

Valuing the Care Economy: Investing in Equality

June 2026



Women and Gender
Equality Canada

Femmes et Égalité
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EDUCATION & ACTION FUND
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Valuing the Care Economy: Framing Document

Care work, whether paid or unpaid, consists of the activities and responsibilities involved in meeting the needs of others:¹



Physical



Psychological



Cognitive



Mental Health



Developmental



Emotional

In terms of paid care work, LEAF's Valuing the Care Economy Project (VCE Project) focuses on:²



Education



Child Care



Health Sector



Social Sector



Domestic Work

In Canada, these sectors are overwhelmingly feminized and racialized – and they are undervalued precisely because they are feminized and racialized.

1. Care work is a gender and racial equality issue

Care work is skilled work that requires considerable effort, involves extensive responsibility, and too often is performed under hazardous, demanding conditions.

Care work is primarily women's work. In Canada's formal labour market, **75% of care workers in Canada are women.**³ Statistics Canada does not state whether this percentage includes trans women – but in Statistics Canada's recent study on socioeconomic outcomes of transgender

and non-binary people, the gender disparity in care work remains: trans women are far more likely than cis men to be working in care sectors, with trans men and non-binary people more likely than cis men to be doing so as well.⁴

The skill, effort, and responsibility of care work are unrecognized and undervalued, especially when that care work takes place in the household or community.⁵ This undervaluing is reflected in working conditions, compensation, supports, and protections.

Women-dominated occupations are consistently compensated at lower wages than those dominated by men.⁶

These occupations “largely resemble work women have traditionally performed in the household” – at least in settler, individualist societies. The pay gap reflects gendered power relations that contribute to “the devaluation of women’s work in both the private and public spheres.”⁷

There is also a persistent gender pay gap within care occupations, with immigrant women, Indigenous women, and racialized women having the lowest employment income of all care workers.⁸ Domestic child care providers have the widest gender pay gap, with women earning **40% less per year than men.**⁹ Filipina women are overrepresented in domestic child care,¹⁰ and are therefore disproportionately impacted by the large gender pay gap in that sector.

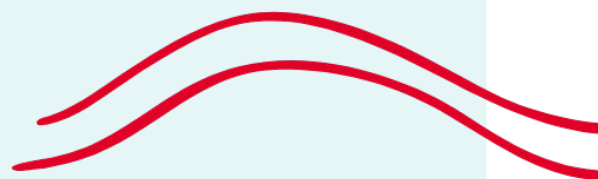
In healthcare, trans men and non-binary people have a wider pay gap relative to cis men than women (both cis and trans) do,¹¹ while in other parts of the care sector, such as direct service work in education, community and social services, cis and trans women have the widest pay gap relative to cis men, with trans men and non-binary people still earning significantly less than cis men.¹²

Outside of waged work, vast amounts of care work take place.

According to Statistics Canada, the economic value of “unpaid household work in Canada was between \$516.9 billion and \$860.2 billion in 2019 depending on the valuation method used.”

These numbers translate to “between 25.2% and 37.2% of Canada’s nominal gross domestic product (GDP) in 2019, which is more than the contribution of all the manufacturing, wholesale and retail industries combined.”¹³

Care work outside of the labour market is also gendered. Women spend more time on household work than men.¹⁴ They perform more of the routine, repetitive tasks, and provide much of the personal care required within families and communities.¹⁵ In addition, women, trans men, and non-binary people are all more likely than cis men to be single parents, making them the sole or main provider of care.¹⁶ Although often framed as a labour of love, caring labour remains labour that is not sufficiently valued.

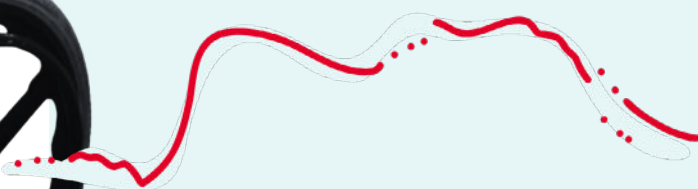


What's more, household and community care work is not distributed equally among women. Higher-income women are able to privately contract out care and other household work to other women, who are often racialized and underpaid.¹⁷ Families with low income and low education, as well as newcomer families, are less likely to access regulated child care in Canada,¹⁸ and as a result, women with low income or low education, as well as newcomer families, are more likely to care for their children themselves.

Disabled women, meanwhile, “live within two sets of devaluing expectations – on the one hand, as women and mothers and, on the other, as people who are seen only as dependent and in need of care.”¹⁹ Disabled women are not recognized as carers, while “the reality of disability means that many disabled women are sole parents and/or carers.”²⁰

The experience of performing care in hostile environments is a common one for marginalized women, trans, and non-binary people. 2SLGBTQ+ carers report worse mental health than heterosexual carers do, which the Canadian Centre for Caregiving Excellence states “may be as a result of simultaneously navigating discrimination alongside their caregiving responsibilities.”²¹

Indigenous carers also face discriminatory barriers while providing care. While recognizing that Indigenous carers are not a monolith, we know that Indigenous communities and Nations across Turtle Island have rich and robust kinship systems and community relationships. Absolon states that “the culture of a community is where the heartbeat of that Nation resides.”²² These community relationships existed well before colonization and continue still. At the same time, anti-Indigenous racism and colonial policy design mean that Indigenous carers face unique challenges such as jurisdictional issues,²³ high levels of poverty, inadequate housing, unsafe drinking water,²⁴ and pervasive anti-Indigenous racism and state violence within health and social systems.²⁵ Managing these issues requires increased care labour.



We note as well that the VCE Project's description of care work is a uniquely Western, settler one. The Indigenous Caregiving Collective (ICC) was recently launched through the Canadian Centre for Caregiving Excellence.²⁶ The ICC "will identify barriers to culturally appropriate support for care recipients and their caregivers,"²⁷ and will advocate for improvements to care policies accordingly. The VCE Project will follow the ICC's work closely.

Finally, we note that there remains a lack of disaggregated data with respect to care workers, though Statistics Canada has made a significant amount of progress in this regard. For instance, there is a significant lack of information regarding disabled care workers, trans and non-binary care workers, and young care workers. The VCE Project looks forward to learning of emerging research regarding these groups.

Multiple systems of oppression – as described above – combine to result in lower levels of labour force participation for Black, Indigenous, racialized, disabled, and lower-income women with household responsibilities, and in lower income for those who do participate in the labour force.

Women face economic insecurity as a result of income losses, receive lower pensions from working fewer hours, and incur out-of-pocket expenses of caring.²⁸ Carers are also impacted in terms of their mental and physical health due to, among other things, stress, social isolation, and guilt.²⁹



2. Quality care is a human right and a public good requiring public investment

The VCE Project supports labour advocates in affirming that quality care is a human right.³⁰ This includes both the right to receive quality care and the right to provide that care³¹ – the two are mutually reinforcing, as the conditions of work are the conditions of care.³²

Quality care is a human right in that it is either synonymous with, or a prerequisite, to several other human rights that Canada has an obligation to uphold. For instance, quality care is synonymous with the right to health.³³ It upholds the dignity of care recipients and of carers.³⁴ Finally, because women are the primary carers in Canadian society, scaffolding decent work in the care economy – for instance, by providing decent working conditions and appropriate levels of income – upholds the substantive equality rights of women. Conversely, poor working conditions and compensation schemes violate the substantive equality rights of women.

3. Care work is essential to the economy and to Canadian prosperity

The care economy is essential to producing and sustaining the entire labour force. It educates the labour force and keeps people healthy. It provides services that allow workers to stay in the labour force who would otherwise have to provide unpaid care for young and old. Education, health care, and social assistance account for 13.5% of Canada's GDP, making these sectors (when taken together) the largest in the Canadian economy.³⁵ They are also the biggest source of earned income for the Canadian population.³⁶

Care work is not simply an expense – it is a critical component of and an essential investment for economic prosperity.

Yet care workers struggle with deteriorating conditions of employment as the skill, effort, and responsibility required to do care work remains unrecognized and undervalued.



4. Moving from precarity to decent, stable, and secure care work

Although care labour is essential, skilled, and demanding, and the right both to access care and to provide care is a human right, care work in Canada is not decent work. Decent work is defined as work that “pays a fair income, guarantees secure employment and safe working conditions, ensures equal opportunities and treatment for all, includes social protection for workers and their families, offers prospects for personal development and encourages social integration,” and “allows workers to express their concerns freely and to organize.”³⁷ At present, most care work does not meet these criteria.

As just one example, working conditions in long-term care (LTC) are unsafe. LTC is characterized by, among other things: staffing shortages;³⁸ excessive workloads;³⁹ patient care loads that exceed safe limits;⁴⁰ insufficient time with residents;⁴¹ insufficient time for personal care at work;⁴² high levels of workplace harassment, discrimination, violence and abuse;⁴³ demanding physical labour;⁴⁴ and high levels of stress.⁴⁵

Where decent work includes social protections, LTC work is defined by its precarity. Although permanent positions, benefits, and pensions are recognized by all stakeholders to be significant incentives for recruiting and keeping skilled workers in the sector, LTC facilities rely heavily on casual and part-time positions.⁴⁶ Facility operators often contract out non-clinical services, such as food, laundry, and housekeeping, to reduce costs.⁴⁷ This too often leaves contract workers without union protections and separates them from other workers and from residents. Migrant care workers have precarious immigration status, which further undermines their ability to secure decent working conditions.⁴⁸



There is significant wage disparity in the LTC sector, with public sector homes paying higher wages and providing higher staffing levels than for-profit LTC facilities.⁴⁹ In addition to low pay in much of the LTC sector, LTC workers are subject to “compulsory altruism” – given the vulnerability of their clientele and the limited amount of time care workers are allotted to care for each client, they often feel compelled to arrive at work early, skip breaks, skip lunch, or stay late, all in order to provide care for a client that they know the client will not otherwise receive.⁵⁰ This is often a result of insufficient staffing levels. Insufficient staffing levels, in turn, are a direct result of underfunding.

Across caring sectors, public services are chronically underfunded.⁵¹

In theory, much of the above should be addressed by unions. Yet even though the LTC sector is highly unionized, routine practices of contracting out services and hiring casual, part-time labour prevent

comprehensive union representation among workers. Further, even among unionized employees, high turnover can make it difficult to establish solidarity between co-workers. The excessive workloads of LTC workers also limit union activism, as workers are often too exhausted to engage in union activity.

Union strength is also undermined by legislative roadblocks to striking.

Where care workers are effectively prevented from striking via a “controlled strike model”,⁵² employers have little incentive to bargain.⁵³

Domestic care work, meanwhile, is siloed in private households with individual employers, offering little opportunity for collective action.

These, as well as other factors, impair strong union support in care sectors.



5. VCE Project Recommendations

With this set of barriers, the VCE Project calls for three foundational improvements to the care economy:



Public Investment,
Regulation, and Delivery
of Care Services



Status for All



Justice for Indigenous
Women, Girls, Two-Spirit,
Transgender, and Gender-
Diverse+ Peoples

Achieving these foundational improvements will be a long-term effort and will require the energy and efforts of multiple advocates. Within the framework of these three foundational improvements, the VCE Project will specifically advocate for two concrete reforms to law:

End exclusions of domestic workers from employment standards legislation in New Brunswick. Excluding domestic workers from workers' protection violates s. 15 of the *Canadian Charter of Rights and Freedoms*: it disproportionately affects women, denying women a benefit and perpetuating their historical disadvantage.

Reform Employment Insurance. Women, trans, and non-binary people should not be penalized for taking on the lion's share of family care work. LEAF urges the federal government to update the *Employment Insurance Act* to reflect the gendered realities of work, and to ensure that all workers in Canada receive sufficient income support following job separation.

6. *The three pillars of a healthy care economy: (i) Public Investment, Regulation, and Delivery of Care Services; (ii) Status for All; (iii) Justice for Indigenous Women, Girls, Two-Spirit, Transgender, and Gender-Diverse+ (WG2STGD+) Peoples*

(i) Public funding, regulation, and delivery of care services

Quality care is a necessary component of Canada's human rights obligations. It therefore requires public investment in appropriate supports that will improve both the conditions of care work and the conditions in which people receive care. Moreover, lower incomes map onto gender, racialization, Indigeneity, and disability (among other identity markers and systems of oppression).⁵⁴ Research shows that people with lower incomes benefit the most from public services.⁵⁵ Finally, universal and accessible care services will support women's labour force participation.

Canada needs universal and accessible care services that are publicly funded, regulated, and delivered.

The federal government's 2021 commitment to invest over \$30 billion in a Canada-wide Early Learning and Child Care system (CWELCC) – agreed to after decades of activism by child care advocates – offers a model of federal leadership in funding,⁵⁶ while the *Canada Early Learning and Child Care Act*⁵⁷ (Act) demonstrates federal leadership in regulation. Through the Act, the federal government's provision of funding for child care services is made conditional on provinces and territories adhering to specific principles. These principles provide a value-based, evidence-informed approach that allows flexibility within jurisdictions.

Public, not-for-profit, or Indigenous⁵⁸ delivery of programs and services is equally important to ensuring that federal public funds benefit care workers. For instance, in the early learning and child care (ELCC) context, studies demonstrate that non-profit ELCC centres are higher quality than for-profit centres.⁵⁹ Yet since the launch of the CWELCC system, the for-profit child care sector has expanded more rapidly than the not-for-profit sector.⁶⁰



The VCE Project calls for the federal government to require that provinces and territories develop strategies to increase non-profit, public, and Indigenous child care spaces as a condition of receiving funding.⁶¹



The VCE Project calls on the federal government to replicate this funding, regulation, and delivery model in other care sectors⁶² – notably senior care.



The VCE Project calls on provincial and territorial governments to fund, regulate, and deliver care services.

(ii) Status for All

Granting permanent resident status to all people in Canada – and granting permanent residency to all migrants who arrive in the future – is similarly foundational to improving conditions of care work.

Status for all would eliminate a central driver of labour exploitation for some of Canada's most marginalized care workers.

As Bagon et al. write, “lack of permanent immigration status makes migrant care workers vulnerable in five key areas relevant to employment standards and protections:

1	Wages
2	Roles, tasks, and working hours
3	Employment security
4	Exposure to abuse
5	Unsafe working conditions⁶³

Because migrant care workers are reliant on having employment to maintain their documented status, they are structurally pressured not to assert their employment rights, and instead to accept poor treatment and low wages.⁶⁴



As stated by the Migrant Workers Alliance for Change, “[p]ermanent residency immediately gives workers the ability to leave a bad job and make a complaint without fear of reprisals.... [it] ensures that workers have a valid SIN, so they are able to access income support if they are laid off. Lastly, permanent residency ensures access to essential healthcare services and immediately ensures family reunification.”²¹ Permanent residency is a clear route out of deep economic insecurity.

This policy change would impact a significant number of people. To fill labour shortages in health care, the Canadian government has been increasingly recruiting internationally trained care workers. The number of people with Temporary Foreign Worker status in healthcare grew from 3,200 in 2000 to 57,500 in 2022.⁶⁵ The rate at which those with TFW status are becoming permanent residents (58%)⁶⁶ is encouraging – but this means that 42% of these workers remain without status. Meanwhile, in 2023-2024, Canada admitted migrants to work in domestic work, for a total of 8,100 migrants and their dependents.⁶⁷ As of October 2025, Citizenship and Immigration Canada had a backlog of 43,300 applicants (including care workers’ dependents) for its Home Care Worker Immigration Pilot programs, 80% of whom (34,640) are likely already in Canada.⁶⁸

(iii) Justice for Indigenous Women, Girls, Two-Spirit, Transgender, and Gender-Diverse+ (WG2STGD+) Peoples

The history and ongoing harms of colonialism significantly impact the ways that Indigenous WG2STGD+ Peoples are able to provide and receive care, as described above.⁶⁹ Because of the role of Canadian colonial governments in perpetrating these harms, Canadian governments at all levels have a unique responsibility to account for them.

The Native Women’s Association of Canada (NWAC) has provided recommendations to assist governments in the necessary and multi-directional work of ending the “devastating and destructive processes of victimization, dehumanization, stigmatization, systemic racism, sexualization, and criminalization that Indigenous women experience in Canada.”⁷⁰



The VCE Project calls for the federal government to grant permanent resident status to all.



In its submission to the United Nations Human Rights Council for the UN’s Universal Periodic Review of Canada,⁷¹ NWAC recommended, among other priorities, that Canada:



Address the ongoing genocide of Missing and Murdered Indigenous Women, Girls, and Two-Spirit Peoples.⁷²



Amend federal laws to align with the *United Nations Declaration on the Rights of Indigenous Peoples Act*, “with specific emphasis on legislative reform to address Indigenous women’s overincarceration rates.”⁷³



Eliminate all boil water advisories on public water systems in Indigenous communities.⁷⁴

In addition, a study on the impacts of resource development projects on marginalized communities recommends that consultation with Indigenous communities “must move from a proponent-led and community-informed consultation approach to a community-based and led approach.”⁷⁵



The VCE Project supports these and other governmental actions required to redress the harms of colonialism and support the vital work of caring in Indigenous communities.

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50. Hilary Land & Hilary Rose, “Compulsory altruism for some or an altruistic society for all?” in Philip Bean, John Ferris & David Whynes, eds, *In Defense of Welfare* (Oxford: Blackwell, 1985) at 74-96; see also Moyosore Sogaolu & Carmina Ravanera, “Valuing Care: Policies and Practices to Advance an Equitable and High-Quality Care Economy” (November 2025) at 8, online (pdf): Institute for Gender and the Economy, Rotman School of Management <<https://www.gendereconomy.org/wp-content/uploads/2025/11/GATE-Valuing-Care-Report.pdf>>.
51. See James T Brophy & Margaret M Keith, “Why Ontario Needs Safe Nurse Staffing Levels” (2025), online (pdf): <https://ochu.on.ca/wp-content/uploads/2025/08/Safe-nurse-staffing-Report_ENG_Final_WEB.pdf>; “Re-examining the balance of public and private care in Canada: Report” (8 October 2024), online: Canadian Medical Association <<https://www.cma.ca/latest-stories/re-examining-balance-public-and-private-care-canada-report>>; “Montreal’s ‘chronically underfunded’ community sector seeks additional \$100 million per year” *CBC News* (8 February 2022), online: CBC News <<https://www.cbc.ca/news/canada/montreal/critical-situation-community-organizations-1.6342333>>; Daniel J Dutton et al, “Effect of provincial spending on social services and health care on health outcomes in Canada: an observational longitudinal study” (22 January 2018) 190:3 *Canadian Medical Association Journal* E66; Andrew Longhurst, “Hollowed out: Ontario public hospitals and the rise of private staffing agencies” (12 May 2025), online: Canadian Centre for Policy Alternatives <<https://www.policyalternatives.ca/news-research/hollowed-out/>>.
52. Eric Tucker, “Regulating Strikes in Essential Services – Canada” in Moti Mironi & Monika Schlachter, eds, *Regulating Strikes in Essential Services: A Comparative ‘Law in Action’ Perspective* (The Netherlands: Wolter-Kluwers, 2019) 107 at 122-26.
53. *Ibid* at 131.

54. In 2022, racialized women's median income was 94.1% of non-racialized women's median income, and was 64.4% of the incomes of non-racialized men. These income gaps were the most pronounced for Arab, South Asian and Latin American women. Indigenous women's median incomes were \$5,500 less than those of non-Indigenous women, and \$20,000 less than the incomes of non-Indigenous men: see "Average and median market, total and after-tax income of individuals by selected demographic characteristics" (1 May 2025), online: Statistics Canada <<https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=1110009101>>; see also Canadian Labour Congress et al, "Women and Employment: Submission on Canada's CEDAW Review" (9 September 2024) at 3-4, online (pdf): <<https://childcarenow.ca/wp-content/uploads/sites/9/2024/09/CEDAWSubmission-2024-09-10-EN.pdf>>. Disabled women's median market income, meanwhile, was \$34,500, which was 74% of non-disabled women's income, and 51.2% of the income of men without disabilities: see "Income of individuals by disability status, age group, sex and income source" (1 May 2025), online: *Statistics Canada* <https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=1110008801>; see also Canadian Labour Congress et al at 4.
55. See Sheila Block, "Brief to the Standing Committee on Finance regarding study of Income Inequality in Canada" (April 2013) at 3, online (pdf): Wellesley Institute <https://www.ourcommons.ca/Content/Committee/411/FINA/WebDoc/WD6079428/411_FINA_IIC_Briefs/WellesleyInstituteE.pdf>.
56. More funding is needed, however, to achieve the CWELCC goals of \$10-a-day-child care and an additional 250,000 regulated child care spaces.
57. SC 2024, c 2.
58. See "Indigenous Early Learning and Child Care Framework" (last modified 20 April 2022), online: *Government of Canada* <<https://www.canada.ca/en/employment-social-development/programs/indigenous-early-learning/2018-framework.html>>.
59. See e.g. Lucie Gingras, Amélie Lavoie & Nathalie Audet, "Enquête québécoise sur la qualité des services de garde éducatifs – Grandir en qualité 2014. Qualité des services de garde éducatifs dans les centres de la petite enfance" (2015) vol 2 at 38, 118, online (pdf) : Institut de la statistique du Québec <<https://statistique.quebec.ca/en/fichier/enquete-quebecoise-sur-la-qualite-des-services-de-garde-educatifs-tome-2-qualite-des-services-de-garde-educatifs-dans-les-centres-de-la-petite-enfance-cpe.pdf>>; Lucie Gingras, Amélie Lavoie & Nathalie Audet, "Enquête québécoise sur la qualité des services de garde éducatifs – Grandir en qualité 2014. Qualité des services de garde éducatifs dans les centres de la petite enfance" (2015) vol 3 at 92, online (pdf) : Institut de la statistique du Québec <<https://statistique.quebec.ca/en/fichier/enquete-quebecoise-sur-la-qualite-des-services-de-garde-educatifs-tome-3-qualite-des-services-de-garde-educatifs-dans-les-garderies-non-subsventionnees-gns.pdf>>.
60. David Macdonald, "Cash cow: Assessing child care space creation progress" (August 2025) at 21, online (pdf): *Canadian Centre for Policy Alternatives* <<https://www.policyalternatives.ca/wp-content/uploads/2025/08/cash-cow.pdf>>.
61. See Morna Ballantyne, "Submission to the Standing Committee on Finance's Pre-Budget Consultations in Advance of the Fall 2025 Budget" (30 July 2025) at 2, online (pdf): *Child Care Now* <<https://childcarenow.ca/wp-content/uploads/sites/9/2025/09/Submission-to-FINA-prebudget-consultations-July-31-2025-1.pdf>>.
62. See e.g. House of Commons, "Labour Shortages, Working Conditions and the Care Economy: Report of the Standing Committee on Human Resources, Skills and Social Development and the Status of Persons with Disabilities" (February 2023) (Chair: Robert J Morrissey) at 40-41, online (pdf): <<https://www.ourcommons.ca/Content/Committee/441/HUMA/Reports/RP12204506/humarp07/humarp07-e.pdf>> (discussion of the need for federal funding).
63. Cenen Bagon et al, "A Decade of Migrant Care Worker Programs: Addressing Racism and Precarity in Canada" (2024) at 19, online (pdf): <https://policyalternatives.ca/sites/default/files/uploads/publications/BC%20Office/2024/09/Migrant%20Care%20Report_240925.pdf>.

64. *Ibid* at 18-21.
65. Yuqian Lu & Feng Hou, “Temporary foreign workers in health care: Characteristics, transition to permanent residency and industry retention” (27 August 2025), online: *Statistics Canada* <<https://www150.statcan.gc.ca/n1/pub/36-28-0001/2025008/article/00002-eng.htm>>.
66. *Ibid*.
67. “CIMM – Caregiver Immigration – November 25, 2024” (last modified 18 March 2025), online: *Government of Canada* <<https://www.canada.ca/en/immigration-refugees-citizenship/corporate/transparency/committees/cimm-nov-25-2024/caregiver-immigration.html>>.
68. “Question Period Note: Labour Shortages” (18 November 2025), online: *Government of Canada* <<https://search.open.canada.ca/qpnotes/record/cic%2CIRCC-2025-QP-00029>>.
69. Regarding harms of colonialism, see e.g. Native Women’s Association of Canada – Legal Unit, “Final Report: *United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP)* Act Implementation” (14 April 2023) at 5-7, online (pdf): <<https://nwac.ca/wp-content/uploads/2025/05/NWAC-UNDRIP-Final-Report-English.pdf>>.
70. *Ibid* at 6.
71. Alamyar.
72. *Ibid* at 1-2.
73. *Ibid* at 2-3.
74. *Ibid* at 4-5.
75. Ali MacKellar et al, “Queers, closets, and man camps: Setting a foundation to understand the impacts of major infrastructure and natural resource extraction projects on marginalized communities” (2023) at 49, online (pdf): *Impact Assessment Agency of Canada, Westwood Lab, Dalhousie University* <https://www.canada.ca/content/dam/iaac-acei/documents/research/Queers_Closets_and_Mancamps.pdf>.