

HEALTH CARE / WORK

Living with one's employer: Comparing the institutionalisation of live-in elder care in Austria, Canada, Switzerland and the UK.

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In many countries of the global North, families increasingly rely on live-in caregivers to look after their elderly. Although much care work remains unpaid and informal, states have set up a variety of migration and labour regimes to guarantee a supply of workers to provide paid care in the home. Taking live-in status as a key comparator, this paper analyses the markets for live-in care in Austria, Canada, Switzerland and the UK. We examine the ways in which live-in status is differentially institutionalized: in some cases live-in status is endogenous to migration regimes through which workers access care markets, in others live-in status is a *de facto* requirement because of low pay and higher levels of mobility. Using the theoretical perspective of social reproduction, we seek to identify the specific power relations and mechanisms that make these regimes function for employers and employees, and the consequences for the social reproduction of the workers. In particular, we argue that although different regimes suggest different degrees of 'choice' about whether to live-in, the gendered nature of social reproduction labour and the related political economy of live-in care work – especially low pay – in reality represent constrained agency.

How Well Does the “Safety Net” Work for Family Safety Nets? Economic Survival Strategies Among Grandmother Caregivers in Severe Deprivation

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There are more grandparent-headed households (GPHH) today than at any other time in American history (U.S. Census Bureau 2010). The number of children living with a grandparent has increased 77% since 1970, 22% since 2000 and spiked after the onset of the Great Recession (Livingston 2013; Taylor et al. 2010). Grandmothers shoulder the lion's share of grandparent caregiving, comprising 64% of the 2.7 million grandparents primarily responsible for caring for their grandchildren (U.S. Census Bureau 2010). As a whole, 1/5 of GPHH are poor and 2/3 live below three times the federal poverty level (FPL). Moreover, poverty rates worsen for skipped-generation households (SGH), defined as GPHH where parents are absent, where 1/3 (32%) live below the FPL, which is nearly double the child poverty rates of parent-child families. SGH headed by custodial grandmothers fare the worst, with 2/3 of them living at or below the FPL (Generations United 2009). African Americans are overrepresented among every kinship care arrangement, including SGH. Despite their fragile economic status, current child welfare and kinship care policies and practices make grandmothers the primary safety net for children in need of out-of-home care.

Through secondary analysis of two unique qualitative data sets collected during and after the Great Recession supplemented with publicly available household finance data, I examine the financial needs of GPHH; the extent to which public safety net programs meet their needs; reasons for the hypothesized gap between program use, benefits, and

need; and the economic survival strategies grandmothers employ to make ends meet. This work demonstrates that the failure of the “safety net” to perform for this growing population of families grappling with severe deprivation compounded by the erosion of the mutual aid system at the heart of black family survival has grave consequences for the financial well-being of caregiving grandmothers and the children in their care.

Exploring relational advocacy through the siting of harm reduction health services
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The siting of health services has been broadly considered in health geography, from exploring barriers of placement to understanding barriers of access. Much of this work has focused on the practice and politics of siting services for traditionally marginalized groups of people such as those with mental health diagnoses, and those recovering from addictions. This paper seeks to expand this body of knowledge by considering the siting of health services for people actively engaged in illicit drug use. I explore the siting of such 'harm reduction' health services considering the implications of active, illegal activity (drug use and insobriety) in the way that such services are advocated for, and discursively as well as physically constructed. Harm reduction health services, such as needle exchange programs, low-threshold drop in centers, and legal drug consumption rooms seek to provide non-judgmental health services in welcoming spaces. They do not have a specific mission of rehabilitation or require abstinence from drug use to access the services, and therefore remain highly contested health interventions. Drawing on recent work in urban social movements, critical global health, and urban policy motilities, this paper seeks to understand the relationships of harm reduction advocacy strategies within and among cities across the world.

Connecting for survival: Understanding the spatial implications of migrant women’s survival strategies in two contexts

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Women worldwide carry out strategies to support themselves and their families that rely on connecting to physical resources, especially food, and to important social ties. This research seeks to better understand the spatial implications of this connectivity for food security in two contexts as made visible through mobility and social networks. For example, everyday experiences of food security can be bolstered by access to greater mobility, which can be provided through social networks. At the same time, a lack of mobility may inhibit a person’s access to food, and is especially true when this need for mobility interferes with other social network obligations. This research relies on the qualitative GIS method of sketch mapping to better understand the spatiality of everyday lived experiences of food insecurity for displaced women in Medellin, Colombia, and Latina migrant domestic workers in Washington, DC. Sitting at the intersection of literature on poverty and survival strategies, mobility, and social networks, this research adds insight to the under theorized aspects of connectivity, how it influences the ability of women to meet their daily needs, especially obtaining food, and lessons that can be gleaned from contexts in both the global South and North. Focusing on different contexts of poverty allows attending to how they are similarly and differently integrated into

globalized processes. This research also contributes a more nuanced understanding of the food insecurity experiences of individuals migrating into urban environments, enabling more effective policy making and service provision by governments, relief agencies, and community organizations.