

Contrasting Care

Provincial variations in care work policy during COVID-19

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Table of Contents

Executive Summary	3
Introduction.....	4
Methods.....	4
Findings.....	5
Overview	5
Places of employment	5
Places of employment covered by wage top-up programs.....	6
Timeline of wage top-up programs	7
Amount of money allocated per hour.....	8
Federal money for wage top-ups.....	9
Containment policies and wage top-up programs	9
Vaccination priorities	11
Conclusion	11
Appendix: Government containment policies, COVID-19 cases, and wage top-up programs	13
Resources	26

Executive Summary

The care work sector has been disproportionately impacted by COVID-19 and migrant care workers have largely been left out of public discourse. As labour standards and healthcare are provincial jurisdictions, the experiences of migrant care workers will depend on which part of the country they work in. To better understand how these experiences might differ, this report compares provincial and territorial wage top-up programs, government containment policies, and vaccination priorities. It includes data from March 2020 to June 2021.

The findings show major inconsistencies in the definitions of care work across provinces and territories, along with significant variations in how provincial wage top-up programs covered, protected, and supported care workers. Levels of COVID-19 and government containment policies were also varied between provinces, creating increasingly dangerous work environments for care workers. Despite the fact that care work is an essential component of Canadian society, these findings demonstrate that its value, protection and support will vary depending on the province or territory.

Introduction

Social reproduction, the care economy, the sustenance economy, care work – these are all terms used to define the labour that goes into producing and reproducing human life. From having children to caring for the elderly, from the provision of food and sustenance to education, this work is essential to the functioning of society and the market economy. While care work has become more visible during the COVID-19 pandemic, this visibility is selective, with much coverage focusing on certain types of care work. This care hierarchy privileges the care work done by doctors, for example, over those in home care, housekeeping, or kitchen work. Care work at the bottom of this hierarchy is also gendered and racialized, as the Canadian Women’s Foundation (2020) reports that in Canada 90% of personal support workers, who work in long-term care homes, community settings and in home care are women. Moreover, while only 21% of women workers in Canada are racialized, they make up about 30% of workers in home care, housekeeping, and kitchen work (Canadian Women’s Foundation, 2020). Immigration status also plays a large role in the care hierarchy, as migrant and refugee women often work in low-paid care professions. In the COVID-19 context, this results in a disproportionate amount of migrant and refugee women contracting COVID-19 compared to other demographics. For example, as of September 2020, over one-third of all women infected by COVID-19 in Ontario were health care workers, and half of those workers were immigrants and refugees (Esses, et al., 2021). Migrant care workers in private homes fulfilling permanent residency requirements are in even more precarious situations due to their immigration status. In October 2020, the Migrant Rights Network released a report on the impacts of the pandemic for migrant care workers in private homes - over 40% of the respondents reported not being paid for extra hours of work, with their labour being intensified due to the closure of schools and community services (Migrant Rights Network, 2020).

In response to these challenges, this project was undertaken to map out provincial labour and health policies put in place to help protect, regulate, and support migrant care workers since March 2020. Through an analysis of provincial wage top-up programs, vaccination priorities, and government containment policies, this report finds a high level of inconsistency and a lack of standardization in the care work field. The patchwork system of COVID-19 provincial government labour and health policies highlight care hierarchies, the invisibility of care work, and the devaluation of gendered care in Canada. It is clear that the impact of COVID-19 has not been distributed evenly, and how provincial governments respond to these impacts has implications for the lives of migrant care workers, and how care work will be conceptualized, valued, and protected in the future.

Methods

I undertook a documentary analysis of government documents, policy centre reports, press releases, and had communication with government officials and labour organizations. In addition, I analysed data from Oxford University’s COVID-19 Government Responses Tracker to contextualize the data on care work policies in Canadian provinces. Oxford University’s COVID-19 Government Response tracker is a collection of information on government policy responses from over 180 countries, coded into different indicators such as school closures or public health

campaigns, and recorded on a scale to determine the scope of the policy. I chose 9 of Oxford's indicators relating to government containment policies for this project: school closures, workplace closures, cancelling public events, restrictions on gatherings, stay at home requirements, restrictions on internal movement, testing policies, contact tracing and the protection of elderly people. These indicators were chosen because they are under the jurisdiction of provincial governments, thus provincial governments are responsible for their implementation. I took the average of all these indicators for each day that the wage-top up program was active to determine the average level of government containment policies in a particular province during the wage top-up programs. The data collected from the documentary analysis and Oxford University's COVID-19 Government Response Tracker was collated into tables, which I reproduced for this report.

Findings

Overview

The majority of social policy in Canada is under provincial jurisdiction, therefore, variation among provincial social policy systems is expected to a certain extent. One useful theory for this research and other research in provincial policymaking is the 'ten small world's position used by David McGrane (2010) in mapping provincial childcare policy, which is that "...each Canadian province has a unique political economy, political culture, and set of societal cleavages that leads to significant policy divergence" (p. 16). Regional variations play a large role in policymaking as well, with major differences in populations and economic bases between provinces. For example, Prince Edward Island's population of under 200,000 people combined with its historical reliance on seasonal fisheries, compared to Alberta's population of over 5 million and its oil and gas rich economic base make for very different policy landscapes (Statistics Canada, 2021 & Tuohy, C., 2009). However, major differences in social policy among Canadian provinces is concerning for social citizenship rights.

There are seventeen wage top-up programs in Canada, eleven of which are specific to care work. Ontario, Manitoba, and Quebec have different wage top up programs for different workers, while all other provinces and territories had one wage program for workers. Newfoundland & Labrador, Prince Edward Island, Quebec, Yukon and Nunavut's wage programs were for all 'essential workers' while other provinces and territories' wage programs targeted specific workers and sectors. Definitions of essential workers varied by province as each province created its own list and definitions of 'essential workers', excluding Newfoundland & Labrador, who used the federal government's list of essential workers for their program. Provinces raised worker's wages through either per hour increases, lump sum payments, or weekly/monthly payments. Instead of lump sum payments, per hour increases, or monthly/weekly payments, all the territories (Yukon, Northwest Territories and Nunavut) raised eligible worker's wages to a specific amount per hour.

Places of employment

This research analysed different terminology used by provincial/territorial government documents and press releases to describe different places of employment and different positions of employment covered in the wage top-up programs. In total, there were 15 different terms used

to define care work professions and 12 different terms for care workers' places of employment. The most common used words for employment positions were health care aide, personal support worker, home support worker and home care. The most common used words for places of employment were long-term care, senior care homes, personal care homes, and private senior's residences. The terms family support worker, in-home support, home help worker, community support worker, residential support worker, attendant care worker, direct support worker, orderlies, direct service worker, homemaker and aide were all mentioned by separate provinces. There was a clear lack of standardization in essential care titles, which not only highlights care hierarchies but makes this labour increasingly invisible and poses barriers to worker organizing and association, both interprovincially and cross-provincially.

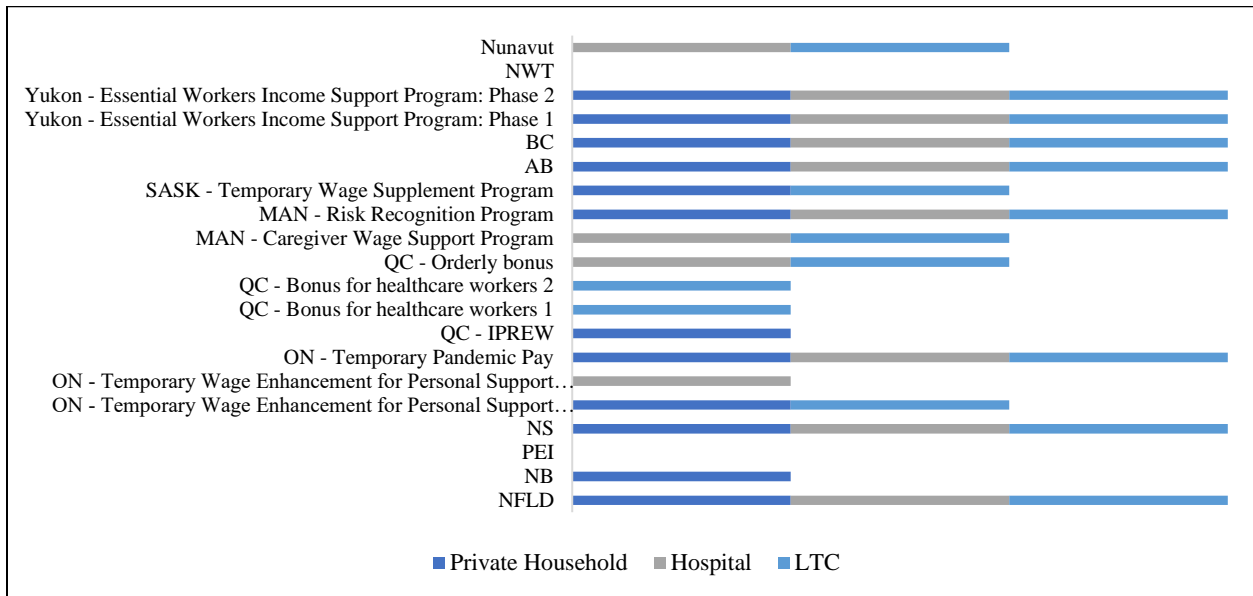
Places of employment covered by wage top-up programs

To analyse how care workers were covered in provincial and territorial programs, this research looked at three places of employment for care workers: private households, hospitals, and long-term care homes.

Yukon's Essential Worker Program (EWSP), Ontario's two different wage programs: Temporary Pandemic Pay (TPP) and Temporary Wage Enhancement for Personal Support Workers (PSW Support), Quebec's three different wage programs: Orderly bonus, Bonus for healthcare workers, and Incentive Program to Retain Essential Workers or (IPREW,) British Columbia, Alberta, Manitoba's Risk Recognition Program (RRP), Nova Scotia, and Newfoundland's top-up programs covered care workers in all three places of employment. However, Ontario's PSW support programs separated workers in hospitals from workers in private homes and community settings, with workers in hospitals earning \$1 less in their wage top-ups than workers in private homes and community settings. Northwest Territories covered all workers earning less than \$18 per hour, so this could include workers in all places of employment. Saskatchewan's Temporary Wage Supplement Program (TWSP) excluded workers in hospitals. Manitoba's Caregiver Wage Support Program (CWSP) excluded workers in private households. New Brunswick's program excluded workers in long-term care and hospitals. There was no data available for Prince Edward Island.

While most provinces included all three places of work in their coverage, Saskatchewan's, Manitoba's CWSP and New Brunswick's programs excluded some workplaces from the wage top-up. This adds an additional level of inconsistency to the wage top-up programs. This coverage demonstrates how different provinces value care work performed in certain places. Manitoba's Caregiver Wage Support (CWSP) program – despite having the word 'caregiver' in its name – denied care workers in private homes wage top-up support, which purports the concept of a care hierarchy. Similarly, Saskatchewan's TWSP program denied care workers in hospitals wage top-up support, despite the significant impact of COVID-19 in hospital settings. This lack of coverage illustrates further the devaluation of care work, as work in hospitals is seen as essential and critical yet care work in Saskatchewan hospitals is not part of that essential or critical definition.

Figure 1: Workplaces covered by provincial wage top-up programs.



Program Eligibility and Length

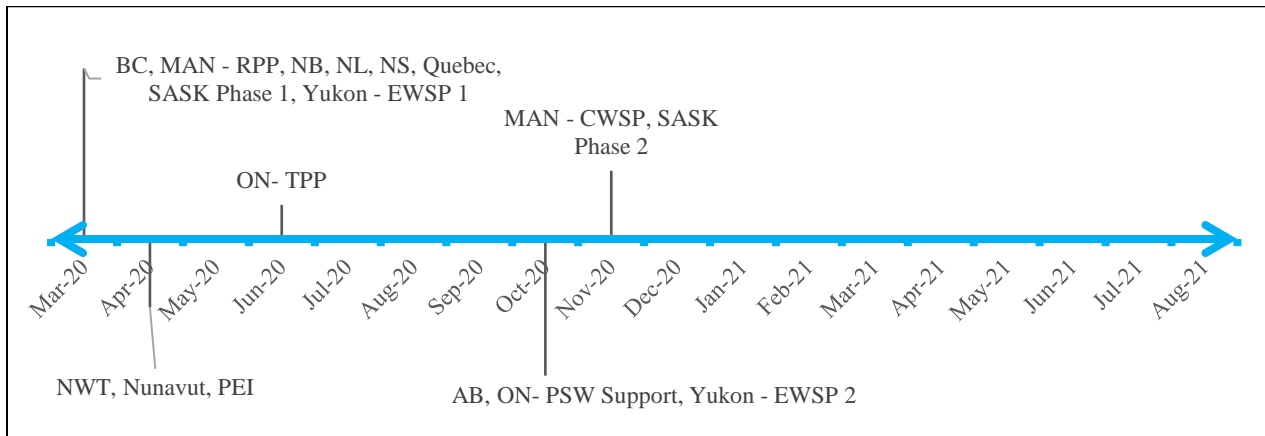
Some wage-top up programs had no eligibility requirements, while others had maximum yearly/monthly income caps and/or a minimum number of hours worked in a certain period. Ontario, Saskatchewan’s TWSP Phase 2, and Quebec’s care work programs (excluding IPREW) had no requirements. New Brunswick, Prince Edward Island, Quebec’s IPREW and Manitoba’s RPP had both eligibility requirements. Alberta had a minimum hour requirement, and Saskatchewan’s TWSP Phase 1, Quebec’s IPREW, Newfoundland & Labrador, and Manitoba’s CWSP had an income cap.

The longest active wage-top up program is in the Northwest Territories, which will end in August 2021 at a total of 76 weeks. Ontario’s PSW Support has the second longest program at 34 weeks, followed by Yukon’s EWP Phase 2 at 30 weeks and the second phase at 18 weeks. Quebec’s Orderly Bonus and IPREW program, Ontario’s TPP, Nova Scotia, New Brunswick, Saskatchewan’s TWSP Phase 1, Newfoundland, and Alberta’s wage-top up programs all lasted 26 weeks. Both of Manitoba’s programs were 10 weeks long, followed by Saskatchewan’s TWSP Phase 2 at 8 weeks. Lastly, PEI’s program was only 4 weeks long.

Timeline of wage top-up programs

Ten provinces and all three territories implemented their wage top up programs at the beginning of the pandemic (March 2020 – April 2020). Alberta, Manitoba’s CWSP, Ontario’s PSW Support, Saskatchewan’s TWSP 2 and Yukon’s EWSP Phase 2 all started between October 2020 and November 2020, in the ‘second wave’. The Northwest Territories and Nunavut’s programs started in April 2020 and Northwest Territories ended in June 2021, while Nunavut’s is set to end in August 2021.

Figure 2: Wage top-up timeline. Data sourced from provincial government websites, reports, and press releases.



Amount of money allocated per hour

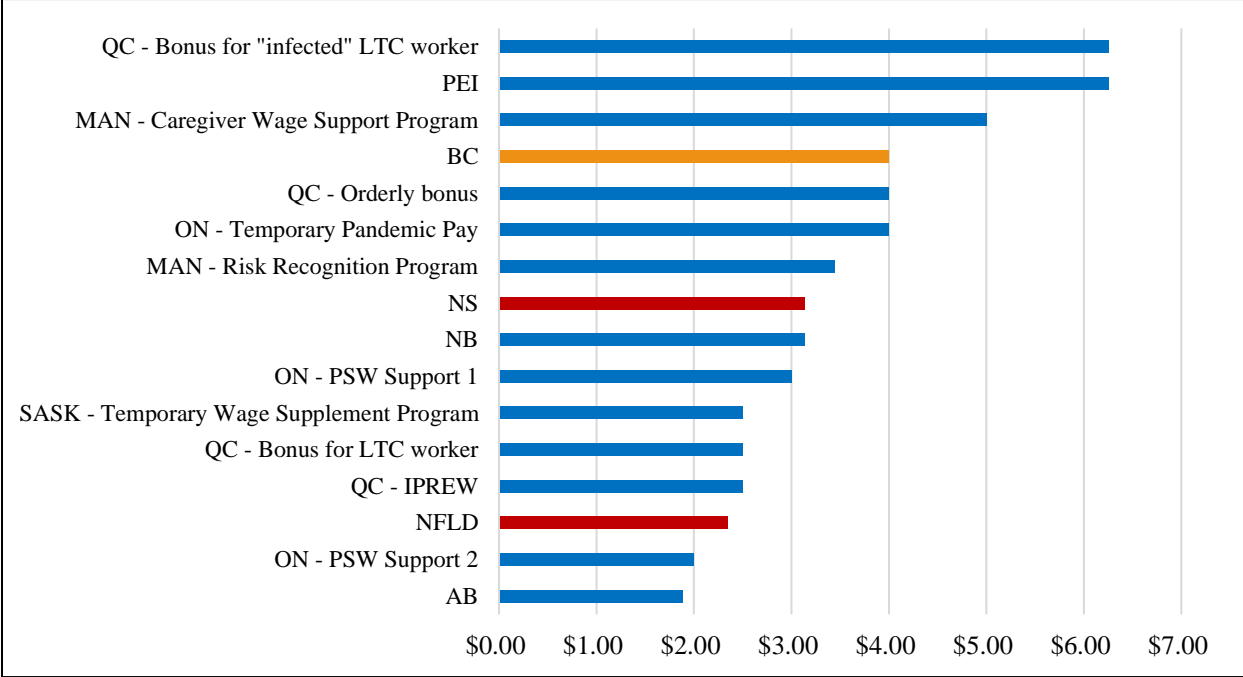
As each program had different methods of distributing the wage-top ups, such as a monthly payment or lump sum payment, I converted all payments to per hour amounts for a better comparison. I converted lump sums or monthly payments into weekly payments based on how many weeks a program was active, then divided each weekly amount by 40 for a 40-hour work week. I did not include the territories wage-top ups in this comparison as their top-ups were different than all the provinces, raising all eligible worker's payments to a specific amount.

Alberta paid the least at \$1.88/hr, while Quebec's bonus for healthcare workers in an 'infected long-term care home' and Prince Edward Island's programs paid the highest at \$6.25/hr. Ontario's PSW Support 2 (workers in public hospitals) was second lowest at \$2.00/hr, followed by Newfoundland's essential worker program at \$2.34/hr. Quebec's IPREW and Bonus for healthcare workers 2 (workers in 'non-infected' LTCs) along with Saskatchewan's TWSP came to \$2.50/hr. Then, Ontario's PSW Support 1 (for workers in home and community care) delivered \$3.00/hr. Both New Brunswick and Nova Scotia's top-up programs came to \$3.13/hr, with Manitoba's RPP following at \$3.44/hr. Ontario's TPP, Quebec's orderly bonus, and British Columbia's top-up program all gave \$4.00/hr. Finally, Manitoba's CWSP was the third highest at 5.00/hr. Despite Prince Edward Island's high per-hour top-up, the program's short length and high eligibility requirements could pose challenges for care workers in that province. Similarly, Manitoba's CWSP was third highest per hour, yet it also had high eligibility requirements and excluded workers in private homes. Therefore, the combination of money per-hour, program length, eligibility requirements and workplaces covered provide a more accurate understanding of how care workers could access and benefit from these programs.

In cross examining which governments were in power during the wage top up programs with the amounts per hour, the only NDP party in Canada which is in power is in British Columbia, who tied for 4th highest at \$4.00/hr along with Ontario's TPP and Quebec's orderly bonus, both of which were put in place by Conservative governments. The only two Liberal governments were in Nova Scotia and Newfoundland; Newfoundland's wage top up was the third lowest at \$2.34/hr and Nova Scotia's was in the middle at \$3.13/hr. As most provinces were under Conservative

governments during the wage top-ups, which provincial parties were in power during implementation do not explain the variation in wage top-up programs.

Figure 3: Provincial wage top-ups per hour in \$CAD. Colour coordinated to provincial political parties.



Federal money for wage top-ups

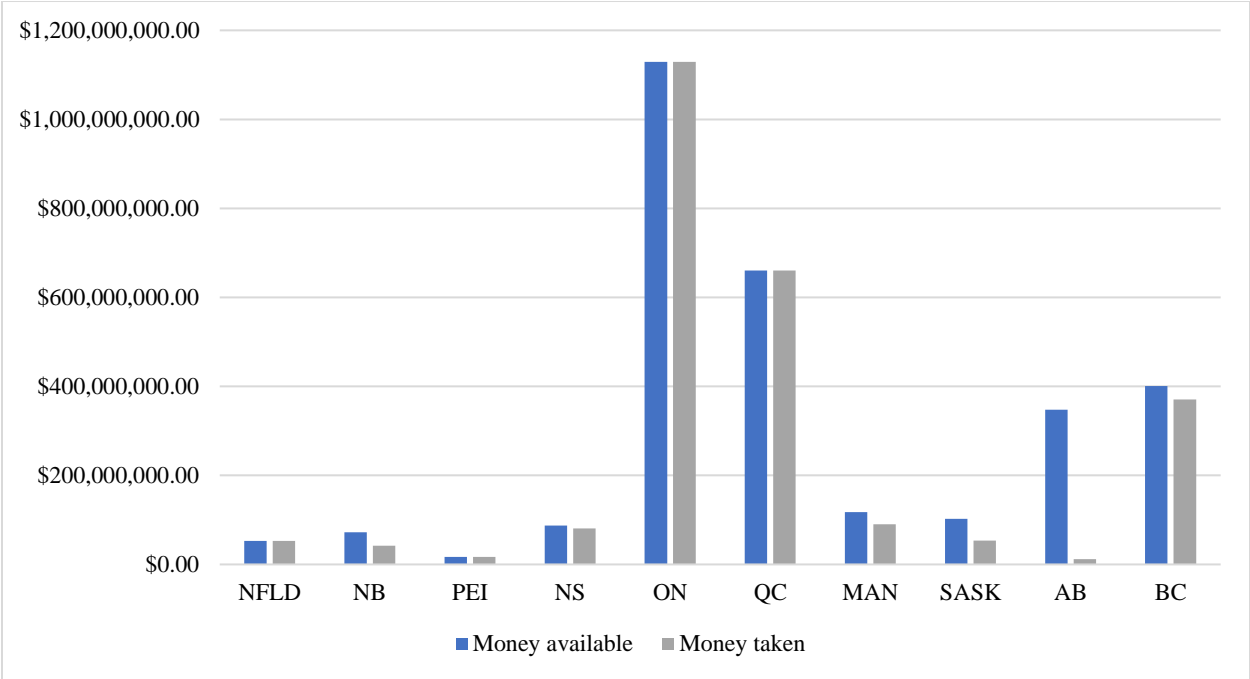
In May 2020, the federal government announced that it would provide up to \$3 billion to increase wages for low-income essential workers (Government of Canada, 2020). The top up had to be matched 25% provincial to 75% federal, meaning that provinces would have to spend a third of what the federal government allocated to them to receive the full amount (Alberta Federation of Labour, 2020). Newfoundland, Prince Edward Island, Ontario, and Quebec took all the available money. Nova Scotia, New Brunswick, Manitoba, Saskatchewan, Alberta, and British Columbia did not take the full amount. Nova Scotia left the lowest amount at \$6.3 million and spent \$26.6 million, while Alberta left \$335 million and spent only \$4 million. New Brunswick left \$30 million and spent \$13 million, Manitoba left \$28 million and spent \$30 million, Saskatchewan left \$50 million and spent \$17.5 million, British Columbia left \$30 million and spent \$122 million.

Containment policies and wage top-up programs

There were high levels of government containment policies in all provinces and territories at the beginning of the pandemic (March 2020 – April 2020) which matched the wage-top up programs of British Columbia, Manitoba’s RPP, New Brunswick, Newfoundland, Nova Scotia, Nunavut, Northwest Territories, PEI, Quebec, Saskatchewan’s TWSP Phase 1 and Yukon’s EWSP Phase 1. These provinces started their wage-top up programs quickly, but outside of the territories, the provincial programs lasted only several weeks. Second and third waves — which were worse

than the first waves across the country — happened further in the year, outside of wage top up programs, in those provinces. While Saskatchewan and Manitoba both implemented additional wage top-up programs in the fall of 2020, British Columbia and Quebec did not implement any other programs despite the severity of the second and third waves. Alberta and Ontario only started wage top-up programs in the second wave of the pandemic with Alberta’s lasting only 16 weeks, cutting off before the third wave in that province. The following is a more detailed account of Alberta, Ontario, Saskatchewan, and Manitoba’s containment policies compared to their COVID-case levels and wage top-up programs, as they were the only provinces to create wage top-ups later in the year.

Figure 4: Distribution of federal money for provincial wage top-up programs



Alberta’s second wave started to occur in October 2020 while its containment policies dipped, then rose again in November 2020 until June 2020. Alberta’s wage-top up program started in October 2020 and ended in January 2021, coinciding with the ‘second’ waves, but the third wave beginning in March 2021 was not covered by a wage top-up program. On average, Alberta’s containment policies never reached the same level of strictness as the beginning of the pandemic.

Ontario’s second wave began in October 2020, a month after its containment policies had dipped significantly from the start of the pandemic, reaching its peak in December 2020. Ontario’s TPP ran from April 2020 to mid August 2020, just missing the height of the second wave. Ontario’s PSW Support programs were active during both the second and third waves, beginning as cases began to rise rapidly in September – October 2020. Just before the PSW support programs were

put in place, in August – September 2020, containment policies levels were dipping as case were rising. By December 2020 the containment policies rose above the first wave levels, and while they dipped again in February and March 2021, they rose again with the third wave and were higher then both the first and second.

Manitoba’s RPP began at the beginning of the pandemic like most provinces, while Manitoba enjoyed relatively low COVID-19 cases and containment policy levels until September-October 2020 when they hit their second wave. The CWSP began in the middle of the second wave as containment policies grew to even stricter levels then the first wave. The CWSP ended in December 2020 which coincided with the falling of cases again. Manitoba’s third wave, the most severe of all waves, began in March-April 2021 was not covered by a wage top-up program.

Saskatchewan’s TWSP Phase 1 began in March 2020 while cases were low and containment levels were high. By October 2020 cases were rising rapidly while containment policies had been dipping considerably, and in November 2020 containment policies rose as the TWSP Phase 2 was put in place. Cases were steady and containment policies grew stricter as the TWSP 2 ended in January 2021, but it was not until April 2021 that cases began to fall significantly.

Depending on the province or territory, care workers had either extensive or very little support during the first, second and third waves of COVID-19 in Canada. Some support coincided with high-levels of COVID-19 while others did not, and many care workers in provinces such as Alberta, Ontario, Quebec and British Columbia had high levels of COVID-19 with no wage support. With Ontario and Alberta’s relatively late wage top-up programs, it could be argued that care worker’s protections and support were not prioritized in those provinces at the start of the pandemic. Only when containment policies dipped, and COVID-19 cases rose, did Ontario and Alberta implement wage top-up programs.

Vaccination priorities

This report analyzed long-term care homes and private homes as places of employment for vaccination priorities. Every province prioritized workers in long-term care and private homes in Phase 1 of their vaccine roll outs except for PEI, where workers in private homes were prioritized in Phase 2. Data was unavailable for specific workplaces for Quebec. The territories, Yukon, Northwest Territories and Nunavut identified care workers in both workplaces as “priority populations” for their vaccine rollouts.

Conclusion

COVID-19 has had a significant impact on the care work economy, and this impact has showed Canadians how essential care work is to our society. Despite this, a care hierarchy still exists, and migrant care workers are often at the bottom of this hierarchy. This report’s findings show that there are major inconsistencies and a lack of standardization in care work professions across the country, which poses problems for social citizenship rights and worker’s associational power. Despite the federal government’s major transfer of money to provinces for essential worker wage top-up programs, there were considerable differences between each province’s programs:

the amount of money given to workers, the eligibility requirements workers had to meet, how long the programs were valid for, and when the programs were implemented. In addition, the comparison of provincial government containment policies and COVID-19 cases show that Alberta, Ontario, Manitoba, and Saskatchewan's wage top-up programs started after COVID-19 cases rose and government containment policies were falling. It was only when COVID-19 cases were overwhelming the healthcare system that care workers were compensated with only a few extra dollars an hour, and in Alberta's case, only \$1.88 extra an hour.

Ultimately, these findings demonstrate that care work is conceptualized differently in each province, despite it being an essential sector of Canadian society. We know that care work is most often undertaken by racialized women in Canada, many of whom have precarious immigration status, which suggests that migrant women's labour is of low value to those making decisions about supports and protections for workers during the pandemic. At the same time, the lack of standardization in care work professions further individualizes and separates care workers in similar professions, hindering the ability to form unions or other forms of worker's associations. The following are policy directions for the future:

- 1. Guaranteed paid sick leave** for all workers in Canada. People should never have to make the choice between going to work sick or losing their paycheck. It is safer for everyone, especially during a global pandemic, to be able to stay home if they are sick and not worry about how to make up the lost income. For care workers, this issue is especially important, as they are more likely to contract COVID-19 and other illnesses due to the nature of their work.
- 2. Standardization for definitions of care work** to ensure there is clarity on entitlements and responsibilities. Nurses, doctors, teachers, and other types of care workers have standardized definitions, therefore, care workers in housekeeping, home care, or kitchen work deserve them as well.
- 3. Provide more support for labour unions who represent care workers** to enhance worker's associational power. For care workers in private homes, especially migrant care workers fulfilling permanent residency requirements, collective organizations of care workers can help them understand their rights and protections as workers in Canada.
- 4. Strong leadership from the federal government** to incentivize provinces to use federal transfers and other measures to protect and support workers. On the other hand, there should be consequences for provinces who left millions on the table for worker support. The provinces that left federal money on the table showed that they did not value care worker's contributions during the pandemic and would rather try and save money than protect those caring for us.
- 5. Permanent resident status for all** migrant care workers (and others coming into Canada such as refugee claimants, seasonal agriculture workers, etc.) on arrival. This will ensure that all workers in Canada have the same rights, protections, and supports. Access to a stable job, labour/health protections, and other necessities of life should never be based on immigration status.

Appendix: Government containment policies, COVID-19 cases, and wage top-up programs

1. Alberta

Figure 5: Alberta government containment policies vs. COVID-19 cases.

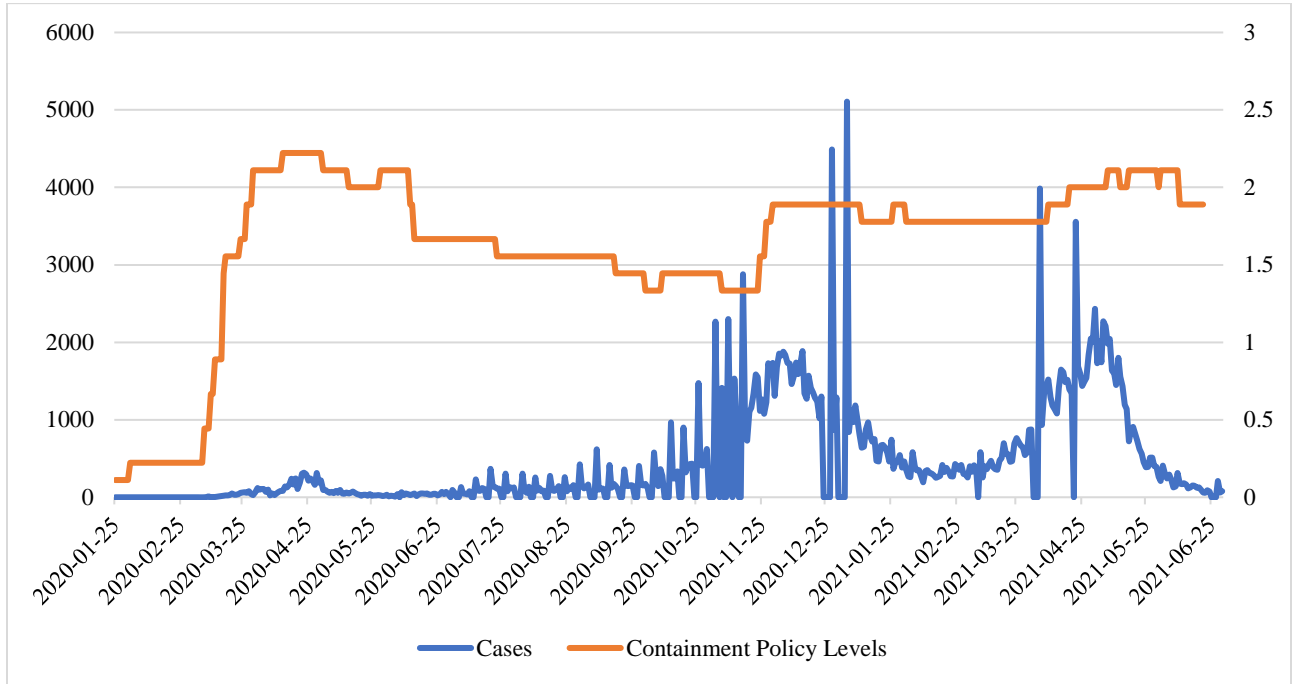
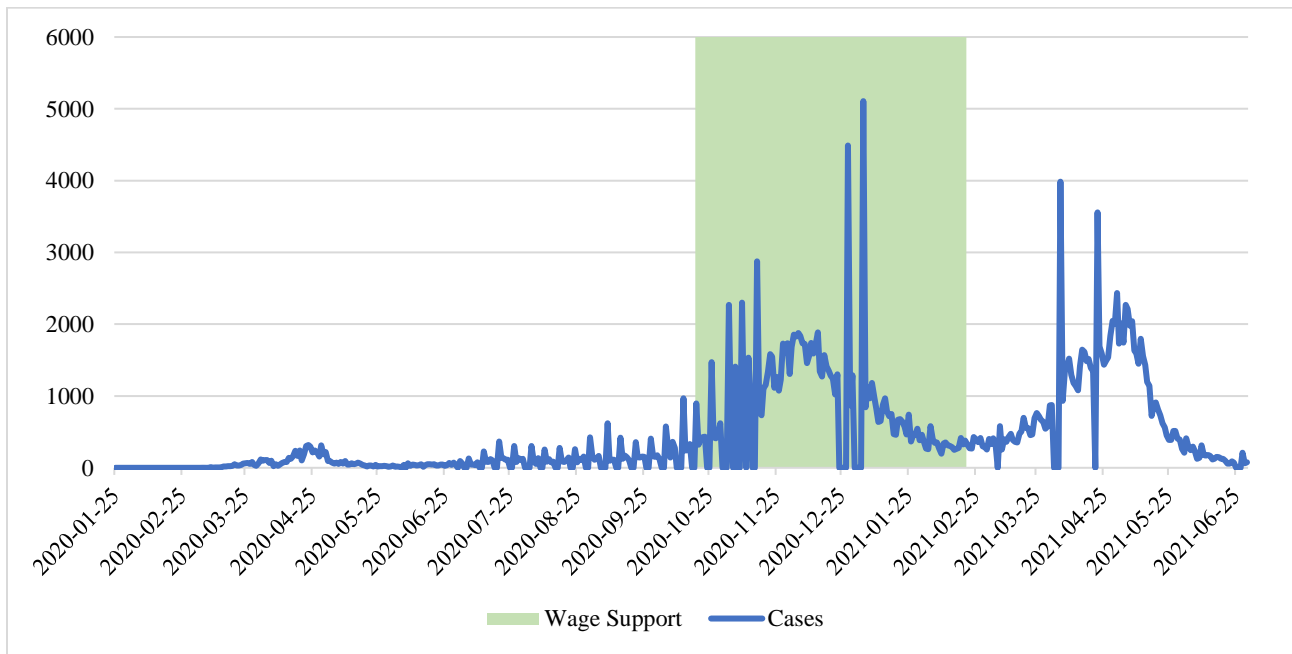


Figure 6: Alberta COVID-19 cases vs. wage top-up program



2. British Columbia

Figure 7: British Columbia government containment policies vs. COVID-19 cases

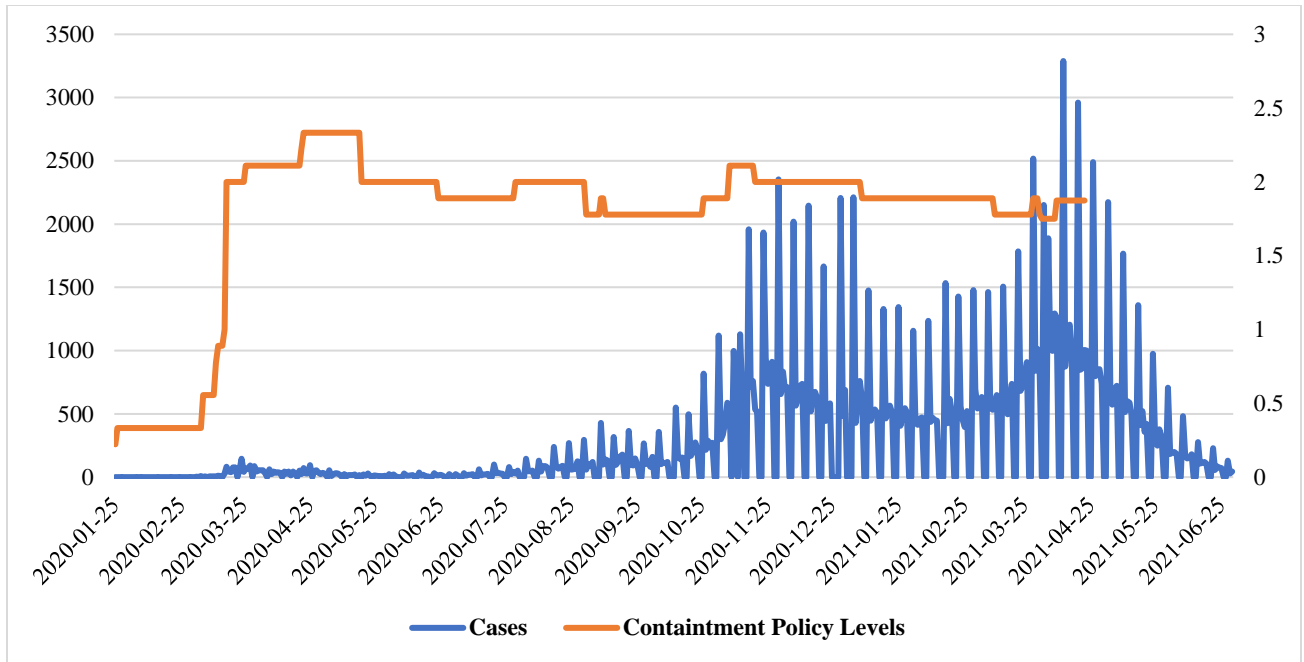
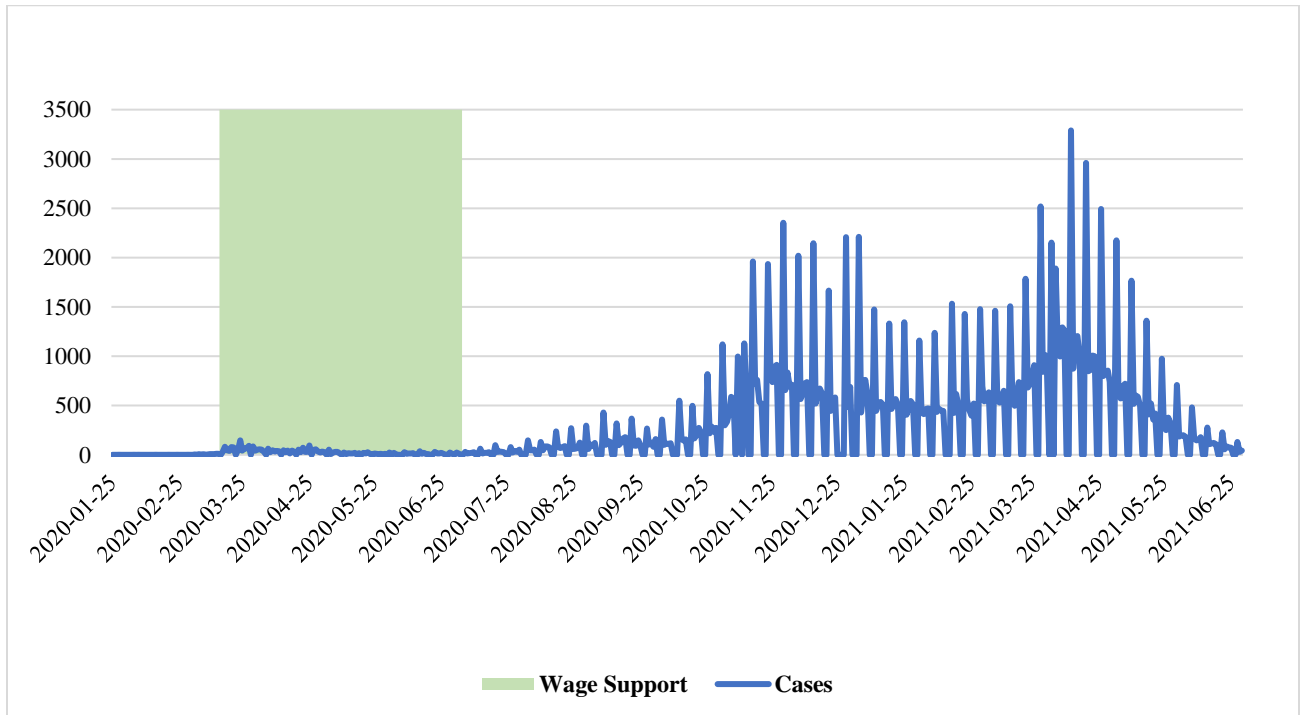


Figure 8: British Columbia COVID-19 cases vs. wage top-up programs



3. Manitoba

Figure 9: Manitoba government containment policies vs. COVID-19 cases

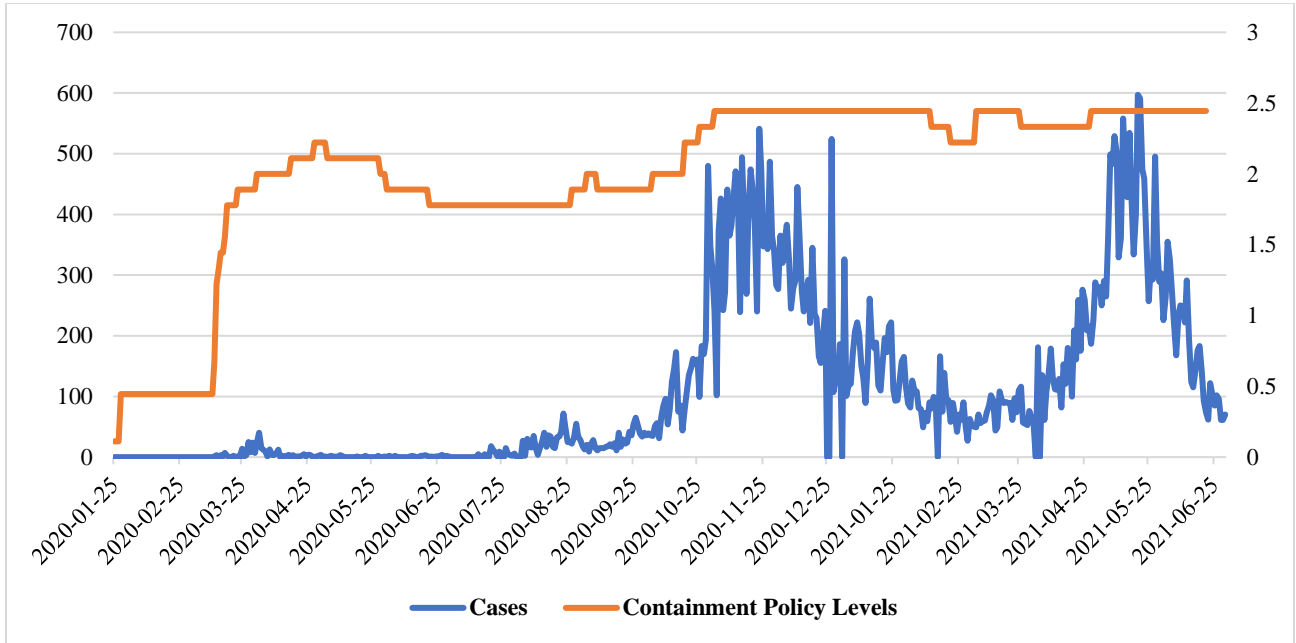
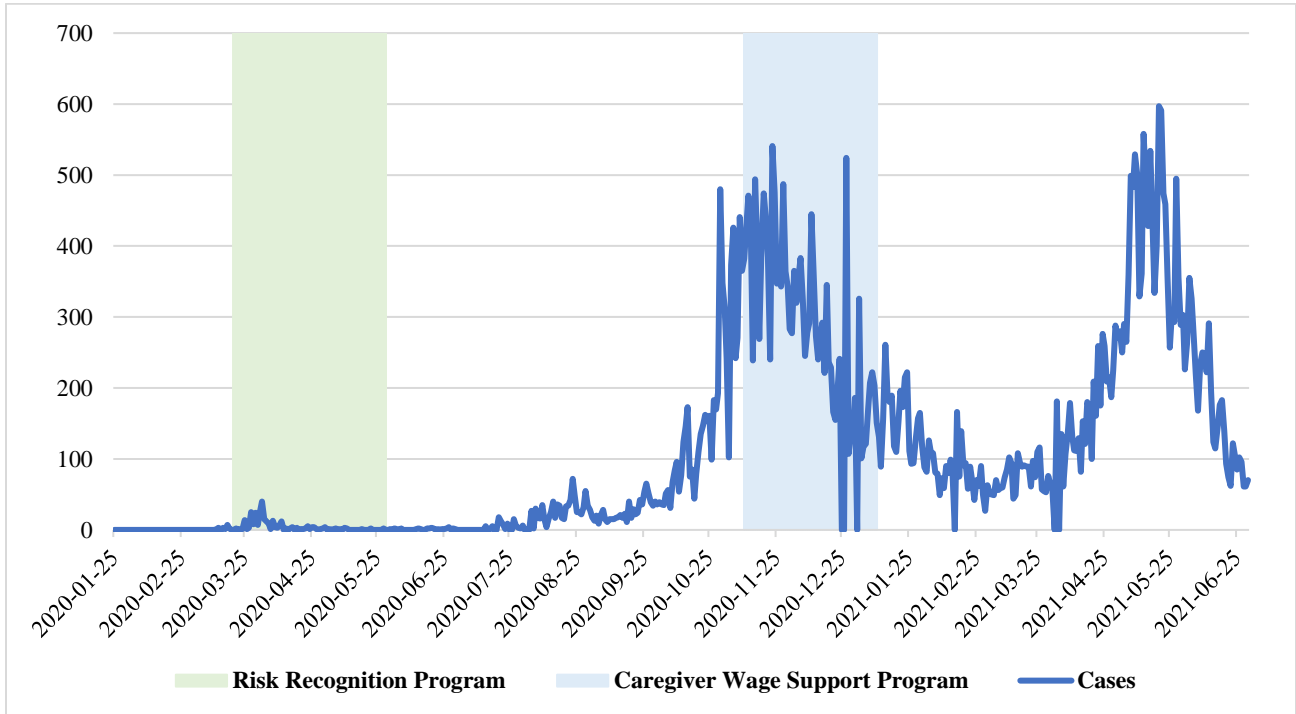


Figure 10: Manitoba COVID-19 cases vs. wage top-up programs



4. New Brunswick

Figure 11: New Brunswick government containment policies vs. COVID-19 cases

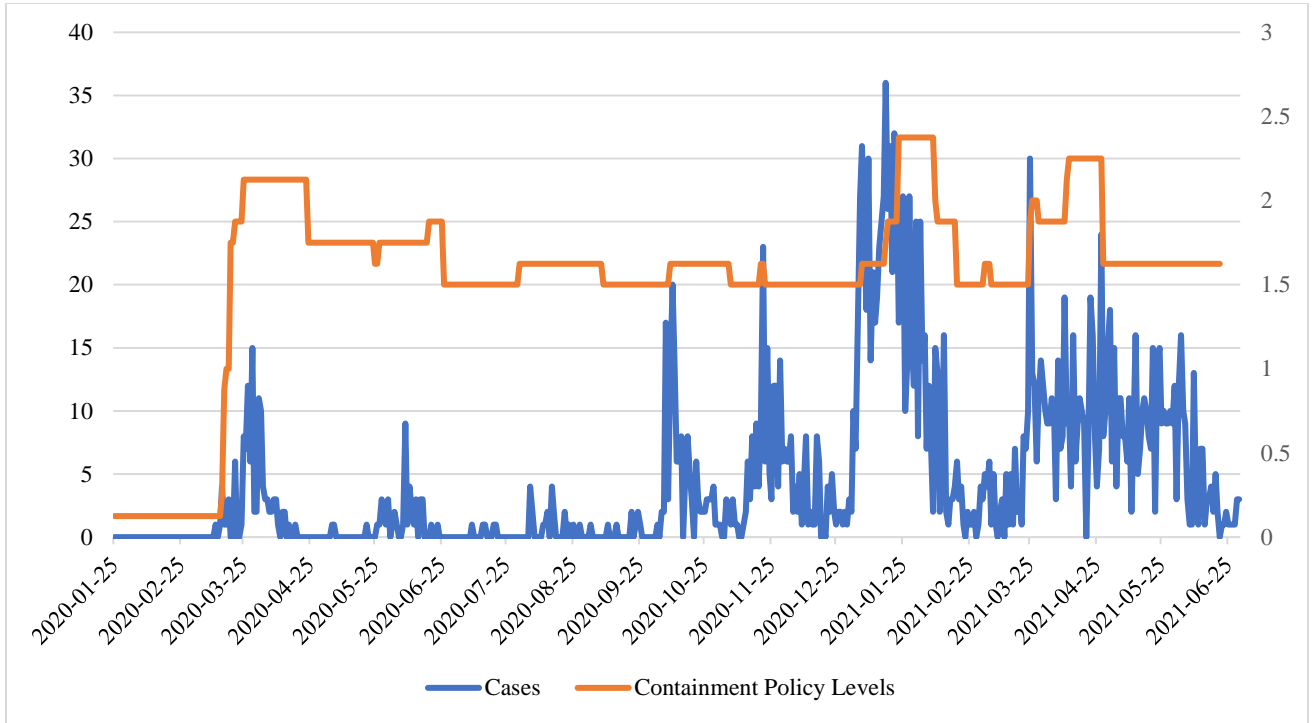
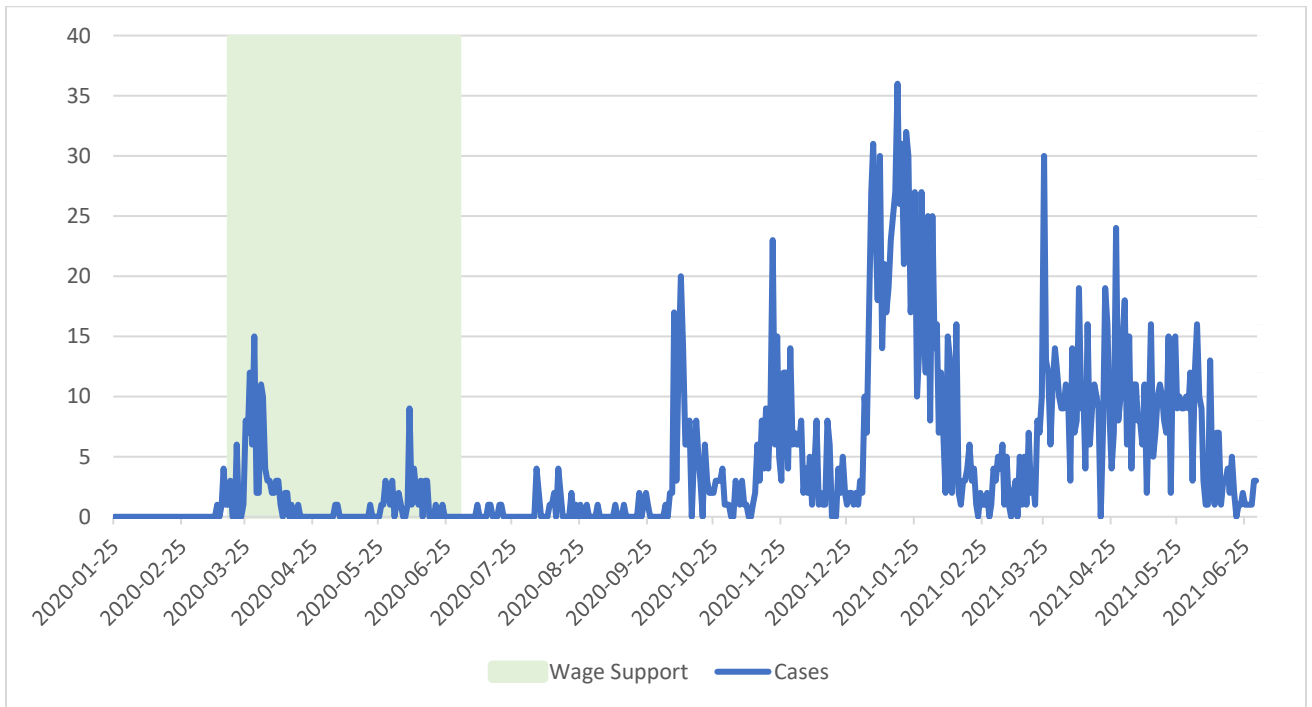


Figure 12: New Brunswick COVID-19 cases vs. wage top-up programs



5. Newfoundland & Labrador

Figure 13: Newfoundland & Labrador government containment policies vs. COVID-19 cases

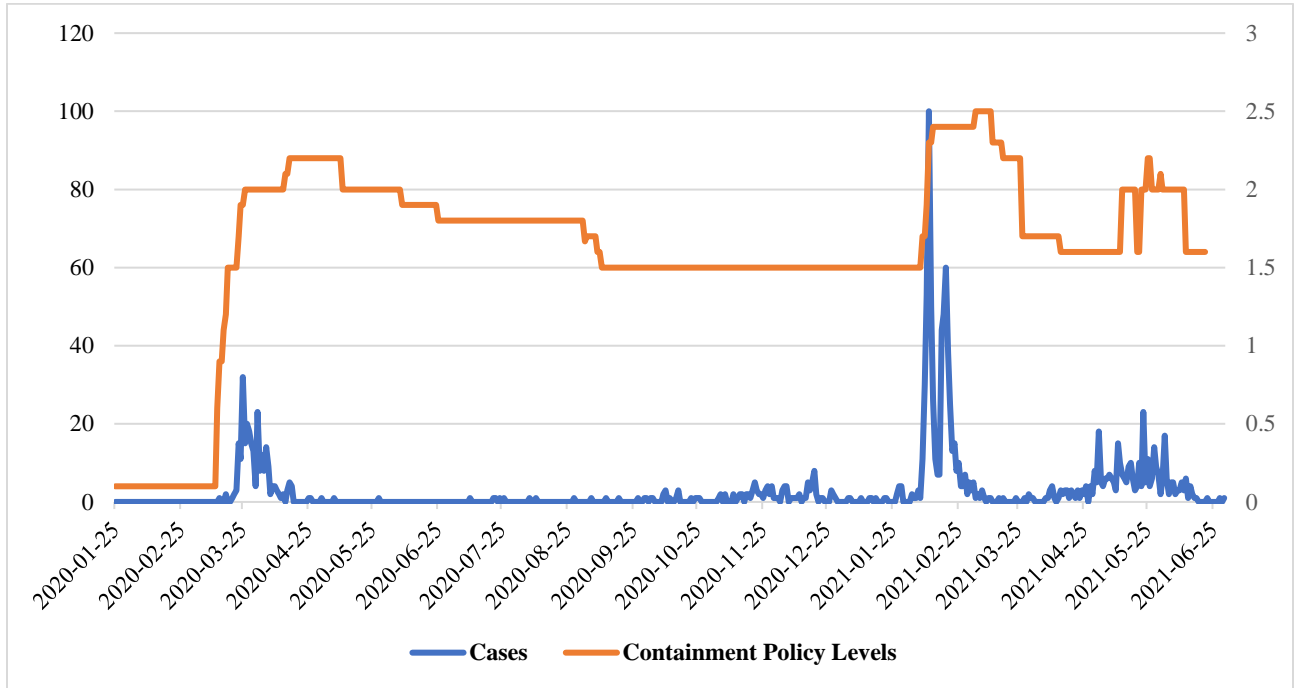
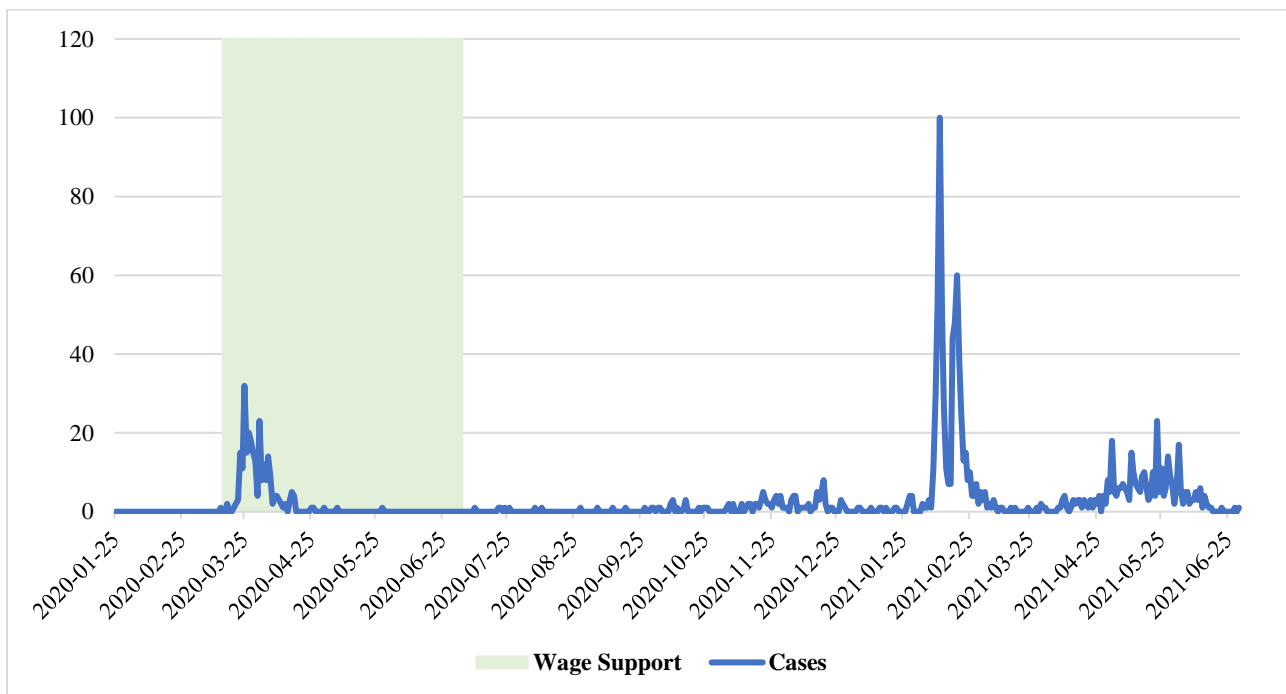


Figure 14: Newfoundland & Labrador COVID-19 cases vs. wage top-up programs



6. Nova Scotia

Figure 15: Nova Scotia government containment policies vs. COVID-19 cases

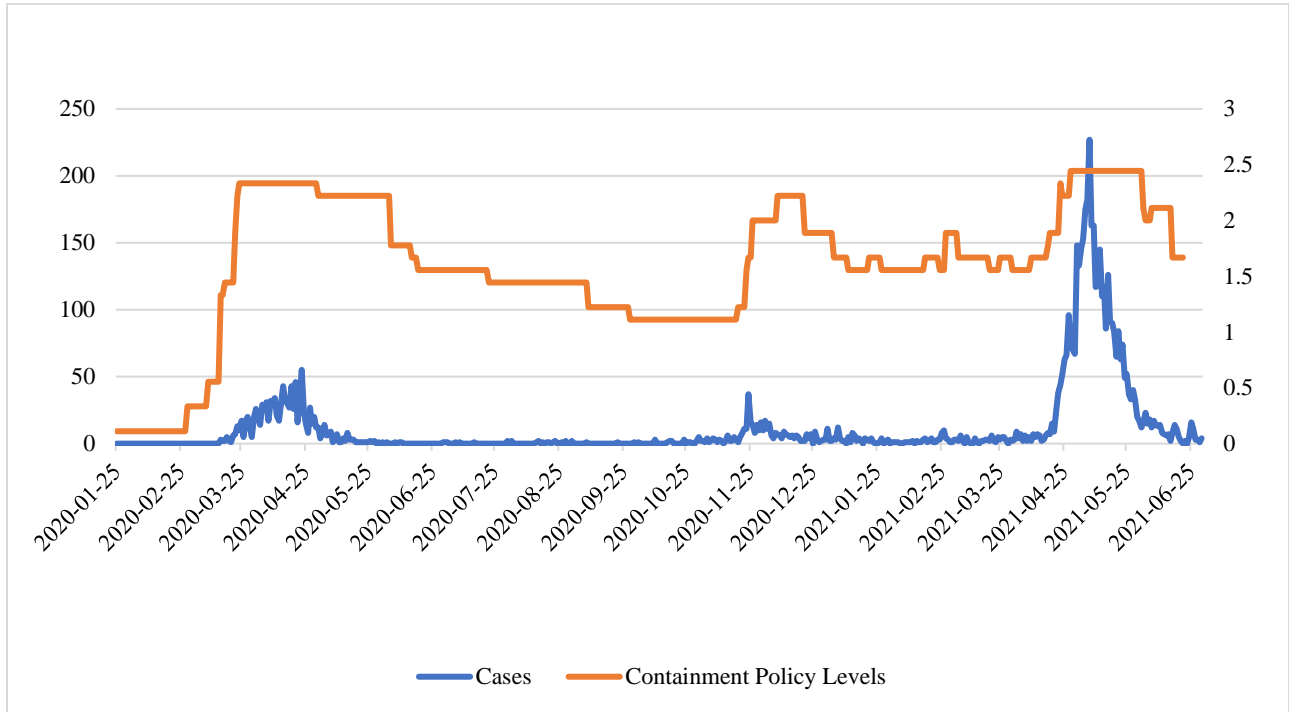
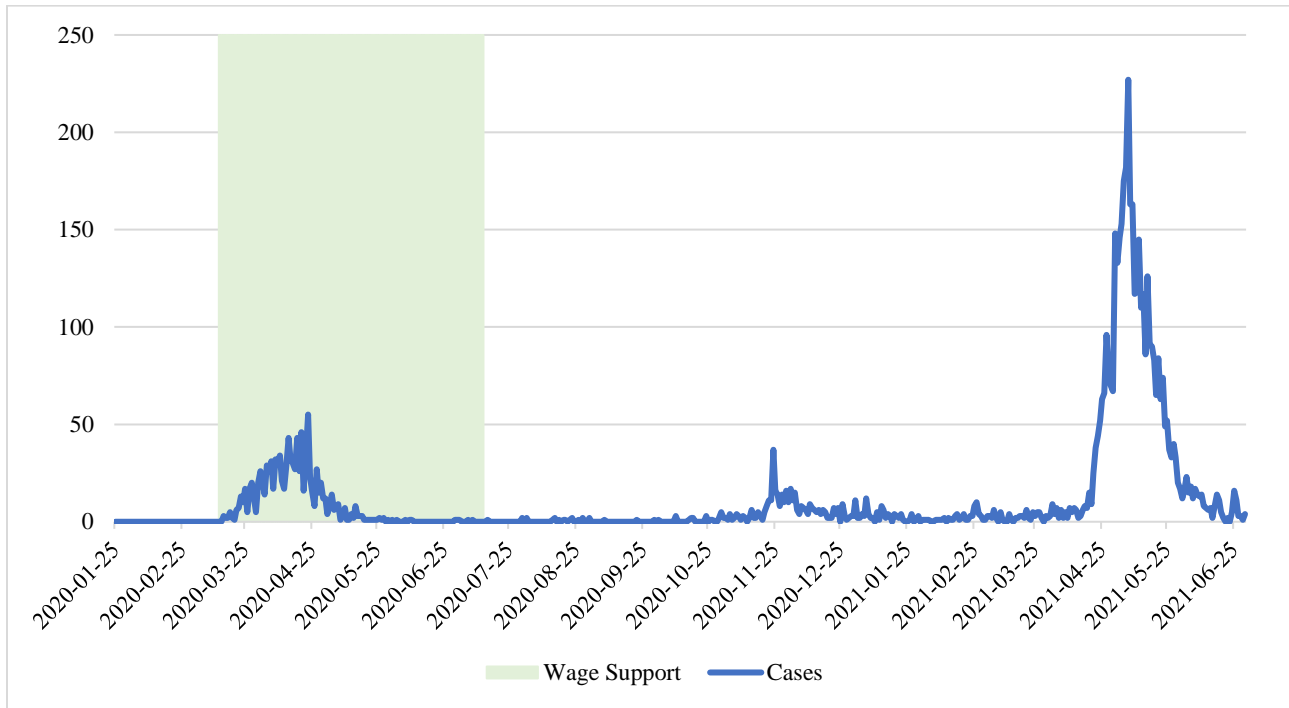


Figure 16: Nova Scotia COVID-19 cases vs. wage top-up programs



7. Nunavut

Figure 17: Nunavut government containment policies vs. COVID-19 cases

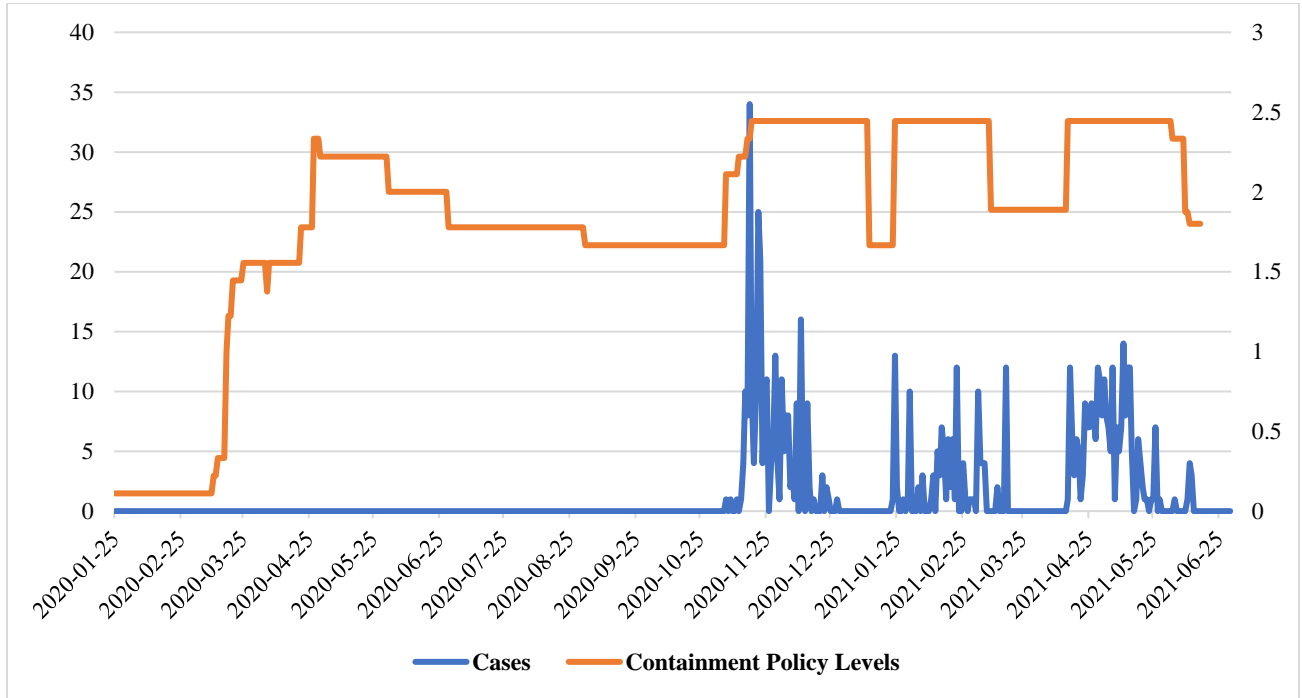
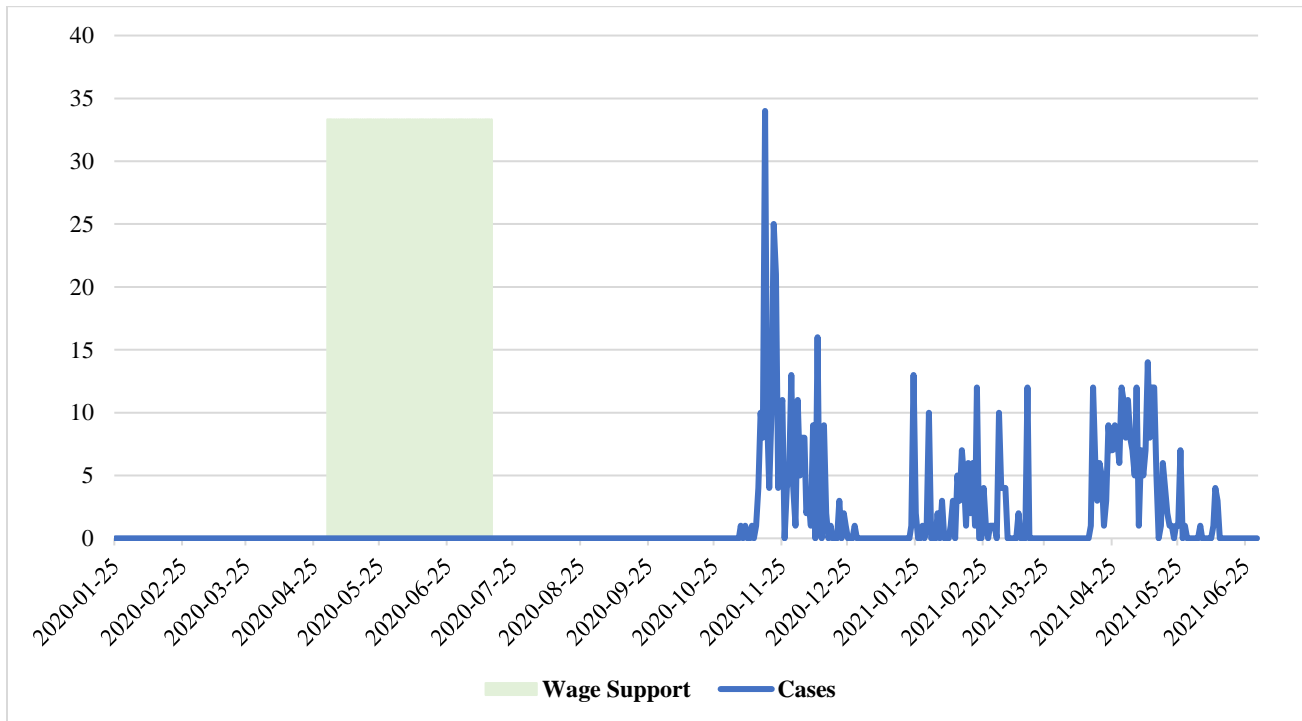


Figure 18: Nunavut COVID-19 cases vs. wage top-up programs



8. Northwest Territories

Figure 19: Northwest Territories government containment policies vs. COVID-19 cases

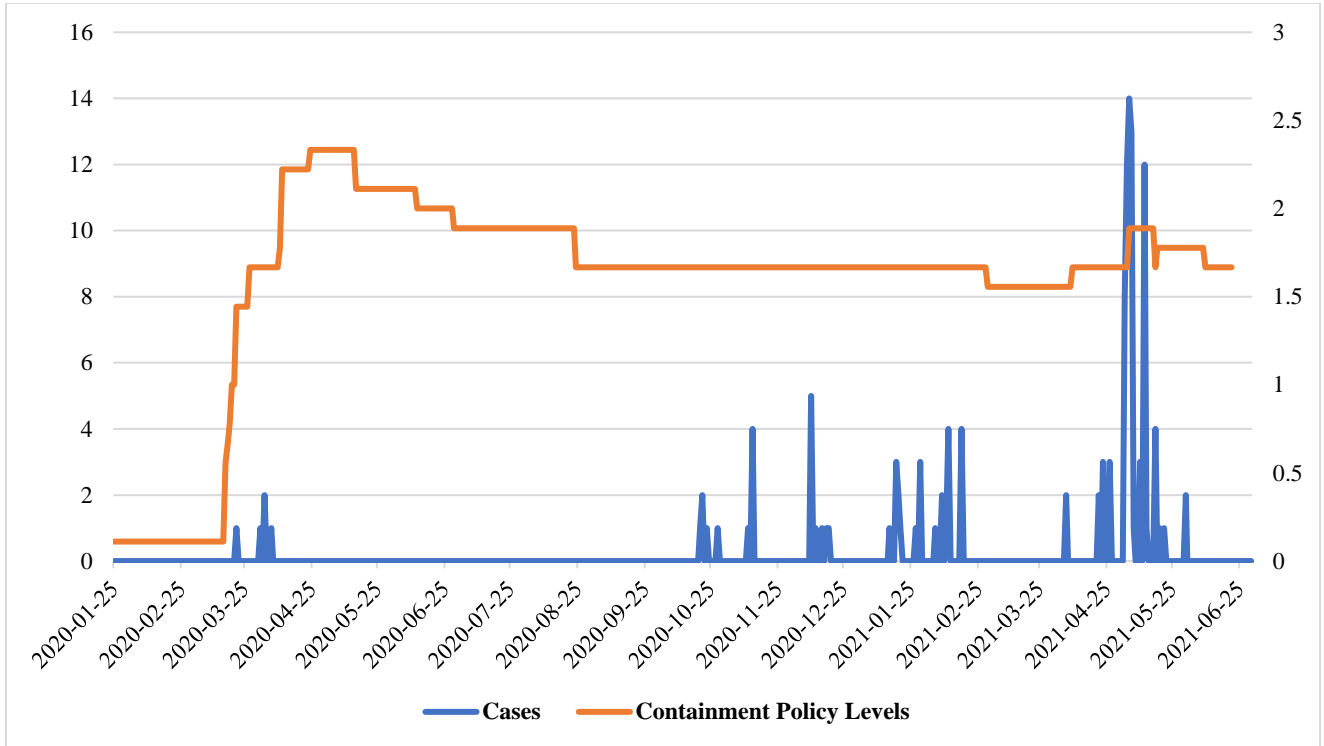
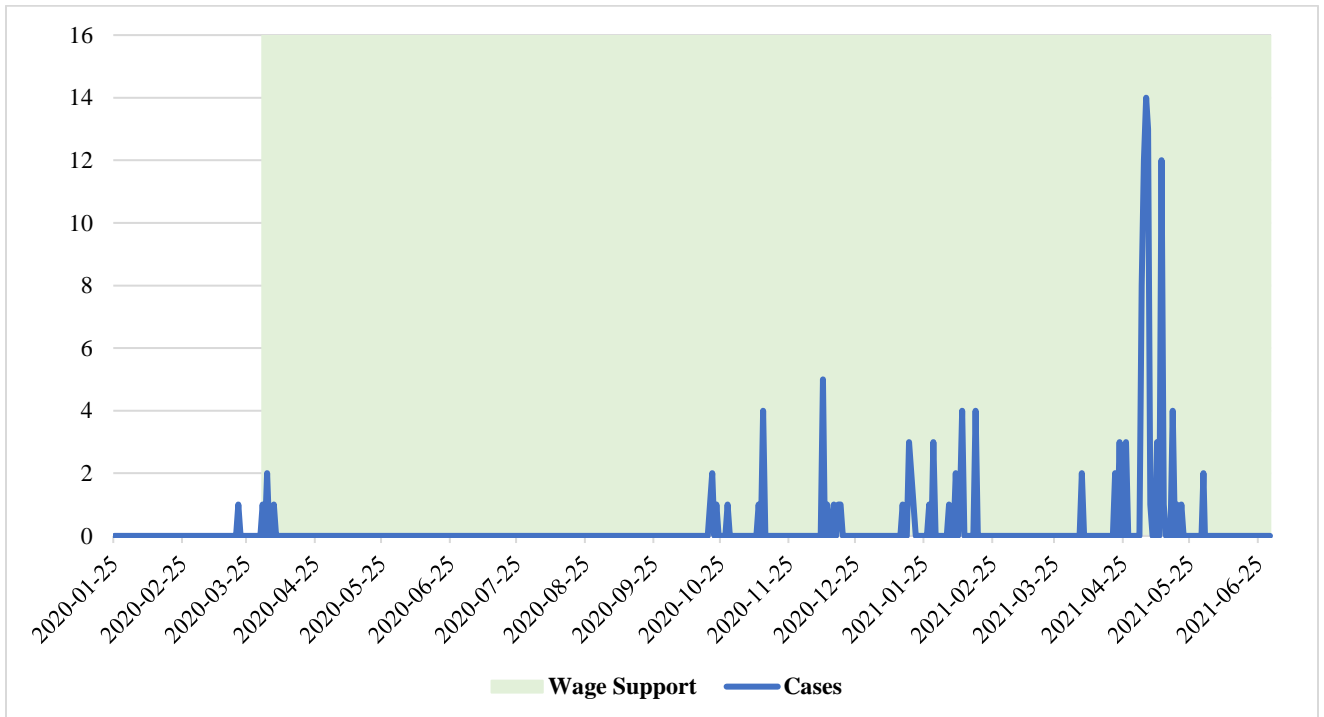


Figure 20: Northwest Territories COVID-19 cases vs. wage top-up programs



9. Ontario

Figure 21: Ontario government containment policies vs. COVID-19 cases

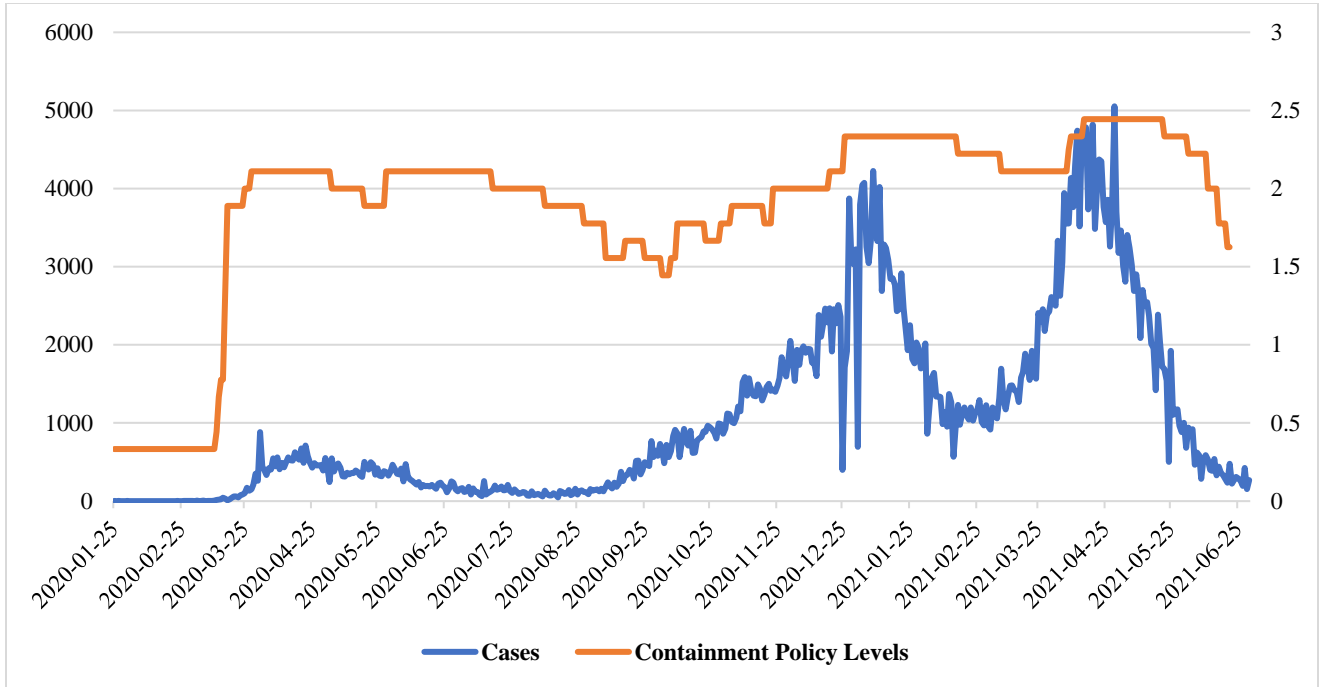
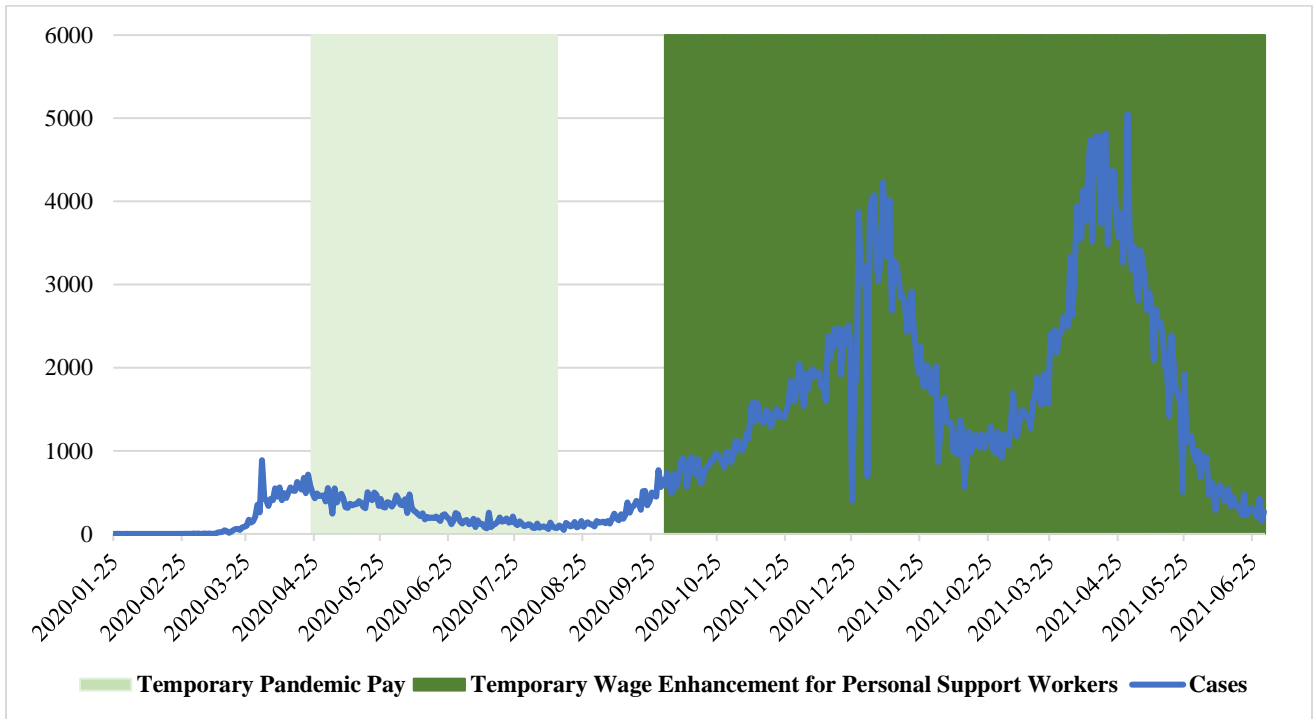


Figure 22: Ontario COVID-19 cases vs. wage top-up programs



10. Prince Edward Island

Figure 23: Prince Edward Island government containment policies vs. COVID-19 cases

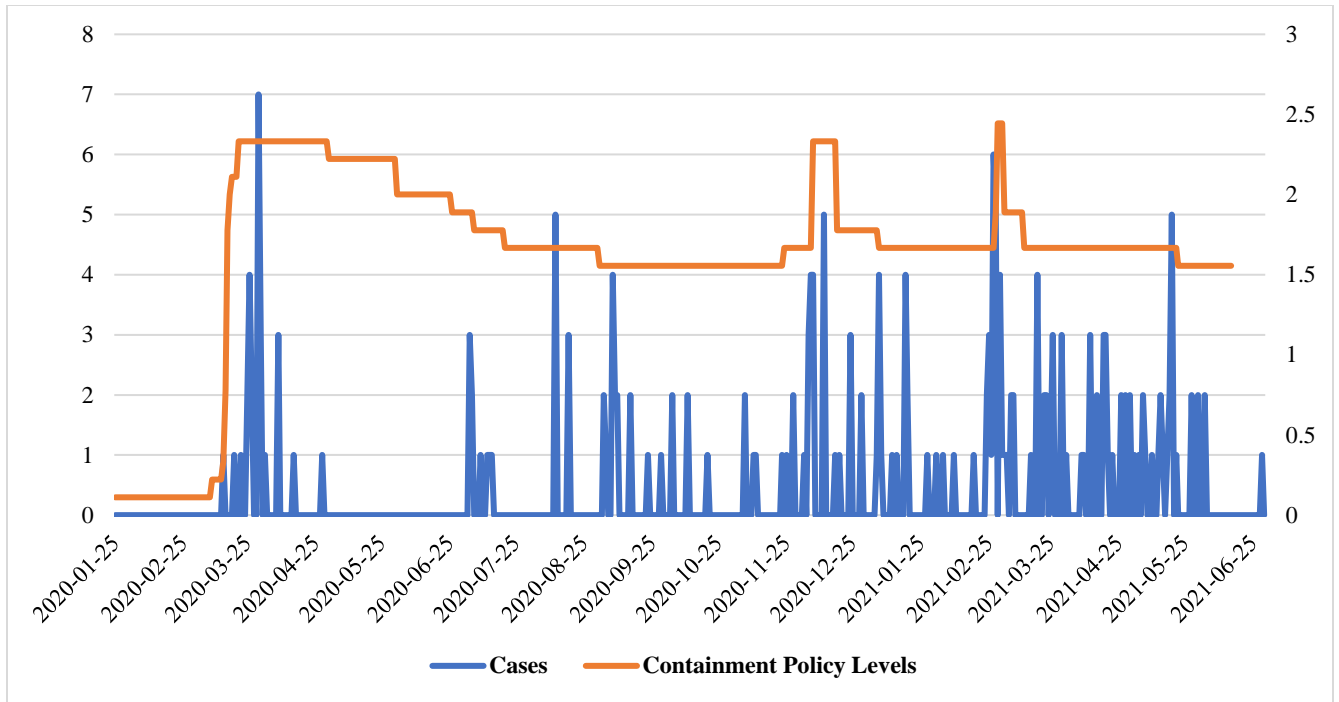
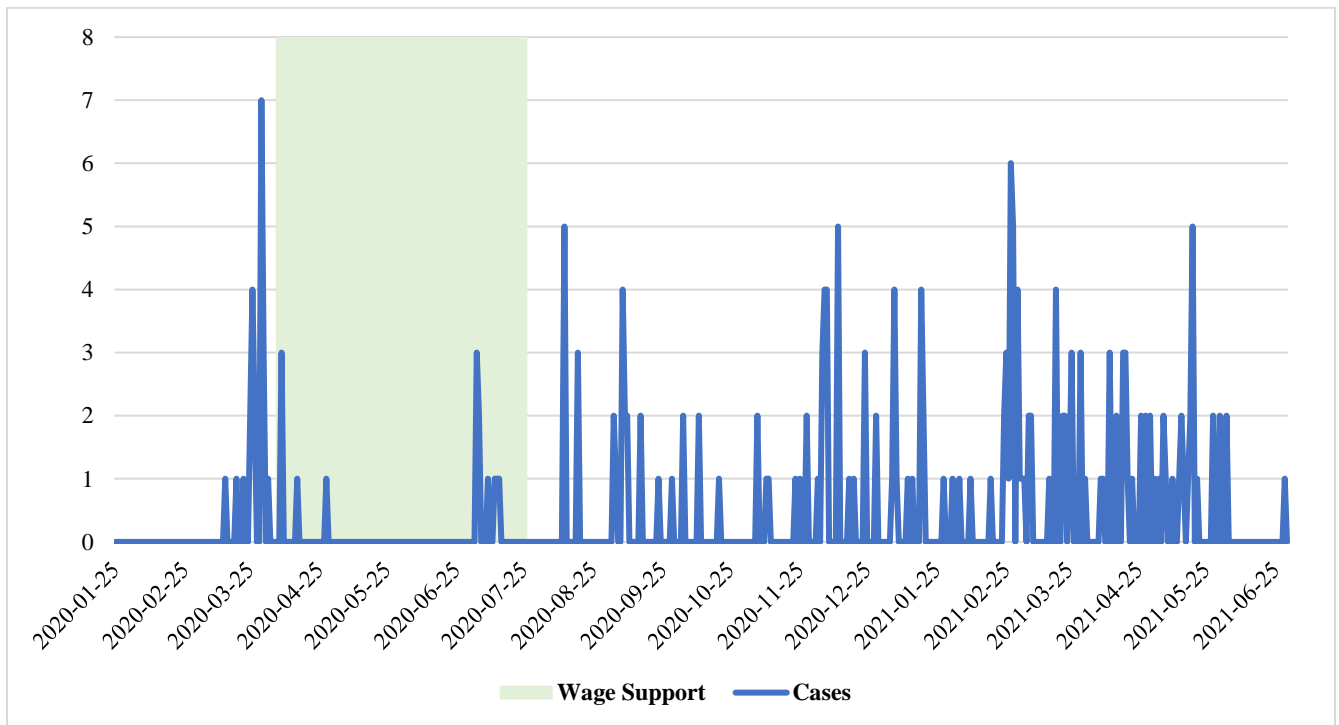


Figure 24: Prince Edward Island COVID-19 cases vs. wage top-up programs



11. Québec

Figure 25: Québec government containment policies vs. COVID-19 cases

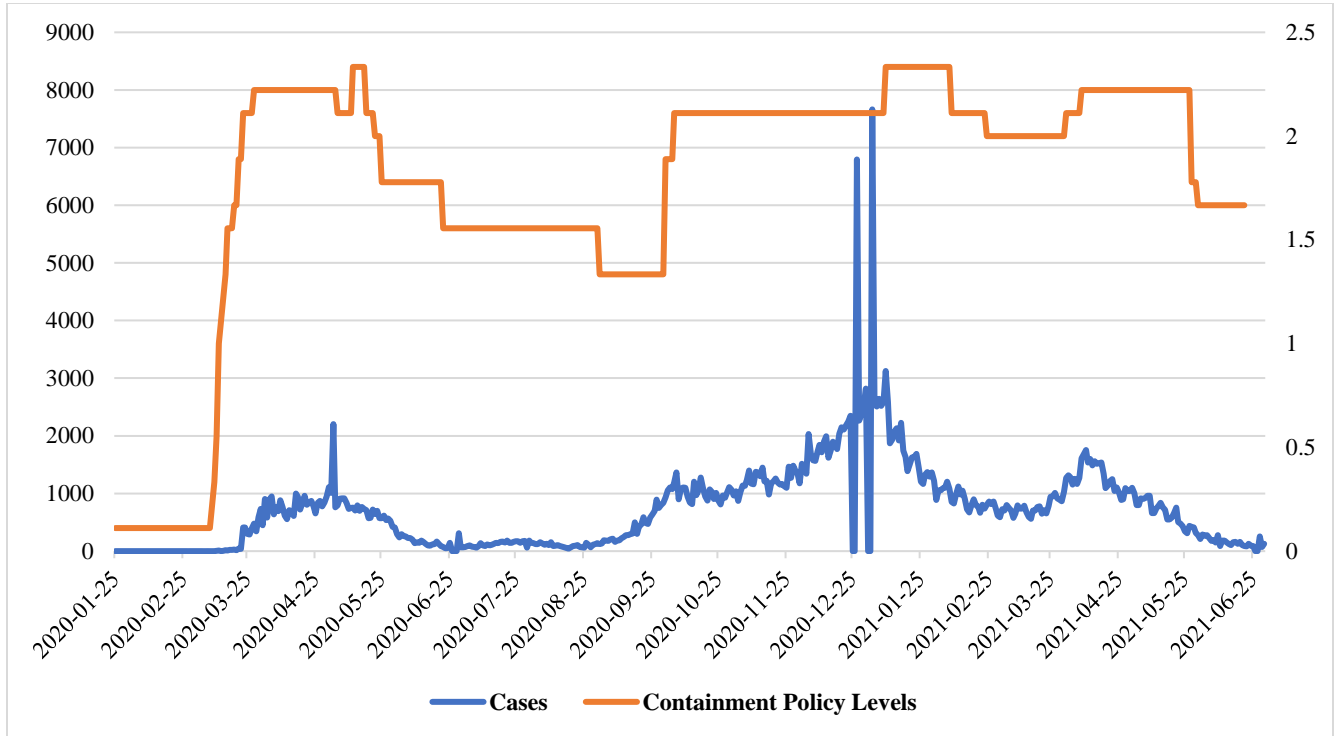
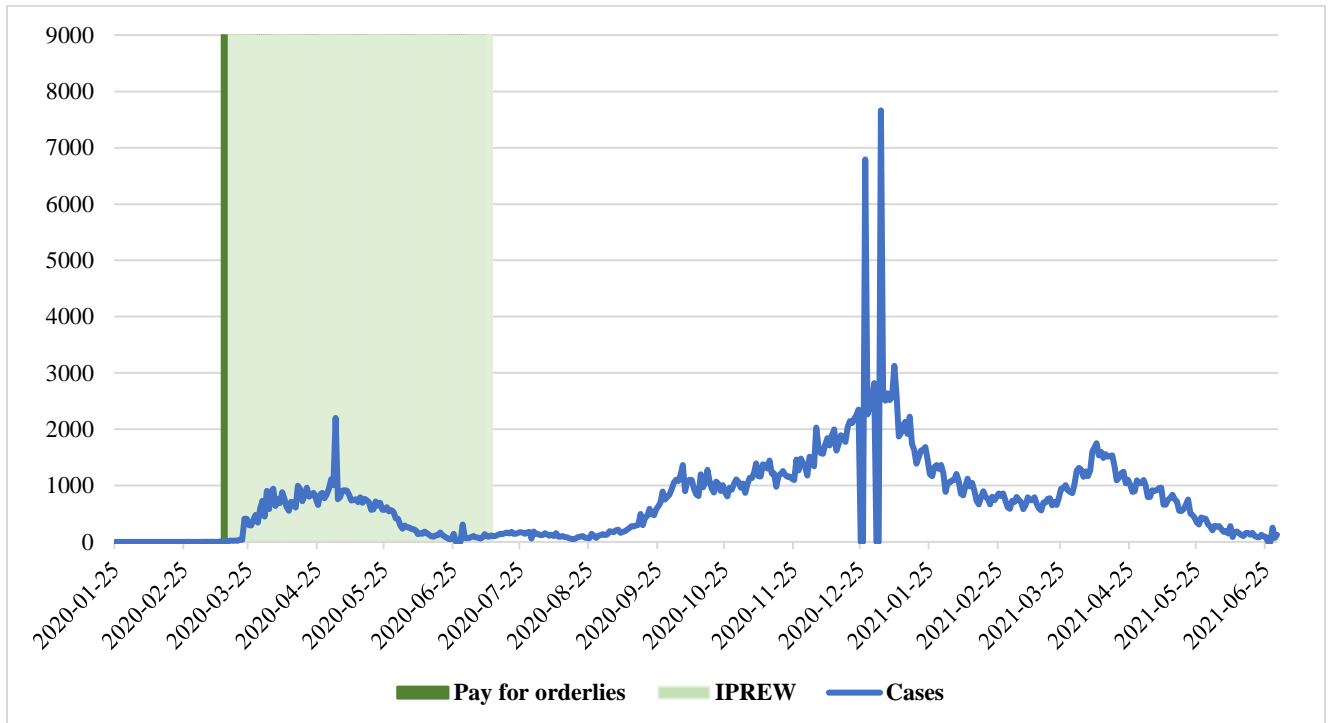


Figure 26: Québec COVID-19 cases vs. wage top-up programs



12. Saskatchewan

Figure 27: Saskatchewan government containment policies vs. COVID-19 cases

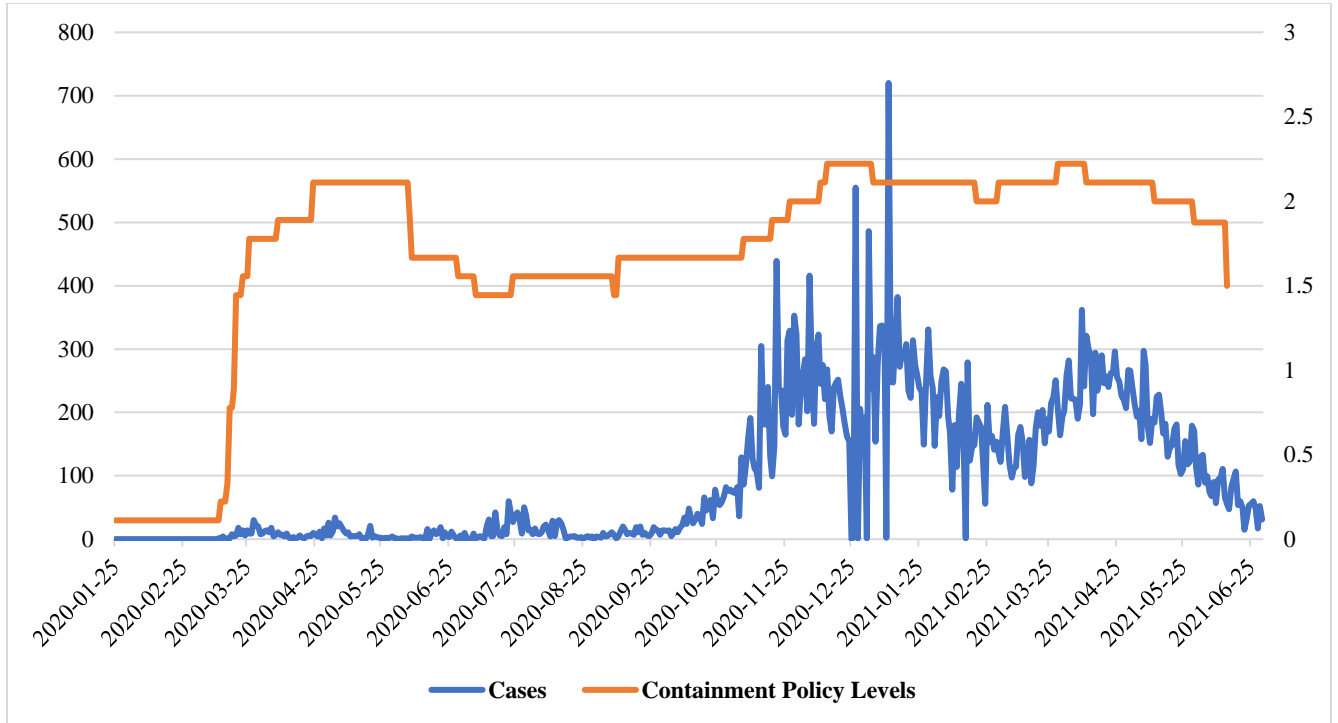
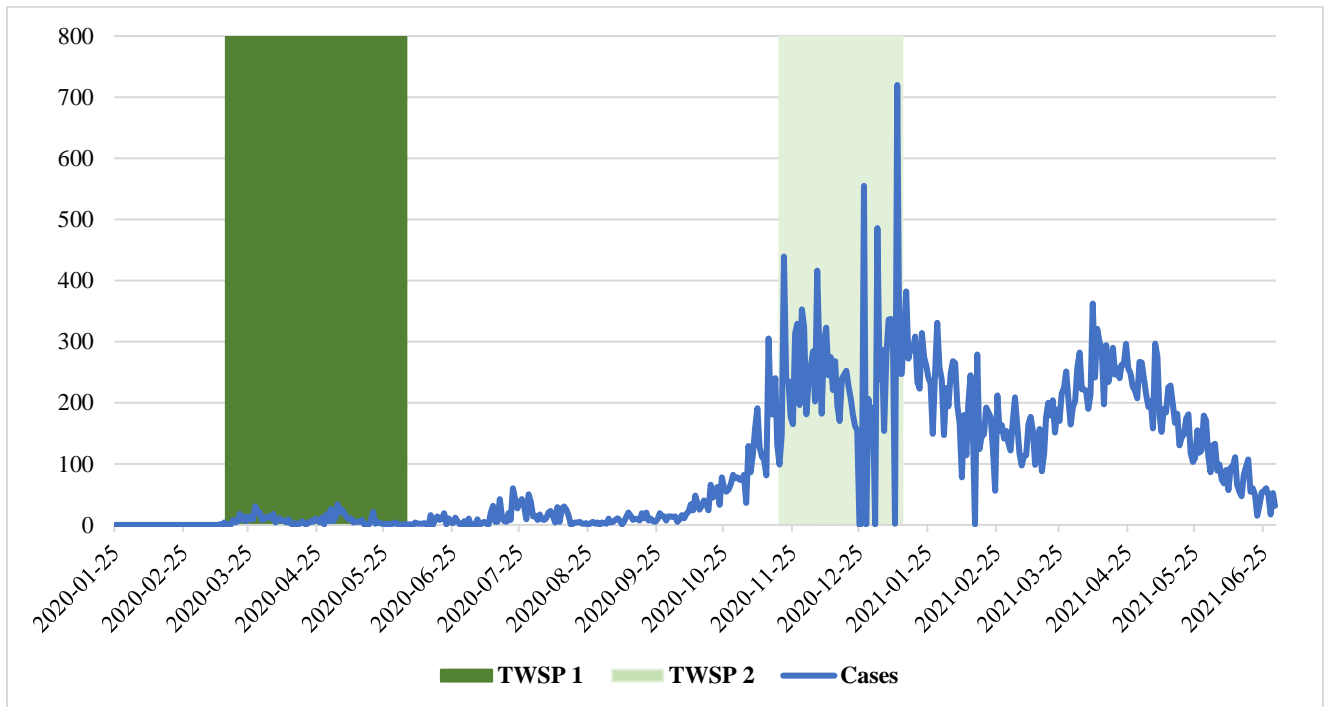


Figure 28: Saskatchewan COVID-19 cases vs. wage top-up programs



13. Yukon

Figure 29: Yukon government containment policies vs. COVID-19 cases

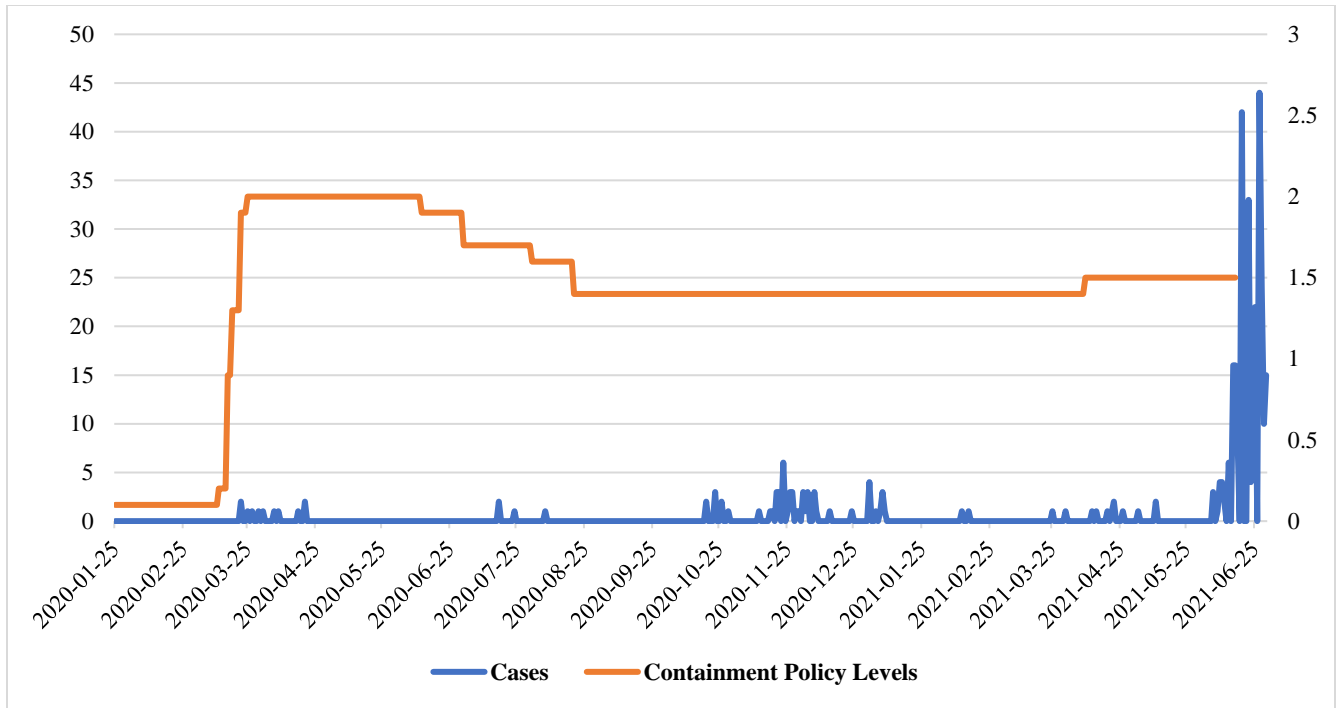
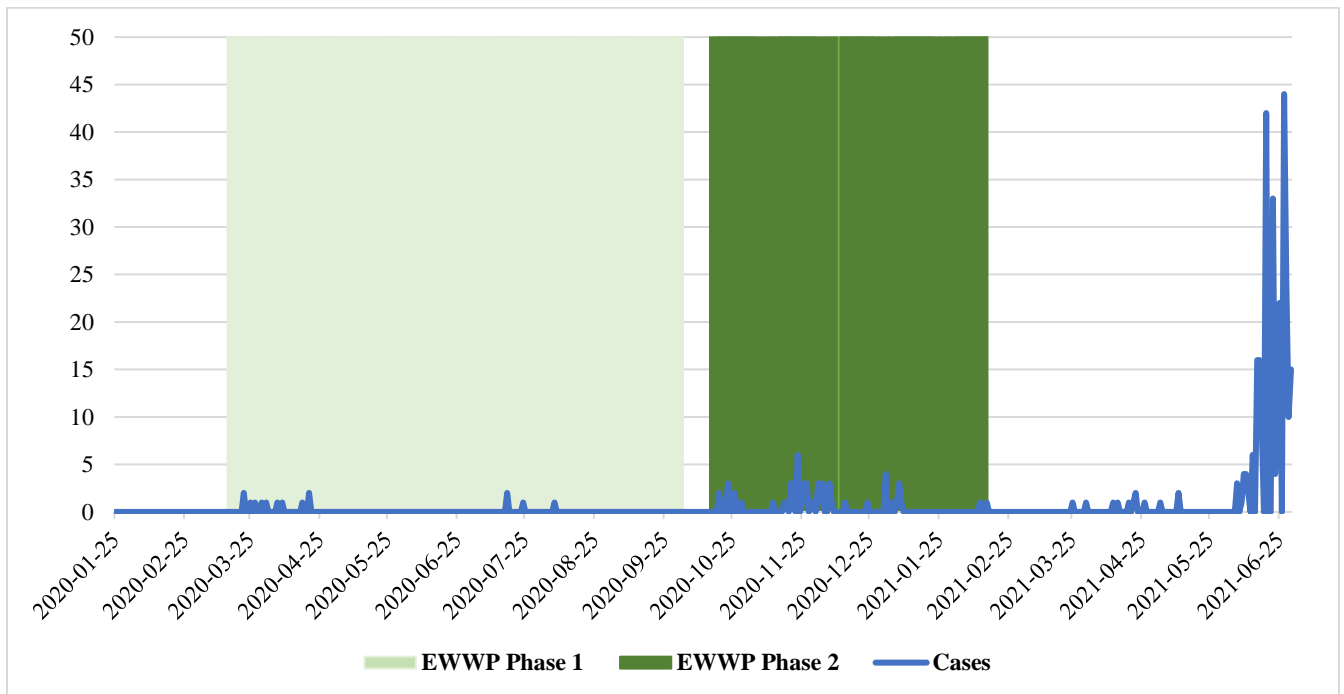


Figure 30: Yukon COVID-19 cases vs. wage top-up programs



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