

Spelling Out the Mandate for Care

Recommendations for Canada's New Ministerial Mandate
Letters

A Memorandum to the Prime Minister's Office

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The Care Economy¹ is foundational to – and increasingly a major growth driver of – our economy, accounting for 12.75% of GDP, and 21.1% of all jobs. Yet Canadians too often do not get the care they need when they need it, and both the access to care and working conditions of care providers continue to deteriorate.

The pandemic accelerated a pre-existing care crisis. In childcare, healthcare and seniors' care, both those with care needs and providers of care are struggling.

Women make up 90 percent or more of the workforce in each of these sectors, and while there are good jobs in these areas, a disproportionately high share are poorly paid and have no benefits, including something as basic as paid sick leave. Many essential workers, despite being called heroes, have been treated as disposable. Many care workers are on the verge of burnout, with ballooning workloads and no significant relief nor improvement to their wages and working conditions on the horizon.

Things are likely to get worse during this administration unless the government decides to take seriously the need for a mandate for care. It has provided leadership before.

Canada's government helped people navigate the first global public health crisis in over a century, and the Prime Minister has publicly stated that *the conditions of work are the conditions of care*. To improve care in Canada, and ensure the growing Care Economy is understood to be part of the shift to the green growth every nation needs, Canada's first self-declared feminist government can and must spell out a clear mandate for care in the mandate letters for its newly appointed Cabinet. Fundamental elements of the mandate for care, for specific Ministers, include:

1. Minister of Families, Children and Social Development: Early Learning and Child Care

Historic work was done over the course of spring and summer 2021 in budgeting for and delivering eight bilateral agreements to improve the quantity and quality of early learning and childcare, while reducing costs to parents by 50 percent by the end of next year, and down to an average \$10 a day in 5 years. What still needs to be done:

- Bring the remaining three provinces and two territories into this national strategy, since these jurisdictions account for over half of Canada's pre-schoolers.
- Ensure provinces and territories address care deserts, improve access to service for shift workers, newcomers, Indigenous populations, families with special needs children, and rural communities. This requires reporting on progress at least once a year, using metrics that are generally comparable across jurisdictions. Each jurisdiction, including the federal government, should appoint an arms' length Implementation Committee, which provides democratic oversight, as has been promised in the B.C. and Nova Scotia agreements.
- Establish an annual FPT meeting of Ministers responsible for ELCC to document best practices, share challenges, and discuss shared priorities at an annual national roundtable.

2. Minister of Health: Access to Healthcare

COVID-19 demonstrated how important it is to work together, with consistent purpose and direction, and supported by a federal government taking a leadership role. At the same time, it has exposed many weaknesses in our current approach and provided important lessons for moving forward, including dealing with significant labour and skill shortages, in a range of areas from preventive and primary care to seniors' and palliative care. It is time to:

¹ The Care Economy is measured as a combination of the paid work and economic transactions in the health/social assistance and education industrial sectors.

- Immediately convene provinces and territories to develop a national health labour force strategy by the end of 2022, addressing the supply challenges for education and training, certification, recruitment and retention across all health services Canadians need, from birth to death.
- Develop a health labour force strategy in consultation with the Minister of Seniors, to ensure both the demand for and supply of care are met in terms of quantity and quality of care.
- Implement the promise made in the last election to introduce national pharmacare. Uploading pharmacare from the provinces to the federal government would relieve pressure from provincial/territorial budgets as the population ages; introduce more streamlined and efficient clinical effectiveness standards; and permit more effective bulk purchasing. The goal is to improve access to greater well-being, while reducing per capita costs.
- Ensure that additional federal transfers to the provinces and territories for the purposes of healthcare come through bilateral and mutually negotiated agreements, tied to outcomes, advancing priority outcomes (within a multilateral negotiated national framework) and providing metrics that show how progress is being made. Money without a plan is not a strategy for dealing with a crisis.
- Support the Public Health Agency of Canada in addressing the continuing risk of COVID-19 and in developing a comprehensive public health plan for Canada, including emergency preparedness.
- Map staffing shortfalls of doctors and nurses in family clinics and hospital settings across Canada's urban and rural regions. Monitor increases and reductions of these shortfalls quarterly and make this information available to the public.

3. Minister of Seniors: Eldercare

In Canada, the brunt of deaths related to COVID-19 was borne first and mostly by those in long-term care (LTC) residential facilities, primarily in private for-profit facilities. Canada's population is aging, and the number of people with significant needs for care is growing rapidly. With wait lists and wait times lengthening dramatically in the past two years, the already chronic undersupply of both long-term residential care and home-care has led to disaster during the pandemic, requiring deployment of the Canadian Armed Forces. At 1.2% of GDP, Canada underspends on eldercare compared to the OECD average by approximately 0.5% of GDP (worth roughly \$11 billion in 2020). To address the crisis in care for seniors, this Ministry must:

- Increase unilateral (not cost shared) federal funding for long-term care and homecare, through 5-year bilateral agreements with provinces and territories, with the goal of improving both the quantity and quality of care. Funding would be conditional on progress made on mutually negotiated metrics that fall into a negotiated framework, as per the ELCC bilateral agreements of 2021.
- Monitor and address service deserts and staffing shortfalls in each region, and show how progress is being made at annual meetings of FPT ministers for seniors.
- Focus on improving the quantity and quality of care that provides:
 - Standards of care for different types of seniors with care needs;
 - Training for different types of care needs;
 - Training and recruitment/retention policies to increase numbers of workers;
 - Provide sufficient purpose built non-profit/public long-term care spaces, in conjunction with the Minister Responsible for Housing;
 - In conjunction with the Minister of Immigration, Refugees and Citizenship, provide appropriate transitions for migrant workers, who account for a disproportionately large share of care workers, from temporary to permanent resident status.

4. Minister of Employment, Workforce Development, and Disability Inclusion: Skills Development

Population aging creates a unique set of circumstances that offer a unique opportunity for the federal government. Through expansion of training opportunities and good jobs in the fast-growing Care Economy, the government can improve the lives and futures of Canadians who have historically and systemically seen fewer opportunities for training and good jobs, such as racialized minorities, Indigenous populations, people living with disabilities, and newcomers. To accomplish this, the Minister will:

- Work immediately with the Ministers of Health and Seniors to identify the labour and skills shortages that require additional skills development, developing a plan to meet those requirements by 2022.
- As was done with the ELCC agreements, continue to identify areas in the Care Economy where recruitment and retention requires assistance for workforce development.
- Work with provincial and territorial governments to ensure funding is not a barrier to participation in comprehensive and quality skills training for marginalized populations, who are often low-income
- In conjunction with the Ministry of Immigration, Refugees and Citizenship, assure that the federal approach is coherent and aligned with the goals of maximizing opportunity for workers, and improving the ability of migrant workers to make the transition to a citizenship pathway.

5. Minister of Immigration, Refugees and Citizenship Canada: Intake Policies to Address Labour Shortages

Immigration policies must not replace, but rather align with a robust new labour force development strategy for students, new hires and those who need skills upgrading throughout their lives, emphasizing the quality of training programs, and improved pay and working conditions for the lowest paid workers in the Care Economy. In order to avoid using newcomers as a more disposable and consequently a more vulnerable and cheaper labour force, the Minister should:

- Put more emphasis on permanent immigration (through the economic class) than temporary residents to fill remaining staffing shortfalls.
- Increase and raise awareness of pathways for migrant workers to transition from temporary to permanent residency.
- Reduce processing time for immigrants with foreign credentials in caring professions that are unable to be met with increased training and skills development.
- Support the proliferation and showcase examples of excellence in settlement/integration innovations which increase the speed of credential recognition.

6. Minister of Labour: Equitable Wages and Workers' Rights

Every job in the Care Economy can and should be a good job. Simply focusing on labour shortages, without focusing on both the quality of care and the quality of work, or workers' access to labour protections and employment standards, is insufficient. The conditions of work are the conditions of care. While the Minister of Labour doesn't regulate non-federal jurisdiction of work, s/he can:

- Provide 10 paid sick days in the Canadian Labour Code for all workers in federally regulated industries and ensure all employers have equity work plans.
- Work with the Minister of Public Services and Procurement to ensure that no federal funding will be awarded to suppliers who do not offer 10 paid sick days to their employees or who do not have equity work plans.
- Anchor the federal minimum wage to 60% of the average Canadian wage. In 2021, it would be \$17.70, for full- and part-time employees across Canada. Annual adjustments would be based on maintaining that relationship rounded up to the nearest 10 cents.
- Update the Canada Labour Code regarding misclassification, and establish an FPT table on how to monitor and reduce misclassification.

This brief was submitted to the PMO on October 21, 2021, by the Care Economy working group: Armine Yalnizyan, Laurell Ritchie, Marjorie Griffin Cohen, and Pat Armstrong.

For more, see <https://thecareeconomy.ca/>