



Rapid Synthesis

Features and impacts of approaches to provide or enhance access to childcare and/or housing for the recruitment and retention of professionals in the care economy

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Context

- Limited availability of affordable housing and childcare services can present a barrier to the recruitment and retention of professionals in the care economy.(1-4)
- These barriers can be especially challenging in rural or remote areas where housing and childcare offerings are scarce and the demand for professionals in the care economy are high.(1; 3)
- Approaches to provide or enhance access to childcare and/or housing for professionals in the care economy include both financial approaches (e.g., cash allowances for housing or childcare) and non-financial approaches (e.g., promoting better access to childcare and schools or housing).
- A better understanding of the evidence of these approaches, along with insights from jurisdictions across Canada and internationally, can help inform future efforts to improve the recruitment and retention of professionals in the care economy by addressing their housing and childcare needs.

Question

- What are the features and impacts of approaches to provide or enhance access to childcare and/or housing for the recruitment and retention of professionals in the care economy (e.g. teachers, early child educators, and healthcare workers)?

Framework to organize what we looked for

- Type of care workers
 - Physicians
 - Nurses
 - Pharmacists
 - Allied health professionals
 - Lay/community health workers
 - Early childhood educators
 - Teachers
- Sector in which care workers are engaged in the care economy (inclusive of childcare, education, and health systems)
 - Home and community care
 - Primary care
 - Speciality care (including hospitals, laboratory, and diagnostic services)
 - Rehabilitation care
 - Long-term care
 - Public health
 - Schools

- Day cares
- Not-for-profit organizations that may work in one or more parts of the care economy
- Setting
 - Remote
 - Northern
 - Rural
 - Suburban
 - Urban
 - Indigenous peoples living off-reserve
 - Indigenous peoples living on-reserve
- Childcare availability and supports
 - Forms of childcare support to facilitate recruitment and retention
 - Guaranteed access for children of care workers
 - Childcare provided within workplace
 - Childcare provided in the community
 - Childcare provided within care worker housing
 - Subsidized childcare spots
 - Other
 - Options to accommodate healthcare worker schedules (e.g., flexible scheduling)
 - Emergency back-up care services
 - Cultural supports and/or culturally safe and appropriate approaches
 - Other childcare related supports
- Housing availability and supports
 - Forms of housing supports provided
 - Provision of temporary housing during relocation
 - Support for finding permanent housing (e.g., through professional relocation services)
 - Housing for care workers in areas where market housing is not readily available
 - Provision of fully or partially subsidized moving costs
 - Provision of fully or partially subsidized housing costs (e.g., rent or other subsidies)
 - Other
 - Support for healthcare workers with specific housing requirements (e.g., disability accommodations)
- Outcomes
 - Recruitment of new care workers
 - Retention of care workers
 - Care worker experiences (including any differential patterns between types of care workers and/or worker demographics)

Box 1: Approach and supporting materials

We identified evidence addressing the question by searching Health Systems Evidence, Social Systems Evidence, and PubMed to identify evidence syntheses, protocols for evidence syntheses, and primary studies. All searches were conducted on 15 February 2024. The search strategies used are included in Appendix 1. We identified jurisdictional experiences by hand searching government and stakeholder websites for information relevant to the question from five countries including Australia, Denmark, New Zealand, the United Kingdom, and the United States, as well as all provinces and territories in Canada.

In contrast to our rapid evidence profiles, which provides an overview and insights from relevant documents, this rapid synthesis provides an in-depth understanding of the evidence.

We appraised the methodological quality of evidence syntheses that were deemed to be highly relevant using AMSTAR. Note that quality appraisal scores for evidence syntheses such as rapid syntheses/reviews are often lower because of the methodological shortcuts that need to be taken to accommodate compressed timeframes. AMSTAR rates overall quality on a scale of 0 to 11, where 11/11 represents an evidence synthesis of the highest quality. It is important to note that the AMSTAR tool was developed to assess evidence syntheses focused on clinical interventions, so not all criteria apply to evidence syntheses pertaining to delivery, financial, or governance arrangements within health systems or to broader social systems.

This rapid synthesis was prepared in a 30-business-day timeline.

A separate appendix document includes:

- 1) methodological details (Appendix 1)
- 2) details about each included evidence synthesis (Appendix 2)
- 3) details about each included single study (Appendix 3)
- 4) details of the jurisdictional scan of Canadian provinces and territories (Appendix 4)
- 5) details of the jurisdictional scan of other countries (Appendix 5)
- 6) documents excluded at the final stages of reviewing (Appendix 6)

High-level summary of key findings

Research evidence

- We identified 18 evidence documents, of which none were deemed to be of direct and high relevance to the question.
- The included documents include one guideline (medium relevance), four evidence syntheses (one medium relevance and three low relevance) and 13 single studies (nine medium relevance and four low relevance).
- The evidence documents we identified largely focused on the following four categories of approaches supporting the availability of affordable housing and childcare services were identified across all jurisdictions:
 - dedicated accommodations or childcare spots
 - temporary/flexible/prorated housing options
 - priority access to existing housing or childcare services
 - subsidies, benefits, or incentives supporting housing or childcare services.
- Financial incentives (e.g., cash allowances or broader benefits) were identified as likely beneficial for professionals in the care economy relocating to rural areas.
 - These incentives are often used to secure suitable housing, afford childcare, cover moving expenses, and address other associated costs tied to the move.
- Housing provisions (e.g., designated accommodations for professionals in the care economy and/or subsidies for rent), were identified as significantly influencing healthcare workers' decisions to accept roles in rural or remote areas, highlighting the importance of addressing living conditions to attract and retain staff.
 - Tailoring strategies to individual preferences and acknowledging the distinct needs of various healthcare worker categories (e.g., the housing concerns of younger staff with children compared to other staff, or differences in priority levels pertaining to demands between nurses and auxiliary staff compared to doctors) emerged as a recurrent theme in the evidence, highlighting the necessity of context-specific retention approaches.
- There was limited focus on childcare availability and supports within the identified evidence documents as a means to enhance recruitment and retention of professionals in the care economy.
 - Findings highlighted the need for non-financial incentives such as flexibility in scheduling to facilitate childcare and guaranteed access to childcare facilities to support the recruitment and retention of professionals in the care economy more effectively, especially for those relocating to rural areas.
- In addition to addressing housing and childcare supports for the recruitment and retention of professionals in the care economy, research pointed to the need for a broader bundle of community supports and interventions (e.g., continuing professional development, psychological and/or family support) to supplement housing and childcare approaches.
- Many of the studies we included focused on interventions in lower- and middle-income countries (LMICs) and few studies explicitly examined the effects of these interventions.
- Overall, availability of affordable and good quality housing and childcare services is a key consideration for professionals in the care economy, and some efforts to enhance the availability of housing and childcare seem to show potential for improving recruitment and retention of these professionals.

Jurisdictional scan

- We looked for experiences in five countries for the jurisdictional scans – Australia, Denmark, New Zealand, the United Kingdom, and the United States – as well as in Canada at the national level and across all provinces and territories.
- The following five categories of approaches supporting the availability of affordable housing and childcare services were identified across all jurisdictions:
 - broader efforts to improve the availability of affordable housing and childcare for the general population

- dedicated accommodations or childcare spots
- temporary/flexible/prorated housing options
- priority access to existing housing or childcare services
- subsidies, benefits, or incentives supporting housing or childcare services.
- The most frequent sectors included primary care, home and community care, schools, and day cares, and common settings included remote, rural, and northern settings, as well as urban settings.
- The most targeted care workers included nurses, physicians, pharmacists, early childhood educators and teachers.
- The most common equity consideration was place of residence.

What we found

We identified 18 evidence documents relevant to the question, of which we deemed none to be highly relevant and 11 of medium relevance. The medium relevant evidence documents include one guideline, one evidence synthesis, and nine single studies.

We outline in narrative form below our key findings related to the question from relevant evidence documents and based on experiences from the jurisdictional scan of five countries (Australia, Denmark, New Zealand, the United Kingdom, and the United States) and all Canadian provinces and territories (see Box 1 for more details).

A summary of the experiences from other countries and from Canadian provinces and territories is provided in Appendix 4 and 5. Detailed data extractions from each of the included evidence documents is provided in Appendix 2 and 3, and hyperlinks for documents excluded at the final stage of reviewing in Appendix 6.

Key findings from highly relevant evidence sources

We found 18 evidence documents, consisting of one guideline (medium relevance), four evidence syntheses (one medium relevance and three low relevance) and 13 single studies (nine medium relevance and four low relevance). The evidence syntheses were all assessed as low quality. Of these evidence documents, only one evidence synthesis explicitly focused on approaches to provide or enhance access to childcare for the recruitment and retention of teachers in the care economy.

Strategies aimed at facilitating the recruitment and retention of professionals in the care economy through improved access to childcare and housing typically included the following types of initiatives:

- dedicated accommodations or childcare spots for professionals in the care economy, especially in rural/remote areas where good quality housing or childcare is difficult to find
- temporary/flexible/prorated housing options for professionals in the care economy, especially in rural/remote areas where housing is typically difficult to find or during acute challenges such as the COVID-19 pandemic
- priority access to existing housing or childcare services for professionals in the care economy
- subsidies, benefits, or incentives for professionals in the care economy that can be used towards the cost of existing housing or childcare services.

Dedicated accommodations or childcare spots for professionals in the care economy, especially in rural/remote areas where good quality housing or childcare is difficult to find

Three single studies highlighted the need for dedicated housing, educational allowances, and childcare facilities for healthcare workers (e.g., physicians, nurses) interested in permanent residence, particularly in rural areas.(3; 5; 6) These strategies were identified as supporting recruitment and addressing contentment issues. One low-quality synthesis focusing on teachers, suggested that financial incentives, including housing or childcare benefits,

effectively recruit teachers.(2) However, the findings suggested that these may not be as effective in retaining these types of professionals.

One single study examined the motivation and supports for maintaining retention of healthcare staff in primary, secondary, and tertiary settings in rural Guinea, and highlighted how effective recruitment and retention strategies require policy approaches that are robust and occupation-specific to better tailor approaches to individuals.(6) In particular, the study indicated that policy approaches should explicitly consider strategies to enhance the availability of housing (e.g., guaranteed access to housing) and financial supports to access housing (e.g., adequate housing allowance), particularly for younger staff.(6) Furthermore, the findings highlighted that although different professionals require different incentives to recruit and retain (e.g., doctors prefer conditional specialization options, nurses and midwives prefer training linked to rural services, and auxiliary technical staff require transport supports), housing was a consistent and clear priority identified by all types of healthcare professionals recruiting and retaining health.(6)

Another single study that examined factors related to community healthcare workers retaining their positions in rural settings further highlighted the need for tailored incentive packages for recruitment and retention for professionals in the care economy.(5) The findings demonstrated that, for community healthcare workers with children, financial incentives (e.g., salary top-ups) along with the provision of housing and improved working conditions played a significant role in retention.(5) Furthermore, female community healthcare workers with children prioritized education allowance along with housing.

Lastly, a single study highlighted how, in addition to supporting housing and childcare access for professionals in the care economy, explicit attention to broader factors such as community engagement, cultural competence, and building relationships was also necessary for ensuring recruitment and retention.(3) The findings suggested the need for intersectoral collaboration, funding policies, infrastructure development, and community participation to more effectively address recruitment and retention challenges, in particular the need for a ‘bundle of interventions’ backed by political and executive commitment.(3)

Temporary/flexible/prorated housing options for professionals in the care economy, especially in rural/remote areas where housing is typically difficult to find or during acute challenges such as the COVID-19 pandemic

One single study examined the challenges faced by rurally oriented physician assistant programs, including the lack of affordable student housing.(7) The study noted that temporary and flexible housing (e.g., short terms of one to four months) options are crucial for sustaining and expanding rural clinical training. The study also noted the opportunity for clinics and hospitals to support students directly with housing supports. This ranged from connecting them with local short-term rentals, to training sites acquiring a house in close proximity to the hospital for student accommodation, to making housing options available on campus.(7)

Priority access to existing housing or childcare services for professionals in the care economy

One single study highlighted the significance of housing availability influencing the job choices of nurse midwife technicians in rural areas.(8) The study findings pointed to priority access to quality housing as being able to increase the likelihood of healthcare workers choosing rural positions. Given the impact housing availability and supports were observed to have, the study stressed the need for governments and other stakeholders (e.g., development partners) to prioritize investing in housing, as non-financial incentives have a significant influence on decisions pertaining to recruitment and retention of healthcare professionals.(8)

Subsidies, benefits, or incentives for professionals in the care economy that can be used towards the cost of existing housing or childcare services

Several single studies highlighted the need for financial incentives and housing support to overcome challenges in recruiting and retaining healthcare workers (e.g., physicians, nurses, allied health professionals) in various locations.(9-16) Financial supports and subsidies were identified as crucial for healthcare professionals in rural and remote areas.

The identified literature overwhelmingly concentrated on the significance of increased salary, housing, and transportation allowances as key elements for retaining and recruiting public sector healthcare workers in rural settings.(6; 17) One low-quality evidence synthesis found that family-friendly policies such as parental leave allowances and affordable childcare may reduce employee turnover.(4) Dissatisfaction among doctors and midwives, with a particular emphasis on non-salary payments such as transportation and housing allowances, was identified as a reoccurring issue.(6) Healthcare workers practicing in remote areas were found to benefit the most from strategies like salary support, flexible schedules, and various allowances.(2) For areas with high-cost living such as New York City, housing incentives were identified as crucial for recruitment and retention.(13) Two of the evidence syntheses identified emphasized the importance of housing and childcare incentives for healthcare workers (e.g., physicians, nurses, pharmacists) in Ethiopia and various African countries, improving retention in public institutions and rural areas.(17; 18)

Equity considerations

All but one of the evidence documents included equity considerations. Equity considerations explored included the impact of the place of residence, demographic factors (i.e., the role race, ethnicity, and culture/language play), type of occupation, and the influence of one's socio-economic status. Common equity considerations identified included the impact of wage on healthcare worker preference for housing and childcare supports, the need for recruitment and retention approaches to take into consideration socio-economic status (i.e., the need to better capture and understand the impact of financial and non-financial incentives), and the value of context-specific strategies to ensure more equitable approaches to provide or enhance access to childcare and/or housing for the recruitment and retention of professionals in the care economy. Despite a majority of evidence documents incorporating equity considerations, challenges arose in the generalizability of findings due to the skewed representation of demographics in the countries under study, which were predominantly low- and middle-income countries. Although many of the documents addressing equity considerations were predominately conducted in low- and middle-income countries, these studies were nevertheless potentially useful for highlighting which types of housing and childcare approaches may be best for specific types of providers. For example, one study found that in hospitals, nurses and auxiliary staff highlighted transportation as a priority, suggesting that housing closer to site and/or to transportation hubs may be more important for these groups than for physicians.(6)

Key findings from jurisdictional scans

Across the jurisdictional scans in Canada and internationally in Australia, Denmark, New Zealand, the U.K., and the U.S., approaches to provide or enhance access to childcare and/or housing for the recruitment and retention of professionals in the care economy generally consisted of the following types of initiatives:

- broader efforts to improve the availability of affordable housing or childcare for the general population, including professionals in the care economy
- dedicated accommodations or childcare spots for professionals in the care economy, especially in rural/remote areas where good quality housing or childcare is difficult to find
- temporary/flexible/prorated housing options for professionals in the care economy, especially in rural/remote areas where housing is typically difficult to find or during acute challenges such as the COVID-19 pandemic
- priority access to existing housing or childcare services for professionals in the care economy
- subsidies, benefits, or incentives for professionals in the care economy that can be used towards the cost of existing housing or childcare services.

The sectors most targeted by the identified approaches included primary care, home and community care, schools, and day cares. Common settings included remote, rural, and northern settings, as well as urban settings. The most targeted care workers included nurses, physicians, pharmacists, early childhood educators, and teachers. Common housing availability and support approaches included provision of temporary housing during relocation, housing for care workers in areas where market housing is not readily available, and provision of fully or partially subsidized housing costs. Common childcare availability and support approaches included childcare provided in the community, subsidized childcare spots, and emergency back-up care services. The most common equity consideration was place of residence.

Canada

In Canada, national efforts to improve the availability of affordable housing and childcare for the general population could help the recruitment and retention of professionals in the care economy. For example, the [Multilateral Early Learning and Child Care Framework](#) commits all provinces and territories (except Quebec, which has a separate agreement with its own targets) towards the target of \$10 dollars a day for early learning and childcare by 2026. The multilateral agreements created 40,000 more affordable childcare spaces across Canada and aim to create another 250,000 by 2026, including for children with disabilities, Indigenous children, and official language minorities. Similarly, in the fall of 2023 the [Apartment Construction Loan Program](#) committed \$15 billion in new loan funding starting in 2025–26 to build more rental apartments. During the COVID-19 pandemic, a volunteer [healthcare worker housing initiative](#) connected healthcare workers to low-cost short-term housing, allowing them to safely distance from their family.

Approaches creating dedicated accommodations or childcare spots for professionals in the care economy aimed to create new housing or childcare spots designed to support recruitment and retention of these workers. For example, in B.C., [\\$6.38 million was made available for programs and incentives to encourage more health workers to practice in the north](#), which included \$225,000 to develop childcare programs to create more spots and extended hours for healthcare workers in Kitimat, Hazelton, Prince Rupert, Chetwynd, Dawson Creek, and Fort St. John. Similarly, \$750,000 was allocated to develop a housing program in communities where suitable market housing presents a barrier to permanent staffing and short-term deployments in Robson Valley, Kitimat, Hazelton, Prince Rupert, Chetwynd, Dawson Creek, and Fort St. John. [Modular homes](#) are being installed for nurses in Quebec and the [Neighbourly North](#) program provides housing for travel nurses and physicians in the Yukon and Northwest Territories.

Temporary, flexible and/or prorated housing options and temporary/emergency back-up care services often leverage formal or informal networks between providers and professionals in the care economy. During the COVID-19 pandemic, several initiatives were implemented to connect healthcare workers with flexible housing and childcare options to protect their families while they carried out their essential work. For example, in B.C., the province provided [prioritized access and matching services for childcare spots](#) to children of essential workers. In Saskatchewan, the government [repurposed childcare facilities in schools](#) to provide childcare services to support staff in healthcare and other employees delivering services related to pandemic response. [The government of Manitoba](#) invested \$27.6 million to help provide childcare for healthcare workers and other essential front-line workers, including a grant program to help early childhood educators provide at-home or community childcare services and funds to provide licensed childcare services for up to 16 children with priority to healthcare and other essential workers. [Ontario](#) provided similar emergency childcare services for front-line essential workers.

Outside of COVID-19, these types of approaches often focus on providing temporary rentals for professionals in the care economy. In Ontario, for example, [SickKids rental housing for staff](#) is owned and operated by SickKids Hospital and provides temporary rental housing for staff from another city or other countries. Other initiatives aim to create informal networks such as affordable housing through Hamilton Health Sciences, which offers time-limited affordable housing by connecting nurses with local housing, and the Muskoka [Housing for Healthcare workers program](#), which also aims to connect landlords with healthcare worker tenants.

Finally, two less common approaches in Canada included priority access for childcare spots and subsidies, benefits, or incentives for professionals in the care economy that can be used towards the cost of existing housing or childcare services. In Alberta, [priority access to accredited/approved day care programs](#) is given to Alberta Health Services employees and physicians. Similar programs with priority access to childcare for essential workers during COVID-19 were provided in [B.C.](#) and [Manitoba](#). In Newfoundland and Labrador, a [recruitment incentive](#) for healthcare workers with connections to Newfoundland and Labrador can receive \$50,000 over three years and those with no connections can receive \$25,000 over three years, which can be used to account for expenses related to moving, housing, and childcare. Connection is determined based on applicable ties such as having been born, educated, performed residency, or trained in the province, or having had previously practiced in the province for a period of 12 months or more. Newfoundland and Labrador also provides [Early Learning and Childcare for Health Professionals](#), which consists of day care sites near hospitals with extended hours. In Alberta, [rural communities housing accommodation](#) offers medical students and residents subsidized housing for studying, working, and living in rural Alberta.

International

Internationally, some countries have leveraged approaches to try and improve access to affordable childcare for the public, including professionals in the care economy. In Denmark, [nurseries and kindergartens are subsidized by municipalities](#), and municipalities also provide subsidies for alternatives to nursery care such as ‘child minding’ for approved childcare providers to provide services in their own home and are employed and paid directly by the municipality. In the U.K., [government subsidized childcare](#) represents a shift from employer-supported childcare schemes towards a [tax-free childcare scheme](#), which provides individuals with up to £500 every three months per child to help with the costs of care.

Some countries provided dedicated accommodations or childcare spots that specifically targeted professionals in the care economy, especially in rural/remote areas where good quality housing or childcare is difficult to find. Specifically, the Ministry of Education in New Zealand provides [houses to help schools recruit teachers](#) in remote and rural areas where housing is hard to find. Over time, these houses have been transferred to the school boards, who oversee their management, including collection of rent and dealing with tenants. In the U.S., the [Affordable Educator Housing Project](#) in San Francisco provides housing to teachers and educators employed by the San Francisco Unified School District and San Francisco Community College District.

No approaches were identified in other countries that provided temporary or flexible housing options for professionals in the care economy, especially in rural/remote areas where housing is typically difficult to find or during acute challenges such as the COVID-19 pandemic. We also did not identify any programs that specifically give priority access to existing housing or childcare services for professionals in the care economy.

However, we did identify a number of approaches that leveraged subsidies, benefits, or incentives for professionals in the care economy that can be used towards the cost of existing housing or childcare services. In the U.K., for example, [key worker living](#) supports nurses and NHS staff, teachers, and other essential service providers with housing assistance including equity loans up to £50,000 to buy a home, high-value equity loans of up to £100,000, shared ownership of newly built properties, and intermediate renting and subsidized levels. In Australia, the [Rural Health Workforce Incentives Scheme](#) provides incentive packages up to \$20,000 AUD (position and location dependant). These packages may include support such as professional development, accommodation assistance, relocation cost aid, additional personal leave, family travel assistance, and regional or rural allowances for health professionals such as nurses, doctors, therapists, social workers, paramedics, and support staff. Additionally, the [Aboriginal Health Worker Training Scholarship Program](#) provides training scholarships up to a maximum of \$4,000 AUD for Aboriginal health workers that can be used for travel costs and childcare expenses, among other expenses associated with professional development training.

In the U.S., various subsidies, incentive packages, and benefits are often offered by organizations employing professionals in the care economy. For example, the [National Health Service Corps Relocation Assistance](#) works to connect providers to areas of the country with limited access to care and offers relocation assistance to new employees. Assistance can be used to cover the cost of travel, moving household goods, lodging during travel, vehicle rental, and other relevant expenses up to a maximum of \$10,000 USD within the U.S. or \$25,000 USD from outside of the U.S. Examples of other organizations that provide relocation assistance include the [Mayo Clinic](#) and the [Cleveland Clinic](#). Other examples include the [housing assistance for residents and fellows](#) program at Kaiser Permanente, which offers a yearly housing stipend of \$3,500 USD, and their [COVID-19 Childcare Grant](#) provided healthcare workers with a grant of \$300 USD/week to cover the costs of childcare.

Finally, we identified some approaches that aimed to support professionals in the care economy to secure housing through assistance programs. For example, the [Educators Downpayment Assistance Loan Program \(Educators-DALP\)](#) allows educators employed by the San Francisco Unified School District to access down-payment assistance of up to \$500,000 USD to purchase a market-rate property in San Francisco. Similarly, the [Cleveland Clinic Employer Assisted Housing Program](#) offers a \$20,000 USD forgivable loan to Cleveland Clinic Main Campus employees that can be used for costs associated with purchasing a home (i.e., down payment, closing costs, mortgage), as well as existing homeowner exterior home repair of up to \$8,000 USD and a one-time monthly rental assistance program of up to \$1,400 USD for employees.

DeMaio P, Ali A, Waddell K, Bain T, Dass R, Grewal E, Phelps A, Wilson MG. Rapid synthesis: Features and impacts of approaches to provide or enhance access to childcare and/or housing for the recruitment and retention of professionals in the care economy. Hamilton: McMaster Health Forum, 8 March 2024.

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