

— REPORT

CareMongering in Canada:

HOW DOES YOUR COMMUNITY CARE?

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— BACKGROUND

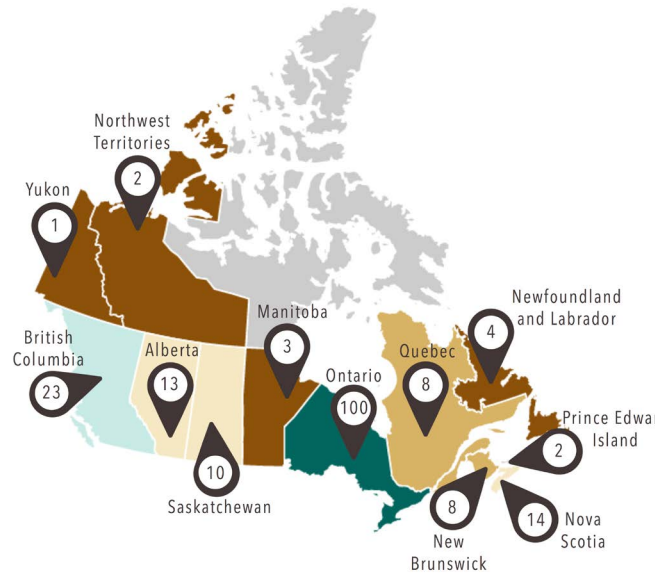
What is CareMongering?

The first CareMongering Facebook group was created in Toronto, Canada in early March 2020, as a community-based response to COVID-19.

The goal of the group was to counteract fear(mongering) with care(mongering) and to organize at the local level to ensure all community members could access basic necessities, services, and resources during the pandemic.

CareMongering has now spread across the globe and your CareMongering group is one of over 246 groups worldwide.

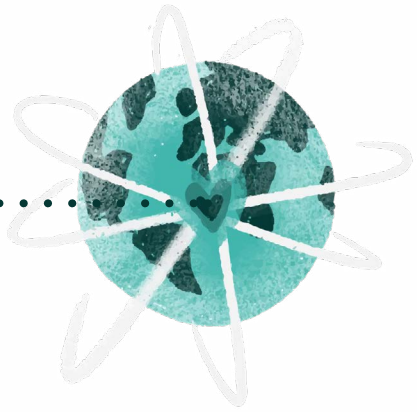
CareMongering is particularly prevalent in Canada, with over 191 groups and 200,000 members. In April 2020, Prime Minister Justin Trudeau tweeted about CareMongering, calling it a “*movement that has inspired acts of kindness in communities across the country.*”



Distribution of CareMongering Facebook Groups in Canada
(number of identified Facebook groups in each province or territory)



GOAL:
Counteract **fear**(mongering) with **care**(mongering) and organize at the local level to ensure all community members could access basic necessities, services, and resources.



— RESEARCH QUESTION

How do communities use CareMongering to care for each other?

CareMongering is about more than just acts of kindness.

To understand exactly how communities used CareMongering to care for each other during the early stages of the pandemic we spoke with 18 organizers of CareMongering groups from diverse communities throughout Canada. We also created and analysed a database of all Canadian CareMongering Facebook groups and tweets using the hashtag #CareMongering.



How is CareMongering practiced?

CareMongering is practiced differently across Canada.

The geographic location of groups as well as sociocultural factors (e.g. population age, gender, race, etc.) impacted how CareMongering was practiced and experienced by group members and organizers.

In Northern Canada organizers saw CareMongering as a good fit for their communities because their geographic remoteness often meant they already used Facebook for communication, connection, and care. An organizer of a group in the Northwest Territories explained,

“Facebook up here is used differently [than in] the South...people up here use it as [...] their main form of communication, in many cases.”

However, he also spoke about a digital divide in Canada and how limited access to Internet in the North impacted who could participate in CareMongering. This was also a concern in some rural communities and for specific populations in cities, such as seniors, those with low-income, or those experiencing homelessness. Although some groups operated solely on Facebook, others used different websites, call centers, other forms of social media, and flyers to reach those without Facebook and/or Internet access.

In several communities – typically in Northern and rural areas – organizers emphasized existing community care as important to their CareMongering groups, explaining that community members often already knew and supported one another. These organizers viewed CareMongering as a digital extension of ongoing caring relationships. In other, often urban, areas CareMongering frequently facilitated new connections between individuals, businesses, and non-profit organizations.

Existing power dynamics within communities (e.g. racism, classism, etc.) were also identified as factors impacting how CareMongering played out. Organizers from urban areas identified racial and class diversity amongst the organizing team as an important part of meeting their communities’ needs. While several organizers in rural areas noted that their communities were largely affluent, conservative, and/or racially homogenous (specifically white) and reflected on how these factors might impact CareMongering.





Organizing CareMongering can be both rewarding and challenging.

The experiences of CareMongering organizers varied between groups, overtime, and depending on their identities (e.g. gender, race, age, class, etc.).

Several women reflected on how gender impacted their experiences organizing CareMongering groups. A woman from Prince Edward Island explained,

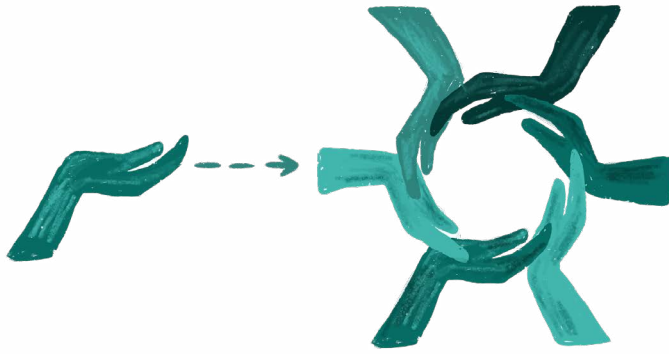
“I think because I and the other admin and the moderator are all women, I think that has definitely had an impact on some of the responses [...] to our moderation [...] I think sometimes the choices that we made would not have been greeted with such rancour had we been men.”

Most organizers spoke about the vast amount of work involved with CareMongering. During the first few months of the pandemic many spent hours each day managing their groups by approving members, responding to requests for support, coordinating volunteers, and moderating group conversations. Organizers spoke about the emotional challenges of this work, specifically the challenge of rethinking why certain people do (or do not) have access to care and their own privilege as those providing care. An organizer of a group in southern Ontario explained,

“the emotional work that went into this was not what I had expected to get into. I realized that [before CareMongering] I was not doing the hard work, I was doing the nice work and I was being caring, I wasn’t being a CareMonger [...] It’s almost like I was happy being a community builder at the level [that] it feels good and it feels nice and it feels contributive [...] [but] I didn’t really get it and this helped me get it.”

Many organizers also felt that CareMongering provided them with a sense of purpose during the pandemic and some viewed organizing CareMongering as a form of “self-care.” A woman organizing a group in rural Quebec expressed this sentiment, stating,

“it was really helpful to me because I was getting a little down. So, it was a real boost for me to be able to help other people.”



The purposes and practices of CareMongering are changing throughout the pandemic.

In many groups, over the first 6 months of the pandemic CareMongering has shifted from meeting basic needs to addressing and discussing social justice issues.

Organizers often spoke about the “*early days*” of the pandemic as a very active time for CareMongering, characterized by constant requests and offers for tangible supports, as well as growing uncertainty matched with growing community care. A critical shift was noted in some groups as they began to focus more specifically on issues of social justice and the underlying causes of the socioeconomic disparities their groups highlighted. In a group in southern Ontario one organizer felt that issues posted about had gone from “*where can I get toilet paper to white privilege.*” Another organizer in the same group reflected on this shift, describing the purpose of CareMongering,

“if you had bread and I had milk and we were able to trade, that’s great. But it went deeper than bread and milk. It went to personal work and reflection and it went to the intangible [...] It’s not about the bread and milk [...] [it’s about] the conversation of what it takes to get that bread on your table versus mine.”

Others found that as public health restrictions changed so too did the way members used CareMongering. As restrictions lessened in some areas during the Canadian summer and life was “*getting back to normal*” some organizers found that members used CareMongering less because they felt safer returning to their daily routines and less uncertain about their futures. An organizer from a group in the Yukon explained,

“I’ve also noticed that people were more caring [during the beginning of the pandemic] and attentive [...] I don’t know if it’s because they’re tired or, again, because the threat isn’t that big, but it’s not the same sentiments [now] [...]. I wouldn’t say people aren’t caring but it’s not the same overarching care.”

However, at the beginning of Canadian Fall, several organizers reflected on the increased number of posts related to schools reopening, and concern around the second wave of the pandemic. Reflecting on the future of CareMongering, a woman organizing a group in Prince Edward Island asked herself,

“what sort of role will this group have in the future? What should I do to modify it to adapt to the changing situation of the pandemic and should I do that? Should it become something else?”

These are timely questions as COVID-19 cases rise in Canada and as many people continue to struggle with the social and economic impacts of the pandemic.

How can CareMongering contribute to care in *your* community?

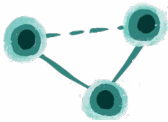
Through our research we found that by centring care, CareMongering groups have the potential to:



1. meet community needs in locally specific ways;



2. care for each other by sharing their experiences, supplies, and skills, as well as useful resources and accurate information;



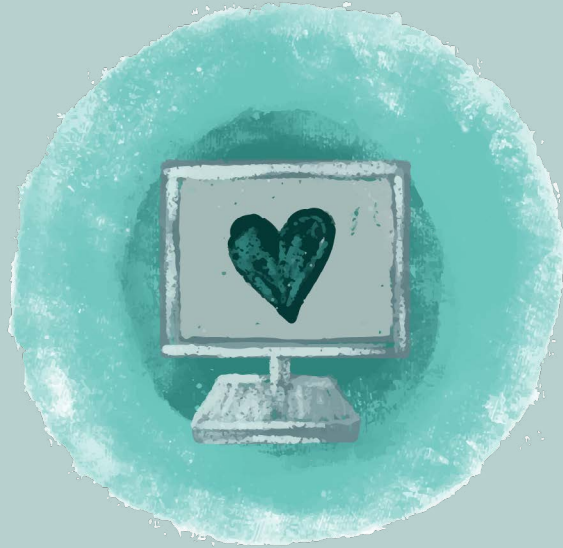
3. build on existing networks of care and create new caring relationships;



4. rethink how, why, and where care takes place; what is cared about; and who is cared for; and



5. support those experiencing fear through different types of care.



— THE POTENTIAL

Our forthcoming work on CareMongering examines the complexities of care by exploring the geographies of CareMongering, the need for critical caring communities, and community care as an antidote to fear. Our research encourages critical reflection on the potential opportunities and challenges involved in fostering caring communities throughout the pandemic.

If you're interested in reading future publications about our CareMongering research please contact us at amykipp@uoguelph.ca or rhawkins@uoguelph.ca or visit www.amykipp.com/research.