

Windsor-Essex County Health Unit Staff Census Report

April 2025

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Executive Summary

The Windsor-Essex County Health Unit (WECHU, the Health Unit) is committed to providing an accessible and inclusive work environment that values the diversity and well-being of both its staff and the community.

WECHU contracted with Turner Consulting Group in 2024 to conduct a Staff Census. The goal was to answer the following questions:

- What is the representation of employees in various demographic groups, including disability, religion/faith, age, racial identity, gender identity, and sexual orientation?
- How does the diversity of the WECHU workforce compare with that of the residents within the county?
- What is the experience of inclusion among WECHU employees from diverse communities, backgrounds, and identities?

The Survey

The census questions focused on collecting data about the groups that experience systemic and persistent discrimination in the labour market and assessing the extent to which employees from diverse communities, backgrounds, and identities feel included in the workplace. The demographic questions were designed to allow for a direct comparison of the composition of the WECHU workforce to Statistics Canada's 2021 Census data and other relevant data sources.

The completion of the Staff Census was voluntary, and participants could choose not to participate in the census in its entirety. If they chose to participate, they were able to opt out of answering any of the questions by selecting the response "I prefer not to answer." Employees were also able to exit the survey at any time.

Staff were provided access to the survey from February 3 to 14, 2025. As such, the data provides a snapshot of the WECHU workforce at that time.

Response Rate

The survey was administered to all 236 active WECHU employees at the time the census was launched; 188 chose to participate by answering at least one question, giving a response rate of 80%.

Twenty-two employees indicated that they did not want to participate in the census. Only four of these employees provided a reason for not participating. These responses indicate that more education is needed when WECHU conducts its next census to ensure employees understand why WECHU is conducting the census, the purpose of WECHU's equity, diversity, and inclusion efforts, and how the census results will be used to support these efforts.

The report makes the following recommendations to address the identified issues:

- Results of this Staff Census should be shared with employees, along with how the information will be used to support WECHU's equity, diversity, and inclusion efforts.
- Another Staff Census should be conducted in five years to examine how the composition of the organization has changed and the impact of WECHU's equity, diversity, and inclusion efforts over the previous five years.

Census Results

Demographic Overview

The survey found the following:

- **Age:** The largest proportion of survey respondents were between the ages of 35 to 44 years (32%), 34 and under (22%), and 45 to 54 years (21%). A smaller proportion are aged 55 and over (14%). This signifies that 14% of WECHU's workforce may be eligible to retire in the coming decade.
- **Persons with disabilities:** Nearly one quarter (21%) of survey respondents reported having a disability, compared to 27% of Ontario's working-age population (25 to 64 years).
- **Indigenous and racialized people:** A total of 4% of survey respondents identified as North American Indigenous compared to 3% of Windsor-Essex County residents.

- In total, 20% of survey respondents identifying as racialized, compared to 24% of Windsor-Essex County residents. Despite their overall underrepresentation, racialized people are well represented among managers as compared to their representation among employees.
- On average, Indigenous and racialized employees have fewer years of service at WECHU than White employees. This could indicate that the Health Unit has increased racial diversity among newer hires. However, it could also mean that Indigenous and racialized employees do not remain working with the Health Unit.
- **Women:** The majority of survey respondents identified as women (77%), with 15% identifying as men. Women have a higher representation among unionized and non-unionized employees than among managers; as such, they could face barriers to advancement.
- **2SLGBTQ+ people:** In total, 11% of respondents identified as 2SLGBTQ+. As such, they are well represented in the Health Unit's workforce compared with Statistics Canada's estimates of their representation in the general population (4.3%).
- **Religion/faith:** A total of 11% of WECHU employees indicated that they identify with a non-Christian religion, similar to their representation among county residents, with 50% of non-Christians identifying as Muslim. Employees also identified as practicing several other religions, including Sikhism, Hinduism, Buddhism, Paganism, and Indigenous spirituality.
- **Caregiving responsibilities:** Half of survey respondents have primary responsibility for at least one dependent while the other half do not. In addition, 43% of all survey respondents have a child or children under the age of 16 that they are responsible for, while 3% have a child or children aged 16 or older with a long-term condition or disability. Another 10% of survey respondents have elder dependents with a long-term condition, disability, or problems related to aging who they are caring for.

The results of the Staff Census indicates that there is a good deal of diversity among WECHU employees. However, the data also indicates that racialized people are underrepresented compared to their representation in the Windsor-Essex Community.

Given the level of diversity, WECHU should ensure that it is fostering an inclusive work environment that addresses the needs of employees from diverse backgrounds, communities, and identities:

The report makes the following recommendations to address the identified issues:

- Ensure that managers understand their duty to accommodate both existing and prospective employees and that appropriate supports are available to them.
- Work with unions to ensure that protocols are in place to appropriately accommodate employees. This may mean accommodating employees across bargaining units and reviewing existing collective agreement language to reflect this obligation.
- Continue to educate employees about mental health to reduce stigma around mental health. The Health Unit should also increase supports to employees and equip managers to support and accommodate employees.
- Undertake efforts to close the gaps in representation for racialized employees.
- Conduct exit surveys to help identify the reasons why employees leave the organization, specifically Indigenous and racialized employees, and whether these groups have a higher turnover rate than their White counterparts.
- Identify and remove any barriers to advancement experienced by women.
- Review the availability of gender-inclusive washrooms within WECHU facilities and increase the number of these spaces to ensure that employees at all work locations can access them.
- Undertake a positive space campaign that includes delivering training and making resources available to assist managers, supervisors, and employees with creating safe and welcoming environments for those who identify as 2SLGBTQ+.
- Continue involvement in Pride events and display the Progressive Pride Flag at facilities to foster a more positive environment for 2SLGBTQ+ employees.
- Ensure that managers are aware of their legal duty to provide religious accommodation to employees and what that entails (e.g., time off for religious observance, accommodation of dietary restrictions, and scheduling of meetings).
- Offer multifaith prayer spaces and conduct a survey of employees to ensure that these spaces are located in areas that are accessible to the employees who need them. The locations and procedures to access these spaces must also be communicated to new and existing employees.
- Ensure that employees know about and have equitable access to time off to care for dependents and accommodation for family care responsibilities.

Sense of Inclusion

Employees were also asked about the extent to which they feel included in the workplace as a WECHU employee, both generally and as someone from their identity group.

Employees reported the following:

- **All employees:** The majority (76%) of employees reported positive feelings of inclusion (i.e., feeling included all, nearly all, or most of the time).
- **Unionized/nonunionized employees and managers:** Managers reported feeling a greater sense of inclusion than employees. In total, 91% of managers reported a positive sense of inclusion compared to 75% of unionized or non-unionized employees.
- **Age:** Older employees reported a higher positive sense of inclusion compared to younger employees. About two thirds (67%) of employees aged 34 and under have a positive sense of inclusion. This is compared to 85% of those aged 35 to 44, 95% of those aged 45 to 54, and 78% of employees aged 55 and over.
- **Persons with disabilities:** A slight majority (56%) of employees with disabilities reported positive feelings of inclusion.
- **Indigenous and racialized employees:** A total of 70% of Indigenous and racialized employees reported positive feelings of inclusion based on their racial identity compared to 93% of White employees.
- **Women:** Employees who identified as women and men reported similar levels of positive feelings of inclusion (89% and 90%, respectively) based on their gender.
- **2SLGBTQ+ people:** 2SLGBTQ+ employees reported a lower sense of inclusion than their heterosexual/cisgender colleagues. As the data shows, 93% of heterosexual/cisgender employees reported positive feelings of inclusion based on their sexual orientation and gender identity. By contrast, only 60% of those who identified as 2SLGBTQ+ reported positive feelings of inclusion.
- **Religion/faith:** In total, 76% of Christians reported having positive feelings of inclusion based on their religion/faith, compared to 68% of survey respondents with no religious affiliation, and 50% of those who identify with non-Christian religions.

This survey indicates that Indigenous employees and employees from the equity-seeking groups tend to experience a lower sense of inclusion than their counterparts.

The report makes the following recommendations to address the identified issues:

- The factors that contribute to a low sense of inclusion for unionized or non-unionized employees, employees with disabilities, Indigenous and racialized employees, employees who practice non-Christian religions, and 2SLGBTQ+ employees should be examined. Efforts should also be undertaken to create work environments that are inclusive, respectful, and responsive to the needs of people from diverse backgrounds.

PART A

Introduction

1 Background

Windsor-Essex County Health Unit (WECHU) is committed to providing an accessible and inclusive work environment that values the diversity and well-being of both its staff and the community. In support of this work, WECHU conducted a Staff Census in February 2025 to help understand: 1) the diversity of its workforce in relation to the community served, and 2) the feelings of inclusion among employees.

The Staff Census provides the data to support evidence-informed decision making. This data will help identify issues related to diversity and inclusion to guide the Health Unit's work and will serve as a benchmark against which progress can be assessed. By better understanding who its employees are and their sense of inclusion, WECHU will be able to identify priorities, create programs, and make resources available to help foster a more inclusive, respectful, and supportive environment for all employees.

Collecting and analyzing data that identifies people based on race, disability, sexual orientation, and other identities is permitted, and in fact encouraged, by the Ontario *Human Rights Code* (the Code). The Ontario Human Rights Commission (OHRC) has "found that data collection can play a useful and often essential role in creating strong human rights and human resources strategies for organizations."¹ A Staff Census focuses on assessing the representation of Indigenous peoples and the equity-seeking groups, as these groups experience persistent and systemic discrimination in the labour market. These groups were identified by the 1984 Royal Commission on Equality in Employment as being women, racialized people (or visible minorities), Indigenous peoples, and persons with disabilities. More recently, members of the 2SLGBTQ+² communities and Black people have also been identified as groups that experience systemic barriers in employment.

Recognizing that Indigenous peoples are sovereignty seeking rather than equity seeking, we refer to these groups as "Indigenous peoples and the equity-seeking groups" throughout this report.

1 Ontario Human Rights Commission. Count me in! Collecting human rights-based data. <http://www.ohrc.on.ca/en/count-me-collecting-human-rights-based-data>

2 This is a shortened acronym that incorporates anatomical sex, sexual orientation, and gender identity and is meant to refer to the entire lesbian, gay, bisexual, trans, queer, questioning, intersex, pansexual, Two-Spirit, and asexual communities, otherwise referred to as LGBTQIP2SAA.

The OHRC notes that collecting and analyzing workforce demographic data can be an effective and often essential tool for assessing whether people's rights under the Code are being, or might potentially be, infringed upon. Where underrepresentation exists or barriers to hiring and advancement have been identified, organizations have a duty to take corrective action to ensure that the Code is not being breached and will not be breached in the future.³

The OHRC requires that the data be collected in a way that follows accepted data collection techniques and abides by privacy and other applicable legislation. The OHRC also requires that the data be collected for a purpose that is consistent with the Code, such as:⁴

- Monitoring and evaluating potential discrimination
- Identifying and removing systemic barriers
- Lessening or preventing disadvantage
- Promoting substantive equality for people protected by the Code

WECHU contracted with Turner Consulting Group in 2024 to conduct the Staff Census with the goal of answering the following questions:

- What is the representation of employees in various demographic groups, including disability, religion/faith, age, racial identity, Indigenous identity, gender identity, and sexual orientation?
- How does the diversity of the WECHU workforce compare with that of the residents within the county?
- What is the experience of inclusion among WECHU employees from diverse communities, backgrounds, and identities?

3 Ontario Human Rights Commission. Count me in! Collecting human rights-based data. <http://www.ohrc.on.ca/en/count-me-collecting-human-rights-based-data/2-when-collecting-data-good-idea>

4 Ontario Human Rights Commission. Count me in! Collecting human rights-based data. <http://www.ohrc.on.ca/en/count-me-collecting-human-rights-based-data>

2 Why Do This Work?

When conducting a Staff Census, a key question that arises is: Why is it important to spend the organization's time and resources on this work?

The goal of equity, diversity, and inclusion efforts is to create more equitable human resource policies and practices, a more diverse workforce, and a more inclusive organizational culture. A census helps assess how diverse the organization is in relation to the community it serves. In this way, an organization can chart its course to becoming more representative of the community's diverse residents. A Staff Census also examines the diversity of an organization and the outcomes of the organization's ability to hire, retain, and support employees from diverse communities.

In the past, the argument for creating a diverse workforce was based on a moral imperative—in other words, the argument was that ensuring that the organization's workforce reflected the external population was "the right thing to do." Today, organizations are recognizing that a diverse workforce offers the benefits of innovation, creativity, productivity, and better service to an increasingly diverse community. As such, undertaking a Staff Census is an investment in the future strength of the organization.

There is a growing body of literature that makes a compelling business case for creating a diverse workforce and an inclusive organizational culture for all employees. The literature suggests that addressing issues of equity, diversity, and inclusion helps the organization in the following ways: ⁵

5 Bourke, J. (2018, January 22). The diversity and inclusion revolution: Eight powerful truths. *Deloitte Review*, Issue 22. <https://www2.deloitte.com/us/en/insights/deloitte-review/issue-22/diversity-and-inclusion-at-work-eight-powerful-truths.html>

Schawbel, D. (2012, May 13). How companies can benefit from inclusion. *Forbes*. <https://www.forbes.com/sites/danschawbel/2012/05/13/how-companies-can-benefit-from-inclusion/?sh=56abce90223d>

Dixon-Fyle, S., Dolan, K., Hunt, V., & Prince, S. (2020, May 19). *Diversity wins: How inclusion matters*. McKinsey & Company. <https://www.mckinsey.com/featured-insights/diversity-and-inclusion/diversity-wins-how-inclusion-matters>

Provide improved service to residents. As the county's population is becoming increasingly diverse, a diverse workforce will help WECHU understand and respond to the needs of the community.

Diversity at all levels of the organization allows WECHU to be responsive to the needs of the community it serves in three areas of customer service:

- At the *strategy level*, where strategic decisions about organizational direction and service delivery are made
- At the *design level*, where service design decisions are made
- At the *service level*, which is the point of contact between WECHU and residents, clients, and service users

More effectively recruit and better engage top talent. A census helps WECHU to identify potential barriers to the hiring, advancement, and inclusion of employees from diverse communities, backgrounds, and identities and can aid in the creation of more equitable policies and practices. This information increases the transparency and consistency of recruitment practices and supports better management and treatment of all employees. Employees also benefit from efforts to create a more inclusive organization that attracts and keeps the best employees.

Reduce employee engagement costs. Diverse, equitable, and inclusive organizations often have healthier workplaces and thus experience reduced costs associated with aspects of unhealthy work environments, such as absenteeism, turnover, legal costs, and time needed to address harassment and discrimination complaints. People who work in unwelcoming workplaces that are not accepting of diversity are more likely to leave the organization, take extended leaves of absence, and retire early.

Improve productivity. Workplaces that are unwelcoming of people from diverse communities, backgrounds, and identities can be poisoned and unproductive. Organizations that treat employees fairly and with respect, and that create and support a work environment in which all employees feel valued and safe from harassment, are typically rewarded with increased morale, better performance, and higher productivity overall.

Improve creativity and innovation as well as efficiency and effectiveness. Organizations that encourage and support workplace diversity are better able to attract and retain top talent from an increasingly diverse labour market. This increases the diversity of perspectives, approaches, knowledge, and skills within the organization, which can in turn boost the organization's creativity and innovation.

Improve corporate image. Employers that are known to have a commitment to equity, diversity, and inclusion have a more positive corporate image and are viewed more favourably by the public, including prospective employees.

3 The Staff Census

3.1 The Survey

The census questions focused on collecting data about the groups that experience systemic and persistent discrimination in the labour market and assessing the extent to which employees from diverse communities, backgrounds, and identities feel included in the workplace. The demographic questions were designed to allow for a direct comparison of the composition of the WECHU workforce to Statistics Canada's 2021 Census data and other relevant data sources.

Additional data on age, length of service, and type of position was collected to assist in the analysis of the demographic data and thus identify any barriers to inclusion experienced by the various groups within the organization.

The survey consisted of 18 questions and took respondents less than 10 minutes to complete.

The completion of the Staff Census was voluntary, and participants could choose not to participate in the census in its entirety. If they chose to participate in the census, they were able to opt out of answering any of the questions by selecting the response "I prefer not to answer." Employees were also able to exit the survey at any time.

3.2 Privacy Protections

The Staff Census survey was created by Turner Consulting Group and complies with the WECHU's legal requirements under the *Municipal Freedom of Information and Protection of Privacy Act*.

A Canadian service provider (Simple Survey) was used to host the online survey and capture the data. The Simple Survey platform encrypts all data in transit and provides a high level of security for the storage of the data on a Canadian server.⁶ Furthermore, only authorized employees from Turner Consulting Group have had access to the data through password-protected computers. No WECHU employee had access to the database or to the individual responses of any employee.

Additional steps also have been taken to ensure that individual employees cannot be identified in this report. Where fewer than five employees identified as belonging to a particular identity group, the data has been grouped with other categories.

⁶ More information about the security of this data storage system is available at: <https://simplesurvey.com/canadian-hosted-survey-software/>

3.3 Administration of the Survey

A high survey response rate is critical to painting an accurate picture of the diversity of the workforce—the more employees who complete the survey, the more accurate the snapshot will be.

Key to a high survey response rate is the administration of the survey. The goal of the survey administration strategy is to ensure that all employees know about and can complete the survey. Critical to achieving this goal is a communication strategy that informs all employees about the census, addresses their concerns, and encourages them to participate in this important organizational initiative.

The census was announced at Staff Appreciation Day on December 6, 2024. In addition, posters were displayed throughout the workplace to remind staff that the census was to be administered in February 2025 and provided a link to the WECHU Staff Census website to allow staff to learn more about the census. The website included information about purpose of the census and privacy protections and answered key questions that staff may have. Staff were also provided with the name and contact information of the consultant and a WECHU employee should they have any additional questions.

Staff were given access to the survey on February 3, 2025, and an email was sent to each employee with the link to the survey, encouraging their participation. Employees who did not want to complete the survey online were able to download and complete the survey on paper. They were then able to mail the completed survey directly to the consultant.

Managers were asked to devote time at a staff meeting between February 3 and 7 to introduce the census to staff and provide them with 10 minutes to complete the survey.

The online survey remained open until February 14, 2025, to give all employees, especially those who may not have been at work between February 3 and 7, the opportunity to complete the survey.

Board members were also asked to complete the Staff Census. However, given the small size of the Board, this data cannot be included in this report.

3.4 Analyzing the Data

Preparation and analysis of the data occurred in three stages: data vetting, data entry, and data analysis.

Data vetting and recoding are important steps to ensure that the data collected through the census can be analyzed. Data vetting involved reviewing answers to the census questions and ensuring that the information provided was sufficiently accurate. If someone wrote a response to a question that fit into one of the pre-established categories, it was recoded into the correct category. For example, if they wrote “Catholic” in response to the question about faith or religion, it was categorized as Christian. In addition, where a person wrote an unrelated answer—for example, “human” in response to the question about race—this response was recoded to “I prefer not to answer.”

The goal of the census was to identify areas of underrepresentation for Indigenous peoples and the equity-seeking groups and any potential barriers to hiring and advancement. As such, areas of underrepresentation are identified and recommendations made for where WECHU should focus its attention. The recommended actions have not been prioritized in this report. Instead, WECHU should consider the recommendations—along with available resources, related activities, and strategies—to prioritize them and develop an implementation plan. So, while the consultant has analyzed the data to identify what the issues are and how they can be addressed, it is up to the WECHU to determine the specific actions to be taken and when these actions will be implemented.

The census also sought to assess the sense of inclusion felt by employees from diverse communities, backgrounds, and identities. These questions allowed survey respondents to select from three positive responses (I feel included all of the time; nearly all of the time; most of the time) and three negative responses (I feel included some of the time; a few times; never). Survey respondents were also able to choose not to answer the question. Where some groups of employees had noticeably more positive or negative responses than other groups, this difference is identified and explored.

In our analysis, we also comment on the proportion of survey respondents who chose not to answer a particular question. These responses give potential insight into the perspectives of those with either marginalized or dominant identities. First, those with marginalized identities may have chosen not to answer particular questions because of fear of disclosure. This can include those with hidden identities, such as non-evident disabilities, 2SLGBTQ+, Indigenous identity, or a non-Christian religion. They may choose not to self-identify as belonging to a particular group out of fear that disclosure could have negative repercussions on their current and future job prospects within the organization. In addition, employees may be part of the dominant group and may have misunderstandings about the purpose of the census (e.g., that they will lose their job if they don't identify with a marginalized identity). They may also feel offended that they are asked to indicate their race, gender identity, sexual orientation, and so on. As such, high rates of refusing to answer particular questions are noted, as this information provides WECHU with insight as to where additional education about workplace equity, diversity, and inclusion may be needed.

3.5 Retaining the Data

This survey represents a snapshot of the composition of the organization as of February 2025. The database will be retained by Turner Consulting Group for one year following the completion of this report. This will allow WECHU to request any additional analyses of the data. At the end of the one-year period, the database will be deleted.

4

Response Rate

Section A of the Staff Census asked employees whether they wished to participate in the census. If they chose not to participate, employees were given the opportunity to share their reason.

While participating in the survey was voluntary, all employees were asked to complete this section of the census to allow WECHU to determine the extent to which all employees received the census and were provided with the opportunity to complete it. This question also provides an opportunity to better understand why employees might have chosen not to participate in the census.

The response rate represents the number of employees who confirmed that they received the survey and chose to participate in the census by answering at least one question. The goal was to achieve a survey rate of 100%, meaning that all employees knew about and indicated that they had the opportunity to complete the survey, with a response rate goal of 80%.

The formula for calculating the response rate is as follows:

$$\text{Response rate} = \frac{\text{Number of employees that answered at least one census question}}{\text{Total number of WECHU employees}} \times 100$$

The survey was administered to all 236 WECHU employees active at the time the census was launched; 188 chose to participate by answering at least one question, giving a response rate of 80%.

This response rate provides sufficient data to help us understand the diversity of the WECHU workforce.

Table 1. Response Rate by Role. Staff Census.

Role	Census responses	Total workforce	Response rate
Unionized and non-unionized employee (including CUPE, ONA)	161	214	75%
Manager (including supervisors, managers, senior leaders)	22	22	100%
I prefer not to answer	5	N/A	N/A
Total	188	236	80%

Section A of the census allowed employees to indicate whether they wished to participate in the census. If they did not want to participate in the census, they were also able to share their reasons for not participating in the census.

Twenty-two employees indicated that they did not want to participate in the census. Only four of these employees provided a reason for not participating in the census. Their responses can be categorized into two reasons:

- The questions asked are too personal.
- All employment should be merit based, and not based on characteristics such as gender or race.

These responses indicate that more education is needed when WECHU conducts its next census to ensure employees understand why WECHU is conducting the census, the purpose of WECHU's equity, diversity, and inclusion efforts, and how the census results will be used to support these efforts.

Recommendation 1: It is recommended that WECHU share the results of this Staff Census with employees along with how the information will be used to support the organization's equity, diversity, and inclusion efforts.

Recommendation 2: It is recommended that WECHU conduct another Staff Census in five years to examine how the composition of the organization has changed and the impact of its equity, diversity, and inclusion efforts over the previous five years.

PART B

Census Results

5

Sense of Inclusion

After employees responded to the questions about their employment status, length of service, and role, the survey then asked about the extent to which they feel included in the workplace as a WECHU employee. Table 2 compares employees' sense of inclusion by role.

Table 2. Sense of Inclusion by Role. Staff Census.

	All of the time	Nearly all of the time	Most of the time	Some of the time	A few times	Never	Prefer not to answer	Total
Unionized and non-unionized employees	16%	19%	40%	17%	7%	1%	1%	161
Managers	27%	41%	23%	9%	0%	0%	0%	22
Total survey respondents	18%	21%	37%	15%	6%	1%	1%	188

As Table 2 shows, managers reported feeling a greater sense of inclusion than employees. In total, 91% of managers reported a positive sense of inclusion (i.e., feeling included all of the time, nearly all of the time, or most of the time) as a WECHU employee compared to 75% of unionized or non-unionized employees.

No manager reported feeling included a few times or never, and 9% reported feeling included only some of the time. One-quarter (25%) of unionized or non-unionized employees reported negative feelings of inclusion.

Implications

The survey responses indicate that managers have higher levels of inclusion compared to unionized or non-unionized employees. Further consultation with employees may be needed to determine the factors that contribute to a low sense of inclusion and what more the Health Unit could do to create a more inclusive work environment for all employees.

Recommendation 3: It is recommended that WECHU examine the factors that contribute to a low sense of inclusion for unionized or non-unionized employees.

6 Demographic Overview

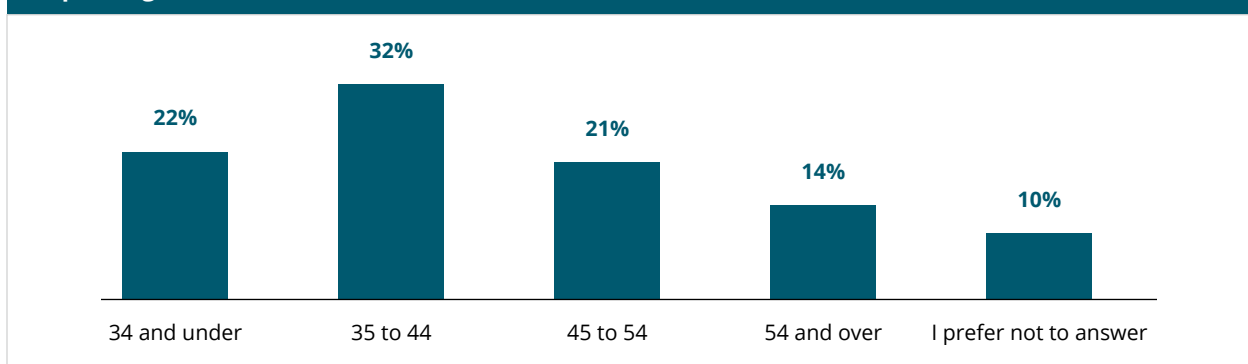
6.1 Age

The Staff Census asked employees to specify the age group they belong to.

Unlike the other demographic questions, age was not asked on the survey in order to review the representation of employees from the various age groups compared with the age profile of the population in WECHU. Instead, age was asked to consider the feelings of inclusion among employees in the various age groups.

As Graph 1 shows, the largest proportion of survey respondents were between the ages of 35 to 44 years (32%), 34 and under (22%) and 45 to 54 years (21%). A smaller proportion are aged 55 and over (14%). This signifies that 14% of WECHU's workforce may be eligible to retire in the coming decade.

Graph 1. Age. Staff Census.



Survey respondents were asked to indicate their sense of inclusion as someone of their age.

Table 3. Sense of Inclusion, Age. Staff Census.								
	All of the time	Nearly all of the time	Most of the time	Some of the time	A few times	Never	Prefer not to answer	Total
34 and under	19%	24%	24%	19%	14%	0%	0%	42
35 to 44	25%	21%	39%	11%	3%	0%	0%	61
45 to 54	36%	26%	33%	3%	3%	0%	0%	39
55 and over	15%	26%	37%	19%	4%	0%	0%	27
I prefer not to answer	—	—	—	—	—	—	—	19
Total survey respondents	18%	21%	37%	15%	6%	1%	1%	188

As Table 3 shows, older employees have a higher positive sense of inclusion compared to younger employees. About two thirds (67%) of employees aged 34 and under have a positive sense of inclusion. This is compared to 95% of those aged 45 to 54, 85% of those aged 35 to 44, and 78% of employees aged 55 and over.

Implications and Recommendations

With multiple generations in the workplace, the Health Unit may need to consider training and supports to help employees work across intergenerational differences and strategies to create more positive feelings of inclusion among younger employees.

The Health Unit may also wish to further explore the factors that contribute to a lower sense of inclusion among those in the younger age groups, such as precarious work and lack of opportunities for advancement.

Recommendation 4: It is recommended that the Health Unit further explore the factors that contribute to a lower sense of inclusion among those 34 and under in order to consider strategies to increase their sense of inclusion.

6.2 Disability

The Staff Census asked employees to identify whether they are living with a disability, and if so, to specify the type of disability.

The survey defined a person with a disability as someone that has a long-term or recurring physical, mental, sensory, psychiatric, or learning challenge. The survey provided the following examples of disabilities:

- Learning disability (e.g., dyslexia, ADHD, etc.)
- Mental health disability (e.g., depression, bipolar, anxiety, PTSD, etc.)
- Physical disability or health condition (e.g., vision loss [uncorrected by glasses], hearing loss [uncorrected by hearing aid], speech difficulties, mobility issues, chronic pain, epilepsy, amputation, MS, etc.)
- Developmental disability (e.g., autism spectrum disorder, brain injury, cerebral palsy, spina bifida, etc.)
- Any other disability affecting your ability to work and/or perform activities of daily living

As Table 4 shows, 21% of survey respondents reported having a disability, while 70% reported that they do not, and 9% of survey respondents chose to not answer this question.

Table 4. Persons with Disabilities. Staff Census.		
	Survey respondents	
	#	%
Person with a disability	39	21%
Person without a disability	132	70%
Prefer not to answer	17	9%
Total	188	100%

The 2022 Canadian Survey on Disability (CSD) is a national survey of Canadians aged 15 and over whose everyday activities are limited because of a long-term condition or health-related problem.⁷ The CSD provides comprehensive data on persons with disabilities, including information on disability types and severity, employment profiles, income, education, and other disability-specific information. The CSD definition of disability includes anyone who reported being limited in their daily activities due to a long-term condition or health problem. The CSD provides data at the national and provincial levels, but not at the regional level. As such, data specific to the prevalence of disability in the Windsor-Essex County population is not available.

⁷ Note that 2021 Statistics Canada Census data on disability is not available, as this question is not asked in the Census. Instead, special surveys are conducted periodically to assess the extent to which Canadians experience disability.

The CSD found that 27% of Ontario's working-age population (25 to 64 years) reported having a disability.⁸ As such, the proportion of survey respondents with a disability (20%) is lower than the proportion within the provincial working-age population.

Table 5. Type of Disability. Staff Census.

Type of disability	Survey respondents	
	#	%
Mental health disability	27	14%
Physical disability or health condition	13	7%
Learning, developmental, and any other disability affecting the employee's ability to work and/or to perform activities of daily living	10	5%
Prefer not to answer	4	2%
Total reporting a disability	39	20%
*Individual numbers add up to more than the total number of people with disabilities because employees were able to identify as living with more than one disability.		

Individuals who identified that they have a disability were then asked to specify the type of disability. As employees may have more than one disability, survey respondents were able to check all that apply. Employees' responses indicate that mental health disability and physical disability or health conditions are the most common type of disability experienced by the Health Unit's employees: 14% of survey respondents reported having a mental health disability, 7% reported having a physical disability or health condition, and 5% of survey respondents reported having a learning disability, a developmental disability, and any other disability that affects their ability to work and/or perform activities of daily living.

Those who indicated that they have a disability were asked about the extent to which they feel included in the Health Unit's workplace as someone with a disability.

Table 6. Sense of Inclusion, Persons with Disabilities. Staff Census.

	All of the time	Nearly all of the time	Most of the time	Some of the time	A few times	Never	Prefer not to answer	Total
Total persons with disabilities	8%	13%	36%	23%	8%	5%	8%	39
Total survey respondents	18%	21%	37%	15%	6%	1%	1%	188

8 Statistics Canada. (2023, December 1). Canadian Survey on Disability, 2017 to 2022. <https://www150.statcan.gc.ca/n1/daily-quotidien/231201/dq231201b-eng.htm>

Of the 39 employees who identified that they have a disability, a slight majority (56%) reported positive feelings of inclusion (i.e., feeling included in the Health Unit's workforce all the time, nearly all the time, or most of the time). This is a lower sense of inclusion than that reported by all survey responses, of which 76% reported positive feelings of inclusion (i.e., feeling included all of the time, nearly all of the time, or most of the time).

Implications and Recommendations

The Health Unit has a legal obligation to provide accommodation under the Ontario *Human Rights Code*. Unions also have obligations to assist in attempts to accommodate employees. Case law has made it clear that when an employee is unable to fulfill the duties of their position, the search for alternatives must be extensive, including, as a last resort, looking for accommodation outside the bargaining unit. The Supreme Court of Canada has held that a union has a duty to cooperate with an employer's accommodation attempts, even if it means going outside the terms of the collective agreement.⁹

Given that one in five survey respondents reported having some type of disability, with many being non-evident disabilities such as mental health or learning disabilities, it is important that the Health Unit ensures that all employees understand their right to accommodation and the process for providing accommodation. Similarly, it is important that managers understand their duty to accommodate and their role in the accommodation process.

Given that persons with disabilities are underrepresented in the WECHU workforce compared with their representation in the community, WECHU should also ensure that there are no barriers to applicants with disabilities in the hiring process.

With survey respondents with a mental health disability outnumbering those with physical disabilities, the Health Unit should consider implementing efforts to reduce the stigma around mental health and making sure managers are equipped to help and support employees. In addition, given the larger proportion of employees with disabilities who report a lower sense of inclusion, addressing stigma and access to accommodation may help to increase the ability of employees with disabilities to participate in the work environment and feel welcomed and included.

9 Anand, G. (n.d.). *The boundaries of the duty to accommodate: How far does an employer have to go?* Canadian Association of Counsel to Employers. CACE 5th Annual Conference. https://businessdocbox.com/Human_Resources/69589195-By-gita-anand-miller-thomson-llp-with-the-assistance-of-adrienne-campbell.html

Recommendation 5: It is recommended that the Health Unit ensure that managers understand their duty to accommodate both existing and prospective employees and that appropriate supports are available to provide this accommodation.

Recommendation 6: It is recommended that the Health Unit work with unions to ensure that protocols are in place to appropriately accommodate employees, which may mean accommodating employees across bargaining units and reviewing existing collective agreement language to reflect this obligation.

Recommendation 7: Given that 14% of survey respondents reported that they have a mental health disability, it is recommended that the Health Unit continue to educate employees in order to reduce stigma around mental health. The Health Unit should also increase supports to employees and equip managers to support and accommodate employees.

Recommendation 8: It is recommended that the Health Unit explore the factors that contribute to a low sense of inclusion among employees with disabilities.

6.3 Indigenous and Racialized Identities

Employees were asked whether they identified as having North American Indigenous ancestry. The survey also asked employees to specify the race with which they identify, regardless of place of birth or ethnicity.

Table 7 provides the responses in the categories of North American Indigenous, White/European, and racialized. Included in the racialized category are the specific racialized groups with which survey respondents identify. These groups are East Asian, Southeast Asian, South Asian, Black/African, Latino/Latina or Hispanic, Middle Eastern or West Asian, Pacific Islander, and employees with a mixed racial origin. The data is provided for racialized people as a group and is not broken down further due to the small number of employees in each racial group.

Table 7. Indigenous and Racialized People. Staff Census.			
	Survey respondents		Windsor-Essex County (2021) ¹⁰
	#	%	%
North American Indigenous	7	4%	3%
White/European	129	69%	76%
Racialized people	37	20%	24%
Prefer not to answer	17	9%	—
Total	188	100%	—

¹⁰ Statistics Canada. Census Profile, 2021 Census.

<https://www12.statcan.gc.ca/census-recensement/2021/dp-pd/prof/details/page.cfm?Lang=E&SearchText=essex%20county&GENDERlist=1,2,3&STATISTIClist=1&DGUIDlist=2022A00073568&HEADERlist=32,30,21,19>

Compared to the population of the county, Indigenous people are well represented in the Health Unit's workforce. In total, 4% of survey respondents identified as North American Indigenous compared to 3% of Windsor-Essex County residents.

Racialized people are underrepresented in the Health Unit's workforce, with 20% of survey respondents identifying as racialized, compared to the 24% of Windsor-Essex County residents.

Nine per cent of survey respondents chose not to answer this question.

Employees were asked about the extent to which they feel included in the Health Unit's workplace as someone of their Indigenous or racial identity. Due to the small number of Indigenous people, they have been grouped together with racialized employees.

Table 8. Sense of Inclusion, Indigenous and Racial Identity. Staff Census.								
Racial Group	All of the time	Nearly all of the time	Most of the time	Some of the time	A few times	Never	Prefer not to answer	Total
Indigenous and racialized employees	31%	10%	29%	19%	7%	0%	5%	42
White employees	43%	28%	22%	4%	2%	0%	2%	129

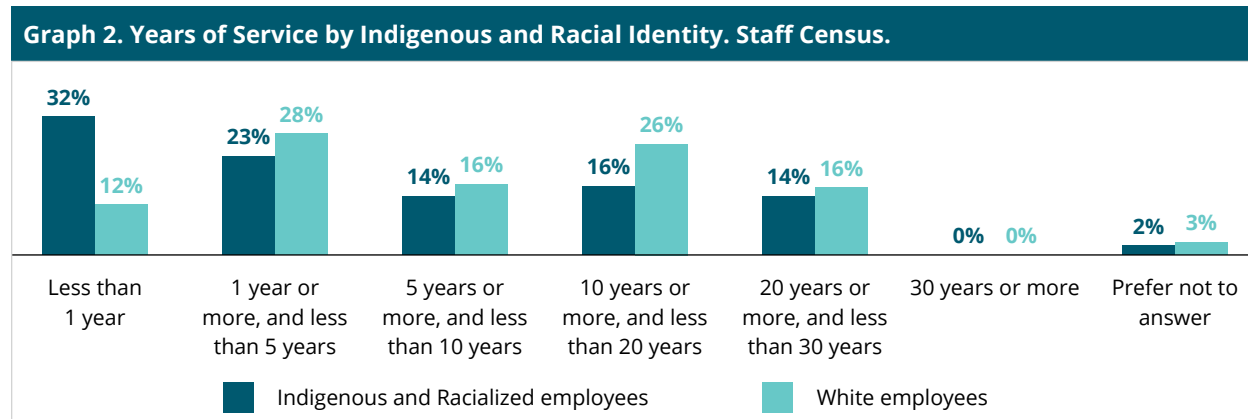
Table 8 shows there is a significant gap between the feelings of inclusion for Indigenous and racialized employees as compared with their White colleagues. The data shows that 70% of Indigenous and racialized employees reported positive feelings of inclusion based on their racial identity (i.e., all the time, nearly all the time, or most of the time) compared to 93% of White employees.

Table 9 shows the representation of Indigenous and racialized employees compared with their White counterparts, by role within the Health Unit. This analysis is important to explore the extent to which Indigenous and racialized employees are well-represented at all levels of the organization.

As the data shows, Indigenous and racialized employees make up 22% of the WECHU workforce and are well represented at all levels of the organization. While they represent 21% of unionized and non-unionized employees, they represent 35% of managers.

Table 9. Role by Racial Identity, Staff Census.			
Role	Indigenous and racialized employees	White employees	Total
Unionized and non-unionized employee (including CUPE, ONA)	21%	71%	161
Manager (including supervisors, managers, senior leaders)	35%	57%	22
Prefer not to answer	0%	20%	5
Total survey respondents	22%	69%	188
*Percentages do not equal 100 due to employees that responded "prefer not to answer" to both questions.			

Graph 2 examines the years of service for Indigenous and racialized employees compared with their White colleagues.



The graph shows that on average, Indigenous and racialized employees have fewer years of service at WECHU than White employees. Over half of Indigenous and racialized employees (52%) have been employed by the Health Unit for fewer than five years, compared with 40% of White employees. Conversely, 42% of White employees have worked at the Health Unit for over 10 years, compared with 31% of Indigenous and racialized employees.

Implications and Recommendations

Indigenous employees are well represented at WECHU compared with their representation in the county. Racialized employees are slightly underrepresented in the WECHU workforce compared with their representation in the county. Despite their overall underrepresentation, they are well represented among managers as compared to their representation among employees.

The survey responses indicate that Indigenous and racialized people do not feel as included in the workplace as their White colleagues.

In addition, a larger proportion of Indigenous and racialized employees are newer to the organization, with a third having worked with the Health Unit for under a year and 52% for under five years. This could indicate that the Health Unit has increased diversity among newer hires. However, it could also mean that Indigenous and racialized employees do not remain working with the Health Unit. This is worth exploring to ensure that WECHU can retain the Indigenous and racialized employees that are hired.

Recommendation 9: It is recommended that the Health Unit explore the factors that contribute to a low sense of inclusion among Indigenous and racialized employees and undertake efforts to create work environments that are inclusive, respectful, and responsive to the needs of people from diverse racial backgrounds.

Recommendation 10: It is recommended that the Health Unit undertake efforts to close the gaps in representation for racialized employees.

Recommendation 11: It is recommended that the Health Unit conduct exit surveys to help identify the reasons why employees leave the organization, specifically Indigenous and racialized employees, and whether these groups have a higher turnover rate than their White counterparts.

6.4 Gender Identity

The Staff Census asked employees to identify their gender identity. Gender identity is a person's internal and individual experience of gender, which may not correspond to their biological sex assigned at birth. The survey provided the options of woman, man, gender diverse/non-binary, and Two-Spirit. If survey respondents did not identify with any of these genders, they were able to specify their gender. Employees were also able to specify whether they identify as transgender.

Because a small number of employees identified as gender diverse, non-binary, Two-Spirit, and/or transgender (i.e., fewer than five), they have been included with the employees who identified with a sexual orientation other than heterosexual and included in the next section on 2SLGBTQ+ employees.

As Table 10 shows, the majority of survey respondents identified as women (77%), with 15% identifying as men. While the 2021 Census did collect information about gender diverse people in Canada, that data is provided at the country level, but not for the county. As such, the county-level 2021 Census data only shows data for male and female residents, with gender diverse residents added to one category or the other.

Seven per cent of survey respondents preferred to not answer this question.

Table 10. Gender Identity. Staff Census.			
Gender Identity	Survey respondents		Windsor-Essex County (2021)¹¹
	#	%	%
Woman	145	77%	50%
Man	29	15%	50%
Gender diverse / Non-binary / Two-Spirit	*	< 3%	—
Prefer not to answer	*	< 10%	—
Total	188	100%	—
* These small numbers have been suppressed in order to protect the anonymity of these individuals.			

11 Statistics Canada. Census Profile, 2021 Census.
<https://www12.statcan.gc.ca/census-recensement/2021/dp-pd/prof/details/page.cfm?Lang=E&SearchText=essex%20county&GENDERlist=1,2,3&STATISTIClist=1&DGUIDlist=2022A00073568&HEADERlist=32,30,21,19>

Table 11 shows the sense of inclusion based on gender. The data shows that women and men employees reported similar levels of positive feelings of inclusion (89% and 90%, respectively) based on their gender.

Table 11. Sense of Inclusion, Gender Identity. Staff Census.								
Gender identity	All of the time	Nearly all of the time	Most of the time	Some of the time	A few times	Never	Prefer not to answer	Total
Woman	49%	23%	17%	5%	3%	0%	3%	145
Man	38%	38%	14%	10%	0%	0%	0%	29

Table 12 examines the representation of women and men among employees and managers.

Table 12. Gender / Gender Identity by Role. Staff Census.			
Role	Survey respondents	Men	Women
Unionized and non-unionized employee (including CUPE, ONA)	161	14%	81%
Manager (including supervisors, managers, senior leaders)	22	32%	55%
Prefer not to answer	5	0%	40%
Total	188	15%	77%

Table 12 shows that the vast majority of employees at WECHU are women (77%). However, women have a higher representation among unionized and non-unionized employees than among managers. As the data shows, 81% of unionized and non-unionized employees are women, yet only 55% of managers are women. Conversely, while men comprise only 14% of unionized and non-unionized employees, they represent 32% of managers.

Implications and Recommendations

The data tells us that WECHU is a female dominated workplace, with 77% of the workforce identifying as women. However, women are not represented among managers to the same extent as they are represented among unionized and non-unionized employees.

Both men and women report a similar sense of inclusion based on their gender.

Recommendation 12: It is recommended that the Health Unit identify and remove any barriers to advancement experienced by women.

6.5 2SLGBTQ+

The Staff Census asked employees to identify their sexual orientation. It provided the options of bisexual, gay, heterosexual/straight, lesbian, queer, questioning, and Two-Spirit. If a survey respondent did not identify with one of these sexual orientations, employees were able to write in their sexual orientation. The survey also asked employees to identify their gender and provided the options of woman, man, gender diverse/non-binary, and Two-Spirit. If survey respondents did not identify with any of these genders, they were able to specify their gender. Employees were also able to identify whether they identify as transgender.

Employees who identified as bisexual, gay, lesbian, queer, questioning, Two-Spirit, gender diverse/non-binary, and/or transgender are included in this section.

Table 13. 2SLGBTQ+. Staff Census.		
	Survey respondents	
	#	%
Heterosexual/cisgender	145	77%
2SLGBTQ+	20	11%
I prefer not to answer	23	12%
Total	188	100%

A large proportion (77%) of employees identified as heterosexual and cisgender, with 11% identifying as 2SLGBTQ+. Notable is that a relatively large proportion of employees chose not to answer this question (12%) compared with the proportion who chose not to answer other questions.

The Census of Canada does not ask questions about sexual orientation. As such, they use data from the Canadian Community Health Survey (2018) to estimate the number of 2SLGBTQ+ Canadians. Using this data, Statistics Canada estimates that people who are 2SLGBTQ+ make up about 4% of the Canadian population.¹² This survey also employed a conservative approach to measuring sexual orientation, asking only whether a person was gay, lesbian, or bisexual; therefore it likely underestimates the representation of those who do not identify as heterosexual.

The 2021 Census provides a conservative estimate of Canadians who are gender diverse as it allowed Canadians to identify only as transgender or non-binary. It found that 0.3% of the Canadian population aged 15 and older identified as transgender or non-binary.

Using these estimates, survey respondents who identify as 2SLGBTQ+ appear to be well represented in the Health Unit's workforce (4.3% versus 11% respectively).

12 The Daily. *A statistical portrait of Canada's diverse LGBTQ2+ communities*. Statistics Canada. <https://www150.statcan.gc.ca/n1/daily-quotidien/210615/dq210615a-eng.htm>

The survey asked employees to rate their sense of inclusion based on their sexual orientation and gender identity.

Table 14. Sense of Inclusion, 2SLGBTQ+. Staff Census.								
Sexual orientation	All of the time	Nearly all of the time	Most of the time	Some of the time	A few times	Never	Prefer not to answer	Total
Heterosexual/cisgender	59%	21%	13%	4%	1%	0%	2%	145
2SLGBTQ+	30%	15%	15%	5%	10%	20%	5%	20

As Table 14 shows, 2SLGBTQ+ employees reported a lower sense of inclusion than their heterosexual/cisgender colleagues. As the data shows, 93% of heterosexual/cisgender employees reported positive feelings of inclusion based on their sexual orientation and gender identity. By contrast, only 60% of those who identified as 2SLGBTQ+ reported positive feelings of inclusion.

Conversely, while only 5% of heterosexual/cisgender employees reported negative feelings of inclusion (i.e., feeling included some of the time, a few times, or never), 35% of the employees who identified as 2SLGBTQ+ reported negative feelings of inclusion.

Implications and Recommendations

Given that those who identified as 2SLGBTQ+ were less likely to report positive feelings of inclusion and more likely to report negative feelings of inclusion based on their sexual orientation and gender identity, the Health Unit could do more to create additional positive and inclusive workspaces for these employees.

Recommendation 13: It is recommended that the Health Unit undertake efforts to ensure that an inclusive work environment is being created for all 2SLGBTQ+ employees.

Recommendation 14: It is recommended that the Health Unit review the availability of gender inclusive washrooms within its facilities and increase the number of such spaces to ensure that employees at all work locations can access them.

Recommendation 15: It is recommended that the Health Unit undertake a positive space campaign that includes delivering training and making resources available to assist managers, supervisors, and employees with creating safe and welcoming environments for those who identify as 2SLGBTQ+.

Recommendation 16: It is recommended that the Health Unit continue involvement in Pride events and display the Progressive Pride Flag at facilities to foster a more positive environment for 2SLGBTQ+ employees.

6.6 Religion/Faith

The WECHU Staff Census asked employees to identify which faith, religion, or belief group they are affiliated with.

Religion/faith group	Survey respondents		Windsor-Essex County (2021) ¹³
	#	%	%
Christian	92	49%	62%
Non-Christian faiths	20	11%	11%
No religious affiliation (e.g., atheism, agnosticism, no religious affiliation)	48	26%	26%
I prefer not to answer	28	15%	—
Total	188	100%	—

Compared with the religious diversity of the county, a smaller proportion of survey respondents reported being affiliated with Christianity (49%), compared to county residents (62%).

In addition, 11% of WECHU employees indicated that they identify with a non-Christian religion, similar to their representation among county residents. The number of employees who identify with the various non-Christian religions is too small to be broken down further; however, Islam was the largest grouping of non-Christians in the workplace with 50% of non-Christians identifying as Muslim. Employees also identified as practicing several other religions, including Sikhism, Hinduism, Buddhism, Paganism, and Indigenous spirituality.

In total, 26% of survey respondents reported that they identify as having no religious affiliation (i.e., atheist, agnostic, or having no religious affiliation), which is similar to their representation among county residents.

Survey respondents were asked whether, as someone from their faith group, they feel included in the Health Unit's workplace.

13 Statistics Canada. Census Profile, 2021 Census.
<https://www12.statcan.gc.ca/census-recensement/2021/dp-pd/prof/details/page.cfm?Lang=E&SearchText=essex%20county&GENDERlist=1,2,3&STATISTIClist=1&DGUIDlist=2022A00073568&HEADERlist=32,30,21,19>

Table 16. Sense of Inclusion, Religion/Faith. Staff Census.

	All of the time	Nearly all of the time	Most of the time	Some of the time	A few times	Never	Prefer not to answer	Total
Christian	30%	28%	18%	11%	3%	4%	4%	92
Non-Christian faiths	25%	10%	15%	30%	10%	10%	0%	20
No religious affiliation	50%	10%	8%	4%	6%	2%	19%	48

Table 16 compares the feelings of inclusion among those who identified as Christian, non-Christian, and having no religious affiliation. In total, 76% of Christians reported having positive feelings of inclusion (i.e., feeling included all the time, nearly all the time, and most of the time), compared to 68% of survey respondents with no religious affiliation, and 50% of those who identify with non-Christian religions.

Conversely, those affiliated with non-Christian religions reported stronger negative feelings of inclusion. While 12% of those with no religious affiliation and 18% of those affiliated with Christianity report only feeling included some of the time, a few times, or never, 50% of those affiliated with non-Christian religions reported the same.

Implications and Recommendations

The Staff Census shows that employees from non-Christian religions are well represented within the WECHU workforce as in the county. However, these employees feel a much lower sense of inclusion compared to both Christians and employees with no religious affiliation.

As Canada and the county becomes more religiously diverse, WECHU should engage in efforts to ensure the full inclusion of employees from all faiths and that employees know about and receive religious accommodation as needed. This includes going beyond providing days off for religious observance and providing prayer space as needed.

Recommendation 17: It is recommended that the Health Unit undertake initiatives to increase the sense of inclusion among employees who practice non-Christian religions.

Recommendation 18: Given the religious diversity in the workplace, it is recommended that the Health Unit ensure that managers are aware of their legal duty to provide religious accommodation to employees and what that entails (e.g., time off for religious observance, accommodation of dietary restrictions, and scheduling of meetings).

Recommendation 19: It is recommended that the Health Unit offer multifaith prayer spaces and conduct a survey of employees to ensure that these spaces are located in areas that are accessible to the employees who need them. The locations and procedures to access these spaces must also be communicated to new and existing employees.

6.7 Caregiving Responsibilities

The Staff Census asked employees if they are primarily responsible for the care of elder or child dependents who are unable to fully care for themselves. The census defines a dependent as someone who resides with the employee. Recognizing that employees may be caring for multiple dependents, they were able to select all that applies.

Table 17. Caregiving Responsibilities. Staff Census.		
	Survey respondents	
	#	%
Yes, for a child or children under the age of 16	81	43%
Yes, for a child or children aged 16 or older with a long-term condition or disability	5	3%
Yes, for elder dependents with a long-term condition, disability, or problems related to aging	18	10%
No	94	50%
I prefer not to answer	14	7%
Total	188	100%
*Individual numbers add up to more than the total number of people as employees could identify multiple groups of dependents if applicable.		

Table 17 shows that half of survey respondents have primary responsibility for at least one dependent. Forty-three per cent of all survey respondents have a child or children under the age of 16 that they are responsible for, while 3% have a child or children aged 16 or older with a long-term condition or disability. Another 10% of survey respondents have elder dependents with a long-term condition, disability, or problems related to aging who they are caring for.

Implications and Recommendations

The Staff Census shows that half of employees have dependents at home who they are caring for. A number are caring for both children and elder parents.

With the aging population in Canada, more employees are likely to have elder dependents at home in need of assistance and/or children. As such, the Health Unit must ensure that employees know about and have equitable access to time off to care for dependents and accommodation for family care responsibilities.

Recommendation 20: It is recommended that the Health Unit ensure that employees know about and have equitable access to time off to care for dependents and accommodation for family care responsibilities.