



Empowering interventions in health and social care: Recognition through ‘ecologies of practice’[☆]

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ABSTRACT

This article considers findings from two recent qualitative studies in the UK, identifying parallels in the ways in which ‘ecologies of practice’ in two high-profile areas of health-related intervention underpin processes of empowerment and recognition. The first project focused on policy and practice in relation to teenage motherhood in a city in the North of England. The second project was part of a larger research programme, *Changing Families, Changing Food*, and investigated the ways in which ‘family’ is constructed through policy and practice interventions concerning food and health. While UK Government health policy stresses that health and social care agencies should ‘empower’ service users, it is argued here that this predominantly reflects a managerialist discourse, equating citizenship with individualised self-sufficiency in the ‘public’ sphere. Drawing critically on Honneth’s politics of recognition (Honneth, A. (2001). Recognition or redistribution? Changing perspective on the moral order of society. *Theory, Culture and Society*, 18(2–3), 43–55.), we suggest that formal health policy overlooks the inter-subjective processes that underpin a positive sense of self, emphasising instead an individualised ontology. While some research has positioned practitioners as one-dimensional in their adherence to the current audit culture of the public sector in the UK, our study findings demonstrate how practitioners often circumvent audit-based ‘economies of performance’ with more flexible ‘ecologies of practice.’ The latter open up spaces for recognition through inter-subjective processes of identification between practitioners and service users. Ecologies of practice are also informed by practitioners’ experiential knowledge. However, this process is largely unacknowledged, partly because it does not fall within a managerialist framework of ‘performativity’ and partly because it often reflects taken-for-granted, gendered patterns. It is argued here that a critical understanding of ‘empowerment’, in community-based health initiatives, requires clear acknowledgment of these inter-subjective and gendered dimensions of ‘ecologies of practice’.

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Introduction

‘User empowerment’ has become a maxim for those working in UK health and social care agencies since the 1990s. According to this discourse, a decline in the importance of structurally determined categories, such as gender, class and ethnicity, means that individual empowerment is a key source of success and well-being within late modernity: ‘the more societies are modernized, the more subjects acquire the ability to reflect on the social conditions of their

existence and to change them accordingly.' (Beck, Giddens, & Lash, 1994, p. 74). Drawing on the thinking of Giddens (1998), who has been influential in the assimilation of US libertarian thinking into New Labour's 'third way', social policy has prioritised welfare interventions that promote individual choice and self-management. From this perspective, the ideal citizen is self-reflexive, autonomous and in control (Furedi, 2004; Rose, 1999; Stacey, 2000; Taylor, 1991). The role of health and social care agencies is perceived as one of supporting service users to become like Giddens' 'autotelic self' (1994, pp. 192–4), transforming themselves by interpreting challenges as opportunities.

In this article we highlight the ways in which current health and social care policy vis-a-vis families in the UK are informed by a managerialist agenda that defines both normative family models and, more broadly, citizenship. We suggest that current policy statements about empowerment tend to be equated with an ontology of individualised self-sufficiency; ideal citizenship is associated primarily with activity in the 'public' domain rather than the 'private', particularly with paid employment for example. (Established notions of 'public'/'private' dichotomy may be seen as questionable in many ways; however, that is a debate that we do not seek to address in depth here).

The article explores the perspectives of practitioners working in two high-profile areas of current government intervention that relate to family policy and to service user empowerment: teenage motherhood and 'healthy eating'. We suggest that the value of relational and experiential knowledge exercised by practitioners, in these areas of intervention, often remains unacknowledged, as it does not fall within the kind of managerialist framework characterised by Lyotard (1984) as 'performativity'. We argue that empowering practice is nevertheless contingent on practitioners' capacity to incorporate these forms of experiential and relationally based knowledge into their interactions with service users, sometimes going beyond or diverging from stated management or policy agendas. We also suggest that the gendered and classed social positioning of health and social care practitioners may mean that they are particularly adept at this. For example, many are working-class women who have accessed professional or semi-professional positions via education, rather than from socio-economically privileged origins. Drawing on Bourdieu (1986), we understand social class as being constructed and reproduced through structured relations: class is neither a fixed condition nor merely symbolic. It is an imposed discourse that nevertheless has real effects on individual lives and life chances.

Our aim is not to dismiss the importance of managerially directed initiatives within social policy. These have, after all, opened up a range of new opportunities for many people. We note also that the participants interviewed for our research often expressed support for many of the values underpinning current policies and managerial targets. However, we highlight here the significance of work practices, undertaken by a largely feminised workforce, that exceed stated managerial requirements. We argue that these practices are central if social and health care interventions are to be genuinely 'empowering'. By stressing the value of experiential knowledge, commonly

associated with the 'private' sphere, this article builds on previous analyses that have articulated feminist 'ethics of care' and have challenged normative notions of citizenship based on economic self-sufficiency (Fisher, 2007; Fisher & Goodley, 2007; Kittay, 2002; Sevenhuijsen, 1998; Williams, 1999, 2001, 2002).

The two studies: background and methods

Empowerment is a contested term, as has been previously noted (O'Cathain et al., 2005). Our view is that empowerment, within current UK Government policy, is defined according to an individualised model of self-sufficiency that overlooks the role of inter-subjective recognition. In contrast, our definition of recognition is drawn largely from Honneth (1995, 2001, 2003) who argues that processes of recognition and misrecognition play an essential part in the development of personhood. Inter-subjective processes of recognition and misrecognition can lead to a positive or a damaged sense of self. As Honneth (1995, p. 173) writes: 'The only way in which individuals are constituted as persons is by learning to refer to themselves, from the perspective of an approving or encouraging other, as being with certain positive traits and abilities.' In other words, self-esteem is dependent on the reactions of others. Honneth postulates three distinct types of recognition as pre-conditions for individual empowerment: first, inter-subjective relationships of emotional recognition associated with the 'private' sphere, secondly, legal recognition; and thirdly solidarity and self-esteem associated with the 'public' sphere. Honneth's division of social life into three distinct realms is questionable in some respects, and we explore this further in our final discussion. Our starting point, however, is broadly based on his theoretical position that recognition in both the 'private' and 'public' spheres is required for individuals to achieve a positive sense of self, and that empowerment cannot take place before a positive sense of self has been constructed (Fisher, 2008).

Under New Labour, health and social care policy has consistently identified the notion of empowerment with the ideal of the autonomous citizen worker living in the context of a 'hard working family' (Lister, 2000): one in which the values of individualised self-sufficiency are promoted. In 1997 the then Social Security Secretary Harriet Harman stated: ... 'Work is the only route to sustained financial independence. But it is also much more...It is a way of life... Parents don't just work to support their families financially; they also work to set an example to their children...' (Harman, 1997 cited in Lister, 2000, pp. 39–40). This reflects a contractual (as opposed to relational) model of families and of relationships more generally: part of what Furedi (2001, 2004) has termed the 'professionalization of parenting'. While the gender-neutral term 'parent' is usually applied in policy documents, *mothers* still retain the main parenting responsibility in most families. However, mothers and fathers are now expected to provide for children financially, thereby modelling good citizenship, whilst simultaneously possessing the skills associated with traditional mothering roles, such as the ability to produce wholesome, economical meals. Parenting is

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