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1 What is social care practice?

What is social care?

Social care is a difficult concept to understand, because the term is used in different places with different meanings. The three main usages refer to:

- Social work practice in residential, day care and other group care settings (for example the Social Care Association)
- A British term referring to services, including social work, provided in the field of social welfare. Used like this, the term often connects with 'healthcare'. 'Social care' has replaced 'the social services' and 'the personal social services' in UK government terminology, and official documents often refer to an omnibus term: 'health and social care'. Talking about 'social care' emphasizes that providing effective services is a crucial part of social work, which in turn is part of social care
- Practice and training for practice in the 'care sector' of the economy and in state welfare services, often in group care settings, as distinct from therapeutic social work designed to enhance personal growth and self-understanding (Payne, 2006).

The underlying reason for using 'social care' in these ways is the same: it reflects a political and professional shift to emphasize caring, and to distinguish the responsibility to be caring in these services from other responsibilities. In particular, social care aims to focus practice on caring attitudes and caring services, because service users and carers value that. Many professions concerned with well-being emphasize psychological or counselling therapies that help people with difficult feelings or emotions, thinking or cognitions and relationships. Social care's development, therefore, is a policy shift. It says to practitioners that, whatever therapeutic or educational work they do, care runs alongside it and should be integrated into it.

The political shift towards talking about 'social care' implies that practical caring tasks may be low-status and relatively unskilled – there is debate about that – but they must nevertheless always be part of services aimed at well-being. If that is so, practitioners such as social workers must integrate low-status, unskilled care work into what they do and have a concern

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for it as part of their services, even if they do not do it personally. In related professions, such as nursing and teaching, relatively low-skilled tasks are performed by assistants or ancillaries, but the professional practitioner still has responsibility for what such staff do. In social work, too, practitioners do not just ‘assess’ for a care package or ‘manage’ a care home, they are responsible for the caring that users and informal carers experience.

A number of formal definitions of social care exist, and some are quoted in Table 1.1; looking at these suggests that the idea is not yet well developed. The Platt Report (2007) on the status of social care usefully points out that service users prefer definitions that refer to what the services aim to achieve for them, as well as what they consist of. The English Department of Health (DH), which is responsible for adult social care, is using the term ‘social care’ alongside ‘healthcare’ to emphasize both the connection and also the administrative and legal differences between them in the UK system; in fact mainly in the system in England and Wales. Another important report, the Wanless Report (2006) on the social care of older people, starts from social care policy and its interaction with social security and healthcare policies.

Table 1.1 Definitions of social care

<i>Department of Health White Paper Our Health, Our Care, Our Say</i>
...the wide range of services designed to support people to maintain their independence, enable them to play a fuller part in society, protect them in vulnerable situations and manage complex relationships. (DH, 2006a: 1.29)
<i>Department of Health social care website</i>
Social care is one of the major public service areas. In England, the responsibility to provide social care services rests principally with local councils. At any one time, up to 1.5 million of the most vulnerable people in society are relying on social workers and support staff for help. Social care services also make a major contribution to tackling social exclusion. Currently, modernizing social services is a national priority, and to have the greatest effect this must happen in conjunction with the modernization of the NHS. (DH, 2007a)
<i>BBC Q&A social care</i>
There is no simple definition of social care. However, it is agreed it covers a wide range of services provided by local authorities and the independent sector to elderly people either in their own homes or in a care home. It also covers day centres which help people with daily living. Services like help with washing, dressing, feeding or assistance in going to the toilet are also included, as are meals-on-wheels and home-help for people with disabilities. It does not cover nursing care, which is defined as care that has to be provided or supervised by a registered nurse. (BBC, 2007)
<i>Platt Report The Status of Social Care: A Review 2007</i>
The group of services that provide personal care and support to people in a social situation – such as family; the community; a communal setting; to help them achieve independence and to promote their positive contribution as citizens. (Platt, 2007)

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Examples of recent formal change referring to social care are the Care Standards Act 2000 and equivalents such as the Regulation of Care (Scotland) Act 2001, which set up the regulators of social work in the UK. These are the General Social Care Council in England, the Care Council for Wales, and the Northern Ireland Social Care Council, although the Scottish equivalent is the Scottish Social Services Council. The Social Care Institute for Excellence (SCIE, 2006) and its Scottish equivalent the Scottish Institute for Excellence in Social Work Education (SIESWE, 2006), were also established to develop and disseminate knowledge and research about social care; again, though, the Scottish terminology is different, referring to 'social work'. The main government website on social services, produced by the DH, also refers to 'social care' describing social work as a small part of social care, mainly because there are a small number of qualified and registered social workers compared with the number of people who work in social care altogether. Does this mean that looking after children in public care is not now social care? Does it mean that children and families work is the only role of social work; that ensuring the well-being of adults is not social work but something different? No, because practice in services for children and families still has to be caring, and is often called 'children's social care'. Also, social care services for adults still require considerable professional social work skill.

Social work is nevertheless part of the social care system; in changing the name from 'social services', the DH wants to emphasize the importance of caring responsibilities in social work. In most other countries, 'social work' and 'social services' are still the overall terms, and would include both services and practice that in the UK might be called 'social care'. Therefore, most international literature refers to social work when referring to actions and services that in the UK would normally be called social care. At the end of this chapter, therefore, I examine the interaction between social work and social care as practices and as professions.

Is this a real change or just talk? The late 1990s and early 2000s were a time of 'spin'; politics and the media aimed to renew and modernize the image of public services by presenting them more positively, so you might be cynical about the reasons for this change. However, the change in language reflects an important, valuable change in perspective, organization and practice, in the following ways:

- Dealing with people's *problems* by social and behaviour change shifted towards responding to care needs for effective, responsive *services* (the perspective change)
- Planned service *structures* shifted towards flexible responses to service users' assessed *needs* (the organizational change)
- Concern for interpersonal *processes* shifted towards achieving effective, planned care *outcomes* (the practice change).

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These are changes in focus, not a complete u-turn. What we are moving from (a problem focus, a focus on organizational structures, and a focus on interpersonal processes) have not become less important. Rather, they have been placed in a new service and practice context. It is helpful to understand these changes as a recognition that social services need to be more personalized in order to meet the duty to respond in the best way possible to the needs that citizens present to be dealt with by their public social services.

Social care, citizenship and social services

Citizenship and state social care

A historic shift during the last half of the 20th century moved care for sick, disabled and vulnerable people out of institutions and into 'the community'. This shift is an international movement and is the origin of UK social care. The shift to caring emphasizes that one of the ways that states achieve social cohesion is through taking responsibility for caring for people who are its citizens. Citizens in a modern state are in social relationships, connected with each other within a community of people who have shared interests and responsibility for each other's well-being.

Social work is part of achieving social well-being and cohesion, but, in the 20th century, it was mainly about behavioural adaptation and social change. From the 1990s onwards, social work with children and families progressively separated from 'adult social services' in the English social services departments (SSDs) that had been established in local government during the 1970s; this split was formalized in the early 2000s, although it is still not completely universal. Many non-local government social work agencies are not divided like this. For example, I work in a hospice, where the social work team works with both children and adults.

Social care services and workers

Social care is provided within a range of services for adults and children, which cost English local councils £14.06bn and £4.49bn respectively in 2005–6, providing a service for 1.72 million adults in 2004–5 (CSCI, 2006: 3.3, 3.10). Data about children is collected differently: 60,900 were 'looked after' by English councils in 2004–5 (CSCI, 2006: 3.52). During the financial year April 2004 to March 2005, about 584,000 adults used home care, 267,240 were assisted to live in residential care, and, of the 1.96 million new contacts from adults to English councils, 649,000 people had completed assessments for care. Table 1.2 lists the services inspected by the Commission for Social Care Inspection (CSCI) with a summary of what each service provides drawn from its descriptions; this clarifies the

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official view of what these services consist of. As this book is published the CSCI will merge with the healthcare regulator, but at the time of writing we do not know the details. Services in the home include a range of practical care, including the provision of meals. Day care services are also provided for many different groups. This book aims to identify principles of care provision in these services, rather than the services themselves or the policy that leads to them, although the next two chapters briefly examine the organizational and policy context of social care.

Table 1.2 Social care provision

<i>Adult services</i>	<i>Children's services</i>	<i>Description</i>
Care homes and settings	Children's homes	Provide accommodation, meals and personal care
	Schools and colleges	Schools and colleges that also provide care, such as boarding schools, further education colleges and schools where children with learning disabilities are taught
Care in your own home		Care workers provide help with washing, dressing and eating and other practical tasks in people's own homes
Direct payment support schemes		Help with cash payments made direct by local councils to enable people to buy assistance with care
Nurses' agencies		Organize nurses to visit people who need care, possibly in their own homes, but mostly in care homes or hospitals
Adult support schemes	Fostering agencies	Organize to provide people in need with a family life in the carers' homes
	Adoption agencies	Adoption agencies organize families to take permanent legal responsibility for a child
Specialist services		Care homes or day centres that provide for specific ethnic minority groups
	Residential family centres	Temporary accommodation for families where parents are receiving help with parenting skills

SOURCE: CSCI (2007).

A range of people work in these services. We distinguish between:

- Paid workers, including a group of qualified social workers; I use the term 'practitioners'
- Informal carers, who are often members of the families of service users, or part of their informal social networks. Various terms are used for this group; I adopt the British convention of calling them carers.

Both these aspects of care services are important, since they interact with each other in providing care for people, and there are important distinctions between them, considered below in 'Care and caring'.

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Where does the term ‘social care’ come from?

The term ‘social care’ has been used in the UK since at least 1982, when ‘social care planning’ was described in the Barclay Report (1982) on the ‘role and tasks of social work’ as one of the two roles (the other was ‘counselling’) of social work. After the Report, people began to use ‘social care’ to refer to ‘indirect’ social work in contrast to direct work in relationships with service users and their families. Examples of indirect work include organizing services or advocating on behalf of service users with other agencies.

As Goldberg and Connelly (1982: 2) wrote:

“ The term ‘social care’, meaning ‘the social as distinct from the economic ways in which people look after each other, directly or indirectly’ ... seems to convey more adequately these recent developments in the personal social services. The concept embraces not only social work and other statutory personal social services but also all kinds of voluntary activities as well as self-help and mutual help.

The ‘Social Care Association’ was set up in 1985, mainly drawing its membership from the former ‘Residential Care Association’ (SCA, 2006). This move aimed to broaden the organization’s focus to care work in people’s homes and in other community settings as well as in residential and day care.

Also during the 1980s, private residential care expanded, and the ‘for-profit’ sector became the most important provider of residential care and a big employer of staff. Previously, most residential care had been in local authority (LA) social services departments (SSDs). A new term was needed to distinguish a sector of social provision from SSDs. It became a sector of the economy, an ‘industry’, at a time when traditional manufacturing industries were being displaced in the economy by service industries.

Concern about training for staff in care work in residential care grew out of the development of ‘industry-wide’ training in all sectors of the economy during the 1990s. Qualifying social work education, already well established, became universal during the 1980s for fieldwork practitioners. Many agencies moved to emphasize wider training needs in all economic sectors, the term ‘social care sector’ was preferred to ‘social services’ which by that time had become associated with LA SSDs. By the end of the 1990s ‘social care’ was the most inclusive term. However, this is a British development; most of the rest of the world uses social work as the overarching term, including effective service provision within that.

Social care’s alternative aims

The term ‘social care’ came into wide use as an alternative to the existing services. Therefore, referring to ‘social care’ implies that social care is different from social work or social services. The implications are as follows.

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Social care is multi-sectoral

It includes private sector or 'for-profit' provision and voluntary, not-for-profit or 'third-sector' provision alongside government, state or local authority provision. 'Third-sector' is an American term for voluntary or not-for-profit organizations, implying that the first two sectors are the private and state sectors. It follows from the fact that social care is multi-sectoral that it includes a private sector, and therefore incorporates market-based approaches to providing services, not only public services.

Social care is provision

From the 1980s, governments have separated providing a service to service users, 'service provision', from the task of planning and paying for the services in an area, 'commissioning'. This is part of the arrangements for multi-sectoral services, since there has to be an administrative arrangement for choosing between services in the different sectors. Commissioning means giving or authorizing a person or organization to carry out their responsibilities, usually referring to official responsibilities. It is a military analogy: senior officers in the army are 'commissioned' when they are given their posts. It is also sometimes used to refer to getting a new building or service running after the planning stage.

In principle, separating commissioning from provision should be more flexible than the local authority providing everything, because services can be offered in different combinations. In practice, this division of responsibility may confuse users and workers with complex arrangements. In adult community care, for example, a care manager employed by an LA usually assesses people's needs and organizes a 'care package' to meet the needs, although there are other ways of managing this process (Payne, 1995). The services in the care package may be provided by agencies, from different sectors, including the LA. Similarly, in child care, a child protection or child and families worker usually decides, usually as part of a case conference or review, when a child needs residential care or a school for children with emotional and behavioural disorders (EBD). However, the people providing the care are usually managed separately within the LA, or work for a specialist residential or EBD care agency; they are part of implementing 'social care' including some social work practice.

practice example

Harris is a young person 'looked after' (the legal term) by the LA in residential care. Daily responsibility for his personal development falls to the staff of the care home, and consequently their relationships are important to him. On the other hand, strategic decisions, for example about whether he is in a care home at all, and if so where, lie with his social worker whom he rarely sees. The social worker's decisions reflect policy, availability of wider services or intended outcomes that differ from the daily issues concerning Harris and the residential care staff who care for him. A periodic case

conference or review, involving Harris and his parents, takes the decisions. Both care workers and Harris may find it hard to see who has the most influence in the meetings. Also, he finds it hard to look back afterwards to see why decisions were made.

Commissioning care in packages sometimes makes it hard to identify who is responsible for decisions. One of the important tasks of social care is, therefore, to keep track of the decisions made about packages of services and help users to understand and make the best use of them. Harris is an example of the need for this role.

Social care is about providing services

From the 1940s onwards, social work's main purpose was to deal with people who were seen as having problems, or as being a problem for other people or for society in general. Social services were not a universal service, like health-care or education, that everyone might use, but were stigmatized as being for people who could not manage independently. As Webb and Wistow (1987: 215), reviewing 'the rise of social care', put it: 'Compared with the unflattering popular image of field social work, the social care services have appeared as providers of direct practical support to individuals in need.'

A DH study in 2001 (Research Box 1.1) confirms this impression. Most people have a negative picture of social work and social care, because the people social workers deal with are troubled or troublesome and difficult to deal with. Consequently, other people do not like being part of a service that works with such stigmatized people. People with a serious disability or who are very frail because of old age have an acceptable call on the state's social services, but most people prefer not to have to ask for that help. Also, most people would prefer not to provide that help, sometimes struggling over long periods. Another point is that healthcare and education are free for most people, whereas people receiving help from social security and social services either have to pay or be subjected to a means test, a check that they have not got the income or capital (the 'means') to pay a charge.

As a result, social work and social care are stigmatized because they are not universal, but only offered to difficult people with difficult problems. Calling on social care services implies that someone has managed their life or problems badly. Because richer people pay for their own help rather than calling on state help, many people feel that social care services are not in their control and that officialdom will interfere in their private affairs because the state is paying. In this way, social work and social services are a public intervention, interpreted as public interference, in private life, rather than an exchange for citizens' contributions to their community and family in the past, or for payment. In addition, many people think that 'doing' caring may be necessary but is undesirable work, whether done voluntarily or as employment; this is one of the reasons why it has low status.

Public perceptions of social work and social care

Why the study was carried out – There were concerns about recruitment to social work, because of a shortage of trained staff and a fall in applications to social work courses.

Methods – An independent market research company studied the views of focus groups of people who had little knowledge or experience of the social services. Focus groups are a good way of stimulating people to express ideas about a topic that they are unfamiliar with.

Results – Public perception of social work was unfavourable for two reasons:

1. Social workers dealt with intractable situations, involving unpleasant issues and disapproved people, in particular child abuse.
2. They were seen as hemmed in by large workloads and bureaucratic procedures.

Public perception of social care was that it consisted of mainly practical tasks caring for elderly people, carried out by women. Both roles were stressful, difficult and unpleasant, requiring a sense of vocation.

Outcomes – The government developed an advertising campaign, emphasizing the interest, complexity and social value of social work, which successfully increased applications to courses.

Source: Research Works (2001).

Social care provides care, not therapy or change

The centre of social work practice has been to help people fit in better to society, either by changing people's social relationships and behaviour or by working to change elements of social provision or social organization. These are broadly therapeutic or social change objectives. Social care focuses on what Davies (1994) calls 'maintenance' in social work, that is, helping people to maintain their functioning and quality of life when it would otherwise have deteriorated.

Social care works with long-term conditions

Because it has this maintenance role, social care often works with people who have long-term conditions, or situations in which they need continuing involvement. Social work increasingly uses short-term techniques like task-centred or cognitive-behavioural work to change behaviour. It assesses people for services and plans work, while social care services do

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the daily work of caring, with social workers playing limited roles. Part of the reason for this is that healthcare services have focused on curing acute conditions, transferring long-term care to social care.

Social care works with all groups of service users

While we often think of services for adults as social care and services for children and families as social work, social care broadly means work with people that includes substantial elements of caring, and children and families work is often called 'children's social care'. The Social Care Association grew out of professional bodies in children's residential care. Social care with all user groups uses similar principles and knowledge and raises similar issues, and its ideas draw on residential care ideas.

Social care: implications for practice

In summary, social care aims, within broader social provision, to deliver care services in all sectors of the economy for groups of service users with long-term conditions or needs. Being multi-sectoral means that social care practice has to emphasize the interaction of organizations and being long term means that practice must be concerned with consistency over long periods across those organizations. This means that social care practice has to develop continuing relationships with service users and carers and integrate the work of different organizations. Social work has different aims, about behavioural and social change, and evidence suggests that the best social work is often focused on specific issues in people's lives and works well through brief contacts. The organization of, and policy of, social care services has failed to recognize the practice implications of social care's aim and content of consistent long-term care. Therefore in exploring and formulating the requirements of social care practice, this book argues that some current organization and policy is a barrier to good practice, because it does not foster continuing caring relationships.

In the next two sections, I examine the two crucial elements of social care: the idea of care and the idea of the social. If social care is a policy shift that emphasizes the importance of caring, we need to understand in detail what that might mean.

Care and caring

Informal caring arises as people accept responsibility for caring for others as a natural part of their family and social networks. Social care is distinct, although it connects with informal caring. Like 'medical care' or 'nursing care', it refers to services from paid workers provided to people because of citizenship in a society. Citizen caring is part of the social capital, the accumulated resources, of a society, promoting social cohesion by accepting

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that a society has a responsibility for organizing care for its citizens. Social care contributes to social capital in two ways. First, it contributes caring provision: organized caring as part of the state and the economy. Thus, its second contribution to social capital is caring support. Social care supports the social cohesion generated by informal caring and it extends caring beyond interpersonal responsibility into social responsibility.

If, as I have argued, social care is a new approach to the social services, bringing caring into the duties that we accept within our state and social responsibilities to citizens, we must mean that the public and service users are entitled to expect citizen caring to be like informal caring in important ways and to complain when it is not. Therefore, understanding *care* and *being caring* is an important basis for social care. It provides values that define our practice and objectives, and expectations and clarity about what being caring means for our services. The public and service users compare citizen caring with the benchmark of informal caring. We cannot, therefore, cut paid social care services off from the general understood concept of caring by saying that citizen caring is different.

This section aims to introduce ideas about care and being caring as basic concepts that underlie the rest of this book. I start from informal caring, and then compare and contrast citizen caring with it, examining how caring services need to be organized to make their contribution to informal caring.

I often ask groups or audiences what image they have of caring. A common image is of mothers and children or, particularly in healthcare audiences, ‘mopping the fevered brow’ as someone put it recently, that is, physical help in illness that is not specialized nursing aimed at cure. The image of caring that connects it with the ‘mother–child’ relationship has implications for care services, because the maternal care relationship has particular features: the child is very dependent and a close emotional attachment is usually formed between mother and child. These features are not necessarily the same in other caring relationships. Illness may be a transitory condition, and physical help may not be all that is required, so, again, we should be careful of assuming that the images we have are relevant for all caring.

Personal caring

Important ideas in caring are derived from Enlightenment thinkers of the 17th century. The assumption is that citizens within a society are connected, they have moral duty to reduce suffering and, as people who are free to decide on their own course of action, can nevertheless determine through reason that maintaining social connections generates general social benefits. This leads to ideas such as:

- Altruism, the idea that we should have regard for others’ needs as a principle in deciding how to act
- Beneficence, the idea that people should help others who need help
- Duty or obligation, the idea that we have a duty to help others

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- Tradition, the idea that we should comply with expected behaviour in societies, because this leads to certainty and efficiency
- Reciprocity, the idea that we should return care that others have given to us, or more broadly return to society care that we have received through social relationships (Bulmer, 1987: chapter 5).

All these are aspects of the motivation of people to care, be caring and be cared for and the acceptance that this is morally good and practically useful.

There are two ways of seeing this moral aspect of caring in Western society. One point is that caring is an essential part of being moral; you cannot be a moral person without being caring. It follows from this that a service provided between two people, in a personal relationship or a more formal relationship because they are citizens, must be caring to be moral. A connected but different point is that caring is a moral act, a good act. Therefore providing social care services, like any other caring is a virtuous act; to be virtuous, it must have the accepted features of caring. We therefore have to ask what this caring consists of.

All caring incorporates two aspects, which Noddings (1984) sees as feminine and masculine. The feminine aspect is about connectedness between the carer and others in society and receptiveness to the other person. The masculine aspect is an active commitment on the part of the carer to the other person.

Examples of the masculine aspect are represented in Mayeroff's (1971) account of the characteristics of personal caring. He starts from the principle: 'To care for another person, in the most significant sense, is to help him grow or actualize himself' (p. 1), going on to say: 'To help another grow is to help him care for something outside himself and to be able to care for himself' (p. 6, *sic*; Mayeroff includes women in the personal pronouns 'him' and 'himself'). An important point of Mayeroff's work for social care is that the focus on helping people towards self-actualization proposes a direction and priorities in carrying out caring tasks, and a way of deciding among various possibilities of what to do. Foucault (1986) emphasized how individual self-actualization as a social priority gives importance to the individual in Western society, and values private over public and community life. A related view is that of Tronto (1993) who argues that, to be ethical, care must involve attentiveness to the needs of the cared-for person, responsibility for taking action to meet their needs, competence in doing so and responsiveness to needs that may lead to risk.

The feminine aspect of caring is represented in Noddings's (1984) account of caring. She sees caring as 'engrossment', that is a mental state of being burdened by concern for another person, anxious, fearful or solicitous about their well-being. She criticizes Mayeroff's approach as too rational, too concerned about the carer and the extent to which they are committed. She focuses instead not on projecting ourselves into the other person's shoes, but on receptiveness, being related to and responsive to the other person. The

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idea of connection is also important in Gilligan's (1993) psychological research into children's moral development. She argues that where there is solidarity in society, people have an 'ethics of care', that is, we see it as a moral good if people care for each other. One view of moral development leads to a rational, rule-making approach to what is good and bad, and leads to a concern about fairness and justice. Her study shows that this is typical of the way boys are brought up, and this leads them to be more concerned to find out who is right, or which argument 'wins' in moral debate. The alternative view, more typical of the way we bring up girls, sees it as more important to care for each other in interdependent relationships. Gilligan (1993: 160) refers to women's accounts of their lives:

“ in all of the women's descriptions, identity is defined in a context of relationship and judged by a standard of responsibility and care. Similarly, morality is seen by these women as arising from the experience of connection and conceived as a problem of inclusion rather than one of balancing claims.

The implications of this work for gender relations have led to considerable debate. Feminist writers, in particular, suggest that these different attitudes to the ethics of care might be connected with the tendency for women to be seen as the main carers in social relationships. Thinking more broadly, I suggested above that states provide social care services because they value this social connection between people as a contribution to a nation's social capital and order through generating social solidarity.

practice example

I work in a hospice, with people who know they are going to die soon and with their families. At the end of life, people want to do something useful with the limited time that they have left. This may involve completing life tasks and rounding off relationships that are important to them, reminiscing or recording memories for children or grandchildren, or learning something new. By being concerned with others in this way, or developing themselves, they feel they are achieving something useful, even though they may be too ill to carry on with their ordinary pursuits. In doing this, they are remaining mentally healthy, that is caring for themselves, by caring for others in their family. The hospice, providing a palliative care service, is providing caring support in helping people achieve these important human tasks of caring for others and thereby caring for themselves.

Extending this example to other social provision, children need help to grow and develop in the best possible way. One of the reasons that the child care system has been regarded as poor caring provision is that children in care have poor educational attainment compared with other similar children. People assume that it cannot be caring if it does not

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achieve children's development. Disabled people, people with learning disabilities and mentally ill people all need the opportunity to make the best of their abilities, because their disabilities may limit them in achieving what they might like or prefer. Older people may be disappointed, isolated or depressed because they have fewer opportunities than in their past to pursue self-actualization and it may be hard for carers or practitioners to think of them as needing personal development and growth.

Practical and emotional care

Care includes conceptually distinct practical and emotional elements. Parker and Lawton's (1994) study of care activities identified in the General Household Survey (Research Box 1.2) showed how people think about different aspects of care. The researchers re-analysed a government survey of family life, which examined informal carers. They showed that most people differentiate caring tasks, which are clustered into caring roles. Different groups of people were found to give different sorts of care. Extensive personal care is the preserve of marriages and other close relationships. Personal care without practical care was largely provided by spouses and children, and most often received by men. Physical help that is not personal is more provided by men and by parents. What this suggests is that different sorts of care needs are met by people in different relationships. Practical help is mainly provided to older people and may be provided by men and non-relatives.

research box 1.2

Caring activities

Why the study was undertaken – To analyse public perceptions of caring.

Methods – Secondary analysis (that is, looking again at existing data from a general survey and analysing it in a new way).

<i>Caring activity</i>	<i>Description</i>
Personal care	Dressing, bathing, toileting
Physical help	Walking, getting in and out of bed
Paperwork/financial matters	
Other practical help	Preparing meals, shopping, housework, household repairs
Keeping someone company	
Taking someone out	
Giving medicine	Including injections, dressings
Keeping an eye on someone	Checking that that they are safe

Source: Parker and Lawton (1994).

PROOF

While this suggests a potential hierarchy of care from the most to the least personal, people may not value one kind of care more than another. It is partly a matter of need and relationship. Intimate relationships are likely to include caring. Any form of caring might contribute to the intimacy of the relationship and be valued for that reason. If you have a need, for example to have your shopping or disability pension collected, you might value that form of care, even though it is not particularly intimate.

Dalley (1988), reviewing ideologies of caring in community care policies, distinguishes between:

- ‘Caring for’ someone in a practical way; Parker (1981) calls this ‘tending’
- ‘Caring about’ which is concerned with feelings for another person.

Graham (1983) argued that the identification of women’s psychological make-up as being ‘caring’ focuses on caring about rather than caring for. Parsloe (1989) argued that we should only refer to caring where carers demonstrate love and affection alongside their tending. Hochschild (2004) contends that present-day society demands new forms of ‘emotional management’, in which we generate ‘emotional capital’ through relationships, so that we build up the personal strength to be caring and, on the other hand, limit the expenditure of emotional capital by, for example, avoiding less-important relationships.

Mayeroff (1971), however, suggests a process by which, in all care, the practical becomes emotional because the nature of tending or ‘caring for’ leads to ‘caring about’. By caring practically, carers grow committed to the care-receiver’s needs for self-actualization. This is important for social care, because it connects informal care with citizen care. A paid carer with, for example, no emotional link through a family relationship, can develop an emotional commitment to caring for a particular person through their practical work. Although citizen care, where the state accepts responsibility for providing caring services, is distinguished from informal care, where emotional commitment comes from personal relationships, they are connected because citizen care generates emotional commitment and connectedness between carer and care-receiver through engagement in achieving the self-actualization of the cared-for person, although it may only do so if there is continuity and good practice.

From personal caring to social care

Personal and citizen caring are, therefore, clearly linked. Ackroyd (1997) suggests that in the UK, caring has two important features:

- As utilitarian and practical, rather than being seen as a moral virtue; the research in Research Box 1.1 supports this
- A contribution to the social order and integration of society.

Right-wing or conservative attitudes see caring for others as part of a movement towards social integration, national solidarity and the founda-

