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‘Not your “poor dear”’: Practices and politics of care in women’s non-profit housing in Vancouver, Canada

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Care is a political process, a set of social relations, and a marketized product. The spatialization of care is complicated when there are diverse caring relations within sites of marketized care. I focus on how care is produced and conceived in non-profit housing for women, in Vancouver, Canada, and how people experience and feel about their homes. I demonstrate the significance of mutual care, caring relations that subvert the giver-receiver hierarchy, and socio-spatial practices that enact care in ways that seek to rewrite structural and historical oppressions that shape women’s experiences of housing. I argue that care in this non-profit housing is entwined within a set of relationships, which range from communal practices of care to friction and fragility. This underscores that relationships of care remain susceptible to politics, conflict, and institutional shifts. Finally, I theorize that the provision of mutual care from tenants to their neighbours is a significant element within a wider complex of care in non-profit housing sites.

Keywords: non-profit housing; care; home; women’s housing; Vancouver, Canada

Introduction

On a late November afternoon in a non-profit housing building in Vancouver, Canada, tenants arrive in the shared community room for lunch. As they eat, they begin to meet their neighbours. One woman remarks that it was nice to live somewhere where her neighbours would knock on her door and check on her, as she had been having health issues. Days later, Canadian Prime Minister Justin Trudeau released the nation's federal housing strategy, a C\$40-billion 10-year plan intended to 'give more Canadians a place to call home' that prioritizes safety and individuals 'most in need' (Government of Canada 2017, 4-5).

These examples remind us that care and care work exist across scales and in different spatial contexts. Neoliberal state roll-backs across global North countries since the 1980s have reduced state-supported care and increased the marketization of care and provision of care through non-profit organizations (Peck and Tickell 2002; Raghuram 2016; England 2010). These shifts heighten a 'care-economy divide', where care as a marketized commodity is privileged over care as social relations (Green and Lawson 2011). The marketization of care reinforces the idea that successes are achieved as autonomous individuals without relying on, or benefitting from, the care of others—when in fact, care is multidirectional, reciprocal, and interdependent (Lawson 2007). This divide is reinforced through hegemonic assumptions that care occurs in a narrow range of places, in specific ways, performed by particular groups of people (Green and Lawson 2011). Within non-profit housing, the marketization of care has normalized the presence of funding shortfalls and entwined practices of care with market-based relationships, including funding competitions and ensuring that the 'outcomes of care' are quantifiable, to encourage continued state funding (Cox 2013; Green and Lawson 2011). The importance of caring social relationships has been reduced because the

institutionalization of care means that care can occur without being particularly caring (Raghuram 2016; Green and Lawson 2011).

Yet, care is something that everyone needs, is involved in, and is affected by, as care is simultaneously (waged and unwaged) work, relational practice, and political. Fisher and Tronto define care as ‘a species activity that includes everything we do to maintain, continue and repair our “world” so that we can live in it as well as possible’ (1990, 40). The marketization of care has brought new challenges around conceiving and practicing care. Although the care-economy divide is a useful framework, there remains a gap in our understanding of marketized care settings like non-profit housing, where valued forms of care exist as both commodities and social relations.

Geographers have begun to theorize the intricate relationships between housing and care, illustrating diverse interactions between the two, yet there is much we do not understand about how different aspects of housing shape practices and experiences of care (Power 2019; Power and Gillon 2019; Ruming and Zurita 2020; Power and Williams 2019). My analysis builds on this contemporary discussion, theorizing relations of care that occur in the urban spaces of non-profit housing and illustrating how the nature of the non-profit housing sites shape tenants’ experiences and relations of care. I argue that conceptions, interactions, and practices of care are deeply connected to tenants’ sense of home within their housing. I suggest that non-profit housing developments are spaces where both sides of the care-economy divide co-exist and intertwine. In these sites, forms of mutual care and caring relations subvert the giver/receiver dynamic often theorized in poverty assistance contexts. Examining care within the context of non-profit housing illuminates how care can exist both as work and a series of multidirectional, interdependent, and intertwined social relations.

My case study of three non-profit housing developments for women in Vancouver, Canada, on the unceded territories of the Musqueam, Squamish, and Tsleil-Waututh Nations, demonstrates that tenants' notions of home, support, and community are shaped by how they experience, practice, and understand care. Care in housing occurs as work, but importantly care is also embedded in relationships that contribute to how people feel about their homes. Understanding how and why people care in this context illuminates how centring social caring relations in spaces of marketized care can support and value the work of care provided by both staff and tenants in low-income housing developments.

This paper focuses on the experiences of women because care has long been gendered with women taking on much of the work, heightened through the roll-back of state social services (England 2010); and because women experience higher rates of poverty than men in Canada and typically face housing barriers ranging from difficulties in obtaining a loan or a lease, to safety from gender-based violence, to social and economic inequalities (Lichtenstein and Weber 2015; Gilroy et al. 1994). I begin with a discussion of contemporary theoretical approaches to geographies of care and home in housing. Next, I describe my empirical context and methods. I then explore how care exists in these housing sites, the relationship between individuals' conceptions of care and their understandings of home, and how care is conceived and practiced by different groups. The paper concludes with a discussion focused on the multidirectional relationship of care work and home as it relates to the care-economy divide, exploring the role of feminist care ethics context of non-profit housing for women.

Finding care in home

The connections between housing, care, and home have been established primarily

through housing as the site of care work and home in the private sphere. Recent work in geography has begun to theorize the importance of understanding housing *through* home and care, while illustrating that there is opportunity to expand our understandings of these connections further (Power and Mee 2020; Power 2019; Power and Gillon 2019). To develop these connections in the context of non-profit housing for women, I focus on intersections between literatures that theorize geographies of home, care, and feminist ethics of care.

On its own, home is a distinct and valuable concept through which to understand individuals' relationship to their housing. There is no universal experience of home, and home can be a physical place or a set of feelings, or both (Blunt and Dowling 2006; Mallet 2004; Brickell 2012). Home is spatialized, politicized, and multi-scalar. Lived and imagined experiences of home shape individuals' sense of self (Blunt and Dowling 2006). Further, critical geographies of home take seriously feminist and political interrogations of home, especially arguments that home can be oppressive as well as a site of resistance. Home is experienced and conceptualized differently by various communities and identities, including Indigenous people, women, and people of colour. These experiences shape how home is understood and produced. Yet, the conflation of housing and home is problematic: Having housing does not automatically mean having a home and home does not always connote a physical building as it can imply relationships to land. Home can further be a 'site of resistance' where 'we can heal our wounds and become whole' (hooks 1991, 388-389). I understand home as multi-scalar, fluid, and entwined with broader economic, social, and political processes and relations (Blunt and Dowling 2006). This includes care, as something that is 'integral to the ideas of home,' in part because care and home are often situated as domestic, private practices (Mee 2009, 845; Power and Mee 2020).

Care geographies often begin with Tronto's (2013) five elements of care, which include caring about, taking care of, caregiving, and care receiving and caring with. Care occurs through everyday encounters and is comprised of feelings and practice, and care work is relational, multidirectional, and involves interdependency and reciprocity (Milligan and Wiles 2010; Conradson 2003). Care work is deeply political, because the work of care is unequally distributed to women, people of colour, and low-income individuals. Care work has many contradictions: while care can be enjoyable or fulfilling, it can be undervalued or a source of exploitation (Cox 2010; Raghuram 2016). Care can be uncaring and 'relations of care are relations of power' (Bartos 2018, 67). Geographers have situated care within place and have examined how care and care work exist across scales and in different spatial contexts (Huang 2016; Brown et al. 2014).

I theorize care and home within a spatialized feminist ethic of care to analyze the geographies connected to sites, spaces, and relationships of care (England 2010). A feminist ethic of care begins with the understanding that we are relational, interdependent, connected beings (Smith 2005; England 2017). This ethic challenges the simplicity of the caregiver/care-receiver relationship, emphasizes the relationality and collectivity of care, and recognizes the embeddedness of power in all aspects of care. A feminist ethic of care directly challenges '(neo)liberal principles of individualism, egalitarianism, universalism, and of society organized exclusively around principles of efficiency, competition, and a "right" price for everything' (Lawson 2007, 3).

In this paper a feminist ethic of care also provides a means to read 'social policy through care ethics [that] shifts the focus away from a strongly economic, neoliberal interpretation towards framings that value interdependence, reciprocity and connection'

(England 2017, 6). Increasingly, geographers engage feminist care ethics to emphasize the relational aspects of care in housing. These interventions are happening as both care and housing continue to be reworked through neoliberal market logics, so ‘reconceptualizing housing through an ethic of care is an effort to make visible, re-vision and re-value the caring possibilities and constraints of housing’ (Power and Mee 2020, 486). Experiences of care in housing vary across tenure, materialities of housing, social policy, and relationships between staff and tenants (Power and Gillon 2019; Power and Williams 2019; Ruming and Zurita 2020). Recent geographies of care and housing illustrate the importance of challenging neoliberal, hegemonic discourse that positions care as individualized and private, instead pointing to the many conditions and contexts in which care is relational and impacts housing experiences and histories. In conversation with this work, my analysis develops our understandings of emergent, relational, possibilities for care by considering tenants’ relations and conceptions of care and home in non-profit housing.

Non-profit housing in Vancouver

I conducted research in 2017-2018 in housing managed by two non-profit organizations in Vancouver, Canada: Sage Park (supportive housing for women with permanent, transitional, and palliative care units); and Mavis McMullen and Haley Place (permanent housing for women and women-led families on low or fixed incomes).ⁱⁱ I conducted 136 hours of participant observation via volunteering and 19 semi-structured interviews with tenants, staff, and policymakers. All tenant and staff interviewees identified as cis- and transgender women, and were a range of ages, races, and ethnicities. Thirty percent identified as Indigenous, Aboriginal or First Nations, consistent with the disproportionate number of Indigenous women who are homeless and precariously housed in Vancouver, and a result of settler colonialism (Allan and

Sakamoto 2014; Hugill 2017; Quicke and Green, 2017).

In Sage Park, units are self-contained except for the transitional housing units where tenants share the community kitchen and access social programs. The building has laundry, permits pets, and tenants can receive household supplies like coffee, toilet paper, and shampoo from the staff office, as well as supplies intended to reduce the harms of drug use and sex, including needles and condoms. Staff office windows face the hallway, making tenants and staff visible to each other. Tenants come to the door of the office to chat and make requests, and tenants' guests check-in at this office. There are multiple staff working twenty-four hours, seven days a week. At Mavis McMullen and Haley Place, units are self-contained, including three-bedroom apartments or townhouses that allow pets, have shared amenity rooms, and shared courtyards; with Haley Place also having a playground. Each building has a few part-time staff and tenants formally oversee building security at other times.

During this study, I focused on privileging participants' own understandings of their housing, and specifically, their experiences of their own everyday lives. My positionality as a cisgender woman helped facilitate my access to these housing sites, particularly as they are spaces either exclusively for or dominated by cis and trans women. My positionality as a white, middle-class graduate student also shaped my interactions with participants: for example, tenants typically perceived me to be staff, or occasionally, a resident.

Producing care in women's housing

How do relations, feelings, and spaces of care connect to conceptions of home in non-profit housing for low-income women? When participants described what home was to them, they placed prolonged emphasis on the feeling of home, or a specific place. Most

described their current housing as their home, as a particular feeling and as a place that was warm and comfortable, with safety, security, and privacy. Some said their current housing was the first place they felt they had a home, Bharbara explains: ‘None of them felt like home until I moved into [this building], none of them. They were all like shelters.’ Several participants who had been homeless, or lived in shelters or single-room occupancy hotels, said those places had not felt like homes because they lacked safety, privacy, and comfort.

Having somewhere to live does not automatically mean that someone has a home. This distinction gives value to the exploration of what takes place within housing that might make someone feel that a place is home (Blunt and Dowling 2006). Tenants’ emphasis on feelings, ideas, and identities, bound together by the materiality of home as a place, resonates with Blunt and Dowling’s (2006) conceptualization of home (Easthope 2004). Ruming and Zurita’s (2020) study of public housing relocations found that practices of care were an important part of transforming public/social housing into home. For tenants in these buildings, housing experiences were often shaped through relationships with staff and other tenants. All staff provide care to tenants, but the form the care takes differed among staff members and between housing sites. While some tenants explicitly described feeling cared for by their neighbours and by staff, more frequently they referenced feelings of support, or feelings of community. These sites and forms of caring relations extend beyond care-economy and caregiver-receiver binaries.

Caring for each other

Care is usefully understood as a means of relating to others, rather than simply as an activity bounded by a caregiver-receiver model (McEwan and Goodman 2010). Non-profit housing, as a site of marketized care, could simply be understood as a place where

care occurs via staff caring for tenants through organizational practices. However, this notion overlooks the full complex of care present: staff care provision that extends beyond institutional caring practices and tenants' mutual care. As Mee (2009, 845) argues, caring relationships often 'occur within, and sometimes exceed, the formal structures of care made possible by care providers'.

My evidence suggests that care provided by tenants to their neighbours is a significant element of the wider complex of care in the housing sites. Care among tenants is emotional and practical. As Cherry, a tenant, explains: 'We protect each other, we support each other, you know? ... Yeah because we do, we laugh, we joke, we have fun, we cook, we clean...' Cherry describes the way that neighbours' relationships can prompt feelings of belonging or inclusion. These feelings are often created through everyday and mundane acts of care (Mee 2009). These caring relationships are intergenerational: Tenants help clean the building, children take out garbage for neighbours with limited mobility, elders offer parenting support or babysitting, younger residents look out for elders. Tenant Gail describes younger women 'adopt[ing] those older women so that they would ask them, for Christmas dinner, or Mother's Day dinner, or something like that. And, at the same time, [they] would be able to get help from those [older] women.' Tenants bring back clothing donations for each other and exchange items at donation tables. These examples highlight the importance of the 'everyday' in care work, particularly in the ways that these informal economies in housing posit collective responses to tenants' needs resulting from systemic inequalities (Spade 2020). While in these non-profit housing sites there are staff present to provide formal care, informal relationships of care among tenants suggest most care still comes from family, friends, and neighbours—even in spaces where care is built into the organizational structure (Milligan 2003).

Although non-profit housing is a site of marketized care, there are simultaneously mutual care relations that are more complicated than an individual or institutional caregiver and individual recipient: Care networks extend across and within the housing sites. Tenant Danette described that the closeness of suites contributed to a loss of privacy, but simultaneously, a sense of security: ‘There’s that feeling of, “I’m being seen,”—not in like a creepy surveillance way—but if something were to happen, I feel like there would be people who cared or would hear ... You know that if anything happened and I yelled for help, that it would be heard, which is sort of a good feeling.’ This feeling of being seen and heard provided comfort to several senior tenants. Gail explained that if she was injured in her suite, she could trust that someone would hear her and do something. While care is a practice, simultaneously it is ‘about “feeling”’ and this feeling is what most participants described, rather than focusing on *how* care took place (McEwan and Goodman 2010, 109).

The emotional support that tenants provide one another takes different forms. Many tenants emphasized ‘knowing their neighbours’. While there were limits for some tenants about what they would discuss with their neighbours, knowing others in the building often led to feeling supported, and for some contributed to their feelings of community. Cherry describes:

When I can say hi to people you know, when I can stop and say hello because believe it or not, I’m pretty introverted, even if I say hi to people, that’s about all that I’ll say [...] But then with the people I do engage in conversations with, then yeah...they become a part of my home too, the feeling of home, yeah.

Cherry’s neighbours are entwined with her feeling of home. Home is shaped through relationships with other individuals, as well as relationship to a particular place (Blunt 2017; Christensen and Andrew, 2016). In this case, when tenants describe feeling supported, or feelings of trust, it demonstrates that giving and receiving care is

important in creating feelings of belonging and home in non-profit housing (Mee 2009).

These relationships also suggest a multi-directionality to care relations. Tenants are caring for each other, and the way individuals feel about their housing is further connected to how they interact with others within it. Staff described scenarios where a new tenant would choose not to be involved in social programming nor interact with neighbours, but over time would become involved in the building. This connects to notions of community in these buildings, as one tenant explained: ‘There was a family environment that was occurring, a society within a society kind of thing, that women tend to understand women. And when you put a whole bunch of women together, there’s a lot that can come out of that.’ Feelings or observations of care impacted how tenants interacted with others in their housing: tenants *care with* one another through multidirectional caring relationships.

Caring with is a caring practice grounded in communal solidarity, that is also used to describe the relational emergence of care as a socio-material relation (Tronto 2013; Power 2019). In the case of these tenant relationships, I argue that the nuance of caring *with* someone rather than caring *for* them is key: necessarily challenging the notion that care is only received when someone is unable to care for themselves and shifting conceptualizations of power dynamics within caring relationships (Power 2019; Lopez and Gillespie 2016). Expanding on existing theorizations of caring with, I conceptualize tenant-to-tenant care as constituting mutual relationships of collective care—grounded in solidarity and reciprocity but borne out of the collective necessary response to the failure of state social policy and institutions to provide adequate care (Johnsen et al. 2005; Ruming and Zurita 2020). I argue that without tenants’ care work this housing would not feel like home to them. These relationships are fundamental to tenants’ housing experiences. The characteristics that tenants associate with their

homes—security, privacy, and support—are fundamentally supported through the care work of tenants. These mutual relationships of collective care imagine new political possibilities for how housing and care can be structured.

Staff care

Tenant-to-tenant care is intertwined with the care work of staff in these sites. In Sage Park, the ongoing presence of staff means that many tenants have consistent interactions with them. Staff assist tenants in setting up doctor's appointments, facilitate pest control, and arrange for meetings with housing advocates. If tenants are nervous or uncertain about a health appointment, staff sometimes accompany them. Staff also note which tenants they have seen over a certain time period, and file a missing person's report if someone is unseen over forty-eight hours. Staff facilitate tenants' meetings and provide care through social programs, especially the communal kitchen. Rebecca, a tenant, explained that the staff who runs social programming, 'probably knows the story of each of our lives, from us being in the kitchen. She probably knows the story of everything that upsets us every day.' Tenants noted that if they asked staff for help, they would receive it—including hospital after-care, or support to stop using drugs or alcohol. 'They're there to support you in almost anything you do,' says Rebecca.

In Mavis McMullen and Haley Place, the staff are part-time and do not play the same role in tenants' lives as in Sage Park. Yet, there are similarities in the character of care among the sites. Tenants frequent the staff office for advice about social services or casual conversations. Staff check in on the elders and facilitate tenants' meetings where conflict is addressed, building rules are established, and tenants express their perspectives to staff. A staff member explains that she has a 'protective nature for the tenants, I want them to always be treated with respect,' she wants to 'make sure they

feel valued, they feel acknowledged, they feel listened to,' and that tenants' meetings facilitate this.

As in the case of neighbour care, tenants described feeling the practices of care from staff. Joy, a tenant, explains that staff are invested in the safety of tenants and 'Our various lifestyles and choices that we made, they're supporting them. And they're taking care of us at the same time ... I think that's pretty cool.' Though, staff care relationships necessitates consideration of the embeddedness of power dynamics within care. Power dynamics, along with privacy and control, are impacted by the reordering of public and private spaces (Milligan 2003). For example, the perception of home as a private space suggests that because care workers who provide care within the home are entering the space as guests, with permission from the care-receiver, this could positively shift the power dynamic in favour of care-receivers (Milligan 2003). However, this is not the case in these non-profit housing sites. Tenants often do not have the choice of whether staff are in their housing or not. As paid care workers, staff are entwined with the marketization of care.

Staheli (2003, 819) argues that, 'the values expressed at the policy level and the institutional changes that accompany it are not necessarily the same as the values of people who work in organizations that provide care at the local level.' This is also illustrated by Ruming and Zurita's (2020) work on public housing relocations, where staff were described as going 'above and beyond' and positioned as being more caring than government entities. This remains true in these sites as well. One of Mavis McMullen's early tenants explains that when the building opened, she felt a sense of home and community there. As tenants moved in, a dinner was cooked nightly in the amenity room. '[The staff] just cared about us. And it wasn't a pitiful caring, neither. There's a big difference between the person that looks down at you and says 'Oh you

poor dear.’ Excuse me? [Laughs]. I am not your ‘poor dear,’ let’s get that straight.’

Although staff have institutionalized power, this example indicates that staff are also cultivating a different relation than the powerful giver/vulnerable receiver that typically characterizes marketized care. While staff have institutional power and often greater structural privilege, tenants also expressed that relational encounters with staff led to feelings of agency and being valued.

The performance of care by staff is indicative of multi-scalar power dynamics within care: The care that staff are required to provide is also shaped at a policy and institutional level (McEwan and Goodman 2010). Staff provide care in this housing, and they are underpaid for the amount of work that they do—an issue raised by several tenants. Danette describes, ‘I mean [the staff] is this amazing person, who is bridging this role of building manager and social worker which maybe isn’t really her responsibility, but she does it anyways. And I think that speaks to the reality that there are so many people working in the non-profit sector with more marginalized communities, that just do the work because it needs to get done—and no one else is going to do it.’

Long-time tenants described the necessity of a staff member being able to handle both the financial and the social aspects of the job. Marilyn, a tenant, describes, ‘I like that the staff here aren’t suits. They aren’t, you know, “these are my hours and don’t talk to me about personal stuff” or whatever.’ As a staff member explains, ‘You just deal with the problems that come up.’ In a situation of gender-based violence for example, the staff member would sit down with the tenant, and discuss whether they need a support services advocate, counselling, or a safety plan. The same staff member also explained that ‘because of our mandate [of women’s housing], we do quite a bit more than just what a landlord would do at that point.’

Most of the staff described their work as being difficult and exhausting. One employee stated, 'I'm thinking, okay, any job is easier than this ... seriously, you know, it's a hell of a job.' To manage this, staff will often provide care to each other: through debriefs following difficult or traumatizing events (e.g., conflict, or the death of a resident), as well as checking in with one another and making sure that they take their scheduled breaks during a shift. They also maintain separation from the building: 'I am part, it's a community, it's a home, but at the end of the day the women are not my friends, they're not my family. I do care about them, but I draw that line about how involved you can get.' During participant observation several staff mentioned that they were considering changing their careers. The chairperson of Mavis McMullen Housing Society explains, 'I really do feel that they're underpaid and should be compensated more. They're definitely not in this for the money, and just for some of the things that you're having to deal with, yeah, it's really hard for them. It takes a special person to be able to make it work and also not be burnt out, and deal with stuff skillfully.'

The work experiences of staff in these housing sites points to broader systemic undervaluing of care work. Care work is undervalued due to a traditional association with the private sphere and feminized labour, as well as the work of care being predominantly carried about by people of colour and women (Green and Lawson 2011). Given this labour distribution, the resulting compensation, where it exists, is situated firmly within hierarchies of race and gender (Cox 2010; Dyck 2005). Further, feminist analysis has demonstrated that care work suffers a 'wage penalty' because care workers are expected to receive personal fulfillment and satisfaction from their labour in these sectors (England et al. 2002). Care work and care politics intersect in staff experiences in these sites, which is illustrative of the complicated ways that underpaid and

undervalued care work in some ways relies on an individual's own desire to extend care politics.

Overall, in these non-profit housing sites the work of care is provided through specific caring relationships that contribute to tenants and staff feeling care within these buildings. During interviews, these feelings were often described explicitly, such as a feeling of being 'cared for' or 'caring about' someone. When participants were discussing these feelings though, they also often described feeling at home, or feeling a sense of community and support in the building, indicating how feelings of home and community shaped how they experienced or provided care within their housing, and *vice versa*.

Spaces of care

The caring relationships that exist between tenants, and between staff and tenants, are indicative of ways that both aspects of the care-economy divide intersect with each other within non-profit housing. Tenant experiences of feelings and relationships of care in their housing are further supported by particular spaces of care that have been intentionally created in these buildings. Care relationships are fundamentally shaped by where they take place (Milligan and Wiles 2010). Spaces of care are relational, mutually produced, and are spaces where care is given and received (Mee 2009). In these non-profit housing sites, shared spaces in each building are the most explicit spaces of care.

Sage Park, Haley Place, and Mavis McMullen all have at least one communal space where residents can gather with one another outside of their units. In Sage Park, there is a communal kitchen and daily food programming where women meet to prepare food with the support of staff, as well as holiday dinners where many residents sit together at the large dining table and share a meal. Connecting spaces of care to the development of social relationships, a staff member explains: 'I think for [tenants] that's

[the holiday dinners] more home-like, and it feels like they're sitting as a family, because a lot of them are estranged from their family. So, we're their family for a lot of them.'

Haley Place and Mavis McMullen also have amenity rooms and a shared courtyard. In Haley Place, tenants often book an amenity room for a children's birthday party, family events, tenants' meetings, or social programs. On occasion, the rooms are used for meetings with social workers or other support services. During interviews, several participants from the three buildings made reference to communal spaces as connected to their feelings of home and community.

A staff member emphasized that it was important for the buildings to feel comfortable to residents, explaining: 'It's nice to have a clean building, but if it's too institutional, Aboriginal history is filled with institutions, right? Whether it's residential schools or jail? It's nice to have a little bit of comfort.' The physical space of a care site is important because it can symbolize and invite different relations and histories (Dyck 2005). Staff explained that because the building had fewer residents than other types of housing, staff were able to have closer relationships with tenants—meaning that they could do a better job addressing tenants' specific needs. For example, after a resident had surgery and was unable to pay for aftercare, the housing organization covered the costs. Without this, the staff described, 'she would've literally been without care.' The materialities of housing impact care relations, including how care occurs and is negotiated, and these staff reflections are illustrative of the role that aesthetics and the materiality of care can play (Power and Mee 2020).

Beyond communal spaces, these non-profit housing sites exist as spaces of care through their organizational policies. Many tenants and staff from Haley Place and Mavis McMullen emphasized that a key factor separating them from other housing

providers was a policy requiring that a woman's name must be on the lease for the apartment, which aligns with their mandate of being women-led housing. This means that if a woman is living with a man, and there is a dispute or the relationship ends, it is the man who leaves. This intentional strategy positively shifts the gender dynamic in housing, as several participants described previous housing experiences where they had lost their housing because they had refused to provide to engage in sexual activities with a man they were living with, or because their personal safety was at risk. By implementing this policy in a space of marketized care, the organization is enacting care by attempting to rewrite structural oppressions that shape some women's experiences of housing.

Care also occurs through a non-profit's organizational practices around evictions. In one organization, evictions are generally seen as a last resort and evictions that do happen are rarely to street homelessness. A staff member explains: 'It's a really dire situation [for housing] ... so evicting someone at this point is not something you're going to take lightly ... you're just going to try to work, try to find another solution.' If a tenant cannot pay their rent, the staff will check in on them and will typically arrange a repayment agreement, with support from the board of directors. As a staff member describes:

Generally, my evictions take like eight months to a year to happen, just because there's a complicated series of negotiations, like we often wait for advocates to find housing and then they don't, and then I step in and then I just start pestering people. And I'll offer things like housing trades ...if there's no housing available we try to figure out a trade ... there's nothing out there right now, so the only way to really facilitate housing change is to find somebody who can trade right now.

Instead of evictions, staff would facilitate 'housing trades' across organizations. For example, one tenant was in need of greater staff support, and a tenant at another building was ready for a more independent living situation. Rather than attempting

to work within the housing system, staff created an informal process whereby the housing needs of both tenants could be met. This process embeds caring practices within housing itself, and again demonstrates how individuals practicing care at the local scale do not necessarily share the values expressed in policy (Staehele 2003). The state's provision of care is not meeting the needs of tenants, so staff and housing organizations have created alternative practices that, from their perspective, better provide care to tenants. I argue that these additional, intentional spaces of care contribute to whether or not there is actual 'caring care' in this non-profit housing: that is, relationships and practices of care that contribute to feelings of community and home. Further, these spaces and practices of care point to multi-scalar ways that care can be embedded in housing systems (Power and Mee 2020).

Friction and fragility

For many participants, community in their buildings was seen as positive. Yet, as Bartos suggests, 'Care is not always good, positive or hopeful. In fact, care can also result in harm, violence, pain and suffering' (2019, 773). I do not want to suggest that there was a lack of conflict between staff and tenants, or between tenants and tenants. Caring spaces are not exclusively cheerful, sentimental, emotional places. Care is shaped by personal ideologies and actions, politics at a broad scale, and the messiness and fragility that accompanies social relationships in any form (Mee 2009; Power and Gillon 2019; Conradson 2003). While in many cases across all three housing sites tenants and staff actively work to create feelings of home, community, and support, problematically these spaces and relationships of care are extremely fragile, susceptible to being dismantled with the slightest change.

During participant observation, some tenants suggested that they were unhappy with how their housing was run by the organization, or that they felt that there was an injustice or unfairness between how staff treated different tenants. Tenants at Haley Place and Mavis McMullen spoke of previous years where tenants made them feel

unsafe, or staff favouritism created feelings of inequality between tenants. Describing a previous period where multiple participants felt fearful, a tenant said that they had to fight ‘for four years to get this community feeling a little bit safer,’ explaining that they fought for the community on behalf of the single parents and children living in the building. They added, ‘Now, it’s better because we don’t have as many careless people here, they care a little bit more about their home...’ This anecdote expresses a connection between seeing neighbours as caring about their home, and feeling community in the building. The association between caring tenants and creating community resonates with notions of the deserving care subject, bounding who deserves care (Green and Lawson 2011). Anecdotes from tenants suggest that they were appreciative when they felt supported by their neighbours, but tenants who were not seen as caring because they vandalized property or did not follow building rules, they were not considered part of the community and was considered less deserving of housing and care. Mirrored in Mee’s (2009) research, descriptions of careless neighbours in this case too were often described in relation to change within the housing, where particular behaviours were not seen as acceptable in the building and that things improved after those tenants left.

The production of home is a process and feelings of community and safety in these housing sites shift as tenants leave and new tenants move in, and through staff changeovers (Easthope 2004). While informal housing policies like housing trades are often beneficial to tenants, the non-uniformity has its risks, too: One tenant, a trans woman, recounted that they almost did not receive housing because the building manager knew that existing tenants were transphobic and that having them in the building would create conflict and discomfort. Luckily, another staff member became aware of this and provided them with housing, but this tenant easily could have ended

up without housing because the ‘care’ of existing tenants was privileged over their own. This demonstrates caring practices can result in violence and harm (Bartos 2018). Further, this tenant’s experience underscores that care is often profoundly about survival where relationships of care (sometimes care webs or care networks) become fundamental to surviving in a world that privileges cis-heteronormativity (Piepzna-Samarasinha 2018). There continues to be a need within care geographies to expand beyond white, cis-heteronormative, able-bodied understandings of care and to deepen analyses of gendered politics of housing, including who is cared for and why (see Malatino 2020, Davenport 2020, and Piepzna-Samarasinha 2018). As Lawson aptly suggests, ‘care is a practice and a politics’ (2007, 6).

Expanding the politics of care

Foregrounding feminist ethics of care in understanding the experiences of tenants and staff in non-profit housing sites for women provides a means to explore the caring capacity of housing: the factors and relations that make care possible in these spaces (Power 2019). In particular, individuals’ understandings of care and home in their housing were connected to relationships, embedded within their interactions with other tenants and staff. The comments made by staff and tenants indicate the role that care plays in individuals’ experiences of home within non-profit housing.

While the care-economy divide has been reinforced through the reduction of care provision by the state, these non-profit housing developments bring both relational and marketized care together in ways that allow us to explore how both sides of the care-economy divide intersect and exist within a single type of space. First, non-profit housing is funded by the government and many tenants received welfare or other social security payments provided by the state. In these sites, the government relies on non-

profit organizations to facilitate care, which locates these housing developments within the economy through the marketization of care. This allows the government (and, arguably, the non-profits) to provide ‘care without caring,’ as care is a product rather than a relation (Green and Lawson 2011, 650). Second, the cis-heteronormative ‘family’ is framed as the naturalized location of care, occurring in households and private spaces. In these housing sites, care is provided not only by the staff, in its marketized form, but also between tenants. This disrupts the care provider-receiver binary, and the care-economy divide: Marketized and relational care is occurring in the same space, simultaneously. Finally, I argue that care in these housing sites—housing that is both for, and run by, women—is shaped in complex ways by the current political-economic context, which is notoriously ‘gender-blind’ and anti-feminist (Rodgers and Knight 2011). For example, tenants and housing directors felt that staff were underpaid. Yet, all three sites are restricted in their ability to adequately pay for care due to a political economic system that subscribes to the historically problematic gendered and domesticated provision of care ‘that [is] undervalued and underpaid because [it] “should be” provided by households,’ and this is intensified in these spaces as it is women, people of colour, and Indigenous individuals (as staff and tenants) providing, receiving, and experiencing care in its various forms (Green and Lawson 2011, 650).

As I have shown, tenants’ ideas of home are tied to their feelings and relationships of care within their housing. Moreover, tenants are not passive receivers of care. Instead, they are actively involved in creating feelings of community within their housing, through the provision of practical and emotional support to their neighbours. These caring relationships and feelings are further emphasized through the intentional creation of spaces of care within the housing developments themselves, including community rooms and policies by the organization that underscore caring practices for

their tenants. Together, this empirical data helps address the gaps in our understanding of how particular aspects of the non-profit housing sites shape care practices and relationships for tenants (Power 2019).

In more ‘traditional’ spaces of care (e.g., care homes, hospitals), the dominant care relationship occurs from staff to the ‘vulnerable “others”’ (Cox 2010). The ‘others’ are typically thought of as care-receivers who are unable to perform neoliberal subjectivity: That is, those who are ill, elderly, children, low-income, or disabled, and unable to care for themselves. This is a conceptualization that must be challenged, not only because vulnerabilities themselves are intersectional and experienced differently, but also because hegemonic understandings of who is a care-receiver, and who within that category are then ‘deserving’ care subjects, are situated within problematic social hierarchies of power (Green and Lawson 2011; Crenshaw 1991). Moreover, while hierarchical care relationships did exist in these non-profit housing sites, tenants were also providing care to each other (and in some cases, to staff), which significantly contributed to the associations that people felt between their home and their community. In these housing sites, communities care for each other, and they are doing so without compensation. This is not to undervalue the work that staff provide, but rather to unsettle the notion that the care occurring in non-profit housing is predominantly given to tenants by staff.

Building on existing academic discourse around a feminist ethic of care, particularly in housing, in this paper I have argued that the feelings and practicing of care are deeply connected to women’s sense of home in their non-profit housing. Contemporary research on the connections between home, housing, and care emphasize the ways that bringing housing and care together create new possibilities for imagining housing policy and structures that understands care as a collective, relational project

(Ruming and Zurita 2020). Such potential ‘care-full’ policies need to adequately support and value the work of care provided by both staff and tenants in low-income housing developments. A feminist ethic of care can be used to challenge dominant public narratives about who cares and how care is provided in non-profit housing for women. However, more work is needed to explore the potential for spaces of care within non-profit housing that challenge neoliberal narratives of individualization.

These themes once again emphasize that care is inherently political, and embedded within social inequalities and hierarchies of power. This is particularly apparent through an examination of who is doing care in these buildings, and in the non-profit housing sector more broadly. We must shift our understanding of care towards fully engaging with the idea that care is in fact our collective work, rather than as either relational or for the market. A deeper understanding of the relationship between home, care, community, and housing provides new opportunities to expand the caring capacity of a neoliberal urban housing system: perhaps facilitating actually ‘care-full’ housing policy, recognizing the politicization and unequal distribution of care in contemporary social sectors, and privileging tenants’ experiences of feeling, providing, and receiving care.

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