

**Exploring Depoliticization Discourses Of Women's Multiple Caregiving Roles:
Implications Of Economic Decline And Public Policy Change
For Women In Rural Northern British Columbia**

Anne L. Burrill

BSW, University Of Victoria, 1993

Thesis Submitted In Partial Fulfillment Of
The Requirements For The Degree Of
Master Of Social Work

University of Northern British Columbia

April 2008

© Anne Burrill, 2008



Library and
Archives Canada

Bibliothèque et
Archives Canada

Published Heritage
Branch

Direction du
Patrimoine de l'édition

395 Wellington Street
Ottawa ON K1A 0N4
Canada

395, rue Wellington
Ottawa ON K1A 0N4
Canada

Your file Votre référence
ISBN: 978-0-494-48795-2
Our file Notre référence
ISBN: 978-0-494-48795-2

NOTICE:

The author has granted a non-exclusive license allowing Library and Archives Canada to reproduce, publish, archive, preserve, conserve, communicate to the public by telecommunication or on the Internet, loan, distribute and sell theses worldwide, for commercial or non-commercial purposes, in microform, paper, electronic and/or any other formats.

The author retains copyright ownership and moral rights in this thesis. Neither the thesis nor substantial extracts from it may be printed or otherwise reproduced without the author's permission.

AVIS:

L'auteur a accordé une licence non exclusive permettant à la Bibliothèque et Archives Canada de reproduire, publier, archiver, sauvegarder, conserver, transmettre au public par télécommunication ou par l'Internet, prêter, distribuer et vendre des thèses partout dans le monde, à des fins commerciales ou autres, sur support microforme, papier, électronique et/ou autres formats.

L'auteur conserve la propriété du droit d'auteur et des droits moraux qui protègent cette thèse. Ni la thèse ni des extraits substantiels de celle-ci ne doivent être imprimés ou autrement reproduits sans son autorisation.

In compliance with the Canadian Privacy Act some supporting forms may have been removed from this thesis.

Conformément à la loi canadienne sur la protection de la vie privée, quelques formulaires secondaires ont été enlevés de cette thèse.

While these forms may be included in the document page count, their removal does not represent any loss of content from the thesis.

Bien que ces formulaires aient inclus dans la pagination, il n'y aura aucun contenu manquant.

■ ■ ■
Canada

Abstract

This study explores the experiences of women who are multiple role caregivers in two small communities in northern British Columbia, and the meanings women make of the caregiving they do. Women understand caregiving most significantly as a delicately balanced web of relationships. Their ability to negotiate their movement between the public, private and economic spheres is based on balancing those relationships with their economic needs. They contest the state's insistence on defining their role as caregivers and insist that locating caregiving in either the public or private sphere be done on their own terms. The implication for social work is that of understanding the economic marginalization of caregivers as not strictly an argument for additional resources. The theoretical implication is the need to examine the structures of power and oppression and the development of agency rather than simply the development of programs and resources.

TABLE OF CONTENTS

Abstract	ii
Table of Contents	iii
List of tables	vi
List of Figures	vii
Acknowledgements	viii
Dedication	ix
Introduction	1
Definitions	3
Chapter One	5
Voices of Women Project	5
Rationale for the Research Project	7
Situating Myself in the Research	8
Theoretical Framework	14
Research Question	16
Chapter Two	17
Depoliticization and the Public/Private Divide	17
Canadian Social Policy Restructuring	17
Theorizing Restructuring Discourse	21
Public/Private Divide	25
Implications for the Research Project	28
Chapter Three	32
Toward a Conceptual Framework	32

Exploring approaches to understanding	33
Toward an analysis of reprivatization discourse	39
Conceptualizing North	41
Exploring notions of power in creating meaning	43
Toward an expanded concept of relations of power	46
An approach to contextualizing women's caregiving	47
Chapter Four	48
Exploring the Context for the Research	48
Economic Decline in Northern British Columbia	48
Public Service Restructuring in British Columbia 2001-2006	53
Community Profiles	64
Fraser Lake	67
Quesnel	74
Chapter Five	82
Methodology	82
Thesis in context	82
Qualitative Approach	83
Research Process and Data Collection	83
Thematic Analysis	88
Incorporating a Discourse Analysis Approach	89
Data Analysis Process	90
Rigour and Validity	92
Reflexivity	93

Triangulation	95
Ethics considerations	96
Chapter Six	98
Results of Data Analysis	98
Thematic Analysis	98
Thematic Analysis - Fraser Lake	99
Thematic Analysis - Quesnel	109
Discourses of Caregiving	119
Chapter Seven	124
Discussion	124
Depoliticization and Reprivatization Discourses	124
Conclusion	129
Implications for Social Work	130
Limitations of the Research	132
Recommendations for Future Research	133
References	135
Appendix 1 – Letter of Introduction	149
Appendix 2 – Letter of Invitation to Community Meeting	150
Appendix 3 – Consent Form	151
Appendix 4 – Participant Screening Form	153
Appendix 5 – Interview Questions	154

LIST OF TABLES

Table 1: Changes in income levels 1991-2005 in Fraser Lake and Quesnel	50
Table 2: Changes in employment income levels in Fraser Lake	51
Table 3: Changes in employment income levels in Quesnel	51
Table 4: Subsidized housing available in Quesnel	79

LIST OF FIGURES

Figure 1: Map of British Columbia showing the communities studied in northern BC	65
Figure 2: Map of regional health authorities	66
Figure 3: Skeena – Bulkley Valley Federal Electoral District	68
Figure 4: Prince George Omineca Provincial Electoral District	69
Figure 5: Nechako Local Health Area	70
Figure 6: Cariboo-Prince George Federal Electoral District	75
Figure 7: Cariboo-North Provincial Electoral District	76
Figure 8: Quesnel Local Health Area	76
Figure 9: Cariboo Regional District boundaries	77

ACKNOWLEDGEMENTS

I have been very fortunate to have the opportunity to complete this project within the context of the *Voices of Women* project and I am very appreciative of Jo-Anne Fiske, Dawn Hemingway, Heather Peters, Anita Vaillancourt, Christina McLennan and Barb Keith, who encouraged me to be a full and active member of the project. I want to thank my supervisor, Dawn Hemingway, for offering the opportunity in the beginning and for her guidance, her encouragement, and her willingness to ride along with me through the challenges this project presented. I also want to thank Jo-Anne Fiske for her insight and her persistence in challenging me to go further, and to take the next steps in my thinking. I have been fortunate to have members of the research team as my committee members, along with Dave Sangha. They have all challenged and encouraged me throughout this process.

The women who participated in the research deserve special recognition. They allowed me a brief glimpse into their lives that revealed something intimate about themselves. I thank them for their courage, their openness and their willingness to contribute to new knowledge and understanding. I learned from them, but I also learned about myself.

My family and friends have given me tremendous support as I navigated the challenges of this project and I am grateful for their friendship and encouragement. I especially want to thank Heather Peters for listening, for the long conversations in the difficult moments and for reassuring me that I would actually finish. Finally, but most importantly, I want to thank my husband Glen for his love, patience and never-ending support throughout this whole process. He has been my rock, and has contributed many hours of time to the daily requirements of maintaining our life so that I could spend those hours working at this project. He has been as dedicated to the completion of this as I have.

DEDICATION

This work is dedicated to my daughter Amelia Soo Bin, who came into my life early in the project and has taught me more about the depth and breadth of love, patience, and the intensity of caring for another being than I could ever have imagined. I thank her for her patience with my hours at the computer, and her encouragement to 'finish your thesis, Mom'.

My role in caring for her has framed and guided every moment of this project.

INTRODUCTION

Since 1994, Canadian social policy has been radically restructured at both the federal and provincial levels. The implications for women have been widespread and have resulted in reduced economic stability and an increased burden of unpaid work (Armstrong, 1997, p.8; Armstrong, Armstrong & Coburn, 2001; B.C. CEDAW Group, 2003; Creese & Strong-Boag, 2005). In British Columbia, the shifts were more subtle than on the federal front until 2001 when the newly elected Liberal government imposed a campaign of widespread and sweeping changes that impacted virtually every aspect of social policy and social service delivery (Caledon Institute of Social Policy, 2002). This massive restructuring agenda coincided with a period of economic decline in the northern regions of British Columbia that left many communities reeling from the loss of both economic and social supports. Both women-serving organizations and feminist researchers attempted to respond to and make sense of what was happening for women (B.C. CEDAW Group, 2003; BC Coalition of Women's Centres, 2002; Creese & Strong-Boag, 2005; Fiske, Hemingway, Peters & Vaillancourt, 2003; Fuller & Stephens, 2004; Hemingway & Hubley, 2002; Hemingway & Plamonden, 2005). This project came out of the period of time described above and is an attempt to contribute to an understanding of women's experiences of their multiple roles as caregivers in the context of economic decline and service restructuring. In addition, this project attempts to link women's experiences with the theories of depoliticization and reprivatization discourse put forward by Armstrong (1990; 1996; 1997; 2001), Brodie (1995) Fraser (1990), and Harder (1999; 2003). This project also attempts to extend the theoretical conceptualization of women's caregiving beyond that of marginalization and oppression and toward an understanding of the complexities of relationships and power relations which are

intricately bound with the caregiving roles of women in two rural northern communities in British Columbia.

Before proceeding further, a few definitions will be useful to frame the concepts and terms used in this thesis.

DEFINITIONS

This glossary sets out some conceptual terms that frame this study and give meaning to caregiving. The following definitions reflect how these terms are used in the literature and in this research project.

Caregiving: For the purposes of this project, caregiving is defined as performing duties of care for anyone who depends on the performance of those duties for their health, well-being or survival.

Depoliticization: The political process of enforcing the boundary between public and private and/or of moving social issues into the private domain as a strategy for containing social needs and minimizing the intervention role of the state (Fraser, 1990; Harder, 1999; Lyon-Callo & Hyatt, 2003; Simon-Kumar, 2004).

Multiple caregiving roles: Carrying the responsibility or commitment for providing care in more than one setting and to more than one recipient.

Neo-liberalism: An ideological position and monetarist discourse which privileges individual interests, emphasizes the free market and accumulation of capital, and minimizes the role of the state's re-distributive and public intervention functions while promoting a debt and deficit reduction focus (Bybee, Fogle & Quail, 2004; Coburn, 2001; Harder, 1999; Raphael, 2001; Williams, Deber, Baranek & Gildiner, 2001).

Public/private divide: A discursive strategy which conceptualizes the separation between what is classified as political and economic from what is domestic or personal (Boyd, 1997; Simon-Kumar, 2004).

Reprivatization: A discourse that attempts to maintain emergent needs claims in their private and depoliticized form to prevent recognition and fulfillment of new needs by the state and which focuses on the depoliticization of social issues by defending the boundaries between public and private (Fraser, 1990; Harder, 1999).

CHAPTER ONE

Voices of Women Project

This project was undertaken within the context of a larger research project funded by the Social Science and Humanities Research Council (SSHRC) and entitled *Voices of Women: Caregiving and Shelter During Economic Decline*. The goal of that study is to explore the effects of economic decline on women who are caregivers in northern communities and to examine the link between those experiences, women's housing needs and housing policy (Fiske, Hemingway, Peters & Vaillancourt, 2003). The principal investigator, Dr. Jo-Anne Fiske, and co-investigators Dawn Hemingway and Anita Vaillancourt, have also served as my thesis committee members throughout this project. The other co-investigators, Heather Peters, Christina McLennan and Barb Keith, have been integrally involved in all aspects of the *Voices of Women* project and therefore have participated in developing the research process, data collection and interpretive strategies and for that project. As a result, their perspectives, approaches, theoretical perspectives and analyses have contributed to this project in a myriad of ways.

My involvement with the *Voices* project began in the fall of 2004 when I was offered a student research fellowship with the project. I was responsible for doing a literature search, assisting the research team members, coordinating the data collection and conducting participant interviews in three of the four communities. I also participated in data analysis in partnership with the other researchers, and did my own analysis for this thesis. Although the fellowship itself ended in late 2005, I have continued to be very involved in the project and to participate as a research team member.

The *Voices of Women* project used a multi-disciplinary and multi-methodological approach to investigate the housing needs and policy impact of women's familial, volunteer and paid caregiving in four northern communities (Prince George, Prince Rupert, Quesnel and Fraser Lake). The approach will be further described in the methodology section.

During the first phase of the project, community meetings were held with women in each community to introduce the project to the community and to gather information about the social and economic influences shaping housing and caregiving choices in that community. The information gathered at those initial community meetings was used to develop interview questions for the second phase of the project. Facilitating the organization and invitations to those meetings meant speaking directly with women in each community about the topic of the research. During those conversations and in the community meetings, women shared a great deal of information about the realities of living in their community and the caregiving work they do.

The *Voices* project has a broad focus on all types of caregivers in the four communities studied, on the circumstances of long-term economic shifts, and on the links to housing policy. However, I have limited my own research to the communities of Fraser Lake and Quesnel and have focused on an exploration of the ways recent provincial policy and service restructuring have impacted women's caregiving in the context of where women live. I have also specifically focused on women who are engaged in multiple caregiving roles.

Practically, most of my work with the project has involved those two communities. As well, Quesnel and Fraser Lake are the smallest of the four and therefore likely to have experienced more significant impacts as a result of changes made during the recent

government restructuring which centralized services to larger population centres (Caledon Institute of Social Policy, 2002).

Rationale for the Research Project

Pat Armstrong (1997) argues that the impact of economic and social restructuring, with its greater emphasis on the market, is felt most keenly by women; this is particularly evident in reduced opportunities for employment, less stable and more poorly paid labour, and increased responsibility for unpaid caring work both in the home and by community volunteers. She suggests the line between public and private is being redrawn by the state under the direction of corporate interests who stand to benefit significantly from privatization and the reduction of the public realm. This withdrawal of the state and reliance on the market and the family to provide for individual needs are central to the depoliticization rhetoric of neo-liberal ideology as described by Lois Harder (1999) in her examination of the politics of the family in Alberta. They are also at the root of Nancy Fraser's (1990) description of reprivatization discourse, which focuses on the depoliticization of social issues by redrawing and defending the boundaries between public and private.

As I explored the literature related to the shifts in Canadian social policy over the past decade, and as I talked to women in the four communities with whom we were working,¹ I very quickly began to see the implications of this social restructuring agenda for individual women. Women in the two smaller communities of Quesnel and Fraser Lake, in particular, were struggling to access services and meet their familial, volunteer and professional caregiving responsibilities.

¹ The first phase of the project entailed community meetings in the spring of 2005 with women in the communities of Quesnel, Prince George, Prince Rupert and Fraser Lake.

British Columbia's economic growth lagged behind the leading Canadian provinces from 1980 through 2003 (Lee, 2004). In northern British Columbia, communities are generally economically dependant on the volatile resource sector. The restructuring of health and social services in British Columbia in 2001- 2004 has seen services disappear from rural communities and move to larger urban centres (Caledon Institute of Social Policy, 2002; Lee, 2003). Resource industry decline and reduction in community services have played key roles in shaping these communities. As jobs and services disappear, these shifts prompt out-migration and furthers decline in rural communities (Canada Mortgage and Housing Corporation, 2003).

This research project provides an opportunity to examine the affects of a neo-liberal restructuring agenda on women's caregiving experiences and on their housing needs related to caregiving. It also provides an opportunity to challenge the neo-liberal discourse, which emphasizes the market as a source of wealth and justice and asserts the principle that the free enterprise economy will produce the greatest good for all (Coburn, 2001).

The implication for social work policy and practice is to build an analysis which supports the development of social policy that acknowledges and accounts for the differential power and lived reality of all members of society, works to reduce that power imbalance, values the role of women's work and responds to the needs of women who provide the majority of caregiving in our families and communities.

Situating Myself in the Research

This research project is undertaken in the context of my role in a larger research project. While I am honoured and grateful for the opportunity to participate in the project, I

have had some challenges in finding a “place” for myself and my own work within it. Yet as I have explored the work of the project, sat with my discomfort, and connected my own daily living and juggling of the work of the project with my many other roles, I have become conscious of how my own reality is embedded in this topic. I am increasingly aware of my personal engagement with the work of the project.

Reinharz (1992) refers to the importance of starting from one’s own experience as a way of ensuring that one begins from the perspective of the women who participate. As a woman who works in a caregiving field, who also is a caregiver in a family, I am continually confronted with a variety of challenges related to balancing those roles. My journaling reflects a variety of emotional, cognitive and practical responses to all this, but it particularly has triggered a deeper level of understanding and identification with the project generally and with the women I have interviewed more specifically. This process of self-reflexivity is key to understanding how my own ‘situatedness’ affects my approach to the research (Saukko, 2003). It has also facilitated a more complex and personalized analysis of the implications of the public/private divide, the structures and strictures of labour market participation, and the complexity of women’s roles in caregiving as production/reproduction.

For the past fifteen years I have worked in a small community in the central interior of BC² and with women serving organizations as both a professional and a community volunteer. As a social worker, I provided direct services for women experiencing violence, poverty, health issues, and mental illness. I was also the Executive Director for a women’s centre for eight years and supported women on the staff who were professional, family and volunteer caregivers.

² Williams Lake has a population of 11,000 and is located 240 kilometres south of Prince George. It is situated in the Cariboo Regional District. The economic driver in Williams Lake is forestry along with a large number of public sector jobs in health, education, and provincial government services.

Over that time I have spent many hours with women who have been coping with the challenges of providing care for their family members and their communities. When services and supports were restructured and drastically reduced following the election of the provincial Liberal government in 2001, I watched many women struggle with loss of employment and the increased work of caring for children, elderly, ill, and disabled family members. This shift in government policy was more than a change in priorities, it represented an ideological shift in the state's role as a participant in the public sphere. As a social worker, this was deeply disturbing to me on several levels. Not only did the restructuring affect individual women's daily lives in very direct and concrete ways, but it also demonstrated a change in the way women negotiated their roles in their family, their jobs and their communities.

On a more personal note, I have also struggled with the demands of multiple caregiving roles. I work in a caregiving field (social work), volunteer with social service organizations, have a preschool child, and share my home with my elderly mother-in-law who lives in a suite. Midway through this project, I was placed in a position where I had to choose between my employment as a paid caregiver and my responsibilities as a family caregiver in order to continue to work on this research. The structures of my paid work were not willing to accommodate a flexible employment contract. A review of my journal entries from that time demonstrates the stress and frustration I experienced.

I am continually astounded as I work through this transition in my life... feeling hurt and angry that it forces me to choose between my family, my degree and my job. It really made me think about the location of my self and my experiences in my thesis. Here I am, in a caregiving profession, a caregiver to my family – most people would think that a women's organization would be supportive of flexibility around all that. An example of the way in which women's caregiving roles and needs are not supported, even by the organizations they create and depend on (thesis journal entry, March 2005)

Part of my social location in the work of the thesis is my own struggle to overcome the private-public, personal/domestic – work/employment dichotomies. As a new mother, who also works in a “caring” profession, I question my own ability to be adequate in both realms. I also want to challenge the need to separate these realms completely but find it more and more difficult to do so. I find myself feeling guilty for the time I take away from my home/family caring in order to do my professional caring and vice versa. Additionally, I find the economic impacts of my family caregiving responsibilities add additional pressure and the stress of juggling it all are often overwhelming. As Keefe and Medjuck (1997) point out, this exacerbates the strain of caregiving in both dimensions. I find myself resentful of the need to continue to do my “work” of caring professionally as it takes me away from my “work” of caring for my family. However, I require and desire the economic benefits of my professional caring for the contribution they make to our security and to the “way” I want to care in my family – for example, lifestyle and educational opportunities for my daughter. I recognize within this my position of privilege since my paid employment increases my standard of living, while many women are required to do paid work in order to meet their own and their family’s basic needs. I am also conscious of the privileged position I hold in society as a white, educated, able-bodied woman and of the benefits and opportunities that position affords me.

I desire and require the benefits of my professional work in terms of my mental health and my sense of working to make a change in the world in particular ways. The opportunity to contribute to my community and society through my professional participation is important and rewarding. This shows the complexity of dual roles!

It is a constant juggling act both in terms of the time required and the mental energy, the feeling of responsibility is constant and I often feel guilty about how well (or not) I am juggling all of these duties. I do think I accept these roles on some level, even while I question them on a theoretical level. I am the one arranging daycare, ensuring meals are organized, making appointments, coordinating schedules and making arrangements when a plan is disrupted due to illness, changes in work schedule or simply my three year old daughter's need to spend some additional time with me. As well, I'm thinking ahead constantly into the near future about meeting my daughter's needs as well as the distant future (education, etc.). In some sense I consider myself the "primary parent" despite my partner's full and active involvement in the daily care of our daughter. I have consciously organized my paid work in such a way that it allows me to meet my family caregiving responsibilities and consider myself fortunate to be able to do so (thesis journal entry, February 2007).

Women's caregiving roles are complex and multi-faceted. These roles do not fit neatly into preconceived categories (Baines, Evans & Neysmith, 1992). Women are not just professional, family, informal or volunteer caregivers. Women do all of that, but do it in a way that is intertwined, intermingled and complex at both a practical and a psychic/emotional level (Aronson, 1990; Rosenthal, Martin-Matthews & Matthews, 1996). These roles weave together, to form an intricate web intersected by the concrete realities of our lives – personal economic circumstance, housing needs and issues, programs and services we interact with, and community economic realities.

As caregivers, women fulfill a role and act out the duties of care. We create these 'performances' for a variety of audiences: the person(s) for whom we care, our family and others around us, and for our communities and society who demand that we actively 'care' and demonstrate that care [performance]. It is also a performance that is at once intensely private and intensely public (Denzin, 2003). Denzin suggests that as the space between private and public closes, the performance and the political entwine, providing space for dialogue, resistance and struggle.

Relationships are also key to women's caregiving. We are in relationship with those for whom we care, regardless of the status of our role as caregivers. This is obvious with regard to familial and informal caregiving but it is also particularly true for volunteer and paid caregivers in small communities. I often interact publicly, socially, and informally with those with whom I have a formal care relationship. I see "clients" at the grocery store or when I'm at the park with my daughter. I may socialize or work as a colleague with the family of a youth who attends the youth centre where I am a board member. The complexities of these relationships, particularly in small communities, are integral to the way in which we organize our caregiving.

I am aware of my desire to have my work be meaningful to the community in some way. Linda Tuhiwai Smith (2001) refers to the need for research to be an emancipatory process which requires researchers to become proactive agents for social change within the research process and as a criteria of the research itself. For me, this increasingly means challenging the socio-political-economic structures and the way we (re)act/interact with them. I am also intrigued by the concepts of space as material, lived and political, and the notion that our experiences define our politics, which define our approach to research (Saukko, 2003). Finn (1994) talks about the concept of the "space between" ethics and politics as that critical space between challenging the right to equality of power in society and the structure of power, or challenging the existence of power structures themselves. This fits well with my commitment to engaging in research which is committed to furthering social change.

My practice approach is primarily rooted in the family of critical theory, particularly the analyses of structural social work (Mullaly, 1997), and feminism as frameworks for understanding power and oppression. I believe social workers have an ethical responsibility

to work toward social change as an inherent element and priority of our practice. Social work is both critical and active, and we must maintain a focus on understanding and addressing oppression and marginalization in society as well on the lives of individual 'clients'. To do this requires a move away from simple advocacy for a shift in resources and toward a more critical analysis of the power structures that maintain inequality and oppression. This leads me to an approach to understanding the affects of social policy restructuring through a macro analysis of the structures of power and the implications of shifts in the public/private divide.

It is in this space that I hope to unravel the experiences of caregiving and the complexities of the private and personal caring women do within a complex set of needs and expectations that engage us in the work of care . How we participate in and define the role of caregiver within the public/private dichotomy speaks to the depoliticization of caregiving.

Theoretical Framework

I approach this research through an integrated structural social work and feminist inquiry framework which privileges lived experience and focuses on exploring the intersecting power relations and oppressions existent in societal structures (Mullaly, 1997). In considering how and why groups are marginalized, structural theory presents a clear analysis of the structures of power and of how oppression and marginalisation serve the interests of those with power (Mullaly, 1997). Power is required to amass wealth, and the accumulation of wealth results in the growth of power.

My identification with feminism is as a perspective or lens through which I view the world and approach my practice rather than as a defined approach to social change. Feminist research is founded in the perspective that women and their experiences are interesting and

worth examining, both as individuals and as a social category (Reinharz, 1992). I frame my approach as a critical analysis of the prevailing neo-liberal reprivatization discourse which depoliticizes women's lives and needs (Fraser, 1990; Harder, 1999). Harder (1999) identifies reprivatization discourse as a discourse that emphasizes individual interests, and that values as primary the accumulation of capital. This discourse erodes the sense of community and common values – the public good – while reinforcing private interests (Bybee, Fogle & Quail, 2004). This results in a rhetoric that invokes the family as the stalwart of a caring society (Armstrong, 1996; Harder, 1999). Such rhetoric is not explicitly gendered, yet it reinforces the public/private divide and marginalizes the unpaid work of women by containing social needs within the private realm.

I also consider an analysis of the discourse which arises in the context of shifting boundaries between the private and the public which dichotomize the complexity of women's roles (Boyd, 1997; Simon-Kumar, 2004). Several scholars have theorized this restructuring discourse (Armstrong, 1996, 1997; Brodie, 1995; Fraser, 1990; Harder, 1999) and in doing so have pointed out the reprivatization of women's work and the resulting depoliticization of women's needs. I pay particular attention to the ways in which women's lived experience in rural northern communities reflect this discourse.

Fraser's (1990) socialist-feminist critical theory outlines a model that theorizes the "historically and culturally specific ensemble of discursive resources available to members of a given social collectivity in pressing claims against one another" (p. 202). Fraser's framework contributes to understanding the complexities and power dynamics of "need interpretation" (p. 200) discourses, and her scheme for classification of discourses is useful in the context of exploring the reprivatization and depoliticization of women's caregiving.

This is supported by Young's (1990) critique of the distributive paradigm, which insists that the concept of social justice be expanded to focus on domination and oppression with distribution patterns related to wealth and goods as one element of the paradigm.

Research Question

This study explores the question: How do women in rural northern British Columbia communities experience and contextualize their multiple caregiving responsibilities and how do those experiences link with the theories of depoliticization and reprivatization? The exploration of this question is approached through an examination of the following two ancillary questions:

- How do women's experiences of caregiving intersect with the realities of rural housing options (e.g., limited subsidized/public housing, limited access to residential care facilities, preponderance of single family dwellings which are often isolated and not designed for accessibility) and with women's housing needs?
- What are the impacts of economic decline and provincial service withdrawals for women in Quesnel and Fraser Lake who have multiple caregiving roles?

In order to examine these questions, I first engage in an exploration of the social policy context and a review of critical analyses that attempt to theorize the restructuring of the Canadian social policy landscape.

CHAPTER TWO

Depoliticization and the Public/Private Divide

Canadian Social Policy Restructuring

Canadian social and economic policy structures changed fundamentally since the 1980s and 1990s. Over the past decade (1997 – 2007), these changes have transformed the face of the welfare state and inscribed the values of a neo-liberal agenda on the face of the Canadian state. Ideological shifts begun in the 1980s during the Conservative government of Brian Mulroney, resulted in unprecedented cuts to the social safety net and a rapid state withdrawal from the regulation of economics and the market. A discourse of debt and deficit reduction rationalized these shifts as ‘necessary’ for the economic stability of the state. Under the Liberal Chretien/Martin administration, further erosion of the welfare state began to redefine citizenship, democratic participation and the notions of equality (Brodie, 1995). With the supremacy of the market firmly entrenched in federal social and economic policy, concepts of citizenship shift from democratic participation in government to competition in the market for scarce resources. This is a discourse that transforms concepts of the role of government, and exchanges the concept of Canadians as citizens with rights to social supports for the concept of Canadians as individual economic entities who are responsible for meeting their needs through competition for resources (Geller & Joel, 1996, p. 303).

A more explicit restructuring process was initiated with the federal Social Security Review in 1994-95 and this process culminated in the federal budget of 1995-96, which drastically changed the structure of Canadian social policy. The Social Security Review process began with the release of a discussion paper, *Improving Social Security in Canada*

(Human Resources Development Canada, 1994). This paper portrayed existing Canadian social policy as outdated, ineffective, financially unsustainable, and a major contributor to the federal deficit and long term debt. It focused on three main areas of concern: employment, learning and economic security. Beyond a discussion of the current context of Canadian Social Policy, the paper presented options and recommendations for reform of Unemployment Insurance and the Canada Assistance Plan as well the restructuring of the flow of funds for post-secondary education.

The 1994 federal budget had already capped the Canada Assistance Plan³ and spending for post-secondary education at existing levels and reduced the budget for the Unemployment Insurance program by \$2.4 billion (Human Resources Development Canada, 1994). Overall, the shifts proposed in the Social Security Review shifted responsibility for economic security away from government and onto individuals. It also presented an ideological shift away from the social safety net to a focus on employment as the primary goal of social security programs. In the 1995-96 federal budget, Paul Martin (1995) announced \$25.3 billion reduction in expenditures. The Canada Assistance Plan, which provided funds to the provinces to pay for health and social programs, would be reformed. A new block funding program was announced which significantly reduced funds flowing to the provinces for these programs, from \$37 billion annually to \$26.9 billion in 1996-97 and \$25.1 billion in 1997-98.

The Unemployment Insurance program would also be restructured. This was accomplished over two years and in 1998 new legislation was passed outlining the new

³ The Canada Assistance Plan was the system that flowed federal tax dollars to the provinces to pay for health and social services.

Employment Insurance⁴ program (Kerr, 1998). The new program required far more hours of employment to qualify for benefits, and reduced benefits with increased participation in the program. Maximum duration of benefits was also reduced from 50 to 45 weeks. The reduction in eligibility for Employment Insurance resulted in a significant decline in new applications between 1996 and 1998 (Kerr, 1998).

While the Social Security Review was billed as a public, consultative process, many conclude that public participation made little difference in the outcomes of the review, which focused on economic reforms driven by neo-liberal deficit and debt rhetoric and was geared toward pro-market policies reinforced by Canada's entry into free trade agreements such as NAFTA (Geller & Joel, 1996; Pulkingham & Ternowetsky, 1996). Jennissen (1996) provides a particularly clear critique of the Social Security Review from a gendered perspective, arguing that the very structure of the review and subsequent debate over the changes to social security ignore the realities of gender difference and the differential impacts of the economic and social security restructuring on women. With the dismantling of the Canadian Assistance Plan and restructuring of the Unemployment Insurance program, neo-liberal ideology was inscribed in the federal policy approach and the social safety net began to shrink.

The impact of this restructuring on women has been widely documented. Cuts to welfare, health and social spending have resulted in that work being shifted to women's unpaid labour in homes and communities. Reductions in support for childcare, training programs, pay equity and unemployment insurance undermine women's equality and mean women have fewer options for gaining meaningful and economically equal participation in the labour force (Brodie, 1995; Friendly & Oloman, 1996; Jennissen, 1996). For women

⁴ The name of the program shifted from 'Unemployment Insurance' which suggested that it was insurance against times when people became unemployed, to the 'Employment Insurance' program, which was focused on getting people into the workforce.

workers, the restructuring significantly reduced eligibility for unemployment assistance. In 1990, under the old Unemployment Insurance program, 69% of unemployed women were eligible for benefits. Once the new employment insurance program was established, by 2004, only 32% of unemployed women remained eligible for benefits (Townson & Hayes, 2007, p.4). In addition, there are structural inequalities in the eligibility for federal employment insurance. More hours are required to qualify for maternity leave than for regular benefits (Townson & Hayes, 2007). Women are more likely to leave and re-enter the workforce due to family caregiving responsibilities, and the threshold is higher for applicants to qualify for benefits when re-entering the workforce. In 2004, 27% of the female workforce were employed part-time and women accounted for 70% of part-time employees (Statistics Canada, 2006c, p.109). At the same time, while 18% of women worked part-time due to family and caregiving responsibilities, only 2% of men did so for the same reasons (Statistics Canada, 2006c, p.109). Women were also most likely to take time off work and they were taking more time off for personal and family responsibilities than ever before, an average of ten days in 2004 compared to just four days in the mid-1980s. Men took off an average of one and half days a year for personal or family responsibilities, a practice that has remained the same since the 1970s (Statistics Canada, 2006c, p.109).

Pat Armstrong (1997) argues that the impact of economic and social restructuring, with its greater emphasis on the market, will be most keenly felt by women and will be particularly evident in reduced opportunities for employment, less stable and more poorly paid labour, and increased responsibility for unpaid caring work. While women's employment rates have increase steadily since the mid-1990s they are much more likely to work part-time. Women continue to be overrepresented in multiple jobs, and this has been

increasing steadily; women now represent nearly 59% of multiple job holders (Statistics Canada, 2006c, p. 127). About 40% of women, compared with fewer than 30% of men in paid employment work under a non-standard employment arrangement (Townson & Hayes, 2007, p.7). This refers to part-time, temporary, casual, or multiple job holders, as well as those who are self-employed but who do not have employees. A paper on chronic unemployment produced by Statistics Canada identified women as 55% of the chronically unemployed and single mothers as a large portion of this population (Brooks, 2005).

Monica Townson (1997), in a report on long term economic policy issues related to women, has highlighted the need to address women's labour market participation and unpaid work as key priorities. She placed those priorities in the context of linking economic issues with social trends. In doing so, she identified non-standard work, self-employment, and unemployment/underemployment as well as an examination of unpaid work (particularly caregiving work) as key public policy issues for the federal government.

The line between public and private was being redrawn by the state under the direction of market forces that stood to benefit significantly from privatization and the reduction of the public realm.

Theorizing Restructuring Discourse

Brodie (1995) refers to this shift as a "restructuring discourse ... [which] seeks to radically shrink the realm of political negotiation by increasing the autonomy of market forces and of the family" (p.49). This withdrawal of the state and reliance on the market and the family to provide for individual needs is central to the depoliticization rhetoric of neo-liberal ideology as described by Lois Harder (2003) in her examination of the politics of the family in Alberta. It is also at the root of Nancy Fraser's (1990) description of reprivatization

discourse, which focuses on the depoliticization of social issues by defending the boundaries between public and private. She identifies the primary institutions of depoliticization as those in the domestic sphere (the family) and the economic sphere (capitalist system institutions such as the workplace, private enterprise and corporations). Fraser's theoretical framework provides a useful approach for understanding how needs claims are politicized, how reprivatization discourse is developed in response and the interplay of such discourses on the complexities of the public/private divide.

Fraser outlines an approach to understanding claims-making in the context of current political reality from the perspective of exploring needs interpretation discourses. She focuses on shifting the perspective of understanding from that of attempting to address the politics of needs as related to the distribution of resources to that of understanding the relational, contextual and contested characteristics of needs claims. She argues that undertaking to understand the discourses and interpretation of needs claims is a more critical analysis of response which leads to understanding needs claims as a site of struggle for legitimization of social need among groups with unequal resources. In the current political context of burgeoning neo-liberalism as a monetarist discourse with a debt and deficit reduction focus that delegitimizes all claims-making not directly related to accumulation of capital, this discourse sees the welfare state as ungovernable and focuses on the efficacy of the free market, moving away from re-distributive functions and toward a minimalist notion of the state (Harder, 2003, p. 182).

Fraser proposes a framework for understanding needs discourses which classifies them into oppositional, reprivatization and expert discourses. Briefly, she describes oppositional discourses as those arising from politicization "from below" – that is those

needs that become politicized when the subjects of subordination and oppression come to speak publicly and claim needs as legitimate political issues (p. 209). The result is the constitution of new social movements and we can see the work of the women's movement in the 1970s to bring private or domestic issues of women's unpaid work in the home into the political sphere as a clear example. Analysis of issues related to caregiving for children, seniors and disabled family members formed a significant portion of this work.

Reprivatization discourses are defined as those which contest oppositional discourses through defence of established boundaries between public and private. More specifically, reprivatization discourses are aimed at depoliticization through dismantling social welfare, de-regulating private enterprise and privatizing public assets (Fraser, 1990). Neo-liberal ideological positions and current state economic and social policy changes clearly demonstrate a range of claims-making which employs reprivatization discourses through deficit and debt reduction needs-talk. The language of restructuring used by the provincial government following the 2001 election of the Gordon Campbell's Liberal government is a clear example of this discourse. Restructuring of public services, including an average 25% reduction in budgets, was described as painful but necessary to address the fiscal imbalance (Office of the Premier, January 17, 2002). The discourse identified the need for economic growth as a precursor to social program spending. This marked a reversal in the ideology of the state as a provider of the social safety net to protect citizens in times of economic need.

Expert needs discourses are described as those which attempt to translate needs which have been successfully politicized into objects of state intervention in the form of programs, procedures and policies. Such discourses are often situated in "institutions of knowledge production" such as academia, policy institutes, professional associations and agencies of the

social state (service provision and social service agencies). The focus of such discourses tend to be “social problem solving” and these discourses become the bridge linking social movements with the state (Fraser, 1990, p. 211). We see such examples in the policy analysis, program evaluation and research reports of community agencies, government departments and university researchers. In some cases, public bodies are established specifically to develop particular expert discourses. In BC, Gordon Campbell established the BC Progress Board, an ‘independent’ panel of ‘experts’. Described as being made up of senior executives and academics, “selected for their proven ability to contribute expertise on the province's economic progress and environmental and social condition” (BC Progress Board, 2008, website) it is almost exclusively business executives from major corporations. The objective of the BC Progress board is to measure the economic progress of the province over time and advise the premier with regard to “strategies, policies and actions to improve the province's economy and social wellbeing” (BC Progress Board, 2008). This clearly links economic discourse with social conditions, and presumes that those who are successful in the market are experts on the “social condition”.

Fraser extends this framework to the shifting boundaries between public and private through the identification of political, economic and domestic spheres as ideological labels which exist as contested categories whose boundaries are the site of conflict. She therefore identifies primary institutions of depoliticization as those in the domestic sphere (the family) and the economic sphere (capitalist system institutions such as the workplace, private enterprise and corporations) and draws parallels between such institutions:

...both enclave certain matters into specialized discursive arenas; both thereby shield such matters from generalized contestation and from widely

disseminated conflicts of interpretation. As a result, both entrench as authoritative certain specific interpretations of needs by embedding them in certain specific, but largely unquestioned, chains of in-order-to relations (p. 206).

Fraser argues that needs must exceed these enclaves in order to become “political” discourse. She describes this as a process of moving needs claims outside the depoliticizing structure of the domestic and economic to the social arena, which is a site of contest and conflict. This social site is where successfully politicized needs are eventually translated into claims for government provision and Fraser argues that such shifts are key markers of major social-structural change and a shift in the boundary between public and private.

Public/Private Divide

The public/private divide is generally defined as separating what is classified as political and economic from what is domestic or personal. It has been a central theme in feminist theory for decades, particularly within the “second wave” of the women’s movement in the 1970s. It characterized the public/private divide through a range of oppositional discourses focused on bringing issues such as violence against women, sexuality, role stereotyping and unpaid household and caregiving labour to the “social sphere” (Fraser, 1990) as a politicizing strategy. While some debate occurs over the ideology of the public/private dichotomy and the usefulness of such construction in feminist struggle (Boyd, 1997; Simon-Kumar, 2004), the concept remains quite central in feminist theoretical and politicization discourses.

Pat Armstrong (1996) provides empirical evidence of the public/private divide in her examination of the role of the state in structuring what is provided for publicly in the market

and privately in households. Using the example of health care, she argues that cutbacks in health care services are part of the reprivatization discourse that attempts to “resurrect the family” by returning responsibility for care back to families and communities (p. 223). She points out that this primarily means relying on women to provide care to the elderly, children and the disabled. The result is loss of public sector paid employment for women and an increasing burden for women who are expected to provide such care in addition to their labour market responsibilities required to maintain an income for themselves and their family (p.233). She argues that families are often not equipped to provide either the range or the complexity of care required and that the consequences to women and families are likely to be more costly than the benefits the state receives by reducing immediate costs of providing direct care. In a related work (Armstrong, 1997), she contends that while the state is neither neutral nor a defender of women, it has played a critical role in regulating the public dimension and providing some protections for women in the private dimension through employment standards, minimum wage, and health care. As women’s participation in the public and market spheres is marginalized, their economic contributions ‘disappear’. In the context of a neo-liberal political ideology which values accumulation of capital as paramount, women’s democratic participation as citizens is diminished.

Harder (2003) approaches the debate from a more theoretical perspective based on the insights of Iris Young’s *Justice and the Politics of Difference* (1990) and Fraser’s (1990) conceptualization of structural-feminist conflict theory. Harder suggests that the state attempts to contain needs-claims through “a mantle of procedural fairness in the face of competing claims to justice”, which sidesteps the state’s responsibility to articulate what justice constitutes (p. 181). This approach by the state provides a context for the construction

of a neo-liberal a discourse based on the value of accumulation of capital which delegitimizes all other claims. The result is a rhetoric that may appear to acknowledge women's participation in the public and economic realms, yet invokes the family as the stalwart bastion of a civilized and caring society. Neo-liberal reprivatization rhetoric therefore simultaneously supports the public/private divide and constructs a strategy for containment of social needs within the private realm based on the values of the "traditional" nuclear family as normative.

Neo-liberal ideology and rhetoric is increasingly depoliticizing women's work, and as this is the foundational ideology for the development of reprivatization discourses, it warrants some critique. At its heart neo-liberal democracy "is based on premises about human nature, knowledge, and politics that are genuinely liberal but that are not intrinsically democratic. [N]eo-liberalism erodes, consumes, demonizes, and attacks collective action, celebrating the individual and private life over community and common values" (Bybee, Fogle & Quail., 2004, n.p.). Furthermore, neo-liberalism's conception of the individual and of individual interests undermines the democratic practices upon which both individuals and their interests depend. The result of such ideology is an emphasis on the market as a source of wealth and justice and the principle that the free enterprise economy will produce the greatest good for all (Coburn, 2001). Such free market ideology opposes public intervention in the private sphere and prescribes a greatly reduced role for the state (Williams, Deber, Baranek & Gildiner, 2001). This presents a significant challenge for feminist discursive construction of women's equality and forces a distinction between the public and private.

Simon-Kumar (2004) explores the concept of the public sphere in the context of neo-liberalism and concludes that it is both an ideological and a physical space. Both the state and

the market, she argues, are implicitly engaged in restructuring the public sphere, which is becoming more focused on economic value. She points out the plurality of meanings of public sphere asserted by feminist discourses and the complexity of defining women's emancipation either within or excluded from the public sphere. Simon-Kumar argues for a "strategic engagement with both the state and the market [as] the prudent response to a public sphere that is uncertain and unpredictable for women" and sees women's emancipation as "an interaction between ideology and spaces" (p.499). Her concept that we might think about emancipation as how we negotiate women's access to and exit from the public sphere is intriguing. The concept of re-negotiating our participation might have enough power to begin to redefine the public/private divide and claim a new position in the struggle.

Implications for the Research Project

The implications of this discussion for the investigation of women's caregiving roles in northern communities are two-fold. Firstly, it will be critical to engage in a discussion of the ways in which empirical observation, theorization and policy analysis interconnect. As I consider how public/private divide discourse contributes to an understanding of women's caregiving roles, I rely significantly on the work of Pat and Hugh Armstrong, who argue that sex segregation of labour can only be adequately understood by examining the actual work that women do and the interests served by such segregation. Although women's participation in the labour force has increased, the type of work continues to parallel the work women do in the home and is concentrated in the caregiving and service fields – work that is generally underpaid and undervalued (Armstrong & Armstrong, 2001, p.66). Women continue to do

the majority of caregiving work in the home despite the reality that they also spend time pursuing economic support for themselves and their family (Statistics Canada, 2007).

In *Theorizing Women's Work*, Armstrong and Armstrong (1990) define theory as “an attempt to organize explanations in a systematic way, to develop a connected and logical understanding of how people and social systems work” (p. 11). Clearly, empirical observation and investigation must inform both theory and policy, and an investigation of the caregiving work of women from a feminist theoretical perspective must include all work that women do to provide care for their families and communities. Rose (2001) suggests that the objective of feminist qualitative research is theoretical generalization. I would add that the importance of developing policy in relation to empirical research is arguing for and developing a response based in our understanding (theory) about what we observe. Marshall (1999) contributes the perspective that policy analysis itself is value laden and is a process of making judgement, therefore it must “consider whether a policy will empower and democratize” (p. 69). Doing so addresses the questions which necessarily must be asked of all feminist research: Does it matter, how does it matter, and what shall we do about it? This leads the argument that the private *is* political and supports Simon-Kumar's (2004, p. 499) notion that emancipation is related to negotiating women's access to the public sphere in terms of how we respond to what we know about how things are.

In the context of this project then, the analysis must focus not only on understanding women's caregiving, but also on how those roles are situated within the public/private divide. An approach to understanding the impact of economic decline, reprivatization discourse and social policy initiatives on women's lives must include a critique of neo-liberalism and a discourse analysis approach to developing a theoretical framework for the project.

Secondly, Fraser's (1990) socialist-feminist critical theory suggests that given my engagement in the work, the outcome of such a project will necessarily result in a particular discourse. I must therefore, in developing an approach, also consider my positioning in terms of this discourse framework and the implications of such for the outcomes the project. If my analysis is positioned as an "expert discourse" necessarily as a result of my location in an institution of knowledge, Fraser warns that I must be wary of the tendency for such a discourse to become administrative. Such responses tend to generalize and decontextualize abstractly the needs of those in question and repositions them as "cases" rather than interpreting their circumstance in the context of individual and collective agency. This runs in direct opposition to feminist theoretical approaches which claim that women's individual experiences matter and must be understood in the context of the complexity of those experiences and must be supportive of women's agency and emancipation. Expert discourse certainly has particular advantage, however, in the context of the current political climate of neo-liberalism which is particularly critical of "oppositional" claims from so-called "special interest groups".

In contrast, perhaps I should reject the public/private dichotomy altogether as perpetuating gender dominance and framing too narrowly women's experiences of caregiving and argue for a different approach – which implies that I am engaged in developing an oppositional discourse. Perhaps by making links with housing policy, I am in fact engaged in an oppositional discourse that attempts to further politicize the issues we examine and the links between them. The implications for my approach are significant in that such an oppositional discourse should by its nature be inclusive of women's active

participation, and emancipatory in both process and outcome if the research is to have credibility.

Here a further juncture is reached in terms of feminist praxis. Adding to the deliberation of approach with regard to discourse positioning are considerations of whether to begin with a theoretical framework, with gathering empirical data from which to develop theory which can frame an analysis of policy, or to combine the empirical research with theorization and the implications for policy analysis and development. Armstrong and Armstrong (1990) argue that it is necessary to begin with a theoretical framework that is explicit because the nature of doing research implies a particular focus and approach grounded in the theoretical perspectives of the specific researchers, whether we acknowledge such or not. Other scholars argue for approaches grounded in the specific experiences of women and contributing that knowledge to social processes and structures (Rose, 2001), or even contributing to emancipatory development of theory (Lyon-Callo & Hyatt, 2003).

CHAPTER THREE

Toward a Conceptual Framework

This work requires an epistemological examination of the ways in which researchers come to understand the dynamic relations between women's personal lives and economic upheavals at the community level. I frame this exploration in the context of embracing feminist praxis as women-centred and based in a community activism that engages in an emancipatory approach to research as social change. Again, I rely significantly on the comprehensive analyses of Pat Armstrong and the theoretical framework developed by Nancy Fraser to examine the ways researchers attempt to understand the dynamic relations between lived experience and structural factors of economic upheaval. I use the resulting discoveries to develop a conceptual framework for my approach to understanding that dynamic and the role of theorizing as a way of making sense of those intersections. In doing so, I explore notions of power and attempt to extend the theoretical framework beyond the existing scholarship and apply it directly to the work of understanding women's experience of economic decline in northern communities. I then use this framework to propose a conceptual approach to the current research project which engages in analysis on multiple levels and intersections with the goal to working toward developing new meanings of women's experience as well as increasing women's use of power relations to participate in civic society and to negotiate access to the public sphere.

Exploring approaches to understanding

Pat Armstrong (1996, 1997) approaches this question of understanding dynamic relations through an examination of the state's role in mediating between and structuring what is provided for publicly in the market and privately in households. She specifically examines the actual work that women do in the home, how much of it they do and what they say about it, and documents shifts in labour market participation of women over time. A comparison of women's work with men's work, with an attention to historical patterns and an examination of changes in family makeup over time challenge the notion of two-parent nuclear families with a single (male) earner providing for the economic needs as normative. Armstrong's approach to understanding the dynamics of the interplay between women's lives and structural economic change is based on an empirical examination of the daily lives of women and how those experiences play out in the context of women meeting the needs of their families through periods of economic and political/structural change (Armstrong, 2001). Armstrong and Connelly (1999) examine the implications of policy restructuring for women and the tensions between the benefits of the state for employment, services and protection and the underlying inequality perpetrated by the state. They draw links directly from policies to the affects on women's lives while acknowledging the political and economic complexities within which those implications are interwoven.

The contradictions inherent in focusing on the public realm as the site of feminist struggle are key to understanding the dynamics of the interplay between public and private and between political and economic realities for women. These tensions frame the understanding that women's lives are affected by socio-economic structures but that women are also agents in constructing social realities and in creating consequential responses to

changing economic realities. Armstrong (1996, 2001) sees the state withdrawal from the public realm at the behest of corporate, free market interests as putting women and families at the mercy of neo-liberalism and the upheavals such a market economy can play on the daily realities of women's lives. She understands this fundamentally as an issue of power imbalance; that is, affecting the power women have over their lives and their ability to choose from reasonable alternatives, particularly in the context of changing employment conditions and the pressures of increased responsibility for caregiving. She relies primarily on an examination of the actual and specific work being done by women to care for others in the home and the increase in both the magnitude and the complexity of that work as a result of changes in social policy and restructuring of state services. Armstrong (2001) highlights the importance of contextualizing women's roles, or what she calls setting of the setting.

This contextualization is central to understanding the specific conditions and dynamics of power as played out through market forces. She argues that while the state is neither neutral nor a defender of women, it has played a critical role in regulating the public dimension and providing some protections for women in the private dimension through employment standards, minimum wage, and health care (Armstrong, 1997). Armstrong sees women as *contributors* to the economic function of communities, but understands that role in the current context as providing that contribution through provision of cost-effective and flexible labour for service provision and related work while they continue to fulfill their "traditional" caring roles in the home and community which are invisible in an economic sense and undervalued in a social and political sense. The complexity of this socio-economic status means women in fact continue to take on more responsibility and work in the private/domestic/family realm than they ever have while receiving less in return. She argues

that cutbacks in health care services are part of the reprivatization discourse that attempts to “resurrect the family” (and return women to the private sphere) by returning responsibility for care back to families and communities through the unpaid labour of women. She sees this as the state’s approach to cost-effective management of the costs of care and an attempt to stabilize employment opportunities for male workers. The shifts in the public/private divide can then be seen as diminishing women’s position as citizens of the state through the reduction of their democratic power and influence.

The focus for Armstrong (2001) in understanding the dynamics of women’s lives is an examination of the actual work of women in the context of “the values, ideas, and discourses that simultaneously reflected and structured [women’s] experiences of the world” (p. 124). The importance of this approach is in recognizing the consequences of this dynamic for women’s lives. She argues that analysis must begin from below, that is, in the realities of women’s lives; however, it must relate directly to above, to the political and economic forces that shape the relations of inequality. Therefore, women must be allowed to speak for themselves with their own voices, and researchers must acknowledge their own particular experience as a lens through which they understand, approach analysis and develop discourse. The complexities and contradictions of the tensions connected to women’s experience of engagement with the public realm and negotiation of the private realm are key to understanding how economic realities interact with women’s lives.

Simon-Kumar (2004) extends this notion of emancipation through negotiating access to and exit from the public sphere. Her conceptualization of the relations between women’s lives and the neo-liberal forces that shape the public sphere is that of a plurality of relationships in which no particular outcome can be predicted. Her argument for a “strategic

engagement with both the state and market [as] the prudent response to a public sphere that is uncertain and unpredictable for women” (p. 499) focuses on establishing clarity in the timing for mobilization of civil society toward a feminist agenda. This approach takes into account the roles of the state and market in restructuring the public sphere and the relations of power in the dynamic of the neo-liberal agenda. Shifts in these roles are at the centre of developing an understanding of the forces at play in the depoliticization of women’s needs and rights, and as the neo-liberal agenda moves forward, rights are increasingly tied to economic productivity. Therefore, negotiating the terms of women’s access to and participation in the public sphere raises some interesting possibilities for an approach to understanding women’s experience of engaging in that negotiation on an individual and collective basis.

The issue of who controls access to the public sphere is very much at stake. Complicating an examination of access is the recognition that the public sphere cannot be clearly or definitively described and that the lines between public and private are indeterminate and continuously shifting, but connected to power relations based on identities such as gender, class and race and the intersection between them (Boyd, 1997). This conceptualization of the public/private divide generates an opportunity to examine the role of power relations in regulating those shifting boundaries as well as spheres of influence with regard to negotiating access to the public realm.

Nancy Fraser’s (1990) framework for understanding the interpretation of needs claim discourses contributes to an analysis of the dynamics of access to and participation in defining the public realm. Her approach takes the complexity of interpretation of people’s needs as the key to understanding the dynamic relations between lived reality and socio-political-economic structures. Her critique of needs interpretation approaches providing a

“thin” analysis based on distribution of resources points out the lack of consideration such analyses give to dynamics and inequity of power among claimsmakers and their failure to consider the complexities of institutionalized socio-political discourse. As such, she proposes that discourse analysis of needs claims interpretation provides a more critical analysis that focuses on understanding the relational, contextual and contested characteristics of needs claims. Addressing the issues of who is making the claims, what their stake is in the claim and what they are trying to accomplish through the needs claim discourse are critical to getting at the way claims are made, gain credence and are responded to in the public realm.

The strength of Fraser’s theoretical framework is her particular emphasis on the ways in which power and power dynamics are used to control discourse and access to the social sphere, both in terms of which publics have the ability to politicize a need and through her characterizations of domestic and economic institutions as enclaves of relations of dominance and subordination which reproduce gender inequality (Fraser, 1990, p. 206). She locates her understanding of the relation between lived experience and socio-economic-political structure in two key positions: firstly that of creating an oppositional discourse; and secondly that of recipients of state intervention (resulting from successful politicization through the social sphere and the development of expert discourse which dictates an administrative response).

Such an approach does provide a “thick” analysis of such complexities, yet stops short of an analysis of the implication of such an approach for tactical engagement in action which might lead toward an emancipatory feminist response. Emancipatory action is alluded to in her description of oppositional discourse, but is not fully developed in her application to specific issues. Her brief comments related to the potential for subordinated groups

internalization of “needs interpretations that work to their disadvantage” (Fraser, 1990, p. 207) begins to articulate the relations between discourse and lived experience, but this aspect of her argument also remains undeveloped. Her specific examples address the differences and conflict of need *interpretations* but fail to articulate any consideration to developing approaches to need *responses* which adequately engage women’s lived experience and the interplay between those experiences and the socio-economic-political forces that shape and are shaped by those experiences. As result, the model is limited to one of understanding discourse without mobilizing an active response and risks remaining discursive rhetoric with inadequate application to engagement.

The usefulness of Fraser’s (1990) framework for understanding the complexities and power dynamics of needs interpretation discourses, and particularly her scheme for classification of discourse however, should not be overlooked. Her interpretation of oppositional, reprivatization and expert discourse is superimposed on an axis of contesting the content of need interpretation and counterimposed on an axis of developing a response which actually decontextualizes and individualizes needs. This complexity of analysis provides a multi-dimensional approach to understanding the progression of needs from private to public as well as the negotiation of shifting boundaries between domestic, economic and public spheres. It also explicitly acknowledges the power dynamic inherent in such shifts and in the contestation of interpretation of need.

In a sense, Armstrong and Fraser approach the complexities of the dynamic between women’s lives and the structural factors which interact with and affect those experiences from opposite ends of the empirical-theoretical spectrum. While Armstrong primarily focuses on an examination of women’s personal lives and theorizes based on the complexities of their

relationship to socio-economic-political dynamics, Fraser uses an analysis of discourse about women's needs to develop a theoretical framework into which she fits women's interaction with the application of a response based in a particular interpretation of need. Nevertheless, these two approaches have a number of commonalities as well. Both situate their analysis in the context of understanding the dynamics of power in the particular and complex relations between lived experience and the structural factors which interact with those experiences. Fraser's focus on power dynamics which control access to the social sphere as a site of politicization acknowledges the complexities of gaining credibility for women's own interpretation of needs in a context of a pervasive reprivatization rhetoric. This rhetoric is situated in the public and market realms as the seats of political and economic power and increasingly controls access to the social sphere in terms of containing the politicization of "private" issues. Similarly, Armstrong focuses on the dynamic of power relations in the public and economic realm such that they marginalize women's lives and their participation in those spheres, where political and economic policy and approaches are structured. She uses this understanding to frame women's unpaid labour in the private realm as economic contribution that is undervalued as an explicit strategy to marginalize women in the context of an ideology that focuses increasingly on restructuring and minimizing the public realm by expanding the private realm on the backs of women's labour.

Toward an analysis of reprivatization discourse

The analyses of both Armstrong and Fraser lead to some consideration of women as actors in the public, private and market sphere, and therefore their position as citizens of a (much diminished) public state. As women's economic participation is privatized and marginalized, their democratic role in a state focused on accumulation of capital is reduced.

Brodie (1995) suggests that this “restructuring discourse ... seeks to radically shrink the realm of political negotiation by increasing the autonomy of market forces and of the family” (p.49). In the context of a state governed by economics, in which women’s economic contributions are unrecognized because they do not directly contribute to accumulation of capital, women’s political and democratic participation is therefore conceived as restrained.

Fraser’s (1990) socialist-feminist critical theory outlines a model which theorizes the “historically and culturally specific ensemble of discursive resources available to members of a given social collectivity in pressing claims against one another” (p. 202). She goes on to define needs claims talk as a site of struggle in which various groups compete to establish their interpretation of need. Such groups have differential resources with which to articulate their claims and this frames their approach to developing a discourse of need interpretation. Oppositional claims are generally undertaken by groups with fewer discursive resources and are focused on challenging the status quo. Reprivatization discourse is constructed in response to oppositional claims as a strategy of depoliticization through reinforcement of existing boundaries separating public and private spheres. Where needs are successfully politicized, expert discourse is employed to develop a state response which is generally administrative in nature and decontextualizes the needs, reducing claimants to cases which can then be dealt with individually rather than structurally. The result is a state and publicly legitimized administrative response that normalizes need and stigmatizes deviance from the expert characterization of individual need. This is a useful model for understanding the characterization of needs discourse, but Fraser doesn’t go far enough in examining the consequence of a pervasive neo-liberal ideology which infiltrates expert discourse. The outcome is development of an expert discourse which uses an administrative response for the

purpose of furthering the agenda of reprivatization discourse through individualizing a response focused on depoliticizing and re-privatizing needs.

Harder (1999) extends this framework of analysis by suggesting that reprivatization discourse is employed as a strategy for invoking a sense of stability and security during times of economic change which are characterized by anxiety expressed in terms of a moral crisis. The focus of such discourse is to contain the potential for insurgency during a time of perceived political and economic stability in which the state has failed to maintain the critical balance between attention to the well-being of citizens and the structures that support adequate conditions for accumulation of capital. Taking into consideration this framework of analysis, the particular culture of northern communities and their relationship to the state must then be addressed.

Conceptualizing North

While the concept of North is complex, it is a social context that is rooted in place, or as Zapf (2001) suggests it is a “peopled place” (p.72) and any discourse about the North must include by definition a discussion of the elements of human and physical geography. Canada itself is often conceptualized as a northern state, and yet within Canada, there are varying degrees of north. An analysis of the conceptualization of north must also include an understanding of the different definitions that are informed by the personal experiences of those living in the North. Schmidt (2000b) describes the European settlers’ perspective of North as wild and untamed, a resource to be exploited (p.338). This is in contrast to indigenous perspectives of the North as a home (Schmidt, 2000a, p. 338).

The prevailing culture of the North is one of colonialism, strident individualism and frontier attitudes of independence and survival (Fiske, 2005, p.64) . This coincides with

feminist geography's characterization of the links between domination of nature and the oppression of women (Zapf, 2001, p. 72).

In British Columbia, North is often conceptualized geographically, based on where one's own location is. As a result, the further north one is situated, the further north 'the North' begins. There are no specific delineators for the geographical representation of the North as a region. However, the British Columbia government boundaries for health authorities and economic regions place the north-south dividing line somewhere around Quesnel or Williams Lake, depending on the type of boundary (BC Housing, 2008; BC Progress Board, 2002; BC Statistics, 2004a, 2006c; Northern Health, 2008b).

The North tends to be characterized by resource economies. Communities are mostly made up of a few hundred to a few thousand people, and many are single industry towns with great distance between communities. There are also many First Nations villages with small populations (most have only a few hundred people, many are even smaller) (BC Statistics, 2007b). Larger centres are primarily non-aboriginal, although migration of First Nations people to urban centres is increasing. Geography and weather often make travel difficult and roads are sometimes impassable. Economically, communities are often dependant on primary industry that is at the mercy of both the global economy and the climate, which impact the stability of both the economy and the population in those communities.

The economic and political implications of a hinterland-metropolis view suggests that the north is exploited by the south and for the benefit of southern populations (Schmidt, 2000b, p. 339). This corresponds in reality to governance from the south without real representation or power of influence for northerners and limited social, health and other

service delivery that are often managed or delivered from large urban centres (Ingebrigston, 1992, p.11; Schmidt, 2000b, p.345).

The consequence, in the context of a framework of discourse analysis, requires particular attention to the nuances of 'north' versus 'south' in reprivatization rhetoric as well as the differential impacts of state reprivatization rhetoric and administrative responses to economic upheaval in northern communities. Additionally, the interplay between reprivatization rhetoric and the frontier mentality of the northern population must be examined in light of Fraser's discussion of dominant needs discourses being imposed on potential oppositional interpretations and the tendency for internalization by marginalized groups of needs interpretations which may be counter-intuitive and disadvantageous. This potential certainly exists in the context of the culture of northern communities built on single economies based in "traditional" notions of family and values of individuality, stoicism and frontier survivalism.

Exploring notions of power in creating meaning

So what then are the implications for an approach to understanding the dynamic relations between community economic upheaval/decline and women's lives? Are we to place women's experience in a context of powerlessness, as victims of neo-liberal reprivatization rhetoric that returns them to the private sphere, normalizes their experiences, depoliticizes their needs and devalues both their economic and socio-political contributions to a restructured state governed by the market and focused on accumulation of capital? Yes and no. Certainly such an examination of women's lived experience of social and economic restructuring must acknowledge the elements of oppression and marginalization resulting from the depoliticization of issues they recognize as particularly affecting their well-being. It

must also identify the ways in which reprivatization discourse in the context of a neo-liberal state focused on economic participation as primary reduces women's access to equality. Yet to characterize women's experience as wholly disempowering and victimizing would dismiss the multi-layered complexities of women's ability to navigate, negotiate and use elements of their individual and collective power to further their own interests.

Jacqui True (2003) argues that "when women are primarily seen as victims, 'collateral damage' or 'unintended costs' rather than agents, the focus is deflected from biased and exclusionary institutions and structures... [and this] underestimates the gendered power relations at stake in structural change even when monitored closely" (p. 384). She argues that what is critical to moving a women-centred agenda forward is a more careful, considered and self-conscious approach to feminist scholarship that acknowledges the power relations and retains its grounding in women's experience and focus on emancipatory activism. This acknowledgment of power relations and the importance of scholarship's role in emancipatory, democratic civic education is shared by Giroux (2002), who argues for social critique in discourses of agency that develop the promise of an engagement in radical civil democracy. His discussion of the role of power relations is central to understanding that "individual empowerment is viewed as inseparable from broader social and political transformations" and that such an approach "must also address how people learn to be political agents" (Giroux, 2002, p. 99).

Finn (1994) makes a distinction between ethical and political constructions of meaning and suggests that ethical feminist praxis is achieved by inhabiting the space between lived experience and categories of meaning constructed by hierarchies of power. She locates in this "space between" an ethic of creativity and judgement which enables us to use

originating experiences as grounding for resistance and change and allows us to re-create meaning outside the bounds of existing categories of meaning. Finn is suggesting that the space between is that critical space between challenging the right to equality of power in society and the structure of power, or challenging existence of power structures themselves. Such a post-modern philosophical approach has its challenges in relation to developing an operational methodology and analysis, which are grounded in lived experience but do not define that experience within existing categories of meaning and knowledge. Yet, this approach offers some opportunity and direction for stepping back from our preconceived categorical understanding to explore fully the nuances of meaning within individual women's lived experience. This might mean shifting away from advocating for access to resources and toward a focus on critical analysis of the *existence* of social and power structures rather than the way they are structured. By example, this approach might entail an exploration with research participants of the concept of power and power relations that is outside our current construction of women's experience of power.

An acknowledgment of the challenge of developing new understandings and new responses is taken up broadly and creatively by a number of authors (Armstrong & Connelly, 1999; Brodie, 1995; Giroux, 2002; Lyon-Callo & Hyatt, 2003; Simon-Kumar, 2004; True, 2003). I propose to approach this challenge within an exploration of women's experience of community economic decline from two perspectives, upon which I elaborate below; firstly, through an exploration of women's lived experience and the meanings they create of those experiences in the context of power relations; secondly, through a discourse analytical approach that overlays women's experience and response with an analysis of the discourse arising from and relating to periods of economic upheaval.

Toward an expanded concept of relations of power

An approach that is framed in power and oppression creates an expectation of roles of oppressor and oppressed as the only options. The struggle to move from oppressed to oppressor becomes the dominant activity rather than the creation of new meaning and negotiation of engagement with socio-economic, political and domestic structures. The challenge then is to develop a conceptual framework that acknowledges the relations of power inherent in the complexities of the dynamic between women's lives and economic upheavals at the community level and accounts for the meanings women create for themselves in responding to such shifts in structures, economic policies and realities. Attention to conceptualizations of power are therefore central to developing such an approach.

Armstrong's (1996, 2001) and Fraser's (1990) discussions of power lend themselves to a view of power as an *instrument* of domination, subordination and oppression. I suggest that we need to move beyond this conception to a more complex notion of power *relations* as dynamic and contextual. From this perspective power becomes a productive concept that is central to developing agency and can therefore be both fostered and contained as a means of negotiating participation in the public realm. Feminist researchers have long insisted on the centrality of the voices of women's lived experience in attempting to understand and theorize.

For the project at hand then, attention to examinations of economic shifts must analyze both the effect on women and the ways in which women have developed a response, with particular attention to perceptions and uses of power relations with multiple sites of engagement within the public and private spheres.

An approach to contextualizing women's caregiving

This exploration has attempted to develop a conceptual framework for understanding the space between and dynamics of women's lived experience of economic upheaval and the socio-economic-political realities which structure the public response to economic decline and service restructuring. In doing so, I have explored the approaches of Pat Armstrong and Nancy Fraser as instructive in approaching a method for analysis of the complexities of socio-political economic contexts. I extend their analysis by proposing a particular conceptualization of power as relational and contextual as a foundation of this framework. I broaden the concept of reprivatization discourse to consider the links with administrative responses that attempt to contain and decontextualize needs. I locate such consideration in the context of a northern ethos which values individuality and is socio-economically structured in a way that marginalizes women's participation in the public sphere. I therefore put forward a conceptual approach to the research which entails an exploration of the meanings women create through their lived experience, the ways they utilize the relations of power and an analysis of reprivatization discourse as a multi-dimensional analysis of the affect of economic decline for women in northern communities.

CHAPTER FOUR

Exploring the Context for the Research

Economic Decline in Northern British Columbia

In British Columbia economic growth generally has lagged behind the leading Canadian provinces for more than two decades (Lee, 2004). Much of this has resulted from external factors over which provincial policy makers have little control. Since 1981, economic growth in BC has been relatively flat, and when measured in real dollars per capita showed negative growth in the early 1990s followed by only modest gains in the mid-90s through early 2001 (BC Statistics, 2007e; Lee, 2004, p.14). Private investment began to decline in 1981 and continued to be flat in the 1980s with a slight rise in the late 1980s. Public investment also remained relatively flat and then gradually decreased after 1991 (Lee, 2004, p.9).

In northern British Columbia, regional and community economies are resource dependent (BC Statistics, 2006c, 2006d; Horne, 2004b, p.44). This dependency results in the economies of northern communities being impacted by highly volatile global market conditions. The BC Progress Board (2002) examined rural economies and found serious disparities between economic growth in the rural regions and those in southern metropolitan areas despite the fact that the rural regions produce 60% of the province's total exports. Although they are major contributors to the provincial economy, during the 1990s the economies in the regions have had flat or in some cases negative economic growth (BC Progress Board, 2002, p.3-4).

The Urban Futures Institute (Baxter, Berlin & Ramlo, 2005) reports that while the British Columbia population is primarily metropolitan, the rural regions of the province are the dominant economic drivers, producing two-thirds of the export income which makes up the economic base of the province. British Columbia is therefore dependant on the natural resource industries of the non-metropolitan regions. The Cariboo region (which includes Quesnel), in 2001 produced 18% of the province's forest product exports and 7.9% of the provincial economic base while having only 4.1% of the provincial population (Baxter, Berlin & Ramlo, 2005, p.41). Fraser Lake is in the Nechako region, which in 2001 produced a per capita contribution to the provincial economy of \$49,806, many times the provincial average of \$16, 406 (Baxter, Berlin & Ramlo, 2005, p.43).

Quesnel and Fraser Lake are in two of five identified areas with the least economic diversity and that diversity decreased significantly in both areas between 1991 and 2001 (Horne, 2004b, p.44). Regionally, forestry is the primary industry; however, Fraser Lake is economically dependant on both mining and forestry (Village of Fraser Lake, 2007). Endako Mine closed from 1982 to 1986 due to low commodity prices for molybdenum. It re-opened in 1987 with a small skeleton workforce for the first several years (Storey, personal communication, February 26, 2008). This resulted in significant job loss in the community through the late 1980s.

Residential building permits in Quesnel dropped from fifteen in 1999 to two in 2001 (BC Statistics, 2007a, p.24). While Fraser Lake is too small to disaggregate data, the Nechako Region saw residential building permits drop from a high of 109 in 1999 to 35 in 2002 (BC Statistics, 2007a, p.24). It was 2005 before housing starts returned to 1999 levels. Housing prices in northern British Columbia dropped through the 1980s and only rebounded

to 1981 level prices in 1991. Prices increased gradually through the 1990s and dropped again between 1999 and 2004 (BC Statistics, 2008a).

Income levels and unemployment rates are additional indicators of economic growth and decline. Median family income has been static in BC since 1988 (Lee, 2004, p.27). Unemployment rates in 1991 were extremely high at 17% in Quesnel (22% for women; 13.3% for men) and 9.8% in Fraser Lake (18.6% for women; 6.3% for men) (BC Statistics, 1991, n.p.) . Between 1995 and 2004, unemployment rates in both the Cariboo and Nechako regions climbed from single to double digits and remained between 11 and 12 percent from 2001 to 2004 (Lee, Murray & Parfitt, 2005, p. 11). Despite growth in income levels, employment growth was negative in both the Cariboo and Nechako regions in 2003 (Lee, 2004, p.20). The tables below demonstrates the variability and changes in income levels in the region over a fourteen year period.

Table 1

Changes in income levels 1991-2005 in Fraser Lake and Quesnel

Median Income from all sources				
		1991	2000	2005
Females	Quesnel	11,695	13,468	16,084
	Fraser Lake	10,287	12,337	14,417
	Provincial	13,756	17,546	19,680
Males	Quesnel	29,466	30,028	39,522
	Fraser Lake	35,937	41,426	49,712
	Provincial	26,791	28,976	32,431

Source: BC Statistics

Table 2

Changes in employment income levels in Fraser Lake

Median Employment Income - Fraser Lake					
	1995	1999	2001	2005	1995 - 2005 change
Females	13,045	11,828	14,244	17,761	36%
Males	35,736	33,503	47,712	58,665	64%
All	23,529	20,296	28,800	38,225	62%

Source: BC Statistics

Table 3

Changes in employment income levels in Quesnel

Median Employment Income - Quesnel					
	1995	1999	2001	2005	1995 - 2005 change
Females	12,778	13,533	15,651	17,180	34%
Males	36,915	37,854	40,461	46,142	25%
All	23,873	23,496	25,675	28,388	19%

Source: BC Statistics

Northern resource based economies continue to be volatile and northern communities have been additionally disadvantaged by the centralization and reduction of public services to larger centres (Caledon Institute of Social Policy, 2002; Lee, 2003). Since 1995, northern British Columbia has some positive economic growth due to improved commodity prices, a strong Canadian dollar, and increase in forestry due to the harvest of pine beetle damaged

forest. Unfortunately the positive growth is being offset by the softwood lumber dispute⁵ and falling lumber prices, along with . Raw log exports more than tripled between 1994 and 2001 and this is compounding the problem as it reduces the manufacturing of lumber by BC lumber mills (D. Marshall, 2002, p.2). This resulted in the loss of 800 jobs for mill workers across BC (D. Marshall, 2002, p.4). In 2001, the BC Government increased raw log exports by 900,000 cubic metres annually, potentially impacting approximately 700 additional jobs. Combined with the softwood lumber dispute, this has resulted in hundreds of lost jobs across the North (D. Marshall, 2002, p.2,4).

The Cariboo, Northwest and Northeast regions show weak or negative employment growth combined with the highest unemployment rates in the province (Lee, 2004). Extensive reductions to public services and tightening of welfare policies have severely impacted those most vulnerable to community economic decline. A \$609 million cut (over 30%) to the province's Ministry of Human Resources operating budget has resulted in increased poverty and hardship for BC's poorest citizens, the majority of whom are women (Caledon Institute of Social Policy, 2002; Klein & Long, 2003).

Yet as billions of dollars of resources flow south, infrastructure and supports in the North have recently undergone tremendous cutbacks (Ewart, 2002). Tax and spending cuts have disproportionately affected the rural areas of the province while most of the benefits were felt in the Lower Mainland. Average tax cuts were lower in rural regions and overall the 'hinterlands' suffered the worst of the service and spending reductions (Lee, 2003).

Public service cuts resulted in the elimination of 6,806 jobs across BC over a three year period between 2001 and 2004 (Lee, Murray & Parfitt, 2005, p.5). Although the

⁵ The softwood lumber dispute is a series of trade disputes between Canada and the United States which has resulted in the United States placing large tariffs on the import of Canadian forestry products.

majority of those jobs were in the urban centres of Vancouver and Victoria, a greater percentage were in the rural regions. While urban areas absorbed a greater number in terms of the loss of public service positions, those economies are better able to absorb displaced workers into other industries. The relative loss in the rural regions was greater (21.9% of public service jobs lost compared with 9.8% in Victoria and 19.8% in Vancouver) (Lee, Murray & Parfitt, 2005, p.26). For the Cariboo and Nechako regions, the loss was even greater at 22.3% and 27.5% respectively (Lee, Murray & Parfitt, 2005, p.26). For Quesnel, this translated to a \$1,855,000 loss of income in the community in 2001/02 (Lee, Murray & Parfitt, 2005, p.28). In addition, loss of public service jobs and centralization of management and service delivery resulted in displacement of families as people were forced to move to urban centres to maintain public service employment or find new employment opportunities that no longer existed in their own communities.

All this is in spite of substantial state rhetoric about the regional “heartlands” being the economic drivers of the provincial economy (Government of BC, 2003). Resource industry decline and reduction in community services have had key roles in shaping communities. As jobs and services disappear, this prompts out-migration and furthers decline in rural communities (Canada Mortgage and Housing Corporation, 2003).

Public Service Restructuring in British Columbia 2001-2006

Public investment has been slowly declining in British Columbia since 1991. The election landslide of the BC Liberal party in the spring of 2001 was the beginning of a “new era” in neo-liberal economic discourse for the province of British Columbia. Immediately following their election in 2001, the government announced \$1.5 billion in personal tax cuts (Minister of Finance, June 6, 2001) and a further \$248 million in corporate tax cuts (Minister

of Finance, July 31, 2001). In addition, the BC Liberal government announced that there was a “long term structural deficit” and a “severe structural imbalance between spending and revenues” (Minister of Finance & Premier, 2001). The discourse was one of incompetence, secrecy and lack of disclosure by the previous government. However, the deficit was identified at \$1.5 billion, exactly the value of the personal income tax reduction announced just six weeks before. This set the stage for dramatic spending cuts in order to fulfill the newly minted Balanced Budget and Ministerial Accountability Act, which required that the provincial budget be balanced by 2004-05 and each year thereafter (Minister of Finance, July 31, 2001).

The government then initiated a comprehensive review of all government programs and departments, which they termed their “Core Services Review” which was intended to set priorities for programs and services. This consisted of both a mandate review and service delivery review, and required ministry staff to address five key questions regarding the following: public purpose, affordability, effectiveness (articulated as whether this service should remain part of the public service), efficiency, and accountability (Administrative Justice Office, 2001). The objectives of the review were described as re-thinking the fundamental assumptions of the public service by ensuring that tax-dollars were focused on the highest priorities and getting the best value for that dollar. An essential, but implicit, question embedded in the core services review was whether or not government should even be engaged the service area.

In addition to the core service review, the premier’s office required that all ministries and departments examine their services and budgets and prepare budget planning scenarios that considered reductions of 20%, 35% and 50% over three years (Office of the Premier,

January 17, 2002). They used the information to engage in a restructure of public services across the province and on January 17, 2002 they announced a \$1.9 billion dollar reduction in government spending (Minister of Finance, 2002), reducing individual ministry budgets by an average of 25% (Office of the Premier, January 17, 2002). While the news release of the day was short on specific details, as those details began to become public, the entire public service system went into shock.

While health care and education spending was targeted to remain the same, the combination of reduced spending, cuts to public service staff, and program restructuring impacted essentially every aspect of provincial social and health service delivery. Each ministry was required to produce a service plan which outlined the strategic objectives and restructuring plans, along with budget targets. Ministers were held personally and financially accountable to delivering successfully on those plans (Minister of Finance, 2002).

The government had just a month before, in December of 2001, restructured the health care system (Ministry of Health Services, December 12, 2001). They eliminated community based health planning councils and replaced them with five regional authorities who were required to balance their budgets each year (Ministry of Health Planning, 2002, p. 21). In addition, a “population needs-based approach” was implemented that set targets for services based on the population demographics in each region. Acute care services were consolidated into three levels of service. Community diagnostic and treatment centres provide basic care, community hospitals with a range of acute care and speciality services, and regional referral centres with more complex services (Ministry of Health Planning, 2002, p. 23). The result was intended to provide more services within each region, but there was a loss in smaller communities as services moved to larger centres or were regionalized. In the

Northern Interior Health Service Delivery Area (HSDA), which includes both Quesnel and Fraser Lake, there was net loss of 57 acute care beds (Lee, Murray & Parfitt, 2005, p.60). The restructuring was articulated through an economic discourse of efficiency, accountability, and managing out of control health care costs.

In order to maintain funding for health services, a number of reductions in health coverage were made, which resulted in increased privatization. The Medical Services Plan (the public health insurance mechanism) saw significant premium increases (family premiums increased from \$864 annually to \$1272; singles went from \$432 to \$648) and many services were de-listed and were therefore no longer eligible for coverage (Ministry of Finance & Ministry of Health Services, 2002). The services that were eliminated from coverage included physiotherapy, chiropractic, massage therapy and routine eye exams, as well as elimination of housekeeping services from the home care system supporting elderly and disabled seniors who needed support to stay at home (Fuller, Fuller & Cohen, 2003, p.4). Most of these cuts shifted the burden of care from the public system to individuals and to families of those who need the services and would now have to pay for them out of their own pocket.

Services for seniors were also significantly affected. Despite pre-election documents which committed to working with not-for-profit societies to build 5,000 new long-term care beds, following the election, the non-for-profit part of the commitment had been dropped and the initial announcements of building 5,000 new long-term care beds also disappeared (Fuller, Fuller & Cohen, 2003, p.13). Replacing it was a new approach called “assisted living” which was a system of supportive housing intended to provide minimal services for seniors in a semi-independent environment. The government went on to announce the closure of 3,111

long-term care beds and conversion of beds to supportive housing (Fuller, Fuller & Cohen, 2003, p. 14; Ministry of Health Services, April 22, 2003). They also very clearly invited the private sector into the fold.

Beyond the changes to health care, ministry budgets were reduced by an average of 25% (Office of the Premier, January 17, 2002) and this affected services across the province, but disproportionately impacted smaller communities (Lee, Murray & Parfitt, 2005). In their attempt to maintain services with 25% less budget dollars, ministries were forced to close offices, eliminate or restructure services, and consolidate and centralized services and staff in regional centres (Lee, Murray & Parfitt, 2005). This not only affected social and health services. Loss of public sector jobs in smaller communities had a substantial impact on communities in the North. In 2001, economic dependency on the public sector was 26% in the Northern Interior Health Services Delivery Area (Horne, 2004a, p.2). This was second only to forestry.

The Ministry of Human Resources (responsible for income assistance programs) began to make changes in eligibility within six months of the election. In November 2001, they changed the eligibility for single parents (primarily women) with young children. Prior to the change, women were exempt from seeking employment until their youngest child turned seven. The new rules required single parents to be actively seeking employment when their youngest child turned one (BC Coalition of Women's Centres, November 8, 2001). This was eventually increased to allow parents to stay home until their child was three, but the intervening months wreaked havoc for single parents who suddenly were required to conduct a job search and needed child care to do so.

In 2002 the Ministry of Human Resources closed 36 welfare offices around the province and reduced their staff by 459 positions (Griffin Cohen, 2004). An 'alternate service delivery' approach introduced automated telephone inquiry systems and online application processes. The government failed to consider that many of those on welfare cannot afford telephones and do not have internet access, and many do not have the technical skills to complete an online application (Creese & Strong-Boag, 2005). Strict new rules reduced eligibility for income assistance and focused the programs on employability. New legislation imposed a two-year independence test that requires income assistance recipients to prove two years of employment before they are eligible for assistance (Ministry of Human Resources, April 22, 2002). A two-year limit on receiving assistance was also imposed, although this limitation was eventually dropped following public pressure and threats of a legal challenge. These changes removed over 60,000 recipients from income assistance in between April 2002 and March 2003 (Ministry of Human Resources, 2003). Welfare rates were also reduced, including shelter allowances, and earnings exemptions eliminated the ability of recipients to keep a small portion of any money they managed to earn (Klein, 2002). The changes resulted in \$406 per month in lost income for a single parent with two children when spousal support and earning exemption were considered, and left that family with almost \$5000 less money to survive on each year (Goldberg & Long, 2003, p.10). Both eligibility and rates for the child care subsidy were reduced (Goldberg & Long, 2003, p.11), which increase the barriers for families and particularly for single parents who needed childcare to look for a job or go to work. The language of restructuring welfare services was 'self-sufficiency'.

Other service cuts are more difficult to document. The Ministry for Children and Families delivers the majority of its supportive services through contracts with social service agencies, which account for 50% of the budget for that ministry (Ministry of Children and Family Development, 2002). This is the area that bore the brunt of the funding cuts, but details of contract reductions and service cuts are not made public. An attempt was made to establish regional authorities similar to the regional health authorities. That initiative was eventually scaled back but the ministry continues to move toward regionalisation of service delivery. Much of the move to reduce costs was focused on reducing the number of children in care, and a major thrust was placing children who were at risk with extended family, at a compensation rate less than that required for residential resources or foster care (Ministry of Children and Family Development, 2002).

Funding for women's centres that had provided advocacy and support for women to access services, was completely eliminated as of March 2004 (BC Coalition of Women's Centres, January 17, 2002). Legal aid was substantially reduced. Legal aid offices were reduced from 42 to 7, and staff and budgets cut by approximately 40%. Legal aid for poverty related issues such as evictions and income assistance appeals was eliminated, and family law legal aid was restricted to emergencies that posed a safety risk (Griffin Cohen, 2004, p. 1). Women no longer had access to legal support for custody cases. Changes to the Residential Tenancy Act allowed landlords to raise rents more frequently and provided fewer protections for tenants.

The sweeping changes implemented over the four years following the election of the BC Liberals have been documented and analyzed by a number of authors (BC Coalition of Women's Centres, 2002; Caledon Institute of Social Policy, 2002; Creese & Strong-Boag,

2005; Fuller & Stephens, 2004). Women seem to have lost ground on all fronts. Nearly 20,000 public sector jobs were lost between 2001 and 2005, 75% of which were held by women (Creese & Strong-Boag, 2005). For those who remained employed, wage and benefit rollbacks undermined economic security and pay equity (Fuller & Stephens, 2004). Cuts to public services also undermined key employment supports such as childcare and training assistance and shifted much of what was once paid work (primarily in caregiving fields) back into the private sector and to unpaid care work by women in the home (Fuller & Stephens, 2004). Hospital and long-term residential care bed closures (particularly in smaller and rural communities), elimination of funding supports for childcare programs, increased costs for Medicare and Pharmacare combined with the de-listing of services, reduction in welfare rates and eligibility, and elimination of a range of community based and social service supports have left women and the most vulnerable citizens in dire circumstances and without supports to cope with the challenges of providing care for their families and communities (BC Coalition of Women's Centres, 2002; Caledon Institute of Social Policy, 2002; Creese & Strong-Boag, 2005; Griffin Cohen, 2004; Lee, Murray & Parfitt, 2005).

In the northern regions of the province, and particularly in smaller communities (those with populations of less than 20,000), the impact of restructuring is felt in two ways: firstly, the broad policy changes referred to above, which affect all British Columbians, are exacerbated by the lack of other supports and services in smaller communities; secondly, the budget reductions virtually forced the ministries to reduce service delivery and centralize the remaining program delivery in regional centres, pulling service delivery out of small communities and putting the burden and cost of access on the private individual (Lee, Murray & Parfitt, 2005). The reality of not only fewer services, but often no services, has

meant that women are left to pick up the pieces and the result has been “more travel, more stress and less personalized care for rural and northern residents” (Sutherns, McPhedran, & Haworth-Brockman, 2004). The withdrawal of in person service and replacement with toll-free phone lines, particularly in the northern and rural part of the province, has meant reduced access to the services that remain (Hemingway & Plamonden, 2005).

For communities like Fraser Lake, there were not substantial changes in the services available in the community, since services have always been limited due to the size and population of the community. Debbie Devauld, Administrator for the Fraser Lake Community Health Centre (personal communication, 2008), explained that health services in Fraser Lake have increased since 2001 with only one exception. Physicians are no longer on call, so if there is a medical issue community members must call an ambulance or go to Vanderhoof, an hour away, to receive care. Services available in Fraser Lake are outlined below in the community profile.

Although the services themselves were not reduced, the structural changes increased the barriers for those living in poverty or who had health issues, disabilities, and caregiving responsibilities. Reductions to eligibility and rates for social assistance, child care subsidy, Medicare, Pharmacare, and legal aid meant that people were worse off financially (Lee, Murray & Parfitt, 2005). For those with low-incomes, travelling to access public services in Vanderhoof or Prince George, was even more difficult. Public sector employment was reduced by 224 employees (27.5%) in the Nechako Development Region (which includes Burns Lake, Fort St. James, Houston, Smithers, and Vanderhoof) between 2001 and 2004 (Lee, Murray & Parfitt, 2005, p.52).

In Quesnel, loss of specific services was more direct. In addition to losing 40 direct government jobs between 2001 and 2004, contracted services were also reduced and resulted in additional job loss. The Ministry for Children and Family Development reviewed all contracts in 2002 and 2003 and made budget cuts to many of them, reducing services to families. Documentation on the extent of those cuts is not documented as generally it was budget cuts to contracted agencies providing social services that were cut rather than specific programs. No one I spoke to in Quesnel knew of any documentation of the changes or cuts. Everyone was too overwhelmed at the time to record what was happening. Social service agencies responded to the budget reductions by joining together and reorganizing service delivery so that services were largely maintained within the new budgets (Dale,⁶ personal communications, March 3, 2008). The Quesnel Child Youth and Family Network, a network of social and health service agencies, collaboratively worked through a process to manage the changes as best they could. While they were able to protect most of the services, it was an extremely difficult time.

“Changes came fast and furious, announcement and budget reductions were made, then withdrawn, there were rumours and speculation. The process was out of control and was demoralizing for staff.” (Dale, personal communications, March 3, 2008)

Dale (personal communications, March 3, 2008) also reported that there were a number of programs that had been previously been open to the community that were restructured as ‘gated programs’ and only available to families who were at risk of having their children apprehended and had files open at the Ministry of Children and Family

⁶ Pseudonym – this individual works in a contracted social service agency and did not want to be identified.

Development. The prevailing language and approach to restructuring was that services were not accountable, not affordable, and not effective (Dale, personal communication, March 3, 2008).

The Quesnel Women's Resource Centre had their provincial funding eliminated (BC Coalition of Women's Centres, January 17, 2002; Neumyer, March 3, 2008). They also lost the funding for their teen daycare and education support program, which was eliminated (Neumyer, March 3, 2008). The Legal Services Society office was closed, eliminating access to legal aid (Creese & Strong-Boag, 2005; Legal Services Society, 2008). Seven acute care beds were closed at the hospital in Quesnel between 2001 and 2004. (Lee, Murray & Parfitt, 2005, p.51). The Quesnel school district closed three schools in Quesnel between 2002 and 2005 (Lee, Murray & Parfitt, 2005, p. 55).

Women who attended the 2005 community meeting for this project were health and social service providers in Quesnel and reported that they were exhausted, overextended from trying to make up for the gaps, and constantly stretching their mandate and job description to attempt to meet the needs of people in the community who needed support. One example is that the Ministry for Children and Family Development (MCFD) no longer provided supervised visits for parents with children who were in care of the ministry. If mothers wanted to see their children they were required to arrange supervision themselves, but it had to be MCFD approved. Often social service agency staff were requested to do this supervision, although it was not necessarily part of their job and could potentially have affected their relationship with their client if they were asked by MCFD to testify in court (community meeting participant, 2005).

Although both Fraser Lake and Quesnel are in the northern part of the province, they are very different communities and the impacts of the economic and public service changes have affected them differently. It is therefore important to understand a bit about each community to provide a context for exploring the experiences of women who live there and provide care in these communities.

Community Profiles

The following community profiles have been constructed here to outline the community economic and demographic context of each community. This provides a snapshot of the general characteristics and demographics of each, including population, income and employment and some social indicator information. Information for the community profiles was collected through a literature review, from Statistics Canada and data from local government (e.g., municipal office reports, regional district data) as well as information shared in the community meetings, the participant interviews, and observation and field notes while in the community.

The two communities of this study are significantly different in a variety of ways. Fraser Lake is a much smaller community with a population of 1,113 in 2006 (BC Statistics, 2007b). It has limited resident health and social services (some of the services that do exist are delivered by providers who travel in from surrounding communities) and almost no social service infrastructure. Quesnel is a larger community and is the service centre for about 22,000 people in the immediate trading area (Quesnel Community and Economic Development Corporation, 2005). Quesnel has a range of health care services and a relatively well organized network of community supports and infrastructure. Geographically, Fraser Lake is farther north and more isolated. There are also differences in the demographics and

economy of each community, though both are resource industry dependant. These differences provide some opportunity for comparison between the two communities.

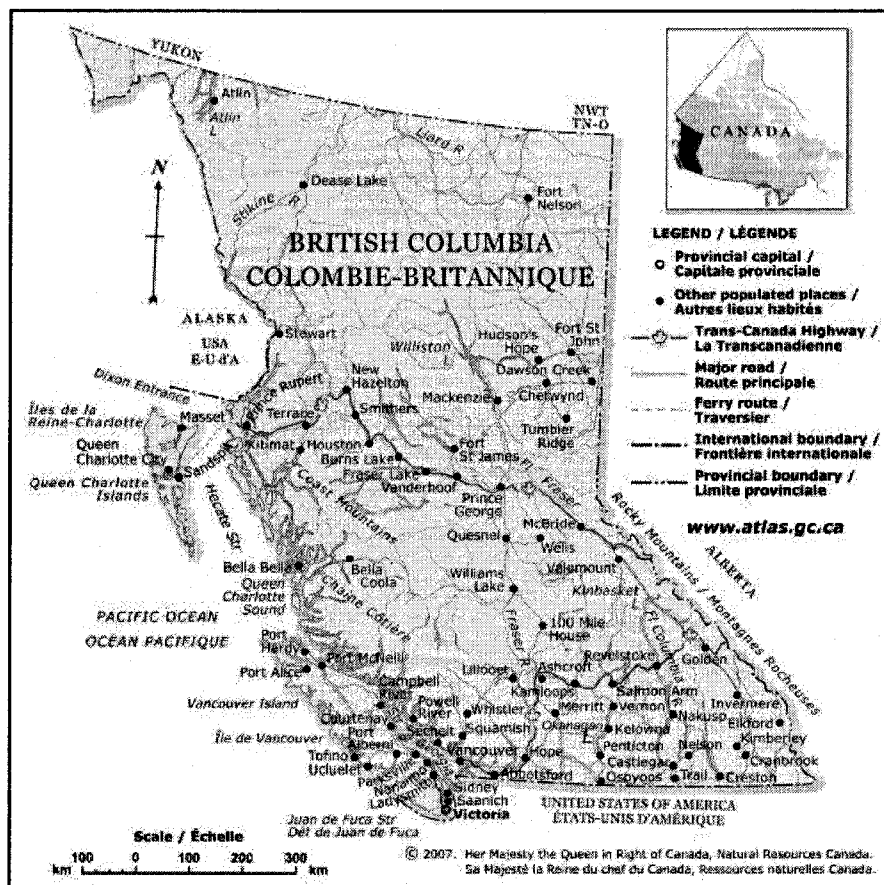


Figure 1. Map of British Columbia showing the communities studied in northern BC.

There were some significant challenges in developing a demographic and economic profile of each community. Statistical data are collected based on regional boundaries, which differ between the federal and provincial departments. Regional boundaries vary for health regions, local health service delivery areas, census agglomerations, provincial and federal electoral districts, regional districts, economic regions, school districts, and so on.

Additionally these boundaries have been adjusted frequently over a number of years. Due to

the small size of some communities, it is also difficult to extrapolate community specific data from regional data.

Both Quesnel and Fraser Lake fall within the Northern Health Authority. This is geographically the largest health authority in the province, covering about two-thirds of the province and stretching from the Northern and Yukon Territories south to Quesnel and from the Pacific Ocean to the Alberta border. Most other regional boundaries place Fraser Lake and Quesnel in different regions. Specifics are described in the profile for each community.

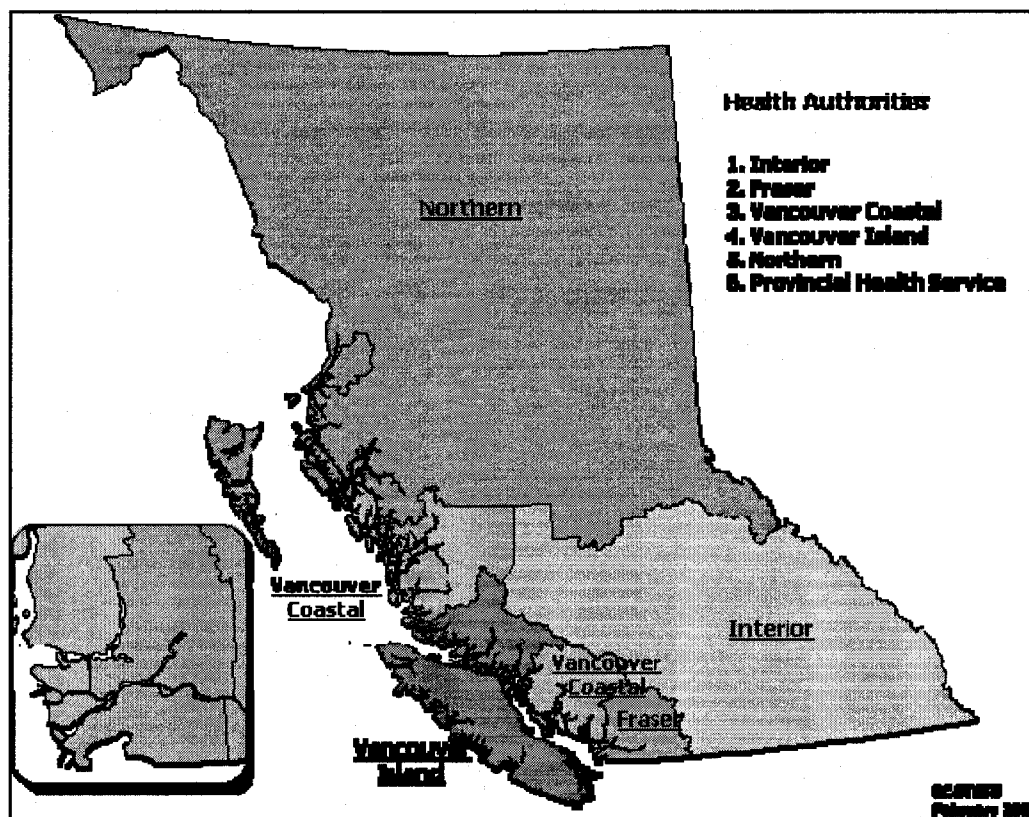


Figure 2: Map of regional health authorities; (BC Statistics, 2002)

Fraser Lake

Fraser Lake is a small rural community situated 150 kilometres northwest of Prince George, BC on Highway 16. Access is by road only as there is no air service in or near the community (the nearest is at Prince George – 1.5 hours drive away). The Village population is primarily Caucasian (BC statistics, 2006b, p.2), however, two nearby First Nations communities (Stellat'en First Nation and Nadleh Whut'en First Nation) mean that there is a significant First Nations population present in the community.

Detailed demographic information about Fraser Lake is difficult to find as the size of the community means that much of the data is either suppressed (due to small population) or available as only as regional statistics rather than community specific data. At the same time, while regional data are available, regional boundaries vary depending on the department and have changed over time. Fraser Lake is in the Prince George Omineca provincial electoral district, and the federal electoral district of Cariboo-Prince George. Each of these has completely different boundaries. Federal electoral district boundaries were changed in 2002 and furthermore, do not respect the 2001 census geographic structure, creating discrepancies in population data (Statistics Canada, 2005). Provincial electoral district boundaries were revised in 1999 and are currently under review.

Fraser Lake is in the provincial health region served by the Northern Health Authority, which covers approximately two-thirds of the northern part of British Columbia and has a population of 310,000 (Northern Health, 2008b). The region is divided by the health authority into three Health Service Delivery Areas (HSDA) which correspond to their operational structure and Fraser Lake falls into the Northern Interior HSDA. The provincial government, and the BC Statistics Agency, divide health regions into Local Health Areas of

which Fraser Lake is in the Nechako area, with a population of 16,098 (BC Statistics, 2006d). Further, census data analysis for some information is retrievable based on regional districts (regional government structures with geographic area including multiple municipalities and surrounding areas) or economic regions which have still larger boundaries. These boundary differences and changes mean that it is extremely difficult to find data that accurately track population and other demographic changes over time, even on a regional basis.

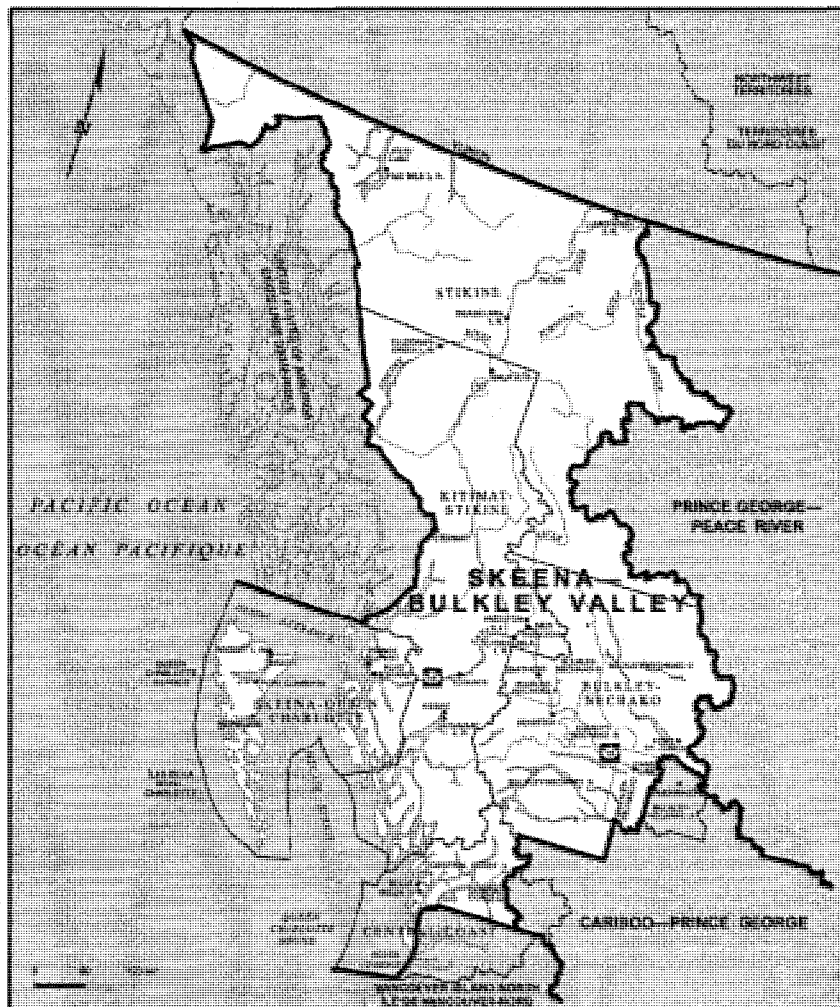


Figure 3: Skeena – Bulkley Valley Federal Electoral District (Elections Canada, 2002)

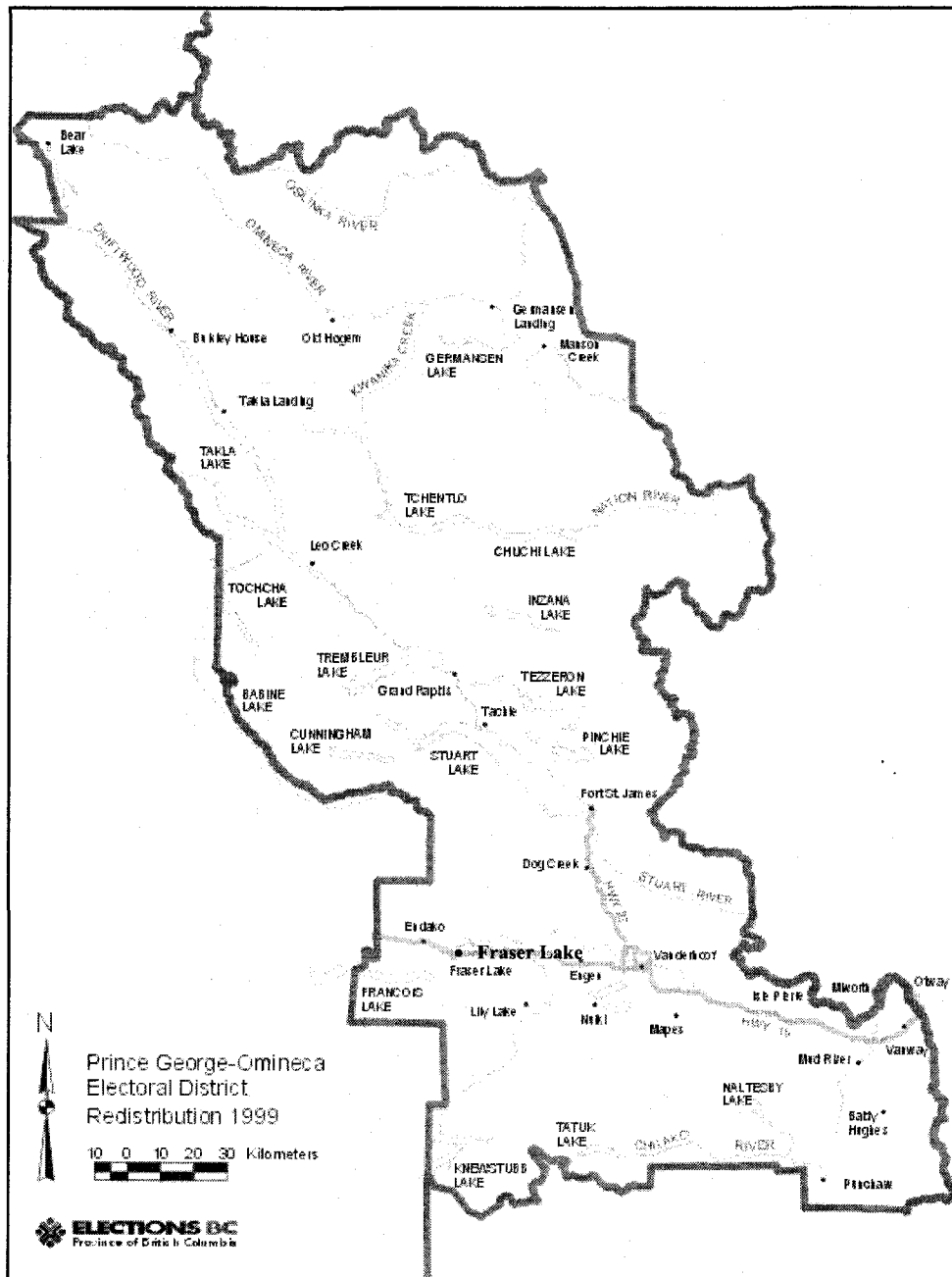


Figure 4: Prince George Omineca Provincial Electoral District (Elections BC, 1999b)

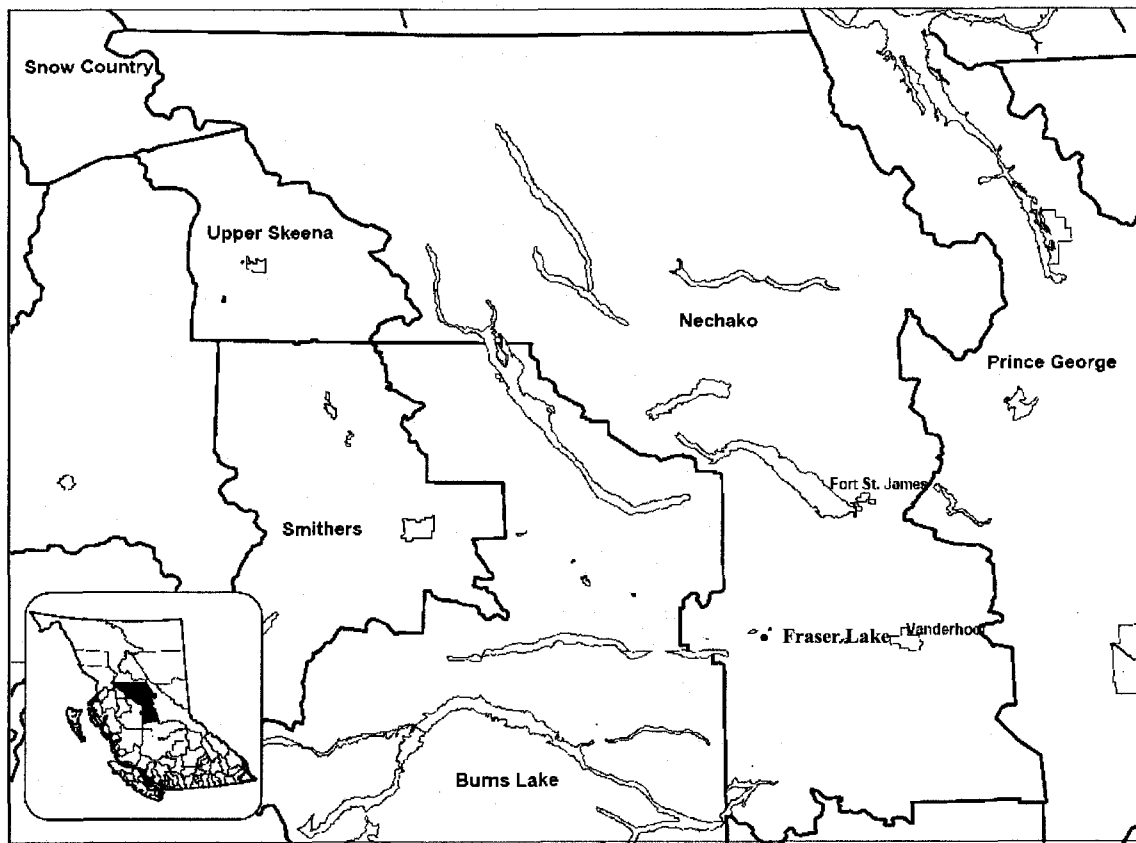


Figure 5: Nechako Local Health Area (BC Statistics, 2006d)

The population of the Village of Fraser Lake has been declining since the 1970s and continues to do so. In 1991 the population was 1302 and it dropped to 1113 in 2006 (Statistics Canada, 2001a, 2006a). Between 2001 and 2006, 205 people moved into Fraser Lake and 360 people (28% of their population) left the community over those five years (Statistics Canada, 2006a). This indicates some of the transient nature of the community population.

Fraser Lake employment income is 49% dependant on their two main resource industries, mining and forestry (BC Statistics, 2006d, p.2), with workers primarily employed with either Endako Mine (Canada's largest capacity molybdenum mine) or Fraser Lake

Sawmill. Of the 685 people in the Fraser Lake labour force in 2001, 210 worked in forestry and 105 in mining (Village of Fraser Lake, 2001a). The Village of Fraser Lake (2007) reports that there are now 200 mine employees (though not all may be residents of Fraser Lake).

While participation in the labour force is high, unemployment rates are nearly twice the provincial average (and even higher for women) (Statistics Canada, 2001a). Unemployment in the development region (North Coast and Nechako) has climbed from a low of 7.5% in 1996 to a high of 12.6 in 2002, dropping only slightly to 11.6 in 2004 (BC Statistics, 2008b).

Average income in the region is lower than the provincial average and women make considerably less money than men (BC Statistics, 2004c, p.4, 2006a, p.4, 2006d, p.3).

Social and health indicators are poor across the region. Education levels tend to be low, with over 30% of 25 to 44 year olds having less than high school completion, and student assessment results substantially lower than BC averages (BC Statistics, 2006d, p.5; Statistics Canada, 2001a). Crime rates, particularly violent crime and serious youth property crime, are significantly higher than provincial rates. Non-cannabis drug offences are also high and spousal assault rates (reported to police) are three time the provincial average (BC Statistics, 2006d, p.6). Life expectancy in the Nechako region is 77.4 years, compared with the provincial average of 80.9 years. Child abuse rates and teen pregnancy rates are nearly double the provincial average (BC Statistics, 2006d, p.8).

In Fraser Lake, the majority of people own their homes, rather than rent (73.9% of homes in the region are owner occupied) and most are single detached dwellings which were built between 1960 and 1980 (BC statistics, 2006b, p.3; Statistics Canada, 2001a). In 2001, the average house price in the Prince George-Omineca electoral district was \$127,708 (BC Statistics, 2004b, p.2). Silver Birch Lodge is the only subsidized housing in Fraser Lake. It is

a seniors housing complex with 23 one bedroom units for seniors 55 years and older (BC Housing, 2008). It is operated by a non-profit board of directors and a caretaker is responsible for maintaining the building, but does not provide care or services to residents.

Services in Fraser Lake are somewhat limited, and include one grocery store, one gas station, two motels, a few restaurants, a few retail services (home building supplies, hairdresser, restaurants, auto repair, etc.) two schools, a police (RCMP) detachment, a dentist, a health clinic and a crisis counselling centre. The center for delivery of health services is the Fraser Lake Community Health Clinic, which houses all services delivered by Northern Health. Debbie Devauld, the administrator for the Health Clinic, manages the clinic and coordinates service delivery. Services at the Clinic include four physicians, a nurse practitioner, and a public health nurse (BC College of Physicians and Surgeons, 2008; Devauld, personal communication, March 3, 2008). The clinic is a diagnostic centre, and provides x-ray, ultra-sound and laboratory services. In addition, long-term care assessments are offered on a weekly basis and home care nursing is provided primarily at the clinic although the nurses will go to homes if necessary ('Ellen', interview participant, 2005). On a weekly basis staff from Vanderhoof (56 km east) travel to Fraser Lake to provide addictions counselling, mental health support, dietician services, long term care assessments, and infant development consultation. Other specialists attend the clinic a few times a year, including a back specialist, geriatric specialist and speech pathologist (Devauld, personal communication, March 3, 2008). Physicians and nurses do not provide on call services, so if people need medical care outside of clinic hours they are required to either travel to the hospital in Vanderhoof or call an ambulance (Devauld, personal communication, March 3, 2008). Ambulance services are also available in the community, but after clinic hours or when there

are critical injuries, patients are taken to Vanderhoof for treatment and care (Village of Fraser Lake, 2001a). Home support services are provided in Fraser Lake, but are now managed and operated out of Vanderhoof following the restructuring of home care in 2003/04 (Devauld, personal communication, March 3, 2008). A Red Cross medical equipment loan program is available in Vanderhoof and will ship equipment by bus to clients in Fraser Lake (community meeting participant, 2007). First Nations people who live in Nadleh and Stellat'en may access services at the clinic but public health nurses and other service providers are not permitted to provide services on reserve lands, as this is a federal jurisdiction.

Volunteer organizations play a large role in Fraser Lake. The Legion is the most visible and active example of this, but other organizations (including the Catholic Women's League) are also involved in supporting the community in a variety of roles. The Legion is a particularly key organization, and is run primarily by volunteers. They provide social activities, as well as a small restaurant. The kitchen is also used to prepare meals for the Meals on Wheels program, which delivers hot meals to seniors on a daily basis, including a daily evening meal for residents at Silver Birch Lodge. Veterans go to the Legion when they have a variety of needs, ranging from purchases of specialized medical services to assistance with accessing services. Funds raised from the restaurant and other activities are contributed back to the community through projects and equipment purchases, or assistance for individual veterans and their families. A crisis centre operates part-time and provides a food bank, clothing exchange, "Lifeline" (emergency alert system for those living alone and are frail or those with a disability), and advocacy and support services for community members. The staff at the Crisis Centre are paid, but also work many volunteer hours to meet the needs in the community (personal communication, March 2005). There are no respite services

available for caregivers in Fraser Lake, so arrangements must be made to transfer the person requiring care to another community when respite is required.

Quesnel

The City of Quesnel is located 115 km south of Prince George on Highway 97, the major north-south route through central and northern British Columbia. Quesnel is a trading centre for the North Cariboo region and is located at the confluence of the Quesnel and Fraser Rivers (Quesnel Community and Economic Development Corporation, 2005). The community is accessible by road, rail and air (daily scheduled air service to Vancouver).

Quesnel is in the Cariboo North provincial electoral district and the Cariboo-Prince George federal electoral district. The city and surrounding area belong to Cariboo Regional District, which is oriented to include communities to the east and south of Quesnel. Within the Northern Health Authority, Quesnel is part of the Northern Interior Health Service Delivery Area and is Local Health Area 28 which includes Quesnel, Wells, Barkerville, and surrounding rural areas. Although some demographic and statistical data can be disaggregated for the city itself, Quesnel's role as a trading centre means that regional data are just as significant. As a result the challenges regarding boundary differences make comparisons of data difficult.



Figure 6: Cariboo-Prince George Federal Electoral District (Elections Canada, 2003)

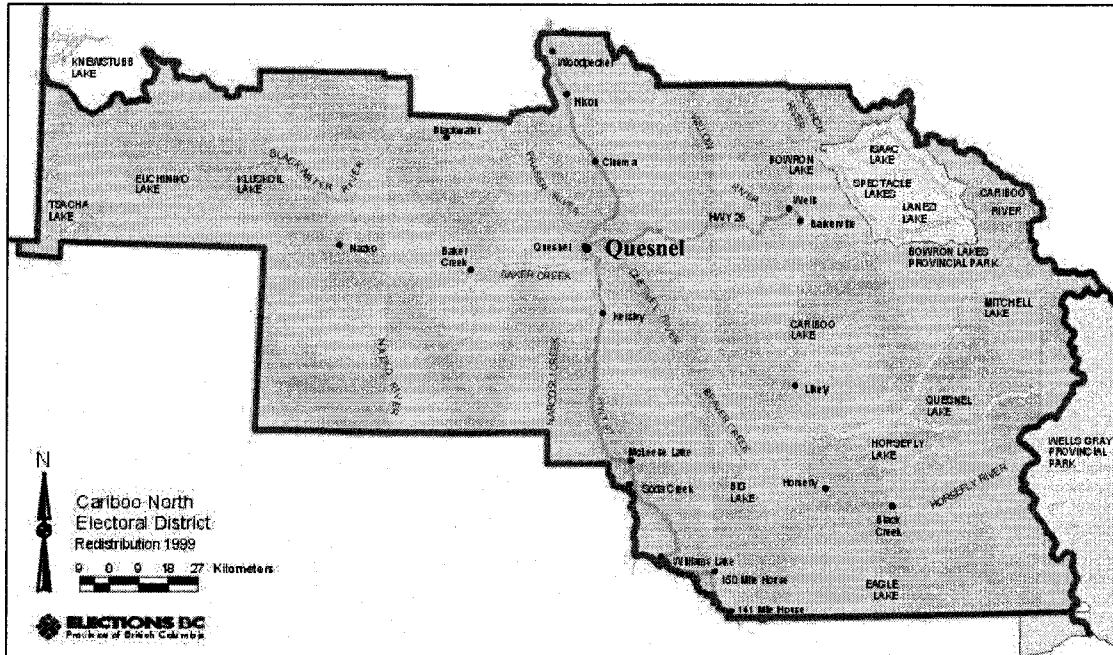


Figure 7: Cariboo-North Provincial Electoral District; (BC Statistics, 2004b)

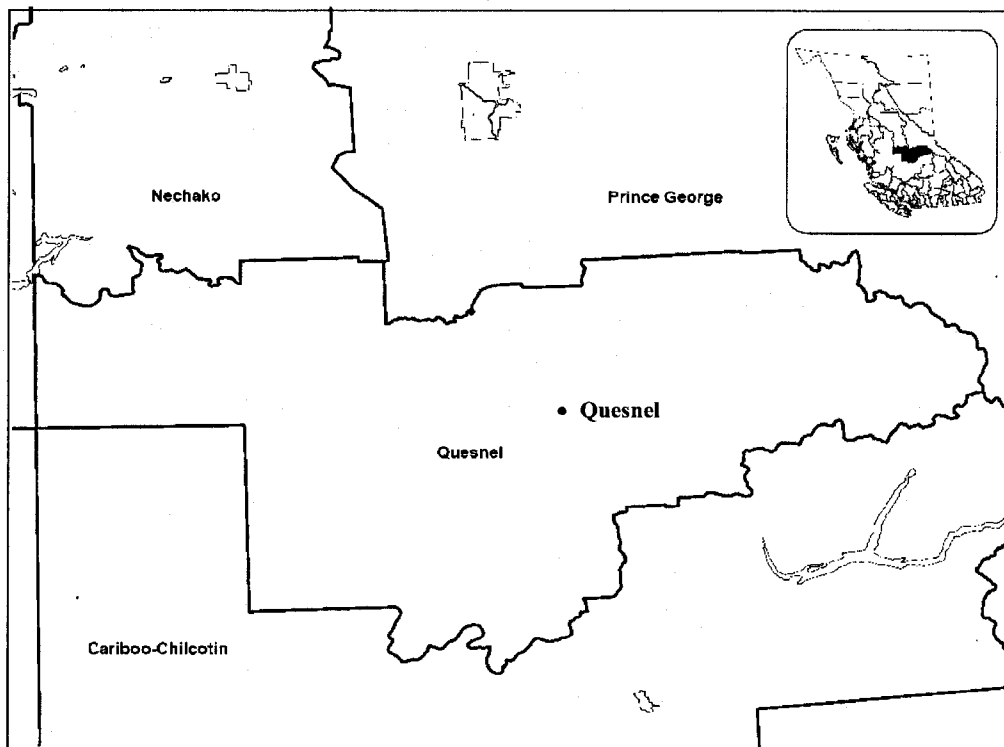


Figure 8: Quesnel Local Health Area 28 (BC Statistics, 2004b)

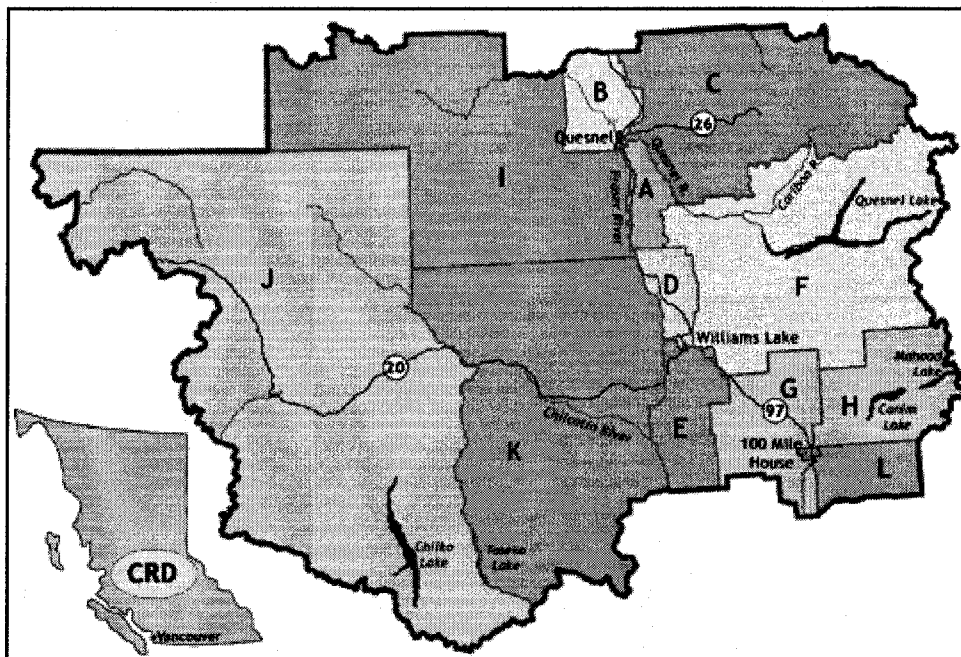


Figure 9: Cariboo Regional District boundaries (Cariboo Regional District, 2008)

The population of Quesnel is slightly less than 10,000 within city boundaries but includes between 22,000 and 26,000 people in the surrounding area (BC Statistics, 2006c, p.2; Quesnel Community and Economic Development Corporation, 2005, p.11). There has been a slow decline in the population of the city of Quesnel from 10,500 in 1996 to 9300 in 2006, a 12% decrease over 10 years (Statistics Canada, 2001b, 2006b). There are four First Nation (reserve) communities in the surrounding area (Alexandria, Kluskus, Nazko and Lhtako Dene) with a combined population of just over 2100, and their members also utilize Quesnel services (Quesnel Community and Economic Development Corporation, 2005, p.13). About 12% of the non-Aboriginal population identifies as a member of a visible minority, with the largest group being South Asian (Statistics Canada, 2001b).

The economy in the Quesnel Local Health area is 44% dependant on the forest industry, which is dominated by several large sawmills and pulp plants (BC Statistics, 2006c,

p.3). Manufacturing is also a significant job sector, but the majority of that sector is related to secondary production of forestry products. Of the top 15 employers, nine are forest companies and a tenth includes all private logging contractors, in total accounting for nearly 2700 employees in 2004 (Quesnel Community and Economic Development Corporation, 2005, p.19-20). Unemployment rates in the Cariboo Development Region ranged between 9 and 12 percent between 1995 and 2005, with a high of 14.5% in 1998 (BC Statistics, 2008b).

Average income in Quesnel tends to be near or slightly lower than the provincial average overall (BC Statistics, 2006c, p.14; Statistics Canada, 2001b). For women, however, average annual incomes are about 20% lower than the BC average (Statistics Canada, 2001b). While overall median incomes increased in Quesnel between 1981 and 2001, there were (and continue to be) significant gender differences. Between 1996 and 2001 full time average employment income for males increased from about \$33,000 per year to \$38,500 per year while female full time employment income increased only from \$15,600 in 1996 to \$19,200 in 2001 (Statistics Canada, 2001b). The 2001 median income for lone parent families in Quesnel was 30% less than the provincial average (\$22,000 compared to \$30,000 provincially) while the median family income for couples (\$63,000) was slightly higher than the provincial average (Statistics Canada, 2001b). These differences are likely attributable to the forest industry, which primarily employs male workers.

Social and health indicators are similar to other regions in northern BC. The dependence on basic provincial income assistance in the local health area around Quesnel is about twice the provincial rate for all age categories between 19 and 64 years (BC Statistics, 2006c, 2007d). Education participation and achievement levels also tend to be significantly lower than provincial averages at all levels (high school completion, post-secondary diploma,

and university certificate or degree) (Statistics Canada, 2001b) with 30% of the population without high school completion and with significantly lower student assessment results (BC Statistics, 2006c, p.5). While the crime rate is comparable to the BC average, non-cannabis drug offences and spousal assault rates are higher than the provincial average (BC Statistics, 2006c, p.6). Child abuse is recorded at nearly five times the provincial rate (BC Statistics, 2006c, p.8).

Housing is primarily single family detached housing. Across the region, the majority of people own (77%), rather than rent (23%) their homes (BC Statistics, 2004a). Market values of homes is lower than many regions of the province at \$118,824 in 2001 (BC Statistics, 2004a). Rental housing affordability in Quesnel tends to be low, with over 40% of renters paying greater than 30% of their income in rent (higher than the provincial average), compared with only about 15% of owners paying more than 30% (lower than the provincial average (BC Statistics, 2006c, p.3). A very limited amount of provincially subsidized housing is available for particular populations, as indicated in the table below (BC Housing, 2008).

Table 4

Subsidized housing available in Quesnel

	Eligible Population	Type of Units
Millstone Manor	First Nations Ancestry	31 units (2-4 bedrooms)
Fraser Village Homes	Seniors (age 60+)	48 bachelor and 8 one bedroom units

Quesnel has a fairly wide range of community based health and social services.

Health services are primarily provided by Northern Health, which also operates GR Baker Hospital, a full service community hospital with acute care, emergency services, diagnostic and laboratory services and surgical and specialized physician services (Northern Health, 2007a, 2008b). Located on the hospital site is Baker Lodge, a residential care facility for seniors which provides complex care services. A second residential care facility, Dunrovin Lodge, is a newer facility which also provides residential care and has a specialized unit for seniors who have dementia and Alzheimer's disease. Northern Health is currently in the process of building new facilities at Dunrovin Lodge that will replace the outdated facilities at Baker Lodge and will increase the number of residential care beds in the community (Northern Health, 2007b, 2007c). In 2007 Northern Health built 35 assisted living units for seniors in Quesnel (Northern Health, 2007b, p.6). Northern Health provides Home and Community Care services including assessment, home care support and home nursing (Northern Health, 2008a).

Community based social services, including health and education, are provided by a wide range of community service agencies. The majority of these agencies work collaboratively through the Quesnel Child, Youth and Family Network ("The Network"). The Network is a team based approach to developing, planning, coordinating, and working collaboratively to meet the needs of children, youth and families in the Quesnel area (Quesnel Child Youth and Family Network, 2007). Teams are organized according to common service interest and mandate, as well as community needs. A coordinating committee facilitates information sharing between Network Teams and among individual members. Teams set priorities annually and attempt to facilitate a collaborative approach to

services delivery. The Network also maintains a website which lists community services and provides basic information along substantial contact information for individual services and staff who provide them across all agencies. An exploration of the agency and services listings on The Network's website reveals a wide range of programs and services available in the community. The majority of services are provided by the provincial government, Northern Health, or community agencies that are contracted by government to deliver services. The Quesnel Contact Line also maintains an online community resource directory, with local, regional and provincial community health and social services (Quesnel Contact Line, 2007)

Quesnel also has a wide range of other voluntary community service organizations that serve the community in a variety of ways, including raising funds for community projects (for example Rotary, Hospital Auxiliary, Women's Institute) as well as providing direct support to the community through volunteers (for example, hospice and palliative care support for families, Seniors Centre). Contact information for a large number of community organizations is available on the City of Quesnel website (City of Quesnel, 2007).

CHAPTER FIVE

Methodology

Thesis in context

This research was conducted in the context of the SSHRC funded project *Northern Women's Responses to Rural Economic Decline: Implications for Housing Policies*. That project is focused on understanding housing issues for women who are caregivers in four rural northern communities: Fraser Lake, Quesnel, Prince George and Prince Rupert. I have limited this study to the communities of Fraser Lake and Quesnel due a number of factors. Practically, due to my own caregiving responsibilities, most of my work with the project involved those two communities. As well, I am particularly interested in the impacts of restructuring on smaller communities in the northern and central regions of the province, since that is the context of my own professional practice in Williams Lake, a community of just over 10,000 in this same region.

In addition to limiting my own project to the two communities described above, I have also focused on the experiences of women who are multiple caregivers. In addition, this research is specifically an exploration of how women experience and contextualize their caregiving in the context of service delivery restructuring. My approach to the methodology and analysis has been aimed at moving beyond an exploration of experiences by examining how women's experiences in this context link with theories of depoliticization and reprivatization.

Qualitative Approach

Qualitative methods facilitate the study of a particular issue in detail and with attention to the particular context that surrounds the question or area of study. This makes a qualitative approach particularly useful in this project. Qualitative research typically produces a large volume of data rich in detail and depth related to a specific context, which does not allow for generalization but allows the researcher to understand more fully the situation of study (Patton, 2002, p.14). The process of qualitative research is primarily inductive; the researcher “examines the data for descriptions, patterns and hypothesized relationships between phenomena” (Morse & Field, 1995, p. 10). One of the advantages of a qualitative approach is its flexibility. This allows a study to develop and the focus of the research to be refined as data are collected (Neuman, 2003, p.146). In this project, the research focus was refined through the process of initial discussions with women caregivers in each community and with community-based community meetings. After the interviews were conducted, I continued to refine the research question to focus on the particular aspects of women’s caregiving I wanted to examine as well as from what perspective that examination would be done. This resulted in a focus for the research that is embedded in the specific experiences of women caregiving in northern BC.

Research Process and Data Collection

The data collected for the *Voices of Women* project were also the data used for my own research. Notes from community meetings and individual participant interview transcripts provided the bulk of the data. Additionally, I kept my own notes during the community meetings as well as field notes during my time in each community and while making arrangements for data collection. I also kept a thesis journal throughout the process

of developing my own research focus and I referred to entries in my journal when writing this thesis.

During the first phase of the project community meetings were held with women in each community to introduce the project and to gather information about the social and economic influences shaping housing and caregiving choices in each community. Facilitating the organization and invitations to these meetings meant speaking directly with women in each community about the topic of the research. During those conversations and in the community meetings, women shared a great deal of information about the realities of living in their community and the caregiving work they do. The insight gained from these initial conversations began to inform the next steps of the research process.

A purposive approach was taken to gather research participants. Purposive sampling allows the researcher to select a small number of participants who can provide rich information about the topic of the study (Patton, 2002, p.230). Several of the members of the research team for the *Voices* project had contacts in the communities we were studying. Those names were provided to me and I sent a letter of introduction about the project to each contact as well as to the health and social service organizations in each community (Appendix 1 – Letter of Introduction). I then made personal contact by telephone with each of those women. I described the project, explained the research process and asked them if they would like to be invited to a community meeting to hear more about the project. I asked for their input regarding meeting location and time, and asked if they knew anyone else who might be interested in the project, particularly women who were caregivers. A letter of invitation to the community meeting was sent to everyone who was interested (Appendix 2 – Letter of Invitation to Community Meeting). I made follow up phone calls to confirm that

women were still interested in the project, to confirm their attendance at the meeting and to invite them to bring along friends or co-workers who were interested in the project. I also recorded women's caregiving roles and attempted to ensure a mix of participants who were paid, volunteer or familial caregivers. In addition, for my own research, I ensured that there were a significant number of women in each community who were engaged in multiple caregiving roles. The pre-screening was critical to ensuring a varied mix of participants.

The community meetings were three hours in length and were hosted at a community service agency in each community in March 2005. We provided lunch during or after the meeting. Women were invited to introduce themselves and tell us a bit about the caregiving they did. We then presented the research project and outlined the process we would be undertaking. A facilitated exercise followed to gather information from participants about the community and the socio-economic changes experienced over the past 10-15 years (between 1990 and 2005), as well as caregiving and housing issues in the community. We took extensive notes during the meeting and recorded the meeting as well to ensure we could clarify our notes if necessary.

All meeting participants signed consent forms prior to the data collection phase of the meeting (Appendix 3 – Consents). There were between 12 and 18 participants in attendance at each of the community meetings. At the end of the meeting, participants were asked if they would be interested in being contacted with an invitation to participate in an interview. They were assured that they could change their minds or withdraw at any time. They were also asked whether they knew anyone else who might be interested in participating in an interview.

The first phase of data collection (the community meetings) revealed the complexity of women's lives in rural communities as they engage in multiple caregiving roles that span three economic sectors: paid, voluntary, and domestic/familial. A purposive sampling approach gathered potential interview participants from women who attended those initial meetings in each community and who indicated an interest in participating in an interview. Snowball sampling techniques were used to find additional potential participants. This technique allows the research to recruit new participants by asking the current participants who else might have information about the topic (Patton, 2002, p.237). In selecting participants for the interviews, an attempt was made to include participants who represented some diversity in terms of their age, employment status, and the types of caregiving they provided; for example, care for children, elderly parents, adult children, etc. A screening process gathered this general information from women interested in participating in interviews (Appendix 4 – Screening Form). A total of twelve interviews were conducted in Fraser Lake, and fifteen in Quesnel for a total of twenty-seven interviews.⁷ Of these, four interviewees in Fraser Lake and four in Quesnel had attended the community meeting. All other interviewees were recruited following the meetings using both purposive and snowball approaches.

Initial contact with women at the community meetings indicated that the combined impact of economic decline and withdrawal or restructuring of public services has significantly affected women's lives in a myriad of ways. Women talked about feeling an increased burden and fewer people to carry that burden, along with pressure to respond to community needs outside the boundaries of their job descriptions and mandates. They

⁷ There were also sixteen interviews conducted in Prince Rupert and fifteen in Prince George, which were part of the *Voices* project but not used for this thesis.

indicated that the complexity of both providing and accessing services had increased.

Women also spoke of the impact of increased poverty and that it had become harder to meet their basic needs.

“I need taking care of too.” “People are dependent on you for everything. You want to help, but you have to let people know that they also need to help themselves.” (“Mary”, Community meeting participant, 2005)

Semi-structured interviews were designed to delve into this complex interaction. This approach provides for the exploration of specific areas of interest while allowing participant interviewees to raise additional topics or points which may be new or specific to their experience (Patton, 2002, p.343). It also provides an opportunity for discussion and clarification of interviewee responses, which maximizes discovery and density of the data (Reinharz, 1992, p.19).

Interview questions were focused on eliciting women’s experiences of providing care, the challenges/barriers/difficulties they encounter in doing so and the ways that their housing did or did not support their caregiving activities. Specific to my own research, the interview guide also included some questions aimed at exploring the specific experiences of women in multiple caregiving roles. The interview questions (Appendix 5 – Interview Questions) provided a framework for the interview, but interviewers also asked ancillary questions to further probe women’s experiences. In terms of the practical aspects of analysis, interviews were audio taped and transcribed.

The *Voices of Women* project team researchers collaboratively engaged in a preliminary analysis of the data. I focused specifically on an analysis of the interviews of women in multiple caregiving roles in Quesnel and Fraser Lake. I provided my preliminary

analysis notes to the team and worked collaboratively with the other researchers to develop themes arising from the data, as described below.

In March 2007 the research team returned to each community to present general themes for validation and to gather information about any changes that had occurred between March 2005 and March 2007. All previous participants were invited to this follow up meeting. Flipchart notes of this second consultation with women in each community were also used as data for my own work, along with my personal notes from these sessions. Care was taken not to reveal to participants at the follow up meeting the identity of those who had participated in either the initial community meeting or an individual interview.

Once the preliminary analysis of the data was presented by the *Voices of Women* researchers to each community, I moved into my own analysis of the data I had chosen for my own project and I completed that analysis independently.

Thematic Analysis

Thematic analysis was used to develop an initial understanding of the complexities of the data. Thematic analysis is a process of identifying abstract categorical concepts and themes arising from qualitative data (in this case a series of interviews) (Morse & Field, 1995, p.139; Patton, 2002, p.453). The process for thematic analysis includes reading through data multiple times to become familiar with the data and to identify abstract ideas and concepts which may not appear in the more concrete content of words spoken by participants (Morse & Field, 1995). In order to code the data, the researcher must have relevant background knowledge of the research topic and must focus on thinking in terms of concepts and recognizing patterns (Neuman, 2003, p. 442). This process provides a general sense of the themes expressed by women interviewed. This approach also enshrines polyvocality

(Saukko, 2003) in both the research process and the data analysis process, as a variety of individual women's voices are captured in developing an understanding of issues related to women's caregiving during economic decline.

The thematic analysis was done using an inductive approach first by reading through the interview transcripts multiple times to become familiar with the data. Next, open coding was used to allow themes to emerge from the data itself through the first and second readings of the data (Neuman, 2003). A coding scheme was then developed, with a final reading of the data to identify any further data that supported those themes. Data for this phase of the analysis was primarily the interview transcripts. Once the themes were developed I also reviewed the community meeting notes to glean any supporting or contradictory material.

Incorporating a Discourse Analysis Approach

While a thematic analysis provides a sense of the commonalities in women's experience, it is limited in its ability to examine the specificity of experiences or the meaning women make about those experiences. It also glosses over the differences between what women say about their experience and the actions they take in the context of their caregiving responsibilities. In order to explore how the interviewee's descriptions of their lives fit (or do not fit) the theoretical discourses of reprivatization and depoliticization, as well as discourses of power relations, I have used a discourse analysis approach to explore the language women use to describe their caregiving experiences. Discourse analysis uses a careful examination of the language people use to describe their experiences to explore the meaning study participants have constructed about their lives (Gubrium & Holstein, 2000; Potter & Wetherell, 1987/1998, p.6). While there is no one specific method of discourse analysis (Potter & Wetherell, 1987/1998, p.158), it involves careful reading of text (in this case

interview transcripts) with the view to “discerning discursive patterns of meaning, contradictions, and inconsistencies” (Gavey, 1997, p.56).

This approach provides an opportunity to look at particular conceptual areas, probe more thoroughly what women are saying, and provide a new understanding of the meaning women attach to their caregiving responsibilities within the context of a community in economic instability and experiencing a reduction in public services. I look particularly at how women express their caregiving responsibilities and for contradictions between women’s descriptions and their actions.

The focus then moves to using this analysis of women’s lived experience, and their discourse about that experience to explore how their conceptualization of how caregiving fits with the academic discourse of depoliticization. This is an opportunity to further the work of Fraser (1990) and Harder (1999) using the perspective of women’s lived experience.

Data Analysis Process

The focus of the data analysis process is on understanding the complexity of women’s experiences of caregiving and the meaning(s) they create in the context of living and providing care in a northern community faced with economic uncertainty. As well I examine the ways in which this reality relates to women’s housing needs in connection with their caregiving responsibilities. Through this, I address the ways in which women’s lived experience fits with the theoretical discourses of depoliticization and reprivatization.

The interview transcripts from both communities were all read through once to get a general “feel” for the context of women’s caregiving in these communities. For the purpose of this study, I then chose interview transcripts from women who were engaged in multiple caregiving roles, as defined by caring for more than one person in more than one setting (eg.,

at home, as a volunteer, as paid work). Examples include women who are caregiving for more than one generation of their family, women who are caregivers at home and as volunteers in their community, or women who do both paid work as caregivers and are also either volunteer or familial caregivers. An attempt was made to include diversity in terms of both age and type of caregiving. Of the twenty-seven interviews available, I chose fourteen for analysis (six from Fraser Lake and eight from Quesnel).

The interview transcripts were read through a second time, noting a general profile of the caregiver, the caregiving they do and general concepts or themes arising within each interview. From this pass, the concepts were grouped into general themes arising in each community separately. This required a time delay between reading and collating themes for Fraser Lake, and completing the process for Quesnel. This helped me avoid cluttering the Quesnel analysis with themes identified in the Fraser Lake transcripts.

After completing this process for both communities, I did a third reading of the transcripts for each community. Using coloured “post-it” tabs, I marked text that related to the themes I had identified. As I did so some new themes emerged, and those were flagged with a different colour tab and noted on the tab for future reference and inclusion. This process also allowed me to identify potential thematic links between the two communities. Following this process, I colour coded the type in the transcripts and then collated dialogue from each interview into a single document for each theme. Women’s roles were coded using **bold**, *italic* and underline to indicate the type of caregiving they were speaking about. This allowed me to combine roles as well and that could be indicated as, for example **bold and underline** when two roles were present. Finally, I reviewed the community meeting notes

and my field notes to identify any supporting themes or information that contradicted the themes identified in the analysis of the interview transcripts.

Rigour and Validity

Rigour and validity refer to the importance of ensuring quality of data collection and analysis and of being able to report results with accuracy and authenticity (Neuman, 2003; Patton, 2002). Validity is the concept that reporting is truthful and plausible (Morse & Field, 1995; Neuman, 2003). This is supported by ensuring that analysis is true to the experience of people being studied.

Rigour also refers to the importance of rigorous preparation for the research process. For this project, rigour is addressed in a number of ways. Data collection was completed by a team of researchers who collaborated on the research design, research process, and interview question development. Questions were drafted by the research team and tested prior to the interview process. They were further refined during the interview process to draw out additional information from interview participants. Interviews were conducted by single interviewers but two researchers conducted interviews in each community using a set of semi-structured interview questions. This contributed to the ability of researchers to standardize the line of questions, but also to pursue additional areas of interest with each interview participant (Patton, 2002). Researchers also worked in pairs to prepare the initial thematic data analysis for presentation back to communities. Analysis was first done individually, then discussed between researchers and refined for presentation. Participants in the community meetings had an opportunity to ask clarifying questions as well as provide feedback on the themes identified. I also kept field notes during the time I was in the

community, and maintained a journal throughout my research project, which provides an audit trail of my thinking during the research.

Reflexivity

Researcher integrity is also key in qualitative research and is central to questions of validity and research credibility. This can be understood partly in terms of reflexivity, which refers to self-awareness and reflection about how we know what we know, how our own worldview frames our analysis and how attentive we are to understanding the interaction between our worldview, our observations and our analysis of the data to ensure authenticity (Patton, 2002). I have attempted, throughout this project, to explore both the process and the data while being conscious of my own worldview and personal experience. This included my personal life history, my role as a familial caregiver and my practice as a social worker who uses structural theory as a framework. As an example of this reflexivity, I am conscious of my choice to focus on the two communities of Fraser Lake and Quesnel for a variety of reasons:

- I grew up in a small rural community during a time when there were virtually no professional services of any kind. A nursing station responded to the most critical injuries and basic health care needs. The community responded to social care needs informally and through volunteer activities. The community of Fraser Lake is larger than the community I grew up in and has more services, but has also some common characteristics in that the services are limited, the community is relatively isolated and community needs are often met informally. This personal history nudged my interest in how the women of Fraser Lake experienced caregiving in this context. It

also required me to be aware of how my personal experiences may influence my analysis.

- I live and work in Williams Lake, a community only 125 kilometres south of Quesnel and similar in demographic and economic profile. While there are differences between the communities, there are also many similarities. I am particularly interested in how these communities respond in times of change.
- At the start of this project I was a new mother to a one year old child adopted internationally just a few months before. My role as my daughter's primary caregiver meant that it was neither desirable nor possible for me to travel or be away from home for long periods of time. This meant that going to Prince Rupert for a week to conduct interviews was simply not possible. I therefore chose to focus on the communities of Fraser Lake and Quesnel as they are both closer geographically and more accessible. When I did travel to Fraser Lake, I took my family along with me. This role also made me sensitive to and intrigued by how women cope with multiple roles, and again required that I be conscious of how my personal experience is a lens for my analysis
- The theoretical and conceptual framework for this project is based in structural social work theory. The focus on women caregivers was based on my interest in women's experiences, and my practice working in a women's centre for eight years working to address structural and gender inequality for women. I must be conscious of staying focused on the experiences of women in this study and of the risk of reducing those experiences to rhetoric of women's victimization.

All of these contexts frame my perspective of how women's caregiving is organized and represented in society. I must be conscious of that lens, make it explicit and guard against developing a rhetoric based on my worldview rather than a deep exploration of women's experiences of caregiving. Researcher integrity also meant returning something to the communities this project studied. I hope to work with the *Voices* research team to provide the research results to the communities in a format that is useful and useable. During our follow-up meetings in the community we observed new connections, relationships and information shared among women who attended.

Triangulation

Triangulation is the process of capturing information about a phenomenon through the use of a variety of methods as a strategy to enhance credibility (Morse & Field, 1995, p.243; Patton, 2002). Triangulation strengthens and contributes to validity by using multiple data sources and the use of varied perspectives and methodologies for analysis. Viewing and analyzing the research topic from multiple perspectives contributes to a richer analysis. While this can be a challenge in small-scale research projects such as the one reported here, there are some opportunities to examine a variety of data sources in approaching the research questions.

While the interview data comprises the bulk of the data, community profiles were constructed to support a broader understanding of the circumstances of each community. The profiles were developed using a broad range of data (Baxter, Berlin & Ramlo, 2005; BC College of Physicians and Surgeons, 2008; BC Housing, 2008; BC Progress Board, 2002; BC Statistics, 1991, 2004a, 2004b, 2004c, 2006c, 2006d, 2007a, 2007b, 2007c, 2007d, 2007e, 2008a, 2008b; Cariboo Regional District, 2008; City of Quesnel, 2007; Elections BC, 1999a,

1999b; Elections Canada, 2002, 2003; Horne, 2004a, 2004b; Lee, Murray & Parfitt, 2005; Quesnel Child Youth and Family Network, 2007; Quesnel Community and Economic Development Corporation, 2005; Quesnel Contact Line, 2007; Statistics Canada, 2001a, 2001b, 2005, 2006a, 2006b; Storey, 2008; Village of Fraser Lake, 2001a, 2001b, 2007) .

Notes from the community meetings conducted during phase one of the *Voices of Women* project provide additional information about caregiving, housing and the experience of living in each of these communities. In addition, preliminary data analysis results were presented to each community for validation and further data was collected during those sessions. In both Fraser Lake and Quesnel, the majority of the participants in the validation community meeting were not present at the initial community meetings and had not participated in individual interviews. This contributed to gathering additional perspectives and strengthens validity.

Ethics considerations

The SSHRC research project was reviewed and approved by the UNBC Research Ethics Board. Further review and approval for this aspect of the project was not required. The study also adheres to guidelines outlined in the *Tri-Council Policy Statement on Ethical Conduct for Research Involving Humans* (Medical Research Council of Canada, Natural Sciences and Engineering Research Council of Canada, & Social Sciences and Humanities Research Council of Canada, 2003).

This was a low-risk research project using interviews with individual women. Consent forms outlining the research project and participants' right to withdraw at any time without explanation were provided and signed by each interviewee at the commencement of

the community consultation sessions and prior to the interview. Confidentiality was assured for all participants. Interviews were taped and transcribed, however no identifying information was linked to the interview transcripts and tapes will be erased once the project is complete. Tapes and transcripts are securely stored by the principal investigator for the project and will be destroyed within five years of completion of the project. Any use of examples from the interviews or verbatim quotes in the final report have been anonymized. Care will also be taken to ensure that sensitive information from the interviews was not described in such a way that it might identify the particular community the participant resided in.

There was no direct compensation for participants, however costs for respite and transportation required to participate were offered to interviewees. Interview participants were offered referrals to counselling services in the event that they wished to discuss any personal issues that arose during or following the interview process.

CHAPTER SIX

Results of Data Analysis

Thematic Analysis

The analysis process and results reported here are specific to my own research and are not a component of or directed by the *Voices of Women* project.

Thematic analysis is a process of identifying patterns of concepts and themes arising from the data (Patton, 2002). Themes are not always obvious upon initial examination of the data as they tend to be somewhat abstract and are generally “concepts indicated by the data” (Morse & Field, 1995, p. 139) rather than concrete elements described by participants. My approach was to attempt to understand what women were saying about their lives and experiences as caregivers by moving through the layers of meaning. I therefore chose to first examine the data and construct themes individually for each community. A large volume of data, including participant interview transcripts and community meeting notes, as well as my own field notes, was reviewed in detail to identify common concepts arising from the experiences of women caregivers in these two communities.

The profile of interview participants varied more widely in Quesnel than in Fraser Lake. While providing details of the profiles of women in each community would risk their anonymity, some general information about their diversity is useful in understanding their perspective. A large majority of the women were between age 50 and age 70. Most were non-Aboriginal. About half were employed in a caregiving position. Four were caring for their own or a family member’s children. While we did not collect financial information from participants, we did ask about their lives in some detail including their employment. From the

information they shared, I surmised that most of the women had middle incomes, though some were likely on the lower end and indicated some financial difficulties in making ends meet.

The profile of women who participated in the community meetings was significantly more diverse than the interview participants, particularly with regard to age. More First Nations women participated in the community meetings than in the interviews. This was partly due to the fact that ethics guidelines prevented us from approaching women who live on reserve lands (without a more extensive process with unworkable timelines), which are geographically near both Quesnel and Fraser Lake.

The thematic analysis below is the results of the data analysis of community meeting notes from both the March 2005 and March 2007 meetings, transcripts from interviews conducted in the summer of 2005, and field notes collected during each of the times I was in the community.

Thematic Analysis - Fraser Lake

Community Context and Economy

The community meeting and interview participants characterized the economy in Fraser Lake as having been in a “bust” cycle for a number of years (Fraser Lake Community Meeting, 2005) and during the period of this research was seen by participants as beginning to recover. At the March 2007 community meeting, participants indicated that things were improving economically in the community. The poor economy had resulted in the reported closure of many local retail and service businesses, and this sector had not yet begun to improve by 2005 when the first community meeting was held (there was still only one

grocery store, one pharmacy, etc.) and changed little during the period this research was conducted. As a result, the cost of basic living requirements (food, medication, etc.) was reported by interview participants to be high (community meeting participants, 2005; Florence⁸ interview participant).

Community members who participated in the community meetings and personal interviews were wary of the potential that any positive change was temporary – long term residents had seen this cycle before and felt the future was uncertain – “*the mine may close, the forest industry may fall apart*” (community meeting, 2005). They also spoke about the transitory tendency of new community members, stating that the new members were there for the jobs but weren’t really getting involved in the community. It has also been difficult to keep young people and young families in Fraser Lake as they often leave to pursue education, better jobs, and more social interaction. “*It’s a good place for new teachers to get a job, but lack of social activities does not make it a happy place to live.*” (community meeting participant, 2005).

At the first community meeting particularly, women were very concerned about the levels of vandalism and drug use in their community. In both the community meetings (2005 and 2007) and in the personal interviews, women indicated that drinking and parties were the main social activity for young adults and that even organized activities such as softball had an element of this – “*if you don’t drink, don’t join*” (Shari, interview participant). The women’s concerns are supported by the rate of non-cannabis drug charges in this region being nearly twice the provincial average for youth 12-17 (BC Statistics, 2006d). Participants in the 2005 community meeting felt that the community simply didn’t know how to respond to these problems: “*who do we turn to?*” “*Show us how?*” The community meeting (2005)

⁸ All names used are pseudonyms to protect the anonymity of participants.

participants also indicated that without many professional services in the community, they didn't know where to begin to address these issues. Participants didn't see the RCMP as 'real' members of the community because they leave after only a few years – there was a perception that they weren't 'invested' in the community. *"A lack of continuity, officers moved every 5 years." "They don't take ownership"* (community meeting participant, 2007).

Housing

When asked about housing, most women used language that spoke of their home, their connection to neighbours, the outdoors, and privacy. Most women came to Fraser Lake for employment, usually of their husband. They stay because it is their home.

So it's beautiful up here and we, we love Fraser Lake now... we're here for the duration. This is home. (Florence, interview participant)

It's kind of a paradise, you know. So we enjoy that. (Ellen, interview participant)

The connection between housing and caregiving was primarily articulated in the context of travel distance to fulfill caregiving responsibilities or participate in community life.

And uh, so it's more of a hassle to drive out there, spend an hour there and come back. If I lived in town it would be, I would go home for an hour or so, but it's just as easy to stay there. I can always find something to do [referring to volunteering all day] (Florence, interview participant)

It was also connected to people's ability to be independent and their need for services:

But we'd probably still stay because we like Fraser Lake. We like the area; we have good friends and neighbours. And so far for us the, the, the doctors, you know, we haven't reached the point yet to where we need more medical help. (Mary, interview participant)

During the community meetings, women expressed concerns about affordability of housing, particularly for those on low incomes, seniors, and those without stable employment. Two First Nations communities are located just outside Fraser Lake and housing issues on those reserves were reported to be very serious, with multiple families living in one home.

“Like I said, you know, how many families live in a home [referring to Stellat’en]. You know, in Nadleh I know it’s the same there, right? A lot of families living in one home.”

(community meeting participant, 2005)

Participants reported low vacancy rates for rental accommodation and housing sale prices at a low point. They indicated that due to the poor economy and lack of jobs, those who had a home couldn’t afford to sell (due to equity loss and inability to afford a home anywhere else) and those who wanted to buy didn’t have the financial resources or security to do so.

Silver Birch Lodge provides affordable housing for seniors, but does not provide any care services. While it is intended for seniors who are fairly independent, interview participants described some of the care needs of residents as quite substantial, including some living with advanced dementia who required assistance with all aspects of daily living. *“Like well, actually she, when it comes right down, she shouldn’t be there. Like you know, she’s so frail.”* (Sandra, interview participant).

Caregiving

In both the community meetings and in the personal interviews women spoke of the challenges of accessing services (particularly health care and social services). They particularly noted the challenges of transportation (and related costs), time off work, not knowing what was available or how to find out about it, and the limitations of the few

services that do exist in the community. At the same time there was a discourse of rural northern independence, that the “*community has everything it needs*” and that they “*couldn’t expect any more [because of being a small community]*” (community meeting participants, 2005).

Northern Women are very inventive. If you want to be happy you have to make our own happiness. No one to rescue you. I don’t like anyone to feel sorry for me. I can feel sorry for myself. Cabin Fever having an impact....snow, lack of light. (community meeting participant, 2007)

This concept of northern independence was connected to the feeling that living in Fraser Lake was a choice and that one had to accept the realities of having fewer services and being able to “make do” on your own.

“It’s just that when you live here, you know, like if you’ve got your parents, I think you just, everybody just does what they have to do. [little laugh] Or else then they have to go, then they have to move on. [Sandra, interview participant]

Women engaged in familial caregiving reported that they kept those they cared for at home longer because once they were moved into a formal care setting or facility, there was significant travel required to maintain contact: “*and as long as mom would be in Vanderhoof, then ourselves could visit her...*” (Mary, interview participant). This meant caregivers were providing care that they likely had neither the expertise nor the economic capacity to manage. “*So at this moment, at this time, I still, she could still go into the lodge. But I’m hoping we can keep her at home long enough to see if I can cope*” (Mary, interview participant). Another woman reported being told “*if you can keep them at home it is cheaper*” (community meeting participant, 2007).

At the second community meeting, women talked about having to pay for the home care services they needed in order to get some respite or to support the care they were

providing themselves. They also expressed dissatisfaction with the policy of Northern Health which prevents clients from hiring the regular Home Care staff when they require additional services. Clients and their families must therefore find someone else, which can be difficult in a small community. While Northern Health was unable to provide me with a copy of their policy, this type of policy is common in health and social service delivery. The policy is intended to ensure that Northern Health is established as the employer and that they direct the services. It is also intended to protect workers from having to define and separate what they can do as a publicly paid service and which activities they will charge the client for directly. While this policy is intended to protect both workers and clients from conflict of interest, it ignores the realities of the complexity of caregiving relationships and the challenges of caregiving in small communities.

Women in Fraser Lake expressed that this situation causes difficulty both in finding another person willing and able to do the work, but also because the regular care worker has a relationship with the person being cared for. Women explained that to hire someone else often meant bringing a stranger into their home to provide personal care services and this caused additional stress for the person receiving care. As a result, women reported that they often did without respite or home care because it was too troublesome to arrange (community meeting participants, 2005). More recently the Choices in Supports for Independent Living (CSIL) program has been developed that allows clients to take responsibility for managing their own care needs. They receive funds and are responsible for the financial management and accountability for those funds, as well as for hiring, supervising and managing staff to provide them with services (Ministry of Health, 2007c, p.3).

Longer term respite was reported by women in both the interviews and both community meetings as difficult if not impossible for women to find. Often their ability find respite depended on the relationships women had with friends or neighbours who could “fill in”. Several women spoke of providing total daily care, either in their own home or in another residence for their family members. In many cases the care needs and health status of the person cared for was so substantial that in a larger community, these individuals would almost certainly be in a care facility.

“It’s just total care is what it is. Well, I go everyday, usually a little bit before lunch. And then I was going after, from 6:30 to 7:30. So I was going, but I just couldn’t, I couldn’t do it. So anyway, I’ve hired somebody to go then from 6:30 till 7:30. And then somebody goes there at 8:30 and gets H___ ready for bed. But, you know, I do the laundry, you know, you just have to oversee it all. Get H___ groceries...” [speaking about her parent who had dementia]
(Sandra, interview participant)

Caregiving under these circumstances resulted in caregivers experiencing extreme stress, exhaustion and declining health. One participant described working at night, coming home to care for a family member all day, and then sleeping a couple of hours before going back to work. Provincial policy prevents the payment of immediate family for providing care (Ministry of Health, 2007b). When a family member requires care and limited services are available, even if the caregiver leaves her employment to provide care to her child, spouse or parent, she cannot be compensated.

In the personal interviews, women in Fraser Lake expressed a sense of responsibility and acceptance of their role as caregivers. *“It wasn’t really an option [not to provide care for family members]”* (Shari, interview participant); *“that’s our job... that’s maternal touch”* (Barb, interview participant). That sense of responsibility was tied to their relationships directly with those for whom they care and also their relationships and connection to their

community. They exhibited an individualism and self-reliance tempered by their responsibility to engage in community life. *“If you want to be happy you have to make your own happiness. There’s no one to rescue you. I don’t like anyone to feel sorry for me. I can feel sorry for myself.”* (community meeting participant, 2007) A sense of responsibility and acceptance of roles were also reflected in conversations with several women who decided not to be interviewed, but who indicated to the researchers that caregiving had not affected their lives. Women who provided paid care described situations in which women they knew were providing care to family members. When they were approached, they declined to be interviewed, saying that they did not provide ‘care’ and describing those obligations as simply ‘what they did’ or that their adult (disabled) child lived with them, but the women did not ‘care’ for them.

Community activities were seen as critical to the support network of the community and those activities were largely reliant on volunteers. Most of this volunteering is being done by middle aged and older women. Volunteers make extra-ordinary commitments – one woman volunteers about 50-60 hours planning and preparing meals for seniors for the ‘Meals on Wheels’ program; another pays for home care for a family member so she can do volunteer care in the community. Many volunteer caregivers reported feeling exhausted and “burned out”. There is no one to take over their responsibilities, but volunteers hold the community support network together so there is tremendous pressure to “stay on”. As aging volunteers “retire”, the social networks for women disappear and this impacts the relationships and sense of community that women want and rely on for their own support as well as support in relation to their caregiving role (often respite is provided by a family member, neighbour or friend).

We got to know so many ladies and they'd just come because they were lonely. And we needed, they needed some place to go. A safe place to go kind of, you know, for an hour or two with their kids and they'd build a craft and... And that friendship and that bonding is really important.... Many people can't cope when something goes wrong. (Barb, interview participant)

Relationships

Participants spoke often of a strong sense of community, their community connections to family, friends and neighbours, and indicated that personal relationships and lifestyle were the main reason they had stayed in or moved to Fraser Lake. In some cases this was despite their families having moved away, as some women's children had done. The following quote demonstrates the importance of community relationships, and shows how closely community relationships are linked with economic realities: *"Relationships are what holds the community together – if the mine were to go on strike, people would fall apart"* (Barb, interview participant).

In both community meetings and in all the personal interviews, women talked about the importance of relationships in the context of their caregiving and in their decision to live in the community. There were multiple contexts for this. These included their relationships with the person(s) for whom they cared, relationships with paid caregivers who assisted or supported them, and relationships with others in the community.

"and as long as mom would be in Vanderhoof, then ourselves could visit her..."
(Mary, interview participant)

As women we're in a more traditional environment. It takes a certain connectedness of women. Women need each other. (community meeting participant, 2007)

Familiarity with staff and places helps avoid trauma. It was once recommended to put family in earlier so they can gain familiarity. It was good choice. [referring to a discussion about the importance of the relationship between caregivers and the person being cared for] (community meeting participant, 2007)

I'm very comfortable here. I know everybody, small town. My best friend lives here... My sense of community is just when I go downtown and I can say hi to everybody. That's how I feel like I'm a part of this community is cause I know everyone. And I, I can feel comfortable walking into the stores and not being watched and followed. I can go up to the clinic and, you know, and they know me and, and I don't feel uncomfortable or I'm gonna be mistreated. (Shari, interview participant)

It's just a nice feeling to be able to help people... I, there is, friendships almost. We, we used to do a, a craft thing. Do it, you know, building crafts, doing crafts with ladies and we'd invite them in... And we, we got to know so many ladies and they'd just come because they were lonely. And we needed, they needed some place to go. A safe place to go kind of, you know, for an hour or two with their kids and they'd build a craft and... And that friendship and that bonding is really important... In those days, you know, the women would come to town and they'd look at it and say, "I can't live here. I hate it." And then we had to say, you know, "Come here. Try this," you know... Because they haven't made a network of friends. I, I believe community, friends and church are really important... For survival. And many people can't cope... When something goes wrong. (Barb, interview participant)

While women described a strong sense of community, and reliance on relationships as integral to their lives and to their caregiving, it was not all a positive picture. Women also spoke of the conflicts between their paid caregiving roles and their relationships in the community. They also related the complexity of negotiating relationships that were highly dependant on maintaining a network of support and one's role in the community.

We're very interconnected because we're worried about offending somebody. It takes an immense amount of courage [to speak up about community issues] (community meeting participant, 2007)

You know and it, it totally was not at all, but because of my former position. I've, I've lost quite a few friends from there... So sometimes I, I, I do, I feel, I don't feel like I'm a part of the community... Hard, hard. But I've always lived here, so it, it, I've always been torn. (Shari, interview participant)

Paid caregiving takes the heart out of it that the neighbours wouldn't have taken out. It's been happening for years. This says what is wrong. It takes the heart out of it. It's just numbers. (community meeting participant, 2007)

Social networks are very important to these women and they identified these as having decreased in their community over time. In the community meetings, women talked

about the challenges of maintaining social contacts and building networks of support, especially when they were overwhelmed with the responsibilities of caregiving.

I don't have the time or energy to deal with my own personal stuff in relation to his illness. I'm just trying to hold my own for him. No opportunities to unload...or time but no energy or energy but no time, but really no opportunities. (community meeting participant)

They demonstrated their ability and interest in supporting one another during the community meetings. One woman shared considerable personal details of her challenges as a caregiver, and the group at the community meeting immediately began providing support and solutions. Post-meeting contact with women in Fraser Lake indicated that these women have continued to meet on a regular basis.

The thematic analysis for Quesnel data was conducted separately, and with a time period between to prevent thematic material from one community affecting the coding in the second community. There were both differences and similarities in the themes between communities.

Thematic Analysis - Quesnel

At the initial community meeting in Quesnel, in their personal interviews, and at the second community meeting, women shared their perspectives about the effect of economic change and state restructuring on the community broadly, and on women caregivers more specifically. Women reported multiple caregiving roles across the lifespan. Most participants were, or had been at some time, engaged simultaneously or consecutively in some combination of familial, paid, volunteer and informal caregiving.

Experiences of Caregiving

Women described the balancing of multiple caregiving roles as normal, difficult and expected and gave many examples of the ways they managed that balance: “*women are socialised... to do this double juggling... I think that it’s ... our life*”(Jean, interview participant); “*...it’s like social work all the time [speaking of caregiving for friends in addition to work and family]*” (Lane, interview participant). One woman described how she pays another woman (who has little income) to do her informal caregiving that she used to do but is now too busy for:

“But I paid her eighty dollars to go do that [help a family member] because I would’ve liked to have helped.... so yeah. I didn’t even think of that. Like now that I’m working full-time. And not being able to leave, then I’m finding other people to help me with my caregiving. Wow. [laughing] Yeah.... You know, five or six hundred dollars a month goes to, to S_____ [low-income friend] and her baby. And same thing, she can’t get.... assistance because she can’t find a job. (Lane, interview participant)

Participants described the stress and exhaustion related to caregiving and their need for support, but they also perceived there to be significant barriers to getting support when they needed it. They experienced that there is a general societal attitude that women are supposed to be able to ‘manage’ without support – when they ask for help they are labelled as unstable and risk the loss of their job or their children. This was expressed very strongly at the first community meeting and particularly in the context of the Ministry for Children and Family Development (MCFD) child protection service. Women spoke of exhaustion and poverty, of feeling that they weren’t able to manage but fearing that if they asked for help, particularly if they asked for respite, that they might simply lose their children completely. Women who were employed as caregivers and supported other women expressed concerns that if they advocated too strongly for their clients that their own children might be

apprehended (community meeting participants, 2005). Interestingly, in the Quesnel Local Health Area, child abuse rates are recorded as nearly five times the provincial average, and the rate of children in care of MCFD is significantly higher than the provincial average (BC Statistics, 2006c).

This experience of being expected to be able to manage, yet feeling marginalized when asking for help, made it difficult for women to ask for and access both informal and formal support services. Much of their support came from family and friends, yet they also often felt isolated and abandoned by the formal services. Exhaustion from carrying additional responsibilities as a caregiver, whether familial or paid, contributed to this – women said they were often simply too tired to make the effort to connect with family and friends.

And I had a hard time raising those kids [grandchildren]. They can't get any days they call respite. Like you can['t] get respite.... And that was the hardest part. And then I felt like I had no support from the Ministry. They, they just dropped me like you know. (Melannie, interview participant)

I feel stretched really thin all the time trying to manage kids and work and there's never any time just sit....All the things you used to have time to do. Cause life just goes by... That's where I have to, I'm always coming back to... take some time for myself somehow or, or readjust my values again. ... even things like being at work and not taking half an hour, forty-five minutes at lunch, it's um, there's never, never any down time. It's just, it's constant. [little laugh] (Helen, interview participant)

I've got a really good support network as far as friends and I do a lot of um, self-exploration work... You know, I've got friends that, that I do that with. I'm an artist, um, I, I did drop out of theatre and all of that stuff this year, because I just didn't have the time to do it. So that's why I'm saying I think my balance is off. I mean, and it's not the time, it's, it's the energy and it feels really low right now. I feel quite isolated ... I feel quite isolated because I, when I'm not at work I'm at home working. (Lane, interview participant)

...Um, I don't do, like sometimes we do go out. Um, not very often but like I'm so tired by the, at the end of the day when I come [home]. (Melannie, interview participant who is employed as a caregiver and also cares for children in her home)

At the same time, particularly in the personal interviews, women shared a sense of responsibility and acceptance of their roles as caregivers, its importance and the sense of purpose and identity they gained from caregiving: *"I think it's... our life"* (Jean, interview participant); *"well I feel it's a really important job...the work feels really important"* (Lane, interview participant). In the March 2007 community meeting women talked at length about *"choosing this work because we want to make a better place"; we want the people we are connected with to have a better life"* (community meeting participants, 2007). One of the participants who was employed by government talked about doing a considerable amount of extra work on her own time. She felt that in paid caregiving doing what's expected isn't called 'caregiving', it's one's job; but going above and beyond (extra time worked that's not paid for, extra touches), are what counts... *"so to me, that feels like caregiving"* (Lane, interview participant).

The discourse about the role and status of caregivers was also connected to women's sense that there is a hierarchy of caregiving in the community with family caregiving at the bottom, community workers in the middle, and professional caregivers (for example social workers, nurses, physicians, etc.) having the most power and status. For the group in the middle, negotiating this hierarchy is particularly tricky as some fear that advocating too strongly for their clients may have an impact on their own family. One woman was quite concerned about her professional status as a result of having begun her career in a para-professional role.

...maybe I won't be seen with the same professionalism in my community as I would be seen if I went into another community.... [someone who] came in, you know, up here on the ladder, right? I, I watch it happen all the time.

Somebody moves here from Vancouver and they, you know, they are, they just know everything, right?' [little laugh] (Lane, interview participant)

Economics play a significant role in relegating women's place in the caregiving hierarchy as well, since the higher they were in the caregiving hierarchy, the more likely they were to have the decision making power and economic ability to negotiate the terms of their paid work, particularly when there were competing needs between paid and familial caregiving. Workplace flexibility was seen as critical to being able to manage the demands of multiple caregiving roles by most of the participants. Even within the same workplace, women had very different experiences of negotiating flexibility depending on their economic status and position in the organizational hierarchy.

...we were lucky cause I could be there, could take time off work... people need to be able to take time off work to be with loved ones... need to be supported by flexibility in the workplace in order to be able to care for ill [family member] at home. If we have the expectation that we will provide care [to family members] ... I think our workplaces need to support that flexibility (Jean, interview participant)

The interview participants talked about their decision to live in Quesnel as primarily based on relationships, a sense of community and for some, a lower cost of living than further south. Women frequently referred to the good things about where they lived in terms of their neighbourhood and relationships with those nearby: "*Good neighbours*"; "*good for kids*"; "*communities are only as nice as the people*"; "*sense of community*"; "*the personal level at which you can live your life*" (quotes from interview participant transcripts)

Relationships

For the participants in Quesnel, relationships and a sense of community are important. They live in Quesnel and stay in Quesnel primarily because of their sense of community and their community relationships. The discourse of relationships was clearly articulated as

inherent in the caregiving roles these women had and was inseparable from the way women spoke about caregiving. This was particularly true for women providing familial care, but extended to other types of caregiving as well.

There's lots of things I wanna do, than have these kids. I would like to.... be able to be a grandparent instead of a parent.[She is 63 and has been parenting] ...since I was sixteen. But I guess that's the [hard?] part, yeah. I have no future that I can let go and let those kids go to the Ministry. It may be easy for other people to stay and just let them go.... move on. But I can't. Because I can't sleep at night. (Melannie, interview participant)

The discourse of caregiving is also largely about relationships: with clients, with co-workers and colleagues, between agencies, and with the community broadly. For many women, this meant it was important to be conscious of the dynamics of relationships and of the connections people had throughout the community:

“you have to be more aware of people's connections; this work is based on relationships – relationships with clients, relationships between agencies; many of my clients come to me because I worked with them in the past at a different agency” (community meeting participants, 2007).

Women who worked as caregivers identified that all relationships extend outside the office and beyond the work day in a small community: *“clients are everywhere”* (Joanne, interview participant). At the 2007 community meeting, participants talked about their formal work extending into the community in the off hours when they happened to ‘run into’ clients on the street or at the grocery store: *“you see clients in the community and your ‘work’ continues there”* (community meeting participants, 2007). This complexity of relationships also made it difficult to set boundaries between work and personal relationships or to have time away from work: *“those boundaries get pretty fuzzy... but it's not so bad to be asked for medical advice. It's an honour. It's who you are. They ask those questions because they have respect for you...”* (community meeting participant, 2007).

The responsibility to respect the flexibility of those boundaries was identified as critical to individual and community well-being, as well as to being effective as a caregiver. Participants noted that their personal lives and reputations affected their ability to build relationships with clients and to their work effectively:

It's not as clear cut as in Vancouver where you might see people only twice in your career... you have to be known in order to build that trust so you'll be able to do what you want [provide care] (community meeting participant, 2007).

At the same time, knowing people in the community was sometimes an advantage to accessing support services. One participant spoke of being able to access service because they had a relationship with the service provider who 'bent' the rules because she saw how much they needed support:

She's been helping us....But as I say...It's only a special...She can't do it cause...Because we sneak into the hospital. You know she, she's known us. Oh yes, it's the only way, the only way. Cause S_____ even knows that there's nothing available. She knew what was going on and she knows our family. So she fit it in. (Selma, interview participant).

Restructuring and Service Access

Women shared many stories of increased caregiving responsibilities at home, but also reported that paid care work had become more stressful and less clearly defined in terms of being able to set boundaries that supported healthy relationships and healthy stress levels. Women felt that the health care system had shifted the burden of care onto families (and primarily to women): "good to be at home and not in hospital ... but responsibility falls on family" (Jean, interview participant). This was also related to increased poverty experienced by families, difficulty qualifying for income assistance, and challenges accessing services:

...what they really need is things that aren't really offered in our system... (Jean, interview participant)

Service redesign has led to very, very limited services... necessary services don't exist...Families don't get the services they need ...many issues for MCFD clients (and a friend) are poverty driven; ... increased poverty, many people can't get income assistance ... (Lane, interview participant)

In general, women saw services being eliminated or scaled back and this caused stress and frustration for paid caregivers who were attempting to be helpful to clients. Paid caregivers shared their experiences of increased demand for services and often providing services far outside their agency's mandate because of the need in the community: "*We stretched and bent and twisted our mandate [to be able to provide services]*" (Lane, interview participant).

Women shared their frustration about lack of respite care and the implications of not ever getting a break from caregiving. Where previously they had been able to access respite care, it was now either limited or not available for many women. For one woman caring for children of family members through an agreement with the Ministry of Children and Families, lack of respite meant she wasn't able to continue to provide care. The stress and exhaustion of juggling extended family care and relationships with her employment as a caregiver were overwhelming.

I had to look for option, so I went back to the Ministry and I asked, how do I get help from you guys? ... you know, some kind of support for, where I don't have to worry about these kids. Where do I go? Because the doctor says I'm sick and I, I'm, you know, it's just [exhausting]. Trying to hold a full-time job and looking after the kids with no, no outside help. Where do I go with that? So what they decide is that uh, they're gonna put them in [foster care]. So I went, I decided I wanted to go further ... I had to give the kids up for four months... (Melannie, interview participant)

The lack of formal supports also contributed to creating a caregiving hierarchy based on monetary value of care, which is reinforced by the health care system. Family members

are paid less, or not at all, if they keep their family member at home. The Home and Community Care Policy Manual (Ministry of Health, 2007a) states that immediate family members (parent, child or spouse of a client) cannot be paid to provide care. If they place the family member in the care of an institution, those “professionals” are paid considerably more to provide the same level of care. A similar situation existed in the child protection field, in which foster support payments were less for children placed with a family member than for those placed in unrelated foster care families (Ministry of Children and Family Development, 2008)

They'll pay me if I take J ___ [disabled sibling], if J ___ and I move out [of our parents home] downtown .Or if I move out I can actually work with J ___ . And they'll pay me. But it would only be considered respite, which we'd then only get a hundred and fifty bucks for two days. I can only have her for two days...(Selma, interview participant)

They pay a lot of bucks to work for the, [to] have those kids in care. And they pay like eight hundred dollars a kid. And yet when they [put them in family] custody I, cut that in half.... And there's no other support... (Melannie, interview participant)

Women also talked about how their experiences of caregiving were reflective of economic realities. Their ability to provide care and the choices they were able to make as caregivers were affected by what they could afford to do.

Economics and Employment

Participants in this research perceived employment in the community as being less stable than in the past, with more part-time, temporary and contract work which does not meet financial needs or provide consistent and stable income. Women talked about how employment instability made it difficult to negotiate flexibility at work when familial or informal caregiving needs arose. For the women in this study, their sense of uncertainty

about employment generally also sometimes meant staying in a job despite the working conditions (stress, low pay, etc.) because of the fear that they wouldn't find any other work.

Um, you know if I have times where I don't work, I'm not covered by EI right now because I'm in [?] a contract to work... My job is subject, subject to um, grants, funds... if for some reason that suddenly would be cut or dried up, I would be completely out of luck. (Helen, interview participant)

I know that there are people in our office who are single moms, who do this job because it's, because the pay is better than working for a non-profit organization and it's more secure, who are saying, "I'm burnt out, I am burnt out." And um, feel really stressed about the work and get really, really negative... And um, and I see women in our office who are debt motivated. And not that their hearts aren't there, but they're burnt out. They're tired, they, they're um, they continually run up against crisis and frustration and, you know, um, yeah. (Lane, interview participant)

Since many women were temporary and part-time workers they reported that they were also less likely to have benefits such as extended health care, which women saw as a critical support for dealing with the impacts of continuing to be multiple caregivers. Caregivers also related that many of their relationships, friendships and supports were developed through work and those connections were important to them.

Housing

Housing was strongly connected to economics. Women reported that the link between the type and location of housing and their caregiving was primarily economic. Where they could afford to live and the availability for work were the most frequent examples.

...I think, I don't know if you've heard the statistic, but it's something, you should be paying 30 percent of your income into your housing... Whereas ours is like 75 percent [laughing] or something. It's crazy what we... And, and that's because I, I'm working less now... (Helen, interview participant)

One of the women reported losing her home when she chose to stay at home with her children rather than seek paid work:

...but they needed, they needed more mom at home when they were going through high school and, and uh, excuse me. And so that was a decision that we made as a family...Like um, you know. Somebody needs to be able to go to all the meetings and, and do all of that stuff. But in that, in that two year time of me not working we um, yeah we ended up, we ended up losing our house.
(Lane, Interview Participant)

Another woman related a story of someone she knew who lived in an outlying area of the community and whose marriage had broken down. She was left with no income, small children, and no transportation and wasn't eligible for income assistance unless she was actively looking for work. Since it was impossible to conduct a job search from a distance, she had to give up her home to move into town and rent an apartment. This enabled her to qualify for income assistance in order to have money to care for her kids, but she lost her home and quality of life.

The themes described above represent the participants' experiences as caregivers in Quesnel. While a thematic analysis provides an overview and a sense of the common themes in the experience of women with multiple caregiving roles in these two communities, the method does not facilitate an examination of the meaning women make of those experiences.

Discourses of Caregiving

Discourse analysis is an approach that involves a careful examination of language to explore the meaning participants have constructed about the topic of the research (Gubrium & Holstein, 2000; Potter & Wetherell, 1987/1998, p.6). It involves a detailed reading of the data, examining the language used by participants as well as the congruence between the language they use and the actions they describe. In order to gain a deeper understanding of women's experiences, I reviewed the data and themes again across the two communities to

delve more deeply into the experience of women in both Fraser Lake and Quesnel. I was particularly interested in the language they used to describe their caregiving, the difference between the language they used and the actions they described as caregiving, as well as the competing or conflicting discourses that arose. This allowed me to explore the connection between women's experiences of caregiving and the theoretical discourses of reprivatization and depoliticization. To do so, I focused on a fewer number of interviews and on particular elements of those interviews which illuminated these discourses. As well, I referred to my field notes and notes from the community meetings to make the analysis more robust and 'thick'.

When asked about their caregiving, women in both Quesnel and Fraser Lake used a language of "relationships" rather than a language of caregiving. These relationships spanned all types of caregiving, but also extended beyond the caregiver-receiver relationship. It extended web-like to others who provided care to the individual (both professionals and family/friends) as well as to those who supported the caregiver and was intricately connected to the other relationships the caregiver had in the community. This was reflected in familial, volunteer and paid contexts. Caregivers spoke about maintaining a fine balance of relationships in the community and that their ability to provide care was dependent on the maintenance and successful negotiation of those relationships. Women also spoke of the risks of relationships, and of caregiving. For most women, being a caregiver in a small community meant doing that in a very public way. This issue was also demonstrated by the number of women who would not interview on tape, but shared personal stories of caregiving that reflected the fragility and significance of those relationships. For paid and volunteer caregivers, there were frequent interactions with "clients" outside the boundaries of their

professional relationships. This was seen as both a challenge, in terms of setting healthy boundaries, getting enough time off and so on, and an opportunity for honouring the care relationship and building trust.

The sense of responsibility or duty that women talked about was also articulated using a discourse of relationships rather than socialized roles or societal expectation. This discourse was often about the importance of caring, the personal gratification and genuine joy and appreciation women felt when they provided care for either an individual or more broadly. They spoke of their caregiving as being a part of who they are, as an honour, and as a position of trust. There was limited discourse that reflected a resentment or debate about the role of the state in providing care. What discourse did occur was connected to economics – women needed economic support in order to meet their caregiving needs and there were economic impacts as a result of the caregiving they did.

The discussion of a caregiving ‘hierarchy’ was contained in an economic discourse. Women who were paid as caregivers were higher in the hierarchy and had more power than women lower down. Within the paid caregiving experiences, women spoke of the economics of caregiving in terms of what they could afford to negotiate. For some women, this hierarchy was reflected in their being able to negotiate flexibility to meet the demands of their familial and informal caregiving. For others, it meant paying other women to do the caregiving they did not have time to do to give them time to do other types of caregiving (paid, informal or volunteer). This discourse of the economics of caregiving has strong implications for how caregiving is conceptualized. This was particularly interesting given that women’s primary discourse of caregiving was relationships.

Housing discourse was primarily connected to economics, and particularly to the affordability of housing rather than its suitability for providing care or its impact on their caregiving. For many women, they also chose to live in the community, or in a particular location in that community, based on relationships with the people around her (neighbourhood) and the lifestyle options it provided (ie. living out of town where there was privacy, access to the outdoors). Housing needs of those cared for were primarily articulated as care needs rather than housing needs. Rights to housing or right to be able to live where one chooses, despite the lack of care services, was a missing discourse.

The discourse about access to service was conflicted. For some women this was a strong discourse and was primarily articulated in the context of meeting 'need' and to some extent about equality of access to services, which is a rights based discourse. The conflicting discourse was one of strong individualism and that 'one couldn't expect the same here' or that once a need couldn't be met within the community, that the individual and/or family would have to go elsewhere (sometimes permanently) to get the services that they needed – this was seen as an acceptable status quo. The only discordance with this was in relation to emergency services, which were seen as both a right and a need.

Impacts of service restructuring have also been felt in the context of relationships. Lack of respite has meant that many caregivers have reduced social contact, and therefore receive less support. In Fraser Lake, when home care workers were located in the community and had a regular, established relationship with the client, the caregiver and the community, the role was very different and was extended to developing a network of support around that client. As an example, a home care worker might observe that a caregiver was exhausted and needed a break. Her relationships in the community were such that she might suggest to a

support person, or another caregiver, that this person needed some assistance. Informal connections would develop that helped to support each caregiver in a broader way.

These social networks were key in providing women with both tangible assistance (being able to call a friend to provide brief respite) and a support system. At the same time the interconnection of relationships likely led to women keeping those they cared for at home for longer than they might have otherwise. This was due to both wanting to maintain the community supports (for both caregiver and care receiver) and to the value that women (and communities) placed on women's caregiving, as well as women's relationship with the person receiving care.

The complexity of the role of relationships in terms of the impact of economic decline and service restructuring was substantial. Most women spoke of the relationships among the community as being the glue that holds the community together, and allows them to be resilient in the face of further economic decline or other significant community change.

CHAPTER SEVEN

Discussion

The focus of the discussion section is an exploration of the data analysis results in the context of the research question. The purpose of the discussion section is not so much to interpret the lives and experiences of women caregivers in the North as it is to attempt to advance an understanding of the meaning of caregiving for the women who live in the two communities of this study. Its further purpose is to connect that meaning to the theoretical and to attempt to draw some links between the lived experience of women's caregiving and the discourses of reprivatization.

Depoliticization and Reprivatization Discourses

Women value and want to maintain their roles as caregivers in the private sphere, they want that care to be both valued and supported, and they want the power to negotiate the ways in which they engage with the public sphere in the context of providing care. Women regularly negotiate the space between the private and the economic, and what they want is for that negotiation and movement to be supported by the state. To bring caregiving exclusively or even primarily, to the public sphere, in the context of a neo-liberal state, is to reduce women's ability to negotiate their engagement, because it demands their priority to be economic. This is contrary to the meaning women make of their lives and roles as caregivers. Women want the power to continue to be a primary agent in the private sphere without the drudgery and disadvantage associated with the reality of the duties of their role preventing participation in the economic sphere. They want the state to take a strong stance as arbiters of social justice (Simon-Kumar, 2004, p. 496) and to ensure that women's engagement in the

private sphere does not result in their dependence on the state, nor disadvantage them economically.

These tensions between women's discourse of the value of caregiving (for them) and the expectation that this is their "rightful role" have significant implications for women's negotiation of the private, public and economic spheres. Women in these two communities have constructed a discourse of caregiving as the "glue" of the community. Their own place in the community and their role as caregivers is dependant on the value of that role. To politicize it might actually reduce their power to negotiate their engagement in both the public and the private spheres.

Caregiving as relationship is critical component of the discourse for women in this study. They contextualize their caregiving within the complexity of relationships they have within the public, private and economic spheres and those relationship cross the boundaries. Women see those cross boundary relationships as rich, supportive and necessary to both their own caregiving work and caregiving of communities. Administrative discourses constructed in response to perceived need marginalize the value and complexity of those relationships define them in specific contexts, and attempt to contain them with one sphere. Women in Quesnel and Fraser Lake are very clear that this is neither necessary nor helpful in terms of their responsibility as caregivers.

There is also a tension in the power relations of caregiving. Women engage in the provision of care across all sectors (familial, voluntary, and paid) with varying levels of power to decide whether and how to provide care. This is primarily and integrally linked to economics, such that increased economic status allows additional flexibility in negotiating the extent and manner in which women provide care.

The state has been subsumed by the market and this forces women's engagement in the public sphere to be necessarily dependent on their engagement in the economic sphere. This can be seen in the marketization of care. The state's participation in care is primarily an attempt to balance the gap between the care provided by the market and women's economic participation. That is to say that the state, in theory, fills the gap in the cost of care between what the market demands and what women can pay (either financially or through their time as unpaid caregivers), based on their economic participation. Yet, the state's enmeshment with the market means that the state is invested in not filling this gap completely, but only enough to contain any possible oppositional discourse and depoliticize women's role as caregivers. Women then also risk their caregiving being regulated by the market and this substantially impacts their role in the private sphere. Market regulation by the state, within neo-liberal ideology, is in all forms focused on maximizing profit as the one true measure of value. As a result, all other needs are dismissed within the discourse of "efficiency".

Reprivatization discourse contains the discourse of caregiving to either the private realm (using "best interests of the patient" and "what the patient wants") or to the economic realm by constructing a discourse of efficiency and cost analysis. This contests the value of caregiving as relationship and can be seen in the language of fiscal responsibility and balanced budgets (Ministry of Health and Ministry Responsible for Seniors, 2001; Ministry of Health Services, 2002; Northern Health, 2005).

This leads to the conceptualization of the struggle for discursive control over caregiving as a triadic tension between the public sphere (as the state), the private sphere (the family) and the economic sphere (the market). The market is placing increased pressure on the state to commodify care as a realm of economic opportunity. The state continues to

depoliticize care, using the discourses of reprivatization and by co-opting women's discourses of caregiving. This forces women to commodify caregiving in order to get their needs met. Women return this pressure from within the private sector with an interpretation of needs based on their own role. They do so by articulating their caregiving role in the context of economics. All of this is solidly rooted in a pervasive neo-liberal ideology and overwhelming reprivatization discourse which successfully depoliticizes caregiving. This concurs with Armstrong's (1997) analysis that corporate interests benefit from bringing caregiving into the economic sphere.

The differential ability to engage with the public sphere is exacerbated by the realities of a small community with relatively little political power. As such, economic marginalization serves to constrain the ability to negotiate the engagement with or exit from the public sphere and contains caregiving discourse within the private sphere (reprivatization). In short, economic decline and withdrawal of services further marginalises women, particularly women who have caregiving responsibilities.

So while the state certainly continues to depoliticize care and caregiving, women are also cautious about politicizing this very personal role. This is consistent with feminist discourse arising in the 1990s which cautions that to increase visibility of private issues risks the state intervening with regulatory and administrative responses (Simon-Kumar, 2004). This is particularly worrisome in the neo-liberal context of a state which "reinforces the view that rights and market productivity go hand in hand" (Simon-Kumar, 2004, p. 494). To politicize then means to risk the marketization of caregiving, and this results in less space for negotiating the balance and context of caregiving between the public and private spheres.

In response, then, I propose an oppositional discourse that politicizes women's right to set their own agenda and scope of caregiving and to use the resulting power to negotiate their movement between the private and public sector. This response requires a system of support in which women themselves define the supports and structures they require to support their caregiving. It demands a response that is not administrative in nature, but that contextualizes the role of caregiving as one in which relationships are primary. The relationships must be maintained at the core, within a systemic response which respects and supports both the caregiver and the right of the caregiver to define the relationship in the context of the care they provide.⁹ This applies equally to caregiving in the familial, informal, volunteer and paid contexts. This kind of a response is key to women's emancipation and ability to establish agency in the context of competing pressures and the complexities of their caregiving.

Emancipation might begin, then, with an oppositional discourse which demands that the state withdraw from the regulation of relationships in this context, and particularly in the way women engage in relationships with those who support their caregiving (paid or unpaid). Reprivatization discourse might then be reframed such that women's caregiving does not need to be politicized in the sense that it seeks a state administrative response. This discourse begins in the social sphere (Fraser, 1990) and there is a substantial tension between the public and the private sphere response.

⁹ This is not intended to diminish the role of care receiver in this relationship, nor the right of care receiver to have choice about who provides care, but rather to reinforce the voluntary nature of caregiving (despite the discursive difficulties with the term voluntary) in the sense that women engage in caregiving for a variety of reasons, not the least of which is their commitment to the well-being of those they care for. At the same time, there is a distinct element of choice in that their choice to provide care is typically because of the relationship they have with the care receiver. As such, women must retain the right to choose to engage in that relationship and to define the circumstances and boundaries within which they agree to provide that care. In reality, such relationships are rarely that simple, except perhaps in the purely economic context in which provision of care is exchanged for monetary compensation.

So does reframing caregiving as a relationship discourse structure it such that it is internalized to the disadvantage of caregivers themselves? In some sense this is already the case – however, women in this study do not use a discourse of oppression and marginalisation when they talk about caregiving except in the context of the economic implications. Therefore, the problematization of caregiving lies in its inherent value to women and to society, yet its lack of economic value, which neo-liberalism establishes as primary.

Conclusion

Women in Fraser Lake and Quesnel see their caregiving as valuable, honorable, and important. They are caregivers because they care – about their families, their clients, their communities. Their caregiving is done not because there are no public services, but in spite of that reality. What women who participated in this study are seeking primarily is the ability to negotiate their access to public services in ways that make sense for and support the contexts of their own lives and needs as caregivers. While additional services are also required, they articulated their needs in terms of being able to structure a system of supports that fits the specifics of their individual situations. This means that static and narrowly defined systems of public/state care are not an effective response.

The ability to negotiate their movement between the private, economic and public spheres is primarily rooted in the realities of economics. Women's caregiving roles were restrained by their need to engage in the market to meet their economic needs. Conversely, this market does not acknowledge or accommodate the realities of women's experience and lives. And yet women are rightly cautious about overly politicizing their struggle in this

domain as it may result in simply an administrative response that typically provides a very narrow and restricted system of services. What women need and want is the ability to continue to be caregivers without compromising their relationships in the community and without compromising their economic stability.

Women in this study are not contesting their role as caregiver, they are contesting the state's insistence on defining that role and they insist on defining it for themselves. This brings caregiving into the social and public spheres, but insists that it be on women's terms.

Implications for Social Work

The implications of this project for the field of social work are supportive of the continued analysis of structural social work theory. Structural social work links the personal and the political (Mullaly, 1997) and demands that social workers engage in social change. The implication of understanding the economic marginalization of caregivers as not strictly an argument for additional resources is key here. Primary is the need to examine the structures of power and oppression and the development of agency as opposed to the development of administrative responses (programs) and resources. Yet we must not abandon the many women who continue to provide the care they do within the constraints of their personal situation and a state which attempts to depoliticize caregiving within either the private sphere or an economic realm. Therefore, we must work on a variety of levels to challenge the status quo and to attempt to push back at neo-liberalism from the realm of the relationships contained in providing care in our families and communities. On this level, we must advocate for systemic responses that are flexible and responsive to caregivers needs as opposed to restrictive and structured to meet broad strategic and fiscal goals.

Those systemic responses might include broad policy reforms aimed at improving women's economic status and reducing the implications of taking on caregiving. This could include reforms to the unemployment insurance and social welfare systems to ensure women have access to alternate forms of income when they are unable to work due to caregiving duties. In addition, as service delivery systems begin to explore individualized funding approaches to service delivery, there is an opportunity to structure those to ensure that services are developed within a framework that supports both the person receiving care and the caregivers, and ensures quality and standards of service. It is also necessary to examine policy which prevents family caregivers from being financially compensated for caring for their family members, while the state is willing to pay anyone else to provide that care.

Social work needs to rethink the ethics around boundaries for relationships between paid staff and their clients, particularly where there are existing relationships. Our intention in establishing a boundary between professional and personal relationships is based on genuine concern for and an attempt to protect the vulnerability of our clients. At the same time, doing so assumes that they are unable to negotiate the context of those relationships themselves. This may be true and necessary in some social work contexts. However, this study has demonstrated that women are already negotiating those tricky, prickly, intimate and complex relationships in small communities. Our insistence on sticking to formal guidelines (such as homecare workers who are not allowed to be hired to provide additional care outside their paid duties with the health authority) is actually making women's lives more difficult and further marginalizing the very people we are attempting to assist.

Limitations of the Research

This qualitative research project focuses primarily on two communities in northern BC. As such, it is not generalizable to other communities in the north or to other geographical locations. Data collection is semi-structured, which reduces direct comparability between participant responses and may result in non-parallel thematic analysis for different communities. The sample size is quite small, however the intention is not generalization but to gain a depth of understanding of the complexity of women's experience of multiple caregiving, the meanings they make of that experience and to extend the academic theories related to women's power and the discourses of reprivatization and depoliticization.

In addition to the small sample size, the profile of participants was not as diverse as I had hoped. The women interviewed were (with a few exceptions) white, middle-class, middle-aged, middle-income women. One of the missing categories was women from faith communities. The diversity that did exist pointed to disparate experiences of caregiving; however, the small sample size and nature of the relationships in these small communities meant that discussion of those differences might have identified the individual participants.

Within the single interview approach, it was not possible to gain a detailed picture of the experiences of caregiving that women described. While many of the women shared their experiences quite openly, the research would have benefited from follow-up interviews to further explore the complexities of their lives. For some women, particularly in small communities, trust and confidentiality are substantial barriers and sharing intimate details of their lives with a researcher may have been difficult. As such further interviews might have

built a stronger relationship of trust that may have prompted women to reveal additional insights.

There are both challenges and benefits to using data from a larger research project for this study. While participation in the larger project (*Voices of Women*) has provided access to a large pool of data from several communities, interview questions were written primarily to gather information broadly for the *Voices of Women* project. Therefore the interviews were not focused specifically on the particular needs of this work. Data analysis and reporting of findings have taken this into consideration. As well, since the primary source of data is interview transcripts, triangulation is not as strong as it might be if other sources were available. The development of the community profiles, as well as analysis of notes from the community meetings (which included a number of women who were not interviewed) and field notes, were used to attempt to mitigate this limitation.

Recommendations for Future Research

There are many directions that this research might move in future. In particular, additional interviews with increased diversity in the sample would provide a deeper, richer understanding. First Nations women, women providing care to young children, women providing care to both parents and children, and women on very low incomes were under-represented. In addition to broadening the participant diversity, follow up to explore the impacts of participating in this project would provide insight into women's engagement in politicizing their caregiving.

Community based participatory research approaches could be used to engage women in exploring the discourse identified here and developing a response either at the regional

level in terms of service structuring and rights to service, or at the theoretical level in terms of developing a politicized discourse of the value of caregiving that is based on relationships and moves beyond a discourse of economics.

References

- Administrative Justice Office. (2001). Core services review questions. Retrieved March 2, 2008, from http://www.gov.bc.ca/ajo/popt/archives/ajo_guide_questions.htm
- Armstrong, P. (1996). Resurrecting 'the family': Interring 'the state'. *Journal of Comparative Family Studies*, 27(2), 221-247.
- Armstrong, P. (1997). Restructuring public and private: Women's paid and unpaid work. In S. Boyd (Ed.), *Challenging the public/private divide: Feminism, law and public policy* (pp. 37-61). Toronto, ON: University of Toronto Press.
- Armstrong, P. (2001). Evidence-based health-care reform: Women's issues. In P. Armstrong, H. Armstrong & D. Coburn (Eds.), *Unhealthy times: Political economy perspectives on health and care in Canada* (pp. 121-145). Don Mills, ON: Oxford University Press.
- Armstrong, P., & Armstrong, H. (1990). *Theorizing women's work*. Toronto, ON: Garamond Press.
- Armstrong, P., & Armstrong, H. (2001). *The double ghetto: Canadian women & their segregated work* (3rd ed.). Toronto, ON: Oxford University Press.
- Armstrong, P., Armstrong, H., & Coburn, D. (Eds.). (2001). *Unhealthy times: Political economy perspectives on health and care in Canada*. Don Mills, ON: Oxford University Press.
- Armstrong, P., & Connelly, M. P. (Eds.). (1999). *Feminism, political economy and the state: Contested terrain*. Don Mills, ON: Oxford University Press.
- Aronson, J. (1990). Women's perspectives on informal care of the elderly: Public ideology and personal experience of giving and receiving care. *Ageing and Society*, 10, 61-84.
- B.C. CEDAW Group. (2003). *British Columbia moves backwards on women's equality*. Vancouver, BC: BC CEDAW Group
- Baines, C. T., Evans, P. M., & Neysmith, S. M. (1992). Confronting women's caring: Challenges for practice and policy. *Affilia: Journal of Women and Social Work*, 7(1), 21-44.

- Baxter, D., Berlin, R., & Ramlo, A. (2005). *Regions & resources: The foundations of British Columbia's economic base*. Vancouver, BC: The Urban Futures Institute.
- BC Coalition of Women's Centres. (2002). Impact of BC government cutbacks on women. Retrieved April 6, 2005, from http://www3.telus.net/bcwomen/archives/impact_of_cuts_on_women_jul_02.html
- BC Coalition of Women's Centres. (2002). Cuts to women's centres spell disaster for BC women. Retrieved March 2, 2008, from http://www3.telus.net/bcwomen/archives/SingleMothers_Nov_01.html
- BC Coalition of Women's Centres. (2001). B.C. Women's centre coalition responds to attack on single mothers. Retrieved March 2, 2008, from http://www3.telus.net/bcwomen/archives/SingleMothers_Nov_01.html
- BC College of Physicians and Surgeons. (2008). Physician directory [Data file]. Retrieved February 26, 2008, from https://www.cpsbc.ca/cps/physician_directory/search.do
- BC Housing. (2008). BC's affordable housing listings: Northern Interior and Prince George. Retrieved February 26, 2008, from http://www.bchousing.org/resources/Housing_Listings/zone12_senior.pdf
- BC Progress Board. (2002). *Resource dependency: The spatial origins of British Columbia's economic base*. Vancouver, BC: BC Progress Board.
- BC Progress Board. (2008) [Website]. Retrieved March 2, 2008, from <http://www.bcprogressboard.com/about.html>
- BC Statistics. (1991). 1991 census of population and housing. Retrieved February 28, 2008, from <http://www.bcstats.gov.bc.ca/data/dd/ped91/ped.asp>
- BC Statistics. (2004a). 2001 census profile of British Columbia's provincial electoral districts: Cariboo north. Retrieved February 25, 2008, from http://www.bcstats.gov.bc.ca/data/cen01/profiles/PED_9.pdf
- BC Statistics. (2004b). 2001 census profile of British Columbia's provincial electoral districts: Prince George-Omineca. Retrieved February 25, 2008, from http://www.bcstats.gov.bc.ca/data/cen01/profiles/PED_49.pdf

- BC Statistics. (2004c). 2001 census profile of British Columbia's regions: Bulkley-Nechako Regional District. Retrieved February 28, 2008, from <http://www.bcstats.gov.bc.ca/data/cen01/profiles/59051000.pdf>
- BC Statistics. (2006a). 2001 census profile of British Columbia's regions: Fraser Lake, village located in Bulkley-Nechako regional district. Retrieved February 28, 2008, from <http://www.bcstats.gov.bc.ca/data/cen01/profiles/detailed/59051009.pdf>
- BC Statistics. (2006b). Local health area 28 - Quesnel statistical profile. Retrieved February 25, 2008, from http://www.bcstats.gov.bc.ca/data/sep/lha/Lha_28.pdf
- BC Statistics. (2006c). Local health area 56 - Nechako statistical profile. Retrieved February 25, 2008, from http://www.bcstats.gov.bc.ca/data/sep/lha/Lha_56.pdf
- BC Statistics. (2007a). British Columbia building permits for development regions, regional districts, and communities, by type 1999 – 2007 [Data file]. Retrieved February 27, 2008, from <http://www.bcstats.gov.bc.ca/data/dd/handout/industrial.csv>
- BC Statistics. (2007b). British Columbia municipal and regional district 2006 census total population results. Retrieved March 1, 2008, from http://www.bcstats.gov.bc.ca/data/cen06/mun_rd.asp
- BC Statistics. (2007c). Community facts - Fraser Lake (village). Retrieved December 4, 2007, from <http://www.bcstats.gov.bc.ca/data/dd/facsheet/cf033.pdf>
- BC Statistics. (2007d). Community facts - Quesnel (city). Retrieved December 4, 2007, from <http://www.bcstats.gov.bc.ca/data/dd/facsheet/cf062.pdf>
- BC Statistics. (2007e). Economic activity: British Columbia and Canada. Retrieved February 27, 2008, from http://www.bcstats.gov.bc.ca/data/bus_stat/bcea/tab1.asp
- BC Statistics. (2008a). British Columbia multiple listing statistics: Average residential price. Retrieved February 27, 2008, from <http://www.bcstats.gov.bc.ca/data/dd/handout/mls.csv>
- BC Statistics. (2008b). Labour force activity by BC development region - annual averages. Retrieved February 25, 2008, from <http://www.bcstats.gov.bc.ca/data/dd/handout/lfsreg.pdf>

- Boyd, S. (Ed.). (1997). *Challenging the public/private divide: Feminism, law and public policy*. Toronto, ON: University of Toronto Press.
- Brodie, J. (1995). *Politics on the margins: Restructuring and the Canadian women's movement*. Halifax, NS: Fernwood.
- Brooks, B. (2005). Chronic unemployment: A statistical profile. Statistics Canada Income Statistics Division and Socio-Economic Analysis and Modeling Division. Ottawa, ON: Ministry of Industry, Government of Canada.
- Bybee, C., Fogle, A., & Quail, C. (2004). Neo-liberal news for kids: Citizenship lessons from channel one [electronic version]. *Simile: Studies In Media & Information Literacy Education*, 4(1).
- Caledon Institute of Social Policy. (2002). *A new era in British Columbia: A profile of budget cuts across social programs*. Ottawa, ON: Caledon Institute of Social Policy.
- Canada Mortgage and Housing Corporation. (2003). *Housing needs of low income people living in rural areas: Literature review*. Ottawa, ON: Canadian Mortgage and Housing Corporation.
- Cariboo Regional District. (2008). Electoral areas [Website]. Retrieved February 26, 2008, from <http://www.cariboord.ca.ca/AboutUs/ElectoralAreas/tabid/94/Default.aspx>
- City of Quesnel. (2007). City of Quesnel [Website]. Retrieved February 26, 2008, from <http://www.city.quesnel.bc.ca/Community/Groups.asp>
- Coburn, D. (2001). Health, health care, and neo-liberalism. In P. Armstrong, H. Armstrong & D. Coburn (Eds.), *Unhealthy times: Political economy perspectives on health and care in Canada* (pp. 45-65). Don Mills, ON: Oxford University Press.
- Creese, G., & Strong-Boag, V. (2005). *Losing ground: The effects of government cutbacks on women in British Columbia, 2001 - 2005*. Vancouver, BC: UBC Centre for Research in Women's Studies and Gender Relations.
- Denzin, N. K. (2003). *Performance ethnography: Critical pedagogy and the politics of culture*. Thousand Oaks, CA: Sage.

- Elections BC. (1999a). Cariboo north electoral district. *Electoral Districts*. Retrieved February 26, 2008, from <http://www.elections.bc.ca/map/edmap1999/cbn.html>
- Elections BC. (1999b). Prince George - Omineca electoral district. *Electoral Districts*. Retrieved February 27, 2008, from <http://www.elections.bc.ca/map/edmap1999/pro.html>
- Elections Canada. (2002). Skeena - Bulkley valley electoral district. Retrieved February 26, 2008, from <http://www.elections.ca/scripts/pss/maps/C59025.pdf>
- Elections Canada. (2003). Cariboo - Prince George electoral district. Retrieved February 26, 2008, from http://www.elections.ca/scripts/pss/InfovoteMain_ne.asp
- Ewart, P. (2002). Discussing alternatives for the north: Presentation to the provincial government's Select Standing Committee on Finances and Government Services in Prince George, BC on October 16th, 2002. Prince George, BC: Active Voice Coalition.
- Finn, G. (1994). The space-between ethics and politics: Or, more of the same? In E. M. Godway & G. Finn (Eds.), *Who is this 'we'?* (pp. 101-115). Montreal, PQ: Black Rose Books Ltd.
- Fiske, J. (2005). And the young man did go north (unfortunately): Reflections on issues in gender and the academy. In M. Hessing, R. Raglon & C. Sandilands (Eds.), *This elusive land: Women and the Canadian environment* (pp. 57-76). Vancouver, BC: UBC Press.
- Fiske, J., Hemingway, D., Peters, H., & Vaillancourt, A. (2003). Northern women's responses to rural economic decline: Implications for housing policies. University of Northern BC, Prince George, BC: Unpublished research proposal.
- Fraser, N. (1990). Struggle over needs: Outline of a socialist-feminist critical theory of late-capitalist political culture. In L. Gordon (Ed.), *Women, the state, and welfare*. Madison, WI: University of Wisconsin Press.
- Friendly, M., & Oloman, M. (1996). Child care at the centre: Child care on the social, economic and political agenda in the 1990s. In J. Pulkingham & G. Ternowetsky (Eds.), *Remaking Canadian social policy: Social security in the late 1990s*. Halifax, NS: Fernwood.

- Fuller, S., Fuller, C., & Cohen, M. (2003). *Health care restructuring in BC*. Vancouver, BC: Canadian Centre for Policy Alternatives.
- Fuller, S., & Stephens, L. (2004). *Women's employment in BC: Effects of government downsizing and employment policy changes 2001–2004*. Vancouver, BC: Canadian Centre for Policy Alternatives.
- Gavey, N. (1997). Feminist poststructuralism and discourse analysis. In M. Gergen & S. Davis (Eds.), *Toward a new psychology of gender*. New York, NY: Rutledge.
- Geller, G., & Joel, J. (1996). Struggling for citizenship in the global economy: Bond raters vs. women and children. In J. Pulkingham & G. Ternowetsky (Eds.), *Remaking Canadian social policy: Social security in the late 1990s*. Halifax, NS: Fernwood.
- Giroux, H. A. (2002). Educated hope in an age of privatized visions. *Cultural Studies/Critical Methodologies*, 2(1), 93-113.
- Goldberg, M., & Long, A. (2003). *A path to poverty: A review of child and family poverty conditions in British Columbia*. Vancouver, BC: Social Planning and Research Council of BC.
- Government of BC. (2003). *The BC heartlands economic strategy: A plan to revitalize our entire province*. Victoria, BC: Queens Printer.
- Griffin Cohen, M. (2004). *Four years of BC policy changes*. Vancouver, BC: Canadian Centre for Policy Alternatives.
- Gubrium, J. F., & Holstein, J. A. (2000). Analyzing interpretive practice. In N. K. Denzin & Y. S. Lincoln (Eds.), *Handbook of qualitative research* (Second ed.). Thousand Oaks, CA: Sage Publications Inc.
- Harder, L. (1999). Depoliticizing insurgency: The politics of the family in Alberta. In P. Armstrong & M. P. Connelly (Eds.), *Feminism, political economy and the state: Contested terrain*. Don Mills, ON: Oxford University Press.
- Harder, L. (2003). *State of struggle: Feminism and politics in Alberta*. Edmonton, AB: University of Alberta Press.

- Hemingway, D., & Hubley, A. M. (2002). A preliminary look at negative and positive aspects of informal caregiving in northern communities: Paper presented to the 24th National Conference of the Alzheimer's Society of Canada, Calgary, AB April 18-20, 2002.
- Hemingway, D., & Plamonden, K. (2005). When advocacy is a necessity: Cuts have forced seniors into political activism. *Perspectives*, 27(2), 10-12.
- Horne, G. (2004a). 2001 economic dependency tables for health service delivery areas. Victoria, BC: Ministry of Management Services: BC Statistics.
- Horne, G. (2004b). British Columbia's heartland at the dawn of the 21st century: 2001 economic dependencies and impact ratios for 63 local areas. Victoria, BC: Ministry of Management Services: BC Statistics.
- Human Resources Development Canada. (1994). Improving social security in Canada: A discussion paper. Ottawa, ON: Government of Canada.
- Ingebrigston, K. (1992). Rural and remote social work settings. In M. Tobin & C. Walmsley (Eds.), *Northern perspectives: Practice and education in social work* (pp. 7-15). Winnipeg, MB: Manitoba Association of Social Workers.
- Jennissen, T. (1996). The federal social security review: A gender-sensitive critique. In J. Pulkingham & G. Ternowetsky (Eds.), *Remaking Canadian social policy: Social security in the late 1990s*. Halifax, NS: Fernwood.
- Keefe, J. M., & Medjuck, S. (1997). The contribution of long term economic costs to predicting strain among employed women caregivers. *Journal of Women & Aging*, 9(3), 3-25.
- Kerr, K. B. (1998). Employment insurance reform: The first monitoring and assessment report. In E. Division (Ed.). Ottawa, ON: Government of Canada.
- Klein, S. (2002). *Reckless and unnecessary: CCPA's analysis, facts, and figures for understanding and challenging BC's January 17 budget and job cuts*. Vancouver, BC: Canadian Centre for Policy Alternatives.
- Klein, S., & Long, A. (2003). *A bad time to be poor: An analysis of British Columbia's new welfare policies*. Vancouver, BC: Canadian Centre for Policy Alternatives.

- Lee, M. (2003). *Bleeding the hinterland: A regional analysis of BC tax cuts*. Vancouver, BC: Canadian Centre for Policy Alternatives.
- Lee, M. (2004). *State of the BC economy 2004*. Vancouver, BC: Canadian Centre for Policy Alternatives.
- Lee, M., Murray, S., & Parfitt, B. (2005). *BC's regional divide: How tax and spending policies affect BC communities*. Vancouver, BC: Canadian Centre for Policy Alternatives.
- Legal Services Society. (2008). Legal aid offices [Website]. Retrieved March 8, 2008, from http://www.lss.bc.ca/legal_aid/legal_aid_offices.asp
- Lyon-Callo, V., & Hyatt, S. B. (2003). The neoliberal state and the depoliticization of poverty: Activist anthropology and "ethnography from below". *Urban Anthropology and Studies of Cultural Systems and World Economic Development*, 32(2), 175-204.
- Marshall, C. (1999). Researching the margins: Feminist critical policy analysis. *Educational Policy*, 13(1), 59-77.
- Marshall, D. (2002). *Down the value chain: The politics and economics of raw log exports*. Vancouver, BC: Canadian Centre for Policy Alternatives.
- Martin, P. (1995). Budget speech. In Ministry of Finance: Government of Canada. Retrieved February 25, 2008 from <http://www.fin.gc.ca/budget95/speech/SPEECHE.html>
- Medical Research Council of Canada, Natural Sciences and Engineering Research Council of Canada, & Social Sciences and Humanities Research Council of Canada. (2003). Tri-council policy statement on ethical conduct for research involving humans. In Medical Research Council of Canada: Public Works and Government Services Canada.
- Minister of Finance. (2002). Budget speech. In Ministry of Finance: Government of BC. Retrieved February 25, 2008 from <http://www.bcbudget.gov.bc.ca/2002/Speech/default.htm>
- Minister of Finance. (2001). Tax relief, sound fiscal management to boost economy. Communications News release July 31, 2001. Victoria, BC: Government of BC.

- Minister of Finance. (2001). Government honours tax cut promise. Communications News release June 6, 2001. Victoria, BC: Government of BC.
- Minister of Finance & Office of the Premier. (2001). Fiscal panel reveals significant structural deficit. Communications News release July 23, 2001. Victoria, BC: Government of BC.
- Ministry of Children and Family Development. (2002). Ministry of Children and Family Development: Service plan 2002/2003 to 2004/2005. Victoria, BC: Government of BC.
- Ministry of Children and Family Development. (2008). Foster care: Levels of care [website]. Retrieved March 3, 2008, from http://www.mcf.gov.bc.ca/foster/foster_home_model/levels.htm
- Ministry of Finance & Ministry of Health Services. (2002). MSP premiums increased to fund wage costs. Communications News release February 7, 2002. Victoria, BC: Government of BC.
- Ministry of Health. (2007a). Home and community care policy manual: Chapter: 8 financial management; section H: payment to family members. Victoria, BC: Government of BC. Retrieved March 3, 2008, from <http://www.health.gov.bc.ca/hcc/pdf/policy2.pdf>
- Ministry of Health. (2007b). Home and community care policy manual: Payment to family members. Victoria, BC: Government of BC.
- Ministry of Health. (2007c). Home and community care: A guide to your care. In Community Health. Services Victoria, BC: Government of BC. Retrieved March 3, 2008, from http://www.health.gov.bc.ca/library/publications/year/2007/Guide_to_Your_Care_Booklet2007_Final.pdf
- Ministry of Health and Ministry Responsible for Seniors. (2001). Performance plan 2001/02-03-04. Victoria, BC: Government of British Columbia.
- Ministry of Health Planning. (2002). A picture of health: How we are modernizing British Columbia's health care system. Victoria, BC: Government of BC.
- Ministry of Health Services. (2002). A new era update: Annual report 2001/02. Victoria, BC: Government of British Columbia.

- Ministry of Health Services. (2003). Province will develop 3,500 supportive living units. Communications News release April 22, 2003. Victoria, BC: Government of BC.
- Ministry of Health Services. (2001). Government restructures delivery of patient care. Communications News release December 12, 2001. Victoria, BC: Government of BC.
- Ministry of Human Resources. (2003). Ministry of Human Resources 2002/03 annual service plan report. In Ministry of Social Development and Economic Security. Victoria, BC: Government of BC.
- Ministry of Human Resources. (2002). New acts provide assistance, opportunity and independence. Communications News release April 22, 2002. Victoria, BC: Government of BC.
- Morse, J. M., & Field, P. A. (1995). *Qualitative research methods for health professionals* (2nd ed.). Thousand Oaks, CA: Sage.
- Mullaly, B. (1997). *Structural social work*. Toronto, ON: Oxford University Press.
- Neuman, W. L. (2003). *Social research methods: Qualitative and quantitative approaches* (5th ed.). Boston, MA: Allyn and Bacon.
- Northern Health. (2005). Northern health strategic plan 2004-2008. Prince George, BC: Northern Health Authority.
- Northern Health. (2007a). Health care in the North in 2006-2007: Northern health's annual report on health services in the Lakes/Omineca area and across northern British Columbia. Prince George, BC: Northern Health Authority.
- Northern Health. (2007b). Health care in the North in 2006-2007: Northern health's annual report on health services in the Quesnel area and across northern British Columbia. Prince George, BC: Northern Health Authority.
- Northern Health. (2007c). New beds to provide more care options for seniors in Quesnel. Retrieved February 26, 2008, from http://northernhealth.ca/News_Events/Media_Centre_and_News/20070322_DunrovinParkLodgetendercall.asp

- Northern Health. (2008a). Quesnel health services. Retrieved March 3, 2008, from http://www.northernhealth.ca/About/Quick_Facts/default.asp
- Northern Health. (2008b, February 25, 2008). Quick facts about Northern Health. Retrieved February 25, 2008, from http://www.northernhealth.ca/About/Quick_Facts/default.asp
- Office of the Premier. (2002). Government begins three-year restructuring. Communications News release January 17, 2002. Victoria, BC: Government of BC.
- Patton, M. Q. (2002). *Qualitative research and evaluation methods* (3rd ed.). Thousand Oaks, CA: Sage Publications.
- Potter, J., & Wetherell, M. (1987/1998). *Discourse and social psychology: Beyond attitudes and behaviour*. Thousand Oak, CA: Sage Publications.
- Pulkingham, J., & Ternowetsky, G. (Eds.). (1996). *Remaking Canadian social policy: Social security in the late 1990s*. Halifax, NS: Fernwood.
- Quesnel Child Youth and Family Network. (2007). Quesnel child youth and family network website. Retrieved February 26, 2008, from <http://www.quesnelnetwork.com>
- Quesnel Community and Economic Development Corporation. (2005). *Quesnel & area community and economic profile*. Quesnel, BC: Quesnel Community and Economic Development Corporation.
- Quesnel Contact Line. (2007). Quesnel contact line community resource directory. Retrieved February 26, 2008, from <http://www.contactline.bc.ca/>
- Raphael, D. (2001). From increasing poverty to societal disintegration: How economic inequality affects the health of individuals and communities. In P. Armstrong, H. Armstrong & D. Coburn (Eds.), *Unhealthy times: Political economy perspectives on health and care in Canada* (pp. 223-246). Don Mills, ON: Oxford University Press.
- Reinharz, S. (1992). *Feminist methods in social research*. New York, NY: Oxford University Press.

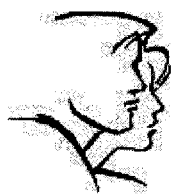
- Rose, D. (2001). Revisiting feminist research methodologies: A working paper. Retrieved September 24, 2004, from http://www.swc-cfc.gc.ca/pubs/revisiting/revisiting_e.pdf
- Rosenthal, C. J., Martin-Matthews, A., & Matthews, S. H. (1996). Caught in the middle? Occupancy in multiple roles and help to parents in a national probability sample of Canadian adults. *Journal of Gerontology: Social Sciences*, 51B(6), S274-S283.
- Saukko, P. (2003). *Doing research in cultural studies: An introduction to classical and new methodological approaches*. London, UK: Sage Publications.
- Schmidt, G. (2000). Remote, northern communities: Implications for social work practice. *International Social Work*, 43(3), 347-339.
- Simon-Kumar, R. (2004). Negotiating emancipation: The public sphere and gender critiques of neo-liberal development. *International Feminist Journal of Politics*, 6(3), 485-506.
- Statistics Canada. (2001a). Community profiles: Fraser Lake [Data file]. Retrieved May 9, 2005, from <http://www12.statcan.ca/english/profil01/Details/details1.cfm>
- Statistics Canada. (2001b). Community profiles: Quesnel [Data file]. Retrieved May 12, 2005, from <http://www12.statcan.ca/english/profil01/CP01/Index.cfm?Lang=E>
- Statistics Canada. (2005). 2001 federal electoral district profile [Data file]. Retrieved February 25, 2008, from <http://www12.statcan.ca/english/census01/products/standard/fedprofile/RetrieveTable.cfm>
- Statistics Canada. (2006a). Community profiles: Fraser lake. Retrieved December 4, 2007, from <http://www12.statcan.ca/english/census06/data/profiles/community/Details/Page.cfm>
- Statistics Canada. (2006b). Community profiles: Quesnel [Data file]. Retrieved December 5, 2007, from <http://www12.statcan.ca/english/census06/data/profiles/community/Details/Page.cfm>
- Statistics Canada. (2006c). Women in Canada: A gender-based statistical report (5th ed.). In Social and Aboriginal Statistics Division. Ottawa, ON: Government of Canada.

- Statistics Canada. (2007). Hours spent doing unpaid housework [Data file]. Retrieved March 1, 2008, from <http://www12.statcan.ca/english/census01/products/standard/themes/RetrieveProductTable.cfm>
- Sutherns, R., McPhedran, M., & Haworth-Brockman, M. (2004). *Rural, remote and northern women's health: Policy and research directions*. Ottawa, ON: Centres of Excellence for Women's Health.
- Townson, M. (1997). *Women and the economy: Long-term policy research issues*. Ottawa, ON: Status of Women Canada.
- Townson, M., & Hayes, K. (2007). *Women and the employment insurance program*. Toronto, ON: Canadian Centre for Policy Alternatives.
- True, J. (2003). Mainstreaming gender in global public policy [electronic version]. *International Feminist Journal of Politics*, 5(3), 368-396.
- Tuhiwai-Smith, L. (2001). *Decolonizing methodologies: Research and indigenous peoples*. Dunedin, NZ: University of Otago Press.
- Village of Fraser Lake. (2001a). Fraser Lake, British Columbia: Demographics [Website]. Retrieved February 25, 2008, from <http://www.investnorthernbc.com/communities/fraserlake/Demographics.htm>
- Village of Fraser Lake. (2001b). Fraser lake, British Columbia: Services [Website]. Retrieved February 26, 2008, from <http://www.investnorthernbc.com/communities/fraserlake/Demographics.htm>
- Village of Fraser Lake. (2007). Economic development profile [Website]. Retrieved December 6, 2007, from http://www.investnorthernbc.com/communities/fraserlake/Economic_Development.htm
- Williams, P., Deber, R., Baranek, P., & Gildiner, A. (2001). From Medicare to home care: Globalization, state retrenchment, and profitization of Canada's health-care system. In P. Armstrong, H. Armstrong & D. Coburn (Eds.), *Unhealthy times: Political economy perspectives on health and care in Canada* (pp. 7-30). Don Mills, ON: Oxford University Press.

Young, I. M. (1990). *Justice and the politics of difference*. Princeton, NJ: Princeton University Press.

Zapf, M. K. (2001). The geographic base of Canadian social welfare. In J. Turner & F. Turner (Eds.), *Canadian social welfare* (4th ed., pp. 67-79). Toronto, ON: Pearson Education Canada Inc.

APPENDIX 1 – LETTER OF INTRODUCTION

**VOICES OF WOMEN:****CAREGIVING and SHELTER DURING ECONOMIC DECLINE**

December 22, 2004

Dear :

I am writing to tell you about a research project that is about to begin in your community and to ask for your assistance in letting women know about how they can participate in the project. Many northern rural communities in British Columbia are experiencing rapid economic decline. This can be seen in loss of employment, families leaving the community, declining property values, social changes, and pressure on communities to change or develop new economic strategies. All of these things mean change for the communities themselves as well as for networks of support such as families, friends and co-workers.

“Voices of Women: Caregiving and Shelter During Economic Decline” is a community-based research project that is focused on understanding how these changes in our economy and communities are affecting women’s lives. We especially want to better understand how women’s responsibility for their families (particularly children, seniors and family members with disabilities), and their jobs caring for others in their community (paid, unpaid and volunteer) are affected by the economic changes being experienced in the north. We are also specifically interested in how housing issues affect women’s caring roles. For example, what happens to the caring responsibilities of women when a family has to move away from the community or can no longer afford to live in their home?

The first stage of the project is to bring women together in each community to share more specific information about our plans as well as to get their input and to connect with women who may want to become participants. The project is being done in four northern communities: Quesnel, Prince George, Fraser Lake, and Prince Rupert. We are hoping that 20-25 women in each community who care for others in their family or who work or volunteer as caregivers will decide to participate. Each participant will be asked to take part in a one-on-one confidential interview about her own experience.

I will be calling you early in the new year to talk about how you and/or your organization might be involved in helping us get started. We are hoping you can help us connect with women in your community and are looking for suggestions about locations for a community meeting. I look forward to talking with you about the project.

Sincerely,

Anne Burrill
Research Assistant

APPENDIX 2 – LETTER OF INVITATION TO COMMUNITY MEETING

**VOICES OF WOMEN:****CAREGIVING and SHELTER DURING ECONOMIC DECLINE**

February 9, 2005

Dear :

Thank you for your interest, enthusiasm and suggestions with regard to arranging a community meeting to discuss our project and to hear from you about the Quesnel community. I am writing to confirm the details of the meeting and to invite your attendance. As I mentioned during our phone conversation, please feel free to bring along colleagues and other women who you think might be interested in hearing more about the project. The meeting will be held:

March 4, 2005

9:00 am – 12:00 noon

North Cariboo Aboriginal Family Program Society

423 Elliott Street

Please join us for lunch following the meeting.

Our focus for the meeting will be to share information about the Voices of Women project as well as to hear your input about the impact of economic shifts on women's caregiving roles and their access to housing. The information you share with us will help us to understand the community and will guide us in the research process. Our next step will be to individually interview 20 – 25 women who care for others in their family or who work or volunteer as caregivers. Attending the meeting does not mean that we will expect you to agree to be interviewed, nor are you required to attend the meeting to participate in an interview.

Heather Peters and I will be facilitating the meeting, and I look forward to meeting you in person and hearing more about the caregiving work you and other women do in Quesnel.

Sincerely,

Anne Burrill

Research Assistant

(250) 398-6315 or email: anneb@midbc.com

APPENDIX 3 – CONSENT FORM

INFORMED CONSENT FORM

The purpose of an informed consent is to ensure that you understand the purpose of this project and how you will be involved.

PROJECT TITLE: Women's Responses to Rural Economic Decline: Implications for Housing Policies

PURPOSE: You are invited to participate in a study of the ways in which recent economic decline in your community has affected your roles of caregiving in your family and community. We are interested in how the economic circumstances, caregiving obligations and housing decisions affect one another.

YOUR INVOLVEMENT: We are asking you to participate in a focus group with several other women from your community (approximately 3 hours long) and/or to complete a confidential interview (approximately 2 hours long). The focus group and your personal interview will be tape-recorded and notes taken by the researcher for later analysis. You will receive a copy of the focus group and interview transcripts to review before your information is used.

RISKS AND BENEFITS: There are no known risks associated with your participation. However, if following your involvement, you wish additional support, you will be referred to an appropriate service provider. Possible benefits include influencing government policy to better reflect the needs of women facing the effects of economic decline.

RIGHT TO WITHDRAW: You have the right to refuse to answer any question. You have the right to withdraw consent and discontinue your participation at any time.

ANONYMITY/CONFIDENTIALITY AND DISTRIBUTION OF RESEARCH

FINDINGS: Interview participants will be asked to select a pseudonym for the duration of the study. Identifying personal information will be deleted from focus group and interview transcripts and excluded from reports and scholarly works arising from this study. All documents will be stored in a locked filing cabinet in a secure office. Access will be available only to the researchers and designated research assistants. Consent forms will be stored separately from all other documents. Data collected, including any tapes, transcripts, and consent forms, will be destroyed within 5 years of the completion of the project. A summary of research results will be provided to you upon completion of the project. Subsequent reports and scholarly works will also be available to you through secure electronic posting on the Women North Network.

PROJECT FUNDING: This project is funded by the Social Sciences and Humanities Research Council.

PROJECT PERSONNEL: If you have any questions or want to know more about this project, please contact:

Dr. Jo Anne Fiske
Co-ordinator, Women's Studies OR
University of Lethbridge
jo-anne.fiske@uleth.ca
(403) 380-1833

Dawn Hemingway, MSc, MSW
Assistant Professor, Social Work
University of Northern British Columbia
hemingwa@unbc.ca
(250) 960-5694

If you have any concerns or complaints about this project, you may also contact:

Dr. Dennis Fitzpatrick
Associate Vice President Research
University of Lethbridge
Dennis.fitzpatrick@uleth.ca
(403) 329-2214

Dr. Max Blouw
Vice President Research
University of Northern British Columbia
blouw@unbc.ca
(250) 960-5820

I have read the consent form and am willing to participate in this study as described.
I am aware that I may discontinue my involvement whenever I wish.

Date _____
Name _____
Signature _____
Witness _____

APPENDIX 4 – PARTICIPANT SCREENING FORM

**VOICES OF WOMEN:****CAREGIVING and SHELTER DURING ECONOMIC DECLINE****Participant Screening Form – Interviews****Community: Fraser Lake**

Name	
Contact Information Mailing Address: Phone: Email:	
Birth date/Age	
Employed? Where? Type of employment? Volunteer work:	
Briefly tell me about the caregiving you do	
Who is care provided to – i.e. parent, adult child, young children, etc.	
Type of Caregiving	<input type="checkbox"/> Family member <input type="checkbox"/> Friend/other <input type="checkbox"/> Volunteer <input type="checkbox"/> Paid
Interview availability (dates, times, etc.)	
Location for interview (home, other) Residence Address?	
Any special needs? Transport; hearing; etc.	

APPENDIX 5 – INTERVIEW QUESTIONS

Interview Guide**Principles for Questioning/Interviewing:**

- 1) Sustain a ‘conversational’ manner
- 2) Keep questions few in number and as open as possible but follow a list of prompts to encourage direction and substance of the conversation.
- 3) Let the participant lead the conversation with respect to feelings, personal experiences wherever possible and follow through with prompts in the least intrusive manner possible.

For Unpaid Caregiving

Begin: with an intro to what we want to know.

Follow through with:

- 1) Are you currently looking after anyone among your family, friends or in the community?

Prompt: Would you share with me what this requires of you? Provide further prompts as needed to get details such as: What is a typical day? What kinds of emergencies or unexpected demands do you experience?

- 2) Can you tell me how caring for (name) affects your life?

use prompts: daily routine, social life, your finances/budgets, family relations, employment, transportation, etc.

- 3) What support do you have in the community to help you care for _____ (insert name of person receiving care)?

Prompts: do you get sufficient support? Do you get help from family or friends? What is missing? Have there been any changes? Can you tell me about them? Government policies?

- 4) What is happening in _____ (community name) that either helps or hinders you in caring for _____ (insert name)?

Prompts: community services, community groups, churches, etc. residential care, getting information, getting trained, seniors housing, institutional care for disabled etc., medical services, transport, shopping, communication transportation economy

5) If you were not caring for _____ would you be living anywhere else or would you still choose to be living in _____ (name of community)?

If necessary ask: What keeps you here? What are your future plans? What things are important to you in choosing where to live? Community, Housing

Prompts: housing, home services (eg. Personal care, cleaning and home maintenance respite care food preparation)

6) Does your current housing meet your needs? How so?

Prompt for caregiver and recipient; do you anticipate any changes?

7) In an ideal world, what care giving services and supports would you like the community and the governments to offer?

8) How do you feel about the caregiving you do?

9) What advice would you offer other women who might find themselves in your position of caregiving?

Prompt: Looking after yourself

For those engaged in caregiving work in multiple roles:

I notice that you have more than one role in giving care. You are caring for _____. I would like to know more about how that affects your life, in particular how you and the people you care for decide where you live?

How do you juggle all your caregiving roles?

Prompts: What helps you, community services, friends and family, internet, self-help groups, etc.? What makes juggling these roles most difficult? What do you need and what is missing in your community?

Prompts: are your decisions affected by issues of housing? Rentals, sales, social housing, special needs residences etc.

For Paid Caregivers

Begin: with an intro to what we want to know.

Follow through with:

1) Please begin by describing your work in caregiving.

Prompts: employer, daily routine challenges to giving care,

2) Can you tell me something about the clients you serve? Are they elderly, chronically ill, living at home in a residence?

Prompts some details on who is cared for some details on the life circumstances of the clients with respect to economic, social and housing details, family present or absent

3) How has your job changed over the last 5 years?

Prompts: change in community demographics

Change in government policy

4) Has there been any change in the resources available to you in serving your clients/patients?

Prompts: health professionals, social services, homemakers, etc. Other staff, Loss of government services to call lines, web sites etc.

5) How do you feel about the caregiving you do?

6) What are the greatest challenges to your work in caregiving?

7) Have you ever thought of leaving your work and leaving your community?

Prompts: what keeps you here? What would it take for you to leave your volunteer work or community? Is that likely to happen?

8) What is good about your life in this community?

Prompts: housing, services, cost of living

Where do you find your connections to a sense of community: through your neighbourhood, paid work, volunteer work, family, other?

9) Tell me about your home and the area you live in. What has influenced you in choosing your current home and its location?

Prompts: What would cause you to move out of your current home? Does your paid work have any influence on your choice of where you live?

For those engaged in caregiving work in multiple roles:

How do you juggle all your caregiving roles?

Prompts: What helps you, community services, friends and family, internet, self-help groups, etc.? What makes juggling these roles most difficult? What do you need and what is missing in your community?

Volunteer Sector

Begin: with an intro to what we want to know.

Follow through with:

1) Please begin by describing your volunteer work in caregiving.

Prompts: routines, time taken, who is cared for, membership in organizations (eg. Legion, church)

2) What led you to volunteer to take care of others in your community?

3) How long have you been volunteering? Has the situation changed for you since you first started?

Prompts: are you doing more volunteer work, are you facing new challenges, are you doing more or less

4) Has there been any change in the resources available to you as you do your volunteer caregiving?

Prompts: health professionals, social services, homemakers, etc. Other staff, Loss of government services to call lines, web sites etc.

5) How do you feel about the caregiving you do?

6) What are the greatest challenges to your volunteer work in caregiving?

7) Have you ever thought of leaving your volunteer work and leaving your community?

Prompts: what keeps you here? What would it take for you to leave your volunteer work or community? Is that likely to happen?

8) What is good about your life in this community?

Prompts: housing, services, cost of living

Where do you find your connections to a sense of community: through your neighbourhood, paid work, volunteer work, family, other?

9) Tell me about your home and the area you live in. What has influenced you in choosing your current home and its location?

Prompts: What would cause you to move out of your current home? Does your volunteer work have any influence on your choice of where you live?

For those engaged in caregiving work in multiple roles:

How do you juggle all your caregiving roles?

Prompts: What helps you, community services, friends and family, internet, self-help groups, etc.? What makes juggling these roles most difficult? What do you need and what is missing in your community?