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"FRIEND-ISH": HOME CARE WORKERS, 'SOCIAL LABOUR' AND MANAGING THE BOUNDARIES OF THE CARER RELATIONSHIP

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NON-TECHNICAL SUMMARY

A rise in services sector employment has led to increased attention on the myriad forms of labour workers must enact as part of their jobs. In an ageing society, whereby social support is increasingly acknowledged as important for healthy ageing and in fact funded by governments, how does this shape the nature of care work? Further, what are the dilemmas workers face, especially when they are challenged to provide services with 'loving care'? Drawing on rich qualitative interview data with fifty older adult consumers, we build on and extend prior studies that have documented the different components of home care work, to begin to lay out another form of labour—social labour— whereby home care support workers need to actively manage the relationship boundary between the professional services they perform and the personal relationships that may develop. Drawing on interviews with fifty older adult consumers, we find that home care support workers need to engage in social labour through 1) following the lead of clients who set out the terms of the relationship and the degree of sociality, 2) managing the potential dual role of a 'support worker' and a 'friend', and 3) meeting the social needs of clients vulnerable to isolation, as well as attending to clients at vulnerable times. Our findings highlight the complexity of the relationship between care workers and consumers, and the negotiation of the professional role that care workers must engage in as an additional aspect of their employment. As Australian Government programs and the community care sector increasingly acknowledge the value of social support and companionship, greater attention is needed to this aspect of employment of care work, with its attendant implications for both workers and clients.

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ABSTRACT

A rise in services sector employment has led to increased attention on the myriad forms of labour workers must enact as part of their jobs. In this study, we extend prior studies to develop the concept of 'social labour,' whereby home care support workers—as an example of an increasingly large part of the services economy—need to actively manage the relationship boundary between the professional services they perform and the personal relationships that may develop. This is especially likely given repeated interactions between the workers and the clients, and the commodification of the 'loving care' that the aged care sector emphasises as a value-add of their services. Drawing on interviews with fifty older adult consumers, we find that home care support workers need to engage in social labour through 1) following the lead of clients who set out the terms of the relationship and the degree of sociality, 2) managing the potential dual role of a 'support worker' and a 'friend', and 3) meeting the social needs of clients vulnerable to isolation, as well as attending to clients at vulnerable times. Our findings highlight the complexity of the relationship between care workers and consumers, and the negotiation of the professional role that care workers must engage in as an additional aspect of their employment. As Australian Government programs and the community care sector increasingly acknowledge the value of social support and companionship, greater attention is needed to this aspect of employment of care work, with its attendant implications for both workers and clients.

Keywords: home care support; professional boundaries; interviews; social support

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1. Introduction

Changes in employment and the rise of service sector jobs have produced a number of studies documenting new forms of labour performed by workers (Hochschild 1983; Ravenelle 2019). The shift towards services sector employment has seen an acknowledgment of the increasing importance of customer interactions, as workers on the front-line engage with clients, requiring them to perform their services while at the same time managing various social interactions. A concept that has been well discussed is the idea of emotional labour (Hochschild 1983), whereby workers are required to manage their feelings and at times display emotions that they may not necessarily feel. The performance of emotional labour and the experience of emotional strain from care work have been described in various studies of home care workers (King 2016; Stacey 2005). While these studies have highlighted the emotional state that workers may be in at particular moments, less attention has been paid to the *relationship* that workers and clients must navigate, as they interact with each other over time. The sociality of the work is further compounded by the nature of the physical environment where home care services are performed (i.e. in the client's home), as well as the physicality of the labour, where workers are often performing personal tasks such as bathing, cleaning and housework.

In recent years, with the global demographic shift towards an older population and an ongoing cultural shift towards ageing in the home (Australian Institute for Health & Welfare, 2013; Wiles, Leibing, Guberman, Reeve & Allen 2011), the role of home care support workers in the community aged care sector is becoming increasingly important in ensuring older people can reap the social and cultural benefits of ageing in place. These include maintaining their connections and community, and benefitting from familiarity and personal security (Wiles, Leibing, Guberman, Reeve & Allen 2011). When it comes to assisting with daily living activities, domestic assistance and other defined tasks, the role and boundaries of each carer is clear and well defined. Yet, the social nature of the optimal carer-consumer relationship remains ill-defined and relatively unexplored. Findings from other care settings note carer companionship as playing a part in increased quality of life for older people receiving care (Nakrem, Vinsnes, & Seim, 2011; Robichaud, Durand, Bédard, & Ouellet, 2006).

Further, while the emotional and physical aspects of care work have been recognized and discussed (England and Dyck 2011; Johnson 2015), the social component of the labour has

arguably received less attention. Navigating the social component of the client relationship may require the performance of emotional labour, but may require a different type of labour The accounts of emotional labour described in prior studies (Hochschild 1983; Johnson 2015) also certainly do not fully capture the management of the boundaries of a relationship that may be required of care workers, and particularly care workers who are providing support in private homes.

Increasingly, the aged care sector has highlighted the value of social support and companionship. To underscore the current value of companionship in the community care sector, one can observe the government statistics on hours of Social Support delivered through the Commonwealth Home Support Program (CHSP). CHSP is one form of Australian Government funding granted to older people in need of care in the home. Two forms of Social Support are provided through the CHSP, group and individual (Department of Health, 2019). Group Social Support encompasses any group program that assists older people in participating in the community. This involves group-based activities held at facilities or group excursions. Individual Social Support is delivered on a one-on-one basis. These programs include visiting services and accompanied activities. Engagement with both service types have steadily increased from 2016-2019. According to data from the Australian Institute of Health and Welfare (2018a; 2018b; 2019), Group Social Support was the most attended CHSP service in the 2016-17 and 2017-18 financial years. The delivery of Group Social Support has grown from 8,212,446 hours delivered in the 2016-17 financial year to 8,549,645 hours delivered in the 2018-19 financial year. Over the same time period, the hours of Individual Social Support delivered grew from 2,632,457 to 3,121,341. This growing engagement with Social Support, particularly Individual Support, indicates the potential importance of understanding the carer-client social relationship.

In addition, these figures do not reflect the significance of informal companionship provided through all other community care services. Previous work indicates that there are certain qualities and actions that imbue support workers with a sense of companionship. From the perspective of support recipients, the best support is delivered with ‘loving care’ and consumers enjoy ‘reciprocity in relationships’ (Robichaud, Durand, Bédard & Ouellet, 2005). A project that interviewed fifteen residential care consumers (Nakrem, Vinsnes, & Seim, 2011) found that consumers, “felt that the staff genuinely cared for them on a personal level, which they showed by giving them an occasional hug or speaking with them in a friendly manner.” (Nakrem, Vinsnes & Seim, 2011, p. 1363).

The qualities that consumers value show that support work is most valued when delivered in a personal and friendly manner.

To effectively carry out their support tasks, support workers are also expected to have a great deal of personal knowledge about consumers, to ensure the worker can create a personalised care routine for the individual consumer (Wilson, Davies & Nolan, 2009). This can inevitably lead to a positive rapport developing in the working relationship. However, the nature of a carer-consumer relationship gives cause for friendliness to only extend so far, as the relationship contains an innate power imbalance (Austin, Bergum, Nuttgens, & Peternelj-Taylor, 2006) .If the working relationship progresses to a friendship, it poses the risk of interest conflicts and elder abuse and also requires navigation on the part of the care worker and on the person being cared for.

To ensure relationships are able to remain socially beneficial without progressing into friendships, aged care organisations attempt to implement professional boundaries (also called Codes of Conduct or Codes of Ethics). Yet, those working in the home care sector find it hard to maintain these rigid professional boundaries (Abrams 2019). Abrams (2019) reported that support workers in the community, especially those providing support to people with dementia at the end-of-life, find maintaining and establishing professional boundaries difficult. It was determined that a level of personal relationship and a great deal of flexibility are inherent to community support work, with organisations implementing professional boundaries (through codes of conduct) to limit the extent of these aspects. However, the complexity of care that the consumer required put significant strain on the support worker's ability to stay within these boundaries. While 'emotional labour' has been described in prior studies, social boundary management has been overlooked as potentially an additional component of work.

At the same time, the nature of a carer-consumer relationship has been documented to affect the *quality* of care for older people in their homes. A study by Eustis and Fisher (1991) found that support workers that identified a personal relationship with their consumers were more likely to engage in extra, unpaid work, and consumers felt the confidence to confide in their care workers. However, this increased personalisation of the carer-consumer relationship was found to put workers at risk of exploitation and put consumers at risk of losing control of their care. In the similar industry of community disability care, development of personal relationships between care workers and consumers was found to increase similar risks (Porter, Shakespeare & Stöckl, 2020). While

there were certain social advantages to a close carer-consumer relationship, consumers found that it was harder to assert their preferences with care workers who had become friends, while disability care workers felt like a personal relationship with their consumers gave them feelings of obligation that led to unsustainable work schedules. These studies are part of a growing body of literature on the risks to service delivery if the carer-consumer relationship becomes overly personal, though nevertheless, the onus and effort that workers may need to exert has not been acknowledged as an aspect of work.

Another actor in the carer-consumer relationship is the care employer. By setting professional codes of conduct and task performance expectations, the care employer structures the care worker's ability to negotiate these relationship boundaries between the personal and professional. King (2012) describes employers' and workers' expectations for the carer-consumer relationship as care rationales. Care workers made a distinction between completing tasks and 'caring' based upon care worker identification and affiliation with clients. The ability to provide 'care' within the carer-consumer relationship improved care workers' motivation, as the helping nature of the work builds workers' self-esteem and identification with their work (Bjerregard et al. 2017). From interviews with 100 Australian care workers, King (2012) notes that the most frequent source of emotional distress for care workers was frustration when their care rationale conflicted with that of their employer. This suggests that for the care worker, the personal aspects of carer-consumer relationships and the use of personal discretion to manage these are valued aspects of the work. Care workers performed this work regardless of the policies of their employer, but in workplaces which acknowledged the emotional dimension, care workers had more guidance and support in managing relationship boundaries (Piercy & Woolley, 2000).

The carer-consumer relationship has been explored in the literature from the perspective of care workers, including community nurses, home health aides and support workers. As a professional, the care worker is considered responsible for the ethical management of the carer-customer relationship. Multiple studies found that care workers are cognisant of navigating the professional-personal duality in their work (Corbett & Williams, 2014; McGarry, 2010). However, their definition of, and adherence to, professional boundaries is individualised and based on personal experience rather than employer codes of conduct. Care workers perceive social interactions to be intrinsic to their work. In a UK study of community nurses, the participants identified that they chose to enter the field because home visits allowed them to treat patients as individuals. The home care setting

is conducive to the formation of relationships, as carers can observe the artefacts of the customer's life, and spend unstructured time with them (McGarry, 2009). Recognition that care workers identify relationships with clients as an important part of their role is key to setting effective professional boundaries which support compliance as well as job satisfaction for care workers.

Care workers must also enact boundaries as a way to manage their own emotions as well as to adhere to professional codes of conduct, though this has never been identified explicitly as another component of labour. For instance, in King's study (2012), care workers related their current boundaries to past negative personal experiences where they had overstepped or failed to define the boundary. These included emotional distress when a client passed away, and burnout when they had provided assistance to a client beyond the scope of their work. Care workers also established varying boundaries in relation to client behaviour, such as gift-giving or use of fictive kin labels (Piercy, 2000). Care workers monitored their own behaviour and that of the consumer, and noted becoming aware of beginning to overstep and adjusting their behaviour to avoid these situations. Piercy (2000) found that some care workers were more likely to take on a closer relationship role in response to apparent need, where they perceived a customer to be isolated from the support of friends or family. A recognition of friendship does not necessarily involve a crossing of boundaries, as care workers discussed 'professional friendships', and constructing a multilayered relationship. Notably care recipients in the same study did not indicate that they were aware of the professional dimension (McGarry, 2009). The nurses in this study were reflective about how their personal ethics conflicted with professional boundaries, but prioritised their own experience in decision-making over adherence to professional rules.

In carer-consumer relationships in which there exists a prolonged personal relationship, there also exists a high likelihood that dependency can develop in the relationship (Barken, 2019). Ensuring these feelings of dependency are minimised is seen as highly valuable in Western ageing societies, as those who are deemed as dependent are assumed to want to strive to be independent again (Fine & Glendinning, 2005). Ensuring independence is preserved for older people in the community, and dependency is avoided, may be a driver for an organisation's professional boundaries but may also develop as an additional component of work for a care worker.

In the current study, we aim to build up an evidence base to better understand and describe how the boundaries of the professional relationship operates in the home care sector, and to show how this may constitute another element of the labour performed by workers. We do so by drawing on data collected with consumers of a home care organisation in Australia. Given that these are older adults living independently, we might observe greater variation in the maintenance of professional boundaries compared with carers of individuals who experience more severe health conditions (Abrams 2019). We set out to address how consumers describe their relationships with their care support workers, setting the tone for how workers are expected to navigate the social boundaries of their work. We also seek to establish what may be required of workers in managing this relationship, given the conditions and expectations as described by the consumers. Given the expansion of the home care sector, we conclude by describing how these behaviours may have consequences for both support workers and consumers, and may help inform legislation and industry policy surrounding conduct and professional boundaries in care work.

2. METHODS

The research project "Understanding daily activities in later life" aims to provide up-to-date evidence of the experience of daily activities and loneliness for a group of older Australians. It has a specific focus on understanding the patterns and rhythms of daily life and how these relate to older Australians wellbeing. It was designed and conducted with the assistance of a home care organisation in Southeast Queensland, Australia. This mixed-method project comprised an initial survey that was conducted to collect data on health, social interactions, family structure and personal relationships. A total of 182 older individuals (aged 65 years plus) returned the self-report questionnaire. From this sample, a subset of 50 individuals who represented a range of socio-demographic characteristics were then selectively contacted for follow-up one-on-one semi-structured interviews. Ethics approval was obtained from the University of Queensland, and all participants were provided with an information sheet about the study and a consent form. Upon meeting in person, participants were given time to read and sign the consent form before the interview commenced, and were advised that they could stop the interview and withdraw from the study at any time without consequences.

Interviews took place at the location of choosing of respondents, with all but several taking place in home residences, with the exceptions being in the common area of

retirement villages or the lobby of apartment buildings. The interviews ranged from around thirty minutes to two hours. During the interview, we attempted to get a sense of the daily lives of the respondents, posing statements such as “Tell me about your day yesterday,” “Tell me about your week this past week” and “Tell me about your relationships and support”. We also posed questions such as “Do you have any daily or weekly routines?”

Interviews were recorded with the consent of the participants and audiofiles were transcribed and uploaded to a qualitative software, nVivo, which we drew on to further analyse the data. We engaged in inductive coding method to explore themes that may arise from the interview data. The lead author and two undergraduate research assistants coded several of the same interview transcripts and met at the initial stages to establish inter-rater reliability. As analyses progressed, the research team met and established fifteen distinct themes. For the purposes of the current project, we focused on data with mentions of interactions and relationships with home care support workers.

Table 1 provides information on the demographic characteristics of the interview sample in terms of age, sex, marital status, living arrangements, and other related information. The mean age of the respondents is 82, and the overwhelming majority are women. About half were widowed (50%), a quarter married (28%), and the reminder divorced, separated, or never married. The average respondent reported being ‘reasonably comfortable’ in terms of their financial situation, and reported being somewhere between ‘good’ and ‘moderate’ in terms of their health.

Table 1. Demographic characteristics

		Mean/%	Median
Age (mean)		82.82	83
Sex			
	Female	78%	
Marital Status			
	Widowed	50%	
	Married	28%	
	Divorced	12%	
	Separated	2%	
	Never Married	6%	
	Prefer not to say	2%	
Living Arrangements			
	Living alone	62%	
	Living with one other person	36%	
	Living with more than one person	2%	
No. of Children			
	No Children	6%	
	One child	12%	
	Two or more children	82%	
Financial Situation (1-5; 3= reasonably comfortable; 4= just getting along)		3.08	3
Self-reported health (1-5; 2= good; 3= moderate)		2.64	3

3. RESULTS

Drawing on data from descriptions of older adults' relationships with their carers, we established several themes that shed light on the social labour care workers engage in on a regular basis as part of their daily work. In the sections below, we describe the three main themes that emerged most prominently.. In doing so, we begin to build the case for paying greater attention to a form of labour—social labour—that has received little attention so far. Nevertheless, this form of labour likely has practical implications for the energies and commitments of workers as well as implications for the industry, and

also has theoretical implications through extending prior studies such as that related to emotional labour and the changing nature of employment writ large.

Navigating the professional-social boundary

The first theme pertains to variation in the relationship as set out by older adult consumers. Specifically, we find that as consumers' definition of their relationship with their carers constituted a wide range—from a purely professional relationship, to a friendly social relationship, to emphasizing the value of companionship they derive from their care worker that borders on friendship—that the onus often falls upon the carers to respond to such variation in consumer needs. For instance, we find an abundance of examples of older people discussing their relationships with carers in a purely professional sense. In these cases, there were clear distinctions around the boundaries of the relationships. In some of the examples, there were those that omitted any mentions of social relations with their support workers. As such, we were not able to gauge anything other than the professional nature of these relationships. Some of the participants also spoke in general terms of the services they receive. One woman stated simply, "I have the carers come in twice a week for two hours and 15 minutes and they do all my washing, ironing, shopping, cleaning, and that's about it." (Female, Aged 80, Divorced, Living Alone) Others stated that they just received cleaning and cooking assistance (Female, Aged 86, Widowed, Living Alone) or just help with housekeeping and ironing (Male, Aged 81, Married, Living with Spouse).

As further examples of how older adults viewed their relationships with their carers, there were examples of consumers defining their relationships only in terms of the *quality* of services received. A widowed woman, aged 84, expressed that the quality of services provided to her were very good. This participant made no comment on any social aspects of the relationship, nor how it might potentially impact on the quality of support services. Similarly, a 71-year-old man expressed his disbelief that his previous service provider charged a high price and then, "didn't do a very good job.", In this case, it is purely a judgement on the quality of services provided, not on the social value of the carer-consumer relationship.

At the same time, there were also others that heavily implied they were avoiding a social relationship with their support workers. One woman stated, "Every second Tuesday I've got a housekeeper coming in so I try and potter around out in the garden on a Tuesday. I can until after she's gone." (Female, Aged 82, Widowed, Living Alone). This is evidence

of a consumer actively avoiding forming any sort of social relationship with a support worker. A separate widowed woman, aged 76, appreciated the household help being received, but found having to be home while the support workers were there, "a bit of a nuisance." She expressed that she was trying to maintain a good relationship with the service providers, as she hoped to receive greater levels of support in the future. One man stated, "I did have a woman coming in for two hours every fortnight, but I cut it down to once a month because I hate getting tied down for that day when she's coming." (Male, Aged 79, Separated, Living with Child).

At the other end of the spectrum, there are consumers that find social value in their relationship with their support workers. Within this group, there are two forms of appreciation: appreciation of social actions of the support workers and appreciation for the presence of the support worker. Firstly, there were support workers that participated in certain activities or actions that contributed to a sense of social satisfaction for the consumer. For instance, there were several participants that spoke of the value of having a cup of tea or coffee with their carer. For one woman, aged 80 and living alone, it was clear that the basic action of sharing a cup of tea increased the social value of the carer-consumer relationship. Another valued action of the carer was approaching the service with a willingness to learn from the consumer. A female participant stated, "My carer came and did the shopping for me and we cooked. I taught her how to cook rissoles, because she's a young girl who hasn't done a lot of cooking. I love doing that too." (Female, Aged 74, Divorced, Living Alone). By including the consumer in the delivery of services, the support worker is giving the consumer an active role in the carer-consumer relationship. This is seen as highly socially valuable by consumers.

Yet there were several participants that also expressed enjoying the companionship and presence of support workers. An example of this comes from a 90-year-old man, who received assistance with his grocery shopping. He claimed, "I don't know who assists whom. But anyhow. It's a sort of social outing, in a sense, too. There's a social aspect of it." (Male, Aged 90, Widowed, Living Alone). This is the most overt statement in our interviews of a general sense of social value in the carer-consumer relationship.

While implicit in most cases, the above data point to the navigation of the professional boundary as an aspect of the work undertaken by carers. Similar to emotional labour, whereby workers may have to display emotions that they do not necessarily feel (Hochschild 1983), care workers in this instance may also have to show varying degrees

of sociality as a component of their work. This is also made more likely and complex as care workers interact and provide support to clients on a regular basis, and navigate the boundary of their relationship over time.

Managing dual role of 'worker' and 'friend'

In addition to managing the boundary of the carer relationship, there were those who identified friendship characteristics in their relationships with support workers. For some respondents, there is an explicit identification of friendship with service providers. For instance, a 75-year-old woman living with her son and his family explicitly labelled a support worker as a good friend and confidante when asked if they have a person they can confide in. Another woman, aged 89 and living alone, claimed her support workers had become like her daughters over the six years she'd been receiving support. A participant stated, "And then Monday … the cleaning lady, she's also a friend of mine, comes. So, I've known her. She's been coming for many years now." (Female, Aged 90, Widowed, Living Alone). One other woman, aged 74, discussed her recently subsidised ability to attend the theatre with a carer, and how this allowed her to share the experience with "a friend". There seems to be a consensus between those that explicitly identify support workers as friends that their relationship has developed to this point through an extended period of regular contact.

There are others that do not explicitly identify friendship with support workers, yet their interviews outline different ways in which their carer-consumer relationship crosses professional boundaries. The first set of these were those that gave gifts to support workers as signs of their appreciation. An example of this was a 91-year-old woman who spoke about her support worker who had been providing her services for many years. In this instance, the woman detailed how she walked with her support worker, talking about plants, and at the end of the conversation gifted the worker a small plant. A second participant stated, "I have a gardener who comes once a month. And he's very good to me. So, I set him up with some biscuits and a cake." (Female, Aged 88, Widowed, Living Alone). For those that gave gifts, these examples summarise the general attitude: that physical gifts (i.e. baked goods or a plant) were an appropriate means to express gratitude for social companionship or a well provided service.

A further boundary between a professional and personal relationship that seemed to be crossed on multiple occasions, was interactions between support workers and consumers outside of scheduled services. Interviews revealed multiple examples of support workers

overextending their visits to spend extra time with consumers once services were complete. One woman, while talking about the friendly chats she had with her support workers, stated, “she’s normally an hour, but she was here nearly two hours last Tuesday because she didn’t have anybody following me.” (Female, Aged 91, Widowed, Living Alone). This details a support worker spending their personal time with a paying service consumer. A similar example was provided by another woman, aged 87, who talked about her regular support worker staying after services to eat their lunch. The action of a support worker spending personal time with a consumer show development of a personal relationship.

Though the examples outlined are seemingly benign, for some, there may be implications that the development of a close relationship with an individual support worker led to feelings of reliance or dependence on the support worker. It was identified that a few participants felt that usual tasks, including support with Activities of Daily Living, were no longer able to be done the same way without a specific support worker. This is critical as development of dependency with these everyday care tasks is linked to a perceived loss of independence for older people receiving professional assistance (Ball et al., 2004). An 87-year-old female participant made it clear that they now preferred to wait for their support worker before using the toilet. This could easily be attributed to an increase in the complexity of care requirements for the older person, but it was stated that the support worker insisted, “Wait for me and I’ll help on the toilet.” (Female, Aged 87, Widowed, Living with Child). Another woman, aged 75, who explicitly identified her support workers as friends, also identified that a change to their professional schedule meant a change to her personal routine. When a weekly pattern was broken, namely doing pool exercises each Friday, her support workers stopped assisting with showers on that day. This represents a certain degree of dependence on professional assistance for this ADL.

There was also indication of one other form of dependence, that is closely related to the, previously identified, carer friendships and is linked to a breakdown of the boundary between the professional and personal relationship. The same 75-year-old woman discussed in the above paragraph identified a unique social reliance on her support workers. When discussing the people she could confide in, she immediately identified her support workers). Yet, when asked about her other friends, she stated, “I suppose I don’t talk as much as I talk to my shower lady, to my friend who comes for coffee. Because she’s in a different space somehow.” (Aged 75, Divorced, Living with Family). This is a

unique description of the carer-consumer relationship, that grants the support worker further influence in the relationship. This reliance on socialisation with their support workers may put the consumer's wellbeing at risk in the event of a change to their professional arrangement. It also highlights the potential work that carers may have to engage in to balance their role as a 'carer' and a 'friend'.

Supporting vulnerable clients

Beyond navigating the boundary of the professional relationship, we also find another aspect of the social labour carers engage through the provision of support to vulnerable clients or at vulnerable times. For some older people in the community, the support worker may be the only source of potential social contact in a day. One woman said, "They sort of have a chat while they're vacuuming and doing all those sort of things, and it does, it helps you enormously, because that might be the only person you see that day, yes." (Female, Aged 78, Married, Living with Spouse). This comment hits the core of why the presence of a paid carer is highly valuable but also the quandary of what support workers may have to navigate, and the predicament they might face in being both a carer and providing social support.

There were also examples found in the imminence in which the support workers need to be present. Two women expressed that they valued the presence of support in times of crisis. The first, aged 74 and living alone, fell ill one night and expressed how valued she felt when her service provider had a support worker to her room within half an hour. The second woman, whose usual cohabitant (her son) had gone away for a weekend, felt as though her service provider valued her wellbeing when they sent a support worker to her property each day to ensure her safety.

4. CONCLUSION

In an ageing society, whereby social support is increasingly acknowledged as important for healthy ageing and in fact funded by governments, how does this shape the nature of care work? Further, what are the dilemmas workers face, especially when they are challenged to provide services with 'loving care'? Drawing on rich qualitative interview data with fifty older adult consumers, we build on and extend prior studies that have documented the different components of home care work, such as those that have explicated the physical and emotional elements of employment (England and Dyck 2011; Johnson 2015), to begin to lay out another form of labour—social labour—that carer

support workers must also navigate as part of their daily work, through relationships with consumers. Doing so, we underscored also the *social* aspects of the work, highlighting different scenarios whereby carers must also exert efforts and energies above and beyond the professional services delivered.

Our findings highlight that in general the contour of the relationship is primarily driven by the consumers. Though social, the economic aspects of these relationships preclude them from transcending into a pure friendship (Allan 1998), though certain behaviours, such as gift exchanges and sharing of personal information as well as the extension of home visits beyond paid services highlight instances when the relationship can blur the boundaries. This blurring also highlights the dual social roles that care workers and consumers may develop. But a relationship progressing from professional to friendship relies on the ability of a support worker to implement professional boundaries, an element of the social labour we argue that must be performed by carers. In a broad sense, the Aged Care Quality and Safety Standards are legislated guides for proper carer-consumer conduct in Australia. However, they do not explicitly define the boundaries that should be in place, a responsibility which falls on service provider organisations.

Through setting professional codes of conduct and task performance expectations, service provider organisations structure the care worker's ability to negotiate the relationship boundaries between the professional and the personal. For example, a previous study describes employers' and workers' expectations for the carer-consumer relationship as care rationales (King 2012). Care workers distinguish between completing tasks and 'caring', which involves greater care worker identification and affiliation with clients. The ability to provide 'care' within the carer-consumer relationship is important to care workers' motivation, as the helping nature of the work builds workers' self-esteem and identification with their work (Bjerregard et al. 2017). Some service provider organisations have a task-oriented care rationale which excludes the social element of care, focusing on time-limited visits and efficiency. King (2012) also notes that the most frequent source of emotional distress for care workers was frustration where their care rationale conflicts with that of their employer. This suggests that for the care worker, the personal aspects of carer-consumer relationships and the use of personal discretion to manage these are valued aspects of the work. Care workers performed this emotional work regardless of the policies of their employer, but in workplaces which acknowledged the emotional dimension, care workers had more guidance and support in managing relationship boundaries (Piercy & Woolley, 2000). Where workplaces were unsupportive,

they may take on additional tasks outside of their waged hours in order to continue to deliver the standard of care that they consider necessary (McGarry, 2009). To support the growing service workforce, attention needs to be given to the social aspects of this work. Importantly, from our data, we showed examples of how the development of social relationships between support workers and consumers, and the progression of these relationships into identifiable friendships, impacted on the provision of services.

Due to population ageing, care work will continue to increase into the future. How this work is shaped, what is expected of workers, and how this affects both care workers and the delivery of services require further attention. While certain tasks, such as assistance with daily living may be straight-forward, these tasks combined with regular interactions denote a social component, which has received less attention. The acknowledgement of the importance of, and the funding for the provision of social support and companionship further necessitate discussion of the boundary between professional services and the social relationships that may develop. In this study, we build on and extend prior research focusing on the emotional and physical labour of care work, to develop and call attention to social labour, pointing to possible future directions for research.

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