What is good care, and who is it good for? A Multimodal Critical Discourse Analysis of UK care home websites

Emma Putland[1], Kevin Harvey[2] and Gavin Brookes[1]

[1]Lancaster University, UK

[2]University of Nottingham, UK

Abstract

For many people, moving into a care home represents a fraught and highly expensive transition, which can be further exacerbated by the pressure of choosing a suitable home to live in. Most UK care homes are privately owned by chains and run for profit, operating in a competitive market in which online advertising and promotion play an important function. In this chapter, we present a multimodal critical discourse analysis of care home advertising, examining how two of the UK's largest care home chains' websites promote their services through the strategic use of arresting visuals and language. We show how the websites draw on discourses surrounding "home" and the family, the leisurely and agentive lifestyle associated with the third age, and person-centred care, all of which are underpinned by a consumerist discourse. Within this, we examine which aspects of institutional care are foregrounded or downplayed, and how staff, residents and other stakeholders are positioned, including the conflict between the websites' person-centred representations and exclusion of (prospective) residents.

Introduction

In an increasingly commercialised society, care is widely understood as a resource that is 'provided', either for "free" or by being directly 'bought and sold as a commodity' (Dowling, 2021, p. 29).[1] This chapter is concerned with the latter commercialisation of care, attending in particular to care homes, which are institutions that provide accommodation, food, activities, and varying levels of personal care in exchange for money. In the UK, nearly half a million people live in care homes (Berg, 2023), which can be categorised as either residential (offering personal care) or nursing homes, whereby qualified nurses provide additional support. It costs approximately £800 per week to live in a residential home (~£41,600 annually) and £1,078 (~£56,056) for a nursing home, which people with capital above £23,250 must self-fund in full (Age UK, 2023).

The UK adult social care sector has undergone (and is arguably still undergoing) significant financialisation in recent decades, characterised here as an 'increasing encroachment of financial motives, financial markets, and financial institutions' (Daly, 2023, p. 798), such that, in England at least, approximately 84% of all beds are now provided by the for-profit sector (Blakeley and Quilter-Pinner, 2019). This change is significant, since for-profit care tends to be associated with greater instability, lower quality care for residents, and worse working conditions for staff (including less training provision, a higher staff turnover and lower pay (Blakeley and Quilter-Pinner, 2019; Corlet Walker *et al.*, 2022; Dowling, 2021)). In such a commercially driven market, care homes must convincingly advertise their services in competition with other institutions (Carder, 2002), which can be viewed as reflecting a broader commercial shift in society, whereby discourse has increasingly become 'a vehicle for "selling" goods, services, organizations, ideas or people' (Fairclough, 1993, p. 141). This chapter understands 'discourse' as a 'set of meanings, metaphors, representations, images, stories, statements and so on that in some way together produce a particular version' of the world (Burr, 2015, p. 32). Importantly, discourses are 'socially constitutive as well as socially conditioned' (Fairclough, Mulderrig and Wodak, 2011, p. 394), meaning that discourses have the potential to both express *and* help to shape (either through reiterating or challenging norms) how care is practiced in society.

Care homes sit at the intersection of many (competing) discourses, including those regarding ageing, frailty and mortality; what it means to care and be cared for; and the role of different stakeholders in the provision of care. The discourse used by commissioners and providers of institutional care is that of being *person-centred*, which is often understood as respecting care recipients as individuals with unique histories and interests, prioritising personal relationships alongside caring tasks, and facilitating shared decision-making. However, Harrison's (2022) useful synthesis of the literature on commercialised care relationships identifies three key care discourses – business, medical/professional and familial – of which only the latter is person-centred. Each discourse has the potential for harm. The business discourse simplifies the complex and interpersonal care relationship into

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[1] We use scare quotes around "free" since unpaid care is still costed – for instance, the economic contribution of unpaid carers in England and Wales has been estimated to be £162 billion annually (Petrillo and Bennett, 2023).

'profitable, standardisable, quantifiable tasks' (p. 443), benefitting businesses more than individuals within the caring relationship. A medical/professional discourse also ignores the human relationship by emphasising professionalism and emotional detachment, although Harrison (2022) argues that a medical model can be helpful to both carer and recipient in some contexts by validating care practices or helping to cope with distressing scenarios. In contrast, a familial discourse aims to recreate (an idealised view of) family care relationships, which, while prioritising a person-centred notion of care, risks exploiting the carer, particularly through imposing unrealistic expectations of intrinsically caring personalities and genuine bonds with all clients, which can encourage the acceptance of poor working conditions and unpaid labour.

Considering its focus on the client, the marketable associations with traditional, idealised familial models of caring and the high expectations on carers (Harrison, 2022), it is perhaps unsurprising that the familial discourse has been identified within care home marketing materials. Notably, Johnson (2015, p. 118) found a UK care home to represent its employees as naturally convivial and as having 'a deep, authentic, emotional bond' with clients both when marketing its services to potential clients and to newly recruited staff. Relatedly, the institutional aspect of care homes is regularly backgrounded in promotional materials, whether through foregrounding the familial/domestic sphere to position residents as being "at home" (e.g., Carder, 2002; El-Bialy *et al.*, 2022), or by drawing on luxury lifestyle advertising to present life in a care home (or similar assisted living facilities) as a desirable lifestyle choice for consumers (e.g., Henderson, 2016; Ylänne, 2021). The latter trope relates to a broader commodification of ageing, which is often associated with the active ageing, or third age discourse, a relatively modern conceptualisation of post-working life that falls between 'middle age' (the second age) and 'old age' (the fourth age) and that largely emphasises individual choice, agency and leisure, all of which assume self-responsibility for health and engagement with practices of consumption (Gilleard and Higgs, 2005). In contrast, the fourth age is characterised by frailty, social marginalisation and a loss of agency, and as such, is associated with a 'combination of a public failure of self-management and *the securing of this failure by institutional forms of care*' (Gilleard and Higgs, 2010, p. 122; our emphasis). Indeed, in popular media, ageing with 'dignity' is associated with staying at home, not institutionalisation (Weicht, 2013). As such, care homes regularly associate themselves with 'independence, privacy, dignity, choice, individuality, and a homelike environment' (Carder, 2002, p. 108; Carder and Hernandez, 2004; Henderson, 2016; Ylänne, 2021). Such values align closely with third age ideals and likely serve to distance care home providers from the cultural association of care homes with anxieties surrounding ageing, mortality and loss of agency (Struthers, 2018).

Current research on discourses of care and older age often takes a content analysis approach, or otherwise focuses on language (e.g., Carder, 2002; El-Bialy *et al.*, 2022). While of course useful, it is also important to recognise that discourses manifest in multiple modes of communication, including visual and linguistic choices made by text producers. Indeed, it can be argued that advertising has become ever more dependent on images above language choices (Fairclough, 1993), since images can communicate broader ideas about (institutional) care more subtly than language can (Machin and Mayr, 2012). As such, this chapter

contributes to the small but growing body of multimodal research in this area (Henderson, 2016; Ylänne, 2021) by conducting a multimodal critical discourse analysis (MCDA) of the websites of two prominent UK for-profit care home chain providers, Barchester Healthcare (2024) (henceforth, Barchester) and HC-One (2024). Our analysis is guided by the following research questions:

1. How do the two care home chains linguistically and visually promote their company, staff and the services they provide? How do they position their customers, and their relationships to the company and its staff?

2. What values and aspects of care are foregrounded, backgrounded or excluded, and what might the social implications be of such choices?

Data and methodological approach

While diverse and transdisciplinary in its offshoots, Critical Discourse Analysis (CDA) can be loosely characterised by its aim to denaturalise particular ideologies through combining an analysis of social texts with an exploration of their broader context, generally with a focus on challenging social inequities that are both reflected in and constituted by discourse (Fairclough 2015), including those pertaining to health and illness (Brookes, 2021). Within this, Multimodal CDA examines how discourses are entextualised through combining various modes (including language, but also image, sound, layout, font, colour, texture, and so on) (Machin 2013; Brookes, Putland and Harvey, 2021). In this chapter, we are concerned with critically analysing how discourse is used 'to represent, evaluate, argue for and against, and ultimately to legitimate or delegitimate social actions' surrounding care (Cap, 2023, p. 156), focusing on how such discourses are realised through linguistic and visual choices evident in the design of two care providers' websites.

HC-One and Barchester have extensive websites, with separate sections for prospective residents and employees. For sufficient analytic depth, we considered customer-facing pages only, particularly homepages, which serve as the main landing pages and are central to building brand identity (Chałupnik and Brookes, 2021). Analysis reflects the websites as of February 2024. HC-One and Barchester are two of the largest care home chains in the UK, each running over 200 care homes (Corlet Walker *et al.*, 2022; Yang, 2023a). Both providers offer residential and nursing care, alongside specialist dementia care and respite (short-term) stays. Both are owned by investment firms, and while their average evaluations from the Care Quality Commission are comparable to the national average (Yang, 2023b, 2023c, 2023d), both providers have been in the news for operating homes that provide inadequate care, with reports finding issues of understaffing, confusing paperwork, non-person-centred care plans, inadequate training and poor safety (Gordon-Farleigh and Briant, 2023; Shepka, 2023). Simultaneously, concerns have been raised about the financial structures of HC-One, which was the subject of a recent BBC Panorama investigation (Melley and Holt, 2021).

Guided by a social semiotic theory of communication (Halliday and Matthiessen, 2013), we assume that communicators navigate a rule-based system (or 'grammar') when using or interpreting features of social texts, such as images, font, colour and language,

which each have distinct potential meanings according to the communicative context (Kress and van Leeuwen, 2020; Machin and Mayr, 2012). While recognising the impossibility of a truly universal grammar, we find this to be a useful framework to provide not only a descriptive account of what is depicted (denotation) but also a more interpretative account of what is likely to be implied and/or interpreted by audiences (connotation) (Barthes, 1977). For instance, an image of a care home resident may show the individual looking towards or away from viewers or other individuals in the image; this choice of gaze, in combination with other choices (such as setting, colour, angle of interaction and facial expressions), represents the care home resident in an ideologically charged way. Likewise, linguistically attending to the speakers' evaluative stances and intended audience can be revealing, as can analysing the representation of social actors (e.g., are they performing actions, acted upon, or excluded? What features or actions are ascribed to them?).

Welcome to your care home: Analysing multimodal representations and practices

As the care providers' logos and homepage openings exemplify (see Figures 1-3), linguistically and visually, the companies present distinct identities for their care homes and the people within them. These representations variously draw upon discourses of domesticity/family, person-centred care, and the third age. After attending to how each company homepage opening promotes their care home "product", we consider how "good" care is constructed, and relatedly, the identities, values and actions established for website users, residents and staff. Then, we address the tension between the *representation* of the two care home chains as person-centred, and the websites' linguistic *practice* of excluding (prospective) residents from conversations about these care homes, which, we would argue, undermines a central facet of person-centred care.

Your "home"

Central to HC-One's brand identity is kindness; indeed, its slogan is 'The kind care company', within which the definite article ('the') positions HC-One as unique in this. Using 'kind' as a premodifier to 'care' implies that not all care is, in fact, 'kind'. Such a clarification can distance HC-One from its competitors and, more broadly, from negative public perceptions of care homes as places that may mistreat those working or living in them, or that only contract staff for physical caring tasks (caring *for*), rather than more personal connections or acts of kindness (caring *about*) (Borgstrom and Walter, 2015; Struthers, 2018). Indeed, as Figure 1[2] shows, HC-One *explicitly* promises that its staff care both 'for' and 'about' residents, guaranteeing both labour and emotional investment on behalf of its staff (Daly, 2023; Johnson, 2015). This promise is visually reinforced by the photo of two individuals who, through their clothes, can quickly be identified as a staff member and a resident, with their physical proximity (including holding hands) and smiling faces inviting website users to view these social actors as emotionally close and enjoying one another's company. The resident is positioned as the cared *for* and *about* figure by being seated in a comfortable-looking armchair, while the staff member is relegated to a stool, and leans towards the resident to wrap her arm around her in a way that connotes monodirectional care, protection and

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[2] Note that we have used an artist's impressions when presenting extracts from the data.

support (the implications of which we will return to). Both the resident and staff member direct their gaze towards the website user, imitating eye contact. Combined with the frontal, eye-level perspective of the photograph and the mid-distance shot, the two women are positioned as physically and socially close to viewers, forming a visual invitation to connect with them and, perhaps, join them at the home (Kress and van Leeuwen, 2020; Ledin and Machin, 2020).

Figure 1. An impression of HC-One's homepage opening.
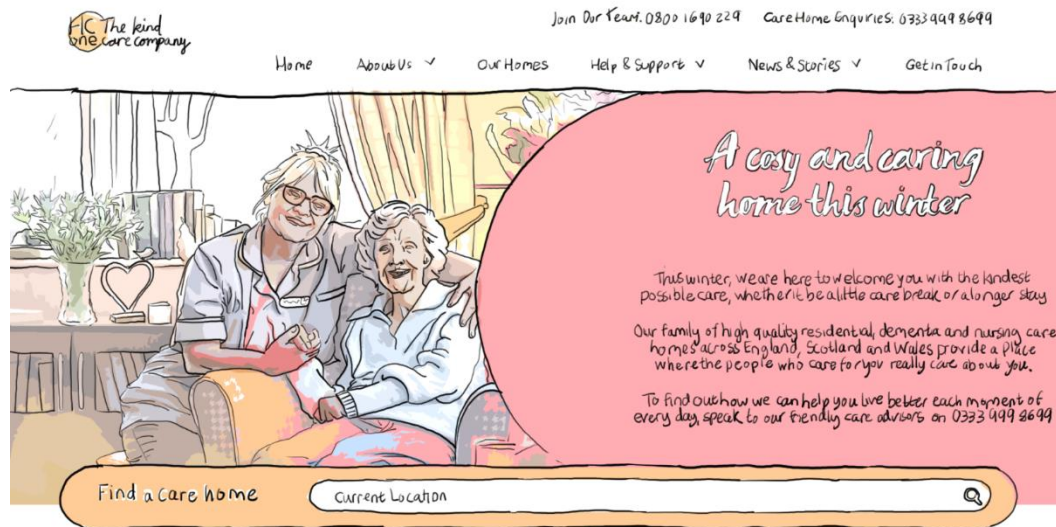
HC-One associates its ethos of kindness with achieving a sense of 'family' and of being at 'home', reinforcing the ideal of the 'family home as the optimum care location', which is 'the linguistic and ideational root of the term "care home"' (Daly, 2023, p. 797). Notably, HC-One promises website users a 'cosy and caring home this winter' in '[o]ur family of high quality residential, dementia and nursing care homes [...] where the people who care for you really care about you' (Figure 1). As with its slogan, such language combines a consumerist discourse (e.g., discussing 'high quality' care homes) with an idealised domestic/familial discourse of cosiness, 'home' and 'family', linguistically obscuring the customer-staff relationship in favour of emphasising human connection and affection. While the staff member's uniform does visually signal this customer-staff relationship, other visual choices instead reinforce the promise of "home"; for instance, filling the background with books, ornaments, candles and flowers suggests a cosy and personal domestic space. Likewise, the main colour palette (with shades of red, orange, yellow and purple) is one that tends to be associated with warmth – here, cosiness (Kress and Van Leeuwen, 2002), while the subheading's curvy typeface (with closely connected letters and a slope that resembles handwriting) infers a sense of informality and a human (handwritten) touch (Ledin and Machin, 2020).

Linguistically and visually, then, HC-One minimises the significant (and often traumatic) transition from being *at* "home" to living *in* an institutional "Home" (Milligan,

2016, p. 111). In fact, HC-One advertises their care home as an improvement by claiming that 'we can help you live better each moment of every day'. Exactly what 'better' entails is, of course, not mentioned, nor are the examples of inadequate care practices and "unkind" care recently associated with some of HC-One's homes (Melley and Holt, 2021; Shepka, 2023).

Our "hospitality"

In contrast, Barchester mirrors the hospitality sector through drawing on a leisure and agentive third age discourse to present its care homes. Indeed, they explicitly label their catering page as 'Barchester's Hospitality Services', which can be contrasted against HC-One's equally on-brand choice of 'Food and Dining: The Heart of the Home'. Contemporary care homes are indeed arguably more similar to hotels than homes, considering their transient community and that residents pay for their own room alongside access to communal spaces, catering and activities, all of which are regulated by the company, with higher fees generally enabling a better care home environment and service (Milligan, 2016). Here, Barchester reimagines the institutional care home as a desirable destination for people looking to enjoy older age, rather than for individuals experiencing frailty and needing extra support. A different identity is thus established for residents, exemplified by the individuals immediately shown on the opening of Barchester's homepage (Figure 2).

Figure 2. An impression of Barchester's homepage opening.

Visually, Barchester presents a more active role for its residents, who are all shown engaging in an activity, whether a walk, eating cake, or looking at photo albums with a visitor. The photograph on the left, which is foregrounded by dint of its taking up the same amount of space as the other three photographs combined, parallels the resident-staff duo seen in HC-One's opening but with notable differences that exemplify key distinctions between the companies. Firstly, whereas the staff member in Figure 1 is positioned higher and protectively puts her arm around a relatively immobile resident, which may be interpreted as a more passive, even paternalistic, conception of care (Harvey and Brookes, 2019), here the two women are walking together outside, and it is the resident who has

linked arms with the staff member. While holding someone's arm is commonly used to support an individual experiencing difficulties with mobility, it is also a sign of social intimacy, and the resident's confident in-motion stance arguably favours the latter interpretation. Moreover, the resident is the only person in Figure 2 to make eye-contact with viewers, smiling happily at the camera while the staff member looks towards her, further encouraging the viewer to share her focus: the resident. As such, it is the resident who is particularly individualised here, using eye-contact to invite website users to connect with her and consider her (presumably happy) state of mind (Ledin and Machin, 2020). The Barchester resident here, then, is the foregrounded, agentive subject, who appears to be healthy, engaged and independent – in other words, an ideal third age citizen.

The leisure and social activities visualised in Figure 2 reiterate the agentive and consumerist third age lifestyles promised by other advertisements aimed at older adults, including for retirement apartments and care homes (Henderson, 2016; Ylänne, 2021). Barchester's third age focus is exemplified by its 'Celebrating life' slogan, set alongside the logo's visual metaphor of a green leaf beginning to turn golden/orange, as if entering autumn. When interpreted in relation to the metaphor that the life cycle is a seasonal cycle (generally whereby birth/youth is spring, mid-life is summer, and autumn is older age and preparation for death, i.e., winter), it is notable that the leaf is not yet fully autumnal, with approximately two thirds remaining dark green. The distinction between younger and older age is thus blurred, and the implication is that there is much left of life to enjoy and celebrate, a cornerstone of the third age discourse. Reflecting that to enjoy life in the third age largely entails having the material and physical health to engage in 'consumption that expresses choice, autonomy, pleasure, and self-expression and that is focused on lifestyle' (Gilleard and Higgs, 2011, p. 43), the residents in Figure 2 are well dressed and do not show visual indicators of frailty. Indeed, the individuals in Figure 2 have noticeably less wrinkles than the resident in Figure 1 (who, all things considered, does not herself show physical indicators of frailty, just older age).

Good care(?)

Whether branded more as a "home" or "hotel", both providers seek to persuade potential clients that their product (institutional care) is worth buying. Whereas HC-One evaluates their own care provision as 'high quality' and 'both kind and professional' on their homepage, Barchester additionally draws on the authority of external recognition to support its claim of 'delivering the best quality care', claiming to have 'Award-winning care for over 25 years', and substantiating this with a scrollable list of recent award logos. Throughout, the websites foreground the interpersonal interactions between staff and residents and the day-to-day management of the care homes, and background the business side of the care home, which conceives of care in monetary and contractual terms (Daly, 2023). Financial information, both general and specific to each care home, can however be found elsewhere on the website, as is legally required (Competition & Markets Authority, 2021), often tucked away in linked documents. Likewise, contracts and the most recent Care Quality Commission inspection results tend to be at the end of individual homes' pages, with some 'requires improvement' ratings contradicting the providers' overall emphasis on high quality care. When financing

life in a care home is discussed, the companies' for-profit focus can still remain backgrounded, as with: 'We will discuss with you the financial aspects and we will ask you to provide evidence of two years' funding *so that you can feel comfortable* on this point' (Barchester booklet, *Paying to Live in a Care Home*, p.18, our emphasis).

The websites consistently associate good care with *person-centred* care (legally required in the UK), foregrounding supporting residents' individuality and taking a holistic approach to care so that residents can 'enjoy the rich and fulfilling life they deserve' (HC-One Homepage). Notably, HC-One promises to 'nurture mind, body and soul and promote physical, cognitive, emotional, sensory and social wellbeing' ('Wellbeing' page), a type of list that is common amongst care home texts, likely to resist concerns surrounding loss of individual identity through institutionalisation (El-Bialy *et al.*, 2022). Equally, Barchester 'are committed to ensuring *independence, dignity* and *choice* in every aspect of daily life' (Homepage), which are central (but often underdefined) ideals in a culture of self-responsibility and market-based values (Weicht, 2013; Borgstrom and Walter, 2015). Minimising the transition into a care home, the two providers emphasise *continuity* between residents' pre-existing habits, lives and individual identities, whether regarding what someone likes to do (e.g., Barchester residents are 'supported to continue their comforting routines'; Figure 3) or regarding how residents are seen and treated by others:

> 'The people who live with us have led rich and varied lives; we understand and celebrate their individuality. When we see a picture of the bright vibrant person they were in their youth and who they are today, we see the same person.' (HC-One, 'Types of Care' page)

Through recognising individuality and continual personhood, HC-One aligns with a relational conceptualisation of personhood, widely informed in the UK by Tom Kitwood's (1997, p. 8) definition of personhood as 'a standing or status that is bestowed upon one human being, by others, in the context of relationship and social being. It implies recognition, respect and trust'. Notably, HC-One's statement risks the same critique as relational personhood - that of being focused on the one-way process of how *others* (here, HC-One) bestow personhood, which passivises residents and implicitly risks their personhood if it is denied by others (Dewing, 2019). Relatedly, while recognising individuals' life stories is an important facet of person-centred care, HC-One's emphasis on the *past* as the defining feature of residents (who '*have led* rich and varied lives' and '*were*' 'bright' and 'vibrant') reiterates the social practice of evaluating older people as they are now through their past actions and identities (Weicht, 2013).

Figure 3. Reproduction of the opening text of Barchester's homepage.

Care as unique as you are

Imagine a little peace of mind... with the reassurance that your loved one is surrounded by caring people who value them for the unique person that they are.

Where they're supported to continue their comforting routines, enjoy their favourite food, and spend time doing the hobbies and interests that they love most.

You can expect all this and more for your loved one at a Barchester care home.

This brings us to a central point of tension: despite emphasising how the providers value and support residents' individual identities and preferences, in these websites, the (prospective) residents are noticeably absent, both as speakers and as addressees. Synthetic personalisation, or 'the simulation in institutional settings of the person-to-person communication of ordinary conversation' (Fairclough 1993, 141), is used by both websites linguistically (through the direct address of 'you') and visually (through imitating eye contact with viewers) to establish a connection with website users. Yet within this all-encompassing 'you', specific traits and experiences are sometimes linguistically allocated to the addressees, identifying exactly who the care providers are prioritising in their address. Barchester's opening homepage text (Figure 3) exemplifies this issue, since it quickly establishes that Barchester's initial addressees are people navigating transitioning their 'loved one' into care, not considering it themselves. Barchester directs addressees to '[i]magine a little peace of mind' and 'the reassurance' provided by their person-centred care, whereby '*your* loved one' is valued for their uniqueness and 'supported' to continue to do what '*they* love most'. Clearly, this care home transition is framed in terms of the mental benefits afforded not to residents, but to the people around them. Residents are implicitly situated as burdens (since attributing responsibility for their welfare to a paid service provider is presumed to provide relief to those around them) and as 'the subjects of others' language' (Gilleard and Higgs, 1998), rather than as participating themselves in the decision to transition into a care home, despite the inclusion of residents in decision making (wherever possible) being a central aspect of person-centred care (Sánchez-Izquierdo *et al.*, 2019).

Although HC-One appears to address prospective residents in their opening text (e.g., 'where the people who care for you care about you'; Figure 1), elsewhere, it materialises that their main addressee is not prospective residents but again, other people involved in the decision to transition to care. In Figure 4, HC-One uses the inclusive personal pronoun 'our' to align itself with attendees who are assumed to be busy, and then directs its attendees to 'imagine our lives, no longer busy, no longer filled with daily chores and responsibilities' to argue for the importance of 'a gentle touch or an understanding voice'. We would argue that such a generalised binary between busy/responsible non-care-recipients and non-busy/non-responsible care-recipients is problematic, since as well as implicitly establishing an 'us' versus 'them', it ignores that recipients of care can *also* have chores and responsibilities, lead busy lives and show or provide care for others. In fact, this supposed emptiness of

(presumably both prospective and current) residents' lives arguably undermines HC-One's earlier claim of supporting individuals to 'enjoy a rich and fulfilling life'.

Figure 4. Extract from HC-One's 'Welcome' page, under 'About Us'.

Kindness is a mood changer, a life enhancer. It is the soothing hand, the thoughtful action, someone going the extra mile for us. In our busy lives we might not give it a passing thought, yet who hasn't felt a lifting of spirits when out of the blue we experience an act of kindness?

Now imagine our lives, no longer busy, no longer filled with daily chores and responsibilities, and imagine how much a gentle touch or an understanding voice might have the power to reassure us and dispel our fears.

Consistently, then, residents are relegated to being spoken *about*, rather than being directly addressed. The lack of residents' voices is also notable on both websites. HC-One does not use any quotes or stories from residents, staff or relatives/friends, so that it is only the 'we' of the company that addresses website users. Barchester does include residents' stories and photos alongside those of staff on their 'Our People' page, yet these are all written in the third person in 1-2 sentences, meaning that each individual's narrative appears carefully curated to enhance Barchester's reputation. Barchester's homepage also features recent reviews, but at the time of writing (23rd February 2024), all five featured reviews were by residents' relatives. Since these reviews are updated regularly, this may not always be the case; however, upon following the link to reviews, only 2,421 of the total 18,135 reviews were attributed to residents or day care service users, totalling 13.3%. For context, 6,072 of the reviews were attributed *just* to daughters of a resident/service user. Although pragmatic factors may contribute to this imbalance, it nonetheless reinforces the implicit attribution of decision-making and service evaluation to family and friends above people entering and experiencing care themselves (Henderson 2016).

Importantly, staff are also underrepresented on these websites, and when staff are represented, it is often as a homogenised collective that enhances the company's reputation; this is perhaps best exemplified by HC-One's homepage's claim that their staff are (apparently intrinsically) 'caring, warm-hearted and jolly people who have an affectionate understanding of our Residents and their individual needs.' To an extent, interviews with care workers support this representation, but what is also missing are the financial needs of staff in the care home sector (many of whom are precariously employed agency workers) and their struggles with the system, including with burnout and (rather ironically, considering the person-centred advertising) struggles against institutional rules that cause undue suffering to residents, such as limits on time or supplies like incontinence pads (Daly, 2023; Johnson, 2015).

Conclusion

Through a close analysis of customer-facing website material from two of the most influential care home chains in the UK, we have sought to critically examine how the current status quo of for-profit care can be both normalised and advertised as a desirable product

for consumers. While the providers draw to different extents on discourses surrounding "home" and (idealised) family, and of the luxurious, leisurely and agentive lifestyle associated with the third age, they both reproduce a person-centred discourse to advertise their care product as desirable. Notably, the images in both homepage openings foreground relational aspects of care between residents and staff members rather than, for instance, particular care-related tasks or the monetary exchange that underpins commercialised care. This aligns with existing research on the self-representation of care homes or similar institutional facilities, which tend to emphasise cultural ideals such as homeliness, family, independence and individuality, and downplay their institutional realities, for consumers and staff alike (Carder, 2002; Carder and Hernandez, 2004; Henderson, 2016; Johnson, 2015; Ylänne, 2021). What appears to be missing from these websites, however, is a recognition that care is not merely 'a resource', nor a one-way relationship (care can be mutual, and it is also a fundamental feature of *all* humans' lives), as well as the fact that care is far from apolitical – instead, as Dowling (2021, p. 29) explains, care is perhaps 'best understood as a particular configuration of social relationships that are politically and economically – and hence historically – conditioned, with all of the gendered, racialised and classed implications of power relations, as well as considerations of vulnerability, need, ability and disability'.

Indeed, upon closer inspection, particular power relations play out on the websites. We have shown that on multiple occasions, the care providers linguistically address not prospective residents but their family/friends, effectively dismissing the individuals who are transitioning into care as secondary to those who will continue to live in the non-institutionalised mainstream of society. This is problematic for several reasons. Firstly, this emphasis replicates (and normalises) the power imbalance that has been identified when entering or experiencing institutionalised care, whereby the values and experiences of family/friends are often privileged above those of the (prospective) resident, especially if the family have financial control (Carder and Hernandez, 2004; Henderson, 2016). Excluding prospective residents from discussions of care implies a transferral of responsibility directly from their relatives/friends to the institution. Alongside undermining the agency of (prospective) residents, this transferral – in combination with the promotion of 'high quality' care – further reinforces the naturalisation of care homes as a benevolent source of protection to validate the decision that *others* make to institutionalise a loved one (Henderson, 2016). Moreover, for one of the central tenants of person-centred care – that of being respected as a person, addressed as such and being involved in decision making – to be undermined in *promotional material* is gravely concerning, since this is a genre that is (in)famous for its aim to persuade audiences with an idealised rather than realistic representation. Subsequently, while explicitly advertising their care provision as respecting residents' individuality and continuity for their prior lives and identities, the providers' choice to specify non-residents as their target audience undermines this claim. Instead, it arguably aligns the care home chains more with human rights advocates' framing of institutional care facilities as a form of incarceration and segregation of older and/or disabled people that reflects a 'deep-rooted ageism and ableism' and violates the rights of such individuals (Steele *et al.*, 2023, p. 151).

It is also important to attend to the representation of care staff in these websites, since the companies' constructed staff roles and personas helps to establish particular expectations for website users (who, while presumed here to be (prospective) residents and their loved ones, may equally include (prospective) staff members too). Across the websites, staff are depicted as emotionally invested in the residents – they care 'about' as well as 'for' them. Equally, staff are pictured as smiling and are even constructed as intrinsically 'caring, warm-hearted and jolly' (HC-One). While such a portrayal is to be expected for representatives of companies trying to sell their "care product", it is worth considering the implications of overusing this trope. Indeed, evidence suggests that the expectation for staff to be naturally caring, smiley and invested in every single client can cause deep harm to staff, including through persuading workers to 'over-identify with the care-giving role at the expense of upholding their political and economic entitlements as workers', subsequently normalising exploitative conditions, such as regularly providing unpaid labour, forcing emotional performances and not challenging the low pay that is endemic to the sector (Johnson, 2015, pp. 118–9). This is especially acute when care homes ascribe to a business discourse that prioritises profitable and standardisable tasks, in which human relationships are further relegated to an unpaid "extra" and where working conditions tend to be most exploitative (Blakeley and Quilter-Pinner, 2019; Corlet Walker *et al.*, 2022; Dowling, 2021; Harrison, 2022). Overall, staff members risk being regarded as instruments that *deliver* person-centred care (and thus the company's profits) rather than as being dignified persons in their own right, with individual identities and experiences that should also be respected (Kadri *et al.*, 2018).

While MCDA offers useful means for interrogating the ideological and material implications of particular linguistic and visual choices, it is important not to overextend the findings presented here. These are simply our conclusions, based on the small amount of data that was manageable for this chapter, and future research would do well to consider the rest of the websites (including sites aimed at prospective staff), as well as the promotional materials of other care homes, especially those with alternative models. Equally, residents and staff members' representations of care are important to explore (for existing work in this area, see: Daly, 2023; Harrison, 2022; Henderson, 2016). Nonetheless, while brief, we hope that this chapter has helped to elucidate how care home chains might, through strategic use of linguistic and visual choices, help to justify and normalise particular approaches to care through careful foregrounding and backgrounding of different aspects of institutional care. We have shown that such representational choices contribute to the status quo of commercialised, institutionalised care and uphold existing power inequities that continue to benefit for-profit care providers, often at the expense of staff and residents.

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