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## research article

# What are paid care workers in England's attitudes and considerations regarding organising?

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In England, pay and working conditions in adult social care (ASC) employment are among the worst in the labour market. There are signs of positive reform through legislation being introduced by the Labour government elected in July 2024, but there are several obstacles to delivering meaningful change. With positive state-level policy slow to materialise, this article examines a dimension of paid care workers' own efforts to bring about change, namely, their orientations towards organising. Levels of unionisation are comparatively low in ASC, and although effective union and non-union campaigns take place, the overall numbers and impact are limited. For organisations seeking to represent paid care workers to engage with them effectively, it is important to understand these workers' views on organising for change. This article draws on an analysis of 45 interviews with paid care workers and key actors from organisations representing their interests, including unions and campaign groups. It presents findings regarding the dimensions of paid care work's relational labour process and status. The analysis engages with scholarship on paid care workers' wider work orientations and with the burgeoning literature on organising among paid care and domestic workers. By bringing together insights on paid ASC workers' work orientations and their organising orientations in a novel way, it shows how paid care workers' attachments to their relational work significantly shape orientations towards organising.

**Keywords** adult social care • attitudes • care worker organising • paid care work • relational care • trade unions

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## Introduction

Worker orientations towards organising are influenced by various cultural, social, structural and economic factors, and they have implications for the nature and extent of organising (Whitfield, 2022). Such orientations are shaped by opportunities for and barriers to organising, as well as the complex interactions between them (Fisher and Foster, 2025). For instance, low pay may simultaneously present an organising cause

and a challenge of affordability (if the latter involves withdrawing labour [and pay]). These tensions are exacerbated by paid care work's relational nature and concerns about the impact actions may have on those who are cared for (Daly, 2023).

In England, working conditions in adult social care (ASC) are among the worst in the labour market (Hayes, 2017). Correlated with poor pay and conditions, ASC workers lack widespread union membership and collective bargaining coverage. Estimates suggest that 15 per cent of privately employed ASC workers are unionised (Cominetti, 2023: 5), compared with 21 per cent in the wider labour market (Department for Business and Trade, 2023: 21). The reasons for the limited unionisation and organising activity in the English ASC context are myriad and extend beyond workers' orientations. Organising is inhibited by ASC workforce fragmentation caused, in part, by outsourcing. Local authorities retain key care assessment and commissioning functions, with care overwhelmingly delivered by independent (private and third sector) providers (SFC, 2024). In addition to thousands of individual providers, there are local-authority-level variations and numerous care settings (including residential, homecare and live-in care) and models of employment. The resulting dispersal of paid ASC workers is a key barrier to organising and union activity (Johnson et al, 2021).

Despite low membership among ASC workers in England, unions and non-union organisations do engage in organising in the sector. In recent years, union activity in ASC has included claims with local authorities across the UK in pursuit of equal pay (Murray, 2023). Women employed by local authorities in feminised occupations like care work have historically been underpaid relative to those in comparable male-dominated occupations. Other examples of successes have been secured at regional or provider levels, for example, the GMB strengthening sick-pay entitlements for workers employed by a large private care provider, HC-One (Parker-Dean, 2024), and established unions' campaigns on ethical care procurement practices (Johnson et al, 2021), such as UNISON's Migrant Care Worker Charter (UNISON Northwest, 2024). In addition, unions continue to play a role in shaping the UK Government's Employment Rights Bill, which includes measures that stand to benefit ASC workers, including on pay and contracts, and is currently progressing towards enactment.

In the context of minimal worker representation and delays to sector-level reform (Humphries, 2025), there is potential for greater organising among ASC workers. To widen paid ASC workers' engagement in organising, it is important to know more about their attitudes and considerations towards organising. We concur with Daly (2023: 814–15) that it is important to study this specific group of workers, and not just within a wider analysis of the 'care economy'. There is, however, limited academic work that incorporates paid care workers' views on organising, with their opinions little understood (Whitfield, 2022). The case for ASC workforce issues receiving more attention is convincing. This is a large and growing workforce, with a major economic role and impact (Meagher, 2006). It also faces ongoing national-level struggles with sustainability. There are currently approximately 131,000 vacancies in ASC (SFC, 2024: 48), and the turnover rate for direct care workers stands at 26.5 per cent (SFC, 2024: 62).

These factors make understanding paid ASC workers' views on organising prime for investigation. This article addresses these issues by drawing on an analysis of 45 interviews with front-line or 'direct care' workers (whose work is core to ASC services and accounts for around three quarters of paid posts in the sector [SFC, 2024: 23–5]), as well as key actors. Participants worked for or were members of organisations such as

unions and campaign groups. The research question was as follows: what are paid care workers' attitudes and considerations regarding organising? Extant literature reveals that paid ASC workers' orientations to their (specific form of) work influence their views and choices around organising. Therefore, a sub-question was investigated: how do paid care workers' orientations towards organising interact with their orientations towards the work they do? The article's contribution adds to the knowledge base on the seldom-investigated topic of England-based paid ASC worker organising. In particular, insight into organising by this group of workers is scarce, and that gap is thus also addressed. This is achieved by bringing together knowledge of paid care workers' general work orientations and paid care workers' orientations towards organising.

The article is structured as follows. The next section further contextualises ASC work and workers, including the labour process and working conditions. Reviews of two areas of literature follow: paid care workers' general work orientations, and then paid care workers' orientations towards organising. The article subsequently moves on to the methodology and then the themed presentation of findings. The discussion highlights how the key findings relate to and build on existing knowledge of care workers' views on organising, before the conclusion is presented.

## **The paid ASC workforce**

Contextualisation of the nature of ASC, as well as the work and workforce, is necessary to enhance analysis of organising orientations. ASC work is complex and multifaceted (Dodson and Zincavage, 2007; Hayes et al, 2019), despite the pervasive poor remuneration, lowly status and designation as 'low-skilled' (Migration Advisory Committee, 2022: 5–6). The work practices revolve around supporting adults of all ages with things they may not be able to do or would otherwise struggle to do in their daily lives. This could be due to a long-term health condition, a mental health condition and/or a disability. The care that workers provide can include support with household tasks, assistance with accessing services or support with personal care. Care happens in people's own homes and communities and in care-specific locations, such as day centres or residential care homes. The labour process varies based on the setting, and in addition to the complexity, paid ASC work can entail much responsibility and risk. Furthermore, this work has pronounced relational and emotional dimensions, can be physical (and violent [Kelly, 2017]), requires cognitive skills, and is increasingly medicalised and reliant on technology use (Hayes et al, 2019; Hamblin, 2022).

Despite these complexities, the pay and conditions are persistently poor (Fisher, 2025). The pay levels are consistently among the worst in the labour market, and ASC workers overall lack comprehensive occupational welfare, such as sick pay (Cominetti, 2023). This employment also features other indicators of insecurity, such as significantly higher levels of zero-hours contracts than in the wider labour market (SFC, 2024: 40–3). Skills accreditation is disjointed and uneven, and career progression is stymied by the sector's flatness, dependence on provider competition and ineffective government reform (Fisher and Foster, 2025). The environment of ASC is perennially challenging, with the ongoing labour shortage and high turnover (SFC, 2024) translating to short-staffing and demanding workloads.

These pay and conditions have especial impact on those who do this work, and ASC employment has entrenched demographic features. It remains overwhelmingly gendered, with women accounting for four out of every five workers (SFC, 2024: 73–5).

However, as [Hayes \(2017: 7\)](#) notes, this is not work generally done by all women; 'rather it is the preserve of the working class'. This is racialised work too, with, for example, Black/African/Caribbean/British ethnicity workers markedly over-represented ([SFC, 2024: 79–82](#)). Care employment has long relied on migrant workers ([Hochschild, 2001](#)), and latterly, those migrating to England to do paid ASC work have been at risk of exploitation ([University of Nottingham Rights Lab, 2022](#)) and harsher conditions attached to employment visas. Notably, the UK government has proposed to end the Health and Social Care Visa, which would effectively halt new migrant workers coming to the UK to do paid ASC work ([Kilkey and Lingham, 2025](#)). The concentration of working-class, often migrant and/or minority ethnic, women in paid ASC work shapes the inequalities these workers continue to face. For example, the horizontal occupational segregation of women in direct care roles contributes to the gender pay gap and women's ongoing material subordination. The government's ASC commission is under way, a process that has been cautiously welcomed ([Daly, 2025](#)). However, the time frame is contentious, with criticism that it will not present its concluding findings until 2028 ([Humphries, 2025](#)); thus, supported people and paid ASC workers are set to continue to wait for meaningful change.

## How do paid care workers view their work?

[Skeggs \(1997\)](#) and [Stacey \(2011\)](#) note that paid care work can be an important site of identity for the (predominantly working-class) women who do it. Both highlight the work's gendered and classed dimensions and describe how these workers forge identities based on 'respectability' ([Skeggs, 1997](#)) and 'dignity' ([Stacey, 2011](#)) in the face of societal-level ambivalence and exclusion. Skeggs and Stacey utilise notions of 'capital' to theorise resource accumulation through caring while highlighting that this does not bring material reward, as workers find 'meaning and identity ... within the very real context of structural disadvantage' ([Stacey, 2011: 20](#)). Stacey's 'emotional capital' focuses on the emotional and affective rewards, and she makes an important contribution in separating those from material rewards. She argues that although the material basis and rewards of paid care work are often exploitative, it does not necessarily follow that the caring relationships workers cultivate through the labour process need be. Others make this distinction and recognise the value that paid care workers derive from their work's relational dimensions ([Lynch et al, 2021](#)).

The relational work of care is the 'complex interpersonal, emotional and physical encounters between care giver and recipient' ([Williams, 2018: 551](#)). This is foundational to paid care workers' perceptions of what they do ([Atkinson and Lucas, 2013](#)), and it represents a principal concern for supported people ([Rodrigues, 2020](#)). The rewards that caring relationships can bring are identified as key to paid care workers' job satisfaction and the meaning they get from doing what they do ([Dodson and Zincavage, 2007](#)). These are generally found to be high despite the challenging environments and poor pay and conditions ([Hebson et al, 2015](#)). Strong attachments to work, particularly to the people they support, are often central to paid care workers' experiences. [Daly \(2023\)](#) asserts that these worker attachments tend to be towards the work and people they support rather than to their jobs or employers. That ASC workers' service in the sector is noticeably longer than with individual providers ([SFC, 2024: 65–7](#)) shows that changing employers is a key, albeit individualised ([Daly, 2023](#)) action for those seeking to improve their work situation.

Worker motivations for doing paid care work (Folbre and Nelson, 2000) have relevance here, and Daly (2023: 806–7) brackets them into three groups: ‘extrinsic’, ‘intrinsic’ and ‘prosocial’ (see also Nelson and Folbre, 2006; Dill et al, 2016). Extrinsic motivations refer to rewards external to the labour process and work practices, such as pay. Intrinsic motivations denote rewards derived from the process of the work itself, the tasks and the rewards of carrying those out. Prosocial (or caring) motivations are geared towards the rewards of paid care’s relational work and helping others. Although prosocial motivations are strong among paid ASC workers’ accounts, Daly (2023) notes that they operate alongside the other two forms identified. Dill et al (2016: 100) contend that ‘most theoretical accounts of good care stress the particular significance of prosocial motivations, or caring about’. They add that such accounts present extrinsic and prosocial motivations as oppositional and, furthermore, underplay intrinsic motivations. Prosocial and extrinsic motivations resemble the two sides of the influential ‘love not money’ debate (England, 2005), centred on the notion that paid care workers’ love for their work makes up for and explains the poor remuneration. Folbre and Nelson (2000), however, acknowledge that this thesis is overly simplistic with regard to motivation and, like Daly, present a more nuanced picture less reliant on this dichotomy.

The question of where caring motivations stem from has received some attention in academic research (Meagher, 2006; Dill et al, 2016; Daly, 2023). Being motivated to care often arises from knowing about or having some contact with or experience of care. Hayes (2017: 119) contends that caring motivations are bound up in connotations of unpaid care’s ‘gendered notions of female sacrifice and familial morality ... in which mothering work is unpaid’. Skeggs’s (1997) and Stacey’s (2011) points about cultivating gendered identity through caring have relevance here. Identity can develop through the practices of care, through its gendered connotations of family and motherhood, and through its construction as materially undervalued and natural to women (Meagher, 2006; Johnson, 2015). Evidence shows identity-forming socialisation processes to be gendered, with women socialised to be prosocial to a greater extent than men (Hine and Leman, 2013). The notion of care being ‘natural’ (particularly to women) is revealed in the accounts of paid care workers, who themselves invoke such sentiments (Stacey, 2011). This informs views among workers that to be a good care worker, it is necessary to be (intrinsically) caring (Dodson and Zincavage, 2007) and to ‘do’ care (Folbre and Nelson, 2000; Meagher, 2006). This highlights the strong normative elements guiding constructions of good paid care, which are closely connected with unpaid, largely familial care (Dodson and Zincavage, 2007). However, as Meagher (2006: 37) notes, ‘relying primarily on feelings to motivate paid carers to do their jobs well seems unrealistic’, and Nelson and Folbre (2006) assert that motivation to care needs to be accompanied by effective caring actions. They also contend that this over-reliance on altruism is unsustainable, as the ‘pool of truly caring people who don’t need the money is probably shrinking over time ... given rising divorce rates and other changes in family structure’ (Nelson and Folbre, 2006: 128).

Despite these positive views, there is much paid care workers view negatively. Aligned with their work attachments, paid ASC workers hold negative views of situations where they lack the time or resources to provide the care they would like to or feel that supported people deserve (Daly, 2023). Much of this is the result of understaffing, which has other consequences workers view negatively, such as overwork and the resulting fatigue and stress, as well as increased risk (due to a lack

of support or the likelihood of making mistakes) (Daly and Fisher, 2023). The sense that this work can be highly demanding extends to its emotional dimensions, with ‘emotional distress’ resulting from their involvements and relational expectations (Johnson, 2015: 122). There is a negative tension when their work’s bureaucratic or institutional organisation impinges on their ability to perform its relational elements (Foner, 1995). Paid care workers are also critical of management or provider ways of operating that contradict their own views of good and appropriate care (Johnson, 2015). Negative views can also include those held towards other workers who do not conform to standards of ‘good’ care, including being caring and willing to care (Daly, 2023).

ASC workers also often view their pay levels negatively (Dodson and Zincavage, 2007), seeing a mismatch with what they do (Hebson et al, 2015). This has relevance to the aforementioned ‘love not money’ argument, as research suggests that employers take advantage of care workers’ prosocial motivations (Johnson, 2015). While these negative views on pay exist, other workers regard their pay as reasonable for what they do (Johnson, 2015). In addition, insecure contracts, the challenges of maintaining a work–life balance and working with supported people or their family members ‘who may have violent, aggressive, or rude tendencies’ (Ravalier et al, 2019: 351) are other prominent factors. Overall, this rich literature on paid care workers’ perceptions of what they do reveals a complexity that reflects the nature of this employment. This also has implications for orientations towards organising.

## **Orientations towards organising among paid care workers**

There are several barriers shaping the low levels of unionisation and organising among paid ASC workers in England. Their fragmentation and spread create obstacles to collective action and organising (Duffy, 2010; Smith, 2021). ASC workers’ employment in a landscape of outsourced providers represents a huge challenge to unions or other actors seeking to organise ‘invisible’ (Boris and Klein, 2006: 83) paid care workers. Another related challenge is that within the care work sector in England, there is not a significant history of militancy (Treacher, 2020), with it diverging from trade unions’ traditional, established terrain.

Workforce demographics are also significant to organising trends. For instance, women dominate ASC employment, but they are often time-poor, in part, due to continued unpaid care work responsibilities (Smith, 2021). This can limit capacity to engage in organising, which tends to be unpaid and to occur outside of working hours. High levels of zero-hours contracts and other employment insecurities are related to ASC’s turnover difficulties. Workers changing employers, leaving ASC (Johnson et al, 2021) or being insecurely employed (Smith, 2021) have obvious implications for organising continuity. Pervasive very low pay is relevant too, as union fees entail additional costs.

The practices of paid care work shape worker orientations to organising (Whitfield, 2022). In particular, the demanding nature of this work (including long hours) can reduce energy and time available for non-work activities. The labour process is demanding and can be exhausting, pressured and stressful, which can reduce time and energy (Mareschal and Ciorici, 2021). The relational (including emotional) nature of paid care work can intensify these demands, further limiting prospects of being involved in organising.

Paid care workers' strong work attachments can influence decisions regarding whether to get involved in organising (Duffy, 2010), especially strike action (Cranford et al, 2018), which can result in shortages of support (Whitfield, 2022). Furthermore, Mareschal and Ciorici (2021) highlight paid care worker fears that gains for them may come at the expense of service resources. Care workers' caring or prosocial motivations can override other concerns, such as around pay and conditions, with the primacy of 'caring about' (Daly, 2023: 798) holding a strong normative sway.

Whitfield (2022) observes ASC workers' identification as care workers taking precedence over their more general status as workers and this, in turn, influencing choices over whether to join a union and which causes to organise around. This highlights the significance of identity to both work orientations and organising orientations in the care work context. Johnson's (2015: 123) observation that 'by making the residents the sole subjects of their moral concern, the carers had effectively suppressed their own moral interests' chimes with Whitfield's analysis. Due to these workers' 'motivation to care', they do not necessarily regard their work situations as exploitative (Whitfield, 2022) and may hold 'a low sense of entitlement to higher wages' (Johnson et al, 2021: 370). These examples align with two forms of injustices that Whitfield (2022) refers to as 'care-related injustices' and 'employment-related injustices'. The former relates to workers' preoccupation with care quality and relational attachments (Whitfield, 2022), while the latter denotes injustices connected to employment conditions, such as pay and contracts (Whitfield, 2022). In her study, union members and organisers expressed the view that ASC workers' movement on employment-related injustices is stymied by their concern with care quality and relations with supported people (Whitfield, 2022). Accordingly, organising could be seen as morally questionable and would make those workers appear 'self-interested' (Whitfield, 2022: 343) and therefore not 'good' care workers. These examples show that decisions regarding involvement in organising among paid ASC workers are multifaceted.

## Methodology and methods

Empirical evidence was generated via 45 semi-structured interviews across 41 participants, with some individuals interviewed twice (see Table 1). Targeted, purposive sampling was utilised to recruit key actors and workers involved in organising in ASC. Participants were members of or worked for a range of relevant organisations, including established and independent trade unions, campaign groups, and community organising groups. The sample is comprised of key actors (such as administrators, founders and organisers) and paid 'direct care' workers (in care worker or senior care worker positions, or equivalent) (SFC, 2024: 117) engaged in organising in the ASC context in England. The care worker sample of 25 consists of 20 women and five men. Table 2 provides further details about these workers, including their gender, age and ethnicity, as well as the care settings they worked in and their length of service in ASC. Contact was made with participating organisations via academic colleagues with existing contacts or through direct contact. Once initial contact was made, gatekeeping and snowballing increased those sub-samples.

The interviews were conducted in person (at one of the union offices and at the authors' university), online or by telephone between December 2023 and March 2025. Key actor interviews provided organisational perspectives, and care worker

interviews examined front-line workers' experiences. Interview questions focused on organising activity, including engagement and the nature of actions, and the care worker interviews investigated worker orientations towards organising. It is important to note that all participants were engaged in organising or union activity, so it does not include direct accounts from workers who were not in unions or involved in organising. The reason for this was that the initial research focus was to investigate what care workers do to drive and respond to change. Therefore, the sample reflects this and is comprised of paid care workers (and those representing their interests) who were engaged in organising at the time of interview. That said, this article indirectly includes significant insight into the views of those not involved through conversations with those in the sample about efforts that they, including those in organising roles, made to get others to take part. This was via questioning about what happened when workers or key actors tried to involve others and specifically by probing for examples of reasons for not engaging in organising.

Individual participants were given pseudonyms, and other identifying features, such as specific locations or names of employers, have been altered or omitted. Some organisations gave permission to be named, whereas others did not, and in these latter instances, pseudonyms are given. Participants received information sheets and consent forms in advance and were given the opportunity to ask questions before consenting. The study received ethical approval through the University of Sheffield's research ethics system. The analysis was thematic, drawing on the method of [Braun and Clarke \(2006\)](#), and key themes were identified through the comprehensive coding of summarised groupings in relation to this subject.

**Table 1: Table of participants**

Organisation name	Type of organisation	Number of key actor participants	Number of paid care worker participants	Total number of participants	Total number of interviews
Care and Support Workers Organise (CaSWO) campaign group	Campaign group	4	4 (all CaSWO participants were or had been paid care workers)	4	5
CollectiveWorkers (pseudonym)	Established trade union	3	1	4	4
Homecare Voices	Peer support and campaign group	1	9	10	11
PeoplePower (pseudonym)	Community organising group	2	1	3	3
WorkTogether (pseudonym)	Established trade union	4	8	12	12
RepresentStaff (pseudonym)	Established trade union	0	1	1	1
United Voices of the World	Independent trade union	2	5	7	9
Overall				41	45

Table 2: Paid ASC worker participants

Name (all pseudonyms)	Union or organisation connected to	Gender	Age	Ethnicity (self-defined)	Care setting	Years in ASC employment
Rita	CollectiveWorkers (established union [pseudonym])	Woman	47	British Indian	Day centre	23
Mary	Homecare Voices (peer support and campaign group)	Woman	37	African	Homecare	2
Tanisha	Homecare Voices	Woman	38	Black African	Homecare	4
Paula	Homecare Voices	Woman	39	White British	Homecare	2.5
Amara	Homecare Voices	Woman	39	African	Homecare	1
Fatima	Homecare Voices	Woman	35	Bangladeshi	Homecare	2
Brenda	Homecare Voices	Woman	39	White British	Homecare	8.5
Joanne	Homecare Voices	Woman	55	White British	Homecare	4.5
Marisa	Homecare Voices	Woman	56	Mixed	Homecare	1
Tracey	PeoplePower (community organising group [pseudonym])	Woman	28	British	Homecare	6
Kim	WorkTogether (established union [pseudonym])	Woman	56	White British	Sheltered accommodation	15
Tom	WorkTogether	Man	65	White British	Supported living	5
Judith	WorkTogether	Woman	36	White British	Homecare	13
Sonia	WorkTogether	Woman	36	White (non-British)	Homecare	10
Claire	WorkTogether	Woman	45	White (Northern Irish)	Residential care	20
Holly	WorkTogether	Woman	48	White British	Homecare	31
Clive	WorkTogether	Man	33	White British	Supported living	10
Bruce	WorkTogether	Man	53	White British	Day centre	18
Carla	RepresentStaff (established union [pseudonym])	Woman	56	White Mixed	Residential care	20
Elena	United Voices of the World (UVW) (independent union)	Woman	70	White (Spanish)	Residential care	10
Cynthia	UVW	Woman	48	Latin American	Residential care	5
Claude	UVW	Man	45	Black African	Residential care	13
Ade	UVW	Man	54	Black African	Residential care	3
Florence	UVW	Woman	39	Black Caribbean	Residential care	22

## Findings

This section sets out four key themes from the findings, which relate to paid ASC work's relational character and its low status in occupational hierarchies. It sets out the different ways in which each of these two facets shaped the workers' views on organising.

### *Care work's relational character*

#### *Theme 1: 'Bad care worker' and impact on services*

The relational character of ASC work was a key element of worker considerations over the extent and nature of their involvement in organising. This aligns with the extant literature (Boris and Klein, 2006; Whitfield, 2022). It should also be noted that the data contain findings of strong worker attachment to supported people and this work and less of such sentiment towards workplaces (Daly, 2023): 'I do feel attached, but because of those emotional and relationships you end up forming with the people you support, I'd say.... I don't particularly feel loyal to the company, if that makes sense, but I feel very loyal to the people that I support and that I help' (Clive, WorkTogether care worker). The attachments and responsibilities workers feel towards the people they care for were major considerations for workers. Concerns about the impact of action on supported people and services were, overall, an obstacle to engagement: 'I think, yeah, the loyalty and sense of responsibility and fear of the consequences for the people you're taking care of' (Sarah, United Voices of the World [UVW] key actor). These were especially accentuated around the issue of striking and the clear, direct implications of this for care service provision:

I think people very much feel like if they took any form of industrial action, that they'd be letting people down, and they'd be leaving extremely vulnerable people without support. So, I think one of the big barriers is people feeling like they can't do that, or it's not fair to do that, because of the nature of the kind of work they do. (Clive, WorkTogether care worker)

It's fundamentally wrong in my eyes.... I'd let down a lot of people if I went on strike. That's somebody who doesn't get their services. That means that decision makes somebody else socially isolated. That decision means the carer, they get more stress put on their plate. They might not be able to go out and do a day's work, so then it has a knock-on effect on their income and stuff like that. So, that decision, it ripples further on. (Bruce, WorkTogether care worker)

These accounts reinforce the notion of paid care work as an arena where norms about what constitutes being a good care worker hold considerable sway (Dill et al, 2016). In opposition to this are powerful constructions of characteristics of a 'bad care worker', which Care and Support Workers Organise (CaSWO) key actor Ruth encountered when trying to involve paid ASC workers in campaigning:

If I'm fighting for better, it means that I'm not in it for just the job, and that makes you a bad care worker. Because we don't do this for the money. We don't do this for that. We're here to support people to make sure they

have rich and fulfilled lives. We don't do it for ourselves.... Yeah, so the bad care worker thing came quite often, actually. A lot of forums as well; I just couldn't believe some of these women. Because I said, you know, 'If you want £10 an hour, come to this meeting, and we can discuss', etc. The torrents of abuse that I got, just like ... women from across the country assuming that I'm terrible at my job, even though I was very good at my job.

Ruth's account has echoes of the 'love not money' (England, 2005) construct and particularly the buy-in to such ideas among paid care workers. The second half of the quote refers to CaSWO's efforts to campaign for higher pay for ASC workers, with the response from some workers being that the notion of doing so is incompatible with being a good care worker. This construct of a 'good care worker' relies on doing the work for overwhelmingly prosocial or caring motivations rather than extrinsic motivations (such as [more] money). In this scenario, being a 'good care worker' specifically means not pushing for better pay, something that Whitfield (2022) also observes.

Another point was the idea that being a good care worker by not getting involved in organising would protect workers from workplace harms or degradations. These were the types of conversations UVW care worker Cynthia would have when trying to get colleagues to organise: 'I said, "Did you join with the union? Do you have a union?" And people say, "No, no." I always say, "Please, if you want to feel protected, join the union; that is the best." The people say, "No, I'm a good worker ... nothing is going to happen."' Cynthia's account hints at a lack of awareness of the multiple roles unions play in advocating for workers.

### *Theme 2: Striving for better care*

Although overall concern about the consequences of organising for supported people constituted a barrier, for some, it acted as a spur to action. Silvia, a key actor in UVW's nursing home industrial dispute, argued that the deeply held convictions of ASC workers there (many of whom were long serving) were not a barrier: 'I would like to say to you the fact that these workers are so invested, and it's a vocation, that could be a barrier. But it was a barrier for about two minutes ... it wasn't a barrier.' Silvia's point also highlights that these views are not static and that once a positive case is made for organising's potential, as happened here, attitudes can change. Once on board, the strength of feeling drove the workers' cause, which was aligned with improving standards of care: 'I think it helped them actually.... They cared so much about their job, I think [Claude, UVW care worker] coined, "We do this job with compassion".... He said, "compassion and passion".... I think that helped them' (Silvia, UVW key actor).

These responses to paid ASC work's relational side were rooted in commitment to the people they support and to their compassion and investment in their day-to-day work and relationships. Bringing together Themes 1 and 2 points to the framing of involvement being crucial for gaining care worker buy-in, as Collective Workers key actor Kathryn argued:

They're more likely to challenge the employer if it's for their residents than they are for themselves. So, if you are looking at campaigning, it's about looking at, so, how does it impact on the residents, and how do you turn that round so the staff see it as they're fighting for the residents' rights more than theirs.

## *Organising and paid ASC work's status*

### *Theme 3: Internalisation of low status, and a sense of hopelessness*

As with the relational dimension's contradictory effects, two themes connected to paid care work's status had mixed consequences for orientations towards organising. First, there was evidence that paid ASC workers downplayed what they do, thus internalising their work's low status. This may also be linked to the fact that women are more likely than men to be employed in ASC and that internalised gender norms can shape workers' self-perceptions (Josephs et al, 1992), including with regard to status:

Probably one of the reasons why people don't join a union is they don't see themselves as professionals. They don't see themselves as important as a nurse, as, you know, somebody that has been to university and all the rest of it. They just go, 'Oh, I'm just a care worker.' It's one of the things that absolutely winds me up more than anything. It upsets me because I know amazing, fantastic people in care homes that are doing roles way above their pay grade. (Kathryn, Collective Workers key actor)

This quote shows that for some paid ASC workers, there is an element of seeing themselves as undeserving of better conditions (Whitfield, 2022). This has clear negative implications for organising aimed at improving workers' situations. Prevalent characterisations of care work as unskilled, dirty work, naturalised as feminine and of low status (Hayes et al, 2019) are powerful and entrenched. The poor pay and conditions and policy neglect in relation to reform are longstanding (Foster, 2024), and this informs a sense of hopelessness or futility – even among those actively committed to organising – that things will not change: 'There's that disillusionment of nothing is going to get better here. There's too many factors ... the challenge sometimes feels insurmountable because of the financialisation of care ... the way that the business structures are set up. It's like you'll never get to improve anything' (Ruth, CaSWO key actor). Care worker and UVW member Florence argued that until the esteem of paid ASC work is raised and it receives greater recognition, systemic change will prove elusive:

I'm a carer, I deserve to be treated with respect because sometimes workplaces, they don't treat carers with that much dignity and that respect because they don't see beyond the job that you do. When they see [Florence], or they see somebody, 'Oh, she just takes care'.... Until when society recognises the importance of a carer, I think then things will change. But until then, I don't see any changes.

### *Theme 4: Belief in the value of what they do and in better public services*

The previous quote from Florence represents a useful bridge to evidence that is oppositional to this downplaying of deservingness or the likelihood of change. There was a belief in the importance of this work and its contribution to society, which, for some, inspired their organising. This was more common across the sample than the downplaying, though this is perhaps unsurprising in a sample comprised of people actively involved in organising. In this sense, workers were challenging some of the prevalent constructions of paid ASC work and its limited material rewards.

There were various dimensions to this, including seeing care work's value within broader public service renewal: 'I think it is partly about wanting better terms and conditions for myself, but it's also like I feel like we should have public services which allow people to live dignified, and meaningful, and fulfilling lives. I don't think our public services are doing that, currently' (Wendy, CaSWO key actor).

The pandemic represented a crucial spark for action and drove angry and impassioned campaigning. For instance, workers' treatment during the pandemic was the spur for UVW's industrial dispute at a London care home and prompted the founding of the CaSWO campaign group.

Returning to deservingness, some workers held resolute beliefs that they deserved better pay, for example, and this shows in Claude's reaction to receiving a pay rise following UVW's industrial action:

Sometimes, when we sit and talk about it, we say that we did an amazing job. We feel proud of ourselves. It was hard work. And now, even if you gave me a pay rise, I am not dancing because I think whatever is coming to us, we deserve it. That's my reflection. We get what we deserve.

Through their action, they strove to make their work visible and to fight for proper recognition:

With UVW, we are no more invisible. I can tell you that at work now, all the big decisions, we are involved. Even though it doesn't go, sometimes, our way or they're playing with you ... we have a voice. We have support.... In our work, it's priceless because people ... I'm telling you, people do not respect a care worker.... People don't know what you do. They want to control what you do. That's how they see you: nobody. They don't see you. And when they see you, they can see that you do something amazing. But they don't, so you have to fight all the time. (Claude, UVW care worker)

Theme 4 shows that some care workers use what they see as ill-informed characterisations of their work as motivation to challenge such views and enhance the recognition of paid ASC work.

## **Discussion**

These findings represent original insights into the views of paid ASC workers regarding organising to improve their work situation. The views of workers are important, particularly for unions or other organisations seeking to organise and represent paid ASC workers, but they are little understood. Therefore, a deliberately narrow focus on ASC is crucial, and this is evident from the specific views on paid ASC work here. These relate to the nature of this work, which has distinct relational dimensions, and to its ongoing status as poorly rewarded and low within occupational hierarchies. This former point is true regarding other employment, such as teaching or nursing, commonly included within discussions of the 'care economy' (Daly, 2023). However, compared to ASC, those workforces have stronger collective voice, as well as enhanced status, lower levels of fragmentation and better employment conditions, all of which are causes and effects of higher levels of unionisation.

The data presented further substantiate the link between the relational nature of care and paid care workers' orientations towards organising (Duffy, 2010; Mareschal and Ciorici, 2021). This manifests itself in two key ways. As shown in Theme 1, it prompts concern among workers that organising may have negative consequences for the people they care for (Cranford et al, 2018). This is inherently problematic and generates tension in relation to paid care workers' self-identification as 'good' care workers. This chimes with Whitfield's (2022) observations that organising for improved conditions can be seen as self-serving rather than in the interests of supported people.

In contrast, Theme 2 presents evidence of how this work's relational nature forges commitment to challenging degradations to working conditions. The evident attachment (Daly, 2023) that these workers have to their work and the people they support, as well as the compassion with which they do it, spurred them to try to improve their conditions. This suggests that these workers do not concur with the 'love not money' (England, 2005) notion that care work's intrinsic rewards (Dill et al, 2016; Daly, 2023) sufficiently compensate for low pay. It also lends credence to Nelson and Folbre's (2006) suggestion that the number of people willing to do care work for such low levels of pay is dwindling. In contrast to the 'bad care worker' construct, these workers were buoyed by the idea that improving their working conditions and environment would enhance care quality. For instance, reduced time pressures for workers, better training and strategies to improve retention all have potential implications for care quality.

Themes 3 and 4 are rooted in the status of paid ASC work (which tends to be lower than other caring occupations, including teaching or nursing) and in normalised constructions of it. Theme 3 illustrates how this low status can be internalised, with some paid ASC workers feeling undeserving of change or support or simply accepting 'their lot'. For Kathryn, the key actor from the established union Collective Workers, her frustration at this was palpable. She called for more to be done to improve the standing of paid ASC work and to educate people, including in schools, about this work's importance and societal contribution. Alongside this internalising of low status, there was a weariness and lack of hope among some workers, as well as a view that the challenges in ASC were too ingrained.

Alternatively, negative perceptions of paid care work galvanised workers to raise awareness and fight for better status and conditions, as revealed in Theme 4. Within such accounts, there were important dimensions. The first was that the pandemic acted as an important spark for action (Smith, 2021). Both UVW's nursing home dispute and the CaSWO campaign group's formation sprang from paid ASC workers' resolve to challenge the injustices of COVID-19 pandemic working conditions. For UVW workers, their treatment during such high-risk circumstances crystallised the lack of 'respect' and 'dignity' they were shown ordinarily. This illustrates that the work of Skeggs (1997) and Stacey (2011) regarding care worker identity and the cultivation of respectability in the face of ongoing exclusion retains its relevance. Finally, the galvanising effect of Theme 4 was a broader orientation than Theme 2. The impulse to fight for change and challenge this work's lowly status was part of a wider desire to reassert belief in public service, which has been eroded in ASC during the neoliberal era (Fisher and Foster, 2025). CaSWO, for example, in its early days, was involved in campaigns to prevent the further outsourcing of health services. Furthermore, although Themes 2 and 4 are both about what prompts workers to consider organising,

the former has its roots in care's relational work and the latter in care work's lowly status. We contend that these findings have much relevance for organisations seeking to organise paid ASC workers. In particular, they suggest that organisations stand to benefit from showing awareness of the complexity of these workers' views on organising, especially regarding this employment's relational nature and status.

## **Conclusion**

Organising among paid care workers remains under-researched. However, this article contributes to a growing body of knowledge (Johnson et al, 2021; Whitfield, 2022; Fisher and Foster, 2025) about organising and union activity in the ASC context in England. It also extends a larger international literature on organising and union activity concerning paid ASC/long-term care and domestic workers (Boris and Klein, 2006; Duffy, 2010; Cranford et al, 2018; Tungohan, 2023). At a time when government reform of ASC in England continues at a slow pace (Humphries, 2025) and where system-wide, fundamental reform remains elusive, the prospects of workers and those representing them driving change become more significant.

This article has brought together literatures on paid care workers' work orientations and on their organising orientations in a novel way. It has strengthened clear findings from these literatures about paid care workers' attachments to their relational work being significant in shaping orientations towards organising. For unions, campaign groups and other organisations seeking to engage with and represent these workers, it is crucial to demonstrate awareness of this. In addition to substantiating existing findings, this article has added the importance of paid ASC work's status as a key dimension of these workers' attitudes and considerations towards organising. Care work remains persistently undervalued, and its low status is evident in the pay and conditions and the lack of progress towards professionalisation (Hayes et al, 2019). For some workers, this informs their downplaying of what they do, whereas for others, they see it as a cause to challenge and assert the worth of what they do and contribute to society.

This article contributes important new knowledge with the potential to inform approaches to engaging paid ASC workers in organising. In recent times, unions in England have taken action in this context and have shown the intent to do more (Johnson et al, 2021). The insights presented here are of value to efforts to engage further, highlighting the importance of understanding how the relational nature of care work influences perceptions regarding organising activity. They also reveal the status of this work to be an area where organisations ought to be attuned to paid care workers' complex views. The potential wider implications of action for paid care workers and those they care for, including raising the profile and importance of this work, require careful framing. There is also a need for further research in this area. For instance, although the views of those not involved in organising are included indirectly, research including the direct accounts of paid ASC workers not involved in unions or organising would complement the important knowledge generated here. This should be part of a more systematic, larger-scale exploration of paid ASC workers' organising and union activity across England. There is also scope for future comparative work on this topic, especially as care work is characterised by relatively poor pay and conditions internationally.

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## Contributor statement

Duncan Uist Fisher (DUF) and Liam Foster (LF) wrote the first and subsequent drafts of the manuscript. DUF and LF conceptualised and designed the study. DUF generated the data and conducted initial data analysis, and DUF and LF provided interpretation.

## Data availability statement

The qualitative data set that this article draws on will be archived in the UK Data Service repository.

## Research ethics statement

As noted in the 'Methodology and methods' section, formal ethical approval was obtained through the University of Sheffield's research ethics system. This approval was granted on 7 August 2023.

## Conflict of interest

The authors declare that there is no conflict of interest.

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