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The Feminization of Body Work

Rachel Lara Cohen

Department of Sociology
City, University of London
Northampton Square, EC1V 0HB
Rachel.cohen.1@city.ac.uk

Carol Wolkowitz

Department of Sociology
University of Warwick
Coventry, CV5 7AL
C.wolkowitz@warwick.ac.uk

Abstract

This article explores the relationship between ‘body work’ and gender, asking why paid work involving the physical touch and manipulation of others’ bodies is largely performed by women. It argues that the feminization of body work is not simply explicable as ‘nurturance’, nor as the continuation of a pre-existing domestic division of labour. Rather, feminization resolves dilemmas that arise when intimate touch is refigured as paid labour. These ‘body work dilemmas’ are rooted in the material nature of body work. They are both cultural (related to the meaning of inter-corporeality) and organizational (related to the spatial, temporal and labour process constraints of work on bodies). Two sectors are explored as exemplars: hairdressing and care work. Synthesizing UK quantitative data and existing research, the article traces similarities and differences in the composition of these sectors and in how gender both responds to and re-entrenches the cultural and organizational body work dilemmas identified.

Introduction

This article explores the relationship between gender and paid employment that involves workers in working on and with the bodies of others: 'body work'. Body work is a sub-category of interactive service work. We suggest, however, that conceptually distinguishing body work is useful, theoretically and empirically. That is because the materiality of body work complicates the organization of the labour process in ways that the usual emphases of the service work or care literatures on emotional labour and nurturance have not accounted for. In particular, by focusing on the materiality of paid body work the pressures to reproduce a gendered, as well as racialized and sexualised, labour force, are revealed. In the following pages we argue that there are economic and cultural dilemmas produced by body work as a material interaction. These shape and are shaped by constructions of femininity and the employment of women.

We argue that it is essential theoretically, and perhaps more so politically, that the materiality of this work be recognised. Without such recognition, politicians and civil servants are able to conflate the affective and material elements of body work, placing responsibility for materially under-resourced organizations, and the negative outcomes these produce, on workers' lack of affective commitment. This is typically seen in recurrent cries for more 'compassionate care' ("Paid by compassion," 2013). We argue that the theoretical and political invisibility of the materiality of body work are not accidental. Rather, the lack of recognition is intertwined with feminization.

Body work 'focuses directly on the bodies of others: assessing, diagnosing, handling, and manipulating bodies, which thus become the object of the worker's labour' (Twigg, Wolkowitz, Cohen, & Nettleton, 2011, p. 1). To clearly delimit the category of 'body work' we include all forms of paid work that involve touching another person's body, while noting that the extent and frequency of touch may vary. Included in body work are therefore (1) care or remedial work on the body by nurses, paramedics, doctors or care workers; (2) aesthetic services focused on physically transforming the body, such as hairdressing, tattooing or beauty work, and (3) work focused on the provision of bodily pleasure, from massage to

sex work. Body work also includes forms of labour that require workers to (4) exert physical control over others' bodies, either to maintain order, for example nightclub bouncers or airport security personnel, who undertake occasional corporeal interactions, for instance body searches, or for personal protection (e.g. fire fighters). Finally, it includes (5) occupations involved in teaching others bodily deportment or movement insofar as this requires touching or (re)positioning others' bodies, for instance Pilates instructors or personal trainers. Clearly the amount of touch required varies across these different types of interaction. Notably, variation within a sector in the amount of touch required is often associated with status and seniority. For instance, doctors touch patients less than nurses and nurse managers less than bedside nurses (Twigg et al., 2011).

We suggest that gender and body work are related in interlocking ways, and we deal with each of these in turn. First, body work involves (varying amounts of) embodied touch. Because the social meaning of touch is altered both by the body of the person doing the touching and the body of the person being touched (Isaksen, 2002; Kang, 2013; Twigg, 2000b), it is consequential for the ways in which work is performed, who performs this work and the value assigned it. Second, body work imposes particular social and structural limitations on the organization of work (Cohen, 2011; England, Budig, & Folbre, 2002; Wolkowitz, Cohen, Sanders, & Hardy, 2013). These limit the capacity of employers to make profits and therefore provide the incentive to radically cheapen or off-load labour costs. This is inducement to reproduce feminized and domesticated framings of the work. In turn, these framings affect the composition of the body work labour force, its gendering, but also its racialization and sexualisation.

In the final part of this article we explore in more depth ways in which gender helps to resolve what we call 'body work dilemmas' by examining two types of highly feminised non-professional body work: personal care work (usually focused on elder or disabled recipients, including domiciliary and residential care work) and hairstyling (including work in hair salons, barbershops and mobile styling), or 'care and hair' for short. 'Care and hair' have been chosen because, as we discuss later, in the UK these occupations employ the most

women – and the most men – within the respective categories of ‘caring’ and ‘aestheticising’ body work (Wolkowitz, 2002). These occupations therefore ‘matter’ numerically. They are also symbolically important, for instance discussed as types of work that women find particularly rewarding (although this assumption has recently been criticized by Hebson et al. (2015)). The focus on care and hair allows us to explore body work across different sectors and to draw out more general arguments about the relationship between body work and gender. It also allows us to identify how sectoral factors may shape the different ways that body work dilemmas are resolved.

This article seeks mainly to contribute to the study of employment relations: highlighting the distinctiveness of body work employment within the labour markets of the global North. Many of the activities now performed as paid body work were once performed, usually by women, on an unpaid basis in the home, and ideas about that unpaid work still impinge on understandings of paid body work. Our interest is in teasing out how market considerations shape the ways that this happens, alongside asking how the market may otherwise affect paid body work and the gender composition of the body work labour force. Indirectly, we also contribute to feminist theory and body studies by demonstrating that bodily existence is deeply intertwined with economic activity, especially with how labour processes are organised and how labour is deployed. One consequence, explored below, is that when touch is involved in paid work the materiality of bodies presents employers and workers with constraints that include, but extend beyond, discursive constructions of ‘the body’ or gendered value orientations.

This article is the first analysis to focus specifically on the general relationship between body work and gender. Although primarily literature-based, it is not simply a literature review, since we aim to say something new through bringing together research on the organization of body work in the advanced capitalist societies of the global North. We draw on research by scholars dealing explicitly with ‘body work’ in different countries, including research reported in our two co-edited volumes on body work (Twigg et al., 2011; Wolkowitz et al., 2013), as well as relevant publications on the care and hair sectors. Our analysis is also

informed by our own prior research, including primary research with hairstylists and care workers (Cohen, 2010a, 2010b, Wolkowitz, 2012, 2015), which revealed, amongst other things, the spatial and temporal contexts of respondents' work and experiences of sexual harassment and racism. Data from these projects are not, however, directly reported here. We also have conducted (and report below) new secondary data analysis, in order to complement our synthetic approach by exploring population-level patterns in more detail. This includes analysis of UK Census and UK Quarterly Labour Force Survey.

Conceptualising body work

While the occupations within which body work is performed vary considerably, this work involves important similarities. Most critically, the material and embodied nature of body work mean that it can only occur while, and for so long as, both worker and body-worked-upon remain co-present. This seemingly mundane observation distinguishes body work from most other paid work, both work which is by its nature not interactive (cleaning, mining, construction), but also work that *is* interactive but does not necessarily require co-presence (performance, sales, even teaching, which can increasingly be done remotely).

Body work/labour was initially conceptualized as complementary to but distinct from what Hochschild (2003b) termed emotional work/labour. This is somewhat implicit in Wolkowitz (2002), but explicit in Kang (2003, 2010). One of the intentions was to draw attention to the requirement for much customer-facing work to act on the mind *and the body* of another person.¹

Our concept of body work overlaps with various alternatives. The first is 'intimate labour' (Boris & Parreñas, 2010), a term initially used to emphasise the increased merging of intimate and market relations across a range of activities and social spaces (c.f. Folbre & Nelson, 2000; Hochschild, 2003a; Zelizer, 2000). Studies of intimate labour have included what we here conceive of as body work, but also work as diverse as domestic cleaning and the use of paid workers to coordinate family and home life. These studies do not, however, clearly

differentiate physical intimacy from proximity from emotional intimacy (or an exceptionally intense form of emotional labour). They therefore make it more difficult to explore the relationship *between* intimate emotion and intimate touch – or labour oriented to transformation of emotions and the body.

A second alternative conceptualisation is 'care work' (c.f. Duffy, 2005; England, 2005; England et al., 2002; Fine, 2005), understood not as a single occupation (e.g. 'home care worker'), but incorporating a wide range of work. Within this framework care is claimed to be 'a necessary social response to bodily vulnerability' (Fine, 2005, p. 261) and thus seemingly highly embodied. Yet empirical analyses of 'care work' extend the conceptual boundary of 'care' well beyond the provision of physical attention to the body. Duffy (2005) nicely counterpoises two common formulations of 'care work', allowing us to see how this extension occurs. First, the 'nurturance' perspective (England et al., 2002) characterises care work as occurring whenever 'workers are supposed to provide a face-to-face service that develops the human capabilities of the recipient'. This includes childcare workers and nurses, but also teachers, librarians and clergy (England et al., 2002, pp. 455, 470). The second perspective, care as 'social reproduction', draws upon long-standing Marxist feminist analyses of domestic labour, characterising all 'work that maintains daily life... or reproduces the next generation' as 'care work' (Duffy, 2005, p. 73). This encompasses those providing nurturance *and additionally* workers such as waiters, dishwashers, janitors and hairdressers (Duffy, 2005, p. 75).

We suggest that, however formulated, analyses of 'care work' put too much in the pot. Critically the conflation of such varied work can assume an inherent connection between care as a 'feeling state' and an 'activity state' (Thomas, 1993) or between 'caring about' (the emotional connection to another) and 'caring for' (the practical acts of care) (Graham, 1983). Despite recognising that these are not the same, general theories of care often begin with the centrality of 'caring about' in shaping the organisation of care work (Duffy, 2005; Stacey, 2011). This tends to make invisible the physical work of touch. An advantage of body work as a concept is therefore that it forces us to foreground materiality (Lopez, 2010, p. 263) and to ask questions about how that materiality affects the

cultural resonances and social organization, times and spaces of work.

Highlighting that care (across sectors) involves body work is not a denial that workers may care, but rather it is a recognition that *both* emotional labour and body work are required to produce care (Dyer, McDowell, & Batnitzky, 2008; James, 1992). This enables us to ask about how and why each type of labour (emotional labour and body work) is, perhaps differently, gendered.

Finally, we suggest that by conceiving of body work as *paid* work, we place analysis of the role of markets and the labour process more centrally than has usually been the case in analyses of care work. Care (like other kinds of body work) is a human interaction that extends across the boundaries of domestic and marketised spaces. Our particular concern is, however, the distinctiveness of the ways labour is deployed when work on and with bodies is marketised, especially as compared to other kinds of paid work.

Gendered composition of body work

Body work is feminized in terms of its sex composition and its cultural construction. We begin with sex composition, or *who performs the work*, turning to the issue of body work's symbolic alignment with gendered relations in later sections. Employing 2011 UK Census data, we identify up to four million people whose jobs require them to perform body work, about 14.9 percent of the total workforce.² If we exclude those who may only occasionally be required to perform body work (for instance primary and nursery teachers) we are left with about 11.5 percent of the labour force, just over three million people, whose main job is likely to regularly involve direct touch or manipulation of the bodies of others.³ Labour force proportions are, however, gendered. Fewer than six percent of male workers as against 18 percent of female workers perform body work regularly. Thus women are about three times more likely than men to have a job that requires them to work on or with the bodies of others. If we focus on self-employment, the divergence is greater. Body work accounts for just four percent of male self-employment, but 21 percent, over one fifth, of all female self-employment.

It is not simply the numbers of men and women involved in body work that differ. As Table 1 shows, the occupations in which male and female workers most commonly perform body work vary. For both men and women care or remedial body work employs large numbers: home-care work tops the lists of male and female body work occupations⁴; nursing and related occupations follow directly for females, appearing a little lower down male workers' list; medical practitioners (a more elite form of body work) is both relatively more important for males than females and involves more men than women in absolute terms; conversely, women are more likely than men to perform body work in care and remedial activities relating to children and childbirth (childminders and midwives). Aesthetic body work employs both men and women, with hairdressing high up both lists; however it involves many more women than men and beauticians appear only on the female list. In contrast men are more likely to perform body work as part of control or personal protective work (police, army, security or fire), where they may be required to manhandle bodies, and in bodily training activities (coaching or fitness training). Work focusing on bodily pleasure either does not appear in official statistics (sex work) or involves too few workers to feature in this table (massage).

[Table 1]

The gendered composition of body work identified here provides the empirical basis to our research question: *Why is body work gendered?* The usual analytic focus is on the impact of the predominance of women workers on the value, organization and cultural connotations of work. We invert the question, however, to ask about the ways in which the organizational and cultural constraints of body work as material labour (re)produce and rely upon a gendered labour force.

We divide our analysis of the materiality of body work in two. First we look at the cultural resonance and context of body-to-body touch and the interweaving of this with the socio-spatial location of body work, for instance in private and domestic spaces. We argue that this cultural context generates a series of interpersonal dilemmas of cultural meaning. Second, we look at the ways in

which the materiality of body work constrains labour process organization, for instance that productivity improvements are difficult where work involves the physical manipulation of a body. This produces dilemmas of profitability for capital. In both sections we highlight the ways in which feminization 'resolves' body work dilemmas (cultural and organizational) related to the materiality of body work. The resolutions, however, also re-entrench the gendered division of labour. In the final section we employ two case study occupations, care work and hairdressing, to flesh out the analysis.

Body work as material labour

In this section we expand upon the ways in which the materiality of body work produces cultural and labour process dilemmas. First, the recruitment of workers to body work occupations has to take cognizance of the cultural connotations of touch. This produces what we define as cultural dilemmas. Second, body work must try to deal with the temporal and spatial specificities of bodies. This impacts the labour process and produces organizational dilemmas. Both type of body work dilemma are consequential for determining the re-production of a gendered, as well as racialized and sexualized, labour force.

Dilemma 1: Cultural meaning of bodily touch

Touching and being touched connect us to others at a primordial, pre-reflexive level (Crossley, 2006, p. 12). The organization of body work requires workers and their employers to recognize that there are deep-seated social expectations about the meaning of touch (amongst recipients, workers and the public) and to manage these effectively. As Purcell (2011) says, it is difficult to keep a separation between procedural and expressive touch, since touching is experienced through a sensual, affected, affective lived body. Consequently there is experiential slippage between touch as a physical act and touch as feeling, whether nurturing or hostile. The cultural dilemma of body work is how to manage, and even draw upon, the social codes and meanings with which touch outside of the workplace is imbued.

The social character of touch is apparent in the association of touch with social structural hierarchies, such as gender, class and race (Simpson et al 2012). Table 2 lists common gendered meanings of touch in everyday life. These widespread interpretations of touch enter into and shape how consumers, workers and managers understand different body work interactions. For instance, a woman's touch is expected to be, and is experienced as, caring, respondent and even deferent, whereas a man's touch may be perceived as assertive or predatory (Hancock, Sullivan, & Tyler, 2015). This impacts our assumptions about occupations: Where women are employed, a caring relation to the recipient's body (as in nursing, for example) is confirmed, or a relation of deference or servility (manicuring, hairdressing); where men are employed, we read the body work relationship as one of control over others' bodies (bouncer, prison guard), or dispassionate or competent expertise (doctor). Moreover, as a society, we are wary of employing men in some jobs because the male body is seen to carry sexually predatory or aggressive impulses, and both employers and customers may actively seek women workers to deflect anxiety about intimate touch, with men proscribed from, for instance, toileting children in day care. Men, in contrast, may be preferred for jobs where a control function is explicit, such as mental health nursing.

[Table 2]

Body work therefore represents an extreme example of what Ashcraft (2013) calls the 'symbolic alignment' between conventional assumptions about gender and particular occupations. The social meaning of gendered bodies actively constructs jobs, labour processes and wages and reproduces or refigures the status of occupations. This includes both the race and gender profile of the people who actually do the job and the 'figurative bodies' which are 'discursively and emblematically' (Ashcraft, 2013, p. 9) deployed. We suggest that in the case of body work there are cultural meanings of touch, developed outside of the workplace, which have constrained the options for symbolic gender re-alignment. These have influenced the identities of both the actual and the symbolic workers associated with particular occupations and in turn determined the form of touch the job is seen to entail, and which kinds of touch are unseen or

out of place. In other words, by considering the 'symbolic alignment' between different kinds of body work and male or female bodies, we separate body work and gender analytically, in order to see how they have been brought together in the past, and therefore if and how the alignment between them might change in the future. We suggest that because body work involves touch, the gender alignment of this work is more intractable than the alignment between women and service sector work more generally.

The social meaning conveyed by the bodies of those who exercise touch (their gender, race, sexuality, age) operates in conjunction with cultural assumptions about the bodies of the recipients of touch. In body work this means that the bodies of clients, customers and patients symbolically shape expectations about inter-corporeality. Gendered constructions of the ideal worker are, for instance, different where the recipient of body work is, or is imagined to be, nude, needy, vulnerable or at risk, as opposed to potentially disorderly. Notably, recipients of many kinds of body work, insofar as they are recognized at all, are assigned low status. This includes the non-productive, ageing, 'leaky' bodies of care recipients; the desperate or unattractive 'punters' with no alternative but to pay for sex; and the drunken, out-of-control or otherwise disenfranchised members of the public who require involuntary restraint. The low status of the bodies involved reduces the desire of workers to dwell on or call attention to the body-to-body touch required in their work.

Alongside gender, a now extensive literature shows that the meaning of touch in body work depends on, and is shaped by, the racial and sexual stereotyping of the people touching and being touched (Anderson, 2000; Dyer et al., 2008; Glenn, 1992; McDowell, 2009; Simpson, Slutskaya, & Hughes, 2012). For instance, whereas white women carers may evoke associations with emotional nurture (Duffy, 2005), the touch of racialised groups can reinforce associations between body work and stigmatised dirty work. Moreover, where touch in body work hovers at the edge of sexual intimacy (Kang, 2003; Twigg et al., 2011), this may be exacerbated by ideologies of ethnicized sexuality (Kang, 2013).

Finally, the expectation that touch requires privacy delimits the spaces within which body work occurs and shapes our understandings of those spaces, the work performed, how it is compensated, which workers 'can' perform it and the risks workers run. Most important is an association with the 'domestic'. First, the ongoing incidence of marketised body work within domestic settings affects the social organization of labour and the types of worker recruited (including self-recruited) to the work (England 2005). That is because paid body work undertaken in domestic spaces tends to be aligned with femininity and 'love', delimiting how the work 'should' be carried out and who is seen as an appropriate worker. Second, as discussed further below, the dual use of domestic space – for paid activity, but also everyday social life – makes it difficult to implement a strictly Taylorised labour process. Third, the domestic setting invites comparison between paid and non-pecuniary body work, which may denote the marketised form as 'less'. For instance au pairs may be judged against the standard of motherhood (Macdonald, 1998), with the concomitant expectations of limitless time, love and patience. Since these standards are impossible to meet in a market context, workers performing commodified body work may be understood as poor substitutes. Where this extends into an understanding of them as 'poor workers', it undermines claims for improved compensation.

Fourth, the relatively hidden location of the spaces in which body work is performed is consequential for power relations between worker, client and employer. For instance, where the physical proximity to clients and patients required by body work locates it in privatised spaces, whether in the home, salon backroom or behind a screen in a hospital, workers are particularly vulnerable to workplace assaults: whether the sexual harassment found in nail salons or massage (Kang, 2013; Purcell, 2013), or the violence experienced by hospital and other health care staff (D. Holmes, Rudge, & Perron, 2012)⁵. Harassment risk may be exacerbated by the domestic connotations of body work if recipients critically appraise treatment as falling short of the limitless concern for others expected of women (Baines & Cunningham, 2011). Fifth, the undervaluation of body work undertaken in domestic spaces is consequential for body work more

broadly to the extent that the bodies of female workers may symbolically domesticate paid body work, even when performed outside the home, linking valuations to those which govern its domestic form. This provides new ideological bases for exacerbating gendered, classed and racialised exploitation (Dodson & Zincavage, 2007). As we discuss later, when men do body work it may (partly) shed its domestic associations.

Dilemma 2: Labour process specificity of work on bodies

We argue elsewhere (Cohen, 2011; Twigg et al., 2011) that peculiarities in the material nature of body work pose dilemmas for labour process organization and reorganization. These dilemmas arise from the fact that bodies, the material of production for body work, are varied, unpredictable and indivisible. Consequently, body work is difficult to standardize and productivity increases, without deteriorations in outcome, hard to achieve. The variability of bodies affects even ostensibly simple tasks. For instance, taking blood, a basic medical task, is altered by the accessibility of veins and variation in blood clotting, not to mention patient squeamishness about needles. The consequences of bodily variability are exacerbated by variation in workers' physical dexterity and their facility in performing the emotional labour necessary to gain client trust and perform a task without stopping to explain, check or otherwise manage the relationship. Such intertwined social and material variability has limited the mechanisation of body work; thus the work remains labour-intensive, with relatively little capitalisation.

The material variability of bodies and the need for workers to gain client trust may, moreover, mean that standardization, or at least routinization, of body work tasks depends upon relationship continuity. For instance, where a worker gains relational and particularistic knowledge she can rapidly perform tasks over and over on the same client. Where workers lack such interpersonal understanding, material or somatic knowledge, the body work labour process retains greater unpredictability. Thus what standardization is achieved is limited to the standardization of tasks *on an individual body* in conditions of relationship continuity or what Tufte and Dahl (2015, p. 11) term 'individualised routinisation', something that coexists with persistent variation across different

(non-standard) bodies. As such it is a far cry from Taylorisation, wherein task standardization is intertwined with the standardization of inputs, facilitating labour substitutability.

Furthermore, body work has to respond to the particular temporalities of bodily existence. High labour input may be required at foreseeable but inconvenient times that cannot be readily altered (e.g. helping someone get dressed in the morning) (Ungerson, 2000), but there is also an unpredictability to body work demand. This unpredictability is bodily (for instance demand for care may be caused by the sudden onset of illness or the urgent need to be toileted) and social (for instance demand for aesthetic body work may be triggered by an individual's social calendar or life status change). The consequent difficulty in predicting need complicates labour allocation, something exacerbated where relationship continuity is sought. The conundrum for employers is that unless labour is allocated in quantities that accommodate peaks it will at times be insufficient. In aesthetic services this may simply result in customers left waiting or going elsewhere, but in other sectors (including care) can entail bodily harm. To staff workplaces at the rate necessary for peaks means, however, that labour-used sporadically – will be unproductive during quiet periods. This provides a strong incentive to cheapen the labour force and restructure employment relations.

Bodies are indivisible; no living body can be divided up and treated or cared for in different places at the same time. In this bodies comprise a peculiarly intractable material of production, one that sets constraints on the implementation of a rationalized division of labour or its relocation to centralized provision. Bodies are geographically dispersed, across countries, cities and neighbourhoods, so body work remains dispersed: performed in hundreds of thousands, or even millions, of micro-workplaces, many of these, as discussed above, domestic settings. This runs counter to the historic tendency towards centralization and concentration typical of other economic sectors.

As a result, workers must travel to the spaces and times in which bodies are present and in need. At a macro level this means that workers migrate to

countries and regions with high demand for paid body work. At a micro level the dispersion of bodies may require workers to move between worksites, producing unproductive temporal and spatial in-betweens (Wibberley, 2013) and extending the individual worker's 'workscape' (Felstead, Jewson, & Walters, 2005).

The labour process organizational dilemmas outlined above and the pressures on profitability entailed mean that body work seems to fit Baumol's (1996; Baumol & Bowen, 1966) characterization of 'stagnant services', i.e. work that cannot easily be standardized, thereby limiting possibilities for productivity increases and the cost reductions that would follow. The material body is not, however, identified by Baumol as an obstacle to productivity. Additionally, his focus is on how difficulties in increasing productivity drive up prices. In body work prices are relatively fixed, especially when costs are funded by the state or paid for by less than affluent consumers. Consequently, as discussed below, this has meant that pressure has instead been applied to cheapening labour.

Historically large-scale capital has invested little in the provision of body work services, nor has it subsumed the organization of body work labour processes directly to its will. Rather, body work has been related to the market through distinct and peculiarly diverse organizational structures. First, much body work has been located outside the market, provided by the state and organized according to professionally defined guidelines, as in health and social care, including personal care work. Second, body work is often located in small-scale enterprises (e.g. hairdressing and other aesthetic services). Business survival depends on self-employed and commission-based body workers in these enterprises calculating and valuing their time in a different way from waged workers. Third, as noted above, body work is commonly performed in liminal spaces, marketised but intertwined with the domestic (for instance, when the state provides a financial 'care allowance' to a family member to care for their own disabled child). All three market relations resolve body work organizational dilemmas by accommodating the peculiarities and costs of the body work labour process, yet do so without wholesale standardization and largely absent the

intervention of large-scale capital in direct labour management. Moreover, in all three cases, but especially the latter two, the costs produced by the material complexities of body work have been borne by workers. This has exacerbated the requirement to attract the most 'suitable' and most exploitable labour, including those workers most amenable to performing unpaid labour. As expanded upon below, with reference to our two case studies, this provides a strong economic incentive to re-produce the cultural understandings of touch highlighted in the previous section along with the gendered, and racialized, labour supply with which these are associated.

Hair and Care

In this section we follow through the arguments above by considering the two exemplars of hairdressing and personal care work. As identified above (Table 1), these are important spaces of body work for both men and women. They are also, like most forms of body work, highly feminised (although, as noted above, there are exceptions to this general rule in, for example, body work involving control functions, sports services and elite professional activities). The exemplar occupations differ in many ways and have followed different historical trajectories. For instance, hairdressing is often seen as glamorous in a way that care is not – and the bodies on which hairdressing work is performed are (often) of higher status than the bodies on which care, or much other body work, is performed. Yet, we identify shared 'body work dilemmas' and explore how in both occupations, albeit in different ways, feminization has been a response to these dilemmas, especially the implications of these dilemmas for the recruitment and deployment of labour.

The proportion of male workers in hair and care is not static, as seen in Figure 1, which presents analysis of twelve (biennial) waves of the U.K. Quarterly Labour Force Survey (1992-2014)⁶. Yet, although the percentage of 'hairdressers and barbers' who are male has varied between about ten and fifteen percent, it has not shown a consistent linear trend. Additionally, there has been no significant growth in hairdressing, unlike care work; rather the category has accounted for between 0.4 and 0.6 percent of total labour force employment between 1992 and

2014. Thus the story for hairdressing is one of relative gender continuity, with one exception. The percentage of hairdressing ‘managers and proprietors’ who are male is larger and shows an upwards trajectory.

Unlike hairdressing, the absolute size of the care work labour force has increased. There has also been more change in the sex composition of the workforce with a growing number and proportion of male care workers. Figure 1 shows that in the early 1990s care work was overwhelmingly female.⁷ Men comprised about five percent of all care workers. At this time care work accounted for about 1.3% of total employment. Today the care workforce accounts for 2.6 percent of total UK employment and the proportion of male care workers has tripled. Men now account for over 15 percent of care workers. This works out as a six-fold increase in the absolute number of male care workers over the last 22 years. Notwithstanding this change, however, the occupation remains highly feminized with almost five times more female than male care workers.

[Figure 1]

There are notable ethnic differences between male and female body workers in these occupations. In both care and hair the proportion of black and ethnic minority workers in the UK has been rising, as it has in the workforce as a whole. In hairdressing this proportion remains, however, well below the workforce average – it is therefore a disproportionately white occupation (see Appendix 1). In contrast the proportion of non-white workers performing care has risen above the workforce proportion over the last ten years. Table 3 shows, however, that ethnicity and gender intersect. Whereas fewer than five percent of female hairdressers identified as a non-white ethnicity, nearly 30 percent of male hairdressers were non-white. In order to take account of different proportions of ethnic minority workers among the male and female workforce we examine the ‘relative concentration’ of ethnic minorities in these types of work (following Duffy, 2005, p. 77). This shows that ethnic minorities are over-represented among male care workers (1.8) and hairstylists (2.6) and marginally under-represented among male hair salon owners and proprietors (0.8). In contrast, at

least in the UK, ethnic minorities are over-represented among female care workers (1.3), but less so than among male, are massively under-represented among female hairstylists (0.5) and at parity among hair salon owners (1). As such we find that male body work in these female-dominated occupations is disproportionately performed by marginalized, minority-ethnic men. This may speak to a context of white male workers' reluctance to perform body work. In contrast the ethnicization of body work shown by these figures is more variable and less marked for women workers. These data (on ethnicity) may hide the extent to which in the UK recent 'white' migrant workers perform this work. They may, however, also indicate that the racialization of body work is complex, and that some body work occupations are associated with feminized whiteness. We expand on this in more detail below, in discussing the meaning of touch in hair and care and variation in the organization of work, both between the two occupations and over time. As such, we do not suggest that hairdressing and care work are equivalent. Rather, a key aspect of the work in each – the engagement of workers with the bodies of others – can fruitfully be examined, in ways it heretofore has not, to explain how these types of feminized work have evolved.

[Table 3]

1. Hair and Care – Touching dilemmas

Both hair and care involve extensive touch. In both cases dilemmas around the meaning of touch have been resolved by the gender composition of workers and, especially, the symbolic effects of a gendered workforce on how work in the sector is understood. This has, however, occurred in different ways in the two occupations.

Touch in hairdressing is less intimate than in care work. Additionally, the bodies on which hairstylists work are more diverse and, typically, of higher social status. Nonetheless, touch and its symbolism has played an important historic role in delimiting the meaning of work and workers involved. First, for as long as hairdressing meant barbering, and working on and with male hair, it was an overwhelmingly male occupation. For instance, in France in 1906, just 10 percent of stylists were female, but over the following 30 years the proportion

rose to over a third (36 percent) (Zdatny, 1993, p. 56). This changing gender profile was associated with a huge rise in the number of beauty salons, and the transition from barbering, for male clients, to hairdressing for female clients seeking to maintain the new fashion for short hair. There is, therefore, a clear historical association between the gendered bodies of workers and the gendered bodies of those on whom they worked.

The appropriateness of touch in hair has also been intertwined with gendered sexuality. Cox (2014) suggests that male 'superstar' hairstylists in the first half of the twentieth century, at a time of social prohibitions around touch, found it useful to adopt a sexually ambivalent workplace persona. Following this, the association of homosexuality with male hairstylists became so culturally rooted that Schroder (1978) identified male hairstylists as an appropriate US research population to study the careers of sexually 'deviant' men. An association of male styling with 'campness' has persisted into the 21st century (Hall, Hockey, & Robinson, 2007, p. 542). The sexuality of male hairdressers was, however, somewhat reconstructed, especially in London, when they became 'swinging sixties' icons. In this era, leading male hairdressers adopted aggressively heterosexual personae, exploiting the intimacy of hairdressing for sexual conquests of female clients (Wolkowitz, 2015). Associations between hair and heterosex (as in the 1969 musical *Hair*) may have further raised the status of stylists, but also reignited the association between hairdressing touch and sexual predation.

The 1970s saw the rise of unisex hair salons, suggesting perhaps that the risks of touch had diminished. According to leading hairdressers of the time, new unisex salons paved the way for more informal salon interactions and provided a space that men would want to visit (Wolkowitz, 2015). Yet, high-fashion city-centre (often unisex) salons, employing both women and men, continue to co-exist with gender-segregated styling spaces and a majority female workforce, especially outside metropolitan areas. The cultural impact of elite male stylists has also done little to disrupt the feminine sociality and sexually safe intimacy of female-to-female touch, which continues to characterize neighbourhood beauty salons (Furman, 1997). Moreover, the meaning of, and recognition ascribed to, touch in

hairdressing continues to be gendered. For instance, in the 1970s and 1980s male hairdressers tended to emphasize design skills and technical expertise, especially the use of precision cutting – Vidal Sassoon compared his geometric shapes to those created by architects – and to disparage women’s skill in creating ‘updo’ styles through shaping the hair with their hands (Wolkowitz, 2015). Thus, there has been considerable change in the meaning of touch, but it took place largely before the 1990s, and therefore has not affected the gender composition of the sector over the past 20 to 25 years (as represented in Figure 1). Recent years have seen more gender continuity.

If historically hairstyling has involved gender-segregated touch, so it has also involved racially segregated touch. For instance, ‘Black’ barbershops run for and by black men (Alexander, 2003) and black beauty salons run for and by black women (Harvey, 2005), have operated parallel to, but independently from, primarily white (often immigrant run) barbershops and salons. Even today the skills ‘market’ for afro hair is considered separately in trade reports (c.f. HABIA, 2006). Racial and gender segregation of hair salons and barbershops is, thus, underpinned by social understandings of touch and the appropriateness or not of particular people touching and being touched by one another.

Touch in care is more intimate and extensive than in hairdressing. It therefore raises anxieties that must be either assuaged or repressed (Twigg, 2000a). If the literature on men in nursing is any guide, male workers’ participation in basic care tasks is often still seen as problematic (e.g. Harding, North, & Perkins, 2008; O’Lynn & Krautscheid, 2011; Simpson et al., 2012). However, with the exception of Twigg (2000a) touch by care assistants (‘nursing aides’ in the US) is not discussed in the literature. This is partly because touch is hard to study; both clients and care workers find it difficult to talk about (Twigg, 2000a, p. 61). Instead, touch is subsumed under the relational aspects of care work (Stacey, 2011). Alternatively, touch is discursively elided by workers, along with the expertise it requires, by incorporating it within larger tasks (e.g. morning calls are described as ‘getting ... [clients] up and making them nice and fresh, ready for the day’) (Bolton & Wibberley, 2014, p. 691). Importantly, here, the employment of women workers, whose touch is naturalized as unproblematic or not seen at

all, both assuages anxieties and reproduces the feminization and invisibility of touch. Finally, while much touch is instrumental in purpose, the political demand for 'compassion' in caring discursively hides it. Thus, kinds of touch, like lifting, which lack an ostensible 'caring' focus may be rendered invisible, because they are associated with (masculine-associated) strength or because they are disallowed under health and safety regulation, even if undertaken anyway.

Despite the political, social and academic silence surrounding it, touch is implicit in frequently noted associations between care, 'dirty work', stigma and hierarchically ordered social identity categories (gender, race, class, nationality) (e.g. Dyer, et al 2008). Care workers are particularly affected by the stigmatizing nature of touch, especially touch involving nakedness and bodily wastes, because they lack the educational capital of other health workers. They also lack nurses' historic association with social purity and (concomitantly) nurses' symbolic shield against the polluting nature of body work (Twigg, 2000a, p. 61).

Therefore, care workers' discursive elision between body work and 'caring about', which hides the materiality of the work, may operate as a (much needed) status shield -- but only for women workers who can easily draw on dominant feminine care tropes. When men do body work touch may be elided in different ways. For instance, recent moves in Denmark to encourage more men to enter the care labour force are associated with the redefinition of care work.

Employing a discourse of 'rehabilitation' workers' activities are redirected towards generating clients' (or 'citizens', in Danish social-work discourse) self-sufficiency, rather than taking care of them. As part of this, Hansen and Kamp (2016) and Jensen (forthcoming) suggest that both male and female workers are taught to keep their hands behind their backs, to avoid the temptation to give a helping hand, and are criticized for reverting to helping (and touching) behaviour.

2. Hair and Care -- Labour process dilemmas

The ways in which the meaning of the intimacy of touch has been negotiated in the two sectors of hair and care are in turn connected to the resolution of labour

process dilemmas occasioned by the specific requirements of body work. In hair and care investment in productivity-achieving measures by large-scale capital (involving concentration or mechanization) is difficult to achieve and brings few advantages. Rather, the industries continue to require proximity to consumers spread across dispersed locations, so care and hair work have remained geographically decentralized. In common with other kinds of body work, the labour processes in hair and care are quite incompletely standardized. For instance cutting a fringe (or 'bangs') into hair varies, depending on the customer's hair type, face shape, whether hair is wet or dry, but also depending on customer's personal preference and current styles (as well as tools, styling products and environment) (H. Holmes, 2014). Mechanization, even where possible, is limited. Consequently, in care work the movement of bodies in and out of bed often continues to be performed manually, because mechanical alternatives slow down the pace of work (Lopez, 2007). Moreover, in both occupations individual familiarity and somatic knowledge facilitate trust, touch and 'individualized routinization' rather than universal standardization (Tufté & Dahl, 2015). For instance, a hairstylist who knows a customer's style preferences, aesthetic insecurities and how her hair reacts to dye is able to replicate body work tasks over and again *for that customer*; as can a care worker, familiar with the shyness, pain triggers or physical capacities of the person for whom she cares.

Nonetheless, the social organization of these two sectors varies considerably, with more market segmentation in hairdressing (including the existence of glamorous niches) and a greater role for the state (and more stringent and generalised cost constraints) in care. In recent years there have also been more changes to the terms and conditions of employment in care. These have facilitated new ways of ensuring that workers bear the costs of temporal variability and a dispersed clientele. In both sectors, however, the recruitment of women workers on non-standard terms and conditions and the extraction of their unpaid labour have been essential to achieving labour spatio-temporal variability and organizational viability.

Hairdressing is a sector with little capital concentration and high dependence on micro-firms and franchising. The diffuse distribution of salons around consumers' homes alongside low capitalization encourage multiple markets to flourish. This allows the racial and gender segregation of hair salons and barbershops, noted above, to persist. Of 29,410 UK enterprises categorized in 2014 as 'Hairdressing and other beauty treatment', 90 percent had nine or fewer workers and 98 percent fewer than 20 workers. Just 25 enterprises employed 100 or more workers.⁸ Thus, small-scale salons where women workers predominate⁹ co-exist with a few larger enterprises.

Relatively established terms and conditions of employment in the hairdressing sector provide the organizational foundation for variable labour extraction. In 2014 there were approximately 81,000 employee stylists, but 98,000 self-employed stylists (LFS Jan-March 2014). Amongst the self-employed, 84 percent employed no other workers. Many of these are sub-contractual 'chair-renters', permanently based within a salon, but not employed by that salon, a relationship that is also widespread in the US (Covert, 2015). Notably, chair-renting subjects stylists to many of the constraints of an employment contract, but leaves them to bear the costs of temporal demand variability. These non-standard contracts mean that hairstylists do not earn income during lulls in work; nor are they compensated for the 'baggy' time body work produces (periods in-between customers).

Hairstylists' wages are typically low; neither their formal qualifications nor many years of on-the-job training garner wage returns. Rather hairstylists are consistently among the lowest paid workers (c.f. Khan, 2015), even receiving a negative return to skill, with average styling wages lower than those of the average unskilled workers (Cutcher, 2001). There are, however, exceptions. As an industry with extremely high rates of self-employment and thousands of small enterprises, opportunities for 'being your own boss' are manifold, and some stylists – able to attract elite clienteles or supported by high-style salons – earn relatively good incomes. These pockets of metropolitan (and masculine) glamour notwithstanding, high incomes are the exception.¹⁰ Most salons remain

'micro' sized, and even hairstyling 'entrepreneurs' can find that they are surviving, not flourishing (Drummond, 2004).

The personal care sector is similar to hairdressing insofar as there exist few opportunities for increasing productivity through capital investment. However, whereas the forms of non-standard work found in hairdressing have been relatively unchanged since the 1980s the care sector has experienced more recent transformation. In the context of sectoral growth (related to a movement from unpaid to paid labour as well as an aging population) there has been a push to reduce the cost of workers' in-between times for those who bear the care work bill, especially by local government and other public authorities. As it has expanded the UK domiciliary sector has therefore seen a relatively small workforce of permanent public sector employees (district nurses and home helps) almost entirely replaced by a much larger number of workers employed by private firms and voluntary sector organizations (who do not have the same social and contractual obligations as public sector organizations). Workers are often on zero-hours contracts (Rubery, Grimshaw, Hebson, & Ugarte, 2015), and many are not paid for the time spent travelling between clients (Wibberley 2013). Thus, labour has been externalized to achieve extreme temporal and spatial 'fragmentation' (Rubery et al., 2015; Ungerson, 2000).

Similar pressures on costs are found in residential care. On the one hand, big companies' foothold in residential care is relatively longstanding, not least because spatially grouping care recipients facilitates efficiencies in temporal and spatial labour deployment. On the other hand, even here, as witnessed by the collapse of the Southern Cross nursing home company (Greener 2013), profits may be difficult to realise. For instance, revenue in US nursing care homes is reported to be just \$58,000 per worker (Hoovers, 2011), a third of that in a large retail company (Harnish, 2006). In this context, large care firms' cost advantages accrue mainly from lease-back property arrangements, monopoly contracts with local authorities, bulk buying of supplies, or systems for managing auxiliary activities, such as food provision (Greener, 2013; Wolkowitz, 2012). This places extreme downwards pressure on wages, as seen by the claims from UK care

service agencies and care homes that should they be forced to pay a 'living wage' they will have to close (Boffey, 2015; ITV, 2015).

Despite the structural differences between hair and care outlined above the non-standard employment and low wage regimes found in both sectors depend upon gender and the reproduction of the cultural association between touch and femininity. This involves systematically recruiting women, emphasizing those aspects of the work that are best able to draw upon a feminized habitus, and reinforcing the association of the work with domesticity. This is elaborated below.

The recruitment of supposedly 'naturally' caring workers, willing to accommodate unpredictable demand, is most pronounced in care work, where women's unpaid overtime has long been relied upon (Cunnison, 1986). Increasingly, however, the viability of the whole care system depends on workers' ability and willingness to work beyond formal care plans to meet clients' rapidly changing circumstances (Wibberley 2013, Bolton and Wibberley 2014). Women's 'willingness' to do poorly remunerated care work is contextualized by their lack of viable alternative employment (Hebson et al., 2015). The extraction of women's unpaid labour is, however, aided by non-standard employment relations and is culturally legitimated by the gendering of domestic space and constructions of a gendered 'caring habitus' (Huppatz 2012).

There is even evidence that employers seek women workers specifically to elicit their unpaid labour and depress hourly earnings. For example, in the Australian care sector, managers deploy a 'familial logic' in which care skills are naturalised, and feminine virtue equated with self-sacrifice (Palmer and Evaline 2012). This reinforces the employers' claim that care offered by untrained (and cheap) women workers with extensive mothering and home-care experience is the equal of, or even better than, much higher paid professional care. In these cases, care agencies are not 'passive beneficiaries of gender ideology' but active producers of a logic that positions women choosing care work as moved by an 'irrational feminized desire' to care. By effectively remaking and exploiting

women workers' felt obligation to care, employers shift responsibility for low pay onto workers themselves (Palmer & Eveline, 2012, p. 269).

A feminized habitus is perhaps less systematically produced within hairstyling, but it is notable that in discussing their work stylists and managers focus on sociality and making people feel good (Cohen, 2010b) rather than, for example, framing the work as three-dimensional design requiring craft dexterity (H. Holmes, 2014). This feminized and social framing of hairstyling, in conjunction with self-employment and chair renting, encourages stylists to reconstruct their client interactions as friendships and to perform additional 'favours', including extending working hours (Cohen, 2010b). Additionally, the designation of hairstyling and other aesthetic body work as a socially prized feminized practice, one associated with style media, women's magazines and the fashion industry, (re)produces the desire of young women to enter and perform poorly compensated work.

In both hair and care a historic association with, and ambivalent separation from, the domestic sphere affects expectations, remuneration and the legal protection granted to paid work. Although hairdressing is now less obviously domestic than care work this has not always been so. Female hairdressers were initially seen as amateurs rather than professionals and often worked from their own home, or an adjacent salon (Willett, 2000). Today most trainees begin their hairdressing careers by styling at home (Cohen, 2008), and many stylists remain home-based or do mobile hairdressing, working in the homes of others – not least because this can enable the coordination of childcare with paid employment (Cohen, 2010a). Additionally, most hairdressers face pressure to do work in domestic settings for relatives or friends, often for only token payment (or 'mates rates'). Even when paid, home-based and mobile-styling is rarely remunerated at the level of in-salon styling – its domestic location marking it as of less value (Cohen, 2008). Notably, domestically located hairstylists are more likely to be female: for instance, a fifth of female, but fewer than five percent (of the much lower number) of male, hairstylists do 'mobile' work (Jan-March 2014 QLFS). This ongoing incorporation of domestic space within hairdressing

reinforces occupational feminization and the focus on sociality and undermines the value of labour.

In care, men typically work in residential rather than domiciliary spaces. For instance, whereas 19% of UK non-domiciliary care workers are male, men comprise only 13% of domiciliary care workers (Bessa, Forde, Moore, & Stuart, 2013, p. 89). As in hairstyling, this symbolically reinforces existing understandings of gender alignment, emphasising the continuity between unpaid domestic and paid body work, and affects the cultural, but also economic, value accorded the latter. Additionally, the legal implications of domesticity and the quasi-market context of some care roles may leave workers outside of legal definitions, unprotected by legislative employment provision (Daly, Armstrong, & Lowndes, 2015; Stewart, 2013).

If both hairdressing and care work have relied on feminization to resolve labour process dilemmas then, as suggested above, they also provide different opportunities for men. The number of men entering social care (as well as nursing) has increased, not least because of increasing labour demand in these occupations at a time of contraction elsewhere in the labour market (Dewan & Gebeloff, 2012). This now means that the absolute number of men in care exceeds the number in hair (Table 1).¹¹ Their status is, however, arguably lower. Care offers few cultural spaces for transforming the meaning of the work (discussed above). It also offers few organizational spaces for 'success', partly because promotion tends to involve managerial roles and disassociation with touch or body work. In contrast, hairstyling, despite typically low wages and poor conditions, includes the chance to embark upon relatively low-investment (albeit not necessarily profitable) business ownership. Since neither promotion nor salon ownership involve a move away from styling, even the most elite hair-stylists continue to perform body work. Their high-profile presence in the sector and, importantly, the less intimate touch involved in hair has allowed room for transformations of the cultural associations of the work. Figure 1 indicated, male hairstylists are disproportionately represented amongst styling managers and owners. Perhaps men are better able to draw upon discourses of expertise, technical skill and entrepreneurialism to demonstrate competence in the

feminine world of the salon and achieve promotion or establish themselves as business owners (Huppatz 2012). It is, however, doubtful that the advantages some men find in high-class salons or business ownership are experienced by the increasing proportion of non-white male stylists. It is also worth noting that not all male hairdressing niches are rewarding, in part because of the segregation of and variation in client bodies; barbering, a site of intensely masculine interactions, has historically been less lucrative than women's styling (Zdatny, 1993).

Conclusions

The (in)visibility of the labour involved means that we may fail to recognize either the extent of paid body work or how far it is integrated into economic life. In part because it is conducted largely out of sight, work on and with others' bodies is assumed to be a marginal economic activity. Even where paid body work visibly transforms the body, for example by a haircut, such transformation is often fleeting as the organic body continues to change (H. Holmes, 2014). Yet theoretically focusing on body work and on the materiality of this labour is essential if we are to understand the labour process in particular service sector occupations. Although this case has been made before (c.f. Cohen, 2011), it remains far from a commonsense understanding. Only recently, for instance, a Department of Health spokesperson responded to claims that elder abuse in paid care reflected cuts in the care budget by saying that 'Treating somebody with dignity and compassion *doesn't cost anything*' (Williams, 2015, emphasis added). Care involves the performance of timely and time-consuming tasks that cannot be readily concentrated or mechanized, so caring with dignity and compassion requires enough time (and therefore enough workers) – which costs money. This is a case that will need to be made over and again, for instance in relation to the hoped-for 'efficiency savings' in the UK National Health Service that justify failure to increase government funding.

Secondly, we have outlined the ways in which the viability of body work within western capitalism depends on the employment of women workers rather than men. This dependence is not simply on the gender of current workers but on the

‘emblematically’ significant worker whose gender helps to define the occupation, its status and rewards. At present the viability of paid body work depends on its largely female labour force for several reasons. First, the employment of women workers feminizes touch. In a social context in which male sexual predation is feared this simplifies workplace interactions with clients, but it also domesticates the work. This has been, and continues to be, important in shaping the gendered exploitation of body work labour.

Second, the lower wages women typically command in the labour market sustains labour-intensive enterprises. Low pay in many kinds of body work, such as personal care work, is often explained by feminization: the presence of women workers seemingly lowering wages (what England (2005) terms the ‘devaluation’ perspective). We think the reverse is the case. Because body work can rarely be mechanized nor fully rationalized or standardized, body work employers (and the viability of body work sectors) depend on recruiting workers who, compelled by their lack of alternatives, are willing to work for low wages.

Third, body work employers depend on the free transfer of labour by workers, e.g. their readiness to work beyond their contractual working hours to meet the needs of vulnerable clients or self-employed workers’ willingness to cater to a rush of customers at particular times and seasons and wait out worklessness at other times. The more domestic the environment – and the more the clients are constructed as ‘friends and family’ – the more likely workers are to do this. Insofar as women workers embody the domestic, in the minds of employers, clients, and even workers themselves, they help to keep costs down and self-exploitation and commitment to clientele up.

To highlight the material constraints of this work does not, however, comprise an argument for keeping wages low. At least in the care sector, what can be spent on wages is not dependent on profit margins, but is almost entirely at the discretion of government, and how it foots the bill. Any genuine modification of the gender division of labour in care depends, therefore, on the political will to revalue the skills and contribution of care work and care workers. That may in turn mean revaluing touch, or at least making manifest its centrality to achieving

dignity and compassion in care work. For so long as hairdressing remains dispersed changes in this sector will be difficult to achieve. We suggest, however, that they will not be speeded by continuing to obscure the cultural, material and organizational dilemmas involved in the work. Rather, highlighting these makes visible the true costs of work on hair and may facilitate organizational structures that do not rely on feminization to cheapen labour.

This article has concentrated on gender because the feminized nature of paid body work is perhaps its most obvious, but also surprisingly under-theorized, feature. This is not, however, to overlook that body work is, as we note above, also racialized, sexualized and indeed sometimes (re)framed as masculine. As others have argued the recruitment of racialised or migrant women workers to body work occupations frequently plays an additional part in lowering wages (McDowell, 2009). For instance, the 'international division of reproductive labour' (Glenn, 1992), including recruitment of migrant labour, exerts downward pressure on care wages. Meanwhile, the association between racialised workers and 'servile' work (Anderson, 2000) reproduces the low status of the work. In another example, as noted above, the recruitment of minority ethnic men into body work may signal the subservient masculinity to which these workers are assigned. Similarly, as we suggest with respect to hairdressing, historically male workers' workplace construction of themselves as gay both facilitated touch and separated inter-corporeality at work from heterosexual masculinity.

Racialisation and sexualisation thereby intersect with gender in reproducing a cheapened labour force. Moreover, as with feminization, the racialization, and sexualisation of body work are limited by and delimit the cultural meanings of touch.

By focusing on two sectors (care and hair) we have been able to highlight the ways in which quite different work, because it involves body work, involves similar dilemmas. Nonetheless, we recognize both that these sectors involve important cultural and organisational differences and that no two sectors can represent the complexity and variety that exists within body work. As such, an important future project would be to investigate further those relatively few body work occupations in which men predominate, exploring how and why

touch in these contexts is masculinized and how this relates to the material organization of the work. The focus on care and hair has also meant that we have not considered more professionalized forms of body work, for instance medicine. What differentiates medicine from care and hair includes the relative growth in specialist high-tech, highly capitalised treatment centres. It is unclear, however, whether this has diminished the amount of hands-on body work (including the work of nursing aides and care assistants). As such, analysis of transformations of professional body work could usefully consider the interrelationship between, and gendering of, professional and non-professional touch.

Endnotes

¹ Our definition is more restrictive than McDowell's (2009), who includes in body work co-present work with interactions between workers and customers/clients not involving touch. Additionally, locating body work within paid employment excludes activities that have elsewhere (Gimlin, 2007) been defined as body work, including unpaid work on the self.

² Data from Census 'ad-hoc data' table CT0099, available from the Office of National Statistics at: <http://www.ons.gov.uk/ons/guide-method/census/2011/census-data/2011-census-ad-hoc-tables/ct0099---sex-by-occupation-by-economic-activity-by-hours-worked-in-england-and-wales.xls>

³ Considerable variability remains, with some workers involved in considerably more touch than others. Given the lack of precision in occupational codes (even at 3 digit level) this is an inevitable limitation for any conceptually based 'counting' exercise.

⁴ Care work here is an occupational category, not the conceptual category discussed above.

⁵ The domesticity, or hidden, spaces of body work may also make clients and patients vulnerable (Robinson & Curwen, 2017).

⁶ The rolling panel structure of QLFS data means that individuals are included for five quarterly waves and so recur across consecutive years. Any data point more than five quarters apart, however, includes entirely independent data. Our data points are eight quarters apart. We have selected the same wave of each year (Jan-March) to avoid seasonal variation. The only exception is 1992, for which Jan-March data were not available and we have included April-June data.

⁷ Notably, prior to 1990 it is impossible to isolate care work using then extant occupational categories. This highlights the rapid growth of this sector, and the remarkably recent official categorisation or recognition of this type of work.

⁸ Data from ONS dataset 'UKBBb Enterprise/local units by 4 Digit SIC and Employment size band', published 30/10/2014. www.ons.gov.uk

⁹ Women predominate at every establishment size, but their greater predominance in small establishments is suggested by the authors' knowledge of the sector and by the Labour Force Survey (various waves): men *and* women stylists/proprietors are concentrated in enterprises with 1-10 employees, but women are more concentrated. This difference is, however, difficult to verify because table cell sizes are not sufficiently large to test it statistically.

¹⁰ The Annual Survey of Hours and Earnings (ASHE) 2015 data show that annual earnings at the 75th percentile of 'hairdressers and barbers' is only £13,201 (slightly lower than sales and retail assistants). These data also show that men's typical earnings (median = £11,071) are slightly, but not much, higher than women's (£9,280). Hair and beauty proprietors and managers have median (and mean) incomes under £21,000. To put this in perspective, median incomes for male and female care workers are low, but not as low: £15,178 and £12,095 respectively. At the 75th percentile, care workers earn £16,823. 'Residential, day and domiciliary care managers and proprietors' earn £30,009. Tables available at:

<http://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/earningsandworkinghours/datasets/occupation4digitsoc2010ashtable14>

¹¹ The proportion of men in each occupation is, however, approximately the same.

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Tables and Figures

Table 1: Most common body work occupations, by sex, UK Census 2011 (All workers, employees and self-employed).

Top body work occupations		Top body work occupations	
MEN	N	WOMEN	N
Care workers & home carers	118,027	Care workers & home carers	570,576
Police officers (sergeant & below)	116,559	Nurses	464,982
Medical practitioners	107,582	Nursery nurses & assistants	179,861
Non-commissioned officers & other ranks (military)	103,944	Nursing auxiliaries & assistants	171,125
Nurses	62,597	Hairdressers & barbers	164,258
Nursing auxiliaries & assistants	38,314	Childminders & related occupations	90,393
Fire service officers (watch manager & below)	34,523	Medical practitioners	87,747
Sports coaches, instructors & officials	33,758	Beauticians & related occupations	61,370
Hairdressers & barbers	31,292	Senior care workers	46,596
Prison service officers (below principal officer)	27,086	Police officers (sergeant & below)	45,143
Protective service associate professionals n.e.c.	18,811	Dental nurses	41,922
Fitness instructors	18,364	Midwives	30,925

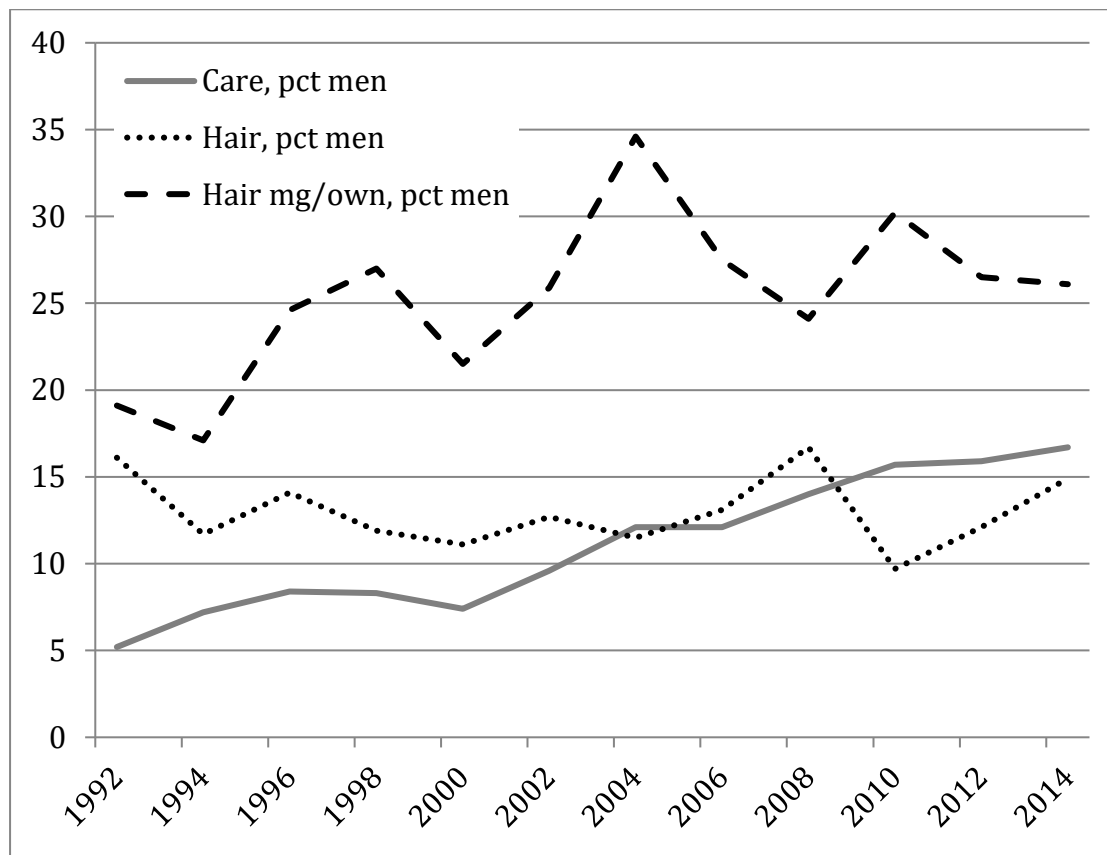
Table 2: Feminine and masculine meanings of touch in everyday life

Feminised meanings	Masculinised meanings
Servile	Controlling
Responsive	Expert
Deferent	Competent
Caring	Predatory

Table 3 Percent of men and women in care and hair occupations who are non-white (QLFS Jan-March 2014)

		Care- worker	Hair- stylist	Hair mgr/owner	Working population
Male	Percent non-white	20.8	29.6	9.1	11.3
	<i>Relative concentration (1= population rate)</i>	<i>1.84</i>	<i>2.62</i>	<i>0.81</i>	
Female	Percent non-white	13.4	4.7	9.4	9.7
	<i>Relative concentration (1= population rate)</i>	<i>1.38</i>	<i>0.48</i>	<i>0.96</i>	

Figure 1: Rates of men's employment in care and hair, 1992-2014, Quarterly Labour Force Survey.



Note: Occupational categories changed twice in this period, but this does not seem to have resulted in notable data variation. The following occupational categories were included: From 2012: 6145 'care workers and home carers', 6221 'hairdressers and barbers', 1253 'hairdressing and beauty salon managers and proprietors'; from 2002: 6221 'hairdressers and barbers', 6115 'care assistants and home carers', 1233 'hairdressing and beauty salon managers and proprietors'; from 1992: 660 'hairdressers, barbers', 644 'care assistants and attendants'; 172 'hairdressing managers and proprietors'. All data have been weighted using PWT14 and PWT07, as appropriate, to produce population estimates.

Appendix 1: Rates of BME employment in care and hair and in the Labour Force, 1992-2014, Quarterly Labour Force Survey.

