



## *Building Together for a Care Economy*

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Provinces and territories keep insisting that the federal government should stick to being a tax collector and just hand over the money without strings. But it is the strings that gave us Medicare, Canada's best loved social program. Money without conditions is just money, not a plan. It can't construct a future that recognizes we all need to receive care at numerous points in our lives. Without conditions, the federal money has in the past, and may again, go to tax cuts for the rich or for profits in care rather than to improved services for us all.

Everyone is worried about whether they will get care and about the quality of care they or their loved ones are likely to receive in long term care, in hospitals and clinics, and with childcare facilities. The quantity and quality of care is a public policy matter, determining how many people are available to do the work, how they are qualified, and how their work is valued. Staffing ratios will determine how much actual care every person gets.

There has been a vigorous debate during the pandemic about the lack of standards for care, about the need to ensure high quality care for everyone. **How could we achieve better care, in every jurisdiction?**

Certainly, provinces and territories need to shape their own care economies, but **standards are different from standardization**. Our populations are diverse and so are needs and contexts. What can work well in Attawapiskat may not be appropriate for Bloor and Yonge, what accommodates a Muslim group can be different from what accommodates a Buddhist one. In long-term care, breakfast at 7 may be the first choice of some but experienced as disruptive by others. The hours needed for day care, or the languages spoken, may be quite different in Trois-Rivières and a community with many refugees, to name only a small number of differences. Yet we can still have standards that ensure access to quality care that responds to local needs in ways that promote equity rather than sameness.

The Canada Health Act that shapes our best loved social program **requires that provinces and territories make care accessible, universal, comprehensive, and portable, with funding through public administration** of the insurance plan. It also prohibits the charging of fees beyond the payment from the public plan - described as a prohibition against extra

billing - and requires reporting on how each jurisdiction conforms to the five principles as well as to the no extra fees condition. It has promoted health services with common features, developed at the provincial and territorial level. It is the envy of Americans who contend with a quite different model.



**Having standards will not ensure that**

**standards are met.** Enforcement needs to come with monitoring and with significant consequences when standards are not met, as was the case at least initially with the Canada Health Act. Democratic mechanisms for participation and public reporting of verified data, provided in accessible form and through accessible means, are equally critical.

Some of the most important standards are those regarding labour. **The conditions of work are the conditions of care.** And these conditions have long made it difficult to attract and retain staff and for the staff to provide good care. Indeed, high turnover is the explicit goal of some human resource strategies, making it harder to push for higher wages or better benefits. So does our long reliance on taking advantage of female, racialized and/or immigrant workers by mainly offering them precarious employment.

More staff is essential, but so is improved working conditions. In addition to decent wages, benefits and more full-time jobs, they need appropriate supplies and equipment and protection from violence, harassment and racism, to name only some of the abuses. Staff need time to care and time to know those for whom they provide care, along with the capacity and right to respond to individual needs. They also need time and space to consult with each other and to take breaks.

**COVID has exposed the gaps and weaknesses in access to quality services in hospitals, homecare, long-term care, childcare, and schools.** Collective action is urgently needed.

This election provides us with the opportunity to think about what kind of Canada we want to have, based on a shared set of values. **Federal programs can build on our shared values but doing so means identifying and enforcing standards.** If COVID has taught us nothing else, it is that we need a new approach to caring for each other in this country.

~ TheCareEconomy Team ~

For more information and resources see: [www.TheCareEconomy.ca](http://www.TheCareEconomy.ca)