

# Canadian CareMongering: Exploring the complexities and centrality of community care during the COVID-19 pandemic

By Amy Kipp and Roberta Hawkins



In the early stages of the COVID-19 pandemic, Canadians looking to support one another turned to virtual “CareMongering” groups to facilitate community care. CareMongering, a community-based response to COVID-19, began in Toronto, Canada when several community members created the first CareMongering Facebook group. The purpose of this group was to act as a countermeasure to fearmongering associated with the emergence of the virus, such as promoting fear of contracting COVID-19 or panic buying essential goods, by ensuring community members had access to care throughout the pandemic (e.g. community connection, basic necessities, services, and resources). Since the first group was founded in early March 2020, similar CareMongering Facebook groups have formed across Canada, and internationally, with hundreds of thousands of individual members. Worldwide there are now over 246 CareMongering groups, with 191 in Canada.

By posting in local CareMongering groups, individuals and organizations can ask for or offer support, share information and resources, and connect with members of their community. For example, facilitated through CareMongering, individuals have provided groceries for their neighbours, childcare for frontline healthcare workers, and care packages for low income families. Volunteer groups have mobilized to deliver meals to at-risk seniors, sew and distribute cloth masks, and coordinate drive-by birthday parades for children who are unable to gather for celebrations. Resources have been shared regarding local pandemic protocols, virtual mental health supports, emergency foodbank access points, and national economic relief programs, among other forms of care. As a result, Canadian CareMongering has been celebrated in the media and by politicians for supporting “vulnerable” community members and enhancing community solidarity and care during a time of physical distancing, social isolation, and economic uncertainty.<sup>1-2</sup> However, there have also been critiques of CareMongering including concern that focusing on uplifting stories and individual acts of care fails to hold governments responsible for the systemic inequalities highlighted by the pandemic.<sup>3</sup>

To understand the CareMongering movement and precisely how it functions as a countermeasure to COVID-19, in June 2020 we began studying CareMongering. Informed by our existing work as feminist geographers, we examined how CareMongering played out in Canada, paying attention to the spaces, experiences, and practices involved in the movement. We created a database of CareMongering Facebook groups, conducted an analysis of the #CareMongering hashtag on Twitter, and interviewed organizers of groups across Canada. We also conducted a case study of a Canadian CareMongering group which involved interviews with several group organizers and group members as well as content analysis of all public posts and replies in the Facebook group over a one-month period. Here, we present an overview of our findings showing how CareMongering provides an empirical example of the Care Collective’s call to center a caring response during the pandemic, while simultaneously acknowledging the intrinsic complexities of community care.<sup>4</sup>

## THE SPATIALITY OF CAREMONGERING



CareMongering has played out differently across Canada. The geographic location of groups as well as sociocultural factors (e.g. population age, gender, race, etc.) impacted how CareMongering was practiced and experienced by group members and organizers. For example, in Northern Canada organizers saw CareMongering as a good fit for their communities because their geographic remoteness often meant they already used Facebook for communication, connection, and care. An organizer of a group in the Northwest Territories explained, “Facebook up here is used differently [than in] the South” and “people up here use it as [...] their main form of communication, in many cases.” However, he also spoke about a

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

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

Existing power dynamics within communities (e.g. racism, classism, etc.) were identified as factors impacting how CareMongering played out. In some groups, organizers noted that their communities, and/or the membership of their groups, were largely affluent, conservative, and/or racially homogenous (specifically white). Several organizers reflected on how this might impact the way their care was perceived by those in need of support. For example, a white woman administering a group in a semi-rural area in Newfoundland stated, “we very much hope that [members] don't look at [the organizers] and see a bunch of, more or less, middle class, mostly white people and feel reluctant to ask for help.” In other groups, largely in urban areas, organizers identified racial and class diversity amongst the organizing team as key to addressing the diverse needs of community members.

## THE EXPERIENCES OF CAREMONGERING ORGANIZERS



The experiences of CareMongering organizers varied between groups, overtime, and depending on their subjectivities (e.g. gender, race, age, class, etc.). For example, several women reflected on how gender impacted their experiences organizing CareMongering groups. A woman from Prince Edward Island explained, “I think because I and the other [organizers] are all women, I think that has definitely had an impact on some of the responses [...] to our moderation [...] I think sometimes the choices that we made would not have been greeted with such rancour had we been men.”

Most organizers spoke about the vast amount of work involved with CareMongering. During the first few months of the pandemic many spent hours each day managing their groups by approving members, responding to requests for support,

coordinating volunteers, and moderating group conversations. Organizers spoke about the emotional challenges of this work, specifically the challenge of rethinking why certain people do (or do not) have access to care and their own privilege as those providing care. An organizer of a group in southern Ontario explained, “the emotional work that went into this was not what I had expected to get into. I realized that [before CareMongering] I was not doing the hard work, I was doing the nice work and I was being caring, I wasn't being a CareMongerer [...]. It's almost like I was happy being a community builder at the level [that] it feels good and it feels nice and it feels contributive [...] [but] I didn't really get it and this helped me get it.” Many organizers also felt that CareMongering provided them with a sense of purpose during the pandemic and some viewed organizing CareMongering as a form of “self-care.” A woman organizing a group in rural Quebec expressed this sentiment, stating, “it was really helpful to me because I was getting a little down. So, it was a real boost for me to be able to help other people.”

## SHIFTING PRACTICES OF CAREMONGERING AS THE PANDEMIC PROGRESSED

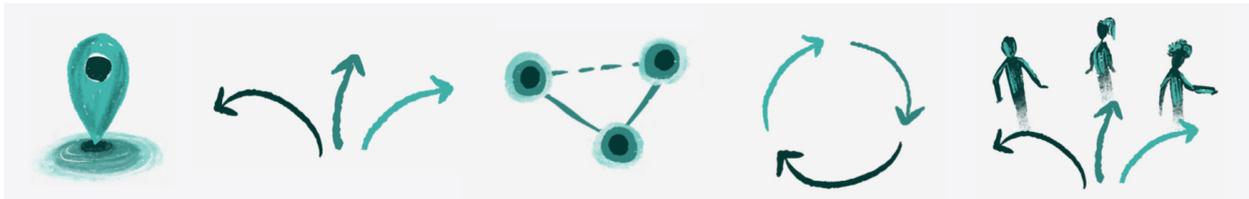


In many groups, over the first 6 months of the pandemic CareMongering shifted from a focus on meeting basic needs to addressing and discussing social justice issues. Organizers often spoke about the “early days” of the pandemic as a very active time for CareMongering, characterized by constant requests and offers for tangible supports, as well as growing uncertainty matched with growing community care. A critical shift was noted in some groups as they began to focus more specifically on issues of social justice and the underlying causes of the socioeconomic disparities their groups highlighted. In a group in southern Ontario one organizer felt that issues posted about had gone from “where can I get toilet paper to white privilege.” Another organizer in the same group reflected on

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

Others found that as public health restrictions changed so too did the way members used CareMongering. As restrictions lessened in some areas during the Canadian summer and life was “getting back to normal” some organizers found that members used CareMongering less because they felt safer returning to their daily routines and less uncertain about their futures. An organizer from a group in the Yukon explained, “I've also noticed that people were more caring and attentive [during the beginning of the pandemic]. I don't know if it's because they're tired or, again, because the threat isn't that big, but it's not the same sentiments [now] [...]. I wouldn't say people aren't caring but it's not the same overarching care.” However, at the beginning of Canadian autumn, several organizers reflected on the increased number of posts related to schools reopening and concern around the second wave of the pandemic. Considering the future of CareMongering, a woman organizing a group in Prince Edward Island asked herself, “what sort of role will this group have in the future? What should I do to modify it to adapt to the changing situation of the pandemic and should I do that? Should it become something else?” These are timely questions as COVID-19 cases rise in Canada and as many people continue to struggle with the social and economic impacts of the pandemic.

# THE CENTRALITY AND COMPLEXITIES OF CAREMONGERING



Our findings emphasize the need for nuanced understandings of care and the complexities inherent within it, while simultaneously centring care in community responses to the pandemic.<sup>4</sup> Exploring the spaces, experiences, and practices involved in CareMongering has allowed us to reflect on these complexities. Through CareMongering we see how carescapes (the spaces where care occurs) can be both virtual and material. We see how care is experienced differently by different communities and how individuals' subjectivities and care work (both physical and emotional) impact one another. And we see how traditional practices of community care are being reimagined and reinforced throughout the pandemic. For example, many non-profit organizations and individual volunteers used CareMongering to continue providing existing services and supports, while other members used CareMongering to provide and access care in new ways. Through our research we also found that by centring care, CareMongering groups have the potential to: meet community needs in locally specific ways; share experiences, supplies, skills, information, and resources; build on existing networks of care and create new caring relations; encourage members to rethink how, why, and where care takes place, what is cared about, and who is cared for; and ultimately, support those experiencing fear through different practices of community care.

Our forthcoming work on CareMongering continues to examine the complexities of care. We explore the geographies of CareMongering by examining the spaces, practices, labour, and politics involved in the movement. We consider ways in which CareMongering is (or is not) an antidote to fear associated with the pandemic, specifically fear of isolation, fear of the unknown, and fear of falling through the cracks. And, we highlight uncomfortable relations that emerged through practicing CareMongering, arguing that *critical* caring communities are needed to realize the radical potential of community care. In this way, our research troubles the good/bad narratives that surround CareMongering in Canada and encourages critical reflection on the potential opportunities and challenges involved in fostering caring communities throughout the pandemic.

## References

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