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Residential Care Sector Personal Support Worker (PSW) Work Force: Characteristics, Trends and Projections

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Introduction

Currently, there are about 3.1 million Canadians who are 75 years of age or older. This segment of the population is projected to grow by over 120 percent to 6.8 million persons over the next 30 years [Figure 1]. A key driver is that the leading edge of the baby-boom, Canada's largest birth cohort, turned 75 in 2021. Concurrent with the rapid growth in the population over age 75 is an acceleration in elder care needs. We focus on projecting the number of personal support workers (PSWs; also called Health Care Aides, Nurse Aides, Continuing Care Assistants, Care Assistants and the like) needed to provide relevant services in the nursing and residential care sector, which includes long-term care homes (also known as nursing homes), assisted living homes, retirement homes and other residential care environments. Assuming the status quo in services per person over age 75 is maintained, the PSW workforce required to provide needs will have to increase appreciably. Beyond this, a modest increment is also required if hours of care per resident improve from the status quo to a four hours of direct care standard as was recently announced in Ontario and as has been discussed in other jurisdictions.

Unregulated PSWs are the backbone of elder care providing the majority of direct care services. Virtually all care assistance with activities of daily living is provided by PSWs. On a national level, PSWs constitute the largest share, 42 percent, of the residential care workforce, with some variability across provinces. Another 18 percent of the residential care workforce consists of unregulated Accommodation Services workers who provide indirect care, including food services and housekeeping services. Nurses (registered nurses, but more commonly, practical nurses) comprise the majority of regulated health professionals and make up about 12 percent of the residential care workforce.

Beyond demographic trends, the COVID-19 pandemic has brought attention to longstanding issues associated with the residential care workforce with particular focus on PSWs. Concerns have been voiced in the popular press [e.g., Jeffords, 2020; Covert, 2020; Grant & Stone, 2020; Grant & Anderssen, 2020] and by academic studies [e.g., Wyonch and

Maqbool, 2020]. Various provincial government inquiries and advisory groups have also produced reports concerning this sector, or parts of it, with a particular focus on long-term care homes (LTCHs -- also called nursing homes). In particular, British Columbia's residential care staffing review (BC Ministry of Health 2017); Nova Scotia's Expert Advisory Panel on Long-Term Care (Keefe et al. 2018); and Ontario's staffing and care reviews/inquiries (esp., Gillese 2019; Ontario Ministry of Health and Long-Term Care 2020; Marrocco et al., 2020; Ontario Ministry of Health and Long-Term Care 2008) have laid out various paths forward in terms of care standards, governance and the like with repeated mention of low staffing levels and the four hours of care per resident per day standard. Other concerns include low pay, multiple job holding, and chronic staffing recruitment and retention challenges. Even prior to the pandemic, some claimed that staffing failed to keep pace with the increasing levels of care needed due to residents' increasing acuity and, in some provinces, increases in the number of residents. This, in part, is influencing concerns about the size of the workforce and discussions about the need to plan for workforce growth. However, we are not aware of any existing staffing projections at the nation or regional levels.

We provide baseline estimates of the increases in the residential care PSW workforce required to meet the growth in the over age 75 population assuming, first, that the status quo is maintained, and second that there is a policy change that increases the hours of worked care per resident per day to four. Although we focus on the nursing and residential care sector, PSWs also work in home care, hospitals, non-congregate private homes and the like.

Although discussed in proposal documents, a four-hour standard is higher than the average currently provided in Canada. But, a recent policy announcement in Ontario (2020) committed to attaining it, and the need is supported by the Canadian Institute for Health Information's (CIHI, 2021a) report that the medical complexity of the residential care population has been increasing, this presents increasing daily care challenges and puts growing demands on the existing workforce. Today, the mean age of residents in residential care has increased to 83 years, with 55 percent being 85 years of age or older. Females

make up two-thirds of residents and approximately 80 percent of residents suffer from neurological diseases such as dementia, stroke, and/or Parkinson's disease.

LTCHs are often the focus of discussion regarding the residential care sector. They employ the largest share of PSWs and provide both short-term rehabilitative stays and long-term residential stays for those who require assistance in performing activities of daily living. LTCH services funding varies across provinces, but typically operate on a fixed amount per day (per diems), or a combination of both global budget packages and per diems. There is significant variation in Canada's LTC facility ownership structure that impacts health services funding, as well as workforce staffing levels and mix. Funding models vary by province but are usually mixed with some costs (typically for care) that are covered publicly, while others (typically for accommodation) are paid privately with potential subsidies for those with low income/assets. The LTCH ownership structure can be some mix of public, private, for-profit, or non-profit; about 44 percent of Canada's LTC facilities are private and for-profit, 29 percent private and non-profit, and 27 percent public (Stutely et al., 2022).

Although not the focus of this study, the home care sector is simultaneously expanding for many of the same reasons, as is residential care and its primary personnel categories – PSWs and, to a lesser extent, nurses. For policy purposes, these care environments, together with hospitals and the like that also employ PSWs, need to be considered jointly since there is a single PSW workforce. The projections presented here, however, only address the residential care segment of this broader labour force.

Data and Modelling Assumptions

While investigations of aspects of the residential care labour force, in terms of characteristics and trends, has been documented in a limited way [e.g., Estabrooks, 2021; Austin et al., 2020], there is a noticeable gap in the available data regarding unregulated PSWs. Such data are needed to inform workforce policy and planning functions. We address this data gap using Statistics Canada's Labour Force Survey (LFS), which was also

employed by Olaizola, Loertscher and Sweetman [2020] to quantify historical PSW workforce trends in home care.

Workers in the nursing and residential care industry are identified in the LFS as those coded 623 according to the North American Industry Classification System (NAICS).[1] PSWs in this industry are identified using Standard Occupational Classification (SOC) codes 4412 and 3413. The LFS allows a national perspective on the PSW workforce in the nursing and residential care sector that seems to accurately reflect the entire industry and facilitates labour market timeseries comparisons. In addition to labour market characteristics, it permits us to examine demographic and socioeconomic characteristics of the PSW workforce. We examine key labour market characteristics over the 2006-2020 period. These include measures of staffing levels, weekly hours and earnings, part-time work, overtime work, multiple job holding and job tenure (sometimes called seniority).

One limitation of the LFS is that we do not know the industry or occupation of jobs beyond the "main job" for multiple job holders. Hence, those who work outside residential care in a main job and as a PSW in residential care in a secondary job are not observed at all. Similarly, for PSWs who are multiple job holders and who work in residential care in a main job, we do not observe industry or occupation of their secondary jobs. As will be seen, just over 10 percent of the residential care PSW workforce reports holding multiple jobs.

Beyond the LFS only capturing industry and occupation for main jobs, some caution is needed when comparing the LFS-based estimates of PSW counts and the like in this paper, which derive from Statistics Canada's survey of workers, to those based on employer

[1] The nursing and residential care industry classification includes workers in nursing care facilities (i.e., LTCHs or nursing homes); community care facilities for the elderly (esp. retirement homes that provide care services); residential care facilities for people with developmental disabilities, mental illnesses, or substance abuse disorders; and other residential care facilities. We cannot differentiate between these facilities in the data since Statistics Canada does not disaggregate them in the LFS. This influences the interpretation of our results. The vast majority of PSWs are likely to work in LTCHs, whereas community care facilities for the older individuals (including assisted living communities and retirement homes with services) are likely to have fewer PSWs and other care staff since residents in the latter care facilities are, on average, more independent. Note that this category does not include retirement homes without services or social housing projects. It only includes residential environments that provide care.

reports. Having workers versus jobs as the unit of analysis is fundamentally different in the presence of multiple job holders. One example of the latter source is Ontario's LTCH staffing report based on reports from that province's LTCH operators (i.e., PSWs' employers) as discussed in Austin et al. (2020). Employer counts of PSWs are biased up, since workers with multiple jobs will be counted repeatedly by each employer, whereas that in the LFS omits the unobserved secondary jobs. If we want a headcount of PSWs, the LFS will be too low, and surveys of employers will be too high.[2] This is discussed further below when information on the share of workers who are multiple job holders is presented.

The number of direct hours of care per resident per day beyond the status quo is, as mentioned, set at four to approximate what is perceived as best/future practice in Canadian provinces, starting with Ontario (2022). We choose "worked" hours as our standard since it is measurable in the LFS data. Austin et al. (2020) note that what little provincial reporting is available usually refers to "paid" hours of care, which contrasts with both "direct" and "worked" hours. Paid hours is the easiest for human resources departments to report, and the most encompassing measure since it includes all hours for which the PSW receives pay, including time with residents, time in meetings, training time, health/coffee breaks, vacations, sick leave and the like. It includes both regular time and overtime. "Worked" hours exclude time away from work because of illness, vacations, leaves and the like, but includes all (regular and overtime) hours at work. In the LFS, the worked hours are self-reported once per month, in the week containing the 15th, and refer to recently completed week. "Direct" care is not clearly defined by Austin et al. (2020) but is usually taken to mean hours in direct (person-to-person) contact with residents. Direct care hours reflect time spent providing hands-on support for residents with activities such as bathing, feeding and transferring. It, therefore, not only excludes holidays/sick days, but also excludes health/coffee breaks, training, meetings and the like. It is a very stringent standard.

In 2020, Ontario adopted the "direct care" standard and announced that by 2024-25 it would move to "average daily direct care of four hours a day per resident." Direct

[2] The magnitude of the LFS bias could be quantified if, perhaps for a limited number of months, the LFS were to add questions about the industry and occupation of secondary jobs.

hands-on care is provided by nurses or personal support workers to support individual clinical and personal care needs" (Ontario, 2020). It did not specify the distribution of that care across PSWs, nurses and allied care staff. In the extension to our base/status quo projections, we assume that all provinces move towards it for LTCHs.

Translating four "direct care" hours per patient per day by all care staff into PSW "worked" hours for the purposes of this analysis (and to "paid" hours for funding purposes) requires some assumptions given the limited extant information. However, Austin et al. (2020) indicate that Ontario, in 2018, provided an average of 3.73 paid hours of care per resident, per day. They break this "down to an average of two hours and 18 minutes from PSWs, one hour and 2 minutes from RNs or RPNs, and 24 minutes from allied health professionals and programming support" (p. 15).[3] Using this ratio of almost two-thirds of direct care being provided by PSWs as a base, and anticipating that the PSW share will increase as hours are expanded, then PSWs might be expected to provide about three-quarters of the four hours of the promised direct care, or about 3 hours of direct care per resident per day. Further, if 75% of a PSWs working time is direct patient care, with the remainder comprising meetings, breaks and the like, then this implies about four hours of paid work per resident per day by PSWs.

Of course, this calculation is for LTCHs, which has higher PSW intensity per resident than some (but not all) subsectors of the nursing and residential care sector that is identified in the LFS data. We attempt to adjust for this lack of detail in the data using the Ontario ratios from Austin et al. (2020). These are probably reasonable, but not perfect approximations for the nation as a whole. Overall, we believe that the projections provided below are useful indicators for planning, but the limitations of both the data and the assumptions required given the limited contextual information mean that they should be read as approximate.

[3] They also illustrate that "paid care hours for caregiving staff per resident has increased by 15 percent between 2009 and 2018" (p. 15). And, while measuring systems differ, they also report that in "terms of paid care hours per resident, Alberta reports providing 3.6 hours of nursing and personal support with an additional 0.4 hours from allied healthcare providers. British Columbia provides 3.6 worked hours, with additional direct care from allied health care providers" (p. 15). So Ontario is not much different from these provinces by these measures.

Turning to the other data sources, future population counts are from Statistics Canada (2022; accessed June 2022) from which we use projection scenario M4: medium-growth, and we obtain the LTCH bed count from CIHI (2021b).

The Size of Sector and its Variation Across Regions

The LFS count of the national PSW workforce in nursing and residential care numbered almost 165,000 persons in 2020, with the regional breakdown seen in Table 1. Columns (2) through (4) of that table compare the distribution of the headcount of PSWs to the distribution of the population age 65, and 75, and over by region. While there is little extant external data to which these numbers may be compared, one source is Austin et al. (2020, p. 8-9) who report numbers from Ontario based on annual reports from LTCH operators. This source reports that, in 2018, there were roughly 50,000 PSWs working in LTCHs. This compares with the just over 66,000 PSWs reported for Ontario's nursing and residential care sector as measured by the LFS in 2020. Given that nursing and residential care is a broader category than LTCHs, the LFS and Ontario administrative data are broadly consistent, although an exact comparison is clearly not possible. The advantage of the LFS is that it is based on Statistics Canada's well-developed methodology, and it provides a consistent definition over time and across provinces allowing for reliable comparisons on these dimensions.

Columns (5) of Table 1 provides the number of LTCH beds per person aged 75 or older. While informative, and despite CIHI's efforts to ensure comparability, there may be differences in the categorization of LTCH beds across provinces that influence these counts. Column (6) bypasses this concern and presents the headcount of PSWs in each regional per resident aged 75 or over and (7) displays a similar ratio using PSW hours worked. In very broad terms, the PSW workforce distribution mirrors that of the two measures of the senior population, but there is also appreciable heterogeneity. At the extremes, Quebec has fewer and the Atlantic provinces more PSWs than the national average given their respective populations of seniors. The range of aggregate annual hours of work by PSWs per

resident over age 75 ranges from 118 in Quebec to 229 in Atlantic Canada. This is a non-trivial difference and shows substantial differences in policy and operation across provinces.

PSW Workforce Characteristics

Between 2006 and 2020, as seen in Figure 2, the national PSW workforce increased by 41 percent, or by almost 48,000 workers. The annualized rate of growth, 2.5 percent, matched exactly the rate of growth of the population 75 years of age and older. We employed this concordance as a foundation for predicting future workforce requirements.

In terms of demographics, this workforce is overwhelmingly female, and somewhat likely to be older and immigrant. Referring to Table 2, which is based on the LFS, we observe that just under 90 percent of PSWs are female. Over 60 percent are married, and about 15 percent have a young child under the age of five. They also constitute a somewhat (though not extremely) aged workforce: approximately 35 percent of them are between the ages 50-65, whereas for the entire Canadian workforce only about 30 percent are in this age category. That these jobs are held by somewhat older workers than the national workforce is not a major cause for concern. In addition, 60 percent of PSWs are born in Canada, whereas about 75 percent of the national workforce is Canadian born. Only half of PSWs in residential care are employed in an urban setting, pointing to the sector's rural prevalence. In terms of education, 15 percent of PSWs report having at most a high school education. Almost half, have a community college education.

With respect to job characteristics, the overwhelming majority (87 percent) are employed on a permanent basis, with almost 60 percent working for employers who operate at multiple locations. Two-thirds are covered by a union's collective agreement.

Wages are a prime concern in critiques during covid and this is addressed in Table 3. The competing sectors for PSWs are hospitals and home care. Hourly wages for PSWs in residential care are higher than in the home care sector and lower than in the hospital sector. This is consistent with the results reported in Austin et al. (2020) for Ontario. Average

actual hours worked per week, including overtime and excluding days away, are similar in the three sectors, but are slightly higher in nursing and residential care.

PSW Workforce Trends

Table 4 provides a view of key historical trends in PSW labour market characteristics. The nominal (not inflation adjusted) median hourly wage stood at about $21 in 2020 representing an increase of 32 percent from 2006. The lower end of the wage distribution (i.e., 25th percentile) increased by a higher 39 percent, from $13 in 2006 to $18 in 2020. It is interesting to note that, despite criticisms about low PSW wages in the residential care sector, the bottom 25th percentile hourly earnings are not out of line with those in competing health sectors, namely hospitals and home care, or similarly educated workers outside the health sector (Stutely et. al., 2022).

Median weekly hours worked (at the main job) have remained essentially unchanged at 32 hours over the study period. However, staff reporting working part-time has declined noticeably from about 30 percent in 2006 to 23 percent in 2020.[4] The rate of part-time work in a typical week remained steady through to 2015, dropping since then. Stutely et. al. (2022) report that over one-third of these workers are working part-time involuntarily, a rate that is higher than observed in competing health and other sectors.[5] The percentage of part-time workers reporting to be working part-time involuntarily varies significantly across regions, from a low of about 26 percent in Quebec and B.C. to a high of almost 44 percent in Ontario. Involuntary part-time work is a source of staff dissatisfaction. The rate of overtime work in a typical week reported by PSWs in residential care has increased from about 8 percent of workers reporting working overtime (either paid or unpaid) in 2010 to almost 14 percent by 2020. The mean tenure is about 4.7 years and while it has shifted from year to year, there is no clear trend over time.

[4] Part-time refers to those that work less than 30 hours per week in the main job.
[5] Involuntary part-time workers are those working part-time who reported wanting full-time work.

Multiple job holding deserves special attention since it was seen as a vector of infection during COVID. In 2020, provincial government actions aimed at stopping the spread of disease in LTCHs attempted to limit the flow of people entering the homes. In many provinces this included multiple job holding and part-time work by staff, a common feature of the labour market in this sector that increases the flow of people into homes. Some provinces introduced changes in regulations explicitly aimed at stopping multiple job holding and part-time work in multiple LTCHs and supportive care homes (Wyton 2020). There were no restrictions on multiple job holding between jobs in these sectors and the broader economy outside these sectors. The impact of this is reflected in a dramatic drop in PSWs working multiple jobs in 2020 to 5.4 percent, down from about 12 percent in earlier years [Table 4]. Figure 3 shows that the largest drops were in British Columbia, Alberta and Ontario, where the 2019 rates were also the highest. Perhaps surprisingly, there is no concurrent change in the percent of part-time, or job tenure, and there is only a modest increase in overtime.

PSW Workforce Projections

In this section, we present projections of the increase in the nursing and residential care sector PSW workforce needed to accommodate the growing elderly population over the 2020 to 2052 period for Canada and for each of six regions. For each, we provide two sets of projections. The first is based on the status quo, and the second is a projection assuming an increase to (approximately) four hours of paid care per LTCH resident per day.

In more detail, our baseline projection holds PSWs per resident over age 75 constant at the level in 2020, using the relevant national and region numbers for 2020 to separately define the status quo for the nation and each region. This implies also keeping number of LTCH beds per resident age 75 and over stable –- which, incidentally, is the near-term plan in Ontario. If policies were introduced to increase or decrease the number of LTCH beds per resident aged 75 and over, or to change the intensity of PSW services provided in the nursing and residential care to something other than 4 hours per resident per day, then the

projections would need to be adjusted. That is, our projections focus on the addition to staffing levels needed to maintain a constant ratio of resident beds per 1,000 population aged 75 years of age and older, set at the 2020 level. A second projection shows the number of additional PSWs required to shift PSW care intensity to four hours per person per day for each LTCH resident, which is a different increment in each region since the status quo varies across regions.

These projections are limited. They reflect the PSW workforce in the nursing and residential care sector and ignore PSW requirements in hospitals, home care and other sectors. They also assume that average hours of work per PSW is stable. If there were, for example, a shift away from part-time workers towards more full-time employment, then our projections of the required headcount would need to be adjusted.

The national results of our projections are depicted in Figure 4. The blue bars reflect the increase in the size of the workforce that needs to occur each year to maintain the status quo in 2020. The orange bars reflect this plus the additional workers needed to increase the average service intensity to four hours of paid PSW care per LTCH resident per day. The shift to four hours is (unrealistically) broken into two components: an increase that we artificially attribute to the year 2020 that reflects the number of new workers required to bring the entire system as it existed in 2020 to the four-hour standard, and the number of new workers required each subsequent year to maintain that standard as the population grows and ages. In practice, the increment allocated to 2020 would need to be phased in over multiple years, and exactly how many years is a policy decision. For example, in announcing the increase to four hours of direct care per resident per day, Ontario (2020) indicated that it planned on phasing in the increase between fiscal years 2020-21 and 2024-25.

As can be seen, over the next 30 years, Canada's national residential care sector will need to add about 9,000 to 10,000 workers to the workforce each year to about 2040 to maintain the status quo. After 2040, the sector will continue to grow, but the growth in the size of the PSW workforce will slow appreciably. Total staffing levels will increase from about 164,000 in 2020 to just over 380,000 by 2050. For the increase to 4 hours of paid care each

day, about an additional 13,500 workers are needed in the short term, and then an additional 600 to 800 PSWs are needed beyond the base case in each subsequent year to about 2040.

Regional projections that are parallel to the national ones are presented in Figures 5 through 10. Given limitations following from Statistics Canada's regional population projections, the reginal PSW projections only extend to 2043. Clearly, there are difference across the regions in the expected growth of the age 75 and over population. For example, the peak need for additional PSWs occurs sooner in the Atlantic provinces than that in most other provinces. Also, in 2020 some regions were closer, and some further, from the four-hour standard so shifting to this standard is a larger step in some regions than others.

The annual total size of the PSW workforce nationally and in each region that matches the incremental increases presented above, for the status quo case in 2020, are shown in Appendix Figures 1 through 7.

In terms of training spots for these needed positions, they will need to exceed the number of staff demanded as a significant share of those in the training stream do not complete or do not end up working in the sector. Based on experience from Ontario this figure is in the 40-50 percent range. However, we can expect this to decline if pay, working conditions, and perceptions of the sector improve over time with implementation of reforms. Beyond the training spots needed for the expansion of the PSW workforce, additional PSWs need to be trained to replace those who leave the occupation because of normal turnover following form retirement, working age PSWs moving to jobs in other industries and the like.

Concluding Remarks

Staffing issues in this sector are complex and systematic. Overall, there are no easy solutions or short-cuts. There is a growing need to attract, train and retain more PSWs since,

even to maintain the status quo, a larger PSW workforce is (or larger workforces in each province are) required given population growth and aging.

A few key policy decisions and environmental factors may affect the accuracy of our projections. First, we assumed that the ratio of full- to part-time positions remains constant at the 2020 level. If there is a shift to more full-time employment, then the number of workers needed will accordingly decrease. Given the large share of involuntarily part-time workers in this sector, such a shift seems to be eminently feasible on the supply side. Whether such a shift is easy to accomplish on the demand side is an outstanding question.

The shift to four hours of care per day may in and of itself improve working conditions/workload and improve retention. While this does not directly affect these projections, it does affect the turnover and reduce the number of training spots required. Also, as seen in Table 2, although not overwhelming, immigration is an important source of workers in this occupation and relevant programs/pathways may play a significant role in PSW workforce growth.

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Tables & Figures

Table 1

Region	PSW Count	PSW Count (%)	Pop65+ (%)	Pop75+ (%)	LTCH Beds per 100 Pop75+	PSWs per 100 Pop75+	PSW Annual Worked Hours per 100 Pop75+
	(1)	(2)	(3)	(4)	(5)	(6)	(7)
AT	16,104	9.8	8.2	7.2	7.6	7.6	229.4
QC	29,146	17.7	24.6	25.2	5.7	4.1	117.8
ON	66,146	40.2	38.2	38.6	7.1	5.9	171.8
PR	12,625	7.7	5.9	6.0	10.7	7.2	202.0
AB	16,167	9.8	9.0	8.5	6.5	6.7	173.3
BC	24,333	14.8	14.2	14.5	6.7	5.9	166.3
Cda	164,521	100.0	100.0	100.0	6.9	5.7	159.9

Source: Labour Force Survey and Statistics Canada population projections, calculations by authors

Table 2

Residential Care PSW Workforce Characteristics	
Demographics:	**Percent**
Female	88%
Married	62%
Child Under 5 years old	15%
Canadian Born	60%
Urban Center/CMA	58%
Age Distribution:	
19 – 29 years	21%
30 - 39 years	21%
40 – 49 years	24%
50 - 59 years	26%
60 – 65 years	8%
Education:	
High School or Less	15%
Some Post-Secondary	19%
Community College	48%
Bachelor's degree or higher	17%
Employment:	
Permanent	87%
Employer Multiple Locations	58%
Union Coverage	67%

Source: Labour Force Survey, adapted from Stutely et al. (2022)

Source: Labour Force Survey and Statistics Canada population projections, calculations by authors

Table 3

PSW Median Hourly Wages and Weekly Hours Worked, By Sector, 2020

Sector	Wage	Hours
Hospitals	$22.00	32.0
Residential Care	$20.70	32.5
Home Care	$18.00	30.0

Source: Labour Force Survey, calculations by authors.

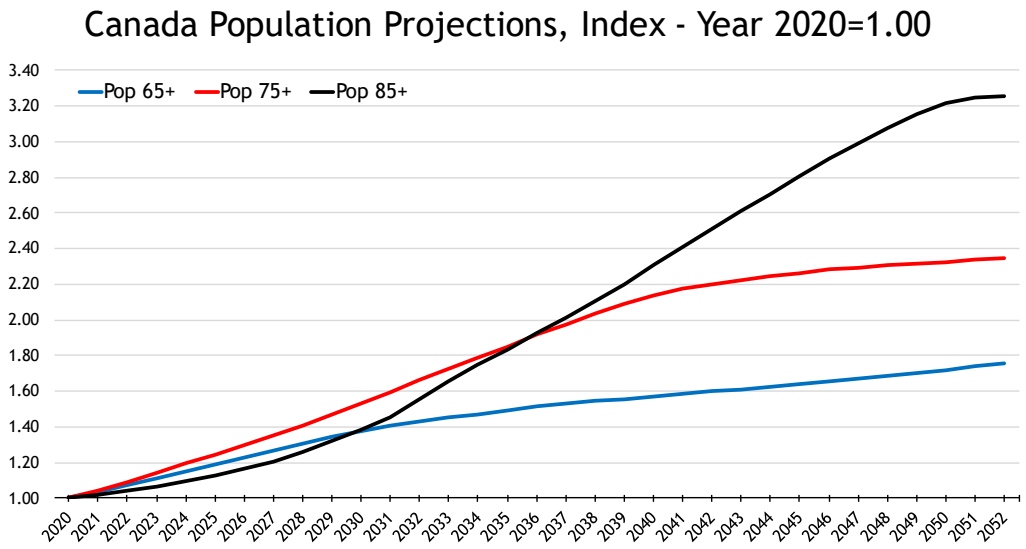
Table 4

Residential Care Sector Personal Support Worker (PSW) Labour Market Trends, 2006-2020

	Hourly Wage Distribution			Labour Market Activity				
Year	25th %ile	Median	75th %ile	Median Weekly Hours	% Part-time	% Multiple Jobs	% Over Time Work	Median Tenure (yrs)
2006	$13.00	$15.70	$17.50	32.0	29.0	10.7	10.2%	5.0
2007	$13.30	$16.00	$18.10	32.0	28.0	10.5	8.8%	4.5
2008	$14.00	$17.00	$18.70	32.0	29.0	10.7	10.1%	4.8
2009	$14.80	$17.20	$19.00	31.0	31.0	10.7	9.5%	4.3
2010	$15.00	$17.90	$19.40	32.0	30.0	12.6	8.2%	4.5
2011	$15.20	$18.40	$20.00	32.0	29.0	11.9	8.7%	4.8
2012	$15.20	$18.40	$20.00	32.0	29.0	10.1	8.7%	4.8
2013	$15.20	$18.90	$20.80	32.0	29.0	10.8	9.5%	5.0
2014	$16.00	$19.00	$21.00	32.0	28.0	10.0	9.2%	5.1
2015	$16.00	$19.40	$21.30	32.0	29.0	11.4	9.4%	5.0
2016	$16.50	$19.40	$21.70	32.0	28.0	11.1	9.9%	5.5
2017	$17.00	$20.00	$22.00	32.0	27.0	11.8	11.2%	5.6
2018	$17.90	$20.20	$22.60	33.0	23.0	12.6	11.0%	5.3
2019	$17.50	$20.00	$22.00	32.0	24.0	11.1	12.8%	4.7
2020	$18.00	$20.70	$23.00	32.5	23.0	5.4	13.7%	4.7

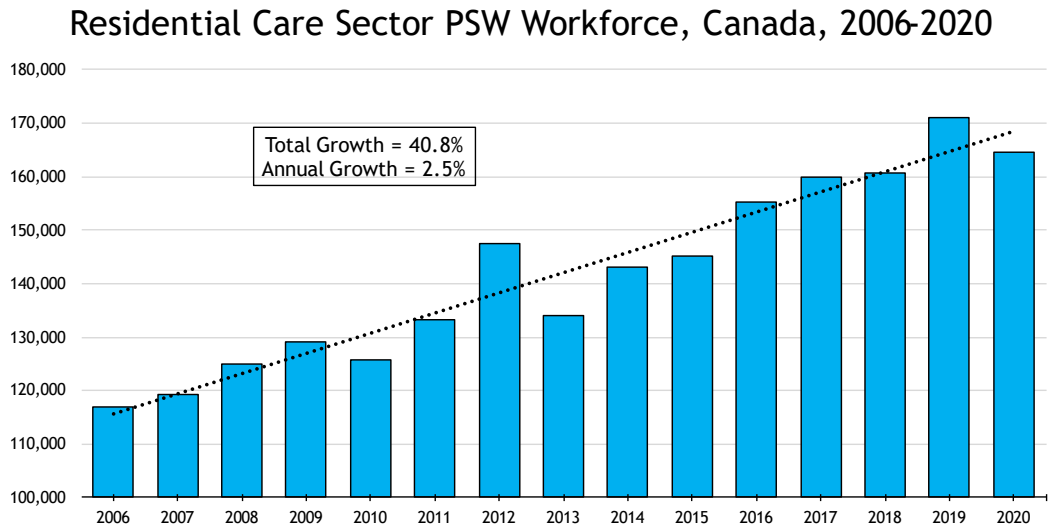
Source: Labour Force Survey, calculations by authors.

Figure 1



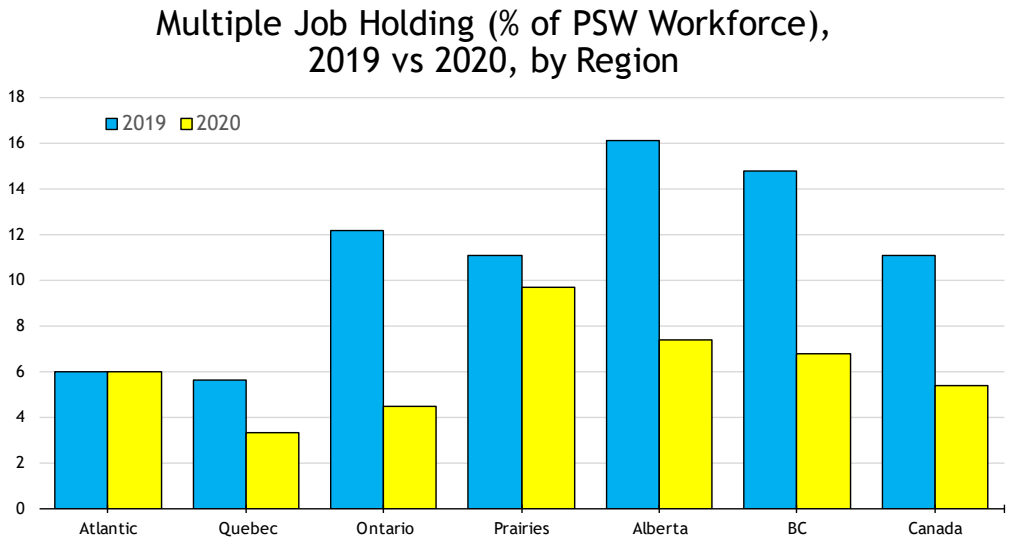
Source: Statistics Canada and calculations by authors

Figure 2



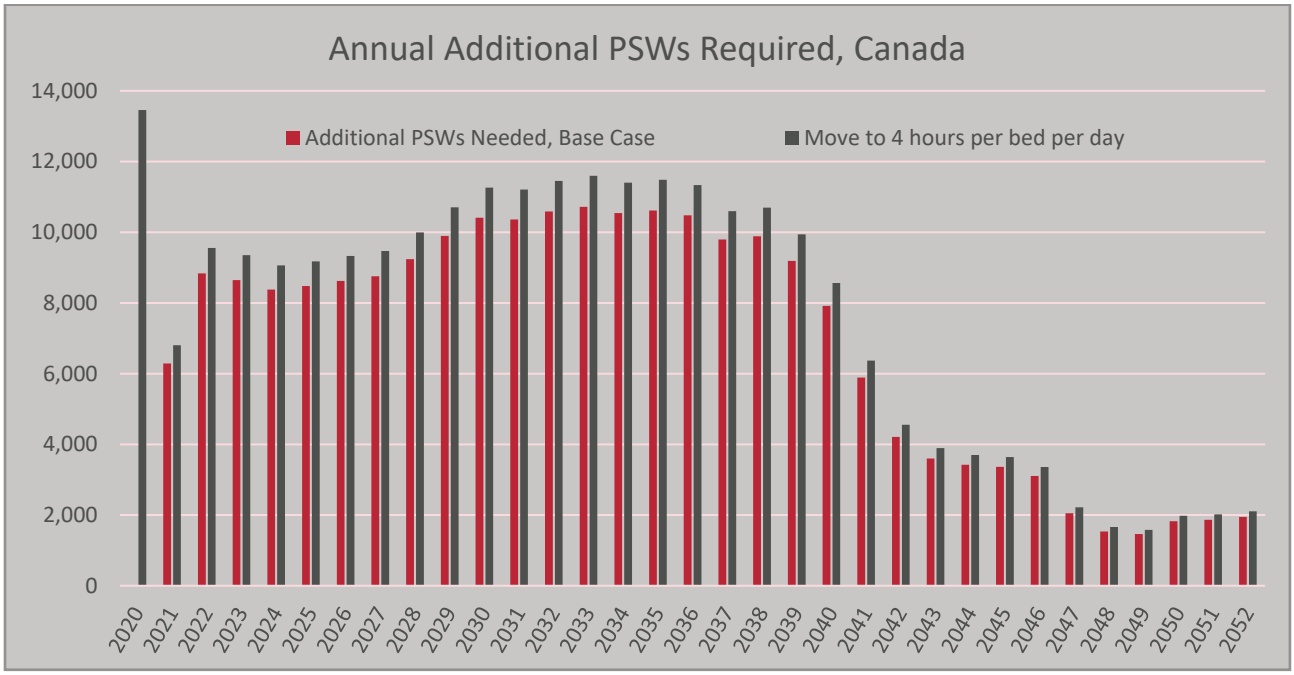
Source: Calculations by author based on Canadian Labour Force Survey.

Figure 3



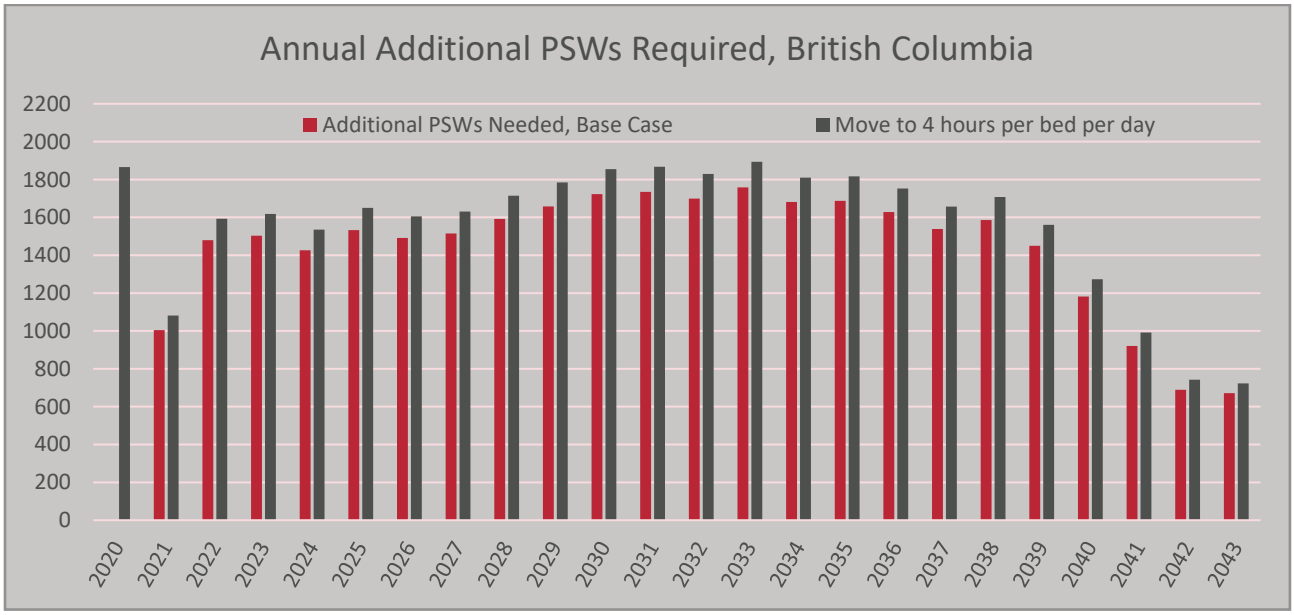
Source: Calculations by author based on Canadian Labour Force Survey.

Figure 4



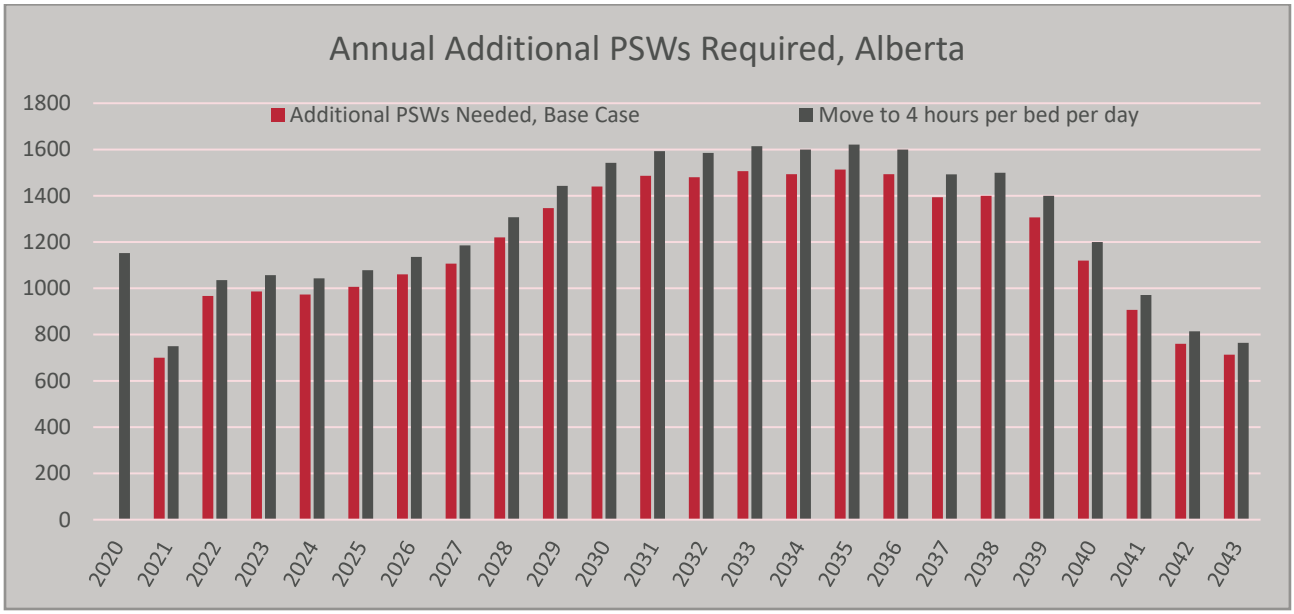
Source: Labour Force Survey and Statistics Canada population projections, calculations by authors

Figure 5



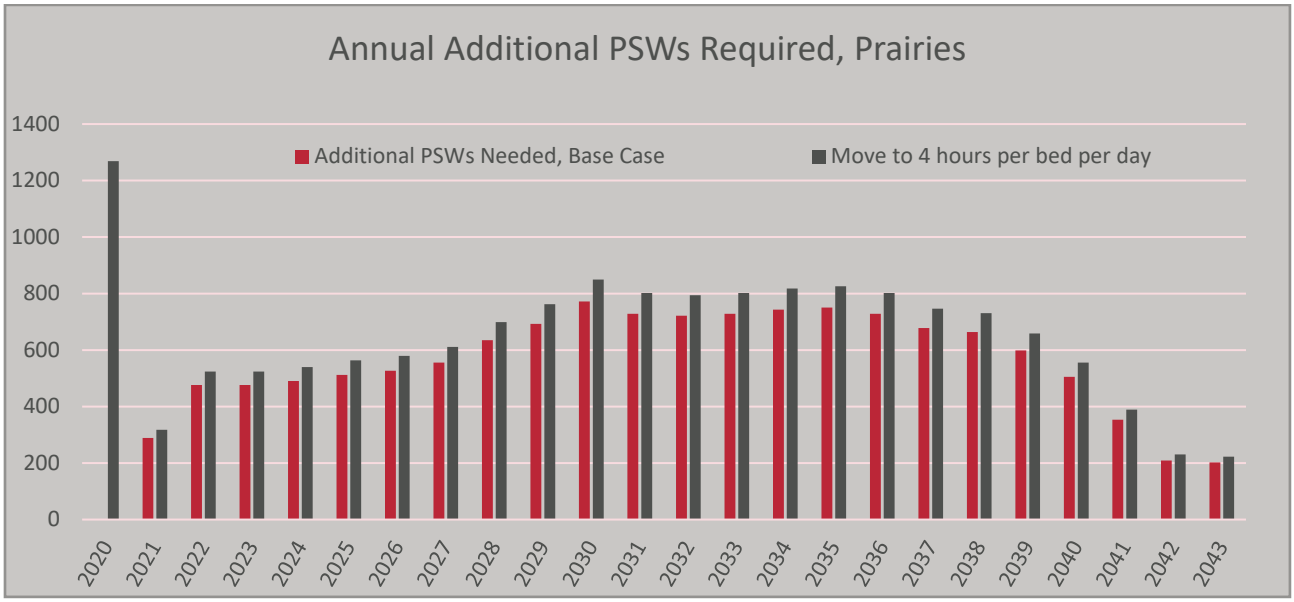
Source: Labour Force Survey and Statistics Canada population projections, calculations by authors

Figure 6



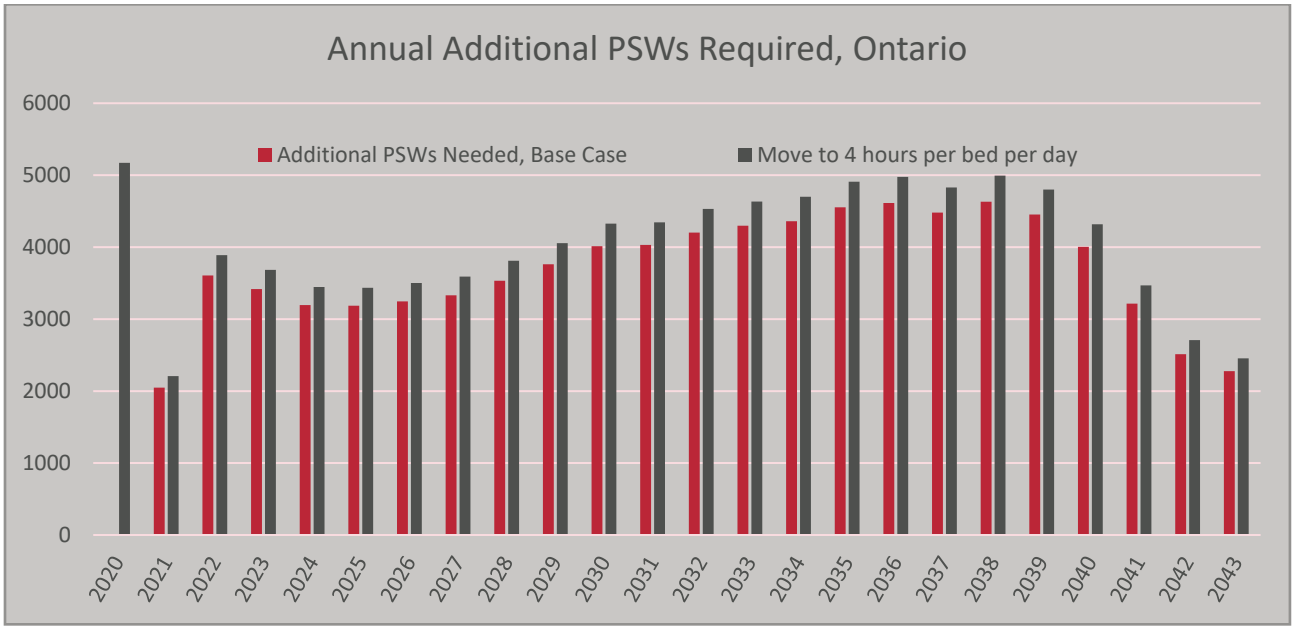
Source: Labour Force Survey and Statistics Canada population projections, calculations by authors

Figure 7



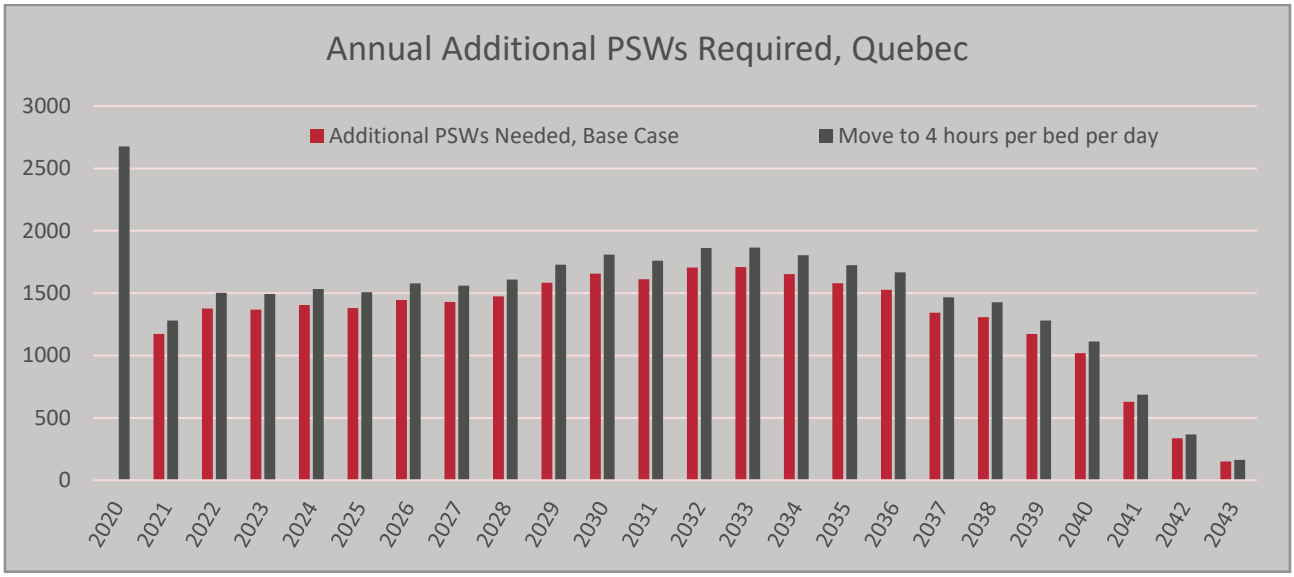
Source: Labour Force Survey and Statistics Canada population projections, calculations by authors

Figure 8



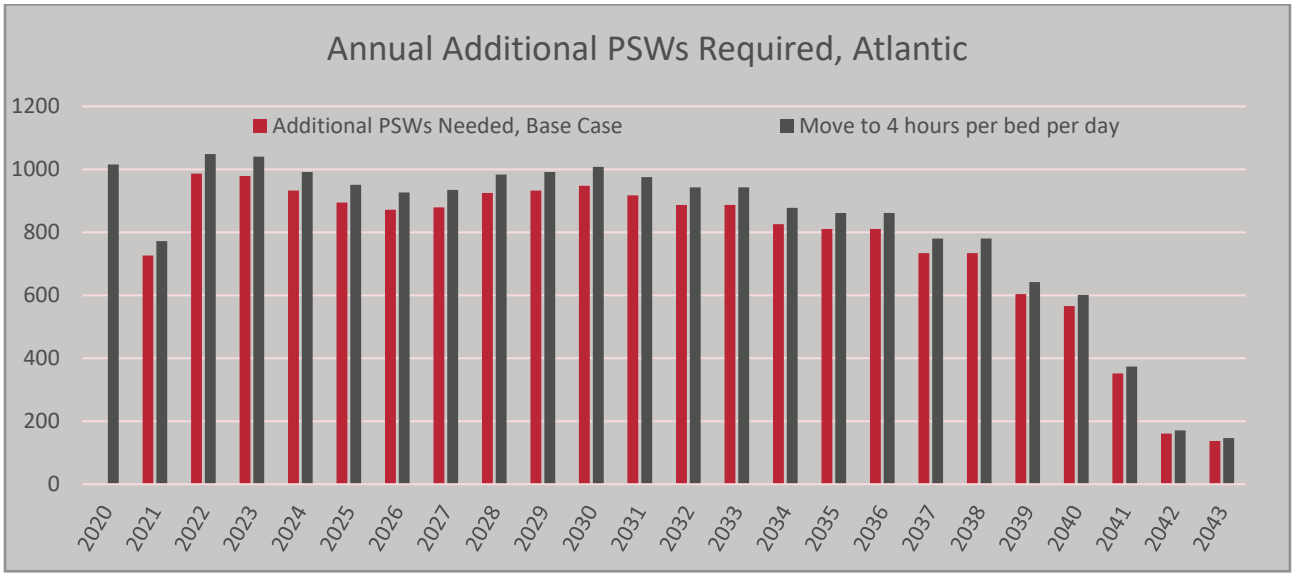
Source: Labour Force Survey and Statistics Canada population projections, calculations by authors

Figure 9



Source: Labour Force Survey and Statistics Canada population projections, calculations by authors

Figure 10

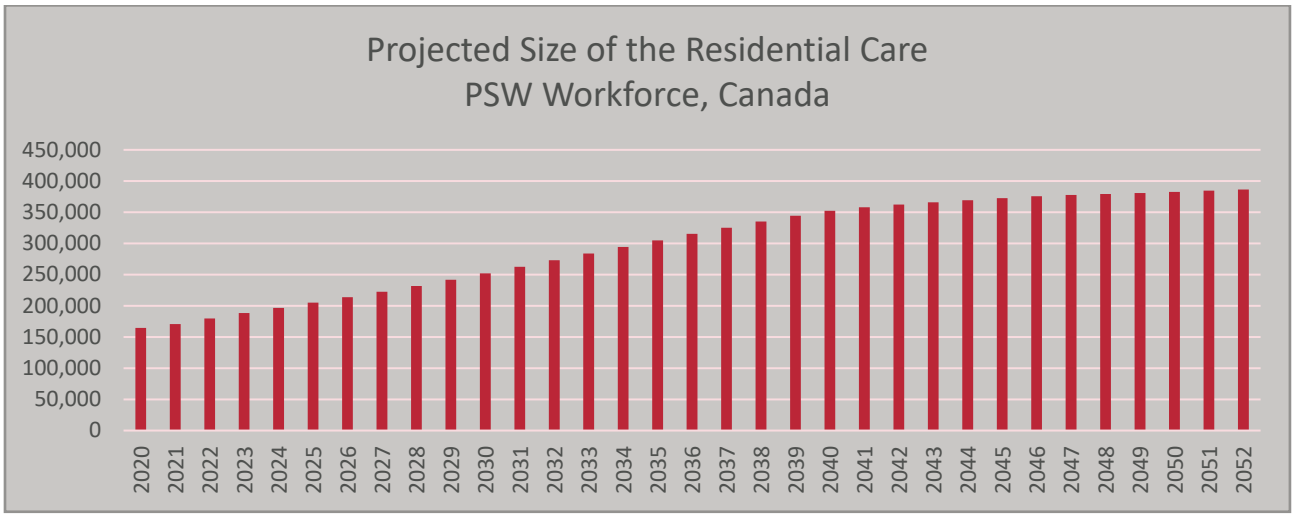


Source: Labour Force Survey and Statistics Canada population projections, calculations by authors

APPENDIX

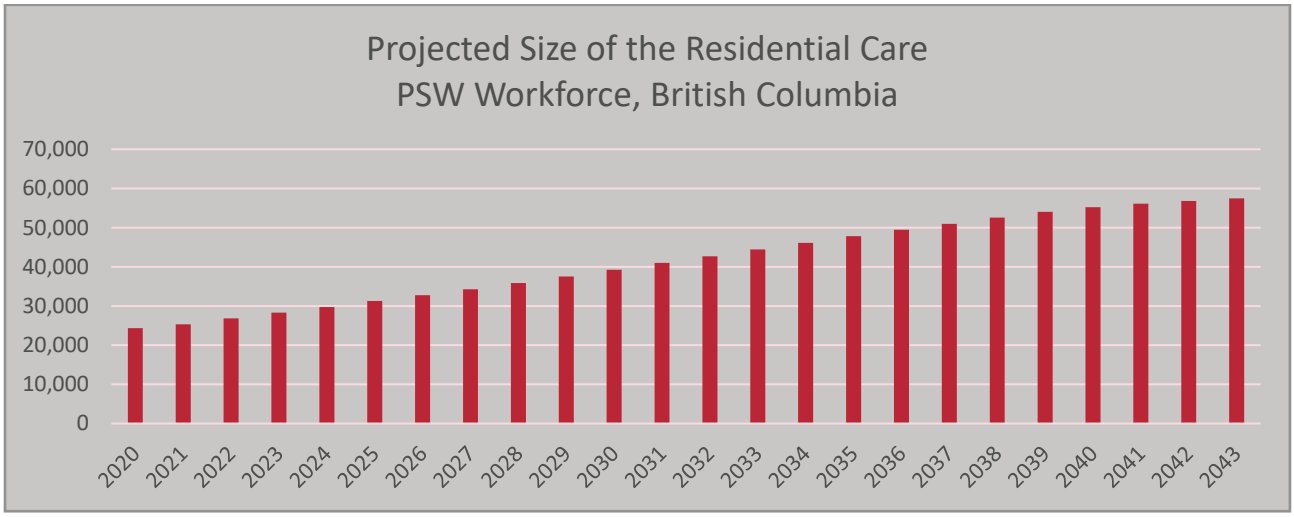
Projections of the Size of the Residential Care PSW Workforce, required to Maintain the Status Quo in 2020, by Region

Appendix Figure 1



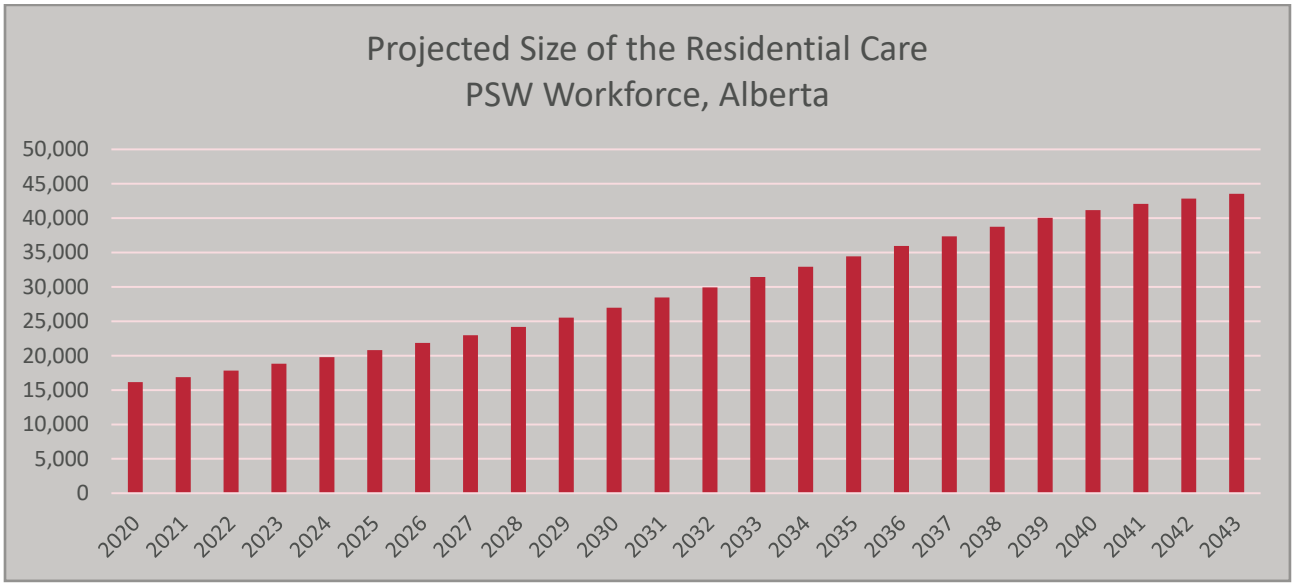
Source: Labour Force Survey and Statistics Canada population projections, calculations by authors

Appendix Figure 2



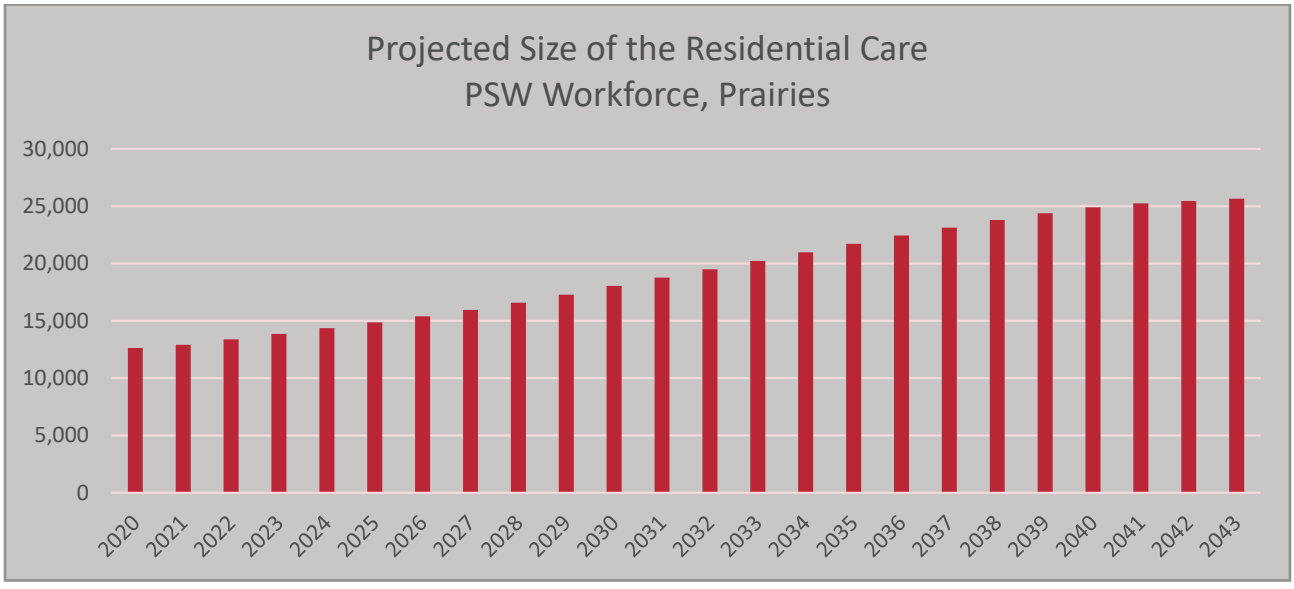
Source: Labour Force Survey and Statistics Canada population projections, calculations by authors

Appendix Figure 3



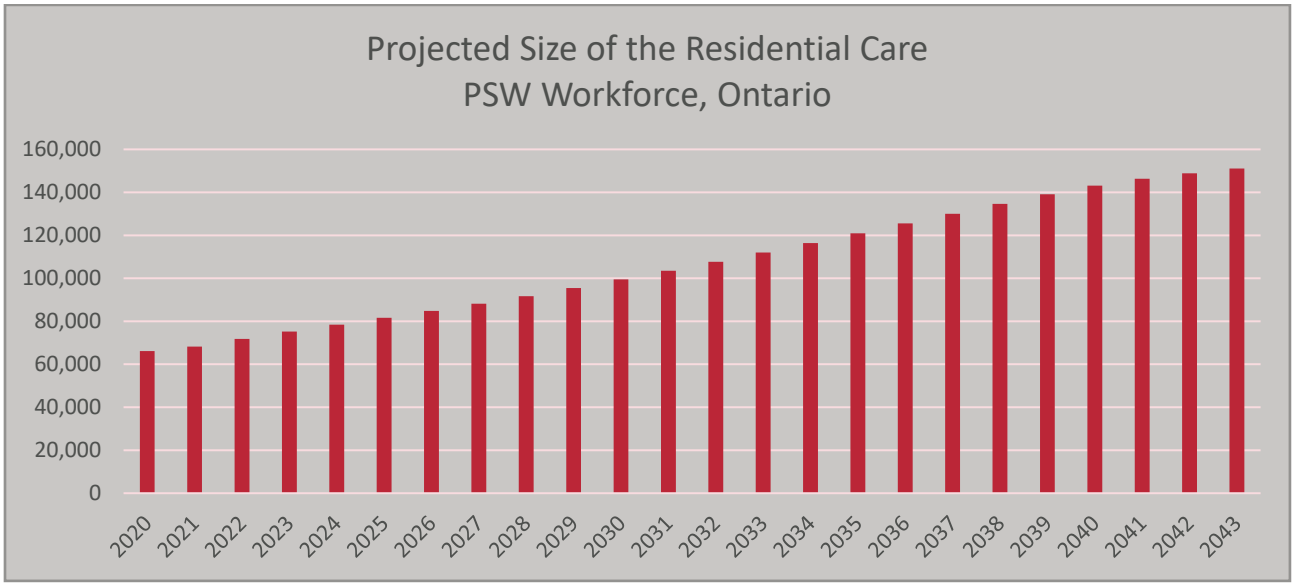
Source: Labour Force Survey and Statistics Canada population projections, calculations by authors

Appendix Figure 4



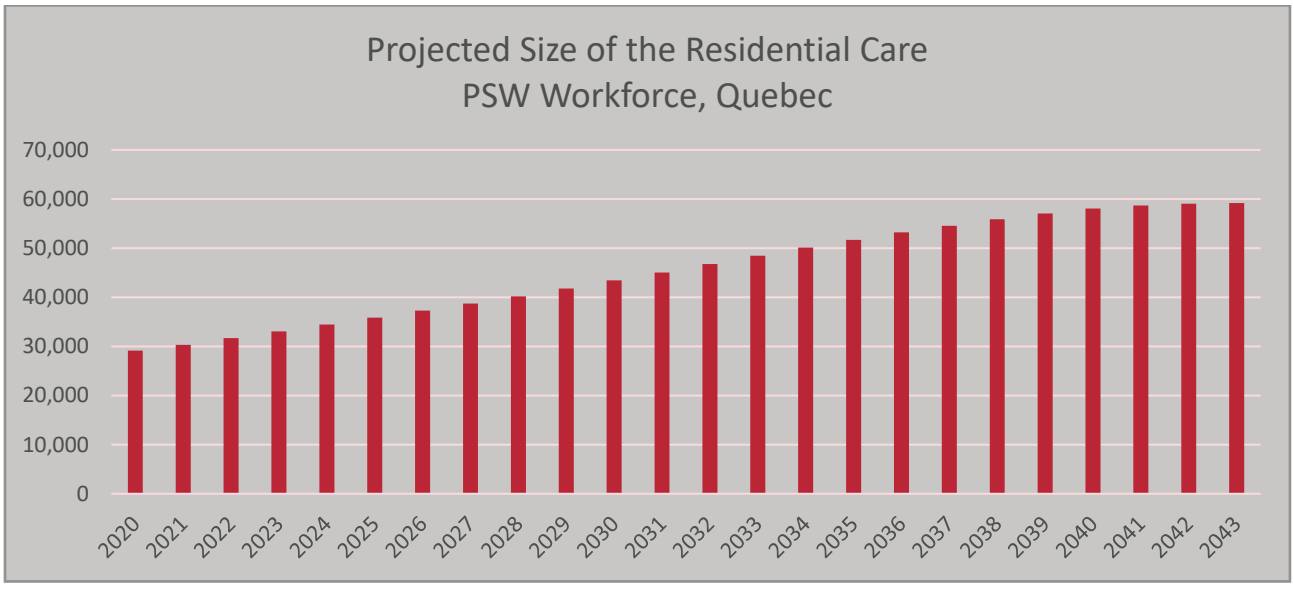
Source: Labour Force Survey and Statistics Canada population projections, calculations by authors

Appendix Figure 5



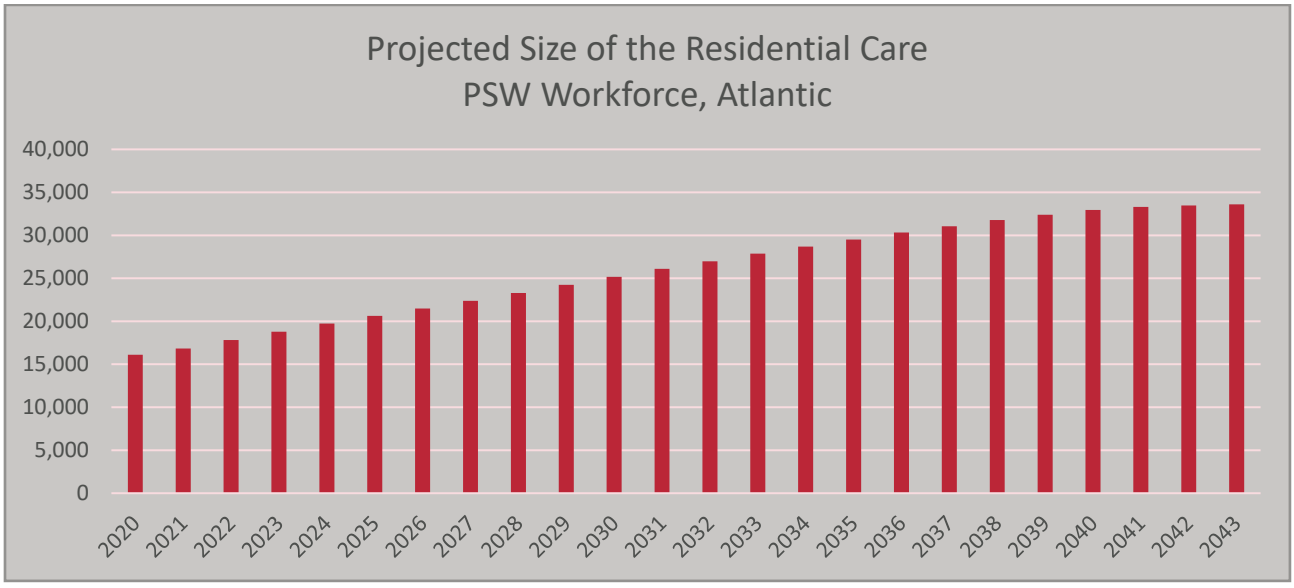
Source: Labour Force Survey and Statistics Canada population projections, calculations by authors

Appendix Figure 6



Source: Labour Force Survey and Statistics Canada population projections, calculations by authors

Appendix Figure 7



Source: Labour Force Survey and Statistics Canada population projections, calculations by authors