

Dirty linen, liminal spaces and later life: Meanings of laundry in care home design and practice

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Abstract

This paper explores the design and practice of laundries and laundry work in care home settings. This is an often-overlooked aspect of the care environment, yet one that shapes lived experiences and meanings of care. It draws on ethnographic and qualitative data from two UK based Economic and Social Research Council (ESRC) funded studies: *Buildings in the Making*, a study of architects designing care homes for later life, and *Dementia and Dress*, a project exploring the role of clothing in dementia care. Drawing together these studies, the paper explores the temporality and spatiality of laundry work, contrasting designers' conceptions of laundry in terms of flows, movement and efficiency with the lived bodily reality of laundry work, governed by the messiness of care and 'body time'. The paper examines how laundry is embedded within the meanings and imaginaries of the care home as a 'home' or 'hotel', and exposes the limitations of these imaginaries. We explore the significance of laundry work for supporting identity, as part of wider assemblages of care. The article concludes by drawing out implications for architectural design and sociological conceptions of care.

Keywords: laundry, care homes, architecture, design, care work, ageing, dementia, clothing

Introduction

Laundries and laundry work are at the margins of sociological debates on care provision and discussions of architectural design for care. This is perhaps a reflection of the status of laundry as marginalised, hidden and dirty work (van Herk 2002). Yet laundry holds significance for understanding relationships, moralities and identities (Pink 2005), and is embedded within the dynamics and rhythms of everyday life in care institutions. ‘Laundry’ is often used as a generic term, but in fact it encompasses different categories – linen (sheets, towels, bedding), outer clothing and underwear – which have different implications for embodied practice, routines of washing, meanings of privacy and identity. Within this paper we disentangle these different aspects of laundry, and their different meanings and implications in care practice and design.

This paper brings data from two projects together to explore the role of laundries in care settings. *Buildings in the Making* is an ethnographic study of architects designing care homes for later life; while *Dementia and Dress* examined everyday experiences of clothing for people with dementia, relatives, and care home workers. Using material from these two studies we juxtapose the abstracted ways in which architects think about laundry with the lived experiences of laundry for workers, families and residents.

We begin with a short discussion of previous sociological literature on material culture in health and social care contexts, before outlining previous research on laundry as a spatial and social practice. We then examine cross-cutting themes in data across the two studies. We explore how architects think about laundry in terms of flows, movement and standards – creating a choreography of laundry. We bring this material into dialogue with the *Dementia and Dress* study, to explore the day-to-day bodily reality of clothing and laundry, and the messiness that can disrupt the efficient organisation of spatial and temporal flows. The paper examines how laundry design is embedded within imaginaries of the care home as home and hotel, and the limitations of these imaginaries. We then explore the significance of laundry work for identity and care relationships, and conclude by drawing out implications for architectural design and the sociology of care.

Materialities of care

This article is situated within wider scholarship on ‘materialities of care’, which makes visible mundane aspects of material culture in health and social care settings, and their relation to care in practice (Buse *et al.* 2018). The concept of materialities of care draws together themes in science and technology studies (STS), material culture studies, and the

sociology of health and illness. STS research has emphasised the active role of ‘things’ in constituting health and social care encounters, with recent ‘new materialist’ approaches extending the concept of ‘assemblages’ to situate experiences of illness within a network of material, social and psychological elements (Fox 2016). However, the focus of such scholarship has tended to be on specialist health technologies (e.g., Lehoux et al. 2008), rather than more mundane materials that can be overlooked in sociological research (Maller 2015). In contrast, the incorporation of a material culture studies perspective within the sociology of health and illness has shifted the emphasis of analysis to ‘taken for granted’ or ‘quiet’ materialities (Pink et al. 2014: 432), such as cotton balls, swabs, hand gels, washing bowls and clothing (Sandelowski 2003).

A focus on ‘materialities of care’ draws attention to care as a practice, and moments of doing care in interaction with materials (Buse *et al.* 2018). This approach draws on Shove et al’s (2012) definition of practice as an ongoing and dynamic interplay between materials, meanings and competencies. It also highlights how materials are not only situated within practices of caring, but actively constitute relations of care. As argued by Brownlie and Spandler (2018: 257), materials ‘are not just what passes between people – or what people pass through - they are part of how relationships are constituted’. An analysis of ‘materialities of care’ draws attention to how such practices of care are temporally and spatially situated, embedded within architectural design, spatial arrangements and temporal routines.

Materialities of care therefore opens up scope for analysing laundry work in care settings, as an activity that contributes significantly to lived, embodied experiences of care, as an act of caring for things (Puig de Bellacasa 2011). It also provides a space for drawing attention to the interplay of the materiality of laundry with the architectural design of the care home environment.

Laundry as a social and spatial practice

There is a small body of sociological and anthropological research on laundry, which illustrates its significance for the social construction of private and public identities and moralities at a tactile and sensory level (Pink 2005). Laundry is described as a ‘system of socio-technical systems that co-evolve together’, situated historically within changing standards of cleanliness and entangled with developments in the fashion, textile, detergent and washing machine industries (Shove 2003a: 397). Previous studies illustrate how laundry

work is highly gendered and classed, situated as ‘women’s work’ and, as such, marginalised and poorly paid (Shenan and Moras 2006).

Laundry practices are highly spatialized: it is a form of labour that is ‘marginalized, sidelined, and disguised’, reflecting the way that its ‘task is to erase dirt, sweat, and bodily effluents’ (Van Herk 2002: 893). Laundry implies intimate connections to the body, dirt, and private life. As Watson (2015: 2) argues: ‘It is no coincidence that the idiom “airing your dirty laundry in public”- is deployed to describe revealing aspects of your private life that should remain secret.’ Laundry sits uneasily at the boundaries of public and private space, and also shapes these boundaries. Dynamics of visibility and hiddenness have shifted over time: for instance, the popularity of laundrettes in the 1950s relocated laundry as a public activity on the high street, whereas since the 1980s laundry activities have become increasingly privatised with the growing affordability of domestic washing machines (Watson 2015). With the movement of kitchens in modern households from backstage spaces to central, open plan areas, washing machines and laundry practices again become more visible, when not relocated in separate utility spaces (Hand *et al.* 2007).

These aspects of laundry as hidden ‘dirty work’ are brought to the fore in the care home, a site for the sequestration and containment of the ‘leaky body’ (Lawton 1998). In this article we focus on care homes in the UK. Post-war Britain saw the development of specialist care homes for older people, and the promise of more equitable access to care, provided by local authorities (Bland 1999). Since the 1980s care provision has been largely privatised, with increasing financial constraints on government funding for social care (Holden 2002). Improving the quality of care for older residents has been emphasised in national government policy, which is characterised by rhetorics of personalisation and choice (Department of Health 2011). This includes recognition of the importance of maintaining residents’ personal clothing and laundry practices (e.g. Department of Health 2003). Government regulation has also set out increasingly stringent standards for managing infection control in care home laundries, through spatial design and practice (e.g. *Health Service Guidelines* (HSG) Department of Health, 1995; *National Care Standards* Department of Health, 2003; *Health Technical Memoranda*, Department of Health 2016). However, the perspective of care home workers – particularly laundry staff – remains marginalised, as workers who are under-valued and under-paid (Kingsmill 2014: 3).

Research on laundry work in care settings is limited, in contrast to research on direct, hands on care (Twigg et al. 2011). One exception to this is an ethnography examining laundry practices in care homes by Armstrong and Day (2017), as part of a large scale international study 'Reimagining Long-Term Care'. Their study locates laundry practices within the neo-liberalization and privatization of care, and connects laundry work to commercial issues of profit, with implications for workers. They also point to the significance of laundry for residents and relatives, as part of the ongoing construction of identity at an embodied level (see also Buse and Twigg 2014a; 2015; 2016). In this paper, we contribute an additional dimension to existing research on laundry work by bringing it together with an analysis of architectural design in care settings. In turn, this extends architectural discussions of laundries, which have previously been limited to infection control requirements and space standards (e.g. Department of Health 2003; 2016), and brings these into dialogue with lived experiences of laundry work.

Methods

Dementia and Dress was a two year ESRC funded UK study (2012-2014) which examined the role of clothing and dress in the everyday lives of people with dementia, their families and care-workers. This included examination of laundry practices and the management of clothing in care settings. Data were gathered using ethnographic methods comprising 'wardrobe interviews', qualitative interviews, and observations. The research was conducted across three care homes in South East England and fifteen domestic households. The sample included 32 case studies of people with dementia (fifteen living in their own homes, and seventeen in the care home settings), and interviews and observations with twenty-nine family carers and relatives, and 28 members of care home staff (care-workers, managers and laundry workers). Ethical approval was granted by the UK Social Care Research Ethics Committee. While elsewhere we have focused on the perspective of the person with dementia, here we focus on observations and interviews with laundry workers, including 'walking interviews' conducted 'on the move' (Clark and Emmel 2010) as laundry workers collected and returned laundry.

Buildings in the Making is an ongoing, three year ESRC funded study (2015- 2018), examining the day-to-day work of architects who are designing buildings for health and social care, with a particular focus on design for older people and care homes. The first stage

involved 20 semi-structured qualitative interviews (including some joint interviews) with 26 architectural professionals, in a range of different firms. The main study involves an ‘ethnography of practice’ (Pink *et al.* 2013), following the work of architects designing care homes and extra care housing for later life and working with nine practices across the UK. This includes observing design team meetings, project meetings, design reviews, public consultations, building site visits and site meetings, tours of care homes and extra care housing developments¹. In total 172 hours of observation have been conducted to date. The study received ethical approval from the University Research Ethics Committee.

The analysis below brings together these two different datasets. Data relating to laundry were coded and emergent themes were identified and interrogated. Analysis included exploring the organisation of laundry rooms in architectural plans. Themes of temporal flows, spatiality, domestic and hotel models of care emerged across both datasets, as did the salience of these for care workers’ ability to support the identities of people who are cared for and cared about. In the presentation of the analysis, to distinguish data from the two studies the initials DD are used to stand for *Dementia and Dress*, and BM for *Buildings in the Making*.

Temporalities and spatialities of the care home laundry

Architectural design involves anticipating the ‘circulation’ of materials and bodies. As Bachman (2012: 43) argues, ‘a building is conceptually an ordered set of many sorts of organised flow.’ These can include the materialities of laundry. In interviews and observations with architects in the Buildings in the Making study, significant consideration was given to imagining the pathways of laundry as part of developing designs, as elaborated here:

...you’ve got six trolleys coming in and out, at more or less the same time, that’s OK, they can deal with that. [Food’s] got to go upstairs, OK, it goes up the service lift, that’s fine. How are we going to avoid cross contamination with soiled laundry, does that come down the same lift or is there a laundry chute for soiled laundry to go down or is the laundry trolley? Has it actually got a sealed thing on it to avoid cross contamination? So we’ve taken the whole path through here...

Architect, Interview 8 (BM)

Planning laundry flows involves avoiding cross-contamination with food and reflects the increasing requirements of infection control standards (Department of Health, 1995; 2003; 2016). This involves anticipating the spatial movement of materials but also their temporal flows, and the inter-related institutional rhythms of mealtimes and laundry services. As Gieryn (2002: 61) argues: ‘Buildings insist on the particular paths that our bodies move along everyday, and the predictable convergence or divergence of these paths with those of others...’, so that architectural design involves ‘theorising’ about these ‘patterns of human behaviour and institutional arrangements’. Designers therefore work in quite an abstract way, with imagined flows of people and materials operating in a sequential fashion. Architects aim to facilitate the efficient streamlining of care, kitchen and laundry services: as one said, it is about: ‘enabling the staff to do their job well and efficiently’ (Interview 8 BM), taking into consideration rhythms of work. We observed in a design team meeting how specialists in laundry design advised architects on how to create a ‘logical flow’ of laundry, with ‘dirty in and clean out’ (fieldnotes design team meeting spring 2016, case study 3 BM). Through this, they aimed to encourage ‘staff to work in an appropriate manner’, maintaining standards of hygiene and infection control, and increasing efficiency (Armstrong and Day 2017).

Laundry design involves separation and segregation. The pathways of ‘dirty’ and ‘clean’ are separated; and laundries situated in segregated spaces ‘out of the way’. In *Buildings in the Making* laundries were often located in distinct ‘service’ areas of plant rooms (containing boilers, mechanical and electrical equipment), cleaning stores and kitchens, all spaces that accommodate noisy and ‘dirty’ work. However, in retro-fitted care-homes, this is more difficult, with the industrial process of a commercial laundry having to be fitted within smaller, more domestic spaces. In *Dementia and Dress*, one care home was a refurbished 1930s detached house, with restricted space. The laundry was situated near the public area of the care home lounge, visible to residents and visitors. Space in the laundry was limited, with ironing carried out by night staff for reasons of safety. As the manager Jess explained: ‘We don’t have the space for the laundry girl to do the ironing in a safe area...so once everybody’s in bed the ironing then will...get done’ (Care Home 2 DD). The burden of laundry could feel overwhelming, as the laundry worker Geeta describes: ‘Sometimes; my god – there’s so much washing...Half of the laundry room is full’ (Care Home 2 DD).

In contrast, the segregation of laundry facilities in new build care homes reflects not only infection control requirements, but also efforts to contain and hide the messy, bodily reality of laundry as ‘dirty work’. Although laundry workers are not involved in direct ‘body work’

(Twigg et al. 2011), their activities involve dealing with bodily matter - garments and linen which are sometimes marked with vomit, urine or faeces. Laundry workers as ‘managers of dirt’ are required to keep ‘slime, degeneracy, and contamination at bay’, whilst avoiding ‘being contaminated by the dirt they seek to efface’ (van Herk 2002: 897). Dealing with these aspects of laundry could be challenging for laundry workers, as Hannah confessed: ‘I’m a little bit weak-stomached still with that sometimes’ (Care Home 3 DD). Just as spatial design attempts to contain the dirty work of laundry, individually workers used gloves and water-soluble bags as physical and symbolic barriers when dealing with soiled laundry (Twigg 2000). Government regulations mandate the use of protective equipment such as plastic aprons and gloves when handling contaminated clothing and linen (Department of Health 2016:6). However, in practice, laundry workers’ strategies for managing hygiene were more varied and tacit (Pink *et al.* 2014) and did not always adhere to standardised practice. Workers sometimes refused to wear gloves, or opened sealed water-soluble bags to check for delicate clothing.

Laundry work is therefore situated within the temporality of bodily processes and the bodywork of care, and can be at odds with efficient, linear temporal flows. Instead, laundry work is located within ‘process time’ which is fluid and unbounded (Davies 1994). As Davies argues, care and bodily needs ‘are frequently unpredictable’ (p.279), and not easily allocated to fixed time slots. Laundry workers described such unpredictability of bodies due to sickness, incontinence and the timing of residents getting up. For instance, Lesley stated that sometimes ‘someone doesn’t want to get up’ or has ‘had a bad night’ due to sickness, and that ‘means the bed change will come down late and I’ll struggle to get it done then’ (Care Home 1 DD). She concludes that: ‘You have to take each day as it comes.’

The continuous, repetitive nature of laundry work could feel unending. Workers were often faced, first thing in the morning, with an overwhelming amount of washing, particularly soiled washing in red water-soluble bags. Laundry worker Hannah described this as ‘a challenge’ and ‘we come in and we think *oh*, you know’ (Care Home 3 DD). Lesley described washing as often impossible to complete within the reduced hours she had been allocated:

... it’s really constant actually, the washing. I was trying to explain when the last [manager] was here and she said, “Oh you don’t need to be in the laundry ‘til half two,” and I said you do; because it’s an ongoing thing, the laundry. You either get

towels coming in... I mean I know the bedding's first thing but you've got clothes constantly because they're changing all the time. [...] because they wet themselves or, you know, or drop tea... spill tea down themselves. They are changed quite a lot so it is just an ongoing... and she...used to think that you did the washing and that was it.

Lesley, laundry worker, care home 1 (DD)

This laundry workers' frustration reflects a clash between rationalised clock time and the unrelenting and unbounded qualities of process time (Davies 1994). The constant flow of laundry is situated within fixed institutional routines of getting up, meal-times, and evening hand-overs, but also the more unpredictable temporality of incontinence, spilled food or tea. In this example, the difficulty of getting laundry done also reflects low staffing levels, and reduced hours – an attempt to rationalise laundry work (Armstrong and Day 2017). The unrelenting nature of laundry work, against a background of constantly churning of machines and dryers, means that the laundry could also become an unbearably hot space. As domestic worker Tina said, her colleague Lesley 'don't like the lights on because it gets too hot' (Care Home 1 DD).

The challenges and 'messiness' of laundry work were not always apparent to architects, with their abstracted processes of design removed from such day-to-day realities. However, awareness of lived realities could emerge through consultation with care providers and visits to care homes. During an observation of a design review meeting at an architectural firm, the practice director realises that they have not put a window into the laundry, and is dismayed as doing so will disrupt the curved shape and aesthetic of its external wall. An associate architect suggests they could 'just put a roof light in', but the project architect stresses the importance of having a window in the laundry room, as the laundry is running '16 hours a day' and gets 'too hot'. His awareness came through earlier discussions with the care home provider, and a tour of the care home (fieldnotes design review spring 2016, case study 3 BM). Such consultations are clearly important for understanding the day-to-day realities of laundry work, although direct consultation with laundry workers is rare. Nonetheless, the observation indicates how workers' needs can clash with the aesthetics of architectural design, in creating imaginaries of care.

Hotel, home or institution?

Laundry processes were also connected to different imaginaries of the care home, most notably the domestic home and the hotel. We consider how far those imaginaries are possible, and how they come into tension with institutional and regulatory aspects of care.

Hotel

There is a long history of the application of the hotel model to the care sector, with Aneurin Bevan declaring in 1947 that care homes should be akin to good quality hotels (Bland 1999). The hotel model of care positions older residents as ‘clients’ or ‘guests’ rather than ‘inmates’ or ‘patients’, and within consumer models of health and social care that are increasingly reflected in architectural design (Martin *et al.* 2015). A number of architects in the study talked about designing care homes which were ‘like a smart hotel’ or had a ‘hotel-like aesthetic’, with ‘plush interiors’, ‘beautiful views’ and ‘large reception’ areas; as one architect puts it, ‘they are akin to a hotel with care’. Within this model, laundry is positioned as part of the provision of hotel-like ‘services’ and the idea of being ‘waited on’, as this architect described:

we have come across the concierge sort of front of house hotel services idea [...] based on a sort of, almost like a hotel, where the laundry would be done for you by somebody, they would book your holidays for you, they would park your car for you, get your car valeted, all that sort of stuff.

Architect, Interview 3 (BM)

He continued to reflect that ‘as I get older I would love a hotel model’ with ‘the concierge system that does all the pressing of my clothes and all the other stuff.’ Here the laundry is understood within a wider provision of hotel services where older people are ‘guests’ rather than passive residents (Brearley 1990 cited in Bland 1999). Similarly, in *Dementia and Dress*, laundry would sometimes be talked about in terms of a ‘service’ and being ‘waited on’. As family carer Ellie told her Grandmother, Maggie: ‘You’ve worked all your life, you deserve a bit of relaxation so they’re here to help you’ (Household 10 DD). This vision constructs the care home as a place you *choose* to go to, rather than a last resort. However, it is a classed vision, as the quote suggests, associated with more up-market facilities.

Maintaining the image of the care home as a ‘smart hotel’ necessitates keeping laundry work hidden ‘back stage’. Architects and care providers work to ensure that laundry trollies are kept out of the reception area, or public ‘front’ (Goffman 1969) of the care home. Architects carefully planned the pathways of laundry and food to hide the appearance of trolleys and

associated smells. This echoes hotel design models or, indeed, stately homes, which keep domestic labour hidden through use of separate service entrances and stairwells (Stone, 1991), rendering this labour ‘invisible and inaudible’ (Drake 1994: 41). The vision of the care home as a hotel is a vision that ‘sells’ to relatives and ‘looks nice’ for visitors (Buse *et al.* 2017), and is therefore important for care providers.

The sequestration of laundry to sustain the public front of the care home is not only enacted at an environmental level but also in relation to the bodies of residents, through maintaining the appearance of the ‘lounge standard resident’ (Lee-Treweek 1997). As manager Anita stated: ‘it’s a real indicator for a manager to show that your residents are well cared for if they’re looking clean and tidy and in clean clothes’ (Care Home 3 DD). Like the presence and smell of laundry trollies, residents whose appearance is not up to standard can also disrupt hotel-like imaginaries, as well as the appearance of good care. Laundry workers described how managing soiled clothing involved getting rid of the ‘pee smell’ and ‘poo smell’, so that clothes are ‘looking smart, looking good’ (Care Home 2 DD). It also involved removing stains using bleach, with stains described as a ‘nightmare’ to get out, particularly from white or light coloured clothing. Clothing that is stained but clean is ambiguous, suitable for wearing in the privacy of the home but not in public (Pink 2005). In the care home, however, stains could be read by families as a sign of lack of care, and care-workers would often send clean but stained clothing back to the laundry. Clean, fresh smelling clothing was therefore not simply about hygiene or infection control, but a visible indicator of the quality of the care environment (Ward *et al.* 2008). Architects similarly commented on the ‘smell test’ as an indicator of a good quality care home (Interview 20 BM).

This suppression of embodiment can, however, mean the sanitisation of identity. Hotels can be associated with transience, bleakness, liminality and depersonalisation (Pritchard and Morgan 2006). This can transfer to the care home, which can be experienced as a space of waiting, akin to the hotel lobby (Buse and Twigg 2014a). Some of the architects were sensitive to these critiques; one noted that ‘people don’t stay in hotels more than a week or a fortnight, and at the end of it they are usually really pleased to get home’ (Interview 4 BM). Another contrasted the ‘clinical’ atmosphere of the hotel model which has to be ‘organised and manicured’ with the need for a care home to be homely: ‘things need to be a bit messy, things need to be personalised, people need to be able to pick up stuff and move around’ (Interview 1 BM). This comment can be extended from the physical environment to the bodies of residents, and their freedom to dress in clothing which engenders feelings of

‘comfort’ and being ‘at home’ in the world, although it may not look ‘tidy’ or ‘kept’ (Buse and Twigg 2014a). In contrast, the ‘domestic’ model aims to challenge this liminality, making the care home a ‘real home’.

Home

The domestic model, prominent in the marketing of care homes (Hockey 1989), puts emphasis on small group living, ‘domestic scale’, and ‘homely’ interiors (Smith 2013). Architects often felt the domestic model was better suited to residents with dementia, making the care home *feel* more like a permanent home. Laundry in the domestic context is associated with personalised (gendered) household routines of doing laundry ‘my way’ (Pink 2005). In particular, outdoor washing lines symbolise a gendered and classed vision of domestic life, as Shove argues: ‘Pure white sheets flapping on the line epitomize a romanticized view of domesticity’ (2003b: 152).

During observations of design team meetings for a dementia care home, architects and care providers talked about ‘sheets billowing’ as ‘domestic’ and ‘relaxing’, and hanging laundry as a ‘social’ activity for residents (fieldnotes project meetings spring and summer 2016, case study 3 BM). The potential for laundry to be social space for residents was discussed, particularly in extra care housing developments, drawing on imagery of the laundrette as a place ‘of sociability and encounter’ (Watson 2015: 6). However, in discussions of care homes, alongside this romanticized view were suggestions by care providers that these facilities in reality ‘won’t be used’ and ‘residents won’t be drying their own things’ (fieldnotes project meetings spring and summer 2016, case study 3 BM). This view that laundry can be a therapeutic activity for residents, fostering interaction between staff and residents, is found in previous research (Taft *et al.* 1993), as is the sense that it may not be practical within the care home context (Armstrong and Day 2017).

This domestic imagery is at odds with realities of institutional laundry, governed by an institutional ‘logic of production’. Laundry in care homes involves ‘bulk’ washing, and requires institutional systems for labelling and identifying garments, distribution, and infection control. Anita, a care home manager, points out that the dynamics of bulk washing and labelling clothes are at odds with normal life and what is ‘homely’; as she says, ‘in reality you don’t [put a label] on your own clothes do you?’ She articulated the tensions between:

... normality versus institutionalised living, you know, which at the end of the day it is an institution – you can’t get away from that. There’s got to be structures and

frameworks and mechanisms in place but you just try and make it as homely as possible, don't you? [...] I mean if everybody had a little washing machine on each floor and did all their own clothes that'd be lovely but I don't think that would work too well!

Anita, care home manager, care home 3 (DD)

This view resonates with Armstrong and Day's (2017) observation that clothing labels, along with items like wire racks, laundry trolleys and soiled laundry bins, undermine efforts to create a homelike environment within care settings.

The above discussion also highlights the lack of privacy surrounding laundry in care home settings, which is in contrast with domestic laundry practices. This lack of privacy could be problematic for some residents. In particular, underwear is seen as difficult in the context of public laundries, reflecting its intimate relationship to the body (Watson 2015). For older residents with dementia, this could be compounded by issues of continence. In *Dementia and Dress* there were examples of residents hiding dirty underwear due to embarrassment:

... they may have like wet their underpants and then, because they are too embarrassed, they try and wash them in the sink and then dry them over the radiator and put them on again. Or they'll like throw underwear away...

Darren, care-worker, care home 1 (DD)

Hiding or handwashing dirty underwear reflects effort to hide bodily failure, a way of saving face (Goffman 1969). Other care workers mentioned residents hiding dirty underwear in their handbag (Buse and Twigg 2014b), or 'throwing it out of the window' (Care Home 1 DD). Underwear could also be difficult to label, and was more likely to get lost and mixed up. While underwear is perhaps less significant in terms of identity than outer clothing, it is more problematic in terms of intimacy. As one family member, Nicola, said: 'I wouldn't like her to get someone else's knickers so I'd rather they were thrown away and we just replace them' (Care Home 1 DD).

The infection control requirements of laundry further undermines personalised practices. These guidelines require that potentially infectious linen should be put in red water soluble bags which 'staff should never open', and put on a hot wash of '71°C for at least three minutes or 65°C for at least ten minutes' (Department of Health 2016: 8). This means that

woollens or delicate fabrics which are in red bags are ruined. This has implications for the maintenance of garments and dress which support identity, to which we now turn.

Laundry as care-work and identity work

Dress provides a link between the physicality of both residents' room and their bodies, and embodied processes of identity construction. The bedroom represents the 'place where the self [is] groomed...dressed and prepared for public presentation' (Crook 2008:23).

Wardrobes were sometimes indicated in bedroom designs as stand-alone rather than built in, so that the resident could 'bring in their own furniture' or move things around. One architect detailed how wardrobe design might enable on-going identity construction for older people with dementia. He sometimes included glass panels so residents could see their clothes. After all he explained when you 'wake up on a morning and the first thing to do is ask yourself what you are wearing today?' (Interview 2 BM).

Laundry workers in *Dementia and Dress* occupied a distinctive role within the care home, separated from 'direct care' or its more clinical aspects. However, laundry workers are part of the 'assemblage' of care (Fox 2016), helping to support the 'curation' of identity through dress (Krichton and Coch 2009). Through laundering clothing, workers become involved in 'caring through things' (Puig de Bellacasa 2011). Laundry workers sometimes spoke of how they had 'got to know' residents and their individual styles over time: 'Valerie loves her clothes' or 'Eddie likes shirts with tank tops over the top', or 'Rosemary, she wears nice jumpers. She's also...she's a very smart lady'. As a result, they were often able to identify clothing without labels, as laundry worker Hannah described: 'when you're here a long time, we do, we end up saying, "Oh that's such-and-such's" and you do get to know them' (Care Home 3 DD). We observed laundry workers chatting to residents with dementia when returning their clothing, or assisting them in corridors. These instances of informal care depend on spatial arrangements that facilitate incidental encounters (Brownlie and Spandler 2018), and may be undermined by the physical separation of laundry facilities and pathways for laundry in new build care homes.

Aware of the importance of clothing for individuals, and keen to attend to personalised requests, Hannah describes:

One lady [...] she'd taken off her favourite dress in the morning...and obviously it's her favourite so she wanted it back so we washed it straight away and take it back to her. Because she wanted to wear it the next day so...so I do get the odd requests like

that. It's a bit like if they've taken off a certain dress and it matches their cardigan...And then obviously because we've got loads of washing, that's a special request and we will try to get in the next wash so that they have got it back by the afternoon.

Hannah, laundry worker, care home 3 (DD)

However, there was sometimes a clash of priorities between requests for 'special' items of clothing and demand for bed sheets or kitchen cloths which facilitated efficient institutional routines (Davies 1994).

Standardised processes and institutional regulations could clash with the embodied biographies of residents. Although some laundry workers tried to maintain personalised laundry practices where possible, this was limited within the context of time-pressures and bulk washing:

...we've got a gentleman at the moment who's extraordinarily independent and smart [...] And it's like he was complaining because his trousers came back from the laundry with tram lines and not a single crease and things like this, you know. And you think *oooh, we've got people dying in some of our rooms and you're moaning about two creases in your trousers!* So it can be very frustrating for the carers in terms of how they perceive it but to him, that was like sacrilege, you; 'I've never had two lines in my trousers.' So we've organised for him to have proper dry cleaning and pressing of his clothes...

Anita, care home manager, care home 3 (DD)

This reflects a clash between institutional and personalised practices of doing laundry 'my way', but also changing standards of washing and ironing clothes which are gendered and generational (Shove 2003b). Some relatives took laundry home in order to maintain personalised 'standards' of laundry, as care home manager Janice said: 'so they can trust that they've done it with...perhaps the soap powder that that person has used all of the time or there may be a routine of washing that they know better than us' (Care Home 1 DD). Families taking laundry home has been found in other studies (Armstrong and Day 2016; Keefe and Fancey 2000), reflecting how, like food, laundry is embedded in family practices as a material means of showing care (Lavis *et al.* 2016). However, it can also reflect dissatisfaction with aspects of the care home (Ross *et al.* 2001). One laundry worker, Lesley,

spoke about a woman who had started taking her husband's washing home because she was unhappy with the laundry service: 'there was always his socks going missing which she didn't like. The state of his underwear, she said it wasn't clean' (Care Home 1 DD).

Personalised laundry practices depend on established relationships with residents; as noted above, laundry workers get to know residents and their clothing styles through working with them over a long period of time. This can be undermined by the high staff turnover rates associated with the neo-liberalisation of care. Laundry workers talked about night staff – particularly agency workers - who would put laundry in on the wrong setting. As one care home worker described:

...night staff put woollies on to boil. The staff we have in the laundry are exceptionally good and they take a pride in what they do but when they come in the morning the find a pile of jumpers that have been reduced to doll-sized [...] People just don't take enough care [...] I think half the time they just don't think. You know, they don't check the setting on the machine.

Jo, care home worker, care home 1 (DD)

Such practice was viewed as 'care-less' (Lavis *et al.* 2016), with a lack of careful attention to laundry resulting in stretched or shrunken garments. This could be particularly upsetting for relatives. One woman, Melissa, described a visit with her Dad where he was wearing 'screwed up', crumpled clothing and 'it really hurt me because I'm not used to that' (DD). Such incidents undermine the continuity of identity, and are not in keeping with the person 'as they were'. Melissa also described another instance where her dad had some else's clothes in his wardrobe: 'I don't want him to wear other people's stuff [...] even if it is ironed or whatever, I still don't want him wearing it'. These issues are recognised by staff as a key challenge of mass laundering in an institutional context, which undermine rhetorics of domesticity and personalised care.

Conclusion

This paper has argued for the importance of including laundries and laundry work as part of analysing 'materialities of care', and 'widening the lens' in sociological analyses of care to include mundane materials and overlooked aspects of labour (Buse *et al.* 2018: 253).

Although often marginalised physically and socially, laundry practices shape the meanings,

rhythms and imaginaries of care homes. We argue that laundry workers are not merely ancillary labour, but are an important part of the care team. Careful attention to personalised practices of laundering and requests for clothing can be an act of care (Puig de la BellaCasa 2011), and can support the maintenance of identity in care contexts. Furthermore, laundry workers can become involved in incidental and informal acts of caring through encounters in bedrooms, corridors and lifts that are facilitated – or limited - by spatial design (Brownlie and Spandler 2018).

The potentialities of laundry for care, however, may be undermined by increasingly standardised and rationalised processes. Care-full laundry practices (Lavis *et al.* 2016) depend on long-standing relationships with residents, and can be undermined by the neo-liberalisation of care that produces a more transient workforce. Poor pay and conditions, and competing time pressures undermine possibilities for careful and attentive practice. Infection control standards that demand practices of boiling and sealed water soluble bags - while important for physical health - may undermine more domestic, and personalised laundry practice which support identity and well-being. The separation of laundry practices, through increasing specialisation of roles, and physical separation of laundry work may also work to position laundry outside of care (Armstrong and Day 2017).

Our research also highlights the messiness, challenges and everyday experiences of laundry, that are generally distanced in the processes of architectural design. We call for greater dialogue between the experience of care home workers, architectural practice and design guidance. The encoding of care and attentiveness to user experiences in design guidance (e.g. Homes and Communities Agency 2009; Health Facilities Scotland and Dementia Service Development Centre 2007) inclines towards the design of bedrooms and communal spaces – with details on furnishing, lighting, and colour. Laundries are not generally considered as part of the architectures of care. Furthermore, guidance on good practice in design for later life tends to focus on the experiences of care home residents, with less attention to the needs of care home workers, let alone ‘ancillary’ workers (Armstrong *et al.* 2008). Although consultation with service users and managers sometimes takes place, care-workers, laundry workers and cleaners are rarely included in these discussions. Consideration of care home staff within designs tends to focus on efficiency rather than their lived experience of working conditions. Whilst Care Inspectorate guidelines encourage designers and care providers to consider ventilation in laundries (Mackenzie 2014), having a window or air conditioning is not specified, yet this is highly important for laundry staff working in often unbearably hot

and noisy environments. The conditions and experiences of staff need to be addressed across care home practice, policy and architectural design, in order to support the well-being, recruitment and retention of staff, and facilitate laundry work which contributes to good care in practice.

¹ Design team meetings are typically attended by architects, clients, care providers, project managers, developers and structural engineers. Design reviews tend to be 'in-house' meetings that take place within architectural offices, where the project team review the plans, after and in advance of the more public site and project meetings.

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