1. SUMMARY

Over the past two decades, neo-liberal governance strategies in Canada have resulted in major funding cuts in health and long-term care, while at the same time encouraging individual responsibility for health and care arrangements. As part of the broader context of neo-liberal restructuring, these strategies have set the goals of quality care for recipients against those of work quality for care-providers. Personal carework, the non-medical tasks that assist people with everyday activities (i.e., bathing, eating, and related housekeeping), has been particularly vulnerable to restructuring resulting in major shifts in how personal care is funded, delivered, and organized. Changes in structural factors arising from restructuring and its accompanying fiscal and social policies intersect with social inequalities (i.e., race, citizenship, gender, and ability) to pit vulnerable groups against one another as they compete for funds, autonomy, and quality of life. Despite their harmful impact, these factors are rarely considered in policy or research. Without a clear picture of how various structural factors shape the individual relationship between providers and recipients of care, we are unable to achieve both quality care and quality work. This study will draw on gender, disability, and work scholarship to determine how structural factors shaped by neo-liberal policies intersect with social inequalities to affect the relationship between recipients and providers of care. Specifically, it will examine the relationship between adults with physical disabilities and their paid, in-home personal care providers in Toronto (where most providers are immigrant women of colour) to understand how each negotiates quality care and quality work.

In Ontario, debates over shifts in carework have been intense. Disability activists argue that good care requires programs that give individual disabled people more control via direct funding, while unions argue that this leads to privatization and the erosion of good jobs. Disability scholars argue that community-based models provide more choice in how care is provided, while work scholars find that flexible modes of service organization bring insecurity to paid workers since it is difficult to unionize workers in flexible employment. Gender scholars claim that the shift of care from institutional to community and home-based programs, coupled with funding cuts, reflects a devaluing of carework. Although these literatures suggest socio-political impact on recipients and providers, the extent to which structural context informs the relationship between recipients and providers has not been explained.

The primary objective of the proposed research is to determine how the restructuring context affects the “carework relationship,” or the ability of care recipients and providers to negotiate quality care and quality work. The term “restructuring” denotes changes in economic, political, and social contexts in response to globalization (Neysmith 2000:1; Bakker 1996). In this study, I use this concept to contextualize and understand the impact of shifts in structural factors including: funding levels and funding mechanisms for care; employment status of the care provider; the existence and nature of collective supports for care recipients and providers. Added to this analysis is a focus on how social inequalities of race, citizenship, gender, and ability intersect with structural factors to shape the carework relationship. Using qualitative, comparative methodology, I investigate the carework relationship through interviews with 45 dyads of personal care recipients with physical disabilities and their paid care providers under three models of care. The models correspond to three provider employment statuses, identified in previous research: The Agency, Self-Managed Care, Informal Sector.

As the first in-depth Canadian study of its kind, this research will make a significant contribution to scholarship on: 1) gender and care by incorporating disability as a social location that intersects with gender, class, race, and immigrant status, to shape the carework relationship; 2) the social construction of disability by placing personal care within the broader restructuring of long-term care; 3) work by demonstrating how quality work and care are linked. The study is a stepping-stone to a more general understanding of changes in the post-industrial political economy and society in which the disjuncture between industrial labor regulation and service sector employment is widespread in many types of work, and carework reflects increasing neo-liberal state policies and practices. The findings will be disseminated in journals tailored to a general sociology audience, those directed to the interdisciplinary sub-fields of gender, work and disability, and in a clear language report to policy audiences.
2. OBJECTIVES
In the past two decades, neo-liberal governance strategies in Canada aimed at cutting costs and encouraging individual responsibility in health and long-term care have set the goal of quality care against quality work. The proposed study examines the impact of restructuring on the carework relationship. “Carework relationship” refers to the ability of care recipients and providers to negotiate quality care and quality work. “Restructuring” is used to understand the impact of the broader policy context on structural factors including: funding levels and mechanisms for care; employment status of the care provider; the existence and nature of collective supports for care recipients and providers. “Quality care” is defined as care that allows the person with a disability to decide when, where, how and by whom care is provided (Morris 1993). “Quality work” is work that provides security in employment, income, and good working conditions, or the ability to negotiate how much and what kind of work is done, work pace, and health and safety issues (Armstrong and Armstrong 2004; Aronson and Neysmith 1996; Denton et al. 1999).

Paying attention to how factors such as ability, race, gender, and immigration status intersect with the larger policy context, the primary objective of this research is to develop a more dynamic explanation of carework relationships that takes into account the context in which they emerge. Expanding scholarship on gender, work, and disability, the proposed research asks: which aspects of the current political, economic and social context intensify conflict between care recipients and providers and which allow them to negotiate an enabling relationship? This unique, overarching question prompts the following empirical questions:

1. What is the impact of the personal care model on the ability of recipients and providers to negotiate quality care and work? In recent research, I identified three models of personal care for people with physical disabilities corresponding to three provider employment statuses: a) The Agency: the employer is an organization, the provider an employee; b) Self-Managed Care: the employer is the individual care recipient, the provider a domestic worker; c) Informal Sector: there is no clear employer, and the worker is self-employed. The study will compare carework negotiations across these models.

2. What impact does the level of funding have on negotiating quality care and quality work? Funding cuts for care-related programs is a central aspect of neo-liberal governance strategies in Canada. A growing number of studies point out the impact of funding cuts on the carework relationship, few examine the impact of funding relative to employment status. By comparing funding levels within the three models of personal care, this study will show how funding levels influence these relationships.

3. How do collective supports offered by the labour and disability movements facilitate or hinder the negotiation of quality care and work? Independent-living centres support care recipients’ efforts to acquire quality care, and unions support workers’ efforts to improve the quality of work. Hybrid organizations involving both recipients and providers, such as ‘community unions’, may be necessary to win both quality care and quality work. This study examines actions of the disability and labour movements, broadly defined to include older organizational forms and emerging hybrids, to examine how supports influence care-work relationships.

4. How do inequalities of race, immigrant status, ability, and gender emerge in the carework relationship? Toronto is a suitable site to examine the intersection of race, immigrant status and gender with disability, since most personal careworkers in Toronto are immigrant women of colour. Recent literature on gender and care work incorporates an analysis of race, ethnicity, and immigrant status to better understand the experiences of care workers, but few incorporate the different sets of inequalities experienced by care recipients. This study fills an important gap by including disability as a key social inequality that shapes and is shaped by other social relations.

2.2 Context: A Restructuring Approach to Personal Carework Relationships
Following recent scholarship on gender and carework (Grant et al. 2004; Meyer 2000; Neysmith 2000), I examine the relationship between care recipients and providers within the context of restructuring, a concept that denotes the economic, political, and social changes in response to globalization (Neysmith
An example related to carework is the shifting of care provision away from public institutions to the community to cut costs (Baines, Evans and Neysmith 1998). Another example is shifts in the way care is paid for, such as payments given directly to individual recipients of care to hire care-providers, rather than to agencies who hire and pay the providers (Keigher 1999; Jensen 2002; Ungerson 1999). Early gender scholarship (see Finch and Groves 1983; Ungerson 1990) was criticized for over-emphasizing unpaid care-work, which eclipsed the experience of many women of colour. In response, scholars began to focus on care-work in the market (Giles and Arat-Koc 1994; Glenn 1992; Graham 1993). Recent scholarship emphasizes that race, ethnicity, and immigrant status intersect with class and gender to shape restructuring’s impact on different groups of women (George 1998; Neysmith and Aronson 1997; Raijman and Schammah-Gesser; Stasiulis and Bakan 2003). For white middle class women, moving carework into the community may mean an increase in unpaid work; for immigrant women of colour it may mean low-paid, insecure work and precarious citizenship status. The gender and restructuring literature views carework relationships as socially constructed through economic and political developments, and considers the effects of restructuring on different groups of people.

The emerging field of disability studies posits a social model of disability that, in contrast to the predominant medical model, holds that it is not physical or other impairments that ‘disable’ people, but rather social barriers that result in exclusion and discrimination (Barnes 1998; Morris 1993). Disability scholars criticized early gender scholarship for failing to focus on people with disabilities as caregivers as well as care recipients (Begum 1992; Morris 1995). Importantly, recent scholarship recognizes the need to examine the impact of transformations of carework from different, and sometimes conflicting, perspectives (Aronson 2000; Armstrong and Armstrong 2004; Church, Diamond and Voronka 2004; Tuominen 2000; Traustadóttir 2000). In the proposed project, I draw on disability and recent gender and restructuring scholarship in order to place relationships between care providers and recipients within broader transformations of work.

Carework in the Literature

Feminist theorists and philosophers have written extensively about carework relationships, positing an ‘ethic of care’ where just decisions for how to organize care stem from supporting relationships (see Kittay 1999; Tronto 1993). Similarly, feminist disability scholars have criticized the idea of the autonomous self, emphasizing interdependence (see Keith 1992). However, this ‘relational turn’ in feminist theory is largely devoid of a structural analysis and it runs the risk of essentialism: at its extreme, it holds that women who take care of others inherently develop an ethic of care. In contrast, disability scholarship has documented the abuse of people with disabilities by workers and family members (Morris 1993). Moreover, the gender and restructuring literature argues that it is essential to distinguish between ‘caring for’ and ‘caring about’ (Grant et al. 2004). Nowhere is this more evident than in the case of migrant women who must leave their families in order to support them through low paid carework (Hondagneu-Sotelo and Avila 1997; Litt and Zimmerman 2003; Parreñas 2001; Stasiulis and Bakan 2003). Combining insights from the gender and restructuring, and disability scholarships, the proposed research asks not how women create reciprocal relationships but rather: which structural factors enable caring relationships between personal care recipients and paid providers?

Policy changes often reflect restructuring decisions. Disability scholars’ studies of restructuring of the delivery of personal care policy and its implications for people with disabilities (see DeJong and Brannon 1998; Nosek 1991; Roeher 2001) suggest that programs allowing people with disabilities to receive funding directly, and thus to choose, hire, pay, and fire their support providers, give recipients more flexibility. They claim this independence results in the best care. But this is generally assumed, rather than investigated in policy studies. Analytical focus on the structural factors impacting upon the carework relationship is essential: without it, policies and practices may favour one group over another.
In the proposed project, I consider policy a key structural factor shaping relationships. Yet rather than asking which policies are more likely to result in both quality care and quality work, the project asks to what extent recipients and providers are able to negotiate quality care and quality work under different policy contexts. The difference is subtle, but important. For instance, Ungerson (1997) hypothesized that policies of direct funding in the UK would result in a ‘master-servant’ dynamic where the person with a disability would have all the control. However, based on more recent qualitative interviews with workers, Ungerson (2000) now argues that the master-servant tendency is mediated by the ability of the worker to leave the relationship. Ungerson’s work suggests that structural factors beyond the specific policy may impact the care work relationship. This study investigates, rather than assumes, the impact of policy on the care-work relationship, specifically whether the negotiations between recipients and providers over quality care and quality work are shaped by the personal care model or by factors such as funding or outside collective supports.

A key aspect of welfare state restructuring is changes in both the level and the mechanism of funding (Armstrong and Armstrong 2004). Changes in funding can result in a shift in resources from the public to the non-profit or for-profit sectors, or funding for a program may be cut altogether. Studies examining various sectors ranging from hospitals to home care suggest that cuts to funding are leaving less time to build relationships regardless of the setting (Bourgeault et al. 2001; Aronson and Neysmith 1996). Integrating disability into this framework encourages an examination of how insufficient funding disables those who need care and those who provide it. This restructuring of the welfare state through funding cuts, may intersect with economic restructuring to also disadvantage those who provide care.

Work scholarship identifies the changing employment relationship as a key aspect of economic restructuring, which is resulting in the spread of precarious employment (Vosko, Zukewich and Cranford 2003). Labour law, legislation, and policy in Canada are based on the ‘standard employment relationship,’ a direct and continuous relationship between an employee and a single employer in which the work is performed at a formal work site. The standard employment relationship has never fit the experience of women or immigrant workers and is increasingly out of sync with the experience of many workers today (Fudge and Vosko 2001). In response to global competition, many firms have (re)introduced multiple, indirect employers through subcontracting and homework, employed workers on a temporary and/or part-time basis and classified them as self-employed (Hughes 1999; Vosko 2000). For instance, more carework has been sent to the home, but labour legislation still views the home as a site for private (and unregulated) family relations (Fudge 1997).

Immigrant women of colour are generally found in the most precarious forms of employment. Thus, race and immigrant status are central to an understanding of the spread of precarious employment (Cranford, Vosko and Zukewich 2003b). The gender and restructuring literature includes a large number of studies of the precarious citizenship status of migrant care workers whether as undocumented workers (Hondagneu-Sotelo and Avila 1997; Litt and Zimmerman 2003) or on temporary contracts (Arat-Koc 1989; Stasiulis and Bakan. 2003). Canada’s Live-In Caregiver Program brings workers primarily from the Philippines and the Caribbean on short-term contracts. I am currently investigating the link between this particular immigration policy and personal care policy for people with disabilities, and the importance of immigrant status and gender, in my study “Personal-Carework in Context: California and Ontario 1970 to Present.” Previous studies show how racism emerges in the care-work relationship between providers and recipients (Bakan and Stasiulis 1995; Neysmith and Aronson 1997), suggesting that immigrant status intersects with race to shape the ability of care providers to obtain quality work. These studies are invaluable, but they focus on children or elderly care recipients and only investigate a single model of care. By comparing the relationship between providers and younger adults with physical disabilities through three personal care models, the proposed study asks whether some models exacerbate racism in the care-work relationship while others mitigate it. This allows for an understanding of how racialized inequalities are sustained.
Recent scholarship on work documents that political and economic restructuring is shaping new collective responses from care providers and recipients. Some unions have sought to influence the carework relationship, including making alliances with care recipients (Donavan 1989; Delp and Quan 2002), part of a general effort by unions to reinvent themselves as social movements (Cranford 2004; Wilton and Cranford 2002). The Long Term Careworkers union in California forged an alliance with disability groups and gave up the right to strike in order to unionize home careworkers (Delp and Quan 2002). The gender and restructuring literature also suggests that conflicts in carework relationships can be mitigated if recipients and providers have alternative job opportunities (Armstrong and Armstrong 2004:34). In Canada, domestic workers have organized into community-based organizations, often combining labour rights with immigrant rights (Fudge 1997; Velasco 1997). Workers’ cooperatives are another form of collective support providing alternatives for care providers and recipients (Salzinger 1991; Meagher 2000). This study will ask whether the resources and discourses provided by the labour and disability movements facilitate or hinder the ability of care recipients and their providers to negotiate quality care and quality work. Do these collective resources help care providers and recipients to mitigate or challenge social inequalities of race and immigrant status where they intersect with gender and disability in the care-work relationship?

**Relationship to my Research**

My research has consistently focused on the relationship between economic restructuring and changes in social relations, in particular gender, race, and immigrant status. My doctoral work examined how shifts to a service-based economy shaped the job opportunities of Latina/o immigrant and African-American women and men in California (Cranford 1998; 2005; James, Grant and Cranford 2000; Myers and Cranford 1998). It also documented how trade unions began to work outside restrictive collective bargaining legislation to organize low wage service workers (Cranford 2005; Wilton and Cranford 2002). My post-doctoral work, funded by a (collaborative) three year (2001-2003) SSHRC-CURA grant on “Contingent Work,” focused on the changing employment relationship in Canada and the concentration of immigrant women and men in precarious employment (Cranford et al. 2005; Cranford, Vosko and Zukewich 2003a; 2003b) as well as the need for community-oriented unions (Cranford 2004; Cranford and Ladd 2003; Cranford et al. 2005).

In recent and ongoing research, I have linked my interest in economic restructuring to welfare state restructuring through the study of personal care. As co-investigator on the SSHRC-CURA completion grant for the project on “Contingent Work” (2004-2005), I compared two personal care policies in Ontario—the emerging Self-Managed Care: Direct Funding program and the Agency model. This study found that these policies were associated with different employment relationships that provided varying degrees of security to personal careworkers. With funds from the Connaught New Staff Matching Grant, I am currently comparing personal carework policies in Ontario to those in California, with attention to race, ethnicity, and immigration. The proposed research builds on these two studies by analysing how people negotiate relationships within the broader structural constraints reflected in policy and restructuring.

**2.3 Methodology**

Using in-depth, semi-structured interviews, this project takes a qualitative, comparative approach to examine how personal care recipients and paid providers negotiate quality care and quality work in several policy contexts in Ontario, with a focus on Toronto.

**A Qualitative Comparative Approach**

In the proposed study, I use qualitative comparative analysis of a few cases to situate the relationships between care recipients and paid providers within broader restructuring processes. Following recent methodological strategies (Aronson 2004; Ungerson 2000), I examine the ways in which categories constructed through policy emerge, or not, in carework relationships using data from in-depth interviews. However, I also use a comparative approach. Qualitative comparative analysis is different
from grounded theory or other qualitative strategies in that the key analytic constructs are developed prior to the research, based on previous studies, albeit refined and sharpened through analysis.

**Personal Carework Models as Cases**

I have defined the cases for comparison based on an important but underemphasized aspect of the personal care program, namely the employment relationship. The employment relationship, which defines the employer and the legal employment status of the worker, is influenced by the existence of an organization that mediates the relationship with care provider and care recipient (i.e., is the employer a large organization, or an individual? Is the worker a standard employee or a domestic worker?). This allows for an analysis of how relationships are shaped by the restructuring of personal care programs.

Supported by SSHRC funding, I discovered that personal care programs for people with physical disabilities in Ontario correspond to different employment statuses of providers (Cranford 2005a). I have identified the following three models in Toronto: 1) The Agency: the employer is an organization; the provider is an employee; 2) Self-Managed Care, Direct Funding: the employer is the care recipient; the provider is a domestic worker; 3) Informal Sector: there is no clear program or legal employer; the worker is self-employed.

The social location of the personal care providers varies by personal care model. In recent research (Cranford 2005a), I found that although most personal care providers in Toronto are immigrant women from the Philippines and the Caribbean, in the Agency model, there are also significant numbers of immigrant men from these nations. Immigrant status is a key social inequality that may shape the carework relationship, and I am currently examining whether there is a linkage between immigration and carework policy in related research.

In the proposed project, I plan to interview 15 dyads of care recipients and their paid providers in each of the 3 models (for a total of 45 dyads and 90 individuals). The goal is to understand the diverse set of employment relationships and their impact on the relationship between care recipients and providers. Qualitative researchers generally stop interviewing when they reach 'saturation,' the point when one does not learn anything new through additional interviews. Experience from my ongoing project suggests that interviews with 15 dyads in each model will be sufficient to reach saturation on my key research questions: I will interview more dyads if necessary.

I will recruit the study participants through contacts made in the Ontario side of my current project, where I am interviewing representatives from the stakeholder groups in personal care, including leaders of disability organizations and trade unions. I will ask these informants to recommend care recipients and paid providers, respectively. During the course of my current research I have come into contact with several recipients and providers whom I will contact independently, in order to reduce bias that may accompany recommendation from someone in leadership.

**In-depth, semi-structured interviews**

The recipients and providers will be interviewed separately in order to allow conflicting points of view to emerge. I will ensure confidentiality in order to foster trust. The interviews will last approximately two hours, allowing respondents to give examples of daily practices and to speak about the meanings tied to them. The researcher will begin with the general question “Tell me about your relationship with [the other member of the dyad],” to encourage the respondent to tell her/his own story. However, the interviews will be semi-structured through the use of an interview guide.

The guide will include questions about specific structural factors and outcomes, thus reminding the researcher to return to important topics if they do not come up in the general narrative. Funding is a key variable. Study participants will be asked about how the level of funding influences their ability to negotiate quality care and quality work. Another mediating factor is collective supports that may, for example, allow care recipients or providers to leave abusive relationships. Participants will be asked whether such disability organizations, trade unions or community-based labour groups help or hinder their ability to negotiate quality care and quality work. Negotiations between care recipients and providers take place between different kinds of actors in each model. Study participants in the Agency
model will be asked about the mediating role that supervisors and Executive Directors play in the negotiations between recipients and providers. In the Self-Managed Care Program, negotiations principally take place between an employer and a domestic employee. In the informal sector, negotiations are direct but, theoretically, less hierarchical, since the provider is considered self-employed. Study participants in Self-Managed Care and the Informal sector will be asked whether there are other mediating actors and if so how they affect negotiations between providers and recipients.

Respondents will also be asked about whether, and if so how, social inequalities affect their ability to negotiate quality work and quality care. Both providers and recipients will be asked about whether broader inequalities of sexism, racism and able-bodied norms and practices emerge within the care-work relationship to hinder their negotiations.

Comparative Analysis
The data will be entered into the qualitative software package NUDIST and coded for themes. My comparative analysis has two stages: 1) comparing the carework relationship across the three personal care models in order to examine the impact of employment status on care-work negotiations; 2) Comparing the carework relationship within the models across the additional factors of funding and collective supports to ascertain their relative influence. Examining the perspectives of care recipients and care providers across and within personal care models will allow me to understand the impact of both welfare state and economic restructuring on the relationship between care recipients and providers. Given that more men are employed in the Agency model compared to the other two (Cranford 2005a), the comparison of care-work relationships across models will also allow for an understanding of how the social location of gender intersects with employment status to shape negotiations between providers and recipients over quality care and quality work. At the same time, given the predominance of immigrant providers from the Philippines and the Caribbean across personal care models, the comparative analysis will show whether employment status, funding or collective supports exacerbate, or mitigate, the tendency for racism to emerge in the relationship between providers and recipients. Comparing responses from recipients about the prevalence of able-bodied norms and practices across the personal carework models will help explain whether the particular model is able to mitigate able-bodied norms and practices or whether its mitigation requires more structural changes in society.

2.4 Communication of Results
The data will be collected by summer 2007, and data analysis will begin that fall, allowing us to present initial findings at conferences by spring 2008: The M.A. students will present the findings at the Canadian Sociology and Anthropology Association (CSAA) meeting in May 2008. I intend to present a paper of the initial comparison of carework relationships across models to the Carework Network Conference in August 2008. By summer 2009, we will be finished with the more detailed comparative analysis and ready to present papers to the relevant subfields. The Ph.D. students and I will submit papers to the Work and Occupations, Sex and Gender, and Disability sections of the American Sociological Association (ASA) meetings in August 2009.

We will begin submitting papers for publication by fall 2008. I will work with students to revise their CSAA presentations for co-authored publication in general Canadian journals such as Canadian Review of Sociology and Anthropology. We will also make submissions to Work and Occupations, Disability and Society, and Gender, Work and Organization. A student and I will write a report highlighting the key findings and policy implications of this research for relevant community groups and government representatives. The 20-30 page report will be posted on the project’s website. I will use my ties to the Workers Action Centre, made through the SSHRC-CURA project on “Contingent Work”, to present this research to home careworkers and those organizing with them. Through ongoing research, I am making contacts with leaders in the labour movement and the independent living movement and will circulate my work among them. I will also distribute my work to policy makers and researchers, such as the Law Commission of Canada (which recently funded papers on Marginal Work) and the Canadian Policy Research Network (which has sponsored papers on “High Quality Health Care Workplaces”).

Cynthia J. Cranford
3. LIST OF REFERENCES


Donovan, Rebecca. 1989. ""We Care for the Most Important People in Your Life": Home Careworkers in New York City." *Women's Studies Quarterly* 17(1/2):56-65.


4. DESCRIPTION OF RESEARCH PLAN AND PREVIOUS OUTPUT

A. Description of research team
N/A

B. Description of proposed student training strategies
I will hire undergraduate, M.A. and Ph.D. students to assist me in the proposed project. I plan to hire graduate students who are interested in pursuing a piece of the proposed project for their theses. For such students, the training received from a Research Assistantship on this project would fit seamlessly with the academic training needed to complete a degree.

In Year One, I will hire one undergraduate student to help me coordinate the project. The student will learn important skills related to managing a large research project, including communication and writing skills. I will also hire 2 M.A. students in Year One. These students will receive training primarily in interviewing. The first few months will concentrate on training the M.A. students to use the interview guide. I will conduct several interviews with the students until I am satisfied that they have developed the skill of semi-structured qualitative interviewing.

In Year Two, I will hire two Ph.D. students. Ideally, the Ph.D. students will have started on the project as M.A. students (U of T, Sociology has a 1 year M.A. program). This would facilitate both training in the various stages of a qualitative research project and suit the needs of the project to collect and analyze data, and publish papers in three years. These students will receive training in coding and entering data into the qualitative analysis program NuDIST, comparative analysis, crafting independent arguments and writing academic papers. During this year, we will meet collectively to compare the carework relationships across and within the personal care models.

In Year Three, I will continue to support the two Ph.D. students, who will concentrate on writing up results in collaboration with me. In this year these two students will develop the skill of writing academic journal articles. In addition, I will hire a new M.A. student to draft the report of the research findings and to set up a website where this report will be posted. This student will develop the skill of translating academic findings and writings into a clear language, accessible report. This is an important skill for M.A. students who are not going on to the Ph.D. and this position is meant for such an M.A. student.

I have one student in mind who would be an excellent research assistant for this project. She is currently in the first year of her M.A. and will be doing some of the Ontario interviews for my current project “Personal-Carework in Context: California and Ontario 1970 to Present” (see below). This student has herself been a personal care provider in the past and is thus able to build a rapport with people with physical disabilities. She is interested in pursuing the topic of personal care for her M.A. paper and plans to continue on to do a Ph.D. I will allow her to include questions in the interview guide that can be used for her thesis and give her access to the data. I will recruit other students in my graduate course on work, which I am teaching this fall.

C. Description of previous and ongoing research results

The proposed research will develop my interest of restructuring in Canada initiated during the SSHRC-CURA funded project “Community University Alliance on Contingent Work.” As a post-doctoral fellow (2001-2003), I was involved in three of the four streams of research. In the statistics stream, the research found a complex relationship between non-standard employment and precarious employment, one that unfolds along multiple dimensions (income, regulatory protection, control and contingency), is manifest differently in diverse occupational and industrial contexts and is experienced differently by women and visible minorities than by white men. Using data from Statistics Canada’s Labour Force Survey and Survey of Labour and Income Dynamics, this work has resulted in several co-authored publications
(Cranford, Vosko and Zukewich 2003a; 2003b; Vosko Zukewich and Cranford 2003; Cranford and Vosko 2005). In the association building stream, I examined one response to precarious employment, namely community unionism. An ethnographic study of a community group working with precariously employed, predominately immigrant workers, suggests that a fusion of union organizing and community organizing is necessary to reach many workers today (see Cranford and Ladd 2003; Cranford, Gellatley, Ladd and Vosko 2005). In the legal stream, I examined the mismatch between the standard employment relationship supported by labour legislation law and policy and non-standard forms of employment, especially self-employment. I continued with work as a co-investigator on the project.

As a co-investigator on the completion grant for the SSHRC-CURA project on “Contingent Work,” I completed a study of personal care work (Cranford 2005a). In this study, I found that the Agency model and the Self-Managed Care model assumed key differences in the degree of security for paid providers. Workers are able to unionize as employees of non-profit agencies, achieving job security, living wages and benefits. In contrast, workers who provide personal care directly to the individual recipient are not able to unionize under collective bargaining legislation, suggesting that they will be more insecure than workers in the Agency model. This was a policy study, based on analysis of legislation, stated policy goals and 3 key informant interviews with people in the agency model. It has provided a basis for my current project, “Personal-Carework in Context: California and Ontario 1970 to Present,” where I examine a wider range of policies in both Ontario and California.

The proposed research will benefit greatly from the policy-level work I am currently undertaking in my project “Personal-Carework in Context: California and Ontario 1970 to Present,” which is funded by the competitive University of Toronto Connaught New Staff Matching grant. This current project extends my recent policy analysis of personal care in Ontario (Cranford 2005a) by including more qualitative interview data and engaging in more systematic comparative analysis. Thus far I have done a literature review, designed a comparative interview guide and completed the California interviews. The Ontario interviews will be finished this Winter. This project is based on interviews with representatives of various stakeholder groups and focused on the strengths and weaknesses of various policies from their different perspectives. It is allowing me to map the political economy of personal care in the two jurisdictions. It does not, however, tell me anything about the conditions under which the people involved in the carework relationship are able to negotiate quality care and quality work. That is the primary research question of the proposed project. At the same time, my initial study (Cranford 2005a) as well as my current mapping of the political economy will allow me to place the relationships between care recipients providers and caregivers within the broader restructuring context.
5. Budget Justification
TOTAL BUDGET = $140,015

PERSONNEL COSTS
Student salaries and benefits/Stipends: 97,194

Undergraduate
Year One.
1 person for 240 hrs (5 hrs/wk 48 wks) @ 18/hr, vacation (4%) and benefits (10%) = $4,942
For the first year I will require a project coordinator to write and mail initial contact letters to potential
respondents, set up interviews and make follow up calls to remind people about interviews. These tasks
are suitable for an undergraduate student and will provide her/him training on how to manage a large
research project.

Masters
Year One. 2 M.A.-level students for 960 hrs (10 hrs/wk, 48 wks, x 2) @ 23/hr, vacation (4%) and
benefits (10%) = $25,260
I will hire these students to do the interviews. The majority of interviews will be done in the summer
when students and I have time to focus intensely on field work. In order make significant progress of
data collection in Year One, I will require two students.
Year Three. 1 M.A.-level student for 480 hrs (10 hrs/wk, 48 wks) @ 22/hr, vacation (4%) and benefits
(10%) = $12,081. My experiences in the SSHRC-CURA on Contingent Work suggest that translating
academic writing into clear language reports for a lay and policy audiences takes much time. Due to the
importance of dissemination to both non-academic and academic audiences, it is necessary to have a
position devoted to supporting me in the former as well as the latter endeavour.

Doctorate
Year Two. 2 Ph.D.-level students for 960 hrs (10 hrs/wk, 48 wks) @ 25/hr, vacation (4%) and benefits
(10%) = $27,456. These students will be already trained in interviewing. In Year Two they will finish
the interviewing and begin coding and initial comparative analysis. Given their increased level of skill,
knowledge and responsibility, they deserve a raise.
Year Three. 2 Ph.D.-level students for 960 hrs (10 hrs/wk, 48 wks) @ 25/hr, vacation (4%) and benefits
(10%) = $27,456. I will continue to employ the two Ph.D. students from Year Two in Year Three. In this
year we will be collectively doing analysis and writing papers for specific academic journals.

RTS requested (SSHRC portion): $3,150
I am requesting time release for one half-course in Year Two. This one course reduction will allow me
to collect and analyze the data in a timely manner. It will also allow me to spend time training the
students working on this project on a one-on-one and small group level. It will ensure that I am able to
finish the data analysis and begin writing papers in Year 3.

Travel and subsistence costs: $7,917

Applicant Canadian travel
Year 2. Travel to the CSAA meetings (destination to be announced) to present preliminary findings with
the students: flight $400, hotel for two nights at $150/night, per diem for 3 days @ $50/day = $850.

Applicant Foreign travel
Year 2. Travel to the Carework Network Conference in San Francisco to present a paper and continue
contact with the network: flight $800, hotel for two nights at $200/night, per diem for 3 days @ $75/day
= $1,425
Year 3. Travel to the ASA meetings in New York to present a paper: flight $400, hotel for two nights at
$200/night, per diem for 3 days at $75/day = $1,025

Students Canadian travel
Year 1. Public transit costs for students to do the interviews: $5 round trip for 90 interviews = $450
Year 2. Travel to the CSAA meetings (destination to be announced) to present preliminary findings: flight $400, hotel for two nights at $150/night, per diem for 3 days @ $50/day for 2 students = $1,700. Presenting research papers is an important part of students’ training. By having students present on the interviews they did, we will be able to disseminate more of the research at an early stage when feedback is most highly desired.

Student membership in CSAA (based on last year’s cost) for 2 students @ $37.50 = $75
Student registration for CSAA meetings (based on last year’s cost) for 2 students @ $70 = $140

Membership in the professional association is necessary in order for the students to present at the meetings. The student will also receive the association journal which will contribute to training.

Students Foreign travel
Year 3. Travel to the ASA meetings in New York to present a paper: flight $400, hotel for two nights at $200/night, per diem for 3 days at $75/day, for two students = $2,050.

These students will be presenting a more developed argument, ideally tied to their thesis topic. The presentation will be given to one of the sub-fields in sociology, which should help to position the student for the job market. Presentations by students, as well as me, at the ASA will also ensure the results are more broadly disseminated.

Student membership in ASA (based on last year’s cost) for 2 students @ $41 = $82
Student registration for ASA meetings (based on last year’s cost) for 2 students @ $60 = $120

Membership in the American professional association is necessary in order for the students to present at the meetings. The journal the students will receive with the associations will contribute to training.

OTHER EXPENSES
Professional/Technical services = $24,653

Year 1. 1 professional transcriber (90 interviews x 2.0 hour interviews, 8 hrs transcribing time/interview) @ 32/hr = $23,040 + 7% GST = $24,653. Transcribing interviews is a skill but not one that is a part of academic work. Therefore, I need to hire a skilled professional to transcribe the interviews, rather than asking the students to do it. A professional transcriber will also complete the work quicker than a student and thus allow me to begin writing sooner. Finally, since the students are only allowed to work 10hrs a week during term, it is essential to spend their limited time on work that is related to their training as academics.

Supplies = $7,100

Non-disposable equipment
Year 1. 1 desktop computer, 1 printer = $4000. The department does not supply computers for research purposes. The students will need a computer for coding, analysis and writing.

Other, recorder
Year 1. 2 digital recorders @ $150= $300. Digital recorders allow for better quality recording and thus greater reliability in transcription, as well as more secure data storage. Two recorders are necessary since the students will be collecting data during the same period.

Other, general office supplies
The department does not pay for office supplies related to research
Year 1: paper, printer cartridges (3 x $150), photocopying, stamps for initial contact letters, software licenses, pens, note pads = estimated $1,600
Year 2: supplies estimated at approximately $50/month = $600
Year 3: supplies estimated at approximately $50/month = $600

6. Competitive Quotes
N/A