

## Love's Labours: Good work, care work and a mutual economy

Hannah Rich



Theos is the UK's leading religion and society think tank. It has a broad Christian basis and exists to enrich the conversation about the role of faith in society through research, events, and media commentary.

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Report

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# Foreword

**In 1942 the novelist Dorothy Sayers delivered a lecture 'Why Work?' This lecture, later essay, is a classic in Christian economic thought.**

She was answering a question, however, that for the better part of the last 80 years, most people haven't been asking. Work was necessary and dignifying. Being in work meant that you had a chance of providing a home, giving children a decent life, taking a slice of growing national prosperity. It should come as no surprise that, as these promises have become mirages, people have started to ask again, "why work?"

The question is at least partly rhetorical. Why work... if I'm fake self-employed in the platform economy and earning less than the minimum wage? Why work... if a huge slice (or even all) of my salary immediately evaporates in childcare costs? Why work... if my notional working hours hide many more in unpaid overtime? Why work... if my wage stagnates while the price of virtually everything rises? Very many people in the UK feel that they are being asked, to use a biblical allegory, to make bricks without straw. While work in the UK has changed in some positive ways, it is not satisfying the needs of many.

Of course, Sayers would answer that work is a good in itself. It is a human thing that we shouldn't think to merely escape from if at all possible: "Work is not, primarily, a thing one does to live, but the thing one lives to do. It is, or it should be, the full expression of the worker's faculties, the thing in which he [or she] finds spiritual, mental and bodily satisfaction, and the medium in which he [or she] offers himself [or herself] to God." If she was right, then work should not be rejected but reclaimed. Work should 'work better' for



ordinary people, precisely because it is so important – more important than the money we make from it.

There is a growing appetite not just for more work but for more good work; for work that feeds the body but also satisfies our needs for community and meaning. Our three-part series, *Work Shift: How Love Could Change Work*, is aimed at speaking into this debate. Readers will find it differs from much existing commentary on work. While the reports and essays in this series don't ignore the economic dynamic, they go beyond it. Each adopts a relational lens. In other words, they show how thinking about work from the point of view of the relationships it forms and sustains can help us see what good work might be.

In the first report of the series, *The Ties That Bind*, Tim Thorlby focused on the rise of lone and insecure work and argued for a new covenant for work – one which balances the interests of employers and employees in a renewed sense of mutuality. In the second report, *Working Five to Nine*, Paul Bickley argued that there is a value problem around work: we no longer see it as a significant priority in our lives. He contended that a broader definition for 'work' itself might embolden new and better approaches to paid employment, and release us to give proper time to other forms of 'work' that society equally needs, whether caring responsibilities, homebuilding, or civic engagement.

In this third and final report in the series, *Love's Labours*, Hannah Rich explores the intersection between love, work and care, and reimagines how caring professionals are valued. The integration of Christian theological ideas of love and dignity allows a broader, more holistic policy debate than the current economistic one.

Even as work changes rapidly around us we always have the opportunity to form workplaces that value people and operate justly. This series will contribute to that conversation.

Chine McDonald

Director, Theos

April 2024



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**This report in 60 seconds**

**There is a crisis facing the adult social care sector in the UK at present, which is not only economic in nature, but also relational.**

The devaluation of paid care work in economic terms stems from a fundamental misunderstanding of what care is, what work is and even what love is. Different workspaces, cultures and working conditions have the power to create different kinds of human relationships and forms of human community and in so doing, create different arenas for 'love' to flourish. Social care is therefore a key arena for the intersection between 'love' and 'work'.

The intersection between love, work and care offers a way of reimagining how caring professions are valued. Further, the integration of Christian theological ideas of love and dignity allows a broader, more holistic policy debate than the current economic one.

Drawing together sociological and theological literature with the first-hand experiences of those working in the social care sector, this report explores what 'love' means in this context and how rediscovering it might lead us to value care work differently and more highly.



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# Acknowledgements

I would like to thank all those who contributed their time and wisdom to this report. In particular, thank you to Lucy Honeysett and Elizabeth Beh for their insights and guidance. I am also indebted to Stacey Rand for her generous advice, challenge and previous work on this topic, which all shaped my thinking. Emily Kenway's excellent book *Who Cares* was also profoundly helpful.

I am also grateful to my Theos colleagues, especially Madeleine Pennington and Paul Bickley, for their support throughout the project.

Most importantly of all, thank you to the numerous care workers and individuals working in adult social care who kindly and willingly shared their experiences, the joys and sorrows of their work. This report is for them.

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# Introduction



**Economically and structurally, there is a deepening crisis in social care which affects both care recipients and care workers alike.**

On the morning I began writing this report, the lead story on the front page of the BBC website was that adult social care is “a sector in crisis”.<sup>1</sup> The data on recruitment, retention and working conditions within the social care workforce demonstrate this crisis clearly, coupled with the firsthand stories of those affected by a grave shortage of the good care needed to enable them to live a full life. It is undeniable that, economically and structurally, there is a deepening crisis in social care which affects both care recipients and care workers alike.

However, this crisis is not only economic in nature. It also represents a crisis of solidarity and a lack of imagination around how we envision social care – and even how we envision what it is to be human. As Archbishop Justin Welby has acknowledged, the situation is one in which “the lifeboat of social care... no longer reflects a commitment to the common good, or solidarity between generations and between the rich and the poor”.<sup>2</sup>

The need for care should be something of an equaliser within society; in theory, disability and old age are no respecters of class, wealth or social status. In her book *Labours of Love*, Madeleine Bunting writes that “care is a currency which is in constant circulation”, to which all of us will have recourse at some point in life in order to flourish.<sup>3</sup> In reality, however, the social care system can reinforce some of these distinctions, stratifying those with the means to access better care whether because of their financial situation, social network, or even their postcode. As sociologist Emma Dowling frames it, “the crisis of care does not affect everyone in the same way: as care becomes more and more commodified, access to care becomes more and more dependent on what you can pay.”<sup>4</sup>



By extension, this entrenches the lack of solidarity with those who work in the sector. Care work is typically low-paid because it is understood as low-skilled and common sense, which in turn leads to greater inequality and poor working conditions for paid care workers. This is often exacerbated by the gendered assumptions around care and caring, which have contributed to its devaluation and reinforced inequalities of gender and ethnicity by way of a vicious circle. It is also a reflection of persistently negative or dismissive views towards older people and disabled people within society.

The conditions of work in which care workers operate can often mean this is at the expense of their own flourishing. In an earlier Theos report, we argued that good work can and should contribute to individual and societal flourishing, which is undermined by this devaluation and diminishment of care work.<sup>5</sup> At its worst, this can pit care workers against those they care for. Indeed, this is evident even in so-called “high skilled” caring roles across sectors, as seen in the conversation around junior doctors’ strikes.<sup>6</sup>

The devaluation of paid care work is a problem not only because of its economic implications, but because it stems from a fundamental misunderstanding of what care is, what work is and even what love is. Different workspaces, cultures and working conditions have the power to create different kinds of human relationships and forms of human community and in so doing, create different arenas for ‘love’ to flourish. This being the case, social care is a key arena for the intersection between ‘love’ and ‘work’.

In this report, I argue that this intersection between love, work and care offers a way of reimagining how caring professions are valued. Further, the integration of Christian

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Social care is a key arena for the intersection between ‘love’ and ‘work’.”

theological ideas of love and dignity allows a broader, more holistic policy debate than the current economic one.

The report draws on the wider body of sociological and theological literature on care work and also on my own experience of two years working as a paid care support worker for adults with learning disabilities. It is also informed and illustrated by a series of interviews with frontline care workers, care sector managers and academics, who shared their perspectives on care work and how they understand the idea of love in relation to it. The majority of interviewees either identified as Christian and/or worked in environments where the ethos of the care provider was explicitly faith-based, although this was not a condition of participation. Where they are quoted directly in their own words, this is clearly indicated, but their voices and experiences have shaped the whole piece, not limited to these quotations.

This report is part of a Theos series called *Work Shift*, exploring how love could change how we view work and the labour market, and as such we approach this from the perspective primarily of care workers. Others, including the excellent Archbishops' Commission on Reimagining Care, have outlined theologically what good care looks like from the perspective of the recipient. The commissioners use the biblical language of "covenant", calling for a national care covenant which would value both those doing the caring and those receiving care.<sup>7</sup> At Theos, we share this vision, but this report focuses on what this means for carers and in particular, paid care workers.

The intention here is not to diminish the person-centredness of care, but rather to highlight the often ignored and devalued labour involved; to centre the person doing the

caring as well as the one being cared for. Equally, we are not seeking to address questions of paid versus unpaid care here, and the focus is predominantly on adult social care, rather than medical care or childcare. During the pandemic, the Clap for Carers phenomenon conflated care with the NHS, when in reality a significant proportion of care takes place outside of hospital or medical settings.<sup>8</sup>

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# The crisis in numbers

The scale of the crisis in adult social care is clear from a glance at the data. It is projected that by 2035, an additional 440,000 positions in adult social care will be needed to meet increased demand – the equivalent of a 25% increase in the workforce.<sup>1</sup> This is due in part to an ageing population alongside a projected increase in the number of 18-64-year-olds with disabilities or mental health needs. In the next 25 years, the number of people older than 85 is projected to double to 2.6 million and while more people are living independently for longer, this still suggests a significant rise in adult social care needs.<sup>2</sup> The figure of 440,000 new positions required only accounts for the extra jobs needed as a result of the impact of these demographic shifts and does not include economic and market factors that may affect workforce recruitment and retention in the sector.

Far from meeting the required growth in the workforce, however, the adult social care sector is experiencing significant difficulties in meeting even the current scale of demand.

In 2022/23, the job vacancy rate in adult social care was more than double that of the economy as a whole, at 9.9% compared with 3.5%, with around 152,000 positions going unfilled for a whole host of reasons. This was slightly lower than the previous year, but still above pre-pandemic vacancy levels. In adult social care, nearly one in ten roles was vacant. The vacancy rate is even more pronounced if we exclude managerial positions in the sector, with 11.1% of direct care work roles vacant.<sup>3</sup> The real-life impact of this is a large proportion of individuals who cannot access the quality or quantity of care they require, as well as a large number of overworked carers. A recent BBC article cites the example of a

disabled man who has only 17% of his care needs met by paid statutory provision, with the rest provided by necessity rather than choice by unpaid family members.<sup>4</sup> The disability charity Sense has described this as being “beyond a care crisis, we’re on the cliff edge right now”.<sup>5</sup>

There is also a high degree of turnover within the sector. In 2022/23, there was an estimated staff turnover rate in adult social care of 28.3%, which equates to around 390,000 people leaving their roles in the course of the year.<sup>6</sup> Not all of these left the sector altogether; around 59% of roles filled were filled from elsewhere in the sector, indicating a high level of mobility between jobs within social care in search of better working conditions. This degree of turnover is not conducive to good care, nor to good working relationships, and contributes to the “steady thrum” of pressure across the sector, with many of those who leave stating isolation and loneliness as factors.<sup>7</sup>

Conversely, however, it is worth noting that some individuals leave the sector for even more isolated or solitary jobs because of economic pressures; in January 2023, the BBC reported on one man who left his role as a care support worker to become a lorry driver and earned £10,000 a year more as a result. By his own admission though, “if I could earn the same as what I do driving a truck, doing that job, I would go back tomorrow.”<sup>8</sup>

The adult social care sector has relied heavily on international recruitment, but this has stalled more recently due to the twin pressures of the Covid pandemic and post-Brexit changes to immigration. A policy decision was made to encourage international recruitment rather than improving pay, which led to a substantial uptick in overseas workers in

the sector. However, this is now actively being reversed by the government, as immigration rules are heightened with the aim of reducing net immigration. In early 2024, as this report was being written, the government brought forward new legislation to prohibit health and social care workers with visas from bringing their dependent family members to the UK with them.<sup>9</sup> This conceives of migrant care workers as alienated economic units, rather than people with families and relationships, but is also short-sighted because it has not been accompanied by the needed investment in the domestic workforce to compensate.

The data show that those most likely to leave their roles are those on lowest pay and those recruited domestically, both groups which now represent a growing proportion of the workforce. Workers recruited internationally are almost half as likely to leave (16.5% turnover rate) as domestically recruited workers (30.7%).<sup>10</sup> This higher turnover within the domestic workforce does not bode well at a time when international recruitment is being restricted or dissuaded; if not addressed, the gaps in the adult social care sector risk becoming deeper rather than improving.

The core of the issue also lies in the poor pay and conditions afforded to care workers. Care worker pay rates are among the lowest in the UK economy, with median pay in the bottom 20% across all sectors.<sup>11</sup> In real terms, median hourly pay for care work fell by 35p between March 2022 and March 2023.<sup>12</sup> Around half of frontline care workers are paid less than the real Living Wage.<sup>13</sup> The cost of living crisis and rising fuel costs are likely to have contributed to the turnover in domiciliary care in particular, where staff are expected to travel between people's homes.<sup>14</sup> Low pay in the sector, compounded by the rising cost of living, has led as many as



14% of healthcare workers to report using food banks due to food insecurity in the last year.<sup>15</sup>

Increasing pressures on local government finances are likely to have a worsening impact on the situation too. Faced with large financial deficits, one local council has already proposed that people currently receiving care in their own homes could be made to move into care homes if this is deemed to be better value for money.<sup>16</sup> This implementation of a cheaper alternative does not prioritise quality of life for those receiving care. However, decisions made on the basis of financial efficiency are also unlikely to benefit the working conditions of those in the sector, and neither do they account for the non-monetary value of good care.

In interviewing one disabled man affected by these proposals, which were later abandoned after public outcry, journalist Frances Ryan observes that only his long-term personal assistants are easily able to understand his speech, due to the consistency and longevity of their working relationship with him. “In a care home without his own staff,” she writes, “he would effectively be trapped alive: he would talk, and no one there would be able to understand him.”<sup>17</sup>

Improving the quality and conditions of jobs in care work is a justice issue; care workers are among the lowest paid in the workforce and are disproportionately likely to be women from minority communities. Around 83% of frontline care workers are female, compared with 46% of the total workforce; while 18% of frontline care workers are Black, Asian or minority ethnic, compared with 12% overall. Care workers are also more likely to be single parents, with 13% of frontline care workers fitting this description compared with 4% of all workers.<sup>18</sup> Increasing the pay and improving the living

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standards of care workers would go a long way to addressing inequalities of gender and ethnicity, as well as being “key to levelling up as jobs [in the sector] are in every part of the country”.<sup>19</sup>

Moreover, exploitation and modern slavery among migrant care workers on short term visas is a growing concern. Recent figures show a rise in care workers experiencing modern slavery, with at least 800 people working in care homes or private residences recorded as potential victims in 2023, an increase of more than 1,100% on 2021.<sup>20</sup> It has been reported that many care workers who have experienced exploitation and even sexual assaults feel “powerless to complain” because of the constraints of their visa or migration status.<sup>21</sup> Emma Dowling writes that, according to a feminist ethic of care, caring “is understood as the opposite of aggression, exploitation and oppression. Instead, care is generative and life-affirming in its orientation.”<sup>22</sup> There is a profound irony, therefore, that this ethic is not always extended to care workers nor unpaid carers.

While political and economic decisions over the last decade have contributed to this crisis, it is also fair to note that the current structures of the care system are not adequate for contemporary society. Beveridge’s institution of the welfare state as provider of care was not designed for the current scale of demand nor the current labour market. The status and position of social care within this, as opposed to healthcare, has long been ambiguous. With the ageing population and the welcome longer life expectancy of people with learning disabilities in particular, fractures have emerged that neither the state nor the market have been able to meet. As Hilary

Cottam puts it bluntly, Beveridge assumed that more of us would die before needing extensive care.<sup>23</sup>

Decades ago, the welfare system was designed on the premise that care would be largely unpaid, domestic, women's work. Over time, this shifted and came to be understood instead as a function of the state. Now, these structures are fraying to the point where it is once again unpaid, undervalued, predominantly female carers who are filling the gaps out of necessity and desperation rather than choice. Alongside this, people are living longer with complex needs, more of us – women in particular – are balancing paid employment with unpaid work responsibilities, and a greater proportion of the population are ageing without children. We have come full circle, it seems, yet the pressures are even greater than they were half a century ago.

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**“What’s love got  
to do with it?”**

Social care is typically undervalued by virtue of it being characterised as an unskilled or low-skilled form of work. Policy analyses can often abstract care to the level of the tasks required and the efficiency with which they are undertaken, or to its economic value, which ignores the emotional labour that is central to care but can go undervalued or unnoticed. It is true that the physical tasks of care are themselves not valued highly enough; the work of care workers, but also of hospital porters, cleaners and assistants, is vital. This work “sustains human life, but the low status it affords... allows for the cruel treatment of those paid to do it,” let alone those who do it unpaid.<sup>1</sup>

However, there is another dimension at play too. Far from being unskilled, the reverse is true if we consider the depth of emotional intelligence, the complex and sophisticated skills of relationship, empathy and intuition which are rendered invisible when care work is reduced to physical tasks.<sup>2</sup> The value added by a care worker doing their job with kindness, rather than perfunctorily delivering medication or sustenance, can make a huge difference to a patient’s experience, but is scarcely rewarded economically.

Along similar lines, political theologian Luke Bretherton suggests that healthcare may be seen as a form of neighbour love because “the value of what a nurse does cannot be articulated or valued in purely economic terms... and no one wants to be cared for by nurses who view their job only in these terms”.<sup>3</sup> This is something we understand intuitively in relation to our own care, but which is rendered invisible in the contracts of service provision.

In his memoir of the year he spent living as a ‘housemate’ alongside residents in a care home for the elderly, Dutch

writer, social worker and activist Teun Toebes explores this dynamic. He notes the contrast between how family members instinctively care for their relatives and the more mechanical, box-ticking culture that can often guide professional care environments: “We tend to interpret the word ‘care’ too literally, as we’re under the illusion that it takes mostly medically trained personnel to make people with dementia feel at home... It’s very upsetting to me because caring for people is something you do with your heart, not with pen and paper.”<sup>4</sup> This distinction is important because, while checks and balances matter for safeguarding and accountability, the pen and paper aspects are often more easily quantified or evaluated than those ‘done with the heart’.



**Recognising the emotional affect as skill in itself can reshape how care is valorised economically.**

Making this interplay between emotional and physical skills more visible is crucial if the work of care is to be valued more highly. The emotional and economic sides of work are often seen as at odds with each other but can also be mutually reinforcing. Recognising the emotional affect as skill in itself can reshape how care is valorised economically.

Love is a skill, and a highly complex, valuable one at that. Love is what makes care possible, both in the sense that it is often presented as the motivation for both paid and unpaid care, but also in the sense that it is what transforms a series of physical tasks into a concept of good care.

In Christian theological terms, both care and love are fundamental values. The commandment of Jesus to “love one another as I have loved you” (John 13:34) is central; caring for others, in whatever form that takes, may be interpreted as putting this into practice.<sup>5</sup> If the notion of work as a whole is “a vocation through which we may enact the call to love God and neighbour,”<sup>6</sup> then care work might be seen as



doubly so. Social care academic and Anglican priest Stacey Rand explores this in her theological reflection on care work, arguing that “loving your neighbour” is both immediate and structural, expressed through acts of care but also through acknowledging “the importance of wider interconnected support in ensuring that people can live well”.<sup>7</sup> This implies both good care and good conditions for those who deliver it.

In our interviews, we found that biblical references to love were instrumental for a number of the care workers involved. Isabella\*, who works as a domiciliary carer for the elderly, quoted 1 John 4:19 – “we love because he first loved us” – in explaining why she felt called to care work as a reflection of the love she felt she had received from Jesus Christ. On one level, this is an expression of her personal religious motivation. On a wider level, however, we might understand it as encapsulating profoundly how we are able to love; that it is learned from the experience of being loved and cared for and seeking to mirror that.

Even in purely secular terms, it is common for care workers to point to their own experiences or those of their loved ones as an inspiration for their choice of work. The stories told of good care often focus on small details above and beyond the physical reality of care – the nurse who went out of their way to find a favourite food for a patient, or the care assistant attending a family wedding with her profoundly disabled client who took the time to match her dress to his tie. Neither of these might be recognised on a pay cheque, but their impact is lasting. Conversely, negative experiences of care often centre on how it was delivered. Whole careers in medicine and care have been built on the desire to ‘do better’ than the cold bedside manner of a doctor at a particularly formative time.

For faith-based care organisations in particular, the language of love feels natural to draw on. Several of the Christian care providers we engaged in this research used the word 'love' explicitly in their organisational straplines. Joe\*, a manager in one of these organisations, spoke about the innate importance of love in the context of their recruitment processes: "we always say we're after people's heart, because that's not something we can teach," he said. "If people come with the right heart, if they know what love is, we can add all the other skills they need."

"We love because we have been loved" becomes "we are able to love and care because we have been loved and cared for" or even "we know how to love because we have been loved". Love teaches love, care teaches care, in ways a skills curriculum never could.



**Love teaches love, care teaches care, in ways a skills curriculum never could.**

In her book, *Who Cares*, journalist Emily Kenway interrogates the concept of love and care from a different perspective, drawing on her own experience as a carer for her terminally ill mother. The majority of care in the world, she suggests, is "provided not because of the lack of an alternative, but because we love each other."<sup>8</sup> It is a fallacy to suggest that with increased care services or somehow limitless statutory funding "you can escape needing to perform care" because to do so is to forget about the role of love. There is sometimes a false calculation made that if a job can be done unpaid, then it should be, but equally the answer to this is not to suggest that the ideal is one in which all aspects of care should be paid for. Both positions undermine what love is.

To equate all unpaid care with state failure is, as Kenway puts it, "a benevolent insult" to those who choose to care for family or friends, compelled by a love stronger than

economic considerations.<sup>9</sup> Indeed, in the UK, the number of unpaid carers outnumbers the paid social care workforce by at least two to one, a ratio far greater than the aforementioned vacancy rate in the job market.<sup>10</sup> However, this is only fully true if statutory provision of social care is adequate so as to render this a choice; it assumes that the formal care system functions well. Unpaid carers should be able to “freely enter caring relationships out of love, not out of necessity,” which requires a rebalancing of responsibility between family and state.<sup>11</sup>

Delivering care, whether paid or unpaid, ought to be a choice; “whereas the invisible hand of the market is characterised by self-interest, unpaid care is often a labour of love. To put a price on such an intrinsically human act would be to devalue it by reducing it to the logic of the market.”<sup>12</sup> This is true of unpaid care, but we might argue the same is true of paid care. For many, it is a vocation. The valuation and logic of the market would suggest it is a job one would only choose if one was ‘low skilled’ enough not to have alternatives, given the comparatively low pay it affords. Conversely, when individuals leave the care sector, despite a professed vocation to it, because it is not economically viable, that is the hand of the market and not of love which is at play.

There will always be care tasks that go unpaid and fall to the responsibility of loved ones, or loving ones as we might better conceive of close family members. Some of this is by choice, individuals preferring to be cared for by their nearest and dearest. Even beyond that, though, the small jobs round the margins of paid care remain; for instance, arranging a key safe to allow paid carers access to a house. Someone will always have to do the unpaid paperwork of applying for and managing care packages, which is increasingly arduous

as access to care becomes more of a fight than a right. A significant amount of unpaid, unrecognised work goes into reaching the point of securing paid care.

However, the solution to this is not as straightforward as introducing payment for that which is currently unpaid: by “imputing a cash value, we run the risk of reinforcing the current paradigm by seeing unpaid care only through the lens of the market – a lens which has become so taken-for-granted in our understanding of the economy that it has itself become invisible,” as the Joseph Rowntree Foundation’s recent work on care acknowledges.<sup>13</sup>

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- 3 Bretherton, L. (2023). *A Primer in Christian Ethics: Christ and the Struggle to Live Well*. Cambridge: Cambridge University Press, p.280.
- 4 Toebes, T. (2023). *The Housemates*. Translated by Laura Vroonen. London: September Publishing, pp.16-17.
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- 6 Bretherton, L. (2023), p.283.
- 7 Rand, S. (2022). ‘Exploring theological perspectives on adult social care.’ *Theology*, 125(3), pp.164-171.
- 8 Kenway, E. (2023a). *Who Cares: The Hidden Crisis of Caregiving, and How We Solve It*. London: Wildfire, p.45.
- 9 Kenway, E. (2023b). ‘Committing a benevolent insult?’ *IPPR Progressive Review*, 30, pp.115-120.
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- 11 Archbishops’ Commission on Reimagining Care (2022), p.36
- 12 Thompson, S. (2023). ‘The invisible hand of unpaid care’. *Joseph Rowntree Foundation*. [www.jrf.org.uk/care/the-invisible-hand-of-unpaid-care](http://www.jrf.org.uk/care/the-invisible-hand-of-unpaid-care)
- 13 Ibid.



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# The cost of loving

Discussing women's domestic labour, feminist economist Silvia Federici wrote that "they say it's love. We say it's unwaged work."<sup>1</sup> Although she was referring to the unpaid household work usually carried by women, the underlying sentiment points to something also true of paid care work: that framing something as love is often what allows it to be undervalued or unpaid. It is, as we have seen, easy to forget the role of love within care work and to focus too much on the economic conditions of work. There is a shadow side to this idea, however, which risks pivoting too far in the opposite direction and ignoring that care work, both paid and unpaid, is still work. Seeing care as work is not mutually exclusive from understanding it as a form of love; both must be understood together.<sup>2</sup>

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In a conversation about her work as a priest and academic in social care, Stacey Rand put it like this: "If you're not talking about work, you haven't grasped what care is. It's lovely to talk about care and compassion, but caring for someone is work. It takes energy and effort and dedication. Some people do it for years if not decades and it can be costly to them." This is true of unpaid care, but the intensity and demanding nature of care work is not mitigated just because it is done in exchange for an hourly wage. Just as the skill involved in care is emotional as well as physical, there is a cost that comes with loving which is also emotional. This cost is difficult, if not impossible, to capture in economic terms and is not therefore always acknowledged adequately.

The concept of emotional labour has accrued a somewhat trivial meaning in common usage, used flippantly to describe any form of emotional engagement, for example the effort or mental energy involved in listening to a friend talk about

their personal life. This is often gendered, described by one journalist as “the unpaid job that men still don’t understand”.<sup>3</sup>

However, the original notion as coined by sociologist Arlie Hochschild refers to the way that certain jobs require management of your own emotional state.<sup>4</sup> For example, many customer-facing retail or service roles demand a high level of courtesy, whereby workers are expected to control their own emotions and smile politely at customers. Hochschild uses the example of airline cabin crew to illustrate the performative extent of this. Workers in these roles act as emotional buffers, skilfully managing guests’ concerns without betraying their own feelings or emotions. This is instructive in understanding some of the emotional demands care work can place on people.

As journalist and researcher Amelia Horgan puts it, “when we are called upon to manage or produce emotional states as part of our jobs, the expectation that our personality is also raw material is entrenched. Work makes intense demands on us. Through work, our bodily – physical, mental and emotional – capacities are used for profit.”<sup>5</sup> Emotional labour in this truest sense is fundamental to the intersection of love and work as we understand both. It describes how people in these roles – in this case, care workers – give of themselves emotionally in ways that are not often quantified economically. This is heightened for domiciliary care workers who care for people in their own homes, in the sense that they may need to change their emotional landscape as frequently as they travel between clients, multiple times in the course of a shift.

Amy\*, who has worked as a domiciliary carer for over a decade, spoke about the challenge of caring intimately



for people with “difficult personalities,” mediating their emotions and frustrations as well as your own. Verbal abuse and aggression from clients is not uncommon in her line of work. She described the “reset time” of sitting in her car outside a house, emotionally preparing and “psyching herself up” to move on to the next person on her list for the day. This emotional labour does not have an economic value, but it is not without cost.

In early years education, the parallel concept of “professional love” has gained traction as a way of understanding the reciprocal relationships of attachment between young children and their paid caregivers.<sup>6</sup> Practitioners here may find themselves regulating their own emotions when dealing with children for whom they are in loco parentis. Obviously, parents do this too – perhaps pretending not to be equally scared of the massive spider their toddler wants protecting from – but there is an added complication when professional relationships and pay also come into the equation.

In the course of our interviews, death emerged as an important point where the dynamics of love, care and work converge and where the emotional labour of care work is laid bare. In the words of psychologist Colin Murray Parkes, later popularised by Queen Elizabeth II, “the pain of grief is just as much a part of life as the joy of love; it is, perhaps, the price we pay for love, the cost of commitment.”<sup>7</sup> It is thus understandable that for many care workers, the weight of grief involved in their work goes hand in hand with the love and commitment they show towards those they care for.

Particularly in settings where they care for the elderly and those with life-limiting conditions, encountering death is

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**Emotional labour does not have an economic value, but it is not without cost.**

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**For many care workers, the weight of grief involved in their work goes hand in hand with the love and commitment they show towards those they care for.**

a regular part of the job for many care workers. However, the impact of this on staff wellbeing is not always acknowledged in the way it would be for those working in a palliative care context. For nursing professionals in the latter, for example, there is pastoral support and clinical supervision on offer to help them process experiences of death to a greater extent than is typically the case in social care. There is an emotional cost to this work too, but the perception is that it is better mitigated in medical professions and especially palliative ones.

Rachael\*, who works in recruitment and training for care workers, articulated this: “Death is such a taboo topic and people prefer to avoid it, but if they have unresolved grief or trauma from their own lives or their own loved ones, it can be quite triggering, especially having to confront that in your professional lives and not really be able to leave it at the door.”

As Christine\*, a care home manager, acknowledged, “making sense of the suffering you see, the grief and the bereavement, is hard. It hurts.” For palliative carers, she felt, “there are places to go with that emotion” that are not available to adult social care workers. Journeying with someone to the end of their life can make you confront your own mortality and thus be difficult in ways that are not necessarily covered in social care training. Undoubtedly, the pandemic has heightened this; the 2021 Channel 4 drama *Help*, in which Jodie Comer played a care worker in a care home during lockdown, brought this home in harrowing details for television audiences.

In one group of care homes we engaged with, the Christian ethos was intentionally around the sense of “family”. Residents are referred to as family members and staff do not

wear formal uniforms. This aims to break down the staff/resident divide and place the emphasis of treating each other as if they really were your grandad, your aunt or your family member. This was explained by one of the management team in terms of a Christian theology which sees us all as brothers and sisters in Christ, in a mutual and equal relationship with each other. They framed this as a “beautiful model of care”, but it also places a higher burden on care workers in treating residents as family members in life and thus feeling the sadness of grief when they die.

Katya\* spoke about finding it difficult to walk past the bedroom of a resident who had died and who she had been close to, because of the strength of emotion. Going about her job required her to walk down that particular corridor frequently despite the emotional weight it now held for her. In a context where she was encouraged to view those she cares for as if they were her own grandmother, the grief was as strong as the sense of love and care had been.

Reflecting on the death of his fellow resident or ‘housemate’, Teun Toebes writes about the additional burden of supporting residents themselves to process this grief. He notes that often “residents are deprived of something as big and fundamental as news of a death and saying goodbye to the deceased” because of the assumed complexity of holding this for people with dementia or similar conditions.<sup>8</sup> Denying them the capacity to process death denies them a core experience of life that we ought all have recourse to, Toebes argues. The underlying challenge of this, however, is that processing grief is costly for care workers, supporting someone to process it doubly so, but these are underdiscussed aspects of professional care and skills which may be harder to impart.

It was suggested that clergy and funeral celebrants are often the main or even only individuals to recognise the emotional labour and cost around the death of someone for whom you have been paid to care. For instance, clergy are more aware than most that many care workers attend funerals in their own time for those they have cared for. In 2019, the then Minister for Social Care Caroline Dinenage suggested that care providers could be required to give workers time off to attend funerals in this capacity, although this has not progressed further in legislation.<sup>9</sup>



**Love is often described as the driving force for care, but this is not without ethical ambiguity.**

As previously outlined, love is often described as the driving force for care, especially in religious terms, but this is not without ethical ambiguity. Ivana\* has worked as a care worker in the UK for over a decade, often taking on live-in positions with a pattern of four weeks on, four weeks off. This is an emotionally demanding, often lonely, form of care work. She spoke about the centrality of her Christian faith to her understanding of this work: “I don’t know how I could do this job without having a Christian faith, because sometimes you have to forget about your own needs. It’s not about your basic needs, because it is good to have boundaries and to have free time and meals of your own, but it’s more about emotional needs. You have to die to yourself constantly.”

Ivana went on to talk about the challenges of caring for people who you might not choose to live alongside, and suggested that being a Christian meant she was able to stay when others left difficult employment situations. For Ivana, the biblical concept of “dying to oneself” was presented as a positive thing despite the challenges; a way in which her employment had provided a way for her to practise the discipline of self-denial and giving of love she saw as part of her faith. To take an example from another tradition,

the Baha'i faith outlines that all work is worship and should therefore not be just a means of earning money, but a profound expression of service to humanity.<sup>10</sup>

Self-sacrifice and prioritising the other as virtues can become entwined with the toleration of exploitative working practices to an extent that is not healthy. Virtue, dignity and exploitation are difficult to untangle from each other here. It is at once true that the focus on the other person is one of the most profound things about care and also that this should not be taken advantage of to the detriment of the carer's own flourishing. Madeleine Bunting notes that "caring for someone who is acutely ill or in a crisis can entail such intense absorption in another that the carer's own sense of self becomes peripheral."<sup>11</sup>

Bible passages like 1 Corinthians 13 which exhort that love is patient, kind, not easily angered, always protects, always trusts, always perseveres and more besides are, on the one hand, good models for life and desirable characteristics for care workers. However, this becomes complicated when these are also aspects you are paid to demonstrate. When it comes to love and care work, the boundary between what is unconditional and what is contractually obliged is unclear.

Thinking about this theological understanding in the context of secular working practices highlights the equivocality of it; it is hard to see as good a job whose working conditions seemingly require you to constantly put yourself second, even at the expense of your emotional wellbeing. Without the lens of theology, HR professionals might be less sympathetic to this understanding and rightly so.

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Love needs to be accounted for not just in how we think about the cared-for but for the carer, and to do less than this risks justifying exploitation.”

Love is fundamental to care, but it cannot be allowed to justify unhealthy working conditions. Emma Dowling articulates this paradox well from a non-Christian perspective, noting that the emotional investment placed in patients can serve as both “the basis for experiencing fulfilment at work... and also the basis for continuing to work in the face of inadequate working conditions, bad pay or even no pay. Against the odds, caring for and about what one does and the people one does it for (paradoxically) becomes a way of protecting oneself from feelings of alienation or despondency.”<sup>12</sup>

Integrating and valuing the idea of love across the breadth of the care sector has much to offer the policy conversation. Good working conditions for care workers, for example, can be envisioned as an outworking of love towards them, just as good quality care is an expression of love towards those in receipt of it. Love needs to be accounted for not just in how we think about the cared-for but also for the carer, and to do less than this risks justifying exploitation.

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  - 8 Toebe, T. (2023). *The Housemates*. Translated by Laura Vroonen. London: September Publishing, p.40.
  - 9 Albert, A. (2019). 'Care minister backs care workers' call for time off to grieve and attend funerals'. *Home Care UK*. [www.homecare.co.uk/news/article.cfm/id/1615523/care-workers-say-bosses-dont-give-time-off-to-grieve-or-attend-funerals](http://www.homecare.co.uk/news/article.cfm/id/1615523/care-workers-say-bosses-dont-give-time-off-to-grieve-or-attend-funerals)
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  - 11 Bunting, M. (2020). *Labours of Love: The Crisis of Care*. London: Granta Publications, p.66 of the ebook edition.
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# Case study - Tresacare



**Tresacare, named after Mother Theresa, is a social enterprise which offers support to care workers. It is the brainchild of Elizabeth Beh, a former HR consultant who became interested in how her work might apply to the social care sector after she had health problems herself and realised firsthand the importance of care workers.**

She was concerned by the high level of burnout and low retention in the sector, and “saw it as a social injustice that they didn’t receive enough support to do their work.” Improving care worker wellbeing, she felt, made social and emotional sense but also had an economic value if it could reduce the time and resource spent on recruitment and agency fees. She conducted some informal research with care workers, having coffee with them and asking what they felt they needed and what might help their wellbeing at work. Through this, she found the top three reasons care workers left the sector were a lack of reward or recognition; lack of emotional support; and poor working conditions, specifically those which left them without time or energy for rest and relaxation.

Drawing on these findings, Elizabeth put together and piloted a package of online training sessions for care workers, including peer mentoring and emotional support advice together with a fun and relaxing activity such as meditation or yoga. These sessions are called “wellbeing gyms”, conveying that mental health and wellbeing are exercises to be worked at in the same way as physical skills in a gym. So far, almost 50 care workers have been supported through the programme. The hope is to expand this significantly in the future.

The content and format of the sessions was refined in collaboration with care workers. It progressed to include

topics such as emotional resilience, stress management, communication skills, body language and cultural differences for an international workforce. Vitally, there is also a session on “living with the dying”, focussing on death and bereavement, which was developed with support from The Art of Dying Well.

As Elizabeth says, “the space to talk about death was invaluable. Many of them say that the first time they encounter death, it can be really traumatic. The space to talk about death, they really needed it. It’s not that they want it; they say they need it, and it’s something every care worker should have.”

The impact report from the initial pilot showed clear benefits for care workers and in 90% of cases, the quality of care provided had demonstrably improved.<sup>1</sup> Employers reported noticing the difference in staff wellbeing when they are able to support themselves better, with positive implications for how they offer care. “You cannot pour from an empty cup,” Elizabeth points out, “and we give them the chance to top up their cups.”

The question of how wellbeing, and by extension love, are valorised economically is a live one for Elizabeth and the Tresacare model. The sessions are deliberately marketed as “training” because this is more readily funded by employers. There is a tension between care workers who may feel negative about the idea of more training, but prefer the framing of “wellbeing gym”, versus employers and care agencies who are quicker to fund skills-based training. Part of the task is to make the economic case for emotional wellbeing; in developing the skills of love, compassion and resilience, care workers are better able to do their jobs, even if these

skills appear less quantifiable. This in turn can improve the quality of care and support received by those who need it. There is a qualitative difference in care provided a care worker who feels happy & fulfilled in their job compared to a care worker who is struggling with emotional burnout and exhaustion.

The Tresacare team are experimenting with offering financial incentives in voucher form for those who engage in their sessions. They are also a social enterprise rather than a charity, operating for the benefit of care workers with the end goal of enabling them to deliver sessions themselves.

1 Figures provided by Tresacare.



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# Conclusion

“As those who care for others know, love is not enough. Care requires material resources,” wrote the American sociologist Evelyn Nakano Glenn.<sup>1</sup> The material crisis of resources in the care sector is apparent, both from the perspective of those receiving care and those who work to provide it. Care does require material resources and these are currently not sufficient to the needs.



**Material resources without a greater attention to the importance of love will also not suffice for a better vision of care work.**

However, the flipside of Nakano Glenn’s statement is also true; material resources without a greater attention to the importance of love will also not suffice for a better vision of care work.

Beyond the material, we contend that a workforce that functions for everyone needs to take account of the relational aspects of work – as explored in the previous two reports in this *Work Shift* series, and in Theos’ wider research programme.<sup>2</sup> Social care, by contrast, is a prime example of a sector where the failure to do so at a societal level has had negative consequences to the point of crisis. We need to reimagine how skills are valued to include the high-level emotional labour involved in caring professions in such a way that puts these on a par with economic value. Furthermore, the persistent undervaluing of certain forms of work is in itself a reason for the under-resourcing of the sector in material terms, exacerbating the crisis in care. We need a policy environment that facilitates the ‘both-and’ of material and emotional resources, precisely because until the emotional aspects are better valued, material investment will not be forthcoming. The two mutually reinforce each other, for better or for worse.

We recognise that good care stems from ensuring the wellbeing of carers, whether paid or unpaid, and yet the

newly-introduced policy of not allowing care workers from overseas to bring their dependents with them to the UK wholly undermines this. It is indicative of a wider conception of carers and workers – perhaps even all people – as alienated economic units devoid of connection. This is not a fruitful way of viewing people, neither those being cared for nor those caring. A system based instead on mutuality and love would recentre the importance of these close relationships and connections. This would mean recognising the value of close relationships to human wellbeing, and the knock-on effect on good work and good care.

For paid care workers, this means valuing their lives beyond work. Conversely, for family members, this means recognising them first in terms of their relationships to each other rather than their potential to fill economic gaps as unpaid carers. Both when people choose to work in care in a paid capacity and when they choose to care voluntarily for loved ones, it must be a choice. A system of mutuality would be guided by the hand of relationship rather than that of the market.

The language of “covenant,” highlighted in our report *The Ties That Bind*<sup>3</sup> and employed by the Archbishops’ Commission specifically with respect to social care is instructive here.<sup>4</sup> In theological terms, covenantal relationships are costly and all consuming, but they are also reciprocal and lead to the flourishing of all parties. This represents a healthier understanding of the role of the love & cost than the exploitative one outlined in this report. As care sector activist group Care Full have noted, we must “shift the system towards one which centres people and their relationships over some narrow concept of economic contribution.”<sup>5</sup>

For all the talk of love as a virtue, there are hard economic implications too. For example, better economic valorisation would be part of the policy demand here, and specifically better pay for care workers so that they can actively pursue it as a vocation and a job they love. 40% of care workers currently receive below the Real Living Wage<sup>6</sup> and many do not benefit from living hours, with one in three care workers on zero hours contracts.<sup>7</sup> Rebalancing the low economic status of care work in all its forms is vital and this must include improve material conditions for workers: 'mutuality' in social care not only means recognising the skill of relationally-focused labour, but honouring that skill with decent working conditions that allow workers to flourish in their lives both in and beyond the workplace. Although this is not the main focus of this report, we imagine this extending to unpaid carers too. Unpaid Carers' Allowance is currently the lowest benefit of its kind, at just £76 a week, which we might see as a consequence of the lack of adequate valorisation or remuneration of paid care too.<sup>8</sup> An economy of love and mutuality would address this by extension.

The better resourcing and funding of the care sector as a whole would also allow love – love of the job and love of the other – to be truly unconditional. As Emily Kenway points out, there will always be a proportion of care provided out of love rather than economic necessity. We do not suggest that the state, however well-funded it may be, will ever outstrip the role of love. However, it is imperative that this is a choice, that those who choose to care for family members are not economically worse off as a result and that love – where it is the motivation – is not conditional on the economy. The economy ought to allow unpaid carers to flourish, to get paid leave, to work flexibly around their caring responsibilities in



order to value the labour that goes on beyond work, as Paul Bickley acknowledged earlier in this series.<sup>9</sup>

In Kenway's words, "the future of care is not one in which it occurs solely as waged work, which excludes both love and lived experienced. It is one in which care is embedded into the rhythms, rights and structures of our everyday lives."<sup>10</sup> To use a biblical framing, one of the Old Testament psalmists describes God as 'placing the lonely in families'.<sup>11</sup> We argue that good work reimagined might do likewise. The vision of work outlined in this whole Theos series is one which moves us from an economy in which people are by definition lonely to one in which they are viewed in connection to others, be that family units, friendships or wider communities.

The Japanese cooperative activist and Christian reformer Toyohiko Kagawa wrote in 1936 that "humanity starves because it is too short-sighted to try to establish a new economic policy based upon mutual love."<sup>12</sup> This remains true. Our vision here is that we, as a nation and as humanity, might dare to see far enough as to establish an economy, a labour market and a care system based upon that mutual love, and we hope this series has shifted the dial towards that.

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# Theos – enriching conversations

**Theos exists to enrich the conversation about the role of faith in society.**

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*Love's Labours* is the third and final report in Theos' *Work Shift* series, exploring how a renewed focus on the relational elements of work could improve the labour market.

This report outlines the current crisis in the adult social care sector in the UK, arguing that this crisis is not only economic in nature, but also relational. The devaluation of paid care work is an economic problem which stems from a fundamental misunderstanding of what care is, what work is and even what love is. Different workspaces, cultures and working conditions have the power to create different kinds of human relationships and forms of human community and in so doing, create different arenas for 'love' to flourish. This being the case, social care is a key arena for the intersection between 'love' and 'work'.

In this report, we argue that this intersection between love, work and care offers a way of reimagining how caring professions are valued. The integration of Christian theological ideas of love and dignity allows a broader, more holistic policy debate than the current economic one.



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