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REIMAGINING CANADA'S CARE ECONOMY

Cross-cutting themes and strategic imperatives

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About this report **3**

Summary **4**

1. Introduction **6**

2. Assessing care policy **9**

3. Sector perspectives **14**

4. Cross-cutting themes **26**

5. Strategic priorities for collective action **33**

6. Advocating for change **44**

Appendix **48**

Notes **51**

About this report

This report provides key highlights and analysis from the Reimagining Canada's Care Economy Roundtable, hosted by the Canadian Centre for Policy Alternatives on May 29, 2026. The roundtable brought together care workers, unions, civil society groups, advocates and researchers across diverse sectors—health care, immigrant settlement, child care, etc.—to discuss the common challenges confronting care workers and potential policy solutions and strategies for advancing strong public care services in Canada.

Summary

Why we came together

The roundtable brought together labour organizations, care sector advocates, researchers, and community organizations to discuss the shared challenges facing Canada's care economy and to identify opportunities for collective action.

What we heard

Cross-cutting themes:

- Chronic workforce shortages and retention issues;
- Growing gaps in service and quality of care;
- Expanding privatization and profitization;
- Heightened precarity and exploitation of migrant care workers;
- Gendered and racialized dimensions of care work;
- Invisibility of care work and the voices of care workers in today's policy debates;
- Underinvestment in public care services and the workforces that power them.

Priorities for collective action:

- Develop a comprehensive, national plan to guarantee care for all;
- Improve job quality and workforce retention in the care economy;
- Maintain and strengthen public and non-profit financing and delivery;
- Embed gender and equity lens in policy and programs;
- Recognize migrant worker rights and equity;
- Invest in care economy data, research capacity and public reporting.

Where to next

A consistent message throughout the roundtable was that we need to change the narrative about the care economy. Recognizing care as a larger public good is a fundamental step in building a new approach that prioritizes the sustainability of life and the planet.

The CCPA is pleased to support and advance these efforts. Moving forward, we will continue to undertake research on employment and decent care work as well as convening future gatherings to share information and work on priorities for action where energies and interests align.

A new Care Economy project webpage hosts this report and the recording of the roundtable presentations. The site also features other research and analysis on Canada's care economy.

1. Introduction

Why the care economy matters

“[Care should be] at the centre of thriving, sustainable and just economies; [it should be] seen as a public good and as skilled and essential work that is critical to social and economic well-being; and [it should be] recognized as the basis for equal participation and treatment in society and not reduced to a commodity, a personal choice or a family obligation.”¹—United Nations, 2024

The care economy is fundamental to a truly inclusive, sustainable and economically prosperous country. Current governments, however, appear willfully ignorant of this fact—and the realities of millions of care workers who’ve been running flat out for the last six years. This position reinforces the myth that women’s labour is not essential to the economy, that the care economy itself is not the foundation of a strong and resilient country. It also ignores the assault on critical public services and creeping “profitization” that is weakening Canada’s social safety net.

On May 29, 2026, the Canadian Centre for Policy Alternatives hosted a Care Economy Roundtable to shine a light on these developments and mobilize support behind decent work for care workers and quality care for us all, especially those in need. Care workers, unions, civil society groups, advocates and researchers from diverse sectors came together to discuss the common challenges confronting care workers and potential policy solutions and strategies for strengthening high-quality public care services in Canada.

The roundtable’s goal was to provide a platform for learning about the experiences of allies working in Canada’s care economy—from child care and immigrant settlement to gender-based violence and health care

services—to develop a shared understanding of new developments, emerging trends, policy asks and strategic imperatives. As importantly, the roundtable sought to identify key gaps in our knowledge and capacity to help shape the direction of future research and advocacy.

Care as essential infrastructure

Care work involves all activities and responsibilities involved in meeting the physical, psychological, and emotional needs of individuals, families and communities.² It is the foundation upon which all human activity rests. The related concept of the “care economy” refers broadly to the paid and unpaid care work that is delivered through the public, private, and nonprofit sectors, and within households. It encompasses all workers in the education, health and social work sectors, as well as domestic workers and unpaid individuals working together to nurture and sustain life.

The organization of the care economy is hugely consequential for the development of children and the good health and well-being of all people. It is also hugely consequential for the economy. Investments in care services—child care, home care, long-term care, health services, disability supports and the like—generate measurable and long-term economic returns. The care economy directly facilitates the labour force participation of all workers, especially women and those with care responsibilities as well as groups that face sizable barriers to employment. It enhances worker’s health and learning over their lifetime, supporting their ability to generate income as well as their ability to manage the demands of paid employment and family life. At the macro level, investments in education and care drive economic innovation and growth, generating significant returns to individuals and our broader society through higher earnings and increased tax revenues. Investments in care similarly work to prevent and insulate individuals and communities from the high costs attached to poor health outcomes, precarious housing and other socio-economic challenges.

The care economy itself is a major employer and source of economic activity. In 2025, the health care and social assistance and educational services constituted 13.5 per cent of Canada’s GDP,³ considerably larger than oil and gas and mining (5.1 per cent), construction (7.2 per cent) and manufacturing (8.6 per cent). And it represents more than one in five jobs, over three-quarters of which—3.4 million—are held by women.⁴

These figures do not capture unpaid care work, which was conservatively estimated in 2019 to represent between \$581.7 billion to \$860.2 billion—or 25.2 per cent to 37.2 per cent of Canada’s total GDP. As with paid care work, women account for the bulk of these hours.⁵

Despite its economic heft,⁶ the care economy continues to receive short shrift from governments in the face of pressing concerns. The COVID-19 pandemic highlighted the care economy’s critical role, but also the weaknesses of Canada’s system, as graphically illustrated by the loss of life of vulnerable seniors in private long-term care facilities.⁷ Canada’s care workforce continues to struggle to meet the demand for care under persistently poor working conditions, facing an aging population and greater needs among those seeking care.⁸ The knock-on effects of a prolonged trade war with the United States, very high living costs, and lower immigration levels are further eroding the care economy—already under strain from years of neglect and steady privatization, increasing the burden of care that families (and the women within them) shoulder at home.

The imperative now is to develop a comprehensive approach to meeting pressing care needs that addresses systemic gender disparities, builds the conditions for decent care work, strengthens the rights of migrant workers, and spurs inclusive economic prosperity.

The panelists at the roundtable all spoke to the pressing realities confronting Canadians and care workers delivering essential services and discussed where we need to go next to build up Canada’s care economy. The next three sections provide a summary of their presentations. Section 5 outlines seven strategic priorities for action. Section 6 concludes with a discussion of cross-cutting key themes and potential next steps for research and advocacy.

2. Assessing care policy

“What we do have [in Ontario] is very weak, very outdated. It is not fit to serve the care needs we are seeing in the province today”

—Pamela Uppal-Sandhu, Ontario Nonprofit Network

The COVID-19 pandemic exposed the crisis in care that had been brewing in Canada for many years. After decades of underfunded care services, underpaid care workers, increased precarity, and the deeply unequal gendered division of care labour, care systems broke down. The significant gaps in our market-oriented care infrastructure and the failure of governments to take effective action amplified the pandemic’s impacts—and resulting stresses—on women and marginalized communities, including increased violence, greater isolation, ill health and learning loss, heightened economic insecurity, and loss of access to vital community supports.

As the scope and scale of pandemic impacts emerged, civil society organizations around the world led the call for a recovery that would both respond to immediate needs and advance structural reform, ensuring a just and sustainable recovery for everyone. Oxfam International stepped up to shine a light on women’s paid and unpaid care work. In 2021, it released a scorecard template to track and measure government progress (or lack thereof) in building a care-enabling policy environment.⁹ In 2023, Oxfam Canada followed up, adapting the scorecard to Canada and undertaking a detailed analysis of federal care policies, employment protections, immigration and related infrastructure investments.¹⁰ *How much do we care?* noted the significant progress that Canada has made

in building out the care economy, but it concluded that there were still large gaps in policy and the federal government's efforts to deliver equitable access to public care services across the country.¹¹

The Ontario Nonprofit Network (ONN) has now produced an analysis of Ontario's care economy, using the Oxfam template, to examine the suite of provincial policies which "directly oversee elements of care, such as healthcare and childcare, as well as policies that influence the working and living conditions of care workers."¹² Interest in this project grew from ONN's work on decent work in the nonprofit sector,¹³ and the observation that "many of the gaps in care that people experience in their daily lives can be traced back to provincial policy (or the lack thereof)."¹⁴

Pamela Uppal-Sandhu from ONN joined the roundtable to present the scorecard's findings based on an assessment of eight policy areas shaping paid and unpaid care work (See Figure 1).¹⁵ Their analysis showed, according to Uppal-Sandhu, that Ontario's care policies remain "weak, outdated, and largely non-transformative." While many policies meet immediate needs, they are not designed to change or redress "issues of gender inequality, gaps in care, and systemic exclusion of equity-denied communities." And where legislation is in place, there are rarely provisions to protect against privatization, profitization, or deregulation.

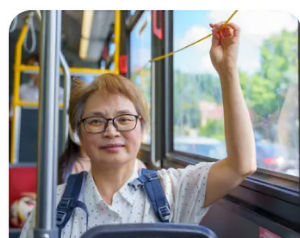
The empirical analysis and interviews with subject matter experts revealed troubling weaknesses in Ontario's care economy.

- Care systems are operating at unsustainable levels;
- Housing precarity and cost of living are resulting in high care needs that cannot be met by the current system;
- Strong physical infrastructure enables good care, but the push to deregulate and privatize it is creating a greater burden of care and undermining the essential delivery of nonprofit care; and
- Weak employment legislation is leaving care workers vulnerable to workplace abuse and exploitation.

Uppal-Sandhu noted that one of the most disturbing trends is the criminalization of low-income residents with high care needs who are falling through the social safety network. As a growing number of individuals are left behind by under-resourced care services, they are met with policies and procedures, such as the closure of safe injection sites, that make it difficult, if not impossible, to access the care they need. "In the absence of the appropriate care services and infrastructure, people

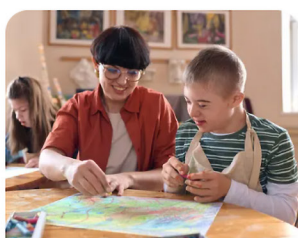
Figure 1 / Ontario's care economy: An assessment of provincial care policy

Unpaid care work



Score **23.5/67**
Percentage **35%**
Degree of transformation **2**

Care-supporting physical infrastructure >



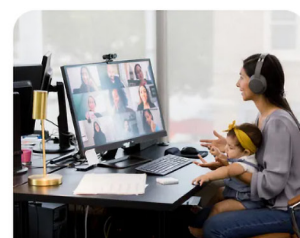
Score **71.5/218**
Percentage **33%**
Degree of transformation **2**

Care services >



Score **8.5/20**
Percentage **43%**
Degree of transformation **3**

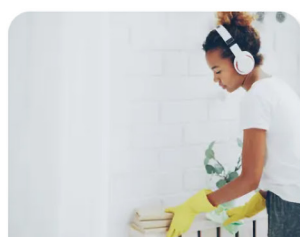
Care-related social protection benefits >



Score **22.5/56**
Percentage **40%**
Degree of transformation **2**

Care-supporting workplaces >

Paid care work



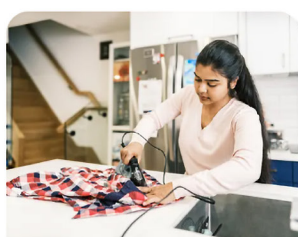
Score **14.5/38**
Percentage **38%**
Degree of transformation **2**

Labour conditions and wage policies >



Score **23/44**
Percentage **52%**
Degree of transformation **3**

Workplace regulations >



Score **3/15**
Percentage **20%**
Degree of transformation **1**

Migrant care workers' protections >



Score **6.5/11**
Percentage **59%**
Degree of transformation **3**

Right to organize >

are more likely to come into contact with policing and punishment. This includes people experiencing homelessness, as well as people in social and supportive housing, youth, Black, Indigenous, and racialized people, and refugees and asylum-seekers.”¹⁶

ONN's scorecard argues that care is being “overlooked and undervalued” creating avoidable hardship for many. “The underfunded and under-resourced care economy cannot keep pace with care needs,

and the responsibility to fill those needs continues to fall on unpaid caregivers.”

The time is right to pivot, the scorecard states, to build a “careFULL Ontario.”¹⁷ This requires: recognizing care-enabling physical infrastructure as a key component of care; providing decent work for care workers; bolstering the care economy through new investments; moving away from criminalization and towards public policy that centres care; taking profit out of care; and creating better conditions for unpaid care.

Uppal-Sandhu concluded that she hopes that this report can serve as a call to action for all to continue the multi-sectoral advocacy work needed to deliver on the vision of care equity for all.

A complete version of the ONN Scorecard and underlying data is available by contacting ONN at admin@theonnc.ca.

ONN scorecard: Principal recommendations

Recognize care-enabling physical infrastructure as a key component of care

- Recognize utility and social infrastructure as essential components of paid and unpaid care by involving care advocates in policy decisions;
- Invest in rent-geared-to-income housing and tenant protections to ensure that people can access housing and stay housed;
- Implement free transit services, beginning with unpaid and paid care workers, people on Ontario Disability Program (ODSP) and Ontario Works, older adults, and youth.

Decent work for care workers

- Pay competitive wages to care workers to take meaningful steps towards reaching pay equity in Ontario;
- Raise employment standards to meet a decent work floor and expand the scope of employment legislation to reflect the changing landscape of care work;
- Grant permanent resident status to all current migrant workers and future migrant workers upon arrival to reduce vulnerability to exploitation;
- Prioritize preventative workplace safety measures rather than relying on workers to report concerns through complaints-based mechanisms.

Bolster the care economy

- Invest in public and nonprofit care systems, from primary care and home care to safe consumption sites and mental healthcare, to reduce reliance on emergency services and ensure care is accessible to all.

Move away from criminalization and towards public policy that centres care

- Prioritize investment in care systems and services over criminalization by repealing legislation that makes behaviours and survival strategies that stem from unmet care needs illegal.

Take profit out of care

- End privatization of all care services and make for-profit actors obsolete by redirecting public money allocated to for-profit providers back into the public sector to offer high-quality, accessible care services;
- Amend care-related legislation to prohibit privatization and deregulation;
- Reverse the decades-long pattern of inadequate health care and social service funding by moving toward long-term core funding models.

Create better conditions for unpaid care

- Acknowledge the dependency on unpaid care and work towards social change by measuring the impact care policies have on unpaid caregivers;
- Implement a basic income to ensure that benefits are universal and not dependent on employment, immigration status, or marital status.

3. Sector perspectives

Common challenges across the care economy

3.1 Health care

"Canada's public health care system deserves recognition for the significant role it plays in anchoring and building our economy."

—Angela Preocanin, Canadian Federation of Nurses Unions

Canada's nursing workforce is facing extraordinary pressures at this time, but as Angela Preocanin of the Canadian Federation of Nurses Unions (CFNU) said, "in this moment of austerity, nurses aren't alone in facing cuts to social services and threats from privatization." She argued that the current political environment requires that all care workers and their allies forcefully make the case for investment in public care services.

In the last year, CFNU has focused on demonstrating the economic value of public health care, a particularly important task, according to Preocanin, in a political environment where governments are focused on productivity, economic growth, and fiscal restraint.

According to new research from CFNU, public health care contributes significantly to Canada's economy and should be recognized as the economic engine that it is rather than just another expenditure line in

public budgets.¹⁸ Indeed, as economist Robin Somerville demonstrates, every dollar of public spending on health care boosts GDP by an average of \$1.27 while every million dollars spent supports 13.7 jobs.¹⁹

Workplace violence was the second key theme. Preocanin argued that violence against care workers has become normalized across many care occupations and remains a significant barrier to recruitment and retention. “Violence is pervasive across the care economy,” she stated, noting that violence or abuse against care workers is often tolerated in ways that would be unacceptable in many other male-dominated professions such as policing.²⁰

To better protect health care workers and reduce workplace violence, the CFNU has called on the federal, provincial, and territorial governments, as well as health care providers, to take more forceful action to protect workers. Given the health care industry’s ongoing labour shortages and staff retention challenges, creating safer, more supportive work environments is also crucial to maintaining and growing current staffing levels and delivering high-quality patient care.

Preocanin ended by recounting a story of solidarity among care workers, describing how the locals at the AGM of the Nova Scotia Nurses’ Union nurses pledged more than \$10,000 to support long-term care workers with CUPE Nova Scotia on strike. “The energy in the room was so powerful and to me this was such a beautiful example of solidarity across professions and workplaces.”



Nova Scotia Nurses' Union

21 April at 06:40 · 🌐



250 nurses gathered in Truro for the Nova Scotia Nurses' Union Annual General Meeting where numerous Locals pledged over \$10,000 towards the strike fund for our striking brothers and sisters with [CUPE Nova Scotia](#). These long term care workers are on strike across the province. We stand in solidarity with them. [See less](#)



3.2 Gender-based violence services

“Workers don’t go into this work to say no but, increasingly, that’s what they’re forced to do and that environment is contributing to high rates of burnout and turnover.” —Robyn Hoogendam, Women’s Shelters Canada

Robyn Hoogendam, research and policy manager at Women’s Shelters Canada, provided an overview of the growing challenges facing gender-based violence (GBV) shelters and transition houses across Canada. Drawing on findings from a 2025 survey of more than 300 Violence Against Women (VAW) shelters across every province and territory, Hoogendam argued that shelters are increasingly being asked to respond to violence as well as housing instability, poverty, mental health challenges, substance use, and broader systemic failures.²¹

A central theme of the presentation was the widening gap between the demand for services and the resources available to meet it. Hoogendam noted that shelters across Canada are experiencing sustained increases in both the volume and complexity of cases. Findings from the national shelter survey reveal that 75 per cent of shelters reported increasing demand for services—while 57 per cent reported ongoing higher rates of gender-based violence and 52 per cent reported increased severity of violence compared to pre-pandemic levels. These pressures are occurring within a broader housing affordability crisis that is making it increasingly difficult for survivors to transition safely out of shelter environments.

The housing crisis is one of the biggest issues affecting shelter operations. Due to a lack of affordable housing options, survivors are staying in shelters longer, which is causing systemic bottlenecks. Because of this, shelters are often running at or above capacity, allowing stays to go longer than planned, and rejecting people who need assistance. According to Hoogendam, housing policy and violence prevention are now closely related, making affordable housing a crucial part of any plan to combat gender-based violence.

Workforce challenges were another major focus of the presentation. Hoogendam estimates that there are about 30,000 GBV workers in Canada, working largely in shelters and sexual assault centres, but in other organizations as well. This is roughly equivalent to the number of licensed paramedics (30,000-40,000)—another group of first responders, but that’s where the similarity ends. GBV workers are not recognized, supported or compensated in the same terms. Instead, as Robyn Hoogendam remarked, “GBV workers often feel as though their work is

Figure 2 / Areas of shelter operations that require fundraising, 2025



Source Robyn Hoogendam and Chika Maduakolam. 2026. Sheltering Under Pressure. Women's Shelters Canada, p. 51.

undervalued, misunderstood, and their skills and their knowledge is not recognized.”

Not surprisingly, recruiting and retaining staff is a great challenge, as organizations struggle to compete with wages and benefits available in other parts of the care economy. The 2025 survey found that nearly half of shelters identified burnout and the emotional toll of the work as major workforce concerns. It is especially acute for workers who are survivors themselves. Staff are increasingly expected to support survivors with complex and intersecting needs while managing rising caseloads and expanding service mandates. As Hoogendam noted, “people are leaving because they can’t afford to stay.”

Shelters, which were first created as emergency solutions to violence, today offer a wide range of services, including housing navigation, children’s programming, mental health support, harm reduction programs, technology safety planning, and assistance with navigating various social systems. However, funding mechanisms have not changed as quickly as service demands. Organizations are always pushed to accomplish more with less while tackling issues that go well beyond their initial mandates, according to Hoogendam.

The disparities that Indigenous, rural, northern, and remote shelters face were highlighted. Many of these groups work in decrepit care facilities, face ongoing financial difficulties, and encounter challenges

with staffing, infrastructure, accessibility, and geographic isolation. These shelters are disproportionately represented among those in need of significant renovations and repairs, yet too often lack the funding necessary to carry them out.

Gender-based violence services should be viewed as the essential public service that they are. As such, they need flexible and multi-year funding. Workers spend copious amounts of time fundraising for the basics—a situation that systematically undermines service delivery. Workers are keen for professional development and leadership opportunities and to share their expertise in feminist leadership and trauma-informed care, but these are pipedreams absent a well-resourced and comprehensive national action plan to end gender-based violence. “GBV is an epidemic and we need epidemic levels of investment in response.”

3.3 Home care

“Despite major reliance of the sector on migrant workers, the workers themselves are offered very little protection and are dealing with a lot of precarity.”—Edward Wong, SEIU Healthcare

Edward Wong, speaking on behalf of SEIU Healthcare, emphasized the increasing difficulties faced by home care providers in Ontario. He spoke to the vital role these workers play in helping older adults, those with disabilities, and others in need of community-based care. His comments highlighted the industry’s persistent workforce instability, as well as the structural factors that drive low job quality, high turnover, and a growing reliance on, and exploitation of, migrant workers.

Significant job precarity affects all home care providers, starting with erratic scheduling and limited access to work hours. According to Wong, “workers are complaining that they aren’t receiving sufficient or consistent hours,” leaving them and their families in a state of constant uncertainty as many struggle to cobble together sufficient hours, often from multiple employers, to make a living. This situation is compounded by limited access to paid sick leave, pension coverage and other key employment supports. Despite the horrors of the COVID-19 pandemic, many organizations, even large ones, still do not offer their staff full-time hours or paid sick days.

There are important health and safety concerns because home care providers usually work alone in clients' homes. Providing care across dispersed home-based settings makes it difficult to access timely assistance or to access other essential safety resources, all of which is compounded by inadequate home safety evaluations, insufficient communication about potential risks, and limited supervisory oversight. Workers also voiced ongoing concerns about harassment, bullying, emotional, physical, and sexual aggression, as well as unequal access to personal protective equipment.

SEIU's Edward Wong emphasized the precarity of immigration status for a significant and growing number of migrant workers in home and long-term care services. Not only has the federal government actively recruited temporary workers to serve in the health care sector through its temporary foreign worker program, but other temporary migrants on work and study permits now work in health care as well. These workers struggle every day with the precarity of their employment situation and uncertainty about their future in Canada. Their situation has been made exponentially worse with the shift in government policy, which has led to closing down promised pathways to permanent residency for care workers and others. With more than one million work permits expected to expire across Canada in the coming years, many workers who currently provide essential care services face the possibility of removal despite their contributions to Canadian communities.

Wong also highlighted the broader structural challenges facing home care as a model of care delivery. While community-based care is often promoted as a preferable alternative to institutional care because it allows people to remain in their home and community, he argued that governments have frequently embraced home care and other forms of individualized funding because it is less expensive than institutional services. This manufactured competition works to suppress wages and weaken service standards such as staffing ratios in institutional and home care settings.

SEIU Healthcare has made workforce stabilization measures a top priority in collective bargaining, including minimum hours guarantees, salary increases, enhanced health and safety protections, retirement security, and assistance for migrant workers. It is currently trying to negotiate greater transparency with regard to the use of the temporary foreign worker program²² and to support migrant workers in the call to maintain and expand pathways to permanent residency.

Wong underlined that enhancing working conditions is crucial for maintaining continuity and high-quality care, as well as for workers

themselves. His talk demonstrated how immigration policies, insufficient funding, and workforce precarity are intricately linked problems that will determine the long-term viability of Canada's care sector.

3.4 Child care

"Child care cannot remain private, precarious, fragmented, or market-driven."

—Morna Ballantyne, Child Care Now

The Canada-wide Early Learning and Child Care (CWELCC) program, launched by the federal government in 2021, created an opportunity and framework for major reform of services for children under six. According to Morna Ballantyne of Child Care Now, there has been substantial progress in transforming Canada's largely market-driven system into one that provides affordable and high-quality care, delivered by well-paid and supported early childhood educators. But significant challenges remain.

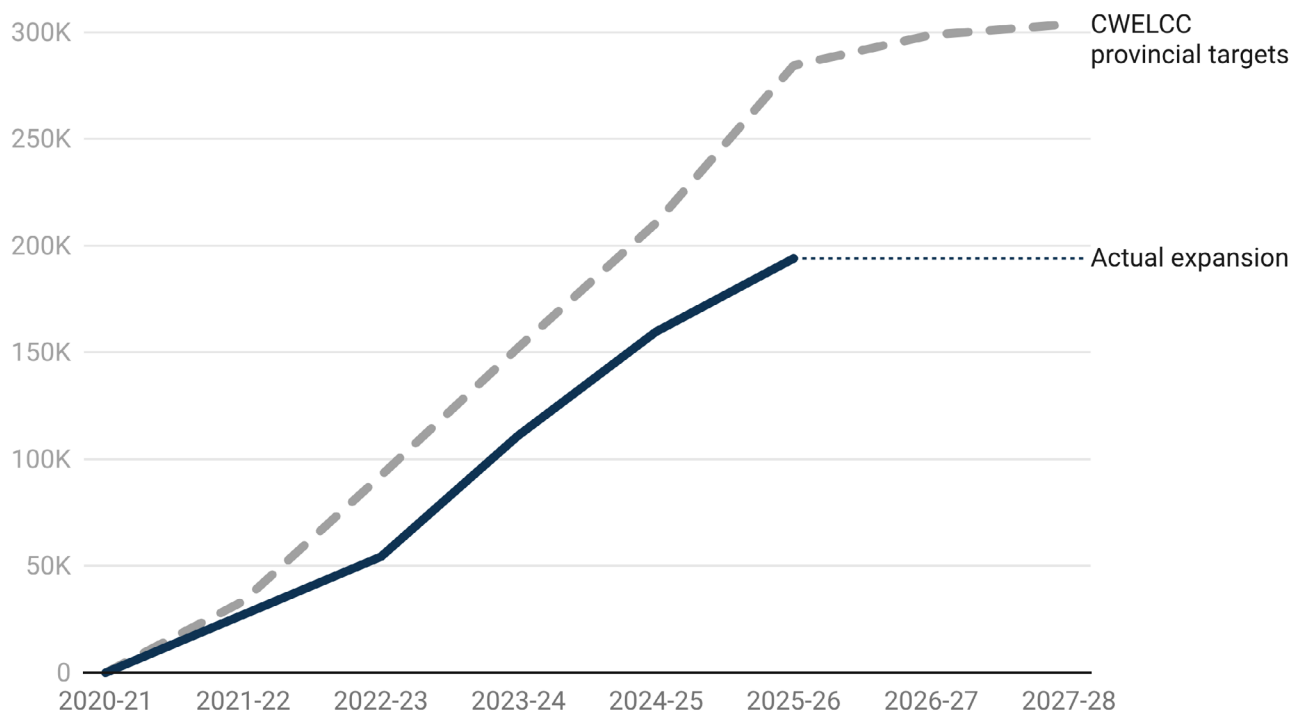
To start, not all governments have reached the \$10-a-day target.²³ And most did not meet their March 2026 targets for new spaces, some by a large margin.²⁴ Demand for low-fee child care now far exceeds supply by hundreds of thousands of spaces beyond those promised. And we have seen considerable growth of for-profit provision in and outside of CWELCC.

Weak federal-provincial-territorial agreements have delivered weak results. Implementation has been inconsistent, and there have been several instances of non-compliance. Moreover, the workforce remains poorly paid and working conditions are very difficult. Provincial governments have expanded training opportunities and the number of newly qualified ECEs has grown, but new workers are leaving the profession after a few short years, tired of jobs that offer low compensation, limited access to pensions, benefits and paid leave, and no pathway to something better.²⁵

What is standing in the way of better results? First, according to Ballantyne, insufficient public funding. Second, insufficient public management by all levels of government. Third, opposition and/or lack of courage. Governments are wary of raising expectations for a universal quality system that will require sustenance. Some are ideologically opposed to moving child care off the market.

Fourth, structural weaknesses in the sector itself: very little public delivery, and a large—and growing—for-profit sector syphoning public

Figure 3 / Licensed child care space expansion, 2021 to Q3 2025



Note Ontario figures include children in Junior Kindergarten aged four and five who are still eligible for CWELCC

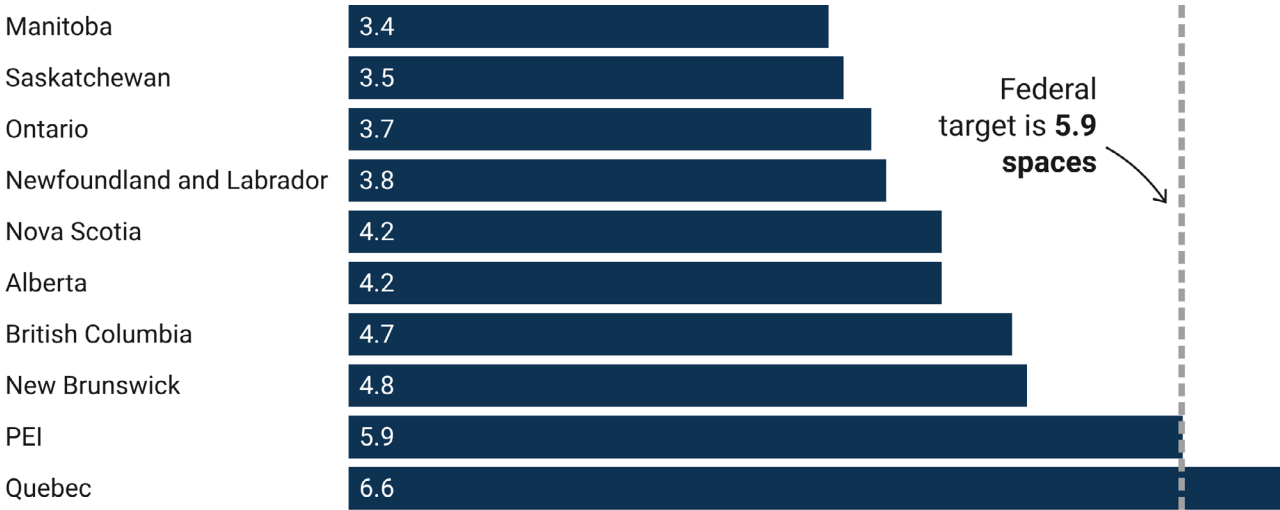
Source ECEC in Canada 2023, CCPA-CLAR database and federal-provincial CWELCC agreements

funds to increase profit margins and finance real estate investment. And fifth, very low unionization, which means limited bargaining power for the workforce.

What is the way forward? “Governments must be pushed to take the leap: to assume responsibility for funding and managing licensed child care services—for very young children and school-age children.” Existing private market-based systems have failed Canadian children and their families. Additional investment is now needed to build out physical infrastructure and to strengthen the capacity of public and nonprofit organizations to provide service.

We also need comprehensive workforce strategies that support expansion and raise quality. This includes competitive salary schedules, pension and benefit plans comparable to those available in other publicly funded sectors, and easier access to collective representation and bargaining, as well as compensation for all hours worked, including preparation time. Improving compensation and job quality, Ballantyne argued, must be central to any successful child care strategy.

Figure 4 / Licensed spaces per 10 children, by province, Q3 2025



Source CCPA-CLAR database, including only non-school aged spaces and children, see methodology

Table 1 / Combined GDP gains from ELCC expansion, 2019-24

Component	Value (billions, 2024 dollars)
Direct ELCC production	\$4.3 billion
Induced and indirect activity	\$4.2 billion
Female labour supply	\$24.1 billion
Total	\$32.6 billion

Source Jim Stanford. 2024. Powering Growth: Economic Benefits from Canada’s \$10-per-day Early Learning and Child Care Program, Centre for Future Work, p. 19

The economic case for public investment in CWELCC-like systems is very strong—and especially important now. Jim Stanford estimates that \$32 billion in additional GDP was generated in 2024 from direct early learning and child care production, indirect spin-off jobs, and increased female labour supply—all of which translated into increased tax revenues for government.²⁶

Ballantyne urged participants to consider child care as economic and social infrastructure. “If we want people to work, train, build, care, create and participate fully in the economy and in their communities, then child care cannot remain private, precarious, fragmented, or market-driven. It must be built, funded and managed as the public good that it is.”

3.5 Community and social services

“Care and compassion are front and center in every single job in this sector. But [these] things are rarely acknowledged by policy makers responsible for funding the sector.” — Mike Yam, Unifor

Mike Yam of Unifor provided a broad overview of the challenges facing workers in essential community services. Representing workers across a wide range of care occupations, Yam emphasized that while settings and services may differ, many workforce challenges are remarkably similar. “To do the job well, you have to do it with your heart.” Yet, across the care economy, workers continue to face burnout, workplace violence, inadequate funding, wage disparities, and increasing demands for services.

Yam’s presentation repeatedly highlighted the discrepancy between the value of care employment and how it is supported and reimbursed. Because community-based, nonprofit organizations usually have limited funds, it may be difficult to improve working conditions or secure salary increases. As a result, many workers face great financial hardship. Yam also noted that “burnout is rampant and workers are often at risk of physical violence and verbal abuse,” underlining the psychological and physical toll that workers experience.

Yam highlighted the notable differences in pay that exist between those working in the community sector versus those working in hospitals or similar workplaces. For instance, a dietary assistant or personal support worker working in a private long-term care home will certainly make less than someone doing the same work at a public hospital. These discrepancies add to the industry’s persistent recruitment difficulties, high rates of worker attrition, and economic precarity for the workers.

Yam’s presentation focused heavily on the connection between care quality and privatization. He cited retirement homes and long-term care as examples of industries where for-profit companies are now dominant. In these facilities, “money is being siphoned away from care in order to generate profit” for private shareholders. In addition to affecting the standard of care provided to residents, this dynamic also results in lower pay and worse working conditions for existing workers.

Yam said that the lack of a comprehensive approach to care for seniors is resulting in a growing reliance of for-profit providers as public institutions struggle to meet demand. Instead of creating and resourcing high-quality public services and supports, private retirement homes and the like are picking up the slack, charging high fees and delivering poor

service. This pattern is consistent with changes in other areas of the care economy, such as child care and home care.

Throughout his presentation, Yam stressed the value of workers' voices and collective bargaining as key to improving working conditions across the care economy. He noted that this process is invariably difficult because workers encounter structural obstacles in their push to organize and secure change, such as the systematic underfunding of community providers, dispersed workplaces, weak labour laws, and a lack of public awareness and support. Some workers don't have the right to strike at all and must rely on often flawed systems of arbitration.

Yam's presentation stressed the importance of acknowledging caregiving as a critical social infrastructure and ensuring that staff are well paid and supported with the training and resources they need to provide high-quality care.

4. Cross-cutting themes

4.1 Immigration and migrant workers

“Migrants are central to Canada’s future. Migrants are the solution.”

—Karen Cocq, Migrant Workers Alliance for Change

Karen Cocq, of the Migrant Workers Alliance for Change, spoke about the critical role migrant workers play in sustaining Canada’s care economy, highlighting the growing precarity they face as a result of current immigration and labour-market policies. Her presentation challenged participants to recognize migrant workers not as a peripheral labour force but as essential contributors to Canada’s care infrastructure.

Migrants to Canada are a large group representing roughly 2.7 million people—that’s one in 10 people in the workforce. This group not only includes temporary foreign workers on employer-restricted permits, but also people here on study permits and open work permits, refugee claimants, and those who are undocumented.²⁷

Migrants play an especially significant role in Canada’s care economy as direct care workers—such as nurses, PSWs, ECEs, home support workers, and allied health workers—as well as care infrastructure workers, including cleaners, dietary aides, administrative staff, and security guards in care settings.

“Migrants sustain our essential social infrastructure,” Cocq noted, but, increasingly, anti-immigrant narratives are taking hold in public policy discussions. In 2023, for example, media stories started to blame

international students for housing shortages, overburdened public services, and economic instability—and negative public opinion quickly mounted. This was the most historic xenophobic turn in Canadian public opinion in generations, a blatant move to distract working people from the policies and profiteering at the root of today's affordability and inequality crisis.

Cuts and changes to immigration programs began almost immediately, further fanning the flames of xenophobia. In late 2023, Canada made drastic cuts to study permits, especially those for early childhood educators (ECEs) and personal support workers (PSWs). The government also significantly reduced access to post-graduate work permits. And last December, Ottawa paused the Home Care Worker Immigration Pilots until at least 2030, shutting down one of the only pathways to permanent status previously open to migrant care workers.

Total permanent resident targets have also been reduced for two years straight, both at the federal and provincial level. This means that migrants who are already here, who have been working and studying and paying fees for years to get ready for their chance to apply for permanent residency have had the door slammed in their face.

In 2025, 1.49 million work and study permits expired. In 2026, we expect anywhere between 1.4 million to 1.8 million permits will expire. No option to renew, no option for permanent residency.

These policies are economically irrational. Lower immigration will mean a 1.7 per cent reduction in real GDP by the end of 2027, according to the Parliamentary Budget Officer. RBC has warned that immigration changes will constrain the tax base and worsen federal finances by \$50 billion over five years.

These policies will also, according to Cocq, have a dramatic impact on the care economy, fuelling labour shortages in industries that are already struggling to find and retain workers, as well as increasing instability for people who have dedicated years of their lives to serving Canadian communities and businesses.

There were 57,000 temporary foreign workers on tied permits alone in health care in 2022, making up nearly five per cent of workers in nursing facilities and eight per cent in home care services. Migrants are the backbone of support roles, making up 30 per cent of nurse aides, orderlies, and patient service associates; roles that already see more people retiring than entering.

These numbers are a significant undercount because they do not include workers in child care centres, community social services, group homes, and attendant care services, or workers paid informally or in

private household arrangements. And they do not include open work permit holders, students, refugees, and undocumented people.

With fewer paid care workers, Cocq argued, family members exit the labour force, productivity suffers, and the economy slows. That means less money for health care, child care, and other public services and more justification for government cuts and privatization.

In the care sector, the cumulative and cascading impact of these immigration cuts and rollbacks are a rapidly shrinking workforce, and for those workers who can stay, it means fewer options, more precarity, less ability to assert their rights at work, more exploitation. Extending permanent status, by contrast, would grow the economy and bolster care services.

Cocq urged listeners to reevaluate how migrant workers are discussed in public discussions. "Migrants are your members, they work in all the sectors and organizations you all represent, they are your care providers. Demand immigration reform and permanent residence for all not a question of solidarity, but of strategic necessity."

Cocq's presentation reinforced an important message: workforce shortages in the care economy cannot be addressed without addressing equity, inclusion, labour rights, and immigration policy. If migrant workers are essential to sustaining care services, then creating pathways to stability, security, and belonging must be central to efforts to enhance and expand Canada's care economy.

4.2 Profitization, demographic change, and the future of care

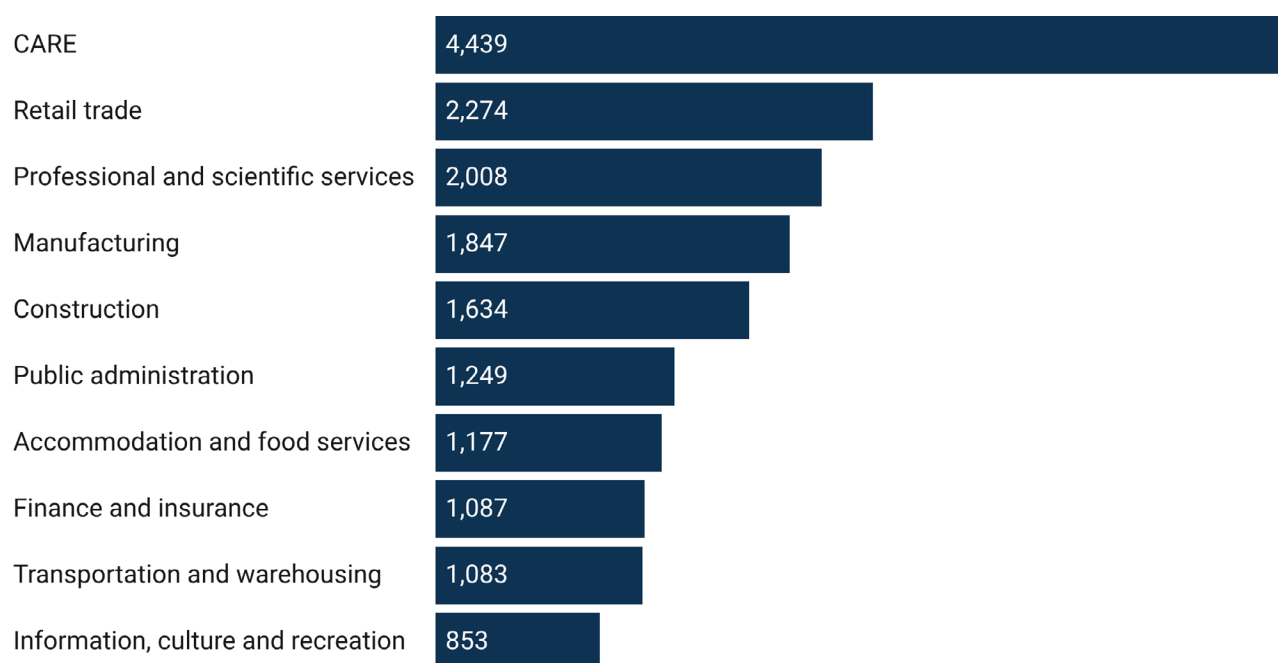
“Private money is being invested in the care economy and it is happening everywhere.”—Armine Yalnizyan, Atkinson Fellow on the Future of Workers

Economist and Atkinson Fellow on the Future of Workers Armine Yalnizyan offered a broad analysis of the economic, demographic, and political forces shaping Canada’s care economy.²⁸ Yalnizyan encouraged participants to step back and consider the larger structural changes transforming labour markets, public services, and economic policy. Her presentation connected workforce shortages, privatization, demographic change, and public narratives about care, arguing that these issues are deeply interconnected and are shaping Canada’s social and economic future.

Yalnizyan began by situating the care economy amid the backdrop of current economic and political uncertainty. Trade disputes, tariffs, inflation, and geopolitical upheaval have recently dominated the public’s attention. However, she contended that because demographic change is both inevitable and predictable, it poses an even greater challenge. “Trump has captured everyone’s attention,” Yalnizyan noted, “but the demographic shift is an unavoidable and urgent crisis that will intersect with every other crisis.” Canada’s aging population, falling birth rates, antipathy towards immigration and rising care needs will further strain the country’s care systems while reducing the number of available workers.

Demographic change is already having a huge impact on economic growth and workforce planning. Yalnizyan argued that traditional economic strategies typically underestimate the essential role of care work in assisting individuals to enter the workforce, promoting community well-being, and fostering long-term economic stability and prosperity. For decades, indicators—such as GDP growth, productivity, investment, and trade—have been used to gauge economic success. But the work required to care for children, older adults, people with disabilities, and communities remains invisible within economic decision-making, despite being essential to the functioning of society. As populations age and care needs increase, Yalnizyan suggested that care cannot be treated as a peripheral social issue; it must be recognized as a central economic challenge and opportunity—particularly in a context of slowing economic growth.

Figure 5 / Top ten sources of jobs in Canada in 2025, in thousands



Source Statistics Canada, Table 14-10-0023-01

Against this backdrop, Yalnizyan stressed the pernicious impact of private capital's growing footprint in the care sector. She explained the "profitization" process, wherein care services are increasingly used as investment and profit-generating vehicles for private and unaccountable equity funds. Care services are still publicly funded, but ownership and governance frameworks are evolving, enabling private actors to leverage investment in service providers to their advantage, selling off assets and padding profit margins to pay out private shareholders, all at the expense of care workers and those in need of care.

"More and more private money is being invested in the care economy, and it is happening everywhere," Yalnizyan said. Investor-owned models of service provision have grown over the past few decades in several industries, including long-term care, retirement homes, home care, child care, and disability services.

Yalnizyan contended that the expansion of investor ownership reflects a broader neoliberal policy orientation that has shaped public decision-making for more than four decades. Increasingly, governments have come to rely on market-based mechanisms to address social and economic challenges, leading to greater emphasis on competition, deregulation and

for-profit ownership in the delivery of publicly funded services.²⁹ “Expect more market, less government,” Yalnizyan said, referring to a strategy that prioritizes private investment and risk-shifting above public service and inclusive collective solutions. Market-driven initiatives can increase access to services for higher-income households, but they also result in poorer care for the majority.

Profitization pressures are expected to get worse as care needs continue to grow and governments cast around for solutions that do not further expand public spending, turning to large corporations and private equity funds promising the sun, the moon and the stars. “There is more money than you can imagine out there, especially the kind that you can’t track, looking to invest in Canada’s care economy. As the U.S. opens up access to trillions of dollars in individual registered savings plans to lightly regulated private equity funds, that money is poised to come to a neighborhood near you.³⁰ The problems in the U.S. with this model of investment in care are legion, as noted in my forthcoming report on private equity in the care economy. Despite these warnings, no government in Canada has, thus far, put guard rails on investments in the care economy.” Private corporations will extract as much profit as they can, impoverishing workers and leaving individuals and families in acute need. The burden of care on families—and the women who provide care—will intensify.

“Instead of saying can we pay more, more efficiently together, to remove the profit incentive and get more value from public funding in services, we are walking down this other, more destructive and spendthrift path. The insufficiency of funding is breeding inefficiency of solutions.” It’s time to change the conversation, Yalnizyan argued, “to make the case for public investments as being the most cost-effective type of investment.” The choices made now regarding workforce development, ownership, investment, and governance will influence how Canada addresses the country’s expanding care needs in the coming decades.

Yalnizyan concluded that substantial evidence already exists demonstrating the social and economic benefits of investing in care. Research consistently shows that care services support labour force participation, improve health outcomes, strengthen communities, and produce greater economic activity. Yet evidence alone has not translated into political action. “The future is begging to be more nonprofit driven,” she argued, “but we don’t know how to talk about it.” For Yalnizyan, one of the central challenges facing the care economy is developing a language

that resonates beyond policy circles and helps the public understand care as the essential social infrastructure it is.

5. Strategic priorities for collective action

The wide-ranging presentations during the roundtable set the stage for the discussion groups that followed. Participants were asked to speak to the opportunities for influencing the government at the current moment and their top priorities for action. They were also asked to identify what new capacity and resourcing might be needed to move progressive change forward.

Vicky Smallman, the National Director of Human Rights at the Canadian Labour Congress (CLC) queued up the discussion groups, speaking to the CLC's work with the global and national trade union movements to promote the right to care and decent work in the care economy. Its work is grounded in the ongoing work of the International Labour Organization (ILO) and the *5R Framework for Decent Care Work*, which sets out an integrated strategy for achieving decent care work—one that “recognizes, reduces and redistributes unpaid care work; ensures decent work for care workers; and guarantees freedom of association, social dialogue and collective bargaining for care workers.”³¹

The CLC first called for a Care Economy Commission back in 2018 as a part of its larger women's economic justice campaign called “Done Waiting” and its related advocacy work promoting a universal child care program for Canada. “The idea here,” according to Smallman, “was to have a body develop a comprehensive and integrated strategy on care work and care jobs for Canada, applying the 5R framework to the Canadian context.” The CLC followed up in 2022 with a one-day policy incubator workshop bringing union affiliates and researchers together to

develop an Action Plan on Care, which was passed by delegates at the 2023 CLC convention. In May 2026, delegates passed a new “We Care for All” Action Plan again calling for a federal Care Economy Commission as well as a National Strategy on Caregiving and greater investment in care services and infrastructure across the country.³²

The “We Care for All” Action Plan highlights the need for broad and coordinated action on both the common and unique challenges confronting care workers in different sectors. Smallman said, “Looking at the care economy more holistically may allow us to push forward ... We have to drive home the point that care is essential to Canada’s economic success. It is essential to labour force participation, to equality, and to equity.”

The section that follows summarizes the themes and priority action items highlighted by panelists and roundtable participants for advancing a care economy agenda in this political and economic moment—for governments and advocates. Many of the priorities are interlinked, meaning that concerted and coordinated efforts will be needed to bring about change. They also resonate broadly with the emerging evidence on the importance of care investment to our collective well-being, prosperity and security and what’s needed to transform Canada’s care landscape, the lives of caregivers, and those in need of care.

Priority 1: Develop a comprehensive plan to guarantee care for all

Investment in social infrastructure is as crucial to individual and collective well-being as investment in physical infrastructure. Yet public and community services across Canada remain underfunded, fragmented, sparsely distributed, and poorly attuned to diverse community needs. Gaps and weaknesses in care services and related programs directly contribute to untenable care burdens on women and families, a manifest source of gender inequality. Canada needs a comprehensive and coherent care strategy that meets current and future care needs and safeguards human rights—one that provides a strong foundation for Canada’s collective well-being and prosperity.

Several jurisdictions are moving in this direction, establishing intersectoral coordination mechanisms designed to “address fragmentation, ensuring policy coherence that is responsive to diverse and specific care needs and informed by insights from care workers,

care providers and care recipients.”³³ Uruguay, for example, was the first country in 2015 to establish the right to access care services in law, developing national care plans to guide the provision of service and workforce development.^{34, 35} The European Commission has developed its own policy framework, *European Care Strategy*, to guide the development of “quality, affordable and accessible care services across the European Union and improve the situation for both care receivers and the people caring for them, professionally or informally.”³⁶ These initiatives provide an important platform for driving policy change and program investment, the result of broad, cross-sector advocacy, and, as such, offer important lessons for Canada to consider.

Roundtable participants also noted that a comprehensive approach to care is key to reducing service fragmentation and to bridging gaps in coverage. Strengthening cross-sectoral collaboration would also help to raise the bar, especially for non-profit and private service providers, levelling up wage levels and expanding access to benefits and employment protections, as proposed in the ILO’s *5R Framework for Decent Care Work*.

What’s required:

- Drawing on international best practices and partnerships with service providers, unions and civil society organizations, develop a national care economy strategy that recognizes care as a human right and guarantees access to high quality care services across the country.
- Build a comprehensive system of care services and related program supports to address the full spectrum of care needs across the life cycle, taking into account the unique needs of different population groups and regions.
- Acknowledge the dependency on unpaid care and work towards social change by measuring the impact that care policies have on unpaid caregivers.
- Acknowledge the unique rights and circumstances of Indigenous communities to manage and deliver care services and supports organized around Indigenous worldviews and approaches to care.
- Aim to reduce gender inequality as well as structural disparities based on race, disability, immigration status, class, age, sexual orientation, gender identity, among others in reform efforts.

- Work across departments and levels of government to break down siloes between health care, housing, justice, and social services that create barriers to needed care.
- Integrate the needs and perspectives of migrant workers into policy and program development.
- Ensure sustainable and adequate funding of public services at all levels of government.
- Build out shared care infrastructure and accountability mechanisms to track the progress of governments and fund service innovation and cross-sectoral collaboration.

Priority 2: Improve job quality and workforce retention in the care economy

Retention is the defining workforce challenge across the care economy, from child care, health services and long-term care to gender-based violence services and community services. Roundtable participants stated that care workers are leaving their job because they can't make ends meet on very low wages and they see no future in the industry. These conditions have pushed the care economy's largely female and racialized workforce to the brink, their economic distress compounded by emotional strain and high levels of workplace violence. These same factors likewise deter new recruits.

The ongoing lack of stable, long-term, core funding and barriers to full-time employment systematically undermine the ability of care services to meet growing community demands. The resulting staffing shortages, excessive workloads, and churn, in turn, undercut quality service and generate tremendous pressure on unpaid caregivers to fill gaps. A new Workforce Alliance on the Care Economy³⁷ provides an opportunity to develop a comprehensive workforce strategy for the broader care sector, but its potential impact will depend on the scope of its vision and the meaningful involvement, among others, of care workers, unions, and civil society including organizations working to advance gender equality.

What's required:

- Develop a broad and inclusive labour market strategy to achieve high-quality care jobs and reduce and redistribute women's unpaid

care work by improving access to public care services for children, the elderly and people living with disabilities.

- Introduce wage grids with competitive entry rates, in line with the living wage, that recognize years of experience, qualifications, and job responsibilities. Take meaningful action towards reaching pay equity.
- Offer comprehensive health and retirement benefits to ensure employee well-being, job satisfaction and retention, and financial security.
- Provide full-time, stable employment with predictable scheduling, flexible hours and employment protections.
- Strengthen collective bargaining rights, expand options for sectoral bargaining and expand the scope of employment legislation to reflect the changing landscape of care work.
- Enhance qualification, certification and career advancement opportunities for paid care workers to elevate the skill of workers and the quality of care provided and to improve staff retention and organizational impact.
- Uphold the rights of immigrant and migrant workers and open and expedite pathways to permanent status, including for migrant care workers.
- Take action to prevent and address workplace violence and harassment and enforce occupational health and safety standards for all care workers.

Priority 3: Strengthen public and non-profit financing and delivery

There is growing concern about increasing privatization across the care economy, from long-term care and retirement homes to child care and community services. Privatization takes many forms, such as extra billing for medically necessary services, contracting out of selected services and management functions, the use of private staffing agencies, and the growth of public-private partnerships to run care services.³⁸ The embrace of for-profit administration and delivery of service has been shown to reduce the quality of care, worsen working conditions and

increase inequality by siphoning public resources into private shareholder payouts, reducing funds for actual care service, and weakening public accountability in the process. The financialization of care is a related and growing threat, as private equity firms buy up services, looking for a steady cash flow while they sell off the assets such as real estate to generate profit.

Roundtable speakers and participants called for stronger public and non-profit financing and delivery models and new guardrails on the role of private equity and for-profit participation in service delivery. They also warned about related threats stemming from recent provincial efforts to expand for-profit delivery—such as the efforts of Alberta, Saskatchewan and Ontario to expand for-profit delivery in child care under CWELCC and Alberta’s new *Health Statutes Amendment Act* (Bill 11), which blatantly contravenes the *Canada Health Act*.³⁹ The Alberta health services reforms are also opening the door to trade challenges from U.S. private health and insurance firms demanding “national treatment” rights to operate in all of Canada.

What’s required:

- Properly fund and actively enforce the *Canada Health Act* and the principles of a publicly administered, comprehensive, universal and accessible health care system.
- Establish new national standards to make sure provinces and territories deliver high-quality services and keep public money in the public system, in all federal-provincial-territorial funding agreements.
- Prioritize public and nonprofit providers for the expansion of care services and divest from more costly private services in the private sector.
- Amend care-related legislation to prohibit privatization and deregulation.
- Create safeguards against the generation and extraction of profit from publicly funded services and the sale of public assets to for-profit entities.
- Tightly regulate foreign private investment (e.g., multinational hedge funds) in care services.
- Reform public budgets, taxation and financing mechanisms to fund care and support systems, focusing on distributive justice and fair

fiscal policies, including proportional and progressive taxation for high-income earners and corporations.

Priority 4: Embed a gender and equity lens in policy and programs

The care economy is composed largely of women workers who are performing work that is deemed consistent with women's "natural" abilities and inclinations—work that is, in turn, undervalued and underpaid precisely because of the large presence of women. This is especially true for racialized women, newcomers and women from other marginalized communities. As the panelists and participants stressed, it is impossible to understand the dynamics and the challenges confronting Canada's care economy without acknowledging its gendered foundations and how it works to reproduce inequality by gender, race and Indigeneity, disability, immigration status and income.⁴⁰

Transforming care and support systems is essential for achieving substantive gender equality—particularly as the sizable gaps in our policies and programs disproportionately impact women who perform the bulk of unpaid care. It is also essential to reducing poverty and fostering the health, education and well-being of all people. One of the most troubling trends in this regard is the growing focus on punishment and criminalization as a response to the care needs of the most vulnerable, as noted by Pamela Uppal-Sandhu from the Ontario Nonprofit Network.

The federal government is required, by legislation, to apply an equity lens to the development of new programs and supports. Notwithstanding new funds for gender equality organizations announced in budget 2025, GBA+ and related diversity, equity and inclusion programs have been effectively sidelined over the past year as federal attention and funding has shifted to resource development and the military, and an anti-feminist backlash has taken hold in public spaces. The government has largely been silent on these developments, as well as on growing income inequality and the failure of Canada's safety net to respond to increased need.

What's required:

- Expand the use of an intersectional gender lens in the development of care policies and programs, investing in custom tools, methodologies and training for staff and others to enhance uptake and impact.
- Bring a care economy lens to the federal budgeting process to ensure that it is responsive to those who need care and those who provide it.
- Continue to invest in the production of disaggregated data and new data sources to address intersectional gender data gaps, taking the necessary steps to enhance quality and ensure broad accessibility.
- Ensure that the impact of inequality of all public policies is properly assessed and bold action is taken to mitigate negative impacts.
- Support meaningful community engagement in policy development and decision-making, establishing regular processes for engaging gender equality groups, labour organizations, and feminist academic and research communities.
- Prioritize investment in care systems and services over criminalization by repealing legislation that makes behaviours and survival strategies that stem from unmet care needs illegal.
- Establish poverty reduction as a key principle and goal of care economy reform.

Priority 5: Recognize migrant workers' rights and equity

Immigrant and migrant workers play a critical role in all sectors of the care economy. Yet, as roundtable panelists and participants noted, current policies create precarity for workers and set the stage for exploitation. Recent changes have made a difficult situation even worse. The impacts of new immigration restrictions,⁴¹ expiring work permits,⁴² rising xenophobic tensions, cuts to immigrant settlement⁴³ and lack of protections for migrant care workers are taking a huge toll on workers and Canada's care economy.

Reduced immigration targets, notably for temporary residents, and new restrictions on permanent residency are forcing out workers who are already trained and delivering needed care services. These changes

are disrupting the lives of people who came to Canada under one set of expectations and now face rapidly changing pathways to work, study, and permanent residence. The situation is directly undermining Canada's care economy. Now is the time to invest in an equitable and rights-based immigration system and recognize migrant workers as a pillar of the care economy.

What's required:

- Restore and expand permanent resident pathways, reversing the shift toward long-term temporary status by increasing caregiver and “low-wage” worker pathways and ending the two-step system that leaves people in Canada for years without secure status.
- Eliminate closed and employer-specific work permits across all labour migration programs, including those for caregivers, so that migrant workers have labour mobility, access to justice, and the practical ability to leave abusive employers without risking deportation.
- Make employer participation in temporary migrant worker programs conditional on enforceable standards for wages, housing, heat protections, health and safety, transportation, inspections, and access to complaints mechanisms.
- Ensure access to federal benefits and income supports—such as Employment Insurance, the Canada Pension Plan, workplace insurance systems, and other public programs. Migrants who pay into programs must be able to access the benefits they fund.
- Ratify and implement international migrant-rights obligations, including the Domestic Workers Convention (ILO Convention 189). Ensure the rights of migrant caregivers by improving access to legal information, resources and accessible support services.

Priority 6: Invest in care economy data, research capacity and public reporting

Strong data and research are essential to a dynamic and inclusive labour market and a strong economy. It is especially true with respect to the care economy, which encompasses the labour of paid and unpaid care workers that is “often invisible, underpaid and devalued.” Similarly, it is

important to define and capture the value of the care economy and its contribution to the well-being of Canadians and the larger economy.

This is a complex task because “there is no single commonly accepted definition and there are few frameworks that consistently define and establish how to measure its domains. In addition, although valuable data on the care economy exists, data on different forms of care can often be siloed, leading to important knowledge gaps.”⁴⁴ What’s needed is to mobilize the resources that we do have to paint the picture of Canada’s care economy and its constituent parts, building on this foundation to develop common metrics, frameworks and methodologies for collecting and publicly reporting on its scope and impact.

This is an opportunity to improve data collection on, and analysis of, the experiences of marginalized workers as well as to strengthen the collective capacity of organizations working in the care economy to better measure their impact, effectively collaborate, advocate for needed investments and support, and hold governments to account. Moreover, better information about the immediate and longer-term socio-economic benefits of investing in care will help to shift perceptions that spending on care is a drain on the public purse rather than the foundational investment in human health, well-being and prosperity that it is.⁴⁵

On the question of data gaps, roundtable participants identified the need for:

- Workforce retention data;
- Granular workforce demographics, employing an intersectional lens;
- Information on migrant workers (e.g., demographics, legal status, distribution across economy, permit expiry, etc.);
- Information on the type and level of public, non-profit and private delivery and financing;
- Metrics that track access to services and measure gaps in coverage;
- Better data and methodologies for capturing the contributions of care, socially, economically and environmentally; and
- Cross-sector labour market indicators and workforce forecasting.

What’s required:

- Expand and update existing data collection to better align with the organization and delivery of care services in Canada. This includes

working with government, academic and community sector partners to develop standards for measuring the care economy and future data development.

- Invest in the production of robust, granular, intersectional data on marginalized workers, including migrant workers, highlighting industry and occupation, wages and benefit coverage, job quality, immigration status, and related socio-demographic information. Investigate administrative and survey data linkages to build a stronger evidence base.
- Develop and publish a national picture of the care economy workforce—combining industry and occupation—to help create a shared understanding of the care economy workforce size, composition, wages, vacancies, and projected shortages.
- Better track and report on national expenditures on care services and infrastructure, by jurisdiction, to identify growth patterns, coverage gaps, and short-term and long-term impacts.
- Produce estimates of economic and related contributions of care services, individually and in the aggregate, developing approaches and methodologies that can be used in different sectors.
- Explore opportunities for cross-sector research, to share approaches, test methods, and build on each other's work, and to identify issues and moments for collective advocacy.

6. Advocating for change

In recent years, the COVID-19 pandemic, global warming and rising costs of food, shelter and energy have exacerbated care responsibilities and exposed the fragility and sizable gaps in Canada's care infrastructure. Population aging will continue to generate greater demand for care and support of all kinds, exacerbating existing inequalities, especially for the most marginalized. The challenge requires a comprehensive approach that recognizes the disproportionate burden that women, racialized and Indigenous Peoples and migrant workers have shouldered both as care providers and care recipients.

The pandemic response highlighted what could be accomplished with dedicated political leadership, but that moment has passed. The Carney government's current set of "nation-building" priorities are narrowly focused on re-creating a past Canadian economy.⁴⁶ The 2026 spring economic update doubled down on this framing by introducing a Strong Canada Fund and a Strong Canada Team strategy wholly focused on housing, physical infrastructure and defence.⁴⁷ There's no mention of the commensurate investments needed to sustain and enhance Canada's care economy or the health and social services that we all rely on—sectors where women workers predominate. There's no word about future investments in pharmacare, gender-based violence, health care, education or labour—the things that make all other nation-building possible. A new Workforce Alliance on the Care Economy was announced in budget 2025, a promising sign, but its goals and composition remain unclear. In the larger public policy debate, care continues to be framed as

a cost and drain on public resources and not the critical economic and social infrastructure—and growth strategy—that it is.

6.1 Change the narrative about the care economy

Now more than ever, labour and progressive allies need to band together to expand our capacity for analysis and community outreach—to make the case for a stronger, more inclusive, more dynamic care economy and workforce.

A consistent message throughout the roundtable was that we need to change the narrative about the care economy with decision-makers, to counter influential neoliberal economic theories that dismiss the value of care and aggressively promote market-based solutions that fail working people, especially those most in need of care.

It is equally important to change the narrative about the care economy with the general public as well, to communicate how essential care is to a functioning society, to families, to the ability for us all to work and thrive.⁴⁸ Recognizing care as a larger public good is a fundamental step in building a new approach that prioritizes the sustainability of life and the planet.⁴⁹

This work is urgent, especially in difficult financial times. Public services are one of the most effective routes to affordability for working people and the only route to universally accessible, high-quality services that bring Canadians together. By contrast, the fight to lower taxes and substantially reduce government revenues—and the capacity to generate revenue—fuels inequality and immiseration. Roundtable participants argued that changing the narrative and public engagement must be a key focus.

What's required:

- Build a public campaign to highlight the essential role of the care economy to Canada's society and economy.
- Strengthen cross-sector care relationships and collectively amplify the advocacy efforts of individual sectors and groups. In this work, highlight shared struggles and challenges across the care economy, employ common messaging frameworks.

- Mentor organizations and researchers who are newer to the field to expand and deepen civil society capacity. Keep it practical, lightweight and focused.
- Emphasize inequity between recent government investments in skilled trades versus investments in the care economy.
- Replicate proven pressure tactics, such as the public outcry that successfully forced the reversal of major funding cuts to gender equality programming.
- Target specific provincial windows for rapid wins, like pressuring New Brunswick to expand employment standards to cover domestic workers.
- Push the federal government to deliver on the new Workforce Alliance on the Care Economy and the promise of better workforce planning and support for care workers. Use the opportunity to build cross-sector unity and innovative models for sector support.

6.2 Next steps

The CCPA hosted the Reimagining Canada's Care Economy Roundtable to provide a platform for learning about the experiences of allies working in Canada's care economy and, through discussion, to identify cross-cutting themes and strategic imperatives in this political moment. Moving forward, we will continue to undertake research on employment and decent care work as well as the organization of Canada's care economy to help tell the story of what is happening today, identify the communities that are losing out, and pinpoint where hope for the future lies. We are committed to working with our civil society and labour partners to provide intersectional analyses of individual care services and occupations and to help make the case for increased investment in high quality, public and non-profit services and infrastructure. Our goal is to build out the evidence base and capacity of the community sector to shape the public policy debate and decision-making.

The CCPA has created a new Care Economy project page on its website, which includes this report and recording of the roundtable presentations. The site includes links to research and analysis provided by the panelists as well as other relevant resources about the care economy produced by the CCPA since the COVID-19 pandemic, including:

- An upcoming series of care economy industry and occupational profiles designed to help track the status of paid care work in Canada and the investments needed to close Canada's decent care work deficit. This project will complement the CCPA's women's employment dashboard, to be updated over time.
- The production and release of the CCPA's annual child care fee survey, *The \$10-a-day divide: Child care fees in Canada in 2026*.⁵⁰
- New research on the ongoing threat and impact of privatization of health care across the country. Recent projects include a new health spending dashboard and interprovincial comparisons of primary health care access. Upcoming projects include an analysis of federal health care staffing cuts, allied health workforce challenges and solutions in Ontario, and the implications of the federal government's retreat from enforcing the *Canada Health Act* as Alberta builds an American-style, two-tier health care system.

The CCPA looks forward to supporting and convening future gatherings and workshops among progressive allies to share information and work on priorities for action where energies and interests align. To this end, we will explore interest in setting up a Care Economy Table to strengthen our collective capacity to advance progressive change and continue to monitor trends within the care economy.

Appendix

Agenda

1:00 / Introduction: Meeting the moment

Why are we here?

Peggy Nash, Executive Director,
Canadian Centre for Policy Alternatives, CCPA

Katherine Scott and **Andrew Longhurst**, Senior Researchers, CCPA

1:10 / Canada's care economy: Where are we today?

**Setting context: Diversity, significance
and impact of the sector, current challenges/tensions,
strategic imperatives**

Pamela Uppal-Sandhu, Co-Executive Director,
Ontario Nonprofit Network

**Ontario's care scorecard: Cross-cutting themes
and a need for a comprehensive strategy**

1:25 / Lightning round (1): Labour and community perspectives

Challenges and opportunities (5 minutes each)

Health care

Angela Preocanin, Secretary-Treasurer, Canadian Federation of Nurses Unions

Gender-based Violence

Robyn Hoogendam, Manager Research and Policy,
Women's Shelters Canada

Long term care/Home care

Jackie Walker, Executive Vice President, SEIU Healthcare

Child care

Morna Ballantyne, Executive Director, Child Care Now

Community sector/Precarious workers

Mike Yam/Karen Marchesky, National Representatives, Unifor

1:55 / Lightning round (2): Cross-cutting themes

Cross-cutting themes (10 minutes)

Migrant care workers

Karen Cocq, Co-Executive Director, Migrant Workers Alliance for Change

Financing and delivery/"profitization"

Armine Yalnizyan, Economist and Atkinson Fellow on the Future
of Workers

2:15 / Discussion: Identifying shared priorities

Where do we go from here?

Vicky Smallman, National Director, Human Rights,
Canadian Labour Congress

Breakout brainstorm

- What should be the top priorities for progressives in the current moment?
- What opportunities currently exist to influence federal and/or provincial governments?
- What new capacity and resources do we need to move forward?

2:45 / Next steps

Connecting and sharing

Katherine Scott and Andy Longhurst, CCPA

- Posting webinar recording, sharing highlights with participants
- Sharing resources. Please send materials to CCPA for distribution
- Watch out for CCPA's care economy profiles and future research

Notes

- 1 United Nations. (2024). [Transforming Care Systems in the Context of the Sustainable Development Goals and Our Common Agenda](#), UN System Policy Paper, p. 7.
- 2 Laura Addati, et al. (2018). [Care Work and Care Jobs for the Future of Decent Work](#), International Labour Organization (ILO).
- 3 Statistics Canada, Table 36-10-0434-06 - Gross domestic product (GDP) at basic prices, by industry, annual average, industry detail.
- 4 Statistics Canada, Table 14-10-0023-01 - Labour force characteristics by industry, annual.
- 5 Sandy Besporstov and Amanda Sinclair. (2022). [Estimating the Economic Value of Unpaid Household Work in Canada, 2015 to 2019](#), Statistics Canada, Latest Developments in the Canadian Economic Accounts, Catalogue no. no. 13-605-X.
- 6 International evidence shows that investments in care generate higher employment multipliers than comparable investments in construction and other traditional infrastructure sectors. Jerome De Henau. (2022). [Costs and benefits of investing in transformative care policy packages: A macrosimulation study in 82 countries](#), ILO Working Paper 55.
- 7 Government of Ontario. (2021). [Ontario's Long-Term Care COVID-19 Commission. Final Report](#).
- 8 In 2025, 73 per cent of charities said demand for services exceeded their capacity, while 75 per cent reported significantly higher demand than the previous year. Charity Insights Canada Project. (2025). [High Demand and Constrained Capacity in Canada's Charitable Sector](#), Carleton University.
- 9 Oxfam International, et al. (2021). *Care policy scorecard: A tool for assessing country progress towards an enabling policy environment on care*.
- 10 Oxfam Canada. (2023). [How much do we care? An assessment of the Canadian paid and unpaid care policy landscape](#).
- 11 The government scored only a two or a three out of five in terms of impact on the majority of policy indicators: there were policies and programs on the books, but they have done comparatively little, as designed, to transform gender norms and the unequal division of care work, to value care work, or to eliminate gender inequality—especially among marginalized women.
- 12 Ontario Nonprofit Network (ONN). (2026). [Ontario's care economy: An assessment of provincial care policy](#), p. 5.
- 13 ONN, [Decent work for nonprofits](#).
- 14 ONN. (2026), p. 5.

15 The indicators in each policy area are assessed and scored using criteria that generally fit into four overarching categories: accessibility and reach, design and impact, regulation and monitoring, and budget and administration. The total score for each indicator, listed as a percentage, is then assigned a score for the degree of transformation, between zero (policy does not exist) and five (policy exists and is transformative to a great extent).

16 ONN. (2026), p. 21.

17 *Ibid.*, p. 23.

18 In June 2025, hundreds of Canadian economists and health policy experts issued [an open letter](#) to the federal government urging it to put stronger public health care at the center of future economic strategies. “Medicare is not just a cost item on government budgets. It is also a pillar of Canada’s economy, an engine of innovation, and a critical source of decent employment.”

19 Robin Somerville. (2026). [The economic impact of increased public sector health spending in Canada](#), Canadian Federation of Nurses Unions (CFNU). See also: Jim Stanford. (2026). [The Economic Benefits of Canada’s Public Health Care System](#), Canadian Federation of Nurses Unions (CFNU).

20 See: CFNU. (2025). [White Paper: Violence Against Nurses in Canada: An Urgent Call to Action](#) Canadian Federation of Nurses Unions.

21 Robyn Hoogendam and Chika Maduakolam. (2026). [Sheltering Under Pressure: Frontline Realities of Canada’s Violence Against Women Shelters and Transition Houses](#), Women’s Shelters Canada.

22 Over the past two decades, according to Statistics Canada, the number of temporary foreign workers in health care has ballooned. The number grew from about 3,200 in 2000 to about 57,500 in 2022. In nursing and residential care facilities temporary foreign workers make up about five per cent of the total workforce, and home health-care services account for almost eight per cent. Yuqian Lu and Feng Hou. (2025). [Temporary foreign workers in health care: Characteristics, transition to permanent residency and industry retention](#), Social and Economic Reports, Statistics Canada, Catalogue no. 36-28-0001.

23 David Macdonald and Martha Friendly. (2025). [The price is not right \(yet\): \\$10-a-day child care falling short of target](#), Canadian Centre for Policy Alternatives.

24 David Macdonald. (2026). [The last mile: Provincial child care expansion at the five-year deadline](#), Canadian Centre for Policy Alternatives.

25 Brad Seward, Elizabeth Dhuey and Annie Pan. (2023). *The Big Short: Expansion of Early Childhood Education in Post-Pandemic Canada*, Canadian Public Policy, 49(3), 306-329.

26 Jim Stanford. (2024). [Powering Growth: Economic Benefits from Canada’s \\$10-per-day Early Learning and Child Care Program](#), Centre for Future Work.

27 Statistics Canada, Table 17-10-0121-01 - Estimates of the number of non-permanent residents by type, quarterly.

28 For a collection of Armine Yalnizyan’s articles, see: <https://atkinsonfoundation.ca/atkinson-fellows/atkinson-fellow-on-the-future-of-workers/>.

29 See: Pat Armstrong and Hugh Armstrong. (2023). How Privatization Infects the Canadian Health Care System, *New Labor Forum*, 32(3), 42-49.

30 Tara Siegel Bernard. (2026, April 23). [Trump Wants Private Equity and Crypto Accessible in 401\(k\)s. There Are Risks.](#) *The New York Times*.

31 ILO, [Decent work and the care economy](#). (2024). International Labour Conference, 112th Session, Report VI, p. 10. The 5R Framework was developed by UN Women, based on extensive research and recommendations of the ILO on decent care work. It has served as an important reference point for ongoing work within the United Nations and among the feminist and labour movements—at the global, regional and national levels—for over a decade. For a useful reference, see: UN Women. (2022). [A toolkit on paid and unpaid care work: From 3rs to 5rs.](#)

- 32 Canadian Labour Congress. (2026, May 13). [Canada's unions demand a care economy built on dignity and respect](#)," News Release.
- 33 ILO. (2024). [Decent work and the care economy](#), p. 52.
- 34 See ILO Global Care Policy Portal: [Uruguay's National Care System](#).
- 35 More recently, Brazil has introduced a comprehensive national care policy involving 17 ministries to secure the right to care for all individuals in need and ensure decent working conditions for care workers. See ILO Global Care Policy Portal: [National Care Policy in Brazil](#).
- 36 European Commission. (2022). [A European Care Strategy for caregivers and care receivers](#). Text: <https://eur-lex.europa.eu/legal-content/EN/TXT/HTML/?uri=CELEX:52022DC0440>.
- 37 Five Workforce Alliances were announced in September 2025. The original list did not include one on the care economy. This sixth Workforce Alliance on the Care Economy appeared in budget 2025. It replaces a Sectoral Table on the Care Economy that was struck in 2024 and quietly disbanded in 2025 without ever having met.
- 38 For a useful and accessible primer on the different forms of privatization, see ONN. (2026). [Explainer on privatization: An overview of privatization policy and efforts](#).
- 39 Andrew Longhurst. (2026). [Alberta's new health legislation brings U.S. style insurance to Canada](#), Canadian Centre for Policy Alternatives.
- 40 See: United Nations, Human Rights Council, [Gendered dimensions of care and support systems](#), Report of the Working Group on discrimination against women and girls, A/HRC/59/45.
- 41 Janice Rodrigues. (2026, January 2). [The 10 biggest Canadian immigration policy changes of 2025](#), *CIC News*.
- 42 Pratyush Dayal. (2026, January 13). [2.1 million temporary residents will have expired or expiring permits this year. But will they leave Canada?](#) *CBC News*.
- 43 David Macdonald. (2026). [Budget cuts are about to wreck Canada's immigration system](#), Canadian Centre for Policy Alternatives.
- 44 Dana Wray, Jane Badets, Norah Keating and Janet Fast. (2023). [Canada's Care Economy: A Conceptual Framework](#), Spotlight on Canadians: Results from the General Social Survey. Statistics Canada, Catalogue no. 89-652-X2023002.
- 45 There is increasing evidence of the substantial multiplier effects of public spending on care systems in terms of long-term and broader benefits beyond the direct users, which lead to an expansion of fiscal space for further investment. See Jerome De Henau. (2022). [Costs and benefits of investing in transformative care policy packages: A microsimulation study in 82 countries](#), ILO Working Paper 55.
- 46 Prime Minister of Canada. (2025, June 2). [First Ministers' statement on building a strong Canadian economy and advancing major projects](#). For a critique see: Blayne Haggart and Erick Duchesne. (2025, July 23). ["Carney's "nation-building" is nothing but a blast from the past," Policy Options](#).
- 47 Department of Finance Canada, [Canada Strong for All: Spring Economic Update 2026](#), April 28, 2026.
- 48 For a useful discussion of changing public narratives, see: FrameWorks Institute. (2024). [Is It Care, Or Is It Work? Public Thinking about Care Work in the United States](#).
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- 50 David Macdonald and Martha Friendly. (2026). [The \\$10-a-day divide: Child care fees in Canada in 2026](#). Canadian Centre for Policy Alternatives.

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