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The Future Skills Podcast

Season 6: Episode 3

The Care Economy

In this episode of the Future Skills Podcast, we turn to the care economy—one of Canada's most essential yet complex labour market sectors. Host Jeremy Strachan is joined by Anita Khanna, Vice President of Government Relations and Public Policy at United Way Centraide, who explains why care work—from long-term care to community services—operates differently from other sectors, facing persistent challenges with worker retention, job quality, and wage disparities. We then hear from Tyler Downey, President of SEIU Healthcare, who outlines how unions are helping to build pathways into the care economy—particularly through targeted training and supports that enable internationally educated nurses to enter and thrive in Canada's healthcare workforce. We close with Sean Chilton, CEO of Health Workforce Canada, who highlights the critical role of high-quality, integrated data in understanding workforce gaps, improving planning, and driving better health workforce outcomes across the country. Together, this conversation explores what it will take to stabilize, strengthen, and grow the care workforce at a time of rising demand and system-wide pressure.

Guests

Anita Khanna, Vice President, Government Relations and Public Policy, United Way Centraide

Sean Chilton, President and CEO, Health Workforce Canada

Tyler Downey, President, SEIU Healthcare

Host

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United Way Centraide Canada: <https://www.unitedway.ca/>

Announcement of United Way Centraide Canada's National Labour Force Strategy:
[English](#) | [French](#)

SIEU Healthcare Union: <https://seiuhealthcare.ca/>

Health Workforce Canada: <https://healthworkforce.ca/>

Health Workforce Canada's Pan-Canadian Health Workforce Data Strategy: [English](#) | [French](#)

Pathways for International Educated Health Care Professionals (Insights Report): [English](#) | [French](#)

Transcript

Jeremy: Welcome to Season Six of the Future Skills Podcast, brought to you by the Future Skills Centre. I'm Jeremy Strachan, Manager of Education & Skills at Signal49 Research, and your host for the season. On the Future Skills Podcast, we explore what matters most to Canadians when it comes to skills, training, and the ever-changing world of work.

Since 2019, the Future Skills Centre has been driving Canada's workforce transformation by funding innovative training solutions, cutting-edge research, and inclusive partnerships to ensure everyone has the skills to thrive in a changing economy.

In this episode, we look at an essential sector of our workforce facing rising demand, persistent labour shortages, and structural challenges around retention and skills alignment: The Care Economy. We begin with Anita Khanna, Vice President of Government Relations and Public Policy at United Way Centraide, who unpacks the care economy's unique challenges and talks about why the time is right for a new labour force strategy. Then we hear from Tyler Downey, President of SEIU Healthcare, Canada's largest healthcare workforce union who shares how they're helping to expand workforce pathways through targeted training and support programs. Finally, I speak with Sean Chilton, CEO of Health Workforce Canada, on why better, more coordinated data is vital to understanding workforce gaps in improving the health system outcomes of Canadians.

Canada's care economy spans healthcare, long-term care, and community and social services—sectors that are critical to both economic participation and our well-being. With our aging population, demand for care will continue to grow, and as care needs become more complex, we're going to see increased strain on an already stretched workforce. At the same time, employers continue to face persistent vacancies, high turnover, and barriers to integrating internationally trained professionals. Addressing these challenges is going to require better workforce data, stronger training and support systems, and a more coordinated approach to building a resilient and sustainable care workforce.

My first guest is Anita Khanna, Vice President of Government Relations and Public Policy at United Way Centraide. Anita, welcome to the podcast.

Anita Khanna: Thanks so much. I'm pleased to be here.

Jeremy: So the care economy is a term that's seen increased recognition since the pandemic forced us to rethink how we look after ourselves and each other. So, let's start by spending a minute or two unpacking what it is we mean when we say 'the care economy.'

Anita: So the care economy, very simply put, takes care of people: children, the elderly, people living with disabilities. People who require assistance with daily living and tasks. The term is encompassing of paid work and unpaid work, direct and indirect care. It meets a range of needs across people's life stages. So, think of childcare, in infancy and until you enter school; elder care once we become seniors; community services like those United Ways and Centraides support housing and homelessness support, community mental health, domestic violence, and gender-based violence support among others. And also the work of domestic workers. The care economy is also an economic powerhouse contributing 13.5 per cent to Canada's GDP. That's

the single largest contribution of any sector to Canada's GDP. This is bigger than oil and gas or mining, agriculture, and many other large industries. So, it's important to note that it's both the care of people, but also the underpinning of a strong economy and the productivity that we are so desperately seeking to enhance, especially today in this time of economic uncertainty.

So, we are very focused at the United Way Centraide Canada office on the importance of nonprofit community services as an essential and often underrecognized portion of the care economy. For some context 10 million people at least are supported by community services across this country. That's one in four Canadians. They make a critical contribution so that people can access care in their local community when and where they need it. And we've been very adamant that investments in the care economy and an understanding of the care economy has to be a critical part of Canada's industrial strategy and economic strategy moving forward.

Jeremy: Ok, thanks for that; that's great context. So, you work pretty closely with nonprofits and community organizations involved in care work. Tell us about some of the unique aspects of the care economy, who care workers are, and the workforce challenges in the sector.

Anita: Excellent. So, the nonprofit segment of the care economy employs over 620,000 people in every community within this country. Eighty per cent of care economy workers are women, and a considerable proportion are also racialized, Indigenous, and newcomers to Canada. It's also a highly educated workforce relative to other segments of the economy, while also earning significantly less than workers in the overall economy. Many folks in this sector have degrees like a social work degree. I myself have one of those. They might be social and community service workers educated in college. They may be early childhood educators, for example. So again, they have credentials. They have skills. It's very challenging work, I'll say from my own experience and observation of my peers: quick thinking, problem solving, safety concerns, a lot of complexity that people are managing.

And right now, vacancies are high. They've grown among social workers by 385 per cent over the last decade. For social and community service workers, those vacancies are up 295 per cent, while for early childhood educators, they're up 328 per cent. And this is while average occupations have returned to normal levels of vacancies. First we thought, "Is this pandemic effects coming out?" 'cause we did see a lot of people during the pandemic leave the sector for low pay and the complexity of care work they had to do for their own families. And burnout was a major factor, but in these sectors, the issues have persisted. And when we look to reasons why, the stats bear out that the wage decline relative to other sectors has been significant. Social workers wages are down 28 per cent relative to other wages offered across the economy. Social and community service workers have seen their wages decline by 24 per cent, and ECEs [early childhood educators], despite being an in-demand career and necessary to building Canada's universal system of childcare committed to in 2021, ECEs are seeing offered wages down seven per cent. So again, how are we gonna bring people into these important in demand careers that the government has committed to when the wages simply don't allow people to keep up with the cost of living.

Jeremy: So those are some pretty significant challenges. United Way Centraide has launched a labour force strategy to address some of these, and the Future Skills Centre is on the steering committee. Can you tell us a bit more about what's involved with that initiative?

Anita: Really this work began in 2021 with the United Way Centraide Network in a national conversation around what was happening on the ground at the time. We heard about persistent recruitment issues—so, long-term vacancies and critical positions, a level of burnout within the staff cohort at the agencies providing homelessness supports, mental health, food support for youth during the pandemic and many other populations. And also, retention issues with people leaving the sector to do full-time care, work for their own families out of necessity, or retiring early.

We began calling for a labour force strategy in 2022 for the federal government to implement this. And then in 2024, we began a project with funding from the McConnell Foundation to create a labour force strategy for the over 620,000 paid workers in the nonprofit community services sector of the care economy to address these issues. So, our project has included efforts to increase public awareness of the sector's importance; identifying the challenges and potential levers for change; developing and prioritizing policy solutions, obviously, to the issues. But also engaging federal, provincial, and territorial governments, educational institutions, community service organizations, funders, philanthropy, and other organizations to help implement the strategy once it's developed.

We've assessed available data and gaps in that data. We've developed a narrative about the economic value of care work for Canada's productivity and in light of the rapidly aging population and demographic change we have on the horizon. We've also been engaging policy makers on the need to support this labour force.

Jeremy: Ok, let's end by situating this in a broader conversation around our workforce. In February of this year, 2026, the federal government announced the creation of several Workforce Alliances in priority sectors of the labour market. And the care economy was one. What should Canadians take away from that as we look five, ten years down the road?

Anita: To see the government underscore the importance of the care economy was very significant and warmly welcomed as an important step in the right direction. Relative to the other traditional industries that are going to have workforce alliances, this one is more complex and more nuanced because there are so many occupations within the care economy. And certainly a level of complexity around the dynamics of those different professions and how they're funded and the kind of work conducted. So really, we're hopeful that the workforce alliance and the care economy can help address the recruitment and the retention issues. And a big piece of that, but not the only piece, has to do with addressing wages. They're currently 33 per cent below typical wages in the economy. Benefits and working conditions also certainly need to be addressed. A lot of people don't have access to benefits. They're in contract positions due to precarious funding for their community agencies, for example. And they might work split shifts and have various challenging working conditions that come with complex work with community members with complex needs. And the announcement overall highlighted the importance of training, and I'd say for our sector that training can be part of the solution but not *the* solution. And I hark back to remarks earlier about workforce being quite highly educated but having very little mobility in their positions due to the funding environment and other challenges in the sector. So structural underpayment is a major issue. Wages, benefits, and working conditions are a very viable lever that should be explored and solutioned. We need to solve the retention gap so we

can achieve continuity of care for people who are seeking support, and that will only strengthen the outcomes that we can deliver for the Canadian public.

Jeremy: Anita, thank you so much for joining me on the Future Skills Podcast today.

Anita: Thanks, Jeremy. It's been my pleasure.

Jeremy: Aside from structural issues like wage gaps and worker retention, a major piece of solving the care economy puzzle is how we make sure that workers are skilled, ready, and able to meet labour market demand. My next guest is Tyler Downey, President of SEIU Healthcare which represents more than 68,000 frontline workers. Tyler's here to talk about SEIU's innovative approach to training and why collaboration with government and employers is the way forward. Tyler, I'm so glad to get a chance to speak with you.

Tyler: Yeah, absolutely.

Jeremy: I'd like to start by asking you about SEIU's Training Centre which provides resources for those working in healthcare, including the Internationally Educated Nurses Career Pathway Program. And recently, the Training Centre purchased its own career college, which will soon begin offering credentialed courses for those looking to upgrade their skills and enter the healthcare system as a whole. So what brought you to that decision?

Tyler: Yeah, absolutely. Yeah, the decision to acquire the career college wasn't taken lightly. Obviously, it's a big purchase. It's a big decision, but part of the ecosystem that we're building at the union is really an end-to-end solution for our members and healthcare workers generally. And working alongside the industry to provide various types of training. And one of the things that we heard very loud and clear from our members was the feasibility of being able to go and pursue their dreams of being a personal support worker. It's too expensive, too costly. Government has programs that fund some of this stuff at times, but it's not always constant. And so, if I'm a dietary worker at a nursing home, and I have ambitions to become a personal support worker, I don't know where I'm getting \$10,000 to go shell out to go and take a personal support worker course.

And so, we heard this over and over and over and over again. And we're like, "Okay, that doesn't make any sense. Like, why is it so exploitive?" There must be other solutions. And when we start looking around, all the solutions were the same. From the career colleges that existed, I'm not knocking all the career colleges, I'm not knocking or, criticizing the public institutions; that's not what this is about. What we have done is we said, "Is there a way that we can be more accessible to the demand of the future for the workforce, and provide a different way of healthcare workers getting access to training?" And becoming a career college was one of those ways.

And the decision was, "Do we go the traditional route of, registering and applying to become a career college as part of our Training Centre organization or do we acquire it?" And so, when we started to look at acquiring it, it was definitely advantageous. It cut a lot of time out. I think from beginning to end, it took us maybe eight months to complete the transaction. And so that's finalized now. And so, we're really excited that we're gonna be able to provide—we're starting with personal support worker training and then we've also got developmental service worker training that's in our pipeline as the first sort of two courses. And the one thing that we like is

that we can work with employers to answer the question that they've had around like, "How do we make the curriculum more adaptive to the working environments?" Especially in places like long-term care where, you know, one thing we heard from many employers and our members is that many graduates were coming into long-term care settings and not being really ready to work. And so, from a career college and a Training Centre perspective, our question is okay, how do we help with that? How do we provide maybe a different way of offering the curriculum?

And so, one was accessibility, financial accessibility, and making sure that, workers and members had a real financially feasible way of pursuing their career goals. And so, becoming a career college opens up that opportunity for them because we're really operating on a sort of nonprofit union model where profit isn't a driving force for us. Obviously, we want to keep the lights on, but it isn't a driving force for us and so we can really do it at a rate that is accessible to healthcare workers. And that's why a career college made sense for us.

Jeremy: That's quite an innovative approach. I want to pick on your comment around financial feasibility. With support from the Future Skills Centre, SEIU launched a program in 2025 to support training pathways for internationally educated nurses, and this year you'll be continuing that work. Why was this program needed?

Tyler: Yeah. First, we supported 50 IENs—Internationally Educated Nurses—in our first round of funding, and we're still supporting those 50 nurses. And one thing that I think is important to note is that our support doesn't end with the funding. As as we begin, like, the second round of the funding, which is gonna be for a hundred IENs we're implementing learning from the first cohorts. And so, the major hurdle in this is the path to work permits for people transitioning from work from one health profession—PSW, laundry, dietary, those type of professions—to like another, which, could be like a nurse.

The challenge with the work that we're doing and the way we're doing it because we really wanted to provide like an end-to-end solution—so when we did our focus groups, it was clear the demographics of these individuals, mainly from the Philippines, India was a close, sort of second, Nigeria, and the Caribbean. Those were the sort of four countries that we held focus groups on and within our membership. And so, we spoke with them, spoke with them about their experiences. And one thing was clear: they were all here working, some of them working as PSWs, some of them working as other classifications, because of the strain and the time commitment that it takes to do all the paperwork; follow up on the paperwork that you submitted; call your school from your home country; make sure they verify your credentials. Then you've gotta do the NNAS [National Nursing Assessment Service] application, then you gotta interface with the—and so there's so many barriers and hoops and hurdles that these IENs have had to face. And they also have to work full-time to make ends meet, to put food on their table and pay rent.

So, the pressures that they shared with us were real: you know, financial pressures, family pressures, feeling embarrassed that they didn't know—and just even like from an English proficiency pressure, just not being comfortable with the language and, you know, the confidence there. And so, a bunch of variables, a bunch of factors go, into why someone who came from another country to become a nurse here and didn't become a nurse, there's so many things involved. And so, what we did is we listened very intently. We listened to employers. And

those groups of workers, the Filipinos, the members from India and Africa, really said “If there was a program that could help me and walk me through that, that would be, that would've been ideal, because then I wouldn't have been confused. I wouldn't have been embarrassed. I would've done it sooner. I would've done it quicker, and I wouldn't had to pay, \$10,000”—we've heard some numbers that some of these international educated nurses have had to pay up to \$30,000 to some agency just to do an application. We're not talking about a visa; we're not talking about like a flight. We're just talking about just to do an application.

And so, extreme exploitation has existed in the system for some time. And so, what we've done is we've created an end-to-end solution that really does all of the work on behalf of the IEN from visa, immigration, to English proficiency, to transitioning to work, to ensuring that they have enough time to practice. We have a case manager that does one-on-one case management at our Training Centre. And so, this is really—it's working, one. But it really is helping provide a solution, one, not just for the workers themselves, but also the cost and the commitment that employer has to sponsor someone to work as a nurse is enormous. It's time consuming. It sucks up money that could be used for other things like caring for people in Ontario and across Canada.

And so, seeing the extreme vulnerability of healthcare workers, and while we see their value and we honour them and we honour their strength and their courage and their fortitude, the barriers we see are just, they're unnecessary. I just call it that. They're unnecessary. And so, the Future Skills funding has been instrumental in helping us to support the need for nurses in very hard-hit areas, such as like long-term care. And we're working with employers who have needs for nurses, especially in, like, rural parts of the province. And this has meant that we are actively decreasing the shortage of nurses one at a time.

Jeremy: That's incredible to hear. OK, I want you to leave us with a takeaway on what we should know about what the future of training can look like for workers in the care economy.

Tyler: None of this works in isolation. And so, we've been—and I know I've been on the road talking to whoever I could talk to about being intentional about working collaboratively with employers, educators, in government. Our role as a union is to bring frontline insight to the table and turn it into real workable solutions. And that's what we're doing through our Training Centre. And I just wanna be clear, like, we are in this because our members feel the pain every day. And if we just focus our attention on the labour relations work, it's not gonna solve the problems in the way that they need to be solved. And so, figuring out the ways in which we're working with employers, with government to find solutions, is the right model.

Jeremy: Tyler, thanks again for the conversation. It's so great to hear your perspective.

Tyler: Yeah, absolutely. Thank you, Jeremy.

Jeremy: After hearing about how unions can support workers on the ground and expand pathways into jobs, let's turn to a system-level view on the care economy's labour market dynamics. Health Workforce Canada was established in 2023 as an independent, pan-Canadian organization to strengthen health workforce data and planning, and to address critical shortages and enable more coordinated, evidence-based decisions to improve recruitment, retention, and care delivery. Sean Chilton is Health Workforce Canada's CEO, and he's here to

tell us about some of things he's spearheading at the organization. Sean, welcome to the podcast.

Sean Chilton: Thanks for having me, Jeremy. Really appreciate the opportunity.

Jeremy: I'd love if you could just walk us through the gaps, the challenges in our health care workforce that have led to the necessity for the creation of Health Workforce Canada and how it fits in with Canada's larger health workforce ecosystem.

Sean: The COVID pandemic reinforced the importance of readiness and resilience from a health workforce standpoint. I think the pandemic was important. It didn't create a problem. It just highlighted system problem that we had at the time. And what it really highlighted was how critical it is to anticipate pressures on the workforce and respond with a timely, evidence-informed action approach to our growing health human resource workforce challenge. At that time, there was a kind of a shared desire for more alignment across Canada, and federally, provincially and territorially. Partners recognized the value of a pan-Canadian space to support workforce planning, collaboration, but recognizing there was a need to respect jurisdictional roles and responsibilities. I think there was a clear understanding that the health workforce challenges are increasingly more interconnected. Supply, distribution, scope of practice, working conditions, models of care all influence one another and can't be looked at in isolation, but they're often considered separately. And decision makers were telling us that while valuable workforce data existed across jurisdictional organizations, it wasn't consistently connected or easily comparable to support that planning.

How is Health Workforce Canada helping fit within that ecosystem? We see ourselves as a connector and an enabler. We want to improve how information is accessed and used, strengthen our understanding of future workforce needs through modelling and forecasting and expanding access to tools and insights that can really support planning in real time. We know that if we can bring together diverse voices from governments to health workers to researchers, that we can really help surface kind of priorities and practical approaches that can be adapted locally. So, we believe that health workforce kind of can really help ensure that innovations and lessons learned in one place can form planning improvement efforts elsewhere.

Jeremy: Okay, I want to ask you the next question. It feeds a little bit on some of your comments around data sharing and kind of coordination. And it's around this pan-Canadian health workforce data strategy that's one of the pilots. So maybe if you could tell us what the problems that are there that the strategy is trying to solve, and why better and shared workforce data can change decision making for governments, for employers, for educators across the country.

Sean: Yeah, really important question and quite honestly, a significant undertaking. And workforce data exists, but it's not a unified picture. In fact, there's lots of really good data across the system. Many organizations really collect valuable health workforce data, but it's held in different systems. It's often structured differently. And it's actually been collected and used for different purposes in the past. And I think planning decisions really depend on timely, reliable insight. Governments, employers, education need data that reflects how the workforce is changing now, not just what it looked like in the past.

When we release the strategy, what we're hoping to do through that strategy is create really a common direction for workforce data. Not a single system, but it was a co-design strategy. We had over 40 different organizations work with us on setting that shared priorities, principles, and standards to help the data collected in different places work better together. So the strategy is intended to recognize that jurisdictions and organizations have different contexts and needs, but we want them to be able to benefit from comparable data foundations. And [it's] really about encouraging collaboration across the workforce ecosystem. So, the strategy really does provide a framework for governments, data partners, employers, educators, and planners to move forward together.

So, as you talk about the key decision makers, whether that be governments, employers, or educators, I think there are a number of different things that we think can help. So if I think about the government lens, it really does enable more forward-looking planning and scenario testing. It supports policy decisions that are grounded in workforce realities across professions and regions, and it improves the ability to align health system priorities with workforce capacity. From an employer and health system leader perspective, and this is equally as important—none of these are more important than the other—I think it helps provide clearer insights into supplier distribution and workforce mobility. It can support workforce design decisions that respond to changing models of care and really help employers help anticipate pressures related to recruitment, retention, working conditions. And then at the education level and training institutions really strengthen alignment between the education programs and emerging system needs. And so, we often hear that those two operate in silos and the strategy is really intended to help strengthen that alignment and inform decisions about program capacity and mix and timing and support collaboration between education, employers, and planners.

Jeremy: So, my next question for you is a little bit forward facing and it relates to some of those challenging, persistent, systematic healthcare pressures. So, from your perspective, what needs to happen to ensure that our healthcare workforce is sustainable and resilient in a long-term view?

Sean: One thing that we hear ongoing and repeatedly is we need to shift from that short-term response to long-term stewardship and sustainability. People often describe it as the boom and bust where we see this cycle of, we've got major shortages and we turn around and we fix that problem and then we've got people consider that we have too many people and then we go back in these annual cycles. And so, for me, workforce challenges won't be solved through one-time fixes. They really require that sustained attention; continuous learning; planning horizons that extend well beyond annual cycles. I think it's really important that we start to think about designing the workforce around evolving care needs. And so, planning must influence how care is changing across settings, teams, and technologies, rather than assuming future demands will mirror past models.

And in fact, what I would say is it's going to be really difficult to recruit ourselves out of the workforce challenges that we have. And so, we're going to need to think about how we provide care to meet the needs of our population in different ways, considering teams and technologies as part of that work. That is really important, but we have to remember it's an essential part of the infrastructure. And if we can get data right, strong connected workforce data embedded as a core part of how the system plans, it will allow us to adapt and measure progress all the time.

And then I think if we support workforce well-being as a system outcome, resilience depends not only on numbers and supply but on creating conditions where health workers can thrive, they can stay, and they can grow throughout their career. That really is about retention. So once we have people in the system, how do we ensure that their environment is supportive of their own well-being so that they want to stay in the system? I think as we think that through, what collaboration needs to look like, and we talked a little bit about this, I think shared responsibility, distinct roles—governments, employers, educators, regulators, health workers—they each play different, but they're complementary, roles, and that resilience emerges when those roles are aligned, not centralized. I think there's a synergy to be achieved there.

There needs to be strong connections between education and practice. Education pathways need timely feedback from the health system to help ensure graduates are well prepared for both the current and future realities of care. And in fact, I recently had a conversation with an educational institute: One of their big challenges is just finding placements for students. And so it's great to increase seats, but if we can't accommodate them with the employers so that students can get the practicum experiences they need, then increasing the seats is of no value to them. And connecting those two things together becomes really important.

I think there needs to be ongoing dialogue, not episodic engagement. We're only gonna build resilience through continuous collaboration, and so standing up networks, providing shared tools, regular exchange of discussion rather than that crisis-driven conversations that we've been used to in the past.

From an underlying principle, resilience is built together. This is actually a worldwide problem, and I think there's lots that can be learned in that greater international context as well. A resilient health workforce will emerge when a system plans collectively, it learns continuously and it acts with that shared purpose while respecting the local leadership and autonomy.

Jeremy: Sean, thank you so much for taking the time to speak with me today on the Future Skills Podcast. It's been a pleasure.

Sean: It was great to be part of today, Jeremy. A really important conversation & discussion, and I was glad to be able to contribute. Thank you.

Jeremy: In this episode we've explored how workforce challenges are deeply shaped by job quality, working conditions, and the complexity of care itself. These conversations highlight that no single solution is going to be enough. As Anita, Tyler and Sean have emphasized, strengthening the care workforce will depend on how effectively we can work together to address these challenges head on.

My thanks to Anita Khanna of United Way/Centraide, Tyler Downey of SEIU Healthcare, and Sean Chilton of Health Workforce Canada for joining me.

You can hear all six seasons of the Future Skills Podcast on your favorite podcast app. Give us a follow if you haven't and stay tuned for the rest of the season. This episode was produced, edited, and hosted by me, Jeremy Strachan. Sound design also by yours truly. Thanks for listening.

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