The crisis in care

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Madeleine Bunting (2020) *Labours of Love. The Crisis of Care*, London: Granta

It is widely acknowledged that there is a care crisis in the UK and that the Covid-19 crisis has made this worse, exposing how social care is poorly resourced and often absent from government planning. In her recent book *Labours of Love. The Crisis of Care* Madeleine Bunting provides a detailed account of the many facets of care provided by unpaid carers and paid health and social care professionals. She sets this book in the context of the crisis of care present in the UK and many other countries, and argues that we will all be affected by the crisis in care at some point in our lives. This has implications for education because a general education should include awareness of care and how we depend on each other, as well as providing training for care workers.

Madeleine Bunting defines care as having many elements:

> It may require expert knowledge and skill, it may entail insight, creativity and empathy, but equally it may be routine and repetitive. (p5)

She argues that the language traditionally associated with care has become worn out and devoid of meaning. Between each chapter is an analysis of key words associated with care, which have often changed their meaning over time, sometimes making it more difficult to describe what care actually involves. Pity is defined as 'sorrow and compassion aroused by another's condition' but health care workers do not use the term because it has connotations of condescension.

After spending five years shadowing health and social care workers and unpaid/informal carers in organisations and homes, Madeleine Bunting has written a moving account of how the marketisation of health and social care has affected the quality of care over the last thirty years. It has made it more difficult for care workers to meet the needs of patients and service users. Care does not fit into a neoliberal business model which attempts to cost every element of care.

A series of interviews with GPs in an inner city practice show the diversity of what a GP has to deal with, but general practice is being undermined by a more technocratic, business-focused approach. Many of the problems that patients present to GPs can only be solved by other agencies, for example housing or employment, but GPs have to deal with them by offering some form of care.

The accounts of care workers in homecare and residential care show how the privatisation of social care has damaged the quality of care that workers can provide. Even the care workers who can spend an hour with a homecare client are unable to properly provide care in all its forms. These accounts show how isolated care workers are, as well as being poorly paid and often lacking in training. Madeleine Bunting observes that:

> There is little, if any, sense of a shared collective purpose, and no institutional or organisational structure to inspire or provide solidarity to underpin individual effort'. (p181).

Yet, the 'burden of the work is only manageable when carried collectively' (p242). This could apply to both the homecare and residential care sectors. It is reflected in the conclusions of the Cavendish Report (2013):

> . . . good caring takes time. It will not be possible to build a sustainable caring, integrated health and social-care system on the backs of domiciliary care workers who have to travel long distances on zero-hours contracts, to reach people who have to see multiple different faces each week. (p190)

It is not just the impact of marketisation that has caused the crisis in care. The gendered nature of care lies at the heart of why care is not valued by society. This is seen in the disproportionate amount of care provided unpaid by women and by the gendered paid care workforce.

Where this book is less convincing is in the attempts to argue that some social changes in the last forty years have contributed to the crisis of caring. This can be seen in Madeleine Bunting's observations during the process of bringing up children that:

> the non-negotiable commitment that was required of me . . . revealed a simple obvious truth, namely that independence was an illusion

> and an odd ambition. The feminism of the 1980s had taken me up a dead end. (p47)

Later, she observes:

> Independence became the culturally privileged goal, and its absence prompted contempt. The shift was deeply jarring to many aspects of social relationships, particularly as it has coincided with an ageing society. (p210)

But this negative view of independence, particularly women's independence, fails to understand that women establishing their independence is an essential part of the de-linking of care with gender. Society will only start to value care when it is recognised that care must be provided by both women and men. There are some very eloquent accounts of men providing care in this book. An analysis of some of the history of nursing shows how the lack of valuing care lies in the often simplistic views of what mainly women nurses do, reflected in the false dichotomy of 'basic' versus 'professional' nursing care.

There are two slightly contradictory views of the role of the GP which highlight some of the problems of the GP caring role. One of the GPs says:

> It is completely different to the way you care for people you love, because it is not based on an emotional bond. As GPs we are quite controlling, and care is partly about control and order. (p154)

However, in a study of GPs the philosopher/ anthropologist Annemarie Moll writes:

> The doctor doesn't present information so that the patient can make a choice, but rather the two of them are collaborating, sharing different forms of knowledge and experience. There is no one-off moment when all the information is available to allow a choice to be made; diseases and bodies are too unpredictable for that. Instead care allows for such uncertainty by being vested in an ongoing relationship. (p165)

This second description would fit into a model of democratic professionalism which is reflected in many of the other descriptions of care within this book. This is supported by John Berger, writing in his book *A Fortunate Man*, about a rural general practice in Gloucestershire in the 1960s:
Only when we understand how to value the life of an individual being can we value the labour of a general practice doctor in the ways he sustains life.
This view can be seen in palliative care, where a nurse says:

> Care is very multidimensional and every bit of communication and interaction is a process of mutual influence . . . I learnt a lot from Carl Rogers's work on empathy and positive regard, so that you see the person as the expert on themselves - and you always see the person. There is a process of recognition here. (p242)

This points to another way of seeing care. Rather than defining care as the many emotions and activities that are involved in providing it, the valuing of someone's life is central to care. As Madeleine Bunting concludes, reflecting many of the health and social care workers that she interviewed:

> Every act of kindness or human warmth we receive is one we in our turn can give so that care 'must keep moving' . . . Yet this gift economy, recognised and properly rewarded, is needed to reclaim care and to celebrate the imagination, courage and sheer hard work it entails. (p278)

But how do we learn how to care? A palliative care social worker observes: 'Care is about constant learning and that is not well understood by people. I know there is always more to learn' (p242). Recognising that caring needs to be learnt would make it part of a general education as well as more specialised training for the care workforce.

Madeleine Bunting describes a visit to a Danish social pedagogy centre where young children are introduced to unstructured ways of exploring, imagining and creating that all involved collaboration. Children need to grow up with these concepts of sharing and caring which would be seen as central to living in society. This would also encourage them to aspire to careers in care. Encouraging young people to go into care work is an essential step towards establishing a sustainable care workforce.

Tertiary education could also start to widen the awareness of how care plays a key role in many sectors, such as the economy, technology and the presentation of care in the media and communications. This recognition would make the multi-faceted nature of care more widely understood. Post-COVID, the awareness of the importance of care must not be lost.

However, the care crisis will not really be solved until there is a National Care Service, funded through taxation and delivered by the public sector, supported by training and continual professional development. This would be accompanied by the NHS run on a basis of partnerships and collaboration, eliminating the competitive business models introduced over the last thirty years. These changes are essential if the crisis of care is to be solved.