



Full Program With Abstracts

Sunday, June 9

- **11:30 a.m. - 1:30 p.m.** - Early Career Researchers/Postdoc Workshop (private invitation only)
- **2-30 p.m.** - New Scholars and Doctoral Associates Presentations
 - **The above pre-conference events are sponsored by the Gender, Migration and the Work of Care Project.*
- **1-3:30 p.m.** - Walking Tour: A Worker's History of Spadina Meet at Hart House
- **5-8 p.m.** - Welcome Reception and Keynote, Great Hall
- **Keynote Panel:** Global Policy and the Care Economy: A Discussion of the International Labour Organization report on Care Work and the Future of Decent Work
- **Panelists Laura Addati**, International Labour Organization, Italy, "Transforming Care Work and Care Jobs for the Future of Decent Work."

The presentation will review the key findings of the ILO care work report and its contribution to the recommendations of the ILO Global Commission on the Future of Work, which has marked the ILO's centenary in 2019 by a landmark report on the future of work. The Global Commission calls for the implementation of a transformative and measurable agenda for gender equality for the future of work. This

human-centred agenda includes making unpaid care work an equal responsibility of men and women and transforming the care economy by promoting public investments in quality care services, decent work policies for care workers, support of unpaid care workers wishing to return to paid employment and the revaluing and formalization of paid care work. For the world of work begins at home.

- **Eleonor Faur**, Universidad Nacional de General San Martin, Argentina, "The Future of Care Work."

This presentation will ask what's new about the ILO report from a conceptual and political perspective, how does it fit on UN conceptualization of work and care, and how it could be useful for national governments and local activists. It will state that the ILO report not only offers a huge amount of robust data but also a solid conceptual framework sustained in the contributions of feminist research, in particular in relation to the conceptualization of "work," its recognition of unpaid care and domestic work as part of this concept and its links to women's employment and paid care work as a "circle" of disadvantages. In addition, it advocates for transformative care policies. Finally, it will reflect on the political opportunity of launching this report within a complex international context, in which the global discussion on the "the future of work" coexists with an exponential growth of conscious and claims for equal rights for women and a neoliberal turn in policies in many countries of the world.

- **Susan Himmelweit**, Open University, United Kingdom, "The Economic Contribution of Care Work."

This presentation will focus on how care work, both paid and unpaid, is an integral and increasingly important part of the economy. The ILO report showed how public investment in care partly pays for itself by the employment and fiscal returns it generates. I will show, across a range of countries (including Canada), that compared with investing in construction, the usual focus of stimulus policies, investing in care produces more employment opportunities, reduces rather than increases gender employment gaps and generates a wide range of other economic

benefits. These benefits would remain, and in some cases be strengthened, if employment in care became more decent work.

- **Sonya Michel**, University of Maryland, United States, “The ILO and the Global Tilt in Care Resources.”

I will discuss how the ILO report addresses the issue of migrant women care workers and the families they leave behind. While it notes that migrants make up a large proportion of care workers in many wealthy countries and calls for protection of certain migrant rights, the report does not fully examine the impact of women’s absence on children and other relatives who stay in sending countries. I will review the literature on this phenomenon and place the report within the context of how previous ILO initiatives on carework have dealt with the “global tilt” in care resources, the inequalities it engenders, and what all of this says for the prospects of reaching global sustainable development goals.

The reception and panel will be free and open to members of the community, including members of the University of Toronto, community members, activists, union groups, and policy groups.

Monday, June 10

Session 1 (8:30-9:45 a.m.) Concurrent Sessions

1.1. Paper Session: Understanding Paid Care Jobs

East Common Room

- **Moderator:** Jennifer Zelnick, Touro College
- **Christina Barmon**, Central Connecticut State University, Jennifer Craft Morgan, Elisabeth Burgess, Georgia State University, and Candace L. Kemp, Georgia State University, “Negotiating Tensions in Paid Care Work: Quality Care and Quality Jobs.”

Assisted living residents prioritize aging in place in addition to optimizing quality of life. However, these goals can be difficult to reach because of the complex and dynamic array of care needs in this population. Person-centered collaborative care arrangements that empower residents,

families, and care partners require supports for resident self-care, coordination of health care, consensus-building and goal setting, as well as improved communication and teamwork among members of their “care convoys”—the evolving collection of individuals who provide formal and informal care. Direct care workers (DCWs) are in a unique position to speak to the changing resident needs and the challenges of negotiating those needs within a complex and ever-changing environment but also experience their own particular constraints and job quality issues. This paper presents analysis of data drawn from a 5-year mixed-method qualitative study funded by the National Institute on Aging. The study focused on understanding care convoys and their impact on resident care outcomes. Using a grounded theory approach, this analysis is based on data from interviews with AL staff, residents, external health care support professionals, and residents’ family members. Here, we examine DCWs’ roles and experiences in care collaboration and support for resident quality of life and quality of care. We find that DCWs are an underutilized resource in supporting both the care and self-care of older AL residents and as well as the communication among convoy members. Job constraints impact the tensions between job quality for the DCW and quality of care for the resident as well as whether direct care workers are empowered as full members of the care convoy. We discuss implications for workforce development, training, and career development. Additionally, we discuss the importance of recognizing shared interests in order to enhance collaboration among direct care workers and residents they serve.

- **Jennifer Zelnick**, Touro College, Mimi Abramovitz, Hunter College, CUNY, “Managerialism, Gender and Social Justice: Results from the Human Service Workforce Study.”

During the last three decades, new policies that draw on business principles, methods, and goals have restructured the human services in ways that dramatically affect agencies, workers, and clients in both the public and non-profit sectors. Increasingly referred to as Managerialism, these trends have created a sea change in the human services. This presentation looks at the tension between the logic of social work

(mission) and the logic of the market (managerialism). created by the introduction of managerialism. In collaboration with 6 major human service, professional, and labor organizations, we developed the Human Service Workforce Study. The survey of nearly 3,000 human service workers in New York City examined the impact of managerialism (e.g. performance measures, quantifiable short-term outcomes, and standardized practice) on agency commitment to social justice.

A commitment to managerialism score identified agency settings highly committed to managerialism. High and low managerial agencies were then compared for their commitment to social justice including mission, advocacy, diversity, client profiles, access to services, work/family balance, and job control. Given that carework is highly gendered and that our sample was over 80% female, we also compared how white women (53%) and women-of-color (47%) experienced managerialism. Agencies with a high commitment to social justice were less committed to managerialist practices. However, women-of-color were less likely to work in strong social justice settings, more likely to suffer the consequences of managerialism, less job control, and greater work/family balance challenges.

These results, a wake-up call to the human service community, can be used to inform agencies, practitioners, educators, funders, policy makers, and elected officials about the impact of managerialism on social justice, careworkers and the people/communities they serve.

- **Pia Markkanen**, University of Massachusetts Lowell, Margaret Quinn, Nancy Goodyear, Catherine Galligan, Susan Sama, Nicole Karlsson, Noor Sheikh, University of Massachusetts Lowell, "Cleaning and Disinfection in Home Care: A Qualitative Study to Characterize Aides' Cleaning Work and Assess Safety and Health Exposures."

Background and objectives. Home care (HC) aides are a major workforce providing care work worldwide. In the United States, HC aide is one of the fastest growing occupations. Exposures to occupational safety and health (OSH) hazards are challenging to evaluate in complex HC work

environments. This presentation demonstrates how qualitative and quantitative research methods complement each other when assessing and characterizing musculoskeletal strain and interventions that impact both HC aides and clients. **Methods.** In Massachusetts, the Safe Home Care Project of the University of Massachusetts Lowell conducted 12 focus groups with HC aides and 26 in-depth interviews with HC agency managers, labour union members, workers' compensation representatives, and HC clients. All focus groups and interviews were audio-recorded and transcribed verbatim. Structured, computer-assisted thematic analysis of all transcripts was performed and the results were incorporated into a cross-sectional survey questionnaire administered among HC aides (n=1,249). Nine post-survey focus groups and seven interviews interpreted the quantitative survey findings and then informed a laboratory-based study to assess musculoskeletal strain in the use of assistive slide board devices among HC aides (n=16). **Results.** The qualitative and quantitative data showed that the most concerning OSH exposures among HC aides were client handling and mobility tasks associated with aides' back injuries and other musculoskeletal disorders (MSDs). About one-third of survey participants experienced back pain in the past 12 months and of those who reported pain one-fourth considered the back pain to be work-related. Ergonomic assistive devices to prevent MSDs and in-service trainings were assessed as the most promising short-term interventions. Post-survey focus groups and interviews provided interpretation of the quantitative exposure estimates, possible determinants, and recommendations for future research. **Conclusions.** Combined qualitative and quantitative research techniques provide complementary data for more comprehensive characterization of musculoskeletal strain exposures and intervention opportunities in complex care work environments.

- **Melissa Gesbeck**, Loyola University Chicago, "Negotiating Diabetes Carework: The Contexts and Constraints of Meeting Patient Needs for Diabetes Management."

There are about 442 million adults living with diabetes worldwide, a four-fold increase over just 30 years (WHO 2014). Spreading through the

developing world on the tide of globalization, this pandemic exacts tremendous costs from governments and health systems and takes a mighty toll on the individuals, families, and communities affected by it. Diabetes management relies on frontline careworkers to educate and assist people with managing diabetes through medication, diet, and behavioral changes. In the U.S., specially-trained nurses and dieticians do the bulk of this professional carework in a context of growing inequalities and health disparities.

This paper examines the interplay of professionalization, healthcare, social policy, and patient needs that defines the work of Certified Diabetes Educators (CDEs) in the U.S. Drawing on Constrained Choice Theory and a Negotiated Care framework, I analyzed data from 30 semi-structured interviews, 150 hours of field observation of CDE training and professionalization activities, CDE documents and tools, and government policies to: 1) Describe the work and working conditions of CDEs; 2) Situate CDEs' work in their policy and institutional contexts; and 3) Identify opportunities to better align the needs of patients, families, and communities with appropriate resources for diabetes care, so that CDEs can be most effective and satisfied in their work.

The Constrained Choice in Healthcare (CCH) framework I propose adds more nuance to our understandings of individual health practices—especially relevant for populations with the greatest needs. Diabetes careworkers are only as effective as their work is constrained by healthcare and policy. This is especially relevant for adapting diabetes management practices where a one-size-Western-solution does not fit all.

1.2 Paper Session: Technology and Care

Debates Room

- **Moderator:** Louise Oldridge, Nottingham Trent University
- **Helen Dickinson**, University of New South Wales, Catherine Smith, University of Melbourne, "Caring with Robots: Identifying Boundaries in Care."

A well-rehearsed refrain about care in the policy and academic literatures is that we are facing a looming crisis and this will lead to changes in services (Carey et al., 2017). Groups in receipt of care services are increasing in numbers, becoming older, have greater levels of disability and chronic illness and higher expectations about the quality of services (Glasby and Dickinson, 2014). At the same time, care service providers are finding it increasingly difficult to recruit an appropriate workforce (Australian Government Productivity Commission, 2017). Robots have begun to offer a potential solution to these twin demand and supply-side pressures. Yet, as the Australian Human Rights Commission (Australian Human Rights Commission, 2018) notes, 'like any tool, technology can be used for good or ill...modern technology carries unprecedented potential on an individual and global scale. New technologies are already radically disrupting our social, governmental and economic systems' (pg. 7). New technologies are therefore a double-edged sword; offering significant advantages, but with potential misuse or unintended consequences that need careful consideration so that such developments do not negatively impact particular groups.

The literature on the implementation of digital technologies indicates that if they are not carefully fitted in terms of model of care, they have less chance of being successfully implemented (Greenhalgh, 2018). This suggests that considerable thought needs to be given to what we mean by care in context and the role that robots play within this. In this paper we use evidence from 35 interviews with stakeholders involved with the implementation of robots in Australian and New Zealand care services. We analyse how people are thinking about care and robot technologies. In doing so, we identify that care with robots is a 'discursive practice' (Tronto 2018) and stewarding these technologies is best informed with care ethics to explore social and moral boundaries.

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- **Elizabeth Sarjeant**, Simon Fraser University, "Technologies of Care at the End."

Eldercare under capitalism is in a continual state of crisis. The work of caring for end-of-life patients is devalued amongst many other forms of carework traditionally performed in the home. However, as Silvia Federici (2009) writes, "unlike the reproduction of labour-power, whose product has a recognized value, [elder care] is deemed to absorb value and not produce it" (Federici, 2009, p. 116). In the context of technological developments that have in recent years changed care workers' labour process, the field of eldercare faces unique transformations. This paper takes up feminist autonomist Marxist analyses of eldercare to explore two technological mediations: one designed to facilitate relationships between workers and employers, and one that mediates relationships between workers and their patients.

First, I consider how platform applications like Care.com and CareLinx casualize labour relations for care workers while also formalizing their labour process. Second, I examine simulation technologies designed to

promote empathy in end-of-life care workers. For example, Klick Labs' SymPulse Tele-Empathy Device and the Michener Institute's "frail aging simulation suit" are intended to communicate elderly patients' suffering in a way that imbues care providers' labour process of with a sense of meaning and connection arguably at odds with the gig economy's trend toward depersonalization and precarization. Ultimately, I draw on an autonomist feminist Marxist framework alongside labour process theory to explore the implications of these technologies for eldercare workers' autonomy and capacity for resistance.

- **Laura Mauldin**, University of Connecticut, "The Care of One: A Study Bridging Feminist Scholarship and Disability Studies."

Millions of caregivers go unnoticed in waiting rooms and clinical appointments. They perform care work in the intimacy of the home and are largely invisible to the public. It often all begins when the person is ready to return home from the hospital, a turning point when staff must satisfy the question posed by administration: Is it safe to release this patient into the care of one? That is, is the caregiver - often a partner - willing to take sole responsibility? This paper proposes that three fields, science and technology studies (STS), disability studies (DS) and feminist scholarship, can be drawn together to examine such caregiving. Feminist scholarship has long examined caregiving as devalued women's work. But disability studies is committed to the social model of disability, which moves the site of the "problem" from the body to the social structures surrounding that body. Caregiving has been historically avoided because it may highlight the impaired body. Although explorations of subjectivity, experience, and power related to embodiment (e.g., gender, disability) are central to both feminist scholarship and disability studies, there remains a rift between the fields regarding the issue of caregiving; feminist scholarship feels it should be central while disability studies recoils. This paper suggests the need to enter into this forbidden space of considering caregiving and disability together, particularly by bringing in theories from STS. How might we incorporate critical analyses of technological objects used to care and the healthcare systems and policies that must be navigated to show how caregivers and their partners are actively shaped by

contemporary, technoscientific social conditions? I will present work-in-progress related to a book project that will use ethnography in people's homes to investigate these phenomena; I hope to solicit feedback to improve the study's research design.

- **Magally A. Miranda Alcázar**, University of California Los Angeles, "Tidy: A Case Study of Social Reproduction in the Gig Economy."

Today, a number of online platforms like Handy and Tidy have begun to offer a variety of services related to social reproduction. These digital platforms are part of the gig economy, a market environment characterized by short-term, temporary work arrangements between service providers and clients which are mediated through new technologies. Although these kinds of informal labor arrangements are not new, the development of such apps have exacerbated the sheer numbers of people who turn to technology—and the market—either as clients purchasing services or as independent contractors providing them. Although social reproduction in the gig economy remains statistically not very significant in an industry where the dominant hiring practices are very individualized, I argue they are nonetheless important to study. In the case of social reproduction services, these platforms are radically transforming work itself in important ways. This paper explores the complex relationship between gig-style work arrangements and social reproduction. In this paper, I briefly examine the theoretical origins of wages, industries and markets emerging from Marxist theories of social reproduction. And I ask how they compare to this modern digitally-mediated social reproduction in the gig economy. I argue that there is continuity between digitally-mediated social reproduction and theses raised by the Wages for Housework Campaign and Angela Davis, only in the context of markets for housework. Using qualitative data, I analyze a case study of Tidy, a Los Angeles-based online platform for house cleaning, I ask, how is social reproduction mediated through digital platforms such as Tidy, an app that is like Uber, but for housework?

1.3 Panel Session: Relationships of Care: Transnational and Intergenerational Exchanges

Music Room

- **Convener:** Julia Hemphill, The Hospital for Sick Children

Carework is performed and received beyond and between, within and across, generations as well as borders. Increased immigration, longevity, and the emergence of transnationally mobile seniors and their families have resulted in more multigenerational households. As family caregiving becomes intergenerational, carers throughout the lifecourse, face unique challenges. In this session we seek to explore these care relationships from an intersectional and transnational perspective by inviting papers which may include, but are not limited to, the work of young carers, adult carers, seniors caring for seniors, seniors caring for children and grandchildren, implications of intergenerational relationships, access to respite services and caring from afar.

- **Guida Man**, York University, "Transnational Migration, Gender, and Care Work: Examining Eldercare within Chinese Immigrant Families."

This paper is based on a research entitled "Eldercare Within Chinese Immigrant Families". It explores the experiences of recent Chinese immigrant women from Hong Kong and mainland China, and examines the reciprocity of care between adult Chinese immigrant women in Canada and their aging parents who reside either in Canada or transnationally. It investigates how the work of eldercare exacerbates inequalities experienced by a particular group of minoritized women, i.e., Chinese immigrant women, in the context of globalization and neoliberal restructuring. The myriad ways recent Chinese immigrant women simultaneously provide carework for their elderly parents and for other family members will be examined. At the same time, the various kinds of reciprocating carework elderly parents offer to their adult children's families will also be investigated.

- **Vivian Stamatopoulos**, University of Ontario, Institute of Technology (UOIT), "Caring for Grandparents: The Role of Canadian Youth in the Care and Support of Older Canadians."

Over the past three decades, shifting social, economic, political and demographic changes have led to unprecedented shifts in the generational structures of care and support. One of the largely invisible and unspoken of trends involves the incorporation of children and youth into informal care plans for the increasing base of older Canadians. Indeed, “young carers” represent the third largest Canadian care cohort and provide crucial yet often hidden forms of informal care and support to grandparents. This paper will use data from the 2012 General Social Survey on “Caregiving and Care Receiving” to highlight some of the ways that Canadian youth aged 15 to 24 are engaged in the social reproduction of older Canadians.

- **Jana Borrás**, York University, Janice Phonepraseuth, Nancy Mandell, York University, “The Role of Grandparents in Multigenerational Canadian Immigrant Households.”

Grandparents in multigenerational Canadian immigrant families provide considerable financial, emotional and material care and support to those in the middle and younger generations. Using data from 13 focus groups and 31 in-depth interviews with immigrant seniors from a variety of ethno-racial groups in Toronto, Canada, we explore the perspectives of immigrant seniors in creating and maintaining family. We discuss the ways in which their contributions, while critical, remain largely invisible and unrecognized by family members, settlement agencies and public policy makers. We examine the reciprocal and often conflictual nature of care and support by examining generational differences in ethnic traditions and child-rearing expectations. We conclude that understandings of immigrant settlement processes need to take into account the essential role of grandparents in furthering immigrant integration.

- **Julia Hemphill**, The Hospital for Sick Children, “Do Canadian Senior Immigrant Carers Get a Break?”

As seniors increasingly take on informal carework in the family as grandparents and providers of spousal care, more and more, they experience caregiver burden and a need for respite services, particularly for in-home services. Yet economic, cultural and social barriers limit these

seniors' access to a variety of respite care services. Immigrant senior carers face additional challenges related to lack of linguistically and culturally appropriate homecare, intensified social isolation as well as culturally specific norms and expectations regarding caring duties. This presentation will highlight emerging results from an on-going, interview-based study with Canadian immigrant seniors that explores the experiences, perspectives, and needs of senior immigrants around ways to alleviate rising levels of caregiver burden through the provision of a variety of forms of respite care.

1.4. Roundtable Session: Challenges of Caring With and For Family Members

Great Hall A

- **Ifah Arbel**, University of Toronto, Deirdre R. Dawson, University of Toronto, "Caregiving for a Spouse at an Advanced Age."

As the population ages and dementia rates increase, increasing numbers of oldest-old people (age 85+) are providing care to their spouses with dementia. Oldest-old people have been identified as a unique subgroup of elders differing from their younger-old counterparts (age 65-80) on several factors (e.g., motivational priorities and preferences, functional, cognitive, and sensory abilities, social networks). These differences likely result in different caregiving experiences. However, in dementia caregiving literature, oldest-old spousal caregivers have rarely been investigated as a unique caregiving subgroup. Most studies on the experiences of dementia spousal caregivers include younger spouses (age 65-80) and it is not clear if findings are applicable to oldest-old spousal caregivers. The limited evidence on the oldest-old subgroup suggests some unique aspects to their caregiving experiences (e.g., caregivers dealing with their own health problems struggle to provide physical help to their spouse, caregivers with memory decline find it challenging to manage their spouse's medication). These experiences likely create unique support needs that should be addressed in caregiving services. To date, it is unclear whether existing services are addressing these needs. As evidence on the experiences of oldest-old dementia spousal caregivers is scarce, further investigation is

warranted. To address this gap, we are undertaking a study that will explore the experiences and needs of oldest-old dementia spousal caregivers. The study will employ a qualitative phenomenology methodology, which enables exploration of the lived experiences of the participants, and engagement between the researcher and participants in an interactive reflection of the meaning of age and aging in the caregiving role. This presentation elaborates on the unique characteristics of oldest-old dementia spousal caregivers and explores how understanding their experience and support needs can help inform age-sensitive practice and policy.

- **Isabelle Courcy**, University of Quebec at Montreal, "Mothers Who Care: A Portrait of Everyday Reality of Caring for a Child with Autism."

Family is generally the first space of learning, socialization, and social integration of young children. Parents are usually expected to take care of them, provide them with emotional and material security, and ensure their education as well as their wellbeing with the support of the community. The presence of a child's disability, mental health problem or neurological condition changes the context in which parents exercise their family and social roles. Approximately 1 in 64 child has been diagnosed with Autism Spectrum Disorder (ASD) in Canada (Ofner et al., 2018). Most parents, especially mothers, carry out the task related to health, education, and seeking help for the child, as well as taking an important role in the child's readaptative program. Moreover, the complex and specialized nature of this domestic carework is little known.

- **Brigid Schulte**, New America, Amanda Lenhart, New America, Alieza Durana, New America, Haley Swenson, New America, "Men and Care: Barriers and Incentives to Increasing U.S. Men's Paid and Unpaid Caregiving Participation."

There are relatively few studies describing the fullness of the male caregiver experience, and those that do tend focus on comparing men unfavorably to women. Mignon Duffy (2014) has shown that when it comes to non-nurturing carework, men of color are already doing a

growing portion of often overlooked care work. Likewise, we know that while fathers still lag behind when it comes to care of young children, men are performing elder care almost on par with female contemporaries. In order to reap the social and economic benefits of men's involvement in family life and for caring professions to be seen as worthy and attractive, to foster real gender equality at work and home and close the pay gap, we need to move beyond stereotypes and explore men's actual lived experiences of care. As a first step toward this, our team has undertaken a large-scale qualitative study, including a nationally representative survey and multiple focus groups. The study will explore men's participation in both paid and unpaid care (of children, disabled, and aging friends, family, and neighbors) to better understand what motivates and hinders men's involvement in care, and to better understand the myriad and overlooked ways men are already caring or might be incentivized to do even more carework. This paper shares our survey and focus group construction, some preliminary findings (if available as planned) and proposes an ongoing research agenda on men and care.

- **Jude Chibuiké Kanu**, Noble Hearts Care Foundation, Nigeria, "An International Perspective in Care-giving-Africa."

Caregiving is not a common term in Africa. No one talks about caregiving in Africa even though it is taking place on behalf of children, disabled and the elderly. Africans are yet to realize that anyone who is involved in providing care is a caregiver. Being a professional caregiver in Africa, I saw the need to advocate for the people in my society who are incapacitated especially the elderly. Unfortunately, the journey has not been easy as so many factors affect the job or caregiving in Africa – from cultural believes, government neglect, caregiver burn out, poverty, security problems, and religious believes.

In 2016 when I was posted to a rural community in Rivers State of Nigeria, I realized that no attention is given to the elderly in our society, no care plans, no assisted living facilities or care homes, no retirement benefits or assistance.

There has been increased untimely death among the elderly in Nigeria and Africa due to lack of the above. You can simply put that Africans do not age well especially those who cannot afford to travel abroad.

The focus should be in Africa to rekindle hope for the elderly and everyone that needs assistance with the activities of daily living by advocating for care plans for the elderly in Africa so that people will no longer be afraid of getting old.

Nanny agencies exist but those that operate such agencies are more concerned with making money and pay no attention to the quality of caregivers that they employ to people's homes. Hence the increasing rate of abuse, neglect and irresolvable misunderstanding.

Africa needs investors and government to look into the care industry for a total overhauling and revolution. Assisted living facilities and care communities should be established at least in every states of every country in Africa. Retirement plans should be put in place and Caregiver Institutes/colleges should be established to produce new generations of African caregivers.

1.5. Roundtable Session: Decent Work and Care

Great Hall B

- **Pamela Uppal**, Ontario Nonprofit Network, "Decent Work for Women Working in Ontario's Nonprofit Sector."

Ontario's nonprofit sector's distinctive characteristics, challenges, trends, and opportunities significantly impact its labour force, one that consists of 80% women workers. We know very little about how women are faring in the sector. How do challenges women face in the broader labour market particularly manifest and impact different women working in the sector (e.g., the gender wage gap)? Given the critical intersections between labour, the nonprofit sector, and women, the Ontario Nonprofit Network is exploring these questions by applying a gender based intersectional lens (GBA+) to its decent work movement .

In 2018 we engaged self-identifying women in learning circles and a survey to share their experiences of barriers they've faced while working in Ontario's nonprofit sector. The results of which are published in our Women's Voices report. It reflects what we heard from the 730 women participants, their perspectives, experiences, and observances, in their own voices.

Their voices are grouped into three themes: feminization of the sector, discrimination in a feminized sector, and conversation to action. The feminization of the sector delves into how the sector is not only women-majority but traditional stereotypes of femininity are embedded within the sector's narrative and structures. This feminization has implications for not just women workers but all workers at the macro and micro levels. In part two the report highlights the way in which women workers in a feminized sector experience sexism and other forms of discrimination. A glass ceiling, gender wage gap, and harassment exist, they just manifest differently for different women workers given the nonprofit sector's unique characteristics, challenges, trends, and opportunities. Part three shares the women's recommendations for change. The themes reinforce the urgency of not only exploring labour force issues in the nonprofit sector, but doing so from a GBA+ lens.

- **Kristen Ferguson**, Nipissing University, Yvonne James, University of Ottawa, Chantal Demers, University of Ottawa, Ivy Bourgeault, University of Ottawa "Teacher Mental Health, Leaves of Absences, and Return to Work: A Pilot Study Examining Gender and Care."

This pilot study examined the mental health experiences of Canadian elementary and secondary school teachers, the factors causing them to leave work as a result of those experiences, and their return to work. We asked: 1) which teachers are leaving work? 2) which factors affect this decision and 3) what factors help them return to work?. Reflecting on an explicit gender lens, we also explored what role gender plays at each of these junctures. We drew on two data sources for this pilot study: an online survey of elementary and secondary teachers (N=69) and in-depth follow up interviews (N=8). Work-related stress for both elementary and

secondary teachers was rated higher than personal or familial stress. Both teaching groups identified stress as the most challenging mental health issue facing the profession. Survey data revealed that both elementary and secondary teachers believed that women were more likely than men to be affected by mental health issues to the extent of causing an extended leave, particularly those female teachers with children. In teacher interviews, 2 female teachers specifically spoke to the role of gender; they felt that they still took on the majority of household work and parenting, to the detriment of their career. Not only is teaching often referred to as a caring profession, with heavy needs of emotional labour in the classroom (Isenbarger & Zembylas, 2006), female teachers also appear to face issues of family care which carry burdens on mental health. Our pilot study provides much needed data for the gap in literature about teacher mental health, leaves of absences, return to work and the role of gender and care work within these processes.

- **Munjeera Jefford**, York University, "Decolonizing Immigrant Management."

Historically, Europeans intended to educate the colonized just enough so that racialized people could serve their colonial masters. Using the theoretical lenses of Paola Freire, Toyin Falola and Sophie Oluwole, I will critique colonial hegemonic legacies in education in terms of employment, curricula and instruction.

1. My paper focuses on Immigrant care economies and immigrant communities. Increasingly, federal funders are focusing on immigrant communities to not only provide settlement and education services for their own language and ethnic groups, but to provide services for all refugee communities. Within this context, settlement workers and language instructors face precarious employment. From community agencies vulnerable to government funding and sessional professors at colleges, adult education is rife with contract employment with a short shelf life.
2. Curriculum changes across Canada in language instruction delivery through the LINC program combined with pressure to keep

numbers at 80% and over in ESL classrooms put enormous pressure to comply with state agencies on teachers.

3. With a focus on meeting standardized benchmarks from LINC level 1-7 in adult ESL classrooms, anti-oppressive strategies are required as an important part of working with diverse groups. While settlement workers in organizations such as Ontario Council of Agencies Serving Immigrants (OCASI), promote awareness of anti-oppression principles, immigrant educators and administrators continue with practices that perpetuate long held colonial traditions.
4. Preoccupation with standardized assessments have led to ignoring transnational identities, multigenerational care in immigrant families and culturally inclusive pedagogy.
5. Another issue is that as teachers retire, more diverse ESL instructors are hired through attrition that reflect the demographics of the classroom more closely. These teachers increasingly face precarious employment.
6. An effort needs to be made to decolonize immigrant services, especially language learning. But is it even possible to decolonize learning English?
 - **Catherine Weiss**, RMIT University, "The Analysis of Prostitution as a Form of Care: An Intellectual History."

"My longest stint as a care worker has been as a prostitute..."

In this quotation, US writer and activist Robin Hustle makes several assertions that may seem strange to readers not familiar with recent academic and activist debates around work, care, and prostitution. Firstly, Hustle makes a link between acts relating to looking after and being concerned for others (care) and the idea of work. Secondly, she includes prostitution in this "care work", thus designating prostitution as a form of work similar to professions such as nursing, childcare and domestic work. In fact, Hustle's statement is typical of a tendency that is becoming more and more prominent in research and activism on prostitution. This

tendency, which I call “sex-work-as-care”, emerged in the early 2000s but appears to be rapidly growing in popularity.

In this presentation I will critically examine this tendency in light of its intellectual history. In the first part of the talk, I will characterise the tendency and sketch its history. In the second part, I will argue that its roots lie in two antecedent currents of feminist thought that have greatly influenced its development: firstly, the marxist feminist theory of social reproduction, and secondly research on the concept of “emotional labour” first proposed by Arlie Hochschild in 1983.

The aim of this approach is to reveal some of the theoretical assumptions underlying the sex-work-as-care tendency and thus open them up for critical discussion. This process helps us to answer questions such as: what are the advantages and disadvantages of linking prostitution and care work in this manner? How does this sex-work-as-care tendency shape our ways of understanding and analysing the activities often undertaken by women? And finally, can this approach be improved?

Session 2 (10- 11:15 a.m.) Concurrent Sessions and Book Panel

2.1 Book Panel

East Common Room

- **Author:** Adia Harvey Wingfield, Washington University
- **Book:** Flatlining: Race, Work, and Health Care in the New Economy. University of California Press, forthcoming July 2019.

What happens to black health care professionals in the new economy, where work is insecure and organizational resources are scarce? In *Flatlining*, Adia Harvey Wingfield exposes how hospitals, clinics, and other institutions participate in “racial outsourcing,” relying heavily on black doctors, nurses, technicians, and physician assistants to do “equity work”—extra labor that makes organizations and their services more accessible to communities of color. Wingfield argues that as these organizations become more profit driven, they come to depend on black

health care professionals to perform equity work to serve increasingly diverse constituencies. Yet black workers often do this labor without recognition, compensation, or support. Operating at the intersection of work, race, gender, and class, Wingfield makes plain the challenges that black employees must overcome and reveals the complicated issues of inequality in today's workplaces and communities. (UC Press)

- **Respondents:** **LaTonya Trotter**, Vanderbilt University
- **Melissa Hodges**, Villanova University
- **Mignon Duffy**, University of Massachusetts Lowell

2.2 Paper Session: Men, Masculinities and Care

Debates Room

- **Moderator:** Kim Price-Glynn, University of Connecticut
- **Majda Hrženjak**, The Peace Institute, "Doing, Un-Doing and Re-Doing Gender and Class in Hands-On Professional Care."

Hand-on professional care is deemed as the area of care characterized by one of the most hard working conditions, low salaries, social devaluation, but also feminization and racialization of the field. Research that explores a very low share of men in care employments in general, and in hand on professional care in particular, mostly addresses gender identity issues as the main reasons for diverting men from employment in hand-on care. In this paper we, however, examine how gender identity issues and class issues, i.e. bad working conditions, interplay and co-influence in men's and women's perception of hand-on professional care work. In the fall 2018 we carried out semi-structured individual interviews with 12 men and 12 women working in different fields of hand-on professional care (childcare, eldercare and care for disabled) and with 8 managing directors and staff recruitment officers in 6 care institutions in Slovenia. In the narratives we observed several paradoxes: even though men are invited and very positively valued in this work, they are present in a very small share; when men are engaged in hand on professional care, they highly value this work, and do not complain about the working conditions and gender stereotypes; on the contrary, women hand-on professional care workers clearly expose bad working conditions, low social valuation and

gender stereotypes related to this work. In attempt to interpret these striking differences between men's and women's perceptions of their work we complement the concepts of doing, un-doing and re-doing gender with the notion of doing, un-doing and re-doing class. Along with that, we point to the differences in working conditions of hand-on care workers in the childcare, eldercare and disability care in Slovenia.

- **Kim Price-Glynn**, University of Connecticut, "Men's Caregiving Communities: Dads' Groups, On-line and In Person."

This paper explores a cluster of on-line dads' groups (that contains several individual and overlapping groups) that connect and support members through online information and discussion, in person meetings, kids' outings, and monthly dads' nights out. Despite new scholarship on fathers (Ranson 2015; Podnieks 2016), the literature has not focused on dads engaging with each other through fathers' groups. In part, this may be because we normatively define caring labor as women's work. Men's unpaid caring labor is less visible and men are more often seen as helpers and less often examined as primary providers in their children's care, unless they are single or stay-at-home dads. By examining men who prioritize and socialize around their caring labor, we can learn more about men who foreground their identities as dads. In actively seeking caregiving support from other dads, these men challenge normative expectations for both masculinity and caregiving. Current research shows a shift in men's thinking about fatherhood, more toward integrating elements of both traditional breadwinning with contemporary expectations for caring labor (Harrington, Van Deusen, and Humberd, 2011). Yet even among millennial men – who marry later, share breadwinning, and espouse egalitarian child rearing – their actions do not match their ideologies (Harrington et al., 2016). According to recent research, less than one third of millennial dads contribute equal care with moms (Ibid.). Dads group men are unique not only in foregrounding their roles as fathers, but in their search for like-minded men to express their vulnerability, admit their parenting concerns, and share their stories. In effect, the men's groups act as a safe space for men to express and perform normatively marginalized performances of

masculinity with other men. If we hope to understand the possibilities for men's caregiving, we need to examine groups where change is happening.

- **Luisa Streckenbach**, German Youth Institute, "The Transmission of Caring Behaviour from Parents to Sons: Gender Ideologies and Fathering Attitudes as Connecting Elements."

In recent years, father involvement in childcare has received a lot of research attention, especially through the introduction of various parental/paternal leave legislations in Europe and beyond. Studies have reported that ideologies towards gender are changing and that women and men are becoming more aligned with egalitarian ideals. As one aspect of socialization, gender ideologies are formed during childhood, e.g. through social values and norms, role models and experiences in daily life, and these ideals can alter through life course events.

In the presentation, we show some results of our study concerning father involvement in childcare. In a first step, we investigate whether the caring behaviour of the fathers' own parents relate to the fathers' gender ideologies and fathering attitudes. In a second step, we explore how the fathers' gender ideologies and fathering attitudes, in turn, relate to a greater childcare involvement towards their own children.

We draw on newly collected cross-sectional survey data from a large German state (2017/2018). The richness of our data provides a detailed operationalization of care practices and a scale that asks about caring behaviour of own parents, respectively. Additionally, we included comprehensive scales about gender ideologies and fathering attitudes as well as self-evaluations about being a father (self-concept/-efficacy).

The differentiated measurement allowed us, as a result, to identify three dimensions of fatherhood. We use these to clarify the relationship with the behaviour of ones' parents as well as the involvement in childcare-tasks. A support of the suspected relations suggests a transmission of the parent generations' caring behaviour via ideologies and attitudes to the caring behaviour of their sons. Preliminary results show that a unidimensional continuum between traditional and egalitarian is

insufficient to capture the variety of fatherhood conceptualisations in German society. Moreover, each of our dimensions shows a unique relation to greater father involvement.

2.3 Panel Session: Regulating Careworker Migration: Immigration Controls in Sending and Receiving Countries

Music Room

- **Organizer:** Matt Withers, Macquarie University
- **Matt Withers**, Macquarie University, "Decent Care for Migrant Families: Policy Alternatives to Sri Lanka's Family Background Report."

The working lives of Sri Lankan women have traditionally been constrained by rigid gender norms, though labour force participation has increased following the promotion of highly-feminised employment in export production and foreign employment since 1977. While 'female breadwinners' have become increasingly prevalent, the expectation that care work is an exclusively feminine undertaking endures. Tensions between work and care are particularly acute for women migrant domestic workers, who must navigate the competing demands of performing paid care work abroad and fulfilling culturally-ascribed care obligations to their own families in Sri Lanka. The ILO's decent work agenda has promoted a rights-based framework for migrants engaged in paid work, but a lack of policy attention toward the gendered demands of unpaid care work has left crises of social reproduction unaddressed. In Sri Lanka, this vacuum has been filled by the Family Background Report (FBR) – a regressive government circular that addresses public concern for 'left behind' families by restricting the migration of women with young children. Though intended to protect women and children, the FBR's punitive screening process has affirmed traditional gender norms and incited irregular migration. This article draws on in-depth interviews with returned domestic workers and civil society actors to understand how household care needs are managed during migration and to formulate research-driven 'decent care' policy principles that redress the FBR and extend the decent work agenda. Findings indicate that migrant

households typically depend on the unpaid care work of female relatives or experience care deficits, and suggest that a care-ethical approach involving investment in local care infrastructure could yield multiple benefits for migrant communities.

- **Yi-Chun Chien**, University of Ottawa, "Rights to Settle? Comparing Migrant Care Worker Policies in Taiwan and South Korea."

Care turns into a site of "crisis" with the ageing population, increasing women participation in the labour market, changes in family and gender relationships, and the restructuring of welfare states. As outsourcing of care is happening in tandem with the expansion of the global care labour market, international migration has become the solution to the "crisis of care". East Asia is no exception to this global phenomenon. As East Asia welfare states expand social care provision, the increasing demands for care workers have led to reforms of immigration policies. The deeply intertwined policy mechanisms also highlight the critical roles that government plays in providing rights and protection for immigrants while providing essential care to those in need. In this paper, I compare Taiwan and South Korea to examine how East Asian states negotiate their elderly care provision and border control. I explore how migrant care labour has become central to the provision of elder care in East Asia and how state's long-term care provision and immigration controls would shape its migrant care worker policies. Also, I investigate how migrant care worker's status as both "migrant" and "care worker" are shaped by the political and institutional framework of the state. With the qualitative data I collected over seventeen months of fieldwork, I argue the institutional arrangements of elder care provision and development of immigration policies shape the diverging paths of migrant care worker policies. State's social policy arrangements, policy sequences and migration legacies have not only shaped how elder care is organized but also affected how labour and membership rights of migrant care workers are negotiated and contested. The timing and policy sequence of elder care policy and immigration policy shape the composition of migrant care worker force, and the labour protections and access to membership rights for migrant care workers.

- **Sohoon Yi**, Rice University, “Transnational Care and Mobility Regime through Time: Migrant Care Workers in South Korea.”

Migrant care workers often come to South Korea initially as temporary migrants with restricted access to long-term legal status. Many of them take steps to secure long-term legal status and are often successful in their tasks. The extant literature on migrant care workers pays attention to the “temporary” nature of their immigration status, especially their restricted access to permanent residency and the related benefits such as family reunification. However, the literature often assumes time as a uniform and static entity rather than a variable and negotiable one, with limited focus on visa mobility. The paper uses theories of temporalities to understand migrant subjectivities in negotiating their mobility with time. The paper draws from the ethnographic data and personal and group interviews with 16 migrant care workers who experienced visa mobility, from a larger study conducted between 2013 and 2015. I pay attention to three temporalities: immigration time, contracted time and biological time. Immigration time delineates temporary legal status and channels where temporary migrants can ‘upgrade’ their legal status to long-term visas. Contracted time (i.e., time in employment) and biological time (i.e., age) play important roles in migrants’ attainment of long-term status. This paper examines time as a tool to understand how migrants negotiate transnational care in a restrictive immigration system.

- **Discussant:** Cynthia Cranford, University of Toronto

2.4. Paper Session: Devaluation in Paid Care

Great Hall

- **Moderator:** Katherine Ravenswood, Auckland University of Technology
- **Kimberly Lucas**, Brandeis University, “Too Legit to Quit? The Iron Cage and Early Childhood Workforce Quality.”

Weber (1958, 1968) and DiMaggio and Powell (1983) have defined and explored the trappings of the modern bureaucratic state. This paper couples these concepts with Fligstein and McAdam’s (2012) theory of fields

and Skocpol's (1992) polity-centered approach to historical analysis, and applies them to the field of early childhood education and care in Massachusetts. Beginning with a historical tracing of the field's bureaucratic roots and following with empirical examples from ethnographic work done with current family child care providers, I argue that the 'iron cage' may now be stagnating the field and preventing it from being able to grow and evolve to reach its stated goals of developing a system of diverse, accessible high-quality early childhood services—and ultimately supporting the inequality inherent in the status quo—by rewarding familiar convention and sanctioning unorthodox innovation. Beyond the field of early childhood, this paper suggests implications for the ways in which bureaucratic values, including the value of quality in care services, are realized (or not) and incentivized (or not) through implementation.

- **Kristin Smith**, University of New Hampshire, Nancy Folbre, University of Massachusetts Amherst, Leila Gautham, University of Massachusetts Amherst, "The Care Penalty: A Source of Rising Earnings Inequality in The U.S., 1980-2016?"

The uneven bargaining power of both firms and workers may be contributing to increased earnings inequality in the U.S. In this paper we ask how did gender-disaggregated trends in earnings inequality in care industries in the U.S. between 1980 and 2017 differ from those in other service industries, particularly financial and business services? Econometric analysis of earnings from the 1980-2016 Current Population Survey shows that growth in earnings of those in the top 10% of the earnings distribution in financial and business industries have outpaced earnings among the top earners in the care industries (health, education, and social services) and other industries. Further, the earnings differential between the top earners (at the 90th percentile) compared with earners at the bottom (at the 10th percentile) of the earnings distribution has grown, leading to increased wage inequality in the U.S. We find that earnings in care industries are more compressed. In contrast, wage dispersion has increased in the financial and business industries. We argue that features of the financial and business sector, such as economic rents, bonuses,

performance pay, and the individual's input has contributed to this large wage growth at the top. Market imperfections create an environment where wages are partially determined by bargaining power. Firms with market power earn extra profits, or rents, and some workers within the financial and business sector are able to capture a share of these. Meanwhile the specific features of care work, including moral commitments, the difficulty of capturing added value, and the importance of team work compress wages in the care work sector. These differences by sector help explain these varying patterns in wage inequality seen by industry.

- **Cynthia Spring**, York University, "The Politics of (De)valuation in an Era of Constrained Public Spending: The Case of Midwifery."

In an era characterized by constrained public spending, how, and to what extent, are paid care workers absorbing costs of services integral to social reproduction? To explore this question, this paper analyzes a recent Human Rights Tribunal of Ontario ruling involving the Ministry of Health and Long-Term Care and the Association of Ontario Midwives, a decision that offers a window into the gendered nature of the state's efforts to constrain public spending and provide healthcare provision. Taking this decision as its starting point, this paper adopts a feminist political economy approach to identify and interrogate mechanisms surrounding the (de)valuation of feminized professions in healthcare, such as midwifery. It explores how, under neoliberalism, midwifery—a profession that only gained legitimacy relatively recently—has been destabilized and devalued through governing practices characteristic of this era. It probes, in particular, how the government of Ontario's efforts to cast midwives as autonomous primary health practitioners, as a means of maintaining the conditions necessary for a sustainable process of social reproduction, interacts with large-scale efforts to limit public spending. The paper proceeds in three parts. Section one provides a history of the "professionalization" of midwifery; prompted by a shortage of family physicians practicing obstetrical care, Ontario's decision to bring midwives into the fold of public healthcare formally offered the government a cost-effective alternative to high-risk specialists, such as obstetricians,

providing relatively low risk pregnancy care. Yet, as section two illustrates, with the legitimization of midwifery, the Ministry resorted to different means of (de)valuation available to keep costs associated with its provision of services low, revealing how “neutral” laws, policies, and regulations, contribute to the devaluation of a feminized occupation fulfilling a vital role in reproductive health. Section three explores how such means of (de)valuation might be applied to and challenged within other similarly feminized healthcare professions.

- **Katherine Ravenswood**, Auckland University of Technology, Julie Douglas, Auckland University of Technology, “Does Legislation for Gender Equity Change Managers’ Perspectives on the Skills and Value of Healthcare Assistants?”

Most healthcare provision in New Zealand is publicly funded by the Government, with responsibility for healthcare budgets and provision delegated to local health authorities known as ‘District health boards’. These local authorities then outsource some elements of healthcare, particularly residential aged care, community and disability care to private care provider organizations (Ravenswood & Kaine, 2015). As in many Western countries, the wages for healthcare assistants in these sectors have been historically low.

In 2017 the New Zealand government made an historic settlement with unions to address the low wages in care work based on historic gender discrimination. It was the culmination of a lengthy process beginning with legal action taken by Kristine Bartlett, a residential aged care worker and her union ‘Ē Tū’, against her employer. The settlement introduced higher hourly wages for healthcare assistants and an increasing hourly pay scale associated with the completion of training and industry qualifications. This settlement was then enshrined in legislation and government funding for the provision of residential aged care, community and disability care.

Ravenswood and Harris (2016) found that although managers said they valued the work itself (i.e. caring), managers still spoke about caregivers as low skilled. This paper explores how internationally ground-breaking

legislative and regulatory change in 2017 has influenced managers' perspectives of care work and healthcare assistants. It is based on focus groups and interviews in 2018 with over 60 managers and care workers in residential aged care, community care and the disability sector in New Zealand.

Session 3 (11:30 a.m. – 12:45 p.m.) - Concurrent Sessions

3.1 Paper Session: Intersections of Migration and Care Policy

East Common Room

- **Moderator:** Louise Oldridge, Nottingham Trent University
- **Monica Boyd**, University of Toronto, "The Sticky Floor of Carework: Consequences for Canada's Former Live-in Caregivers."

Temporary care workers largely have entered Canada under the auspices of the Foreign Domestic Worker Program (FDW), 1981-1991 and the Live-in Caregiver Program (LCP), 1992-2014 to work largely as child minders and elder care givers. Migrants in these care-giver programs are overwhelmingly women and from the Philippines and until December 1, 2014, they were allowed to transition to permanent migrants after meeting various criteria, including employment for a minimum of 24 months as care givers while residing in the employers home. Over the years, care workers, non-governmental organizations, policy analysts and academics have sharply criticized the FCD and LCP programs. Among many other issues, the deskilling and downward mobility of workers originally employed in largely babysitting occupations is a major concern. Many small "N" studies offer poignant testimony to the difficulties that former LCP workers experience when seeking other sites of employment after becoming permanent migrants.

In a highly innovative step, Statistics Canada (the equivalent of the U.S. Bureau of the Census) and the Department of Immigration, Refugee and Citizenship Canada merged information on entry visas to 2016 census of population records. Using a big "N" census sample, it now is possible to ask what are the employment outcomes for the LCP caregivers who become permanent residents over an almost 30-year period. Using levels

of education and field of study census questions, this paper provides evidence on the long term labour market scarring effects of relatively highly educated migrants who were employed in the LCP program by employing a match-mismatch analysis of education levels, fields of study and occupations.

- **Richa Shivakoti**, Maastricht University and UN University-MERIT, "Protection or Discrimination: A Look at Policies Banning Female Migrant Workers."

The article is about a gendered migration policy that has been adopted by several Asian (and African) labor sending countries at different times. The policy bans low-skill temporary female migrant workers, mostly working in the care and domestic work sector, from going to work abroad (with variations such as destination country-specific ban for all female workers or ban for females under a certain age group in certain sectors) with the rationale to protect them from possible harm and abuse. I write a theoretical migration policy article using examples from different countries that have adopted these policies to argue that governments use this policy despite knowing its lack of effectiveness in protecting women from abuse because it provides a short-term solution at a very low cost for the government, allows for blame avoidance and because of their own limitation to influence another country's laws to protect their migrant workers.

- **Valerie Damasco**, University of Toronto, "Structuring of the Canadian Healthcare System: The Transnational Labour Migration and Mobility of Filipino Nurses to Canada from the Philippines and via the United States, 1957 to 1969."

During the mid-twentieth century, the nature of the nursing profession in Canada had drastically changed as a result of the expansion of the Canadian healthcare system, the introduction of Medicare, and the profession became more scientific and specialized. Additionally, the growth of the population necessitated the development, operation, and management of additional hospital units and healthcare services. The local labour pool, however, could not sufficiently provide for the demand

in the proliferating hospitals. As an efficient and short-term solution, Canadian hospitals, along with immigration officials, recruited Philippine-trained nurses. In this paper, I discuss the transnational labour migration process and mobility of nurses who immigrated to Canada from the Philippines and via the United States during the 1950s and 1960s. Drawing on in-depth life history/oral history interviews and an analysis of historical documents obtained from archival repositories in Canada and the United States, I examine forms of social organization that coordinated relations between the migration and mobility of participants and the social institutions involved in organizing the transnational labour migration process.

Nearly a third of the nurses arrived prior to the liberalization of Canadian immigration policy in 1962. The implementation of nationalized public healthcare had prompted and coincided with their appointment in the late 1950s, beginning in 1959. Nationalized public healthcare, known as the Hospital Insurance Program enacted in 1957 through the Hospital Insurance and Diagnostic Services Act (HIDS), was limited to the province of Saskatchewan and Alberta. Subsequently, in 1959, all provinces were in the process of espousing nationalized public healthcare and was expanded to universal healthcare in 1966 under the Medical Care Act. Notably, almost half of my participants were appointed to supervisory positions or nurse educator positions during the post-1962 period. I argue that historical, structural, and social influences had prefigured their labour mobility to and within Canada during the mid-twentieth century. Furthermore, I illustrate how their appointment in Canadian hospitals was organized by social institutions (i.e., government, education, healthcare, family), state policies in the Philippines, United States, and Canada (i.e., immigration, labour, and healthcare), and influenced by the American colonial history of the Philippines.

- **Jennifer Nazareno**, Brown University, Cynthia Cranford, University of Toronto, "Intersectionality, Immigrant Care Economies, and New Forms of Servitude in Long-Term Care."

This paper aims at examining the private sector of U.S. long-term care services, specifically related to immigrant care economies and the home health industry. We interviewed 20 immigrant Filipino women who have been care workers for older adults in Los Angeles, California for at least 10 or more years. Our major findings pertain to the new forms of domestic servitude that characterize this intersectional relationship occurring between the care worker and the care recipient. This phenomenon is exemplified by the 1) combination of oppression/privilege given the social location of the care recipient. They are not just oppressed as women and privileged in terms of class and race (like classic domestic work) but also marginalized due to age and disability. Yet, they are still able to limit this vulnerability to some extent because they can afford to pay for domestic care services. All the while, immigrant women are migrating later in life (in their 50-60s) despite having a college degree and 20-year careers as teachers, small business owners, office workers, accountants, health care workers in their home country. Nevertheless, they leave family members behind even during later stages in their lives and migrate to serve as care workers for the growing older adult population in wealthier regions such as the United States. 2) The formation of a triangular relationship that between the care worker, care recipient, and home health agency also characterizes the nuances occurring in domestic care work. Unlike didactic relationships that have characterized classic domestic labor services, these immigrant care workers describe having two employer relations that they now need to manage. 3) Companionship labor that immigrant care workers provide is unrecognized form of labor despite the importance that such labor provides by serving as the eyes and ears of care recipients who are impaired and helping to prevent social isolation and depression and physical falls that could lead to hospitalization and institutionalization. These new forms of domestic servitude underscore the continued consequences of economic globalization intersected with the privatization of the welfare state.

3.2 Paper Session: Autonomy, Agency and Care Debates Room

- **Moderator:** Guillermina Altomonte, New School for Social Research

- **Adrianna Munson**, Columbia University, Guillermina Altomonte, New School for Social Research, "How Autonomy Organizes Carework: Comparing Institutional Approaches to Disability and Elder Care."

Autonomy is a widely shared cultural value and is often used as an indicator of successful rehabilitation by social welfare institutions. Autonomy's opposite is often described as force, coercion, or dependence especially for formerly institutionalized populations like the elderly and the mentally disabled. Framing autonomy in this way obscures the way that we manage enduring dependencies throughout the lifecourse.

This paper is a comparative exercise of the meanings that autonomy has for the elderly--who are "exiting" autonomy as they start experiencing new forms of impairment--and disabled young adults--who are "entering" autonomy through an independent living program. We combine our ethnographic data on the tensions between independence and care that arise for each group. We are especially interested in the ways in which two institutions in New York State, an independent living program for disabled adults and a skilled nursing facility for elderly individuals, define and make use of autonomy when they organize carework. The article examines and compares: (1) institutional definitions of ethical care and autonomy; (2) tools, discourses, and strategies used to manage dependencies; (3) what work does autonomy do to reconcile the conflicts and interests of the institution and its clients.

By contrasting institutional differences and similarities across these dimensions, we theorize the multiple and contradictory meanings of autonomy and the ways in which these interpretations shape the labor of caring. As both groups primarily access long-term care through Medicaid, we conclude with a reflection of the expectations the neoliberal welfare state places on citizens for self-sufficiency and autonomy.

- **Elizabeth Nisbet**, John Jay College, "Sources of Authority and Worker Agency: An Agenda for Research on Worker Views of Rights and Change."

Policy change affecting low-wage work in the United States has occurred as worker movements and occupation- and sector-based organizing have adopted new reform agendas and new tactics, as seen in the Fight for 15 movement. Home care aides have been part of this collective action through the National Domestic Workers Alliance and unions including SEIU. Results have included wage gains and the extension of federal overtime regulations to care aides. The policy context of home care work is complex given overlapping state and federal labor and health care policies. Structural parameters also shape the jobs in terms of process factors including skill level, tasks, and visits to clients. Policy applicability often depends on employer type or payer source, while regulations such as training rules may also vary by state, and according to employer-permitted tasks aides may perform. Our research explores how this complex interplay of policy, payer, and employer factors influences aides' perceptions of what factors structure their jobs and how jobs might be improved. Scholars have noted the influence of industry structure, the isolation of home care, and affective ties between client and caregiver. Less has been written about how bewildering the different sources of authority structuring home care work could be and implications for participation in advocacy efforts. This paper argues that research on job quality and engagement of care aides should take into account both sources of authority over care work and aides' awareness of the responsibilities of different authority sources for structuring their jobs. Drawing from labour process and legal consciousness theory and pilot survey and interview data on workers, we propose a model of how sources of authority structure intersecting labor process and institutional factors to guide further research. Implications for understanding the dynamic context of job quality, client relationships and advocacy efforts will be discussed.

- **Wendy Simonds**, Georgia State University, "In Search of Dignified Care: Birth Plans and Advance Directives."

Birth plans and advance directives both arose out of social movement activism that promoted resistance against medical interventions that activists believed were antithetical to care. The feminist health care and

childbirth reform movements led to the creation of “birth plans,” and the death with dignity movement (also called the “right to die” movement), led to the creation of “advance directives” (also called “living wills”). These movements both began in the 1970s in the US and Europe. In both cases, activists focused on the individual autonomy of the patient in birth and death – events during which one’s autonomy may be compromised -- and mobilized against institutional and state control of these experiences. These two documents appear to be unique; I can think of no other situation in which people initiate and produce a document in anticipatory resistance to institutional (lack of) care. Both documents demonstrate a shared understanding of care centered on preserving idealized individual autonomy (even when it may be compromised in actuality) and treating patients with dignity. Both documents demonstrate future patients’ views that they must articulate their wishes in advance because they cannot rely on medical service providers or the institutions that employ them to prioritize either autonomy or dignity. Both documents demonstrate resistance against the lack of care common in medicalized experiences. In this paper, I will analyze scholarly and popular depictions of both documents, primarily in the U.S. context, to illuminate the various conceptions of care they articulate and the critiques of medicalization they promote.

- **Crystal Gaudet**, University of Western Ontario, “‘You Are the Sacrifice, but They Are the Beneficiary’: Exploring Notions of Sacrifice in the Narratives of Migrant Live-in Caregivers in Toronto, Canada.”

In this paper, I provide an overview of the key findings of my doctoral research, which aims to document and analyze how migrant caregivers ascribe meaning to the (re)productive labour that they provide within Canada’s Live-in Caregiver Program (LCP). Introduced in 1992, the LCP (renamed the Caregiver Program in 2014) recruits women, primarily from the Philippines, to provide care for children, elderly persons, as well as persons with disabilities, in the homes of Canadian families. The objective of the study is to examine the ways in which caregivers make sense of, re-frame, challenge, or resist the problematic tropes attributed to domestic and care work as well as how they negotiate or develop new identities and

modes of thinking under the conditions of a policy that positions this work as peripheral to the larger economy. Located in a feminist sociological framework, I conduct a narrative analysis of focus group interviews with 11 current and former migrant caregivers employed in Toronto within the last 15 years. A total of three focus group interviews took place between December 2016 and January 2017 at a community organization that provides services to live-in caregivers in Toronto. Findings demonstrate the ways in which the LCP devalues care work and facilitates the exploitation of migrant women's time and labour in the context of declining state responsibility for the care needs of Canadian citizens. Participant narratives also reveal the strategies through which migrant caregivers negotiate the stigma associated with carework, by refocusing attention on the relational dimensions of care and reframing the work as a sacrifice. For the women in this study, their identities as workers were inextricably tied to their maternal identities, and the notion of sacrifice was central to how they made sense of and assigned meaning to their experiences in the LCP. Drawing on the concept of embedded agency (Mahmood, 2001; Korteweg, 2008), I examine the cultural significance of the notion of sacrifice and consider the ways in which it simultaneously enabled and constrained migrant caregivers' agency.

3.3 Panel Session: Care Work & Moral Theory

Music Room

- **Chair:** Merel Visse
- **Maurice Hamington**, Portland State University, "Decolonizing Moral Theory."

Although philosophers have a wonderful capacity to question everything, one area seemingly beyond reproach is theory. In this sense, theory is king: a monarch who rules over the Western mind. When it comes to ethical theory, authority rests with a priori abstract systems of normative adjudication. In a quest for certainty, we want to know what constitutes "right" and "wrong" in advance so we can clearly work toward doing the right thing. This is an understandable desire and an admirable goal fulfilled by dominant moral theories such as Kantian rules and utilitarian

calculus. However, these approaches place moral authority in normative systems. The thesis here is that care ethics shifts moral authority away from abstract a priori systems to responsiveness within relationships. In this manner, Nel Noddings' dictum, "The student is infinitely more important than the subject" is mapped onto the human condition more broadly. Effectively responding to the context of individuals in need is more important than any system of moral adjudication. In this sense, care ethics can be said to advocate an "emergent normativity" that cannot clearly indicate in advance of any human interaction what the caring response will be. Yet, this is not moral relativism, as a disposition of caring is brought to the encounter. Furthermore, care ethics transcends "event" oriented ethics (i.e. the trolley car dilemma) to place morality in relationships that extend temporally and imaginatively beyond any single incident. In this manner, care ethics has the radical potential to decolonize moral theory with ontological implications. Individuals are vested with greater agency in being able to respond to the other with a range of actions as implicated by the context. Free from the rule or dogmatism of moral theory, individuals can learn and grow as part of rich caring relationships.

- **Maggie FitzGerald**, Carleton University, "Pluriversality and Care: Rethinking Global Ethics."

There is a growing literature on multiple ways of being-in and seeing the world – described by the language of the pluriverse (de la Cadena 2015) – that illuminates the different ontologies that exist globally, and the ways in which these ontologies are inextricably connected. Importantly, ontologies in this context do not precede mundane practices. Rather they "are shaped through the practices and interactions of both human and non-humans [and thereby] perform themselves into worlds" (Blaser 2009, 877). The pluriverse is the matrix of ontologies that are connected through relations of power, and thus acknowledges that while we reside in the same present, our ontologies can be very different, and entangled in complex ways.

In foregrounding the deep and pervasive ontological differences that exist globally, the pluriverse also challenges the colonial logic of a singular and shared world, and poses a significant challenge to the field of global ethics. How do we approach moral dilemmas and navigate competing axiological claims when ontological differences are deep and pervasive?

This paper argues that feminist tools – particularly based on the ethics of care – can help us develop an alternative framework for ethics in the pluriverse. Care ethics starts from a feminist relational moral ontology (Hekman 1995), whereby moral subjects are understood to be dependent and vulnerable beings shaped by relations of power. This starting point re-orientates how we ‘do’ ethics, because acknowledging our mutual dependence and vulnerability requires that we foreground the vulnerability of our moral judgment (Hutchings 2012), which is, itself, always-already constituted by our ontology. In acknowledging the vulnerability of (all) moral judgment, we are better able to examine the ways in which ethical issues have often already been ‘decided’ by the background norms and relations of power which precede the dialogue (Robinson 2011, 859), and open space for alternative ethical deliberation.

- **Hee-Kang Kim**, Korea University, “Carism: Care Ethics as a Political Theory.”

Care ethics, which was introduced as a feminist moral ethics in the 1980s, has recently expanded its application to various disciplines. Among them, the studies on the socio-political implications of care ethics have significantly attracted academic attention. These studies attempt to criticize the existing political theory for overlooking the value of care, reconstruct political concepts, such as freedom, equality, citizenship, and democracy from the perspective of care, and point to the possibility and appropriateness of care ethics as a political theory beyond a moral theory. Based on these research background, this paper tries to relate care ethics to political theory. Referring to a political theory centered on care as carism, this paper purposes to examine the characteristics and merits of carism, which is distinguished from the existing political theories.

This paper attempts to identify the main characteristics of carism at three points: First, carism recognizes and appreciates the value of care. Second, carism identifies and rectifies the injustice of care. Third, carism stipulates the conjunctive responsibility for care.

The practices of care have been going on throughout the history of mankind. However, the political societies so far have overlooked and excluded the value of it. Such neglect and exclusion have led to the serious injustice of society. The existing political theory without care does not have a normative framework to identify and rectify the injustice of care in society. Carism, on the other hand, is able to not only pay attention to the injustice of care, but also justify the conjunctive responsibility for care for rectifying it. Through carism, thus we can advance to a better and more just society.

Panel Discussants:

- **Elena Pulcini**, University of Florence, Sophie Bourgault, University of Ottawa, Merel Visse, University of Humanistic Studies

3.4 Paper Session: Working Conditions for Paid Care Workers

Great Hall

- **Moderator:** Jennifer Craft Morgan, Georgia State University
- **Alicia Kurowski**, University of Massachusetts Lowell, Sundus Siddique, University of Massachusetts Lowell, Rebecca Gore, University of Massachusetts Lowell, Laura Punnett, University of Massachusetts Lowell, "Participatory Ergonomics to Address Burnout among Careworkers in a Mental Health Hospital."

Background An intervention study to improve careworker health, safety, and well-being is underway in a mental health hospital. In this facility, direct care staff including nurses, mental health workers, social workers, and rehab specialists are responsible for patients with severe and persistent cases of mental illness. We are implementing an employee-led problem-solving and priority-setting process. **Methods** Baseline needs assessment engages rank-and-file workers and managers. Interviews were conducted with facility and union leaders, and workers' compensation

records were examined. A self-administered questionnaire was distributed to employees about working conditions, occupational health and safety. A joint labor-management committee, the "Design Team" (DT), was constituted with 8 members from different jobs and 2 co-facilitators (one labor, one management). The facility leadership with decision-making authority comprises the "Steering Committee" (SC). A coach from the Research Team trains and guides both committees in the participatory process. Results Following a DT brainstorming session, burnout was prioritized for the first intervention cycle. A root cause analysis yielded sub-issues including accountability, staff retention, mandated overtime, training, and violence. Priority issues from the leadership interviews included "mental well-being of workers" and "workload – fatigue, turnover, overtime," suggesting alignment of views between SC and DT. Survey data inform this focus. Most respondents (n = 302) had 40-hour work weeks, but with an average of 5 hours/week overtime. They reported up to 40 hours of mandated overtime in the past month. Almost one-half reported a sleep deficit of one hour or more, and 31% expressed intent to leave the job in the next two years. Additionally, assaults represented 78% of all workers' compensation claims. Conclusions The DT will next develop three intervention alternatives to address burnout and present their business case to the SC, which will select and implement one proposed intervention. Evaluation of effectiveness should involve both committees, with researcher guidance.

- **Sara Haviland**, Rutgers University, Jennifer Craft Morgan, Georgia State University, "The Professionalization of Care Work in Health Care: Challenges and Possibilities."

The rapid growth of the older adult population and its implications for the future of healthcare is well-documented; the demographic shift is stressing the already-stressed healthcare system, where projected labor shortages abound. These issues are particularly noteworthy in direct care work and many allied health professions, positions that provide the majority of hands-on care but that are also characterized by jobs with low pay, few benefits, heavy workloads, low job security, and few opportunities for advancement. While many of the frontline care jobs in

health have historically varied in their requirements, career pathways reformers seek to increase the standardization of requirements and professionalization of these jobs to facilitate a broader system of work through which workers can advance. In contrast to the internal control and conflict described in Abbott's *The System of Professions* (1988), these reforms are efforts to externally introduce elements of professionalization to this workforce. How can we best explain the professionalization of paraprofessionals? In Abbott's system, professions work to exert control over their own boundaries, in constant contest with others to determine the division of labor, or jurisdiction over work, between interconnected jobs. In career pathways development, external forces (foundations, workforce development professionals, educators, reformers) often act to determine the division of labor between occupations and the boundaries. What are the implications of these external forces on these efforts? We pool data from 48 case studies (employers, colleges, and talent development networks engaged in workforce development programs) within 7 different workforce development initiatives for allied health professionals, discussing the influence of external actors on these efforts and describing how these models fit with the professionalization literature. We propose the roots of a theory of paraprofessionalization, and offer areas for future research and theoretical development. Implications of this theoretical work for career pathways reformers will be discussed.

- **Lilla Pivnick**, University of Texas at Austin, "Occupational Stress and Psychological Distress among Men and Women in Care Work and Non-Care Work Occupations."

Care work occupations are distinct from non-care work occupations in a variety of ways, including their gender composition, feminized nature of job tasks, relational aspect of the work, chronic devaluation of caring labor at all levels of educational attainment, and level of required emotional labor. As a result, individuals in care work occupations face a unique set of work-related stressors different from those of their peers in non-care work, which may contribute to heightened levels of psychological distress for care workers compared to their non-care working peers. Although care

work occupations are typically dominated by women, men are also employed in care work. In addition to general stressors associated with care work, men and women may face gender-specific stressors (i.e., men experiencing stigma from performing highly feminized job tasks, women experiencing overload from performing multiple shifts of care at work and at home) that may not be present in non-care work jobs. In this spirit, this study aims to address two questions. First, do individuals in care work and non-care work occupations—irrespective of gender—have different levels of psychological distress? Second, does gender moderate the association between occupational type (i.e., care work or non-care work) and psychological distress? To address these questions, I use data from the National Longitudinal Study of Adolescent to Adult Health to investigate differences in psychological distress—which I operationalize as levels of depressive symptomatology—between these different groups using multi-group modeling techniques, while also utilizing the longitudinal nature of this data to control for a variety of confounds. Results from this study explore both job-related and gender-specific stressors that exist between and among care work and non-care work occupations, with policy implications for enhancing the health and wellbeing of working adults.

Session 4 (12:45 – 2 p.m.) - Lunch

Great Hall

Concurrent activist and practitioner workshops

4.1 Workshop. Hidden: The Young Carers of Ontario: Learning about the Experiences of Young Carers

Debates Room

- **Organizer:** Jenna Nelson, Hospice Toronto

This workshop will explore what happens when formal paid care in families is insufficient or not provided and how children can become “young carers.”

Everyday significant numbers of children take on varying caregiving roles involving different levels of care and support. These “young carers” are

providing support for family members who are ill, disabled, or experiencing mental illness or addiction. Helping out in the family can be an experience with ample opportunity for positive growth and development. However, for some children the caregiving can impact their emotional and physical wellbeing, their educational achievements and limit opportunities.

The workshop team will draw directly from Canadian Young Carer's life stories, national and international research, and front line experience to share the following information with participants:

- How to identify a young carer
- The impacts of being a young carer
- How to support young carers
- Current facts and statistics (i.e. Statistics Canada's 2012 General Social Survey indicate that 1.9 million Canadians between 15 and 29 are "Young Carers" - Vanier Institute, 2017).
- The importance of whole family approach when assessing care needs (In England, legislation brought new duties on whole family support, with a focus on young carers. Since April 2015, all young carers have been entitled to an assessment of their needs as a part of a 'whole family approach' to providing assessment and support).

In addition to the workshop, Hospice Toronto will share photos and stories from the 2019 "Hidden" exhibition.

With photographs from award winning photographer Max Alexander, this exhibition brings to light the experiences of Young Carers across Ontario and tells the story of their hidden lives. Hidden shows the challenges that young carers face and the personal cost of their caregiving responsibilities.

4.2 Workshop. Culture Change: How to Use the Media to Share Research and Influence the Carework Conversation.

Music Room

- **Organizers: Haley Swenson**, New America, **Brigid Schulte**, New America

As the critical disconnect between our caregiving capacity and our caregiving needs becomes more apparent to the general public, media organizations with a variety of orientations and perspectives have begun to tell stories about care, carework, and care crises. Carework researchers offer critical insights and perspectives on these pressing issues that may not be readily accessible to journalists (due to journal paywalls or the difficulty of academic language and methods). Even when these insights are cited, journalists often make mistakes in reporting on findings or contextualizing the findings without being overly sensational or missing the true value of the research. But popular media nonetheless represents a major opportunity to researchers who are invested in sharing their findings with the public, taking part in policy and other debates, and shifting overall culture to create more supportive and equitable care landscapes. How can you share your research with the mainstream media--either to write your own articles and get them published, or to entice journalists to cover your research? And what is the value of spending this extra attention on media outreach at the end of a long research process? This highly interactive workshop, which has been piloted for groups of work-family researchers, will be hosted by a former academic care researcher who has edited and written hundreds of articles for a major American media company, Slate.com, and co-facilitated by two journalists, including a Pulitzer Prize winning journalist and New York Times bestselling author, who work on this beat.

Session 5 (2 – 3:15 p.m.) Concurrent Sessions

5.1 Paper Session: Discourses of Care

East Common Room

- **Moderator:** Jennifer Craft Morgan, Georgia State University
- **Janna Klostermann**, Carleton University, "Recasting Care: A Theatrical Feminist Account of the Limits of Care.

Blending care theory, stand-up comedy and performance art, my paper asks tough questions about the limits of care, the experiences of diverse carers, and the potential for violence at the heart of care relationships. I use an artistic mode to constitute and perform caring relations and imaginaries, rather than simply describing, documenting or reflecting them. My research draws on literary analyses, rapid ethnographic research at two Ontario-based long-term care facilities, and life history interviews with 12 former carers who reached their limits and stepped back from care or family responsibilities. Committed to implicating myself and others in social relations of care (that we are always/already part of), I begin by performing part of a work of art and scholarship (e.g., *Recasting care*, a theatrical work of cultural criticism) to express sociological insights in artistic forms and to invite alternative valuations and portrayals of care. I cultivate space for reflection and invite conference-goers to inhabit and embody caring relations, as a way to challenge divisions between audiences and objects of analysis, between art and life (Jones, 2008), and between the narrated object and the subjective integrity of the audience (Kristeva, 1982). From there, I consider the utility of engaging in sociology as art, clarifying how artistic representations offer relationally transformative ways of interpreting and representing social life, registering the fullness and complexity of our experiences and struggles, and producing new and different knowledges. Seeking to tell new stories about the limits of care, my project advances inquiry into the lived organization of care work, while reconsidering care in light of lived, structural complexities. We'll collectively confront ideas and ideals of care, while searching out more-nuanced understandings and forms of care.

Catherine Smith, University of Melbourne, "Researching the Discursive in Practices of Care."

This paper discusses a research method for examining care and social justice. To do this, it presents the method in action in researching care practices in schools. Research data was collected in five Australian secondary schools in two cities. Australia provides an unfortunately ideal place to study care, inequity and the role education plays in reproducing

advantage and disadvantage; recognized as among the bottom third most inequitable schooling in the world (UNICEF 2018).

In the analytical framework for this research method, practice is understood to be informed by the embodiment of previous social interactions, or habitus (Bourdieu 1990a, b), interacting with context. Recent cognitive science supports understanding habitus incorporating 'how bodies, cognitive schemas, and social contexts interact' (Ignatow 2009: 104). Moral evaluations are understood as influenced by feelings in the body. Moral boundaries are therefore understood to be important ethical considerations for the associations which define relationality in teaching. Care practices were examined both at the level of the practitioner's body and the level at which the practitioner interacts with other people, practices and organisational structures.

Social justice policy environments and demographics were studied to provide contextual evidence for each school. Using video stimulated interviews (three per teacher), the classroom practices of nine teachers were co-analysed drawing out beliefs about social justice, care and the (dis)connection within the teachers' observed practices. Finally, teachers observed the videos of others and discussed the role context might play in the practices of those teachers. These research methods provoke a reflexive practice, which is understood in the literature as key to 'reading' the dispositions which influence practice.

Findings indicate that this reflexive method promotes discussion and identification of personal strategies to overcome inequities and precariousness by permeating the boundaries that perpetuate concepts of othering and difference. It allows participants to read their care practices through a social justice lens.

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- Eileen Boris, University of California, Santa Barbara, "Reproduction as Production: Beyond Dichotomy."

In 2013, the Conference of International Labor Statisticians, whose agenda the International Labor Organization (ILO) sets, recognized unpaid reproductive labor as 'work' by recommending that official statistics include "own-use production." Its new definition encompassed work "that produces goods and services for household consumption," such as "collecting firewood and fuel, fetching water, cooking, cleaning and also providing care for children, the elderly and other dependents." [1] Care had become work.

As the ILO approached its Centennial, domestic work became linked with a reemphasis on family responsibilities, packaged as care, a component of the "Women at Work Initiative." This highlighting of the centrality of reproductive labor appeared as a new departure, but its components consisted of previous actions brought in from the periphery and refurbished.

Taking off from these ILO understandings of carework, this paper reconsiders the Marxist dichotomy between productive and reproductive labor and asks what work has care performed within global capitalism? As a theoretical intervention, it aligns itself with those that see reproduction as productive, making people and subsequently the labor power necessary for other forms of production to occur. It rethinks reproductive labor along four dimensions: first, pregnancy and birth as a form of work

in itself; second, the quotidian activities of daily life performed for oneself and household members as also work; third, paid household and carework as commodified reproductive labor in intimate settings; and fourth public reproduction through social services and infrastructure, such as clinics, schools, and water systems. To illustrate the variety of ways that reproduction is production over time and space, I will draw on a capricious body of scholarship, as well as my own empirical research on wageless and low waged household labors, their relationship to exchange and use value, and their circulation within relations of power between nations as well as gender and class.

- [1] ILO, *Women at Work: Trends 2016* (Geneva: ILO, 2016), 19-20.
- **Suzanne Hodgkin**, La Trobe University, Pauline Savy, La Trobe University, "Servicing Care within a Marketized Model: Insights from Australian Studies of Rural Residential and Community-Based Aged Care Services."

Australian aged care services operate in a maze-like, competitive financial environment rhetorically infused with ideals such as person-centred care, consumer directed care and consumer choice. In this context, non-profit and for-profit providers bid for subsidies based on the assessed needs of elders living in residential aged care facilities and those still living independently. Recent media reports of scandalous neglect and abuse of residents in several aged care facilities have exposed serious flaws in this model, notably its regulatory softness and the opportunities it provides for profiteering. As a commodity, care is subject to reductive processes that contradict care ideals and disconnect care from service provision.

The harm to the parties concerned in direct care transactions and to care itself has been well documented (e.g. Fine and Davidson 2018; Kaine and Green 2013). However, there is little published Australian work that describes the impact of local contexts such as the diversity and complementarity of services, workforce availability, training opportunities and employer-employee relationships on the realisation of care as a practice and as an ideal. In this paper, we draw from four research projects undertaken in several Australian rural locations from 2010 to the

present time. We re-examine mixed methods data to describe the impacts of marketisation, consumer directed care and other challenges such as the aging workforce, consumer acuity, skill deployment and recruitment and retention issues on samples of both community and residential care sites. In particular, we focus on care itself, how it may be defined, enacted and preserved within and through broad and local structural circumstances. The tripartite concept of care as an emotional disposition, a social relationship and as labour (Fine and Rummery 2012) frames our analysis of care as the core and moral dimension of service provision and direct care work.

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5.2. Paper Session: The Paid Care Workforce – Occupations and Labor Markets

Debates Room

- **Moderator:** Amy Armenia, Rollins College
- **Naomi Lightman**, University of Calgary, “Who Cares? Tracing the Employment Trajectories of Migrant Care Workers in Canada.”

Historically, professional, paraprofessional, and non-professional caring occupations (jobs often associated with “women’s work”) have been a dominant labour market entry path for immigrant and racialized women in Canada, through work that is often undervalued and underpaid (Banerjee et al. 2018, Boyd 2017). In particular, scholars have noted the prevalence of precarious employment—work that is insecure, offers limited protections and benefits, and allows workers minimal autonomy,

recourse, or control—within low status caring jobs, with contingent effects that are often shouldered disproportionately by people who are the most marginalized (Goldring and Landolt 2012, Kalleberg 2011, 2009, Jokela 2018).

This paper measures patterns of precarious employment within high and low status paid care work among immigrant and racialized women in Canada. Using 2016 and 2006 census microdata, I examine four components of work precarity – part-time employment, temporary employment, low wages, and a lack of job benefits – and map their frequency within a) paid domestic labour in private homes, b) others forms of low status care work, c) professionalized caring occupations, and d) in non-caring employment. I measure the probability of working in precarious forms of care work for immigrant and racialized women, disaggregating by their time since arrival to Canada and specific ethno-racial background. The use of two time periods allows for examination of a shift in rates of precarious care work over the last decade, comparing prior to and after the 2008 financial crisis. Findings confirm the disproportionate reliance on precarious labour within low wage care work, with increasing rates over time, and the overrepresentation of immigrant and racialized women in low wage, low prestige jobs in health and education, regardless of individual human capital.

- **Melissa Hodges**, Villanova University, “Why are Some Workers More Likely to “Care” than Others? Examining the Intersection of Gender and Race/Ethnicity in the “Risk” for Care Employment among Low- and Middle-Skill Workers.”

Paid care work includes a wide range of occupations that comprise a growing proportion of the labor market in the US and other countries. In the United States, the growth of the formal care sector has contributed to increasing job polarization and worker stratification along class, gender, and racial/ethnic lines by generating both lower-paid, less-skilled jobs and higher-paid, high-skill occupations in health, education, and other services. While it is well documented that low- and middle-skill care occupations employ higher proportions of women and minoritized

workers, the explanations for these employment patterns have yet to be fully assessed in the literature. Using event history analysis and the National Longitudinal Survey of Youth (NLSY79), this study considers both individual and structural explanatory mechanisms for the sorting of Black and Latino women and men into low and middle-skill care occupations. Assessing differences in hazard rates or “risks” for entering nurturant or reproductive care work among non-college workers by gender and race/ethnicity provides a unique opportunity to examine several key processes related to labor market inequality in the New Economy. Results show that Black workers and Latino men are significantly more likely to be employed in care work, relative to their white counterparts. Individual and job characteristics explain Latino men’s greater risk for employment in reproductive care jobs, yet large and significant effects remain for Black men and women after all controls are included in the models. These results bring into stark relief the potential role of labor market discrimination in channeling marginalized workers into jobs with lower pay and fewer benefits in the care sector.

- **Scott Swiatek**, University of Akron, Janette Dill, University of Minnesota, “Young Men’s Entry and Persistence in Female-Dominated Occupations.”

Since the 1970s, many male-dominated jobs have contracted while the demand for occupations traditionally held by women has increased significantly, with these patterns expected to continue in the future. Despite these trends, men have made limited progress in entering female-dominated jobs. Younger men in today’s economy, however, may have more flexible views of masculinity and more economic need to enter female-dominated occupations and remain employed in these occupations as compared to older men. In this study, we use the 2004 and 2008 panels of the Survey of Income and Program Participation to examine whether younger men (18-24) are more likely to enter female-dominated occupations than adults (25-44) and middle-aged men (45-65), as well as whether young men persist in female-dominated occupations once they are employed. We find that younger men are more likely to enter female-dominated occupations, and once young men have entered

female-dominated occupations, they are as likely to stay in a female-dominated occupation as their counterparts in mixed- or male-dominated occupations. Our findings suggest that younger men may be more open to working in female-dominated occupations as compared to older men; once younger men enter female-dominated occupations, they are retained.

Katherine Zagrodny, University of Toronto, "Differences in PSW Job Characteristics and Labour Supply Behaviours by Care Sector: The Disadvantaged Home and Community PSW."

To address the growing cost of health care and changes to the patient population - including an increase in seniors and individuals with chronic conditions - many countries have recently pushed for a shift in care delivery away from institutionalized care and towards the expectedly more appropriate, patient-desired, and less expensive home and community (HC) sector. A shift towards HC translates to an increase in Personal Support Worker (PSW) utilization, as PSWs provide the majority of HC care. Yet the implications of an increase in HC PSW utilization are largely unknown. Current literature is scarce in describing how PSW job characteristics and labour market outcomes differ by hospital versus long-term care (LTC) versus HC sectors. Without such information, our ability to understand the impact of this sectoral shift on PSWs across sectors and resulting consequences to those receiving PSW care within each sector is limited. The current research aims to fill in some of these gaps as the first known Canadian study to compare PSW characteristics by hospital versus LTC versus HC sectors across a multitude of job characteristics (e.g. unionization), employer characteristics (e.g. public versus private), labour supply behaviours (e.g. number of hours worked), pensions, earnings and wages. Significant differences by sector reveal the particularly disadvantaged HC PSW position compared to LTC and hospital PSWs. Implications for HC PSWs, HC patients, as well as PSWs in general must be considered as a critical issue in care delivery; especially given the increased utilization of HC care and projections of a growing role for PSWs into the future. How care work is recognized and compensated outside of

hospital institutions could be a potential driving force of such sectoral discrepancies. This type of research is useful for policy-makers, activists, and other stakeholders to drive advocacy and design policies related to PSW job conditions and any related consequences of such factors.

5.3. Panel Session: Decent/Good Care: International Approaches to Aged Care

Music Room

- **Moderator:** Donna Baines, University of Sydney

In most OECD countries, population aging, a fall in the numbers of informal carers and increasing costs are placing pressure on aged care services. Yet there is little understanding, at either the policy or workplace levels, of how the sustainability and quality of aged care services are affected by the quality of aged care jobs. Evidence shows that job quality and care quality are closely connected through care relationships, however less is known about how care is played out at the level of everyday practice and policy in this highly gendered sector. This panel explore how is this connection negotiated between aged care workers and aged care recipients, as well as how are these care relationships shaped by national policies, funding and regulation and by organisational practices and work design. The panel draws on qualitative interview and observation data collected in Australia and New Zealand as part of a three-year project on the links between decent work and good care (the larger project also includes Canada and Scotland). The main objective of this cross-national study is to better understand how national policies, funding and regulation, operationalized through organisational practices and work design, shape both the quality of work and the quality of care. Highlighting the interplay of gender, organisation, social policy and policy regimes, the papers in this panel analyse how the organisation of care relationships in aged care services, between care workers and aged care recipients, can best promote job quality in the work of aged care and sustainable, good quality aged care services.

- **Donna Baines**, University of Sydney, Annabel Dulhunty, University of Sydney, "Who's Bearing the Cost?": Relationship-Based Care, Austerity and Aged Care."

Since the publication of Koloroutis' edited collection on Relationship-Based Care (RBC) in 2004, RBC has displaced patient-based care and family-based care as preferred models for nursing practice in hospitals, home care and aged care in English speaking countries around the globe. Part of the enthusiastic uptake of RBC is likely that it does not challenge austerity, underfunding and extensive managerialism, but instead works within them to foster caring, interpersonal connections between patients, staff and families. Drawing on qualitative interview and participant observation data collected in two reputable, aged-care organizations in Australia, that used a relationship-based care model, this paper explores the research participant's stories about their work and develops a typology of workplace relationships in the relationship-based care endeavor. In order to analyse the emotional aspects of relationships and relationship-based care, we draw on Hochschild's (1983) differentiation between emotional work (management's efforts to harness and control employees' emotions) and emotional labour (the capacity of workers to have control over some or most of their emotions in the workplace). In order to generate a typology of relationships in relationship-based care organizations, this paper weaves Hochschild's above mentioned concepts with Bolton's (2009, 2005) four types of emotion management in the workplace: 1) pecuniary; 2) prescriptive; 3) presentational; and 4) philanthropic. Overlapping in a number of ways, our typology of relationships in the workplace includes: 1) austere-cost containment; 2) official discourse-managerialism; 3) inevitable caring; 4) compulsory philanthropy and 5) faux control. The paper maps and analyses these relationships and contributes to debates on care work, relationship-based care, emotional labour and emotion management, and care work in the context of austerity and managerialism.

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- **Sara Charlesworth**, RMIT University Australia, Wendy Taylor, RMIT University Australia, "Homecare Work in the Antipodes: Time Autonomy and Enough Time to Care."

The importance of working time autonomy, that is control over the quantum and scheduling of work hours, is a central feature of worker-centred studies on home care work (Hayes 2017; Boivin 2016). Another recurring finding of such studies is the emphasis home care workers place on having 'enough time' to care for their clients (Briar et al. 2014; Rubery et al. 2015). Our paper draws on the Decent Work Good Care project and three in-depth case studies of home care services in Australia and New Zealand. That project employs a multi-scalar perspective to explore how national care markets, policy and regulation shape both the working conditions of care workers and the conditions of care at the provider level. Within the context of homecare work, our paper explores how the related time autonomy and time to care aspects of worker job quality are shaped by national policy and organisational practice. The paper focuses on convergences and divergences between Australian and New Zealand policy frameworks and organisational practices that structure homecare worker job quality. In Australia, where the policy shift to 'client-centred' or personalised care has paradoxically weakened the potential for working time autonomy and time to care, organisational practice provides an important protective function for workers. In New Zealand, however, aged care policy and institutional architecture appears to be more protective

for workers and supportive of good organisational practices in rostering and time allocated to clients.

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- **Tamara Daly**, York University, "Temporal Tensions in Care Work."

Care work provided in nursing homes is organized within a temporal tension between process time -- the discontinuous tempo of caring without compartmentalizing such as doing two things at once -- and clock time -- a commodified time that compartmentalizes and orders the care provided (Davies, 1994). Furthermore, how the rhythm and cadence of care work varies between facilities and countries is signaled by the penetration of New Public Management (NPM) tools, which commodifies time as well as exacerbate and rigidifies temporal tensions, for instance, the extent to which the care work schedule is rigid, task oriented, hierarchical and transactional or flexible, relationship- and team-oriented and allows for "taking time" (Daly and Szebehely, 2011).

Valerie Bryson (2007) refers to time tensions as the politics of time. This paper comparatively explores the micro-politics of time as it is experienced in front-line nursing home care work — in Ontario, Canada, New South Wales, Australia and Auckland, New Zealand — and set within

a macro-politics of time that variously employs NPM tools. The methodology involved rapid team-based ethnographies (Baines and Cunningham, 2013; Armstrong and Lowndes, 2018) conducted in 5 publicly funded nursing homes, with teams of 5-9 researchers who observed and conducted key informant interviews with front-line and management staff. Drawing from feminist political economy theory, the paper compares how care work is scheduled and staffed in relation to what is expected, when it is performed and how it is documented. We found variation in the cadence of care related to the penetration of New Public Management tools, and determined by organizational staffing levels and macro-level documentation demands.

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5.4 Paper Session: Care Ethics and Radical Politics

Great Hall

- **Moderator:** Kirstie McAllum, Université de Montréal
- **Sheila Cranmer-Byng**, McMaster University, "Bridging the Theoretical Divide: Ethics of Care & the Potential for a Radical Politics of the Left."

With the rise in right wing politics, growing inequality and ongoing environmental destruction, the prospect of universal justice-for-all

remains significantly diminished. Within this context, social movements and collective action offer some hope for reinvigorating politics of the Left. Yet, as Fraser (2008) argues, there is a lack of consensus about how to move forward. Current justice debates lack a shared understanding about the grammar of justice, the form of agency or redress, what constitutes justice, who is entitled to considerations of justice, and the appropriate process or conceptual space—economic or cultural—for discussing and settling justice claims (Fraser, 2008). This theoretical and conceptual impasse—the result of a bifurcation of theories of redistribution (political economy) and theories of recognition and representation (radical democracy)—makes it difficult to find a common grammar and the conceptual means for mounting a strong and effective political response (Butler & Athanasiou, 2013; Chari, 2015; Fraser, 2008).

In this paper I argue that feminist ethics of care offers the conceptual tools and resources to bridge the theoretical divide between theories of redistribution and recognition/representation. I explore the key concepts, as well as ontological and epistemological assumptions, associated with ethics of care that are useful for creating a radical theory of politics of the Left. The radical potential of care ethics lies in the relational ontology, value and pervasiveness of care, and by situating the source and target of critique within the moral register. By acknowledging and accommodating context and difference ethics of care addresses issues of recognition and representation. Likewise, when care enters the public realm, the invisibility, taken-for-granted-ness, inequities and oppression, associated with existing practices of care, no longer remain hidden. Care ethics offers a powerful critique of capitalism by showing how capitalism is based on free and undervalued care labour. Lastly, care ethics' assumption of the equal moral worth of all, addresses issues of redistribution, recognition and representation.

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- **Rachel Brickner**, Acadia University, "Is a 'Caring Democracy' Possible? Exploring the Risks of Using 'Care' as a Political Strategy."

In *Caring Democracy* (2013), Joan Tronto argues that unless public deliberations explicitly address questions about who has the responsibility for providing care, democratic societies will perpetuate a politics in which the care dimensions of life are undervalued, as well as inequities in terms of who receives and provides care. Tronto (2011) also argues that the voices of caregivers themselves must be part of the public debate about the provision of care.

In recent works I have explored the way that educators in the US and Canada have put Tronto's ideas into practice by framing their demands for sufficient resources to meet the needs of their students through a democratic ethic of care (Brickner 2016, 2015). Criticism of this work has questioned the practicality of using "care" as a way to frame educators' political demands. For example, because care work is gendered and undervalued, the public may be more likely to dismiss educators' demands that are framed along the lines of a "narrative" of care than if those demands were framed along the lines of professional needs. This critique challenges the very possibility of a "caring democracy" by suggesting that the public will reject demands that are centered around the responsibilities we have to care for students.

This paper explores the validity of this critique by examining the way that educators in four American states—Arizona, Kentucky, Oklahoma, and West Virginia—framed their demands during a series of legal and wildcat job actions in the spring of 2018. I argue that the way that educators framed their demands to reinvest in public education (and educators) provides lessons on how to generate public support for caring labor without abandoning the explicit framework of "care."

- **Yayo Okano**, Doshiha University, "Looking at 'The Girl Statute for Peace' from the Perspective of Care Ethics."

The presentation will discuss about the issue of "comfort women" in Japan, especially the controversy over "the Girl Statute for Peace" with the insights of Care Ethics.

Some survivors of sexual slavery of Japanese Troops during the WWII and their supporters in South Korea started to hold "Wednesday Demonstration" to protest the irresponsibility of the Japanese government every Wednesday in 1992 in front of the Japanese Embassy in Seoul. For the 1000th anniversary of the Demonstration in December 2011, "the Girl Statute for Peace" was established. Right after the first iteration of the "Girl" Statute was unveiled, the Japanese government asked the Korean government to displace the statute and claimed that the statute impaired the dignity of the mission.

For all oppositions, since the first iteration of the statute, numerous girl statues have been built in more than thirty cities in South Korea as well as in some cities in U.S, and Canada.

On the other hand, some scholars in Japan started to criticize the statute for its way of representation of "comfort women." They argued in following ways; 1) "the girl" is easily appropriated by the dominant narratives of patriarchal Korean society; 2) "the girl" conveys a strong message that victims of sexual violence should be innocent; 3) The presence of "girl" misrepresented various memories, especially those of Korean women who experienced not only sufferings but also affection toward the Japanese soldiers.

Ethics of care, especially ethical theories of Margaret Walker and Judith Butler, can provide us with an alternative way to assess the statute. I try to revalue the presence of the statute and make clear that the statue becomes radically critical of Japanese patriarchal and post-colonial power configuration not although but rather because it is the figure of girl.

- **Julie Anne White**, Ohio University, "Investment Returns: Care and the Problem of Temporality."

This paper argues that many of the attempts to organize care in the terms of justice -- to ensure that care is just --unwittingly wed care to frameworks of exchange, reciprocity and mutuality that are inadequately attentive to the enduring aspects of a subject's vulnerability and the constancy of inequality as a feature of social relationship. Specifically, embedded in these models is the idea that there is always a return to the investor/provider of care. This then implies that the investment in care provision is 1) not a sacrifice but a postponement of return/benefit; 2) that the returns on the investment accrue discretely and are measurable 3) and derivatively, that construing care as an investment in longer term autonomy, just caring may concede that those in need of immediate care are rarely in a position to make prompt return on investment, but they will eventually, 'pay it back.' Understood in this way care is easily assimilated to neoliberal models of rational exchange, models that reinforce rather than challenge underlying inequality and arguably, even if unwittingly, reinscribe the normative value of autonomy over caring relationships. I conclude by suggesting that a politics of generosity is more adequate to democratizing care.

Session 6 (3:30–4:45 p.m.) - Concurrent Sessions

6.1. Paper Session: Global Landscapes of Gender, Family, and Care
East Common Room

- **Moderator:** Jennifer Zelnick, Touro College
- **Ester Carolina Apeso-Varano**, University of California, Davis, "The Making of Craft: Latinas' Accounts of Dementia Caregiving in the Home."

Background: Up to 70 percent of individuals suffering from dementia in the U.S. are cared for at home and approximately 9.8 million family members take on this responsibility. Dementia caregivers are at risk for poor quality of life and declining mental and physical health. Latina caregivers report higher levels of burden and depression compared to

other ethnic groups. The purpose of this qualitative study was to examine how gender, class, and ethnicity shape dementia Latina caregivers' experiences over time. Methods: This is longitudinal qualitative study. A convenience sample of 15 Latina dementia caregivers was recruited in the Sacramento region. Caregivers completed seven in-depth interviews, along with structured questionnaires to assess physical and mental health. Data from in-depth qualitative interviews were analyzed thematically from a grounded, social constructivist approach. Results: Latina caregivers develop the skills and tacit knowledge to give care in the home as their burden increases given the frequent changes in cognitive functioning of their elderly relative. Latina caregivers become adeptly deploy observational and analytical skills that allow them, for example, to identify changes in memory and mood so they might adjust their care giving in the home. Their accounts highlight Latinas' development of a caregiving craft that may alleviate their perception of physical and emotional burden so prevalent among dementia caregivers. This paper concludes with implications for our understanding of dementia caregiving as non-lay work in the home context.

- **CK Miller, University of Utah**, "Mexican Woman and the Decision to Migrate: Evidence from the Mexican Migration Project."

Much of the research on Mexico-US migration focuses on the effect of demand shifts in the United States, or on the economic impact of immigration in destination communities, particularly on native wages and employment rates in immigrant heavy industries, such as agriculture and construction. Less researched are migrant female labor supply decisions, particularly considering the increasing domestic service worker demand in the United States. Motivating evidence from the Mexican Migration Project shows that the proportion of female-to-male Mexican migrants to the United States is increasing, even as total Mexican migration is decreasing. This research uses Mexican Migration Project data from two different periods to examine the differences in the determinants of female labor migration during two periods. A difference-in-difference static labor supply model is used to explore the supply side story of female Mexican migration changes between peak migration in 2006/2007 and a period of

rapidly diminishing migration in 2015/2016. Isolating the dominating demand-side effects, preliminary results show evidence of dissolving care-chain between Mexico and the US, with a stronger care-chain developing between Central America and Mexico. These results tell an important story about the impact of institutional and geographic changes in social reproductive work and the sustainability of a traditional household division of labor in light of the increased pressures of global capitalism.

- **Andrea Bobadilla**, University of Western Ontario, "Getting Carework Experience: The Influence of Stepwise Carework Migrations on Filipina Careworkers in Canada."

Canada remains among the only few countries in the world that maintains a pathway for permanent residency (PR) eligibility through specific temporary foreign worker programs for carework migration. Despite the growth of carework migration globally, the opportunity to establish PR continues to make Canada one of the most attractive destinations for carework migration, enticing thousands of women each year who bring with them skills, experience, and capital accumulated over a series of carework migrations. Influenced by both the Canadian government's regulations as well as the limited settlement options throughout the global care economy, how this particular stepwise trajectory contributes to increased precarity has received less attention.

This paper presents findings from a qualitative research study on the health experiences of Filipina women who have participated in Canada's Live-In Caregiver Program (LICP). The study took place between Toronto, Ontario and Metro Manila, Philippines over September 2016 to November 2017 and used ethnographically informed methodologies, including interviews, participant-observation, and fieldnotes. Two semi-structured interviews were conducted with 16 Filipina women who were in or previously in the LICP as well as 10 key informant interviews in Toronto and 12 in Manila. Thematic analysis of the interview texts was performed through multiple stages of coding to identify significant themes both within and across groups of women who have taken part in the program as well as key stakeholders across Toronto and Manila.

We found that while women who came to Canada directly from the Philippines experienced similar occupational challenges, those who had undergone stepwise migration were distinctly more vulnerable upon arrival and faced more struggles completing the LICP. They were most often exploited by complex networks of recruitment agencies resulting in immediate difficulties finding shelter upon arrival, securing employment, maintaining legal immigration status as well as producing long-term financial hardship.

6.2. Paper Session: Subjectivities and Identities in Care

Debates Room

- **Moderator:** Erica Jablonski, University of New Hampshire
- **Pallavi Banerjee**, University of Calgary, Carieta Thomas, University of Calgary, "Our Purpose as Women and Nurses is to be Selfless Healer': Discourse of Gendered Carework and Self-Making as Healers among Indian Immigrant Nurses."

In this paper, we investigate how Indian immigrant nurses in the U.S. navigate their status as the primary migrant, family breadwinner with the incessant feminizing discourse of immigrant nurses as selfless healers. The paper is based on in-depth interviews with 45 Indian migrant nurses and their husbands, three years of ethnography in nursing conferences that Indian nurses in the U.S. attended, and in the homes and churches of the nurses (most Indian immigrant nurses tend to be Christians). What is distinctive about immigrant nurses in the U.S. is that they hold skilled-worker visas, and their spouses hold dependent spousal visas that prevent them from legally working in the US. This makes the nurses the primary migrant and the breadwinner. However, at work the immigrant nurses experience more exploitative circumstances than native-born nurses. The situation is further complicated when the U.S. employer applies for permanent residency (PR) for the nurses. The PR application binds the workers to their employers for years during which time they often endure prolonged gendered and racialized exploitation. Parallely, the nurses are continuously subjected to the discourse of nursing work as healing work in formal and non-formal environments such as, by

recruitment agencies, at nursing conferences, by superiors and peers at work, in their churches and at home. This makes them constant careworkers and caregivers in every aspect in their lives. Their internalization of the notion of immigrant nurses as healers often prevents the nurses from processing and verbalizing their gendered and racialized experiences at work, double shifts at home and caring for community members. Nursing work as healing work becomes their path toward self-making in the new country. As such, we argue that immigrant nurses operate in what we call a “migrant carework regime” which is bolstered by the intersections of migration policies and a feminized and racialized discourse of migrant nursing work.

- **Erica Jablonski**, University of New Hampshire, “When Informal Caregiving Becomes a ‘Job’ and Why It Matters.”

Background: Informal caregiving has been conceptualized by some carework scholars as an “unexpected career” and by others as a unique identity. Regardless of its characterization however, lack of identification as an informal caregiver (ICG) can lead to underutilization of services. Methods: In-depth interviews conducted with 25 caregivers were analyzed using a grounded theory approach. ICGs interviewed had varied caregiving experiences and backgrounds. Results: In contrast to prior theory, this study found no interviewees who defined their caregiving as a career. In fact, no study participants, including a homemaker and retired interviewees, identified informal caregiving as their occupation. When interviewees recognized their carework instead as a “job” however, it was associated with a “difficult” care recipient (CR), heavy workload, and/or other features reflecting a poor job fit. Previous informal caregiving experience, as well as skills or characteristics that were perceived as relevant to caregiving appeared to instill initial confidence in an ICG’s ability when they first took on the job. These expectations could however lead to feelings of inadequacy when there was a mismatch between an ICG’s self-perception and what they were asked or permitted to do. Those describing a caregiving job as a poor fit, also expressed negative emotions, regretted behaviors, and sometimes discussed withdrawal from the job. On the other hand, ICGs with positive carework experiences used

terms such as “rewarding” or concepts such as developing new skills, or being “trusted” that one might use to describe a satisfying but challenging job. Self-definition as a “good caregiver” therefore relied less on eventual CR outcomes and more on how much ICGs felt that they could or had been able to accomplish in the role. Conclusions: Study findings suggest the need for individual ICG assessment and reskilling for each particular caregiving situation to reduce perceived burden and associated ICG withdrawal.

- **Mary Simpson**, University of Waikato, New Zealand, Christine Unson, Southern Connecticut State University, Kirstie McAllum, Université de Montréal, Stephanie Fox, Université de Montréal, “The Role of Socialisation of Family Caregivers of Older Family Members: Expectations and Experiences of Prospective and Current Caregivers in Aotearoa/New Zealand.”

As the population of Aotearoa/New Zealand ages, informal, family-based caregivers are predicted to play an increasingly important role in caring for older adults experiencing chronic and age-related health and wellbeing issues. Multi-generational and in particular three-generational living arrangements, combined with informal caregiving of older relatives, are a growing trend; a trend even more pronounced among Māori and Pasifika communities where care of older relatives at home is valued.

Caregivers have reported that they were often unprepared for their caregiving role and wished that they had had more information before they started. Caregivers who take an older relative into their home, or move in with them, face a more complicated task and experience more stress than caregivers whose relative lives independently. This paper reports on a project that explored information, support, and other needs of current caregivers, and the expectations of prospective carers about the anticipated caregiving role. Interviews with 10 current caregivers and 10 prospective caregivers were audio-recorded, transcribed verbatim, and coded independently. Using thematic and narrative analyses, stories of expected benefits and challenges anticipated by prospective carers were compared with those experienced by current caregivers.

For prospective caregivers, the data indicated that some younger participants (aged 18-27 years), especially Māori, expected to care for older family members. The paper considers the implications of specific cultural, and wider socio-political influences in socialising different groups to role expectations in caring of older family members. Current caregivers reported that although direct care and coordination is often provided by a main caregiver, support from other family members for both caregiver and the older relative is crucial to the wellbeing of all. Somewhat surprisingly, initial expectations of caregiving, while often unrealistic or unmet, did not deter some caregivers and supporters, leading us to rethink how we might prepare future caregivers for their role.

Brittnie Aiello, Merrimack College, Krista McQueeney, University of Wisconsin – Whitewater, “Grandma is the Next Best Thing to Mommy’: Incarcerated Motherhood, Caregiver Relationships, and Maternal Identity.”

Over eighty percent of incarcerated women are mothers, but only the most fortunate of these mothers have caregivers on the outside who are willing and able to care for their children while they do time behind bars. Caregivers and incarcerated mothers are intertwined in complex ways related to women’s histories as mothers, pre-existing relationships with their children’s caregivers, access to communication, and likelihood of reunification with their children. Yet, little research has explored how incarcerated mothers perceive and give meaning to caregiver relationships. Drawing on interviews with 83 mothers incarcerated in a county jail in the northeast, we analyze the creation, maintenance, and recreation of mother identities among women who, by virtue of their physical separation from their children during incarceration, must rely on caregivers to care for and help their children escape the vicissitudes of the child welfare system. We examine two sets of social dynamics that converge and clash in the lives of these incarcerated mothers. On the one hand, the mothers were acutely aware that caregivers played a vital role in helping their children survive and remain connected with their mothers while locked up. On the other hand, mothers and caregivers did not always get along or communicate effectively, the mothers were

sometimes dissatisfied with how their children were being cared for, and some of the mothers felt threatened or even replaced by caregivers. We demonstrate how incarcerated mothers negotiate the social expectations of mothering and their physical separation from their children through an invaluable but largely overlooked form of social capital: caregivers.

6.3. Panel Session: Organizing Care Workers: Innovative Strategies from Domestic Worker Organizing across Asia and North America

Music Room

- **Moderator:** Cynthia Cranford, University of Toronto

Domestic workers have long pursued creative forms of collective organizing, across the globe, to challenge the interlocking inequalities of race, nation, migration, class and gender so starkly evident in home-based care work. As paid domestic work proliferates, combining in new ways with elder, disability and health care work while continuing to entail a large portion of child care and housework, understanding the organizing strategies of domestic workers are more important than ever. The creativity of domestic worker organizing stems in part from their exclusion from key labour and employment protections and from some labor and feminist organizations. Yet, domestic workers have organized despite labor law and outside traditional labor structures, through migrant associations, self-employed informal workers' unions, cooperatives, workers centers and other organizational forms. They have recently won recognition as workers from the International Labour Organization but the work to make domestic work decent work continues in national – and transnational – contexts. This panel examines and compares recent organizing campaigns and strategies of domestic workers in Hong Kong, Singapore, the Philippines, Canada and the U.S. It highlights both old and new strategies like civil society advocacy work for changes in migration policies that recognize domestic workers as family members and transnational citizens; changes in labour legislation that both include them as workers and recognize the uniqueness of their work; workers' stories and media work that help shift the terms of the debate to value domestic care work; collective structures that build migrant women's leadership;

and worker collectives that imagine more just and democratic care work relations.

- **Ethel Tungohan**, York University, “Global Care Work and Activism: Perspectives from Hong Kong, Singapore and the Philippines.”

The rise in the numbers of migrant care and domestic workers in Asia has led to a corresponding rise in the numbers of advocacy organizations geared towards migrant care and domestic workers’ needs. By examining the types of advocacy organizations that are present in Hong Kong, Singapore, and the Philippines, my goal in this paper is to highlight the range of activism that form part of the ‘politics from below’ in receiving and sending states. The material for this analysis is based on one-on-one interviews that I conducted in Hong Kong, Singapore, and the Philippines in 2010, 2011, and again in 2017. Through this research, I make the following claims: First, Hong Kong and Singapore, as receiving states, have well-established foreign domestic workers’ program yet differ in terms of the types of advocacy organizations that are active. Whereas migrant advocacy organizations in Hong Kong enjoy a more open space for their activist pursuits due to a greater tolerance in Hong Kong for civil society organizing, migrant advocacy organizations face constraints in Singapore where regulations limit the ability of migrant workers to participate directly in activism. In contrast, the Philippines, as a sending state, has a plethora of migrant advocacy organizations that represent the needs of Filipino migrants, future migrants, and their families. Second, I argue that while these organizations vary in terms of activities, goals, size, structure and political ideologies, their ability to center the needs of migrant care and domestic workers in their work unites them. Ultimately, an analysis of the ‘politics from below’ in these three states illustrates how organizations have created generative political spaces to represent migrant care and domestic workers, thereby responding to and in some cases transcending the reaches of state policies.

- **Kara Manso**, Caregivers Action Centre, Mary Gellately, Workers Rights Division, Parkdale Community Legal Services, “Landed Status Now: Care Workers Organize!”

Care Workers in Toronto, Ottawa, Vancouver, Edmonton, and Montreal came together on November 18, 2018, to launch the “Landed Status Now: Care Workers Organize!” Fourteen Care Worker organizations have called on the Canadian government and society to treat Care Work with respect and dignity. They ask that care workers be able to come to Canada with permanent residency upon arrival and with their families. Two activists from one of these organizations, the Toronto-based Caregivers Action Centre (CAC) will talk about how they got here and where we need to go next. CAC is a grass-roots organization of live-in care workers, former care workers, newcomers and their supporters. Their mission is to educate, inform and inspire care workers. They work collectively and in unison toward winning respect, fairness and dignity for all care workers.

- **Lisa Moore**, National Domestic Workers Alliance, “Interlocking Strategies to Organize Domestic Workers.”

Organizing a workforce that has been largely excluded from the right to collective bargaining requires a diversity of interlocking strategies. Lisa Moore, Field Director at the National Domestic Workers Alliance (U.S.) will discuss the Alliance's use of legislation, innovation and narrative shift strategies to build power and improve working conditions for the estimated 2.5 million nannies, housecleaners and home care workers in the United States.

- **Patricia Roach**, University of Toronto, “Organizing Careworkers, Reorganizing Carework? Exploring Possibilities for Change through a Case Study of Private Sector Careworkers in California.”

This paper explores the challenges and opportunities for organizing migrant private sector in-home careworkers. Drawing on a case study of Filipina women private sector in-home elder careworkers in California, this paper first identifies particular constraints for this group of workers who, in various ways, fall outside of legal labour protections. Interviews with nineteen private sector in-home elder careworkers suggest that structural and microlevel factors shape workers’ precarity and vulnerability to workplace exploitation. Immigration status and an agency-based model of employment, as well as the physical, temporal and emotional demands of

carework limited workers' ability to both assert their workplace rights and participate in labour rights campaigns. In light of the constraints experienced by the women workers in this case, this paper will draw on sociological literature on workers' movements strategies to discuss the potential for re-organizing private sector in-home carework. Social scientists have argued that the reorganization of economic relations through solidarity economy practices can challenge the status quo, providing more just and democratic work relations. This paper examines to what extent solidarity economy practices, such as cooperatives, provide potential solutions for the workplace challenges facing private sector in-home careworkers.

6.4. Roundtable Session: Childcare and Care Ethics in the Global Economy

Great Hall A

- **Brooke Richardson**, Brock University, "Care and Justice? Moving Towards a More 'Humane Justice' in Child Protection System."

Ethics of care literature has challenged us as policy-makers, practitioners, academics and researchers to think differently about what "good" care is as well as how responsibility and provision of care is distributed amidst rapidly retrenching "welfare" states (Barnes, 2012; Held, 2006; Tronto, 2013). As a moral orientation the ethics of care embraces caregiving and receiving as a, if not the, fundamental component of all human life providing meaning and purpose to our existence. As practice, ethics of care literature highlights agency, intention and responsiveness as necessary components of "good" care. This paper examines the intersection of both the moral and practical aspects of ethical care within child "welfare" systems backed by significant coercive powers of the state. I take the position that existing child "welfare" systems are strongly orientated towards "justice" rather than care and that this is deeply problematic for the well-being of all children, mothers and families impacted by intervention. While I do not question the necessity of having state systems in place to support and protect children and their families (in fact I encourage this), it questions how replacing the current

individualistic, justice-oriented “best interests of the child” with a caring conceptualization of best-interests-of-the-child-in-the-context-of-complex-social-relationships may impact families experiencing such intervention (a disproportionate number from racialized and/or marginalized groups). Ultimately, I suggest that justice and care can coexist in these systems through a model of “humane justice” (Held, 2006, p.16) whereby the lived experiences of the families and children experiencing intervention provide the basis for action.

- **Laura Bunyan**, University of Connecticut, Barret Katuna, Sociologists for Women in Society, “The Cost of Caring: An Analysis of Educated Nannies’ Entrapment in a Cycle of Low-Wage Work.”

Women college students and college graduates are increasingly embracing nanny work as an occupation as a result of a labor market with limited possibilities for entry-level jobs. For college-educated women, nanny work is an informal sector, gateway job. These women typically hold aspirations outside of being a nanny and the nanny experience does not adequately prepare them for the formal labor market given that the nanny who negotiates with her employer for wage increases or time off, for example, is widely frowned upon. Since women have traditionally been socialized to care for and about others, when they go into caring work occupations, the ideology that they should perform their labor out of love and not for the money carries with them. 52 in-depth qualitative interviews with women who work as nannies and parents who employ a nanny show how nannies struggle with asserting themselves in seeking clarity in their job duties, salary, and employment terms and how the system reinforces an absence of negotiation on the part of the nanny. The paper identifies the ramifications of the gendered processes that employers and employees engage in that contribute to the instability of the job and limit women’s future employment. This paper calls for greater societal acceptance of nanny work as legitimate work. Valuing women’s work in this arena leads to greater employment opportunities for women and greater acceptance of the work women do. These shifts will also lead to better conditions for women who perform nanny work.

- **Gay Wilgus**, Graduate Center of the City University of New York, "Latin American Childcare Workers in New York City Early Childhood Educational and Daycare Settings: Power and Conflict over Childrearing Ideology."

Research on the experiences of Latin American care workers in the US has focused importantly on the situations of domestic workers in private households. For example, Julia Wrigley's *Other People's Children* (1996), comprises interviews of childcare workers for affluent, highly educated parents who seek caregivers who share their values. Several of the Latin American caregivers she interviews describe conflicts over ideas about child rearing that arise between themselves and their employers. In a related vein, Cameron MacDonald (1998) has looked at "...how working mothers and their Latin American childcare providers, "...make sense of their shared 'mother-work' in the context of a dominant belief system that values 'intensive mothering.'" Pierrette Hondagneu-Sotelo (1997) has explored issues around "transnational motherhood," using the stories of Latina nannies and housekeepers in Los Angeles, whose own children are still in their home countries. The study examines how these women "...selectively develop emotional ties with their employers' children," and develop "new rhetorics of mothering standards," based on their experiences in their employers' homes. Moving further along these lines, Joan Tronto (2002) has discussed how "...when the wealthiest members of society use domestic servants to meet their child care needs, the result is unjust for individuals and for society as a whole" (p. 35).

This qualitative study is focused, rather, on the experiences of Latin American childcare workers in non-domestic settings. It explores, through semi-structured interview data, the situations of teachers in daycare and other early childhood educational settings. These women's experiences can both sharply contrast with and coincide with the experiences of the workers described in the above-cited research. For example, the nannies and other domestic workers described in the above-cited research are often forced to implement childrearing values and practices of their employer, even though they, themselves, disagree with these. The Latin

American childcare workers in non-domestic settings, described in the current study sometimes find themselves in similar situations, owing to highly authoritative administrations at the daycare or early childhood educational setting, who enforce rigid curricula and policies. Parents of children in center-based care can sometimes exercise similar power and authority over childcare workers' practices, most notably in early childcare and educational settings for the affluent. However, situations likewise exist in which it is the childcare worker who is able to ultimately assert her power and authority when decisions about childrearing policy – for example, with reference to curriculum, discipline, issues of child autonomy - need to be made within the early educational and care setting.

Utilizing data from semi-structured interviews with graduates of a university-based, early childhood teacher education program in New York City, the proposed study will specifically describe the experiences of Latin American childcare workers in these various situations: those who having very little power over childrearing decisions; those who have a modicum of power and those who have ultimate authority in decisions over childrearing policies and practices. The study will additionally explore the significance of these situations for both childcare workers and the children whom they care for and educate.

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- **Philippa Waterhouse**, The Open University, Rachel Bennett, University of Gloucestershire, "Early Maternal Economic Activity and Child Cognitive Development in Ethiopia: How Important is Childcare as a Mediator?"

Changing patterns in family structure, migration and female labour force participation have contributed to growing international interest in multigenerational care, particularly the role of grandparents. Research on the impact of such care arrangements have predominantly examined the wellbeing of grandparents or grandchildren in isolation, despite social work professionals emphasising the importance of a holistic approach to family wellbeing. In South Africa, there is an established literature specifically on the wellbeing of AIDS orphans cared for by grandparents but minimal evidence on the broader phenomenon of grandparental care or analyses encompassing the wellbeing of both grandparent and grandchildren. This paper presents a national level analysis of the circumstances under which the wellbeing of grandchildren and grandparents involved care arrangements thrives or suffers, drawing on data from wave 5 of the National Income Dynamics Survey (2017). Logistic regression modelling is employed to explore the association between children's nutritional status and relationship to primary caregiver and older people's self-reported health and emotional wellbeing and childcare responsibilities. Moderation analysis is then used to examine how child, parent, grandparent and household level factors influence the direction or strength of these associations. In total 21% of children (<15 years) are primarily cared for by a grandparent, whilst one in six older adults (60+ years) are the primary caregiver for a co-resident grandchild. Preliminary results reveal that children thrive in the care of grandmothers, but grandmothers who are primary caregivers for grandchildren report poorer health than other older women. In comparison, children primarily cared for by grandfathers have comparative wellbeing to those cared for by parents by other relatives, but these grandfathers report poorer

emotional wellbeing. These findings highlight the importance of gender sensitive research and policy which does not overlook the role that grandfathers can play in the support of grandchildren.

6.5 Roundtable Session: Working Conditions of Domestic Workers Great Hall B

- **Carolyn Arcand**, University of New Hampshire, "(How) Do Live-in Domestic Workers Differ from Live-out Domestic Workers? An Analysis of Demographics, Work Characteristics, and Changes over Time Using American Community Survey Data."

The demand for domestic workers (specifically nannies, housekeepers, and personal care aides) has increased dramatically in recent decades. This predominantly female workforce provides a foundation which makes it possible for many American families to successfully combine employment and child rearing, maintain their homes, and care for aging relatives. Despite the importance of this work, it is typically associated with low wages and poor conditions for workers. Workers who live in their employers' households (live-in workers) experience distinctive issues. A 2012 survey by the National Domestic Workers Alliance, focusing on domestic workers in 14 metropolitan areas, found that live-in employees have lower wages and poorer working conditions than those that live outside of an employer's household (live-out workers).

This research will constitute the first use of nationally representative American Community Survey (ACS) data to examine differences in the demographics and work characteristics of live-in and live-out domestic employees. Beyond a descriptive analysis, regression modeling and chi-squared testing will be used to examine differences in incomes and usual hours worked for live-in and live-out workers, as well as which occupation (maids and housekeepers, childcare workers, or personal care aides) is most common for live-in workers. Data will be analyzed from two ACS 5-year samples (spanning 2007-2011 and 2012-2016) to allow for the examination of changes over time. This work will provide insight on the

extent to which live-in employment differs from live-out employment for domestic workers in the United States.

- **Elaine Zundl**, Rutgers University, Yana van der Meulen Rodgers, Rutgers University, "Domestic Worker Inequities and Rights: A Mixed-Methods Analysis."

This paper uses a mixed-methods approach to explore the increased use of domestic workers in the United States and the political economy around reforms to protect these workers from labor standards violations. Domestic workers are predominantly female with a high proportion of immigrants. Labor force survey data indicate that the number of home health aides has surpassed housekeepers and child care providers, and qualitative evidence points to multiple problems with wage and hour violations and poor working conditions. This study's analysis of labor force survey data for the U.S. indicates that the number of home health aides has surpassed housekeepers and child care providers among domestic workers, and qualitative evidence points to multiple problems with wage and hour violations and poor working conditions. The growth in the number of health aides reflects the changing demographic composition of the U.S. population and the increasing need for people to care for the elderly and disabled. However, the low value assigned to care work and lack of labor law protections may prove to be a large obstacle to finding sufficient care workers in the future to meet this demand. Case study evidence for New Jersey from a representative household survey indicates that the majority of household employers are unfamiliar with legislation that governs the wages and hours of their domestic workers. More in-depth interviews suggest that wage theft is the main concern among advocates for low-wage workers, which could be addressed by a "domestic worker bill of rights" as passed in eight other states or by targeted wage theft legislation that includes increased employer liability in wage recovery lawsuits.

- **Jana Borrás**, York University, "She Was Very Racist...But I Had Nowhere to Go": The Precarious Experience of Filipina Live-in Caregivers in Canada."

Temporary foreign workers (TFWs) remain as an invisible and underpaid workforce, whose challenges related to precarious migration status and precarious employment conditions remain below the radar of the public debate. One of the ways how Canada promotes temporary labour migration is through the Live-in Caregiver Program. Since 2007, there are approximately 202,992 temporary migrant work permit holders under the Live-in Caregiver Program. In this paper, I examine the precarious working experience, live-in caregivers. The primary objective of this paper is to understand further the complexities of contemporary precarization and how the interlocking systems of domination and oppression shape the experience of migrant caregivers. I carefully analyze three interviews of Filipino immigrants, who entered Canada through the Live-in Caregiver Program.

I argue that the live-in caregiver program is deeply rooted in the class, racial, and gendered inequalities that ultimately shape the precarious experience of migrant caregivers. As precarious non-citizens, live-in caregivers are vulnerable to exploitation and abuse. The interview reveals that migrants under the Live-in Caregiver Program experience the following circumstances: violation of their contract and job description, lack of health and safety training, lack of access to settlement services, and frequent racial discrimination and abuse at the hands of their employers. Moreover, the program has negative impact on the physical, emotional, and psychological health status of live-in caregivers. Ultimately, the structures of the live-in caregiver highlight inequalities rooted in the intersection of class, race, gender, and legal status and how this matrix of domination manifests in economic and migration policies.

5–6:30 p.m.: Keynote Address

Great Hall

- **Keynote speaker:** Pat Armstrong, York University, Canada
- **Keynote title:** The Feminization of the Care Labor Force?

** This Keynote Address is sponsored by the Growth and Economic Opportunities for Women (GrOW) program/International Development Research Centre.*

7–9 p.m. Optional Dine-Arounds

Attendees can sign up to talk to people that they heard present and presenters that they would like to talk with. This allows students and other new attendees to find groups and join in informal networking and connection-making.

Tuesday, June 11

Session 7 (8:30 – 9:45 a.m.)

Concurrent Sessions

7.1. Paper Session: The Costs of Unpaid Care

East Common Room

- **Moderator:** LaShawnDa Pittman, University of Washington
- **Melody Waring**, University of Wisconsin Madison, “Is There an Education Gradient in Women’s Time Transfers to Aging Parents?”

Existing research has resulted in conflicting evidence on whether women with low-socioeconomic status (SES) transfer more or less time and money to aging parents. On the one hand, low-SES women may have relatively lower opportunity costs for spending time caring for an aging parent, but they are also less likely to have access to paid leave or a spouse’s income. While recent research in the U.S. relies on a national study of women over retirement age, demographic research shows the accumulating health disadvantage of low-SES adults (relative to high-SES) is most pronounced in middle age—suggesting we should include younger adult daughters to understand caregiving within economically vulnerable families.

In this paper, I contribute to the literature by using a U.S. sample of adult women with a living parent (N=5,238), including working-age women, from the Panel Study of Income Dynamics (PSID)—a household-level, nationally

representative survey that oversamples families of color. I examine the relationship between education and time spent assisting parents using logit and Tobit regressions, controlling for demographic characteristics, parents' needs, caregiver's competing demands, and resources.

Women with low education (high school or less) are as likely as women with high education (college degree or more) to transfer at least an hour of time to parents, at about 40 percent of the sample. But women with low education are significantly more likely to provide 100 or more hours of time per year, and significantly less likely to receive any time or money from their aging parents. Taken together, this suggests that while many women assist their parents, women with low education are more likely to experience a double burden of unreciprocated care and fewer hours available for non-carework activities.

- **Pilar Gonalons-Pons**, University of Pennsylvania, "Reproductive Labor and the Structure of Inequality: Childcare Costs and Family Earnings Inequality, 1984-2014."

This paper argues that the social organization of care work shapes economic inequalities across families. I develop a conceptual framework to connect the structure of inequality to institutional arrangements of care responsibilities and penalties and offer empirical proof using the rising costs of childcare in the US as my case study. Rising childcare costs have the potential to exacerbate employment inequalities after childbirth between women with high- and low- earnings potential, and to aggravate economic inequality as a result. I investigate this hypothesis using the Survey of Income and Program Participation (SIPP) panel data from 1984 to 2014 and state-level measures of childcare costs. Preliminary results show that post-birth employment gaps between women widen as childcare costs increase and that this polarization in women's labor force supply is responsible for a 40% increase in economic inequality among first-time parents.

- **Rachel Bennett**, University of Gloucestershire, Philippa Waterhouse, The Open University, "Thriving or Surviving? The

Wellbeing of Grandchildren and Grandparents in Multigenerational Care Arrangements in South Africa.”

Changing patterns in family structure, migration and female labour force participation have contributed to growing international interest in multigenerational care, particularly the role of grandparents. Research on the impact of such care arrangements have predominantly examined the wellbeing of grandparents or grandchildren in isolation, despite social work professionals emphasising the importance of a holistic approach to family wellbeing. In South Africa, there is an established literature specifically on the wellbeing of AIDS orphans cared for by grandparents but minimal evidence on the broader phenomenon of grandparental care or analyses encompassing the wellbeing of both grandparent and grandchildren. This paper presents a national level analysis of the circumstances under which the wellbeing of grandchildren and grandparents involved care arrangements thrives or suffers, drawing on data from wave 5 of the National Income Dynamics Survey (2017). Logistic regression modelling is employed to explore the association between children’s nutritional status and relationship to primary caregiver and older people’s self-reported health and emotional wellbeing and childcare responsibilities. Moderation analysis is then used to examine how child, parent, grandparent and household level factors influence the direction or strength of these associations. In total 21% of children (<15 years) are primarily cared for by a grandparent, whilst one in six older adults (60+ years) are the primary caregiver for a co-resident grandchild. Preliminary results reveal that children thrive in the care of grandmothers, but grandmothers who are primary caregivers for grandchildren report poorer health than other older women. In comparison, children primarily cared for by grandfathers have comparative wellbeing to those cared for by parents by other relatives, but these grandfathers report poorer emotional wellbeing. These findings highlight the importance of gender sensitive research and policy which does not overlook the role that grandfathers can play in the support of grandchildren.

- **Jennifer Utrata**, University of Puget Sound, “Helping Them Get Ahead’: Intensive Grandmothering and Family Inequality.”

The intensive support which grandparents increasingly routinely provide for their adult children and grandchildren constitutes an important but undertheorized form of social inequality in American family life. How does this “third shift” of carework centered on extended kin support across households reflect social inequality while also serving as a way families manage inequality? Demographic and cultural trends surrounding longevity, paid work after retirement, exorbitant childcare costs, and increasing levels of insecurity and instability in family life have led to an underexplored reliance on grandparents, especially for regular, if often informal, childcare support, with differing effects by race and class.

While some grandparents serve as a true lifeline, and others instead “smooth the edges” of their adult children’s lives, grandparents are frequently motivated not only by “joy” but in helping adult children to get ahead and succeed. In fact, the persistent stereotype that grandparents are motivated mostly by joy in “helping out” adult children has obscured the pressures grandmothers, especially, feel to provide childcare support whenever called upon, especially if adult children’s lives are unsettled. Other grandmothers want to help, but they do so in ways that consolidate the advantages that their relatively affluent adult children already possess. This research explores the cultural meanings of grandparental support across households, using interviews with intergenerational dyads (grandparents providing regular childcare as well as adult children relying upon a grandparent for some regular childcare) to illuminate the extent and nature of childcare and other grandparental supports. Not only is grandparenting more intensive than ever before, but it advances their adult children’s success in our insecure, unequal era. Intensive grandmothering is no longer exceptional; instead it has become routine and sometimes taken-for-granted by adult children.

7.2. Paper Session: Policy for Care

Debates Room

- **Moderator:** Jennifer Zelnick, Touro College

- **Allison Earle**, UCLA Fielding School of Public Health, “Global Progress in the Provision of Paid Leave for Family Care.”

While women’s labor force participation globally has risen overall since 1980 when global data first became available, there has been little change in the gender distribution of informal care work or household labor. Across the globe, women continue to have primary responsibility for and spend more hours on the care of children, the elderly and sick and disabled family members. There is evidence that parental leave policies facilitate adult’s attachment to and time in the labor force in the long run, and support infant and parental health. At the same time, there is a small but growing body of research showing that parental and paternity leave policies are associated with more equal sharing of informal care work and unpaid household labor. When benefits provide full or high wage replacement and policies extend coverage to the informal sector, paid family leave also has the potential to support the ability of low-wage workers to balance their paid work and informal care work as well as meet their families’ health needs and economic well-being. Little research has examined the availability of paid leave for family leave for reasons other than infant care. Paid leave to enable informal carework to meet the needs of elderly family members is of growing importance as many countries face a rapidly aging population. In this study, we review national legislation in 193 United Nations member states gathered by the WORLD Policy Analysis Center to examine whether and to what extent progress has been made between 1995 and 2016 in passage and generosity of paid leave to care for children’s health needs and leave to care for adult family members.

- **Randy Albelda**, University of Massachusetts Boston, Michael D. Carr, University of Massachusetts Boston, Emily Wiemers, University of Massachusetts Boston, “The Long-Run Impact of Temporary Disability Insurance on Social Security Disability Insurance Claims (SSDI) in the United States.”

Workers facing illness or injury often require time off work to recover or engage in treatment before returning to work. But access to temporary

paid medical leave in the United States is limited. In 2017, only 72% of workers had access to employer-sponsored paid sick leave and 39% had access to short-term disability leave. Moreover, access to paid leave is less common among low-income leave-takers. Five states, however, have had Temporary Disability Insurance programs (TDI) since the late 1960s.

Workers face both short- and long-run employment consequences of adverse health conditions and disability including increased likelihood of job loss, declines in work hours, and reductions in earnings and consumption, which are all likely exacerbated by the lack of access to temporary paid medical leave for a work-limiting disability. Lack of temporary paid medical leave may also affect long-run employment outcomes through the use of the US federal disability program, Social Security Disability Insurance (SSDI), which restricts labor force participation, even during the application process, and discourages returning to the labor force.

These twin problems of limited access to temporary paid medical leave and growing SSDI claims in the United States may be linked to each other. To better understand this relationship, we use current state-level TDI availability to answer the following research questions:

1. Does the availability of partial wage replacement through TDI programs reduce SSDI claims for these individuals?
2. Are there groups of workers by education, earnings, gender, or race for whom TDI availability is particularly useful in reducing SSDI claims?

We will present preliminary findings using data from the longitudinal and administrative data linked Survey of Income and Program Participation Synthetic Beta (SIPP SSB) and the SIPP Gold Standard File (SIPP GSF).

- **Rachel Langford**, Ryerson University, Alana Powell, Ryerson University, "Low-Wage Work of Early Childhood Educators in Ontario: Are Policy and Advocacy Directions Working?"

In the Canadian province of Ontario, the early childhood education and care (ECEC) workforce continues to be undervalued, underpaid, and burdened with challenging working conditions. The paper will begin with descriptions of three key policy and advocacy directions that seek to address these ECEC workforce issues: (1) The workforce has been increasingly 'professionalized' through a self-regulatory body; (2) In 2018, the Liberal government issued a policy document, *Growing Together*, in which the working conditions of early childhood educators (ECEs) were finally acknowledged and partially addressed by policy recommendations; and (3) ECEs began to advocate in their own right for better working conditions through the Association of Early Childhood Educators Ontario's 'Professional Pay and Decent Work' campaign. Campaign strategies include implementing mobilization forums across the province to establish Decent Work Communities of Practice, developing policy recommendations communicated through reports, videos, and local advocacy actions, and building ECEs' advocacy capacity and leadership skills with the Institute for Change Leaders. The paper analyses in what ways these policy and advocacy directions are and are not working to advance gender justice and social change for Ontario's ECEs. Drawing on Fraser (2016) and Tronto (2013) the paper explores factors that constrain change such as the dominance of market thinking for out-of-home childcare and the unequal allocation of the care of young children to a new class of low-wage workers. How these constraints present new risks in the citizenship and social inclusion of ECEs in Ontario is examined. The paper concludes by exploring resistance to constraints particularly in the context of a new Conservative Ontario government.

- **Zitha Mokomane**, University of Pretoria, "Balancing Childcare and Work Roles: Views of Parents in the South African Informal Sector."

A wide and established body of research evidence has consistently shown the critical role of various workplace policies and practices in enhancing the integration of paid work and family care responsibilities. It is noteworthy, however, that in many countries of the Global South where labour markets are characterized by large informal sectors, the majority of workers have limited or no access to the formal workplace measures

meant to support the combination of work and care responsibilities. Despite this, the care challenges and coping strategies of workers in the informal sector have remained largely unexplored. With a particular focus on childcare, the aim of this paper is to contribute to closing this research gap by exploring the work-family fit (individuals' assessment of how well they are able to integrate paid work and family responsibilities) of informal sector workers in South Africa, a country where the informal sector accounts for 17% of total employment. The paper uses data from the "Family and Gender Roles" module fielded in a recent round of the South African Social Attitudes Survey – an annual, nationally representative survey that provides quantitative public opinion data on various socioeconomic and political issues. The results reveal that due, overall, to the precarious nature of their jobs, informal sector workers have relatively poor work-family fit compared to their formal sector counterparts. The key factors that underlie these results are discussed, and the paper concludes that the experiences and views that emerged from the informal sector workers underscore the need for the development of context-specific interventions that cater for all types workers. Examples of plausible policies and programmes for the informal sector are presented.

7.3. Panel Session: Emotions at Work: The Intersections of Emotion, Care, and Work

Music Room

- **Moderators:** Alisa Grigorovich, Toronto Rehabilitation Institute – University Health Network, Laura M. Funk, University of Manitoba
- **Laura M. Funk**, University of Manitoba, Rachel Herron, Brandon University, Lisette Dansereau, University of Manitoba, "The Methodological Complexities of Using Interviews to Examine Carers' Emotion Work."

Both paid and unpaid care work have been identified in previous scholarly work as involving not only physical tasks of care but the effort involved in supporting a person's emotional well-being. Care work is also generally recognized as an emotionally challenging experience for many carers. The

concept of emotion work addresses the intersection of these two issues, and highlights the influence of feeling rules in the everyday experience of supporting persons with long-term chronic illness or disability. Though emotion work has potential to advance the study of both paid and unpaid care work, there are methodological and epistemological challenges involved in examining the concept (indeed, examining emotions in general) using interview data. In this presentation we reflect on our own experiences analyzing carers' emotional work in different qualitative datasets. Taking a social constructionist perspective, we identify how carer participants do more than just describe their felt emotions about care work; they simultaneously manage their own emotions and navigate feeling rules during the interaction with the interviewer. This generates considerable analytic complexity, as well as ethical considerations (e.g., Sinding and Aronson, 2003). Drawing on illustrative examples from our datasets, we discuss the potential and limitations of studying emotion work using interview data, and provide several recommendations as to how best to investigate emotions through interviews.

- **Lisette Dansereau**, University of Manitoba, "Caring On Your Own: The Emotional Labour of Home Care and Home Support Workers."

Home care is a vital and irreplaceable service, aligning directly with the international principle of Aging in Place. Older adults come from all walks of life, may be accommodating or abusive, appreciative or entitled, and some will be experiencing cognitive decline and dementia. Workers need emotional skills to foster positive interactions with a diverse group of people, and to manage potentially intense one-on-one relationships. This study explores the emotional features of care relationships and ways that those experiences are shaped by the context of working for pay in the home of another. Following ethics approval, nine semi-structured interviews lasting an average of one hour and 40 minutes were conducted with participants who shared highly personal stories about their emotional experiences when working with clients in their own homes. Transcriptions included details of emotional cues, tone of voice, and speech patterns, and were analyzed through the theoretical lens of emotional labour, impression management and synecic role-taking.

Qualitative techniques included directed content analysis, narrative reconstruction and summarization, followed by reiterative thematic synthesis. The relational and emotional experiences shared by the participants ran the gamut from joy to fear to outrage to grief, and were influenced by gender, ethnicity and newcomer status. Importantly, the structural features of care work—most particularly the uniformity, comprehensiveness and type of workplace policies—strongly influenced workers' emotional experiences both positively and negatively. The findings from this research suggest that care workers would benefit from training in emotional and relational skills in addition to task-based skills. Additionally, there are areas for improvement in organizational policies, such as providing consistent and comprehensive support and oversight. Such labour practices would better protect the emotional wellbeing of workers, resulting in more positive interactions between workers and the people they care for.

- **Rachel Herron**, Brandon University, Laura Funk, University of Manitoba, Dale Spencer, Carleton University, "Responding the 'Wrong Way': Examining the Emotion Work Involved in Caring for a Family Member with Dementia."

Although it is generally acknowledged that the changing actions of some people living with dementia (specifically responsive behaviours) can be emotionally exhausting for family members, there has been little research on how carers actually interpret and manage their emotional responses when interacting with persons with dementia in context and over time. Drawing on the concept of emotion work, we examine when and where carers feel they are responding "the right way" to their kin and when and where they resist normative emotions around family care. We conducted interviews (N= 20) and diaries (N= 11) with family carers in Manitoba, Canada to explore how they negotiate their emotions and emotional displays when caring for a family member whose behaviours are changing. Carers expressed feelings of frustration, anger, and resentment and identified putting on a positive attitude, putting the person with dementia first, protecting the person with dementia, and avoiding conflict and arguing as the 'right way' to respond to these negative feelings. They

identified challenges responding the 'right way' in relation to household chores, lost opportunities, fear, verbal aggression, and fatigue. We suggest that programs and policies must recognize the complex and often gendered emotion work of family carers. Specifically, there is a need for more nuanced education materials, support with household tasks, the inclusion of carers emotional needs in transition planning, and support for carers to exit the caring role.

- **Nicole Dalmer**, Trent University, "Tracing Emotion in Family Caregivers' Information Work."

Family caregivers contend with large amounts of information from different sources in different formats throughout their everyday and every night care work. Information work saturates families' care work, providing tools for coping, problem solving, and dealing with uncertainty. Family caregivers' information work is increasing in quantity and intensity given trends towards aging in place and the informatization of care. Information is often problematically constructed as a neutral resource that caregivers can draw upon, conflating information provision with being informed. Not only does this construction overlook the work needed to find and make sense of information, but it also neglects the emotional work involved in using information and dealing with the implication of information found, including the ways information can shape and change caring relationships. As part of a larger institutional ethnographic study that aimed to look at the social organization of family caregivers' information work, this study draws on data from 13 interviews and mapping exercises with family caregivers of older adults who are living with dementia and are living at home. As families began to make visible their information work, emotive components emerged in their working and tinkering with information throughout their caregiving trajectory. Findings from these interviews indicate that information is more than a neutral or cognitive resource for families. Families not only articulated the emotion work involved in using, finding, storing, and avoiding information, but also described different emotions that themselves became important sources of information. Drawing attention to families' emotion work within their information work is in attempt to identify and make known the intricate

and workful character of families' care work, building towards the creation of a language for the work of everyday caring.

- **Megan Nguyen**, University of Toronto, "The Bodily Experience of Emotions among Cancer Patients."

Research demonstrates that conversations between health practitioners and cancer patients about their experiences of emotions alleviate their emotional distress and support their improved quality of life. When practitioners create a safe space for patients to express their emotions, patients are less likely to experience detrimental health outcomes associated with poorly managed emotional distress (e.g. reduced adherence and adaptation to treatment, lower quality of life). Best practice guidelines recommend that practitioners help cancer patients express and explore their feelings, especially during active treatment when they are particularly at risk for increased emotional distress. Despite this, the emotional needs of cancer patients remain largely unmet. This gap in care is fundamentally an effect of the biomedical culture of oncology in which the physical body is prioritized over emotional health and explorations of emotions are limited to screening for and mitigating emotional distress. This biomedical approach does not provide a sufficient means for deeply exploring and understanding patients' emotions. It behooves us to venture beyond conventional approaches to enable a radical rethinking of emotions in the context of cancer care. In this presentation I will provide an overview of the empirical and theoretical literature regarding cancer patients' bodily experiences of emotions. I will argue that a phenomenological embodiment approach to exploring emotions is warranted because it can provide insight into the direct experience of emotions through its orientation to the subjective, lived body. This perspective enables an exploration of the bodily dimension of feelings that fundamentally underpins emotion experiences and thus, has the potential to shed light on meanings of emotions that attention to bodily experience can particularly afford. Through the disruption of traditional thought therein lies the possibility for new insight into emotions. This understanding could be applied in practice to foster improvements in the emotional support and care of cancer patients.

- **Alisa Grigorovich**, Toronto Rehabilitation Institute – University Health Network, Pia Kontos, Toronto Rehabilitation Institute – University Health Network & University of Toronto, “‘It Could Be A Lot Worse’: The Emotional Work Involved in the Management of Unwanted Sexual Attention from Residents.”

While there is an abundance of research examining emotions in the context of care provision, little research has explored emotions and their management in the context of unwanted sexual attention in nursing homes. We conducted a study to explore the affective practices that are undertaken by health care providers in relation to the management of unwanted sexual attention from older residents living with dementia in these settings. This was an ethnographic study of a nursing home in urban Ontario, Canada. Here we will focus on in-depth interviews conducted with care providers (n=26) across multiple professions (e.g. personal care, nursing) and roles (e.g. frontline, administrative). Our analysis highlights that unwanted sexual attention from residents was common and persistent, and incited in care providers feelings of shame, discomfort, self-blame, and fear. Further, they reported that management and prevention strategies that they endorse are largely unsupportive and ineffective. Yet, despite care providers’ vulnerability to unwanted sexual attention from older residents, and the negative emotional consequences they experience as a result, providers both minimize and tolerate unwanted sexual attention, rather than seek formal redress. Our analysis suggests that such minimization and tolerance is a protective form of coping that is encouraged by professional and organizational mandates and policies that inform providers’ practices. More specifically, organizational policies privilege the safety of residents over that of workers. Further, professional standards and training hold workers responsible for managing and preventing residents’ aggression, while also naturalizing aggression as part of dementia. This structural landscape effectively reproduces care providers’ vulnerability to unwanted sexual attention and may have long-term implications for their well-being.

7.4. Roundtable Session: Neo-liberalism, Inequality and Resistance

Great Hall A

- **Sarah-Louis Ruder**, School of Environment, Resources and Sustainability, University of Waterloo, Sophia Sanniti, School of Environment, Resources and Sustainability, University of Waterloo, “Towards Equitable Labour Futures: Reframing Care through an Ecofeminist Ethic.”

As extreme shifts in global climate bring about unprecedented levels of economic, political, and environmental stressors, there is an urgent need for transformative change in the ways humanity lives, eats, works, and interacts [1,2,3,8]. From healthcare and education, to homecare and emotional labour, the nature of care is changing in the face of system shocks and social-ecological crises. Paid and unpaid carework constitute the ‘human infrastructure’ of our communities, and this labour is paramount for societal transformations to equitable, sustainable, and resilient futures [3]. While the social sphere of reproductive labour (i.e., carework) is crucial to community vitality, this anthropocentric emphasis excludes intergenerational and interspecies dynamics of care provisioning, and limits the potential for intersectional understandings of human care. We highlight the fundamental dependency of humans on the care and provisioning of Nature: healthy air, water, and soil. Critically interrogating the meaning of carework, we propose an ecofeminist ethic of care that recognizes social and ecological elements of reproductive labour [4].

Ecofeminists outline a crisis of care, rooted in a false nature-culture dichotomy that justifies domination [5,7,9,10,11]. The discipline traces this dualism from Greek philosophy (soul/body), to the scientific revolution (nature/culture), then culminating in the growth imperative of contemporary market logic (ecology/economy) [6]. The economic production-reproduction division systematically erodes both nature and society’s reproductive capacities, externalities in the growth throughput, culminating in a dual crisis of care for people and the planet [3,6,7]. The radically alternative normative paradigm presented by ecofeminist ethics brings forth elements of kinship, interdependence, and community, while

abolishing the institutional structures of oppression at the core of extractivist economics [4,5,10]. In arguing that carework is labour is reproduction, we present limits of the Sustainable Development Goals, as an anthropocentric individualist care ontology, and apply ecofeminist ethics to produce equitable labour futures and communities of care.

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- **Adwoa Onuora**, University of the West Indies, “The Intersectionality of Carework, Reproductive Justice, and Gender Inequality in Jamaica.”

In Jamaica, the state deems it unlawful for women to exercise their right to an abortion except in cases of medical emergencies. Poorer Jamaican women—unlike their economically privileged counterparts with contraceptive choices outside of the public healthcare system—are left with very limited reproductive options, and are therefore forced into motherhood. This has a knock-on effect on their increasing care burden and time poverty because they are becoming mothers in a context of severe economic austerity with no social support systems in place. This paper presents the findings of the first time use survey conducted in Jamaica as part of the first step towards alleviating women’s unpaid care burden highlighted as a key area of concern in Jamaica’s National Policy for Gender Equality. It discusses how Jamaicans spend their time, highlights the disparity in unpaid carework undertaken by men and women of varying socio-economic backgrounds, and examines why advocacy and legislative changes around women’s reproductive rights is important in the context of discussions on women’s unpaid carework.

- **Anna Rosinska**, University of Massachusetts Lowell, “Dimensions of Inequality and Privilege - White Non-Hispanic American Women in Paid Domestic Work in the USA.”

Paid domestic and care work (PDCW) as a labor sector employs at least 67 million people globally (ILO, 2018) and an estimated two million people in the USA. Scholarship on this topic focuses on workers with racial minority or migrant backgrounds. Despite ethnicization and racialization of PDCW, workers who are white working-class women citizens continue to perform

domestic and care tasks for private households (ILO, 2017). M.Duffy's analysis revealed 49.2% participation of White non-Hispanic women, while in the sub-type of care work characterized by personal contact (nurturance) the ratio was even higher, 57.4% (2005). In a European context, employment of white citizens was strengthened by the recent economic crisis (Di Bartolomeo, Marchetti 2016; EPRS 2015, see also Kofman, Raghuram 2015)).

The aims of this paper are twofold. Firstly, to explore data relating to the overlooked group (in decennial censuses and American Community Surveys) – who are they, what are their basic characteristics, what is regional variability of their incidence among domestic workers? Secondly, to situate the facts within the framework of discussions and narratives on whiteness, race, class and gender inequalities.

Some of the questions I will ask include: Who are white non-Hispanic domestic workers in terms of age, education level, and socioeconomic position? What specific care and domestic jobs do they perform? How is their gender, whiteness, class, and citizenship enacted? What is the experience of being a white non-migrant person in a sector associated with racial minorities and migrants? Are we missing any dimensions of inequality or privilege? The proposed paper is part of a larger project funded by the European Commission: "Intersections of class and ethnicity in paid domestic and care work: theoretical development and policy recommendations based on the study of 'majority workers' in Italy and in the USA".

7.5. Roundtable Session: Care Work Trajectories

Great Hall B

- **Miao Wang**, University of Toronto, Weiguo Zhang, University of Toronto, Jia Yongfang, Inner Mongolia University of Technology
"Love, Money, Autonomy and Self-Development: Becoming Care Workers in China."

This study seeks to understand what motivate people to become careworkers. Within the context of ageing and economic restructuring in China, it aims to understand the intrinsic and extrinsic motivation of individuals who become care workers. Based on thematic analysis of interviews of 42 care workers in Beijing and Hebei, this study demonstrates that underlying motivations of becoming a care worker are complex and multidimensional. Differentiated by gender, some become home-based care workers, while others work in institutional settings of nursing homes or hospitals. A variety of motivations go beyond economic and emotional rewards of money and love. They may also include exploration, learning, and pursuit of autonomy, freedom, and actualization of their dreams.

- **Brittany Campbell**, Brock University, "Strengthening the Bond: Understanding Interspecies Care Work Among Veterinarians, Low-Income Individuals, and their Companion Animals."

This presentation considers care work and its multi-species implications for companion animal ownership of low-income individuals. Using the lenses of feminist political economy and interspecies solidarity, I examine the cycle of care work among and between veterinarians, companion animals, as well as their owners. As pets are now considered members of the family and a form emotional support in many households, both companion animal owners and their pets engage in various forms interspecies care work to take care of one another. Additionally, low-income and/or vulnerably housed individuals share a unique bond with their animals as they often serve as a central, if not the only source of love, companionship, and especially for women, a form of protection. However, due to larger social stigmas, some people question and criticize the ability of economically marginalized people to take proper care of their pets. In this regard, the veterinary field, which is increasingly feminized, plays a key role in expanding, maintaining, and strengthening multi-species care work. Drawing from core findings in existing literature as well as my current thesis work, I will discuss venues for access to veterinary care for precariously housed humans and their animals, as well as introduce and explore areas of potential for access to such care. This

analysis will thus address the gendered and interspecies facets of care work that exist throughout these relationships and offer suggestions that seek to strengthen the human-animal bond.

- **Jielan Xu**, University of Toronto, "Gender Differences and Gender Relations in Unpaid Care Work: A Time-Use Analysis of Canadian Data."

The work of care is highly gendered. It also tends to be invisible, as it is often composed of unpaid small tasks. Moreover, the emotional labour of care work has not been well identified or measured. To understand the invisible unpaid care work, and to analyze its gender differences and embedded gender relations over the life course, this study conducts a time-use analysis and measures (1) the time spent on different types of care work and simultaneous care activities, which captures the scattered physical tasks of care, and (2) time spent with social contacts such as children and older parents, which is linked with an invisible form of care – sustained attention. The results confirm the hypothesis that women still undertake more unpaid care work than their male counterparts over the life course, and a majority of unpaid childcare is carried out by working-age women. Different from previous theories that emphasize factors such as time availability or gender power dynamics on gendered care work, this study suggests that hours of unpaid care work are more strongly influenced by the demand of care rather than availability of time or financial resource. With other socioeconomic factors controlled, time spent on unpaid care is not significantly different between middle-income and high-income women and men, yet low-income women as well as men and women in low-income households tend to undertake more unpaid care work. Also, influenced by traditional gender roles, very few men undertake workloads that are low in paid work but high in unpaid care work in dual-earner households. In contrast, women have more flexible coping strategies. Some of them take high workload in unpaid care but low workload in paid job, and some condense unpaid care work in fewer hours by multitasking.

Session 8 (10 – 11:15 a.m.)

Concurrent Sessions and Book Panel

8.1. Book Panel

East Common Room

- **Author:** Christine Kelly
- **Book:** Disability Politics and Care: The Challenge of Direct Funding. University of British Columbia Press, 2016.
- **Respondents:** **Akemi Nishida**, University of Illinois, Chicago
- **Laura Mauldin**, University of Connecticut

“We do not need care!” is a rallying cry for disability movements. It is informed by a recognition that a lack of choice over life decisions – from relationships and employment, to what to wear or eat – is a subtle yet pervasive form of violence endured by many people with disabilities as part of their “care.”

Disability Politics and Care examines a provincial direct-funding program to illuminate what happens when people with disabilities are given autonomy over their own care arrangements. In addition to investigating responses from a wide range of stakeholders, Christine Kelly reflects on the broader social and political implications of these sorts of programs. She probes the divide that exists between rejections of care by disability activists, on the one hand, and attempts by feminists to value gendered forms of labour, on the other. Rather than trying to forge common ground, Kelly explores how maintaining a tension between them could positively transform the understanding and practice of care.

Enlivened by the voices of disabled people, attendants, informal supports, and others, this book uses one independent living program as a starting point for untangling much larger philosophical, theoretical, and material questions about (self) determination, (inter)dependence, governance, and justice.

This engaging book will interest scholars and practitioners working in disability studies, social work, women’s and gender studies, sociology, and

policy studies, as well as advocates and activists working in the areas of disability and care. (UBC Press)

8.2. Paper Session: Care and Neoliberalism

Debates Room

- **Moderator:** Louise Oldridge, Nottingham Trent University
- **Fiona Macdonald**, RMIT University, "Emerging Risks in Paid Carework: Individualisation, Insecurity and the Gig Economy."

The massive and rapid transformation of Australia's system of support for people with disability is reshaping employment relationships, work arrangements and job quality for paid care workers in multiple ways. Under the new personalised and marketised system of supports the goals of power, flexibility and control for care 'consumers' are to be achieved, at least in part, through commodification of support relationships, including via direct employment and brokered arrangements. New markets for disability services are being formed and digital platforms are playing a role in shaping market structures and transforming employment relations. The consequences of these changes for paid care workers are the focus of this presentation, which reports on some of the findings of a three-year qualitative case study of the consequences of the Australia's new National Disability Insurance Scheme for the disability support workforce in comparative perspective. Drawing on findings of analyses of interviews with workers, employers and other labor market actors, and on worker time diaries and organizational and public policy documents the presentation examines how labour market and business risks are being individualised and privatised in the newly forming commodified care market, and the role of platform or 'gig' economy businesses in this. It focuses on impacts on the low-paid and highly feminised paid care workforce and the ways in which contemporary changes are informalizing paid care work, placing it beyond the reach of traditional forms of regulation.

- **Louise Oldridge**, Nottingham Trent University, "A Discourse Analysis of Social Care Policies in the UK and their Impact on Mid-Life Women's Informal Caring Careers."

Informal/unpaid care provision has increased at a rate higher than population growth (Pickard, 2015). The UK care system relies on informal carers, saving the state £132 billion per year (Carers UK, 2016). The greater pressure on families and friends to care for their loved ones and continued reductions in formal support (Grierson, 2017), means that women aged 50 – 64 now provide the highest amount of informal care for dependent adults at 23.5 per cent (ONS, 2013).

Using critical discourse analysis (Fairclough, 2010) of social care policies, this paper explores the UK's adoption of neoliberal ideologies, with their emphasis on the importance of family as a mechanism of care and reliance on informal care as a policy initiative by successive governments (Gilbert and Powell, 2005). This is reflected in the language utilized, forcing carers to establish their roles and identities (Harris, 2002). Indeed, the National Carers Strategy in 2008 detailed, 'The role of the individual is to recognize that caring for a family member, friend or partner is one of the responsibilities we all potentially face as part of family life', (HM Government, 2008:39). The impact of such ideologies are reflected in the findings of empirical research conducted in 2016 presented here.

Furthering the work of Aneshensel and colleagues (1995), and developing concepts of work (Glucksmann, 1995; Taylor, 2004), the paper explores the construction of women's informal caring careers in response. As a result, it provides a typology taking account of 'emerging', 'uncertain', 'focused', 'declining', and 'former' careers. These categories bring together the experiences of participants with existing literature to encapsulate length of caring and transitions; caring activities; carer identity; and considerations of skills development. With the majority of participants demonstrating 'focused' caring careers, they identify themselves as carers and have significant caring responsibilities with little or no training and support.

- **Eleanor Johnson**, University of Bristol, Ailsa Cameron, University of Bristol, "Exploring the Role of Volunteers in Care Settings for Older People."

In England, the voluntary sector, and volunteering as a distinct activity, has always played a role in the provision of personal welfare services. Faced with rising demand for services, cuts to health and social care funding, and recruitment difficulties, however, social care services are becoming more dependent on the use of volunteers in the provision of care to older people. Drawing upon findings from a study of the roles and experiences of volunteers in social care settings in England, this paper considers the implications which this practice has for paid care workers and care provision. Our findings indicate that volunteers are making a substantial contribution to the provision of care and support services for older people and, moreover, that social care organizations recognize the value of this contribution, particularly in terms of alleviating loneliness and isolation amongst the older population. The study found that working with volunteers in social care settings is most successful when it is formalised in terms of recruitment and training and when there are clear boundaries between the volunteer role and that of paid care workers. Those organizations where the boundaries between paid care work and volunteer roles were more clearly defined tended to be larger and had dedicated resources and paid members of staff to oversee the recruitment, training and management of volunteers. In other settings, the boundaries between paid care work and the volunteer role were poorly delineated and appeared at risk of becoming increasingly blurred. In this presentation we explore some of the questions which this blurring of the roles of paid care workers and volunteers raises concerning the equity and quality of service provision, professionalism, and the remuneration of and regard for caring work.

- **Kim England**, University of Washington, Caitlin Alcorn, University of Washington, "Home Care Workers, Precarity and the U.S. Fair Labor Standards Act."

Home care workers will be among the fastest growing jobs in the U.S. in the next ten years, linked to the growing numbers of people aged over 65. Located at the intersection of health care, social policy and the U.S. state, home care work is notable for its low pay, job insecurity, and irregular hours. As most of the funding comes from federal, state and local

governments (Medicaid and Medicare are especially important), home care is a version of public sector employment. In broad terms, the contemporary state has retreated from funding and directly providing public services associated with social reproduction, while introducing apparatus that increases market-oriented, for-profit delivery mechanisms. The current legal and economic precarity of contemporary home care workers has roots in the New Deal and the passing of the 1938 Fair Labor Standards Act. We focus on the origins of the FLSA and trace forward to recent amendments that cover most (but not all) home care workers. We use our analysis as a vehicle for exploring American state intervention into caregiving. The contemporary home care industry is marked by the emergence of both for-profit agencies and independent contractors with fewer labor rights (part of a growing set of business strategies that essentially shift market risk to individual workers). We locate these recent trends in the context of neoliberalized policies and politics underscoring the continued retreat of the state from direct welfare provision. Interwoven with these trends is the legacy of raced, classed and gendered discourses about home care. They continue to shape the debates and boundaries of political possibilities, and thus the parameters of social and economic policy that directly impact the working conditions of home care workers which, even with the 2015 extension of FLSA to cover minimum wage and overtime protections, remains a precarious occupation.

8.3. Panel Session: What Constitutes as High Quality in Early Childhood Education and Care Settings? A Synthesis of Three Review and Meta-Analyses

Music Room

- **Moderator:** Nellie Kamkar
- **Nellie Kamkar**, Michal Perlman, Olesya Falenchuk, Evelyn McMullen, Brooke Fletcher, Ashley Brunsek, Gabriella Nocita, Prakeshkumar Shah, "Is Early Childhood Educator Experience Associated with Child Outcomes? A Systematic Review and Meta-Analysis."

Purpose. Across the United States, Canada and elsewhere, a significant number of young children are cared for in Early Childhood Education and Care (ECEC) programs^{1,2}. An important element that is associated with positive outcomes in early care settings is the quality of care^{3,4}. One quality indicator that has received research attention is how experienced the educators are^{5,6}. There is little consensus, however, about the extent to which educator experience is associated with children's academic, socioemotional, or behavioural outcomes. Despite this, many ECEC accountability and other policy initiatives currently assess educator years of experience as part of their quality assessments⁷. Furthermore, many localities require certain levels of experience from the educators who work in ECEC settings. Thus, the goal of the current review was to comprehensively review the literature on educator's years of experience and various child outcomes. Methods. Three electronic databases (Medline, ERIC, and PsycINFO), large electronic datasets, and reference sections of eligible papers were exhaustively searched for studies published until February 5th, 2018. Two independent raters screened titles, abstracts, and full papers for relevance and extracted data from all eligible studies. Results. A total of 33 studies (N = 28,195 children) were included in the systematic review. There was considerable variability in how educator's experience was operationalized across studies as well as the child outcomes measured. Results of both the systematic review and meta-analysis reveal few and weak associations between educator's years of experience and child outcomes. Scholarly Significance. Educator years of experience does not appear to be a promising avenue for quality improvement initiatives or for use as a mechanism for oversight of ECEC settings. These findings highlight the need to explore other indicators of ECEC quality that are more fruitful in improving childhood care environments and facilitating the selection of good quality childcare.

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- **Gabriella Nocita**, Michal Perlman, Evelyn McMullen, Olesya Falenchuk, Ashley Brunsek, Brooke Fletcher, Nellie Kamkar, Prakeshkumar Shah, “Early Childhood Training of Educators and Preschool Children’s Outcomes: A Systematic Review and Meta-Analysis.”

Purpose: Nearly half of young children in North America are cared for in early childhood education and care (ECEC) settings^{1, 2}. Given the number of children attending ECEC settings and the amount of time they spend in such settings, it is critical to explore the quality of care they receive and the influence of such care on their development. Early childhood training of educators (ECT) is one quality indicator that has received considerable attention. ECT refers to specialized early childhood training of educators in ECEC programs. Although ECT is used frequently in ECEC quality improvement initiatives³, the literature linking ECT to child outcomes is limited and has yielded mixed findings. To address this mixed literature, we conducted a systematic review and several meta-analyses that evaluate associations between educator ECT and children’s cognitive, academic, physical, social, emotional, and behavioral outcomes. Methods: Searches of PsycINFO, ERIC, Medline, large datasets, and reference sections of all included studies were conducted up to February 5, 2018. Title, abstract, and paper reviews were conducted by two independent raters for all studies that met eligibility. Seventeen eligible studies (n = 15,236 children) were included. Results: Studies varied widely in how ECT was conceptualized and measured. Results from the systematic review revealed very few significant associations between ECT and various child outcomes. Results from the meta-analyses yielded weak positive associations between ECT and children’s language and social skills and no significant associations for children’s mathematics, vocabulary, or letter identification skills. Scholarly Significance: Our findings suggest that ECT is not a key driver of children’s outcomes, prompting a call to action to revisit the content, amount, and method of delivery of ECT.

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- **Ashley Brunsek**, Michal Perlman, Olesya Falenchuk, Brooke Fletcher, Gabriella Nocita, Nellie Kamkar, Prakeshkumar Shah, "A Meta-Analysis and Systematic Review of Professional Development of Early Childhood Educators and Children's Outcomes."

Purpose. The demand for quality in Early Childhood Education and Care (ECEC) settings has increased due to the purported benefits that early care

settings have on children—particularly those from lower socioeconomic backgrounds 1-3. Educator quality is a strong predictor of children’s school-readiness⁴⁻⁶, but research on what constitutes educator quality has been elusive, with many common indicators showing weak associations with child outcomes^{7,8}. There is growing consensus that professional development (PD) is an important lever for improving educator practice in Early Childhood Education and Care (ECEC) programs. However, research on PD programs for early childhood educators (ECEs) is highly heterogeneous, making interpretations of the literature difficult. Purpose. The primary objective of this review was to address this issue and evaluate the associations between PD programs for ECEs that target various content areas and a myriad of preschool children’s outcomes. Methods. Searches of three electronic databases (Medline, PsycINFO, ERIC), large datasets and reference sections of all included articles were completed up to February 5, 2018. Studies that reported associations between PD programs for ECEs and child outcomes were included. Sixty-four studies (N = 32, 233 children) were included in the systematic review. Seven meta-analyses were conducted on PD programs that focused on:

1. Language and Literacy, and
2. Social/Emotional Functioning Through Interactions.

Results. The majority of analyses revealed positive effects of PD programs on child outcomes. A qualitative systematic review revealed similar results, noting stronger associations for child outcomes related to the focus of PD programs. Greater associations were revealed for programs that included a coaching component and were of a longer duration. Scholarly Significance. Programs that focus on early literacy and language and social/emotional functioning through strengthening educator-child interactions are an important level for improving children’s overall functioning and better preparing them for formal schooling.

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- **Michal Perlman**, Evelyn McMullen, Olesya Falenchuk, Brooke Fletcher, Ashley Brunsek, Nellie Kamkar, Gabriella Nocita, Prakeshkumar Shah. “Is Early Childhood Education and Care Associated with Child Outcomes? An Umbrella Review of the Literature on Seven Quality Indicators.”

Purpose. A large proportion of young children in the U.S., Canada, and elsewhere spend significant amounts of time in Early Childhood Education and Care (ECEC) settings^{1,2}. In light of the substantial amount of time children spend in ECEC settings, investigations of the quality of such care are of paramount importance. However, recent research reviews on specific quality indicators suggest that associations between ECEC quality and child outcomes are less consistent than previously thought³. The purpose of the current review is to comprehensively summarize results from several exhaustive systematic reviews and meta-analyses of associations between seven different ECEC quality indicators and child outcomes. Summarizing research in this area allowed us to identify gaps in the literature as well as promising avenues for quality improvement initiatives. Methods. In seven separate papers, we synthesized the literature on the following quality indicators: 1) educator early childhood training⁴, 2) educator years of experience⁵, 3) educator level of formal education⁶, 4) child/educator ratios⁷, 5) educator professional development⁸, 6) the Early Childhood Environment Ratings Scale and its revised form⁹, and 7) the Classroom Assessment Scoring System¹⁰. In total, we conducted 59 meta-analyses. Results. We found enormous heterogeneity in how quality indicators were operationalized, study designs, and the child outcomes examined across studies. Overall, few and weak associations between all quality indicators and child outcomes were found—with the exception of educator professional development. Professional development programs that target different areas of expertise were associated with a range of positive child outcomes. Scholarly Significance. Of the quality indicators we explored, professional development is by far the most promising avenue for quality improvement initiatives. This warrants a call for action on researchers and

policy makers interested in supporting the development of the many children who spend significant amounts of time in ECEC settings.

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8.4. Paper Session: End of Life Care

Great Hall

- **Moderator:** Guillermina Altomonte, New School for Social Research
- **Cindy Cain**, University of Alabama at Birmingham, Jack Lam, University of Queensland, "Integrating Work and Home when Patients Are Dying."

Extant research has found that flexible hours and locations of work can support better integration between work and home life, thus supporting workers' wellbeing. Home-based hospice care is a type of care work that has a great deal of flexibility in work hours and places. Does this flexibility support hospice workers' integration of work and home?

Using qualitative data from 30 semi-structured interviews and quantitative data from an original survey of 165 hospice workers in the U.S., we show

that flexibility is not necessarily supportive of hospice workers' integration or wellbeing. Qualitative findings show that hospice workers value unconditional devotion to patients. They discuss that this unconditional devotion means that they often prioritize work obligations over home life, especially when a patient is imminently dying. This sometimes means that flexibility produces longer and more unpredictable hours of work, causing conflict between work and home obligations. Quantitative findings show that feeling as though work takes too much time from home life is associated with increased stress, decreased overall life satisfaction, and increased burnout.

Our findings challenge the assumption that workers will use flexible work conditions to support their own wellbeing. In the case of these hospice workers, flexible work conditions do not mean better integration of work and home life. These findings illustrate that care work may differ from other types of work as it pertains to integration of work and family life.

- **Ann Vandenberg**, Emory University, Alexis A. Bender, Emory University, Candace L. Kemp, Georgia State University, Mary M. Ball, Emory University, Molly M. Perkins, Emory University, "We Quickly Find another Subject and Make Them Laugh': Staff-Resident Communication About Death in Assisted Living."

Assisted living (AL) is increasingly a site of end-of-life (EOL) care in the US. Communication about EOL in AL has focused primarily on advance care directives. Significant gaps remain in understanding how people communicate about death. Data used in this current analysis are from a 5-year NIA-funded prospective, qualitatively driven study (R01AG047048) examining EOL care in four diverse ALs in the greater Atlanta, Georgia area. Using thematic analysis, we build on our typology of resident and informal caregiver communication about death on a continuum from medical directives to the dying process. We compare the narratives of 14 direct care workers, 15 residents, and 15 informal caregivers regarding death communication behavior. We present a typology to identify gaps in communication among these stakeholders and its relation to AL facility policies, with implications for improving EOL communication in AL.

- **Francesca Degiuli**, Fairleigh Dickinson University, "The Role of Geriatric Doctors in Shaping Long-Term Care and its Providers."

This paper is based on preliminary findings related to a research project I am currently conducting in New York city and the surrounding metropolitan area. Traditionally research on long-term care and immigrant labor focuses on the triangle involving the state, families, and the market to understand how the organization of long-term care comes into place. Little to no attention instead has been paid, up to this point, to the role of geriatric doctors in shaping these relationships. This paper, attempts to fill this gap, by exploring how geriatric doctors, both directly and/or indirectly, may affect the decisions of families and the elders in designing individual long-term care projects and consequently hire immigrant home eldercare assistants. In addition, the paper explores what geriatric doctors think of the role of immigrant labor in long-term care and of the role that these workers play in this growing field.

- **Zhe Yan**, University of Wuerzburg, "Ethics behind Dirty Work: Eldercare Workers' Experiences in China's Caregiving."

Reflective both of a gradual erosion of Chinese families' capacities for direct care of their elderly, and in the context of seismic shifts in terms of the Chinese government's array of social contracts with her growing elderly population, this paper addresses an important but under-investigated component from the supply side of the current care sector: the care workers who deliver immediate, concrete, personal care to the elderly in institutional settings. Drawing on ethnographic work in diverse types of care facilities in both Northeast and Central China, it becomes clear that care workers negotiate their positions according to the resources they possess. Situated at the intersection of marketization and state (dis)engagement in the care sector, care workers' perceptions and work experiences of caregiving reflect an inherent instability in initializing the development and implementation of new care policies on a macro-level. Normatively perceived as dirty work, care workers tend to reconcile and boost their occupational identity and social standing through identification with intrinsic and extrinsic motivations. I conceptualize care

workers as agents who deliver care via cognitive schemata and emotion, and argue that the dirty work care workers shoulder is not only indicative of who they are within social constructions of care, but that their self-understandings also serve their ability to effectively transcend and address some shortcomings in the state's development of contemporary welfare regimes. Though care workers utilize a discourse on the ethics of care to moralize their interpretation of their work, this moralizing address of an endemic instability in their workplace exposes challenges for Chinese society in constructing a sustainable long-term care system to ameliorate China's care needs.

Session 9 (11:30 a.m. – 12:45 p.m.) Concurrent Sessions

9.1. Paper Session: Structures of Elder Care

Debates Room

- **Moderator:** Kirstie McAllum, Université de Montréal
- **Mary Jean Hande**, Mount Saint Vincent University, Christine Kelly, University of Manitoba, Lisette Dansereau, University of Manitoba, Katie Aubrecht, St. Francis Xavier University, Allison Williams, McMaster University, Anne Martin Matthews, University of British Columbia, "What's Different About Working Under Direct-Funding? Exploring the Shifting Roles of Care Workers in Self and Family Managed Home Care in Manitoba."

Directly-funded (DF) home care provides funds to individuals to arrange ongoing assistance with the activities of daily living. DF, also referred to as 'self' or 'family-managed' care, is often seen as an empowering alternative for older home care users and possible solution to relieve the strain on conventional home care systems. Even more than mainstream home care workers, however, very little is known about the workers employed through DF programs. This paper presents findings on the experiences of DF home care workers from an in-depth qualitative case study of the Self and Family Managed Care program in Manitoba. Guided by a feminist political economy analysis of care and the concept of health equity, we asked how do the roles of DF home care workers who care for older people differ from those of workers in conventional home care systems?

And, how do changing demographics (e.g., growing immigrant and aging populations) influence shifting patterns of DF users and workers? We interviewed 7 key informants, 24 older users/family managers, 23 workers, and gathered basic information on demographics, work patterns and education in an online survey (n= 96). We found 3 themes highlighting the unique experiences of DF home care workers caring for older people: (1) highly flexible schedules and scope of practice; (2) blurred formal and informal relationships between workers, care users and their families; and (3) worker involvement in system navigation and care management. Together, these themes highlight the pressing need to understand how DF home care workers' roles differ from those of workers in conventional home care systems. Further, our analysis sheds light on the growing role of the DF policy mechanism in the changing political economy of home care labour in Canada.

- **Kate Laxer**, York University, Tamara Daly, York University “The Formal Labour Force in Long-term Residential Care in Canada: Preliminary Analysis of New Survey Data on Gender, Work Organization and Working Conditions.”

Approximately 2,300 Long-term Residential Care (LTRC) facilities across Canada directly employ approximately 200,000 workers. These facilities are complex and highly gendered and racialized workplaces employing mostly female nurses and care aides (80-90%). Statistics Canada labour force data provides limited information about this sizable and critical workforce. In 2006, our team conducted the Long-term Care Workers' Survey (LTC-WS) to better understand the work of Canada's LTRC labour force and to compare conditions in Canada with Nordic countries (Sweden, Norway, Denmark and Finland). This ground breaking survey advanced knowledge about work in LTRC in Canada and internationally, highlighting issues surrounding gender, work and care, and underlining challenges for staffing, models of care and workers' exposure to violence. This paper presents preliminary analysis of data from a new, expanded LTC-WS. Guided by feminist political economy, our analysis extends conventional categories commonly used in national labour force surveys, such as for complex identities, including race and ethnicity, and for

mapping unpaid tasks. We examine how the demographic composition of the paid, formal workforce has changed over time; how work organization and working conditions have shifted; and the extent to which facility ownership affects staffing intensity, workload and turnover.

- **Vasuki Shanmuganathan**, York University, “Quality, Cultural Care, and Labour in Canadian Long-Term Care Settings.”

Canadian long-term care homes are spaces where the quality of caregiving and receiving are largely measured using quantitative approaches and data results. Through recording blood pressure, weight, blood sugar levels, social behaviours, and other biometrics, the care worker articulates the daily wellbeing of their elder care recipient to various levels of health authorities. Affective and qualitative methods are often undervalued or overlooked as part of a comprehensive understanding of wellbeing in these settings. By extension, correlations between cultural care and quality of life for older adults in nursing homes are less studied as valuable data in assessing quality.

This paper will explore the interconnectedness of culture, care, and quality and use examples of innovations in Canadian long-term care settings. I draw on findings from the national multi-year study “Seniors Adding Life to Years.” In using an intersectional and critical race approach, I elaborate on where valuing cultural heritage can provide transformative experiences of care. In employing data gathered using rapid side-switching ethnography from site visits to Ontario, British Columbia, Alberta, and Nova Scotia, this paper will advance discussions on cultural care, quality, and labour.

I call attention to three aspects for my discussions: a) how the implementation of culturally specific care impacts the overall quality of the home b) how measuring care worker’s wellbeing on the job reveals deep gaps in the understanding of qualitative measures of care and c) how the presence of culturally-specific care supports elderly quality of life which in turn highlights different tensions in how care is comprehended through a health system, local and individual viewpoint.

- **Martha Macdonald**, St. Mary's University, Pat Armstrong, York University, Hugh Armstrong, Carleton University, Malcom Doupe, University of Manitoba, "Privatization of Long-term Residential Care in Canada: The Case of Three Provinces."

This paper examines trends in privatization of long-term residential care (nursing homes) in the Canadian context since the 1990s, comparing Ontario, Manitoba and Nova Scotia. It sets out both commonalities and differences in the trend among the three provinces, identifying factors that contribute to this variation within a single federation. While the Canada Health Act insures public provision of physician services and hospital care, the suite of services comprising the older adult care continuum, such as home-based services, nursing homes, and more recently some community-based housing with health services options (introduced as an alternative to nursing home care) have been excluded from this Act and the national standards it provides, as limited as these standards may be. This has led to major differences in the organization of, and access to, these care options across Canada. The exclusion of continuing care from the Canada Health Act has also led to vast additional inter-provincial differences as it relates to the supply and mix of services offered, to the staffing levels provided, and to regulatory (or in some instances, lack thereof) policies. We consider privatization in terms of formal ownership, contracting out of services, and the impacts of privatization on regulation. Using a feminist political economy approach, the implications for affordability, accessibility and quality of work and care are considered. This research is part of an eight year project funded by SSHRC on 'Reimagining Long-term Residential Care: An International Study of Promising Practices' (Pat Armstrong, Principal Investigator). The chapter will be part of a book from the project on 'Privatizing care, the case of nursing homes' to be published by Routledge.

9.2. Paper Session: Care and Social Change

Music Room

- **Moderator:** Katherine Ravenswood, Auckland University of Technology

- **Simon Black**, Brock University, “Precarious No More? Anti-Unionism, Union Resilience, and the Future of Home Care Worker Organizing in the United States.”

Disproportionately poor women of colour and immigrant women, home-based care workers in the United States have traditionally been excluded from coverage under labor and employment protections, including from minimum wage, prevailing wage, and overtime protections and the right to organize and collectively bargain. The work of home-based care is thus characterized by a gendered and racialized precariousness actively constructed and maintained by the state. Yet over the past fifteen years, publicly-funded home-based care workers in the US have organized for better wages and working conditions, overcoming political, geographic and social barriers to unionization. Union campaigns have involved community-labour coalitions lobbying state governments for legislation that opens the door to unionization by redefining home care workers as employees of the state for the purposes of collective bargaining. Yet the 2014 United States Supreme Court decision in *Harris v. Quinn* effectively introduced “right-to-work” in the state-funded home health care and home child care sector, threatening to undermine care worker unionism and efforts to mitigate precarious low-wage work in the sector. This paper explores how home health care and home child care workers and their unions are adapting to the post-*Harris v. Quinn* organizing environment. Comparing home care worker unions in New York, Washington and Illinois, I argue that while *Harris v. Quinn* denied women working in the home the same rights as other employees, far from being a death knell for home care worker unionism, a number of home care locals have reinvigorated their internal organizing and have fostered rank-and-file participation and militancy in the context of “right-to-work”. Against the backdrop of a mounting care crisis, these unions must continue to work in coalition with care consumers to demand greater public investment in care services and ensure decent work for home-based care workers.

- **Megan Undén**, University of California - Santa Barbara, “The California Domestic Workers Coalition and Domestic Worker Bill of

Rights: An Extended Case Study Addressing Social Movement Organizing and Political Success.”

This paper investigates the success of the California Domestic Workers Coalition to sponsor successful legislation with the passage of California SB 1015, the 2016 Domestic Worker Bill of Rights in 2016. The research design uses an extended case study to address the five legislative acts pursued by this organization with ethnography and document analysis.

Four of these five legislative acts occurred within a relatively stable political context (Democrat Trifecta rule) and were sponsored by CDWC and after their efforts to engage in multi-scalar organizing (National Domestic Workers Alliance and the International Domestic Workers Federation) to strategically connect mobilization with political strategies for intervention. For CDWC, this includes recognition as workers, to existing state labor employment through legislation that: repeals exclusions, ends partial exemptions, and provides specific additions to California Labor Codes and Wage Orders. This legislation provides structural changes for domestic workers with state recognition and use of mechanisms, such as wage enforcement through state agencies. This also uses government processes to change employment conditions and employment relations.

California laws allow legislators, groups, and individuals to sponsor legislation provided an elected legislator author and present the bill. The findings demonstrate the significance of connecting mobilization and political strategies (internal), as well as documenting political influence by this Social Movement Organization in state government processes and governmental documents (external) for SB 1015 and the prior legislative acts prior to establishing a permanent domestic worker bill.

The significance demonstrates how domestic workers organize and lead hybrid smo to build power with coalitions, multi-scaling organizing, and connect this to political victories to intervene in employment structures (external to the state) and democratic with expanded access to rights and benefits other workers enjoy such as overtime protections. Social

movement organizations (including coalitions of domestic worker associations and unions) can build successful mobilization strategies to pursue political and legislative success, as well as document their roles in organization and governmental records. Thus, this looks at the strategies to pass this legislation and how passing legislation connects as a broader strategy to build power.

Grace Whiting, National Alliance for Caregiving, Liam O'Sullivan, Care Alliance Ireland, "Family Carer Policies in Three Diverse Countries- Canada, USA and Ireland-A Reflection."

Family carers/caregivers across the globe provide the vast majority of care to loved ones. Despite the development of advanced welfare states and significant public investment in social care, families continue to be the main providers of such care, at a level that is estimated to be in the region of 80% in these three countries.

This paper, authored by three separate caregiver advocacy organizations from the US, Canada and Ireland, and drawing on a recent International Alliance of Carer Organizations (IACO) report, will seek to begin to provide a level of international comparisons in the area caregiver support. The paper will look at the current legislative basis for such support, policy and practice initiatives, income support measures, home care provision, the public discourse and the role and potential of advocacy organizations to deliver improved outcomes for family carers both nationally and internationally. This paper will also provide a brief narrative of the carers movement within each country and seek to anticipate the challenges of operating effectively within their respective jurisdictions. Finally, this paper will consider the extent to which how local or national carer support initiatives have the potential to be replicated in other countries.

- **Mariana de Santibañes**, New York University, "Building a Care Agenda from the Bottom Up: The Relevance of Policy Narratives in the Design of Uruguay's Comprehensive Care System."

Public issues are not part of a pre-given "neutral" reality, but language, discourse and rhetoric help construct our knowledge of society and its

problems. In this context, the different associations with and understandings of care are far from insignificant; they hold the power to affect the ways policymakers approach care issues and shape care policies by deciding who receives and provides what kind of care, how much of it and of what quality. This study follows the narrative trajectory of care as a public problem and its relevance for the design of an unprecedented policy in Latin America: Uruguay's Comprehensive Care System (SNIC). Grounded in both interpretive and critical paradigms, this qualitative research uses open-ended interviews and archival material to highlight the dynamic and complex nature of this process, whose course and outcomes were not and could not be determined a priori. Results help distinguish different phases, according to the characteristics and opportunities offered by civil society webs, the different types of participating actors and their priorities, the innovative structure of the links they established, and their conceptualizations of care, family, gender, work and social protection. This paper provides an interesting window into the way transformative care concepts - lying within a gender equality agenda - are used and played out in real-life situations and to what effect, and contributes empirically to the analysis of the institutionalization of care policy discourses in Latin America.

9.3. Panel Session: Negotiating Tensions in Long-term Residential Care: Reflections from an International, Interdisciplinary Study of Promising Practices
Great Hall

- **Moderator:** Pat Armstrong, York University

In this panel presentation we draw on findings from the major collaborative initiative Reimagining Long-term Residential Care: An International Study of Promising Practices, which spanned across six countries and 27 sites, to explore some of the critical tensions that need to be negotiated in this sector. Focusing on examples of approaches, practices, programs, and interests that have conflicting or competing demands and/or consequences, we will draw on observational and interview data from various site studies to analyze some of the tensions

that play out in the life of the nursing home. To use the most obvious example, there is a tension between the need to give priority to the increasingly complex medical needs of residents and the plan to provide the kind of support that emphasizes social care and interpersonal relationships. Similarly, there are tensions related to risk and safety: should a certain amount of risk be tolerated to enhance resident quality of life, and if so, how much risk can be tolerated, that have been recognized but deserve further exploration. But we also consider numerous tensions that are less obvious and seldom considered in the literature, such as those around family involvement in the everyday work and care of residents. Such tensions can mean significant tradeoffs or even negative consequences, as for instance when residents are put in wheelchairs to avoid falls but end up unable to walk as a result. We identify promising practices for negotiating and addressing these tensions in ways that can work for both those who need and those who provide care, while recognizing that tensions will remain.

- **Hugh Armstrong**, Carleton University, "Risk Versus Safety."

"Home-like" nursing homes in reality, and not simply in rhetoric, enable residents to participate in everyday life as they would if they were in their own home. Just as risks are to be found in private homes, so they were in a German nursing home, in which residents were encouraged to use their skills and abilities to the fullest, for example to cut vegetables. The risks involved in meal preparation, and potentially cutting fingers, need to be weighed against the risks of inactivity and boredom. Participation in the life of the nursing home can reduce risk, as it reduces alienation and frustration, including among residents with mild or moderate dementia. However, risk assessment is not a simple and "objective" issue. Nor is safety. The notions of risk and safety are not dichotomous. This is not an either/or situation, for there exist degrees of both risk and safety. A discussion about risk involves questions about how and what should be measured, by whom, and indeed when and where to acknowledge limits on what is measurable. To rigorously protect against every possible risk is to transform a nursing home into some sort of "total institution." We turn to Canadian nursing homes as a contrasting example, where falls

prevention and diet restrictions are prioritized in view of safety. It is clear from the examples that nursing homes, at least in Canada, should tolerate more risk. How much more risk is not so clear. Risk can be positive. It can promote mobility and social engagement. It can fight boredom, inactivity and social isolation, risks that are themselves unhealthy. The enduring tension is how to balance the encouragement of risk with the maintenance and in fact enhancement of safety for nursing home residents.

- **Albert Banerjee**, Stockholm University, “Tensions Between Principles and Practices.”

A tension exists between the desire to provide attentive, personalized care and the use of the care plan to implement this type of care. The care plan is a document that is supposed to be integral to caring but we observed how it is ignored in practice: its role in guiding the work of care aides is minimal at best, reflecting the tension between principles and practices. On the surface, care planning makes sense to get to know the resident as a person, make notes about their needs and preferences, and use these to direct “person-centred” care. We draw on an Ontario example to show how the care plan has taken on a life of its own, used more to protect the home than to guide resident care. Considerable resources are dedicated to developing the technologies to monitor the care plan, such as the Resident Assessment Instrument-Minimum Data Set (RAI-MDS), as well as practices such as intake assessments, care conferences, and reporting requirements for staff in order to ensure plans of care are kept up to date. It is important for care aides to read and update the plan. However, whether and how this plan actually matters to the care that residents receive is lost. Aides reported they do not use the care plans because they do not have time to read them and the information in them is usually out of date, so they cannot trust them. Care aides also reported they have more immediate and reliable sources of information, such as the morning shift report or simply asking their colleagues. In essence, well-meaning principles that are meant to guide person-centred care have been reduced to a set of rigid rules with primary concerns on satisfying inspections.

- **Rachel Barken**, York University, "Families and Care Homes."

Tensions and contradictions are common in long-term residential care in relation to family involvement with the complex intersections between paid and unpaid caring labour. In this presentation, we explore these tensions and contradictions between the nursing homes and family members in the areas of care work, approaches to care, and knowledge of residents. Families occupy contradictory positions in long-term care. On the one hand, there are popular assumptions that families "abandon" older relatives in nursing homes, and the move to long-term care is often regarded as a failure on the part of families and individuals to provide enough care at home. On the other hand, family involvement in long-term care is both encouraged and assumed. While care homes typically encourage families to visit, tensions arise because conditions such as understaffing, funding cuts and privatization often render families, especially women, responsible for doing more care work than they are prepared for. In our study, there was a contradiction between the role of staff, who are tasked with ensuring the safety and security of the resident population as a whole, and families and friends who are often primarily concerned with the needs and interests of an individual resident. We also observed tensions between care homes and families with regards to knowledge of the resident and their preferences for care. Aging families face contradictory expectations: they are simultaneously expected to maintain close, caring relationships, and yet must relinquish some aspects of these relationships when a relative moves to long-term care. We draw on interview and observational data to discuss these tensions and then conclude with some promising practices that serve to recognize contradictions and handle tensions in ways that support the well-being of families and residents as well as staff.

- **Jacqueline Choiniere**, York University, Ruth Lowndes, York University, "Tensions for Nurses in Long-term Residential Care."

A primary tension for RNs is the intensification of care demands in environments that provide only minimum staffing levels and place considerable reliance on casual, part-time nurses and other care

providers. We witnessed this in many locations, in spite of research supporting the link between staffing levels, staffing continuity, and quality of care in this sector. Another RN-related tension we observed is the selective way in which certain aspects of care are regulated with implications for staffing levels, staff-mix and division of labour. In Ontario, nursing homes are mandated to have an RN on duty at all times, and complex assessment, recording and reporting of clinically focused aspects of care are mandated. Yet, there is no regulation for staffing levels or mix, other than one RN on site 24/7. In this model of care, where care aides are responsible for most of the direct body care, RNs have little time to spend with residents to gain tacit knowledge, to engage in emotional care, or build relationships with residents and families. In one Manitoba home, collaborative teamwork was identified as a key aspect of the care philosophy of putting the resident first, which reduced this tension. Another tension for RNs is their level of involvement in training and ability to mentor others. Training that is increasingly provided to individuals one-at-a-time, through online platforms, instead of a hands-on, interactive, team-based approach, misses an important engagement opportunity for staff and residents, and raises another tension. We describe a German apprenticeship model that allowed for training and higher staffing levels. In the Canadian context, we draw on a promising Manitoba example, where staff were trained on the equipment they use for residents, a form of training that facilitated building of experiential insight and empathy for the residents and their positions as care recipients.

- **Ruth Lowndes**, York University, James Struthers, "A Day in the Life: Comparisons of Social and Medical Care Models in Germany and Ontario, Canada."

There is an obvious tension between dealing with the medical and physical needs of residents and their social need for human support and interaction. The tensions become more visible as residents who live in long-term residential care have increasingly complex medical needs. In a medical care model, biological data and the measurement of physiological evidence of health are prioritized over the more social or relational aspects of care. Work is organized in a task-oriented manner, decision-

making tends to be hierarchical, divisions of labour are strict, and routines are often fixed and rigid. For instance, nutritional content and amount of food intake take precedence over the pleasurable aspects of dining. This approach to care is driven by detailed government regulations that require daily, quantifiable data entry, and often little time is left to meet residents' social care needs. In contrast, we observed in different settings a more social approach to care embedded in practice that attempted to manage these tensions. In this presentation we draw on data from case studies in Ontario and Germany to compare social versus a more medical care approaches, and the difference each makes in the everyday experiences of residents and staff in these settings. Social care approaches prioritize important aspects such as building and maintaining relationships and socialization, exercising choice, freedom of movement and engagement in meaningful activities as residents would do if they were at home. Certain conditions such as sufficient, permanent staffing levels, managerial support for social care practices, and physical spaces like open areas and accessible, unit kitchens enable social care, which in turn improves care quality and resident quality of life.

Session 10 (12:45 – 2 p.m.) - Lunch **Great Hall**

Concurrent activist and practitioner workshops

10.1. Workshop: Caritas and Care Ethics: Creating Caring Institutions

Debates Room

- **Organizers:** Elaine Wright, Brescia University, Emily DeMoor, Brescia University

As they adapt to the needs of changing populations and economic conditions, faith-based organizations need to consider how the ethics of care and justice are prioritized and maintained in their mission and strategic plans. Caritas, or love in theological terms, is a dimension of care ethics that resonates with the values of faith-based programs and provides a guide for institutional culture. This workshop is based on a university initiative to more fully develop and integrate the concept and

practice of caritas across its campus, curriculum, and community. Seeking to define caritas within multidisciplinary constructs and a religious infrastructure, the university facilitated professional development activities that included presentations on the background of caritas, breakout sessions to explore the concept from different academic perspectives, and a group discussion to brainstorm next steps for the institution to create a culture of caritas in an intentional manner. Using this model as a framework for the workshop, participants will engage in creative and reflective exercises to develop their own process of defining caritas and explore how it can be applied in their own programs and organizations.

10.2. Workshop: ReUnion Workshop: Reimagine Marriage/Redistributing Care

Music Room

- **Organizers:** Yin Aiwen, ReUnion, Jelena Viskovic, ReUnion

ReUnion is a speculative platform for interpersonal contract of long-term relationships. It provides a space for people to map their immaterial labor for the relationship they commit to, and a friendly environment to facilitate them to redesign their relationship with their partners. The platform is aiming to become a new kind of social network, a new kind of welfare system and a new kind of legal framework that gives support to people that are outside of the nuclear family framework.

The project started with the critical reflections of marriage and family, which are state-sponsored contractual platform that presupposed the ways we organize our lives and caring for each other. Instead of centralizing care labor and financial stress into the unclear family, ReUnion offers a space where people can establish their network of care and support, negotiate and redistribute the immaterial labor in all the relationships they involved. For ReUnion, the future of family lies in groups of people that pledge long-term commitment to each other.

We would like to propose a workshop in which people can use our digital and analog proof-of-concept to map their interpersonal relationships, by reflecting on the care labor they committed for and received from others. Eventually, they can redesign their relationships with each other, redistribute the care labor within a self-formed community and allow a new type of organization emerged.

Session 11 (2–3:15 p.m.) - Concurrent Sessions

11.1. Paper Session: Protecting Domestic and Care Workers – Policy Approaches

East Common Room

- **Moderator:** Mignon Duffy, University of Massachusetts, Lowell
- **Sophie Henderson**, University of Auckland, “The Legal Protection of Women Migrant Domestic Workers from the Philippines and Sri Lanka: An Intersectional Rights-Based Approach.”

Sexual and racial division in the international labour market places feminised jobs, such as domestic work, at the lowest end of the global care economy and for the lowest pay. It is the intersecting inequalities of gender, race, ethnicity, socio-economic class and nationality that sustain a domestic worker’s disadvantaged position in a sex-segmented labour market, as well as shaping their vulnerability to exploitation. This paper uses data from semi-structured interviews conducted with advocacy groups, government agencies and international organizations in the Philippines, Sri Lanka and Hong Kong to contend that a rights-based approach, informed by intersectionality, is required to effectively safeguard women migrant domestic workers (MDWs) against rights violations throughout the migration cycle. State sponsorship of overseas employment has long been a key feature of national development policy in the Philippines and Sri Lanka, as two of the leading sending countries of MDWs in Asia. Both states are often accused of sacrificing the rights of their women MDWs in order to maximize remittances and advance economic growth, resulting in the commodification of reproductive labour. In light of this, the author argues that an intersectional rights-based approach is essential in understanding and addressing the ways in

which migration regulations enforced by the two sending countries discriminate against women MDWs on multiple grounds, impeding their access to human and labour rights and heightening their vulnerability to abuse.

- **Jolin Joseph**, York University, S. Irudaya Rajan, Centre for Development Studies, “Transnational Care Mobility to Mobilization: A Case for Closer Engagement with Civil Society and Local Actors in Policy and Praxis.”

Transnational careworker migration to the Gulf has long been a significant avenue of employment and mobility for Indian women. However, migrant women – particularly domestic workers – often confront structural barriers that leave them vulnerable and erode potential benefits of labour migration. Despite academic and activist attention to migrant domestic worker rights and the differential impacts of migration and care policies in these contexts, there remains no dedicated, comprehensive policy framework that represents and responds to the multi-faceted needs and challenges of these workers and communities and engages them in policy development. Addressing this, we argue, requires recognizing the myriad actors involved in the recruitment, migration, and support of migrant domestic workers as well as the multiple, complex local configurations of care and carework.

In articulating an alternative approach to migration governance, this paper considers the efficacy of current policy architecture related to carework, migration and women (including the Indian Emigration Act, 1983 and Gulf labour laws) that do not adequately address the social and systemic factors that frame these movements. It explores how grassroots efforts (as represented by NGOs and migrant associations) to organize and advocate for the rights of domestic workers, engage with the politics and possibilities of migrant domestic worker rights in their broader commitments and activities. Based on two months of fieldwork among migrants and civil society in key sending states of Andhra Pradesh and Telangana, we analyze the meso-level social organization of domestic work migration and implications of migrants enacting and mobilizing

activism. Drawing on the example of PARA and Navayugam, two migrant organizations operating in South India and Saudi Arabia, the analysis suggests that bringing non-state actors into the formal migration apparatus and strengthening their capacity can enhance policy objectives, outcomes, and initiatives that respond to the challenges and opportunities arising from domestic worker migration.

- **Rafaela Rodrigues**, American University, "Care and Domestic Work: An Analysis of the Legal Changes for Domestic Workers in Brazil and the Impacts on Brazilian Families."

According to ILO, Brazil has the largest number of domestic workers in the world. However, only in 2013, the domestic workers achieved some of the same labor rights guaranteed in the Brazilian Constitution to workers in general. Moreover, data have shown that the number of domestic workers in the market is shrinking. The use of cheap labor for domestic work shaped Brazilian families in a certain way. Women from different classes had extremely different experiences regarding the care/domestic work that was done in the house. Most of middle-class families in Brazil had a housemaid in the house taking care of domestic work and chores. This social arrangement allowed middle class women to go the labor market. In this paper we will show that a paradigm shift is occurring in Brazil regarding domestic work. The greater access to education of girls and young women, the country's economic growth, and the new domestic workers' labor rights have changed the domestic work market in Brazil. As a result, families are facing new challenges regarding care work arrangements. This paper discusses the impact of the Constitutional Amendment No.72 on the Domestic Workers' labor market, the implementation of the law and the impacts on care work on Brazilian families.

- **Michael McCormack**, UCLA Fielding School of Public Health, "Domestic Work and Economic Migration: Evidence of Gendered Work Permit Conditions in Law and Policy."

Economic push and pull factors remain one of the major forces contributing to migration flows around the world today. Economic

migrants of all skill levels, occupations and industries apply for temporary work visas in search of better opportunities in states with strong labor markets. The significant demand for domestic work in high income countries has made it a significant share of migrant labor flows in today's global economy. It is also well documented that migrant workers in this occupation are especially vulnerable to exploitation, mistreatment and social exclusion, and that the care work of women is systematically devalued.

This paper examines how the gendered nature of domestic work is embedded within the work permit regulations for immigrant workers in domestic work occupations. Using new comparative law and policy data on migration from 150 UN member states created at the WORLD Policy Analysis Center at the University of California Los Angeles, we explore differences in the protections and conditions of domestic work permits versus general work permits and those permits more likely to be filled by men. This data provides evidence of how the feminization of labor and the devaluation of care work is expressed in the terms and conditions of work permits specific to domestic workers across 20 countries. Among those countries with work permits specific to domestic work, Domestic work permits are more restrictive in regards to renewability, lengths of validity, and are more likely to place restrictions on changing employers. Restrictions on family reunification for domestic work permit holders were also common. These differences can be viewed as a legal expression of the devaluation of immigrant care work, and point to the need of more equitable conditions across temporary work visas to remedy such devaluation.

11.2. Paper Session: Webs of Care: Reciprocity and Interdependence Debates Room

- **Moderator:** Janette Dill, University of Minnesota
- **Rachel Barken**, York University, Megan J. Davies, York University, "A Relational Ethic of Rural Home Support: Care in Two Gulf Island Communities, 1978- 2018."

This paper maps out a relational ethic of rural home support. It is based on a socio-historical study of the Hornby & Denman Community Health Care Society. Located on British Columbia's Northern Gulf Islands, 'The Society' was founded in the late 1970s, at a time when welfare state policies provided these fledgling local organizations with significant flexibility to design and implement community health services. In their everyday practice, early workers provided personalized, relational care that extended beyond a narrow definition of health to address the physical, social, and emotional needs of older persons at home and in their community. The Society remains a promising model of late twentieth-century rural eldercare and a compelling case study of grassroots health policy formation. But even in the early years, and in a stronger fashion recently, provincial policies have rationalized and winnowed away community services, limiting local workers' autonomy as well as clients' access to care.

In our paper, we show how past and present care workers engage with relational ethics to challenge the neo-liberal discourses of efficiency guiding mainstream health policies. Drawing on a combined analysis of archival documents and oral history interviews with Society board members, administrators, and care workers as well as clients and families, we consider how individuals located within a specific geographical and socio-cultural context 'do care' in distinctly relational rather than task-oriented ways. We identify three themes central to a relational ethic of rural home support: the strength of intergenerational connections, community-embedded relationships, and collective rather than family values. Within each theme, we consider how shifting policy structures inform changes over time in the nature and delivery of home support. To conclude, we consider how a relational ethic may be implemented more broadly, to bolster the work and well-being of care workers and older persons in rural locations.

- **Brenda S.A. Yeoh**, National University of Singapore, Elaine Ho, National University of Singapore, Shirlena Huang, National University of Singapore, "Tracing Webs of Care for the Elderly: Migrant Care Labour and Care Mobilities in Singapore."

As Singapore becomes one of the fastest ageing populations in Asia, the state is rolling out eldercare policies which are mainly predicated on the principle that the family remains the 'primary caregiving unit' and where home-based care is the preferred option for the care of the elderly. In this context, households faced with growing care deficits have turned to external sources of care labour to plug the gaps. Gender based strategies of care substitution have developed, of which the global householding strategy of importing transnational domestic labour (mainly from Indonesia, the Philippines and Myanmar) into the privatised sphere of the home has become predominant among middle-class families. Drawing on life-story as well as go-along interview data collected through a recent ethnographic study of 60 Singaporean families coping with eldercare demands, the paper draws on the relationality of care as a bifocal lens to examine the politics of interdependence and mutuality of care between 'carer' (the migrant domestic worker) and "cared for" (the elderly). First, we explore care relations by analysing the webs of care, or the spatial-temporal assembling of multiple carers over space (connecting different public and private care-spaces) and time (temporal variations over the week), among middle-income families where transnational migrant domestic workers are employed within the home as primary carers for the elderly. Second, we aim to provide critical insight on the interconnections between different scales of care mobility in a city-state where the daily mobility configurations of older citizens are being facilitated by the transnational migration of foreign careworkers.

- **Yang-Sook Kim**, University of Toronto, "Caring for Co-Ethnics: Immigrant Women In-Home Supportive Service Workers in Koreatown."

In this paper, I examine the multifaceted challenges that immigrant women home-based eldercare workers face in improving their working conditions in the context in which the social responsibility of care is outsourced to ethnic communities. Drawing upon in-depth interviews and participant observations conducted in Los Angeles Korea town, I find the intersectional dynamics of gender, migration and race channel middle-aged Korean women with little opportunity in the mainstream labour

market into In-Home Supportive Service (IHSS), a publicly-subsidized home-based elder care, coercing them to take care of Korean recipients in Korea town in “Korean way.” As the publicly-subsidized program operates within the ethnic economy, the gendered and coercive logic of care in the ethnic communities is reinforced, and the tacit cultural norms within the insular ethnic community replace the government regulations on IHSS.

To protect themselves from the coercive logic of care that enables Korean recipients to have control over the workers, and to Korean workers’ distinct needs to be reflected in the union, Korean IHSS workers have organized themselves and established their own Korean group within the Service Employee International Union (SEIU). While meeting to Korean elders’ culturally specific needs to some extent to work in Korea town, these workers have developed tactics to negotiate their workload and schedule with the recipient by utilizing the cultural norms. They also developed a counter narrative that they are not the servant but government workers who are paid by the government thus deserve better treatments. By documenting how these workers, who are pushed to care work as their last resort, utilize oppressive cultural norms for their labour protection and self-mobilization, I highlight workers’ capacity to develop alternative protection strategies even when they are heavily constrained in an insular community.

11.3. Panel Session: Care and Practices of Liberation

Music Room

- **Chair:** Sophie Bourgault, University of Ottawa
- **Inge van Nistelrooij & Rodante van der Waal**, University of Humanistic Studies, The Netherlands, “‘Liberating the Pregnant Body’: Disempowerment and Disembodiment in Maternity Care.”

Since its early days, starting with the works of Ruddick (1980) and Gilligan (1982), care ethics has worked to carve out space in Western thought for women to express their own experience, morality and politics, which were partly rooted in maternal experience.

The focus of our paper is on the pregnant body as being appropriated and disempowered by capitalist society and obstetric thinking (Murphy-Lawless), in e.g. successful Pro-life actions and neglect and violence against women in obstetric care.

Women's own experience and knowledge of pregnancy are oppressed in Western (obstetric) thought via the centering of the unborn baby and the decentering of the pregnant woman. In this paper we aim to analyze how 'the pregnant body' has historically become subjected to patriarchal medical knowledge .

Barbara Duden (1993) traces the ways in which technology and a new discourse cooperate in order to instrumentalize and disembody pregnancy; a disembodiment that is also internalized by women themselves. Silvia Federici (2004) considers capitalism as the cause of this violent transformation that turns holistic women's bodies into production machines of manpower, and shifts the focus to babies as the necessary product. Putting these theories together, it becomes in combination with the work 'The Invention of Women' by Oyèrónké Oyèwùmí (1997) manifest, that, and how, the pregnant body today is a suppressive construct of imperialistic power.

Defined as a 'construct', we further aim to investigate whether the pregnant body could be liberated - a term we prefer to 'decolonizing', as the latter should be reserved for the liberation of native cultures in former colonies. This paper presents a relational care ethical perspective on the possibility of 'liberating' via 'women's writing' (Hélène Cixous 1994). Shifting to women's voices and relational ethics is vital for humanizing obstetric practices.

- **Tula Brannelly**, Bournemouth University, "Decolonising Research Methodologies through Indigenous and Non-Indigenous Partnerships: Care-Based Methodologies."

With a growing emphasis on internationalisation, alongside some disciplinary prevalence for international research, academics from the global north are more encouraged than ever to research in the global

south. In the UK, the Economic and Social Research Council (ESRC) currently funded Global Challenges are an example of prestigious funders encouraging researchers from the global north to research and educate about research in the global south. Uncritically, research partnerships are an exercise in development where the global north researchers educate researchers from the global south, that does not recognize that, for example, indigenous people have their own research methods based in an indigenous world view. This situation has two problems. The first is that the assumption is that the world operates in a space of post-colonisation, which is contested in any colonised state by indigenous peoples (and allies). Secondly, positioning global north researchers as vanguard of methods and knowledge has significant potential for recolonization as experienced by indigenous people.

Tula Brannelly and Ros Edwards from the UK, Helen Moewaka-Barnes from Aotearoa New Zealand and Deb McGregor from Canada collaborated in a partnership to provide practical guidance and critical questions for non-indigenous researchers entering into research relationships with indigenous partners. This international collaboration was funded by the ESRC, following petition by Ros Edwards for the need for raising awareness for global north researchers about decolonising research. In this presentation, a video resource will be shared where the group discuss the process of partnership as a model for decolonising practices, and how the ethics of care guided research practices. Further resources are available from each of the academics involved through a website that will also be shared.

Project members: Professor Ros Edwards, University of Southampton, UK, Dr Tula Brannelly, Bournemouth University, UK, Professor Helen Moewaka-Barnes, Massey University, New Zealand, and Professor Deb McGregor, York University, Canada.

- **Joan Tronto**, University of Minnesota, “Decolonizing Global Care Chains.”

This paper will explore the ways in which so-called global care chains, which provide care workers in health care and personal services, are rightly considered a part of colonial legacies. It will draw upon empirical evidence about the nature of global exchanges of care labor, both between higher-income and lower-income nations and in other patterns around the world. It will argue that in the neoliberal age, colonialism is no longer primarily about the relationships among states, but that we must be attentive to important shifts in the structures of colonialism. In this case, citizens from different states act as stand-ins in ongoing colonial relationships. Such privatized interactions, e.g., between individuals from the Philippines and the USA or Canada, thus seem to be purely matters of economic ambitions on the part of the individuals concerned, and “free” of colonial implications. But the effect of such a narrative is simply to obscure the realities and to remove responsibility for these ongoing patterns of inequality. The paper will then describe what steps might be taken to reallocate responsibility for such practices as a way to “decolonize” them.

- **Panel discussants:** Elena Pulcini, University of Florence, Sophie Bourgault, University of Ottawa, Merel Visse, University of Humanistic Studies.

11.4. Paper Session: Falling Through the Cracks: Care Gaps

Great Hall

- **Moderator:** Kim Price-Glynn, University of Connecticut
- **Nathan Boucher**, Durham Veterans Affairs Medical Center Health Services Research & Development, “Designing Lay Navigation for Caregivers of Older US military Veterans with Advanced Illness.”

Of the approximately 65 million Americans who serve as informal caregivers of persons with chronic disability or illness, about 5.5 million are caring for military Veterans. Veterans’ caregivers play significant roles providing direct care and coordinating services for their care recipients, but often report low confidence in care they provide, financial hardship, and poor personal health. Caregivers’ burdens are linked to the availability

of resources to support them in their complex role; a role made more complex in the context of older age, of both caregivers and Veteran care recipients. Systematic needs assessment of caregivers of older, community-dwelling seriously ill Veterans and linkages to existing resources could fill important gaps in available social and practical supports for Veterans' caregivers. This presentation 1) briefly reviews the literature on informal caregiving for US military Veterans with advanced stage illness; 2) identifies the gaps in social and practical supports for Veterans' caregivers; and 3) discusses the first year – Stakeholder Advisory Board formation and qualitative interviews with older caregivers and their seriously ill Veterans – of a 5-year US Veterans Administration grant (PI – Boucher) to develop a lay navigator program directly supporting older caregivers of seriously ill Veterans. The intent is to make this a learning session allowing time for targeted discussion regarding caregiving for those following military service in the US and other countries.

- **Melissa Popiel**, Wilfrid Laurier University, "Episodic Caring: Exploring Life Impacts from an Unpredictable Caring Role."

Episodic caring is an underexplored form of family/friend care provision, happening in response to periods of chronic, episodic illness, unpredictable in their length, severity, and occurrence. Unpredictable illness episodes may have ripple effects on the carer, including influencing access to social determinants of health, such as employment or income support. While many people living with episodic illnesses have one or more family/ friends/ partners/ or significant others who provide a variety of life and health-related supports over time, little is understood about the socio-economic and relational ways the lives of carers are altered by unpredictable, episodic caring.

Informed by the feminist economic concept of provisioning, examining the indispensable social, emotional, and temporal value in the range of work done by women, and using constructivist grounded theory methods, this presentation will discuss the findings of an exploratory dissertation project on the complexities of episodic caring. Using data from semi-

structured interviews, the presentation will discuss contextualized experiences of episodic care of family members/ friends/ significant others living with HIV or MS in Southern Ontario. Juxtaposing health unpredictability with the carer role, these alterations include transitioning into episodic caring, followed by navigating the long-term role shift from family member/friend to care provider. The resulting theoretical framework outlines the multiple, intersecting impacts of unpredictable caring over time, including what might help episodic carers provide meaningful supports, as well as ways to reduce carer burden. The intent is to contribute to gender-responsive, more expansive carer policy, thereby improving the social and economic wellbeing of episodic carers now and into the future.

- **Anna Przednowek**, Nipissing University, "Are We Falling Short? Recontextualizing Familial Care Provision with Adults with Intellectual and Developmental Disabilities."

Over the last four decades, deinstitutionalization and subsequent neoliberal policies have re-shaped care for adults with Intellectual and Developmental Disabilities (IDD) in Ontario Canada. Today, familial care is the new norm, with women (including mothers, sisters or sisters-in-law) assuming the bulk of the unwaged care work for adult family members with IDD, often in addition to their precarious waged work. While recent research makes visible conditions that give rise to resilience, adaptation and transformation, few studies empirically investigate everyday caring relationships in their intricacies and complexities. Drawing on ongoing, feminist ethnographic and arts-based research with 15 families (including care providers and adults with IDD), I clarify how contextualizing familial care provision reveals tensions and contradictions, as current care and disability policies are not only falling short in supporting unwaged familial care, but in many instances these policies are coercive. By attending to how care providers are burning out and also fighting back, and by exploring how care relations are mediated by political and economic relations, my work promotes the inclusion of people with IDD and their care providers, while bringing disability related issues into conversations and currents in feminist care theory.

Session 12 (3:30 – 4:45 p.m.)

Concurrent Sessions

12.1. Paper Session: Macro-Politics of Care East

Common Room

- **Moderator:** Kirstie McAllum, Université de Montréal
- **Paula-Irene Villa**, LMU Munich, Barbara Thiessan, HAW Landshut, “Who Cares How in Bavaria? A Multidisciplinary Research Network on Gender & Care.”

The multidisciplinary Research Network “ForGenderCare” was installed in October 2015, running through until mid-2019. It is funded by the Bavarian Ministry of Research and Education in Southern Germany, including twelve research projects from a wide range of disciplines, e.g. engineering, ethics/medicine, history, media studies, sociology, philosophy, computer analysis, economics/management studies. The overall aim of the Research Network ForGenderCare is to explore and understand the multidimensional co-constitution of gender and care in a specific political and socio-cultural region, and to develop expertise for policy advice for future strategies and policies targeting a more sustainable, less unequally gendered, and more inclusive care work regime.

Our presentation will focus on two aspects: First, we will present selected findings from our research on topics such as working conditions in the care of the elderly, notions of care among young adults, representation of care in educational material, experiences of fathers in parental leave, gender and diversity sensibility in technological development (robotics for example), etc. Second, cross-cutting through the variety of projects, we will discuss:

- Which are our core concepts and notions of care?
- How do we make them work in a multidisciplinary research setting? Here, we shall focus on autonomy and vulnerability as the main normative framings, and discuss their diverse meanings.

- How do we (not) work with a decisively intersectional notion of gender in a highly diverse research setting?
- How can we deal with economic, sociodemographic, cultural disparities and specificities within a regionally defined research area such as 'Bavaria'?
- **Kate Bezanson**, Brock University, "Feminism, Federalism and Families: Canada's Mixed Social Policy Architecture."

In 2018, with a self-declared feminist prime minister, a federal commitment to gender-based budget analysis, and a Cabinet composed of ministers who are 50 percent women, Canada's social policy architecture is being transformed. This transformation is taking place alongside the rise of a reactionary conservative populism abroad and on the heels of almost a decade of federal Conservative social policy based on "family-values" in Canada. Despite its comparatively progressive character, Canada's social policy architecture remains nested in a liberal welfare state model, with potentially deleterious outcomes especially for mothers, lower income, and racialized women. Further, populist discourses around families, and the social and tax policies associated with them, remain popular among many voters. Such approaches are often regressive and may entrench inequalities, yet they continue to flavour some of Canada's policies related to families. This paper explores some of the consequences of Canada's family policy incoherence. It examines key federal family-related policies over the last decade, including the Liberal government's recent extension of parental leaves to eighteen months, its income-based targeting of childcare spending, and its 2018 Gender Equality Budget. This exploration: (1) offers a dynamic theoretical framework for understanding gender in relation to law and social policy; (2) considers why families and federalism are complex political and policy terrain; (3) catalogues Canada's mixed family policy architecture; and (4) recommends that a feminist future in Canadian social policy will require deviation from the current trajectory to include recalibration of parental leaves and an orientation to childcare as a public good.

- **Rachel H. Brown**, Washington University in St. Louis, "Situating Carework within the Settler State."

This paper addresses the need to understand the feminist ethics of care and the redistribution of caring responsibility through the lens of settler colonialism. Developing a political theory of care that accounts for the connection between migrant carework and indigeneity, I argue that feminist interventions addressing carework must appraise settler narratives determining who is worthy of care. Drawing from interviews I conducted in Palestine/Israel with migrant caregivers from the Philippines, India, and Nepal, and their elderly Jewish-Israeli employers, I explore how feminist theories of care can better attend to the ways vulnerability becomes instrumentalized by the state and attached to narratives about who possesses the right to receive care. I also explore how a settler colonial lens can generate proposals to collectivize or "common" care that attend to the differential access to citizenship among settler populations, the migrants who do a disproportionate amount of carework, and indigenous populations.

After situating migrant caregivers within the Israeli context, I argue that the multiple challenges migrant caregivers face requires a broader discussion about the role of the state in perpetuating an ethno-racial citizenship regime. I illustrate how the re-organization of state priorities with respect to eldercare, and social reproduction more broadly, are inextricable from broader health and socioeconomic inequalities between Jewish-Israelis and Palestinian citizens of Israel, inequalities central to the self-indigenizing of Jewish-Israeli citizens. The complex interplay between reproductive labor, migrant carework, and ethno-racial nationalism thus requires a simultaneous rethinking of how the "collective" body in question has already been prefiguratively defined. This paper thus asks how the outsourcing of care works to reinforce the role of Jewish-Israelis as citizen-employers, and Palestinians, as threats to the racial state. In conclusion I suggest how a settler colonial framework can reveal the multiple resistances caregivers deploy to improve their working conditions.

12.2. Paper Session: Migrating for Care, Caring for Families
Debates Room

- **Moderator:** Crystal Gaudet, University of Western Ontario
- **Conely de Leon**, Ryerson University, "Pagod, Dugo't, Pawis' (Exhaustion, Blood, and Sweat): Transnational Practices of Care and Emotional Labour among Filipino Kin Networks."

This paper draws on multisited ethnographic research conducted with a total of 70 participants in three sites: Canada, the Philippines, and Hong Kong. Tracing the transnational caring practices of four Filipino migrant networks – specifically, their innovative use of traveling artifacts and information and communication technologies (ICTs) – this paper provides a more expansive and culturally nuanced approach to understanding transnational care and emotional labour as multiphased, multidirectional, multirelational, and multilocational in scope. This paper further suggest that such an approach contributes to scholarship on gender, migration, and care in the following key ways: First, it highlights the multidirectionality of care, recognizing that care does not flow unidirectionally along a hierarchical chain as exemplified in the global care chains literature; second, it understands that transnational care occurs across the life course and therefore involves generations and broader communities of carers; third, it decenters the Western heteronormative, nuclear family structure and calls for a queering of transnational relations of care; and finally, in decentering nuclear family arrangements, it moves away from an exclusive focus on mothering and the mother-child dyad, thus opening up conversations around other modes of caring.

- **Bahar Hashemi**, University of Toronto, "Informal Multigenerational Care within Mixed Legal Status Families: The Case of Senior Iranian Women in Canada."

This paper analyzes the work of informal multigenerational care within mixed legal status families by looking at the experiences of senior Iranian women, who immigrated to Canada through the "Parent and Grandparent Sponsorship Program." This study brings into conversation scholarship on non-citizenship with the literature on gender and migration by considering how non-citizenship, a dynamic, relational process (Blomeraad 2018; Landolt and Goldring 2015), interacts with gender and generational power

relations to shape the work of care in immigrant families. Through the case of senior Iranian women, the paper specifically asks, what are the negotiations that precarious non-citizen women in mixed status families engage in, with other family members, over the division of informal care work at home? My analysis draws from semi-structured, in-depth interviews with 20 senior Iranian women, who have been sponsored by their children and have lived in Toronto for at least 5 years. I conceptualize the mixed status family as a site consisting of tensions and solidarities through which migrants can negotiate rights yet also experience constraints (Luibhéid, et al., 2018; Rodriguez, 2016; Schueths 2012). The study shows how members of mixed status families engage in negotiations and develop strategies, sometimes as individuals in conflict with one another and sometimes as a unit, to access citizenship rights including the right to care (Creese et al., 2008; Espiritu, 2003; Goldring and Landolt, 2013; Menjivar, 2003). This study shows how migration policies that tie an immigrant's entry and presence in the country to a sponsoring family member interact with gendered household strategies to shape these immigrant women's experiences. The study contributes to broader discussions around non-citizenship that show how the erosion of citizenship is increasingly extended not only to noncitizens but also to citizens and permanent resident and can have long term effects for broader social inequalities in Canada.

- **Theodora Lam**, National University of Singapore, "Living up to the Challenge: Left-behind Mothering in the Migration Context."

With the increasing feminization of labour migration in Southeast Asia, much scholarly attention has been focused on migrant mothers and long-distance mothering whilst overlooking the experiences of left-behind mothers. Given prevailing gendered assumptions that the absence of fathers will rarely disrupt mothers' biological, naturalised and archetypally full-time roles as caregivers, the care of children when fathers migrate for long periods are often ignored. In the light of this lacuna where the caring work performed by left-behind mothers remained arguably under-researched in social sciences, this paper seeks to examine the experiences of the primary caregiver, usually – though not always be – assumedly

mothers, of children in the absence of the migrant father. Drawing from both quantitative and qualitative data of a longitudinal study on child health and migrant parents in Southeast Asia (CHAMPSEA) conducted in two waves between 2008 and 2016, the paper first examines how familial care responsibilities are negotiated among possible care substitutes in the household's web of care, and explores how gender roles and subjectivities are transformed and reworked in the wake of parental migration. The paper investigates whether understandings and performances of care, motherhood and femininity undergo parallel changes in the case of men's migration. Confronted with their own challenges of living up to socially constructed discourses of good mothering encompassing nurture, sacrifice and raising 'good' successful children, the paper interrogates how left-behind mother-caregivers negotiate their caregiving roles in the absence of their husbands as well as their gender subjectivities within the migration context.

12.3. Paper Session: Expanding the Boundaries of Care

Music Room

- **Moderator:** Erica Jablonski, University of New Hampshire
- **A. dela Cruz**, University of Toronto, "The Care Chain and the Long Line: Self-Care of Nonbinary Filipinx Youth at New Ho Queen."

Ethnographic mappings of carework across the Filipino-Canadian diaspora reveal that the maintenance of the white, nuclear, heteronormative family relies on the subjugation of the physical and affective labour of Filipino/a caregivers, at the same time positing these bodies as devalued commodities (McKay, 2007; Tungohan, 2013; Nyaga & Torres, 2017). Yet an investigation of the legacies of the Care Chain, Foreign Domestic Movement, and Live-In Caregiver Program in Canada rarely conceptualize carework through the perspectives of sexually excluded racialized youth, particularly queer and trans children of Filipino/a caregivers, "who pursue modalities of care outside of legible iterations of kinship" (Diaz, 2016, p. 329). To further understand the scope of the Care Chain we must expand our interrogation towards these queer and trans subjectivities, whose

embodiments are informed through the conceptions of gender and care articulated through carework. Using refusals of nonbinary Filipinx youth to stay at New Ho Queen, Toronto's premier queer Asian love party, this paper suggests that nonbinary Filipinx youth are conducting a new form of carework, parallel to the carework that demarcates the Filipino-Canadian diaspora, and exploring the impacts of commodification, neoliberalism, multiculturalism, homonationalism through their own carework. How do these longer histories of gendered domestic labour across the Filipino-Canadian diaspora shape the relationships of nonbinary Filipinx youth to ideologies of gender, intimacy, and care? How do the gestures and ephemeral movements of nonbinary Filipinx within, outside, and across the space of New Ho Queen reveal new intimacies to care? I argue that the self-love and self-care embodied and exercised by nonbinary Filipinx youth at New Ho Queen rearticulates the value of diasporic Filipinx bodies within Canada, reasserts the value of being a queer Filipinx subject in Canada, and subverts the assumption of carework of Filipinos/as as devalued labour within the Care Chain.

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- Loree Erickson, Ryerson University, "Collective Care: Taking Care of Each Other and Building Community through Radical Care."

This paper situates the project of collective care/care collectives as part of broader transformative justice work. I started meeting my daily care needs (i.e. getting into bed, going to the bathroom, getting into/out of fabulous outfits, taking care of my cat, sorting student papers, cooking together, organizing sparkly things) collectively almost 20 years ago. My collective was inspired by other community-based responses to state harm and neglect and legacies of queer chosen family networks caring in the face of hate and stigma. I will share some of the knowledge generated in countless moments of enacting care from a disability justice perspective. Collective care puts into visceral practice queercrip strategies that simultaneously make ideological and practical interventions while building new practices to disrupt the disposability, commodification and individualism that shape state-based/state-biased approaches to care. This work of practising and putting into practice ways of collective caring is absolutely critical in this particular moment of neoliberalism and necropolitics. How does embodying a framework of shared vulnerability, interdependence, chosen family, sites of shame as sites of resistance and radical access transform our understanding and lived materiality of bodies, care, how we show up for and take care of each other?

- **Jennifer Lum**, University of California Berkeley, "Drugging as Caring: Reading the Rhetoric of Care for Alzheimer's in the Pharmaceutical Imaginary."

This paper explores the history of representations of drug therapies as devices of care for people diagnosed with Alzheimer's disease (AD). Dementia studies scholars have voiced concern that the biomedicalization of AD has gone hand-in-hand with the denigration of caregiving (Ballenger 2006), and has compromised the 'person within' the diagnosis (Estes and Binney 1991; Lyman 1989; Whitehouse 2009). However, I revisit the notion that technological advancement and person-oriented caregiving are inimical to one another, by asking how ideas about care have been expressed within pharmaceutical drug culture. What has it meant to provide good care for people with dementia/AD, and how have these visions and objectives of care changed over the past 50 years, within the pharmaceutical imaginary?

I turn to an archive of ads for anti-dementia drugs circulating in biomedical journals, on TV, and online between the mid- 1950s and the early 2000s in North America. I show how, during the mid-20th century, proper care for an AD subject was imagined to stem from a robust physician-patient relationship. At stake was the stabilization of the person's gendered and racialized identity within the nuclear family, within the context of Cold War-era social and geopolitical unrest. By the early 2000s, however, an effective drug-based care regimen for AD was imagined to empower the patient to navigate the health care system, as a consumer-citizen, and even as a citizen-scientist, while destabilizing the constraints of gender and race. I argue that the shift from physician-authorized care to self-care within these narratives reflects social, structural, and epistemic developments since the 1980s, including cuts to the welfare state's provisions of health care; the responsabilization of the individual AD patient; the commodification of high-tech medicine; and social justice-oriented struggles for equal representation of women and minorities in clinical drug trials.

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- Adam Rosenblatt, Duke University, “Reclaiming Cemeteries: Carework for the Marginalized Dead.”

Caring for the dead is a human universal, something most of us believe every person should receive—possibly even as a human right. Yet this widespread type of carework is rarely mentioned in conversations about caring labor. This paper explores how care for the dead becomes a political practice. Focusing on neglected African American cemeteries and burial grounds near former mental asylums, it describes the volunteer labor of people who maintain, memorialize, and care for these spaces. In repeatedly (and incorrectly) calling them “abandoned,” many narratives about these cemeteries participate in the widespread privatization of all questions relating to care—relating it to intimate and private acts rather than structures or public goods (In the U.S., public funding supports the maintenance of Confederate graves and monuments that glorify the fight for slavery, but not most historic African American cemeteries). Volunteer labor caring for spaces of the dead thus becomes a new site of political practice—of “making things public”—and prompts complex face-to-face negotiations around identity, memory, and community. My fieldwork in these cemeteries reveals how caring for the dead produces new communities of care, increased engagement with local politics and public space, and a generative tension between volunteers. This tension arises, for example, as volunteers grapple with the conflict between an apolitical and universalist approach to caring for graves (focused on the individual dignity of the dead) versus explicitly anti-racist, anti-ableist, and other politicized ways of framing the relationship with the dead and the reclaiming of public space.

12.4. Panel Session: Coalitions in Carework Great Hall

Moderator: Sara Charlesworth, RMIT University

In most developed countries disability and aged care workers employed in private homes and in residential facilities have poorer minimum labour standards than other workers and face greater difficulties in enforcing

these limited rights. The invisibility of care work in the public sphere and 'cash for care' funding mechanisms further undermine workers' labour rights. These factors present significant and complex challenges to collective action by unions and by civil society groups to protect and advance care workers' rights. In the context of underfunded and marketised care the rights of workers are often seen as competing with the rights of the vulnerable people to whom they provide support, which adds to this complexity. The panel addresses these challenges and the potential for diverse coalitions or alliances between workers, unions, civil society groups and the broader community. In doing so it draws on the work and experience of activists and scholars in the very different contexts of Australia, California, Quebec and Ontario.

- **Cynthia Cranford**, University of Toronto, "Alliances for Flexibility with Security: A Comparative Analysis of Personal Home Care in California and Ontario."

This paper examines the potential and challenges of coalitions between labour and disability movements to improve conditions for both. It draws on the case of personal home care, that is, paid help with daily activities in one's own home. It begins with an understanding of tensions between recipients' quest for flexibility and workers' desires for security in terms of what is done, when, where, how and by whom. These tensions stem in part from funding levels and program design but also from recipients' and workers' distinct location in a matrix of intersecting inequalities. This framework lends itself to a politics not of sameness but of alliance. Alliances may be easier if workers and recipients experience some similar inequalities, for example if they are both poor, or both immigrants. Yet, coalitions must reckon with how disability and age shape the experience of being poor or an immigrant, as well as how race and immigrant status shape the experience of being a worker. By comparing three personal home care programs where the degree and kind of coalition varies, drawing on interviews with workers, recipients and social movement activists, it analyzes the dynamics that hinder or facilitate coalitions. The analysis suggests that alliance requires much creative thinking and organizing because it must take place on multiple levels and be ongoing.

- **Melissa Coad**, United Voice Australia, “Coalition Building to Advance Workers Rights in Aged Care & Disability Support in Australia.”

In Australia, the provision of disability and aged care home support services are separately funded. While the focus in both is on individualised care, disability support and aged care each have different 'cash for care' mechanisms. This presentation will examine why it is important for Unions to build coalitions with advocacy groups across the disability and aged care sectors to affect positive change for workers. It explores why doing it together can be stronger than doing it alone and how the apparent clash between workers rights and the rights of service users this can be resolved. I use the example of the National Aged Care Alliance (NACA), an alliance of aged care providers, unions, consumer groups and others, and the deep involvement of that Alliance in a major national aged care reform package called 'Living Longer Living Better'. The power of a strong cross sector alliance in that case delivered once in a generation reforms to the sector. I then compare and contrast attempts by Australia's main union in the care sector, United Voice, to mirror that coalition building in the disability support sector. I briefly outline the different nature of both sectors, their history, recent policy reforms and why coalition building in the disability sector to date has not been as successful in securing worker rights as in aged care.

- **Louise Boivin**, Université du Québec en Outaouais, Marie-Hélène Verville, Université du Québec en Outaouais,, “Institutional and Political Obstacles to Community-Labor Coalitions in Social Care Networks and Beyond: A Quebec Study.”

Our paper focuses on the challenges posed by institutional and political obstacles to the creation of community-labor coalitions in home care and residential care services, where the mainly female workers include a significant proportion of racialized women. In these network-based forms of organization, employment relations are multilateral, involving various public and private organizations. In the home care services we studied, the private entities considered as the legal employer are the users themselves: the aged and people with disability using a cash-for-care

program. In the residential services the legal employers are local subsidiaries of large corporations using residential care as real estate investment. Yet, bargaining rights, as with other labour rights, are based on the gendered and racialized fordist norm of the integrated firm and bilateral employer–employee relations. Union structures, together with union practices and traditions, have also been forged by this fordist norm and its underlying intersectional power relations. Our paper draws on two case studies on mobilizations in Quebec examining how these institutional and political obstacles create constraints as well as opportunities. The first mobilization was organized in 2004-2005 by an ad hoc coalition made up of five local disability rights advocacy associations supporting users of cash-for-care programs. The second mobilization was a coordinated strike in private residential aged care organized in 2016 by SEIU-Quebec linked to the broader Fight for \$15 minimum wage campaign by Quebec unions.

- **Brigid Buckingham**, SEIU-Healthcare Ontario, “Coalitions in Ontario Home Care.”

5 – 6:30 p.m. -Keynote Address

Great Hall

- **Keynote speaker:** Juliana Martínez Franzoni, University of Costa Rica
- **Keynote title:** Imploding and Redrawing Care Regimes: Opportunities and Challenges