

ReCentering: Caregiving Relationships- Transcript

Kathryn: Alright everyone, welcome to our podcast, and for those of you who are new, thanks for joining us! ReCentering focuses on unpacking some of the social barriers that we face in pursuing social justice in a world that is often dictated by money and economic policies.

This week on ReCentering, we will be talking about ReCentering the family in Caregiving relationships.

As always, we are joined by Grace Pires, Undergraduate Criminal Justice and Public Policy Student; Tiffany Jaglall, Master's graduate with a specialization in public policy and administration from the University of Guelph; and myself, your host Kathryn Reinders, Masters Political Science Student.

This week we are going to cover what is caregiving, and who is included in the caregiving relationship. We are going to do an overview of Federal and Ontario provincial policies and supports for caregivers; and then have a discussion about who is missing in these conversations and how we can move forward together towards a more caring and inclusive society.

Kathryn: So, let's just jump right in: caregiving relationships, Grace why don't you start off. What is a caregiving relationship?

Grace: Yeah, of course. Essentially, at its root, we look at caregiving as a relationship between individuals, and this can take all different forms. We're looking at how these relationships can consist of working to meet someone's basic needs. These needs can be emotional, physical, or even defined in terms of medical support. And currently, government policies consider caregiving as the actions of carers towards meeting the needs of an individual receiving care and when we look at this definition, we see that it's a very specific idea of caregiving and that in and of itself can be problematic.

As a result, we have policies that either address the individual providing care, or they address the provisions of care by those who require it. But they completely ignore the relationship that is caregiving and the way in which this relationship can create inequality and vulnerability or even intersect with other forms of social inequality. With that said, and based on our general findings, we have found that caregivers are divorced from caregiving relationships in how we discuss and approach caregiving. Thus, often care is associated with dependency as opposed to associating care as a natural aspect of relationships and human life.

This tends to lead into certain types of framing where the caregiver is a virtuous giver, and the person receiving care is a burden; instead of seeing the caregiver and care receiver as two ends in a relationship which is at the core of human experience.

Tiffany: I think you captured that nicely Grace and just to build on that, caregiving can be a lot of things and can take place in many different forms. From the most obvious standpoint, care can be done for pay, so your traditional caregiving jobs like teachers and nurses, or any other kinds of interactive service work, which includes giving face-to-face service. There is also care without pay, which includes parenting, caring for family members with disabilities or elderly care for example. Individuals most likely to receive family care are typically individuals suffering from a long-term illness; living with a disability; and/or living with problems related to old age. As elderly individuals are one of the most common groups of individuals that require care. In a more general sense, Canadians living with disabilities, parents being cared for by their children, spouses being cared for by their parents, caring for family and friends and children are some of the most common groups of individuals that require care.

Kathryn: Yes, absolutely, and I think this is where we can kind of start to get into that idea of caregiving as a relationship between two people, more so than a set of particular actions done by one person to another. We need to start to unpack this idea of who is a caregiver, and who receives care. When we are looking at care work as being the provision of needs for another person, we start to see that really everybody is caregivers. And the same with people who are receiving care. I mean we can talk about people who have disabilities. We can talk about children. We can talk about senior care. We can talk about all sorts of different types of care. But at the end of the day, people receiving care are really just everyday humans going about their everyday lives. The caregiver relationship is an essential part of our humanity and our existence.

Our research further reinforces that caregiving is an increasingly common experience and one that is likely to be experienced by the majority of Canadians at some time in their lives. Prior to the COVID-19 pandemic, almost one-third of adult Canadians were providing unpaid care to a family member or friend with a long-term health condition or disability; this represents around 8 million Canadians alone. So, you get situations where individuals are spending nearly 20 hours per week on caregiving responsibilities, providing around 75% of all direct home and community care services in Canada as well as providing both emotional care and increasingly complex medical and nursing tasks. Essentially, saving the Canadian health-care system more than \$26 billion per year. I was shocked at that data – but we saw this same data coming from multiple places. From places like the University of Toronto and Women’s College Research Institute, from the director of the Canadian Association for Health Services and Policy Research, and from McMaster University; I mean those are the numbers. And on top of it all, less than 10% of family caregivers receive training related to their caregiving responsibilities. Which is a scary number considering how many Canadians have medical related caregiving responsibilities.

Tiffany: I just want to jump in here – one area which is close to my heart and something I find really interesting in the realm of caregiving is young caregivers. So, my research indicates that young caregiving has become increasingly more necessary as a result of a rise in lone parent households, skip-generation families, lack of caregivers due to increased employment of

women, and early retirement. And as a result, the responsibilities of young caregivers include domestic chores as well as intimate personal care and other forms of helping which are generally seen as the responsibility of adult professionals. In cases of disabilities or illness, their responsibilities may shift beyond cleaning, meal prep, transportation, or domestic chores to taking on intimate, specialized and medical care. However, what really stands out here is that young people who care for individuals, often carry out the same tasks as paid and trained health care and social care practitioners.

The Vanier Institute of the Family released a study 8 years ago called *Young Carers in Canada: The Hidden Costs and Benefits of Young Caregiving*. According to that study, young people are not just caring for their siblings, but for their grandparents and parents for often, around 1-4 years. This is a substantial amount of time and impacts a lot of young individuals, as Canadian youth are one of the largest global young carer groups, with more than 1 million children between the ages of 15 and 24 providing some level of unpaid care. What I also found interesting about this and was discussed nicely in an article by Bleakney, was that caregiving tasks often fall along gendered lines, regardless of age. So young girls are taking part in domestic chores like cooking, cleaning and providing the emotional and physical support for another individual. Whereas young men are often in charge of home maintenance and transportation. So, you can really see the gendered division of care.

However, I think it is also important to note that the child's care-giving role is often necessitated by conditions facing an adult family member who is temporarily or permanently not in a position to care for themselves or provide for the family. This is extremely important when considering young caregivers, as most parents don't willingly abdicate their parental roles nor do they place their self-centered demands on their child. These situations often occur as a result of unforeseen economic, financial, and or medical conditions placed on the family.

Kathryn: Yeah, absolutely Tiffany – and I think it just goes to show us that there are so many considerations around caregiving, who is being cared for, and who is providing care. I also think it's important to consider the impacts of caregiving as well.

Grace: It's especially scary when you consider some of the impacts of providing unpaid family care. Providing care for another individual can have several employment related consequences such as: absenteeism, working fewer hours for pay and being out of the labour force. This usually has implications for employers and generally impacts labour market sustainability. Paid caregiving contributes to the gender gap in pay, as care giving work is low pay and constitutes predominately female occupations. With that being said, depression and anxiety and feelings of isolation are also extremely common amongst those who provide care.

Kathryn: And now that we have identified some of the background regarding what care work is, who does care and who receives care. I want to jump into what policy approaches and community supports exist to help maintain these caregiver bonds. Tiffany, I know you really

wanted to talk about this. What relevant policies exist at the federal and provincial levels in terms of caregiving supports and relief policies?

Tiffany: Yeah, for sure. I mean there are a few relevant policies we can talk about in regards to caregiving in terms of the federal level, caregiving support, and relief policies in place.

But first, I think we really need to talk about neoliberalism here.

Neoliberalism is a policy approach that generally advocates for both downsizing existing social programming and redirecting the responsibility for social welfare away from the state to individuals and their communities via market-based solutions. So, these market-based solutions tend to be geared towards perpetuating discourses like social economy or social cohesion and ones that prevent social exclusion rather than promote equality. At its core, it perpetuates values of economic productivity that generates GDP. This is most obviously seen in aspects of work and labour. I think this is something that really needs to be looked at when we discuss current caregiving policies, as neoliberalism and the norms it creates serves as the foundation on which these policies are built on.

Tiffany: So, at the federal level, when you look at caregiving, you see your classic parental leave, which is usually just unpaid, unless you qualify for additional EI benefits. And then there's compassionate care leave; leave related to critical illness. And personal leave. All of these are related to caregiving obligations one might have and they are all linked to employment. We find these same similarities in provincial policies. In Ontario, all caregiving related policies tend to be linked to the Employment Standards Act. These are all essentially repeats of the federal policies, as they are all unpaid job protective leaves and depend on the severity of the conditions in place. Then there are a few other provincial policies we can talk about. Such as assistance for children with severe disability programs and out of home respite programs.

Tiffany: Really what we are seeing with these programs and neoliberalism and its norms, is that current policies are linked to employment because neoliberal norms expect us to be productive citizens who contribute economically to society. Therefore, our caregiving policies are in place to help those individuals tasked with providing care to re-enter the workforce as quickly as possible, with as little disruption as necessary, which is why all of these benefits are providing job protected support and not financial support.

Grace: I think that the big issue with employment-based care policy is that not everyone who is a caregiver is employed. Individuals might not be able to have full time employment because of their care giving responsibilities, which means that they're not protected by these policies at all. There are too many different variations of childcare and caregiving responsibilities and we don't have a policy that encompasses all of that and allows protection for everyone and that in and of itself is problematic. Families with complex care needs also tend to be families who are doing non-traditional labour, which could be in the form of contract work or part-time work. And they are likely not able to qualify for these supports and they often don't fall under any of these policies. So, the families who really need the support aren't able to access them.

Tiffany: For sure, and I also think these narrow policies really highlight systemic issues that are occurring with who receives care and who gives care. Because what these policies do is really only look at one aspect of the caregiving relationship. By only considering the individuals providing care, they don't look at the individuals receiving care, and so they tend to view those individuals who are in need as an object within these policies. And it's terrible to say, but it sort of creates this singular view of the caregiving relationship.

The current policies in place really only look at one aspect of the caregiving relationship. It largely focuses either on the person receiving care or it looks at the person providing care and this overall approach largely separates two important aspects of the issue.

Kathryn: No definitely, and I mean, one of the big things that I really noticed is that these policies do exactly that, they address either a carer losing their job, so they provide unpaid leave, or maybe they provide some very minor economic support for parents who require respite care. On the side of people requiring care, maybe they provide some access to assistive devices or some financial assistance in provisioning care, but none of them actually talk about the care relationship, and what receiving or giving care requires on a physical and emotional level. These policies really frame care as something where care is a burden and where care is atypical. So, you have one person who is objectified and made a burden for requiring that care; and then another person who is kind of like a virtuous giver through providing care. And that isn't okay, because as we talked about it earlier, caregiving relationships are a fundamental part of humanity. We all require care, and we all give care.

Grace: In connection with that point, when we look at caregiving and we see the fact that caregiving is defined as a burden is extremely troubling. And it's actually interesting because we found some studies that have shown that cultural attitudes toward caregiving actually do matter. They have an impact, and we look at white caregivers and how they typically feel more burden than BIPOC caregivers. And to a certain extent, you have to look at race in terms of caregiving because of the cultural attitudes that surround caregiving and that define who carries out care.

And another excellent example of race in caregiving, actually relates to subsidized childcare. Many individuals who are having to provide care for their families aren't able to access certain resources like subsidized childcare because they have a lack of supply in these facilities. This is a particular policy gap that's impacting minorities because of the percentage that typically work minimum wage jobs. And in these minimum wage jobs, this is where subsidized care is usually a requirement. But instead, we see a lack of access for these families, which does have employment consequences in these communities. So we see this research that shows that increased family care requirements in BIPOC communities actually does create a closer knit idea of a family because they have had to rely on family carers instead of having access to the government provided facilities because it isn't within the range that they can afford.

Kathryn: Yeah, absolutely Grace. That's definitely kind of about—like that feeling of closeness. The academic and community literature we looked at, really did talk about how there is a moral feeling of doing the right thing and a feeling of connection in caregiving. I think a lot of these policies; that idea of genuinely wanting to provide family care and connect in that relationship is really lost. Existing policies overlook that on one hand, there is limited choice in caregiving, and most people can't necessarily afford to privately provision all the care they need for their family anyway. There is also the feeling of just really wanting to care for your family.

Just kind of transitioning away from why families may want to or need to provide caregiving. I think we also have to consider some of the more negative impacts that people face when they are part of caregiving relationships. We have situations where caregiving has significant consequences for the people giving care. Tiffany, I know that youth caregivers tend to experience disproportionate costs in caregiving relationships. Did you want to talk about that for a bit?

Tiffany: Yeah, I mean, youth caregivers are a big area of caregiving that often goes overlooked. So, when establishing policies for young caregivers, and I mean 15 to 18 years old, who are placed in positions of caregiving- Whether it may be due to disability or due to various situations like the loss of a parent or a lone parent household. They are placed in a position of taking care of either their own parents, individuals with disabilities, siblings or grandparents. They now have this situation where they feel an obligation, whether it's a family obligation or it's an obligation to their siblings to take care of them and take on this parental role. What ends up happening is that these children face isolation, anxiety and guilt. And this is something our current policies are not able to address adequately.

We also don't talk about the quality of caregiving they are able to provide and where their caregiving might not be at the level that it should be. Because they are only children, and this is something that we need to talk about and draw attention to. In the case of young carers, we aren't talking about the people providing care, and we definitely aren't talking about the person receiving care and the quality of care they are receiving because that care may be coming from someone who should not even be in a position where they provide care for themselves, let alone another human being.

Grace: And I can personally attest to that. I am an older sibling, so at a very young age, I had to take care of my brother because my mom was a lone parent and all of a sudden, I was in charge of this other human being and this other life and I had to make sure that he ate and made it home from school and didn't die. It was overwhelming. But I also didn't know what I was doing. It was stressful to have that responsibility without any sort of rules, regulations, guidelines or any experience.

It really impacts my relationship with my brother, because I feel like in a certain sense, I lost my childhood at a young age because I was forced to look after another person. Because of this caregiving responsibility. He was able to live his life and do all these things, when all of a sudden

I had to grow up and learn to take care of him and I lost out on a lot of experiences that I wanted to take part in because I needed to take on that caregiving responsibility.

Tiffany: We could also talk about the relationship between the parent and the child because I was placed in a similar position where my mom was the only parent in the house while taking care of my sister and I. And as a result, we were placed in this situation where we had to take care of each other and because we were the same age, and we were responsible for each other; we had this relationship with my mom where we didn't see her as a mom. We almost saw her as our boss and so that kind of relationship, where we knew she meant it to be a loving relationship, turned into this sort of very strict, stringent relationship, and I don't blame her in any way. But you can definitely see these aspects of burden and guilt and anxiety that can come from placing young individuals in caregiving roles.

And then you also have to consider how a parent might feel. Because they have no choice but to place their child in a caregiving role and that in and of itself can be an issue rooted solely in inadequate policy because we aren't providing the proper care needed to allow parents not to put a young child in a caregiving role when they're not ready and having to make these personal sacrifices between paid work and taking care of a loved one. And so, we can really see that in these policies in place. Because we have policies that only provide unpaid leave and so now you have to choose between: ok this is my job, but I can't fulfill this. I can't have income because I have caregiving responsibilities within my home and within my family that I need to attend to. So, we're putting significant strain on the caregiving relationship. We can talk about how this creates caregiver burnout, and we can talk about how maybe the caregiving quality is impacted. And honestly, we could talk about a lot of things when it comes to caregiving as a result of these inadequate policies. And I would love to hear both of your opinions on that.

Grace: I think that it's interesting because we see that policy gap and it's important that in this podcast, we look to try to identify those policy gaps so we can attempt to provide the solutions and address the issues at hand. It's not something that just you and I have experienced. I guarantee that there are so many people listening to this podcast that have experienced the same thing and understand the impact that it has on the family. And again, like we talked about before, it's not just about the carer or the person receiving care, it's the family and everybody involved. It's very much a cycle and all parties rely on one another and it all affects our interpersonal relationships in the family. It also has an impact on the quality of care and your ability to give care in the future and your overall definition of care expectations. It's not just in this area that we see policy gaps. It is also in disability, it's also in race and also in so many other intersectional areas that we see issues.

Kathryn: Absolutely Grace, and I think it also raises a really important point about how we're framing these relationships. So, in the case of young carers there is often significant negative consequences to families and parents admitting that their children are young carers because of the way that we frame certain types of families as typical families and other types of families as dysfunctional families. So, with young carers it's a particular example which generates a really

different kind of policy response or intervention than what would be considered a quote normal end quote family that is living in abnormal circumstances. Which is how we look at cases of families where adults are caring for children or family members with disabilities and so on. In the case of young carers, that policy response is the involvement of child protective services or other punitive responses that don't actually reflect why or how a child ended up providing care in the first place. They don't recognize that children are providing care not because families are incompetent, but because of a fundamental lack of family caregiving support at the governmental level.

Tiffany: This punitive approach also hides the links between different caregiving and intersections with other barriers to equality. So as an example, maybe we don't see some of these links between young caregiving, and caregiving for people with disabilities. One example that came up in our research from an article in the CBC News is where we have a young girl, she's 12. She's caring for her twin who is Autistic and non-verbal, she's helping out her older brother who's suffering with a severe learning disability. Their father passed away. Their mother is now the sole income earner. We see in this case, that it's young caregiving, it's class, it's gender, and we know on top of that, that female children tend to take on more caregiving roles.

Grace: I think that also looking at social services, we see a disproportionate impact on racialized families. And those families who are being targeted by social services are working class families, that are single parent households and that by government standards, are then considered unfit. But that isn't the case in a lot of these situations. And the reality is, that we have a system that will automatically remove the child without actually understanding and having full knowledge of the situation because that situation violates what we as a society define as the social norms and what a family should look like. They aren't seeing that fundamentally the child is placed in this situation because there are inadequate policy solutions and community supports with respect to access of care. So not only are some of these families penalized due to minimum wage jobs that don't provide a living wage. They can't access third-party childcare because of this lack of subsidy. They also are impacted on the quality and the spaces in childcare. And they are also penalized because they don't have proper supports in place to prevent these issues in the first place. It creates a whole cycle in and of itself.

Kathryn: It absolutely is compounding because it is also part of a particular type of consistent invisibility. It kept coming up in our research where we were looking at newspaper articles, YouTube videos, social media posts, and we kept finding that everything discussed in mainstream channels when it comes to lived experiences with caregiving, didn't touch on barriers in support of those relationships. When it came to disability, we saw a lot of stuff about discrimination in schools and economic issues faced by those living with disabilities. We saw resilience stories where people with disabilities were doing things that broader society sees as remarkable because they are accomplishing life with a disability – because our understandings of what people with disabilities can or should be able to do, are so steeped in

ableism it is shocking. But, we didn't see stories about elderly parents giving care to disabled children. Caregiving in these types of media channels is also framed around aging and elder abuse, so we are missing huge segments of the population that are part of a caregiving relationship. I mean we couldn't even identify news or social media discussions with focuses on how those being cared for experience these relationships. That's not to say that that information isn't out there, or that people aren't talking about it. Only that when I literally typed "lived experiences of disability and care" into google, it didn't give me anything about people who are disabled. It gave me a slew of results about the impacts of caring for someone with a disability, and the lived experiences of caregivers. So, we can clearly say that big tech algorithms can't understand why on earth someone would want to be looking up how people with disabilities are experiencing care.

Grace: And it's the same with race. A lot of this stuff with race in the media simply focuses on health care and institutionalized racism. There is very little information on how both carers and those being cared for are experiencing relationships in their day-to-day lives, and that's a big invisibility right there.

Tiffany: And to add on to that, another large part of this invisibility is the policies itself. I mean just trying to find adequate policies for caregiving was harder than it should have been. They just simply aren't out there in the wild. We found a ton of reports like "Beyond Recognition: Caregiving & Human Rights in Canada" & "Expanding Caregiver Support in Ontario" that talk about how we need to move funding or how we need to look at this specific issue area. But to look at what policies are actually there; it's shocking and honestly, kind of scary. Because we want caregiving resources and policies to be relatively accessible right? When it takes three political science majors to locate policies, and all we really could locate were Employment Standards Act provisions, medical and caregiver leave, its honestly concerning. All of these leaves are just job protections, and that adds to the whole aspect of invisibility, because you might go online, and search do I have resources allocated to my living situation? To my home? Especially in the current pandemic. And you might say, there really isn't much for me here, unless I'm privileged enough to be covered under the Employment Standards Act and that's honestly concerning.

Kathryn: It is absolutely concerning, and I think it's also worth putting in perspective here. I mean, when it comes to a lot of these kinds of health related carers, we're talking about 8 million Canadians that are providing unpaid health related care. And those roles provide the healthcare system 26 billion dollars in savings. And then we're turning around and we're saying, you know what? If you're in Ontario you have assistance for children with severe disabilities, but you know what, it doesn't cover their care. It may cover devices; it may cover prescriptions. But you have to be a low to moderate income family to qualify. Or you know what, like we will provide you up to seven days of paid respite care, but it's only if your child is under 18 and it's only if they have multiple special needs – and honestly, I mean, we could talk all day about how care itself is not really a special need because we all need care – and those

special needs must be related to a physical or developmental disability. The child has to live at home and then you have to go and prove that your family is at risk of breakdown and that without those seven days of respite care, your child would either require a long-term residential placement or they may harm themselves or others. I mean, we're literally waiting until these families – who are saving us 26 billion dollars a year in health care costs – are at breaking points and the cost of that emotionally to those caregiving relationships and families is horrific. And if that isn't an example of neoliberalism at its finest, I don't know what is.

Tiffany: And that's not even to mention the time frames they place on these. These leave policies have specific time frames in which you need to use your benefits, and when they get exhausted, there really isn't much you can do until the following year. And I find it absurd to place certain medical conditions on a time frame, like that doesn't logically make sense to me. Not only are we placing strict timeframes on individuals who are already missing significant amounts of work, facing economic barriers, and increased levels of anxiety. Stress in the home, stress in the workplace. Now we're saying you need to prove you need help by providing medical certificates and meeting various qualifications just to get—what, 28 weeks of job protected leave or 8 weeks of job protected leave depending on the severity of the condition. And who determines that severity? Is the person making these policies making that decision? To honestly expect someone to meet these criteria, while also providing caregiving is absurd to me and it's not paid so it just adds to the overall stress and tension on the relationships that naturally occurs in caregiving. And it also largely perpetuates this theme of burden and links burden with caregiving. Caregiving largely becomes a burden because we lack an appropriate, coordinated policy response.

Grace: Absolutely Tiffany. And I think that COVID-19 really highlights this. With the closures of schools, with quarantine, with the loss of programming for people with disabilities, what we have seen is a lot of women have had to leave the workforce in order to take on these caregiving responsibilities. And the federal government's response has actually allowed for supports to be given to women who have suddenly been pushed into caregiving roles. But what they failed to do, is they failed to provide any supports for people who are already providing caregiving.

Most of the existing policies are related to unpaid leaves because their goal is to get those providing care – usually women – back into the workforce. This is not to support families and women with caregiving responsibilities but, rather for the economic contributions they can make in the workforce, instead of providing care. It's back to that initial goal of driving neoliberal investment. They want women to be a part of the economy, to increase the GDP. It's not about giving those in caregiving relationships the policies they need to protect them and to ensure that the carer will be able to live and care for themselves, while also taking care of other people. It is also not about ensuring that the person receiving care, is receiving quality care and that they have their broad range of care options to pick from. It's not what everyone wants, not everyone wants to have their care needs met by a family member. But at the same time,

some people also don't want to have their key needs met by the medical care system and that environment either. So, we don't have a broad, community care policy or resources that will allow in-home support.

Kathryn: That is exactly the issue. In terms of how we look at these problems, what has really come out of our discussion today is that there's a lot of really big gaps in how we currently address carers, those receiving care, and caregiving relationships. I mean we see it – and this is an area we actually didn't touch on yet in a sustained way – in how LGBTQ2+ families are ignored in caregiving policies. On all the government of Ontario websites that provide information about pregnancy leave or parental leave, the people giving birth were always referred to as women giving birth. The website used all female pronouns. But we know that trans men exist, and we know that they give birth in Ontario. This makes a clear argument about who these policies are for, and what types of citizens gets consideration in neoliberal societies. Another example is a lack of consideration for non-traditional living arrangements. There is a Facebook group – Senior ladies living together – where senior women can look for roommates and help care for one another. These are still care relationships. All of these existing policies which provide job protections – like sure, that's great, job protections are awesome. But it completely ignores that care relationships are also worthy of investing in. And that care relationships are part of our natural human lives. All of us are going to be caregivers, and all of us have already required care, in that we were all once children. I mean, I have ADHD and my partner takes on the bulk of organizing my life, so that I can function in social contexts where my mind just simply doesn't fit. That's a caregiving relationship. Even those of us who may not have complex care needs during the bulk of our lives, will require care in aging.

Tiffany: And even linking back to our discussions on the pandemic, we've had some great COVID-19 care policies in that they provided economic support for people who became carers or required care due to COVID-19, but even these policies were tied to income, in that you had to meet minimum income thresholds to qualify. So even when recognizing that COVID created unprecedented care needs, we still only recognized the needs of those who were employed prior to the pandemic. These are all huge gaps because we aren't seeing policy that addresses the majority of care relationships.

These gaps honestly highlight two huge inadequacies for me. One is a huge lack of funding. Which is just confusing considering the savings caregivers provide the health care system alone. Billions of dollars are saved because a lot of people are taking on these care roles in the home, and that doesn't include all the other types and forms these relationships come in. There needs to be some form of financial support to individuals in caregiving roles outside of disability tax credits for parents and the Canada child benefit.

There also needs to be more of an intersectional approach in terms of understanding that these caregiving relationships are complex in and of itself and they are unique to different family situations, and economic situations and so we need to consider that issues often overlap and that we have households where childcare is happening, elder care is happening, disability care

is happening. And these caregiving relationships overlap with race. With income. With gender, sexuality, age, disability, physical location. These roles and categories overlap more than they don't. And I think that's something that needs to be considered when thinking about inclusive and economic and effective policy solutions.

Grace: And for me when I think about where we can go from here with policy gaps we saw in today's discussion. Intersectional policy is most definitely what we need to be doing and what needs to be done next. I think that in terms of funding, we need to make sure that our funding right now is going towards vulnerable groups. Groups that are not being given the proper protections by the government in terms of caregiving and care responsibilities. One of the biggest issues here is that even when we do have government implemented policies, they often overlook the groups that need the policy intervention the most. And that is difficult to see because it comes back to seeing social hierarchies and racial hierarchies and how those structures are reproduced by our policy instruments.

Kathryn: That's a really good point Grace and Tiffany. I think one of the things that we see tossed around in these sorts of discussions about care policy is the idea of universal basic income. And I mean yeah, universal income is great. I get it. It can really address the impact of caregiving relationships on income and help with some of those situations where people are unable to work regular full time work due to caregiving responsibilities in the home. But I think it's also really important, like you mentioned, like Tiffany mentioned, is that something like universal basic income is really not going to do anything to address the psychological or physical impacts of caregiving relationships. It's not going to help us get past some of the stigma around who gives care, who requires care, and how that care is provisioned. It's not going to work towards addressing the need for caregiver support or training that a lot of people need. Because a lot of people, what came up in our academic and community literature anyway, was the number of people thrown into caregiving roles, which require complex medical care, that have received little to no training on how to safely provide that care. Caregivers don't have the support that they require to continue to be able to psychologically and physically engage in that relationship with the people that they are caring for and vice versa. People receiving care may not be necessarily be consenting to that care relationship but may have to, due to resource constraints. Maybe they are not happy with the person giving care. Maybe they would rather have family care, or care in their own home. Maybe they are in their own home but, would rather have care in a more formal health care setting. There is currently no space for those receiving care to truly consent to their care, since there are little to no options available to pick from, with regards to provision of care.

Tiffany: Overall and really looking and tying back to neoliberalism, we place value on being able to take care of ourselves and as a result, those who cannot do everything for themselves or meet their own basic needs are seen as dependent. This is inherently why being dependent and being a burden are so commonly linked. Neoliberal norms teach us that we need to be productive and meet our own needs and if we don't, then we are a burden. When we make

policies based on these fundamental beliefs, our policies automatically focus on the individual faced with the additional work of taking care of someone: A.K.A. the burden. And as a result, view the individual receiving the care as an object or a being that is dependent. This completely disregards the natural relationship that caregiving is. Like we said before, caregiving is a relationship between individuals, it's natural, it will occur for everyone. Everyone at some point in their lives will care for someone and/or be cared for. Why don't our policies reflect this?

Kathryn: I think it comes down to vulnerability. It's easy to address situations framed as atypical, because they aren't something that would happen to – and I use this term a bit tongue and cheek, because it's hard to show sarcasm in a podcast – but to normal people, who are good, neoliberal citizens. Because good neoliberal citizens don't require policy supports. And I think, Tiffany, that's a big part of why we don't have these sorts of broad care policies.

Just looking at the time here, I see that we are almost out of time – so I just wanted to wrap up by kind of summarizing and isolating some of the policy recommendations that came up in our conversation today. I think we really saw that caregiving is not adequately supported by relevant public policy. I think the piecemeal approach that we are currently using doesn't address the complexities of care relationships, and focuses on the person providing care, and not on the person receiving care. Addressing the relationship from both sides is hard, because we can't capture the complexity of every single form of care relationship out there. But I think we can recommend that governments address some of the gaps we identified today in care through creating holistic training programs for families, which give families the tools to navigate caregiving. Providing accessible mental health and peer support networks for caregivers and those being cared for, to help combat some of the stress and isolation faced by these groups. I think that we can ensure that in the cases of young caregivers, children are not being placed in caregiving roles due to lack of resources and supports. No child should be removed from their family because we have a lack of coordinated policy responses for caregiving. And finally, I think that through creating robust, community care programs, which recognize that families want to be included in care – whether that is childcare, disability care, aging care – all forms of care. Programs which recognize that the care relationship is important. But also recognize that families cannot provide for all care needs; and families will have differing care needs. Consent to care matters, and without robust child and community care programs, families do not have a meaningful choice in how they manage that care relationship.

So, we are out of time on ReCentering today. Thanks so much to all of you for listening. And thanks again to Grace and Tiffany for joining me in exploring caregiving relationships and the impacts and invisibilities generated by current public policies.

Kathryn: Thank you everyone. Have an awesome week. Bye!

Grace: Bye everyone. Thank you so much again for listening.

Tiffany: Thanks Kathryn for having me and thank you everyone. This was really fun and informative, and I hope we can do it again soon!

