

Caregiving beyond the crisis ^[1]

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EXCERPTS

I am a child care advocate. And in this COVID-19 pandemic, I am torn. On the one hand, this public health emergency demonstrates what advocates have been saying for a long time – that child care is a vital public service and the lack of it was a crisis for many families way before COVID-19. On the other hand, we are concerned that calls to re-open child care centres for essential workers demonstrate an alarming willingness to put children and early childhood educators at risk.

In BC, for instance, child care spaces have opened in closed schools for the children of essential service workers in health care, law enforcement, emergency response, transportation, and food production. In Ontario, emergency child care centres were opened in late March to offer free services to essential workers (health care workers, police, paramedics), and the premier is considering expanding the eligibility list to include grocery clerks and transit workers.

Women need reliable and affordable child care to be in the workforce. The pandemic has only made the acute lack of child care throughout Canada all the more evident. Before the pandemic there were only regulated spaces for 28.9% of children in Canada. In addition to the stress of being at ground zero of COVID, essential workers are struggling to find care for their children while they are caring for us. Child care hours that do not accommodate shift work has been a longstanding issue. Now it is preventing some health care staff from going to work. The lack of public child care has always left many families in Canada to juggle work and family by “making do” with informal care arrangements. Now social distancing and other protocols also rule out much of the caregiving that used to be provided by elderly parents, other relatives, and friends. As a nurse in North Bay put it: “If the pandemic has taught us anything, it’s how broken the system is”.

Emergency child care could address some of these challenges for frontline workers. Yet even with protective measures, such as physical distancing and sanitation, child care providers fear for the health and safety of themselves and the children in their care. International evidence points to some frightening realities. According to Dr. Bedford, a public health expert in early childhood education, “if early childhood centres open under current regulations they could pose the greatest risk of a point-source Covid-19 outbreak in New Zealand – greater than the 20-30 year age group, schools, rest homes or in-store retail. The in-centre risk is especially high for teachers, who cannot effectively protect themselves. Children are not immune, and can be carriers. Early childhood education (ECE) centres have routinely produced community-wide viral outbreaks”. Bedford adds that “Social distancing is impossible. Children need to be held, need to have cuddles, and play close to each other”.

On the surface, these two realities might seem irreconcilable. We can either deem child care an essential service and make it available to emergency workers. Or we can protect children and early childhood educators from COVID-19. We can’t do both. But this impossible choice has only presented itself because we’ve failed as a society to value the things that matter most.

Undervaluing of carework

The commonality is that these essential workers (in health care, senior and long-term care, grocery stores) and early childhood educators (ECEs) are primarily women whose work has been undervalued for too long. Bezanson et al. show that the “often invisible work and tasks that go into maintaining people on a daily and a generational basis — broadly understood as care — are the foundation holding up our shared political, social and economic life. This work is done in households by transforming inputs such as wages or transfers into the necessities of life, and by loving, teaching, and socializing children and others. It always requires investment — and urgently so when work, childcare, and schools are forced to close. This work requires recognition and relies on individual, government, and group funding”.

The public health emergency has made it clear that those who perform paid and unpaid caregiving are often women of colour, and disproportionately bear the brunt of adjusting to change. It also reminds us that caregiving can be dangerous work and there are minimal supports for those doing hazardous carework in our society.

Child care staff in BC are not required to work if they choose not to. Still, we know that choices are made under the weight of economic insecurity and social pressure. This kind of labour is bound up with gendered expectations about women and nurturing. A BC union rep explains why caregivers are willing to take on risk, as “Our members do this work because they love working with youth, with children. They want to ensure that kids grow up and are healthy contributors to society.” Unfortunately, the same rationale is routinely used against

those feminized workers to justify their low wages and poor working conditions.

Long-term care workers face a similar dilemma. Their clients rely on them for their daily care. These woefully underpaid and underappreciated workers are on the front lines of the pandemic. We are a month into the pandemic response, yet federal measures to enhance wages for these workers, whom the Prime Minister acknowledges are making incredible personal sacrifices, are still under development. Why are they last in line when it comes to government support?

Patchwork, market-based services, dangerous and unacceptable

Before COVID-19, health care workers and early child care educators were united around the need for high quality, affordable, and flexible child care. Such a pan-Canadian system would reflect our social responsibility to support women in the labour force, and at the same time recognize the skills, education, and training of ECEs. It would also centre the safety, security, and learning opportunities of children.

Our patchwork of private, market-based, loosely regulated long-term care services has also revealed itself as dangerous and unacceptable. This cannot continue. Bezanson et al. argue that we need a “social solidarity orientation [which] requires deliberate cultivation in planning social policy and in developing stimulus that creates jobs and grows the economy. Care, broadly understood, is at the core of shoring up solidarity. It is central to the immediate imperative of helping Canadians to cope with the crisis, and to establishing essential foundations to our long term social and economic well-being”.

A key element of this system-building is establishing the necessary planning infrastructure for child care policy. Had the promised federal Childcare Secretariat already been in place, the emergency response capacity could have been much stronger. As it is there are stark differences between the provinces in terms of their policy on child care during COVID-19. In the post-COVID recovery, Bezanson et al. see this Secretariat as central to the coordinating and tracking provincial and territorial policy that a pan-Canadian child care system will require.

If we had a universal, integrated system of early learning and child care already in place, these trade-offs would be less dire; child care providers would be in a less precarious position, stable resources would be in place, and decisions could be made more coherently and effectively. But we don't.

Countries that have similar liberal, market-based welfare states like Canada's are facing the same care challenges. Dr. Bedford identifies New Zealand's weak ECE regulations, inadequate physical infrastructure, high child-caregiver ratios, and staff shortages as critical vulnerabilities that make a safe emergency response much more difficult.

In the absence of a system, we have been muddling through. As the plan and petition developed by three national child care organizations make clear, “Canada's fragile early learning and child care sector will not survive the COVID-19 crisis without sector-specific aide that is provided in a coordinated way by all levels of government.” To its credit, the Nova Scotia government has followed the evidence by closing licensed centres, providing supports for centres to continue to pay staff and suspend parent fees and hold spaces and maintaining grants. Even so, parents desperately need caregiving supports and are left to rely on the unlicensed sector to meet their needs. Caregivers are treated as disposable in an economy that has its priorities all wrong. However, these were both largely true before COVID-19 too.

Bustamante and Hirsh-Pasek urge us to “use COVID-19 as a wake up call that teachers and child care professionals are the backbone of our economy” (2020). For Friendly and Ballantyne, “an important takeaway from the COVID19 pandemic is accessible, affordable, high quality childcare is a lynchpin in any 21st century country, and it must be treated as the essential service it is in good times and bad. This means public funding, public management and recognition that childcare is part of the social infrastructure we all depend on”.

Hopefully one of the lessons we will learn from this pandemic is that we should be using our public resources to care for each other all of the time, and not just when there is a crisis.

Related link: Childcare is an essential service in good times and bad and must be treated like one. [3]

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