

Caring About Care

Caring About Care is a 3-year research project funded by the Social Sciences and Humanities Research Council (SSHRC). We're a team of researchers from Ryerson University, Brock University and the University of Manitoba. Our goal is to enhance dialogue and debate about care in early childhood education politics, policy, and practice in Canada. We seek to unsettle conventional, universalized notions of care in early childhood education.



Home Page

ABOUT

Caring About Care is a 3-year research project funded by the Social Sciences and Humanities Research Council (SSHRC). We're a team of researchers from Ryerson University, Brock University and the University of Manitoba. Our goal is to enhance dialogue and debate about care in early childhood education politics, policy, and practice in Canada. We seek to unsettle conventional, universalized notions of care in early childhood education.

This website was created at Ryerson University which acknowledges that it is located in the "Dish With One Spoon Territory. The Dish With One Spoon is a treaty between the Anishinaabe, Mississaugas and Haudenosaunee that bound them to share the territory and protect the land. Subsequent Indigenous Nations and peoples, Europeans and all newcomers have been invited into this treaty in the spirit of peace, friendship and respect."

Our thinking about and research on care in early childhood education has been undertaken in solidarity with Indigenous peoples of Canada who always already make relationality central to ways of thinking and being in interconnected worlds.

THEORETICAL FOUNDATIONS

How is care and care work currently understood?

What is ethical and feminist about care?

What does feminist ethical care look like in policy and practice?

Research Foundations



HOW IS CARE & CARE WORK
CURRENTLY UNDERSTOOD?

>> LEARN MORE



WHY IS CARE & CARE WORK
UNDERVALUED?

>> LEARN MORE



WHAT IS ETHICAL & FEMINIST
ABOUT CARE?

>> LEARN MORE

SHATTERING MYTHS

In our research, we use feminist ethics of care theories to unpack common misconceptions about early childhood educators' practices and to capture the complexities and challenges of caring for young children. We've identified some common myths about care in early childhood education.

Myth #1: All care is good.

Myth #2: Caring is not professional.

Myth #3: Care is an individual responsibility.

Myth #4: Care is natural to ECEs.

THE RESEARCH TEAM



The Research Team



—
RACHEL LANGFORD



—
PATRIZIA ALBANESE



—
KATE BEZANSON



—
SUSAN PRENTICE



—
BROOKE RICHARDSON



—
ALANA POWELL



—
MADISON BANKS



RACHEL LANGFORD

Rachel Langford PhD is a Professor in the School of Early Childhood Studies at Ryerson University. She is the principal investigator of SSHRC-awarded project that seeks to theorize and frame a robust and coherent integration of care, ethics of care, and care work into Canadian childcare advocacy, policy, and practice. She is a co-editor of a UBC Press edited volume, *Caring for children: social movements and public policy in Canada* and the editor of an anthology *Theorizing feminist ethics of care in early childhood practice: Possibilities and dangers* (Bloomsbury Academic Press).

PATRIZIA ALBANESE

Dr. Patrizia Albanese is the Associate Dean of Research and Graduate Studies in the Faculty of Arts at Ryerson University; Chair of the Board of Directors of the Federation for the Humanities and Social Sciences; and professor of Sociology. She was a past Chair of the Ryerson University Research Ethics Board and a past president of the Canadian Sociological Association (CSA).

She is the recipient of the 2018 CSA Outstanding Contribution Award, the 2019 CSA Outstanding Service Award and the 2018 Faculty of Arts Dean's Service Award. She is doing research and publishing in the area of policies affecting children, youth and families, including past SSHRC-funded research on youth in Canadian Forces families, on child care policies, on child poverty, and on how care is conceptualized in Canadian family policies (with Drs. Rachel Langford; Ryerson U; Kate Bezanson, Brock U.; and Susan Prentice, U. of Manitoba).





KATE BEZANSON

Dr. Kate Bezanson is Associate Professor in the Department of Sociology, and Associate Dean of Social Sciences at Brock University. Dr. Bezanson specializes and advises in the areas of social/family/labour market policy, gender, social reproduction/care, public law, political economy, and federalism. In 2019, she completed an LLM in Constitutional Law at Osgoode Hall Law School. Dr. Bezanson serves as a University Senator, is the Chair of the Senate Student Appeals Board, and is on the editorial boards of the Canadian Review of Social Policy and the Canadian Review of Sociology. Her current policy related research involves assessments of gender, social policy architecture, taxation, parental and other leaves, and child care. Her legal research interests centre on public law, particularly in relation to policy, federalism and Charter equality issues. Dr. Bezanson also has training in dispute resolution (legal and managerial). An avid runner and self-described policy nerd, she lives in St. Catharines, Ontario with her partner and two sons.

SUSAN PRENTICE

Susan Prentice is Professor of Sociology at the University of Manitoba. A feminist family sociologist, and former Margaret Laurence Chair in Women's Studies, she focuses primarily on care, gender, and public policy, with a speciality in childcare. She also conducts research on systemic discrimination, including in higher education. In both domains, she practices public sociology. Among her appointments, Dr. Prentice holds a seat on the Tri-Council Agency Institutional Programs Secretariat's (TIPS) Advisory Committee on Equity, Diversity and Inclusion Policy. In 2019, she was appointed to the first national Expert Panel on Early Learning and Child Care. She has been active in childcare public education and advocacy campaigns at the local, provincial, and national level. More information, including selected publications, can be found on the [University of Manitoba Sociology Website](#). She tweets at @SusanPrentice.



BROOKE RICHARDSON

Brooke Richardson is an Adjunct Faculty in the Department of Sociology at Brock University (Canada) and President of the Association of Early Childhood Educators of Ontario. Brooke has published and presented nationally and internationally on topics related to social policy and Canadian children/families. Her SSHRC-funded postdoctoral research problematizes the increasing privatization of the childcare sector from a feminist, ethics of care perspective. She is also currently working on an edited anthology titled *Mothering on the edge: A critical examination of mothering within the child protection system* (Demeter Press).

ALANA POWELL

Alana Powell is a Registered Early Childhood Educator, and the Executive Coordinator at the Association of Early Childhood Educators of Ontario. Alana completed her MA in Early Childhood Studies from Ryerson University and is a Registered Early Childhood Educator. Prior to her role at the Association of Early Childhood Educators of Ontario, she was a contract lecturer at George Brown College's School of Early Childhood. Her research engages in critical exploration of care discourses in early childhood and seeks to reposition care as central in politics, practice, and advocacy.





MADISON BANKS

Madison Banks is an Early Childhood Educator and a graduate of the Masters of Arts in Early Childhood Studies Program at Ryerson University. She is an advocate for affordable and accessible quality childcare and has been a front line worker in the field of early childhood for over 10 years. Her areas of research include the feminist ethics of care, family equity and support systems, and motherhood studies.

Feminist Ethics of Care

A Note About Terminology

Our preferred term is early childhood education. However, the split systems of childcare and education in Canada requires a focus on the value of care in childcare. One of our policy goals is an integrated system of early years services within an educational system in which care ethics is central to everyone and all practices.

Theoretical Foundations

The Caring about Care project applies feminist ethics of care theories to unpack common misconceptions about early childhood educators' practices (work) and to capture the complexities and challenges of caring for young children. In our project, we always think about care as ethical and feminist at the practice and policy level. On this page, we break down this theoretical framework, by exploring 3 questions:

1. How is care and care work currently understood?
2. What is Ethical and Feminist about Care?
3. What does feminist ethical care look like for policy and practice?

How is Care & Care Work Currently Understood?

Our project starts with the premise that society's understanding of care in Early Childhood Education is flawed in that care is considered separate from and "less than" education.

Canada is well-behind other countries in the development of national and provincial ECE systems due to a policy inertia. This inertia is, in part, caused by widespread misunderstanding of the importance of ECE and the value of the work of early childhood educators. When the complexities and subtleties of caring for others in early childhood settings are not recognized or valued, ECE policy doesn't advance.

Why is Care & Care Work Undervalued?

1 / Feminization

Care work is associated with domestic life and femininity. In this view, care work is seen as natural, not requiring high levels of thinking and acting. Early childhood educators are seen as substitute mothers, providing an experience that acts as a "stand-in" for home and family. Instead, we propose that early childhood education institutions should be understood as providing enriched caring experiences that are different from mothering and parenting.

2 / Education versus Care

Within ECE work there is often an emphasis on education over care in an attempt to "professionalize" the field. Promoting education and downplaying care makes care appear less important. It also creates a false division between education and care. We suggest care and education are fundamentally intertwined– you cannot have one without the other.

3 / Economic Efficiency

Because caring well for others is time consuming and therefore expensive, it's not seen as valuable from an economic perspective. Historically, care has been seen as a private gendered responsibility and the need for care outside the home an undesirable financial burden on government. For most provinces in Canada, ECE is administered through privatized services that receive low government investment. This makes the ECE workforce highly susceptible to exploitation (very low wages) while families struggle to access necessary care supports (an overall lack of quality services and high fees for services that do exist).

What is Ethical & Feminist about Care?

Feminism – Why is Care in Early Childhood a Feminist issue?

Invisibility of care – In contemporary societies care is taken for granted. When care is acknowledged it is seen as a private responsibility. Care work is assigned along intersecting gender, class and race lines.

Dominance of economic thought – Currently, economic relations are prioritized over care relations. “Good” lives are equated with economic prosperity rather than with the opportunity to care well for others and be well cared for.

Valuing independence – Our society values independence in all aspects of life as the ultimate marker of success.

Power imbalances – Contemporary societies erroneously assume that people are free and equal, failing to see the stark imbalances of power and agency between individuals and groups of people.

A feminist ethics of care challenges all these deeply flawed fundamental assumptions about how our society should work.

Ethics - Why Are Early Childhood Educator Practices Ethical?

Decision Making – Requires interpretations of children's, educators' and families' needs, desires, perspectives and concerns. Educators and policy makers make decisions about how to respond to them.

Recognition of Power Differentials – Requires the constant engagement with and reflection on power differentials and the complex processes of care. This can be contrasted with natural caring and love that occurs in family contexts.

Effort – Caring about and caring well for others in political and early childhood settings always requires significant cognitive, emphatic, emotional, and reflexive energy and effort.

Complexity – Care is a way of living and being with others. It requires sensitivity to contextual nuances so that the ways educators and policy makers care is different for different children, families, and communities. The ethics of care is always concerned with the effects of care on care receivers and caregivers.

Care as Ethical & Feminist – What Does it Look Like in Policy & Practice

Prioritizing Care

Policy: Governments and citizens prioritize care as central to human flourishing and well-being when developing policy.

Practice: Caring well for others is central to everyone and everything in the ECE program.

Recognizing Care as What it Means to be Human

Policy: Policy makers recognize caring for others and the need to provide care as universal human experiences.

Practice: Everyone (educators, managers, families and children) understands that giving and receiving care is foundational to their well-being and flourishing.

Consulting & Collaborating about Caring for Others

Policy: Government consults and collaborates with community members when developing caring policies and funding approaches for ECE.

Practice: Everyone (educators, managers, families and children) works together to establish, maintain and sustain caring for others as a central responsibility.

Working towards Equity, Diversity & Inclusion

Policy: Policy makers recognize how care responsibilities are allocated and perceived is a result of inequities along intersecting identities such as class, gender and races

Practice: Everyone that's a part of ECE are engaged in care and advocacy practices that foster justice, equality and mutual respect for all.

Respecting Care work

Policy: Governments recognize that care work is time consuming and expensive, and as a result, it's offloaded to the market where it is poorly valued. ECE is understood to be a valuable public responsibility.

Practice: Educators, managers, children and families all understand that care work is complex and challenging. Educators are shown that their work is valued through decent remuneration and sufficient resources to create caring learning environments. Educators can skillfully articulate and assert the value of their work.

Valuing the Needs, Perspectives, Interests, Desires and Concerns of Others

Policy: Governments take responsibility for ensuring care needs, perspectives, interests, desires and concerns of others are central to democratic life.

Practice: Educators are given time and resources to consider how the children's and their own needs, perspectives, interests, concerns and desires can be met. Educators have the time to be attentive, responsive and compassionate. They resist the urge to make their care more technical and efficient.

Care in ECE Politics

Introduction

As part of our research for *Caring About Care*, we analyzed 2018 election childcare platforms and interviewed Ontario politicians, policy makers and childcare advocates about the campaign platforms to gain insights into how advocates can best prepare for future elections.

A Note About Terminology

On this web page, we use the term, childcare, because it was used in party platforms during the 2018 Ontario election. Our preferred term is early childhood education with an implicit understanding that care is central to all education.

The State of Childcare Policy in Ontario

The 2018 Provincial Election

The 2018 Ontario election was a pivotal moment in childcare policy – Liberal and NDP parties campaigned on building an accessible and affordable childcare system. Unfortunately, in every federal and provincial election since 1993, childcare has been a “losing” platform issue– and the 2018 election was no different.

Childcare Platforms

For the most part, the 2018 childcare platform framed it as a service to keep children physically *safe* while their parents worked. Consideration for the care and learning experiences of children in childcare was generally absent. Early childhood educators were invisible except in the Conservative childcare platform which indicated that childcare can be provided in many ways, for example, by “babysitters, grandparents, and nannies.”

Campaign Messaging

Our findings revealed that there is support for better childcare policies across political parties. If politicians and Canadian citizens aren’t opposed to it, the question becomes *why* universal childcare hasn’t had more political clout. We believe one answer has a

lot to do with how childcare has been presented to the public. Through our interviews, we identified three messaging dilemmas that arose in political debate, discourse and public messaging related to ECE.

1/ Personalization

All parties used a personalization strategy – speaking directly to voters’ individual fears, anxieties and needs. Personalization focuses on the concrete, end result instead of the nitty-gritty details of how the policy will be developed and implemented.

2/ Complexity

In 2018, all parties focused on simple messaging, cutting out information that would confuse or distract voters. Communicating their platforms clearly and simply was a necessity, but this made it challenging to communicate the nuances and complexities of their plans.

3/Feminist Politics

Care is difficult to disentangle from gender, and talking about gender during an election can be divisive and risky. When female leaders talk about childcare, they’re often dismissed as promoting feminist and therefore their own politics.

Advice or the Future

Advocacy: Advocates and opposition parties need to work together to develop a comprehensive plan in preparation for the next election.

Costing: Politicians and advocates must provide a clear rationale for policy changes and account for the costs. More specifically, it is vital that all are able to compare a childcare system with a tax credit approach.

Complexity of Ethical Care: Move beyond describing childcare as solely a service that keeps children physically safe and protected. There is an urgent need to recognize the complex, ethical and gendered nature of ECE and the professionals who provide it.

Social Policy Plan: Childcare won’t win votes on its own – it needs to be part of a broader social policy plan.

Detailed Messaging: While personalizing messages helps to engage voters, it’s important that politicians and advocates are able and ready to provide details and rationales.

Consultation: Childcare policies must be developed through consultation and implemented early in a government's term rather than waiting to present new policy in a campaign platform (essentially a re-election issue).

Reason for Hope

Despite the outcome of the 2018 Ontario election, the fact that forms of universal childcare were part of two parties' election platform is a good sign that we're moving forward.

Childcare is increasingly being seen as a public responsibility – it's being transformed from a welfare service to a public good that we all need and want.

Even though it is hard to get a comprehensive childcare policy in place (because it is difficult to imagine having accessible, affordable, "good" childcare services), it will be much harder to undo once in place.

Care in ECE Policy

Introduction

The motivation for our research was the erroneous idea that care is seen as both separate from and less important than education at both the practice and policy level.

While education for older children has long been considered a public good, ECE is understood as a private (gendered) responsibility. Starting at age 4 or 5, all children in Canada have access to public school, yet 97% of childcare services operate as a private, market service. When childcare services are supported by governments (typically provincial governments through parent fee subsidies), it's considered a welfare service.

If the care of young children is to be taken seriously by all levels of government, we need to be able to explain the complexities of ethical care and articulate how this care is a public responsibility.

Repositioning Care

Through our research, we've identified three shifts that need to be made in the way that care is talked about and understood. Repositioning care in these ways allows us to assert its importance within ECE policies.

- 1. Care is complex**
- 2. Care is universal. Everybody needs care.**
- 3. Care is not inherently good (it can be good or bad).**

Complex/Universal

Care is Complex

Currently, the concept of care within ECE policies is narrow. Care is about taking care of the child physically, attending to the safety and protection of bodies.

Educational policy, on the other hand, is mostly about minds. The false separation of mind and body makes care appear simpler and education more complex. Providing care is seen as “natural” and/or an instrumental reaction – rather than a process also requiring emotions, reason, reflection and action.

Caregivers, as a result, are valued less than educators. Highly qualified (and better-paid) “teachers” look after the mind, while lower-qualified “workers” (earning lower wages) look after the body.

We need to shift the perception that care is less important or complex than education. We need to expand the concept of care to include children’s bodies, feelings, ideas, goals, needs, concerns and desires. Care needs to be seen as an ethic requiring complex decision-making at the policy and practice levels.

Joan Tronto (2013) describes care as involving caring about, caring for, care-giving, care-receiving and caring about, requiring consistent democratic commitments to justice, equality and freedom for all.

Care is Universal

In our individualistic society, being dependent on others is seen as a problem, while having people dependent on you is perceived as a burden.

A child’s need for care is seen as temporary – they are expected to outgrow their need for care and become independent, self-sufficient and self-regulating adults.

This view of care ignores the fact that no one is truly independent – we all have dependencies. Instead of championing individualism, feminist ethics of care frames people as inherently relational and interdependent. Care is foundational to supporting the flourishing and well-being of all interconnected living things.

Care is not inherently good. Care and therefore education may or may not be caring. An early childhood policy can establish staff-child ratios for children’s safety, but if educators do not have sufficient time to engage meaningfully and care-fully with all children, then the policy is not caring. Governments, through ECE policy, have a responsibility to ensure that good care is experienced all the time by children and ECE professionals.

To do this, ECE policy should communicate a deeper understanding of care, one that takes the perspectives, goals, and needs of children, educators and families seriously, and encourages interdependency.

Imagine a Time in ECE Policy When...

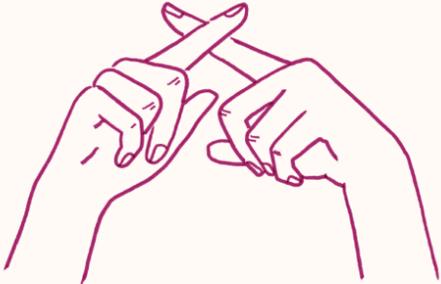
Includes an ethics of care as an integral part of a vision of ECE policy

Celebrates a young child’s dependency on others as preparation for a lifetime of interdependency

Recognizes the complex caring work of early childhood educators

Appreciates what is structurally necessary for care to be good

Shattering Myths



Shattering Myths

| Shattering Myths | | In our research, we use feminist ethics of care theories to unpack common misconceptions about early childhood educators' practices and to capture the complexities and challenges of caring for young children. We've identified some common myths about the role that care plays in early childhood education. | |
|--|---|--|--|
| 1 MYTH #1 All care is good care. WHAT'S THE REALITY? | 2 MYTH #2 Caring is not professional. WHAT'S THE REALITY? | 3 MYTH #3 Care is an individual responsibility. WHAT'S THE REALITY? | 4 MYTH #4 Care is natural to ECEs. WHAT'S THE REALITY? |

Myth #1

Myth: All care is good.

Reality: Care can be caring or uncaring.

Care provided in early childhood programs is not inherently good. It can be but it also has the potential to be uncaring and even harmful. For example, let's imagine an early childhood educator who helps children put on their snowsuits on a cold day. This is care given. However, the early childhood educator gave the care in a brisk and impatient way, suggesting that the children should be more independent. Therefore, the care given is uncaring. Similarly, an early childhood educator may intervene abruptly in children's conflicts to keep the children safe. This is care given. However, the care is uncaring because the children do not have the opportunity to share their perspectives, hear and care about the perspectives of others. Thus, everything in an early childhood program from the ways the environment is set up to the ways a curriculum is shaped can be caring or uncaring. Since care in and of itself is not inherently good and can be uncaring, early childhood educators need to notice, think and talk about what is caring for others and what it is not. Individual and collective actions of noticing and talking about care are always ethical because they involve deliberation, decision making and critical reflection.

Is it possible to describe care that is genuinely caring? Feminist ethics of care explores what constitutes good care. Care as good, however, is never the “best” way or a set of standardized practices. Good care as a value and practice is more complex particularly because care as ethical always requires thoughtful interpretation of what is needed in specific contexts. Here are some ways of thinking and talking about good care as complex processes:

1. Caring about and for others is an everyday value and social good. Good care aims to promote interdependency and interconnectedness.
2. Care must be meaningful and finely attuned to those receiving the care. The messiness of children’s lives and ever-changing needs must be recognized.
3. As a practice, good care involves many actions happening at the same time such as respect, recognition, tenderness, compassion, dialogue and a commitment to caring over time. Interpreting and discussing what children want, need, and desire requires presence, careful listening and time.
4. Persons receiving the care must experience the care as good. In early childhood programs, this means early childhood educators check in and find out from the children if they have experienced good care.
5. Good care is do-able so that early childhood educators can be caring without exhaustion and burnout. Early childhood educators always ask sector leaders (supervisors and policy-makers) to provide the resources that enable them to care well for others.
6. Good care upholds the dignity and integrity of everyone in a caring early childhood program. Everyone’s inevitable vulnerability and interdependency is recognized and defended.
7. Good care generates more good care. Caring is an act of the creation and recreation of caring human beings.

Why is it necessary to insist we talk about care as caring or uncaring? Fundamentally, we have to talk about it so we can assert the value of good care over poor care. When we talk about care as caring or uncaring, we can push for a policy context where adequate resources are in place to support good care.

Inspired by Vosman, F. & Baart, A. (2011). Relationship based care and recognition Part two: good care and recognition. In C. Leget, C. Gastmans, & M. Verkerk (eds.). Care, compassion and recognition: An ethical discussion. (pp. 201-227). Leuven, Belgium: Peeters.

Myth #2

Myth: Caring is not professional.

Reality: Care and professionalism are not contradictory.

Some might argue that caring is not professional. But, what does it mean to be a professional? How we answer this is very important. One approach is grounded in a traditional masculine view of the professional, which is often defined by notions of expertise, exclusivity, objective rationality and elitism. In this view, a professional is often someone who responds abstractly and technically based on owned knowledge. This may, for example, describe some professionals, like doctors or psychologists, who enter into relationships/encounters to offer their ‘expertise’ or ‘diagnosis’. But what of the professionals who work in different ways, like nurses and ECEs? They are required to spend significant time in relations with others making their work different from other professionals. Does the care in which they engage not constitute professional work? As theoretical work has introduced new understandings about truth, expertise, and abstract rationality, there has also been a shift in how we understand a professional, which allows us to see care as professional.

The notion of a professional as the ‘owner’ of one ‘right’ form of knowledge which allows you to proclaim your professionalism is no longer sufficient. Knowledge is transient, contextual, changing, and emerging. It is not right/wrong, all/nothing, mine/yours. So, perhaps we can think of a professional as someone who has particular education, knowledges, and experiences which support them to respond/engage in a particular context, fulfilling ethical responsibilities and making moral judgements on how best to respond. In this way we can see that care, and caring, can be professional.

But what does caring in a professional way look like? Care is contextual. It occurs between individuals in a place and time. It requires a response that is nuanced and reflexive. This means that we cannot look to any notion of ‘abstract rationality’ to respond to caring needs – our response must be made considering the important factors involved in the relation and using our professional judgement to make an ethical decision. This kind of care is not easy – it requires the time and commitment to relations often found in what some consider “soft professions”.

The professional in a caring relation, for example the ECE, will encounter many ethical dilemmas. A significant component of their practice is then to use professional judgement and ethical decision-making, engaging with our professional knowledge(s) and considering how to apply it to the contextual, messy, in-relations situation. As an example, let’s imagine a toddler (who cannot yet express themselves in language) is crying often throughout the day and repeatedly seeking care from you as their primary ECE. In responding to them, will you simply analyze abstractly the symptoms of the situation, or will you consider all the contextual knowledge you have (the histories with the family/child, the context of your program, the moment of their day), alongside your theoretical knowledge, to inform how you proceed? You would likely pursue the latter option. And in making this decision, you engage in a caring act which is deeply ethical, and deeply professional.

Myth #3

Myth: Care is an individual responsibility.

Reality: Good care is a collective responsibility.

It is virtually unquestioned today that good care (see Myth #1) is the sole responsibility of individual people. The thinking underlying this idea is simply that caring about other people (or oneself for that matter) is a moral “choice” regardless of the sociopolitical, economic or temporal context (where you are, the times in which you are living, your own access to resources). So *whether* I decide to care for a person or people as well as *how* I go about doing this (or not) is entirely my own decision and/or the decisions of individual others.

But here’s the thing: caring for others is extremely time and labour intensive. The structural realities of people’s lives (i.e., the neighbourhood you live in, your work hours, your commute time, if you have a robust extended family/friend etc..) therefore matter. It is extremely difficult to provide good care to others (or ourselves for that matter!) when we are sleep deprived, constantly rushing from one place to the next, worried about the security of our employment or any other stressors. With so many tasks to check off our never-ending “to do” lists, it becomes increasingly difficult (if not impossible) to complete tasks involving other humans in a caring way.

This dilemma is something early childhood professionals struggle with every day. Early childhood educators are individually tasked with establishing and maintaining professional, ethical caring relationships with children, parents and their colleagues amidst environments that are at best challenging and at worst, exploitative. The educator working 9-hour days, earning \$14/hour, caring for 15 children with few breaks and no planning time will struggle to provide consistent conscientious, reflexive, ethical care relations.

Furthermore, the circumstances - particularly pertaining to ratios in childcare programs - do not allow the necessary time and space to engage in ethical, responsive attention to children’s ever changing, complex needs. Ethical pedagogical practice requires sector leaders (at the program up to the ministry level) to provide time, including time for educators to reflect on and talk to each other, families and children about ongoing care experiences and practices.

When responsibility for care practices is shared collectively, it becomes possible to pursue meaningful projects with children, enact good care practices and fundamentally contribute to a more democratic, equitable society.

On a basic, practical level, a conceptual shift to collective responsibility for care invokes a fundamental need to invest in the ECE workforce so that they have the time, space and energy to respond to each child and/or each group of children in each moment.

Myth #4

Myth: Care is natural to ECEs.

Reality: Care is not natural to ECEs.

The belief that care is natural to (predominantly female) early childhood educators is highly gendered. The logic of the belief goes like this: Women are naturally caring. Most ECEs are women. Therefore, ECEs are naturally caring. This belief conjures up

all sorts of stereotypes portraying ECEs as “nice girls”, “softies”, “selfless” and/or “people pleasers” who entered the sector “because they love children”.

It is true that women do most care work in the world. And it is accurate to say that girls are socialized to be caring more than boys are. However, this is not because women are naturally more able to care than men are. It is because of how our societies have been, and continue to be, structured. Most contemporary societies greatly minimize the importance and value of care. Instead of seeing care as the most central component of human lives, it becomes an afterthought or an “add on”. In the absence of structures/institutions which facilitate good care for all citizens, it has been not only acceptable but also encouraged for women (and increasingly racialized groups) to fill the care void for low or no wages.

The truth is that every human being has the capacity to care for others and that women’s disproportionate responsibility for care and their under-or-unpaid care labour cannot be taken-for-granted or assumed anymore.

Like many capacities, we all get better when we practice caring for others. We cannot say that care comes naturally to early childhood educators when, in fact, caring for others is hard and complex. It requires making ethical decisions about the care of others, including frequent reflection on caring values and practices. Further critical reflection on the power imbalances inherent in care is necessary in ethical decision making.

We could say that early childhood educators have an inclination to be caring. Athletes are inclined to be athletic but being an athlete is not *just* natural. Everyone knows that an athlete practices frequently to get better at sport, or that nurses require a lot of practice to develop their caring abilities. Why is this not true of early childhood educators?

Another barrier to moving beyond seeing care work as natural is the assumption that young children (who are “cute” and “cuddly”) simply invoke maternal feelings in early childhood educators. This notion obscures the important ethical and purposeful type of care (and associated knowledges) that early childhood educators employ in their caring interactions. For example, one would not make the same claim for pediatric doctors, suggesting that the ‘cuteness’ of babies is enough to invoke their caring (and healing) feelings? These stereotypes fail to recognize that children are complex and capable human beings who require care that is equally complex and capable. Further, professionals who care for others must constantly grapple with the meaning of empathy, compassion, attentiveness, responsiveness and trust.

Care as an ethical practice requires sensitivity to different contexts and their nuances. Early childhood educators care for many individual children at one time, which requires an openness to variability in caring responses. These capabilities do not come naturally. Early childhood educators have to practice caring, reflect on it, dig into its complexities and continually deepen their understanding about how to live well with others.

Practicing Ethical Care in ECE

Feminist Ethics of Care



Introduction

Many people think that caring for children is simple. However, our research shows that the processing of caring *well* for children is actually quite complex.

The purpose of this page is to take a closer look at what is involved in the process of caring well – a point of discussion we feel is worthy of attention in early childhood education.

This web page with its focus on educators practicing ethical care must be situated within a broader institutional and policy context. Educators cannot practice care ethically if they do not receive consistent institutional and policy supports. We see people--educators, children, families, directors and policy makers--always engaged in a network of caring relationships that ensures that “everything we do maintains, continues and repairs our world so that we can live in it as well as possible” (Tronto, 2011, p. 36). Care as an ethical practice is not just an individual responsibility; it is a collective responsibility.

Components of Ethical Care

Care happens within interdependent relationships.

We understand care as both relational and ethical because it always takes place between people and requires constant, active, moral decisions. Care as an ethical practice is a way of being and doing with others that transcends all aspects of our lives.

Educators who practice care ethically feel a sense of responsibility to others.

They are oriented to direct their attention to others and are open to disruption in their personal activities. They are able to imagine that their care in most ordinary ways can have profound effects on others and themselves.

Caring more than a value, disposition or attitude – it is always an action.

Sometimes the actions are small and subtle, sometimes they're large and explicit. Both a caregiver and care receiver experience care physically, emotionally and/or cognitively. We feel and know when care is happening. It is the substance of every meaningful relationship we have with others.

Real-life Caring Scenarios

In the boxes are real examples of ordinary yet life-sustaining experiences between educators and children that illustrate the practice of ethical care. The examples happened within a whirlwind of activities, bodies, language and feelings in a preschool room and show that care and education are always entangled. The examples are not intended to be prescriptive; rather they capture the complexities in thinking about care as an ethical value and practice.

We can also imagine hundreds of caring interactions between educators and families, between educators themselves and between everyone and everything in the environment that happen every day in early childhood programs.

Example One

A child wants to blow his nose. The educator shows the child where the tissue box is. The child wipes his nose. The educator begins to ask the child about where the tissue box goes back but stops and observes the child who wants, as the educator says, to have "one more blow for good measure". The educator checks with the child, "are you finished?" The child nods. The educator asks the child "what should happen next?" The child pauses, looks about and then proceeds to the garbage can where he deposits his used tissue. The child returns to the educator with a smile. The educator says, "Thank you for throwing your tissue out, that was helpful". The educator waits and the child pauses as well. The educator continues to wait. The child's smile grows bigger and then says to the educator "I have to wash my hands". The educator smiles and says, "You have all the information to take care of yourself". The child responds, "I remembered!" and leaves to wash his hands in the bathroom.

In this example, the educator takes an ordinary experience seriously. The educator feels a sense of responsibility to care because she has an affectionate and emotional connection with the child. She decides to act in a caring and responsible way. She is attentive to and respects the child's body. She is open to taking time so the child can fully participate in the caring encounter

sustained through eye contact, physical proximity and body language (the smiles). The caring encounter is pleasurable for both the educator and child.

Example Two

Matthew and Sabrina are sharing ideas about the book "What a Waste".

Matthew explains to Sabrina that "the people on the planet...they have so much garbage...you see", "but sometimes they don't even put it in the garbage", "my dad says that word...waste and that we waste stuff", "we have a recycle bin at home the truck comes to get it".

Sabrina exclaims, "Yes me too, mine is full all the time!" she continues, "What is in the bin at your house?"

Matthew responds, "Well, because my dad likes to drink spicy soda and boxes from my cereal". He then raises his finger in the air and says to Sabrina, "Hey! Let's build the recycle truck, want to, you can get the garbage and I can drive."

Sabrina agrees. Matthew and Sabrina sketch the truck. The children call for the educator and ask, "Can you help us clear all this stuff away because we need a lot of space. We are going to build a big recycle truck with a part to get the garbage up and in."

The educator responds, "That sounds like an exciting idea, I will help you, so that you can start right away to build your truck."

Matthew pulls out the long blue strip mats and connect them all together, saying "see this is the arm to pick up all the garbage."

Sabrina responds, "I'm going to get these (pulling the large blocks out) for the bottom part where we can sit and put the extra garbage too."

Sabrina then asks the educator, "What can we use for the thing that is on the end of the truck-the part the garbage stuff dumps in." The educator responds, "Can you explain what you want it look like, and then we can talk about what you need". Matthew and Sabrina answer, "It's like a bucket."

The educator suggests looking around the room when Matthew says, "Can we use the bucket that you put the blankets in?" The educator responds: "That's a brilliant idea, of course you can!" The children stack large blocks, hang fabric swatches over part of it, push the blue truck arm to the blocks, add the bucket and climb on-board.

The educator takes the time to care during a typically rushed chaotic transition. She avoids paternalistically managing the conflict, instead offering to work alongside the children. She takes time to listen to the children's perspectives, acknowledges their feelings and gives one child an opportunity to care for another. The care is completed when the educator revisits with the children the question of how well the care process worked.

Example Three

Two children are putting on their coats when some money fell to the ground. Both children state the money is theirs. One child begins to cry. An educator asks if she can help solve the problem. The children nod. The educator crouches, holds the crying child's hand and listens to the children's insistence that the money is theirs. The educator then observes, "[the crying child] is really upset and says it is her money". The other child pauses and agrees that the money is not theirs. The children finish getting dressed and make plans for playing outside. The educator asks if it would be OK for her to hold onto the money while they are

outside. The child agrees. Later the educator puts the coins in the child's basket. The educator also checks in with the other child about their feelings on the conflict and solution.

Care and learning are interchangeable in this encounter. In responding to the children's interests, ideas and questions, the educator responds with genuine curiosity, interest and enthusiasm. She avoids steering the project so that the children can make own decisions. She is open to the children's ideas even though it may invoke disruption in the environment (the bucket). The educator and the children are present physically, emotionally and cognitively in the encounter. The children are excited and proud of their structure—a sign that the care was completed.

Conclusion

Educators decide to act in caring ways in response to children's, families' and colleagues' needs, desires, concerns, interests and inquiries. They seek to understand the perspectives of others. Therefore, the educator observes and listens respectfully and compassionately, knowing that the ways in which they care is different for each person and for each context. Educators who practice ethical care are not bound by assumptions about others or by rules about how to care for others. Educators who practice ethical care understand that their care practices are never fixed, but always changing. Care, in this sense, is not an instrumental means to an end but rather a value in itself and the ways in which human relations deepen and flourish.

Central to care as a relational ethic is an understanding that receiving care is an activity too. Caring educators, therefore, seek to understand how children feel and think about their care experiences through multiple modes of communication (bodies, language and emotions). Care as an ethical practice is not complete until educators and children jointly understand the care as satisfying. Talking with children about their care may require more dialogue and inquiry, with room for fluidity and change in the educator's response to a child's response to care.

When making decisions to act in caring ways, educators must reflect on power imbalances that are present in caring encounters.

This is because educators are always making decisions about how to respond to a need for care—they can ignore, and reject them or accept and support them.

In addition, educators are significantly influenced in their care practices by their social positions and their preconceptions of others based on their intersecting social identities. Therefore, the care of young children requires an ethics to highlight the unequal relations between educators, who typically hold power, and children, who do not. The more power exercised by the educator in caregiving—the less likely the care practices will be ethical. Therefore, educators need to critically reflect on their power (and lack of power in relation to their working conditions) and their strengths and limitations in caring for others.

