** Ep4: Care and “domestic” bias**

**INTRO**

**Kadie Ward (KW):**  Today I'm speaking with Katherine Scott. Katherine serves as the director for the Canadian Centre for Policy Alternatives, gender equality, and public policy work. She has worked in the community sector as a researcher, writer, and advocate for the past 20 years; writing on a range of issues from social policy to inequality, to funding for not-for-profits. And Katherine, your recent works, *A Bumpy Ride* and *Women, Work and Covid 19* - those two documents were actually of huge interest and value to our office. So, thank you very much for those. And thank you for joining me today.

**Katherine Scott (KS):** My pleasure.

**KW:** Throughout this series we've been talking about the hidden biases that exist in the labour market that especially impact women and especially impact the gender wage gap. And one of the hidden biases women face, we believe, in the labour market is the care economy bias – that is sort of what we are labelling it. The sort of bias being that women take on the care responsibility and by doing that there's a huge disservice from their participation in labour market and other equity issues. The Canadian Centre for Policy Alternatives has written about and advocated for investment in women's work in the care economy, and I know you have as well.

**KS:** Yes.

**KW:** Can you paint a picture of us for the sort of gendered nature of the care economy? I.e. things like the female share of employment in major care sectors, and what's the impact this has on wages across the sector?

**KS:** Absolutely. Thanks so much for the invitation. I'm very pleased to participate today and to talk about the care economy. I was noting just earlier, it's so topical, it's such a pressing public policy issue right now that impacts everyone all across Canada. And here in Ontario, of course, care workers are a very sizable group in our labour market. According to Census figures and the like, there are roughly 3 million people engaged in the paid care economy across the country. And that's nearly a fifth of the entire Canadian labour market. And I didn't run numbers for Ontario, but we know Ontario's roughly 38% so we can say, pretty knowledgeably, that over a million people in Ontario alone are working in the care economy in different occupations. And we know that overwhelmingly this is a group of workers who are dominated by female workers, 75% of all paid care workers are women, and in particular, they're overwhelmingly in lower paid care professions such as cleaning and housekeeping, and nurses aids and personal support workers and community workers in non-profit organisations across Ontario, largely are female. And we know as well that within these occupations, racialized women and other recent immigrants and so forth play an outsized role, particularly women from the Filipino and Black communities in healthcare sector. So, we have some pretty good information about who's employed in care occupations in Canada and Ontario. Largely women. Significant representation of racialized women and newcomers in these occupations. You asked as well about the pay, like what's on the pay question? And women, because of their representation in lower waged care work often therefore have lower average employment incomes than man do, even after taking things into account, such as level of education or the actual specific occupation. So, for instance, a female care worker will on average earn 80 cents on the dollar for her male counterpart, on average, and that's across the board basically in every care occupation or sector male care workers earn more than female care workers. For instance, among physicians - highly paid occupation - a female full-time physician will earn roughly in a specialty will earn, on average, 23% less than her male counterpart. But the gap is even larger actually among community care workers. So, like childcare, home, childcare workers, women will earn 40% less than their male equivalent. And we see as well, large pay gaps when you look at Indigenous women in these roles, right? Racialized women - even larger pay gaps. So yes, there is a significant gender pay gap in Canada's care economy that impacts millions of female workers.

**KW:** Thank you for sharing some of the statistics and painting that picture for us. I want to unpack that a bit in terms of the unpaid care work because in part the gender wage gap exists - and there's many, many dimensions to it - but one of them is a participation dimension, meaning women participate less, therefore they also earn less. Some of those numbers are, we know, we've done other research that demonstrate women are spending less time in the labour market

**KS:** The paid labour market –

**KW:** The paid labour market, yes, thank you,

**KS:** They spend more time in labour, but less time in the paid labour market.

**KW:** Yes. So, thank you, because the OECD, the Organisation for Economic Cooperation and Development, has estimated that the time spent on unpaid care work to be approximately 15% of GDP. So, I like that you've made the distinction there. And could be up to 27% when opportunity costs of workers doing unpaid care and domestic work at home were accounted for, right? So that's what we're talking about, this the sort of opportunity costs which translate to a larger gender wage gap. They also noted that women, and this is from a recent report, women create the majority of this economic value, this 15% GDP. How might this imbalance with women dominating unpaid care impact our perception of how we value the care economy?

**KS:** There's a large economic literature on this question, and you've probably reviewed it in your podcast around the importance of the gender division of care labour, unpaid labour and women's responsibilities for unpaid care and how that impacts our participation in the paid labour market, and as well their representation in care work that impacts the value we attach to their paid labour and in particular their paid care labour, which is undervalued in comparison to other occupations in the labour market. The whole question of unpaid care and work is hugely important. And this of course covers everything involved in physical reproduction, whether that's for care in the home, like whether that's cleaning and shopping and provisioning, doing the tasks of care for children or elders or those with disabilities and the like, but it also of course includes other dimensions: the mental and emotional labour that's involved in managing the household and figuring out how to stretch a budget to cover, to feed your children well, to secure good housing or services, or making all of those doctor's appointments, and so forth. There's a huge additional component to unpaid work that's not always acknowledged, and again, very gendered, it's women taking on these roles. And of course, these roles are fundamental not only to the operation of our families, they're fundamental to our family life, but they're fundamental to our economy and to our broader society. And they are often overlooked and undervalued, as you've said. In large part because they are seen as women's natural domain, as women's natural care labour. They're invisible. I guess I would say in terms of where we are and how important this question is certainly for the care economy, it's precisely the lack of recognition for women's work and women's care work. I think, or I would argue that's at the heart of much of the tension that we're experiencing right now in the care economy. We are reading stories, for instance, every day about the challenges in emergency departments or childcare services, home care, people are not able to access service, closing departments because they're not able to staff beds. And certainly, the pandemic has amplified all of these tensions, but part of the reason, there's a long history of that, history of underfunding, but one of the fundamental reasons is the refusal to adequately support the care economy through investment. And that's because there is the underlying assumption, as has always been the case, that families get on with it, they can be in a crisis. You can have a parent that desperately needs assistance or home care, but families can sort that out. They can muddle along, they can have those few hours, there will be someone in the background that's willing or able to step forward. There's an implicit assumption that women who are the real shock absorbers of this economy, let's not make any mistake about that, will step forward. And if you think about the crisis in the care economy right now, it is precisely that sort of unspoken assumption. It was true in the pandemic when all the schools were closed, and we saw women's employment drop like a stone. Women moved in to take those roles for a variety of reasons, but largely for one important reason: governments, depending on where you lived in the country, didn't step up and the assumption was that this was their natural purview, that women were there to do that. That has been like that, and I don't think much has changed. So, I think the idea is that there is this very profound way that unpaid work is tied to the paid care economy.

**KW:** So, I appreciate what you just mentioned in your previous answer, how you talked about how women are the shock absorbers in the economy and that is such a true, true statement. And we've also heard the Fraser, we've heard people talk about that, how the unpaid care work actually subsidises paid care work when public services are not available. So, women have to volunteer or family members step up for elder care, for childcare, all these things. And unpaid care work mostly remains invisible, unrecognised, and unaccounted for in both public policy and economics in the way that we measure GDP. But that also means it's not accounted for in decision making. And this imbalance, we argue, robs women of economic opportunities. So, what can we do to address the dominant view that women should do the care work, and then the undervalued paid care work, and the unpaid care work, right, there's both. So, how do we, how do we address that?

**KS:** Yeah, that's a great question. It's certainly something we've been struggling with for many long decades. It's interesting, there was a moment actually at the beginning of the pandemic when people thought this was going to be the moment - when schools closed, businesses closed, millions of people lost their jobs or hours of paid employment, they were at home, care needs were through the roof - that this would be a moment where the gendered division of labour would be re-evaluated, that you’d understand the scale of what was being taken on, that we’d start to see perhaps a shift toward men taking up a greater role at home. And it's interesting cause there's lots of studies that are sort of trickling in right now with different countries and the like, but we actually haven't seen a perceptual….there was actually, initially in the early days, we saw fathers in particular taking on more tasks related shopping and the like, particular types of tasks. But it actually was largely function of whether the employment status of their partner, whether it was a woman was working outside the home or not, and the like. But as time progressed, in fact we did not see an appreciable move in terms of the number of hours per day devoted to unpaid care work as a result of the pandemic. So, in part these are very entrenched social norms and they are reinforced. And so, advocates for a long time, feminists and women's movement and the labour movement have been calling for ways to create supportive communities, and there are key interventions that they touch on time and again. One, of course, is investment in high quality services, non-profit services such as childcare, elder care attendant care for folks with disabilities and the like; that we need to strengthen community services and supports in order to distribute the work of caring not only across families and community, across us all - takes a village to raise a child. So, the investment in high quality public infrastructure, caring infrastructure. We've had recommendations around maternity parental leave, other types of care leave. In Canada, of course most people access this through the EI system, which of course is problematic because not everyone has access to the employment insurance system, or certainly don't necessarily work for employers that offer benefits or top-ups and the like. So, quite spotty coverage and a big divide between who has access to that support. So, lots of recommendations around how to improve coverage, how to get parents, or fathers for instance, like getting a mandated parental leave. We have a parent sharing arrangement that was brought in in 2018, but state of the art is actually a mandated leave that only fathers or second carers take, can take as an individual entitlement. There's work to do in Canada, strengthening benefits and leaves for sure. Some folks look at what we can do by way of support for caregivers. Whether that means in the tax system, like for folks who are involved in caregiving and how to support that financially with benefit or deductions on your tax form, perhaps. Nova Scotia, for instance, has a small stipend. They pay two folks who are providing full-time care. But broadly, that's another area. And of course, I obviously would like to say strong and robust pay equity and pay transparency legislation are another fundamental part of the employment infrastructure that would help create and level the playing field in Ontario. Like where is that pay transparency legislation, we needed it in effect right now. That would certainly be something, an important intervention. But I guess I would also say though, that those are really important investments we need to make, but it's critical to address the quality of paid care work. We're not moving this needle unless we actually - in terms of the balance of care work and support for care and how that shakes that - we can't move, we can't make any progress until we tackle the quality of paid work by way of wages and working conditions in the sector. And we're seeing that blow up in spectacular technicolour right now, and it is solely a function of the quality of the work. And it's just, this is critical. We have to move there.

**KW:** Those are really very clear and practical recommendations, I think, that can be considered at multiple levels. So, thank you for articulating them so clearly, for the listeners and for the policy folks listening as well to think about how we can create a decision-making environment that takes all of us into consideration, the types of decisions we can make. Your work, *A Bumpy Ride*, was a really great piece and we will link to it in our show notes. But in that piece, you raised the question of whether we are seeing a shift in the labour market and a deepening of the divide between what we could call ‘good’ and ‘bad’ jobs (and I put those in quotes.) Women were disproportionately clustered in pandemic vulnerable jobs as we learned. And with those vulnerabilities laid bare, how might this impact who does what work in the future? I guess this is the golden question. And is this a historic moment to reassess the value of care work?

**KS:** Well, I think so, a hundred percent. I'm hoping this is. I was talking earlier about the pandemic and the crisis, it revealed not only the failures of our care system, but the importance of it obviously. And it's being revealed today through the closure, the tremendous stress that the care economy is under, whereas people seek care in hospitals, and they are funding these gap critical gaps in community services. So, this is an important moment. The sad truth, and I've obviously said this, is that paid care work has tended to be on the bad job side of the ledger. Obviously, there's some excellently well compensated care professions, whether you're talking about neurosurgeons, I think you could well group those. But by and large, the bulk of paid work is modestly or low paid work, and certainly the work that women do tends to be on the bad side of the ledger. And the challenge for us now is to use this moment, hopefully, where you see a critical demand for care services, to value and uplift these workers in ways that help reduce gender disparities across the whole labour market. We have a situation where we've reported for instance high vacancy rates in the care economy this past year, whether that's for health and social services, historically high vacancy rates. And we saw some movement with wages as well this past year where we've seen some, certainly for new hires, we've seen some tracking in some occupations, but at the same time, of course, inflation's been going up. So, in fact, many care workers have experienced real wage cuts this past year, which in the face of high living costs, once you take inflation into account, their wages, certainly folks in Ontario who are subject to Bill 24, were under mandated wage restraint, saw an appreciable erosion of their wage and so obviously the buying power of their wage. And again, that just compounds the challenge in the crisis, in the sector. It's also a reason, for instance, when you look at one of the big interventions the federal government made this past two years, of course, was the introduction of 30 billion to fund a national universal choice childcare program. We saw the announcement of bilateral agreements committing to expanding spaces and to drive dropping down parent fees. Of course, critical intervention this could be a game changing moment, but what's putting that whole initiative at risk, of course, is the wages and working conditions of ECE in childcare centres. Like this past year, as a result of poor wages and working conditions, we've actually seen an increase in the number of largely young women leaving childcare work and so the degree to which we're going to be actually able, the governments will be able to deliver on this promise, it hinges wholly on the treatment of care labour. It's really at issue. I mean, there've been other developments as well that are challenging: we've seen the expansion, for instance, of temporary foreign workers. Setting aside, these workers do incredibly important work, but instead of improving work with the wages of working with folks in Canada, so facilitating large numbers of temporary foreign workers in terms of situations that are hugely problematic, basically undercuts the wages of domestic workers. I mean, so that's a huge pressure. We've seen as well the introduction of temporary agencies and long-term care sector, new platforms like Staffy or Book Chain, which is fundamentally eroding the quality of care on offer and the working conditions of workers. So, yes, this is a moment. This is the crisis is laid bare, the opportunities, the pressures, all of that. Yet there are huge obstacles, and I would say really deep-seated gender bias like: what's it going to take to get us over this hurdle? To move forward with equitable pay and decent working conditions for care workers, because it's so many women we can talk about till the cows come home, how we're going to tackle the gender pay gap in Canada and Ontario in particular, how we're going to train women to move into higher paid occupations, how we're going to get them into the trades, da dah, dah, dah, dah. But on the ground on, with the numbers, until we tackle pay and working conditions in the care economy where millions of women work, we're not moving this needle of women's economic security. It is that important an issue. So yes, this is a moment and I'm really hoping that folks are mobilising to push for better working conditions and pay for care workers because we rely on them all and that's the fundamental issue of human rights.

**KW:** I appreciate the passion you bring to the topic, but also the insight because you have a level of education and in terms of the economic statistics to back this up. And I think oftentimes when we talk about equality, it goes to a moral question or a social question or a cultural question. And sometimes to get it on the policy table, it's going to be an economic question. And there is certainly the impetus for the economic conversation around addressing this bias in the labour market, the way that we undervalue paid care, and the way that we do not value or measure unpaid care, and sort of how the two of those come together to create economic injustices for women. So, Katherine, thank you so much for your insight, some of the statistics you shared with us, and information are really helpful. And we are going to link to a couple of your papers in our show notes because there's a lot more here if the audience wants to dive in and see what you're saying. And I appreciate some of the recommendations you shared in the earlier answer. I think really go forward, help us actually define the path forward. So, thank you for being with me today.

**KS:** Oh, that's great Kadie. It's my pleasure.

**OUTRO**