CROSS-CANADA STRATEGY WEBINAR #2
RISING TOGETHER: WOMEN FOR A JUST ECONOMY
The Care Economy

Wednesday 12 August 2020 at 7:00 p.m. EDT

Welcome and Introductions
Moderated by Sheetal Lodhi
French Language Interpretation and Closed Captioning services were provided

Intro of Panelists/Guest Speakers

- **Dr. Pat Armstrong** (Sociologist and researcher at York University)
- **Carol Couchie** - (Association of Indigenous Midwives), worked largely in the North and is now a women's health advocate
- **Diana da Silva -** (Caregivers Action Centre on Decent Work and Status for Migrant Care Workers) - A group of current or former migrant caseworkers, who support each other and organize for fair immigration rules
- **Shirley Dorismond** - (Vice-president, responsible: Sociopolitical sector, solidarity sector Status of women, FIQ/Quebec Inter-professional Health Federation)
- **Alana Powell** - early childhood educator (Ryerson U. and Association of Early Childhood Educators Ontario) - AECEO is organizing childcare workers to advocate
- **Sarah Jama** – (Disability Justice Network of Ontario) - unfortunately she was unable to join at the last minute due to illness

Land and Settler Acknowledgement – JAN BOROWY AND FAY FARADAY

Jan: We've recognized who is in our discussion, but we'd like to start with an important land and settler acknowledgement. I am the daughter of a second generation of a white settler, and first-generation Polish settler.

Fay: I am a first-generation settler here, my family is indigenous to the Philippines

Jan: We are holding this Virtual Rally on Turtle Island. We honour the First Peoples that have lived on Turtle Island for thousands of years. We acknowledge the enduring presence of Indigenous Persons in the area for

time immemorial. Our settlers before us failed to respect and acknowledge Indigenous peoples, practices, and ways of knowing. Settlers approached their relationship with First Peoples as one of cultural genocide and Settlers failed to abide by treaties and agreements with First Peoples. As one small act towards reconciliation, we acknowledge the land we are meeting on is the traditional territory of many nations. From where Fay and I sit in Toronto near Algonquin Park this includes the Mississaugas of the Credit, the Anishnabeg, the Ojibway/Chippewa, the Haudenosaunee, the Wendat peoples and the unceded Algonquin, Anishinabek territory. This area is now home to many diverse First Nations, Inuit and Métis. We also acknowledge that Toronto is covered by the Dish with one Spoon agreement and Treaty 13 with the Mississaugas of the Credit. We ask all participants on this webinar to reflect for a moment, think about the land they are inhabiting and how to take concrete steps and action towards full recognition of the lands for all Indigenous peoples. May the Rising Together webinar series be one small piece in that journey toward reconciliation.

DISCUSSION – PART 1

The first question asked speakers to locate themselves in the conversation about the economy of care. From your domains, who are the care workers? Who receives and who gives care?

Order of Speakers: Diana da Silva, Carol Couchie, Shirley Dorismond, and Pat Armstrong

SPEAKER: Diana da Silva

Thank you, thank you for the invite. I will start us off. As a reminder, I'm Diana, an organizer and coordinator of Caregiver's Action Centre in Toronto.

Who we work with and serve?
We are a community of live-in/live-out migrant care workers, some who have immigration status and some who do not. These workers are predominately racialized women providing in-home care for children, family members with disabilities, the elderly. Since the 1800s in Canada they have often been referred to as domestic workers, nannies, caregivers. But all these words tend to downplay the essential care work they're providing. They're caring for children so parents can go to work; they're caring for people with disabilities so they can live independently.

All of this work is important for employers. It is a permanent feature of our labour force which makes all work in Canada possible. Which is why migrant care workers have chosen to call themselves care *workers*, not care *givers*. "Caregivers" is the word chosen by the federal government for this migration scheme.

Care workers are invited to work in Canada under the agreement that if they provide 2 years of labour, they will be granted PR status. A promise broken many times over because of the unfair conditions of this program including high English skills, high education requirements, medical inadmissibility rules. Unfair requirements have resulted in thousands of migrant caseworkers losing their immigration status. Those who choose to continue to live and work in Canada in hopes of getting permanent resident status enter into the underground care economy.

Migrant care workers are working and living in exploitative conditions; in residential homes and long-term care facilities.

For example, one migrant care worker lost their immigration status after employer wouldn't renew their contract. She was a live-in care worker, so she also lost her housing. She trusted her immigration consultant,

because he was part of the community to find a place to live. He invited her to live with him. At first she wasn't expected to do work, but then was asked to do unpaid housekeeping work which she agreed to because she didn't have immigration status. This is what happens when labour is exchanged for PR status – it contributes to the devaluation of migrant care workers, women and humans in general. The people receiving the care are employers who literally have control over the lives of these workers and their families.

SPEAKER: Carol Couchie

Hi everyone. I'm Carol. I'm speaking to you from Nipissing First Nation; Part of the Robertson-Huron treaty on the north bay of Nipissing. Our community runs from North Bay to Sturgeon Falls. For a long time, the Nipissing people lived as far east as Oka, and all the way up near Sturgeon River. We migrated through the bay to the French River. The word Nipissing is an anglicized version of a word for a water. Our lake is anything but small, but tiny compared to the great lakes. We have a little clinic here that we started as midwives and we have re-matriated midwifery to the community. My grandmother was a midwife. We picked a name that meant "in a garden" to honour our ancestor. So much trauma has happened to midwifery and to Indigenous women across Turtle Island, on so many levels. We would need a whole conference to talk about that.

The commoditization of care and what we do, the colonization of the whole medical system, has hurt and affected all human beings. Lots of times, it's about who cleans up and cares and cooks and fixes things and how are they living and being paid and what job has value and what doesn't. And I feel that we've had a big dose of, a good lesson over COVID 19, and begun to notice or be reminded what's important.

And midwifery was thought not to be important. When the establishment of hospitals and modern European medicine began to develop in this country, birth moved from the home to the hospital. Nurses aligned themselves with physicians. Most of them being men, began to have power. Anaesthetic became more safe; surgery and c- sections became more safe; and midwifery was pushed back. Any help or work we had done to welcome people, keep them safe, provide medicine and care for them when Canadians started arriving here from other places was just forgotten about. And it rolled on through the reservation system, residential school system, Indian Act. All these things worked to destroy midwifery in Indigenous communities.

Many of you are not old enough to remember the little poster that said "what if the army had to run a bake sale to buy a battleship?" We at National Aboriginal Council of Midwives have had to basically run bake sales to fund our lives. We've been doing little grant proposals, getting the word out about how important midwifery is to Indigenous communities. We're into the 4th year of a $7 million commitment from the federal government to help Indigenous midwives. It's a drop in the bucket, but we're hoping for buy-in to Indigenous midwifery across the country.

Who looks after us, how they look after us, the culture in which that care is provided is extremely important. We can't think for even one second that the way it is, is the way it's always been or the way it has to be. We always need to question how we're caring for our children. How women's work evolves in and out of the home. How children are cared for while they're in work. Their work situation, access to childcare and housing, healthy food. All these things need to be the same for everybody. Poverty must always be fought against.

These sorts of basic human rights are all connected to how we treat and greet people when they're born and the compassion and care and love in which we welcome them. That's why my work has always been around midwifery. I felt it was the seeds of good mental health and all women's work is connected to fair and equal pay. Fair and equal food security and food sovereignty, as well as housing. All these things are connected, they give us balance and I want to thank everyone today for allowing me to talk about this and connecting with our communities.

SPEAKER: Shirley Dorismond (presentation delivered in French)

I am proud to be here tonight.

Who gives care? For me it is healthcare professionals: nurses, nurse practitioners, clinical nurses, auxiliary nurses, profusion specialists. In preparation, the government in the context of the pandemic, has pulled back all protection equipment, respirators, masks PPE towards hospitals. After that many patients in the hospitals, these people were moved either to a hotel or intermediary resources, closed hospitals reopened to open up beds. The government was afraid of repeating Italy's history. This is to say that our healthcare professionals were working without equipment and Government has magically thought throughout the years in a curative way and not a preventative way.

We therefore saw what happened in elder care homes. The catastrophe that happened. Many patients passed away, abandoned sometimes by staff in long-term care homes, especially in areas in the private sector. For example, the centre in the news, all of the clients there were abandoned by staff. Many passed away; an absolute disaster. The public network had to go and help. People from the hospital close by discovered the bodies of the people who'd passed away.

Since beds were freed up in some hospitals, some patients were more affected than others. For example, less surgery for more patients. So, you imagine a patient waiting for breast cancer surgery for 3 or 4 months, and the surgery is no longer possible. So, there is a lot of damage to long term health from cancer. It's the same for community health workers; going to people's residences who were over 60 years old living autonomously, usually able to come to us, but because of COVID we had to go to them.

In Quebec, many women are in long term care homes. This happens for long term care homes or community health in both cases. Many professionals were harder hit by the virus and a huge lack in equipment and PPE. This also contributed to community transmission because they were going back and forth between grocery shopping, the bus, home. So, the decision our government made was not ideal. Within the first month of the pandemic, 4000 healthcare workers were infected; later moved to 10,000 workers. This was the profession most affected; those working in long term care homes were the most infected and contaminated. That's where we saw the most deaths. They take care of the most basic needs of the elderly. It's almost impossible to give care from 2 meters away. Globally, more men got the disease, but in Quebec, it was 59% women.

MODERATOR: Sheetal Lodhia:

I'd like to turn to Alana to continue the discussion about who receives and gives care.

SPEAKER : Alana Powell

Thanks so much and thanks for including us in your discussion. Wonderful to be here with such amazing women in care work.

To remind folks, my name is Alana, I'm with the Association of Early Childhood Educators Ontario. The professional association for ECEs in the province. The work we do involves ECE but also early years staff, home childcare providers. ECEs are registered professionals, many holding 2- or 4-year degrees but working along side of them are other care workers who we also include in our campaign and organizing for decent work.

Our sector is about 90% women working in childcare centres, home care, kindergartens, family support programs predominately caring for children 0-12 years old. What really is interesting about ECE and early years sector is that there has been a rapid professionalization of the sector. Increased responsibilities that came along with professional recognition and registration but it hasn't resulted in increased compensation, improved working conditions. It continues to be precarious work - invisible to those receiving the care.

Our campaign, our purpose right now is about building the collective voice for ECEs, staff and childcare providers so that they are leading the campaign for their work to be recognized and valued. We're making moves to help keep care central alongside the professionalization of the sector. We've seen increased reliance on professionalized or technical approaches and concepts. We're trying to show that the value of this work is based in care itself. Care is a universal human experience. Everyone needs it and gives it. It should be valued for what it is and all care work should be valued. Care is central to everything we do.

I'll stop there, send it back to you, thank you.

SPEAKER : Pat Armstrong

Since the 1970s I've been working with unions, community organizations and women organizations on the struggle to recognize and value women's paid and unpaid work. From the 80s onwards this has been mostly in healthcare, recently in long term care.

In long term care, not only are 90% female but 1/3 are immigrants. Just giving numbers to the discussion - 3/10 identify as black; 3/10 as Filipino. We're talking about a community that is precarious in many ways and is made precarious by the conditions of work.

The conditions of work are the conditions of care. Everyone who works in long term care, paid or unpaid, is an essential worker. It's been very interesting to pick up on what we just heard about Quebec. The military reports made it clear how important cleaning, food, and laundry are and those people are very often left out of the discussions. This kind of hierarchy leaves these low paid, precarious workers most likely to be contracted out to the for-profit sector with poor conditions and that means that care is not being provided.

I have lots to say in terms of the other questions. We've seen the medicalization of care. The priority in long term care goes to the clinical which is obviously important, but many other things are just as important. There is also the hidden labour of private companions in long term care. Often migrant workers, with no other protections, are even less visible than some people we've heard about already. The unpaid work staff does on a regular basis, unpaid work that families do. We keep hearing about how preventing families from going into long term care, prevents them providing essential care.

Why weren't we providing that care without families before? We're seeing a combination of the things pointed out as wrong with long term care, but also the ways we recognize and value care work.

DISCUSSION – PART 2 - Discuss impact of COVID in your field

MODERATOR: Sheetal Lodhia

Some of you have outlined this already. We'll begin with people who haven't. We have heard a lot about the experience in Quebec. What I think COVID has done is make people aware of long-term care. That's something we need to take advantage of build on this tragedy. To insist and organize for action.

In terms of providing for people, who in terms of the ones who need care, the frailest and oldest amongst us who deserve dignity and respect, as do the people who provide care. We know what the problems are in long term care and the care economy and we need to start demanding that it be fixed. And I think COVID offers us an opportunity to do that that we can't miss.

Thanks Pat

SPEAKER: Alana Powell

Great, thanks. For ECE and childcare workers, the impacts started very quickly alongside the decision to close schools. The province was quick to close schools but didn't acknowledge childcare centres across the province. So, there's an immediate sense of invisibility and devaluation for work outside of public schools. Since then, invisibility has continued. The province has repeatedly recognized childcare as essential, provided emergency childcare, reopening childcare but there is no appropriate acknowledgement and support for ECE and childcare *workers*. There has been a significant loss of jobs. Only half of childcare centres have reopened, so loss of work, uncertainty about if and when you'll returning to work; due to the province's lack of provision.

Also there is fear around safety in terms of working directly with young children during the pandemic. When schools first closed, we did a survey and heard from 4,000 workers who said their biggest fears were lack of sick days, PPE, safety. We haven't seen that addressed. Licensed childcare has continued to operate the entire time without any support and provision to make sure workers are able to protect themselves and their families. The sector is also very fragmented, so workers feel alone and unheard. Workers felt devalued already, this has entrenched that.

SPEAKER: Diana Da Silva

Sure, as Pat already mentioned, the workers we're working with are black and brown women. They're working in homes and interesting enough we've had a massive amount of workers being let go because employers lost their job, and in turn care workers lost their job. And also, there's an intensification of work on the other hand for care workers working in residential homes taking care of elders and those most vulnerable and workers taking care of children.

COVID has revealed that those doing this essential work are being paid the least. This was the case before COVID, but it is hyper intensified during COVID. Workers were already being paid minimum wage. But because employers couldn't pay them anymore, a lot of workers continued to work or do overtime for no pay or less than minimum wage. For the workers who lost their jobs - migrant care workers have closed work permits, so they are tied to their employer. So, when they are laid off, they lose their home, income, means of supporting family back home and are at risk of losing immigration status – all by being tied to their employer. Workers are subject to exploitation. When some workers lost their job, their employers wanted them to continue working but couldn't pay so forced them to apply for CERB. They may face criminal implications for this; that jeopardizes their PR status.

For workers who still have work, they went through a hyper intensification of work. Employers have used the virus to confine them to the home which is their workplace. They're being hyper surveilled. Their movement and actions controlled; they can't bring food into the home without employer approval. Employers' true colours are coming out. Employers are blatantly citing race as why they're controlling movement - saying you're brown or black and you can't do these things. "You have no rights during COVID" is a common phrase

from employers. And we're in contact with workers trapped in their home/workplace for the 5 months. I'll leave it at that.

SPEAKER: Carol Couchie

It's hard to hear some of the other things that COVID has brought about like the spotlight on where we knew things were bad and now with that added stress, it has become blatant. I think that as hard as it is for us in midwifery, it has been, I don't want to say positive but people have woken up to the fact that not having birth knowledge in remote communities is a real problem.

Communities have been shut down and people leaving to go have their babies were detained for 2 weeks. No one allowed in or out. They were waiting in hotel rooms, sometimes alone, had to go to the hospital alone. This is what our clients are dealing with. As midwives we are often forgotten as primary healthcare workers. That we are doing home visits, doing essential clinic care. We were not given PPE for a while. We had to hunt around for that. People on the front lines, as we were, were given pay raises, and special bonuses. We never heard about those things. For the most part and I think that some of the good things we were able to do despite all those things about people forgetting, was look at how to take the care given to birthing women and move it outside the hospital.

If we came to a real crisis, like Italy or Spain where hospitals were overrun, we rose to that occasion and talked about how we could move birth outside of hospital quite safely. And worked with the college of OB/GYNS even to consider bringing surgery, c- section, anaesthetists to birthing women and new babies. So, there were some good things and that's my thought and hope and prayer that all of the trauma and tragedy that has come out of this with care homes, elders and children.

SPEAKER: Diana Da Silva:

We rarely talk about managed migration as violent because our immigration system is rooted in racism, sexism, ableism. To provide a quick history, in the early 20th century white women from Britain, Europe were coming to Canada to settle permanently here, become 'mothers of the nation'. Since WWII, migrant care workers have been recruited overwhelmingly from the global south arriving here with migrant status, and no pathway to PR status.

In the 70s, care workers fought for and won the right to fight for PR status but only after 2 years of live in employment. What we're seeing here is migrants increasingly living and working in a state of perpetual temporariness. We've seen it grow since 2000. In 2000, there were only around 60,000 temp permits issued. In 2019, 600,000 temp permits were issued and by maintaining their temporariness migrant care workers are being separated from their families for years because our immigration rules bar them from bringing their families while they're temporary and obtaining PR status can take years. We have migrant care workers who haven't seen families in 10 years. Some barred because they don't have the English or medically inadmissible.

The two-step immigration system is violent. The act of separating families is violent. There are lasting impacts on the physical and mental health of migrant care workers and their families. Years of separation that can cause intergenerational conflicts, family breakdown the value of these workers can't be tied to what labour they can contribute or how much they'll cost our healthcare system. We need a single tier immigration system where everyone in this country and those that arrive in the future have full rights, full immigration status now and on arrival.

SPEAKER: Alana Powell

Thank you, Diana. Listening to you speak makes me think about the global care economy that all care workers are implicated in. ECEs are implicated in the exploitation of migrant care workers too; it's all connected and comes down to a lack of value for care and whose understanding of care, and whose understanding of value is honoured in our care systems.

In the ECE sector, how we see this discrimination and violence occurring is in terms of who's excluded and included in the care sector, whose knowledge is included and excluded. Our early childhood systems are colonial and promote one type of knowledge - childhood development, neoliberal thinking that doesn't allow other ways of being. That's one way early childhood is implicated, but where educators are treated in that system is violent and implicated.

Childcare workers of colour are more likely to be unsafe, and in low income jobs. It is important to think about who has access to these systems, who can say they're not comfortable sending their child back to school. How do alternatives harm care workers? And entrench private responses that lead to more exploitation? So, it's all connected. What brings me hope is that these conversations are happening and that ECE and child care staff see that they are implicated and must make room for more voices and ways to think about child care and education.

An effective example of one of the many ways that our system is discriminatory is thinking about equality measurements, in the province, used to measure early childhood programs. Ask people to look at their bookshelf and identify if they have 5 diverse books. A terrible way to think about an inclusive, diverse program.

I think we're making great moves in the sector to see how violent and colonial our programs still are and take action to disrupt that. That's a few of the ways we're seeing early child hood care work implicated in this global care violent context.

SPEAKER: Pat Armstrong

Having spent 50 years trying to document systemic discrimination to make change, I increasingly feel the notion of systemic discrimination is becoming, "let's have more diversity in the boardroom". These very eloquent examples we've just heard of structured violence in the system are really important. We have to shock people by making them aware of it.

I think of the care workers who've told me they go home and cry at night not just because their bodies are aching but so are their minds because they haven't been able to provide the care they want to provide. That does a violence to your soul. We have to start naming it as violence in the ways others have talked about it. I think it's a more powerful, less co-opted way to understand it.

MODERATOR: Sheetal Lodhi

[Original in French] Thank you, we're shifting about areas some of you have touched on; the way in which we frame the care economy. We frame it often as a service economy, a service for a fee.
So, what does it mean to classify a caregiver as a contributor or giver versus worker? How has care been commoditized or in contrast how care is framed as a vocation that relies on altruism?

I'm going to repeat in English

We are going to talk about how framing the care economy as a service economy. How has care been commoditized in contrast to framing it as a vocation requiring little to no pay?

I'm going to start with Shirley, then Alana, Carol, Pat and Diana

SPEAKER: Shirley Dorismond [original presentation in French]

Hello again,

There was a research report from an organization, which presented compensation catch up for workers and it showed that we needed compensation catchup of 21% despite pay gap reviews and major gains that were accomplished. In 2016, workers were compared with majority masculine jobs as well as establishments/companies that are profit generating even though they benefit from government support. For example, Hydro Quebec or the SAQ - liquor board of Quebec – are better compensated than healthcare workers. Women are 89% of healthcare professionals. The government sees us like an expenditure. The majority of the healthcare budget goes to doctors. Instead of valuing and empowering us, we are seen as saints or guardian angels. During the pandemic, that is how the government saw us.

I am not a nun. I have studied hard. We deserve to be recognized for our work or expertise. But the government makes political choices as if we are a vocational profession and our voices are not recognized during the pandemic. We are told to say "yes, ok, I will work longer hours".

In 2011 it took us 30 years to get pay for the 15-minute exchange work we were doing covered. The government acted using decrees. The government was changing the collective agreements, was forcing us to work all day, all night, working during the summer. We had only 2 weeks during the summer. In some collective agreements, you can work 7 days and have 7 days off. The government year after year used austerity at the expense of women, put value on professionals in Quebec instead of focussing on strengthening the healthcare sector.

There is also a generational problem especially with the government, for a long time even in the educational sector. I think some changes happened in 2000. A new generation wants good salaries, for their work to be valued. During the pandemic, a lot of women got angry, started to speak out against working conditions. Women wanted pay equity; wanted better salaries. The government was having press conferences. They were talking about health workers and professionals, nurses, doctors; always saying they were there for the healthcare sector. But a lot of women were angry. Something positive from COVID was that it made women very angry. But people get discouraged and it's hard to mobilize these women.

For a long time in liberal society, the individual is more important than the community but in the 80s and 90s, community was more important than the individual. During the strike of '89, we made a lot of progress trying

to organize ourselves to do some job actions, working with some organizations who are saying maybe we need to have a strike to get better pay, focus on work by women. Unfortunately, the last strike in '99, the government implemented many laws so it is more difficult to strike.

A lot of women are single; the movement is divided. A lot of women work too much. It is difficult to organize and have change but I hope women can rise and move the dial forward and ask for pay equity.

SPEAKER: Carol Couchie

This topic is about how we frame the care economy as a service economy, work for pay. What does it mean to classify caregiving as a contribution, the commoditization of it and by contrast expectation of an altruistic vocation?

Yes, and it's, the volunteer movement or volunteerism is born out of the middle class. People always had a role to play in a small community. From an Indigenous perspective, our economy was small business owners, a tribal communism. People had their role and contributed their gift. Everyone brought to their best ability to be able to contribute in a way that benefited everyone. Individuals grew up, encouraged to be the best they could be with the abilities the Creator gave them.

In order to care for each other and survive. There is no survival without everyone contributing. So, who does the work of cleaning, laundry, caring for people and loving people through their inability to toilet themselves or feed themselves? Whether it be a child or someone coming to the end of their life, these things are about the most vulnerable in our community. How they're cared for, reflects on our ability as a society to be seen as good human beings. Our maternal child statistics, how we care for our elderly, how our children are raised, how we look after those that have transgressed; how prisoners are treated?

These things reflect on our ability to be seen as good humans and when those things are not working well, if they're not being paid attention to; if the people doing them are not being treated well, compensated, acknowledged in our society; then there's a problem. And that goes to a global perspective.

So, we have to look to a better time. We have to keep moving forward to be better and what we do to care for the most vulnerable, to have the care of those people be reflected in a good job done and look to those countries that managed to accomplish that in some way or had accomplished that in some way.

As Indigenous people, our memory of good community and that kind of perspective is there because we haven't lived with a colonial capitalist system as long as everyone else. But even how we did things before will need to be different in a modern society.

So how do we bring these traditional values to a modern era? This is what I ask myself and you: how do we do this in a better way and be the best we can?

SPEAKER: Alana Powell

I have this piece of paper for notes but I've just written two things. Pat, what she said about violence to your soul. I felt that. I think it lends to the conversation about commodification. And Carol on community and caring for others. And what we hear from ECE and child care workers are two ways in which the capitalist, neoliberal approach to care impacts them and how they see themselves and their work.

In one way, it positioned them as a technician delivering expert knowledge in child development which we are increasingly challenging as one way of thinking about children. And in another way, is as a substitute mother who does this out of the goodness of her heart. Both do violence to the soul because they undervalue the real reason and work of caring for others.

We heard during this pandemic so much about childcare as essential to economic recovery. Not a single ECE or child care worker does what they do so parents can work. Of course, that's part of it. But so much more is missed when we approach it as this commodified, economic driver. So, when we think about the purpose of care how communities are supposed to be involved in caring; we have to move away from capitalism. The market system of childcare complicates it, because ECEs are compensating for it with their labour. We've had this move to professionalize the sector. But there is a gap as nothing else moves forward. And the only way to address the gap is to address undervaluing of care.

We need to think about how policies and communities are valuing caregivers so they can care for others.

MODERATOR: Sheetal Lodhia

Calling on Diana and Pat next. I'd like to ask you for short responses. We would like to leave adequate time for the breakout rooms; brief answers about service economy models, Diana.

SPEAKER: Diana Da Silva

Alright, I'll do my best. I just wanted to quickly share an example of some research that I heard about from the States on the weekend. I attended an event with researchers, care workers, organizers in the States. They researched Latina undocumented in-home workers. Like other in-home care workers, they are always told they are part of the family which sets up the conditions for them to do unpaid work. What was really interesting about the study, was these care workers, instead of working by the hour, started negotiating with the employers about exactly what their tasks were and providing a quote of what the tasks should be paid. This gave them some power over their labour and time and started making them be viewed as a service professional.

A great example, bringing it to the migrant care worker context: without immigration status, workers cannot negotiate what work they do, or how much they get paid. If they assert their rights, there is a constant risk of losing their job and immigration status. We need to give care workers choice and autonomy to balance this gap between the employer and the worker, so that we can create that shift where care work is not informal or invisible work, but formal and valuable work. And we can do this, my quick pitch, by not just having a single tier immigration system but working toward a publicly funded well paid childcare and elder care system.

Since migrant care workers are often used to fill the gap of the demand for care work, we can work across different sectors, push for full immigration status for all.

MODERATOR: Sheetal Lodhia

Thanks Diana, now would like to hear from Pat.

SPEAKER: Pat Armstrong

Carol reminded us that care is a relationship. It is important to remember, relationships require the conditions that allow them to flourish. A labour of love is still labour. It's skilled, as people have said and the conditions, the nature of the work is something we don't think about it because it's primarily done by women, and the most precarious of women.

I'm going to end, from the ONA case, I think Haldimand Norfolk. We were trying to talk about job evaluation, saying the garbage workers were paid more than care workers and the employer said that was because garbage workers lifted heavy loads, dealt with dirty materials. It left the care workers breathless.

MODERATOR: Sheetal Lodhia

We are running out of time and unfortunately don't have time for proper breakout system but for the next one will plan for that to happen. Instead, sorry last minute but if you could come up with some ideas in the chat about ways in which we could move forward many of our speakers have presented changes already. We would like to hear from you about the key shifts that need to take place.

We are now going to think about the important changes we need to see. In your fields and globally - to improve the life of workers, caregivers, care receivers. If you can think of solutions, share them in the chat We will also turn to our speakers and to Jan and Fay.

CO-HOST – FAY FARADAY

Thank you very much to all the speakers and to everyone who joined in on our webinar. The conversation has been really rich. We've been given a lot to think about when we look at everything that's been happening over the last year and the last few months.

All the problems we're seeing are reflections of deep systemic dynamics of oppression. These are all explosed now. There is no turning away. When planning these webinars, we have always identified the care economy as a place for deep change in its entirety, a field of work that's overwhelmingly female, a majority of the people who require social services. Healthcare services broadly gives us an opportunity to make change. It's a green sector of the economy. It can't be automated or offshored. It's an area where we have real power to build something different.

We would ask you to put your ideas in the chat box. We will arrange for further discussion later. There's a lot of thought to go into this. We can't build it on our own. We all need to contribute our own perspectives and move forward in a way that leaves no one behind and centres care as a foundational value of our society. We've seen a real negation of care over the last while. We look forward to seeing your ideas in the chat. We will compile them, post them to our website and I'll circulate them as well as some slides to orient this conversation which we'll be carrying on over the months going forward.

CO-HOST – JAN BOROWY

Thanks Fay. As Fay said, this webinar was part of an outgrowth of the pandemic. Where we go from here, is further facilitated discussions. Our next one is in September where we're looking at decolonizing the economy. We want to take the concepts Carol spoke to and develop those further. Then examining a green economy, with a focus on how racism has been the centre of the economy. Then a final session on key principles of a feminist, just economy for women. Two sessions in November, one on integrating principles of a feminist economy then one specifically on mobilizing.

Our end game here is Dec 7th and Dec 7th is the 50th anniversary of the release of the Royal Commission Report on the Status of Women which was released in 1970. Some of the themes we've discussed were highlighted in that report, much of what we've discussed on the colonized economy, conditions of work and care were not discussed. We'll compile all of your ideas - Vicky from the Canadian Labour Congress has already highlighted some reports.

Please add your ideas to the chat box. We will be compiling them into a report document to help document women's call for a just economy.

Join us for our next webinar. We're posting slides, this webinar, compiling your ideas. We want to continue the discussion, thank you all.

One final point - we've had 10 exceptional facilitators waiting to assist on the breakout rooms. Sorry we couldn't get to them. Virtual Clap for the commitment that all of those women showed. I just want to wrap this evening by giving special thanks to all of our speakers and Sarah Jama who was unable to be here, we wish her a speedy recovery.

Enormous shout out and thank you to CUPE, which has supported our ability to have live simultaneous interpretation and the translation of the documents so the slides are available in French and English.
Big thank you to the Atkinson Foundation and Canadian Women's foundation who have given support to us to host these webinars and had the vision to understand how we're building intersectional feminism across movements.

Thank you all, please join us as we go forward, the movement never stops.