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Chapter 9. Sex, class and CCTV. The covert surveillance of paid homecare workers

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Introduction

Public interest in the surveillance of care workers employed to care for older and disabled adults is rising rapidly in the UK. A number of high profile exposés of elder abuse in private living spaces have fuelled concerns about the ability of regulatory agencies to protect vulnerable adults. News stories and court reports provide accounts of the circumstances in which families take matters into their own hands and use CCTV or hidden cameras to gather evidence about the abuse of older people receiving care; either in institutional settings or in their own private homes. The post-Fordist deregulation of employment in the care sector, together with a lack of public confidence in the statutory bodies responsible for care standards, has created conditions in which surveillance has emerged as a new regulatory dynamic.

In this chapter, I draw on interviews with homecare workers providing care under conditions of surveillance in private houses. By exploring the impact of CCTV from the perspective of the homecare workforce, it is evident that its introduction is neither neutral nor inconsequential. Surveillance amplifies the pre-existing tensions and inequalities of gender which characterise care work (Monahan, 2009). Surveillance practices in the context of homecare must be recognised to be situated in and framed by a set of powerful socio-historical norms. A host of assumptions about beauty, truth, gender, class and other social relations are at stake (Abu-Laban, 2015). Surveillance in care settings invokes a familial right to oversee and control the behaviour and actions of women as care-givers. This familial right draws on a legacy of patriarchal control over household servants and domestically situated wives. Surveillance by families in the context of homecare introduces a fundamental shift in the power relations of paid care-giving and risks palpable negative consequences for both homecare workers and the people for whom they care. The existing management-employee relationship which defines worker subordination is augmented by a family-employee power relationship in which paid care workers are marked out as the 'unfamiliar other' in the context of family homes. My research finds perceptions and experiences of surveillance by families have increased employment insecurity, introduced uncertainty over conduct and care standards and (paradoxically) enhanced managerial control over labour.

To give attention to the wider cultural context in which homecare workers' perceptions and experiences are situated, and to illustrate how surveillance images enter the public domain, I consider press reporting about the prosecution of homecare workers for theft (financial abuse). In doing so, I show how the availability of surveillance images transforms prosecutions into 'news events' and I argue that surveillance practices facilitate the portrayal and treatment of homecare workers in ways that humiliate and denigrate them as a low status social group. Media coverage of criminal prosecutions on the basis of covert surveillance plays an important part in shaping wider public perceptions. Particular social and gendered traits are attributed to offenders *because they are care workers* and these traits serve to trivialise the economic needs of homecare workers and mark them out collectively as undeserving of public respect and lacking in self-control. Hence, familial surveillance of

care workers is integrally bound to chronically low wages and the continuing weak regard for employment rights protection in the homecare sector. Through the covert surveillance of homecare workers, the economic devaluing of care work finds cultural expression; an effect is to deepen the marginalisation of homecare workers in the labour market.

The post-Fordist deregulation of homecare employment

Up until the 1990's local authorities employed large numbers of home help / homecare workers to provide assistance at home to older and disabled people in poor health. With over 90% of employees being women, the homecare profession is highly gender-segregated and workers undertake tasks traditionally associated with the unpaid labour of wives and daughters; assisting with washing, feeding, toileting, medication support and basic nursing care. In the context of the UK's aging population, homecare services have been recognised as key to reducing demand for hospital beds. The NHS and Community Care Act 1990 established an 'internal market' in health and social care, based on price competition and 'commissioning' by local authorities. Successive UK governments prioritised increased purchasing from private sector homecare organisations in order to lower service costs (Langan, 1990; Carey, 2008). As a consequence, public sector labour standards based on respect for gender pay equality and collective bargaining were highly compromised (Gill-McLure, 2007; Hayes, 2014). In order to satisfy demand for competition on the basis of price, public sector jobs were transferred wholesale to the private sector; where equal pay law is ineffective, employment rights more difficult to enforce and workers do not benefit from collective agreements (Thornley, 2006; Poinasamy and Fooks, 2009). In addition, local authorities used their commissioning power to stimulate and support the emergence of a multi-billion pound homecare industry, financed by the public purse and run by private sector businesses. As a consequence, 97% of homecare jobs in England are now with private and independent sector organisations (based on Fenton, 2013:19).

Where local authorities were previously direct employers with clear legal responsibilities to homecare workers, they are now commissioners and financiers at the head of a complex care market in which obligations and responsibilities for terms and conditions of work are fragmented across contracting chains (Rubery et al., 2012; Rubery and Unwin, 2011). This has led to the effective deregulation of homecare employment. Wages have plummeted, pensions and occupational sick pay have evaporated, and terms and conditions are now benchmarked against legal minima (Kingsmill, 2014). Hundreds of thousands of homecare workers are known to be paid so little that their wages unlawfully fall below the level of the national minimum wage, yet little has been done to remedy the problem (Hussein and Manthorpe, 2014; Public Accounts Committee 2014; HM Revenue and Customs 2013). Employment on zero-hours contracts is widespread and this means that workers are not guaranteed working hours and their earnings might fluctuate dramatically from week to week. (Rubery et al., 2011). The flexibility of these arrangements also enables employers to effectively dismiss staff at will by removing hours of work altogether, without notice and without requirement to establish good reason.

A growing body of empirical evidence points to connections between the deregulation of homecare employment, and worsening standards of care (Bolton and Wibberley, 2014; Lewis and West, 2014). Inspections by industry regulator the Care Quality Commission (CQC) in 2013 revealed that, in breach of minimum care standards, 12% of companies send staff into service-users' homes without first checking their criminal or employment record (CQC, 2013). The Equality and Human Rights Commission has identified 'systematic failures' to protect the

human rights, equality and dignity of older people who receive homecare services (EHRC, 2011). This includes deprivation of food and drink, physical and financial abuse and degrading treatment.

In England alone, social services investigated 55,100 abuse referrals concerning vulnerable older people in 2012/2013. Women are more likely to be abused than men, and women aged over 85 years are three times more likely to be abuse victims than men aged over 85 years (HSCI, 2014a: 17). Elder abuse is a gendered violation of human and civil rights and care workers are the most likely source of harm in reported incidents (it is worth noting however that care workers are also the people most likely to report abuse HSCI, 2014a: 5). Patterns of care worker offending are gendered; physical abuse is perpetrated predominantly by men and financial, emotional and other non-contact abuse is perpetrated predominantly by women (HSCI, 2014b: 20; Mansell et al, 2009:32).

In 2012-2013, 36 percent of safeguarding referrals alleged abuse by care workers (National Audit Office 2014, para 14) and homecare workers were implicated in about 1 in 4 of these cases (HSCI, 2014b: 22). Homecare workers are most likely to engage in financial abuse and steal cash, jewellery or bankcards from elderly service-users (IPC, 2013). In one study, homecare workers were 6 times more likely to be accused of financial abuse than residential care workers, and residential care workers were 3 times more likely to be accused of physical abuse than homecare workers (Stevens et al, 2008). This pattern suggests that abuse may be influenced by care-giving routines and care-giving environments. Research seeking to examine the causes of abuse suggests that low levels of staffing, routine use of temporary staff, lack of training, poor supervision, high levels of staff turnover and weak management increase the risk of elder abuse. (IPC, 2013:35-37; DeHart et al, 2009; Parliamentary and Health Service Ombudsman, 2011). It would seem reasonable to conclude that greater attention to employment rights and the quality of care workers' employment would reduce the likelihood of elder abuse.

Campaign groups representing the concerns of service-users and their families have increased public and political awareness about elder abuse. However, their efforts have not linked the issue of employment rights abuse, worker exploitation and poor management, with that of elder abuse. Rather, a number of investigations by undercover journalists have resulted in exposés broadcast on national TV which point to failures in the statutory regulation of the care industry (BBC, 2009; 2011; 2012; 2014). According to this assessment, abuse is connected to a lack of action by the care standards regulator, which enables people who are completely unsuitable for care work to gain employment. This has heightened public interest in the use of covert surveillance to identify abuse, prevent abusers from continuing to work in the sector and support criminal prosecutions (CQC, 2014b; UKHCA, 2013). Press reports and court records offer clear evidence that some families of homecare service-users use CCTV and secret cameras to catch abusive care workers 'in the act'. A critique of the capacity and capability of the regulatory agencies is inherent in each individual family decision to resort to the installation of hidden cameras or CCTV.

Since the camera itself has no eyes, the decision to engage in surveillance requires a sufficiently concerned family member to voluntarily commit both time and money to capture and review the footage. This draws our attention to the 'emotive complexities' which surround surveillance in the context of elder abuse (McIntosh et al. 2010). Scholars of security studies have noted that surveillance practices draw on a spectrum of justification; ranging from a desire to enforce disciplinary control, to a motivation to care and protect (Lyon, 2001). In a very broad sense then, 'surveillance' (as oversight and attention) may be a crucial

component of care. On one view, the installation of CCTV to protect a relative is an act of caring based on human interdependence and watchful integrity. However, from the perspective of disability rights activists, it may point to constructs of power and vulnerability within families, which may be nested in oppressive discourses of dependence (Abu-Laban, 2015).

There is little empirical data about the use and impact of surveillance in health and social care settings (SCIE, 2014). However, in response to strong public demand for CCTV to be introduced in care settings, the statutory regulator the Care Quality Commission (CQC) undertook a consultation in 2014. It asked if families with concerns about their relatives were right to install hidden cameras, and if additional support or guidance was required (CQC, 2014a para 3; CQC, 2014b para 2.13-2.14). In the consultation exercise, human rights concerns were noted in relation to potential violations of service-user dignity; for instance where people in poor health or people lacking mental capacity were subject to unjustified invasions of privacy (SCIE, 2014; Niemeijer et al, 2010). Since neither the state nor the care industry were prepared to carry the cost of installing CCTV in care homes, the CQC assumed that concerned families would purchase, install and monitor surveillance footage themselves. The focus of the CQC on surveillance in care homes stood in sharp contrast with its virtual silence about the use of secret cameras to observe homecare workers in private family homes. Seemingly, the regulatory gaze of 'the family' became controversial when it moved from its 'proper' domestic setting, into the managed, quasi-institutional setting of the care home. This suggests that the interest of the CQC did not and does not lie in the surveillance of care workers *per se* but rather seeks to promote the 'family gaze' as a regulatory tool across care settings.

In light of its consultation responses, the CQC has adopted a policy of support for families who wish to install either covert or overt CCTV in care settings (CQC, 2014c). It has committed to produce advice booklets for families and will welcome surveillance footage as a basis for targeted regulatory or enforcement action. This formal endorsement of familial surveillance appears as an attempt to transplant the social norms which support a familial right to oversee care-givers in a domestic context, into the quasi-institutional environment of care homes. These social norms are highly gendered. They emerge from traditions of patriarchal hierarchy in which the role of fathers is to exercise mastery of their wives and domestic servants. This patriarchal power is implicated in the surveillance of care-giving (as the traditional work of women within families) and lends legitimacy to the scrutiny of women through observation of their bodies and physical conduct.

This exercise of familial surveillance appears to stand outside established frameworks of legal protections which shield citizens from disproportionate or unjustifiable intrusions of privacy and limit the public power of the State. Legal restrictions on the use of either covert or overt surveillance apply to a defined set of 'public authorities' and also to employers, yet do not apply to the actions of private citizens in private homes. Accordingly, employers have a duty to ensure that their surveillance of employees is proportionate and justified. They must accept as core principles that monitoring is intrusive, that workers have a legitimate expectation of a degree of privacy in their work and that covert monitoring is to be regarded as exceptional. Employers may be legally required to give employees access to personal information they hold about them, including surveillance material. By way of contrast, when private citizens, in private spaces, engage in the surveillance of homecare workers they do not themselves employ, it would seem that their actions are unregulated.

From the perspective of vulnerable adults, the CQC's strategy of support for surveillance by families may lead to discriminatory outcomes. It has proactively endorsed values of private individual regard and discretionary responsibility, which have the capacity to erode or displace values of public duty and universal transparency. Accordingly, vulnerable adults may have little choice but to entrust their safety to the availability and willingness of concerned family members to assume surveillance responsibilities. The turn towards familial surveillance, as an adjunct to the enforcement of regulatory standards, signals that the 'privatisation' of homecare services evident in declining terms and conditions of employment also represents the out-sourcing of public concern for the security of service users.

CCTV and hidden cameras from the perspective of homecare workers

Between 2012-2014, I approached women working in homecare by using community networks and trade union contacts. My principle intention was to engage them in rich discussion about their work experiences and understandings of terms and conditions of employment in the sector. I interviewed 30 homecare workers; all but two of the interviews took place in their own homes. The women worked for 11 different organisations, comprising ten private sector care companies and one local authority employer. All of the interviewees provided hands-on care, two of them were owner-managers of small care companies and four had some supervisory or leadership responsibility for other homecare workers. The study had University ethics committee approval and participants gave written consent for their interview data to be used. Discussion of surveillance practices emerged as a common theme across the interviews. All the women were aware that CCTV or hidden cameras may be installed by families in the homes of the older people for whom they provided care. A majority either knew, or suspected, they were likely to be subjected to surveillance as they went about their work. In the discussion presented here, pseudonyms are given to identify comments made by seven of the women who shared personal experiences of direct or suspected surveillance.

Debbie was a private sector homecare worker in her early forties with two teenage children and a baby to support on her own. She recalled that her employer had written to all the homecare 'girls' to let them know that at any time, in any house, there could be a CCTV camera installed by the family. Compliance with the idea and possibility of covert and unregulated surveillance was, in effect, a requirement of employment for the homecare workers I interviewed. None of them had complained to their employers about surveillance or CCTV in their work and were keen to signal in the interviews with me that they had 'nothing to hide'. Clearly the desire of families for surveillance and scrutiny of care workers was appreciated and understood. In commenting on the way that surveillance practices are gendered, security studies academic Yasmeen Abu-Laban (2015) has noted that surveillance mechanisms which target the behaviour of women assume these women will act as docile recipients who recognise the rationality of a foundational premise about the need for screening. Indeed, the homecare workers I interviewed appeared to have internalised public fears about abusive care workers and were wary of finding themselves inadvertently working alongside an abusive 'other'. Although attempting to disassociate themselves from wrongdoers by indicating they had 'nothing to hide', their personal discomfort at feeling under suspicion was occasionally laid bare. Debbie, for example, claimed:

I am aware of feeling vulnerable [to accusations] but some carers I work with make a big fuss saying, 'Did you see the cameras in there?'. If you have nothing to hide it shouldn't worry you, but

nobody likes being watched do they. The homecares that are moaning and complaining are the ones you've got to be careful of I think.

Carol, who had recently accepted redundancy from a local authority after more than 25 years' service, recognised that all homecare workers were similarly situated in relation to public perceptions of elder abuse. She felt that, no matter which organisation they worked for, or how exemplary their previous employment record, homecare workers were regarded with suspicion:

I couldn't watch that TV programme about the care workers torturing people in a care home; I just found it so devastating. It really upset me, knowing all us carers cannot get away from that. No matter where you work, we will all be cast the same. It should never have happened, it disgusts me ... but because of the things that have happened, and the TV programmes, all carers get a bad name.

Interestingly, no-one interviewed suggested that CCTV might protect homecare workers from false allegations being made against them. Their willingness to be subject to observation was not a signal of their desire for personal or professional protection but a signal that they were worthy of positive regard as 'good' carers. It perhaps illustrated their lack of power and subordination to pervasive, yet intangible forms of control. However, practices of surveillance were read by homecare workers as a sign of distrust in their personal integrity because of the supposed 'bad name' of homecare workers as an occupation group. As has been suggested in previous studies of the impact of surveillance on women (Koskela, 2012), this amplified their sense of vulnerability in their work.

The presence of known CCTV cameras, as well as the awareness that covert surveillance might be in place, imposed behavioural control in spaces where homecare workers were previously hidden from purview. Gillian had worked for her current employer for about six years, and before that she had worked as a homecare assistant for a local authority. Her experience of working both in the public and private sector enabled her to appreciate how her behaviour at work had changed now that she knew she was being watched. She was less at ease in service-users homes and anxious because her actions might be perceived as dishonest or untrustworthy by those who were watching her:

There was CCTV in a house to watch us with a lady with motor-neurone disease. It felt uncomfortable. I know it sounds stupid but when I am in the kitchen making her a cheese sandwich there is always this little bit of cheese that falls off when you cut the sandwich. I think, 'Yum, yum! I'll have a nibble of that bit. But what if there is a camera on me? What if I am done [meaning disciplined] for nicking the cheese?

Her awareness of the need to be circumspect, even in apparently mundane matters, indicated that she imposed her own regime of 'self-discipline' to deal with the uncertainty of not knowing the standards against which she might be judged. This highlights how CCTV might be considered as the unregulated and subjective observation of the body in homecare work, which influences thought and physical actions by coercing internalised control (Koskela, 2012:51).

The homecare workers I interviewed were increasingly conscious of working for 'the family' even though, like Gillian, they were in a relationship of employment with a care provider.

Paradoxically, managerial control appeared to be enhanced through awareness of 'the families' as stakeholders in the monitoring and appraisal of conduct. This is reflected in a comment by Rebecca, who was the owner-manager of a small care company that distinguished its services from those of larger corporate competitors on the basis of her personal involvement in day-to-day care. She seemed very comfortable with the idea that families might install CCTV to keep a check on her employees:

I think, bring it on. As far as I'm concerned I expect staff to be doing their job properly and if they're not doing their job properly then it's their fault. I say to all staff ... you do your job as though under surveillance.

Rebecca's account assumes a consensus on care standards and an account of 'proper' care-giving which is difficult to reconcile with the unaccountable nature of family involvement and the application of standards which may only become known to the care worker once they have been breached. At the same time, familial CCTV is viewed by management as tool which trains care workers to perform as though they are being observed, whether they are or not. Aged 34, Ann was one of the youngest in the interview group and she had taken on a supervisory role about two years ago. She was keen to support the right of families to choose to install CCTV and made this clear to prospective new recruits at their induction training. She told me that she advised them, 'go in there [the service-users' home] as if you are being watched, you go in there as if you're being listened to ...that's probably the best way to work.'

Because workers are aware that they may be surveillance targets, managerial power reaches inside of service users' homes, through the co-option of the service-users' family as an interlocutor in the regulation of conduct. In some instances, fear of being reported on allegations of misconduct meant homecare workers conceded to disrespectful requests from service-users or their families. Two homecare workers told me that they had been asked to 'clear up dog poo' when animals had soiled carpets in houses where the service-user did not live alone. Their experience of feeling coerced into accepting these degrading instructions disrupted their prior expectations of an affectionate bond with service-users' families. Previously, bonds developed from their shared endeavours, working together with family members as the informal and formal providers of support to vulnerable adults. However, as Debbie said, the job had changed in recent times and, 'Now you feel as though you are being watched all the time. There is no trust'.

My interview with homecare worker Michelle captured a period in her life when she was looking for a new job because her earnings were insufficient and she felt unable to spend adequate time with service-users. Although in her eyes the standards of care-giving on offer at her firm were not satisfactory, she was aware that the interests of families and management had aligned in seeking to hold care workers to account for any problems. She told me, 'people are putting cameras in to spy on us' and detailed how she worked extra hard because she was frightened of being reported. Even though it was not a requirement of her job, she washed and ironed the clothes of a whole family so it could never be said she was 'just sat on her bum or playing with her phone'. Working beyond the requirements of the job is an indication of the self-consciousness and self-discipline imposed by covert surveillance, which was intertwined for Michelle with an awareness of unaccountable familial power and vulnerability as a subordinated employee. Perhaps, Gillian, with her wealth of experience, summed it up best by saying, 'CCTV makes it harder for us, the good carers, because we are constantly thinking shit, shit, shit, who is going to stab us in the back?'

Carol was in two minds about whether to take a job in private sector homecare now that her time with the local authority was drawing to a close. She recalled that it was not too long ago that she had read in the local newspaper that an elderly man with dementia was abused by private sector homecare workers. His daughters had secretly installed cameras and discovered that their father had not been washed for several weeks and was left in urine-soaked incontinence pads. However, Carol had previously cared for this man herself and knew that he was violent toward staff and consistently refused care. The local authority had given him up as a client and contracted out his care to a private company. Carol observed:

In the news report it was never mentioned that their Dad could be really aggressive. When I had him, on more than one occasion I ran out of that house with my gloves and apron on and left my bag and my jacket in there where I was so scared. Many a night I was guilty of neglect myself because he would not allow me to do personal care. I had to leave him with a soaking wet incontinence pad, so it annoyed me what was in the paper about not washing him, because I had done exactly the same.

The account suggests that CCTV may serve to isolate care workers and shift responsibility for mistakes and mishaps onto the shoulder of individuals. Covert surveillance is a workplace intervention which assumes responsibility can be compartmentalised in the absence of a wider context. The risk is that the mass of the state's legal obligations to vulnerable older people, issues of contractual adherence between local authorities and contractors, and the responsibilities of employers to their staff, are reduced to a primal focus on the observable interaction between homecare workers and service-users. At a fundamental level such a focus is misplaced; on a practical basis the outcomes may be misinterpreted; and at a personal level homecare workers may be publicly exposed to damaging presumptions of wrongdoing.

Managers played upon the prospect that surveillance recordings could be made by families to increase fear of summary dismissal. The homecare supervisor Ann explained to me how surveillance information was acted upon: 'If a family member says they have something iffy [suspicious] on camera, we just don't use someone, we don't give them any more work. Then they basically leave because they have no money coming in'. This serves as an excellent example of the operation of connections between family members and employers (as 'watchers') which position homecare workers as 'the watched' and as potentially 'faulty products' which can be easily replaced on demand.

One of the homecare workers whom I interviewed, Lucy, had indeed been summarily dismissed as a result of evidence gathered through covert surveillance. Since Lucy had left school she had worked in a succession of nursing homes, hospices and homecare settings. Now 43 years old and married, she was just beginning to feel settled in a job she had held for five months. One of her duties was to visit a service-user who was recovering from a stroke. Unlike many of her service-users, this particular man was not elderly and only a little older than her. She visited him four times a day to help with getting up in the morning, lunch preparation, a tea-time meal and then assist him in getting to bed at night. Unbeknown to Lucy however, she was under surveillance by this man's girlfriend. The covert recordings led to a complaint to Lucy's employer that she used obscene language, engaged in over-familiar personal contact and exhibited 'flirty' behaviour. Lucy had never before been accused of 'abuse' or inappropriate conduct and she assured me that she had shown this man care and affection as an equal and had spoken to him like she would talk to friends of her own age.

For Lucy, the experience of being called into the office to be told of the allegation left her 'floored'; '... I was like, 'what's going on?', but barely before she had taken in the seriousness of the charges against her, she was told to leave and not come back. It dawned on her all of a sudden that, 'I was out of work, literally the same day'. Because Lucy was employed under a zero-hours contract her employer saw no need to conduct a formal investigation and did not permit her to see, hear, nor challenge the evidence against her – she was simply 'let go'. The complaint was formally referred to the relevant local authority adult safeguarding team and although they concluded that her conduct had been far from ideal, there was no evidence of abuse or malpractice. Nevertheless, there was no way that Lucy could get her old job back, even if she had wanted it. At the time when I interviewed her, Lucy was in search of a new homecare job. Yet her confidence had been so badly damaged that she was unwilling to work with male service-users again and none of the companies she had approached so far had been willing to accommodate her women-only preference.

Lucy's harsh experience indicates that exposure to covert and unregulated surveillance introduces uncertainty about where the boundaries now lie between professional and unprofessional conduct, particularly regarding physical touching, embracing, rubbing, kissing, or verbal affection towards clients. Similar confusion has been reported in a study of mental health nurses who were less likely to display affection to patients because they knew they were under surveillance (Chambers and Gillard 2005). Several of the interview participants claimed that families were taking matters into their own hands with regards to surveillance because they were influenced by television and press reports. Mindful of being a single parent with a baby to support, Debbie cared deeply about being able to convince others of the quality of her work, but claimed that regardless of her conscientiousness, 'people say that they are going to get cameras put up because they have seen it on there (pointing to her television). Honestly you wouldn't believe how many people ...'.

Surveillance as a news event

Media reporting about thefts by homecare workers heightens public awareness of homecare as a poorly regulated industry and has created an image of care workers as potentially cruel, heartless and untrustworthy women who lack self-control. By implication, press reports communicate to readers that the use of covert video surveillance can protect older people from abuse. In order to understand how CCTV impacts on care workers, we need to consider the discourses within which these images are situated. Routinely, images of care workers enter the public domain in the context of prosecutions (in the case of homecare workers, prosecutions for theft). The hosting of CCTV footage on newspaper websites transforms the actions of individual homecare workers into a drama about abhorrent behaviour and constitutes a 'news event'. The accounts of the women I interviewed are thus further illuminated in relation to press reports where surveillance is an important part of the story. Here are six pertinent, yet typical, examples drawn from both national and regional press reports covering England, Wales and Scotland:

Headline 1: *Caught on Camera, carer stealing 90-year old's cash: Sneaky home help is jailed for raiding frail widow's handbag* (Daily Mail, 2014a). In this report, readers are invited to view video footage of a young female care worker 'rifling through the pensioner's handbag'. The video was taken when a concerned family set up a 'surveillance device disguised as a pen' in the bedroom of an elderly lady to capture evidence of wrongdoing. The Daily Mail website which hosted the story is the most visited English-language newspaper website in the world with over 11 million visitors a day (Fothergill, 2014). Accompanying the video are four

additional stills showing the care worker from the back, her uniform tabard visible, not her face. The sensational story continues with an account of suspicions raised by the family cleaner when she saw the care worker in a supermarket buying 'luxuries' and 'filling her supermarket trolley with expensive Prosecco'. As a consequence, the narrative implies, she inadvertently tipped off the family that something was amiss. The Daily Mail notes that the care worker was employed specifically to help the old lady to shower, yet it was while she was showering that the care worker took the opportunity to steal £530. The same story was also covered on the website of the Daily Mirror under the headline, *See shocking footage of carer stealing from frail elderly widow-caught on secret camera which saw her jailed* (Daily Mirror, 2014). Alongside a 'click and view' insertion of the CCTV footage, the report describes the care worker as 'vile and scheming'. In a quote attributed to the cleaner, her actions are described as 'pure wickedness'. She was convicted and jailed for 48 weeks.

Headline 2: *Thieving care worker caught stealing cash from grandmother's purse with camera hidden inside teddy bear by outraged family* (Daily Mail, 2013). Concerned that their mother was the victim of repeated thefts, a family hatched a plan dubbed 'operation Narnia' because a camera was hidden inside a teddy bear with its lens focused on the bedroom wardrobe where a purse was kept. The report shows four stills of a care worker 'caught red-handed', reaching into a cupboard, taking out a purse and pocketing £40 in notes. Her face is blurred but her body is on display. Below the report is a copy of the CCTV video which readers are invited to watch for themselves. The video is also published in two separate YouTube locations. One is accredited to the family (YouTube, 2013a). The other is used to promote a commercial product which assists in the identification of stolen bank notes (YouTube, 2013b). Here, the CCTV footage is enhanced by the use of dramatic background music, a voice over and additional 'reconstruction' footage which extends and enhances the narrative.

Headline 3: *Jail for Bristol carer who stole £10,000 to clear debts and pay for beauty treatments* (The Bristol Post, 2013). Readers are offered a large photo which has been cropped to emphasise the care workers' bright red hair and feather collared coat. She is a striking looking older woman and the headline implies she is a frivolous money-waster. The report picks up on sentencing comments that the money was used for 'store-card debts' and 'beauty treatments'. It is significant that the care worker is presented as a woman who has 'helped herself' to the pension of an older woman in her care not least because this suggestion contrasts with the notion that her duty as a carer was to help others.

Headline 4: *CCTV pictures captured carer stealing from Man, 71 she was supposed to be helping* (Leicester Mercury, 2011). This headline emphasises disdain for a woman who was stealing instead of caring. Presumably to connect readers directly with the prima-facie evidence of her guilt, the report includes a large freeze-framed CCTV still of the care worker with her hands in the pocket of a jacket draped over a door. The care worker had previous convictions for theft and fraud, she admitted the charges and claimed to have taken the money to pay bills. She was charged and convicted of stealing a total of £25 on the basis of the CCTV footage. Her sentence of 51 weeks' imprisonment was suspended for two years and she was required to attend a 'women's anger management programme'. The report gives no context to the Judges' imposition of anger management training but the inclusion of this information portrays her as a threatening person who is unsuitable for care work. Her previous convictions for theft suggest she may not have been properly vetted by her employer.

Headline 5: *Callous care worker weeps as she is jailed for six months for stealing £2000 from dying man* (Daily Record, 2014). Readers are informed that this care worker stole money to fund a 'lavish lifestyle including a new hairstyle and fancy clothes'. The accompanying photograph shows a smiling young woman, apparently on holiday, wearing a strapless dress in front of a swimming pool. Three times in the report she is described as 'callous' and this perhaps serves to emphasise that the man she stole from was nearing the end of his life. Details of sentencing comments include that she 'spent £692.69 in goods from various shops including River Island', 'more than £100 at a hair salon', that she committed 'a total basic breach of trust' and that the Judge admonished her by saying, 'You let down the respect, dignity and honesty of care workers throughout Scotland'. This is a direct suggestion that care workers are supposed to uphold collective standards which represent gendered notions of female integrity and selflessness.

Headline 6: *Glamorous care worker stole £10,000 from the man she was looking after and spent it all on clothes, shoes and handbags* (Wales Online, 2014). A young female care worker is described as 'glamorous' and 'blonde'. She is depicted in photographs which look as though they are taken from her Facebook account and show her in party outfits. The report includes a 'gallery' feature in which readers can click separately through six full-sized photographs of her wearing party clothes and heavy makeup. Also covered by the Daily Mail under the headline, *Care Workers stole £10,000 from the man she was looking after and spent it all on clothes shoes and handbags*, she is again described as 'glamorous' and the report claims that the theft financed a 'fashion spending spree' in which she 'spent all the money on her love of fashionable clothes, shoes and handbags' (Daily Mail, 2014b).

These six examples clearly evidence how representations of homecare workers in popular culture draw on a long history of the representation of femininity in which women are presented either as good or bad. Care worker abusers are presented as vain, selfish, heartless, deceitful and narcissistic, that is, as transgressing the ideals of caring, selfless femininity. Indeed, it is precisely via the presentation of these women as transgressing such ideals that their moral condemnation is secured. The press and the judiciary, for example, appear fascinated by ideas of care worker vanity and narcissism and reports of sentencing comments frequently highlight that the proceeds of crime have been used to fund activities associated with the narcissistic cultivation of beauty. Indeed, reports are often enhanced by personal photos taken from social media sites which serve to present the women as frivolous money-wasters, good-time girls and to humiliate them for their supposed vanity. On the one hand, this foregrounds the idea that errant homecare workers have an inappropriate and selfish concern for their own bodies; a concern which in turn is positioned as a powerful clue to their inability to care for the bodies of others. On the other hand, any implication that stealing is driven by underlying financial need or genuine poverty is powerfully dismissed by the implication that the characters and interests of care workers are self-serving and trivial.

As well as for their narcissism, women care workers who steal from their service users are condemned in these narratives for their failure to behave honourably and honestly in other people's homes. What is significant in the examples above is the positioning of family members in the policing of such errant femininity. Family members who have engaged in covert surveillance are, for example, celebrated in news reports as crusaders for truth and justice and their plans to catch care workers are presented as ingenious and clever. As such 'the family' is affirmed as a rightful locus for the moral regulation and policing of 'fallen women' and indeed of femininity more generally. In addition, the reading and viewing audiences of these news reports are invited to inhabit a moralising position vis-a-vis such

women. Crucial here is the situating of 'caught in the act' images in narratives which focus solely on individuals; that is on individuals devoid of any context. Most significantly, these images are excised from the political economy of care delivery; including the realities of low pay, zero-hours contracts, emptied out labour rights and the circumstances of specific interactions between providers and users. Thus, as well as inviting a moralising gaze, such images can be understood to diffuse any potential threat to the legitimacy of the agencies that regulate care standards and the safety of the elderly. It is clear from the examples I have given above that footage of homecare workers 'caught in the act' is routinely posted on YouTube and shared with commercial media outlets. On newspaper websites, images or film footage is reproduced and may be viewed worldwide and for an indefinite period of time. The implication is that anyone is entitled to pass judgment on these 'fallen' women who have failed to care. Paradoxically, the reproduction of covert material gives homecare workers, a previously hidden group, a newsworthy profile because the CCTV footage enables these women to be presented as bodies engaged in crime.

Conclusion: Understanding homecare work through a gendered paradigm of surveillance

The introduction of surveillance into care settings is interesting at a conceptual level because feminists have long conceived of care as 'invisible' work and have used notions of invisibility to explore the social and economic undervaluing of care (Daniels 1987). Indeed, in order to challenge women's economic subordination, feminists have drawn attention to ways in which women's work is pejoratively cast as invisible in its relation to the work of men, and in the eyes of men (Avery and McCluskey, 2013; Boris and Klein, 2007). With its characteristic underpayment and employment insecurity, the contemporary homecare industry reflects precisely the gendered assumptions of homecare as 'invisible' work: that which does not recognise genuine skill; cannot lever economic value and is wrongly thought to demand little commitment from its female workforce.

Social expectations of care workers are conceptually anchored to cultural values about women's traditional roles in the domestic sphere; those of obligation, unconditional service and duty. In order to give priority to the needs of another person, a care worker is required to suppress or hide her 'self'. Care workers who abuse their clients are judged harshly because they are deemed to have broken the very trust and duty of care which underpins familial relations and to have asserted self interest in order to harm a person for whom they were supposed to care. Care worker abusers are reviled *as women* because they act against the norms of caring femininity. A resulting logic of exposure requires that the hidden locations in which women abuse others must be opened to scrutiny so that their abhorrent actions might be made visible. Paradoxically, at these moments when caring labour is made visible, women workers are at once marginalised (Koskela, 2012:52). Surveillance practices set 'honest' family carers against the supposed dishonesty of women who are paid to care.

Surveillance strategies begin by claiming homecare workers to be the legitimate objects of visual interest. Care workers are objectified as the visual embodiment of care provision. Press reports expose care worker offenders as 'bad' women and attack their characters by 'reading' their bodies and appearance. The effect is to represent these women in ways which humiliate and degrade care workers as a group, because it is *as a care worker* that the individual offender is newsworthy and deemed to be of public interest. Public fears about elder abuse and the perceived failure of existing regulatory mechanisms provide a social context for CCTV footage which feeds media outlets with opportunities to put errant homecare workers on general display as a 'news event'. Examples of press coverage testify to the ways in which

public understandings of care workers are strengthened through the activation of regressive notions of good and bad women. This representation drives individual families to install surveillance technology. At an individual level meanwhile, surveillance practices undermine employment security, increase management control and change the 'production' of care at home in ways which families may not necessarily intend and may not be to the advantage of service-users. The testimony of homecare workers reveals that the organisation of homecare as a whole is transformed by seemingly individual, disparate decisions to install CCTV in the context of private family concerns. Not every homecare worker is observed, and the vast majority may never be individually suspected of abuse. However, the power of surveillance lies in its panopticon-like ability to reach *any* homecare worker and, through this prospect, surveillance (whether actually present or not) impacts on the consciousness and behaviours of *all* homecare workers. Simultaneously, the regulation of care standards is thus pushed into the private domestic realm of the family where decision making is opaque, boundaries are unclear and rights and responsibilities are absent.

The consequences of surveillance point to ways in which homecare workers are inter-relatedly constructed as both invisible workers, and as the hypervisible subjects of public scrutiny. Hypervisibility is a term which has been used to capture the representation of socially excluded groups in obscenely inaccurate and distorted ways, at the same time as they remain socially invisible and overlooked (Gordon, 1997:16, Allen and Taylor, 2012:5). Hypervisibility emerges from the invisibility of particular social groups and acts to deny recognition of individual personal identities by constructing some people as social problems on the basis of group identity (Fairfield, 2005:147).

The homecare worker is constructed as a troubling presence in older persons' homes and marked out as the 'unfamiliar other' in the context of family. If invisibility is at the heart of undervaluing, surely hypervisibility reinforces the economic irrelevance of homecare workers through its assessment of triviality and moral failings. Matters of economic worth and social status are not freestanding, but are interwoven measures of regard. The use of CCTV is an unregulated innovation which has emerged from public perceptions that statutory systems of regulation have failed to protect service-users from elder abuse. It is an innovation which has been endorsed by the statutory regulator and may be co-opted by management in order to extend managerial reach, promote regimes of self-discipline and intensify work performance. However, it is also an innovation which relies on voluntary endeavours by concerned family members, their personal financial investment in equipment and their commitment of unpaid time.

Developments in contemporary surveillance techniques have opened up spaces which were not previously available. The visibility that care workers 'acquire' in a paradigm of surveillance is not one which assists them to throw off the shackles of undervaluing, nor challenge the marginalisation of their economic interests and employment rights. Rather, it is a visibility in which they are regressively constructed as deceitful and deviant women, motivated by trivial self-interest and lacking in self-control. In hypervisible forms, homecare workers embody the social problem of elder abuse and these representations militate against the possibility that individual homecare workers might acquire personal regard and respect as professional persons. At the level of the 'self', the personal identities of homecare workers have been shown in previous studies to be intimately tied to their gendered function as care-givers (Stacey, 2011). However, the conditions of their employment mean that they experience work as replaceable and insecure strangers in other people's homes. Under these circumstances, it seems reasonable to suggest that the negative impacts of economic fragility

and poor quality employment are exacerbated by hypervisible portrayals of homecare workers as a group which evoke moral revulsion and denunciation in highly public forms. (see Fairfield, 2005:147).

Homecare workers' accounts suggest ways in which surveillance can restructure the physical environments in which they work and re-order power relations. Their relationships with family members, the use of their working time, daily habits and self-awareness is subtly reengineered by attempts to negotiate the regulatory gaze of 'the family'. The presence of CCTV and secret cameras is not simply adding, or enhancing, representations of homecare workers, it is central to them and facilitates public forms of knowing. A gendered paradigm of surveillance represents renewed cultural regard for the legitimacy of familial power to subjugate women in a domestic context and it is intimately connected to the economic invisibility of care work, and its calibration as an activity performed by unskilled labour market subordinates.

References

- Abu-Laban, Yasmeen (2015) 'Gendering surveillance studies: The empirical and normative promise of feminist methodology', *Surveillance & Society* 13(1):44.
- Allen, Kim and Yvette Taylor (2012) 'Placing parenting, locating unrest: Failed femininities, troubled mothers and riotous subjects', *Studies in the Maternal* 4(2).
- Avery, D. and M.T. McCluskey (2013) 'When caring is work: Home, health, and the invisible workforce', *Buffalo Law Review* 61: 253.
- BBC TV (2014) 'Behind closed doors: Elderly care exposed', *Panorama*, broadcast 20th June.
- BBC TV (2012) 'Undercover care: The abuse exposed', *Panorama*, broadcast 31st May.
- BBC TV (2011) 'All work and low pay', *Panorama*, broadcast 3rd October.
- BBC TV (2009) 'Britain's homecare scandal', *Panorama*, broadcast 9th April.
- Boris E and J. Klein (2007) "'We were the invisible workforce": Unionizing homecare' in *The Sex of Class*, ed D. Cobble. ILR Press.
- Bolton, S.C. and G. Wibberley (2014) 'Domiciliary care: The formal and informal labour process', *Sociology* 48 (4): 682-697.
- Bristol Post (2013) 'Jail for Bristol carer who stole £10,000 to clear debts and pay for beauty treatments'.
- CQC (2014a) Care Quality Commission (CQC) 'Board Meeting' 30th July, Item 4, *Chief Executives Report*. London, UK.
- CQC (2014b) Care Quality Commission (CQC) 'Board Meeting' 15th October, Item 5, *Covert and Overt Surveillance Report*. London, UK.
- CQC (2014c) Care Quality Commission (CQC) 'Board Meeting' 19th November, Item 8, *Policy and Strategy, Covert and Overt Surveillance*, Appendix 1. London, UK.
- CQC (2013) Care Quality Commission (CQC) 'The state of health care and adult social care in England 2012/2013', London: Stationery Office.
- Carey, M (2008) 'Everything must go? The privatization of state social work', *British Journal of Social Work* 38: 918.
- Chambers, M. and S. Gillard (2005) *Review of CCTV on John Meyer Ward*, Agenda Item 9, Trust Board Meeting, 28th July 2005, South West London and St George's NHS Mental Health Trust.
- Daily Mail (2014a) 'Caught on Camera, carer stealing 90-year old's cash: Sneaky home help is jailed for raiding frail widow's handbag'.
- Daily Mail (2014b) 'Care worker stole £10,000 from the man she was looking after and spent it all on clothes, shoes and handbags'.
- Daily Mail (2013) 'Thieving care worker caught stealing cash from grandmother's purse with camera hidden inside teddy bear by outraged family'.
- Daily Mirror (2014) 'See shocking footage of carer stealing from frail elderly widow-caught on secret camera which saw her jailed'.
- Daily Record (2014) 'Callous care worker weeps as she is jailed for six months for stealing £2000 from dying man'.
- Daniels, K (1987) 'Invisible Work', *Social Problems* 34: 403.

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- DeHart, D., Webb, J., and C. Cornman (2009) 'Prevention of elder mistreatment in nursing homes: competencies for direct-care staff', *Journal of Elder Abuse and Neglect*, 21: 360.
- EHRC (2011) *Close to Home: An inquiry into older people and human rights in home care*, Equality and Human Rights Commission, UK.
- Fairfield, P (2005) *Public/private*. USA: Rowman & Littlefield Publishers, Inc.
- Fenton, W (2013) '*Size and structure of the adult social care sector and workforce in England, 2013*', Leeds: Skills for Care.
- Fothergill, J (2014) 'Newspaper ABCs: Digital figures for August 2014', *Media Week*. MediaWeek.co.uk
- Gill-McLure, W (2007) 'Fighting marketization: An analysis of municipal manual labour in the UK and the US', *Labor Studies Journal* 32.
- Gordon, A (1997) *Ghostly matters: Haunting and the sociological imagination*. Minneapolis: University of Minnesota Press.
- Hayes, LJB (2014) 'Women's voice and equal pay: Judicial regard for the gendering of collective bargaining', in *Voices at work: Continuity and change in the common law world*, eds A. Bogg and T. Novitz. Oxford: Oxford University Press.
- HSCI (2014a) *Abuse of vulnerable adults in England, 2012-13 Final Report, Experimental Statistics*. UK: Health and Social Care Information Centre.
- HSCI (2014b) *Safeguarding Adults Return, Annual Report, England 2013-14, Experimental Statistics*. UK: Health and Social Care Information Centre.
- HM Revenue and Customs (2013) *National Minimum Wage compliance in the social care sector*. An evaluation. UK: HM Revenue and Customs.
- Hussein, S., and J. Manthorpe (2014) 'Structural marginalisation among the long-term care workforce in England: evidence from mixed-effect models of national pay data', *Ageing & Society* 34: 21-41.
- IPC (2013) *Evidence Review - Adult Safeguarding*. Institute of Public Care. Leeds: Skills for Care.
- Kingsmill, D (2014) *The Kingsmill review: Taking care, an independent report into working conditions in the care sector*.
- Koskela, Hille (2012) "'You shouldn't wear that body" - The problematic of surveillance and gender' in *Routledge Handbook of Surveillance Studies*, eds K. Ball, K. Haggerty, and D. Lyon. Abingdon: Routledge.
- Langan, M (1990) 'Community care in the 1990s: the community care White Paper: "Caring for People"', *Critical Social Policy* 10: 58-70.
- Leicester Mercury (2011) 'CCTV pictures captured carer stealing from Man, 71 she was supposed to be helping'.
- Lewis, J. and A. West (2014) 'Re-shaping social care services for older people in England: Policy development and the problem of achieving "Good Care"', *Journal of Social Policy* 43(1): 1.
- Lyon, D (2001) *Surveillance Society: Monitoring Everyday Life*. McGraw-Hill Education: UK
- Mansell, J., Beadle-Brown, J., Cambridge, P., Milne, A., and B. Whelton (2009) 'Adult protection: Incidence of referrals, nature and risk factors in two English local authorities', *Journal of Social Work* 9 (1): 23-38.
- McIntosh, Ian., Samantha Punch, Nika Dorrer, and Ruth Emond (2010) "'You don't have to be watched to make your toast": Surveillance and food practices within residential care for young people', *Surveillance & Society*, 7(3/4): 290.
- Monahan, Torin (2009) 'Dreams of control at a distance: Gender, surveillance, and social control', *Critical Methodologies* 9(2): 286.
- National Audit Office (2014) *Adult social care in England: Overview; Report by the Comptroller and Auditor General; Department of Health; Department for Communities and Local Government*
- Niemeijer A., Frederiks B., Riphagen I, Legemaate J., Eefsting JA., and CM Hertogh (2010) 'Ethical and practical concerns of surveillance technologies in residential care for people with dementia or intellectual disabilities: an overview of the literature', *International Psychogeriatrics*, 22 (7) 1129-42.
- Parliamentary and Health Service Ombudsman (2011) *Care and Compassion? Report of the Health Service Ombudsman on ten investigations into NHS care of older people*. London: Stationery Office.
- Poinasamy K and Fooks L, (2009) *Who Cares? How best to protect care workers employed through agencies and gangmasters from exploitation*, Oxfam U.K.
- Public Accounts Committee (2014) *Sixth Report - Adult Social Care in England. 2nd July 2014*.
- Rubery, J., Grimshaw, D., and G. Hebson (2012) 'Exploring the limits to Local Authority Social Care Commissioning: Competing Pressures, Variable Practices and Unresponsive Providers', *Public Administration*, 91: 419.

- Rubery, J., Hebson, G., Grimshaw, D., Carroll, M., Smith, L., Marchington, L., and S. Ugarte (2011) *The recruitment and retention of a care workforce for older people, a report commissioned by Department of Health*. EWERC: University of Manchester.
- Rubery, J and P. Unwin (2011) 'Bringing the employer back in: why social care needs a standard employment relationship', *Human Resource Management Journal* 21: 122.
- SCIE - Social Care Institute for Excellence (2014) *Electronic Surveillance in Health and Social Care settings: A brief review*, Care Quality Commission.
- Stacey, CL (2011) *The Caring Self: The Work Experiences of Home Care Aides*. Cornell University: ILR Press.
- Stevens, M., Hussein, S, Martineau S, Harris, J, Rapaport J, and J Manthorpe (2008) *The protection of vulnerable adults list: An investigation of referral patterns and approaches to decision-making (Final Report)*, Social Care Workforce Unit, London: Kings College London.
- Thornley, C (2006) 'Unequal and low pay in the Public Sector', *Industrial Relations Journal*, 37: 344.
- UKHCA - United Kingdom Home Care Assoc (2013) 'Factsheet: Closed circuit TV and the law'.
- Wales Online (2014) 'Glamorous care worker stole £10,000 from the man she was looking after and spent it all on clothes, shoes and handbags'.
- YouTube (2013a) *Carer Emelie Kleen Barry steals money from vulnerable pensioner*.
- YouTube. (2013b) *Caught Red Handed - Carer caught stealing from elderly woman*.