VALUING CARE WORK **SUMMIT:**

Better delivery models, jobs and care in New Brunswick

Mount Allison UNIVERSITY

RON JOYCE CENTRE *for Business Studies*
DEPARTMENT OF COMMERCE

Coalition for Pay Equity
Coalition pour l'équité salariale
New Brunswick • Nouveau-Brunswick

Authors

Dr. Rachelle Pascoe-Deslauriers
Dr. Riley Livingstone
Sara-Ann Strong
with
Dr. Brent White

Ron Joyce Centre for Business Studies, Mount Allison University
Sackville, New Brunswick
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Welcome.

About the Summit

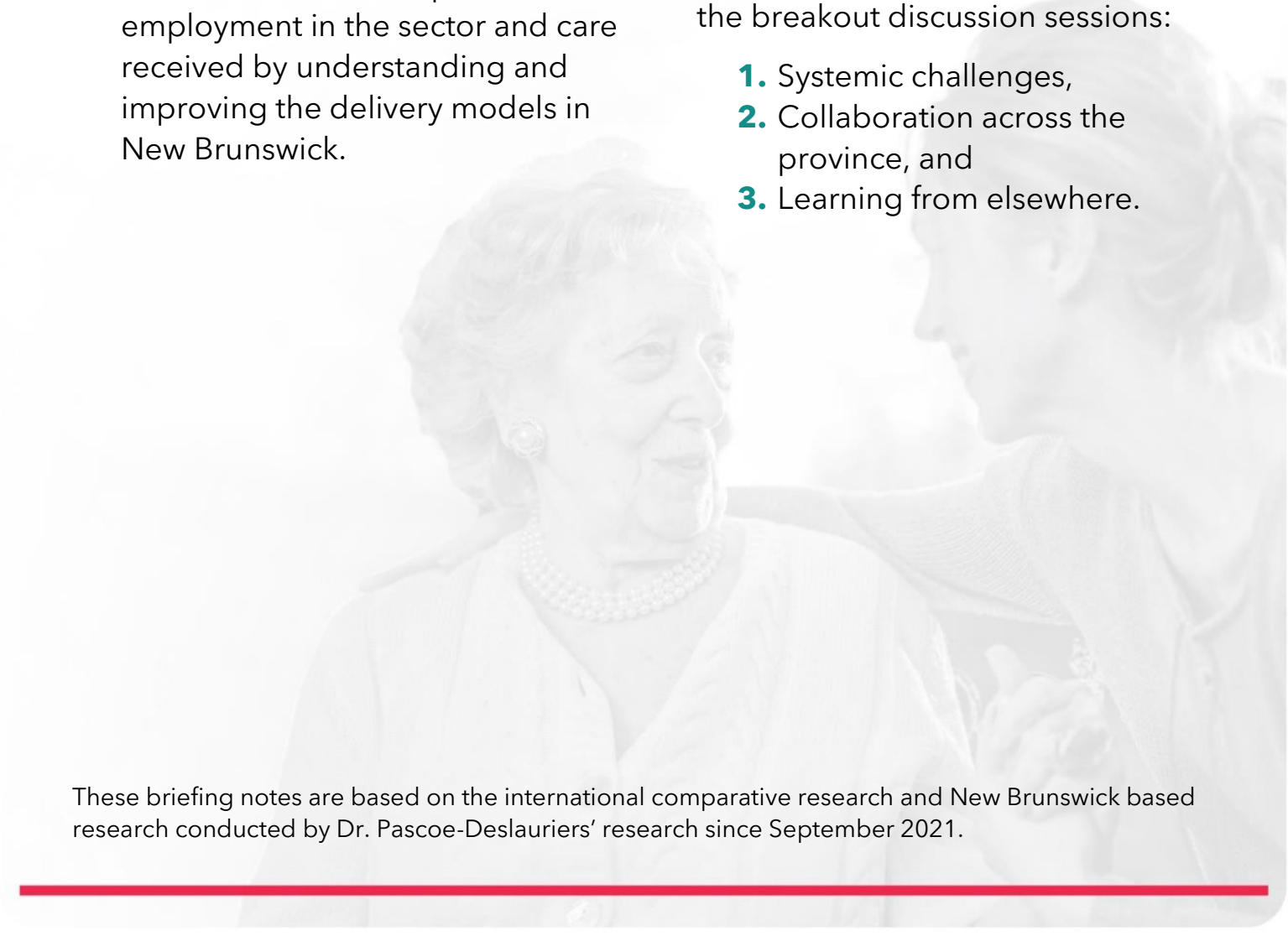
Thank you for joining us at the *Valuing Care Work Summit: Better delivery models, jobs and care in New Brunswick*.

The presentations and discussions at the Summit have a common objective – to collaboratively think through the complexity of the community-based care system with the ultimate aim to improve employment in the sector and care received by understanding and improving the delivery models in New Brunswick.

This workbook is intended to supplement the discussions during the *Valuing Care Work Summit* held on the 17th of March, 2023, at Mount Allison University in Sackville, New Brunswick.

We invite you to reflect on the following briefing notes and questions for consideration organized around the themes of the breakout discussion sessions:

1. Systemic challenges,
2. Collaboration across the province, and
3. Learning from elsewhere.



These briefing notes are based on the international comparative research and New Brunswick based research conducted by Dr. Pascoe-Deslauriers' research since September 2021.

About the research

The COVID-19 pandemic has highlighted both the centrality for care work for society and the economy, and the fragility of current models for delivering care in Canada and around the world. Longstanding workforce concerns in the sector, such as staffing shortages and multiple work sites and employers, have been exacerbated by the pandemic. These are both workforce and quality of care concerns, highlighting the inextricable connection between those providing care and those receiving care. These are the conditions of employment in the sector and are neither new nor unique to New Brunswick (NB) and other Canadian provinces.

This research is informed by the following:

- Care sector work encompasses a broad group of workers with differences in the specific configuration of jobs and employment. There are differences in the tasks they perform, the location of work, the conditions under which they do their work, the qualifications required to do their work, and their terms and conditions of employment.

- Care is relational and is co-produced between the person providing care (paid and unpaid caregiving) and the person receiving care[1,2].

- Discussions and policy changes to address the strategic improvement to the quality of care received by users is inextricably linked to discussions of the work and employment of those providing the care[3,4]. To value the person providing care, and the work itself, is to value service users[5].

- The subcontracted nature of the employment relationship in the community-based care sector has significant implications for working conditions[6]. Crucially, subcontracting is not a single market exchange between the service providing organization and the government funder. It is an ongoing, complex process, shaped by repeated interactions and the specific conditions of procurement[7].

- Care work has been historically, and continues to be, undervalued[8]. The devaluing of care work is shaped by sexism, agism, ablism, racism and discrimination based on citizenship status[9].

Community-based care sectors operate in complex policy and institutional landscapes in a number of jurisdictions around the world. The sectors, and their workforces, face common

1 Kehoe MacLeod, K. (2022). Using independent contracting arrangements in integrated care programs for older adults: Implications for clients and the home care workforce in a time of neoliberal restructuring. *Journal of Applied Gerontology*, [special issue], 1-8. https://doi.org/10.1177/07334648221130743.

2 Kelly, C. (2016). Disability politics and care: The challenge of direct funding. *UBC Press*.

3 Rubery, J., & Urwin, P. (2011). Bringing the employer back in: Why social care needs a standard employment relationship. *Human Resource Management Journal*, 21(2), 122-137.

4 Klostermann, J., Funk, L., Symonds-Brown, H., Cherba, M., Ceci, C., Armstrong, P., & Pols, J. (2022). The problems with care: A feminist scholar retrospective. *Societies*, 12(2), 52. https://doi.org/10.3390/soc12020052.

5 Grant, K. R. (2004). Caring for/caring about: Women, home care, and unpaid caregiving. *University of Toronto Press*.

6 Rubery, J., & Urwin, P. (2011). Bringing the employer back in: Why social care needs a standard employment relationship. *Human Resource Management Journal*, 21(2), 122-137.

7 Grimshaw, D., Cartwright, J., Keizer, A., & Rubery, J. (2019). Market exposure and the labour process: The contradictory dynamics in managing subcontracted services work. *Work, Employment & Society*, 33(1), 76-95. https://doi.org/10.1177/0950017018759206.

8 Folbre, N. (2006). Demanding quality: Worker/Consumer coalitions and 'highroad' strategies in the care sector. *Politics & Society*, 34(1), 11-32. https://doi.org/10.1177/0032329205284754.

9 Hande, M. J. & Nourpanah, S. (2022). Putting continuity in continuing care: Reimagining the role of immigration in the recruitment and retention of healthcare workers in Nova Scotia. *Canadian Centre for Policy Alternatives/ Centre Canadien de politiques alternatives*, 1-11. https://policyalternatives.ca/sites/default/files/uploads/publications/Nova%20Scotia%20Office/2022/01/Puttingcontinuityincontinuingcare.pdf.

challenges related to funding constraints and the undervaluing of feminized labour[10]. Improving the conditions of care work requires a critical, system-thinking analysis of the ways in which the delivery models shape work and employment in the sector and quality of care.

We are particularly interested in the ways that the sectors are structured, and the discussions on how the funding and delivery models of services relate to the workforce. This Summit builds on the following program of research to value work in the community-based care sector:

- We conducted an international review of 'social' care systems, narrowing in on a purposive sample of jurisdictions and focusing on the 'community' care sector, rather than medicalized models of care for older adults. Underpinning this review was the need to consider the relevance and applicability to **New Brunswick, Canada** and understanding the ways in which work can be better valued vis-à-vis the structure of the NB care sector.
- We undertook a review of recent academic, public policy, industry, and other relevant reports on the social and community-based care sectors in the following jurisdictions: the **UK**, focusing on **Scotland** and **England**, **Australia, New Zealand** and a selection of Canadian provinces**, British Columbia, Manitoba and New Brunswick** with the support for a SSHRC Partnership Engage Grant, in partnership with the New Brunswick Coalition for Pay Equity. The comparator countries have similar outsourced, marketized structure to the care sectors. While the jurisdictions have adopted different approaches to these considerations, we have selected a range of countries and provinces engaging in debates relevant and of particular interest to policymakers, Governments, sector employers and employee representatives and sector stakeholders in New Brunswick.
- We conducted semi-structured interviews in New Brunswick with stakeholders from the sector about the structure of the procurement process and contracting models for the sector (e.g. per bed, per diem, per year funding models) with the support of a Mount Allison University President's Research and Creative Activities Grant and in collaboration with Dr. Brent White (professor of accounting, Mount Allison University).
- Based on feedback from sector stakeholders, Sara-Ann Strong (Research Associate) has undertaken a purposive review of Canada's bilateral agreements in early childhood education with the objective of consider the relevance and applicability to **New Brunswick, Canada** as an independent study at Mount Allison University (supervisor: R. Pascoe-Deslauriers.
- Under the direction and guidance of a Steering Group made up of representatives from stakeholder groups in the community-based care sector, we have developed this Summit in partnership with the New Brunswick Coalition for Pay Equity and supported by a SSHRC Connections Grant to bring together a wide range of stakeholders and share the expertise of lived experience of those involved in the sector.

10 Folbre, N. (2006). Demanding quality: Worker/Consumer coalitions and 'highroad' strategies in the care sector. *Politics & Society*, 34(1), 11-32. https://doi.org/10.1177/0032329205284754.

This workbook is organized into three parts. We pose questions to encourage discussion and reflection on the features of the system for delivering care and how these features shape the sector's working conditions.

Part I aims to provide a **'layered' perspective of the community-based care sector** and the challenges arising from the structures of the system. The structures of the system presents challenges for designing and maintaining job quality for those working in community-based care. We present three topics: an overview of care work from the individual, organizational and state perspective; the structure of the procurement system; and efforts to professionalize and recognize the skills of the workforce.

Part II explores the idea of **collaboration across branches of provincial responsibilities** and service providing organization. We explore the fragmented landscape of delivering community-based care in New Brunswick and in our international comparators. We have focused on the continuum of care and competition across care provision, where the system incentivizes individuals to improve their own employment conditions by moving across the subsectors rather than improving job quality for all.

Part III focuses on **learning from elsewhere and the interactions between federal and provincial jurisdictions**. Although learning from elsewhere is embedded across all of our work, this sector explicitly considers recent developments in other Canadian care sectors that may be relevant for the community-based care sectors. In this section, we explore themes related to care standards, legislation and the bilateral federal-provincial transfers.

We invite you to join us in considering this material and the reflection questions as you share your perspective on the delivery of care in New Brunswick and the implications for valuing work in the care sectors.

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Part I: A layered view of care work

Part I aims to provide a 'layered' perspective of the community-based care sector and the challenges arising from the structures of the system. The structures of the system present challenges to designing and maintaining job quality for those working in community-based care.

In this first section, we provide an overview of how we understand care work to be structured in the sector. Next, we will 'zoom in' on features of the system and initiatives that we have identified as shaping job quality in the sector based on our research in the community-based care sector in New Brunswick, in Canada, and in other comparable jurisdictions such as Scotland, England, Australia, and New Zealand. to explore how it shapes the sector.

About work in the sector

In the National Standards for Long-term Care, care is defined as "relational and founded in relationships that emphasize and embrace the unique experiences, values, perspectives, and personhood of both the resident and the provider"[11]. Care work can include work in education, childcare, health settings, social work and other contexts[12].

Our research focuses on paid care services for adults, notably seniors and adults who may need additional assistance to support daily activities. Although, we acknowledge the breadth of community-based care services, for our research purposes, we have limited our scope to focus on specifically on the following three services: home support services, community residences, and special care homes. With **New Brunswick** in mind, we have considered commonalities in the sector from across **Canada** and comparator countries, including **Scotland**, **England**, **Australia** and **New Zealand**.

Paid care work:

- Paid care work loosely fits under the umbrella of human services and tends to have a strong personal and emotional dimension to the work. It tends to be provided face-to-face and on a first name basis, and often includes care for dependent or vulnerable people [13].
- Women represent a significant proportion of the workforce providing care to seniors in G20 countries, representing more than 90 per cent of the workforce[14]. In Canada, roughly 34 per cent of the workforce are born outside of Canada, highlighting the policy reliance on an immigrant workforce to deliver care services[15]. As for New Brunswick, the community-based care workforce counts over 10,000 workers[16].
- The delivery of paid care services is inextricably linked and dependent on the often invisible, unpaid care labour of family and friends. Unpaid care

11 Health Standards Organization. (2023). National long-term care standards, p. XIII. Health Standards Organization. https://store.healthstandards.org/products/long-term-care-services-can-hso21001-2023-e.

12 Camilletti, E., & Nesbitt-Ahmed, Z. (2022). COVID-19 and a "crisis of care": A feminist analysis of public policy responses to paid and unpaid care and domestic work. *International Labour Review*, 161(2), 195-218. https://doi.org/10.1111/ilr.12354.

13 Folbre, N. (2006). Demanding quality: Worker/Consumer coalitions and 'high road' strategies in the care sector. *Politics & Society*, 34 (1), 11–32, https://doi.org/10.1177/0032329205284754.

14 ILO & OECD. (2019) New job opportunities in an ageing society: Paper prepared for the 1st meeting of the G20 Employment Working Group. ILO & OECD. https://www.ilo.org/wcmsp5/groups/public/---dgreports/---cabinet/documents/publication/wcms_713372.pdf.

15 Ibid.

16 The New Brunswick Coalition for Pay Equity. (2016, July). Needs assessment report for the Improving the economic prosperity of women in the care-giving field project. New Brunswick Coalition for Pay Equity. https://equite-equity.com/sites/default/files/2020-06/NB14281%20-%20Needs%20Assessment.pdf.

labour provides for the needs left unmet by paid service provision and it is disproportionately taken up by women[17].

Jobs and employment in the sector:

- The jobs performed by those in paid community-based care services vary. Work may take place in service users' homes or in residential facilities. Tasks can span from light housekeeping duties, cleaning, bathing and dressing, moving and handling to more medical tasks including administering medications and changing catheters.
- The jobs are increasingly complex due to varied individualized needs as more people are choosing to stay in their homes as they age, with increased co-morbidities and mental health needs[18].
- Despite the complexities of work, qualification requirements are generally lower than other parts of medical services and earning are consistently lower across OECD countries than comparable work in healthcare settings[19]. While many jurisdictions had efforts underway to recognize and accredit the skills of the community-based care workforce, there is often a tension between requirements to train/certify and the expectation that workers will undertake this during their own time, unpaid.
- Working time is often part-time and uses non-standard hours, in part to respond to peaks in demand for user care, such as in the morning and evening. Working time may also involve long hours and required overtime arrangements to meet demand and staffing ratios.
- The work has a high risk of physical and emotional strain[20].

Organizations providing care:

The organizations providing care services to seniors and people needing additional assistance to support daily living activities are diverse. Service providing organizations tend to:

- **Vary in size:** Some are very small whereas others may be large organizations that operate in multiple communities and jurisdictions.
- **Vary in business models:** They may be entirely funded through public funding and contracts with a single funder, with multiple funders, or may offer private and non-subsidized services.
- May be for-profit, non-profit or charitable organizations, with different governance structures and public accountability requirements (e.g., boards of directors or private owners).
- Many have quite flat organizational structures, with most of their staff in frontline care positions[21].

17 Luxton, M. & Corman, J. S. (2007). Households, social reproduction and the changing dynamics of unpaid household and caregiving work. In V. Shalla, & W. Clement (Eds.), *Work in Tumultuous Times: Critical Perspectives*, (pp. 262–288). *McGill-Queen's UP*.

18 ILO & OECD. (2019). New job opportunities in an ageing society: Paper prepared for the 1st meeting of the G20 Employment Working Group. ILO & OECD. https://www.ilo.org/wcmsp5/groups/public/---dgreports/---cabinet/documents/publication/wcms_713372.pdf.

19 Ibid.

20 Ibid.

21 Feeley, D. (2021). Adult social care: Independent review. Scottish Government. https://www.gov.scot/publications/independent-review-adult-social-care-scotland/.

- There are persistent and longstanding challenges of people management, including challenges to recruit and retain staff[22].

The Sector and the Role of Government

- Access to care varies across countries and is uneven within countries as parts of the care sector are part of universal health-care systems and other elements are not. In high income countries, care may be partly funded by the state and/or by personal expenditure. This is in addition to unpaid care services of family members[23] to fill in the gaps of service. As demand for services increases, relative funding across OECD countries has not kept pace and instead many have reduced the generosity of coverage and eligibility of services[24].

- Average expenditure for long-term care in OECD countries is around 1.5 per cent of GDP, with more than half of spending in long term care occurring in nursing homes despite expansions in community-based care services, such as home care[25].

- The Government and public sector play multiple roles in the administration, oversight and funding of the care sector – regulating, licensing and overseeing service providers, assessing service users, and funding service provision. The responsibilities associated with these requirements may create conflicts of interest as tensions arise between roles[26]. The responsibilities may require different accountability structures.

Questions to consider:

How are the organizations and in turn, the jobs in the sector shaped by the actions and role of government in the design of the care system?

How can we better recognize the related and interconnected features of the system and the impacts for how care services are delivered?

Does the current design of the system shape and create the kinds of jobs that enable careers and quality working lives, and which support the delivery of the kinds of care that we want from out our system?

22 BC Care Providers Association. (2018). The perfect storm: A health human resources crisis in seniors care - final report on the 2018 BC Continuing Care Collaboration. BC Care Providers Association. https://bccare.ca/wp-content/uploads/2018/04/The-Perfect-Storm_BCC3-2018-Report-FINAL.pdf.

23 ILO & OECD. (2019). New job opportunities in an ageing society: Paper prepared for the 1st meeting of the G20 Employment Working Group. ILO & OECD. https://www.ilo.org/wcmsp5/groups/public/---dgreports/---cabinet/documents/publication/wcms_713372.pdf.

24 Ibid.

25 OECD. (2021). Health for the people, by the people: Building people-centred health systems. *OECD Health Policy Studies. https://doi.org/10.1787/c259e79a-en.*

26 Banerjee, A., McGregor, M., Ponder, S., & Longhurst, A. "Long-Term Care Facility Workers' Perceptions of the Impact of Subcontracting on Their Conditions of Work and the Quality of Care: A Qualitative Study in British Columbia, Canada," *Canadian Journal on Aging / La Revue Canadienne Du Vieillissement*, 41(2), 264–272. https://doi.org/10.1017/S071498082100012X.

Procurement and Financial Accountability: Workforce Considerations

This handout explores the contractual and financial accountability mechanisms related to how the community-based care sector is funded and structured through its procurement arrangements.

In comparable jurisdictions like Canadian provinces, the **UK**, **New Zealand** and **Australia**, paid care services to seniors, persons with disabilities, and people needing additional assistance to support daily living activities may be partly or fully subsidized by the state. These services are provided through mainly non-profit, charitable or private organizations, although some public sector organizations deliver services in some jurisdictions.

- Outsourced services delivered through time and task contracting strain the employment relationship and the quality of care delivered. Routinized, task-based contract models shape employment and care conditions. These models foster insufficient time to care for service users – even less time to respond to service users' emergent needs - and make it difficult to "treat residents as human beings"[27]. This model allocates funding and resource for the intensive periods of work but does not recognize the additional work that supports but is outside the delivery of intensive, time and task-based care[28].

- While time and task-based contracting is observed in other countries, there are increasingly policy debates and legislation to consider the conditions within the outsourced employment relationship.

New Brunswick: Regulations about the quality of the services provided across community-based care programs are covered in the *Family Services Act* (1980) (Government of New Brunswick, 2021a), *Healthy Aging and Long-Term Care Act* (2018), and Home Support Standards.

There is little to no stipulations regarding terms and conditions of work beyond minimum age of workers and criminal record checks[29][30].

In comparator countries, there is increasing recognition of the need to consider the impacts of outsourced public contracts and outsourced services on communities, the environment and those providing them beyond lowest cost.

In the **UK**, there are varying approaches between countries.

Wales: The Welsh 2017 Code of Practice on Ethical Employment in Supply Chains encourages all public private and third sector organizations receiving public funds to sign up to a voluntary code of practice that consists of 12 commitments meant to promote ethical employment and eliminate worker exploitation and modern slavery[31]

England: Some regional governments have made commitments to paying outsourced staff the living wage in public contracts.[32]

27 Ibid.

28 Campbell, I. (2017). Working-time flexibility: Diversification and the rise of fragmented time systems. In D. Grimshaw, C. Fagan, G. Hebson, & I. Tavora (Eds.), *Making work more equal : A new labour market segmentation approach* (pp. 108–125). Manchester University Press.

29 Department of Social Development – Government of New Brunswick. (2011). Home support standards. Personal communication.

30 Government of New Brunswick. (2021). Family services act (1980). https://canlii.ca/t/54x6c .

31 Hudson, B. (2019). The privatisation of adult social care in England: Effects on the workforce. *Sociologia del Lavoro*, 155(3), 120-136. http://digital.casalini.it/10.3280/SL2019-155006.

32 Hudson, B. (2018). Commissioning for change: A new model for commissioning adult social care in England. *Critical Social Policy*, 39 (3), 413-433. https://doi.org/10.1177/0261018318818960.

Scotland: *The Scottish Procurement Reform (Scotland) Act 2014* mandates that all public bodies have a procurement plan that integrates working conditions, such as the living wage, into their contracts[33]. Following an Independent Review and an evaluation by the Fair Work Convention, Scotland recently committed to ethical commissioning and fair work in community-based care services for adults[34,35,36]. As a result, legislation for a nationalized care system that adheres to ethical commissioning principles is currently being developed[37].

New Zealand: The government has recently proposed a procurement model that considers the sustainability of quality service provision and that demands transparency on funding models in care related sectors. All stakeholders—government, employers, workers, and service users—are now involved in discussions on new ways to fund broader social care, including community-based care services[38].

Sustainable commissioning strives to create and implement **"a set of funding approaches and costing approaches centred on the needs and aspirations of [service users] and that recognise the true cost of service provision and the value of the work that social sector staff are undertaking"**[39].

Pause and Reflect: These approaches increasingly recognize that increases to wages are essential in covering the true cost of care, however they also recognize a need to consider more than just wage increases to recognize the full cost of providing care. These debates seem to seek greater mutual accountability between those in the sector – operators, workers, service users and government.

Questions to consider:

To what extent can and should public funds consider the impacts on the individuals working under those contracts and the communities in which these contracted services are delivered?

To what extent can the New Brunswick approach to service requisitions consider the true costs of delivering care within sustainable organizations, while creating sustainable employment opportunities?

33 Smallbone, D., Kitching, J., Blackburn, R., & Mosavi, S. (2015). Anchor institutions and small firms in the UK: A review of the literature on anchor institutions and their role in developing management and learning skills in small firms. *UK Commission for Employment and Skills*. https://www.researchgate.net/publication/273893815.

34 Fair Work Convention. (2019). Fair work in Scotland's social care sector 2019. Fair Work Convention. https://www.fairworkconvention.scot/our-report-on-fair-work-in-social-care/.

35 Feeley, D. (2021). Adult social care: Independent review. Scottish Government. https://www.gov.scot/publications/independent-review-adult-social-care-scotland/.

36 Ibid.

37 Scottish Procurement and Property Directorate. (2021). Preparing to transition towards a national care service for Scotland: SPPN 7/2021. Scottish Government. https://www.gov.scot/publications/preparing-to-transition-towards-a-national-care-service-for-scotland-sppn-7-2021/.

38 Ministry of Social Development - Government of New Zealand. (2022). Social sector commissioning update 2022. https://www.msd.govt.nz/documents/about-msd-and-our-work/publications-resources/planning-strategy/social-sector-commissioning/social-sector-commissioning-update-2022.pdf.

39 Ibid. See page 16.

Skills and Workforce Accreditation

This handout explores initiatives to recognize and value the skills and qualifications of the workforce in the process of valuing care work. The objective of accreditation in the community-based care sector is two-fold:

- To recognize the knowledge and skills of the workforce and;
- To set a standard for the quality of the care received by the service user as part of broader efforts to professionalize the sector.

Across OECD countries, community-based care is largely delivered by workers with no formal or recognized training or qualifications[40]. Discussions of professionalization of the sector is prevalent across comparable jurisdictions. Initiatives related to credentials, certification, and worker registries are examples of measures introduced to address varying quality of care and workforce recruitment and retention. There is an implicit expectation that increasing the formalization of qualifications and skills will lead to increases in wages[41,42].

Sector stakeholders in **New Brunswick** have long been engaged in efforts to professionalize the sector, culminating recently in the voluntary certification for two designated occupations in New Brunswick: Human Service Councillors and Personal Support Workers[43,44].

It is a voluntary process with no mandatory registry in the province for workers. As a recent recruitment effort, the Government of New Brunswick has waived up to a 100% of tuition costs for students in community-based care programs[45]. There is seemingly no standard curriculum across the program providers - leaving it to an independent body to assess and determine if the training meets industry standards[46]. To date, there has not been a wage increase associated with certification.

Internationally:

Scotland: Community-based care workers must be registered with the Scottish Social Services Council[47] must submit proof of their credentials and/or qualifications within the first six months of their registration. Credentials and qualifications range within levels determined by the Scottish Credit and Qualifications Framework. Application fees and annual fees apply. Registered workers must abide by the Council's Code of Practice and must complete a set number of hours each year for further professional development[48].

New Zealand: The pay equity settlement in 2017 stipulated wage increases and support for professional development[49]. Professional registration is not, however, mandatory. It remains unclear if the time

40 OECD. (2021). Caregiving in Crisis: Gender inequality in paid and unpaid work during COVID-19 [OECD Policy Responses to Coronavirus (COVID-19)]. Organisation for Economic Co-operation and Development. https://www.oecd.org/coronavirus/policy-responses/caregiving-in-crisis-gender-inequality-in-paid-and-unpaid-work-during-covid-19-3555d164/.

41 CIPD. (2017). Human capital theory: Assessing the evidence for the value and importance of people to organisational success [Technical report]. Chartered Institute of Personnel and Development. https://www.cipd.co.uk/Images/human-capital-theory-assessing-the-evidence_tcm18-22292.pdf.

42 Becker, G. (1994). Human capital: Theoretical and empirical analysis with special reference to education (3rd rev. ed.). *University of Chicago Press*.

43 Caissie, M., & Human Services Coalition of New Brunswick. (2022). Strategies for the recruitment and retention of qualified personal support workers and human service counsellors in the province of New Brunswick: Workforce Adjustment Committee report.

44 Get Certified NB. (2021). Get Certified NB. https://getcertifiednb.ca/.

45 Government of New Brunswick. (2021). Full tuition costs to be covered for personal support workers and human services counsellors. https://www2.gnb.ca/content/gnb/en/news/news_release.2021.08.0577.html

46 Get Certified NB. (2021). Get Certified NB. https://getcertifiednb.ca/

47 Scottish Social Services Council. (2019). Support worker in a care at home service. Scottish Social Services Council. https://www.sssc.uk.com/knowledgebase/article/KA-02529/en-us

48 Ibid.

49 Douglas, J. & Ravenswood, K. (2019). The Value of Care: Understanding the impact of the 2017 Pay Equity Settlement on the residential aged care, home and community care and disability support sectors. *New Zealand Work Research Institute*. http://156.62.60.45/bitstream/handle/10292/12391/Pay%20Equity%20Report_Digital_final.pdf?sequence=2&isAllowed=y .

workers spend on doing trainings or classes for the purposes of professional development are compensated. An unintended consequence of the settlement is that workers' credentials and/or qualifications are not easily portable; workers' skills may not be recognized across different employers[50].

England: There is a variety of training providers recognized by Skills for Care, England's workforce development body for the sector[51,52].While multiple providers can increase accessibility, there is no standardized curriculum which is a concern for the sector[53]. This has implications for the portability of workers' credentials and/or qualifications - too often workers' skills are not recognized[54].

Australia: Community-based care is recognized within the country's qualifications framework; however, there is no obligation for workers in the sector to have qualifications assessed[55]. Even when workers are qualified, national inquiries have noted that the training is not standardized[56].

There are common concerns and challenges arising from professionalization efforts. **The consistency and portability of training qualifications is a recurrent concern.**

While the strictness of the registration varies, as in New Brunswick for those already working in the sector, the workforce bears indirect costs, in particular, the time costs (often unpaid time away from work or during their own unpaid time) in order to have workers' existing skills recognized. Measures to cover the costs of training are often promoted to new entrants which is in contrast with the ambiguity on who covers the direct costs of professional development for the existing workforce. These direct and indirect costs are significant for a low wage workforce, particularly where there is no direct increase in remuneration associated with the registration or accreditation in any of the identified jurisdictions.

Questions to consider:

There is consistent international interest in accrediting the workforce from sector stakeholders. To what extent can the workforce – particularly the existing workforce – be better supported to engage in professional development and accreditation initiatives by alleviating the direct and indirect costs as retention measures, not just recruitment measures for new entrants?

If recognized skills and qualifications are seen as central to improving quality of care by government funders, how can the government funders ensure that the workforce are remunerated for their qualifications at work?

50 Ibid.

51 Skills for Care. (2022). Qualifications. https://www.skillsforcare.org.uk/Developing-your-workforce/Qualifications/Qualifications.aspx

52 Health Education England. (2022). Care Certificate. https://www.hee.nhs.uk/our-work/care-certificate

53 Baroness Cavendish. (2022). Social Care: Independent Report by Baroness Cavendish. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1059888/social-care-reform-Baroness-Cavendish-report.pdf

54 Ibid.

55 Leahy, M. (2022). Person-centred qualifications: vocational education and training for the aged care and disability services sectors in Australia. *Journal of Education and Work*, 35(2), 181-194. 10.1080/13639080.2021.2018409.

56 Ibid.

Part II: Collaborations Across the Province

This section of the workbook sets out to better understand how different branches of provincial government, services and programs interact in the delivery of the community-based care sector. In order to explore the complex web of actors and their respective roles in the sector, this section uses the language of care continuum, holistic care, and integration to understand the collaborative, intersecting and overlapping efforts across care sectors, including interactions with medicalized forms of care.

The Continuum of Care at the Provincial Level

Discussions of integrating care, or similarly of offering holistic, person-centred care, have gained traction in New Brunswick over the past decade[57]. These initiatives recognize, based on research[58], that services rendered in collaboration across acute, primary, and community-based care sectors offer better quality care for care recipients. Fragmentation across care sectors can foster unproductive competition for a small, overworked, and underpaid workforce between care services[59] and may not deliver 'the right care, at the right time, in the right place'.

A mixed market model of care provision

Paid care work is not like other commodities that you buy and sell in the market. Supply and demand pressures are different: the price for care services cannot go up as demand increases without social and economic consequences[60].

Neoclassical economic assumptions of supply and demand would assume that increasing prices allows for increases in wages to create more service provision by attracting labour to the sector[61]. Instead, the price of care is tied to the going rate provided by the State to outsourced service providing organization.

In **New Brunswick**, service providing organizations in community-based care (non-medicalized) can charge users more than the subsidized rate, however high prices lock out users and their families from being able to access paid care services[62], relying instead on the unpaid care labour of family and friends, particularly women [63].

In some service providing organizations, publicly subsidized care services may be internally cross-subsidized by other revenue streams – for example, fees from private users with fewer medical needs may cover shortfalls in the cost of care for publicly subsidized higher-needs users. This, however, can create inherent inequities in the market between the service providers delivering care between providers offering partly or predominantly

57 Government of New Brunswick – Department of Social Development. (2015). Home first. https://www2.gnb.ca/content/dam/gnb/Departments/sd-ds/pdf/HomeFirst.pdf.

58 Berglung, H., Hasson, H., Kjellgren, K., & Wilhelmson, K. (2015). Effects of a continuum of care intervention on frail older persons' life satisfaction: A randomized controlled study. *Journal of Clinical Nursing*, 24(7-8),1079-1090. 10.1111/jocn.12699.

59 Kelly, C., Hande, M.J., Dansereau, L., Aubrecht, K., Martin-Matthews, A., & Williams, A. (2021). Doing 'whatever they can imagine': Social task shifting in directly funded home care. *International Journal of Care and Caring*, 5(3), 393-413. 10.1332/239788220X15984633282891.

60 The Care Collective. (2020). The care manifesto: The politics of interdependence. *Verso*.

61 Folbre, N. (2006). Demanding quality: Worker/Consumer coalitions and 'highroad' strategies in the care sector. *Politics & Society*, 34(1), 11-32. https://doi.org/10.1177/0032329205284754"

62 See Prentice, S. (2019). Childcare: Working in Early Childhood Education and Care in Canada. In *Working Women in Canada: An Intersectional Approach*, ed. L. Nichols (Ed), (pp.157-176). *Canadian Scholars' Press Inc.*

63 Luxton, M. & Corman, J. S. (2007). Households, social reproduction and the changing dynamics of unpaid household and caregiving work. In V. Shalla, & W. Clement (Eds.), *Work in Tumultuous Times: Critical Perspectives*, (pp. 262–288). *McGill-Queen's UP."*

private care and those providers providing entirely publicly funded care. It may also create disincentives for providers to offer services to all who need care, instead prioritizing those with lower cost care needs or financially optimal needs relative to funding ratios (for example, a person assessed at a high level of care but with fewer complex needs).

Pause and Reflect: Relying on unpaid care provision to substitute for paid care provision can undermine the quality of care for users and have broader economic impacts for society as unpaid carers who may leave other paid work to provide unpaid family care.

Investment in the care sector with sustainable employment can have direct social and economic returns on government investment[64] in ways comparable to the returns from providing affordable childcare access.

Question to consider: *In the absence of legislative duties of care for adults and strong standards, does this model of fee-for-service care create an uneven playing field for those receiving care[65] and those providing care?*

Competition across health-social care continuum

The community-based care sector operates adjacent to, while overlapping and intersecting with, the medical care system and the universal/single-payer health care systems. Relative to medical care, social care is comparatively under-resourced and is deemed 'not medically necessary' under the Canada Health Act, even where services may be socially necessary[66] [67].

Purchasing care through a mixed market model that includes partly or wholly publicly funded, outsourced provision, where terms and conditions of employment and pay vary significantly from the direct public sector, creates an uneven labour market in which employers compete for labour against comparable, fully private, and fully public sectors. Across the comparable countries, there is competition for workers between different parts of the health, long-term and community-based care sectors, which exacerbates challenges of recruitment and retention in community-based care.

The known **lack of pay and conditions parity between different care and health subsectors with comparable work** – e.g. between hospital attendants, nursing home attendants and attendants in community residences – creates further disincentives for improving job quality in the community-based care sector. Individuals improve their own situation not through accreditation, retentions and labour organizing, but by moving jobs.

64 A. Sultana and C. Ravanera, "A Feminist Economic Recovery Plan for Canada: Making the Economy Work for Everyone. The Institute for Gender and the Economy (GATE) and YWCA Canada," 2020.

65 Association francophone des aînés du Nouveau-Brunswick, "New Brunswick's Elders: Neglected and Forgotten" (Dieppe, N.B: Association francophone des aînés du Nouveau-Brunswick, June 2022).

66 Kelly, C., Hande, M.J., Dansereau, L., Aubrecht, K., Martin-Matthews, A., & Williams, A. (2021). Doing 'whatever they can imagine': Social task shifting in directly funded home care. International Journal of Care and Caring, 5(3), 393-413.

67 Allin, S., Marchildon, G., & Peckham, A. (2020). The canadian health care system. In International profiles of health care systems, (pp. 27-37). The Commonwealth Fund. https://www.commonwealthfund.org/sites/default/files/2020-12/International_Profiles_of_Health_Care_Systems_Dec2020.pdf.

While some of these services are part of the direct public sector, but all are wholly or partly publicly funded.

Pressures on the health care system, coupled by intensive incentivized recruitment schemes to work in health, may further undermine initiatives to value work in community-based care.

Pause and Reflect: *Individual care workers make gains to their terms and conditions and pay by changing jobs and leaving the sector, rather than through improvements to job quality, skills development, tenure and experience, or collective bargaining.* ***Job quality is treated as 'a zero sum game', where individuals move out of bad jobs rather than making bad jobs better***[68].

The integration between services with related occupations may promote stronger **sectoral equity, fairness in remuneration, benefits and terms and conditions of employment, pay equity** and **career progression** across the continuum of social to medical care.

Integration may also promote **greater worker autonomy** and **voice** in the delivery of services as service providers deliver care to users in a more "joined-up" manner to provide the right care at the right time.

Even where integration is part of the broader policy discourse, community-based care may continue to be under-resourced without fundamental changes to the system that enable better terms and conditions of employment in the sector.

Question to consider: *To what extent can greater integration support a care system that provides equitable value across the care subsectors in ways which are fair, accountable, and transparent, and which fosters collaboration and cooperation to deliver better jobs and better care?*

Purchasing care

Purchasing a care service for a fixed price, either per hour of care or per interaction based on a level of care appears to create disincentives for service providers and for individual paid care workers to improve job quality and pay.

Contracting for care on a time-based or task-based contract models shape employment and care conditions. Many have argued that these leave **insufficient time to care and make it difficult to "treat [care recipients] as human beings"[69].**

The funding model of pay-per-service at different levels of care does not recognize the skill level or experience of the worker providing the care. The service has the same contract value whether it is provided by a person with significant experience and training or someone with a more junior skillset. In paying for the service level and not the quality of the care, there is little incentive to adequately compensate and therefore to advance in skills development. It creates challenges for workforce retention as the differentiated skillsets are not recognized.

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68 Osterman, P. (2012). Job quality in the US: The myths that block action. In C. Warhurst, F. Carré, P. Findlay., & C. Tilly (Eds.), *Are Bad Jobs Inevitable? Trends, Determinants and Responses to Job Quality in the Twenty-First Century. Critical Perspectives on Work and Employment*, (pp. 45–60). *Palgrave MacMillan*.

69 Banerjee, A., McGregor, M., Ponder, S., & Longhurst, A. (2021). Long-term care facility workers' perceptions of the impact of subcontracting on their conditions of work and the quality of care: A qualitative study in British Columbia. *Canadian Journal on Aging/La Revue canadienne du vieillissement*. https://doi.org/10.1017/S071498082100012X."

Question to consider: *Does a fixed rate create disincentives for paid care workers to progress in their career and further develop their skills beyond their own intrinsic motivation to provide better care?*

Where the rate for care cannot recognize the knowledge, skills, and contributions of someone with more skills and experiences, what incentives exist for individuals to advance their careers.

In **New Zealand**, a central finding of a review following the pay equity settlement in care found that many experienced care workers were being remunerated at a higher rate but had their hours reduced, thus 're-devaluing' their work[70].

In **British Colombia**, contracts include funds to cover not only the employers' costs for employment, but also access to employer contributions to a benefits program[71].

Question to consider: *To what extent does a pay-for-service model create conditions where employers can and are motivated to create careers for care workers over jobs with few benefits?*

70 Douglas, J. & Ravenswood, K. (2019). The value of care: Understanding the impact of the 2017 pay equity settlement on the residential aged care, home and community care and disability support sectors. *New Zealand Work Research Institute*. https://workresearch.aut.ac.nz/__data/assets/pdf_file/0003/350553/Pay-Equity-Report_Digital_final.pdf..

71 Joint Community Benefits Trust, "About JCBT: General Information," 2021, https://www.jcbt.ca/about-jcbt/.

Part III: Learning from Elsewhere

In this final section, we consider the interactions between provincial and federal jurisdictions, legislative requirements and constraints, as well as recent initiatives in care standards and bilateral federal-provincial negotiations and the implications for valuing work in the community-based care sectors.

Exploring the Legislative Framework and Accountability Structures

This section focuses on the current legislative framework that governs the funding of community-based care services. We explore the interactions between legislative responsibilities related to constituents who require assistance in daily living activities, and governmental responses to long-standing concerns in the sector.

In **Canada**, health care services are governed under the *Canada Health Act (1984)*. The act sets out that the Federal Government will be the co-financer of health in each province and territory. In exchange, provinces and territories must provide publicly administered coverage that is **comprehensive**, **portable** between provinces, **accessible** and **universal** – in other words, equitably provided across regions [72].

The Canada Social Transfer is a $14-billion-yearly transfer intended for social services, social assistance, child-care, early childhood and post-secondary education. For 2023-2024, the province of New Brunswick is set to receive $345 million of Federal monies from the Canada Social Transfer[73].

The Canada Social Transfer currently lacks the mechanisms to direct and monitor how funds are spent and corresponding reporting and accountability mechanisms, compared to the *Canada Health Act* [74]. While some have argued that there has been a weakening of the conditionality requirements under the *Canada Health Act*[75], there is no equivalent legislative accountability in social transfers or in duty of care to older adults associated with the Canada Social Transfer.

New Brunswick: the state has a responsibility – or a 'duty of care' for children and minors and, to a lesser extent, for adults with disabilities. Although the New Brunswick *Family Services Act* (1980) states that constituents requiring assistance are entitled to services for the purposes of personal development[76], services are 'means-tested' based on income thresholds.

Scotland: A broader duty of care for adults has been legislated by the Scottish Government. *The Community Care and Health (Scotland) Act 2002* sets that adults of any age, no matter their condition or income, who have been assessed by their local authority as needing this service, are

72 Allin, S., Marchildon, G., & Peckham, A. (2020). The canadian health care system. In International profiles of health care systems, (pp. 27-37). The Commonwealth Fund. https://www.commonwealthfund.org/sites/default/files/2020-12/International_Profiles_of_Health_Care_Systems_Dec2020.pdf.

73 Department of Finance. (2023). Major Federal Transfers. Government of Canada. https://www.canada.ca/en/department-finance/programs/federal-transfers/major-federal-transfers.html#NewBrunswick.

74 Guy, S. (2019, February 22). We need to start tracking the billions that go to social services. *Policy Options| Options Politiques*. https://policyoptions.irpp.org/magazines/february-2019/need-start-tracking-billions-go-social-services/#:~:text=People%20need%20to%20be%20aware,be%20used%20for%20social%20services.

75 Macdonald, D. (2023, February 15). No strings attached: Canada's health care deal lacks key conditions. The Monitor. Canadian centre for policy alternatives | Centre canadien de politiques alternatives. https://monitormag.ca/reports/no-strings-attached/?utm_source=CCPA+National+Newsletter&utm_campaign=af395bb8dd-EMAIL_CAMPAIGN_2022_01_07_02_51_COPY_01&utm_medium=email&utm_term=0_243d98559a-af395bb8dd-51874721&mc_cid=af395bb8dd&mc_eid=3df1157ff2#chapter5.

76 Government of New Brunswick. (2021). Family services act (1980). https://canlii.ca/t/54x6c .

entitled to receive this without charge[77]. This highlights the importance of explicitly recognizing access to care for adults of any age.

This is important for discussions on the quantity, quality and accessibility of care in ways which may be comparable to the universality requirement under the *Canada Health Act* and a means to ensure access and accountability.

Questions to consider:

Disability rights advocates and scholars, as well as international care worker unions have argued that society inadequately values those who are not 'contributing' members of the labour force. In the absence of valuing those being cared for, to what extent then do we systemically undervalue those who provide their care[78]?

Without legislative mechanisms to adequately recognize the need to care for older adults and adults with disabilities, to what extent can these services, and those providing these services, be supported, protected, prioritized and valued[79]?

Recent developments in the Canadian Landscape

The HSO National Long-term Care Standards were released in January 2023. The standards do not look to standardize care; that is, they do not propose rigid care plans that are the same for each service user. Instead, the standards offer a framework for a sustainable and effective long-term care system.

Central to HSO National Long-Term Care Standards is the explicit recognition of, and the need to balance, the fact that the care environment is both a home and a workplace. The standards acknowledge job quality on many fronts, implicitly and explicitly. For example:

- The framework underpinning the standard is the need to balance multiple forces such as that the care location is someone's home and others' workplace; that individual care recipients have rights and choices, but which may need to be balanced against the well-being and safety of others; and that the quality of care needs to be consistent and continuous, and individualized[80].
- Ensuring a "healthy and competent workforce"[81]
- Incentivizes full-time employment and teamwork between professionals with different skill sets,
- Ensures provision of equipment that supports workers,
- Promotes employee voice through surveys and other means, and implements policies and procedures for incidents of harm against employees.
- Providing governance and management to promote collaboration with stakeholders and key actors within

77 Scottish Government (2019, 28 March). "Free Personal and Nursing Care: Questions and Answers," Advice and guidance, Equality and Rights, Health and Social Care. Scottish Government. https://www.gov.scot/publications/free-personal-nursing-care-qa/ .

78 Global Labour Research Centre – York University. (2021, April 23). *Embodying care: Care work and COVID-19, presentation by Nicole Leach* [Video].Youtube. https://www.youtube.com/watch?v=hiEZQcMR8qs.

79 Banerjee, A., Armstrong, P., Daly, T., Armstrong, H., & Braedley, S. (2015). "Careworkers don't have a voice:" Epistemological violence in residential care for older people. Journal of Aging Studies, 33, 28-36. https://doi.org/10.1016/j.jaging.2015.02.005.

80 Health Standards Organization. (2023). National Long-term Care Standard. https://healthstandards.org/standard/long-term-care-services-can-hso21001-2023-e/.

81 Ibid. See page 38.

both provincial/territorial and federal governments. It also makes accountability and transparency key elements for sector sustainability[82].

The idea of a sustainable system, which considers the role of government in viability of arms-length and outsourced service provision, is seen in our international comparators. In both **Scotland** and **New Zealand**, initiatives are already underway to consider how services are commissioned and delivered, and the impact on working conditions.

In **New Zealand**, initiatives are focusing on the sustainability of the sector.

Scotland has a focus on ethical commissioning, both as measures to improve quality of care work and care provision.

Questions to consider:

Given the principles outlined in the standards and while also recognizing the pressures arising from outsourced models, to what extent can provinces require the implementation of the standards across care subsectors?

To what extent could licensing, inspection and procurement processes in New Brunswick include consideration for the sustainability and continuity of the service providing organizations?

Federal-Provincial funding in Health Care

In February 2023, the provinces and territories met as united front with the federal government to discuss a new federal health care agreement. Central to the provinces and territories' position was that the funding not be constrained by conditionality requirements. As they were successful in attaining unconditional funds,

- 58 per cent of the funds is set to be spent on Health, and
- 42 per cent will go where each province and territory see fit[83].

Pause and Reflect: At this stage, it is up to the political will of the province to utilize the entirety of the new money toward reforming the system. We cannot implement system-wide change without financial resources. However, financial resources without accountability and transparency, without the political will to change the status quo, will only lead to more of the same precarity for care.

Learning from the bilateral childcare deals

In 2021, the federal government announced spending of $30 billion over the next five years to expand the accessibility and affordability of early childhood education through negotiated bilateral agreements with each province and territory[84]. In these agreements or 'deals,' the

82 Ibid.

83 Macdonald, D. (2023, February 15). No strings attached: Canada's health care deal lacks key conditions. The Monitor. Canadian centre for policy alternatives | Centre canadien de politiques alternatives. https://monitormag.ca/reports/no-strings-attached/?utm_source=CCPA+National+Newsletter&utm_campaign=af395bb8dd-EMAIL_CAMPAIGN_2022_01_07_02_51_COPY_01&utm_medium=email&utm_term=0_243d98559a-af395bb8dd-51874721&mc_cid=af395bb8dd&mc_eid=3df1157ff2#chapter5.

84 Government of Canada. (2021). Chapter three: New opportunities for Canadians. In *Federal Budget 2021: A Recovery Plan for Jobs, Growth, and Resilience*, (pp. 95-123). Government of Canada. https://www.budget.canada.ca/2021/report-rapport/toc-tdm-en.html.

federal government proposes to increase its share of financing the sector so as to increase capacity in quality childcare services and reducing fees to $10 a day[85].

There are many parallel challenges between delivering high quality childcare and care for adults, mainly related to staffing shortages and historically undervalued wages[86]. Workforce strategies in the childcare and long-term care sectors across Canada have tended to focus heavily on recruitment; often via tuition support initiatives[87]. There has been less concrete action on measures to retain workers, such as benefits and voice mechanisms, even though working conditions are explicitly recognized as being the conditions of care services and the reason why employee turnover is high[88].

The childcare deals are explicitly an economic measure for working families.

The federal government's conditions in the multi-lateral framework, which are the basis of each provincial/territorial deal, is tied to the quality of the service[89]. It mainly recognizes workers' role in the quality outcome in terms of their education and certification. There is, however, a recognition that workers are central to delivering care, which has led to interesting workforce development measures across Canada.

Some provinces have sought to undertake job quality improvements alongside professionalization efforts.

Both **Nova Scotia** and **Manitoba** have set out initiatives to diminish administrative burden for service providing organizations. For example, in both provinces there is a proposal for home-based childcare providers to be brought together in an agency-based model to allow for greater continuity of service, reducing administrative burdens and introducing some economy of scale[90] [91].

Manitoba is looking to support its not-for-profit providers with their Basics of Effective Board of Governance training initiative[92].

Question to consider: *To what extent is a comparable network model with governance training applicable to community-based care provision, particularly for small and rural providers?*

Newfoundland and Labrador and **Manitoba** are currently taking steps to make a career out of caring for children. Here are some of their proposals,

Newfoundland and Labrador's Operating Grant Program already stipulates that childcare service providers pay their employees the minimum wage[93]. Under the new childcare deal,

85 Ibid.

86 Holfin, S. (2021). Canada's childcare workforce. Occasional paper series 35. Childcare Research unit. Childcare Canada, https://childcarecanada.org/publications/occasional-paper-series/21/11/canadas-child-care-workforce

87 Government of New Brunswick. (2021). Full tuition costs to be covered for personal support workers and human services counsellors. https://www2.gnb.ca/content/gnb/en/news/news_release.2021.08.0577.htm. See also: Government of New Brunswick. (2012). Early Childhood Educator Tuition Reimbursement Program. https://www2.gnb.ca/content/gnb/en/services/services_renderer.201275.Early_Childhood_Educator_Tuition_Reimbursement_Program.html.

88 Holfin, S. (2021). Canada's childcare workforce. Occasional paper series 35. Childcare Research Unit. *Childcare Canada*. https://childcarecanada.org/publications/occasional-paper-series/21/11/canadas-child-care-workforce

89 Government of Canada. (2021b). *Early Learning and Child Care Act*. https://www.parl.ca/DocumentViewer/en/44-1/bill/C-208/first-reading.

90 Government of Canada & Government of Nova Scotia. (2021). Annex 2: Nova Scotia's action plan for fiscal year 2021 to 2022 to fiscal year 2022 to 2023. Canada-Nova Scotia early learning and childcare agreement – 2021-2026. Government of Canada, https://www.canada.ca/en/early-learning-child-care-agreement/agreements-provinces-territories/nova-scotia-canada-wide-2021.html#h2.17.

91 Government of Canada & Government of Manitoba. (2021). Annex 2: Manitoba's fiscal year 2021 to 2022 through fiscal year 2022 to 2023 Canada-wide action plan. Canada-Manitoba early learning and childcare agreement – 2021-2026. Government of Canada, https://www.canada.ca/en/early-learning-child-care-agreement/agreements-provinces-territories/manitoba-canada-wide-2021.html#h4.09

92 Ibid.

93 Government of Canada & Government of Newfoundland and Labrador. (2021). Annex 2: Newfoundland and Labrador's action plan for fiscal year 2021 to 2022 through fiscal year 2022 to 2023. Canada-Newfoundland and Labrador early learning and childcare agreement – 2021-2026. Government of Canada, https://www.canada.ca/en/early-learning-child-care-agreement/agreements-provinces-territories/newfoundland-labrador-canada-wide-2021.html#h-an-2

Newfoundland and Labrador will be using Federal money to develop a wage grid for entry-level and higher levels employee wages and benefits. This wage grid will be determined by skills required, education required, standards of care and the complexities of care. It will also be informed by the living wage[94].

Manitoba's Child Care Qualifications and Training Committee has a similar mandate to formalize different levels of childcare workers, even though this work is focused on modernizing the training levels instead of creating a wage grid[95]. In terms of benefits, **Manitoba** will increase their pension contribution to public providers and to home-based childcare providers[96].

Question to consider: *Given the similarities in workforce challenges in delivering care, to what extent can we learn from the respective childcare deals for valuing work in community-based care in New Brunswick?*

The New Brunswick Coalition for Pay Equity conducted job evaluations in caregiving sectors, published in 2019 and 2020. They found positions in the community-based care sector were undervalued up to 10$ per hour[97].

Question to consider: *To what extent would an established job classification structure and wage grid, that considered pay equity with other care subsectors, value work in community-based care in New Brunswick?*

Our care workforce deserves real, sustainable employment with pay equity and pay parity, and opportunities for development and career progression.

94 Ibid.

95 Government of Canada & Government of Manitoba. (2021). Annex 2: Manitoba's fiscal year 2021 to 2022 through fiscal year 2022 to 2023 Canada-wide action plan. Canada-Manitoba early learning and childcare agreement – 2021-2026. Government of Canada, https://www.canada.ca/en/early-learning-child-care-agreement/agreements-provinces-territories/manitoba-canada-wide-2021.html#h4.09

96 Ibid.

97 Poirier, T., & Perron, J. (2021). The value of care: Pay equity in special care homes, ESSP agencies and family support agencies. New Brunswick Coalition for Pay Equity. https://equite-equity.com/sites/default/files/2021-05/2021-05-12%20The%20Value%20of%20Care%20-%20new%20services.pdf. Poirier, T. & Perron, J. (2021). The value of care: Pay equity maintenance in home care, transition houses, and community residences. New Brunswick Coalition for Pay Equity. https://equite-equity.com/sites/default/files/2021-04/2020-10%20The%20Value%20of%20Care.pdf

ABOUT THE AUTHORS

Dr. Rachelle Pascoe-Deslauriers is the Principal Investigator of the Valuing Work in Community and Social Care in New Brunswick Projects. She is Associate Professor of Management at Mount Allison University. She is an applied, feminist work and employment scholar with research and knowledge exchange interests related to job quality, the intersections of business strategy and employment practice, and comparative employment relations.

Dr. Riley Livingstone is Research Associate in the Valuing Work in Community and Social Care in New Brunswick Projects. She is an employment relations and public administration scholar interested in the solving of complex social policy problems through multi-stakeholder collaboration and interactive governance, particularly in the health and social care sectors.

Sara-Ann Strong is Research Associate in the Valuing Work in Community and Social Care in New Brunswick Projects. Sara-Ann has recently completed her Bachelor of Arts degree in English and Women's and Gender Studies at Mount Allison University. Her research interests lie at the intersection of feminized labour, transnational feminism, and social justice organizing and mobilization.

Dr. Brent White is Associate Professor of Accounting and Auditing at Mount Allison University. Prior to his full-time academic career, he worked first in public practice with a large international accounting firm where he earned his CA designation, before moving on to the Office of the Auditor General of NB. He worked in public sector audit for over 20 years, perhaps explaining his research interests in auditor general independence, accountability, and the history of legislative audit in Canada.