

Taking care of the care workers ^[1]

The work of caring for our children, older adults and those with disabilities has always been undervalued. Yet the social benefits are enormous.

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The pandemic has demonstrated that care work deserves more attention from policymakers, corporate leaders and citizens. From child care and early childhood education to long-term care and from home care to health care, care work is essential and underpins both our economy and our well-being.

Now, as the pandemic continues into its third year, there are some signs that the question of care is being re-evaluated and revalued in Canada. With Ontario finally signing on in March, there is now a national \$10-a-day child-care plan. It is one sign of progress. While this was greeted with jubilation by many, the proof in the pudding will be in the implementation.

When designing care infrastructure, there are dangers to viewing the challenge as simply a transactional process of finding enough slots for every person who needs one. Doing so neglects concerns about assuring quality care for those who need it and good working conditions for care workers.

Policymaking and programs also need to prioritize the significant but often-immeasurable social benefits. These include improved health and well-being, reduction in long-term poverty, and inclusion and belonging for both recipients and caregivers.

The problems with profiting from care

Since the rise of neo-liberalism since the 1980s, care work of all kinds has become financialized and viewed as any other market good. This has led to the increase of for-profit business models that would appear to fulfil these transactional needs – and this tendency to focus on the economic side of the equation is not slowing down. Increasingly, the focus – even by advocates for increased public investment – is on the economic benefits and business case for investment.

The current political environment may only accelerate these trends. Rhetoric about rising inflation and government debt may be used as a hammer by some politicians looking to score points or reduce or reverse investment in government-supported care programs in favour of market-based solutions.

At the same time, for-profit models of care have proved mainly ineffective in providing quality experiences for both care workers and care recipients. In for-profit long-term care homes, poor conditions resulted in COVID outbreaks and death for both residents and workers. Not-for-profit homes had significantly better outcomes.

Researchers have also detailed how market-based models of child care pushed up the prices to levels that are unaffordable. At the same time, early childhood educators have dealt with low wages, few benefits and unsustainable working conditions. This has resulted in low retention and a shortage of workers to fill the many new spaces that will be created through the \$10-a-day child-care policy.

Policies that ensure everyone can reap the social benefits of care investments would mean assuring that the profit motive does not dominate and instead focusing on not-for-profit and other community-based models for investment. Because the conditions of work are also the conditions of care, fair wages for care workers, employment benefits and protections, and increased training opportunities are crucial.

Who should be at the centre of care policies?

Women, particularly racialized women and immigrants, are disproportionately represented in care jobs and have faced the brunt of poor working conditions. These women already face inequality and are now doing this essential work at a cost to their own well-being. Care for care workers is often neglected and their work devalued.

If we approach the challenge of meeting care needs as only economic or financial, then it is natural to consider how technology can help fill care labour shortages. Telehealth, care robots in long-term care homes and digital platforms linking care workers to jobs are just a few examples of this new technology being championed by many as a solution to costs and shortages of care workers.

But the care sector is different from other sectors in that its labour is social, emotional and relational, which technology is not (yet) able to provide. Even using such technology requires human labour. For example, you need people to ensure that telehealth advice to an older patient is administered properly.

Although technologies can support caregiving, they are unlikely to be a replacement. It is better to support care workers to do their jobs effectively.

Care work creates more than economic benefit

Public investment in care infrastructure is often framed in terms of helping women join the paid labour force, with the resulting increased returns to the economy. Indeed, a recent estimate of the unmonetized value of unpaid household activities is about \$860 billion. That would be more than 37 per cent of GDP if it were counted.

Yet, while the evidence is clear that policies creating more affordable and accessible care will help the economy, making care accessible doesn't just help people join the paid labour force. It is crucial to help dependents live healthy lives, to help children learn and grow, and to ensure older adults age with dignity.

Policymaking must consider whether all communities – especially marginalized ones – have access to care. Are care workers satisfied with their jobs and do they wish to stay in them? Are those in care feeling well-treated and cared for?

Policies must prioritize the social benefits of quality care, outside of profit and economic growth. This will lead to a more sustainable and more equitable care infrastructure for both care receivers and care workers.

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