

# Resetting Normal: Women, Decent Work and Canada's Fractured Care Economy

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## Executive Summary

Women in Canada have been disproportionately impacted by the COVID-19 pandemic to an extent that threatens to roll back equality gains. Economic losses have fallen heavily on women and most dramatically on women living on low incomes who experience intersecting inequalities based on race, class, disability, education, and migration and immigration status. The pandemic crisis has revealed the fragility of response systems and the urgent need for structural rethinking and systemic change.

The pandemic has spawned national recognition that care work is essential to our daily lives and economy while highlighting the fractures in Canada's care infrastructure. On the frontline of the pandemic, in jobs that carry a high risk of exposure to infection and a slim chance of essential protections such as paid sick leave or health benefits, are immigrant, Black, migrant, undocumented, and low-income women positioned by gender stereotypes, racist stereotypes and immigration policies.

At the same time, a historic downturn in women's employment, compounded by uncertainty over the capacity of the fragile and fragmented childcare sector to fully reopen, is shaping up as a potential disaster for women's economic security. Women in diverse and marginalized communities, facing intersecting forms of systemic discrimination, will have the greatest difficulty emerging from the crisis.

Recovery planning provides an opportunity to eliminate gender bias in economic thinking and public policy that has neglected the value of social infrastructure and promoted austerity and deregulation. Transformative policies that support both paid and unpaid caring labour will be crucial to stopping the looming erosion of women's economic and social rights. Recovery plans must centre women's economic well-being and the experiences of diverse and marginalized communities of women. A post-pandemic economy and workplaces that fail to do so will deepen structural barriers to equality.

## Women, Work, and Pandemic Impacts

- ***Women are at the forefront of the crisis*** - Our primary care and long-term care systems are staffed largely by women and one in three women workers are in "high risk" jobs, where they are more likely to contract the virus.
- ***The scale of women's job losses is enormous*** - Cumulative job losses among women stood at 1.5 million at the end of May, and another 1.2 million had lost the majority of their work hours. These losses are felt by more than one-quarter of all women workers (28%) in industrial sectors across the economy.

- **Mothers experiencing disproportionate job loss** - Mothers account for more than half - 56.7% - of the more than 900,000 parents who lost their jobs or the majority of their hours by the end of May and experienced only 40.7% of May employment gains.
- **The most vulnerable have been hit the hardest** - Women earning the lowest hourly wage experienced the biggest job losses with 58% of women earning \$14 per hour or less laid off or losing most of their work hours between February and April. Employment losses were also high among newcomer women as 43% of recent immigrant women who were employed in February were unemployed or working less than half-time by the end of April.
- **Women are leaving the labour market and increasing care responsibilities at home** - The number of women aged 25-54 outside the labour market increased by 424,500 or 34.1% February to end of April, including those who didn't look for work because of the dire state of local labour markets and women who took up caring responsibilities at home.
- **Loss of work, lack of childcare threaten women's economic security** - More than one-quarter of the 2.25 million mothers of children under the age of 12 who were employed in February lost their jobs or more than 50% of their hours by April. Single-parent mothers were more likely than mothers in two-parent families to lose work. In April 122,000 single mothers were out of the workforce. Only 64% of childcare centres have indicated they would definitely re-open and physical distancing requirements will reduce spaces.

### **Canada's Fractured Care Economy**

The pandemic has revealed that the most poorly paid workers form the first line of defense against catastrophic illness and economic depression. After two decades of austerity in health care and community services, Canada is ill prepared to respond to the growing care deficit.

**Who is responsible for direct care?** Families play the central role in caring work, and women and girls shoulder a disproportionate share. On average, women spend 1.6 times the amount of time on unpaid work per day that men do: 3.9 hours vs 2.4 hours per day.

**Rise and fall of the welfare state** - Expansion of public sector services provided critical caring supports to women and access to professional and management occupations in largely unionized health, education, and social services. Yet, over the past 25 years, from health care to education to community services, Canada's social infrastructure has been scaled back.

**The growing presence of for-profit business in Canada's care economy** - Government withdrawal opened the door to privatization and proliferation of for-profit chains in care work, reducing quality, and staff levels, benefits, and protections. Substandard care resulted in negative consequences for care recipients and the gendered and racialized workforce.

**Community services on a precarious footing** - The community sector continues to play a critical role in Canada's care economy on precarious financial terms that expose individuals and families to significant risks. The current crisis has amply demonstrated this.

***Households are struggling to fill gaps*** - Households, and women in particular, pick up the caring labour that is no longer provided publicly or is priced beyond reach in the private market. This reflects the status attached to unpaid care work, the monetary value of which has been pegged conservatively at three times the value of the world's tech industry.

***Care work as gendered, racialized migrant labour*** - Care work in Canada has an entrenched reliance on highly skilled, low-paid migrant care workers. Precarious care work is systematically offloaded onto migrant women while the feminization and racialization of care work triggers further declines in wages, job security, and the social value of care work. Migrant care workers now fill a range of positions in private homes and health care facilities yet face increasingly restricted chances of securing permanent residence.

***Migrant care workers and COVID-19*** - During the pandemic, migrant care workers face increased precariousness including: dismissal by employers working from home or laid off; 24/7 lockdown in employers' private homes due to fear of transmitting the virus if they leave the house; and, loss of immigration status due to delays in renewing work permits or processing permanent residency applications.

***Decades of neglect have undermined Canada's care economy*** - The pandemic has surfaced the serious consequences of decades of neglect. A precarious childcare sector, essential to economic recovery, is unable to reopen fully. Deadly outbreaks in long-term care facilities have required military personnel to address understaffing. Chronically underfunded gender-based violence services struggle to meet increased demand. Women's disproportionate share of unpaid care work in the household remains a significant obstacle to labour force participation and advancement and economic security. Recovery planning must move beyond a fragmented approach of underfunding, privatization, and exploitation propped up by systemic discrimination. Like the best of the pandemic emergency response from public health leaders, many of whom are women, recovery planning for care sectors requires thorough analysis, clear evidence-supported outcome targets, a methodical approach to implementation, and responsible leadership with vision and heart.

## **Emerging into Recovery: Equity, Equality, and Decent Work**

The pressure of any crisis reveals the fragility and inadequacy of supporting structures, and the current pandemic is no exception. COVID-19 and the imposition of emergency pandemic control measures have demonstrated how economically and socially precarious many people—and the services they depend on—are after 30 years of austerity and privatization.

The crisis has exposed the catastrophic inadequacy of employment for many, many women. On the frontline containing the pandemic, women are working in low-wage, precarious care positions at high risk of infection—jobs where intersecting inequalities and gender-biased public policy have concentrated racialized, Black, migrant, and undocumented women. Women who are least likely to have the financial means to weather unemployment have taken the greatest hit in months of job losses so severe that equality gains are under threat.

Pandemic emergency measures prioritized collective public good. Recovery planning can continue to do so by removing gender bias from economic and social policy and recognizing

that what is good for all women is good for the country. Centring the experiences of diverse and marginalized communities of women in recovery planning with effective intersectional feminist policy analysis can rebuild our economy, enhancing justice, equity, and inclusion. Prioritization of decent work in women-dominated care and service sectors can ensure women re-enter workforce and thrive, protect and advance equality gains, and boost the economy.

## **Recommendations**

### **1. Revitalize social infrastructure through care sector investments**

- Strengthen social policy in long-term care, childcare, and violence against women and gender-based violence, prioritizing investments in community and state models.
- Invest in quality care services, care policies, and care-relevant infrastructure to reduce social and economic barriers and advance inclusion, gender equity, and gender equality.
- Build a care economy centred on equity, equality, and shared prosperity working with care workers, including migrants; care recipients; unpaid caregivers; and feminist economists.
- Increase capacity of public nonprofit care services and facilities through immediate creation of a sector stabilization fund to support direct operational costs.
- 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.
- Introduce care-friendly, gender-responsive policies and programs, including tax measures, targeting women living on low incomes and their families to assist with costs of caregiving.

### **2. Ensure care work is decent work**

- Lead a meaningful policy discussion with all stakeholders to reimagine care and build a sustainable care economy anchored in decent work that ends the devaluation of care work.
- Develop a long-term care labour force strategy 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 and all 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 transfers for creation of high-quality jobs in the care economy with full-time work at better wages, improved working conditions, access to training, and robust employment protections.
- Modernize and strengthen social protections for workers, such as Employment Insurance, to reflect current and future labour realities.
- Ensure migrant care workers have decent work:
  - Grant permanent residence status to all migrant care workers currently in Canada, including migrant care workers who have become undocumented.
  - Ensure future migrant care workers have secure permanent residency status on arrival.
  - Include migrant care workers in discussions that shape a sustainable care economy.
  - Ensure labour relations legislation provides real access to unionization and collective bargaining for in-home care workers, including through broader-based bargaining.

### **3. Focus public investments to transform 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.

- Increase federal and provincial public investment in long-term care and related community-based supports for seniors and others in need of care.
- End privatization of long-term care and expand publicly managed non-profit long-term care facilities and home care services.
- Establish better collaboration between health and social services to support increased access to appropriate services tailored to the needs of different communities.
- Report annually on the delivery and impact of long-term care services in provincial and federal legislatures in collaboration with all stakeholders.

### **Childcare**

- Increase public investment in childcare to ensure women and parents of all genders can return to work and stimulate GDP recovery.
- Direct funding adequate to address increased costs and support the women-majority workforce for full reopening in the short term.
- Meet the long term social and economic role of childcare through significant investments in physical infrastructure and human capital; moving to community and state operating model; broader coordinating policy mechanisms and a national secretariat.

### **Violence Against Women and Gender-Based Violence Services**

- Co-develop and implement a detailed long-term National Action Plan on Violence Against Women and Gender-Based Violence with VAW and GBV services, including sufficient financial resources and standards to ensure national levels of service and protection for all women and 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 with stable funding at levels commensurate with demand while retaining autonomy and community governance.
- Recognize the long-term role of the broader gender-based violence service sector in service response and violence prevention with stable permanent funding that supports decent work in the sector.