

**“Let heart do the work”:
Attentive labour, active support, and frontline service workers for
people with intellectual disability**

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Abstract

This paper explores the labouring practices of frontline service workers (FSWs) for people with intellectual disability (ID) living in institution services in Taiwan. Derived from feminist perspectives on bodywork and intimate labour, we develop the notion of attentive labour to capture how carework and active support are responsive to specific needs of each individual. Drawing upon in-depth interviews with 17 service workers, we examine first attentive labour as a cultural toolkit that makes FSWs know how to interact with service users, who can communicate verbally, and make them feel cherished and cared about, and in turn willingly to follow the FSWs' advices to engage meaningful activities that can assist them to realize their potentials. Second, we delve into the observant and assiduous energy of attentive labour that encourages FSWs to identify the unheard needs of service users, who cannot communicate verbally and require higher supports, and further bring comfort and dignity for the socially vulnerable, adding a moral dimension to the cultural significance of attentive labour in Taiwan. Reflecting the benefits and the burdens of attentive labour, we call for an ethic of reciprocity that values equally the humanity and dignity of those who need and those who provide supports.

Keywords: frontline service workers, intellectual disability, attentive labour, respectful care

I know my kids better than any doctors or nurses...I had a student and one day he smelled differently...You couldn't tell any difference by the look of it, but I knew something wrong with him. I took him to see the nurse but she couldn't find anything wrong. I insisted that his smell was different and it turned out I was right as a few days later some liquid coming out of his nose...I took him to see an otolaryngologist and found some rotten tissue paper hiding out of sight and deeply inside his nasal cavity. The strange smell disappeared after the tissue was taken out. Unlike us, who spend every day with the kids, health issues like this are too subtle to be noticed by health professionals. But for me, I can tell immediately if his smell changes... being attentive and taking good care of these kids, you can keep them away from illnesses. If they are happy and healthy, your work is easier and you feel a great a sense of achievement... (Mary, FSW)

Our work is more than just feeding or helping students with a shower...It requires profession as much as compassion (Hellen, FSW)

The dignity and wellbeing of people with an intellectual disability (ID) are largely shaped by their residential supports with the role of frontline service workers (FSWs) being crucial to the success of people with disabilities achieving personally valued lifestyles. Yet, FSWs and their complex and diverse professional skills involved in providing supports for meeting each individual needs of people with ID are often devalued (references).

This article challenges the oversimplified understanding of the labouring practices in providing care for people with ID. Inspired by the bodywork literature in health and social care (Twigg et al., 2011) and the scholarship on intimate labour (Boris and Parreñas, 2010), we develop the notion of attentive labour to capture the distinct servicing feature of FSWs. Derived from the term “yòngxīn” (用心, literally as “putting your heart and soul into something”) referred by most of the interviewees to describe what it means to be a good carer, we understand attentive labour as the assiduous labour

process/practice that requires observant, proactive and responsive energies in assessing, nurturing and maintaining the comfort and dignity of others. It is suggested that through attentive labour FSWs can devote themselves and provide respectful care and active supports for people with ID.

On one hand, attentive labour is important in identifying the needs of service users, who cannot communicate verbally and require intensive supports, and prevent them from terminal illness that could be avoided from heedful services. As Stella (FSW) recalled: “since they cannot express themselves, you need to be observant and attentive to their needs and pay attention to trivialities that might turn out to be life-death issues.” On the other hand, for service users, who can communicate verbally and are able to be assisted to learn, attentive labour is an important cultural toolkit that makes them feel cherished and willingly to follow FSWs’ advices: “When your heart speaks, they are happy to listen”. This manage-with-love pedagogy not only allows FSWs to communicate effectively with service users; it also soothes challenging behaviours and avoids confrontations that might be dangerous for the two parties. In return, attentive labour encourages residents with lower level of ID to engage meaningful activities that might help to realize their potentials and become de facto mentors that provide help to FSWs and service users, particularly those who need greater support.

Attentive labour involves both profession as well as compassion in order to

provide sensitive support and respectful care. In other words, to be attentive is to be observant and watchful, knowing what to watch and how to assess. Through attentive labour, a good FSW can identify “real problems” (e.g. losing appetite for illness) from “pseudo issues” (e.g. picky eater), recognizing the residents’ needs that are camouflaged by stigmatizations and unfair presumptions towards people with ID. Here, medical knowledge and counselling techniques are often deployed to reveal the nuances and make the invisible visible. Additionally, being attentive is to make sure that service users can have what they want despite that some of them could only share their feelings through eye contacts or facial expressions. In order to provide proactive care and sensitive supports, the familiarity with people with ID is prerequisite. This is particularly challenging for new comers, who have little knowledge about service users and are reluctant, if not disdainful, to get to know them. Specifically, people with ID are unfairly portrayed as dangerous loose cannons with potentially harmful behaviours, creating the emotional distance between workers and service users. In favour of undoing the stigmatized presumptions and redraw the emotional boundaries and realize service users’ hidden needs, the FSWs need to mobilize the moral dimension of attentive labour that echoes what Dodson and Zincauge (2007) calls “an ideology of family” and fictive kinship in caring sectors. However, unlike carers in nursing homes are encouraged to perceive elderly residents as “their mothers or fathers” (Dodson and

Zincavage, 2007,921), in our study FSWs tend to consider residents with ID as their own children, who are “naïve angels” and deserve attentive care from mothers – a perception that resonates with benign discrimination towards people with ID as child-like persons. The popularized Buddhist rhetoric of “merit accumulation” (zuò gōng dé) and the charity paradigm towards people with disabilities in Taiwan further legitimize FSWs and their devoted care for the stigmatized. While the compassionate nature of attentive labor might help FSWs transform “the danger” into “the angel” and stretch themselves for providing a good quality of care, the mother-children relationship, paradoxically however, might further infantilize people with ID and unfairly perpetuates the disabled as pitiful and someone whose miseries deserve sympathy and charitable love.

The article now goes on to discuss methods and data collection. This is followed by the discussion of two distinctive servicing features of attentive labour of FSWs: the manage-with-love pedagogy and caring with reciprocity and dignity. Finally, I contextualize this research culturally in Taiwanese FSCs’ evocations of Buddhist virtue as a strategy for regaining value in the stigmatized profession and sociocultural hierarchy they may reproduce.

Setting & Method

The current study is part of an ongoing investigation into the culture of respectful care and active support for people with ID, which began in the summer of 2017. We conducted in-depth interviews, lasting between one to two hours, with 17 FSWs, who provide direct care for people with ID living in institution services in Taiwan. All participants are women workers and were recruited from 6 institution services across the country. Only one of the institution sets up in the city center and the rest locate in the remote and isolated areas, a common geographical characteristic shared by institution services in Taiwan. Initial contacts with FSWs were made through the managers of the institutions, whom we knew through our social network. Our sample was necessarily limited by our social network, and we are aware of the methodological challenges of such convenience sampling (Shaver, 2005). Nevertheless, it was sufficient for us to examine the underexplored and devalued profession in existing direct carers research.

Of the FSWs we interviewed, the average age was 48 (ranging from 28 to 64). Majority of them have university degrees in special education or early childhood education (N=7). Some of them have nursing (N=3) or social work background (N=2). For those, who did not go to university (N=5), attended the government training program in order to become a certified carer. Their average time in the business was

twelve years (ranging from 2.5 to 30), with three having worked more than twenty years and three less than five years. Around one third of our participants were in a senior position (i.e. team leaders). Comparing insights provided by team leaders and team members helped us to develop a fuller understanding of the serving features of FSWs. Despite their valuable experiences, the participants in this study averagely earned 30000 NT dollars, about 1.2 times more than the average monthly salary for a recent university graduate. The main incentives for working for a relatively low-paid job were geographical convenience, a regular work schedule, and the reentering the job market. The diversity of the sample allowed us to examine the skills FSWs needed to develop and the obstacles they had to overcome to provide good service.

All of the participants agreed to participate in our research after being informed about the aims of this research and the necessity of audio-recording for accuracy of transcripts and our translations from Mandarin/Taiwanese into English. The language translation was double-checked by both authors. We informed the interviewees that they could terminate the interview or stop the recording at any time if they wished. None objected to being recorded in full. All names used in this paper are pseudonyms.

We used in-depth interviews to obtain the interpretive meanings of the FSWs in this research. “What does it mean to be a ‘good/responsible’ FSW?” was the primary research question of this study. The open-ended interview questions for this research

are structured in the following three levels, including: the personal information (e.g. “Can you tell us how you first got involved in this work”), the professional development (e.g. “What kinds of skills do you need to do this work?”), and the organizational culture (e.g. “Can you say a bit about what kind of characteristics are un/suitable for working in this industry?”). We also paid particular attention to the emotional dimension of the labouring process (e.g. “Could you tell us about a time when you felt pleasure/fun/enjoyable/proud while working?” and “Could you tell us about when you felt afraid/worried/ bored/ embarrassed / sad while working?”). We reviewed the transcripts first at length to understand their entirety and then extrapolated cultural meanings from the interviews to generate themes. Themes were retained only if the authors could reach a consensus on their validity (Smith, Flowers, & Larkin 2009).

As a qualitative study, our research does not seek inductive validity by suggesting that the participants represent broader experiences of Taiwanese FSWs (Dooley, 1990). Nor are our participants the bearers of certain designated variables systematically selected from specific categories of attitudes and responses. Alongside Crouch and McKenzie (2006: 491, 493), we perceive our respondents as “meaningful experience-structure links” who reveal “dynamic patterns” of the interplay between individuals and their social world. Through the interviews, we learned how FSWs use certain values, patterns and mechanisms for providing respectful care and active supports in order to

meet individual needs of people with ID. We created labels to capture the distinctive serving practices and their meanings: attentive labour and the manage-with-love pedagogy and providing the respectful care with reciprocity and dignity. The former is particular salient for working with service users, who can verbally communicate and be assisted to learn; the latter plays an important role in providing respectful care for those, who cannot communicate verbally and need greater supports.

Attentive Labour and the Manage-With-Love Pedagogy

The challenging behaviours of people with ID are considered as one of the primary sources that contribute to FSWs' burn-out and stress in workplace (Hastings, Horne, & Mitchell 2004; Ryan, Bergin, & Wells 2019;). FSWs in this research also concurred with this claim, particularly when they were new comers:

...their challenging behaviours were very difficult for me...their mood could change suddenly and you need to be very cautious when they look at you in a strange way...they might attack you suddenly...When I started working here, I was shocked by their challenging behaviours, murmuring to myself that why I quitted my previous job in such a rush manner...(Mary)

...some of our residents are very tall...and when you help them shower, you need to be very cautious particularly when you don't know them well and don't know what you do will upset them...I remembered once when I told a resident to rinse again because there was still some bubble left on her head...I only told her twice ...in a quite friendly manner...but she suddenly came close to me and drag my hair...the floor in the shower room is wet an slippery...I nearly fell on the floor...(Ashely)

...when they went crazy, they could beat you...but you can't fight back otherwise if they gets hurt, you will get into trouble and write a lot of reports...that is the most difficult part of the job...you get beaten but you can't do anything about it...(Emma)

Many interviewees recalled that the decision to work for people with ID raised concern from their families: “my father worried about my safety and thought that these kids could attack me” (Kelly, FSW). In fact, while entering the field, we had also made an unfair presumption towards people with ID as “dangerous loose cannons” and could easily become threat to us. Our anxiety, however, tell us more about the social stigmatisation of people with ID rather than their real life practices:

In the middle of the interview, a male service user around 6 feet tall suddenly opened the door and walked into the room... his eyes looked glassy and expressionless. I felt a bit worried but tried to greet him with my pretended calm smile...He did not reply to me, instead, was approaching slowly to the Helen (FSW)...Suddenly he kneeled on the floor and pulled out one of the Helen’s foot and smelt it. I was a shocked by his behaviour...and worried what he might do to me next. Helen noticed my uneasy face and tried to sooth my anxiety: “don’t worry, Mark liked to smell someone’s foot, particularly someone looks alike his mother...so you are safe...he will not do anything harmful and will leave later when he finish.”...Indeed, Mark left the room after his ritual and close the door behind him (field note, Sep 27th 2017)

Unlike Helen, who knows Mark well and can make the “strange” familiar, we are similar to unexperienced FSWs, who are unfamiliar with the service users and unable to contextualize their seemingly bizarre practices, and rush to equate “the strange” with “the danger”. In fact, it is the familiarity with service users that differentiates experienced FSWs from new comers and allows a good quality of care to be delivered. Taking again the help with showering as an example. An experienced FSW knows how to decipher the seemingly troubling behaviours and provide sensitive supports to meet each individual need:

Every kids have their personalities...you shouldn’t help him with shower if his mood is unsteady and not ready for shower...otherwise he will heat you to remind

you how he feels...sometimes he doesn't want to have a shower because he feel thirsty, so you should meet his underneath needs first and then he will have a shower ... sometimes he doesn't like to wash his head because he doesn't want the water getting into his eyes... so you will use towel to cover his eyes first... sometimes they didn't want to have shower because they had argument with other kids and you need to sweet talk to them first... You need to pay attention to them, knowing their ways of doing things...the more you know about them, the easier you can work with them...(Helen)

In other words, rather than simply perceiving them as trouble makers, an experienced FSW knows how to accommodate the service users' needs and to initiate individualized care services. Here, the familiarity with residents are the prerequisite and this explains why the first thing for FSWs to learn when they start their jobs is to memorize the name of each service user: "if you don't call them by their names, they will simply ignore what you say or pay little attention to you" (Emma/leader).

To become familiar with service users is the first step to make FSWs' jobs smooth and easier. It also provides an opportunity to provide a more comprehensive view that potentially undoes the pathologized understanding towards people with ID. However, to deliver individualized and comfortable care is one thing, to provide support that encourage people with ID to successfully participate in meaningful activities and realize their potentials is another. In order to turn care service into "active support" (Mansell & Beadle-Brown, 2012), it is necessary to add the intimate and affective dimension of care into the assistance, the emotional interplay that resonates with a mother-children relationship:

One of my kids (service receiver) with ID and autism had a lot of challenging behaviors, always swearing, getting into fighting, and very loud and aggressive. It is impossible to be strict and tough to her, instead, you need to guide her with

love and care. Rather than punishments, you need to encourage her, providing her rewards if she completed tasks or behaved well. For example, she loved beautiful dresses, I told her: “if you are well-behaved, I will give you beautiful dresses as presents.” It needed not expensive, sometimes I give her my daughter’s dresses or just bought from night markets. Despite her disabilities, she remembered every promise I made. So I have to keep my promises otherwise I wouldn’t win her trust... *When we become closer to each other, she is more willing to listen to your advices* ...whenever she swear, I would tell her: “I don’t like you swearing. If you swear, I don’t love you”, and she would stop because she cared about what you felt for her...my supervisor said to me that she was totally a different person under my guidance. *I treated her like my own child and she treated me as if I were her mother.* She knew that I cared about her and she could really trust me. *The more trust we have, the better I can understand my students. The better you understand your students; you know how to deal with them, not through coercion but to lead with heart and patient* (Ellen, emphasis added)

Ellen’s account is not uncommon. Alice and Tina also shares how the affectionate care and fictive mother-children relationship provide them with a cultural toolkit that brings an effective way of communication with service users, making them adjust willingly their challenging behaviors:

I won’t say I am very professional, but I try to understand them and take care of them with my heart like a mother...as times goes by, you know how to talk to them. For example, rather than scolding at them if they were a bit lazy and didn’t do things properly, I would turn a blind eye to it until mealtime and reminded them that they might want to redo it again. Since mealtime is their most enjoyable moment a day and they would follow my advices easily...I also bring food from home and cook for them...*The more I care about them, the better behave they will become. I lead them attentively with my heart* (Alice).

*you need to be attentive and caring, taking care of them (service users) as if you were taking care of your children...*if the weather becomes chilly, you need to remind them to wear something warm, if they have lost some weight or behave well, you will give them bigger portion of meal for helping them gain weight or as a reward. If they have put too much weight on, you need to reduce their portion without being noticed by them otherwise they would be very upset...for example, I would filter the soup if it is too greasy. I would use my own money to buy snacks and they can have them as a treat if they behave well. Every year they have health check and if the nurse tells me to pay attention to certain health aspects, I will follow carefully her advices...*I take care of them with my heart and in return they will behave well and listen to my advices* (Tina).

Here, we can see how attentive labour comes into play and makes the service users feel

cherished and cared about. Mary summarizes nicely the rationale behind the attentive labour and its fugitive mother-children interactions: “It takes me almost two years to get used to being around these kids... before then I needed to grit my teeth and bear with all their challenging behaviors...They can be quite clever if they know you are a new teacher (FSW) and will not always follow your instructions...you need to get to know them, knowing how to talk to them, leading them with care and attentiveness ... When your heart speaks, they will follow happily.”

The attentive labour and its manage-with-love pedagogy not only allow FSWs to adjust their challenging behaviors but also provide them an opportunity to flourish their practical abilities:

When you treat these children with love and take care them like your own family, you develop emotional bonding with them, as if they were your own daughters. They are also very sweet and helpful, particularly those with higher abilities, they try to help because they care about you and want to help you... With proper guidance, they can even become your assistants...For example, when I am helping the residents with showers, she can help those kids who finish shower to get dressed... when they help, they feel themselves important and capable...and they are happy to learn and assist because they know you care about them and they want to make you happy...(Stella)

They are like my own children...they know I always bring food and share with them. Whenever they come back from home, they would also bring some to share with me...When I am going home, they will say: “have a safe journey home”... when I don’t feel well, they would ask “Mommy, are you ok?” ...Very sweet and touching... And because they are close to me, so whenever I teach them something new, they have stronger motivation to learn...For them , they learn one more new skill and for me I have more mentors to provide extra help...this is particular true for those who with lower level of disability ...For example, they can help their peer with higher level of disability to wear shoes or saw their clothes...For those who don’t know how to fold clothes (that requires higher level of coordination), I encourage them to learn how to wipe the furniture. They trust me and feel close to me so that they are willing to learn and don’t give up easily when I advise them to try. I praise them a lot and make them feel good about trying... It is really rewarding when you see them improved and learning something they don’t know

how to do before...(Alice)

Through attentive labour and its manage-with-heart pedagogy, the care service becomes active support that equips people with ID with stronger learning motivation and engage meaningful activities that can realize their potentials.

Nevertheless, the manage-with-love pedagogy is not merit without criticisms. On one hand, it allows FSWs to overcome the emotional distance with service users and provide individualized care and active support in order to meet specific needs of people with ID. On the other hand, the attentive labour and its fugitive mother-children relationship might perpetuate rather than challenge the stigmatisation of people with ID. Specifically, many interviewees suggested that the emotional closeness with the service users allows them to redefine people with ID as “naïve children” or “lovely angel” despite many of the residents are the grown-ups. While the process of turning “the danger” into “the angel” might challenge the social stigmatisation of people with ID, it simultaneously infantilize the service users and disqualifying their adulthood.

Providing Respectful Care with Reciprocity and Dignity

Another distinct labour process of attentive labour is its caring practices with reciprocity and dignity. This becomes apparent if we explore how FSWs provide supports to service users, who cannot communicate verbally and need intensive supports. This can be exemplified by the following account from two leaders, Lucy and

Abby when they discuss showering and feeding as caring practices:

Our residents have severe ID and need our supports to maintain their daily living. Most of them cannot communicate verbally and it really relies on us being observant and attentive in order to identify their needs...what does his crying mean? Why is she frowning? Is she not feeling well? ... Taking shower as another example, some might just rush into the end but a good FSW will also take this opportunity to check if there is any injuries or cuts and proactively take follow-up actions...This is important since the small cuts are not dealt with, they will turn into a deep skin infection or cellulitis...A good FSW needs to be observant and attentive to the needs of the resident... (Lucy)

I insist that my team need to feed residents themselves so that they can document in details what they eat and how much they eat. This is important as some of them are under medication or cannot communicate verbally...The doctor will ask you how they respond to the new prescription ...if you don't feed the residents, you don't know how their sleep quality affects their appetite. You can also know whether they have constipation or not since they eat a lot but poos little...Or if they are in a good spirit, hyperactive or sleep too much...All of these can be observed through eating and feeding... (Abby)

One of the unfair presumptions towards FSWs is that their work involves merely helping residents with a shower and feeding, two daily activities that appear to require little professionalism involved. Yet, for service users, who need intensive supports and cannot communicate verbally, these seemingly trivial activities are the important pathway to understand the social world and the unheard voice of people with ID. These easily neglected daily activities further make the invisible visible to the significant others, who contribute to the well-being of the residents: “through documenting all the feeding details, you (FSW) can know very well your residents and bridge the communication gap between the students and doctors or parents” (Abby).

The managerial emphasis on the importance of paying attention to the daily trivialities also gains its supports from team workers, particularly when they realize that

by being observant to what appears to be trivial might keep the residents away from the

fatal illness as Lily explained:

For those, who need great supports but unable to express themselves (verbally), it is really down to carers who decide to provide either attentive or careless services...Residents, who don't move or talk and simply take what you give, could be considered as very "good" (guāi) students as they make no complaints at all. Their needs can be easily neglected and could be treated as if they did not feel anything...If you are not attentive and observant, you cannot tell what they need. For example, when they cry, frown, or make noise, particularly expressions or sounds that are different than usual, you need to tell the differences and understand what the differences mean...In order to provide a good service, you need to have a tender heart and really care about people, rather than treating your job as daily routine and business as usual...

Here, we see how the observant and assiduous energy of attentive labour comes into play in order to provide good quality of care. While being asked about the reason why she was willing to provide devoted care, Lily succinctly explained that "our work is a matter of life and death". She continued to explain:

I used to take care of a resident, who became scared and trembling when a stranger approached him. It is impossible to feed him if you don't win his trust first. I spent a lot of time getting to know him, letting him be familiar with me around and understanding his needs for care. He even smiled at me when we knew each other better. Unfortunately, he moved to another residential care, where he did not feel accustomed and secured and didn't allow much time for feeding in the way he preferred. So he refused to eat or couldn't eat in the way the carer expected. Instead of feeding, the nasogastric intubation was used and not for long he had gone to be an angel.

Although the sense of responsibility might make one become a respectable FSW, it is a double-edged sword that could render FSWs feeling inadequate, a sense of uneasiness

that one should always ask him/herself what s/he could do more to help as Julia suggests:

One of my kids who usually poo once to twice a day. Although it creates more work, he is healthy at least. But for two months, he suffered from constipation and needed to use enema once every three days. I should be more cautious about the difference... Later on he started to vomit and we took him to see doctor on Friday. The doctor said he was gastroenteritis...But on Sunday he went to the hospital for the emergency and his index for white blood cell was 14000

something. It turned out that he had bowel obstruction. Everything happened so quickly. The doctor said he was critically ill and asked his over 80 years-old mother to sign the form for Do not resuscitate... Luckily he went through it. I felt so guilty and wondered if I could be more precarious and take more action to avoid all these...

The self-blame mentality further encourages Julia to devote more to sooth her sense of guilty. The devoted care is further legitimized, if not exploited, by her realization that her proactive and assiduous service can take care not only the service user but also his economically disadvantaged family:

You know if he goes to the hospital again, it could become burden for his whole family including his mother and little brother, who are taxi driver and needs to take off days, earn no money and come to the hospital... I became more precautious and proactive to learn medical knowledge, for example, serving him probiotics bought with my own money for improving his bowel movements... In order to help him gain weight, I served him with congee with blended vegetable and meat for making it taste nicer. Milk was served between his meals...

A similar account could be found in Stella's caring experience for a service user who survived from a sudden lung collapse:

I told myself that if he came back, I would try my best to help him recover... I fed him with congee first, but this might cause him coughing... later I tried nasogastric tube-feeding in order avoid coughing... I then tried to tackle his lung infection by steaming, chest physiotherapy, and sputum suction (from nurses)... because he bit the tube while having sputum suction, so I had steaming and chest physiotherapy more often to ease his discomfort... I also need to take his financial into account as his family was hardly able to pay for the hospital last time... so I tried to secure low income benefit for them in case they might need it for future medical spending... I did my best to take care of him and keep him away from hospital that might cost him too much money and not good for his health... The carers from the hospital don't know him well and provide a standardized care service....

What drive FSWs like Julia and Stella to provide devoted caring labour is the ethic of reciprocity as well as the ideology of "fictive kinship" described by Dodson and Zinbarg (2007):

I simply take care of him like I take care my own family...he only visits his family in origin twice a year. Here is more like his home, and I am more like his family than his own brother or mother right? Don't you feel good when you see someone in the family look healthy and being taken good care of? ...you don't know when they will leave forever...this make me cherish the time I have with them. .We have spent time together for over 20 years...I believe in Karma and what comes around goes aroun... it is the "good affinity"(shàn yuán) that links us together. I hope they can age with dignity with my care and I can have someone willingly takes care of me like this when I am old... (Julia)

...I spend a long time with him, we have grown old together and we are like a family... we have grown old together...you don't want to see your family suffer, do you? I take care of him as I were taking care of my family...(Stella)

Alongside the ethic of reciprocity and the fictive family responsibility, it is the caring with dignity that makes a respectful care for residents. Alice explained how and why she spent two and half years to support a resident, Lai-five-hundred (nickname), who have multiple disabilities (ID with cerebral palsy and oral tactile sensitivity), to have his first bite of proper meal himself:

...he couldn't eat proper food at home and always had liquidized meal. When he joined the day care, our primary goal of IEP (The Individual Education Plan) was to support him in eating solid food. In order to do this, we needed to overcome his oral tactile sensitivity, teach him how to chew properly, and be willing to eat...We couldn't rush him otherwise he would be nervous and couldn't finish. Meanwhile, you need to stabilize his mood and interact with him in a way that kept him away from boredom. If you see this as "merely work", you could get bored easily and gain little joy from doing it...But if you can see the value from the work, you can have the sense of achievement. It took us two and half years to train him to eat his first bite of solid food. During the whole process, many team members come together to help, to cover my workload, to design activities that trained him how to chew and overcome his oral sensitivity, and even make a spoon specifically tailored for his needs. He was smiling when he had his first bite, with us all being moved to tears. That is the value I talked about, to have many people work together in order to support someone who can eat whatever he wants in his own way and pace...

Here, we can see how FSWs regain value in a devalued profession through improving the quality of life, who cannot express their need verbally and require greater support in order to maintain a dignified life. It is through the attentive labour and its devoted

caring labour that bring the quality of care for those most in needed.

Conclusion

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