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## Relational justice and relational pedagogy in professional Social Care Work

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### Abstract

The principle of social justice is central to the newly regulated profession of *Social Care Worker* [SCW] in Ireland and the language of social justice features in the *Standards of Proficiency* [SoP] and *Code of Professional Conduct and Ethics* [CPCE]. This is very welcome given the history of institutional neglect and abuse in Irish social care. However, social care work in Ireland lacks a tradition of social justice in theory and practice, and policy is generally couched in minimalist terms of individual civil and political rights, equality of opportunity, and non-discrimination and is heavily focused on protection and risk management. Beyond this, exactly what social justice entails in social care work is poorly developed. This paper aims to advance a critical perspective on social care practice and pedagogy that integrates four interrelating social justice principles: redistribution, recognition, representation, and relational justice. Social care work and similar social professions are ideal contexts to incorporate *principles of relational justice* and develop models and skills for *relational pedagogy* because they are guided by an *ethic of care* at the micro-level of affective interactions, but they must do so in ways mindful of structural injustices and pursue both individual and institutional change.

Key words: Social justice; relational justice; ethic of care, relational pedagogy

### Introduction

In contrast to several varieties of paid care in Ireland including home helps, health care assistants, private sector care workers (see Timonen & Doyle, 2007), and early child care workers, social care workers [SCWs] are one of eighteen health and social care professions regulated by CORU<sup>i</sup>, the health and social care professions regulator<sup>ii</sup>, under the Health and Social Care Professionals Act 2005 (as subsequently amended). In Ireland the protected title of *Social Care Worker* consolidates the professional and legal distinction between professional social work and professional social care<sup>iii</sup>. In practice the two professions are closely aligned having ‘...developed on parallel yet separate paths’ (Lalor and Share, 2013, p. 8) with the former, in general terms, concentrating on statutory case work with a major role in adult safeguarding, child protection and welfare services, needs and risk assessment, gatekeeping to support services, and advocacy. Evolving from the traditional of institutional care, social care workers, are more likely to be employed in direct caring and support roles within lifespace contexts. In many societies the professional distinction between social work

and social care is less clear with professional social care work one form of a wide varieties of social work careers (e.g. see <https://socialworklicensemap.com/social-work-careers/>), and akin to a form of direct, field residential social work (Walsh, 2014) or social pedagogy (see Crimmens, 1998; Hämäläinen, 2003) in contrast to clinical social work. Nowadays SCWs are employed across residential, day and community services within children's, disability, homeless, family support, addiction, domestic violence, mental health, and related services within for-profit, community and public sectors. Although the profession (see Farrelly & O'Doherty, 2011) and theoretical basis of social care work is not as developed as social work, it is widely conceptualized as relationship-based work often within the life space of residential, familial, day service, or community contexts involving a wide variety of tasks and activities (Social Care Ireland, 2022). The SCW role is increasingly diverse and demanding and requires a broad range of theoretical and conceptual knowledge, interpersonal skills, and professional competences. In pedagogical practice it draws from multidisciplinary and interdisciplinary perspectives ranging from sociology, social policy, social work, psychology and counselling, and creative studies, but has yet to develop a distinct theoretical base. Whilst long overdue for those working in the sector the new professional status marks significant changes in the governance of professionals and professional higher education programmes by providing detailed proficiency and ethical standards, registration and continuing professional development requirements, and criteria for education and training (Social Care Workers Registration Board, 2017, 2019, no date). This new status offers opportunities to achieve greater professional recognition and develop theory and practice (Byrne, 2016; McGarr & Fingleton, 2020). Professional regulation has been described as a system of "self-governance" and "self-regulation" that is an important step in developing a strong social and professional identity for SCWs and contribute to quality services and professionalism (McTaggart et al., 2017). Although while broadly progressive, in itself this does not guarantee quality and comes with additional bureaucracy (Flynn, 2020). Nonetheless, the role of CORU is to protect the public by promoting high professional standards and social justice features in the Standards of Proficiency [SoP], Codes of Professional Conduct and Ethics [CPCE], and core definition:

Social Care Workers are professional practitioners engaged in the practice of social care work. Social care work is a relationship based approach to the purposeful planning and provision of care, protection, psychosocial support and advocacy in partnership with vulnerable individuals and groups who experience marginalisation, disadvantage or special needs. Principles of social justice and human rights are central to the practice of Social Care Workers. (CORU, 2022, May 4<sup>th</sup>).

Although the language of social justice is very welcome given the historical and contemporaneous presence of institutional neglect and abuse, there is very little tradition of social justice in Irish pedagogy and practice, and its meaning in regulatory governance and policy is based on the minimalist concepts of non-discrimination, basic civil and political rights, and equality of opportunity that places a heavy emphasis on protection and risk management. The role of social care work in social justice as relationship-based practice is poorly conceptualized and theorized. The aim of the paper is to advance social justice in Irish social care pedagogy, practice, and policy that centres on *relational justice* and *relational pedagogy*. Section one and two respectively demonstrate the relevance of social justice in social care services and explore the role of social justice in SCW. Section three outlines a multidimensional perspective on social justice,

emphasizing the importance of relational justice in social care, whilst section four points the way towards a relational pedagogy in SCW.

## **Social Justice and Social Care**

The bleak history of social care in Ireland is defined by the narrative of oppressive institutionalization that formed a comprehensive architecture of containment to hide social problems and maintain the illusion of a morally cohesive modern Catholic state (see Ferriter, 2010). The traumatic fallout from the operation of the magdalen laundries, mother and baby homes, orphanages, industrial schools, reformatories, county homes and workhouses, institutions for disabled people, and mental asylums is still being revealed. The traditional reluctance to regulate social care provision dominated by religious provision is evident in the contemporary mixed neo-liberal model of provision. However the impetus for regulatory reform, still often instigated by contemporary quality care or institutional abuse scandals (see Kilkelly, 2012; Murphy & Bantry-White, 2021), has seen a partial, slow but progressive development of a quality assurance, protective legislation (such as child protection, mandatory reporting, and protective disclosures ('whistleblowing')) and inspection infrastructure for the institutional care of older people, children in care, disabled people (HIQA, 2013, 2015, 2016) as well as child protection and welfare, adult safeguarding, foster care and day disability services (Department of Health and Children, 2003; Health Service Executive, 2015; HIQA, 2012, 2019b).<sup>iv</sup> However, many forms of injustice are evident in contemporary social care provision. The context of social justice for the most regulated sectors of social care for children, older people, and people with disabilities are discussed briefly.

The sources of injustice for children in need of alternative care are broad and complex and include the cumulative disadvantages of social and economic marginalization. However, at their heart is the affective inequality (Hanlon, 2007a; Lynch et al., 2016), lacking care or experiencing its opposite, abuse and neglect. The process of deinstitutionalization and secularization have given rise to increased professionalization, accountability and quality standards and inspection in residential child care in Ireland (Gilligan, 2009), and there is evidence of good practice in meeting human rights standards (Brady et al., 2019), yet outcomes for children in alternative care continue to be poor (Devaney et al., 2019). A major issue is that the child protection and alternative care system contributes to the experience of impermanence and instability by failing to adequately enhance relationships, communication, and social support. Many of the concepts and practices in residential care work overly individualize and psychologize affective deprivations rather than also emphasizing the broader, multi-dimensional and ecological picture, and issues of rights and social justice that can support children and their families and challenge stigma and stereotypes (Devaney et al., 2019). An ethic of care for children in alternative care settings should emphasize importance of interdependency, rather than independence, and focus on creating and sustaining a wide range of caring relationships among children and young people including those with professionals (Holland, 2010).

Similarly, despite significant changes in the provision of long-term care for older people in many societies serious injustice persists. For a start, older people often have very little choice about the type and quality of care they receive. Engaging with care services often means exposure

to systemic injustice that negatively effects older people's health, wellbeing, and quality of life (Barnes & Brannelly, 2008; Cox, 2020; Morgan-Brown et al., 2019). Despite the rhetorical valuation of home care supports in Ireland and its gradual expansion in recent years, it remains unregulated in terms of quality of provision with significant inequalities of access and no statutory right to care services (Doyle & Timonen, 2008; Timonen et al., 2012; Timonen & McMenam, 2002). Rather, in line with trends in other western societies (Gori et al., 2015), the provision and regulation of long term institutional care for older people is prioritized by the Irish state (Timonen & Doyle, 2008). Yet institutional abuse of vulnerable old people continues to be a major issue (Kamavarapu et al., 2017; McDonald et al., 2012; Powers et al., 1990). National standards have attempted to improve both quality of care and quality of life for older people in residential care (HIQA, 2009). Despite this they are deficient in many respects and alone are insufficient with the authority and power of HIQA limited and increasingly challenged and more evident since the COVID crisis (e.g.. Jones, 2020). Much greater attention needs to be given to the organization, management and physical infrastructure of care, its culture and ethos, the rights of older people, and replace institutionalized practices with person-centred and empowering ones, all of which have significant implications for training and qualifications of staff (Cooney et al., 2009; Murphy et al., 2007; O'Connor, 2009), and must be founded on stronger statutory rights (Murphy et al., 2008).

The situation is similar in respect of social care for disabled people. The families of disabled people can face an uphill battle to access services (Chadwick et al., 2013) and despite many positive changes in the sector overall deinstitutionalization is still a policy priority (HSE, 2011). For those who receive residential services, Murphy and Bantry-White (2021, p. 764 ) show that there is strong evidence that residential services for people with intellectual disabilities in Ireland continue to operate in a controlling and institutionalizing manner akin to that of "total institutions" (Goffman, 2017) and lack a sufficient person centred focus. They claim the extent of human rights violations in residential disability services for adults with an intellectual disability in Ireland demonstrates "... That people with an intellectual disability were not regarded as citizens capable of inclusion in society" (p.736). Furthermore they note that human rights the FREDA principles [Fairness, Respect, Equality, Dignity and Autonomy] (HIQA, 2019a) practice guidance are based on the more limited ECHR rather than the more encompassing CRPD which were specifically designed for the human rights of disabled people. They argue that HIQA regulations emphasizes "keeping residents safe rather than promoting positive risk taking, independence and human rights" (p. 766).

Promoting social justice for people with an intellectual disability requires a stronger rights based discourse. For example, based on Irish research Browne and Millar (2016) identify seven components to a rights-based conceptual framework to promote the integration of children and young people with intellectual disabilities: citizenship and social inclusion; recognition; agency; voice; capabilities; equality; self-realization. Moreover, a social justice perspective on disability in social care needs to appreciate disability as a form of oppression, critically engage with the social model of disability, and seek to shift social care as a source of oppression to a means of liberation (Northway, 1997). Recognising disabled children and young people as decision makers in their care requires improving workers communication skills, reforming institutional participatory practices, and increased resourcing (McNeilly et al., 2015). The reform of social care professionals in Ireland is crucial to shifting services away from medical and institutional practices towards person-centred, community and social model approaches (García Iriarte et al., 2016;

Health & Quality, 2016; McCarron et al., 2018). SCWs (García Iriarte et al., 2016) and related professionals (Doody et al., 2012) play a crucial role in challenging paternalistic cultures and attitudes, advance deinstitutionalization, and promote independent living and person centred care for people with intellectual disabilities.

It is evident the contemporary social care system has not overcome many aspects of institutionalization (Carrigan, 2011) and services can still be infantilizing, dehumanizing, marginalizing and stigmatizing. New forms of oppression are found in the systems of international protection, homelessness, and social and health services (e.g., see Lentin & Nedeljkovic, 2021). While there are important differences in contemporary social care regimes in Europe (Anttonen & Sipilä, 1996; Daly & Lewis, 2000) Irish social care reform has mirrored wider trends (Clarke, 2006; Scourfield, 2007) in advancing a neoliberal approach that supports the privatization, marketization and commercialization of social care services (Daly, 2018; Henderson et al., 2018; Mercille & O'Neill, 2020; Mulkeen, 2016). Within this context bureaucratic, individualised, and therapeutic discourses have come to dominate (Conneely & Garrett, 2015) and further marginalize social justice (Newman et al., 2008) as well as caring objectives (Jones & Carston, 2016; Mulkeen, 2020). Contemporary regulation prioritizes protection, safety and risk management over relationships (McGarr & Fingleton, 2020). National care standards do not explicitly include social justice or oppression as values or principles, but they do refer to related concepts. The standards are based on a common model but vary slightly and have evolved over time. In general, they include some mention or provision in respect of human rights, diversity, respect, dignity, confidentiality, autonomy, non-discrimination and equality. Reflecting Irish legislation, equality is generally equated with non-discrimination and human-rights tends to reference legal obligations in relation to UN Conventions or the ECHR although there are statutory obligations on public bodies to promote a more equitable approach by protecting human rights, eliminating discrimination and promoting equality of opportunity for staff and service users which can involve making reasonable accommodations and taking positive actions under the Irish Human Rights and Equality Commission Act 2014. The legislation, policy and standards governing social care work aim to guide services and workers in social care to provide quality care and effective practice, but they do not offer a comprehensive quality assurance regime for all situations and services where SCWs are employed.

### **Social Justice in Professional Social Care Work**

The regulation of health and social care professions provides a more comprehensive approach to governance as it covers all workers using the title SCW, who must be on the professional register<sup>v</sup> although this excludes paraprofessionals and the situations where SCW must be employed is not specified in policy. Registered SCWs are expected to be 'proficient' in social justice (Social Care Workers Registration Board, 2017). They must:

Understand and be able to apply principles of social justice in one's work including being able to challenge negative discrimination and unjust policies and practices; demonstrate an understanding of cultural competence; and work towards social inclusion (St 5.2).

They must:

Understand and apply a human rights based approach (HRBA) to one's work including the promotion of the service user's participation in their own care; ensure clear accountability; apply principles of non-discrimination; support other staff members to empower service users to realise their rights; be aware of the legality of actions within a service including the need to comply with any relevant legislative requirements including adhering to human rights obligations (St. 5.2).

The CPCE (Social Care Workers Registration Board, 2019) states SCW are expected to:

Always show, through your practice and conduct, respect for the rights and dignity of all individuals. (p. 23)

And must not (23.2 A and B, p. 24)

Discriminate, either directly or indirectly, against a person on the basis of: gender, family status, civil status, age, disability, sexual orientation, religion, race, colour, nationality or ethnic or national origins, or membership of the Traveller Community;

[OR]

Condone discrimination by others.

Additionally, they should

Uphold human rights in your practice, by: respecting the right to self-determination promoting the right to participation treating each person in a caring and respectful fashion making every effort to understand service user's lived experience when assessing their needs' (27.2).

And

Promote social justice in your practice through: challenging negative discrimination and unjust policies and practices respecting diversity, different cultures and values advocating for the fair distribution of resources based on identified levels of risk/need working towards social inclusion (27.3).

The SoP and CPCE place a stronger emphasis on social justice than national care standards by explicitly valuing social justice in the relationship-based approach of social care work with people who are marginalized, disadvantaged, or have special needs. However there continues to be a minimalist approach to equality, non-discrimination, and human rights. Although anti-discriminatory and human-rights discourses are evident in discussions in social care (HIQA, 2019a), anti-oppressive practice (e.g. Baines, 2017; Dominelli & Campling, 2002; Nzira & Williams, 2008) is not referred to in the SoP or Code. This reflects broadly traditional values in the history of social care (Hanlon, 2009) and a weak tradition of social justice (Cuskelly, 2013). Social justice perspectives are evident but marginal and have tended to concentrate on policy (see Smith et al., 2016) with limited discussions of equality, emancipatory and anti-discriminatory practice (Hanlon, 2007a, 2007b; Mulkeen, 2013a, 2013b). There are numerous discussions about working with marginalized and vulnerable groups (see Lalor & Share, 2013) including gender and disability (Fitzgeard, 2006; O'Toole, 2013), but debate about social class in social care is negligible and the concept intersectionality that recognises multiple interfacing sources of oppression (Mattsson, 2014) does not tend feature in social care discourse. While conservative

values have a historical resonance, contemporary values are heavily influenced by neoliberalism where competency-based approaches in higher education marginalise critically reflective and transformative approaches that seek to challenge oppression and change social structures and power relations (Morley, 2016). Managerialist, market-driven, service-delivery approaches to social care are at odds with those based on critically reflective emancipatory practices (Farrelly & O'Doherty, 2011). Administrative systems in Ireland do not prioritise social justice (McInerney, 2015) and standards and codes of ethics for social professions often lack a critical appreciation of anti-oppressive values (Clifford, 2016).

The need for SCWs to challenge social injustice and combat oppression is clear and there is great hope that increased regulation of services and health and social care professionals will help to achieve this. It is also evident that policy is prioritizing an individualized, clinical, therapeutic, managerialist care and regulatory regime, albeit one based on liberal notions of equality and non-discrimination. What is required is practitioners that have a sophisticated concept of social justice and the skills to challenge institutional injustice and develop change processes. This is immensely challenging given the limitations of threshold level qualifications, for example, in terms of the competition between multidisciplinary knowledge and the regulatory requirements on curriculum time and space within the context of increasingly complex expectations for practitioners. However, a central contention of this paper is that social care work is not only fundamentally concerned with social justice, albeit this is poorly conceptualized, theorized and integrated within pedagogy and practice, but its significance is obscured because care is not conceptualised in terms of justice.

### **Relational Justice in Social Care Work**

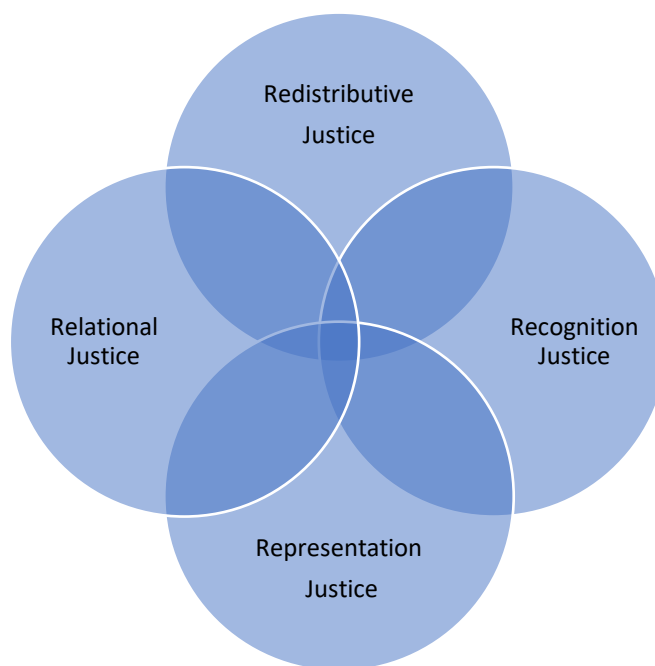
Diverse and competing ethical, philosophical, legal, and social scientific perspectives on social justice exist in social work (Galambos, 2008) but have been poorly understood, debated and applied, despite it being a core professional value (Austin, 2013). Yet the nature of social work makes social justice an indispensable value and practice (Ferguson, 2007). The concept of social justice incorporates conservative and radical positions and there are many differing versions of equality ranging from those emphasizing basic equality to those favouring some version of equality of opportunity or participation to those arguing for more radical objectives of equality of outcome, equity or condition (Baker et al, 2016). Critical social justice theory often revolves around the relevance, prioritization, and relationship between economic (distributive), status (recognition) and political (representation) justice (Fraser, 1995; ; Lynch, 2012). Social workers definitions of social justice tend to be “vague and broad” (p. 38), and reflect the dominant theoretical paradigm that values distributive justice (e.g. rather than retributive justice), the view that social and economic goods need to be fairly distributed in order to achieve a good society (Olson et al., 2013). Timor-Shlevin (2021) argues a social justice approach to social work needs to integrate recognition and redistribution by enhancing the respect, visibility and voice of service users through emotional support and by providing material supports. A further debate revolves around the practicality of social justice objectives in services especially when social justice is understood to require large scale structural changes given that much of the work is with individuals and families at the micro level of case work rather than with social groups, policy, and political processes (Rothman & Mizrahi, 2014).

The framework presented below goes further. It is based on a multi-dimensional, flexible, yet substantive approach to equality of condition (Baker et al., 2004; Lynch, 2022; Lynch et al., 2016) that gives prominence to the neglected dimension of affective inequality (Lynch et al., 2009)



and a political ethic of care (Tronto, 1993). This approach to social justice recognises that inequalities are generated by complex interactions between economic, cultural, political, and affective social systems (Baker et al., 2004, p. 61). Rather than presuming the irrelevance of social justice to social care, the model below recognises that its relational character gives it a particular emphasis, focus and scope in contributing to a just society. However, this requires the integration of core social justice principles and objectives with social care theory and practice. The framework recognises four interfacing dimensions of injustice generated from interacting sets of oppressive social relations. These injustices relate to the politics of redistribution (resources), recognition (status), representation (power), and relational justice (care) (Figure 1).

**Figure 1: The Interfacing Domains of Social Justice**



Redistributive justice appreciates the role of the economy in creating injustice. It is concerned primarily with material resources and the effects of the unequal distribution of income and wealth which are strongly tied to work, welfare, education, and social services. Income inequality has wide ranging negative implications for how societies function (Wilkinson & Pickett, 2010). Clearly poverty, income inequality, and material deprivations such as lacking welfare payments, housing or support are significant concerns for many social care users. While social workers and other welfare professionals often have a bigger role in how service users access services, SCWs form part of a second layer of needs assessors and advocates that can promote or exacerbate resource inequalities. At a minimum, redistributive pedagogy in social care involves advocacy for the fair allocation of social, material, and economic supports and services for service users.

Recognition justice appreciates the role of cultural values, beliefs, and norms in creating injustice. It is concerned with the effects of status-based inequalities, the way minority groups, their lifestyles and identities are Othered, discredited, misrepresented, and disrespected whilst dominant group lifestyles, values and identities are normalised and privileged. Racism, sexism,

classism, disablism, heterosexism, sectarianism and other forms of hate, discrimination, prejudice, stereotyping, and symbolic violence are key processes of recognition injustice. The interpersonal and psychological effects of social status inequalities have implications for individual wellbeing and social functioning (Wilkinson & Pickett, 2020). Social care users can harbour a profound sense of shame especially in a neoliberal society where success is defined by one's position in the labour market. SCWs need to be aware of the social dynamics and psychological implications of recognition injustice. The experience of everyday microaggressions and internalised oppression can have a detrimental effect on one's self-concept, self-esteem, and social identity. Social services can reproduce or reinforce such oppression or fail to see these notions challenged. For example, SCWs in Ireland are working with increasing cultural, linguistic, national, ethnic and religious minorities including those who have experienced the trauma of disruption and the oppressiveness of the asylum process (Horgan & Ní Raghallaigh, 2019). It is crucial that workers have critical intercultural awareness and skills and work from an anti-racist perspective (Dominelli, 2017; Dominelli & Campling, 2002). Recognition pedagogy is about both challenging systems and processes of cultural oppression in services and policy and the micropolitics of practice in social interactions that provide respect and recognition, dignity, restore self-worth, build confidence not only for individuals but for groups and communities.

Representational justice appreciates the role of power and political systems in creating injustice. It is concerned with the way power, voice, and decision-making shape the experience of individuals and groups of service users and how agency is facilitated or denied in way services operate. Empowerment practice is central to representational pedagogy but it requires a sophisticated understanding of power and empowerment as a complex process with liberatory goals rather than consumer empowerment (Starkey, 2003). In practice this mean experimenting, innovating and exploring participatory models of involvement (see McDaid, 2009). Having the ability to critically reflect on institutional, interpersonal, and professional power dynamics and contribute to changing oppressive structures and practices should be an important aspect of social care work. All forms of injustice are relevant for SCW but relation injustice is particularly relevant because many social care users have negative care experiences, have significant care needs, and receive poor care services relative to their needs. Relational justice highlights the centrality of affective relations in equality (affective inequality) and the importance of love, care and solidarity to all social life and human wellbeing (Lynch et al., 2009). Relational justice rejects independence as a value and goal and appreciates the interdependence of human existence and the role of nurturing emotional (care) capital in injustice. Primary love relations are private intimate emotional relations that make life meaningful and worthwhile and are vital to our humanity and develop us as human beings. Many people in the social care system have deprived and damaged intimate love relations, a fact that has given rise to a therapeutic and psychologised discourse. While affective deprivations created by intimate abuse, trauma and attachment disruption are real and important they are more than psychological in nature; they are also social, political, and relational. The care system is a form of secondary care work and emotional labour (García, 2014) that cannot replace love labour (Lynch, 2007) but in its best form supplements and nurtures it. People in the care system often lack solidarity, being poor, vulnerable, and marginalised. Given the significant role of social care in institutional abuse and neglect it is vital that SCWs understand the social and political as well as the psychological and emotional dimensions of care. As Farrelly and O'Doherty (2011, p. 80) note, social care work in Ireland is focused on the "interpersonal economy producing the 'goods' of intimacy, respect and belonging' using the skills of reflective practice 'anchored to a set of values linked to social justice and emancipatory change". Relational justice is central to social care but must be understood as it interfaces with other injustices. Lynch (2022, p. 10) argues "... Relational justice is deeply embedded with re/distributive justice,

recognition-led justice and representational justice arising from the intersectionality of group-based identities, and continuity of structural injustices institution through time”. An intersectional approach is central to relational justice and relational pedagogy because it illuminates greater complexity in how social injustice is experienced based on the intersection of multiple identities and hierarchical social locations. It can reveal how gender, class, race/ethnicity, care status and other categories can intersect, for example, the unique affective inequalities homeless women who are unaccompanied by their children experience (Savage, 2016) or the ways mothers are held accountable for child protection in ways men are not (Mulkeen, 2012).

Relational justice and relational pedagogy requires SCWs to have a good understanding of their role in challenging injustice in their practice and social care work should be concerned with all aspects of injustice in four respects:

- i) How the life conditions, experiences and social care needs of service users are to a significant extent the product of injustice.
- ii) How the social care system and other aspects of welfare interactions can often create or compound injustice.
- iii) How principles of social justice must be central in how workers meet the needs of service users.
- iv) How social care work that values *principles of relational justice* must be guided by an *ethic of care* in practice using concepts and skills of *relational pedagogy*.

### **Towards a Relational Pedagogy in Social Care**

Social care with relational justice as a key principle that engages workers in the first instance at the micro and meso levels of relational interactions where a political ethic of care and relational pedagogy are the foundation for individual and institutional change. Care is a crucial political analytical tool in welfare provision at both micro and macro levels of social care provision (Daly & Lewis, 2000). However, despite the centrality of care to social care work it is remarkable how poorly it is conceptualized, theorized, and integrated into practice. This includes the SoP where managerial, rational-technical, risk management approach dominates (Mulkeen, 2020) and where the importance of emotional intelligence (McGarr & Fingleton, 2020) and emotional labour (Fabianowska & Hanlon, 2014) is poorly recognised despite the mantra of relationality as central to care work. Within the context of SCW and similar occupations *relational pedagogy* can be defined as the critically reflective and emotionally skilled practices and institutional processes involved in effectively caring for people and empowering them to meet their needs in ways that are underpinned by principles of social justice and guided by a political ethic of care. Tronto (1993) promotes the concept of care as an ethical form of practice with four phases: (i) caring about which requires attentiveness to need; (ii) taking care of which requires assuming responsibility; (iii) caregiving which requires competence; and (iv) care receiving which requires responsiveness. Quality of care requires the integration of these four elements. An ethics of care is sometimes presented as being at odds with an ethic of justice. This position proposes that liberal-individualist versions of social justice are primarily concerned with following rules, rights, and procedures whilst socialist-collectivist orientated versions tend to focus on effecting collective, institutional, and structural changes. Both emphasis can be at odds with the ethic of care which focuses on the particular (Campbell, 2015). However, the distinction between care and justice is a false dichotomy as care involves power and inequality and inequality has implications for care and care is both particular and universal (Tronto, 1993). A political ethic of care can reframe the role of

care in injustice and the role of injustice in care. Integrating principles of relational justice into SCW requires incorporating a political rather than a purely individualist ethic of care in practice as well as developing the skills and competences for relational pedagogy.

The discourse of care needs to be a more explicit part of curricula because it is a fundamental threshold concept for caring professionals (Clouder, 2005). The relationship based approach of social care work tends to be a micro and mezzo level practice and theoretical approaches and models of care are often framed in terms of practical, psychological, therapeutic, an individual goals (e.g. see Walsh, 2014) with relationality typically perceived in psychodynamic terms (Ornstein & Ganzer, 2005). Social care students can find it much easier to appreciate individualized person-centred practice but require more help to understand the significance of a wider, cultural, organisational and socio-political perspective on power and social relations (McGarr & Fingleton, 2020). Although SCWs can struggle to see the role of social justice in their practice the problem is as much a lack of understanding of the role of care in injustice as it is of injustice in care. This framework for social justice theory and practice does not claim to solve existing dilemmas many of which are well articulated in social work theory, for example, between micro and macro practice, or about individual or collective emancipation (e.g. Payne, 2014). Rather, drawing from many critical perspectives such as feminist, LGBTQI+, critical race, and critical disability studies, it proposes to integrate a critical social justice and affective equality perspective into social care as a foundation to develop this unique area of social work. It is incumbent on professional education programmes to embed critical perspectives into degree programmes not only through its traditional channels of sociology teaching but also through such perspectives as emancipatory psychology, community development, community education, social pedagogy, and within practice modules and work-based learning. **Conclusion**

Social justice is a central yet contested and ambivalent principle in social care. This paper has argued that social justice should be integrated into social care policy, practice, and pedagogy. It outlined the importance of integrating four discrete yet overlapping principles of social justice and sets out the importance of *relational justice* and an *ethic of care* guiding practice and the importance of developing and relational pedagogy for practice. Social justice is not an additional add-on because of the harms generated by social service provision; it is central to understanding the needs of service users and to effectively providing social care. Irish social care policy, pedagogy and practice is drawing on social justice concepts including anti-discriminatory practice, the social model of disability, and a human rights-based approach as part of a process of reform towards deinstitutionalization and person-centred practice. The reluctance to acknowledge oppression, inequality, and the structure of social relations reflects both conservative tradition of social care as well as contemporary neo-liberalism which frames the work in terms of an individual customer-led and client-based service. While critically reflective practitioners must appreciate and challenge the role of power, privilege, and oppression in social care relations, it must also recognize the role of care and relational justice as the foundation of agency and a good life. A model of relational pedagogy can offer a way to integrate social justice principles and practices into social care theory and practice. The relationship-based practice of social care work need not be apolitical, nor need it reject the importance of nurture and affective relations if it recognizes both the personal and political relations of care and works from a political ethic of care that empowers service users and challenges social injustices in service provision.

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<sup>i</sup> The professional register for social care workers is scheduled to open on 30th November 2023 (CORU, 2022, May 4<sup>th</sup>).

<sup>ii</sup> The nursing profession is separately regulated. Intellectual Disability Nursing has a close relationship with social care work and operates from a social care model (Doody et al., 2012).

<sup>iii</sup> There are a range of honours graduate and postgraduate degrees providing professionally recognized social work qualifications in Ireland (<https://coru.ie/health-and-social-care-professionals/education/approved-qualifications/social-workers/>). Separately, professionally recognized SCW qualifications are provided by a range of level 7 and level 8 degree programmes.

<sup>iv</sup> It remains an anomaly that for-profit and voluntary children's residential centres continue to be inspected by the Child and Family Agency who commission the services rather than the independent inspectorate HIQA.

<sup>v</sup> This will not cover workers who are effectively doing 'social care work' under a different title (e.g. project or support worker) nor cover para-professional grades doing similar.