

CARE POLICY SCORECARD

A TOOL FOR ASSESSING COUNTRY PROGRESS TOWARDS AN ENABLING POLICY ENVIRONMENT ON CARE

Updated: May 26, 2026

Table 1: Scorecard policy areas and indicators

SECTION 1: UNPAID CARE WORK: Care policy areas related to unpaid care work

Policy areas	Indicators
1.1 Care-supporting infrastructure: Basic infrastructure can reduce the time and intensity of household/domestic care tasks.	1.1.1 Clean water 1.1.2 Clean air 1.1.3 Household electricity 1.1.4 Connectivity infrastructure 1.1.5 Public transportation 1.1.6 Housing
1.2 Care services: Help to redistribute to government, the private sector and nonprofit organizations the responsibility and costs of some of households' unpaid care work.	1.2.1 Public health care services 1.2.2 Early Childhood Care and Education services 1.2.3 Care services for older people 1.2.4 Developmental disability services 1.2.5 Physical disability services 1.2.6 Mental health services/psychiatric services 1.2.7 Gender-based violence services 1.2.8 Homelessness and housing services 1.2.9 Addiction services

<p>1.3. Care-related social protection benefits: Provide a crucial safety net for those living in poverty and vulnerability, and help to reduce poverty and exclusion. Important in the recognition of care work as a valuable contribution to society, that it's worthy of government's resources.</p>	<p>1.3.1 Cash transfer policies related to care: Caregiver Benefit 1.3.2 Cash transfer policies related to care: ODSP</p>
<p>1.4. Care-supporting workplaces: Through progressive policies on work-life balance, parental leave and sick leave, can support a balance between paid work and unpaid care responsibilities. Promote a redistribution of care work from the household to the employer.</p>	<p>1.4.1 Paid sick leave 1.4.2 Flexible working 1.4.3 Paid parental leave</p>

SECTION 2: PAID CARE WORK: Care policy areas related to paid care

Policy areas	Indicators
<p>2.1. Labour conditions: Labour legislation and policy measures that protect paid care workers, improve their labour conditions, wages and quality of work, and guarantee their right to decent and dignified work. Includes regulation of non-standard labour arrangements, minimum wage protections, social protections, equal pay for equal value for all paid care work, workers' formalization, regulations that apply to those that provide care services.</p>	<p>2.1.1 Minimum wages for paid care workers 2.1.2 Gender wage gap and equal pay for equal work 2.1.3 Working hours</p>
<p>2.2. Workplace regulations: Workplace environment regulations, labour legislation, and policy measures adequately reward paid care workers through safe, healthy, decent, attractive and stimulating workplace environments.</p>	<p>2.2.1 Health and safety in the workplace 2.2.2 Gender-based discrimination, harassment and violence in the workplace 2.2.3 Workplace inspections and grievance mechanisms ensuring decent work</p>
<p>2.3. Migrant care workers' protections: Legislation and policies that protect migrant paid care workers' labour rights by eliminating exploitative or abusive labour conditions.</p>	<p>2.3.1 Equal rights and protections for migrant domestic workers</p>
<p>2.4. Right to organise: Involvement of paid care workers in trade unions, workers' associations and cooperatives ensures their representation in decision-making spaces, helping to ensure fair and decent working conditions.</p>	<p>2.4.1 Right to representation and negotiation, freedom of association and right to strike</p>

**NOTE: READ P21-29 'HOW TO USE THE CARE POLICY SCORECARD'
AND P31-95 'THE CARE POLICY SCORECARD' BEFORE USING THIS SCORING TEMPLATE**

Scoring the indicators:

For each policy indicator there is a set of assessment criteria (12-22 for each indicator), with the option of either a 'Yes', 'Partially' or 'No' response.

For some assessment questions, you may feel it is difficult to give a definite 'Yes' or 'No' answer. In this instance, you can assign a partial score of 0.5. For example, you might assign a partial score when you can only answer 'Yes' to part of the assessment question, but feel it is appropriate to show that some progress is being made (see further guidance below).

The 0.5 does not indicate a numerical equivalent of progress, i.e. the halfway point – rather it denotes that while some progress may have been made (i.e. the score should be more than 0), this falls short of a 1. In other words, assign a score of 0.5 to anything that you feel deserves a score more than 0 but less than 1.

Using this template:

Each tab contains a policy area and its respective indicators.

Numerical and percentage scores for each indicator and policy area will be automatically calculated.

If you are adding or removing any questions, make sure to adjust the formulas for both the numerical and percentage scores for the indicator and policy area.

Taking the percentage you have just scored, use Table 3 below to assign the overall degree of transformation for the indicator and policy area.

Table 3: Degree to which care policies are transformative for care

Percentage	Overall Score	Degree to which policies are transformative for care
0%	0	Policies do not exist
1-20%	1	Policies exist but are not transformative
21-40%	2	Policies exist and are transformative to a very limited extent
41-60%	3	Policies exist and are transformative to a limited extent

61-80%	4	Policies exist and are transformative to a moderate extent
81-100%	5	Policies exist and are transformative to a great extent

SECTION 1: UNPAID CARE WORK POLICY FRAMEWORK	
Policy areas	Indicators
1.1 Care-supporting physical infrastructure	1.1.1 Clean water
	1.1.2 Clean air
	1.1.3 Household electricity
	1.1.4 Connectivity infrastructure
	1.1.5 Public transportation
	1.1.6 Housing
1.2 Care services	1.2.1 Public health care services
	1.2.2 Early Childhood Care and Education (ECCE) services
	1.2.3 Care services for older persons
	1.2.4 Developmental disability services
	1.2.5 Mental health services/psych
	1.2.6 Physical disability services
	1.2.7 Gender-based violence services
	1.2.8 Homelessness and housing services
	1.2.9 Addiction services
1.3 Care-related social protection benefits	1.3.1 Cash transfer policies related to care: Caregiver Benefit
	1.3.2 Cash transfer policies related to care: ODSP
1.4 Care-supporting workplaces	1.4.1 Paid sick leave
	1.4.2 Equal paid parental leave
	1.4.3 Flexible working

The policy includes provisions for the oversight and regulation of the quality, accessibility, reliability, and affordability of household			
The government collects and publishes disaggregated* data on implementation of the policy, with indicators and targets			
The government's monitoring and evaluation system includes the impact of the policy on unpaid care work			
Design and impact			
The policy was developed through consultation with organizations representing people delivering and receiving care services			
There is evidence of positive impact on the reduction or redistribution of unpaid care work as a result of the policy			
There is evidence of positive impact on divesting from carceral frameworks of care			
Score for Indicator 1.1.3 (out of 17)			0
Percentage %			0
Degree of transformation (0-5)			—

INDICATOR 1.1.4: Connectivity infrastructure (Wifi and/or Data)

ASSESSMENT CRITERIA	YES=1 PARTIAL=0.5 NO=0	SCORE EXPLANATION	SOURCE/S OF VERIFICATION
There is a provincial policy for the provision of connectivity infrastructure		Getting Ontario Connected Act, 2022	
Accessibility and inclusivity			
The policy prioritizes underserved and equity-denied populations			
The policy ensures connectivity infrastructure is universally available and accessible to everyone			
The policy ensures connectivity infrastructure is free/affordable for people living in poverty			
Connectivity infrastructure under this policy is reaching the most underserved areas and populations, including those likely to be equity-			
Budgeting and administration			
The budget allocation has increased in real terms between 2015 and the latest year for which data is available to implement the policy			
The budget allocation for connectivity infrastructure is being sufficiently (> 80%) spent on both personnel costs and actual			
There is adequate government human resource and technical capacity for implementation of the policy			
Connectivity infrastructure is primarily (> 80%) government funded			
The share of privatized connectivity services has not increased since 2015			
Regulation and monitoring			
There is a government department/unit/agency responsible for the policy			
The policy includes provisions for the oversight and regulation of the quality, accessibility, reliability, and affordability of connectivity			
The government collects and publishes disaggregated* data on implementation of the policy, with indicators and targets			
The government's monitoring and evaluation system includes the impact of the policy on unpaid care work			
Design and impact			
The policy was developed through consultation with organizations representing people delivering and receiving care services			
There is evidence of positive impact on the reduction or redistribution of unpaid care work as a result of the policy			
There is evidence of positive impact on divesting from carceral frameworks of care			
Score for Indicator 1.1.4 (out of 17)			0
Percentage %			0
Degree of transformation (0-5)			—

INDICATOR 1.1.5: Public transportation

The budget allocation has increased in real terms between 2015 and the latest year for which data is available to implement the policy (consider both direct implementation and maintenance costs, and indirect personnel and administrative costs)			
The budget allocation for housing services is being sufficiently (> 80%) spent on both personnel costs and actual delivery/implementation			
There is adequate government human resource and technical capacity for implementation of the policy			
Housing services are primarily (> 80%) government funded			
The share of privatized housing has not increased since 2015			
Regulation and monitoring			
There is a government department/unit/agency responsible for the policy			
The policy includes provisions for the oversight and regulation of the quality, accessibility, reliability, and affordability of housing services			
The government collects and publishes disaggregated* data on implementation of the policy, with indicators and targets			
The government's monitoring and evaluation system includes the impact of the policy on unpaid care work			
Design and impact			
The policy was developed through consultation with organizations representing people delivering and receiving care services			
There is evidence of positive impact on the reduction or redistribution of unpaid care work as a result of the policy			
There is evidence of positive impact on divesting from carceral frameworks of care			
Score for Indicator 1.1.6 (out of 18)		0	
Percentage %		0	
Degree of transformation (0-5)		—	
Degree of transformation for Policy Area 1.1: Care Supporting Infrastructure			
Total score across all indicators (out of 103):		0	
Percentage:		0	
Overall degree of transformation (0-5):		—	

Indicator 1.2.1: Public healthcare services			
ASSESSMENT CRITERIA	SCORE YES=1 PARTIAL=0.5 NO=0	SCORE EXPLANATION	SOURCE/S OF VERIFICATION
There is a provincial policy for the provision of public healthcare services			
The policy includes the provision of dental care			
The policy includes the provision of pharmacare			
The policy includes the provision of hospice			
The policy includes the provision of community health services, including Indigenous health services			
The policy includes the provision of home care			
The policy includes the provision of respite care			
Accessibility and inclusivity			
The policy prioritizes underserved and equity-denied populations			
The policy ensures public health services are universally available and accessible to everyone			
The policy ensures timely access to services			
The policy ensures that there are sufficient services per population and/or distance			
The policy ensures public health services are free/affordable for people living in poverty			
Public health services under this policy are reaching the most underserved areas and populations, including those likely to be equity-denied			
The policy includes the provision of sexual and reproductive health care services			
The policy ensures that culturally-relevant services are available			
Public health services cannot be provided without the consent of the person receiving care			
Budgeting and administration			
The budget allocation has increased in real terms between 2015 and the latest year for which data is available to implement the policy (consider both direct			
The budget allocation for public health services is being sufficiently (≥ 80%) spent on both personnel costs and actual delivery/implementation			
There is adequate government human resource and technical capacity for implementation of the policy			
Public health services are primarily (at least 80%) government funded			
The share of privatized public healthcare services has not increased since 2015			
Regulation and monitoring			
There is a government department/unit/agency responsible for implementing the policy			
The policy includes provisions for the oversight and regulation of the quality, accessibility, and affordability of public health services			
The government collects and publishes disaggregated* data on implementation of the policy, with indicators and targets			
The government's monitoring and evaluation system includes the impact of the policy on the wellbeing of caregivers and care recipients			
Design and impact			
The policy was developed through consultation with organizations representing people delivering and receiving care services			
There is evidence of positive impact on the reduction or redistribution of unpaid care work as a result of the policy			
There is evidence of positive impact on the well-being of caregivers (especially women) and care recipients as a result of the policy			
There is evidence of positive impact on divesting from carceral frameworks of care			
Score for Indicator 1.2.1 (out of 29)		0	
Percentage (%)		0	
Degree of transformation (0-5)		—	

Indicator 1.2.2: Early Childhood Care and Education (ECCE) services

ASSESSMENT CRITERIA	PARTIAL=0.5 NO=0	SCORE EXPLANATION	SOURCE/S OF VERIFICATION
There is a provincial policy for the provision of early childhood care and education (ECCE) services			
Accessibility and inclusivity			
The policy prioritizes underserved and equity-denied populations			
The policy ensures ECCE services are universally available and accessible to everyone			
The policy provides for ECCE services for all ages between birth and 5 years of age			
The policy recognizes the importance of ECCE services having operation hours that are practical for the paid working hours of parents and/or at least 8 hours a day			
The policy ensures ECCE services are free/affordable for people living in poverty			
ECCE services under this policy are reaching the most underserved areas and populations, including those likely to be equity-denied			
The policy ensures timely access to services			
The policy ensures that there are sufficient services per population and/or distance			
The policy ensures that culturally relevant services are available			
Budgeting and administration			
The budget allocation has increased in real terms between 2015 and the latest year for which data is available to implement the policy (consider both direct			
The budget allocation for ECCE services is being sufficiently (≥ 80%) spent on both personnel costs and actual delivery/implementation			
There is adequate government human resource and technical capacity for implementation of the policy			
ECCE services are primarily (at least 80%) government funded			
The share of privatized ECCE services has not increased since 2015			
Regulation and monitoring			
There is a government department/unit/agency responsible for implementing the policy			
The policy includes provisions for the regulation of the quality, accessibility, and affordability of ECCE services			
The policy includes mechanisms for complaints and grievance redressal mechanisms in case of non-compliance or lack of quality provision			
The government collects and publishes disaggregated* data on implementation of the policy, with indicators and targets			
The government's monitoring and evaluation system includes the impact of the policy on the well-being of caregivers and care recipients			
Design and impact			
The policy was developed through consultation with organizations representing people delivering and receiving care services			
There is evidence of positive impact on the reduction or redistribution of unpaid care work as a result of the policy			
There is evidence of positive impact on the well-being of caregivers (especially women) and care recipients as a result of the policy			
There is evidence of positive impact on divesting from carceral frameworks of care			
Score for Indicator 1.2.2 (out of 24)		0	
Percentage (%)		0	
Degree of transformation (0-5)		—	

Indicator 1.2.3: Care services for older people

ASSESSMENT CRITERIA	PARTIAL=0.5 NO=0	SCORE EXPLANATION	SOURCE/S OF VERIFICATION
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		Fixing Long Term Care Act, 2021 Connecting People to Home and Community Care Act, 2020	
There is a provincial policy for the provision of home care services for older persons			
This policy includes the provision of older adult centre services			
This policy includes the provision of home care services for people with cognitive disabilities			
Accessibility and inclusivity			
The policy prioritizes underserved and equity-denied populations			
The policy ensures care services for older persons are universally available and accessible to all older persons			
The policy ensures care services for older persons are free/affordable for people living in poverty			
Care services for older persons under this policy are reaching the most underserved areas and populations, including those likely to be equity-denied			
The policy ensures timely access to services			
The policy ensures that there are sufficient services per population and/or distance			
The policy ensures that culturally-relevant services are available			
Care services cannot be provided without the consent of the person receiving care			
Budgeting and administration			
The budget allocation has increased in real terms between 2015 and the latest year for which data is available to implement the policy (consider both direct			
The budget allocation for care services for older persons is being sufficiently ($\geq 80\%$) spent on both personnel costs and actual delivery/implementation			
There is adequate government human resource and technical capacity for implementation of the policy			
Care services for older persons are primarily (at least 80%) government funded			
The share of privatized care services for older persons has not increased since 2015			
Regulation and monitoring			
There is a government department/unit/agency responsible for implementing the policy			
The policy includes provisions for the regulation of the of the quality, accessibility, and affordability of care services for older persons			
The policy includes mechanisms for complaints and grievance redressal mechanisms in case of non-compliance or lack of quality provision			
The government collects and publishes disaggregated* data on implementation of the policy, with indicators and targets			
The government's monitoring and evaluation system includes the impact of the policy on the well-being of caregivers and care recipients			
Design and impact			
The policy was developed through consultation with organizations representing people delivering and receiving care services			
There is evidence of positive impact on the reduction or redistribution of unpaid care work as a result of the policy			
There is evidence of positive impact on the well-being of caregivers (especially women) and care recipients as a result of the policy			
There is evidence of positive impact on divesting from carceral frameworks of care			
	Score for Indicator 1.2.3 (out of 25)		0
	Percentage (%)		0
	Degree of transformation (0-5)		—

INDICATOR 1.2.4: Care services for people with additional care needs: Development disability services

ASSESSMENT CRITERIA	YES=1 PARTIAL=0.5 NO=0	SCORE EXPLANATION	SOURCE/S OF VERIFICATION
There is a provincial policy for the provision of care services for people with developmental disabilities		Services and Supports to	
Accessibility and inclusivity			

The policy prioritizes underserved areas and equity-denied populations, including people under the age of 18			
The policy ensures care services for people with developmental disabilities are available and accessible to all those with developmental disabilities			
The policy ensures care services for people with developmental disabilities are free/affordable for people living in poverty			
Care services for people with developmental disabilities under this policy are reaching the most underserved areas and populations, including those likely to be equity-			
The policy ensures timely access to services			
The policy ensures that there are sufficient services per population and/or distance			
The policy ensures that culturally relevant services are available			
Care services cannot be provided without the consent of the person receiving care			
Budgeting and administration			
The budget allocation has increased in real terms between 2015 and the latest year for which data is available to implement the policy (consider both direct			
The budget allocation for care services for people with developmental disabilities is being sufficiently (≥ 80%) spent on both personnel costs and actual			
There is adequate government human resource and technical capacity for implementation of the policy			
Care services for people with developmental disabilities are primarily (at least 80%) government funded			
The share of privatized care services for people with developmental disabilities has not increased since 2015			
Regulation and monitoring			
There is a government department/unit/agency responsible for implementing the policy			
The policy includes provisions for the regulation of the quality, accessibility, and affordability of care services for people with developmental disabilities			
The policy includes mechanisms for complaints and grievance redressal mechanisms in case of non-compliance or lack of quality provision			
The government collects and publishes disaggregated* data on implementation of the policy, with indicators and targets			
The government's monitoring and evaluation system includes the impact of the policy on the well-being of caregivers (especially women) and care recipients			
Design and impact			
The policy was developed through consultation with organizations representing people delivering and receiving care services			
There is evidence of positive impact on the reduction or redistribution of unpaid care work as a result of the policy			
There is evidence of positive impact on the wellbeing of caregivers (especially women) and care recipients as a result of the policy			
There is evidence of positive impact on divesting from carceral frameworks of care			
	Score for Indicator 1.2.4 (out of 23)		0
	Percentage (%)		0
	Degree of transformation (0-5)		—

INDICATOR 1.2.5: Care services for people with additional care needs: Mental health and psychiatric services			
ASSESSMENT CRITERIA	PARTIAL=0.5 NO=0	SCORE EXPLANATION	SOURCE/S OF VERIFICATION
There is a provincial policy for the provision of care services for people with mental health needs			
Accessibility and inclusivity			
The policy prioritizes underserved areas and equity-denied populations, including people under the age of 18			
The policy ensures care services are available and accessible to all those with mental health needs			
The policy ensures care services for people with mental health needs are free/affordable for people living in poverty			
Care services for people with mental health needs under this policy are reaching the most underserved areas and populations, including those likely to be equity-denied			
The policy ensures timely access to services			
The policy ensures that there are sufficient services per population and/or distance			

The policy ensures that culturally-relevant services are available			
Care services cannot be provided without the consent of the person receiving care			
Budgeting and administration			
The budget allocation has increased in real terms between 2015 and the latest year for which data is available to implement the policy (consider both direct implementation and maintenance costs, and indirect personnel and administrative costs)			
The budget allocation for care services for people with mental health needs is being sufficiently ($\geq 80\%$) spent on both personnel costs and actual			
There is adequate government human resource and technical capacity for implementation of the policy			
Care services for people with mental health needs are primarily (at least 80%) government funded			
The share of privatized care services for people with mental health needs has not increased since 2015			
Regulation and monitoring			
There is a government department/unit/agency responsible for implementing the policy			
The policy includes provisions for the regulation of the quality, accessibility, and affordability of care services for people with mental health needs			
The policy includes mechanisms for complaints and grievance redressal mechanisms in case of non-compliance or lack of quality provision			
The government collects and publishes disaggregated* data on implementation of the policy, with indicators and targets			
The government's monitoring and evaluation system includes the impact of the policy on the well-being of caregivers (especially women) and care recipients			
Design and impact			
The policy was developed through consultation with organizations representing people delivering and receiving care services			
There is evidence of positive impact on the reduction or redistribution of unpaid care work as a result of the policy			
There is evidence of positive impact on the well-being of caregivers (especially women) and care recipients as a result of the policy			
There is evidence of positive impact on divesting from carceral frameworks of care			
Score for Indicator 1.2.5 (out of 23)		0	
Percentage (%)		0	
Degree of transformation (0-5)		—	

INDICATOR 1.2.6: Care services for people with additional care needs: Physical disability services

ASSESSMENT CRITERIA	YES=1 PARTIAL=0.5 NO=0	SCORE EXPLANATION	SOURCE/S OF VERIFICATION
There is a provincial policy for the provision of care services for people with physical disabilities		Ontarians with Disabilities Act, 2006	
Accessibility and inclusivity			
The policy prioritizes underserved areas and equity-denied populations, including people under the age of 18			
The policy ensures care services for people with physical disabilities are available and accessible to all those with physical disabilities			
The policy ensures care services for people with physical disabilities are free/affordable people living in poverty			
Care services for people with physical disabilities under this policy are reaching the most underserved areas and populations, including those likely to be equity-denied			
The policy ensures timely access to services			
The policy ensures that there are sufficient services per population and/or distance			
The policy ensures that culturally-relevant services are available			
Care services cannot be provided without the consent of the person receiving care			
Budgeting and administration			
The budget allocation has increased in real terms between 2015 and the latest year for which data is available to implement the policy (consider both direct implementation and maintenance costs, and indirect personnel and administrative costs)			

The budget allocation for care services for people with physical disabilities is being sufficiently (≥ 80%) spent on both personnel costs and actual			
There is adequate government human resource and technical capacity for implementation of the policy			
Care services for people with physical disabilities are primarily (at least 80%) government funded			
The share of privatized care services for people with physical disabilities has not increased since 2015			
Regulation and monitoring			
There is a government department/unit/agency responsible for implementing the policy			
The policy includes provisions for the regulation of the quality, accessibility, and affordability of care services for people with physical disabilities			
The policy includes mechanisms for complaints and grievance redressal mechanisms in case of non-compliance or lack of quality provision			
The government collects and publishes disaggregated* data on implementation of the policy, with indicators and targets			
The government's monitoring and evaluation system includes the impact of the policy on the well-being of caregivers (especially women) and care recipients			
Design and impact			
The policy was developed through consultation with organizations representing people delivering and receiving care services			
There is evidence of positive impact on the reduction or redistribution of unpaid care work as a result of the policy			
There is evidence of positive impact on the wellbeing of caregivers (especially women) and care recipients as a result of the policy			
There is evidence of positive impact on divesting from carceral frameworks of care			
	Score for Indicator 1.2.6 (out of 23)	0	
	Percentage (%)	0	
	Degree of transformation (0-5)	—	

INDICATOR 1.2.7: Care services for people experiencing intimate partner and familial violence

ASSESSMENT CRITERIA	YES=1 PARTIAL=0.5 NO=0	SCORE EXPLANATION	SOURCE/S OF VERIFICATION
There is a provincial policy for the provision of care services for people experiencing intimate partner and familial violence			
Accessibility and inclusivity			
The policy prioritizes underserved areas and equity-denied populations, including people under the age of 18			
The policy ensures care services are available and accessible to all those experiencing intimate partner and familial violence			
The policy ensures care services for people experiencing intimate partner and familial violence are free/affordable for people living in poverty			
Care services for people experiencing intimate partner and familial violence under this policy are reaching the most underserved areas and populations, including those likely to be equity-denied			
The policy ensures timely access to services			
The policy ensures that there are sufficient services per population and/or distance			
The policy ensures that culturally-relevant services are available			
Care services cannot be provided without the consent of the person receiving care			
Budgeting and administration			
The budget allocation has increased in real terms between 2015 and the latest year for which data is available to implement the policy (consider both direct implementation and maintenance costs, and indirect personnel and administrative costs)			
The budget allocation for care services for people experiencing intimate partner and familial violence is being sufficiently (≥ 80%) spent on both personnel costs and			
There is adequate government human resource and technical capacity for implementation of the policy			
Care services for people experiencing intimate partner and familial violence are primarily (at least 80%) government funded			
The share of privatized care services for people experiencing intimate partner and familial violence has not increased since 2015			
Regulation and monitoring			

There is a government department/unit/agency responsible for implementing the policy			
The policy includes provisions for the regulation of the quality, accessibility, and affordability of care services for people experiencing intimate partner and familial			
The policy includes mechanisms for complaints and grievance redressal mechanisms in case of non-compliance or lack of quality provision			
The government collects and publishes disaggregated* data on implementation of the policy, with indicators and targets			
There is evidence of positive impact on the well-being of caregivers (especially women) and care recipients as a result of the policy			
Design and impact			
The policy was developed through consultation with organizations representing people delivering and receiving care services			
There is evidence of positive impact on the reduction or redistribution of unpaid care work as a result of the policy			
There is evidence of positive impact on the wellbeing of caregivers (especially women) and care recipients as a result of the policy			
There is evidence of positive impact on divesting from carceral frameworks of care			
Score for Indicator 1.2.7 (out of 23)			0
Percentage (%)			0
Degree of transformation (0-5)			—

INDICATOR 1.2.8: Care services for people with additional care needs: Homelessness and housing services

ASSESSMENT CRITERIA	YES=1 PARTIAL=0.5 NO=0	SCORE EXPLANATION	SOURCE/S OF VERIFICATION
There is a provincial policy for the provision of care services for people experiencing homelessness			
Accessibility and inclusivity			
The policy prioritizes underserved areas and equity-denied populations, including people under the age of 18			
The policy ensures care services are available and accessible to all those experiencing homelessness			
The policy ensures care services for people experiencing homelessness are free/affordable for people living in poverty			
Care services for people experiencing homelessness under this policy are reaching the most underserved areas and populations, including those likely to be equity-denied			
The policy ensures timely access to services			
The policy ensures that there are sufficient services per population and/or distance			
The policy ensures there is a range of services, from temporary shelters to long-term supportive housing options			
The policy ensures that culturally-relevant services are available			
Care services cannot be provided without the consent of the person receiving care			
Budgeting and administration			
The budget allocation has increased in real terms between 2015 and the latest year for which data is available to implement the policy (consider both direct implementation and maintenance costs, and indirect personnel and administrative costs)			
The budget allocation for care services for people experiencing homelessness is being sufficiently ($\geq 80\%$) spent on both personnel costs and actual			
There is adequate government human resource and technical capacity for implementation of the policy			
Care services for people experiencing homelessness are primarily (at least 80%) government funded			
The share of privatized homelessness and housing services for people experiencing homelessness has not increased since 2015			
Regulation and monitoring			
There is a government department/unit/agency responsible for implementing the policy			
The policy includes provisions for the regulation of the quality, accessibility, and affordability of care services for people experiencing homelessness			
The policy includes mechanisms for complaints and grievance redressal mechanisms in case of non-compliance or lack of quality provision			

The government collects and publishes disaggregated* data on implementation of the policy, with indicators and targets			
The government's monitoring and evaluation system includes the impact of the policy on the wellbeing of caregivers (especially women) and care recipients			
Design and impact			
The policy was developed through consultation with organizations representing people delivering and receiving care services			
There is evidence of positive impact on the reduction or redistribution of unpaid care work as a result of the policy			
There is evidence of positive impact on the wellbeing of caregivers (especially women) and care recipients as a result of the policy			
There is evidence of positive impact on divesting from carceral frameworks of care			
Score for Indicator 1.2.8 (out of 24)		0	
Percentage (%)		0	
Degree of transformation (0-5)		—	
INDICATOR 1.2.9: Care services for people with additional care needs: Addiction services			
ASSESSMENT CRITERIA	YES=1 PARTIAL=0.5 NO=0	SCORE EXPLANATION	SOURCE/S OF VERIFICATION
There is a provincial policy for the provision of care services for people with addiction			
Accessibility and inclusivity			
The policy prioritizes underserved areas and equity-denied populations, including people under the age of 18			
The policy ensures care services are available and accessible to all those with addiction			
The policy ensures care services for people with addiction are free/affordable for people living in poverty			
The policy is evidenced-based and acknowledges that there is a spectrum of substance use			
Care services for people with addictions under this policy are reaching the most underserved areas and populations, including those likely to be equity-denied			
The policy ensures timely access to services			
The policy ensures that there are sufficient services per population and/or distance			
The policy ensures that culturally-relevant services are available			
Care services cannot be provided without the consent of the person receiving care			
Budgeting and administration			
The budget allocation has increased in real terms between 2015 and the latest year for which data is available to implement the policy (consider both direct implementation and maintenance costs, and indirect personnel and administrative costs)			
The budget allocation for care services for people with addiction is being sufficiently ($\geq 80\%$) spent on both personnel costs and actual delivery/implementation			
There is adequate government human resource and technical capacity for implementation of the policy			
Care services for people with addiction are primarily (at least 80%) government funded			
The share of privatized care services for people with addiction has not increased since 2015			
Regulation and monitoring			
There is a government department/unit/agency responsible for implementing the policy			
The policy includes provisions for the regulation of the quality, accessibility, and affordability of care services for people with addiction			
The policy includes mechanisms for complaints and grievance redressal mechanisms in case of non-compliance or lack of quality provision			
The government collects and publishes disaggregated* data on implementation of the policy, with indicators and targets			
The government's monitoring and evaluation system includes the impact of the policy on the wellbeing of caregivers (especially women) and care recipients			
Design and impact			
The policy was developed through consultation with organizations representing people delivering and receiving care services			
There is evidence of positive impact on the reduction or redistribution of unpaid care work as a result of the policy			

There is evidence of positive impact on the wellbeing of caregivers (especially women) and care recipients as a result of the policy			
There is evidence of positive impact on divesting from carceral frameworks of care			
Score for Indicator 1.2.9 (out of 24)		0	
Percentage (%)		0	
Degree of transformation (0-5)		—	

Degree of transformation for Policy Area 1.2: Care Services	
Total score across all indicators (out of 218):	0
Percentage (%):	0
Overall degree of transformation (0-5):	—

INDICATOR 1.3.1: Cash transfer policies related to care - Caregiver Benefit			
ASSESSMENT CRITERIA	SCORE YES=1 PARTIAL=0.5 NO=0	SCORE EXPLANATION	SOURCE/S OF VERIFICATION
There is a provincial policy for the provision of cash transfer policies related to caregiving			
Accessibility and inclusivity			
The policy prioritizes underserved and equity-denied populations, including migrant women			
The policy ensures cash transfers are available and accessible to all caregivers			
The policy stipulates that cash and in-kind transfers related to care do not have conditionalities			
The policy ensures that cash transfers are not clawed back			
The policy ensures cash transfers meet the real level of costs for caring for children/elderly/people with additional needs/disability etc.			
Cash transfers for care responsibilities under this policy are reaching the most underserved areas and populations, including those likely to be equity-denied			
Budgeting and administration			
The budget allocation has increased in real terms between 2015 and the latest year for which data is available to implement the policy (consider both direct implementation and maintenance costs, and indirect personnel and administrative costs)			
The budget allocation for caregiver benefit schemes is being sufficiently ($\geq 80\%$) spent on both personnel costs and actual delivery/implementation			
There is adequate government human resource and technical capacity for implementation of the policy			
Cash transfer programmes are primarily (at least 80%) government funded			
Regulation and monitoring			
There is a government department/unit/agency responsible for implementing the policy			
The policy includes provisions for the oversight and regulation of cash transfer schemes			
The policy includes mechanisms for complaints and grievance redressal mechanisms in case of lack of provision			
The government collects and publishes disaggregated* data on implementation of the policy, with indicators and targets for women and migrant workers			
The government's monitoring and evaluation system includes the impact of the policy on the social and economic well-being of caregivers			
Design and impact			
The policy was developed through consultation with organizations representing people delivering and receiving care services			
There is evidence of positive impact on the social and economic well-being of recipients			
There is evidence of positive impact on divesting from carceral frameworks of care			
Score for Indicator 1.3.1 (out of 19)		0	
Percentage (%)		0	
Degree of transformation (0-5)		—	

INDICATOR 1.3.2: Cash transfer policies related to care - ODSP			
ASSESSMENT CRITERIA	SCORE YES=1 PARTIAL=0.5 NO=0	SCORE EXPLANATION	SOURCE/S OF VERIFICATION
There is a provincial policy for the provision of cash transfer policies for people with disabilities		Ontario Disability Support	
Accessibility and inclusivity			
The policy prioritizes underserved and equity-denied populations, including migrant women			
The policy ensures cash transfers are available and accessible to all those with disabilities			
The policy stipulates that cash and in-kind transfers related to care do not have conditionalities			
The policy ensures cash transfers meet the real level of costs of living			
The policy ensures that cash transfers are not clawed back			
Cash transfers for care needs under this policy are reaching the most underserved areas and populations, including those likely to be equity-denied			
The policy ensures that culturally-relevant services are available			
Budgeting and administration			
The budget allocation has increased in real terms between 2015 and the latest year for which data is available to implement the policy			
The budget allocation for income support benefits is being sufficiently ($\geq 80\%$) spent on both personnel costs and actual			
There is adequate government human resource and technical capacity for implementation of the policy			
Cash transfer programmes are primarily (at least 80%) government funded			
Regulation and monitoring			
There is a government department/unit/agency responsible for implementing the policy			
The policy includes provisions for the oversight and regulation of cash transfer schemes			
The policy includes mechanisms for complaints and grievance redressal mechanisms in case of lack of provision			
The government collects and publishes disaggregated* data on implementation of the policy, with indicators and targets for women and migrant workers			
The government's monitoring and evaluation system includes the impact of the policy on the social and economic well-being of caregivers			
Design and impact			
The policy was developed through consultation with organizations representing people delivering and receiving care services			
There is evidence of positive impact on the social and economic well-being of recipients			
There is evidence of positive impact on divesting from carceral frameworks of care			
Score for Indicator 1.3.2 (out of 19)		0	
Percentage (%)		0	
Degree of transformation (0-5)		—	

Degree of transformation for Policy Area 1.3: Social Protection Benefits Related to Care	
Total score across all indicators (out of 38):	0
Percentage (%):	0
Overall degree of transformation (0-5):	—

INDICATOR 1.4.1: Paid sick leave			
ASSESSMENT CRITERIA	SCORE YES=1 PARTIAL=0.5 NO=0	SCORE EXPLANATION	SOURCE/S OF VERIFICATION
There is a provincial policy that legally guarantees the right to paid sick leave			
Accessibility and inclusivity			
The policy ensures paid sick leave is available and accessible to the entire labour force, including migrant workers and those likely to be equity-denied			
The policy ensures that paid sick leave is not conditional on a doctor's note or medical documentation			
The policy includes paid leave to care for sick family members or dependents			
The policy includes anti-discrimination provisions ensuring there are no income or employment losses incurred by employees requesting sick leave			
The policy is inclusive of an expansive definition of family (i.e. aunts/uncles, grandparents), non-marital partners and 2SLGBTQIA+ relationships			
The policy provides at least 10 days of paid sick leave			
Budgeting and administration			
The budget allocation has increased in real terms between 2015 and the latest year for which data is available to implement the policy (consider both direct implementation and maintenance costs, and indirect personnel and administrative costs)			
The budget allocation for paid sick leave is being sufficiently (≥ 80%) spent on both personnel costs and actual delivery/implementation			
There is adequate government human resource and technical capacity for implementation of the policy			
Paid sick leave provisions are primarily (≥ 80%) government funded			
Regulation and monitoring			
There is a government department/unit/agency responsible for implementing the policy			
The policy includes provisions for the oversight and regulation of the accessibility and availability of paid sick leave			
The policy includes mechanisms for complaints and grievance redressal mechanisms in case of non-compliance			
The government collects and publishes disaggregated* data on implementation of the policy, with indicators and targets			
The government's monitoring and evaluation system includes the impact of the policy on the well-being of caregivers and care recipients and/or on			
Design and impact			
The policy was developed through consultation with organizations representing people delivering and receiving care services			
There is evidence of positive impact on the well-being of caregivers (especially women)			
There is evidence of a transformation of gender norms (i.e. men taking on more caregiving) as a result of the policy			
There is evidence of positive impact on divesting from carceral frameworks of care			
Score for Indicator 1.4.1 (out of 20)		0	
Percentage (%)		0	
Degree of transformation (0-5)		—	

INDICATOR 1.4.2: Equal paid parental leave

ASSESSMENT CRITERIA	SCORE YES=1 PARTIAL=0.5 NO=0	SCORE EXPLANATION	SOURCE/S OF VERIFICATION
There is a provincial policy that legally guarantees parental leave			
Accessibility and inclusivity			
The policy ensures parental leave is available and accessible to all parents in the paid labour force, including migrant workers, and those likely to be			
The policy guarantees parental leave is of equal pay (> 80% of salary) for all genders, sexual orientation, and family structure			
The policy guarantees parental leave is of equal duration (>14 weeks), for all genders, sexual orientation, and family structure			
The policy includes anti-discrimination provisions ensuring there are no income or employment losses incurred by employees requesting parental			
The policy is inclusive of parents who are adopting or having children through surrogacy or IVF			
The policy ensures that leave provisions are non-transferrable between parents			
The policy includes leave provisions for pregnancy complications such as miscarriage, still births etc.			
Budgeting and administration			
The budget allocation has increased in real terms between 2015 and the latest year for which data is available to implement the policy (consider			
The budget allocation for the policy is being sufficiently (≥ 80%) spent on both personnel costs and actual delivery/implementation			
There is adequate government human resource and technical capacity for implementation of the policy			
The provisions under the policy are primarily (≥ 80%) government funded			
Regulation and monitoring			
There is a government department/unit/agency responsible for implementing the policy			
The policy includes provisions for the oversight and regulation of the availability and accessibility of parental leave			
The policy includes mechanisms for complaints and grievance redressal mechanisms in the case of non-compliance			
The government collects and publishes disaggregated* data on implementation of the policy, with indicators and targets			
The government's monitoring and evaluation system includes the impact of the policy on the well-being of caregivers and care recipients and/or on			
Design and impact			
The policy was developed through consultation with organizations representing people delivering and receiving care services			
There is evidence of positive impact on the well-being of caregivers (especially women)			
There is evidence of a transformation of gender norms (i.e. men taking on more caregiving) as a result of the policy			
There is evidence of positive impact on divesting from carceral frameworks of care			
Score for Indicator 1.4.2 (out of 21)		0	
Percentage (%)		0	
Degree of transformation (0-5)		—	

INDICATOR 1.4.3: Flexible working

ASSESSMENT CRITERIA	SCORE YES=1 PARTIAL=0.5 NO=0	SCORE EXPLANATION	SOURCE/S OF VERIFICATION

There is a provincial policy for flexible working arrangements			
Accessibility and inclusivity			
The policy covers underserved and equity-denied groups, including migrant workers			
The policy recognises the home as a workplace			
The policy provides for home-based work arrangements, in combination with the other options (e.g. reduced daily working hours, reduced work-			
The policy ensures that all employees have the right to make requests for flexible working and no income or employment losses are incurred by			
Budgeting and administration			
There is adequate government human resource and technical capacity for implementation of the policy			
Regulation and monitoring			
There is a government department/unit/agency responsible for the policy			
The policy includes provisions for the oversight of flexible working arrangements			
The policy includes mechanisms for complaints and grievance redressal mechanisms in case of non-compliance			
The government collects and publishes disaggregated* data on implementation of the policy, with indicators and targets			
The government's monitoring and evaluation system includes the impact of the policy on the well-being of caregivers and care recipients and/or on			
Design and impact			
The policy was developed through consultation with organizations representing people delivering and receiving care services			
There is evidence of positive impact on the well-being of caregivers (especially women)			
There is evidence of a transformation of gender norms (i.e. men taking on more caregiving) as a result of the policy			
There is evidence of positive impact on divesting from carceral frameworks of care			
Score for Indicator 1.4.3 (out of 15)		0	
Percentage (%)		0	
Degree of transformation (0-5)		—	

Degree of transformation for Policy Area 1.4: Care-supporting workplaces		
Total score across all indicators (out of 56):		0
Percentage (%):		0
Overall degree of transformation (0-5):		—

SECTION 2: PAID CARE WORK	
Policy areas	Indicators
2.1 Labour conditions	2.1.1 Minimum wages for paid care workers
	2.1.2 Gender wage gap and equal pay for equal work
	2.1.3 Working hours
2.2 Workplace regulations	2.2.1 Health and safety in the workplace
	2.2.2 Gender-based discrimination, harassment and violence in the workplace
	2.2.3 Workplace inspections and grievance mechanisms ensuring decent work
2.3 Migrant care workers' protections	2.3.1 Equal rights and protections for migrant domestic workers
2.4 Right to organize	2.4.1 Right to representation and negotiation, freedom of association and right to strike

INDICATOR 2.1.1: Minimum wage			
ASSESSMENT CRITERIA	SCORE YES=1 PARTIAL=0.5 NO=0	SCORE EXPLANATION	SOURCE/S OF VERIFICATION
There is a provincial minimum wage policy			
Legislation and ratification			
Remunerated paid care workers are included in the general labour legislation as workers			
There is a provincial legislation outlining wage deduction and/or in-kind contributions for live-in care workers			
Accessibility and inclusivity			
The policy extends to all workers, occupations and population groups most likely to be equity-denied, including migrant care workers			
The majority (>80%) of paid care workers, including migrant care workers, are receiving a living wage			
The provincial minimum wage is comparable to the cost of living			
Budgeting and administration			
The budget allocation has increased in real terms between 2015 and the latest year for which data is available to implement the policy (consider both direct implementation and maintenance costs, and indirect personnel and administrative costs)			
There is adequate government human resource and technical capacity for implementation of the policy			
Regulation and monitoring			
There is a government department/unit/agency responsible for implementing the policy			
The policy specifies mechanisms for complaints and redressal against non-payment of minimum wages			
The government collects and publishes disaggregated* data on the minimum wage, including for paid care workers			
Design and impact			
The policy was developed through consultation with organizations representing paid care workers			
There is evidence of positive impact on paid care workers including migrant care workers due to this policy			
There is evidence of positive impact on divesting from carceral frameworks of care			
SCORE FOR INDICATOR 2.1.1 (out of 14)		0	
Percentage (%)		0	
Degree of transformation (0-5)		—	

INDICATOR 2.1.2: Gender wage gap and equal pay for equal work			
ASSESSMENT CRITERIA	SCORE YES=1 PARTIAL=0.5 NO=0	SCORE EXPLANATION	SOURCE/S OF VERIFICATION
There is a provincial policy on equal pay for equal work for men, women, and gender diverse groups		Employment Standards Act	
Legislation and ratification			
There is legislation that requires employers to publish data on the gender pay gap			
Accessibility and inclusivity			
The policy extends to all workers, occupations and population groups most likely to be equity-denied, including migrant care workers			
The majority (>80%) of paid care workers, including migrant workers, are receiving equal pay for equal work			
Budgeting and administration			
The budget allocation has increased in real terms between 2015 and the latest year for which data is available to implement the policy (consider both direct implementation and maintenance costs, and indirect personnel and administrative costs)			
There is adequate government human resource and technical capacity for implementation of the policy			
Regulation and monitoring			

There is a government department/unit/agency responsible for implementing the policy			
The policy specifies mechanisms for complaints and redressal against non-implementation/violation of its provisions			
The government collects and publishes disaggregated* data on the gender wage gap, including for paid care workers, with indicators and targets			
Design and impact			
The policy was developed through consultation with organizations representing paid care workers			
There is evidence of positive impact on paid care workers including migrant workers due to this policy			
There is evidence of positive impact on divesting from carceral frameworks of care			
SCORE FOR INDICATOR 2.1.2 (out of 12)	0		
Percentage (%)	0		
Degree of transformation (0-5)	—		

INDICATOR 2.1.3: Working hours

ASSESSMENT CRITERIA	SCORE YES=1 PARTIAL=0.5 NO=0	SCORE EXPLANATION	SOURCE/S OF VERIFICATION
There is a provincial policy that guarantees working hours regulation for all workers		Employment Standards Act	
Legislation and ratification			
The legislation is in line with ILO conventions outlining a standard 8-hour workday			
Accessibility and inclusivity			
The policy extends to all workers, occupations and population groups most likely to be equity-denied, including migrant care workers			
The majority (>80%) of paid care workers, including migrant workers, are in receipt of standard working hours			
Budgeting and administration			
The budget allocation has increased in real terms between 2015 and the latest year for which data is available to implement the policy (consider both direct implementation			
There is adequate government human resource and technical capacity for implementation of the policy			
Regulation and monitoring			
There is a government department/unit/agency responsible for implementing the policy			
The policy specifies mechanisms for complaints and redressals against non-standard working hours			
The government collects and publishes disaggregated* data on working hours, including for paid care workers, with indicators and targets			
Design and impact			
The policy was developed through consultation with organizations representing paid care workers			
There is evidence of positive impact on paid care workers, including migrant workers, due to this policy			
There is evidence of positive impact on divesting from carceral frameworks of care			
SCORE FOR INDICATOR 2.1.3 (out of 12)	0		
Percentage (%)	0		
Degree of transformation (0-5)	—		

Degree of transformation for Policy Area 2.1: Labour Conditions and wage policies

Total score across all indicators (out of 38):	0
Percentage:	0
Overall degree of transformation (0-5):	—

INDICATOR 2.2.1: Occupational Health and safety (OHS) in the workplace (e.g. rest breaks, safety equipment)			
ASSESSMENT CRITERIA	SCORE YES=1 PARTIAL=0.5 NO=0	SCORE EXPLANATION	SOURCE/S OF VERIFICATION
There is a provincial policy for workplace health and safety			
Legislation and ratification			
There is legislation regulating health and safety trainings and labour inspections to detect potential risk in the workplace			
Accessibility and inclusivity			
The policy extends to all workers, occupations and population groups most likely to be equity-denied, including migrant paid care workers			
The majority (>80%) of paid care workers, including migrant workers have access to preventive measures against infectious diseases such as COVID-19 and other risks associated with the health hazards in the workplace.			
There are government funded/administered public awareness campaigns to prevent occupational health and safety risks for care workers			
Budgeting and administration			
The budget allocation has increased in real terms between 2015 and the latest year for which data is available to implement the policy (consider both direct implementation and maintenance costs, and indirect personnel and administrative costs)			
There is adequate government human resource and technical capacity for implementation of the policy			
Regulation and monitoring			
There is a government department/unit/agency responsible for implementing the policy			
The legislation incorporates complaints and redressal mechanisms against non-implementation/violation of its provisions			
There are staff occupational health and safety working groups to prevent accidents, and training regulations			
The government collects and publishes disaggregated data* on occupational health and safety related incidents including among migrant workers			
Design and impact			
The policy was developed through consultation with organizations representing paid care workers			
There is evidence of decreasing incidence of workplace health and safety incidents among paid care workers, including migrant, as a result of the policy			
There is evidence of increasing workplace provision of preventative measures including personal protective equipment to workers, government awareness campaigns,			
There is evidence of positive impact on divesting from carceral frameworks of care			
	SCORE FOR INDICATOR 2.2.1 (out of 15)	0	
	Percentage (%)	0	
	Degree of transformation (0-5)	—	

INDICATOR 2.2.2: Gender-based discrimination, harassment, and violence in the workplace			
ASSESSMENT CRITERIA	SCORE YES=1 PARTIAL=0.5 NO=0	SCORE EXPLANATION	SOURCE/S OF VERIFICATION
There is a provincial policy to prevent sexual abuse, harassment, and any type of violence in the workplace		Employment Standards Act	
Legislation and ratification			

There is a provincial policy to prevent sexual abuse, harassment, and any type of violence in the workplace			
There is legislation regulating health and safety trainings and labour inspections to detect potential risks in the workplace			
Provincial laws are in compliance with the Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW)			
The legislation prohibits discrimination on the basis of pregnancy			
Accessibility and inclusivity			
The policy extends to all workers, occupations and population groups most likely to be equity-denied, including migrant paid care workers			
There are government funded/led public awareness campaigns to prevent GBV and discrimination against care and domestic workers			
The policy guarantees the protection of the worker from retaliation from the employer or other governmental agencies			
Budgeting and administration			
The budget allocation has increased in real terms between 2015 and the latest year for which data is available to implement the policy (consider both direct			
There is adequate government human resource and technical capacity for implementation of the policy			
Regulation and monitoring			
There is a government department/unit/agency responsible for implementing the policy			
The policy has detailed complaints and redressal mechanisms against non-implementation/violation of its provisions			
The government collects and publishes disaggregated data* on incidences of GBV and discrimination against paid care workers including migrant workers with indicators			
There are mechanisms in place to measure the impact of the policy on paid care workers, e.g. incidence of GBV and discrimination in the workplace			
Design and Impact			
The policy was developed through consultation with organizations representing paid care workers			
There is evidence of decreasing incidence of workplace GBV (including sexual harassment, abuse, and other type of violence) among paid care workers, including migrant			
There is evidence of positive impact on divesting from carceral frameworks of care			
	SCORE FOR INDICATOR 2.2.2 (out of 16)	0	
	Percentage (%)	0	
	Degree of transformation (0-5)	—	

INDICATOR 2.2.3: Workplace inspections and grievance mechanisms

ASSESSMENT CRITERIA	SCORE YES=1 PARTIAL=0.5 NO=0	SCORE EXPLANATION	SOURCE/S OF VERIFICATION
There is a provincial policy to ensure workplace inspections and grievance mechanisms to ensure decent working conditions			
Legislation and ratification			
There is legislation to ensure paid care workers have access to justice, courts, tribunals, and other conflict resolution mechanisms			
The legislation provides for workplace inspections, including if the place of work is a house			
Accessibility and inclusivity			
The policy extends to all workers, occupations and population groups most likely to be equity-denied, including migrant paid care workers			
The policy specifies temporary safe housing arrangements for the time of the grievance			
The policy specifies that in the case of migrant workers, a translator is guaranteed to support with grievance reporting			
Budgeting and administration			

The budget allocation has increased in real terms between 2015 and the latest year for which data is available to implement the policy (consider both direct			
There is adequate government human resource and technical capacity for implementation of the policy			
Regulation and monitoring			
There is a government department/unit/agency responsible for implementing the policy			
The policy specifies mechanisms for complaints and redressal against non-implementation/violation of its provisions, including with the right to labour union			
The government collects and publishes disaggregated data* on how many people have been able to access justice, courts, tribunals, and other conflict resolution			
Design and impact			
The policy was developed through consultation with organizations representing paid care workers			
There is evidence of more successful litigative processes and decreasing hesitancy to reporting abuse as a result of this policy.			
There is evidence of positive impact on divesting from carceral frameworks of care			
	SCORE FOR INDICATOR 2.2.3 (out of 14)	0	
	Percentage (%)	0	
	Degree of transformation (0-5)	—	

Degree of transformation for Policy Area 2.2: Workplace Environment Regulations	
Total score across all indicators (out of 45):	0
Percentage:	0
Overall degree of transformation (0-5):	—

INDICATOR 2.3.1: Equal rights and protections for migrant care workers			
ASSESSMENT CRITERIA	SCORE YES=1 PARTIAL=0.5 NO=0	SCORE EXPLANATION	SOURCE/S OF VERIFICATION
There is a provincial policy to ensure equal rights and protections for different migrant workers (e.g. internal migrants, returning migrants to country of origin, international migrants)			
Legislation and ratification			
There is legislation to ensure access to equal rights and protections for migrant care workers			
Accessibility and inclusivity			
The policy extends to all workers, occupations, and population groups most likely to be equity-denied, including migrant workers			
The policy ensures working permits for migrant care workers are not tied to the individual employer			
The policy ensures the provision of specialized services to support migrant care workers (i.e. legal, health, and occupational counsel in their mother tongues)			
The policy includes international bilateral cooperation agreements to guarantee protection laws and prevent human trafficking			
The policy ensures migrant care workers have access to family rights[ii]			
Budgeting and administration			
The budget allocation has increased in real terms between 2015 and the latest year for which data is available to implement the policy (consider both direct implementation and maintenance costs, and indirect personnel and administrative costs)			
There is adequate government human resource and technical capacity for implementation of the policy			
Regulation and monitoring			
There is a government department/unit/agency responsible for implementing the policy			
The policy specifies mechanisms for complaints and redressal against non-implementation/violation of its provisions			
The government collects and publishes disaggregated data* on how many migrant workers have been able to access equal rights and protections			
Design and impact			
The policy was developed through consultation with migrant care workers			
There is evidence of a positive impact on migrant care workers including migrant workers due to this policy			
There is evidence of positive impact on divesting from carceral frameworks of care			
SCORE FOR INDICATOR 2.3.1 (out of 15)		0	
Percentage (%)		0	
Degree of transformation (0-5)		—	

Degree of transformation for Policy Area 2.3: Migrant Care Worker's Protection	
Total score across all indicators (out of 15)	0
Percentage (%)	0
Overall degree of transformation (0-5):	—

INDICATOR 2.4.1: Right to representation and negotiation, freedom of association and right to strike			
ASSESSMENT CRITERIA	SCORE YES=1 PARTIAL=0.5 NO=0	SCORE EXPLANATION	SOURCE/S OF VERIFICATION
There is a provincial policy on the right of all workers to join cooperatives, trade unions, and worker associations			
Legislation and ratification			
There is legislation on the right of all workers, including migrant, to representation and negotiation, freedom of association, and right to strike			
Accessibility and inclusivity			
The policy extends to all workers, occupations and population groups most likely to be equity-denied, including migrant paid care workers			
Budgeting and administration			
The budget allocation has increased in real terms between 2015 and the latest year for which data is available to implement the policy (consider both direct implementation and maintenance costs, and indirect personnel and administrative costs)			
There is adequate government human resource and technical capacity for implementation of the policy			
Regulation and monitoring			
There is a government department/unit/agency responsible for implementing the policy			
The policy specifies mechanisms for complaints and redress for workers, including migrant workers, who are penalised for their activity in unions			
The government collects and publishes disaggregated* data on the participation of paid care workers in collective bargaining and trade unions			
There are mechanisms in place to measure the impact of the policy on paid care workers			
Design and impact			
The policy was developed through consultation with organizations representing paid care workers			
There is evidence of increased participation of paid care workers, including migrant workers, in collective bargaining and organizing in trade unions, as a result of the policy			
There is evidence of positive impact on divesting from carceral frameworks of care			
SCORE FOR INDICATOR 2.4.1. (out of 12)	0		
Percentage (%)	0		
Degree of transformation	—		

Degree of transformation for Policy Area 2.4: Right to Organize	
Total score across all indicators (out of 12)	0
Percentage (%)	0
Overall degree of transformation (0-5):	—