Scottish Journal of Residential Child Care: An International Journal of Group and Family Care Experience

Volume 20.2

The 18th Kilbrandon Lecture (University of Strathclyde, 18 February 2021): Labours of Love: The Crisis of Care

Madeleine Bunting

Abstract

This lecture was arranged during the COVID-19 pandemic and during a period of government-imposed restrictions to normal life. Only essential shops were open. Schools, colleges and universities were mostly closed, and learning moved online. The lecture itself was live-streamed, as a webinar, to an audience of around 500 watching from their own homes. The lecture was based on Ms Bunting's research for her 2020 book, 'Labours of Love: The Crisis of Care'. She spoke about how care has been marginalised and the skills required to perform it widely undervalued, even by carers themselves. The pandemic brought the work of carers to centre-stage. While health and social care services had been underfunded for decades, a war-chest was found to fight the virus and its consequences. Ms Bunting pointed out that the vast amount of caring work, paid and unpaid, falls to women. 'Care is the feminist issue; it profoundly shapes women's lives at home and at work.' The lecture was followed by commentaries by University of Strathclyde academics Dr Graham Connelly and Dr Laura Steckley, and a vote of thanks by Minister for Children and Early Years in the Scottish Government, Ms Maree Todd MSP.

Keywords

Crisis of care, social care, consumerism, language of care, welfare state

Thank you so much for that lovely warm welcome. I can't tell you how honoured I am to be here and to be speaking to you, for several reasons – one, as Jennifer mentioned, I have a very, very great fondness for Scotland and so regret not being with you in person, and that we are doing this by 'Zoom' when it would have been such a wonderful occasion. But still we press on and I am very honoured that I'm walking in the footsteps of so many of your past lecturers in the Kilbrandon lecture series who had been a personal great inspiration to me, and I include people like Guy Standing, Frank Cottrell-Boyce, Harry Burns, and most recently I've been looking at the work of Dame Alexis Jay. So I'm honoured, and I have to also add that it gives me great satisfaction to be following Donald Dewar, because as a very young cub reporter aged 24 I turned up in Glasgow to do some research and bless him Donald Dewar took me seriously. I probably didn't have a clue what I was asking him about, but he was patient and graceful.

I'm also honoured, because I think Kilbrandon did something really rather remarkable, which as a writer I'm really, really interested in, because he managed to make redundant a word. Now I'm somebody who spends a lot of time thinking about words. When I was a teenager and child, the word 'delinquent' was commonly used of troublesome teenage boys, largely boys. And it's interesting that my children wouldn't ever use that term, they wouldn't even know what I meant by it – delinquent is not a time now used, and I think in many ways Kilbrandon played a key role in shifting the focus from deeds to needs and I'm putting out that word to pasture.

I'm going to take another word tonight, and I want to take you through various questions and investigations that took me the best part of four years around the word 'care'. It's such a short word, it's only four letters and yet if you begin to think about it, it covers such an enormous range of human activities and is threaded into so many different forms of relationships. So, in some contexts it's professionalised, in others it's industrialised, we talk about the care industry, it gets commodified. And yet it's also absolutely part and parcel of our most important intimate relationships: we provide care for our partners, our parents, our children, and so it is deeply personal.

So I described care really as a form of empire, because it is so vast, and because it has so many multiple meanings and is used in so many ways. But the curious thing about this empire is that it is often overlooked, it is often misunderstood or not understood at all. And so I would say, if people ask me - what was the purpose of your book? what is the kind of overarching aim of what you were trying to do in your four years of research? - I would say it's this, and it's really quite small, quite simple, I want to provoke curiosity into what care really is: a word that we bandy about all the time, it's ubiquitous, it has become sort of hollow of real substance because we're using it so often. Take care, we say, take care, it's become a form of goodbye.

But actually, when you drill down into what exactly happens when one person is providing care for another, when someone is receiving care: what are they receiving? And it's that complexity that I think is the most important thing, that if we can shift across society, cross cultural curiosity into care. And one of the things that I think makes it so deceptively complex is that it straddles so many dualisms. It's both ethical and practical: who do I care about? who do I care for? - and very practical - how do I care? So it's about an emotion, the sense of empathy or connection, of resonance between people, but it's also absolutely about actions, lots of very important small actions. It's both creative and routine. We all know occasions when we've had responsibilities for somebody which constitute care, which have become tedious and exhausting and a draining experience. And similarly, we've had experiences where it's almost like an Epiphany, this sudden moment where there's a shift and that moment of care becomes profoundly meaningful and our understanding of who we are as human beings, how we relate to another human being, is suddenly evident.

It's also scientific. A nurse providing care is drawing from a great reserve of scientific knowledge. I shadowed GPs[1] and I was constantly aware of how they were relating this huge body of training and expertise to the person that was in front of them. There was a personal relational element and also this scientific knowledge.

[1] General Medical Practitioners

I think care because of its complexity gets organised in very different ways, it gets understood in very different ways, and we don't normally connect the intimate personal care of a partner, or a parent and child, as essentially sharing many characteristics with the professional care of perhaps a nurse, or a GP, or a social care worker. And it was a great interest of mine to find those commonalities right across all sorts of different forms of care.

But first let me just briefly start a word on timing. I started researching this project in 2015 for, in fact, a BBC Radio series, a series of essays that I wrote for BBC Radio 3. And over the following four years, people would ask me, what are you working on? and I would explain, and their eyebrows would go up, slightly puzzled because, of course, my previous book had been about the Hebrides, so they were thinking, Well, this is a bit of a jump into a new direction Madeline. And then they were, like, don't you find it depressing? And I'd be, like, sorry? And they made a number of very quick leaps. They leapt from care to the elderly - instantly -so everyone assumed I was writing about the elderly, which took me back completely because that was not the intention of my book at all, although of course that's an important dimension to it. And then they said, it's a bit boring, isn't it? And it was that response that I encountered frequently. And I'll be really honest, hand on a heart, I'll say I began to doubt myself: what am I doing? why am I spending four years on a subject that so many people find boring? am I even going to find any readers?

And I think what I will try and show in the course of this lecture is that there is a cultural undervaluing of care, which is so extensive, so pervasive, and in many respects so subtle that we are all involved and compromised by it. We are all caught in a value system which does not actually accord care with the significance that it rightly deserves.

Now that was my position four years ago and over the following few years. In April 2020, I'm putting the final proofs to bed on the book and of course everything has been upended and I'm standing on my doorstep clapping for carers with a cacophony of noise in East London - as you can imagine, trumpets, horns, we're all battling saucepans, it was fireworks going off in the street, and I just was completely astonished that our value system could be so dramatically

turned upside down. And people could be recognising that actually they were totally dependent at that moment on the undervalued work of hundreds of thousands of carers and key workers. Was this the beginning of a new era? Was this the paradigm shift that I was calling for in the book? Or was this some brief emotional moment that might just pass? We'll come on to that.

So I'm delighted really to be speaking in Scotland, at this particular moment, because in the middle of a pandemic I think we've been thinking very, very deeply about care. I think that the recent review into the adult social care in Scotland[2] was fascinating and when Derek Feeley, the Chair, rightly said, if not now, when? I couldn't agree with him more and I was punching the air. And then he also said, we need a new narrative, we need to shift the paradigm, and I also couldn't agree with him more, and that is what my book is all about. Because the crisis of care is not just about budgets and financing and demographics, about an ageing population. Those are all the buckets that care gets stuffed into. It's something far, far more profound which goes to this point that I'm making, about a structural, systemic undervaluing of care across our culture.

The subtitle of my book is The Crisis of Care and as a journalist and commentator on The Guardian I had of course been writing about the crises of care, of the multiple crises of care continually. And just briefly remind you, I want to make sure that we have this landscape in front of us to remind you – of endemic low pay. I have various figures in front of me, and each of them still shocks me when I look back at them. Forty percent of child-care staff are underpaid. The Low Pay Commission describes this sector as by far the worst problem for low pay. And social care workers, many of whom are on contracts that don't give them a proper wage - something like 220,000 are believed to be affected by low pay. But what this leads to is persistent retention and recruitment problems across the care sector. And enormous resources going into this constant churn which so badly compromises quality. And that's true in even

[2] Independent Review of Adult Social Care (Feeley report, February 2021) https://www.gov.scot/groups/independent-review-of-adult-social-care/

relatively well-paid areas of the care workforce such as nurses. But is obviously particularly problematic in places like child-care and social care.

And then I've been curious about how the problems associated with care move into better paid, high status forms of care work - care professions where there's a constant concern about burnout, stress. Care professionals such as GPs talking of heavy workloads, standardisation, the audit culture, a form of work intensification, which has provoked a recruitment crisis in GPs. And then of course the care home sector: deeply precarious long before COVID, uneven provision, areas of the country where there are too few places, the loading of debt onto private care home chains such that they risk going under, some indeed have done so. And domiciliary care, stripped to a minimum; inhumane 15-minute visits, no pay for travel time, and the tightening criteria which have seen something like one and a half million elderly people who once would have received support at home no longer do, a skeletal system.

And then this bizarre phenomenon which we're all familiar with, a sort of repetitive cycle of commissions and inquiries, and outrage and rhetoric from politicians - this has got to be tackled, that the care particularly of the elderly needs to be addressed. And repeatedly nothing results, nothing effective results; we limp on to the next Commission, the next inquiry.

And then under austerity certain aspects of care have been hollowed out in a way that is chilling. So the number, for example, just to give you a specific example, the number of disability nurses, such a key expertise, dropped by 41% in seven years between 2009 and 2016 - a shocking statistic. And equally troubling is the decline in mental health nurses of 10% at a time of soaring need.

One of my objectives really when I set out to write a book about this subject was to try and understand why I've been writing about this for 20 years, these repeated crises. What was the bigger framing that would perhaps explain why we seemed to be constantly lurching from crisis to crisis? And that's why I decided that I would criss-cross the country, length and breadth, north-south, east-west. I would shadow care professionals, people working in care. I would

interview carers in all kinds of different contexts, charity workers, nurses, doctors. Go onto wards, sit at the back of GPs' surgeries, go into care homes, talk to people working in palliative care, in hospices and hospitals. And I decided I wanted to hear what they had to say, what was their explanation, what did they understand by this short four-letter word care.

And it was fascinating: again, and again I would sit down with somebody in an interview - a health care assistant, or a social care worker - and they would be very awkward, and they would say to me: I really don't think I've got anything to tell you, I don't know what to say - you know, I do my job, that's all. And I would say, well, perhaps I could just ask you a few questions and I'm sure we'll find something to talk about. And slowly the hesitancy and the shyness would wear off and an hour later we would still be chatting and there'd be still more to say. And then there were these extraordinary moments when a social care worker turned to me and she said: I had no idea of all the things I've just said. And it was one of those wonderful moments, because you could see the pride in her as she got up and left the interview. And what was so moving to me, and so humbling for me, was the number of people that said to me at the end of the interview: thank you for listening. And I was like well, thank you, thank you because you've been so extraordinary as an interviewee.

But there was some process of affirmation going on that I wasn't fully aware of. One person explicitly said it to me - she'd worked in home care, a very luxury end of home care where she'd gone to live in people's houses. And I listened to her describe those experiences, and then she emailed me afterwards and she said: thank you so much for listening, you're the first person who's asked me about it and listened to what my experiences have been, and it has just been so powerful to be affirmed in that way.

So then I got to thinking, well what is all this about, what is it that people are not being comfortable to talk about? One care worker said to me: I don't really like confessing what I do; at the school gates people look down on me when I say on a social care worker. And I realised that there was a sense of shame she was carrying, that this is not high-status work, it's not valued. One very feisty 21-year-old, wonderful character with long braids and lots of piercings and

tattoos and a wonderful warm heart. She said to me: I don't care if my friends think my job's rubbish and is wiping bums, because I know it is so much more; I know that I make a difference to people's day, and when they are just trimming nails or sorting out suntans in a beauty parlour, they're not making someone's day, I am. And I loved her attitude.

But it was true even of a couple of friends of mine who had done care work in their 20s. Both of them had several degrees each. And they said to me: no one has ever asked about that chapter of my life. It was two separate friends, different ends of the country, they didn't know each other. But both of them shared the same thing - they had worked very hard, one in a care home and the other as a health care assistant in a hospital. And they said nobody had shown any interest in the work, and they'd never had an opportunity to talk about it before, despite them both acknowledging that it had had a profound impact on their lives, that it had given them a perspective on what it is to be human that they had deeply valued.

So I felt as if there was some sort of invisibility that masks so much of care and that silences so many of the experiences of care and indeed that was an issue that I came back to again and again in the course of the book. The way in which care as an activity, as a relationship, as a labour, as an ethical imperative - in all these ways it gets edged out of the conversation; it's a subtle form of silencing. And I think there's so much wider kind of fear about our frailty as human beings, about our dependence ultimately at the vulnerable moments of our lives, particularly when we're sick or ill, dying or elderly. It's almost as if we want to keep such experiences at arm's length. I think there's a deep cultural aversion to the reality of our lives, which is our dependence at key moments: we will be dependent on the kindness of strangers. And as that’s so, surely, we all owe it to ourselves, and each other, that whatever cultural resources we can mobilise to sustain that kindness of strangers is critical, and I think the pandemic has really helped make that point to us.

So I came up with a working definition of care, and I propose in the book some ways of thinking about what care is in its commonalities right across the board, and how it then gets interpreted in very different ways, and I started with three

foundational elements, if you like. The first is presence, the second attention and the third is touch. Now I found the literature on care within the nursing discipline one of the most rich and fascinating. And I think that nursing, and in particular Anne Marie Rafferty, a Scot herself, who is the current President of the Royal College of Nursing, told me: Madeleine, care is dark matter, it's everywhere and yet we still can't quite pin it down; there's something that's so elusive and difficult to define about it. But one of the quotes that is often used in nursing literature is the quote by Simone Weil, the French philosopher, that the purest form of generosity is attention, to give someone your attention.

And I was very struck by this when I was interviewing the mother of a child with disabilities, who said to me that when her daughter was in intensive care, she could recognise the person and the quality of their care by the way they opened and shut the door and moved across the room. We communicate through every part of our body language, particularly at acute moments of vulnerability. And speaking for myself, I recognised this immediately when I was in labour and the midwife was giving me so much emotional support. I held her hand so tightly - please, please come back from your break as fast as possible! And my gratitude to her was enormous and that's the curious thing that any carer will tell you, is they get so much back from their gestures of care. So many nurses and doctors and care workers said, this is a reciprocal relationship - I get so much back from those I care for, their gratitude, that affirmation of the value of my labour.

So, going back to this working definition, I found the work of an American philosopher Maurice Hamington very, very beautiful. He has thought and written a lot about care and he has a wonderful article in which he talks about his thinking about care through the experience of washing his daughter's hair. And he talks about how so much of our experience of care starts with an experience of touch as small children, as babies, and in the touching care becomes an embodied knowledge of tenderness and empathy. And also, he describes humour, that as he's washing his daughter's hair they chat, they giggle, they share jokes, and at all times she's feeling his tenderness, his attentiveness - don't get water in her eyes - any parent who's ever washed their children's hair

knows you have to be very careful not to get any soap in the eyes, otherwise it all falls apart.

So care is like a muscle memory, we remember it, and of course our last moments in life will similarly be about touch. I held my father's hand: he'd been in a coma for two weeks, and the nurses said to me, hold his hand, and I have to trust that something in that touch reached him as he slipped away.

So to just emphasise this aspect of the relationality, because I think it's been deeply problematic, but it gets lost, it gets neglected, it gets forgotten. One of the things that really alarms me is when you're talking to people working in the in the care sector how often they use the word 'delivery'. I hope my audience doesn't include anybody that uses that word in speeches, but I suspect you may do. I've heard a lot of people talking about the delivery of care packages. It sounds like an Amazon parcel. And I think it's really, really misleading - dangerously so, because it indicates the ways in which the values of the consumer culture have been infiltrated into care. The point about delivery - as all of us are discovering in lockdown; the parcels that arrive on our doorstep, we say thank you to the delivery man, if we have a chance, but usually he's heading down the garden path before we've even had a chance to say that - it's a very short, one-off interaction, if that at all, it's a transaction. But the point about so much of care is it's not discrete, it's not packaged it's unpredictable and it's extremely hard to work out where it stops and starts, or indeed what its constituent elements will be at any one time. The care worker who turns up in a home to maybe wash or feed somebody with dementia may well struggle to leave on time as the elderly person may drop their cup of tea, may struggle that particular morning getting dressed, slip in the shower, any number of things - we know how often suddenly something happens, you didn't expect it.

So there's a flexibility that needs to be built into the system; you can't turn care into a sort of Taylorised[3] production line. That's what another professor of

[3] A reference to Frederick Winslow Taylor (1856 – 1915), and American mechanical engineer and management consultant, associated with the 'efficiency movement' in the study of manufacturing processes.

nursing was passionate about - you can't do the breaking up of the process, the management theory that Taylor proposed and apply that to the tasks of care - which has been done repeatedly - and those type of market models of competition and productivity imported into care can be disastrous. One of the ways in which they are disastrous, which I thought was particularly interesting in my research: a very, very interesting psychologist, Paqueta de Zuleta (2013) at Imperial College, produced a paper looking at how neuroscience shows us that our brains work either in competitive mode or in compassionate mode. In competitive mode it triggers the fight-flight responses - but those will crowd out our capacity for compassion. It's either one or the other; it's very hard to do both at the same time, so introduce competitive pressures into care environments, such as targets, such as trying to meet financial disciplines and the result will be a decline in care, an obscuring of it; it sort of fades out from the picture. And I think that's what happened in the Mid Staffordshire Foundation Trust crisis in the 2000s when the Inquiry found a catalogue of catastrophic quality of care - tragically so - and efficiency and productivity and the emphasis on the bottom line had meant that basic patient care, the dignity and respect of the patients, had been ignored.[4]

I was very interested by one person who pointed out to me that there are two areas of human endeavour in which efficiency cannot be the priority. It plays a role, but it cannot be the priority: and that's war and care. And actually, we've discovered exactly that in the pandemic. Huge amounts of money have had to be spent; we can't quibble about who needs a test - we have to ensure that the tests are there. So perhaps we're learning some of some of that, but there's a long way to go.

When I was shadowing a ward in a hospital: every morning when I went through the main entrance to the hospital there was a massive advert beside the main entrance for a care services' company - care, the way you want it, where you want it - and sure enough, there was a picture of a smiling, very pretty, elderly

[4] Mid Staffordshire NHS Foundation Trust Public Inquiry 2013 https://www.gov.uk/government/publications/report-of-the-mid-staffordshire-nhs-foundation-trust-public-inquiry

lady with a very smiley care assistant and a bunch of flowers. Now 'care, the way you want it, where you want it': care is not about consumer sovereignty, this kind of principle of the consumer society. It doesn't, it cannot fit easily with priorities of convenience and speed, so the GPs who said to me that the priority to ensure seven-day surgeries was entirely misplaced; in their view it compromised their ability to provide continuity of care which they believed was absolutely essential to the care provided by a GP.

And another part of the definition of care which I think gets obscured, and it's really important, is that there is a part of care which is always a gift - a gift of self. And I have recently got very interested in the way we talk about vocation: often in the context of medicine or healthcare, people will talk about a vocation, and a sense that their commitment and dedication to their work is such that they go beyond the call of duty. But we wouldn't so often probably talk about vocation in terms of a social care worker, and I wonder why not, because they are often just as dedicated, just as prepared to go beyond the call of duty, and they understand they're giving of themselves.

When I shadowed healthcare assistants on a ward: the healthcare assistants absolutely had me amazed to be frank; their sense of humour, their sense of how they brought their own personality into every day, every minute of their day; the jokes, the humouring, lots of humouring elderly confused, disorientated patients; how they would coax them into eating, how they might suggest washing and getting dressed, and how they managed to do this with a sort of lightness of touch so that nobody was quite aware of what they were doing. Again, and again, I noticed this: a nurse practitioner did the same thing in a GP surgery; in the general chat about - where are you going on your holidays this year, and I've just come back from my holiday - there was a process of observation of the patient going on, which was deeply skilled, a kind of humanity, but also being prepared to bring yourself to work.

So I felt that, given the complexity, given the significance of this form of work, why on earth is it so disregarded, so marginalised? And that took me into the rich body of theory and feminist economics and feminist philosophy that has accumulated in the last 30 years: the work of people like Joan Tronto (1993),

Nancy Folbre (2001), Virginia Held (2005) have pioneered a fabulous challenge to 300 years of intellectual tradition. 'Who cooked Adam Smith's dinner, and why don't we know?' That was the witty title of a Swedish journalist's book (Marçal, 2016). It was his mother, and he couldn't have written his magnificent works without the support and care of his mother.

What troubles me is that this considerable and deeply inspiring body of academic work - and I draw on it extensively in my book - seems to have failed to shift the political and economic assumptions in the public sphere. In public debate these academics have not made much headway to be honest. And what persists is a cultural value system in which care must be free or cheap. That is how it's been structured under industrialisation. Indeed, Nancy Folbre says patriarchy was designed to make care cheap or free. So we're looking at a massive cultural edifice, if you like, and how do we challenge that? How do we help these academics with their pioneering work really begin to punch through into the public debate?

Now I'm describing a long running invisible crisis there of perception. But I think what's bringing this to a head, and was doing so before the pandemic, is where three trends are now colliding. One is a rise in the need for care as the population ages. But also, the unresolved issue of child-care: we've done it on the cheap. And we have now unprecedented levels of female employment. Household incomes rely on two incomes and yet we've never worked out: what does childcare, quality well-funded childcare, really look like? The UK has dragged its feet for decades.

The social trend whereby more and more women have gone into the labour market since the 1980s means that patriarchy solution to care, largely free, done by women, is no longer possible. So women in their 50s and 60s, which is a peak moment for the demands for care, they are often now looking after elderly parents and still looking after young adults. And yet they are themselves in work; you no longer have an army of available women to cope with neighbours in crisis, or elderly aunts, or relatives. If you look at novels of the 20th century: the role of a woman, once she had raised her own children, was to largely look after the extended members of the family in one way or another, or

members of the community. That's no longer an option, and yet we haven't thought through the implications of that.

There are a number of ways of thinking about the future and I will just draw very briefly attention to a couple of them, as I come to the end of my lecture.

I think we're at a turning point; we can go in several different directions at this moment in history. Interestingly, Japan with its aging population has decided the future is probably robots and in investment in technology. And there's a lot to be said for technology. I don't want to be caught in some Luddite-type refusal of the role of technology. It clearly has a role. It's fascinating how AI is providing incredibly accurate diagnostic techniques, but will this really make the GP or the doctor redundant? No, I would firmly argue we will still need relationship. But some say, no, we can sort all this out with more and more technology: robots in care homes; more and more remote surveillance of the elderly in their homes; more and more tech aids in environments built to support the elderly.

That's one future, but I'm going to suggest there's another future. And I've got an interesting ally. The chief economist at the Bank of England gave a very, very interesting speech a year or so ago, and it turns out he's a surprising ally. Because what he said is with automation great swathes of employment are going to be made redundant, but care is a growing employment sector that cannot be automated: it's too unpredictable, it requires too much flexibility and too much human judgment. And care will continue to grow, the demand for care in multiple ways will continue to grow. It's a worthwhile, useful human activity. It can be deeply rewarding and generate great sense of purpose. So the chief economist of the Bank of England said the future could be high tech and high touch economy.

Care is a service worth investing in. It's a form of wealth creation. And we could in fact envisage a future in which care, both for relationships and people, but also a care ethic embedded in how we bring up our children, applies to our environment as well, because of course that's the other parallel crisis of care: fundamentally, the environmental crisis is a crisis of care. So, having had an industrial revolution which enforced a work ethic, with all the cultural resources

of church and state to enforce that, I would suggest our challenge now is a care ethic. How do we embed that in our children?

Thank you.

References

Bunting, M. (2020). Labours of love: The crisis of care. London: Granta.

De Zulueta, P. (2013). Compassion in healthcare. Clinical Ethics, 8(4), 87-90. doi: 10.177/1477750913506484

Folbre, N. (2001). The invisible heart: Economics and family values. New York: The New Press.

Held, V. (2005). The ethics of care: Personal, political and global. Oxford: Oxford University Press.

Marçal, K. (2016). Who cooked Adam Smith's dinner? A story about women and economics. London: Granta.

Tronto, J. (1993). Moral boundaries: A political argument for an ethic of care. London: Routledge.

Response by Graham Connelly

Thank you so much, Madeleine, for such a thought-provoking and enjoyable lecture. You've challenged us to think about this small word 'care' in so many different ways. Your book 'Labours of Love: The Crisis of Care' makes disturbing reading, but it also shows us what we need to do to value care better. The book is thoroughly researched and beautifully written – over four years you listened, you shadowed, and you volunteered. My own professional and voluntary life has been intimately connected with the care experience of children and young people, so I homed in easily on the questions you've raised – but I've also got a very personal take on your observations.

My 98-year-old mother was in hospital when the pandemic struck. She couldn't return to her sheltered flat and is now in a nursing home. Like so many families, we've experienced frustration and guilt - caught in the liminal space care homes currently inhabit between avoiding residents' deaths at all cost - and actively

supporting real people to live decent, meaningful lives. We scrabble between having no control and trying to claw back bits of control.

Madeleine, I'm going to name-check your earlier book, 'Love of Country: A Hebridean Journey' (2016), not just because you applied the same sound journalistic values to that research – the interconnections with literature, particularly poetry, the intelligent voices of the people you talked to on your journey and the revealing glimpses of the personal – but also because of some other observations which resonated with me. For example, you point out that the island 'Iona's history can be easily misunderstood.' You say that writers have homed in on the island's remoteness, and yet, as you say, at several times in its history, the island has been very well connected. That loss of awareness of connectedness seems to me to be an apt metaphor for how care has become marginalised. In 'Labours of Love,' you present several forms of evidence for that.

- The way in which unpaid care is taken for granted.
- Your observation that capitalism was built on ignoring and marginalising the care work of women.
- The spread of consumerism through public services.
- The valuing of paperwork and systems over relationships, captured perfectly in the words of the home-care worker who told you 'the work is both closely supervised and yet lonely'.
- Endemic low pay.
- Finally, what you call 'obfuscating language' – 'words bankrupted of meaning' – such as 'delivery' of services and glossy brochures which drop the word 'care' – rather carelessly into every other paragraph.

As you say in your foreword to the book, because of the current pandemic, care 'has suddenly taken centre stage'. I like to think that's one of the more positive things to come out of the present crisis. So, I want to mention some things which your book and lecture have helped me to think more deeply about.

The connecting word in the titles of the two books is 'love'. When the First Minister commissioned the Independent Care Review in 2016, she made a commitment that 'Scotland would come together and *love* its most vulnerable children and give them the childhood they deserve.' As in your own research journey, the Care Review said the most important task of caring is to listen – and it heard the voices of more than 5,500 people involved with the care system, more than half of these care experienced. I can't possibly do justice to the review in this short time, but I want briefly to highlight just a few things:

- The fact that people with care experience themselves drove the review, including the Chair.
- The emphasis in its findings on providing adequate support for families to stay together, and on keeping siblings together in care.
- Actively helping children in care to develop meaningful relationships with caregivers and the wider community.

We may have been better in Scotland at keeping the values of the market at bay in the children's sector, though not in the adult care sector. There's legislative protection in Scotland against privatisation of children's services. But austerity has impacted universal provision. On the positive side, there's still widespread support for universal no fees for undergraduate study, the nursing and midwifery bursary has been retained in Scotland, a substantial care experienced bursary has been provided, and its initial age cap of 25 removed, and there is a summer vacation grant.

The journalist and care experienced campaigner Kenneth Murray has pointed out how articulate people with care experience have skilfully harnessed the media to speak publicly. He asked recently: 'how much might have changed, sooner, if people had a platform for their voice much earlier in our history?'

There's strong and effective support for the advocacy of human rights in the children's sector which has led to the UN Convention on the Rights of the Child (Incorporation) Bill currently at Stage 3 in the parliamentary process.

Most of us have missed out in the past year on regular dental health screening and routine treatment. A very high proportion of care experienced adults have poor dental health, including high rates of childhood extractions. Some rather neat big data research by partners led by Glasgow University's Dental School, and research and campaigning work by Who Cares? Scotland highlighted the inequalities. The upper age for free treatment for adults with care experience has been raised to 25. But poor dental health, effectively caused by a failure of the state to provide adequate care in childhood, has lifelong consequences, and many who are older have found they can't afford the cost of expensive treatment.

Lastly, I think it's relevant to highlight the positive contribution of this University's two research and policy centres devoted to children's care and protection and justice (CELCIS and CYCJ). Their work has been possible because of continuing support of our principal and senior officers, and ministers and civil servants who have demonstrated the belief that children in adversity have the right to have the things that they care about respectfully researched.

Thank you again Madeleine for your lecture.

Reference

Bunting, M. (2016). *Love of country: A Hebridean journey*. London: Granta.

Response by Laura Steckley

Thank you, Madeline. I too really very much enjoyed your book and your lecture, and I would add to what Graham has already said about your book. Another dimension of it that I really enjoyed was the presence or gift of, as you mentioned earlier, of yourself - very strongly through the book and your own experiences of giving and receiving care. I just wanted to mention that, before I kind of shifted to a sort of a focused response. At the beginning, you talked about carers being both ethical and practical, and by the end I think you were also speaking about care as political and that was kind of where I wanted to go with my response, and maybe as a springboard to your discussion that follows or

your response that follows. Joan Tronto - whom you draw on, and that gorgeous tapestry of thinkers, researchers and practitioners of care in your book - she highlighted in 2013 what she then called democratic and care deficits and she argued that they were two sides of the same coin. She even went so far as to say that nothing will get better until societies figure out how to put responsibilities for caring at the centre of their democratic political agendas.

Now, since then we've seen those trends escalate to what you rightly call a care crisis, and I think it's also arguable that we are witnessing a democratic crisis as well, especially with the events of the last several weeks in my home country of the United States. Her assertions that we have misunderstood politics as if it were part of the world of economics, rather than the other way around, and that we need to rethink the relationship of the market to the democratic state - those seem to chime with your arguments that the eclipsing way and economic discourse around care is unproductive. I was also struck by the degree to which some of the people that you interviewed in your book did really seem to have their citizenship and capacity to participate in democratic society significantly constricted by the way care is currently conceived and organised. You talked about a structural and systemic way that care is devalued and how their experiences are silenced, and I wonder about how this fits into a wider conceptualisation of care as being intimately connected with democracy. I also wonder at the way that care is so devalued - how that has affected the very fabric of our social relations, and some of the ways in which we see that kind of happening with COVID, the rise of the far right, that sort of thing. If we add the climate crisis to the mix, it seems that we might be approaching some sort of pivotal moment - or you mentioned a turning point earlier - where it's no longer viable to keep care-related concerns in the shadows and the margins, especially if we start to accept care as a broader species of activity beyond like health and social care to include all of the ways that the labour of care is central to human life, including like parcel delivery, as you mentioned earlier in your discussion, but also the care of the planet. And, just over a year ago, the late David Graeber[5] wrote of the beginnings of a global revolt of what he termed the caring

[5] David Rolfe Graeber (1961-2020), American anthropologist.

classes, pointing out that our most dramatic struggles of labour activity of recent years have involved cleaners, teachers, nursing, home workers, junior doctors and university workers.

And so, I just kind of wanted to ask about your thoughts about this. Tronto argues for what she calls 'caring with', and she defines us as a face of caring that requires like caring needs, and the way in which those needs are met, how they need to be consistent with our democratic commitment to justice, equality and freedom for all people in an inclusive society. And so I just wondered your thoughts about that just in terms of this potential turning point.

Reply by Madeleine Bunting

Thank you very much to both Graham and Laura for such rich and stimulating responses - and there's a very wide range of subjects raised here, and I can't possibly do them all justice, so I'm sorry about that, and I suspect we could have continued this conversation long into this evening if I was in Glasgow now - and wouldn't I love to be, but there we go. I'm glad Graham mentioned his 98-year-old mother because I think bringing this kind of personal experience, as Laura says, is a form of gift of self, and I think it comes more easily to a lot of women and I'm glad that men can join a conversation - I'm sure lots of men do - but it's to be welcomed. I think we're dismantling a sort of boundary, a border between the personal and the public, and care was always tightly within the personal and therefore people felt it wasn't appropriate to bring it in - but that's why I brought my own personal experiences into the book. Because I feel is actually at that level of sort of universality, whereby we all recognise we're in the same boat, that we offer care, we struggle sometimes to offer care, we would like to offer more care, like Graham. This pandemic experience has been an excruciating experience of not being able to look after my mother and not being able to provide her with more care. So I'm very appreciative of Graham on that and very much appreciate the descriptions that he was giving about the efforts of children in care in Scotland and that fascinating Inquiry which I'm familiar with.

And Laura raises a raft of really interesting points which I hope the audience will take away with them and think deeply about. Care is used to reflect power structures, and I think Tronto's insights on that are really, really helpful. You know, I live in London, where a large proportion of the care workforce in its lowest paid is BAME, black ethnic minority, and the low pay and the way in which they have often not being unionised is reflecting a deep structural imbalance around power. Care has a fascinating relationship with power, and we don't have time to get into it tonight, but of course power is in all sorts of care relationships, in all sorts of ways, and we didn't talk this evening about the abuse of care, which is a terrible reality, and all care has to be organised and thought about in ways that reduce that possibility for abuse, and I would argue that we've implemented an audit culture which is not actually very effective at reducing abuse. What reduces abuse is strong team working, strong cultures of care. No individual cares on their own, they're always supported by others who care for them. So it's this reciprocality of care that constantly needs to be emphasised; my care of others is only possible because of the way others are caring for me.

I'd like to end on just one point, briefly - unfortunately there's not time to get into it further - just about pedagogy and the and the model of pedagogy that I came across in Denmark and how inspiring, it was. Because there was a system of education where students did a three-year degree which was about how you nurture human potential in another human being and that pedagogy degree might mean that they ended up in a kindergarten, or they might end up in a care home, or indeed they might end up caring for children in care. The same principles applied: develop their own humanity so that they could develop others' humanity, and the way they did that was through creativity. So I thought I'd landed up in an art school; I was, like, hang on, why is this place full of props for the theatre and artworks. And they said that's how we develop our own understanding of who we are, through the songs we sing, the plays we put on, the paintings, the sculpture. And that's why I was so fascinated by the relationship between care and creativity and drew on that extensively in my book. And I think it's that kind of inspirational perspective about care as a profoundly creative act akin to poetry and music, and song and dance, and

indeed needing to include all of those in its life enhancing, life enriching capacities.

One final word. Einstein said the world, as we have created it, is a process of our thinking: it cannot be changed without changing our thinking. And I would add, but it can be changed if we change our thinking. So if you've understood that, terrific.

Thank you so much.

Vote of thanks by Maree Todd, MSP

Oh thank you so much. What an absolute pleasure it is to be with you this evening. Ladies and gentlemen, Professor Davidson and distinguished guests, it is my pleasure to thank Madeline Bunting for this year's Kilbrandon lecture. With my own Hebridean connections I wish we had another hour to chat about the Hebrides because for me the leap from the Hebrides to care is not such a big leap at all. Island life is defined by empathy; to survive life on an island you have to be attuned to what's happening with your neighbours. It's a survival thing. And, of course, in the Gaelic culture we talk at least as often about who are your people, as we do ask the question: Where are you from? It's who are you from and where are you from? So I can see absolutely clearly why your journey to the Hebrides would have inspired you to look more closely at care.

We're very grateful for the generous way in which you've shared the central arguments in 'Labours of Love and the Crisis of Care' and your lecture this evening has been challenging. You've highlighted the need for all of us to form a deeper understanding of care and a richer appreciation of the skills and the knowledge involved, and you've emphasised the centrality of empathy and trust and, just as importantly, the need for our public institutions, especially in light of the pandemic, to look a freshly at the value that we place on care.

Here in Scotland, as you've heard, we are absolutely determined, committed and resolute that we will put love at the very heart of care for our children. You certainly though provoked our curiosity into care as you set out to do. And I

laughed at your description of care, I mean it really resonated with me, just a couple of the words you choose - as a mum of three - you mentioned care being both exhausting and profoundly meaningful. I also love the way that you talked about touch and I think that each and every one of us have touched upon the sense at the moment, at this very moment in time, where we all have to stay apart, how we are all yearning for touch more than ever before, and I think that is an uncomfortable thing for us to consider, but it's a vitally important one.

I'm very happy to join you in making the word 'delivery' redundant. Care is anything but passive; it is a dynamic relationship, and I am probably not the only woman in the room who will have railed at the substitution of the word 'delivery' for birth, literally giving the mother a passive role in this significant event in their family's life, and of course handing the starring role to a doctor. Well, what can I say!

During this lecture – I'm a politician and I'm afraid I cannot stay off Twitter - so slap bang in the middle of this lecture one of our wonderful early learning and child-care practitioners tweeted me. We're having a bit of a day, celebrating going back to early learning and child-care, and we have a little campaign going about thumbs up for early years. And she tweeted me this quote from Gordon Neufeld[6]: 'We were never meant to care for children whose heart we do not have', and I just thought that was so profoundly perfect for the lecture that you gave us tonight, but I felt it was worth admitting that I had been tweeting.

So all of your audience this evening from many professions will be grateful to you for the insights that you have presented. Your insights will also inform how the Scottish Government responds to Derek Feeley's independent review of adult social care. You've heard how we're listening to you at a very pivotal point in Scotland. Pivotal, not just because of the Feeley review –I think Graham mentioned the revolution in children's rights that we have happening with the incorporation of the UNCRC. I am personally determined to ensure that every child and adult in Scotland receives the care and the support that they need to

[6] Dr Gordon Neufeld, Canadian developmental psychologist.

live full and active and flourishing lives. The Scottish Government will work in coming years with local authorities and health and social care and education sectors to promote a rights-based approach to wellbeing an independent living.

On the fifth of February this year, we celebrated the first anniversary of The Promise.[7] And, as you know, The Promise came out of the Independent Review of Care[8], which was one of the most substantial, ambitious and necessary reviews in the history of the Scottish Parliament. The Scottish Government is fully committed to delivering the recommendations set out within The Promise. The promise demands change right across the system in Scotland that will involve practical change at every level, but more fundamentally, it will require a transformation in the culture of care. Now that will take time, but the process of change started immediately, and it is continuing apace. It actually began as the review went on. Just this month, the Government launched The Promise Partnership Fund, an investment of 4 million pounds from the Scottish Government, administered by the Cora Foundation.[9]

The Fund will help support early intervention and prevention work across Scotland and it will help organisations create capacity, adapt approaches, work towards cultural shifts and collaboration to improve holistic family support. We aim to create for the new normal for sector wide collaboration which listens to families when they speak, supporting them when they need it. When they need it, where they need it, and for as long as they need it. It's about making a difference to how we work with care experience children, young families, young people and families and, most importantly, as you've heard these changes must reflect what matters most to them as laid out in The Promise. We are, of course, mindful for the need for immediate support during the pandemic and lockdown, and that includes exploring what direct actions can be taken to mitigate the potential risk to vulnerable care leavers as a result of isolation in lockdown. We aim to develop and implement proposals within the next two to three months. I

[7] https://thepromise.scot

[8] https://www.carereview.scot

[9] https://www.corra.scot

would also add that this month Regulations[10] were passed in the Scottish Parliament which allows siblings to have a greater input into children's hearings. These bring an opportunity for brothers and sisters to attend and to take a full part in the matters being considered that concern them. This is very much meeting The Promise findings and it will add to protecting family relationships and ensuring that contact is maintained.

So, to conclude I would like to take this opportunity to thank Principal Sir Jim McDonald for his introduction and Professor Jennifer Davidson who has chaired tonight's slightly different lecture with such skill, and I really appreciated the contribution of Dr Graham Connelly and Dr Laura Steckley. On behalf of the Scottish Government, I want to convey my thanks for the continuing support that the School of Social Work and Social Policy and the wider University gives this lecture series. I'm so pleased to hear that the University of Strathclyde's *Scottish Journal of Residential Child Care*, which has a growing international audience, is producing an edition that will contain a published version of tonight's lecture. I want to thank Mr Raymond Taylor from the University for organising tonight's lecture and also for our appreciation for the meticulous work of Peg Rourke and Fiona Lynn and thank you also to Alan McCleave for ensuring that the proceedings have run so smoothly this evening.

And finally, I want to convey my appreciation to all of you who have come here to hear the Kilbrandon lecture, particularly those of you who are directly involved in the hearing system as panel members, reporters, social workers and teachers. The valuable work of children's panel members, children's reporters, social workers, teachers and other child-care professionals has since the inception of the children's hearing system made an enormous difference to the lives of thousands of children and their families. Scotland's children's hearing system is an institution which reflects our distinctive Scottish values and culture, and it is an important means of ensuring that Kilbrandon's vision of an effective and integrated justice and welfare system for children and young people is

[10] The Children's Hearings (Scotland) Act 2011 (Rules of Procedure in Children's Hearings) Amendment Rules 2021
https://www.legislation.gov.uk/ssi/2021/68/contents/made

passed on to future generations, updated and strengthened and refined to meet our future needs.

Madeleine, you encouraged us to be ambitious, braver and hopeful. We are immensely grateful to you for the unique perspective that you have brought to the 18th Kilbrandon lecture.

About the Kilbrandon lecturer

Ms Madeleine Bunting is an English journalist and author and honorary fellow of the University of Cardiff. She read history at Cambridge University and studied politics at Harvard University. Ms Bunting was formerly an associate editor and columnist at *The Guardian* and is a regular broadcaster for the BBC. She has won awards for her writing on global inequality and international development. Closer to home she has been recognised by the Commission for Racial Equality for drawing new voices into the media from the British Muslim community.

About the respondents

Dr Graham Connelly is a chartered psychologist and an honorary senior research fellow in CELCIS (the Centre of Excellence for Children's Care and Protection). Prior to retirement in 2018, he held various academic appointments in the University of Strathclyde over 26 years. His research interests relate to the education and wellbeing of care experienced children, young people, and adults. He is a non-executive director of Kibble Education and Care Centre and a trustee of the MCR Pathways school-based mentoring programme. He is also the editor of the Scottish Journal of Residential Child Care.

Dr Laura Steckley is a senior lecturer at the University of Strathclyde and a member of the School of Social Work & Social Policy and CELCIS. Her professional child-care background is in direct practice, management and training in residential care and treatment for adolescents in the United States and in Scotland. She leads the MSc in Advanced Residential Child Care and is Vice Convener of the University's research ethics committee. Her teaching and research primarily focuses on residential child care, and in particular,

developmentally-enhancing and relationship-based practice and its related complexities.

Ms Maree Todd[11] was appointed Minister for Childcare and Early Years in 2017. In this role, she supports the Cabinet Secretary for Education and Skills and her portfolio of responsibilities includes children's hearings, children's rights, children's services and children's workforce. Maree Todd grew up in the West Highlands, attending Ullapool High School and then studying pharmacy and prescribing at Robert Gordon University and the University of Strathclyde, as well as taking an ante-natal teaching diploma at the University of Bedfordshire. A pharmacist by profession, Ms Todd worked in NHS Highland for 20 years, mainly as a mental health pharmacist in a psychiatric hospital. She also contributed to SIGN guidance on perinatal mental health.

[11] Ms Todd was subsequently appointed as minister for Public, Health, Women's Health and Sport in May 2021.