

Volume 4  
Issue 2 *Winter, 2003*

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2003-01-01

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### Recommended Citation

O'Doherty, Colm (2003) "The Future of Social Care: Providing Services and Creating Social Capital," *Irish Journal of Applied Social Studies*: Vol. 4: Iss. 2, Article 6.

doi:10.21427/D7V43G

Available at: <https://arrow.tudublin.ie/ijass/vol4/iss2/6>

## **The Future of Social Care: Providing Services and Creating Social Capital**

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### **Abstract**

This paper maps out a coherent vision for social care practice at a crucial point in its professional development. While acknowledging the historical limitations placed on the social care profession, the article sets out the potential for social care to generate a new professional project promoting well-being by empowering individuals and their communities. This vision is based on a model of social citizenship where, within the context of direct service provision, the challenge for social care is to provide effective services and at the same time generate social capital.

**Key Words:** Social Care, Professional Identity, Promotion of Well-being, Social Capital

### **Introduction**

Social care, as practised in Ireland, has for many years now, signalled its intention of adopting a new constructive approach to practice – an approach which is characterised by an explicitly positive and holistic perspective focused on the welfare and well being of service users. The imminent statutory registration of social care professionals will act as a green light in this process of realising the potential of social care work to finally set its own practice agenda. Historically, social care practice has been over- identified with residential care work. Because it was unable to formulate its own coherent professional project, social care work was for many years indistinguishable from residential care work. The expression *professional project* used here in this analysis is intended to highlight the two perspectives, set out by McDonald et al ( 2003: 193 ) from which a profession can be viewed .

“One is the combination of theories, practice methods, organizations, responsibilities and other features that characterize what one conventionally thinks of as a profession. From the other perspective we refer to the role that a profession plays within the larger society: that is, those duties which have been determined to be the proper responsibility of that profession and its practitioners”.

In order for social care to generate its own professional project it must produce its own conceptual framework . This article situates social care work both inside and outside its inherited institutional framework and makes the case for social care practice to become a highly outcome oriented activity which is attuned to the changing social circumstances affecting the lives of service users. .

### **Re-aligning Social Care Outcomes.**

The outcomes of social care tend to be most frequently associated with the well-being of individuals. In practice, however, its central purpose can be seen as that of maximising the well-

being of individuals, their networks, communities and wider society. There are three linked, but nevertheless distinct categories of social care outcomes stemming from these practice arenas: individuals, community and governance. Good social care outcomes, at the individual level, has collective implications in the sense that the ability of social care service users to maintain, regain and enhance their social functioning is related to the quality and quantity of their family and social networks as providers of emotional and practical support. The governance dimension of well-being as a collective outcome concerns the contribution of social care to the realisation of wider public policy objectives and outcomes. Specifically, social care should contribute to governance outcomes which flow from effective partnership working across a wide range of sectors, services and agencies concerned with securing improved levels of well being. Social care practice which takes account of the holistic and interdependent nature of people's needs operates as a force for positive change on the macro level of community /society and at the same time attends to the particular needs of individuals and/or families. According to Wistow (2002:53) the desired outcomes for social care work at these three levels are :

Figure 1:1

<b>SOCIAL CARE DESIRED OUTCOMES</b>
<b><i>Individuals</i></b> <ul style="list-style-type: none"><li>• Autonomy (Choice)</li><li>• Independent living</li><li>• Participation in valued lifestyles</li><li>• Interdependence</li><li>• Outcome-related processes</li></ul>
<b><i>Community</i></b> <ul style="list-style-type: none"><li>• Communities that care-social , psychological and practical support</li><li>• Communities that accept – minimal prejudice, discrimination , exploitation –acceptable levels of risk.</li><li>• Social inclusion and cohesion</li><li>• Sustained health and wellbeing</li></ul>
<b><i>Governance</i></b> <ul style="list-style-type: none"><li>• Holistic perspective at all levels</li><li>• Implementation/delivery capacity and capability</li><li>• Appropriate balance of social care and medicine</li><li>• Active citizens</li><li>• Vibrant local democracy ( including scrutiny /accountability)</li><li>• Joined-up government –causes not symptoms</li><li>• Best value ( cost and quality)</li></ul>

Working with individuals in an empowering fashion requires that social care professionals enable their service users to maximise their abilities and opportunities for autonomous decision making while at the same time creating avenues for them to participate in lifestyles valued by wider society. Simply put, independent living should not result in isolation or a curtailment of persons opportunities for self development and the acquisition of social capital. The well-being of social care users is not best served by a one dimensional approach to meeting their needs. Best practice in social care work is directed towards a process of ensuring that service users are woven into the fabric of society on terms that are acceptable to them. Independent living for a person with a disability or residential accommodation for a child can only be regarded as a successful outcome of care when these services are also generating and facilitating successful inter-personal relationships and engagement in community living as critical dimensions of a valued lifestyle.

Independent living, or provision of residential care services, can be seen as providing adults and children with a welfare base camp from which they can, through patterns of interdependence with families, friends and the wider community, successfully reach higher levels of social inclusion. Successful individual outcomes are only achieved against a backdrop of sustainable integration into the collective.

Social care professionals need to work at the collective level to enable communities to develop key resources which can promote social environments that are capable of delivering real social inclusion for disadvantaged children and adults. Positively establishing communities that care means social care professionals may have to challenge the exclusionary values, attitudes, beliefs and assumptions held by community members and society at large.

Social care practitioners have a professional obligation to actively contribute to the broader development of communities through strategic involvement in social partnership forums /organizations which are combating social exclusion and promoting equality. The emergence of the partnership approach to governance has created organizational platforms for social care professionals to represent the policy and service delivery needs of service users and thus help to set the agenda for a:

- Reduction in social exclusion
- An increase in social inclusion and social cohesion
- Economic and social renewal in neighbourhood with high levels of deprivation
- Reduction in inequalities
- The renewal of local democracy and accountability
- A more active civil society

Essentially this realignment of practice will result in a new professional project for social care. A professional project stemming from it's own conceptual framework. Practice in this new professional project is configured around the challenge of simultaneously providing effective services and generating social capital.

### **Social Capital and Social Care**

There is a growing international literature on the benefits of social capital for well-being generally (Gabarino and Sherman ,1980 ; Vinson,Baldry and Hargreaves,1996; Jack 2000, 2001; Baron *et al*, 2000 :Jack and Jordon, 1999; Bullen and Onyx, 1999; Jack and Gill, 2003

). Indeed, "Social capital is the raw material of civil society. It is created from the myriad of everyday interactions between people .It is not located within the individual person or the within the social structure, but in the space between people. It is not the property of the organisation, the market or the state , though all can engage in its production. Social capital is a "bottom up" phenomenon. It originates with people forming social connections and networks based on principles of trust, mutual reciprocity and norms of action. The term social capital was first used in the 1980s by Bourdieu and Coleman" (Bullen and Onyx , 1999). Bullen and Onyx maintain that social capital is a prerequisite for community development processes and that if there is no or low social capital in the group, community or neighbourhood , it is difficult for those people to work together for the common good.

**Absence of Social Capital May be Due to the Fact that :**

- 1."the human capital required for social capital's core building blocks is absent e.g self-esteem ,trust ,communication skills
2. there are inadequate levels of material well-being – people are struggling for survival or there is inadequate physical infrastructure- such as places to meet, public spaces, telephones , newspapers
3. the human ,economic and physical infrastructure pre-requisites are present but there have been no opportunities to develop the networks and interconnections between people.

Where there is insufficient social capital to support a community development process , the social care worker may need to :

1. undertake activities that develop the essential human capital pre-requisites, e.g self-esteem , communication skillswork to develop the physical infrastructure- meeting rooms , public spaces etc.
2. undertake activities through which people can make interconnections with each other in a safe environment.

Where there are high levels of social capital people will:

1. feel they are part of the community
2. feel useful and be able to make a real contribution to the community
- 3 will participate in local community networks and organisations" (Bullen and Onyx ,1999).

This theoretical framework can serve as an evaluative tool insofar as it provides a focal point from which to gauge how successfully social care practices are measuring up to the challenge of providing effective services and at the same time generating social capital.

**Conclusion**

The practice terrain of social care is expanding. It now encompasses residential units for children and adults, day centres and community development /family support agencies. Fluid boundaries create new avenues of practice and the opportunity for social care professionals to construct a professional project attuned to the needs of Irish society in the 21<sup>st</sup> Century. As the focus of social care work moves away from welfare to well-being social care will increasingly define itself through three outcome categories associated with the :

- Whole Person-
- Whole System

- Whole Community Approach

Social care will, by adopting a holistic perspective on individuals in relation to their needs, services and communities, promote well-being and lay the groundwork for the development of a fair and invigorated civil society.

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