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From “nobody's clapping for us” to “bad moms”: COVID-19 and the circle of childcare in Canada

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Abstract

The COVID-19 pandemic has highlighted the importance of childcare to national economies in general and women's economic participation in particular, spurring renewed interest in childcare policy in many countries that have implemented lockdowns. This paper adopts a circle of care framework to analyze how COVID-19 has affected paid childcare, unpaid childcare and other paid work, and the relationship between these sectors. Analysis is grounded in the lived experiences of parents and childcare educators, documented through 16 semi-structured interviews during the initial lockdown (March–June 2020) in British Columbia, Canada. Experiences from educators suggest their safety was not prioritized, and that their contributions were undervalued and went unrecognized. Mothers, who provided the majority of unpaid care, not only lost income due to care demands, but struggled to access necessities, with some reporting increased personal insecurity. Those attempting to work from home also experienced feelings of guilt and distress as they tried to manage the triple burden. Similarities of experiences across the circle of care suggest the COVID-19 childcare policy response in BC Canada downloaded care responsibilities on to women without corresponding recognition or support, causing women to absorb the costs of care work, with potential long-term negative effects on women's careers and well-being.

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ing, as well as on the resilience of the circle of care. Pandemic recovery and preparedness policies that aim to promote gender equality must consider all sectors of the circle of care and the relationships between them.

KEYWORDS

Canada, childcare, COVID, pandemic, policy

1 | INTRODUCTION

The COVID-19 pandemic has highlighted the importance of childcare to national economies in general and women's economic participation in particular, spurring renewed interest in childcare policy in many countries that have implemented lockdowns. Both UNICEF and the OECD has called on governments to invest in early childhood education to protect child well-being, advance gender equality and support parental employment during and following the pandemic (Gromada et al., 2020; OECD, 2020). The Canadian federal government has particularly taken up this call, prioritizing childcare policy within COVID-19 recovery plans, which it describes as "feminist," and framing childcare within arguments for women's economic participation (Gerster, 2020). In announcing the Canada-Wide Early Learning and Childcare System, in March 2021, including an investment of 30 billion CAD over 5 years, the Finance Minister said, "COVID has brutally exposed something women have long known: Without childcare, parents—usually mothers—can't work" (quoted in Department of Finance, 2021).

Indeed, the economic and social importance of childcare is not a new insight for feminist economists or women with dependents—who continue to shoulder the global burden of unpaid care work (Power, 2020). As has been well documented, unpaid care work, performed primarily by women, sustains the economy by enabling household members to generate income and access education (Rai & Waylen, 2013). While all economic activity is dependent on care work, gender norms that place responsibility for care work on women mean that women's economic participation in particular is strongly associated with care responsibilities. Research has documented how the amount of unpaid care work women undertake directly impacts the numbers of hours spent in paid work (Antonopoulos, 2008). COVID-19 school and childcare closures have exacerbated these dynamics, creating a global crisis in childcare that has inhibited progress toward women's economic empowerment and political participation (Gromada et al., 2020). As most gender analysis of the COVID-19 pandemic have noted, there are clear relationships between women's increased unpaid care work and falling employment, as well as how the absorption of childcare duties has cost women not only their income and jobs, but also their health, well-being and social networks (Azcona et al., 2020).

Within this renewed attention to relationships between childcare, economic participation and gender inequality, there is little consideration of the experiences of paid childcare providers during COVID-19. For example, Wallace and Goodyear-Grant (2020) note that media coverage of the COVID-19 related childcare crises in Canada rarely mentions the roles of educators, focusing instead on impacts on working parents. Yet paid care work is also distinctly gendered, with over 90% of childcare educators identifying as women (Statistics Canada, 2020). The sector as a whole is "feminised" in that it is characterized by low pay, lack of benefits and little recognition of its contributions to society (Halfon & Langford, 2015). Lack of consideration of childcare educators' experiences during COVID-19 reflects a continued practice of devaluing paid care work. Seemingly progressive discussions on the impact of care work on mothers' careers can reinforce notions of care work as mothers' work while rendering the work of paid care providers invisible (Powell et al., 2020). This is despite the fact that the majority of children in Canada receive a combination of paid and unpaid care. There is a need for a more complete picture of the effects of COVID-19 on the childcare sector as a whole, and on all women who provide childcare, whether paid or unpaid.

Antonopoulos (2008) suggest that care be conceptualized as circle, with three interrelated sectors: paid care, unpaid care, other paid work (Figure 1). The circle of care demonstrates how the conditions, provisions and accessibility of paid care work directly impact the level, distribution and conditions of unpaid care; which, in turn effects opportunities to enter and remain in paid work; all of which influence outcomes for care recipients (ILO, 2018). This paper adopts this framework to analyze how COVID-19 has affected each sector, and the relationships between them. In doing so it includes the under researched sector of paid care in analysis of COVID-19 childcare responses and advances research on the relationships between sectors. Analysis is grounded in the lived experiences of those providing care, which illuminate striking similarities and overarching structures of gender inequities that download care responsibility on to women during crises without providing adequate compensation or support.

1.1 | The circle of care

The theoretical framework for this paper draws on the care economy literature, particularly organizing its findings around the concept of the circle of care. As noted above, the circle of care refers to the relationships between paid care work, unpaid care work and other paid work. It suggests that in order to understand, for example, a gender wage gap, the availability of paid care also needs to be considered, as do gender roles related to unpaid care and paid work. Similarly, questions around why women continue to do the majority of unpaid care must be situated within discussions around gender discrimination in paid work and accessibility to paid care services. The circle demonstrates the necessity of not only analyzing effects within sectors of the circle (e.g., the impact of the pandemic on women's labor force participation), but also on the relationships between sectors, and how changes in one sector effect the other. The COVID-19 pandemic provides an opportunity to explore these relationships as the care economy has been deeply affected by closures and interruptions in paid care with notable gendered effects on unpaid care. A long with the rest of the economy, the circle of care is shocked by the pandemic and policy choices structure who absorbs these shocks at what cost. This analysis specifically considers how the pandemic has affected each sector of the circle of care, and the relationships between these effects.

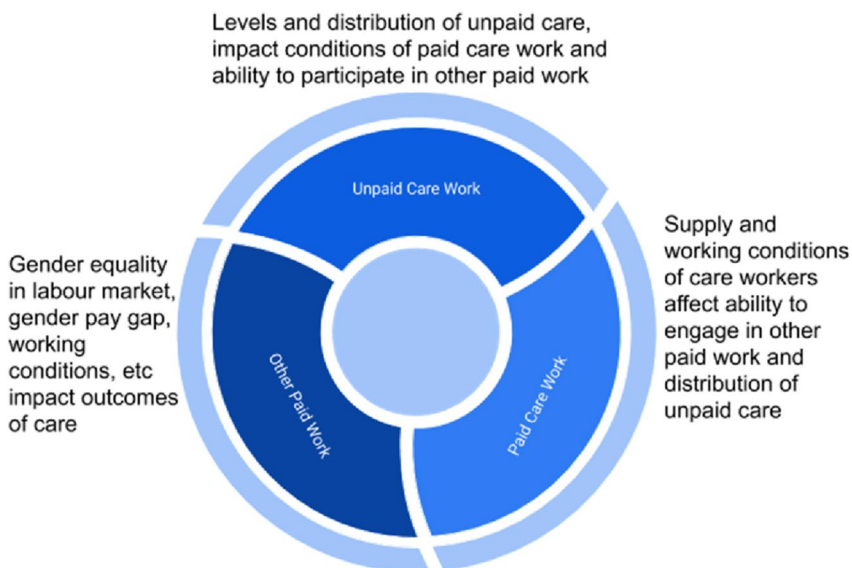


FIGURE 1 Circle of care (adapted from ILO, 2018) [Colour figure can be viewed at [wileyonlinelibrary.com](https://onlinelibrary.wiley.com)]

In much of the world, including Canada, paid care work remains undervalued: Esplen writes, “Jobs in care are highly female-dominated and are notoriously low status and badly paid. This is the result of gender ideologies which portray care work as something requiring few skills that all women and girls are able to do” (Esplen, 2009, p. 7). In Canada, caring professions are dominated by women, including a disproportionate amount of racialized women, and are often precarious and underpaid (Vosko et al., 2009). Childcare, in particular, is viewed more as a service than a profession, despite a growing number of educators earning post-secondary qualifications (Halfon & Langford, 2015). Poor pay and work conditions for care workers is enforced through the exploitation of personal relationships and emotional connections that are embedded in care work, which discourage workers from taking job action that might threaten the well-being of those they care for. As Folbre writes: “Care workers become, in a sense, prisoners of love” (2008). While the undervaluing of care work and failure to see it as a profession justifies policies that neglect or ignore those providing care, the exploitation of the emotional bounds inherent in such work inhibits care workers from demanding change.

Unpaid care work is similarly embedded in feelings of moral obligation and commitment to others' well-being. Care has benefits—in terms of strong family and community ties, and quality of service to dependents—as well as costs—in terms of resources required, lost opportunities, and forgone wages (Hassim & Razavi, 2006). Policy environments and gender norms structure the relationship between these costs and benefits, as well as who pays for and who earns from them—with the majority of unpaid care work completed by women at their own costs, for the benefit of others. When states shed responsibilities for social protections, such as childcare, unpaid care work is shifted further onto women, with little recognition of this downstream effect or effort to mitigate increased costs (Fortier, 2020). Unpaid care work is often expected to fill gaps in, or subsidize, public sector provisioning of services.

Relationships between sectors within the circle of care are structured by broader political economic factors (both locally and globally), policy choices and gender norms. Such factors determine if relationships within the circle of care are mutually supportive or exploitive. As Watson notes, women engaged in paid work often rely on, and at times exploit, the paid care work of other, often less privileged women (Watson, 2020). Low pay for care work is often justified based on affordability, without asking why women engaged in paid work cannot afford higher costs, with potential answers relating to the gender wage gap and the motherhood penalty (Watson, 2020). In other cases, the need to outsource care work to earn an income enables the care industry to exploit women's need to join the workforce, leading to increased costs for care. Debates about conflicts between the interests of unpaid and paid care providers, both of whom generally identify as women, rarely question the role of men, who are assumed to be external bystanders, or how public and private sector actors may structure these conflicts. This leads to a focus on the conflict of interests between those providing paid care work and those engaged in other paid work, as opposed to the structures that create care deficits that result in such conflicts. This paper aims to shift this focus to consider the relationships between the sectors of care and the shared interests of women providing paid and unpaid care (who are both also most likely to be engaged in other paid work) in order to advance discussions on developing a resilient circle of childcare.

1.2 | Context

Blum et al. (2020) note the importance of documenting varying response to COVID-19-related childcare challenges in order to better understand the drivers and effects of policy choices. Here we document the early COVID-19 childcare response in British Columbia, Canada. Canada provides a critical case because, in addition to restricting access to childcare within the COVID-19 response, childcare has become a policy priority linked to commitments to advance gender equality—as is noted above. The Canadian case provides an opportunity to ask how pandemic childcare policy affected (mostly women) care providers, and what can be learned in terms of informing gender-based policy-responses.

Within Canada's federal system childcare falls under provincial jurisdiction and, for the purpose of this paper, the province of British Columbia (BC) is an appropriate focus as, while the provincial government ordered school closures and advised against all non-essential social contact during the initial lockdown, from March to June 2020, it did not close childcare facilities, instead asking families who could to keep their children at home, to prioritize childcare spots for essential workers. Consequently, the experience of BC provides an example of both the effects of restricting access to paid childcare for most families and on those who continued to provide paid care. Considering the growing evidence documenting the negative social and economic effects of closing childcare (Mooi-Reci & Risman, 2021; Standard, 2020), it is likely access to childcare will be prioritized in future pandemic responses and recovery efforts, and therefore, much can be learned from the BC experience in terms of effects on all sectors of the circle of care.

Pre COVID-19, women in Canada did two to three times more unpaid care work than men (Statistics Canada, 2018). COVID-19 schooling and childcare interruptions led to men taking on more responsibilities, but women continued to shoulder the majority of care work (Shafer et al., 2020). Increased unpaid care work in turn effected women's paid work, with gender employment gaps among parents of young children widening between February and May 2020 (Qian & Fuller, 2020). Such effects reflected long standing gender inequities within Canada, such as a gender pay gap (of 16.5% on average in 2020) and social norms around who is responsible for unpaid care work (Collins et al., 2020).

These inequities were exacerbated, even before the pandemic, by lack of access to paid childcare. A pre-COVID-19 study found childcare fees in most cities were unaffordable and another noted 44% of non-school aged children lived in "childcare deserts" where there are not enough childcare spaces available to meet needs (MacDonald, 2018; Macdonald & Friendly, 2020). BC in particular has a legacy of high fees and few spaces. A 2018 survey found that 46.5% of BC families with children under five had difficulty accessing childcare (Edwards, 2020). Overall, the childcare sector in the province has been described as chaotic and unorganized due to a mix of provider types (including for profit and not for profit, institutional and home-based, licensed and unlicensed), varying working conditions for educators and lack of accessibility for parents (Milne, 2016).

2 | MATERIALS AND METHODS

Within feminist scholarship, grounding analysis in lived experience reflects a commitment to generating knowledge based on the experiences of people belonging to those groups most effected by the subject of the research—in this case parents and educators. The holders of these experiences, as those with intimate knowledge, are recognized as experts in policy analysis, particularly in terms of evaluating the effects of policy implementation (McIntosh & Wright, 2019). This approach aims to make visible experiences that are often ignored to illustrate both how policies structure contexts and how agency is exercised within them. For this paper, the lived experiences of educators and parents were explored through semi-structured interviews to analyze the effects of COVID-19 policy responses on the circle of childcare.

Research was conducted in the two health authorities (Vancouver Coastal and Fraser Health) with the highest number of COVID-19 cases in BC during the initial COVID-19 lockdown (March to June 2020). Interviewees were purposefully and voluntarily sampled. Requests for participants were disseminated through parent and educator networks and social media platforms (Twitter and Facebook). Interviewees were invited to contact the author at which time they were provided with further information including informed consent documents outlining confidentiality measures. These were reviewed prior to the interviews, with interviewees providing verbal consent. Ethical approval was provided by Simon Fraser University's Office of Research Ethics.

In total 16 semi-structured interviews were conducted with: eight childcare educators (who were all women, working in licensed childcare facilities of varying sizes and type), and eight mothers who accessed paid childcare either during the day for infants and toddlers or after-school for older children. Four of the mothers were unpartnered

TABLE 1 Parent respondents

Profession	Location	Population group ^a	Age	Unpartnered	Accessed essential childcare
Tourism	Vancouver Coastal	Arab	20–40	1	0
Health care	Vancouver Coastal	Other	20–40	0	1
Health care	Vancouver Coastal	White	20–40	1	1
Health care	Vancouver Coastal	Asian	20–40	0	1
Administration	Fraser Health	Southeast Asian	20–40	1	0
Health care	Fraser Health	Arab	20–40	0	0
IT	Vancouver Coastal	White	41–60	1	0
Hospitality	Fraser Health	Southeast Asian	20–40	0	0
				4	3

^aBased on Statistic Canada categories.

TABLE 2 Educator respondents

Location	Population group ^a	Age
Fraser Health	White	41–60
Fraser Health	White	41–60
Fraser Health	White	20–40
Vancouver Coastal	Other	Over 60
Fraser Health	Asian	20–40
Fraser Health	Asian	20–40
Vancouver Coastal	Latin American	20–40

^aBased on Statistic Canada categories.

and all partnered participants were in heterosexual relationships. Interviewees (see Tables 1 and 2) were between the ages of 20 and 65, and represented a wide range of ethnicities, education levels, professions (for parents) and income brackets.

The limited sample size reflects the challenge of reaching participants during the initial emergency phase of a public health crisis and is consistent with qualitative studies conducted in similar circumstances (see e.g., Erland & Dahl, 2017; Lui et al., 2021; Wenham et al., 2020). Considering sample size and methods, the aim here is not to provide representative findings, but to analyze a range of illustrative lived experiences. Such in-depth qualitative research is particularly apt at including meaningful inquiry reflective of the lived experiences of those most affected in academic and policy discussions (Sallee & Flood, 2012).

Semi-structured interviews were conducted by phone or Zoom. Reflecting the focus on the circle of care, educators were asked primarily about their paid care work, and parents about their unpaid care work and other paid work, with respondents also reflecting on connections between the two at the individual level. Interviews were audio recorded and transcribed, with transcriptions analyzed using framework analysis (Gale et al., 2013). Following familiarization with the data, a thematic framework was developed first deductively, using sectors of the circle of care as an overarching framework and then inductively by constructing themes within the data. Analysis included charting relationships between themes within and across the sectors of the circle of care, noting where themes overlapped and the relationships between them (Figure 2).

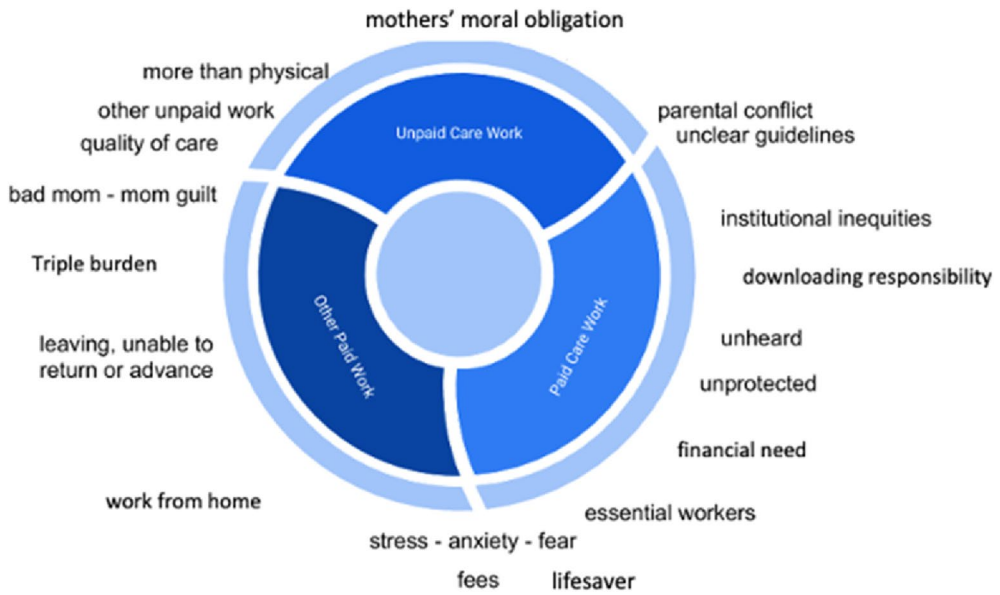


FIGURE 2 Thematic coding framework [Colour figure can be viewed at [wileyonlinelibrary.com](https://onlinelibrary.wiley.com)]

3 | RESULTS

3.1 | Educators' paid care: "sort of marginalized and just kind of not valued"

When the province closed schools due to COVID-19, on March 17, 2020, the Early Childhood Educators of BC (ECE-BC), requested childcare facilities also be closed until clear health guidelines were in place. An educator explained, "the ECEBC wanted government to close daycares because there were no standards in place ... They said, ask us. We are here to be asked." Instead, educators had to determine policies on their own: "There wasn't a lot of direct communication as far as, okay, you can have these many children in your center, you can have this many staff. There wasn't a lot of directives, it was just very vague and you were sort of left hanging ... the government needs to be more cut and dry."

Concurrently, **unclear and conflicting guidelines** were provided by licensing officers, health authorities, the Ministry of Health and Ministry of Children: "I found that the government—a lot of contradictions do come in from the government." In the case where an educator had a potential exposure to COVID-19 the center lacked instructions on how to proceed: "They only could rely on the communication from the government, so they were calling me and just going, like, what do we do? Like, do we have these families, are they allowed to come in the center? They felt that there were a lot of unanswered questions." Another educator explained she got two different sets of advice when a child arrived at her center with a fever. Educators requested time to determine the best policies and consult with government but felt their concerns went **unheard** and expertise unheeded: "This is why we wanted the daycare shut until we could sit down ... We are ready to help you figure out these protocols, figure out these standards that need to be met because we know what we're doing."

The **downloading of responsibility** to ensure centers were safe onto center owners and managers generated **institutional inequities**, within a sector described pre-pandemic as fragmented, chaotic, unstable and disorganized (Macdonald & Friendly, 2017; Milne, 2016). Those centers run by non-profit organizations had boards able to share the decision-making burden, while decisions fell on one or two people in other types of centers. One educator from a large community-based facility described how those working in small private centers contacted her for advice:

I have a lot more people involved, and I have a bigger covering. You know, so [Organization] came in and they had their policies and they made me feel confident. I had [Organization], but they didn't, they only could rely on the communication from the government, so they were calling me and just going, like, what do we do? Like, do we have these families, are they allowed to come in the center? They felt that there were a lot of unanswered questions.

An educator from a small private center reiterated this concern:

So even between the group daycares and family daycares that distinction, like I felt like some of the things that were coming out were more targeted to the group daycares versus family daycare, versus – like it should just be all daycares right? For anyone who's taking care of kids you know.

In particular, centers without administrative resources found it challenging to make sense of the benefit programs and access supports like the pandemic wage subsidy (which provide a top up on salaries for essential workers), with one provider describing having to “muddle through” as “everything is constantly changing.” These centers also reported difficulty accessing cleaning supplies and other necessities, with one center manager noting she had to ask parents to bring in toilet paper due to the shortage in the shops.

Educators felt **unprotected**: “we are people working without any protection really. We try, and we have our protocols for when the parents drop off, but sometimes, you know, you come within that six feet when you're taking that child from the other parent.” Educators frequently compared their level of risk to other frontline workers: “Like you have a desk to sit at. OK, you can isolate. Well, there's no desks in childcare” and, “We're not even allowed to wear masks, because it could scare the children. So even hospital workers, they're still having protection, but for us in the field, we're very, very exposed, because we can't wear gloves, we can't wear masks.” This level of risk, was felt to go unacknowledged: “I don't think that people are really recognising how much we're putting ourselves at risk,” and; “I think in the beginning there were kind of just—the response I heard—and I felt a little bit too, like, okay, you're educators can you just go back and take care of these children?” Lack of concern for educator well-being was felt to extend to parents: “our families are lovely people but I don't think they realise. Sometimes they just walk in, or drop off a kid with a cold.” This feeling of being taken for granted was exacerbated by the recognition that the parents themselves, by virtue of being essential workers, posed a risk to the educators: “When [Supervisor] contacted us and said, yes, you know, we will be reopening for our community families and for essential workers, I was very apprehensive ... There was a lot of fear in the beginning for me.”

Such feelings were compounded by a sense from educators that while the parents of the children they cared for were celebrated as **essential workers**, educators, despite also being deemed essential, were not recognized in the same way. Almost all educators specifically mentioned the evening neighborhood clapping and noisemaking, which was practiced as a way to thank health care workers during lockdown: “You know, there were a lot of like, you know, they're clapping for the nurses, they're clapping for all the essential workers, but they never mention us. Like, we're taking care of your children and yet nobody's clapping for us ... And I felt like, hey, hello, you can thank us too, we don't mind if you want to thank us.”

The classification of educators as essential workers for the first time both celebrated their contributions to the pandemic response and highlighted their lack of status, compared to health care and other essential workers. Respondents noted, on the one hand, “This is a huge thing for the childcare community. To be called essential workers.” On the other hand: “I feel like, especially in the beginning, there were so many educators that were angry that they were considered essential workers and not a lot of resources were given to them, or information was given to them.” Many educators noted lack of acknowledgment and appreciation reflected pre-pandemic attitudes toward childcare as a service rather than a profession: “I feel like we're still sort of being taken for granted a bit,” and “I still find a little bit that we're not valued as much as maybe we should be sometimes. And I mean, I've felt that for thirty years, I've never from the public felt very much valued.”

All of the educators interviewed spoke of high levels of **stress and anxiety**, partly due to fear of COVID-19 infection but also the challenge of keeping children safe and cared for. One educator explained: “My anxiety skyrocketed. I couldn't sleep ... I had two small children and we were in the play area. One was licking the ground and one was licking the railing. I couldn't keep that sanitized.” Educators spoke of internal conflicts over wanting to provide the highest degree of care, which often meant physical contact with children, and fear over transmitting unknown infections: “we are huggers. I want to hug children and even my colleagues. Now I'm always pulling back, and it hurts.” Another noted the long-term effects of constantly being vigilant if a surface was cleaned or hands washed, on top of the existing workload:

I think there is a lot of hidden anxiety, you know, we're all, yeah, I'm fine, I'm fine, I'm fine. And then all of a sudden you'll be doing something else and you'll burst into tears for no reason. You're like, okay, why did I cry ... It's, like, you know, you're going through trauma, you go into survival mode. And at this point, I don't think any of us really understand what this is doing to us emotionally and physically, until we're past it and we can look back on it. I think a lot of us are going through trauma without even, at this point, really recognising it.

While in the presence of children, educator not only had to mask their anxiety, but do the emotional labor of what one described as an “upbeat and happy front,” essential to childcare work.

In addition to their professional and emotional commitment to their work, educators continued to work within this context largely out of **financial need**. In 2019, the average hourly wage for educators was 20 CAD per hour, barely above the living wage of 19 CAD for metro Vancouver (Anderson et al., 2020). One educator explained she considered leaving work because her age put her at risk for more severe COVID-19-related outcomes but could not afford to give up paid employment: “So for me, it came down to a financial decision. Because I couldn't be laid off and collect any EI [employment insurance] or anything else, I chose to come to work.” Another noted that as both her adult children had lost work and were now living with her, she could not manage on employment insurance or the Canadian Emergency Response Benefit (CERB), which provided 2000 CAD per month to those who lost work due to the pandemic, even if she could access it. Having to take time off due to illness or to isolate contributed to financial insecurity. Educators who developed symptoms or had been exposed were told to get tested and isolate until they received the results, which could take up to 2 weeks. One educator interviewed had to wait 10 days for test results, using up all of her paid sick days for the year. Considering 40% of educators in the province do not have paid sick days, many would lose income in such a situation (Anderson et al., 2020).

3.2 | Mothers' unpaid care: “You can't really quantify it but you're doing it all the time”

Those parents interviewed who continued to access childcare at this time, being essential workers, describe the continued access as “a lifesaver.” In one instance, a mother went so far as to do grocery shopping for her child's educators, recognizing they had little time for shopping due to the increased time they spent cleaning and that necessities were scarce. Those respondents who were not essential workers, and so were asked to remove their children from paid care, describe how the increased unpaid care burden disproportionately fell on mothers:

I became, you know, the person responsible for the kids 24/7 and it sort of became obvious that I'm the person responsible for the kids. I mean, we both need childcare to work, right, my husband also needs childcare, he wants to go to work, but I don't think he really gets that. So it's obvious somebody's going to take care of the kids. He doesn't have to do anything.

Mothers noted they took on care responsibilities out of **moral obligation**, doing it “almost voluntarily ... Because we feel that responsibility.”

They further noted that care work included “**more than just doing the physical care**,” but had a hard time articulating the triple burden of productive, reproductive and community activities:

It could be that's my imagination. It's not just the physical, you know, taking care of them, ... there's this whole other layer of, it's not exactly work and you can't really quantify it but you're doing it all the time. Like oh how do I make sure that they still keep in touch with their friends, how do I make sure that they have the clothes that they need because, you know, nothing is open. There's still eating normal food and they're keeping a routine, like all those things that it's sort of a, it's all my mind, mind work.

The mental load of managing families and households, which is predominantly born by women in non-crises times, was exacerbated in a context of uncertainty surrounding the pandemic: “And, like I said, there's lots of lack of clarity around exactly what is happening. So, and I'm sort of the one that kind of ends up managing it because my husband has to deal with his job and anything that's around that, but everything else is my, my thing.” Pandemic uncertainty combined with lack of paid care to increase not only women's physical and custodial care work, but also the even less visible mental load.

Single mothers mentioned lack of paid care led to **conflict** with their children's other parent, as new shared care agreements had to be negotiated. For one interviewee these conflicts and lack of paid care led to increased fear of violence:

But we do a lot of the exchanges with my son through daycare. There was a case of domestic violence and hence – which caused our separation. So for me it's very triggering to be close to – in the proximity of my ex. And because of the fact that he's not going to daycare anymore we have to do the exchanges in person.

Such concerns suggest paid childcare interruptions maybe a contributing factor to the well documented increased rates of gender-based violence during the initial months of the pandemic (Mittal & Singh, 2020).

Unpartnered mothers also noted that lack of paid care inhibited their ability to complete **non-childcare related unpaid care tasks**, particularly in a context of shortages of necessities:

Shopping is stressful because I have to take the kids. I don't have a car so I must take the bus. I went to Costco and had to stand in line 1-2 km long and the kids are touching everything. ... I sometimes have to make two trips because kids lose patience. I went out today and turned around because I knew the kids wouldn't make it. It is hard to find hand sanitizer. I wish I could find masks for kids.

Another mother felt she was judged for bringing her child shopping, “I go to the cashier who was like, ‘Why are you taking your kid to get groceries’ and I was just, ‘I don't know where to put him’, like I can't leave him alone, right ... I feel like I was being a very bad mom.”

All mothers interviewed spoke of feeling like a “**bad mom**” or similar feelings of “**mom guilt**” while struggling to manage unpaid care tasks in the context of the pandemic. In particular, many expressed concerns that they were unable to provide the type and **quality of care** their children received in paid care. A recent immigrant mother worried about her children's English language development without the exposure provided by childcare. Another was anxious that childcare closures had interrupted her child's speech therapy, and another noted lack of childcare meant her son was no longer seeing a specialist who had been helping him overcome severe anxiety, which was now returning to the point that he was becoming physically ill. Such examples indicate that the families of children with disabilities and

specific learning needs were particularly affected by childcare closures. They also reflect the moral distress mothers experienced as they were unable to provide the quality of care they felt their children required.

3.3 | Mothers' paid work: "The system doesn't recognize it's two jobs"

When paid childcare closed, unpaid care responsibilities caused many mothers to **leave paid work**. A number of women noted they had given up work because they made less than their male partners, with their experiences reflecting how the gender wage gap effected decision-making around care responsibilities (Pelletier & Patterson, 2019). As one mother described discussions with her child's father following childcare closures, "well I guess you make more so I guess I'm the one staying home." One essential worker quit work because of the unclear guidelines, described above, regulating childcare facilities at this time: "I didn't feel safe with him there. With all those kids breathing so I thought its better I don't work and keep him at home."

In the context of childcare uncertainty, many parents were unsure if they could return to work: "regarding work, I'm not sure if I can return to work, because there's no daycare or preschool for my children." Lack of childcare further prevented those who had lost work from finding new opportunities: "I had one phone call about a job application and the HR person asked how I would manage with the kids at home. I did not hear back." Childcare closures potentially exacerbated the pre-existing motherhood penalty (the difference in earnings between women who do and do not have children) by interrupting career advancement and education opportunities. One mother noted, "and then the daycare closed so I couldn't finish my practicum anyway ... I was kind of upset because it was like I don't have childcare and I can't, I can't finish." Similarly, mothers who had recently immigrated to Canada noted they were unable to continue with the language classes (essential for career development), which had moved online because their children constantly interrupted their learning.

Mothers who continued to work, **worked from home**, something that was challenging to impossible without childcare:

When something like this happens and we were asked to work from home, and also care for our kids at the same time it's kind of like we understand that's two jobs, but yet the system doesn't recognize its two jobs and there's no consideration made around it to make sure that we're managing two jobs right? It's never – somehow it's just like yeah the kids are home yay, you're good to go. No.

Participants shared the impression that the now increased **triple burden** of balancing paid work and unpaid care was primarily born by mothers: "I think that there's a lot that is being asked from the female people of the household. You know, you're doing—not only are you doing all of the teaching and the childcare and most likely the cleaning, but you're also trying to hold down a job too."

Working from home while simultaneously providing unpaid care added to feelings of **mom guilt** described above, "I've felt really like poor mom because at the beginning I still had work to do. Especially like when I had meetings and stuff was for him to just watch shows, or a TV, or electronics. I really don't like him being in front of it so I feel really badly about it but it was very challenging." And:

I think from a development standpoint like that mom guilt that you know, your child's getting – I mean some days – my Fridays for instance. I have meetings that are – that start at 8:00 in the morning and run until midday before I get a break ... I feel like sometimes I'm throwing snacks at her as she walks past me. And the TV is on.

However, mothers also strove to value the extra time with their children, "I've loved that extra time even though it's been stressful. Even though it's—you know, it's difficult juggling both. Being able to see her every day is great."

The impossible tasks of managing paid work and unpaid care work, without paid childcare, led to high levels of **stress and anxiety** among respondents who spoke of “residual stress that’s just bubbling in the background,” feeling “powerless” and that “it is a nightmare.” Partnered mothers noted this stress negatively impacted their relationships, “because everything is just work, it felt, and we wouldn’t have any time to like, I would say, feel like we were together.” Juggling unpaid care and paid work, also meant less, or no time, for self-care, leading to increased levels of anxiety and lack of sleep. One single mother explained:

I'm staying up later than I normally would just because I think that you know, by the end of the day I'm just – I just crave so much time to just do things for me that my bedtime used to be 10:00 and now it's close to midnight and obviously, she still wakes up early every morning. So yeah, probably a little bit of sleep-deprived too.

Another mom noted she no longer had time to engage with peer support groups, asking, “when are we actually going to talk about our pain, and suffering when our kids are not around to listen?”

As mothers became aware of childcare re-openings in early June 2020, those who had lost or reduced employment were concerned about how to **pay childcare fees**, particularly when they had been financially impacted by the pandemic: “And also economically I just felt like you know having to pay \$2000 a month I just really couldn't afford it especially because my contract was cancelled.” In this case, the approximate \$2000 in childcare fees was equal to the amount provided by the Canadian government through CERB. Even those who were continuing to work were concerned about the cost, particularly in light of the risk of further interruptions in care: “Like it's expensive, so if we do decide to go, I mean, kids pick up stuff from each other so quickly that all of a sudden we could be like a week in and then we have to be out for two weeks ... well the likelihood is pretty high and then we're out half the money of daycare for the month.” Such concerns may partly explain subsequent trends, across the country, of declining childcare enrollments (Macdonald & Friendly, 2021).

4 | DISCUSSION

As has been documented elsewhere, COVID-19 childcare interruptions increased unpaid care burdens particularly for mothers and inhibited participation in other paid work, negatively impacting well-being (Fortier, 2020; Heggeness, 2020; Shafer et al., 2020). The lived experiences of mothers documented here add nuance to these findings, including how lack of access to childcare created barriers to accessing necessities, increased conflict in some families and contributed to high levels of stress and anxiety. In addition, this paper adds a previously missing piece to discussions on COVID-19 and childcare—the experiences of paid care providers. Accounts from educators describe feeling like their own health and safety concerns were disregarded while their contribution to the response went unrecognized, and document the emotional, physical and financial costs of their frontline work.

The experiences presented illustrate how mothers continue to be positioned as primarily responsible for responding to childcare shocks within families, while educators felt invisible particularly in comparison to other essential workers. This reflects what Harman (2021) describes as the phenomena within COVID-19 policy discourses of simultaneously celebrating certain types of women's contributions, while obscuring others', and ignoring the structural gender inequities at the heart of care work. Conversely, exploring the effects of COVID-19 childcare policy on the circle of care as whole avoids prioritization and segmentation, instead highlighting how the various actors and sectors of the care response to COVID-19 are mutually supportive and equally essential.

This analysis illuminates striking similarities across mothers' and educators' experiences. In both cases the care work conducted primarily by women was complex and multifaceted. Educators were not only keeping children safe and fed, but also facilitating their learning, and connecting families with support services. This was particularly true for families with children with special needs. Similarly, the unpaid care work conducted primarily by mothers included

not only cooking and cleaning, but also ensuring that children's overall well-being was managed and, notably, was only one aspect of the unpaid care work women juggled in a context of uncertainty. Unclear guidelines and policies contributed to high levels of stress and anxiety for both mothers and educators as their responsibility for children's health and well-being increased. Despite the range and scale of care work provided, both mother and educators felt their contributions were simultaneously expected and undervalued. Mothers sacrificed work and well-being to care for children at home, and educators continued to put themselves at risk, including of the long-term health effects of trauma and anxiety. Such similarities suggest mothers and paid care providers have more interests in common than in conflict with each other.

Both paid and unpaid care providers' experiences were restricted by the combined forces of financial discrimination and moral obligation to provide care. Within families, gender norms combined with a gender pay gap, to determine that mothers more often than fathers filled care deficits; effects that may be exacerbated by continued care responsibility barriers to women re-entering the labor force. Similarly, educators' emotional bounds combined with financial need (resulting from sector wide low pay and inadequate benefits) to limit their options. This suggests policy responses focused on achieving a more equitable and resilient circle of care need to consider how those who provide care are disempowered through both financial and moral exploitation.

The findings presented here admittedly reflect experiences and perspectives from a relatively small sample of educators and parents in a particular location and time. They do not aim to be representative, but instead provide insight into the lived experiences of select individuals during the initial months of the pandemic. It is hoped these personal accounts will add to further analysis of the effects of COVID-19 on women, families and the care economy, in particular by including the voices of educators and by locating childcare within the broader circle of care. Further research might include a larger sample, document experiences during subsequent phases of the pandemic, and include the perspectives of other paid childcare providers, such as domestic workers. It might also conduct greater investigation into some of the effects only touched on here, such as a possible relationship between childcare closures and increased rates of inter-personal violence.

5 | CONCLUSION

The Canadian government has made substantial efforts to position itself as feminists and committed to advancing gender equality. Findings from this paper indicate that pandemic response, recovery and preparedness efforts that aim to promote gender equality must address all sectors of the circle of care and the relationships between them. For example, further reducing childcare fees would not only improve the accessibility of childcare, but also enable women to rejoin the workforce and ease the financial burden parents are struggling with due to the COVID-19 economic crises. If the well-being of educators is not prioritized in pandemic recovery efforts, there is a real risk of burnout and decreased quality of childcare. Childcare planning, that recognizes these relationships, must be included in pandemic preparedness, response and recovery plans going forward.

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DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available on request from the corresponding author. The data are not publicly available due to privacy or ethical restrictions.

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