Men working in the adult social care sector in England: a narrative study

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Abstract

Historically, most care for older and disabled people has been provided by women in the home. Over time this has become more formalised, with a significant degree of care (in the UK) now provided by paid workers. However, despite this shift, the sector has continued to be highly feminised, with men making up only 18 percent of the workforce. As a result, men who choose to work in the social care sector can be understood as transgressing traditional gender norms, making them figures of significant potential interest for feminist researchers. As men who work in care are more likely to be migrants and/or belong to a minority ethnic group than their female counterparts, studying these men could also provide broad insights into the gendered and racialised division of labour in the UK. Adding to the timeliness of this field of study, social care leaders have recently begun to call for more men to be recruited into care, viewing this as a necessary way to meet the sector's significant staffing shortfalls.

This dissertation examines the current role of men working in the adult social care sector in England, with a particular focus on the relationship between masculinity, care and migration, and will outline my intention to conduct new research examining the experiences of male care workers. The thesis will begin with a comprehensive critical literature review describing what is presently known about men working in adult social care, including a discussion about how the sector has developed, its current challenges, and the position of its male and migrant workforce. This is followed by an overview of the academic literature relating to care, including a focused discussion about (1) the relationship between masculinity and care, and (2) the connection between race, migration and care, as well as the existing empirical evidence relating to male care workers' experiences. The second part of the dissertation offers an extensive research proposal outlining my intended PhD project. This project will aim to better understand the experiences of men who work in the adult social care sector in England, with the objective of using narrative interviews to understand men's journeys through the sector, and considering how this information might be harnessed to attract more men into care. The project plan also provides an overview of my epistemological approach and methodology, primarily involving narrative interviews with three groups of male care workers, in addition to qualitative and visual methods. Finally, I explore my recruitment strategy, ethics and reflexivity, and provide an impact plan and projected timeline for the project.

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Introduction

Before the middle of the twentieth century, most care for older and disabled people in the UK was provided by female family members in the home (Himmelweit and Plomien, 2014). Over the last few decades this has shifted, with care for many people now provided by paid workers in residential settings and/or clients' homes (domiciliary care). Yet this formalisation of care has not led to a de-gendering of care work, as men continue to make up only 18 percent of the social care workforce (Skills for Care, 2022).

As is the case for everyone in the sector, men who work in social care are part of a workforce which is '*under-valued, under-paid and undertrained'* (The Kingsmill Review, 2014). However, male workers face the additional challenge of performing 'women's work' – both in terms of the feminised nature of the workforce, and the association between care and feminine qualities like empathy and intimacy, which sit in tension with traditional masculine norms like aggression, competition and control (Kimmel, 1994). Given this tension, men working in social care could be understood as transgressing binary gender norms, leading their involvement in care to be declared a potential 'gender equality intervention' (Hanlon, 2012; Elliot, 2015). As male care workers are also more likely to be migrants and/or belong to a Black or Minority Ethnic group than their female counterparts (Hussein, Ismail and Manthorpe, 2016), examining the experiences of male care workers could teach us not only how care is practised by men, but also provide broader insights into the gendered and racialised division of labour in the UK and the social construction of masculinity (Sarti and Scrinzi, 2010).

In addition, men's involvement in care work is a subject of significance for policy makers and social care leaders. This is because recruiting (and retaining) men has been advocated as one way to help fill the severe staffing shortfalls burdening the sector. As such, understanding how men enter the sector and experience care work could provide important information for future recruitment campaigns and workforce strategies.

This dissertation explores the role of men working in the adult social care sector in England, with a particular focus on the relationship between masculinity, care and migration. I begin with a literature review examining what is already known about men working in social care, including an introduction to social care in England, its current challenges, and the role of men and migrant workers in the sector. I then turn to the existing academic research, including theories about care, the relationship between masculinity and care, race, migration and care, and the previous empirical research examining male care workers. The second section offers an extensive research proposal outlining my planned PhD work. This includes a discussion of my aims, objectives and research questions, epistemological approach and methodologies (primarily involving narrative interviews and visual methods). Finally, I explore my recruitment strategy, note potential concerns around ethics and reflexivity, and provide an impact plan and timeline for the project.

Section One: Literature Review

1. The UK care sector: An overview

a. A brief history and the current context

Between 1834-1939, most social care in Britain was provided by family members and voluntary or faith organisations, with a limited amount of publicly funded care available through asylums or the parish Poor Law (Thane, 2009). However, during the Second World War, national surveys and emerging campaign organisations began to reveal a 'secret need' amongst older and disabled people living with insufficient care (Thane, 2009). In 1948 these pressures led to the creation of The National Assistance Act (NAA) which required local authorities to provide accommodation for older and disabled people *'in need of care and attention which is not otherwise available to them'* (National Assistance Act, 1948). The NAA enabled local authorities to levy means-tested charges for social care services and commission fee-charging independent services, marking a clear break between social care and healthcare provision (Thane, 2009).

Following these early developments, the UK social care sector has experienced numerous significant shifts, particularly regarding the commissioning and organisation of care. Duffy (2016) outlines these changes, highting the expansion of non-statutory service provision in the 1980s, the transition to local authority responsibility for social care in 1992, the creation of direct payments in 1996, the establishment of personal budgets in 2007, and cuts to public services in 2010, which led to a significant drop in

the number of people receiving local authority support. Overall, these changes have led to the present-day system, distinguished by its focus on marketisation and personalisation, which are said to offer greater ‘choice and control’ for users, but provide workers with a complex mix of opportunity and instability, increasing the risk of exploitation (Hussein and Christensen, 2017).

The decision to devolve further powers to Scotland, Wales and Northern Ireland in the late 1990’s also meant that social care has developed differently across the four nations (Oung, 2023; Needham and Hall, 2023). This includes differences regarding how social care is funded, who is eligible, and the balance between private and publicly available care (Oung, 2023). Additionally, while all four nations have experienced some degree of ‘policy drift’ – where reform has been slow despite the consensus that change is necessary – Needham and Hall (2023) argue that the social care sector in England faces the highest risk of political inaction in the UK. Given these findings, and in order to account for the distinct political, social and demographic factors that influence the sector, I will focus solely on the social care sector in England.

Today, the adult social care sector in England consists of a complex and fractured marketplace, with care being provided by 17,900 organisations and delivered via 39,000 different establishments (Skills for Care, 2022). Furthermore, around 65,000 social care users directly employ their own staff (Skills for Care, 2022). With so many different providers, workers are spread across a variety of services, with the majority employed in Residential (40 percent) and Domiciliary Care (44 percent), while smaller numbers work in Community (14 percent) and Day Care (two percent) (Skills for Care, 2022). As well as the division between institutional and domiciliary care, domiciliary

workers can be employed formally (involving '*regular contracts, paying tax and social security contributions'*), or informally (*'cash-in-hand and outside the safety net of formal social protections'*) (Timonen and Doyle, 2010: 2).

Today, the social care sector in England faces major challenges which make research into care particularly urgent. Increases in life expectancy mean that more people need long-term care – a pressure that will only increase with time (Hughes, 2012). Yet despite growing demand, financial eligibility for care is often limited. While some state support, including the Attendance Allowance and Carers Allowance, is not means-tested, eligibility for publicly funded local authority care is limited to those with assets under £23,250 (Bottery and Mallorie, 2023). Also, though the costs of providing care in residential and home settings have continued to increase, assessments made by the Care Quality Commission suggest that the quality of service available has been decreasing (Bottery and Mallorie, 2023). Although successive commissions and reports over the last twenty years have advocated for substantial reform in the sector, the UK government has repeatedly delayed or ignored such calls, and little change has so far been realised (The King's Fund, 2023).

b. The social care workforce

Those working in the social care sector in England perform a wide variety of tasks, from dressing wounds, administering medication and using hoists to providing emotional and domestic support for clients (The Kingsmill Review, 2014). Baroness Kingsmill (chair of The Kingsmill Review into working conditions in the care sector), has argued that in spite of the range and importance of this work, care workers are an

'*under-valued, under-paid and undertrained*' workforce, largely reflecting the historic undervaluing of care as an area of 'women's work' (The Kingsmill Review, 2014). Indeed, the contemporary social care workforce continues to be highly feminised, with women making up 82 percent of staff (Skills for Care, 2022). In addition to this feminisation, social care workers are older and more racially diverse than the general population, with an average age of 45, and 23 percent of the workforce identifying as Black, Asian or Minority Ethnic (BAME) (compared to 14 percent of the population nationally) (Skills for Care, 2022).

Working conditions in the sector are poor, with almost a quarter of staff being employed on zero-hour contracts (Skills for Care, 2022). In 2013, the Cavendish Review identified that care work is regularly commissioned at below cost price, placing significant strain on care workers and ensuring that some care is provided unpaid (Atkinson and Crozier, 2020; Bowlby and McKie, 2018). Given that travel time between clients is also often unpaid, domiciliary workers in particular face a significant risk of earning below the minimum wage (Cominetti, 2023). Exacerbating these issues, the current economic climate in England (slow growth, wage stagnation and high interest rates), means that most care workers will have experienced a real terms reduction in their hourly pay between March 2021 and March 2022 (Skills for Care, 2022). Beyond pay, a range of other factors also contribute to the sector's poor working conditions. Only five percent of staff belong to a regulated profession, only 24 percent belong to a union, and there is no consistent training offer across the sector (The Kingsmill Review, 2014; The Kings Fund, 2018).

As a result of these factors, recruitment and retention are ongoing issues. In 2021/22, 165,000 (10.7 percent) of the 1.79 million posts in English social care were vacant – the highest rate since records began (Skills for Care, 2022; Bottery and Mallorie, 2023). In part, this rising vacancy rate can be linked to the lower number of migrant workers able to work in the UK after BREXIT (discussed further in section 1.d), and indeed initial data for 2023 indicate that this vacancy rate has recently decreased, largely due to 70,000 new workers joining the sector from outside the UK (Skills for Care, 2023).

Long term projections indicate that the sectors' recruitment problems are likely to intensify as the population ages, and Skills for Care (2022) project that an additional 480,000 jobs (27 percent) will be needed in the sector by 2035. High turnover rates are especially concerning in social care as recruitment, training and induction costs are significant, and because high turnover incurs additional organisational consequences such as weakening workplace relationships and disrupting the quality and continuity of care (Turnpenny and Hussein, 2020).

c. Men in the sector

i. Recruitment

Given the understaffed and underfunded nature of the sector, one proposed solution has been to attract (and retain) more men into care. This has been suggested by the Chief Executive of Care England, Professor Martin Green (liveincarejobs, 2015), as well as a range of other researchers and organisations (Moriarty, Manthorpe and Harris, 2018; Shepherd, 2018; Neal, 2022; Lara-Montero, 2022). In addition to filling staff shortages, it has been suggested that more male workers would better fit the

needs of an increasing number of older male clients, some of whom may prefer male workers (Skills for Care, 2021).

Despite these proposed benefits, the proportion of men in the sector has remained relatively consistent, hovering around 18 percent (Skills for Care, 2022). This appears unlikely to change, as a 2018 study by Anchor found that 85 percent of men say they would not consider a career in the sector. This leaves us with the question: why do so few men consider a career in care? One of the few studies examining this issue was conducted by Vector Research in 2009. They found that male job seekers and school leavers were resistant to working in care for various reasons, including sexism, concerns about poor working conditions, and the perception that social care only involves formal, institutional settings with little opportunity for career progression. A more recent investigation by CoProduce Care similarly identified that perceiving the job as ‘women’s work’ is a key barrier, but also highlighted problems in placing men with clients (particularly in domiciliary settings), suggesting the need both to attract more men and to better support them through recruitment to ensure that they receive the hours they need (Neal, 2022).

The study conducted by Vector Research (2009) also examined whether there was a need for more promotional material about care work which specifically targets men. Participants wanted to see more male representation in care recruitment campaigns, including advertisements set in traditionally masculine settings like gyms, pubs and football stadiums (Skills for Care, 2010; Vector Research, 2009). However, while several organisations have called for a national recruitment campaign targeting men (Skills for Care, 2021; Neal, 2022), and despite the existence of similar campaigns in

other countries (such as the ‘Menn I helse’ (Men in Health) (2023) project in Norway), no such campaigns have yet been run in England. There have been a small number of local/regional campaigns focusing on men, including the Carers in Bedfordshire (2022) ‘Men Care Too’ campaign aimed at unpaid male carers, and a recent call for stores from male care workers intended to inform Skills for Care’s upcoming ‘Recruit Right’ campaign (Care and Support West, 2023). However, this has not been consistent. According to a 2017 report, only 48 percent of organisations involved in social care recruitment have deliberately targeted men in recent recruitment drives (Figgett, 2017),

Overall, these findings raise important questions regarding how men are depicted in social care recruitment campaigns, and whether more could be done to attract them to the sector.

ii. Male workforce demographics

Beyond concerns about the low proportion of men working in adult social care, research has begun to explore the demographic backgrounds and experiences of men who join the sector. Male social care workers are more likely to work in support and outreach roles (25 percent), and adult community care work (25 percent), but are underrepresented in nursing (14 percent) and occupational therapy (10 percent) (Skills for Care, 2017; 2022). While the percentage of men working as personal assistants is consistent with their numbers in the sector (17 percent), male workers are more likely to work as assistants to family members or friends (21 percent) and less likely to work with clients they do not know (13 percent) (Skills for Care, 2017).

Through analysis of the National Minimum Dataset collated by Skills for Care, Hussein, Ismail and Manthorpe (2016) have identified that male care workers are more likely than their female colleagues to report a disability (3.3 percent vs 1.9 percent), and to belong to a Black or Minority Ethnic group (26 percent vs 17 percent). The proportion of men working in adult social care is also higher in more deprived areas (as determined by income and (un)employment rates). As a result, Hussein, Ismail and Manthorpe argue that the available evidence supports a possible connection between 'disadvantaged' men and the adoption of lower-status, feminised jobs (Marshall, Swift and Roberts, 1997).

Male social care workers are much more likely to occupy positions of authority than their female counterparts, with 33 percent of senior managers being men (Skills for Care, 2017). They can also expect to earn around £1 more per hour than women performing the same job (The Kingsmill Review, 2014). While men make-up 18 percent of the care workforce, they are more likely to be employed in technical and ancillary roles than to provide hands-on-care, supporting the idea that the sexual division of labour has been displaced, rather than challenged, in these jobs (Hussein, Ismail and Manthorpe, 2016; Scrinzi, 2010). However, these trends are not consistent for all men, and migrant men are more likely to be found in lower paid, direct care positions than their white, British-born male colleagues (The Kingsmill Review, 2014).

d. Migrant workers in the sector

The idea that staffing shortages could be filled by recruiting more men into social care has emerged relatively recently. Instead, staffing shortfalls have historically been filled by recruiting (predominantly female) migrant workers, called-on to fill positions

considered undesirable by British-born workers, and/or hard to fill due to geography or specialism (Hussein, Manthorpe and Stevens, 2010). Evidence of this can be seen in the roots of the care system; the creation of social care and the NHS in 1948 coincided with the arrival of HMT Empire Windrush, and indeed many of its passengers moved into the health and social care system to work as nurses, allied health professionals, porters and cleaners (Bivins, n.d.). The enduring connection between care and workers from post-colonial nations – many of whom have now been in the UK for two, three or four generations – can still be seen in the racial make-up of the care sector. While 23 percent of social care workers identify as BAME, over half of these minority ethnic workers identify as being Black/African/Caribbean/Black-British, compared with 24 percent of the BAME population of England (Skills for Care, 2022).

The important role played by migrant care workers continues to the present day, with 84 percent of the adult social care workforce identifying as British, seven percent as being of EU nationality, and nine percent of non-EU nationality, making the sector significantly more diverse than the UK population (92 percent British-national) (Skills for Care, 2022). As of 2021/22, the most common countries of origin for migrant care workers in England were Romania, Nigeria, Poland, India, and the Philippines (Skills for Care, 2022).

Migrant workers tend to be younger and better skilled than their British counterparts, and can be seen by employers as being more flexible, hard-working and empathetic than national workers (Franklin and Brancati, 2015). However, this perceived flexibility can also make migrant workers more vulnerable and increase their risk of being

assigned harder tasks, more anti-social hours and ‘more difficult residents’ by managers (Franklin and Brancati, 2015; Tawodzera, 2021).

Significant changes to UK immigration policies over the last fifteen years have had a major impact on who, and how many people, are able to enter the UK. In 2008, the Labour government introduced a points-based entry system which limited the number of non-EU migrants entering the country – a restriction reinforced by the introduction of a non-EU immigration cap in 2012 (Hussein and Christensen, 2017). Following the BREXIT vote and the UK’s withdrawal from the European Union in January 2020, the government also imposed restrictions on EU immigration. By categorising social care roles as ‘unskilled’, these post-BREXIT restrictions essentially prevented anyone from entering the UK to perform care work (with the exception of some senior care worker and regulated professional roles) (Skills for Care, 2022).

In February 2022, care workers were subsequently added to the shortage occupation list, enabling migration for workers who earned above £20,480 (around 47 percent of adult social care jobs) (Skills for Care, 2022). As asylum seekers with claims outstanding for over twelve months can be granted the right to work in shortage occupation roles, this move also provided a channel by which some asylum seekers could begin working in the sector (GOV.UK, 2022a). In early 2023 the government also introduced a specialist ‘Health and Care Visa’, providing fast-tracked entry into the UK and the right to remain for up to five years for those able to find employment in one of the listed professions (GOV.UK, 2023; Demetriou, 2023). These developments – in addition to a political context increasingly hostile towards immigration (see the Conservative Governments’ recent Rwanda Policy (BBC, 2023)), has created a need

for new research to examine the experiences of migrant care workers in the UK, and whether/how their working lives have been shaped by a post-BREXIT climate.

2. Theories and concepts of care

Having focused specifically on the adult social care sector in England, I now want to examine how care has been studied as a theory and practice in previous research.

Despite being widely used by researchers and policy makers, 'care' is a slippery concept without a clear meaning or set of references (Daly, 2021). Indeed, Williams (2008) argues that care can be variously understood '*as relational practice, as policy, as an ethic, and as the basis for making claims, as a commodity, as economy, and as power*' (2008: 547). In a 2021 paper outlining how previous research has conceptualised care, Mary Daly suggests that forty years of care research have led to the development of four overlapping literatures. These include 'care as labour and relational orientation', 'care, social policy and the (welfare) state', 'system functioning: appropriate care related interventions' and 'care and global systems/processes' (Daly, 2021). My work will focus mainly on the first, second and fourth of these areas, though having already examined several important areas of policy and the welfare state in part one, in this section I will explore care as a global process and care as labour/relational orientation.

For 'care as labour and relational orientation', Daly outlines the body of gender-focused research which has examined care from two different perspectives: as an

ethic, and as a practice. Exploring how care is practised, feminist researchers have shed light on the realities of domestic care, highlighting that most care is performed by women who are unpaid in the home, and the significant contribution this unpaid labour makes to the global economy (Himmelweit and Plomien, 2014). This early feminist research was vital in challenging biological and psychological understandings of care as 'women's work', in favour of more structural understandings of inequality (Graham, 1991). In recent years, feminist researchers have increasingly applied this frame to the paid care sector, arguing that the low pay and poor conditions awarded to the feminised and racialised workforce reflects the idea that caring qualities like flexibility and compassion are natural female attributes, rather than skills to be learnt or appropriately renumerated (Himmelweit and Plomien, 2014).

A closely related field of feminist research has developed around the idea of care as universal moral ethic. This work began with Carol Gilligan's *In A Different Voice* (1982), in which Gilligan challenged Kohlberg's theory of moral development by revealing the existence of a feminised 'ethic of care' in addition to Kohlberg's more masculine 'ethic of justice'. As discussed by contemporary scholars, this 'ethic of care' involved rejecting deontology in favour of qualities like responsiveness to the needs of others, awareness of the universality of human dependence, and treating emotional knowledge as equal to cognitive knowledge (Maio, 2017). While Gilligan was clear to suggest that neither the ethic of care nor ethic of justice were only associated with one gender, in subsequent decades her work has been criticised for potentially reinforcing gender differences and essentialising women's role in care giving (Vinney, 2023).

Partially in response to these criticisms, political theorist Joan Tronto (1993) has challenged the idea of 'women's morality' and instead sought to develop an ethic of care model based around the practice of care as a political ideal (Elliot, 2015). As such, Tronto has identified four phases of care, each accompanied by an affective dimension (Fisher and Tronto, 1990). Phase one, 'caring about', involves listening and paying attention to the need for care, requiring carers to show 'attentiveness' (Tronto, 1998). Phase two, 'caring for', involves carers assuming 'responsibility' for meeting the caring needs of another. Phase three, 'caregiving' includes the activities performed to meet a caring need, requiring carers to be 'competent'. Finally, phase four, 'care receiving', includes the receiver's response to the care provided, and involves the moral dimension of 'responsiveness' (Tronto, 1998). In 2013, Tronto also added a fifth phase; 'caring with', which involves a group of people relying on an ongoing cycle of care to meet their caring needs, producing the virtues of 'trust' and 'solidarity' (Tronto, 2018). By combining the stages of performing care with its affective dimensions, Tronto's work has been able to effectively bridge the gap between care as a labour and care as an ethic.

Returning to Daly's (2021) categorisation, for my research it is also vital to consider how care has been examined in relation to global systems/processes. Strongly influenced by feminist and critical development perspectives, this field has sought to make linkages between the conditions under which care is performed in different parts of the world, and consider how unstable care regimes in the Global North have led to inequalities in care provision worldwide (Daly, 2021). As such, researchers in this field have provided intersectional examinations of the experiences of migrant care workers, care inequalities, and the global care labour market. In recent years, some work has

also employed a framework connecting both local and global experiences (a 'multi-scalar' approach), as shown in the work of social policy theorist Fiona Williams (2018).

Much of this research has focused around the concept of 'Global Care Chains' (GCC), a term first coined by Arlie Hochschild in 2001 to describe the '*series of personal links between people across the globe based on the paid or unpaid work of caring'* (2000: 131). Drawing on the research of Rhacel Parreñas (2001), Hochschild's writing focused on mothers who had migrated to the Global North and become employed in domestic settings, often providing care for the children of wealthy, First World parents, while their own children were raised in their home country. Hochschild and Parreñas' accounts challenged dominant narratives in globalisation research which had explored the movement of goods and services at the expense of considering how women, children and care were involved in global processes (Hochschild, 2000). Equally, this research has been vital in highlighting the negative consequences of care migration, including migrant workers' experiences of quasi-citizenship and familial separation (Parreñas, 2001) and the 'Care Drain' created in sending countries (Gheaus, 2013).

However, the GCC literature has also been criticised for its narrow focus on heterosexual married mothers, seen as essentialising dominant conceptions of care as 'women's work' (Yeates, 2009; 2012; Manalansan, 2006). Instead, recent authors have expanded care migration research to include the movement of skilled workers and/or non-domestic care settings, such as residential homes (Yeates, 2009). Equally, researchers have sought to queer the GCC concept and complicate normative understandings of women as 'natural' carers by focusing on the experiences of men who perform paid domestic labour (Manalansan, 2006; Kilkey, 2010). In describing

men's domestic and caring practices, Manalasan (2006) argues that this work challenges Parreñas and Hochschild's portrayal of migrant men as pathologically unable to engage in domestic work due to 'cultural tradition' – a fact that is both ethnographically wrong and perpetuates an imperialist view of Third World men as unable to be modern, attentive fathers.

3. Masculinity and care

Having explored how care has been understood in previous research, I now turn to the conceptual relationship between care, men and masculinity. To explore this relationship in full, I will begin with a brief overview of the field of men and masculinities research.

a. Studying men and masculinity

The last four decades has seen a significant increase in the volume of research seeking to analyse the experiences of men and cultural ideas about masculinity. Much like feminist thinking, this research has come in three 'waves' examining different areas of social life, from the way mainstream masculinity negatively impacts men to the centrality of male power in men's experiences (Whitehead and Barrett, 2001). Despite these differences, each wave has shared a common goal of recognising 'male' as a gendered category; attempting to see manhood not as static, ahistorical or biological, but something that is socially constructed and culturally dependent (Hearn, 2001; Kimmel, 1997). In this regard, scholars have often argued that 'masculinity'

carries little meaning in isolation, but gains its meaning through comparison with an 'other' – femininity. In other words, masculinity can ultimately be understood as '*the relentless repudiation of the feminine'* (Kimmel, 1997: 229).

Drawing on these ideas, in the 1980's RW Connell developed what is perhaps the most influential concept in the field: hegemonic masculinity. 'Hegemonic Masculinity' refers to the idealised model of masculinity in each society; a model which enables the continuation of men's dominance over women not by force, but through culture and institutions. In other words, hegemonic masculinity is based on a normative ideal of manhood that carries symbolic and cultural authority despite being unachievable for most men (Connell and Messerschmidt, 2005). As in the work of Kimmel, Hegemonic Masculinity is inherently relational, being defined against femininity and in contrast to subordinated and marginalised forms of masculinity (as embodied by gay and black and ethnic minority men). While the hegemonic masculinity framework has been incredibly influential in the field of men and masculinities studies, it has also faced criticism, with Connell and Messerschmidt (2005) themselves recognising various poor applications of the concept. As a result, the pair stress the need for men and masculinities researchers to ensure that research remains dynamic, embodied, and sensitive to geographical and temporal variations. With these considerations in mind, I now turn to the research examining masculinity and care.

b. Men, masculinity and care

From ancient Greece to the medieval period, history contains many examples of men performing care (Brown, Nolan and Crawford, 2000). Men's caring practices have

extended from formal professional settings like nursing (Brown, Nolan and Crawford, 2000), to paid domestic work (Kilkey, 2010; Sarti, 2010), and informal care for families, friends and the environment (Bonner-Thompson and McDowell, 2020). Recent trends across Europe even suggest that older men could soon be outperforming older women when it comes to spousal care provision (Rodrigues et al, 2023).

However, there continue to be significant inequalities in terms of the provision of care. In every country across the world, women provide markedly more unpaid care than men, even when in full-time employment (Himmelweit and Plomien, 2014), and men continue to be seriously underrepresented in paid care work, as discussed previously (Hussein, Ismail and Manthorpe, 2016). Overall, Hanlon (2012) notes that care work is often a choice for men but remains a moral and social imperative for women, with men who perform care receiving significant and disproportionate praise for their efforts (Elliot, 2015).

Beyond the amount of time spent caring, some researchers have also suggested a divergence in the *way* that men care. Andersson (2012) describes two models of care: one consumed by rationalisation and efficiency, and another focused on moral obligation, empathy and closeness. Andersson argues that the former approach reflects a masculine attitude towards care, while the latter is a feminine style; a distinction which mirrors Gilligan's findings and is reinforced by a number of empirical studies (Gall and Scrinzi, 2016). The notion of two different types of care has evoked concern for some researchers, who caution that promoting more masculine caring approaches could marginalise women (Ruby and Scholz, 2018). Indeed, Hrženjak (2013) has already suggested that paid care is increasingly organised around male

institutional models of managerialism and professionalism, which potentially diminish the more affective dimensions of care. However, other researchers have criticised the idea that displaying certain moral and emotional qualities should be an expected feature of care work, recognising that this is not the case in other professions and that it places care workers at greater physical and emotional risk (Harrison, 2022; Meagher, 2006).

In part, men's caring practices may differ from women's due to the different relationship shared between masculinity, femininity and care. Unlike the close conceptual connection between femininity and care, care sits outside the boundaries of hegemonic masculinity (Bonner-Thompson and McDowell, 2020). While this has not always been the case (some historic versions of hegemonic masculinity appear to have supported men to express care and sensitivity (Kimmel, 1997; Brown, Nolan and Crawford, 2000)), today hegemonic masculinity is more concerned with competition, aggression, and control (Kimmel, 1997).

However, some scholars argue that contemporary masculinity is undergoing a period of change; a change principally relating to the connection between men and care. In particular, evidence suggests that over the last few decades men have spent more time providing childcare (O'Brien, 2005), a shift which has led to ideas about the 'new man' and 'intensive father' becoming popularised. However, there is some disagreement about whether these shifts have led to any fundamental change in hegemonic masculinity. Ruby and Scholz (2018) argue that while 'involved fatherhood' has entered mainstream masculinity, it has done so without undermining the primacy of the dominant model. In this way, hegemonic masculinity has been adapted to

include care for children, but without serious challenge to other elements of the hegemonic model, such as the importance of being the breadwinner (Ruby and Scholz, 2018). Kilkey, Perrons and Plomiens' (2013) study of the 'migrant handyman' phenomenon in the UK and US provides further empirical evidence for this argument, as the researchers found that involved fatherhood practices amounted to '*some change, though not a transformation, in male behaviour and the resultant gender division of labour'* (2013: 7). The authors also recognised the economic dimensions of this shift, agreeing with Esping-Anderson (2009) that '*gender change remains a privilege of the middle classes*' who can afford to outsource domestic tasks to allow for greater parenting time (Kilkey, Perrons and Plomien, 2013: 7).

Others have been more optimistic about the transformative potential of caring masculinities. For example, Elliot (2015) provides a comprehensive vision of what 'caring masculinities' could involve and their potential significance for gender equality movements. Elliot argues for a practice-based masculinity which rejects domination in favour of the values of care, such as *'positive emotion, interdependence, and relationality'* (2015: 241). By developing her idea of a 'practice-based' masculinity, Elliot draws on the distinction between 'caring for' and 'caring about' identified by Tronto (1993) and other feminist scholars (Ungerson, 2006), claiming that '*it does not matter if men do not care about initially because when men care for, they can begin to develop the affective, emotional aspects of care'* (2015: 249). In other words, Elliot contends that ensuring men practise care has the potential to transform how men think about care, and hence to challenge the traditional gender order. This idea marks a significant break from most literature about care, which has generally argued that the affective ('caring about') dimensions of care are more important than the practical

('caring for') aspects (Meagher, 2006). However, Elliot supports her argument with reference to numerous empirical studies identifying a connection between (paternal) care and changes to gender ideals (Hanlon, 2012; Coltrane, 1996; Doucet, 2006; Puchert, Gärtner and Höyng, 2005). Indeed, Elliot notes that the connection between care practise and gender transformation has become so well-established that Hanlon (2012) views men's increased involvement in care as a 'gender equality intervention'.

As is clear from the above discussion, most research on caring masculinities has focused on fatherhood, care for children, and men's unpaid care at home. This has left men's experiences of caring for older people (who have different physical needs and a different social status) relatively unexamined. In addition, the focus on fatherhood has left little space for research into the relationship between men, masculinity and paid care work. Given the close connection between masculinity and employment (Hearn, 2001), and claims from researchers that changes to work have the literal power to 'change men' (Puchert, Gärtner and Höyng, 2005), understanding men's experiences of paid care work (and encouraging men's entrance into social care) could be a vital part of the broader fight for gender equality.

4. Race and migration in care work

Having examined the relationship between men, masculinity and care, I will now consider how experiences of care work may vary for different groups of men. As noted in the opening section, a significant number of male care workers in England have migrated to the UK, and/or identify as BAME (Skills for Care, 2022), factors that are

likely to impact how they are treated within the care workforce and how they conceptualise their role as care workers.

Even before starting a job in care, discrimination on the basis of race, ethnicity and nationality is visible in terms of how the care sector – and UK job market – is structured. Indeed, several of Tawodzera's (2021) participants considered their very presence in care work to be a sign of the discriminatory labour market they had faced. In many cases, migrant care workers have occupied a middle-class position in their home country, but found themselves forced into lower status work on arrival at their destination (Christensen and Guldvik, 2014; Yeates, 2009). This is partly due to the fact that destination countries like the UK often fail to recognise migrant workers' previous skills and qualifications (Sarti and Scrinzi, 2010; Christensen and Guldvik, 2014; Tawodzera, 2021). As such, researchers have concluded that migration often involves a process of 'downward social mobility' and de-skilling (Sarti and Scrinzi, 2010). This may be particularly acute for male migrant care workers, who experience the additional downwards mobility of performing a feminised role in a sector plagued by low-pay and instability (Scrinzi, 2010; Dávalos, 2020).

a. Nationality and cultural difference

Upon starting a job in care, the culturally sensitive nature of care work can also make the cross-national transfer of skills more complex, presenting difficulties for some migrant workers (Hussein, Manthorpe and Stevens, 2010). For example, norms regarding how to address older people, and how much eye contact to make, can vary significantly (Stevens, Hussein and Manthorpe, 2011). The specific national

background of migrant workers also shapes their experiences, including how they are received by colleagues, employers, and clients. For example, Marchetti and Scrinzi's (2014) study of bureaucratised care services in Italy found that care managers often utilise gendered and racialised discourses when describing a 'good' care worker, viewing Latin American workers as 'naturally gifted' for care, but Eastern Europeans as troublesome, inflexible and lacking humility. In a 2011 study comparing migrant groups in Italy and the Netherlands, the same researchers explored how Surinamese women in the Netherlands were seen as inherently skilled carers due to their 'respect for the elderly' and educational background favouring the study of sanitation, infancy and housekeeping (Marchetti and Scrinizi, 2011). Williams (2005) also identified a similar racial hierarchy in the recruitment practices of some care agencies in the UK, Sweden and Spain. While not consistent across every organisation, Williams noted that one London-based recruitment agency favoured Philippine migrants as caring, Latin Americans as loving and Eastern Europeans as hard working, while African migrants were seen as generally undesirable.

As well as examining the perspectives of managers and recruitment agencies, the papers by Marchetti and Scrinzi (2014, 2011) also provide insights into how migrant care workers understand and utilise national and racial stereotypes in their work. Both Latin American and Eastern European workers in the study saw themselves as uniquely skilled for care work, and considered themselves to be representatives of a specific 'caring culture' (Marchetti and Scrinzi, 2014). While Latin American women espoused the view that they were uniquely empathetic, Eastern European women portrayed themselves as having survived significant hardships which had made them physically and psychologically strong. As a result, Marchetti and Scrinzi note that

Eastern European workers '*dr[e]w attention to qualities that are actually extremely relevant to care work, although less spoken about'* (2014: 12). Similarly, Surinamese participants saw themselves as being uniquely respectful, clean and emotionally connected to their clients. These qualities were contrasted against the perceived negative behaviours of Dutch nationals, thereby allowing Surinamese women to challenge the assumed superiority of their white colleagues (Marchetti and Scrinzi, 2011).

Despite these insights, most studies focus almost entirely on the experiences of female migrants. As such, there is a need for further research to examine how racial and national discourses are also mediated by (men's) gendered and sexual identities. Scrinzi provides a brief discussion about this in her 2010 paper, suggesting that her interviewees - French and Italian social care managers - saw migrant women as oppressed and vulnerable, but migrant men as patriarchal and misogynistic. Alternatively, Näre's (2010) comprehensive intersectional account of Sri Lankan men working as cleaners and carers in Naples offers a deeper analysis of the relationship between care, masculinity and sexuality. Näre examines how, through a process of racialisation and ethnicization, Sri Lankan men are subordinated and desexualised, allowing their female employers to negotiate a hierarchical employer-employee relationship without the threat of sexual tension that could arise from a shared domestic space. This sat in tension with the men's own gender identity, which generally followed a hegemonic version of masculinity. Overall, more research is needed to strengthen our understanding of these processes and the relationships between nationality, race, gender and care.

b. Racism

As well as encountering cultural stereotypes, migrant workers also frequently face direct discrimination on the basis of race, and particularly skin colour. In Stevens, Hussein and Manthorpe's (2011) mixed-methods investigation into migrant workers' experiences of racism, the authors found that two thirds of participants had experienced racism while working in social care. For those identifying as 'Black African', much of this discrimination was predicated on skin colour, while those identifying as 'Asian' or 'White Other' often faced comments about their language skills or accent. Racist treatment could come from colleagues or clients, though in most cases carers made allowances for clients whilst experiencing racism from colleagues as particularly damaging – a finding replicated in other studies (Timonen and Doyle, 2010). Notably, only half of respondents in the study by Stevens and colleagues were given any support from their managers to deal with racist incidents when they occurred (Stevens, Hussein and Manthorpe, 2011). Tawodzera's (2021) research with Zimbabwean care workers in the UK has also drawn attention to the sometimes-difficult relationships between care workers and managers. In many cases, Zimbabwean workers were given the hardest tasks and most challenging user groups by their supervisors, adding to the direct and severe racial abuse they often received from clients.

Finally, moving beyond a specific focus on migrant workers, Hussein's 2022 paper documents her rapid review of the existing evidence relating to racism and racial bias in the UK social care sector. Hussein identifies that managers are often biased in favour of white applicants when hiring care workers; a bias which some workers both

recognise and actively negotiate by changing their clothing, language or mannerisms to ‘fit in’ and sit on the ‘right side of white’ (Hammond et al, 2017; Showunmi, 2012). Hussein also recognises that minority ethnic workers disproportionately occupy lower paying roles in the sector, and are more likely to experience bullying/harassment than their white counterparts. Finally, she examines specific challenges that have affected care workers over the last few years, finding that ethnic minority care staff were at increased risk of dying from COVID-19 and of developing depressive symptoms during the pandemic.

i. A brief note: Eastern European workers and race

As well as racial bias against those who identify as non-white, I also want to note the relative absence of evidence surrounding the experiences of those identifying as ‘White’ or ‘White Other’. As argued by Fox, Moroşanu, and Szilassy (2012), racism is dependent on racialisation, which involves evoking the category of ‘race’ as a tool to rank and structure social relations. As such, racism does not depend on phenotypical or biological differences, but rather makes use of (and constructs) cultural traits as a basis of differentiation (Fox, Moroşanu, and Szilassy, 2012). Indeed, the papers by Marchetti and Scrinzi (2014; 2011) and Williams (2005) have already identified that those from Eastern Europe are often alleged to have culturally different attitudes towards care than Western European workers. This relatively new stereotype about the strong yet insensitive Eastern European care worker is rooted in an old idea of difference; Eastern Europe has long been conceptualised by Western Europeans as ‘in between’ – as not quite North, not quite South, not quite white, and not quite non-white (Krivonos, 2022). In this way, Böröcz (2021) describes Eastern European

whiteness as ‘dirty white’ in direct comparison with the ‘eurowhiteness’ of Western Europeans.

While these distinctions have deep roots, recent expansions in EU membership have fed Western anxieties about Eastern European migration and the availability of jobs for national workers, as symbolised by images of the ‘Polish Plumber’ (Böröcz and Sarkar, 2017). These stereotypes do not generally mention care, but it is notable that two of the most recent EU member states, Romania and Poland, are the first and third most frequent home countries of migrants working in the care sector in England (Skills for Care, 2022). Equally, evidence from a recent national survey suggests that relative to other ethnic minority groups, racial discrimination against Eastern European people in the UK significantly increased during the year 2020-2021 (Finney et al, 2023). These findings indicate the need for new research to examine the experiences of Eastern European migrants who are working in the UK, and particularly the significant numbers now working in social care. Furthermore, Scrinzi notes that ‘*relatively little is known about the production of racialized masculinities in European societies, as most writings in this field concern African American men’* (2010: 4), pointing to the need for more research on the relationship between ‘dirty white’ identities, migration and masculinity.

5. Existing empirical research: men in care work

Having outlined the key literature relating to care, masculinity, race and nationalism, I will now focus on the previous empirical research examining male care workers. As

such, it is necessary to touch briefly on a related but broader field of research; the study of men who perform ‘women’s work’.

a. Men doing ‘women’s work’

In the second half of the twentieth century, as (middle class, educated) women increasingly entered professional workspaces, social scientists became interested in the experiences of people who performed non-gender traditional occupations. Most of these early studies focused on women’s experiences in ‘men’s jobs’ finding that women often suffered social isolation, poor treatment and negative stereotyping (Kanter, 1977). Over time, this research also expanded to consider the (less common) phenomenon of men working in female-dominated professions. For example, in 1992 Christine Williams conducted interviews with seventy-six male nurses, social workers, primary teachers and librarians in the US, finding that some men experienced discrimination and challenges to their competency. However, the perception that men were incompetent or ‘didn’t fit in’ could actually have a positive effect, ensuring that men were ‘tracked’ towards roles that were considered more masculine, such as management (Williams, 1992). As such, Williams concluded that many men benefit from their minority status and can climb a ‘glass escalator’ to the top of their profession, challenging the prevailing assumption that men would suffer the same experiences of social isolation and exclusion as their female counterparts.

Others have also identified differences between men and women working in non-gender-traditional occupations. While many women compromise their gender identity to fit-in within male-dominated spaces, men have usually been found to give primacy

to the preservation of masculinity (Lupton, 2000). For example, while interviewing men in clerical, administrative, teaching and librarianship roles in North West England, Lupton (2000) found that participants were highly concerned with maintaining traditional masculinity. Many redefined or renamed their role to fit more closely with traditional masculinity, and some even argued that male workers were better than women at the job (Lupton, 2000). As such, Lupton's findings correspond with Williams' (1992) claim that the presence of men in feminised jobs does not by itself indicate a transformation to the existing gender regime; instead, researchers must seek to understand how and why men choose to perform feminised work (Hrženjak, 2013).

However, this early research has faced criticism. Wingfield (2009) argues that most glass escalator studies implicitly assume a 'racial homogeneity' amongst male workers in women's professions, despite the fact that BAME men are frequently overrepresented in these fields. Instead, through examining the experiences of African American male nurses, Wingfield (2009) highlights how gendered racism can undermine the perception that these men would be 'better suited' to a more masculine role. In addition, Wingfield notes that many of her participants are more likely to embrace the feminised elements of nursing, particularly when caring for marginalised patients, enabling them to challenge the racial inequalities ubiquitous in healthcare (Wingfield, 2009). While the studies by Williams and Lupton remain foundational for anyone examining men's entrance into female professions, Wingfield's work highlights the necessity of adopting an intersectional approach to the study of men in feminised work, taking race, nationality, class, (dis)ability, sexuality and other factors into account.

b. Men working in care

Having explored the conceptual fields that my PhD will draw on, I will now review the previous literature relating to male care workers. In conducting this review, I have broadly followed Arksey and O'Malley's (2005) guidelines for conducting a scoping literature review, which are used by researchers to map, summarise and disseminate research findings and to identify gaps in the existing literature. As such, I began by defining the aim of my research (see page 43), before identifying relevant studies though searches of electronic databases and reference lists, selecting and evaluating the most relevant studies, and mapping/charting the results (Arksey and O'Malley, 2005). Having completed this process, it is clear that the vast majority of research in the field uses qualitative methods (with a few notable exceptions e.g. Hussein, Ismail and Manthorpe, 2016), making these the main focus of my results. In addition, as well as a small number of studies examining the formal adult social care sector, I encountered several papers exploring male domestic work, which involves caring, cleaning and home maintenance tasks and an informal employer-employee relationship (Sarti and Scrinzi, 2010; Scrinzi, 2010, Näre, 2010; Sarti, 2010; Kilkey 2010; Bartolomei, 2010; Dávalos 2020). While domestic work marks a discrete part of the international caring economy, these studies have identified several important themes which often correspond with findings from the bureaucratised care sector. As such, I have chosen to include some of their findings in this review.

i. National-born care workers

The majority of preceding research has focused on the experiences of migrant men, with very little research examining national-born male care workers. However, there

are some exceptions. Andersson (2012) examines Swedish-born male care workers employed in private homes in Sweden, giving thoughtful consideration to the relationships between male workers and their colleagues and clients. Andersson finds that female care workers are generally happy with the idea of more men joining the field, believing that their physical strength will be useful and that their entrance could raise the salary and status of the profession as a whole (a contention voiced in other studies (Hrženjak, 2013; Scrinzi, 2010)). However, in reality, many female workers felt that clients treated male care workers differently, inviting them to sit and chat rather than to perform chores. In part, this was because men were not viewed as suitable for performing domestic work. As such, in Andersson's study men's perceived incompetency enabled them to avoid certain tasks (including intimate work), and pass these onto their already overworked female colleagues – a finding largely consistent with Williams' (1992) notion of the 'glass escalator'. Interestingly however, Andersson notes that by sitting and connecting with residents, men *'seemed to be more caring than the women because they tended to place more emphasis on the wishes and needs of the elderly rather than the care managers' assignments'* (2012: 175).

Hrženjak (2013) also explores the experiences of national-born men working in the informal care sector in Slovenia. Hrženjak's paper begins with the recognition that, while migrant care workers are able to justify their work in a feminised and racialised sector through their limited choice, this excuse is not available to men who were born in Slovenia. As such, Hrženjak's participants generally account for their employment by suggesting that they are looking to gain professional experience before starting their own business. Many men also justify their work by describing care as a 'skilled profession', noting the masculine qualities it requires, such as authority and physical

strength, and downplaying the centrality of cleaning and cooking tasks by labelling them as ‘favours’. While these behaviours mirror those identified in other studies (Lupton, 2000; Sarti and Scrinzi, 2010; Dávalos, 2020), in this case avoiding feminised tasks enabled men to distinguish themselves not just from female colleagues, but also from male migrant workers, who did not have the social capital needed to eschew more feminised tasks (Hrženjak, 2013).

ii. Migrant care workers

The majority of research into male care workers has focused on the experiences of migrant men. In this field, an important goal has been to understand why and how migrant men enter the social care sector. For example, Hussein and Christensen’s 2017 paper drew on preceding research by Jacobs (1989), Williams and Villemez (2009) and Simpson (2005), who have outlined different pathways by which men enter gender-non-traditional occupations. Hussein and Christensen’s mixed-methods study concluded that, in the UK, migrant men often ‘stumble’ accidentally into the care sector, but actively and pragmatically negotiate their subordinated position by using their interactions with older people to improve their understanding of British language, culture and history. Similarly, Storm and Lowndes (2019) found that migrant men working in Canadian and Swedish nursing homes were often introduced to the sector through existing connections in care work, or as a result of previous experiences of providing care. However, much like in Tawodzera’s (2021) UK-based study, the decision to join the sector was always made in the context of severely limited labour market options for migrant workers. This limited choice emerged for multiple reasons, including racial discrimination (Hussein, 2022) and/or direct legal restrictions – for

example, most asylum seekers are not permitted to work in the UK, forcing many into ‘underground’ employment (Tawodzera, 2021).

Another important theme in the research has been understanding how male migrant workers negotiate their masculinity whilst working in care. In their introduction to a special issue of *Men and Masculinities* focused on domestic work, Sarti and Scrinzi (2010) describe how men who feel their gender identity is threatened can affirm their masculinity through highlighting their breadwinner role and/or suggesting that their strength and technical ability make them better suited to care than female workers. In the same special issue, Scrinzi notes that by focusing on these supposedly ‘naturally masculine’ qualities, male migrant workers in Italy and France are able to carve out a ‘niche’ in care work predicated on the idea that only men can provide suitable care for older male clients. However, by stressing the ‘naturally masculine’ qualities that make them well-suited to care, male care workers ‘*paradoxically end up exposing the mechanisms of the social construction of domestic service as a “naturally” feminine job’* and thereby *‘question its association with femininity’* (Sarti and Scrinzi, 2010: 10). These discussions reveal the potential power of male care work to expose and undermine traditional models of gender difference, even where individual men proport to conform to a more traditional model of masculinity.

A final theme in the literature has been whether working in care leads to any wider changes in men’s lives outside of work. Some articles have considered whether the spending patterns of migrant male care workers differ from that of women, with Näre (2010) noting that her participants (Sri Lankan men working in Naples) were much more likely to be involved in buying personal goods and conspicuous consumption

than female workers. However, others have found that male workers do still send remittances to family members in origin countries (Tawodzera, 2021; Dávalos, 2020), collaborating the findings of the early care chains literature (Parreñas, 2001; Hochschild, 2000). Similarly, other studies have examined how migrant care workers use their free time, identifying that – last least in the UK – men are more likely than women to use their time and money for travel and personal development activities (Hussein and Christensen, 2017; Christensen and Gulvik, 2014).

However, the majority of this research has examined whether involvement in care work leads to shifts in men's caring practices outside of work. For example, Tawodzera (2021) identifies that many of his male participants did provide long-distance care for their family members in Zimbabwe, but were very unlikely to perform care or domestic work in their own households. Despite working in the feminised care sector, these men sought to avoid an association with household care and domestic work so as to ensure the preservation of traditional gender norms (Tawodzera, 2021). However, this refusal to extend caring practices beyond work could be a significant source of tension with their female partners. Bartolomei's (2010) comparative study of male domestic workers in Italy, India, Ivory Coast and Congo also identified that many men do not carry care skills into their domestic relationships. Instead, Bartolomei's participants drew on the distinction between paid care work outside the home (which men could do) and unpaid care inside the home (women's work), allowing for the preservation of hegemonic masculinity. Although Dávalos (2020) has identified some shift in male care workers' unpaid domestic care, this was understood to be limited and likely to be short term. As such, these findings call Elliot's (2015) claims surrounding the importance of practising care somewhat into question, and instead add support to the

argument that engaging in certain types of caring behaviour may not radically alter hegemonic masculinity (Ruby and Scholz, 2018; Kilkey, Perrons and Plomien, 2013).

iii. Life history research

Most of the papers discussed above used semi-structured interviews and participant observation as their primary research method(s). However, a handful of studies have opted for a slightly different approach, utilising narrative, or life history, methods in their work. While most of this narrative research has examined male nurses, many of the insights produced remain pertinent to care work. For example, in 2015 Jordal and Heggen conducted narrative interviews with three male nursing students in Norway to examine how men conceptualised 'care' and negotiated their role in a feminised profession. When asked to describe what care means to them, each participant relayed a similar anecdote involving a male nurse 'coming to the rescue' to help a patient in distress, showing an understanding of care consistent with masculine ideals of strength, power and dominance, but also aligned with traditionally feminine characteristics like empathy and closeness (Jordal and Heggen, 2015).

Alternatively, Black and colleagues (2008) offer a different account of male care giving by examining the narratives of elderly husbands in the US who provide care for female partners with dementia. Of the sixty interviews conducted, the authors focus on four narratives, identifying that their participants brought together long-term skills like preparedness and intelligence with new skills like compassion when performing caring roles. While providing care was a cause of suffering, it could also mediate it, as caring enabled men to fulfil their marital duties, repay female partners for years of care and domestic work, and gain a degree of purpose (Black et al, 2008). Other papers have

also investigated older men's experiences of spousal caregiving (Chirinos, 2023; Danely, 2023), revealing that older age and preexisting kinship relationships can go some way to lessening the tension between hegemonic masculinity and care.

However, a small number of studies have also used life history methods to examine male (migrant) care workers specifically. Perhaps the most well-known researcher in this field is Karen Christensen, who, along with Ingrid Guldvik, published *Migrant Care Workers: Searching for New Horizons* in 2014. In the book, Christensen and Guldvik provided a comparative intersectional analysis of the experiences of fifty-one migrants working as personal assistants to disabled adults in Norway and the UK, including both male and female workers from a range of national backgrounds in their sample. In doing so, they identified four gendered pathways to performing care. For men, the most common were the family-orientated breadwinner role (mainly found in the UK), and the male autonomist role (mainly found in Norway). While the male autonomist role encouraged (often working class) men to build relationships of 'companionship and equality' with their clients (Christensen, 2017), the breadwinner role was predicated on more traditional gender expectations that men should be responsible providers, even if their working conditions are poor (notably, this role was also adopted by some women). In both cases, male respondents used their narratives to argue that they had the correct skills - or even better sills – than their female colleagues, revealing their efforts to re-gender caring in a more masculine way (Christensen and Guldvik, 2014).

Section Two: Research Proposal

1. Aims, Objectives and Research Questions

The main aim of my research will be to better understand the experiences of men who work in the adult social care sector in England. My research objectives will be twofold; to use narrative interview methods to understand men's journey into and through the sector, and to explore how this information might be harnessed to attract (and retain) more men into social care.

More specifically, my research will be guided by the following questions:

1. What motivates men to enter the adult social care sector *and* to remain in it?
2. How do men experience work in the adult social care sector? How do these experiences differ in relation to men's racial, ethnic and national identities, as well as other demographic factors?
3. How do men who work in the social care sector conceptualise care?
4. How do men negotiate hegemonic masculinity while performing care?
5. What more could be done to aid the recruitment of men into care work?

2. Epistemology

My research will be rooted in a constructivist epistemological perspective that understands gender not as an innate quality, but as something that we 'do'. According to West and Zimmerman's foundational text, 'doing gender' involves '*a complex of*

socially guided perceptual, interactional and micropolitical activities that cast particular pursuits as expressions of masculine and feminine "natures" (1987: 126). In this way, my work will be consistent with the broader goal of men and masculinities research, which has sought to show masculinity as something that is socially constructed and culturally dependent (Hearn, 2001; Kimmel, 1997).

From a theoretical standpoint, I will employ an action-focused, intersectional feminist approach. By 'action focused feminism' I refer to feminist research which explicitly seeks to make positive, practical change, challenging the myth of the apolitical, neutral researcher that pervades much social research (Lykes and Crosby, 2014). Additionally, I will draw on Crenshaw's (1989) concept of 'intersectionality', which considers how gender, race and class are 'intersecting oppressions' that interact to create distinct inequalities that cannot be understood through the frames of 'sexism' or 'racism' alone. Following Crenshaw's early publications, the concept has been broadened to include a wider range of issues, social identities and power dynamics, including age, sexuality, and migration status (Carbado et al, 2013) – all of which will be important to consider in my research.

Finally, from a methodological perspective I will use a multi-methods approach. This involves a small degree of quantitative work but a primary focus on qualitative methods which elicit '*rich descriptions of everyday practice'* (Bloor, 2016: 26). My main qualitative method will comprise of narrative interviews supported by visual research methods, including image analysis and photo/object elicitation. In selecting these approaches, I have responded to Lefkowich's (2019) critique of traditional interviews (which focus on coding participant accounts and dividing them into succinct quotes)

for overlooking the true messiness of gender, and hence for replicating the same portrayal of male interviewees' as controlling, dominant and unemotional. Instead, Lefkowich (2019) argues that scholars have '*a responsibility to be imaginative in their data generation strategies to make room for and amplify… multiple, contradictory, and nuanced expressions of gender*' (2019: 5-6). As such, she argues for '*methodologies that embrace multiple meanings, humour, arts, nonlinear narrative constructions, and nonverbal data*' (2019: 6). I hope that my work will go some way to recognising this complexity, and disrupting taken for granted ways of knowing about men and masculinities.

3. Methods

a. Primary Methods: Interviews

My primary research method will involve narrative interviews (supported by photo/object elicitation) with men who are currently working in the social care sector in England. This methodology will enable me to examine my first, second, third and fourth research questions.

i. Narrative interviews: a background

'Narratives' involve the consequential linking of events and ideas in a way that imposes a meaningful pattern on what would otherwise be random and disconnected (Salmon, 2008; Riessman, 2008). Over the last few decades, research methods utilising narratives, such as oral history, autoethnography and narrative interviews, have

become increasingly popular in social research. While some researchers uncover narratives in their research data or in preexisting accounts, others shape their research to evoke narratives from participants (Earthly and Cronin, 2008) – the intention for this study.

The shift towards narrative methods has been part of a broader 'interpretive turn' against empiricism and towards a more post-modern view of human agency in the social sciences (Riessman, 2008; Earthly and Cronin, 2008). Narrative methods therefore demand reflexive engagement by the researcher, and give primacy to the biographies of individual participants, as well as considering how individual accounts are socially situated. As a result, narrative methods have proven to be a useful tool for representing the experiences of marginalised groups (Earthly and Cronin, 2008). Equally, they have been said to provide therapeutic benefits for participants, who are able to reflect and order their experiences (Riessman, 2008). For these reasons, narrative methodologies have already been adopted by feminist researchers examining a range of subjects.

In addition to these general benefits, Hussein and Christensen (2017) argue that focusing on individual narratives can enrich our analytical understanding of the agency of care workers – a dimension often absent from research accounts, including the early Global Care Chains literature (Christensen, 2017). Furthermore, McDowell (2018), argues that narrative interviews with migrant workers can carry significant political power by revealing the substantial contribution migrants make to the British economy and *'challeng[ing] negative preconceptions about the impact of migration into the UK'* (2018, 13). Finally, Paterson et al's (1995) interview study with male nursing students

identified storytelling as a key method by which men learn *how* to provide nursing care. As such, Paterson and colleagues suggest that storytelling is potentially powerful in enabling men to navigate the complexities of care provision in institutional contexts. In this way, I hope that my interviews will prompt participants to reflect on their own relationship to care, including how they practise care inside and outside of work.

ii. Conducting narrative interviews

In order to provide a broad account of men's experiences and allow for comparison between men, I will conduct narrative interviews with three sets of participants. First, I will interview fifteen men who were born in the UK and work in the adult social care sector; a group currently un(der)examined by social researchers. Second, to explore differing experiences of migration and racialisation, I will conduct interviews with ten migrant Romanian men and ten migrant Nigerian men: the two most common non-British nationalities in the adult social care sector in England (Skills for Care, 2022). If I encounter difficulty recruiting participants from these countries, I will adjust my criteria to include men who have migrated from Eastern Europe and Western Africa more broadly. In addition, to provide further background information, I plan to interview sector leaders involved in managing care organisations, trade unions and charities.

Following the recruitment of interviewees (discussed further below), I will phone participants to introduce the study, provide information about me and my work, and gain verbal consent. I will also discuss my intention to use photo/object elicitation in the interviews and encourage participants to bring anything they wish to discuss. Participants will then be sent an information sheet and consent form and invited to contact me if they have further questions.

Interviews will take place in person, in an easily accessible public location (most likely cafes), and will be audio-recorded. I plan to conduct 2-3 interviews with each participant, enabling us to build trust and rapport, and to provide both researcher and participant with time away to reflect on what has been shared (Christensen and Guildvik, 2014). Following the interview, participants will be invited to read a transcript to ensure that their stories are accurately represented.

Interviews will be loosely structured, allowing participants to share their thoughts freely and gain a degree of control over the direction of the interview. However, using a loose interview guide (see Box 1) will provide some common framework across the interviews, allowing for easier comparison during analysis (Christensen and Guildvik, 2014). Unlike Christensen and Guildvik's (2014) 'life history interview' method, which examined the entire life project of its respondents, my interviews will be framed primarily around how care work and gender are negotiated during employment, with some background questions about participants' past life experiences.

Box 1: Example interview themes/questions
➢ Why did you begin working in the care sector? ➢ Have you ever provided care before? ➢ What kind of roles do you perform at work? ➢ Have you had any training? ➢ What kind of skills are needed to provide good care? ➢ Why did you choose to take part in this study?

If participants are abroad or if restrictions should prevent in-person meetings, interviews will be moved online. This could offer a more cost-effective and flexible format for both parties, and arguably provides participants with greater control over

their engagement (e.g. deciding whether to turn their camera on) (O'Connor and Madge, 2016). However, online research would also bring numerous challenges, particularly if participants lack technological access or technical skills. Equally, online interviewing makes it more difficult for researchers to consider the body language of participants, ensure privacy and build rapport, potentially increasing the drop-out rate (O'Connor and Madge, 2016).

iii. Photo and object elicitation

In addition to a narrative structure, I plan to utilise elicitation techniques. Photo elicitation is '*based on the simple notion of using a photograph in a research interview*' (Harper, 2002: 13), though as noted by Pauwels (2019), many types of image or visual artefacts can be used, including objects, moving images and drawings. In this study, participants will be encouraged to bring pictures or objects relevant to the study which might help to prompt their reflections about care, work, and masculinity. In addition, I will also provide some photographs of male care workers which we can discuss during the interview (further information about this is included in section 3.b.i).

John Collier, the author of the first photo elicitation study, argued that using '…*pictures elicited longer and more comprehensive interviews… [and] helped subjects overcome the fatigue and repetition of conventional interviews*' (1957: 858). In addition, Harper (2002) suggests that these techniques elicit different kinds of information from participants, including encouraging interviewees to explore more abstract concepts. Several researchers have also identified that these methods better support research with participants who have low literacy levels or a different first language to that of the researcher (Ilagan et al, 2020).

There is also evidence that elicitation tools may be particularly useful in research with men. Previous studies have recognised that, while encouraging men to divulge difficult emotional experiences can be hard, utilising visual methods could support men to express more intimate emotions (Hegary, 2016). Furthermore, Oliffe and Bottorff (2007) contend that discussing photographs and engaging in 'show and tell' activities can enable male participants to lead the interview discussion, providing them with a greater sense of control. In this way, allowing men to discuss their interpretation of an image is consistent with both feminist approaches to participatory research methods, and models of hegemonic masculinity which perceive men as active and knowledgeable (Hegarty, 2016).

iv. Narrative analysis

Following the interviews, data will be analysed using a narrative analytic apprroach. Narrative analysis treats participant acounts as entire analytic units, examining both the form and content of the narrative, rather than breaking them down into thematic categories (Riessman, 2008). By focusing on the account as a whole, narrative analysis has been argued to better recognise the agency of participants and grant individuals who are involved in reserch '*unity and coherence through time'* rather than artificially categorising or compartmenalising their experiences (Mishler, 1996: 80).

In addition, narrative analylsis tends to involve a 'case-based' approach, in which a relatively small number of participants are chosen, and their accounts read closely (Riessman, 2008). This relatively small number enables narrative researchers to commit to a patient, deep and rich engagement with the research process and gives space for them to 'actively listen' to participants (Back, 2007). This active listening will

be brought into the presentation of the data, which, like other narrative accounts (e.g. McDowell, 2018), will involve providing readers with long, relatively unedited interview extracts, providing a deeper understanding of participants' experiences.

b. Secondary *Methods*

i. Analysing images of male care workers

In addition to participant interviews, I will also examine how men are depicted in promotional material relating to care work. This will enable me to respond to research question five, and provide some background information for question four.

I will begin by collecting all available images of care workers produced and disseminated by government recruitment campaigns over the last 10 years, including the 2021-23 *'Made with Care'* campaign (GOV.UK, 2022b) and the 2019 *'When you care, every day makes a difference'* campaign (GOV.UK, 2019). I will also collect images from the largest care providers in England, and any other sources deemed suitable. For organisational purposes, these pictures will be stored on a spreadsheet containing information about their source and a unique identifying number (Rose, 2023). As noted above, some images will be selected for use as elicitation tools during my interviews. However, to provide richer insights into how male (and female) care workers are portrayed in promotional materials, I will also conduct a separate analysis of these images. This will examine how frequently male workers are included, the activities depicted, and which user groups they are shown working with.

Image analysis will take place using a semiological approach. As explained by Rose (2023), semiology, or 'the study of signs', offers '*a very full box of analytical tools for*

taking an image apart and tracing how it works in relation to broader systems of meaning' (2023: 171). Unlike other analytical approaches, semiotics involves attending to both the composition of an image, and its social effects; particularly regarding how it is received by audiences (Rose, 2023). Dating back to the work of Williamson (1978) and Goffman (1979), semiology already has a well-established history in advertisement and other mass media analysis. However, since these early works, semiological research has developed a more significant focus on how social differences such as age, gender and race are constructed in media images – factors of particular interested to me.

Despite the benefits of the method, semiotic studies have often received criticism for utilising a relatively small number of images without explanation as to how and why they were selected, making the results less reproduceable (Leiss et al, 2005; Rose, 2023). To mitigate against this, I will adopt a systematic approach to image collection, establishing clear inclusion criteria and involving all images which meet these requirements. In this way, I intend to draw on elements of both semiotics and content analysis in my work (Bell and Milic, 2002).

While conducting my analysis, I will use Gilligan Dyer's (1982) helpful checklist for exploring the symbolic use of bodies, manners, activities, props and settings in images, as well as Rose's (2023) influential textbook on visual methods. As I intend to reproduce some images in my final thesis, I will also need to identify whether I require permission from the copyright holder (which could incur a fee and take considerable time), and ensure that all images I use are appropriately credited/referenced (Tinkler, 2013).

ii. Quantitative research

I also intend to undertake a quantitative study using the 2021 census (the final results are due to be published over the coming months (ONS, 2023)). The census will be used to produce descriptive statistics regarding the demographic characteristics of male care workers, supporting my response to research question two. This will be conducted using the programming language 'R' which I have used during both the introductory and advanced quantitative methods course this year.

While other studies have quantitatively examined male care workers in the UK using the National Minimum Dataset (Hussein, Ismail and Manthorpe, 2016), analysis of the 2021 census will provide more up-to-date, comprehensive information and enable me to separate the data by local area/region and demographic characteristic. Equally, I will be able to track change over time by comparing my results with the data from previous censuses (for example, drawing on Yeandle, Shipton and Buckner's (2006) report on care worker data from the 2001 census). While my interview sample is not intended to be representative, conducting this quantitative work before interviewing will also provide some indication as to which groups are underrepresented in my data.

iii. Additional research tools

I plan to keep a reflexive diary examining my experiences of conducting the research, allowing me to record my decision-making processes and encouraging self-reflection.

A timeline for this research project is available in Appendix 1.

4. Recruitment

Recruiting care workers to this study is likely to be challenging. Care workers work long hours under stressful conditions, and many also have caring responsibilities at home, giving them limited time to be interviewed. Migrant workers may have additional concerns about being involved in research, particularly if they are or have worked in the country irregularly, or if their conditions for entry into the UK necessitate remaining with the same employer (which they may be reluctant to discuss/criticise). Previous studies have also indicated that it may be more difficult to recruit male care workers, though this could be due to the lower number of men in the sector (Christensen and Guildvik, 2014).

To help overcome these challenges, I will employ a multifaceted approach to recruitment. First, I will contact a range of organisations, including trade unions, charities, and care providers and agencies, many of whom (including the TUC, The National Care Forum, Care England, and Sheffield-based organisation SADACCA) already have connections with the Centre for Care. Through linking to these organisations, I will meet leaders in the sector, gather informal information about men in care work and conduct exploratory background interviews, as well as harnessing these connections to recruit study participants. Although a widely used and often very successful recruitment tool, recruiting participants through gatekeepers can incur problems, including biasing which participants are selected and creating confusion about the role of the gatekeeper in the research (Namageyo-Funa et al, 2014). As such, I plan to produce a leaflet outlining the study and request that gatekeepers distribute this information via their organisational channels, including magazines,

websites and email bulletins, so that potential participants can then contact me directly. Once I have made contact with some interviewees, I will use snowballing techniques to reach further participants.

To support the recruitment process and thank my participants for their involvement, I will also offer shop vouchers to participants (value ~£20). These vouchers will be funded through my Research Training Support Grant, and will be coordinated by the operations team at the Centre for Care. Providing renumeration raises practical, methodological and ethical issues which deserve consideration, however does offer a method for encouraging research involvement and partially 'equalising' power inequalities between interviewer and interviewee (Head, 2009). To overcome concerns that offering vouchers could incentivise illegitimate responses from participants, I plan to follow Head's (2009) suggestion and award vouchers at the beginning of the research encounter, showing that participants have received the voucher for attending the interview, and not for what they have said.

5. Exclusion Criteria

I will seek participants over the age of eighteen who identify as male. Participants must work in the adult social care sector in England across domiciliary, residential or community settings. This excludes those working in related fields like the NHS, or in care work with children. While I have an initial preference for participants who live close to Sheffield (or a location which is easy to access by public transport), I have not set a geographic limit on where in England my participants should be based.

As I will focus on experiences of working in care, rather than a more general exploration of life history, I will aim to recruit participants who have worked in the care sector for at least eighteen months. For Romanian and Nigerian workers, I will seek participants who grew up in their home country and migrated to the UK as adults, allowing me to explore how experiences vary by national context (a suggestion made by Christensen and Guildvik (2014)).

As the study will be conducted in English, I will seek participants who have a good level of spoken English. This will unfortunately exclude some participants who undoubtedly have important experiences to share. However, the alternative – employing a translator – would be prohibitively expensive for a project of this scale. Equally, using translators does bring other complexities; introducing a third party with their own knowledge, expectations and biases could influence the outcome of the research, and potentially create distance between myself and participants (Berman and Tyyska, 2011).

6. Ethical considerations

Martyn Hammersley (2018) has argued that ethical research practice can ultimately be reduced to two values; a consequentialist value of reducing harm and a deontological value of respecting autonomy. I have chosen to use this division as a starting point for discussing the potential ethical issues involved in this research.

a. Respecting autonomy

To ensure that autonomy is respected, participants will freely choose whether to become involved in the research, and will be able to withdraw their participation at any time (Hammersley, 2018). Consent forms and information sheets will provide participants with accessible information about the study and ensure that written (as well as verbal) consent is established. In order to maintain anonymity, pseudonyms will be selected for each participant and used consistently across both the end thesis and research notes (with the exception of a single, password protected document). However, as narrative methods involve the extended use of participants' personal stories, there is always a risk that reproducing these accounts could reveal more information than intended about participants' identities (Jordal, and Heggen, 2015). One way of mitigating this risk will be to ensure that participants are able to read a provisional copy of the final thesis (and/or selected sections) and approve the use of their stories (Jordal, and Heggen, 2015).

Another important part of maintaining anonymity and respecting autonomy (and complying with GDPR 2018 regulations) will be ensuring that participants' data is protected. All data will be collected, held and accessed solely by the research team (myself and my supervisors) and all documents will be stored on a password-protected computer and backed-up using my University of Sheffield Google Drive account. Audio-recordings of interviews will be transferred from the Dictaphone to my personal computer and deleted from the original device.

b. Reducing harm

To some degree, research with human participants is inevitably an extractive process; one in which researchers ask participants to divulge potentially upsetting information about their lives and then leave (Christensen and Guildvik, 2014; Guillemin and Gillam, 2004). This is of particular concern in research with minority ethnic groups, where participants are often in a more precarious or disadvantaged position than the (white) researcher(s) (Rai et al, 2022; Tuhiwai Smith, 2012). In order to navigate these issues of power and inequality, and mitigate the risk of exploitation, I will utilise a feminist 'ethic of care' model within my research. This involves attempting to build reciprocal, respectful and friendly relationships with participants (Edwards and Mauthner, 2012). In addition, I will need to give careful consideration to issues around reflexivity and positionality, which I examine further in the next section.

A more specific and potentially more measurable risk is that participants find the subjects discussed during the interview to be triggering or upsetting. In this case, the research subject is not particularly sensitive or controversial, lessening the risk of participant distress. However, there is always some potential for the discussion to move onto unanticipated areas, or for conversations about difficult working conditions and/or migration experiences to be upsetting. This risk may be heightened by my use of photo elicitation methods, as discussing objects or photos can be unexpectedly discomforting for participants who have to *'think and explain what they might otherwise prefer to forget or gloss over'* (Tinkler, 2013: 9). I can mitigate these risks by attending to signs of distress from participants and recognising where there may be a need to pause the interview or allow certain subjects to remain private (Tinkler, 2013). In

addition, I am reassured by the knowledge that interviewees who do become distressed may still find benefit in their involvement in research, and do not necessarily regret taking part (Newman and Kaloupek, 2004).

Finally, performing research also involves risks to the researcher. I will need to consider my physical safety by meeting participants in public places, giving my location to friends/family, and ensuring that I have made arrangements to travel home (saving details for local taxi firms or public transport) (Bashir, 2018). In addition, Lefkowich (2019) notes that, particularly as a woman interviewing men, the research interaction could be experienced as emotionally taxing and even oppressive, making it important that I draw on support from my supervisors, family and friends throughout the process.

7. Reflexivity

'Reflexivity' involves researchers subjecting their own role in the research process to the same degree of critical scrutiny that they do other parts of their data (Mason, 1996). As such, the reflexive researcher should consider how their preconceptions and values, social position, and research motivation will impact all stages of the research: from interviews to analysis, interpretation, writing-up and dissemination (Doucet and Mauthner, 2008). In addition, Guillemin and Gillam (2004) argue that asking such questions should not simply be a stage of the research, but an ongoing process of reflection and subsequent adjustment of research practice, known as the 'reflexive cycle' (Gibbs, 1988). This cyclical process is vital to ensuring that the knowledge

researchers produce is rigorous, accountable and legitimate (Williams and Treadwell, 2008).

As a result, I have begun to consider how my social position could influence my research. Firstly, I have some experience of working in care, which will hopefully connect me to my participants and enable us to establish some shared understanding. However, as a woman, I have a different gendered experience to my participants, which may make some interviewees more hesitant to share information with me. Alternatively, Lefkowich (2019) argues that there are also advantages to being a woman interviewing men, as men may be more likely to perform feminized behaviours like talking and expressing emotions, and may see the researcher as less of a threat, making them less guarded. My visible 'eurowhiteness' (Böröcz, 2021) and accent mark me as English and a non-migrant; factors which could understandably alienate some participants, given the historic and ongoing mistreatment of minority groups by research institutions (Rai et al, 2022; Tuhiwai Smith, 2012) and the 'methodological whiteness'[1] pervading much western research (Bhambra, 2017). Indeed, there is some evidence that having the same racial and ethnic background as participants can improve the recruitment of minority ethnic populations and increase the trust between researchers and participants (Fryer et al, 2016). However, other studies have encountered more ambiguous findings, noting that racial concordance is one factor amongst many that influence research involvement (Fryer et al, 2016). Instead, some researchers have suggested that sharing values and priorities with participants is a more important indication of successful research relationships. Positive relationships

[1] According to Bhambra (2017), methodological whiteness involves '*a way of reflecting on the world that fails to acknowledge the role played by race in the very structuring of that world, and of the ways in which knowledge is constructed and legitimated within it'*.

can be fostered through '*reflecting values of the community, trustworthiness, actively "listening," expressing "empathy," reciprocity, "transparency," and humility'* (Fryer et al, 2016: 838), reinforcing the importance of my adoption of an 'ethic of care' throughout the research process.

While I have begun to consider these issues, my reflexive thinking should continue to develop throughout the project as an '*iterative and continuous characteristic of good research practice'* (May and Perry, 2013: 5). As part of this iterative cycle, I will also discuss my thoughts with others, including my supervisors and doctoral peers, to ensure that my reflexivity is relational and collaborative, rather than individualised and self-referential (May and Perry, 2013).

8. Impact

As recognised through my aims and objectives, this project intends to fill existing gaps in knowledge regarding how different groups of men experience work in the adult social care sector in England, how they began working in the sector, and the relationship between care work and masculinity. In addition, I will provide a novel examination of how men are portrayed in promotional materials relating to care. While these are important academic contributions, research impact should also involve an '*effect on, change or benefit to the economy, society, culture, public policy or services, health, the environment, or quality of life, beyond academia'* (REF 2021, 2022). As such, I intend to produce the following documents to aid the transmission and impact of my research beyond academia:

- A brief (2 page) overview of the study outcomes and a checklist of recommendations for care providers.
- A brief (2 page) overview of the study outcomes and a checklist of recommendations for colleges/schools looking to recruit boys and men into health and social care courses.
- A brief (4 page) policy document to inform relevant government departments (including the Department of Health and Social Care) about the study, my findings and my recommendations.

Conclusion

In this dissertation I have provided a literature review and project outline for a doctoral research project examining the experiences of men who work in the adult social care sector in England. I have highlighted the relative absence of research in the field, particularly regarding how men of different racial and migratory backgrounds (including those who identify as 'White' or 'White Other' and/or were born in the UK) experience care work. In section two, I have proposed a multi-method PhD project utilising narrative and visual methods to examine three groups of care workers: British born men, Nigerian men, and Romanian men. By drawing on a constructivist, intersectional feminist epistemological standpoint, I aim to make room for *'multiple, contradictory, and nuanced expressions of gender*' (Lefkowich, 2019: 6) and consider the complex relationship between masculinity, men, care and work. In addition, by employing an action-orientated frame informed by my knowledge of recruitment and retention

challenges in the sector, I hope to conduct research which could guide future recruitment strategies and ultimately attract more men into care.

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Appendix 1: Research Timeline