Irish Journal of Academic Practice

Volume 12 | Issue 1 Article 1

2024-06-01

Caring With Relational Justice in Irish Social Care

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Caring *with* Relational Pedagogy in Social Care Education

Abstract

Social justice and care are deeply intertwined; caring requires justice, and justice requires care. While social justice is recognized as central to the new profession of Social Care Work [SCW] in Ireland, critical thinking about care and justice has been, at best, marginal in practice. In response to this, relational pedagogy is a new approach to social care education [SCE] that emphasizes the link between social justice and care (Hanlon, 2022b). The focus on relational justice in pedagogical practice aims to nurture students' capabilities in engaging in four interrelated sets of practices: critical, caring, emancipatory, and creative practices (Hanlon, 2024). The article expands on the caring practices dimension of relational pedagogy by highlighting its link with social justice and outlining the dimension's five core attributes: attentiveness, responsibility, competence, responsiveness, and justice.

Keywords: care, social justice, relational justice, relational pedagogy

Introduction

Drawing from extensive research spanning decades across feminist studies and other critical disciplines, the connection between care and social justice stands as a cornerstone in critical care scholarship to the extent that care egalitarianism is becoming an important mobilizing discourse for social justice globally (Chatzidakis et al., 2020; Gottlieb, 2022). This relationship between care and justice is vividly illustrated in the works of Irish egalitarian scholars, as evidenced by the contributions of Baker et al. (2004) and Lynch et al. (2009). It is imperative to recognize that social justice and care are deeply intertwined; care embodies a principle of justice, while justice encompasses an element of care. Moreover, both care and justice possess dual dimensions, both personal and political, as articulated by Barnes (2005), Lynch (2022), and Tronto (2013).

While some insights from critical care scholars have been disseminated to the caring professions, such as social work, nursing, and social care, the relationship between care and justice remains ambiguous. This is exemplified in debates about an ethic of care versus an ethic of justice.

Generally, an ethic of care is presented as a philosophy that emphasizes the importance of relationships, empathy, and compassion. It recognizes that caring for others is not just about providing physical care, but also involves emotional support and understanding. In an ethic of care, the caregiver takes a holistic approach to the individual, considering their unique needs, values, and circumstances. This approach prioritizes the building of trust and communication between the caregiver and care receiver, leading to a more fulfilling and beneficial social care experience for both parties. From this perspective the social carer acts morally in responding to the individual needs of others with whom they have a caring relationship.

In contrast, an ethic of justice refers to the idea that all individuals have the right to equal treatment and opportunities. It emphasizes the importance of fairness and impartiality, that service providers strive to ensure that resources are distributed equitably, and that marginalized individuals and groups receive the support they need to overcome systemic barriers. An ethic of justice recognises the structural inequalities that exist in society and seeks to address them through advocacy, activism, and policy changes. Ultimately, this approach aims to create a more just and equitable society for all.

Social care is a matter of both justice and care, and this is recognised by the inclusion of social justice in the definition of the new profession of Social Care Work [SCW] in Ireland (CORU, 2022, May 4th). Yet, neither a critical account of care (Mulkeen, 2020) nor of social justice (Hanlon, 2022b; Mulkeen, 2023) is prominent in theory and practice. To address this gap, relational pedagogy has emerged as a new approach to social care education [SCE]. Relational pedagogy emphasizes the connection between social justice and care (Hanlon, 2022b). The focus on *relational justice* in pedagogical practice aims to nurture students' capabilities as engagement in four interrelated sets of practices: critical, caring, emancipatory, and creative practices (Figure 1) (see also Hanlon, 2024).

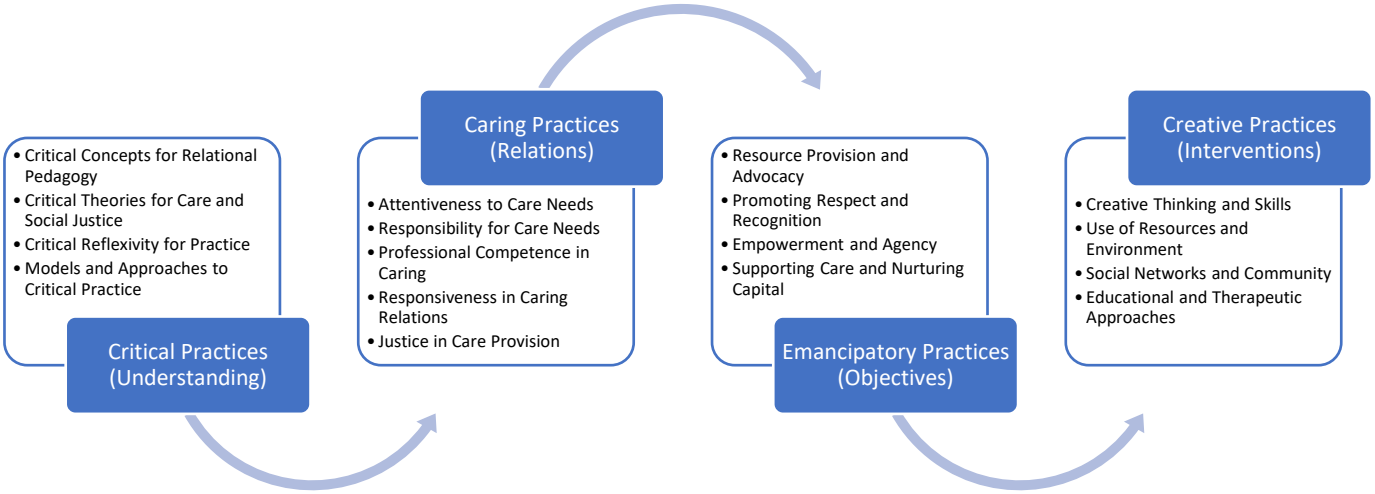

Figure 1: The Process of Relational Pedagogy

(i) ***Caring practices*** are outlined in this article but also include other aspects of professional care relationships such as person-centred, therapeutic, emotional labour, and self-care practices.

(ii) ***Critical practices*** refer to the critically reflective thinking skills, value positions and abilities in appreciating, analysing, and interacting with service users.

(iii) ***Emancipatory practices*** involve working to empower service uses by removing individual, institutional, and structural barriers to care and social justice.

(iv) ***Creative practices*** are innovative, imaginative, and inventive ways social care workers engage services users and enhance their quality of life in the social care environment and adapt that environment to meet needs.

Building on Tronto's (2005; 1993) ethics of care, this article expands on the *caring practices* dimension of relational pedagogy by highlighting its link with social justice, and outlining the dimension's five core attributes: attentiveness, responsibility, competence, responsiveness,

and justice. Section one explores the relationship between care and relational justice. Section two explores the professional context of care work. Section three outlines the five attributes required for caring practices.

Caring and Relational Justice

Feminist scholars have proposed an ethic of care as an alternative and counterweight to masculinist driven ethical traditions that have overlooked the importance of caring values, practices, and relational interdependence in social life. Tronto's scholarship is especially influential. Derived from the ontological position of human interdependency, Tronto (1993, p. 101) proposes the world looks different when we "…move care from its current peripheral location to a place near the centre of human life". People, she argues, are more than *homo economicus* (rational economic actors), they are *homines curans* (caring people) (Tronto, 2023). Genuinely taking caring values and human relationships as key elements of a good life, requires a conceptual shift about human nature "… from the dilemma of autonomy or dependency to more sophisticated sense of human interdependence" that recognises caring as the foundation for self-determination (Tronto, 1993). As such, care is broadly defined:

> Caring is a species activity that includes everything that we do to maintain, continue, and repair our 'world' so that we can live in it as well as possible. That world includes our bodies, ourselves, and our environment, all of which we seek to interweave in a complex, life-sustaining web (Fisher & Tronto, 1990, p. 40).

A good society, Tronto (1993) claims, should be judged on how adequately it meets caring needs, and morality requires people to attempt to meet the caring demands they encounter. Tronto identifies four moral boundaries shaping the scope of our moral responsibility in caring for others. Firstly, caring relationships are not limited to intimate or familial relationships but can include any person who is vulnerable and in need of care. Secondly, care is a fundamental human need and we have a moral responsibility to provide care to others. Thirdly, care is a collective responsibility and institutions, as well as individuals,

have a responsibility to provide care. Fourthly, the amount of care required will depend on the specific circumstances and needs of the person being cared for. Overall, Tronto's moral boundaries emphasize the importance of recognizing the moral responsibility we have to care for others, and the need to expand our understanding of who is in need of care and who has the responsibility to provide it.

While care theorists like Gilligan (1982) and Noddings (1996) present an ethics of care as distinct from an ethics of justice, Tronto (1993) underscores the interconnectedness of both. Tronto's ethics emphasise acknowledging and addressing the needs of vulnerable individuals within a framework that integrates justice. She posits that care transcends individual or private realms; it is a collective societal and political obligation (Tronto, 1993). Thus, both citizens and governments must champion care (Tronto, 2005) and cultivate institutions grounded in care (Tronto, 2010) for a robust democracy (Tronto, 2013). Furthermore, addressing care needs requires a foundation of justice, equality, democracy, and freedom (Tronto, 2013).

This version of an ethic of care draws our attention to broader social structures that can either support or obstruct care practices. Thus, caregiving intertwines with social and political responsibilities. For instance, insufficient funding for elder care can impede caregivers' ability to adequately support their loved ones, highlighting care as a justice issue that demands equitable resource allocation. A political ethic of care acknowledges everyone's rights and needs for proper care and meaningful relational participation (White & Tronto, 2004).

Tronto (2017) highlights that caregiving is not evenly distributed; it is influenced by gender, race, and class dynamics. Social and cultural norms often exempt certain individuals from caregiving responsibilities (Tronto, 2013), particularly men, who face fewer caregiving

expectations compared to women, both in personal and familial relations (Hanlon, 2012, 2018; Hanlon & Lynch, 2011), and in work including caring occupations (Hanlon, 2022a). Injustices are obvious too in the power imbalances, where caregivers may wield undue influence, leaving vulnerable recipients susceptible to neglect or abuse, a situation well known within Irish social care.

Tronto highlights two complex moral dilemmas facing care practitioners in the provision of care and how it is organised. *Paternalism* is the problem of caregivers assuming they know what is best for care recipients whilst often being in powerful position to define their needs (Tronto, 2017). *Parochialism* is the problem of our caring commitments being focussed on who we know and our close affective relations at the expense of solidarity with others. Here is one of the main challenges for an ethic of care; the morality of caring for those we know, have an attachment to, and feel reciprocal obligations for, in contrast to the justice of what we owe others (Tronto, 1993, p. 144). Tronto (1993, p. 145) acknowledges that this remains a problem for a theory of care without a theory of justice. Conflicting demands of care require a theory of justice to resolve them (Bubeck, 1995; Kittay, 1999; White & Tronto, 2004). An ethic of justice is required to counter the problem of parochialism and paternalism associated with care but current models of justice in terms of human rights do not necessarily mean care is achieved (White & Tronto, 2004). Tronto suggests that an ethics of care can serve as a corrective to traditional notions of justice, which have often been associated with an emphasis on individual rights and formal rules. Care ethics emphasizes the importance of relationships and interdependence, which can challenge the idea of justice as a matter of individual rights. By prioritising the needs and well-being of others, an ethic of care can help to promote a more equitable and compassionate society and challenge narrow perspectives on justice.

Care and Affective Equality

Baker et al.'s (2004) model of equality of condition explicitly connects care and social justice. This perspective has been particularly influential in Irish society and is central to the model of relational pedagogy. Social injustices are intricately structured in dynamic and intersectional ways, contingent upon one's social position and identity in terms of class, race/ethnicity, gender, sexuality, age, disability, and more. Baker et al. address this complexity with a multidimensional approach to social justice, acknowledging the intersection of economic (redistributive), cultural (recognition), political (representational), and affective (relational) systems in generating social injustice (Figure 2).

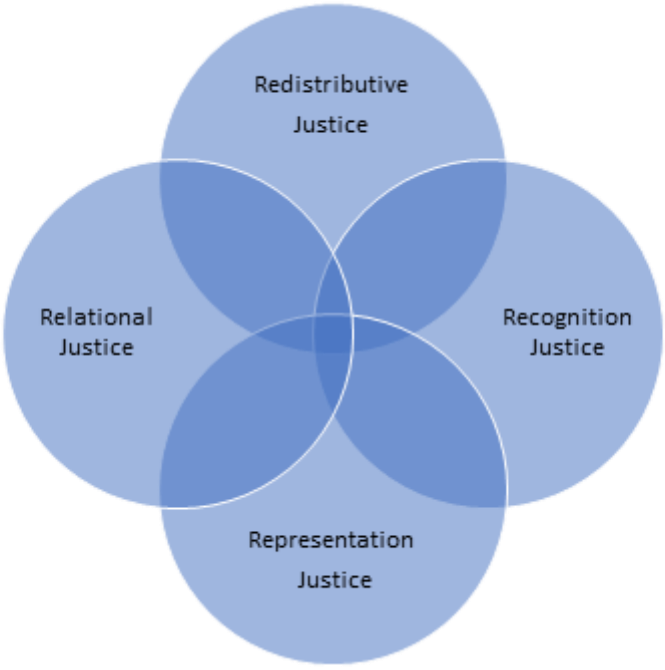

Figure B: The 4 Rs Model of Social Justice (simplified version adapted from Baker et al, 2004)

As part of a broader theory of equality, the four 'R's model simplifies the representation of the intricate interaction between complex oppressive systems that give rise to various dimensions of inequality, operating dynamically. Redistributive justice emphasises the influence of economic relations in fostering oppression, with the primary means of addressing it involving

the (re)distribution of diverse resources like income, wealth, work, education, time, housing, and healthcare. Recognition justice underscores the impact of cultural relations and status-based inequalities in generating oppression. It involves deconstructing cultural dominance, respecting, and acknowledging minority cultures and identities, and challenging various forms of hate, discrimination, prejudice, stereotyping, and symbolic violence, including racism, sexism, classism, disablism, heterosexism, and sectarianism. Representational justice focuses on the role of political systems and power-related inequalities in generating injustice. It centres on individual and collective empowerment within the context of social justice.

The approach also emphasises the importance of affective inequalities in relationships (Baker et al., 2004; Lynch et al., 2009). Beyond the sources of injustice rooted in economic, cultural, and political systems, relational (affective) injustices stem from unequal access to and unequal burdens arising from caring, dynamically interacting with other forms of inequality. Affective equality recognizes our inherent human interdependence on caring relations and advocates for conditions that enable everyone's freedom to give and receive care, fostering the development of meaningful relationships (ibid.). Affective equality advocates for the normative imperative for individuals to have ample opportunities for engaging in and sharing caregiving responsibilities, as well as for developing significant human connections.

Relational Justice in Social Care

The concept of relational justice serves as a valuable link between care and various dimensions of social justice, offering a potential bridge for social care workers and educators to seamlessly integrate care with broader social justice goals (Hanlon, 2022b). Critical scholarship on care and relational justice is actively evolving in the Irish social care context, evident in projects like the Care Visions project (https://www.carevisionsucc.ie/outputs) and the insightful work of Kathleen Lynch (Lynch, 2022). Care and relational justice provide a

critical interpretive framework for analysing specific social care issues, including homelessness, mental health, international protection, older care, and professional practice (Edwards et al., 2023; McDaid, 2009; Mulkeen, 2020; Savage, 2022; Smith et al., 2021). In a broader sense, a relational justice perspective identifies at least four significant ways in which care is interconnected with social justice:

(i) ***Generating care needs:*** Injustices, including affective inequalities, give rise to specific care needs or impede individuals' ability to fulfil them. For instance, racism (recognition injustice) can contribute to social exclusion, alienation, mental health issues, and ontological insecurity.

(ii) ***Material barriers to care:*** Inequalities manifest in how individuals access care and address their care needs. For example, lacking housing, social, or health services (resource injustices) hampers people's capacity to care for themselves and others.

(iii) ***Inequality in caring:*** Caring obligations are unevenly distributed, denying people access to fulfilling care relations or unfairly burdening them with care responsibilities. For instance, women bear disproportionate responsibility for care in both personal (Hanlon, 2012) and professional life (Hanlon, 2022a). Privileged individuals, particularly boys and men, may also be denied access to care due to hegemonic and toxic societal norms assuming they do not need it, cannot provide it, or pose a potential danger (Hanlon and Gahan, 2023).

(iv) ***Power in caring:*** Power differentials in caring relations can lead to injustice. Professionals wield power in defining care needs, allocating resources, and establishing institutional dependencies for individuals with disabilities. However, Lynch et al. (2009) highlight how caregivers, too, experience power exertion through legal and moral imperatives obliging them to care for others.

The concept of relational justice directs attention to these issues, placing a political and personal account of care at the forefront of professional practice.

Caring Work in Professional Context

A care and relational justice perspective positions care at the core of practice, emphasizing that the work of care should be understood within its emotional-relational, professional, and socio-political context.

Emotional-Relational Care Work

Care feminists have critically examined the nature of care as work, highlighting the temporal, physical, mental, and cognitive dimensions involved. The analysis encompasses the interrelation of emotional (feeling), physical (practical), mental (planning), and cognitive forms of work, along with their corresponding skills and tasks (Lynch & Walsh, 2009). This examination involves navigating the intricate relationship between "caring about" (the other-centric disposition, with cognitive, moral, and emotional orientations, and caring identity) and "caring for" (the physical and practical aspects of addressing personal needs) (Finch & Groves, 1983; Graham, 1983; Rummery & Fine, 2012).

Care extends beyond the execution of physical and practical tasks; it is intimately connected with caring values, emotional labour, and the cultivation of a caring disposition. Caring necessitates specific moral qualities and a general habit of mind that guides and informs caregiving activities (Tronto, 1993, p. 127). However, care should not be reduced to an assumed essentialist emotional and vocational disposition (typically feminine), which tends to individualize caring expectations for those perceived to possess it, while exempting others (typically masculine) from caring responsibilities (Tronto, 2013). Caring is a social practice constructed and organised within sets of personal and political relationships. Tronto (1993, p. 118) argues that care transcends a mere collection of isolated tasks and activities; it must be

comprehended in a holistic sense as practices embedded within specific relational, social, and cultural contexts:

> When we think of care as a practice, with all the necessary component pieces, then we must take into account the full context of caring. We cannot ignore the real needs of all the parties; we must consider the concerns of the care-receiver as well as the skills of the care-giver, and the role of those who are taking care of.

Caring obligations extend beyond mere adherence to formal rules or principles because caregiving practices are shaped by cultural, socio-political, and relational contexts (Tronto, 1993). Recognizing the embedded nature of caring practices within the social context helps prevent tendencies to individualize, essentialize, privatize, or sentimentalize them.

Lynch et al. (2009, p. 40 and 43) further position caring obligations and the work of care within networks of care relations, termed "circles of care" (Figure 3).

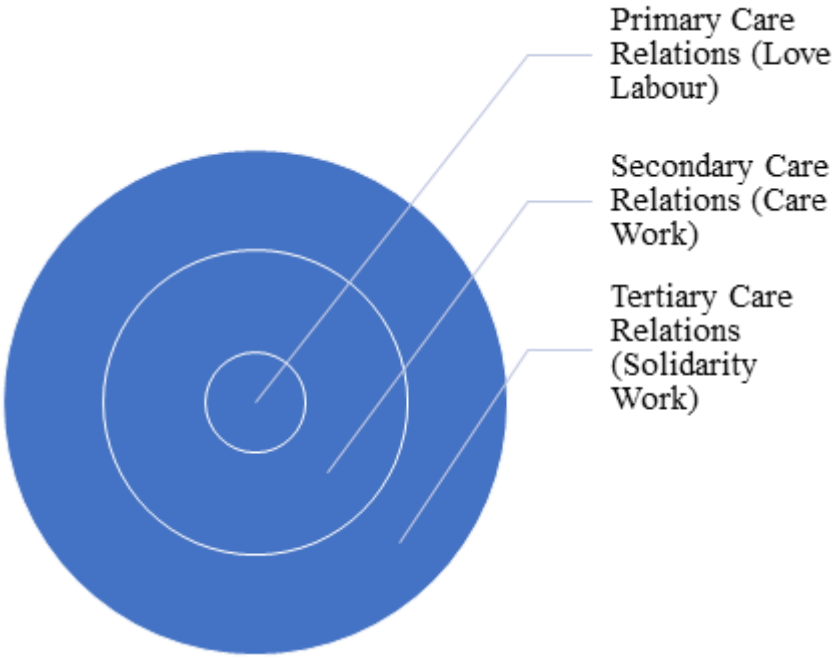

Figure C: Concentric Circles of Care Relations (Lynch et al., 2009, p. 40)

They identify and associate distinct forms of emotional-relational work with the development and sustenance of different relationships, whether primary, secondary, or tertiary. Caring

encompasses a set of practices that involve an other-centric disposition and identity, intertwined with a range of tasks and activities engaging cognitive, mental, physical, and emotional efforts in a process that nurtures affective relations.

Primary care relations hinge on love labour, an emotionally caring aspect essential to human relationships and non-commodifiable. Secondary care relations involve commodifiable care work such as social care. Tertiary care relations entail solidarity work in caring for those unknown personally. Each form of caring work exhibits distinctive features based on varying degrees of (inter)dependence and the emotional obligations expected. All forms of caring require cognitive, mental, and physical effort in identifying another's needs, understanding how to meet them, and actualizing those actions (Lynch et al., 2009).

Different forms of caring may vary in intensity, intimacy, commitment, responsibility, mutuality, reciprocity, duration, commitment, trust, and the sense of identity, belonging and boundaries they generate. Importantly, in professional caring, care work differs from love labour because it is commodifiable, whereas love labour is essentially non-commodifiable, non-transferable, and inalienable, as the relationship itself is the goal (Lynch, 2007). There are relational activities that cannot be substituted or sub-contracted; for instance, while you can pay someone to care for your child during work hours, they cannot establish the emotional bond between you and your child—you must undertake this task personally.

In the realm of professional care work, discussions surrounding the relational distinctions between love and care typically fall under the concept of professional boundaries (e.g. Cooper, 2012). Professional boundaries in social care work delineate the limits and expectations regarding the role of the social care worker and their interactions with service users. These boundaries aim to ensure that the social care worker acts in the best interests of the service user, maintaining a professional relationship. Emphasising confidentiality,

privacy, avoiding dual relationships, managing physical and emotional interactions, handling conflicts of interest, and adhering to professional codes of conduct are common aspects of professional boundaries. These boundaries are crucial for upholding trust, respect, safety, and consistently prioritising the needs and interests of service users.

The relational distinctions between love and care introduce numerous complex dilemmas and tensions in practice for social care workers. For instance, residential childcare workers often find themselves navigating the challenge of developing attachment bonds with young people while simultaneously maintaining clear physical and emotional boundaries. Professional boundaries serve to protect vulnerable service users and staff, not only from allegations of impropriety but also as a regulated emotional involvement to sustain one's practice amid emotionally demanding work. However, overly rigid, bureaucratic, risk-averse, and uncritical approaches may limit the scope and aspirations of effective caregiving.

These various forms of affective work can orientate and engage people in caring in different ways, especially depending on the degree of emotional connection and intimacy involved, thereby highlighting tensions between a universalist justice orientation and a particularistic care orientation.

Balancing Care and Justice

Numerous debates within caring professions underscore the tensions and incongruities between an ethic of care and justice and the professional context of social care work introduces specific dilemmas in practice. In this discourse, the prevailing liberal-humanist framework for social justice, emphasising non-discrimination, fair equal opportunity, impartiality, objectivity, independence, self-reliance, autonomy, and universal rights, is seen to clash with an ethic of care (Botes, 2000; Rummery & Fine, 2012). The contrasting ethic of care is portrayed as one grounded in emotional relationships, subjectivity, the needs of

specific care recipients within a particular context, and a holistic approach valuing interdependence (ibid.). Certainly, these differences can generate tensions in practice (Hugman, 2014). For instance, Campbell (2015) highlights the tension between a *voice of justice* and a *voice of care*. The voice of justice adheres to legislation, rules, and regulations, while the voice of care is shaped by the emotional context of attachments, interpersonal relationships, and care responsibilities. Moreover, the voice of justice dominates the organisation and practice of professional care due to its institutionalisation within care bureaucracies and the governance of performativity, audits, evidence-based practices, and other monitoring, assessment, measuring, and reviewing systems (Campbell, 2015; Holland, 2010).

However, the dominance of the voice of justice has arisen, in part, from historical shortcomings in ensuring care is just. While an ethic of justice has taken centre stage to address the limitations of care, a (political) ethic of care is increasingly recognized as crucial, especially in countering the limitations of an ethic of justice within the neoliberal and new-managerial bureaucracy of caring organisations. Consequently, much of the literature acknowledges the importance of an ethic of justice but also underscores its drawbacks from the perspective of an ethic of care. Bureaucratic and individualising approaches to care often lack a holistic perspective and may not necessarily achieve justice. These critiques suggest that sidelining care ethics in favour of policy and bureaucratic procedures establishes a broader context that frames the ambivalent role of care and emotion in practice (Hanlon, 2021).

Not all perspectives emphasize the incompatibility of care and justice; some consider them complementary (Hay, 2017), particularly within weak and bureaucratic models of justice. In such contexts, caring ethics can contribute significantly to ethical practice, acting as a counterbalance to abstract principles. Barnes and Brannelly (2008) argue for an ethic of care

that acknowledges and respects people's rights to care, employing a relational rather than an individualistic philosophy. They advocate for an ethics of relationality based on emotional bonds responsive to vulnerability and contextual needs, seeking to achieve good care and equality. Similarly, Clifford (2016) emphasizes care as a universal need and underscores the importance of subjective emotional connections in empathising with vulnerability and oppression, serving as a motivating force for action. Shaw (2019, p. 187) highlights the significance of care ethics in resisting neoliberalism, aligning it with virtue ethics but emphasizing a "relational paradigm that honors interdependence". Shaw argues for post-liberal social work ethics that foregrounds care as central to, but not subordinate to, an ethic of justice, where procedural justice is contextualised as a temporal political intervention within a continuum of negotiated personal and social relationships that safeguard and promote human flourishing. Ethical judgments, according to Banks (2012), require an assessment of needs in a social, political, personal, and cultural context. A political ethics of care aligns with anti-oppressive philosophies, engaging workers holistically in addressing broad complex issues at personal, institutional, and structural levels (Dominelli & Campling, 2017). Care is not distinct from justice; both caring and social justice values are implicit in practice but lack a broad conceptual framework that can guide theory, policy, and pedagogy.

While an ethics of care is essential, it alone is insufficient for professional caring (Hugman, 2005). The tension between an ethic of care and an ethic of justice in social care can be seen as a struggle between individualized attention and systemic change. An ethic of care prioritises relationships and empathy, but its consistent application can be challenging across diverse contexts, potentially resulting in unequal treatment. Conversely, an ethic of justice prioritises fairness and equality, addressing systemic inequalities but may overlook the unique needs of individuals, leading to a lack of personalised attention and potentially poorer outcomes. An effective approach to social care necessitates a balance between an ethic of

care and an ethic of justice, where the needs of individuals are considered within the context of systemic change.

A care and relational justice perspective places affective relations (both personal and political) at the forefront of social care. Educators and practitioners can benefit from a framework that explicitly integrates care and justice, offering a more comprehensive approach to the challenges and nuances of professional care work.

Five Caring Practices for Social Care

Tronto (1993) identified initially four, and subsequently five, integrated non-sequential phases that are essential to providing effective care, with each phase corresponding with a particular caregiver quality. Here, the care phases and their associated qualities are referred to as *caring practices* from a relational justice perspective (Figure 4).

Figure D: Caring Practices and Relational Justice

Each practice requires a particular quality, or caring attribute. *Caring about* requires attentiveness to need, *taking care of* requires responsibility for caring, *caregiving* requires competence, *care receiving* requires responsiveness, and *caring with* requires justice. Each practice is part of a framework for relational pedagogy in social care education because in attunes professional practices not only to the values, practices, processes, and outcomes of care, but additionally to affective equality as it relates dynamically to other dimensions of social injustice.

Practice 1 (Caring About): Attentiveness

The first care practice involves recognising the need for care and valuing it as a social responsibility. Caring about requires the quality of *attentiveness* in empathising with people, recognising their care needs, and assessing how their needs should be met. The cognitive work of attentiveness requires a critical understanding of theories of human need that are founded upon the ontological basis of human interdependency. Care involves making professional judgements (needs assessments) that are personal, social, and political (Tronto, 1993). Concepts of needs have moral and political implications (Fraser, 1987) and call for a theory of justice (Tronto, 1993, p. 138). Individualising, psychologising and pathologising theory and practices, while having some role in analysis of psychological and personal conditions, need also to be explored within a wider social and political context. Barriers to caring about can include societal norms and values that prioritise individualism and self-reliance rather than recognising the needs for social care. Structural barriers such as limited access to healthcare, education, and resources can also prevent individuals from accessing care.

The quality of attentiveness in social care services requires workers to make judgments about whom and what the profession should prioritise in terms of care. Workers, well-positioned to

assess care needs, must be aware of how social injustice impacts care. A care and relational justice perspective involves supporting and nurturing a person's primary and secondary care relations, focusing on psycho-social relationships, mental health, familial and social networks, and community supports.

Attentiveness also involves recognising the absence of care in people's lives, acknowledging experiences of abuse, neglect, and violence. Some individuals may face overwhelming caring responsibilities, while others may be marginalised from desired caring responsibilities. Negative care histories, including institutionalisation, isolation, and loneliness, may affect individuals with few positive supportive relationships. Social identities may contribute to a lack of social solidarity. Addressing these aspects is crucial for a comprehensive and equitable social care approach.

Analysing affective relations requires considering lacking resources, such as employment, housing, education, social care services, and welfare, as barriers to support. Understanding how socioeconomic conditions, cumulative disadvantage, global inequalities, institutional racism, or classism shape a person’s situation is essential. Questions about how these factors create and perpetuate a person's situation and what concrete resources or services could overcome these barriers need attention.

Attentiveness extends to an individual’s personal and social identity and its psychological, social, and emotional impact in the context of racism, sexism, disablism, ageism, and other social forces. Exploring how these forces undermine a person’s ability to lead a good life, potentially leading to internalized shame, insecurity, and low self-worth, is critical.

Finally, attentiveness is crucial to the power relations influencing care. Understanding how experiences of disempowerment affect lives and identifying the necessary support for empowerment is essential. Examining caring practices is instrumental in shaping values and

approaches, offering a comprehensive understanding of individual needs and challenges to inform effective and equitable care practices.

Practice 2 (Taking Care Of): Responsibility

The second care practice involves the social care organisation and workers taking responsibility and agency for the specific needs of those requiring care and determining how to address them. This includes assessing activities like feeding, bathing, dressing, and providing medical, emotional, and psychological support, such as listening, comforting, and companionship. Tasks may be complex, raising questions about the effectiveness, efficiency, and social organisation of caring work and services. It requires services and professionals to ensure organised, quality, efficient, and effective care, adhering to societal standards. Consideration at this stage involves policy, regulatory, legal, and service standards, along with resources for organising and developing high-quality services.

Barriers to care may include economic, political, ideological, cultural, and human resource constraints, as well as variations in care recipient needs. Balancing the needs of multiple care recipients, especially those with competing or different levels of care, can pose challenges. In assuming responsibility, the service commits to having the capacity, effective organisation, sufficient resources, and efficiency in resource use. It should uphold standards that defend, respect, and promote a human rights culture and a participatory model of practice fostering social inclusion and empowerment.

Practice 3 (Caregiving): Competence

The third care practice refers to the actual physical, practical, and emotional work of caring, and being competent in directly meeting peoples care needs and establishing a caring relationship. Competence refers to the ability to respond effectively and appropriately to the needs and concerns of others emotionally, practically, and ethically. Tronto's concept of

competence emphasizes the importance of developing a range of skills and capacities that are necessary for effective and caring relationships, to engage in healthy and respectful relationships with others, including being able to communicate effectively, listen actively, and establish trust. Competence is not just about having technical knowledge or skills, but also about being able to engage with others in a way that is respectful, empathetic, and responsive to their needs.

Social care has traditionally placed a strong emphasis on competence in professional training because the everyday, interactional, communicative, and relational basis of caregiving forms the core of practice. Surprisingly less attention is given to care and emotions in the standards of proficiency for social care workers (Mulkeen, 2020). The emphasis on competence in caring can be seen in the professional literature, for example in nursing with a focus on compassionate care, or in social work and social care on relationship- based practice. However, caregiving also emphasises the many barriers to effective caregiving and support for caregivers including access to resources, training and education, caregiver burnout, or the unrealistic demands of caring. Competence also refers to the ability of caregiver as to provide care in a way that does not reproduce inequality and oppression in the development of caring relationships and the provision of care. As well as an institutional and organisational framework that supports good caregiving, competent care within the context of relational justice depends on competence in relationship-based practice and emotional labour, using a person-centred, and trauma-informed approach. Additionally, the care giver needs to be confident in advocating for resources, to be person centred, culturally competent, and to provide care that is anti-oppressive approach and empowering.

Practice 4 (Care-Receiving): Responsiveness

The fourth care practice involves the care giver being responsive to how the care recipient is experiencing their care and requires care to be participative and deliberative. According to Tronto, responsiveness involves a willingness and ability to respond to the needs and concerns of others in a caring and appropriate manner. Responsiveness requires listening to needs and concerns of others, understanding their perspectives including their emotions, values, and experiences. It requires carefully evaluating what is the right thing to do, considering the situation, the values involved, and the potential consequences of one's actions and taking action to address the needs and concerns of others in a caring and appropriate way. Overall, responsiveness is about recognising and valuing the interdependence of individuals, and taking responsibility for responding to the needs and concerns of others in a way that promotes their well-being and dignity. Responsiveness is sensitive to the condition of vulnerability, inequality, and risk and the barriers to care-receiving can include distrust of caregivers or the healthcare system, lack of access to care, and financial barriers. Care recipients may also feel a loss of autonomy or dignity when receiving care, which can impact their willingness to accept it. Ensuring that care is responsive to care receivers means having inclusive, participative, and deliberative caring services that maximise involvement and the agency users.

Practice 5 (Caring With): Justice

Tronto argues that caring should not only be seen as a private, personal responsibility, but also as a public and political one. This means recognising and addressing the systemic and structural factors that contribute to social inequalities and injustices and working towards creating more just and caring social policies and institutions. The social and political practices of caring can be varied but involves recognizing the ways in which social and political structures and policies impact people's ability to care for themselves and others and to identify strategies for addressing them. It may involve advocating for change in

organisational and social policies and structures or campaigning for wider political change. It involves taking action to advocate for more just and caring social policies and institutions, through activities such as voting, lobbying, and activism. Overall, the political phase of caring emphasizes the importance of recognising and addressing the broader social and political factors that impact people's ability to care for themselves and others and working towards creating a more just and caring society. Caring with provides an overall normative orientation that recognises the importance of solidarity and trust and equality. It attempts to complete the circle for holistic are and break the cycle of injustice. In the model of relational pedagogy caring with is the overlapping link between caring practices and emancipatory practices forming a bridge between an ethic of care and an ethic of justice (Figure 1) (see Hanlon, 2024).

Conclusion: Towards a Relational Pedagogy

The concept of relational justice provides a normative and principled approach to underpin the model of relational pedagogy in social care education. Relational pedagogy nurtures four interrelated sets of practices that promotes critical understanding and reflection, caring relations, emancipatory objectives, and creative interventions (Figure 1). Integral to caring practices are five caring attributes. These five practices are useful in analysing how caring can best be advanced as well as the barriers to care at different phases. Tronto's normative model for effective care can offer a concrete guide to practice by nurturing the attributes of attentiveness, responsibility, competence, responsiveness and justice. Barriers and problems in each practice of care can hinder the provision of care and require attention and intervention to ensure that all individuals have access to high-quality, compassionate care. Awareness of this can help to focus and engage services and workers in the care cycle, interdependency, and the circles of caring.

Relational justice provides a critical perspective for social care education that integrates care with a multidimensional approach to social justice modelled on equality of condition in practice. By emphasizing the importance of Caring Practices, Critical Practices, Creative Practices, and Emancipatory Practices, relational pedagogy provides a framework for social care education to enable social care workers to build positive relationships with clients, reflect on their own values and biases, develop new and creative approaches to meeting client needs, and promote social justice and empowerment. Relational pedagogy explicitly links care with social justice in social care education. The link between care and justice, evident in Toronto's concept of caring with, and Lynch et al.'s concept of affective equality, is central to the model of relational pedagogy. By developing students' nurturing capital (Lynch & Lyons, 2009), their capacities to be caring, they learn about care and about social justice and why they matter.

References

Baker, J., Lynch, K., Cantillon, S., & Walsh, J. (2004). *Equality from Theory to Action*. Palgrave.

Banks, S. (2012). *Ethics and Values in Social Work*. Palgrave Macmillan.

Barnes, M. (2005). *Caring and Social Justice*. Palgrave Macmillan.

Barnes, M., & Brannelly, T. (2008). Achieving care and social justice for people with dementia. *Nursing ethics*, *15*(3), 384-395.

Bubeck, D. (1995). *Care, Justice and Gender*. Oxford University Press.

Campbell, T. (2015). Voicing Unease: Care Ethics in the Professionalization of Social Care. *The New Bioethics*, *21*(1), 33-45. https://doi.org/10.1179/2050287715Z.00000000065

Chatzidakis, A., Hakim, J., Litter, J., & Rottenberg, C. (2020). *The Care Manifesto: The Politics of Interdependence*. Verso Books.

Clifford, D. (2016). Oppression and professional ethics. *Ethics and Social Welfare*, *10*(1), 4-18.

Cooper, F. (2012). Professional Boundaries in Social Work and Social Care: A Practical Guide to Understanding, Maintaining and Managing Your Professional Boundaries. Jessica Kingsley Publishers.

CORU (2022, May 4th) "Update on the Registration of Social Care Workers", CORU. https://coru.ie/about-us/registration-boards/social-care-workers-registration-board/updateson-the-social-care-workers-registration-board/update-on-the-registration-of-social-careworkers/

Dominelli, L., & Campling, J. (2017). *Anti Oppressive Social Work Theory and Practice*. Bloomsbury Publishing.
Edwards, C., Daly, F., Kelleher, C., Loughnane, C., & O'Riordan, J. (2023). Care-Centred Society in Ireland.
Fisher, B., & Tronto, J. (1990). Toward a Feminist Theory of Caring. In E. Abel & M. Nelson (Eds.), *Circles of Care*. State University of New York.
Fraser, N. (1987). Women, welfare and the politics of need interpretation. *Hypatia, 2*(1), 103-121.
Gilligan, C. (1982). In a Different Voice: Psychological Theory and Women's Development. Harvard University Press.
Gottlieb, R. (2022). Care-Centered Politics: From the Home to the Planet. MIT Press.
Hanlon, N. (2012). Masculinities, Care and Equality: Identity and Nurture in Men's Lives. Palgrave Macmillan.
Hanlon, N. (2018). Carefree Masculinities in Ireland; Gender Conservativism and Neo-liberalism. *Irish Journal of Anthropology*, *21*, p. 43-56.
Hanlon, N. (2021). Professional caring in affective services: the ambivalence of emotional nurture in practice. *European Journal of Social Work*, 1-13. https://doi.org/10.1080/13691457.2021.1997925
Hanlon, N. (2022a). Masculinities and affective equality; the case of professional caring. *Gender, Work & Organization*.
Hanlon, N. (2022b). Relational justice and relational pedagogy in professional social care work. *Social Work Education*, 1-18. https://doi.org/10.1080/02615479.2022.2123913
Hanlon, N. (2024). Relational pedagogy in social care education: a model for relational justice. *Social Work Education*, 1-17.
Hanlon, N., & Lynch, K. (2011). Care-free Masculinities in Ireland. In E. Ruspini, J. Hearn, B. Pease, & K. Pringle (Eds.), *Men and Masculinities Around the World: Transforming Men's Practices*. Palgrave.
Hanlon, N. & Gahan, F. (2023). Masculinities and caring men in social care work. In K. Lalor, Share, P. and Brown, T. (Ed.), *Social Care Work: An Introduction for Students in Ireland*. Institute of Public Administration.
Hay, J. (2017). Care and justice: Two sides of the same coin of a critical care ethics in social work. In *Critical Ethics of Care in Social Work* (pp. 49-59). Routledge.
Holland, S. (2010). Looked after children and the ethic of care. *British Journal of Social Work, 40*(6), 1664-1680.
Hugman, R. (2014). Professionalizing care—A necessary irony? Some implications of the "ethics of care" for the caring professions and informal caring. In *Care professions and globalization* (pp. 173-193). Springer.
Kittay, E. F. (1999). *Love's Labour*. Routledge.
Lynch, K. (2007). Love Labour as a distinct and non-commodifiable form of Care Labour. *Sociological Review, 55*(3), 550-570.
Lynch, K. (2022). *Care and Capitalism*. Wiley.
Lynch, K., Baker, J., Walsh, J., & Lyons, M. (Eds.). (2009). *Affective Equality: Who Cares? Love, Care and Injustice*. Palgrave Macmillan.
Lynch, K., & Lyons, M. (2009). Love Labouring: Nurturing Rationalities and Relational Identities. In K. Lynch, J. Baker, J. Walsh, & M. Lyons (Eds.), *Affective Equality: Who Cares? Love, Care and Injustice*. Palgrave Macmillan.
McDaid, S. (2009). An equality of condition framework for user involvement in mental health policy and planning: evidence from participatory action research. *Disability & Society, 24*(4), 461-474.

Mulkeen, M. (2020). Care and the Standards of Proficiency for Social Care Workers. *Irish Journal of Applied Social Studies*, *20*(2), 4.

Mulkeen, M. (2023). Critical practice in social care: Enhancing the social justice focus. In K. Lalor, P. Share, & T. Brown (Eds.), *Social care work: An introduction for students in Ireland* (4th ed.). Institute of Public Administration.

Noddings, N. (1996). The caring professional. Caregiving: Readings in knowledge, practice, ethics, and politics, 160-172.

Savage, M. (2022). The Significance of the Affective Sphere for Understanding and Responding to Women's Homelessness. *European Journal of Homelessness _ Volume*, *16*(2_).

Shaw, J. (2019). Homines Curans and the social work imaginary: Post-liberalism and the ethics of care. *The British Journal of Social Work*, *49*(1), 183-197.

Smith, K., Ní Raghallaigh, M., & Scholtz, J. (2021). 'I hope like they talk with us like how they talk with Irish': 'difference', discrimination and affective inequality in the lives of young Syrian refugees resettled in Ireland. *Journal of Youth Studies*, *24*(8), 1117-1134. https://doi.org/10.1080/13676261.2020.1801993

Tronto, J. (2005). Care as the work of citizens: A modest proposal.

Tronto, J. (2013). Caring Democracy: Markets, Equality, and Justice. NYU Press.

Tronto, J. (2017). There is an alternative: homines curans and the limits of neoliberalism. *International Journal of Care and Caring*, *1*(1), 27-43.

Tronto, J. (2023). 20 There is an alternative. *Social Work: A Reader*, 132.

Tronto, J. (1993). Moral Boundaries: A Political Argument for an Ethic of Care. Routledge.

Tronto, J. (2010). Creating caring institutions: Politics, plurality, and purpose. *Ethics and social welfare*, *4*(2), 158-171.

White, J. A., & Tronto, J. (2004). Political practices of care: Needs and rights. *Ratio Juris*, *17*(4), 425-453.