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Paper: Intimate Labors Conference, October 4-6th, 2007, University of California, Santa Barbara

Money Matters: How Family Home Care Providers Assign Value to Care

Feminist scholars, particularly those interested in care work, argue that the central problem facing caregivers is the systematic devaluation of their labor, whether waged (formal caregiving) or unpaid (informal caregiving). In the case of formal care, devaluation is discussed largely in terms of unfair compensation and poor working conditions; for informal caregivers, devaluation is viewed as a bi-product of a gendered division of labor in the home. The solution, or so the logic goes, is to re-assign value to both formal and informal care through increased wages, state subsidy (caregiver stipends, for example) or via fundamental cultural shifts that render care work visible (Abel and Nelson 1990; Bashevkin 2002; Folbre 2001; Harrington Meyer 2000).

I suggest that while scholarly attention to the devaluation of care work is a necessary and important part of efforts to improve the lives and working conditions of caregivers, it tells us little about the way that careworkers themselves assign value to their labor and how larger cultural and institutional ideas about the value of care inform the local knowledge of care providers. Borrowing from Ann Swidler's (2001) notion of "culture as repertoire," I argue that caregivers develop 'repertoires of care' that are reflective of, and constitutive of, institutional forces such as the family, the state and organized labor. Caregivers borrow themes or ideas about care from these larger institutions to make sense of their own labor, but also manipulate or reinvent the very same ideas to "fit" with the particulars of their own social locations. For this reason, caregivers do not always assign value to their care in predictable ways.

To consider how repertoires of care form at the intersection of individual and institutional realities, I consider the case of family home care providers, paid an hourly wage by the state to care for disabled or elderly relatives.¹ These workers sit awkwardly on the boundary between formal and informal care and, as such, their repertoires reflect the strong but often competing institutional influences of family, the state, and organized labor. Findings suggest that although most caregivers internalize gendered expectations that familial care is a matter of obligation and love, rather than pay, the poverty in which most respondents live makes the dichotomization of love and money impractical. Accordingly, most of the respondents discuss their waged care as a way to achieve gendered ideals of 'mother' or 'daughter' that would otherwise be impossible given financial insecurity. Caregivers also rely on idealized notions of 'woman as nurturer and protector' to eschew interpretations of paid care as a social service benefit or welfare "handout." At the same time that family providers maneuver within conventional notions of care as women's work, they also borrow a language of labor from the state and labor unions to assign value to their care and to seek fair compensation. Through their interactions with case workers, nurses and other state agents, family providers come to accept the Taylorization of their care,

¹ Data are drawn from in-depth interviews and ethnographic observations of 15 family home care providers and their families between June 2002- June 2004. The data are part of a larger study of home care workers in Central City, California (a pseudonym), a medium-sized city with approximately half a million residents. The racial composition of family providers is as follows (Black=5; White=8; Latino=2). Two of the family providers are male.

recognizing what they do as a set of discrete tasks, with discrete values. Similarly, in their interactions with organized labor, family providers link their carework with larger issues of equity and social justice. Thus, through the state's inadvertent actions and the union's deliberate organizing efforts, family providers come to value their own work as "real," and therefore worthy of compensation.