and enforcement of employment standards in home care workplaces.

- Create a community-driven workers' advocacy organization *(grassroots created and led with permanent funding from the provincial government)*.
  - A workers' advocacy organization is a place where im/migrant home care workers (and other im/migrant workers) can voice their complaints on racism, sexism, unfair working conditions, burnout, and isolation.
  - Such an organization can follow the lead of the Immigrant Workers Center in Montreal,[75] and team up with MFL Occupational Health Centre Manitoba and Migrante Manitoba.

2. Curb the proliferation of privatized home care in Manitoba (provincial and federal responsibility)

Our research suggests that even though public sector home care workers have better access to sick days and potentially fewer experiences of racism, many im/migrant home care workers are working outside the unionized public sector (or simultaneously in both public/unionized and private/non-unionized jobs). An increasing number of im/migrant workers are moving away from public home care jobs because of issues of burnout, mandated overtime, and inadequate pay in that sector. Moreover, most of the workers we interviewed who were hired through other publicly-funded home care programs, such as the Self and Family Managed program, struggled with issues of low wages, job insecurity, and unclear scope of duties, which were also common in privately-funded home care models. Therefore, we need to increase the desirability of public sector work over private sector work to retain workers in the public system.

We recommend:

- Extend regulatory oversight to private home care providers; ensure providers are included in a registry and are providing details on worker wages and provide legal employment contracts to workers.
- All home care workers must have access to at least two weeks of paid vacation time annually.
- Home care workers need job security and living wages to avoid juggling multiple jobs to make ends meet and plan for their future.

Private home care agencies must strive to offer workers permanent contracts that provide severance pay if their contracts are terminated because of the death of a client. Similarly, minimum hours must be guaranteed and paid, even when home clients do not always require the planned home care services.

- Home care workers who are not currently unionized need support when they encounter employment standards violations and workplace harassment. A Manitoba workers' advocacy organization, mentioned above, would support these workers with this advocacy.

Investments in public home care for older and disabled people need to be positioned as critical investments in our overall economy. As the Caring Economy Initiative states, rather than an expenditure or drain on the economy, through investing in good care for Canadian residents and good care-related jobs for workers,a stable economy and "a healthy society that can maximize its potential and excel in new ways is created."[76]

3. Intersectional approach to enhancing formal supports and entitlements (provincial and federal responsibility)

The pandemic's essential wage support programs showed that the government's policy approach is excluding key segments of its essential workforce. The programs fell short of supporting who they were intended for. Women, racialized, immigrant workers, people with precarious immigration statuses or people who work for private employers (like many home care workers) have been disproportionately impacted, precariously employed and lacking in government protections even now as we emerge from the pandemic. Entitlements such as paid sick days, maternity and parental leave, vacation time, and mental health supports are currently not widely available to workers, yet they are critical for protecting and retaining these workers in Manitoba's home care sector. Moreover, precarious work and immigration status must be tackled systemically so that im/migrant workers can access the entitlements and supports they deserve. Finally, as Manitoba's population ages and an increasing number of older and disabled people live in poverty, the need for disabled and older people to work in coalition and solidarity with im/migrant home care workers to create more robust, publicly-funded home care systems that centre the needs of *both* low-income home care clients and home care workers is urgently required.

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