# Migrant Workers Centre Submission to the Section 3 Panel Reviewing the British Columbia Labour Relations Code

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On February 6, 2018, the Minister of Labour appointed a three-member panel as a Labour Relations Code Review Panel (the "**Panel**") under Section 3 of the *Labour Relations Code* (the "*Code*"), with a broad mandate to review the *Code*.

In response to the Panel's invitation for input from stakeholders, the Migrant Workers Centre ("**MWC**") makes the following submission.

## Summary of Submission

The MWC proposes that additions be made to the *Code* a system of broader based collective bargaining that would provide meaningful access to collective bargaining for migrant caregivers in British Columbia. The proposed system of broader based bargaining is patterned on the system utilized the publicly funded health and community social services sector. Generally, this system involves statutorily defined bargaining units, multiple employers represented by a single employer association and association of unions that are governed by articles of association. A similar system should be implemented in the caregiving sector in order to facilitate access to meaningful collective bargaining for migrant caregivers.

## About the Migrant Workers Centre[1]

1. MWC, formerly West Coast Domestic Workers Association, is a non-profit organization dedicated to legal advocacy for caregivers and other migrant workers in BC. Established in 1986, MWC facilitates access to justice for migrant workers through the provision of legal information, advice and representation. MWC also works to advance the labour and human rights of migrant workers through public legal education and training, law and policy reform work and test case litigation.

2. The majority of MWC's clients are caregivers working in BC under the Caregiver Program. MWC also serves migrant workers working under the low-wage stream of the Temporary Foreign Worker Program (TFWP) in jobs in the service, hospitality, agriculture, construction and manufacturing industries, as well as under the Seasonal Agricultural Workers Program (SAWP).

3. MWC regularly partners with community organizations to deliver public legal education workshops and mobile clinics to migrant workers in the TFWP, CP and SAWP in communities around the province with limited access to services. Through this work, MWC has identified numerous gaps in the statutory regulation of employment that negatively impact these often isolated and vulnerable workers.

[1] The description of the MWC is taken nearly in full from the MWC's March 2018 report titled "*Envisioning Justice for Migrant Workers: A Legal Needs Assessment*" which was authored by Alexandra Rogers. See page 1.

[2] In the first 3 quarters of 2017 (January 1, 2017 – September 30, 2017), for example, Employment and Social Development Canada approved 1,149 positions for home child care providers and 317 positions for home support

**Profile of Caregivers in British Columbia**

4. The Caregiver Program is part of the Federal Government's Temporary Foreign Worker Program (the "**TFWP**").[2] The TFWP permits Canadian employers to hire foreign nationals to perform work, including caregiving work, in Canada.

5. The Caregiver Program has two streams: (1) caregivers for children under 18 years of age; and (2) caregivers for people with high medical needs, including persons over age 65 or people with disabilities and chronic or terminal illness.[3] The work takes place in private residence and often includes housekeeping and cleaning work.

6. Caregiving work is valuable work and helps British Columbia thrive, as it is the work that makes other work possible. Paid domestic work benefits families, employers, and the economy as a whole. With Canada's aging population and increasing life expectancies, the need for domestic workers will continue to grow.

7. The Caregiver Program used to be called the "Live-In Caregiver Program". However, in November 2014, Citizenship and Immigration Canada (now "Immigration, Refugees and Citizenship Canada" or IRCC) eliminated the live-in requirement. Despite these changes, employers continue to impose live-in arrangements.

8. Ontario recently engaged in an expansive review of its *Employment Standards Act* and *Labour Relations Act* culminating in Bill 148 - *Fair Workplaces, Better Jobs Act, 2017*. The review entitled the "Changing Workplaces Review" was led by Special Advisors, C. Michael Mitchell and John C. Murray.[4] A number of submissions focussed on Bill 148 and the Changing Workplaces Review focused on the situation of caregivers in Ontario.[5]

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[2] In the first 3 quarters of 2017 (January 1, 2017 – September 30, 2017), for example, Employment and Social Development Canada approved 1,149 positions for home child care providers and 317 positions for home support workers in British Columbia under the Temporary Foreign Worker Program. See Employment and Social Development Canada, *Temporary Foreign Worker Program 2017 Q3* at <http://open.canada.ca/data/en/dataset/e8745429-21e7-4a73-b3f5-90a779b78d1e?_ga=2.24247994.1239877317.1512578766-536812370.1481074597>

[3] IRCC: https://www.canada.ca/en/employment-social-development/services/foreign-workers/caregiver.html

[4] C. Michael Mitchell and John C. Murray, *The Changing Workplaces Review – Final Report* (May 2017 (the "**Ontario Review**"). See pages 286-288 for the Special Advisors' review of the situation of domestic workers employed in the home. < https://files.ontario.ca/books/mol_changing_workplace_report_eng_2_0.pdf>

[5] See for example: (1) Caregivers' Action Centre, *Submission by the Caregivers' Action Centre: Ontario's Changing Workplaces Review Consultation Process* (September 18, 2015) and (2) Workers' Action Centre and Parkdale Community Legal Services, *Phase 1 Review of ESA and LRA Exemptions* (December 7, 2017).

9. The comments of the Migrant Worker Alliance for Change and the Caregivers' Action Centre describing the context of migrant caregiving labour are relevant to this Panel's deliberations because they are equally applicable to migrant caregiving in British Columbia.[6] Please see Appendix "A" to this Submission for an excerpt of these comments.

10. As is the case in Ontario, migrant caregivers in British Columbia are women of colour from developing nations. They face marginalization and vulnerability as workers because of multiple employment and social insecurities: the temporary nature of their immigration status, work visas that are tied to a single employer, low-wage precarious jobs, language barriers, geographic isolation, family separation, and a lack of familiarity with their rights and obligations under Canadian law. As a result, they are particularly vulnerable to labour exploitation and discrimination based on gender, class, race, and nationality.

**The Importance of Access to Collective Bargaining**

11. Access to collective bargaining remains a fundamental purpose of the *Code*: section 2(c) of the *Code*. The BC Labour Relations Board's leading decision on certification sets this out when it describes the history and purpose of certification:

> Simply put, an employee, in the absence of a collective agreement, has no vested rights. The ability of an employee to not simply accept what is offered but to be able to bargain what he or she considers to be desirable in order to provide protection from material and legal insecurity, directly results in that employee having greater rights, voice and dignity (see Paul Weiler in Reconcilable Differences, (Toronto: Carswell Company Limited, 1980, pp. 15-33).
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> Finally, a collective bargaining relationship that achieves a greater balancing of the power between employers and employees, that vests employment rights in employees, that allows decisions to be challenged and disagreements to be [7]settled by neutral arbitrators, without economic disruptions, establishes the rule of law in employer-employee relationships.
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> This, as Weiler notes, is "...intrinsically valuable as an exercise in self-government" (p. 33).[8]

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[6] Migrant Worker Alliance for Change and the Caregivers' Action Centre, *Stronger Together: Delivering on the Constitutionally Protected Right to Unionize for Migrant Workers, Bill 148 Submissions on Broader Based Bargaining* (July 21, 2017) <http://www.migrantworkersalliance.org/wp-content/uploads/2017/07/MWAC-and-CAC-Bill-148-Broader-Based-Bargaining-Submissions-21-July-2017.pdf> (the "**MWAC/CAC Submission**)

[7] *Mounted Police Association of Ontario v. Canada (Attorney General)*, 2015 SCC 1 at para. 58.

[8] *Island Medical Laboratories*, BCLRB No. B308/93 (Leave for Reconsideration of IRC No. C217/92 and BCLRB No. B49/93) ("***IML***")at p. 8-10.

12. Since the Board's decision in *IML*, the Supreme Court of Canada issued a new labour trilogy constitutionalizing the right to join a union, the right to collective bargaining and the right to strike under section 2(d) of the *Canadian Charter of Rights and Freedoms*. The decisions underpinning the new labour trilogy all speak to the importance of meaningful access to collective bargaining as an exercise of the fundamental freedom of association.

13. The freedom of association is the means by which vulnerable workers are able to band together in order to ameliorate their working lives:

> 58 This then is a fundamental purpose of s. 2(d) - to protect the individual from "state-enforced isolation in the pursuit of his or her ends": *Alberta Reference*, at p. 365. The guarantee functions to protect individuals against more powerful entities. By banding together in the pursuit of common goals, individuals are able to prevent more powerful entities from thwarting their legitimate goals and desires. In this way, the guarantee of freedom of association empowers vulnerable groups and helps them work to right imbalances in society. It protects marginalized groups and makes possible a more equal society.

14. The Migrant Worker Alliance for Change and the Caregivers' Action Centre provide a thorough summary of the *Charter* jurisprudence which supports access to meaningful collective bargaining for migrant caregivers.[9] Please see the excerpt at Appendix A to this Submission.

15. In addition to the Board and the Supreme Court of Canada, Article 3 of the International Labour Organization's Convention 189 on the rights of domestic workers expressly makes it an obligation of signatories to respect, promote and realize the fundamental principle and right at work to "freedom of association and the **effective recognition** of the right to collective bargaining." Although Canada has not ratified Convention 189, a number of top source countries for the Caregiver Program, including the Philippines, are signatories.[10]

**The *Code* Does Not Provide Meaningful Access to Collective Bargaining for Caregivers**

16. The *Code*, as it is currently structured, does not provide meaningful access to migrant caregivers. The *Code*'s Wagnar Act structure is designed to facilitate unionization and collective bargaining at single large worksites, like the large industrial factories that were prominent in the first half of the 20th century.

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[9] *Supra*, Note 5 at p. 7-8.

[10] http://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:11300:0::NO:11300:P11300_INSTRUMENT_ID:2551460:NO

17. The *Code* has not been designed or adjusted to account for the growth of smaller employers and worksites. The Special Advisors in the Ontario Review framed the problem as follows:

> We have pointed out, above, and in our Interim Report, that the current *Wagner Act* single employer and single enterprise model of certification does not provide for effective access to collective bargaining for a large number of employees of small employers and employers with multiple locations. Organizing and bargaining individual contracts in thousands of small locations is inefficient, expensive and impractical. The single employer recommendations, above, address the single and multiple location issues of larger employers, but not the issue of many individual small employers, thus leaving a significant vacuum in many areas where collective bargaining is unlikely to take root. In Ontario, the union coverage rate in the private sector is below 7% in workplaces with fewer than 20 employees. Like the majority of Special Advisors in British Columbia, we share the concern about the nature of the problem but, unlike them, we have concluded that providing a multi-employer bargaining framework is not practical at this time.[11]

18. Of course, the inability of the *Code* to provide meaningful access to collective bargaining for employees at small workplaces extends to migrant caregivers. Indeed, the primary reason why the *Code* does not provide meaningful access to collective bargaining for migrant caregivers is the fact that these workers often are the only employee of their employer. Couple that with the fact that the worksite is the private residence of the employer. These conditions simply do not make it viable for unions to organize these workers into bargaining units as currently envisioned and required under the statutory framework of the *Code*.

19. The specific problems associated with providing collective bargaining to migrant caregivers were identified not long after the release of the Baigent, Ready, Roper 1992 Report.[12] The seminal analysis on broader based bargaining for migrant caregivers remains the report released by Intercede and the Ontario District Council of the International Ladies' Garment Workers' Union (the "**Intercede Report**").[13] The Intercede Report identifies three key features of migrant caregiving work that puts meaningful collective bargaining out of reach for migrant caregivers:

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[11] *Supra*, Note 3 at p. 352.

[12] Baigent, Ready and Roper, *A Report to the Honourable Moe Sihota, Minister of Labour: Recommendations for Labour Law Reform* (September 1992).

[13] Intercede and the Ontario District Council of the International Ladies' Garment Workers' Union, *Meeting the Needs of Vulnerable Workers: Proposals for Improved Employment Legislation and Access to Collective Bargaining for Domestic Workers and Industrial Homeworkers* (February 1993) <http://equalpaycoalition.org/wp-content/uploads/2016/01/Meeting-the-Needs-of-Vulnerable-Workers-1993-Intercede-and-ILGWU-1993-Report-C1497550xA0E3A.pdf>

a. Exclusion from the Ontario Act and the Ontario Act's requirement for at least two persons in a bargaining unit. This is not a concern in BC. Caregivers as a class of workers are not excluded from the *Code*. Furthermore, the Board has confirmed that the *"Code* contemplates the possibility of certifying a bargaining unit of one person."[14]

b. The inherent vulnerabilities associated with being a migrant caregiver (eg. sole employee at the worksite, worksite as residence, cultural and linguistic barriers, precarious immigration status, etc.) exacerbate the inequality of bargaining power that is inherent in any employment relationship. This makes collective bargaining at a single worksite completely impractical.

c. Trade unions, for the most part, do not have the resources to negotiate and administer multiple collective agreements at single-employee worksites. That is simply not feasible.[15]

20. Aside from the first concern, the concerns cited with respect to access to collective bargaining in the Intercede Report remain relevant today in the British Columbia context.

**Broader Based Bargaining is Needed**

21. Although the Special Advisors in the Ontario Review rejected broader based bargaining on the basis that Ontario simply did not have experience with these type of bargaining structures, the same cannot be said for British Columbia.

22. One of the primary reasons for extending broader based bargaining to other sectors of the economy, including the caregiving sector, is the fact that we have experience with broader based bargaining in health care and community social services in British Columbia.

23. The MWC advocates for adding provisions to the *Code* which would create broader based bargaining for migrant caregivers in a system that is patterned on the *Health Authorities Act* (the "***HAA***") and the *Community Social Services Labour Relations Act* (the "***CSSLRA***").

***Health Sector and Community Social Services Sector***

24. Broader based bargaining is not new in British Columbia. Broader based bargaining is used in the publicly funded health sector and community social services sector. The *Code* does not specifically provide for broader based bargaining in these sectors. Instead, specialized

[14] *Fleetwood Sausage,* BCLRB Decision No. B364/2000 (upheld on reconsideration in BCLRB Decision No. B104/2001) at para. 104.

[15] *Supra*, Note 11 at p. 26.

sectoral labour relations legislation (ie. the *HAA* and the *CSSLRA*) created the broader based bargaining systems in these sectors that have been in place for approximately two decades.

25. Part 3 of the *HAA* sets out a system for health sector labour relations that was first conceived by Arbitrator James Dorsey, QC as part of his recommendations to government in 1995.

26. Section 19.4 of the *HAA* sets out five appropriate multi-employer bargaining units in the health sector (residents, nurses, paramedical professionals, facilities subsector and community subsector).

27. Section 19.4(3) of the *HAA* requires that all unionized employees in the health sector. The "health sector" is defined as all employers who are members of the Health Employers Association of BC ("**HEABC**"). Generally, this includes employers who receive public funding to provide health in BC.

28. Additionally, unions representing unionized health sector employees under the *HAA* must be members of bargaining associations (eg. the Community Bargaining Association): section 19.9. These bargaining associations are governed by articles of association which set out rules for negotiating and administering the sectoral collective agreement for each of the five statutory bargaining units.

29. Vice-Chair Saunders (as he then was) provides the following description of the multi-employer health sector labour relations:

> **22** I begin by briefly elaborating on the two tier representational model established under Part 3 of the Act. Bargaining unit structure and union representation in the health sector is more complicated than in the usual private sector context. The "first tier" of health sector representation is relatively simple; the "second tier" is less so.
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> **23** With respect to the first tier, which concerns collective agreement negotiation, there are five statutorily mandated bargaining units. Each of those units has its own statutorily mandated bargaining association. Each of those bargaining associations negotiates a collective agreement with HEABC and each of those collective agreements covers all of the employees in that first tier bargaining unit. Thus, for example, the Facilities Bargaining Association negotiates the Facilities Collective Agreement which covers employees of PHC in the facilities subsector bargaining unit ("FBU").
>
> **24** With respect to the second tier, which concerns collective agreement administration, multiple unions belong to each of the bargaining associations. Those member unions are certified to represent employees within a second tier unit. Pursuant to that certification entry, the union administers the

collective agreement on a day-to-day basis with the "collective agreement employer": *Interior Health Authority, et al.,* BCLRB No. B97/2012, at para. 45. IUOE's second tier unit includes employees at two of PHC's worksites as noted above.[16]

30. A similar scheme was implemented in the community social services sector in 2003. Following the recommendations of public administrator, Peter Cameron, the government of the day enacted the *CSSLRA*. The effect of the *CSSLRA* was to consolidate a number of individual bargaining units held by a number of bargaining agents into three bargaining units. A system similar to the *HAA* was implemented involving a multi-employer agent and union bargaining associations.

31. Section 2 of the *CSSLRA* makes the Community Social Services Employers' Association ("**CSSEA**") the bargaining agent for all community social services providers who are members of CSSEA and who have unionized employees. Membership in CSSEA is tied to a number of criteria, including the percentage of funding received by the social services agency in question.

32. Section 4 of the *CSSLRA* requires the formation of a bargaining association (eg. the Community Social Services Bargaining Association or CSSBA) composed of unions representing employees in one or more of the three statutory bargaining units under section 3 of the *CSSLRA* (eg. Community Living Services, Aboriginal Services and General Services).

33. The CSSBA negotiates a single collective agreement with CSSEA for each of the three statutorily mandated bargaining units. It also plays a role in collective agreement administration on major issues impacting the entire bargaining unit. The conduct of the CSSBA with respect to negotiating and administering sectoral collective agreements is governed by articles of association.[17]

***Past Proposals for Broader Based Bargaining for Migrant Caregivers***

34. The Baigent, Ready and Roper Report, the MWAC/CAC Submission and the Intercede Report and Quebec's 2009 *Home Childcare Providers Act* ("***HCPA***") also provide fruitful guidance on tailoring a broader based bargaining system for migrant caregivers.

35. Osgoode Hall Professor Sara Slinn reviewed these broader based bargaining models in her report for the Ontario Review.[18]

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[16] *Providence Health Care Society (Mount Saint Joseph Hospital)*, BCLRB No. B31/2014

[17] *Centaine Support Services Inc.*, BCLRB No. B118/2008 at para. 24.

[18] Sara Slinn, *Changing Workplaces Review Research Projects: Collective Bargaining* (November 30, 2015) <http://digitalcommons.osgoode.yorku.ca/cgi/viewcontent.cgi?article=1177&context=reports>

36. Professor Slinn described the Baigent-Ready Model as follows:

> The Baigent-Ready model is based on "sectors", which are defined geographic areas, such as a neighbourhood, city, metropolitan area or province, containing similar enterprises with employees performing similar work. An example of such a sector would be "employees working in fast food outlets in Burnaby" (Government of British Columbia, 1992, pp. 31). This model would apply only to sectors the labour board declares to be "historically underrepresented by trade unions", and when the average number of full-time employees, or the equivalent number of part-time employees, at all work locations within the sector is less than 50. Therefore, the model targets small workplaces with low rates of unionization.
>
> Initial sectorial certification would operate as follows. If a union had support from at least 45% of employees at each work location within an eligible sector, the union could apply for certification of that multi-workplace bargaining unit. If the board declares the sector historically underrepresented, is satisfied that requisite support exists, and that the unit is appropriate for collective bargaining, then it would order a representation vote of all employees in the unit…The Baigent-Ready model contemplates that multiple unions may be certified within a single sector, each union administering its own collective agreement. The majority of the sub-committee explained: "This feature has several advantages. It ensures that unions who are certified within a sector are not granted a monopoly on representation rights while offering employees within a sector the option of choosing from more than one union" (Government of British Columbia, 1992, p. 31).

37. Professor Slinn's summary of the HCPA is also worth reproducing:

> The HCPA established a new sector-based collective bargaining regime for home childcare workers in the province. Associations are certified, based on majority support, as exclusive bargaining agents for home childcare workers (who are deemed to be "own-account self-employed" workers) in a given territory who are affiliated with the same home childcare coordinating office. Certified associations' rights and obligations include defending and promoting "the economic, social, moral and professional interests of home childcare providers" and bargaining a "group agreement" under the HCPA, and they may bargain in groups of associations.

> Negotiations take place between the Minister Responsible for Childcare Services and associations, and may be initiated by either side…[19]

38. The MWAC/CAC Submission proposes the following three elements for broader based bargaining for caregivers:

> The necessary elements of a broader based bargaining system would include:
>
> i. designation of the regions for bargaining (whether it is on a provincial basis or designated regions with the province);
> ii. designation of an employer bargaining agent; and
> iii. recognition of workers' bargaining agents, including the ability of migrant workers' unions to operate union hiring halls.[20]

39. The Intercede Report proposed the following structure for broader based bargaining for domestic workers:

> 1. For the purposes of certification, domestic workers would be organized into two separate sectors, live-in and live-out workers.
>
> 2. Domestic workers would be then classified on the basis of geographic or regional designation (ie. the Greater London area or some other region that makes sense).
>
> 3. The certification process would be initiated by the signing of a majority of domestic workers registered in a specific geographical region.
>
> 4. Once a preponderance of a regions have been certified, a conference would be called by the Ministry of Labour between the employers and union representatives regarding extension of the collective agreement to all domestic workers.
>
> 5. Collective agreements would be enforced through monthly reports submitted by the employer, the Union's inspection of the employer's records, and collective agreement negotiations.[21]

***MWC Proposal for Broader Based Bargaining***

40. The sectoral bargaining structures in the health sector and community social services sectors in this province provide a strong basis on which to extend broader based bargaining

[19] *Ibid*, at p. 82
[20] *Supra*, Note 5 at p. 11.

[21] *Supra*, Note 12 at 78-79.

in other sectors, including the private caregiving sector. This is particularly so given the underlying similarities between health, social services and caregiving work.

41. Additionally, the Baigent-Ready Model, the MWAC/CAC Submission, the Intercede Report and Quebec's *HCPA* provide fruitful guidance on tailoring a broader based bargaining system for migrant caregivers.

42. Based on the foregoing, I provide the following recommendation for adding provisions in the *Code* to facilitate broader based bargaining for migrant caregivers:

    a. Multi-employer and multi-union bargaining associations should be statutorily created for the private caregiving sector. Those associations should be similar in structure to HEABC and CSSEA (on the employer side) and the various bargaining associations (on the union side).

    b. Statutory bargaining units defined by geographic regions should be created. For example, a sample bargaining unit could consist of all caregivers working in private residences in Burnaby, BC.

    c. Certification would have two phases:

        i. The first phase is at the level of an individual employer and worksite. An individual union (eg. the BCGEU, HEU, CUPE, USW, UFCW etc.) would apply for certification.

        ii. The second phase is at the sectoral level. This involves all worksites in the broader geographic region defining the bargaining unit. Before sectoral bargaining structures via the employer and union associations are implemented, the unions having certified the individual worksites would have to show that a majority of the caregivers within the geographically defined bargaining unit support unionization.

    d. Once two-phase certification is achieved, the "first tier and second tier" labour relations scheme utilized in health care would apply. At the first tier, the employer and union bargaining associations would negotiate a single sector-wide collective agreement which would apply all employers with employees in the broader geographically defined bargaining unit. At the second tier, the individual unions in the bargaining association would then be responsible for day to day administration of the collective at the individual worksites wherein they have certified as bargaining agent.

    e. Collective bargaining and collective agreement administration by constituent unions in the bargaining associations would be defined by articles of association.

43. The advantages of this proposed system is that it is largely based on a model that has already been implemented in British Columbia for decades.

44. Additionally, employers of caregivers are already required to participate in uniform legal processes as part of being legally eligible to hire and employ migrant caregivers. For example, all migrant caregiver employers have to apply for a Labour Market Impact Assessment from Employment and Social Development Canada prior to being eligible to apply for a work permit for a migrant caregiver. Additionally, employers of caregivers are required under section 15 of the British Columbia *Employment Standards Act* to register live-in domestic workers with the Employment Standards Branch (the "**ESA Registry**").[22]

45. The additional step of registering with an employer association is comparable to the LMIA and ESA registration process. Moreover, it is a paltry requirement when compared to the principle of affording collective bargaining to a vulnerable group of workers.

46. Additionally, the ESA Registry provides a ready-built employee list for the Board to assess whether there is sufficient support within the entirety of the statutorily created and geographically defined bargaining unit described above to warrant certification on a sector-wide basis.

**Conclusion**

There is a need to address the vulnerabilities in the working lives of migrant caregivers. Access to meaningful collective bargaining is a means to address these vulnerabilities. Unfortunately, the current system Wagner Act model under the *Code* does not provide meaningful access to collective bargaining for migrant caregivers.

In these submission, the MWC has proposed additions to the *Code* which could provide meaningful access to collective bargaining for migrant caregivers. The MWC proposal does not re-invent the wheel. Instead, it makes use of existing legal mechanisms (eg. the *HAA*, the *CSSLRA*, the LMIA and the ESA Registry) to facilitate broader based bargaining for migrant caregivers.

**Migrant Workers Centre**
Per:

Rene-John Nicolas
Board of Directors

[22] https://www2.gov.bc.ca/gov/content/employment-business/employment-standards-advice/employment-standards/specific-industries/information-for-domestic-workers-and-their-employers