

# We must eliminate profit-making from child care and elder care <sup>[1]</sup>

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## AVAILABILITY

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## EXCERPTS

Child care and elder care have a great deal in common. They are both considered primarily family responsibilities, justifying low public investment.

At an earlier historical moment, both child care and elder care were seen as the responsibility of charitable and benevolent societies. Today, they are both increasingly a means for profit-making, with the involvement of the corporate sector justified on the grounds that it will expand access while improving quality and saving money for the public sector.

In both sectors, women form the overwhelming majority of the labour force, and many of them are racialized and/or newcomers. At the same time, their care work is regularly deemed unskilled, something any woman can do by virtue of being a woman, with low pay justified on this basis. The pandemic challenges all of these assumptions. So do we.

### Needs are growing

The need for public child care and elder care is growing. Households have fewer children, and more are single-parent families. People are living longer, and with more complex care needs. Close to three-quarters of all mothers have paid jobs, even when their children are under age two, while 85 per cent have paid work when children are in school.

Nevertheless, there are fewer than 1.5 million regulated child-care spaces accommodating slightly less than 30 per cent of Canada's children up to age 12. Meanwhile, the long wait list for nursing homes is just one indicator of the unmet needs for elder care.

At the same time, for-profit care is growing. In Canada, 30 per cent of child-care centres are profit-making businesses, sometimes owned by large chains, including multinational corporations. And their share is growing. Several provinces have recently signalled their interest in boosting for-profit child-care expansion, arguing this will give families more access to badly needed services.

Less than three per cent of Canada's child-care spaces are publicly owned and operated (most of which are school-age child care in Québec). Among Canada's nursing homes, less than half are publicly owned and 23 per cent are non-profit. That only 28 per cent are owned by for-profits hides the fact that these are large homes with a significant number of beds.

### Quality of care varies

Although for-profit child care and nursing homes nominally meet the same public regulatory standards, the quality of care is very different. Both are labour-intensive, and the major cost is staffing.

In for-profit nursing homes, the staffing levels and wages are lower, there are more part-time jobs, more transfers to hospitals, more use of wheelchairs and more bed ulcers.

In commercial child care, staff turnover is higher, more inexperienced and untrained educators are hired and commercial operators try to locate in neighbourhoods where parents' ability to pay is higher and where fewer children have additional support needs. Child-care workers earn very low wages with few benefits. In both sectors, the conditions of work for the staff are the conditions of care for the residents and children.

Additionally, in both child care and elder care, for-profit services must generate profits for shareholders — money that does not reach the children, the seniors or the staff who provide care for them. These services are beyond the reach of local control, since in commercial operations, staff, users and the public have little say in decision-making.

The horrifying COVID-19 infection and death rates in long-term care exposed and exaggerated the existing weaknesses in the system. This was especially the case in Ontario for-profit homes, where death rates were nearly double those in non-profits and nearly five times higher than in municipal homes owned by local governments.

Too many staff worked in multiple sites; too many were infected and died. Before COVID-19, there was barely enough care; during the pandemic there is not clearly not enough, especially with staff absences. While paid work for women expanded in nursing homes, unpaid work expanded for mothers as school and child-care programs closed, contributing to significant drops in women's employment. One study

indicated that in the early days of the pandemic, women with children at home spent nearly 50 more hours per week on child care compared to men.

And that's not counting their care of older relatives, work that involved both personal care and social support as well as advocacy for older relatives in nursing homes.

With sufficient political will and well-made public investments, nursing homes can provide comfortable, safe and resident-focused services, creating good places to live, work and visit. Likewise, Canada can build high-quality, accessible non-profit child-care and elder-care facilities that meet family needs for flexible, inclusive and culturally safe services.

But none of this is possible under for-profit or commercialized child care or elder care. For-profit services will not fix, and will only worsen, the crises in child care and long-term care.

**Region:** Canada <sup>[3]</sup>

**Tags:** for-profit <sup>[4]</sup>

care economy <sup>[5]</sup>

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**Source URL (modified on 26 May 2021):** <https://childcarecanada.org/documents/child-care-news/21/05/we-must-eliminate-profit-making-child-care-and-elder-care>

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[2] <https://theconversation.com/we-must-eliminate-profit-making-from-child-care-and-elder-care-159407>

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