RESISTING REGULATORY RIGIDITIES: LESSONS FROM FRONT-LINE CARE WORK

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Abstract
In order to advance an argument addressing whether or not ethical and empowering care work is possible within the context of neoliberalism and managerialism, this article draws on international comparative, qualitative case-study data to ask whether processes and practices of radical care and emancipation already exist in nonprofit long-term care and social service work. If so, what do they look like, and what factors hinder or nurture social justice-based care practices? Given that paid and unpaid care continues to be a highly gendered and increasingly racialized realm of feminized struggle, it warrants further theorization and greater centrality within emancipatory projects and strategies.

While there has been a lively debate about feminist ethics and care work in the philosophical literature,[1] less attention has been paid to the issue of whether ethical, social justice-based care work is possible within the context of "managerialism."[2] Since roughly the mid-1980s, far-reaching restructuring has taken place in publicly funded agencies and institutions that provide care to a range of people in need.[3] Often referred to as managerialism, restructuring in the care sector has involved rationalizing costs, introducing efficiencies, and shifting the performance and personal ideologies of care workers to a more private-sector style of ethos. Hegemonic across member countries of the Organisation for Economic Co-operation and Development (OECD), management models such as new public management (NPM) have provided a framework and series of practices to enact these shifts—which have involved, for the most part, removing or reducing front-line work practices that sparked and collectivized struggles

for emancipatory care, while simultaneously increasing work routinization, stress, and job dissatisfaction.[4]

Although feminists have debated what constitutes exploitation and resistance in care work, including in managerialized care work,[5] less attention has been paid to the question of what constitutes empowering social justice-oriented care work for caregivers, care recipients, and communities. Drawing on her study of shelter workers, Sharmilla Rudrappa advances the useful concept of "radical care work" in which racialized, female workers shifted from "passive recipients (of normative gender ideologies) to active agents who participated in making a more equitable world."[6] Rudrappa warns that radical caring is contradictory, particularly the ways in which the professionalization,[7] as required by government regulation, depoliticizes and reshapes care and can undermine radical care's transformative goals.[8] She argues compellingly that radical care needs connections to social movements or social movement organizations in order to create the contexts and spaces for dialogue and new strategies to flourish.

Care and virtue ethics argue convincingly that normative behaviour, such as equitable and respectful care of others, does not happen in a vacuum,[9] nor can it be produced easily within the highly regulated and prescriptive environments characteristic of professionalized, managerialized workplaces.[10] Rather, virtuous behaviours such as ethical and empowering care are fostered by environments in which critical dialogue and social justice are central practices. As Mel Gray[11] argues:

> Care must be connected to justice or it would become a random practice. It is crucial, then, to acknowledge the inextricable links between the political 'rights and justice' agenda and the moral 'care' agenda and to recognize the impact of each on the other.

This article draws on data from two distinct areas of nonprofit care work, namely long-term care and social services, to advance an argument concerning the tenets of radical care. Both arenas of work are funded and highly regulated largely by government, they have a predominantly and increasingly racialized workforce, and, in the context of austerity and managerialism, they provide care to vulnerable individuals. The article starts with

a short overview of the contexts of the study, which is followed by a brief discussion of some normative debates concerning ethical care work—namely, feminist care and virtue ethics. This section ends with a short discussion of Nancy Fraser's[12] three-part social justice framework, which is used to analyze the resistance practices uncovered in the data. The arguments in this section are sketched in broad strokes in order to begin to theorize the everyday practices of care as described by front-line care workers. The third section presents studies from which the data in this article are drawn, and the fourth section uses exemplars from this data to sketch facets of existing and emerging radical care and strategies to nurture it. The article ends with discussion and conclusions.

There are processes and practices of radical care and emancipation that already exist in nonprofit long-term care and social service work. This article describes some of these practices, identifies factors that hinder or nurture social justice-based care practices, and undertakes preliminary theorization of radical care possibilities in the sector.

The Contexts: Neoliberalism/Managerialism, Care Ethics, and the Gendered and Racialized Workforce

Neoliberalism/Managerialism An extensive body of literature documents the retrenchment of the welfare state, particularly NPM and the contracting out of public services to the nonprofit and for-profit sectors, and the concomitant introduction of competitive performance management and outcome metrics with the putative aims of cost containment and improved accountability.[13] The nonprofit sector has grown significantly since governments started contracting out because doing so, at least in the short term, provides services more cheaply than what it would cost the public sector; savings are found largely in the areas of wages and benefits. Measures that control labour and cutback costs can be expected to accelerate across the nonprofit sector as governments use public deficits as an excuse to introduce austerity measures and further restructure the residual neoliberal welfare state.

Feminist labour process theory tends to view NPM as a form of work

standardization in which practices that are ideologically suspect and difficult to quantify, such as community mobilization or shared social analysis, are removed from workers' repertoires, then replaced by practices that are easier to track and document and that are thought to contribute to cost efficiencies.[14] Under NPM, work practices tend to remove worker discretion, as well as the shared space of respect and the iterative and interactive relationships inherent in ethical care. In an effort to curb waste, it also reduces or removes collective spaces, such as all-staff meetings, agency-community forums, peer supervision, and staff educationals, seriously circumscribing opportunities to develop collective analysis of the power and possibilities implicit in care work.[15]

Care Ethics The feminist ethics of care has developed a critical understanding of equitable caring at the level of social interaction. It asserts that our sense of moral conduct is founded in and reproduced through interpersonal relationships in which we are constantly giving and receiving care.[16] These authors note that care work is always relational, that is, there are always at least two people involved and multiple institutional contexts. Hence, numerous crisscrossing social relations, social discourses, and expectations are renegotiated, challenged, and re-established in every encounter.

Similarly relationship-based, virtue ethics assert that in any social context it is "good to be good" and that practitioners and wider society need to foster conditions under which good ethical decisions are easy to make.[17] As Gray[18] notes, "compassion or care or any other virtuous attitude does not happen automatically. It is not a natural human response, but a learned and increasingly inculcated moral attitude gained through socialization." Rather than depending on individuals to behave in ethical situations regardless of working conditions and the larger society, these authors recognize that social relations and larger ideology shape interactions, limiting ethical practices or, in more social justice-oriented circumstances, promoting diversity-embracing equity and social care.

The notion of an ethics of care has been critiqued as overly rooted in women's current roles in society rather than in visions of socially just roles for all genders. As Gray[19] argues, "There must be an agreed standard of care

for those in need to avoid paternalism, subjectivism and unfairness." As noted earlier, Gray argues further that care must be connected to social justice and struggles for human and social rights in order to avoid becoming random, arbitrary, and chance practices.

Authors such as Joan Tronto[20] and Nel Noddings[21] have also emphasized the dependence we all have on the care work from others. This dependence is more intense at various stages of life, such as childhood and the end of life, but it is always present. Under neoliberalism, dependence has been remade into personal failure and weakness rather than embraced as an aspect of a healthy collective society. Indeed, under neoliberalism, care has been reshaped to meet ideological and economic goals. Most significantly, certain populations are constructed as needing care (for example, the very young and the very old) rather than recognizing care as something we all do and receive throughout our lifetimes. Restructuring of the welfare state, the family, and community life is often characterized as an aspect of neoliberalism in which the state relinquishes its responsibility for the provision of services and care, instead valorizing the private market as the source of solutions to social and individual problems.[22] In other words, under neoliberalism the connectivity of care has been broken down and remade as small, personal problems requiring minor or technical interventions best met by the private family or private market.[23] This approach de-universalizes the care we all need to continue with our lives, whether that is self-care, mutual care, or institutional care, and it distracts us from care's classed, racialized, gendered, global character.[24] The process of decollectivizing care removes it from the realm of social debates and contestation and permits the privileged to ignore the needs of others.

While feminist philosophers have addressed relationships of more equitable care, most analyses do not link care, power, and social justice.[25] Fraser's[26] work provides social justice strategies that can be applied to those seeking to redistribute power and recreate relations of social care along more equitable lines. Fraser asserts that strategies for social justice need to include three facets: redistribution (of wealth and income and the capacity to participate in economic life); recognition (access to affirming identities and culture practices); and representation (access to a broad array of fair and equitable

processes of political representation and participation). Fraser argues further that social justice strategies that omit any of these facets run the risk of recreating many of the inequities and injustices they seek to redress.

In addition to this three-part strategy, Fraser[27] emphasizes the importance of policymaking processes around care and other social issues that involve equitable and open dialogue between multiple parties, rather than expert-led notions of needs definition and policy solutions.[28] However, not all parties are situated equally within even the best of dialogic processes, leading activists and academics to ask how to empower voices that are typically marginalized so they can be heard above the cacophony of corporate and conservative interests involved in care provision.[29]

Some have suggested that a ground-up approach involving mass voices and organizing is the way to engage with interested publics, to move debate to a more collectivist and social justice-based ethos, and to counter neoliberal and corporate voices. However, Deen Chatterjee[30] asks how, without institutional support, can grounds-up mobilizations be expected to counter the power of international trade bodies and transnational corporations? There is little evidence to suggest that there are institutions currently in the world that can be depended on to offer consistent support to progressive agendas and the empowerment of marginalized, progressive voices. Similarly, although the voices of those needing or politicizing care are often liberatory, sometimes mass mobilizations echo rather than challenge corporate and conservative agendas, which suggests that participation does not necessarily produce social justice and that other methods of struggle and politicization are also required.

Instead of being immobilized by the difficulties involved in articulating resistance to neoliberalism on a grand scale, our argument moves to the local level to explore options present in the resistance and care provided in the agencies we studied. We then use these themes to begin to theorize about more radical and empowering models of care that can and are being mobilized within current constraints. Our argument attempts to illuminate current theoretical tangles by building on a rich and wide base of observations about everyday care. These studies of care work involve a variety of sectors, jurisdictions, types of "care," more and less strongly positioned

workers (for example, some professional, some not, and some unionized, some not), with different degrees of organization and positioning within labour markets locally and globally, as well as within places of employment.

Gendered and Racialized Workforce Care work is a highly gendered sector in which women comprise the majority of workers, clients, and volunteers, and which is increasingly racialized, with newcomer populations entering job categories throughout the sector. The notion of care itself is highly gendered, flowing from the notion of the reproductive tasks and never-ending nurturing and domestic work expected of most women in the home and family. Inextricably tied to this gendered construct of endless care, even when professionalized and performed outside the home, paid care work operates within a series of tensions. For example, rather than being seen as a set of skills and knowledge, care work is generally seen as a "natural" extension of the tasks women undertake in the home and community, making it difficult to increase the status or pay of this work.[31] In addition, rather than starkly separating spheres of work and home, the content, skills and ethos of care work blur the lines between paid and unpaid work. Also, the workers in this predominantly female care workforce tend to choose employment in this field because of the opportunity to work in tandem with their values of care and/or social justice,[32] and they often places the needs of clients ahead of their own. While laudable, these values and choices are socially conditioned, socially constructed, and highly gendered, as are the expectations of both workers and managers that the predominantly female staff will undertake unpaid work to extend and expand services to clients and communities regardless of wages or working conditions.[33] These tensions form the backdrop to exploitation/control in the care work sector, and to possibilities for resistance/empowerment and more radical models of care.

The Studies Our data are drawn from two sets of studies, both of which use the techniques of rapid ethnography. This method is used to an increasing extent in information technology and public health studies, though less often in the social sciences.[34] A rapid ethnography is done by a team of researchers over a short period of time—in our case, one to two weeks—

and involves interviews, participant observation, and a review of publicly available documents.

One set of studies involves comparative, international case studies of nonprofit social service agencies in four restructured, liberal welfare states,[35] namely Canada, Australia, Scotland, and New Zealand. Twelve case studies have been completed to date, exploring changing work relations and the experience of front-line workers in the nonprofit sector. All of the agencies are similar, large, multiservice, multisite agencies providing a range of social services, including housing; addictions services; food; budgeting and income support; child and family services; elder supports; policy analysis; and referrals. All agencies received funding through government contracts, but also raised funds privately.

Criterion sampling and snowball sampling were used to select interview subjects and observation sites.[36] The research participants and observation sites were selected in two ways. Some were selected by researchers based on potential contribution to the data, keeping in mind our goal of collecting the richest possible data and widest possible viewpoints. Others were suggested to us by other interview subjects and research participants. Suggestions from participants were triangulated for potential contribution to data collection in order to seek similarity and difference, or what Patton[37] calls "predictable contrasts." In-depth, semistructured interviews took place with a broad cross-section of agency "players," including mangers, front-line staff, union representatives, and executives. Interviews were audio recorded and transcribed verbatim. Participants were asked to comment on changes they had experienced in the last few years, reasons for working and staying in the social services, changes they would like to see, advice they would give to others, and their experience of working in this environment. Participant observation was naturalistic and they combine interaction and informal discussions with agency workers, service users, and others present at the project.[38] A constant comparison method was used for data analysis to identify themes and patterns.[39] The social services data reported in this article were collected between 2005 and 2012, and, if published previously, are identified as such.

The second case study focuses on nonprofit long-term care (largely institutional aged-care) in Canada in 2012. Nursing home care for older adults

in Canada is one of the most highly commercialized sectors in health care, though operating within publicly funded systems. Data were collected in a unionized, bilingual, Canadian long-term residential facility run by a religiously affiliated nonprofit organization. The process involved interviewing 44 key informants, including a variety of residents, managers, clinical and front-line care work staff, volunteers and family members. Data collection also involved field observations of resident activities and work processes and procedures. This was done over a six-day period by a group of 13 researchers covering three shifts of six hours each (morning, afternoon, and night) with two researchers stationed on each of the units between the hours of 7 am and as late as 2 am. All data were handled as described above and analyzed using NVivo, involving multiple readings of the data until patterns and themes could be identified.[40] In some cases in this article, the long-term care and social services data overlap and are presented as general observations from care workers.

Findings As Betting Aptheker[41] notes, it is not surprising that women resist in the spaces and circumstances in which they live their lives. This generates resistance strategies that are often smaller-scale, more relationship-based, and incremental—building dignity and hope for people with little power and few options. Female-associated forms of resistance are often dismissed as aspects of reproduction because they look very different from the large-scale, militant mobilizations often thought to be the pinnacle of resistance strategies. Resistance is alive, however, within the complexities and contradictions of the paid and unpaid care practices. Given that this analysis seeks to theorize where theorizing has been thin, we have sifted through the rich and varied data for moments or exemplars of Fraser's[42] images/disturbances that seem to show emancipatory promise. Practices that address the distribution of power and resources, and which affirm identities between and among workers, service users, and communities that we found in the long-term care and social service data, can be grouped into the four themes discussed below. The themes are ordered, loosely, from least to most resistant—the first two categories rely heavily on the willingness of workers to go beyond their job descriptions to dignify their work and the lives of their clients. The themes

include leaky boundaries/interconnection/subsidy; altruism/solidarity; politicizing care—bringing it into the public realm and making spaces in work and life to repoliticize care; and building new practices and relations. In reality, these radical care practices flow together, but they have been delineated for purposes of analysis. Although research participants described a wide variety of experiences, the data we discuss represent the richest, most in-depth responses as well as a strong majority of the participants.

Leaky Boundaries/Interconnection/ Subsidy The leaky boundaries/interconnection/subsidy aspect of care work is well noted in the literature.[43] Although it is the least new aspect of our analysis, we elaborate it here because it is the "ever present" individual and collective grounding from which resistance and radical care are built. Earlier in this article, we note that the lines of tension between paid and unpaid care work, the values of the workers, and the expectation that women will undertake endless amounts of care work regardless of wages or conditions form the backdrop to exploitation/control in the care work sector as well as possibilities for resistance/empowerment and more radical, social justice-engaged models of care. In our data, instead of maintaining hard boundaries between resistance, work, and nonwork time, the most activist of our research participants let these activities flow into each other. They emphasized the interconnection of paid and unpaid care work and infused their spheres of care with the notion of "caring as resistance."[44] These practices bear a strong resemblance to Naples's[45] notion of "activist mothering," or the seamless continuity of home, paid work, community, politics, and caring in the lives of racialized lower-income women. This continuity is also characteristic of many indigenous women's models of politicized, eco-involved, extended kinship, community-defending mothering and care work.[46]

Our research participants, particularly the social justice activists, had a strong tendency to self-exploit on the job—a tendency which is a form of subsidizing the workplace—and to bring goods and supplies from their homes and other workplaces to extend the capacity of the workplace to meet needs and provide services. In the social service case studies, data confirm that many workers felt compelled to stretch an uncaring system:

"People are desperate; they can't wait until tomorrow or the end of the weekend."[47] They also took service users home with them, threw birthday parties for service users, and brought their children or other family members into work to assist in everyday or special events.

Demonstrating a sense of interconnection with service users, some workers compared home life to work life: "I can't sit in my comfortable home if I know that all hell is breaking loose on one of my cases. I have to at least patch it up to last until (the care organization) opens."[48] A sense of social connection, moral outrage, and willingness to self-exploit can be seen in these quotes. This content stands in stark contradiction to the individualism and competitive self-advancement characteristic of neoliberalism,[49] and also provides an example of Fraser's[50] notion of redistributing resources and building new practices of inclusion and community. Others found inspiration to improve the system in family members' experiences. For example, a long-term care worker noted that a desire to change things was inspired by the experience of her grandmother in long-term care:

> The history of my life has an impact on why I'm here and why I'm driven. My mom's mom suffered from severe dementia and had lived with us for a long time until it came to the point where we couldn't leave her alone. We had somebody coming in during the days and that wasn't secure enough even. My mom was a nurse in the health care system…it was not her desire to have her mother placed in a long-term care home but there w[ere] four of us living at home and it was almost unmanageable for people who didn't have the specialized training. So as I saw my grandma go through the system and the different hoops and the waiting and then eventually in the home and [although] she received very good care…I thought to myself I want[ed] to be able to make a different future if my parents ever are in this health care system. And so that's my driver.

Altruism/Solidarity We contend that unpaid work and altruism are resistance because of the larger meanings accorded to them that explicitly link a larger "uncaring" society to these actions. The aim of performing these actions is to induce better outcomes for clients while simultaneously politicizing and exposing "uncaring" as being incompatible with social justice and fairness. The willingness to emphasize interconnection and to live a life

replete with leaky boundaries tends to be a form of the altruism expected of nonprofit sector workers,[51] and it lies awkwardly alongside the firm personal boundaries implicit in professionalism. Most workers seemed to negotiate these contradictory demands by appearing to have firm but caring boundaries, and bending them whenever it seemed appropriate. Managers in both social service agencies and long-term care subtly encouraged the latter behaviour as well as the deep capacity of their employees to care and work beyond the requirements of their jobs, while noting, somewhat superficially, that professionalism was "the key to quality service." In long-term care, managers seemed to accept unpaid overtime and extra initiative as part of the regular workday and did not always regard worker's extra efforts as extraordinary. For example, one worker described how she organized a special breakfast event for the residents and the staff every year. Her parents came to help cook. Over time, this project became an expected part of her role and the managers no longer saw it as something that went above and beyond her regular workload. She reported finding this "demoralizing."

In the long-term care setting, the mandated use of a complex system for computer coding the care needs of residents (RAI-MDS) created divisions of labour. It took registered staff away from the bedside to complete documentation and left non-professional staff to take on the overwhelming majority of hands-on care. This fragmentation of the task of caring and its separation from the task of documenting care kept many workers from feeling like a team. The immediacy and extent of the need for hands-on care conflicted with the managerial requirements to document the provision of care and, in doing so, attempt to ensure the financial stability of the long-term care facility.

Despite this fragmentation of the workforce, workers often described very close and supportive relationships with coworkers, and revealed a willingness to put additional unpaid labour into ensuring good working relationships. Referring to her colleagues, one long-term care worker noted that "it's like an extended family…When I'm actually at home I'm like 'how are they doing today?' You think about them (co-workers). It's weird."

At times, these close-knit, caring connections among workers were exploited. For example, unpaid or voluntary time was frequently relied upon

to extend the capacity of the agencies/facilities. One part-time worker described how she would volunteer at various parts of the long-term care facility after her paid hours were completed, or between one short shift and another one later the same day (a scheduling practice known as split shifts). Her unpaid altruistic work helped support her coworkers as well as meet more of the residents' needs:

> I volunteer sometimes…since I have been volunteering here for a while, it can be anything. It can be at the little shop. I still go there even though I don't work there. The girl needs to set up her fridge or she has inventory or has to go to the bathroom, I'll do the cash for a couple of minutes… or I'll chill…relax with the patients sometimes. You know, it's nice when you just relax with them sometimes… 'how are you, how was your day.' You know, just relax.

When "voluntary" unpaid care work, or altruism, is mobilized not just to help, but to empower self and others, it becomes solidarity.[52] Otherwise it can be seen largely as a form of exploitation and/or self-exploitation.[53] In the nonprofit social services studied, unpaid work and subsidizing work was so widespread that we began to view them as the modus operandi for women in the sector—part identity and part practice. The quote below highlights the broad, politicized way that many nonprofit social service workers framed the social problems, political nature, and permeability of care work:

> Our work doesn't stop at the end of the day or at the door of the agency. We bring the world in with us to work, and the world walks through those doors everyday looking for help and assistance. It's only natural that we would get involved in activist work in this city. Heck, activist work in this world, 'cause it sure never needed it more.[54]

For the most part, these care practices were not documented and recognized formally, even though managers were well aware of these tendencies and many seemed to depend on them to extend the capacity of cash-strapped agencies. As one manager put it, "Our staff [members] work far beyond their targets," while another worried about "preying on workers' commitment" to service users and to social justice values.[55] In long-term care, most

workers told us that they came in 10 to 15 minutes early (without pay) each shift so that they could transfer responsibilities from one team of workers to the next before the official start of the shift (commonly referred to as shift transfer). This commitment to unpaid work meant that the outgoing shift could go home on time and was important to maintaining positive relationships among workers. A union representative noted that these practices were encouraged and expected by management. The staff told us that the union also encouraged this practice as a way to build supportive ties between and among workers.

These practices were not unproblematic. Recognizing unpaid work as a subsidy to the workplace, a very senior social services manager noted that programs that depend on unpaid overtime have difficulty calculating the real cost of the services and cautioned that "We've got incredibly loyal and dedicated staff, and sometimes I think…we overuse that dedication."[56]

Although some argue that neoliberalism fragments society and promotes individualism and self-advancement,[57] these leaky, altruistic practices defragment social service and long-term care work, joining staff and clients in acts of social solidarity and care. Moreover, they provide workers, service users, and communities with affirming identities[58] aligned with paradigms of care and social participation, rather than atomized identities connected to individualistic goals and self-promotion. In Rudrappa's[59] analysis, these are facets of radical care that shift "workers from passive recipients of gendered, class and raced ideology into active agents generating alternative paradigms and building more equitable practices."

Politicizing Care—Bringing It into the Public Realm and Making Spaces in Work and Life to Repoliticize Care Rudrappa[60] notes that in order to provide radical care, care workers must bring care debates into the public realm and make spaces in work and life where critical discussion and action can take place. As noted earlier, she argues that radical care is hard to develop outside of social movements or collective forums because "the structures of feelings associated with wanting social change develop in dialogue and struggle with others."[61]

Interview data show that most social services workers felt that the elimination or reduction of collective forums for staff, such as all-staff meetings and community mobilizations, meant that they had "lost their voice" in agency issues and experienced a serious reduction in the meaningfulness of their work content.[62] Moreover, both long-term care and social services workers had a sense that collective spaces did not exist. The general consensus was that it would "strengthen us—across the agency if we had chances to meet and to learn from other services."[63] However, our data show that workers in long-term care and social services reported feeling little sense of the larger organization or how they contributed to a larger plan or mission.

The worker quoted in the above paragraph was from an agency where a six-day strike had just occurred. Staff members felt they had derived unintended benefits from the strike, including getting to know people from other parts of the agency and how the agency as a whole functioned, through picketing and going to union meetings. "One of the best parts of walking the (picket) line was you could actually have the conversations about structural issues in a way that we can't do during work."

To regain their voices, some care workers—in our sample, more social service workers than long-term care workers—turned to various workplace practices that challenged agency policies and the larger popular culture of "cutbacks and uncaring" at an individual and collective level. These resistance practices brought issues into the public realm and encouraged broader debate, airing social injustice and connecting social movements and social change groups in pursuit of equity and fairness. The results of these practices include encouraging service users to advocate for themselves even where it involved risk to the worker; bending rules and looking for other ways to get service users all they are entitled to and more; taking on many hours of unpaid work in their own agencies and in others; organizing service user groups outside of their workplaces; building coalitions with social movements and agencies; providing new and innovative services for free; and using unions as vehicles for social justice. When asked why workers would be willing to take on the risks associated with these social movement practices, one research participant noted that "If you haven't got meaning in these jobs, what else have you got?"[64] Another worker explicitly differentiated the

social mobilization model of care work from professionalism, bureaucracy, and managerialism by arguing that:

> Most of us are here because we want to work with people not just in a way that makes a difference, but in a different way—we don't want to just fill in reports and push paper…We want to work in a way that empowers people and challenges systems that harm people. We want to organize with the community to take control back, not just put band aids on a few of the more obvious victims.[65]

Rather than drawing exclusively on professional knowledge and values, the framework inherent in the above quote also draws on social activist and praxis knowledge and values. It considers quality care to be a form of social activism that extends beyond the technocratic metrics of the managerialized workplace to the larger community.

Often employed in quasiprofessional—for example, Personal Support Workers (PSWs)—lower-wage, high-work-intensity, low-autonomy jobs, long-term care workers were more likely than social service workers to be racialized and to be positioned more precariously within local labour markets, making it a higher risk for these workers to undertake union activism and harder for them to find the time, space, and energy to do so. Similarly, workers who were recent immigrants may have also worried that activism could jeopardize their employment and immigration status.[66]

Long-term care workers were also more likely to view management through the lens of "we are all in this together," identifying with care work itself, the populations served, and even management's efforts to buffer the impacts of NPM and managerialism. In addition, as precarious workers holding multiple part-time, contract, and informal ("under-the table") jobs to make ends meet, many long-term care workers had multiple employers, including institutions, temporary and subcontracting agencies, and families and patients themselves. These multiple layers of employers and supervisors place obvious limits on the amount of space individuals feel they have in which to engage in or think through the kind of radical care strategies that some social services workers were able to pursue, such as collectivizing and politicizing the work and transforming their union locals into activist bodies.

At the long-term care centre studied, the union was active in policy change efforts at the national and regional levels and encouraged involvement from front-line workers (though little was evident at the time of our study). This is not surprising given the workers' heavy workloads, multiple jobs, and care responsibilities at their own homes, all of which leave little time or energy for them to challenge inequities within and beyond the workplace. Instead, workers sought dignity in their pressured and fast-paced work with high needs and vulnerable elderly by resisting the parsimony of providing leaned-out, insensitive service to the service users. Though varied and often existing in partial or emerging ways, workplace struggles seemed to focus on ensuring "quality of care." As noted earlier, even the union representative encouraged workers to extend the institution's capacity by reporting early to work to avoid the kinds of problems that often pop up at shift change. Shortly after our study, significant staff cuts were announced at the institution and the union received a fair amount of media coverage decrying these changes. Hence, it might be possible that workplace activism is on the upswing.

Building New Possibilities and Relations Although all of the long-term care workers and some of the social services workers involved in this study were unionized, our data show that a significant number of social service workers turned to democratic forums already existing in the workplace, such as unions, in their search for a voice in the workplace. The local union president in a mid-sized, multiservice agency made explicit links between the lack of opportunities to have a voice and participation in the workplace and the priority her members placed on it:

> Wages and working conditions are always important to our members, but people really want a voice in how decisions get made. We have expertise in our program areas, we know our clients and communities, and we want some say in how things get done.[67]

Developing a collective and participatory ethos in a newly organized union local, another worker told us that her local worked hard to develop

a core of activists striving to maintain a spirit that was "creative, effective, and very positive, not negative and draggy." Their goal was to craft "an oasis for the members" or a positive space to counteract the alienation associated with working in an increasingly managerialized workplace.[68]

In some cases, progressive management would join workers and unions in coalition and social movement work, representing a new dynamic of control and resistance in which senior executives try to buffer the effects of managerialism and use the leadership inherent in their positions to build new ways of working with staff, social movements, and communities. In an example of union-management activism outside of the workplace, management in one Australian agency participated actively alongside its union in the Equal Pay Case in the community sector, which recently won significant pay increases. This same management group and union also joined together on a number of sector-wide campaigns to lobby government for worker dignity, fairer wages, and funding. In one instance, management showed leadership in the sector by being the first to sign on to a union campaign, even before individual union members, nonunion workers, or advocacy bodies had done so.

In another case in Canada, nonprofit social service employers, staff, service users, and unions formed a joint coalition to challenge funding inequities. The coalition was consensus based, and while trust was initially difficult to establish between some employers and union people, one union representative noted that the nonprofit services tend to be "full problem solvers and peacemakers who help smooth the rough parts around relationships, even those that are typically contentious."[69] During the years that it existed, the coalition was viewed as a model of what could be achieved if multiple players in the sector worked towards social equity goals together.

Although more apparent in the explicit activism of social service workers, individual worker's resistance, as well as new alternative practices in social movements and unions are aspects of what Briskin[70] calls postheroic leadership in which power is shared, relationships are built, and authority is downplayed. They are also consistent with the idealized nonprofit values of full social participation, equity, and care.[71] These "care as resistance" and other forms of activism provide a voice for workers—and often for service

users and community members as well—build the skills and capacities needed for people to participate in resistance and building community, and offer incubators for further resistance and new social relations. They also connect workers to social movements, which, as Rudrappa[72] notes, is key to sustaining critical dialogues and the emotional states needed to build alternative and radical visions of care. These practices provide examples of Fraser's[73] three-part model of social justice in that workers were redistributing the resources they had at hand, including power, knowledge, and skills; building new workplace cultures based on solidarity; and providing new opportunities for participation and voice.

Discussion and Conclusions The standardizing and competitive performance management model used by NPM and managerialism makes it harder to do radical care as a means of creating collective forums and connections to the larger community let alone connections to social movements, all of which are regarded as practices that are inefficient, hard to measure, and removed from agencies' lists of "best practices" and outcomes. The removal or reduction of social forums and social movement links takes care work further outside of the "social" realm and remakes it as something that does not require social debate or collective, participatory solutions. Neoliberal ideological constructs of individualism further depoliticize care, morphing it into a practical or sentimental question best redressed through tightly scripted technical interventions or private, interpersonal relationships. Particularly in the more highly regulated environment of long-term care, NPM's competitive performance management model seems to be detrimental to workers perception of themselves as people who can provide quality and liberatory care; many of them told us that they struggle just to keep on top of their workloads, so "extras" are out of the question. Although long-term care has less of a social justice tradition and is more highly regulated than the nonprofit social services, our data show that workers displayed strong solidarity, care for each other, and willingness to self-exploit for those in their care.

Like Fraser's[74] three-part notion of social justice (redistribution, recognition, and representation), existing and emerging practices found in our data

include practices that nurture radical care and display concern about distribution of power, resources, and affirming identities between and among workers, service users, and communities. These practices emphasize leaky, porous relationships between and among the people providing and receiving care as well as those struggling for social justice in the wider community. These practices also sought recognition[75] for the dignity of service users and their struggles, and attempted to politicize "uncaring" government policies and their impacts. As forms of representation,[76] these practices provided fertile ground for new structures and relations, where old, sometimes more hierarchial and formal relations, such as those typical of many union locals, were found to be inadequate for fostering participation, voice, and social justice themes. Sometimes workers found themselves connected to social movement debates, collective strength, and spaces in which they could become "active" (instead of "passive") agents participating in "making a more equitable world" and foster "the structures of feelings associated with wanting social change (that) develop in dialogue and struggle with others." This was particularly the case in the nonprofit social services, often through community coalitions, which sometimes involved both management and unions,[77] and the union movement itself. As the London-Edinburgh Weekend Return Group[78] argues, one thing we cannot demand from the state is new social relations; these we have to build ourselves.

Philosophy tends to test its theories against texts. In this article, we have taken philosophical concepts and built insights from data collected on the front lines of care work. Our data confirm that, consistent with virtue ethics, making spaces in which "it is good to be good" and to build critical dialogue and action is pivotal to fostering the emerging and existing practices discussed earlier. Central to the capacity to "be good" are the leaky, solidaristic, altruistic relationships between and among the people providing and receiving care, which are politicized and strengthened by ties to social movements and the larger community. Finally, consistent with feminist ethics, our inquiry started with the relations and struggles in women's lives at work, home, and community that are built on their everyday, lived experiences.

Given that care is something that we all provide and receive throughout our lives, and that this work, whether paid or unpaid, continues to be the

realm of women, it would seem that care will continue to be a site of feminized struggle. As such, it warrants further investigation and greater centrality as part of emancipatory projects and social justice strategies.

Notes

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The protocol for the long-term residential care project written about in this article requires that team members can write only about sites at which they were not present if they work with someone who was. Although part of the long-term care project, Donna Baines was not present at the site written about in this article. Tamara Daly was present, and she contributed the data and initial analysis on long-term residential care and provided comments on the larger analysis and argument.

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