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Abstract

In this article the author critiques Irish social care by presenting an equality perspective on practice. An equality perspective involves developing emancipatory practices, that is, ways of helping that provide egalitarian solutions and outcomes. Although emancipatory values are often contrasted with traditional social care values, the author seeks a pragmatic and integrated approach to emancipatory practices rather than a restatement of traditional dichotomies. Emancipatory practice begins with an appreciation of the nature and relevance of inequalities on the lives of diverse social care users. Building a commitment to equality within social care education and practice is an important step in altering many individual and institutional social care practices by focussing on equality processes and outcomes as central social care objectives. Using a well credited framework that outlines five dimensions of inequality (Baker, Lynch, Cantillon and Walsh, 2004), the author argues that social care educators and practitioners need to debate the issues raised and develop emancipatory practices.

Introduction

Emancipatory practice positions equality as a core value in social care. However, emancipatory values are at best marginal and at least obscure in discussions of teaching and practice. In this article I argue that the values and practices of equality should be central to social care practice. I outline key emancipatory values that can guide social care practice, emphasise why equality is important and finally outline five sets of inequalities that workers can seek to reduce in their practice.

The Social Care Value Base

Social care and aligned helping professions including nursing, social work and counselling, are influenced by emancipatory as well as conservative ethical traditions. Discussing social work and social care Payne (1997 and also Smith, 2005) identified reflective-therapeutic, individual-reformist and socialist-collectivist as three distinct philosophies traceable in the UK. Each philosophy has a distinct approach to practice, varying by their political radicalism. Classical examples of traditional and politically conservative helping values are espoused by Biestek (1957 and also Clough, 2000; Butrym, 1976). Biestek (1957) argued

that an effective professional relationship requires the helper act toward the individual client in seven principled ways. The professional relationship should be based on the values of individualisation, self-determination, a non-judgemental attitude, acceptance and confidentiality. The worker should also demonstrate a controlled emotional involvement and allow the client to purposefully express feelings. Critiques of these values decry their emphasis on individuals and their consequent neglect of group-based social problems. Such individualist approaches tend to locate the cause of social problems with individuals rather than society (Thompson, 1998; 2000; 2001; Banks, 2001; Cree, 2000; Smith, 2005). As such they are often believed to inadvertently reproduce relationships of power and inequality. Some theorists have suggested that these traditional social care values are incompatible with emancipatory ones (Statham, 1978; Dominelli, 2004), although others have suggested that they are complementary (Thompson, 2000; Banks, 2001). Codes of ethics and codes of practice usually combine different aspects of both (FICE, 2004; Banks, 2001).

Anti-discriminatory, anti-oppressive, radical, feminist, and empowerment perspectives on social work and social care have been central to debates about practice in the UK in recent decades. In these debates there are divergent views about what social care and related social professions can, and should, do in relation to general social ills such as inequality (Payne, 1997; Parrott, 2002; Lee & Pithers, 1980; Banks, 1999; 2001; Campling & Banks, 2004; Hugman, 2005; Banks & Nor, 2003). The emphasis on non-discrimination argues that service users should be protected from discrimination or disadvantage in the receipt of services on the grounds of 'race', age, gender, disability, sexual orientation, family status and other grounds. This position is compatible with the dominant liberal approach to equality in Irish public policy which seeks to create fair competition and equal opportunities to the unequal rewards of power, status and resources (Baker, 1987; 1999; Crowley, 2006).

Anti-oppressive and emancipatory practice goes further, realising more completely the oppressive nature of an unequal society, by attempting to alter institutionalised power relations. This is more in keeping with radical egalitarianism (Baker, 1987; 1999). Emancipatory values in social care aim to integrate personal aspects of caring with wider socio-political ones. Whereas many traditional values focus on the individual client and their adjustment to the social climate, emancipatory values in contrast emphasise socio-economic-political or structural aspects of care (Lynch et al., 2009). Emancipatory values shift attention away from individual pathologies to the social processes involved in discrimination, racism, poverty, sexism and misogyny, homophobia and other social harms (Payne, 1997; Thompson, 1998; 2000; 2001; Ahmad et al., 1996; Banks, 2001; Morrisson & Horwath, 1999; Shardlow, 1989; Clark, 2000). Emancipatory practices aim to enable service users to counter the alienation, marginalisation, social exclusion and low quality of life that are features of these injustices (ibid.).

There are numerous approaches to emancipatory care values but two are worth mentioning. Banks (1995; 2001 and discussed by Morrisson & Horwath, 1999) combines traditional and emancipatory values in an integrated way by classifying four sets of values relevant to social care:

- *Respect for and promotion of the individual's rights to self-determination,*
- *The promotion of welfare and wellbeing,*
- *The promotion of equality and the removal of disadvantage and,*
- *The promotion of distributive justice in the allocation of resources.*

Thompson (2000) outlines a more detailed list of emancipatory values for social work:

- *Empowerment* is the moral assumption that a shift in the balance of power is desirable. Empowerment aims to facilitate and enable people to have a greater level of control over their life circumstances. It seeks to equip people for what they will face politically, psychologically and emotionally (e.g. Cough, 2000; Frost, 1999; Parrott, 2002; Coppola & Rivas, 1985).
- *Authenticity* is an existential concept that emphasises freedom, choice and responsibility. Even in inaction we choose a path. Similar to empowerment, it places a value on the control that we can exercise over our actions when we realise this responsibility.
- *Citizenship* places emphasis on universal rights and social inclusion rather than luck and charity (e.g. Parrott, 2002).
- *Partnership* argues for user involvement, participation, increased power and choice, collaboration and multidisciplinary approaches.
- *Social Justice* argues for rights based approaches to social care policy and practice.
- *De-individualisation* argues that people are not just unique individuals that require individual respect, but are also relational and live within groups and communities. It seeks to redress the pathological individualism that often locates the source of social problems with the individual.

Why Value Equality in Social Care?

Equality is a core social value included by both Banks and Thomson. Equality is about being prepared to tackle inequalities. It is a mistake to think that equality is necessarily about treating people all the same and should take differences and individual need into account (Baker, 1987). As a fundamental human value, equality can be robustly argued for on the basis of respect for persons as self-determining beings, who have basic and higher level needs (ibid.). It is also vital for the wellbeing of communities that nurture solidarity and belonging (ibid; Baker et al., 2004). Social care is one of the principal interfaces of inequality where peoples' care needs are not adequately met by other social institutions. As a health and welfare intervention, social care is a public institution (although many are private commercial enterprises), that is seen to supplement or substitute other systems, particularly family care. The traditional nature of social care is to go beyond the provision of basic needs to provide social and psychological integration within communities, to educate, rehabilitate, care, cure, and in some cases deter and punish. Social care caters for those in society deemed vulnerable including the physically and mentally ill, infirm, disabled, neglected, abused and excluded. It is also clear that people in need of social care experience a wide range of social inequalities which may include differential levels of health, income, wealth, power, education, care, support and belonging. Experiences of need are substantially related to key social divisions formed around age and generation, sexualities, disabilities, gender, social class, ethnicity, religion and family status and other areas.

Social care practitioners, who do not have at least an implicit appreciation of the nature of inequalities, and of how they impact on the lives on social care users, are lacking a basic knowledge required to do this work. They risk becoming 'one dimensional practitioners' (O'Connor, 2006, p. 88). Effective practice is not merely about meeting inter-personal care needs 'on the ground'. As important as this is, effective practice is also about the way that these needs are met and whether they empower or reinforce relations of oppression. Caring, education and therapeutic practices also have emancipatory goals that will require systematic, relational, as well as individual change. For example Kirby (2006) argues the future of social care is shaped by the failures of the state to reduce relative poverty and inequalities. A shift from a developmental welfare state to one preoccupied with competition and markets has in fact weakened the state in the face of global forces. Kirby's argument implies that a concern for social, economic and political equality are also central to many aspects of social care. Social care workers who understand the value of equality for their work should be concerned to develop emancipatory practices.

Equality and Social Care Practice

A problem with social care principles and values is that they are often vague, occasionally contradictory and in general difficult to apply to practice. In keeping with the maxim, '*all theory should be practical, and all practice theoretical*' I will outline five sets of inequalities (Baker et al., 2004) around which social care workers can develop policy and practices.

Power and representation are inequalities of power, voice and decision-making. Representation and power equality is about the empowerment of service users on an equal basis so that they can influence and make decisions about their lives. Practitioners need to question the nature of power relationships within their organisations. Emancipatory values pose challenges to the theoretical approaches and models of care of many agencies, because they challenge the status quo of power relationships. Practitioners can ask if users have opportunities to express their opinions. Beyond this do users feel empowered to do so? Do workers appreciate the nature of power inequality, for example, experienced as differential levels of knowledge? What efforts are being made to share power and meaningfully include users and their families in decision-making? What structures require changing? The role of the practitioner from these perspectives is antithetical to adjustment and protection alone and must also promote empowerment, including increasing the voice and control of users in the provision of services. Power inequalities are institutionalised within caring professions (Hugman, 1991). Workers must reflect on the power they possess as carers; the power to interpret needs, wants, and aspirations. Workers have the power to intervene and to ignore as well as to coerce and manipulate.

Resources refer to the distribution of a wide variety of resources required to live a decent life including time, space, clean air, income and wealth and health care. Resource equality is concerned with service users having a wide range of resources to meet their particular needs. They should be provided with a good variety of the same options as others in society, which will often require extra resources to achieve. Examples include specialist health, educational or psychological services, or extra income to meet higher dependency requirements. Practitioners need to question the way decisions about the allocation of resources are made and other factors related to this. In what ways are social inequalities and social needs taken into account when allocating resources? For example, what time and money is spent on different users and for what reasons? Equality does not demand that resources be allocated evenly among users. Rather the needs should dictate how they are spent. But these often require careful consideration. Many social care users, such as children in residential care, will often need to be compensated with resources for disadvantages that they have experienced, educationally, socially and emotionally (Hanlon, 2007a).

Respect and recognition are inequalities of status. Equality of respect and recognition for social care users means realising social conditions where their needs, disabilities and wellbeing are valued equally with others. Respect is arguably the most fundamental of social

care values. When applied to equality, respect and recognition goes beyond treating people with dignity. Respect and recognition asks about the nature of all the relationships between the staff and users and among the staff. It raises questions about prejudice and judgement. Workers play a crucial role in repairing damaged relationships that are the result of social denigration. It is a vital therapeutic task that workers do not reproduce relationships that disesteem or denigrate and that they challenge beliefs that do, including racism, misogyny and homophobia. Practitioners should take a proactive role in advocating for clients where they are not empowered to do so themselves.

Working and learning inequalities are inequalities in the burdens and benefits arising from the division of labour and with the development of educational potential. Equality of working and learning in social care means ensuring that service users are able to develop to their abilities and talents, and to realize their potential equally with others. It means preparing and supporting people to engage in fulfilling and engaging work on an equal basis with others. Workers need to pay attention to the developmental, educational and learning opportunities and experiences of service users. Do they receive the same opportunities as others in society? What negative experiences should be actively compensated for within the social care environment?

Love, care and solidarity are also common inequalities that many people experience, particularly those that are in need of social care. These inequalities are concerned with who has access to and who is denied relations of love, care and solidarity. The fact that some people do much more of the burdensome caring work in society is a primary example. Another is where some people have little or no access to ongoing loving and supportive relations such as children in care and those in mental health institutions and prisons. Equality of love, care and solidarity is about creating the conditions in which people have the capacity to develop and maintain ongoing fulfilling relationships. Although Irish social care has a deeply troubling history of abuse and neglect, social care can make an enormous contribution to developing and supporting relations of love and care, although to do so may require significant changes in practice. The development and extension of counseling, family, and community work as part of social care is a vital aspect to this. Social care workers must consider how to establish relationships and provide experiences of love and care, by considering a much wider-angled-lens, rather than a deficit, notion of family dysfunction.

Challenges to Emancipatory Values in Irish Social Care

Although social work and social care values equality, traditional attempts to grapple with the values and practices of equality within these areas have been fraught with difficulties. The explicit meaning of equality and the role of the caring professions in contributing to an equality agenda is often obscure. A simplistic dichotomy can polarise perspectives between those which locate the causes of 'deprivation', 'deviance', 'disorder' and 'dysfunction' with the psychology of the individual and those which reframe client need as problems of

disadvantage, injustice, inequality and social division. I suggest that the dominant paradigm within Irish social care has been the former. The preoccupation has been the provision of a basic service often conceived in negative terms as replacing 'dysfunctional' family care rather than challenging the nature of social arrangements. The values of individualisation, acceptance and self-determination take precedence over social justice, emancipation and equality. More radical perspectives have been constrained by the nature of social care practice which tends to be apolitical, especially regarding the care of children.

As a lecturer and researcher in social science, and a former social care practitioner, it would appear to me that emancipatory values have been neglected. Although much of the social care literature in Ireland is traditionalist in nature, recent refreshing debates (Share & Lalor, 2009; Share & McElwee, 2005; O'Connor & Murphy, 2006; Hallstedt & Hogstrom, 2005) highlight the growth and diversity of perspectives (O'Sullivan, 2006). O'Connor (2006) and O'Doherty (2006) in particular argue that critical sociological and pedagogical perspectives should be integrated, and not just marginal, with emancipatory social care practice a view I eagerly endorse (Hanlon, 2007a; 2007b). There are a number of obstacles to this, including differences in the way social care is defined, the institutional relations of power within social care education and practice, and the practices of institutions and individual workers. For example, emancipatory social care practice demands that the social care sector develops a commitment to critical teaching methodologies, an exploration of what emancipatory practice means in the everyday practice of social care, and teaching emancipatory and participatory research methodologies as core course curricula (Hanlon, 2007b).

Although I have emphasised the neglect of a critical socio-structural focus in Irish social care I am not arguing for a rehash of simplistic emancipatory narratives. Social care must try and develop innovative and critical approaches to practice that are empowering and anti-oppressive and capable of delivering egalitarian outcomes (Ferguson, 2003). There are different views about how this can be done and what exactly the focus of the social professions should be in the context of (post)modernity. Ferguson (2001) for example, argues that, without replacing emancipatory politics, social care should privilege 'life politics', the focus on self-actualisation and life-choices for clients using 'life planning' methodologies. Whilst I would caution that this approach can easily become a new label for the same old practices within a conservative social climate it is none-the-less important to consider the changing social care landscape. These and other critical perspectives reinvigorate the debates about the contemporary nature of society and oppression and the role of the social professions. Social care education and practice needs to seriously debate the nature of social care and inequality. In doing so there are likely to be many contentious issues such as what equality means when applied to social care, what equality objectives should be pursued, how they might be advanced, and what are the obstacles to achieving greater levels of equality (Lynch, 2000). Social care needs to develop critical methodologies that engage the personal and subjective, as well as the objective and political. Social care education and practice must

appreciate both the individual existential experience of care as well as the structural and institutional nature of oppression.

Conclusion

This article has outlined a framework that conceptualises five dimensions to inequality. It asserts that social care education and practice focus on inequality and debate how inequalities relate to social care practice and provision. Appreciating the multidimensional nature of inequality is useful in opening up this debate. Crucial to this is why emancipatory practices appear to be neglected in Irish social care. Establishing equality as a core value in social care is the starting point for the more challenging task for the social professions to integrate theory and practice, a discussion for another day.

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