The community dimensions of union renewal: racialized and caring relations in personal support services

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Abstract
Union renewal research calls for moving beyond broad terms, like community unionism, to specify how social relations of work shape renewal for different workers, sectors and contexts. Analysis of interviews with union officials and union members in publicly funded, in-home personal support reveal two community dimensions: both caring and racialized relations between workers and service recipients. Scholarship on care workers emphasizes empathy and coalition with service recipients as a key aspect of union renewal, yet says little about racialized tensions. Studies of domestic workers emphasize organizing in response to racialization, but provide little insight into caring social relations at work. This article develops arguments that both positive and negative worker–recipient relations shape union organizing and representation in the service sector by specifying the ways in which racialization contributes to this dynamic. It suggests that anti-racist organizing at work, alongside coalition building and collective bargaining, are important renewal strategies for this sector.

Keywords
care work, race, service work, union renewal

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Introduction

Increasing attention is given to various forms of union renewal; that is, ways unions themselves can regain power in the face of fragmented work organization and workforce diversity, particularly in the service sector (Carter, 2006; De Turberville, 2004). Unions have organized more black and minority ethnic (BME) workers than in the past, but studies point to ongoing difficulties with representation (Das Gupta, 2006; Healy et al., 2004; Lucio and Perrett, 2009a; Walker, 2009). Several studies focus on the push for equity within union structures and processes. This article suggests the need for more attention to both racialized and caring relations between workers and service recipients.

Some scholars use the term ‘social movement unionism’ to emphasize renewal through deep engagement with union members, non-union workers and broader publics in confrontation with the state (Kumar and Schenk, 2006; Lopez, 2004). However, social movement unionism is too imprecise a term to capture the various ways unions need to renew themselves, as Sullivan (2010) argues. Others describe a ‘community unionism’ that emphasizes identities, issues and strategies beyond work, yet its definition is also contested (Cranford et al., 2006; McBride and Greenwood, 2009; Wills and Simms, 2004). Key to these critiques of general descriptors is the claim that a generic model of renewal is unable to address specific relations of work in various sectors (Carter, 2006; Cunningham and James, 2010). The conceptualization and practice of union renewal also varies by geographical context. In the US, community unionism includes alternative forms of worker representation, such as workers’ centres (Fine, 2007). In the UK, there is more attention to ‘representational community unionism’ where community issues are pursued through the Labour Party, while coalitions between unions and community groups are limited and often not reciprocal (Holgate, 2009; Wills and Simms, 2004). In Canada, concepts of social movement unionism, community unionism and social unionism are all used to discuss union renewal, sometimes synonymously (Baines, 2010; Kumar and Schenk, 2006). Given this conceptual confusion, this article follows Lucio and Perrett’s (2009b) call to examine the ‘community dimension’ of trade union organizing to better understand how it reflects racialized labour markets.

This article contributes to this need for contextualization by examining how racialized social relations with service recipients shape renewal for unionized personal support workers in Toronto, Canada. Community unionism studies examine race but say little about how it might shape relations between workers and service recipients (Fine, 2007; Lucio and Perrett, 2009a; Wills and Simms, 2004). Yet such relations are defining features of social service work. Studies of domestic work are an exception, since they emphasize organizing for dignity in response to racialization (Anderson, 2000; Hondagneu-Sotelo, 2001). In contrast to domestic work studies, care work studies emphasize how gendered commitment and devaluation of women’s work shape organizing issues centred on both quality care and quality work, and union strategies based in consensus with recipients and sometimes employers (Baines et al., 2015; Carter, 2006; Cunningham and James, 2010; Delp and Quan, 2002; Yates, 2011).

Analysis of racialized social relations in a case of unionized, publicly funded, non-profit-provided, in-home personal care services, reveals the need for attention to two community dimensions of union renewal. BME union members in this study experienced
both racialized tensions and positive relationships with recipients, and wanted a union that addressed both. This finding has broader implications than this case given that BME workers are increasingly doing intimate social service work in various countries (Boris and Klein, 2012; Shutes, 2012). This article develops earlier arguments that both positive and negative worker–recipient relationships shape organizing issues and strategies in the service sector (Cobble, 1996; Heery, 1993; Simms, 2007b) by specifying how racialization contributes to this dynamic. It suggests that anti-racist organizing at work, alongside coalition building and collective bargaining, are important renewal strategies for this sector.

**Community dimensions of union renewal in social service work**

Studies of care worker and domestic worker organizing address different community dimensions of union renewal. The former emphasizes how gendered social relations foster positive relationships between workers and service recipients, and how positive relationships inform issues important to care workers and unions’ or professional associations’ strategies to organize and represent them (Bailey et al., 2014; Brown, 2009; Mareschal, 2006; Murphy and Turner, 2014). One aspect of gendered relations is a caring ethic that shapes the reasons why care workers enter this work and their commitment to service (Armstrong, 1993; Baines et al., 2015; Briskin, 2012; Lopez, 2004). In contrast to the emphasis on an antagonistic relationship between boss and worker in many unions, nurses’ gendered commitment makes professional associations’ goal to protect both their members and recipients attractive to them, even though restructuring has taxed conciliatory relations with managers (Armstrong, 1993; Briskin, 2012; Hurd, 2000; Kessler and Heron, 2001). Studies of care professionals’ organizing identify the issue of workplace-level voice on service provision issues as important for the (majority women) workers and pursued by their unions. For example, Clark and Clark (2006) argue nurses will be more likely to unionize if they think it will positively affect patient care and show how their unions address understaffing through collective agreements or broader regulation. Other nursing unions emphasize stewards’ ‘member-facing’ work to support members in addressing patient care issues (Kessler and Heron, 2001: 388). Baines et al. (2015) argue women are more likely than men to protect recipients from service cutbacks through a ‘self-sacrificing femininity’ and suggest union strategies may thus consider gendered commitment. Given this commitment, the strike as a tactic is contentious among care workers (Briskin, 2012; McKeown, 2009). Strikes are often abandoned by unions of care workers who need to ally with community-based recipient groups to push the state for better funding and regulation (Black, 2012; Delp and Quan, 2002; Mareschal, 2006; Murphy and Turner, 2014). Some of these studies recognize conflict in terms of recipients’ hesitancy in allying with unions whose commitment to quality care these groups may question (Delp and Quan, 2002; Mareschal, 2006), but quality care as a key issue for workers is generally taken for granted in care work scholarship. In sum, existing studies on care professional and worker organizing focuses on consensual relations with recipients.
There is some evidence, however, that social relations between care workers and recipients can be negative. Tattersall (2009) describes how a coalition between a teachers’ union and parents’ group in Australia emphasizing quality public education nearly fell apart when the union put more emphasis on teachers’ salaries. Simms (2007b) finds in an organization that included body care the issue of abuse from recipients was minor, while in an organization that provided telephone services to blind people abuse was a major issue, suggesting variation related to the degree of intimacy. These and other studies do not focus on racialization but studies do find physically demanding, ‘dirty’, body care work is generally done by BME workers, including some men, at least in the US (Boris and Klein, 2012; Glenn, 2010). Care work studies find white recipients often reject service from these workers or subject them to racialized verbal abuse. This may complicate their relationship with service recipients, yet few care worker organizing studies examine how race shapes organizing issues and strategies. An exception is Boris and Klein’s (2012: 19) analysis of Black and Latino immigrant home health workers in the US, showing how their collective identities were shaped by their position as ‘neither nurses nor maids’. Their oft treatment as maids – by service recipients and the state – shaped a struggle for racial justice and respect, but also eschewed confrontational tactics that could harm service recipients, such as strikes. Yet their study of the California case shows both how the alliance between the Service Employees’ International Union (SEIU) and the Independent Living Movement allowed these workers to bargain collectively and suggests the limitations of this approach in that it did not regulate the intimate, racialized relations in home-workplaces. This is taken up explicitly in studies of domestic worker organizing, suggesting a distinct, racialized, community dimension of union renewal.

Community unionism literature in general, and studies of domestic worker organizing in particular, emphasize a second community dimension to union renewal: the need for unions to connect economic issues to social justice issues to address everyday racism and racialized labour markets (Fine, 2007; Holgate, 2009; Lucio and Perrett, 2009a; Milkman, 2010; Poo, 2011). Unable to bargain collectively, domestic workers formed associations to organize on issues within the ‘realm of indignities’ (Hondagneu-Sotelo, 2001: 216; also Anderson, 2000; Boris and Nadasen, 2008) in response to overt racism through threats of firing, deportation or physical and verbal abuse, to more covert racialization like assumptions that immigrant workers do not understand western cleaning standards, cooking preferences or caring norms. For example, the top demand of the Los Angeles Domestic Workers’ Association (DWA) is treatment with dignity (Hondagneu-Sotelo, 2001). Some DWAs also call for recognition as ‘professionals’ but, in contrast to professional associations, they call for greater definition of what the job entails in a context where employers’ and recipients’ expectations are experienced by workers as being treated like a maid (Anderson, 2000: 91; Hondagneu-Sotelo, 2001: 216).

One strategy to address indignities is political education. For example, the LA DWA held courses on asserting boundaries around work in interactions with individual employers in order to develop leadership among members. Indeed, community unionism scholarship recognizes tensions between unions and community groups over the former’s focus on tangible outcomes, such as membership and density, through formal structures of representative democracy, in contrast with community organizations’ emphasis on processes of leadership development and fluid organization supporting participatory
democracy (Chun et al., 2013; Fine, 2007; Holgate, 2009). Relevant here are studies examining whether learning initiatives or other union education initiatives help to organize and better represent BME and migrant workers (Byford, 2009; Mustchin, 2012). Lucio and Perrett (2009b) discuss how a ‘Dignity at Work’ course for workers and managers at a predominately white British workplace where BME workers had recently entered, facilitated these workers’ joining the union, yet argue focusing on racialized identity and issues was insufficient without a longer-term commitment to community-based structures. In Canada, there is some emphasis on union renewal through political education of members emphasizing anti-racism (Byford, 2009). In short, community unionism and domestic work literatures emphasize racialized tension between workers and recipients.

This review reveals two distinct community dimensions key to understanding how relations between care workers and recipients shape organizing issues and strategies: caring relations as suggested in care organizing literature, and racialized relations as suggested in community unionism and domestic work literatures. Personal support work is different from professional care work and domestic work. It is publicly funded but governments distance themselves from responsibilities to these workers by contracting services to non-profit or for-profit organizations (Cranford and Miller, 2013; Shutes, 2012). Furthermore, these workers are in a weaker labour market position than those in recognized professions, particularly in a context of funding restraints (Aronson and Neysmith, 2006). This work is primarily, but not exclusively, done by BME workers who are often migrants, whereas service recipients are predominately white and native-born. These workers have formed neither professional nor workers’ associations and, although the sector is highly unionized in Canada, their unions have less power than public sector unions representing professional care workers (Baines et al., 2015). The relationship with recipients is more complicated than in private domestic service because recipients are economically and socially marginalized in their need for intimate bodily services, and have varying abilities and interests in directing their own services (Cranford and Miller, 2013; Ungerson, 1999). In this context, some might argue unions should not intervene in relations in recipients’ homes. However, since their homes also sometimes serve as workplaces, ignoring relations in this site impacts negatively the conditions of work, as suggested by domestic work scholarship. Union strategies of collective bargaining and strikes need to be supplemented not only with social movement alliances with recipients, as recognized in care work scholarship, but also with micro community-level, anti-racist organizing to addresses racialized tensions in home-workplaces.

**Methods**

This article was based on a study of home-based assistance with activities of daily living within the Independent Living movement in Ontario, Canada. It drew on interviews with 19 union members from 11 of 15 employers providing these services in Toronto and six union officials conducted from 2005 to 2007. Employers were asked to post or mail recruitment letters but recipients and other members also made referrals. Interviews were in-depth, using a semi-structured interview guide. They ranged from one to two hours and were conducted at workers’ homes, at work or by telephone. They were recorded and
transcribed verbatim. The sample is predominantly migrant (foreign-born), although all but one had obtained Canadian citizenship. Eleven were women and eight were men. Eight were Caribbean-born (Guyana, Jamaica and St Lucia), two were Latin American-born (El Salvador and one undisclosed country), two were African-born (Tanzania and Nigeria), one was a BME migrant who did not disclose his place of birth, two were white, European-born and four were white, Canadian-born.

Most workers in this sector were represented by Canadian Auto Workers (CAW), while some were represented by Canadian Union of Public Employees (CUPE). All the workers in this sample were members of one of these two unions. CUPE is a public sector union representing workers across Canada in multiple sectors. It focuses primarily on collective bargaining and lobbying the state for more labour-friendly policies, and acknowledges racialized social relations of work as an issue. CAW is an example of a common trend in Canada today whereby small, independent unions of marginalized workers (in this case Local 40) affiliate with a larger union (CAW; now UNIFOR). It identifies as a social union that goes beyond the confines of collective bargaining, and alongside this is committed to addressing racism through educational programmes and anti-racist organizing. Union officials confirm these members have gone out on strike, yet they also take seriously hands-on care, as demonstrated in these findings. Four interviews with CAW officials and two with CUPE officials were used, including national staff and local elected representatives and part-time worker volunteers. Pseudonyms were used to protect all participants’ identities.

Interviews were analysed to understand which types of union strategies best fit members’ social relations of work. Officials were asked about key problems at work and their union’s strategies to address them. Members were asked about the pros and cons of unionizing in this sector, how well their union represented them and questions about specific interactions with their union. Data on members’ feelings about their interactions with recipients were also included. The interviews were analysed using NVivo 8. First, they were coded inductively through open coding of categories reflecting views on the union, experiences with it and experiences with recipients. The data were then analysed more deductively by considering the relationship between experiences with recipients and experiences with the union that were either consensual, reflecting care work literature, or racialized, reflecting domestic work literature. The social relations of work are not analysed as the sole or direct cause of members’ attitudes about or experiences with their union. Instead, these data are used to extract the meaning of unions embedded in members’ experiences.

**The meaning of unions**

Members viewed unions positively for a variety of reasons. The vast majority felt unions could help to value their work through better wages and benefits. The protective aspect of unions, however, was emphasized more strongly by BME members in comparison to white ones. Caribbean-born Mya said the union was ‘there to protect and serve you and help you with any issues that may arise’. When asked whether the union would address racial issues, Caribbean-born Sheila – who was interviewed just after unionizing – said ‘Oh yes, that will not be ignored’. Similarly, African-born Peter said:
Having such union, you know, helps in protecting workers. If someone is being a little bit, not nice or for any reason I mean, you run to the union. The union will come to the person’s defence.

BME members emphasized the protective aspects of their union in terms of defence against both employers and recipients. Caribbean-born Don said workers were motivated to unionize because the employer was not treating them with respect and linked this to complaints from recipients:

No respect; they don’t deal with complaints or problems on a fair basis … They don’t have any control over that part now. If they do somebody wrong, we’ve got the grievance procedure to go through.

Similarly, Caribbean-born Evan said: ‘the union makes the job secure for you. I’m quite sure it would be different if there wasn’t the union.’ For these members the union should ensure employers respond to recipients’, often racialized, complaints.

Union officials recognized employers sometimes pandered to recipients’ racialized preferences and sought to address this in several ways. CAW officials confirmed members unionized in part to challenge recipients’ racialized preferences and tried to address it through the collective agreement. Official Neville said: ‘We try to get the language in there, so if we get the language … now the companies are committed to get those hours … If there is a loss of hours … then we would file a grievance.’ Similarly, CUPE official Pat said:

We have concerns about it because it can be used in a discriminatory way. People who may be western or European background can request or stipulate that they need, say, a Hungarian speaking worker. So that they don’t have to say, ‘I don’t want you to send me a black woman’ … Some of the questions we’ve started asking is: ‘If you’re saying that it’s necessary to have a worker go in who speaks say Portuguese or Cantonese or Mandarin, how are you doing your assessment?’ Because do they have those languages within their staff when they’re doing the assessment?

Whereas CUPE had begun to question employers about assignments, CAW coupled collective bargaining with education and training.

CAW sought to address racialized tensions in home-workplaces through member education and engagement. This was part of a view of themselves as a ‘grassroots social unionism’ (Roswell), with an ‘empowerment model rather than a service model’ (Cedric). Official Neville described how this operated in home-workplaces:

When you start the interview – you may hear: ‘Well the persons are just disabled and we just have to understand that they’re disabled and they’re going through a hard time, maybe we’re just taking it’. But then we start the Resisting Abuse course [emphasizing that]; yes, that may be the case but it’s not acceptable.

CAW takes seriously care-related issues but also suggests the need for synthesizing a care-based identity with one also based in resistance against racialized abuse. In addition
to negotiating paid leave for members to take such courses, CAW negotiated human rights and anti-harassment training for all members and managers but this strategy can only go so far to mitigate racial tensions, as recognized by official Dana:

We’ve negotiated it and said it was mandatory for all managers and workers. We’ve also tried to negotiate with employers, saying consumers should also be involved because they’re a large part of the harassment that happens, a very large part. And the employer always says, ‘Well we can’t force them to do it … We can make it open and encourage …’. They never come because they don’t think they are part of the problem.

CUPE officials mentioned training for minority and equity-seeking groups, but did not articulate how this might address relations with recipients. In short, these unions were limited in how they could intervene in relations between members and recipients in home-workplaces.

The emphasis on protection vis-a-vis employers and recipients was less prominent in white members’ interviews. White European-born Kurt ‘plotted against’ the union because, he felt, although they may have been important in 1960s civil rights struggles, they have become unnecessary in ‘enlightened organizations’ such as his. White Canadian-born Danni ‘appreciated the union’ as ‘instigators of pay equity’, but also said:

I was against [the union] … because I think unions need to evolve more … it’s still very much us against them type thing, I find, with unions, rather than working together. And now with the union over the years, I know that they’ve had to be very formal … about how we do this procedure or we’re going to get in trouble with the union. Somebody will, you know, put a grievance in.

Danni felt the union was too adversarial. Similarly, Paula, a white Polish-born union member, stated she did not mind cleaning in recipients’ homes and was critical of the union for drawing boundaries between caring and cleaning work. Both Danni and Paula thought the union interfered with the quality of recipient care. When discussing union strategies, white members expressed concerns that legalistic or adversarial tactics might interfere with recipient care. BME also valued autonomy in making decisions about doing certain tasks for recipients but importantly they did not feel the union constrained this choice.

Despite these different views of BME and white members about the importance of their union as a protective force, members across race had positive relations with recipients that sometimes shaped their view of the union in similar ways. The most significant example is the common ambivalence about the strike due to its ability to impact recipients negatively. Latin-American born Marina said:

They wanted all the workers to have a walk out and you were like ‘I agree with what you’re trying to do, but I can’t walk out on people’ … It’s not like I’m walking out and you’re not gonna get your sandwich, this means you’re not gonna go pee, like that’s pretty serious.

Marina’s critique of her union’s decision to strike reflects arguments in care work literature that workers’ views of unions are shaped by an ethic of client care (Clark and
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Clark, 2006; Lopez, 2004). CAW official Dana confirmed many members initially did not feel comfortable with striking due to the impact on recipients. In addition to ‘educating the membership about what it means to go out on strike’, the union also worked to inform recipients and gain their support:

When we were close to the strike and when we were out on strike the first couple of days, we spent a lot of time talking to the consumers because the company wasn’t explaining everything. Or they were just saying, well ‘the union is being unreasonable blah blah blah’, but they weren’t explaining the issues. So we were sitting and explaining the issues individually to every consumer, one by one. And through the course of our strike, consumers were starting to come out on our picket lines and they were starting to support us.

The CAW also modified the strike by allowing managers to cross picket lines in order to help recipients with immediate needs. CUPE locals have also been on strike, but officials underscored their effort to avoid them. Official Pat said:

Generally, at some point at the bargaining table when it doesn’t look like we’re going to achieve what we need to achieve, we will set up either strike averting or [a] fair contact committee … We’ve done information pickets in front of an employer’s workplace. We’ve put out communications to community members as well as clients about what’s happening … Many of us work in this sector because we care about the work we do. And it’s really difficult to come to the point of contemplating strike action because of the impact it has, not necessarily on the agency but more on the people we work with.

In short, these unions attempt to address both caring and racialized relations between members and recipients, although they are not always successful. The next section shows how both sets of relations are present in BME members’ experiences.

**Racialized and caring social relations**

BME members described both positive and negative experiences with recipients and this informs their support for the protective aspect of unions in home-workplaces. Negative experiences often involved racial discrimination, harassment and abuse or more subtly racialized interactions. When talking about a recipient who implied she could not cook properly, Caribbean-born Kay said to him: ‘Oh, you think because I come from Guyana, I don’t know anything? You think I don’t know what you eating? My son, the same thing I do for my son.’ Kay described how some recipients made comments infused with racialized assumptions about knowledge and how she, sometimes, confronted them by establishing her knowledge and competency as a caregiver. BME members recounted situations with recipients that were hurtful, uncomfortable or tense, reflecting conflict in ‘the realm of indignities’ (Hondagneu-Sotelo, 2001: 216). Caribbean-born Selina reported extreme tensions with a recipient who implied her son, because he was black, could not possibly be intelligent. Selina contacted the supervisor who tried to get the recipient to see how this statement was unacceptable. Selina continued to work with this recipient – indeed, her employment security was underscored in the collective agreement – but racialized tensions endured. When the recipient asked her why she was not saying
much, Selina said: ‘I prefer don’t say anything to you. [I said] you walk on my dignity.’ Several members who had difficult interactions with recipients used Selina’s silent treatment response.

BME members’ relations with recipients were complex – at times fraught with racial tension, at times caring. Caribbean-born member Jon said:

Over the years, I’ve been called all types of names, I won’t even repeat it … But now I don’t let it get to me because there are lots of good consumers out there too. So I try to block out the bad ones from my mind and think about the good ones.

Jon’s refocusing on good recipients, and other members’ strategies of avoidance, emotion work and confrontation, reflects a collective identity stemming from both racialized and caring social relations. Caribbean-born Zoë described how most recipients were respectful and laid-back. Yet she also described a difficult relationship with a recipient who had initially refused her care but was required to accept it by the employer:

I think from there, from that day on I think she saw me differently. Thinking ‘ok, yeah, she knows what she’s doing; she’s capable; she can handle her job’. And I mean, it took a while but it made me feel really good.

As previously noted, BME members unionized in part to compel their employers to challenge recipients’ racialized preferences. At the same time, however, empathy emerges and friendships develop. As Caribbean-born Evan said: ‘We’re very close, you know, all my consumers right now are long-term consumers; some guys I’ve been with for 7 years’. Caribbean-born Tina said sometimes conversations get ‘personal’ and she chooses to react with empathy but with some boundaries. ‘I will listen and I will just say “hmmm” or maybe I’ll have to talk with her a little more, or just leave it and give her a hug. But I avoid my own opinion on that.’ Similarly, Caribbean-born Gail said: ‘I try to be as professional as I can be. And at the same time, I have compassion and I have a heart and I have kindness in me. I try to treat them as human beings, not objects.’ This boundary-drawing contrasts with the ‘self-sacrificing femininity’ found by Baines et al. (2015) where women are more likely than men to protect service recipients. While many care work studies note the difficulty of maintaining boundaries, this analysis suggests the need to maintain boundaries arises in a way that conflicts with the care ethic for BME members compared to white members. We suggest this is because BME members had quantitatively more and qualitatively more intense tensions with recipients compared to white members.

In contrast with BME members, some white members discussed ‘difficult recipients’ but none had experienced affronts to their humanity. Their experiences were minor or uneventful, as illustrated by Owen’s response when asked who he went to with problems at work. ‘I’ve never discussed anything with management because I’ve never had any issue … If there are any concerns, then you just talk directly to the consumer.’ Similarly, white Canadian-born Dawn expressed this:

If somebody is speaking to me in a manner I don’t appreciate I would say ‘you know what, I don’t appreciate the tone you’re speaking to me in, but I understand where you’re coming
from’. And I don’t think I’ve ever had a major complaint or else I would’ve been told by my manager because if there’s a complaint put against you then the manager meets with you to discuss it then you meet with the consumer to try and …, but you see I try and resolve the issue even before it goes there.

Unlike BME members, white members felt they could address issues with recipients directly.

Workers also emphasized to varying degrees the limits of the tasks they did and this varied by race. BME members, more than white members, emphasized a limited job description, underscoring they were not required by employers to take care of pets or serve family members. Caribbean-born Gail said:

[If] I come to you, Mrs So-and-so, and I walked in and then there’s the sister beside telling me what to do or pushing me around, you know, I don’t have to take any orders from her as long as the client is verbal.

When asked if she ever provided services to family members, Gail said, ‘with me, that’s a no-no. That’s why you’re able-bodied [laughs] … Not even a cup of water for them.’ Like other BME members, Gail drew boundaries between care work and domestic work. Sometimes members agreed to do tasks outside of the job description because they found it difficult to say no. Caribbean-born Selina said this about family members:

They always saying if I go down there and the person says, ‘I’m going to help her do this, so could you just put my laundry in?’ and I said ‘okay’. But I don’t have to say okay because I’m not working with that person. But you know it’s so hard to say or something, but you’re not working with them.

These members viewed their job as addressing recipients’ specific needs as differently abled individuals, and not serving friends or family members, as a general household worker would. This strategy is similar to that found in domestic worker organizing (Hondagneu-Sotelo, 2001). In contrast to Selina and Gail, white Canadian-born Danni said this about serving family:

I don’t mind doing it ‘cause I think it’s … like, I’m supposed to be the arms and the legs of that person … I’m going to be the cook for the whole meal or whatever … So, I don’t mind doing that. But there was a huge thing in there … like, ‘I’m not going to do any dishes for anybody else …’.

Danni echoed the Independent Living Movement philosophy – personal assistants are the arms and legs of the consumer of their services. Yet, as Danni notes, most members, the majority of whom are BME, saw requests to do friends’ and family’s dishes as excessive. Indeed, requests for general domestic help is one reason workers sought a union, according to officials and members.

Discussion

This analysis of union members in personal support services shows how BME workers’ views of their union are shaped by both racialized tensions and caring relations with
service recipients. Given that BME workers are concentrated in social service work (Boris and Klein, 2012; Shutes, 2012), and unions identify organizing BME workers as key to renewal (Das Gupta, 2006; Lucio and Perrett, 2009a), understanding the views of workers like the ones in this study could expand knowledge on union renewal. BME members emphasize the union as a protective force, focusing on fair handling of complaints and problems, more so than white members; whereas white members viewed the union as interfering with recipient care more so than BME members. These views of BME members contrast with existing literature on caring relations with recipients (Bailey et al., 2014; Brown, 2009; Mareschal, 2006; Murphy and Turner, 2014).

These findings support other studies that find ongoing difficulties with how unions represent BME workers (Das Gupta, 2006; Healy et al., 2004; Lucio and Perrett, 2009a; Walker, 2009). This analysis suggests difficulties may occur in social service workplaces even if their unions are committed to anti-racist representation. Both unions in this study recognize racialized tensions between members and recipients are an important workplace issue and seek to address them. CAW understands racialized tensions between workers and recipients require the type of awareness-raising anti-racist education and training emphasized in studies of organizing migrant workers (Mustchin, 2012). CUPE questions employers’ work assignments if they feel they are racialized. Both unions seek to address the effects of assignment preferences through collective bargaining. However, as these interviews reveal, these initiatives are limited. One difficulty is compelling employers to direct recipients to engage in anti-racist training. An additional grey area is the boundary between home care and domestic work. These interviews with BME members show how requests to serve family members or look after pets are infused with racial tensions, reflecting domestic work studies (Anderson, 2000; Glenn, 2010; Hondagneu-Sotelo, 2001). These findings suggest the need for these and other unions to do more outreach directly with recipients, something both unions have done in situations of clear impact on recipients, such as strikes, but not specifically in relation to anti-racist organizing. They also suggest that serious efforts to address racialized tensions alongside caring relations – even if not wholly successful – will garner the support of BME members.

These unions have identified racialized social relations of work as an important factor, but literature on care organizing has insufficiently analysed racialized social relations of work alongside caring relations. The racialized relations with recipients uncovered in this article, and the efforts of their unions to address them, are as important as caring relations. Some might argue unions should not intervene in intimate relations in private homes; indeed, in California, SEIU largely organized from this standpoint in alliance with the Independent Living Movement (Boris and Klein, 2012). However, these homes are also workplaces when members are present. BME members interviewed emphasize how the union protects against some recipients’ racialized preferences and ensures employers address complaints on a fair basis. At the same time, these findings also support previous care work studies underscoring the importance of alliances with recipients based in caring relations (Bailey et al., 2014; Brown, 2009; Mareschal, 2006; Murphy and Turner, 2014).

These findings shed light on how to represent social service union members more effectively. Taken together, the protective aspect of unions emphasized by BME
members interviewed here, the limitations of protecting them from racialized tension in home-workplaces noted by union officials and members, and the need for caring coalitions demonstrated both here and in existing studies, suggest the need for multiple strategies alongside collective bargaining. Specific proposals for union strategy are beyond the scope of this article but the racialized social relations of work analysed here suggest two main areas of importance. First, unions need to address racialized tensions between members and service recipients in home-workplaces, as would be expected from studies of domestic worker organizing in particular and community unionism scholarship in general. Social relations of social service work differ from those in domestic work since in the latter the recipient is also the employer. Yet there are striking similarities in descriptions by members in this study of racial conflict in the ‘realm of indignities’ emphasized in domestic worker organizing (Hondagneu-Sotelo, 2001: 216), suggesting the need for unions organizing BME care workers to address this realm. Second, members also develop empathy for and sometimes friendships with recipients and some are uncomfortable with the impact of the strike on recipients, thus resonating with gendered, caring collective identities found in existing care work studies (Armstrong, 1993; Baines, 2010; Clark and Clark, 2006). The findings also signal, however, that an ethic of care may have a different meaning for BME workers who experience a distinct layer of racialized tensions with recipients, given the connection of care with a history and collective memory of coercive domestic service (Glenn, 2010). This shapes their efforts to draw boundaries between cleaning and caring, limiting the self-sacrificial tendency described in care work studies (Baines et al., 2015). Unions in this sector could consider how more explicit anti-racist efforts in home-workplaces might foster, or at least work alongside rather than undermine, already existing cohesive relations between members and recipients. Where previous studies have addressed attention either to dignity or a care ethic, both must be addressed if unions are to maintain strong support from BME members, which is key to union renewal.

**Conclusion**

This analysis of racialization in a case of social service union members underscores the importance of conceptualizing union renewal in ways more specifically tied to the social relations of work in a given context and sector than articulated by a vague ‘social movement unionism’ or ‘community unionism’, thus building on arguments of Sullivan (2010), Wills and Simms (2004) and others. The concept ‘community unionism’ is particularly murky (Cranford et al., 2006; McBride and Greenwood, 2009). Much care work scholarship has used the term to denote alliances between unions and recipients’ community groups (Tattersall, 2009). While fostering consensual relations between workers and recipients is important, this analysis points to the importance of a second community dimension found in studies of BME and migrant workers. This follows Lucio and Perrett’s call (2009b) to consider unions’ strategies to address organizing issues relevant to BME and migrant members and their communities, but places greater focus on how they infuse social relations with recipients. Race is thus brought into the earlier insight of service sector studies identifying how both conflictual and consensual relations between workers and customers or clients shape union organizing strategies (Heery, 1993; Simms, 2007b).
Including racialized social relations between workers and recipients helps better understand the community dimensions of union renewal and gives a fuller picture of how various strategies can best serve BME workers, which is key to union renewal. There is little information on the race of workers in too many studies of care worker organizing but an analysis of how racialized relations with recipients shape organizing issues and strategies would further the knowledge of union renewal, especially in contexts where BME workers are employed. Conceptual attention to racialized social relations alongside well-documented care workers’ support for connecting quality care and quality work could help ensure alliances are not only effective short term but also deep enough to be sustained. This analysis also suggests that anti-racist organizing at work, alongside coalition building and collective bargaining, are important renewal strategies for this sector. Outlining specific strategies or representational forms that would make up the ideal unionism for these workers is beyond the scope of this study, but this analysis shows how racialized conflict with recipients should be a key consideration in developing it. Given the geographic and contextual variation in the conceptualization and practice of union renewal, further research is needed to identify how anti-racist organizing strategies would vary.

Finally, this study has implications for understanding how unions shape workers’ interests, although this is not the focus of this analysis. Most union renewal studies focus on the degree of success of various union strategies. These studies might understate conflict in relations with service recipients and how it shapes the issues workers raise because such issues may not be predominant in union strategy if they are not winnable. More broadly then, these findings suggest union scholarship could consider not only how a given construction of workers’ issues are winnable but also how much such constructions resonate with the social relations of work, as suggested by Simms (2007a). These findings underscore that social service unions should consider issues emanating not only from gendered social relations with recipients, as taken up in care work studies, but also racialized ones.

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Note

1. The process of unionizing varies by province. In Ontario, once the union has evidence that 40% of employees in the proposed bargaining unit (usually all non-managerial employees at
the workplace or, sometimes, multiple workplaces of a single employer) support the union, either through card signing or a survey, it can apply to the Ontario Labour Relations Board (OLRB) for an election. If the OLRB approves the bargaining unit it will order a vote. If the majority votes in favour of the union, the workplace is unionized. The OLRB certifies the union as the exclusive bargaining agent; this certification applies to all employees in the bargaining unit and requires the employer and union to bargain in good faith. Although individual workers can choose not to join the union, most workers in unionized workplaces are also union members. In 2009, 31.6 per cent of non-agricultural employees in Canada were covered by a collective agreement, and the percentage of workers unionized is only two per cent higher (Statistics Canada, 2009 cited in Camfield, 2011: 29).

References


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