Transforming Practice with Older People through an Ethic of Care

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Abstract

This article explores the relevance of deliberative practices framed by feminist care ethics to social work practice with older people. It draws on two connected projects which brought together older people: practitioners and academics. The first was a participatory research project in which the significance of care to well-being in old age emerged. The second was a knowledge exchange project which generated learning resources for social care practice based on the research findings of the first project. Here we analyse selected transcripts of recordings from meetings of both projects to consider the ways that discussions about lived experiences and everyday lives demonstrate care through this dialogue. Using this analysis, we propose that care ethics can be useful in transforming relationships between older people and those working with them through the creation of hybrid spaces in which 'care-full deliberation' can happen. We argue that such reflective spaces can enable transformative dialogue about care and its importance to older people and offer a counterbalance to the procedurally driven environments in which much social work practice takes place and can support practice more attuned to the circumstances and concerns of older people.

Keywords: Care ethics, older people, deliberation, care, social work practice

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Introduction

The significance of feminist care ethics for social work and social care practice has received increasing attention since Orme's (2002) article in this Journal. Parton (2003) linked the narrative-based practice implied by care ethics to

the contribution that social constructionism has made to practice. Subsequent articles have considered the value of this perspective to work with older people (Lloyd, 2006), young people (Holland, 2010) and to probation practice (Gregory, 2010). Elsewhere, work on care ethics has contributed to an increasingly high profile being given to ethical issues in both social welfare practice and social policy (Barnes and Yateman, 2013; Koggel and Orme, 2010). This article seeks to further articulate the relevance of feminist care ethics to gerontological social work practice. It draws on two related projects in which older people, academic researchers and practitioners co-produced and applied knowledge on older people's well-being. The first project involved participatory research and the second generated practice learning resources based on research findings. We have reported research findings exploring well-being in older age elsewhere (Ward *et al.*, 2012, 2013). In this article, we draw on experiences of working with older people and practitioners to explore the usefulness of care ethics for the collective involvement of older people, and consider the significance of care ethics for social work practice with older people. We link these two aims to the call for a renewed commitment to social justice within gerontological social work and increased knowledge of ageing through social work education and training (Ray *et al.*, 2014).

The ethics of care, social work and older people

Since its origins in feminist psychology over thirty years ago, care ethics has moved beyond gendered understandings of moral development to encompass an extensive body of work across a range of disciplines. What is common to these diverse areas of theoretical and applied work is the understanding that care in its broadest sense is necessary for human development and survival, a political as well as personal matter and fundamental to social justice (Held, 2006). It is based on a relational ontology in which interdependency is understood as a defining feature of human life.

Unlike virtue ethics that focuses on individual qualities of practitioners necessary for ethical practice (Clifford, 2013), the distinctive contribution of care ethics is to offer a critical take on the political dimension of care as a collective responsibility (Tronto, 2013)—on the institutional context in which care work is performed (Bowden, 1997), as well as the power relationships characterising care-giving and receiving and in understanding people in relationship to others (Barnes, 2012). Most care ethicists working in areas relating to social work practice understand care as more complex and more challenging than is implied by an emphasis on the personal qualities required by care-givers, and as requiring both ethical and political sensibilities in negotiating both front line practice and policy making in which service users can play an active part (Barnes, 2012).

Care ethicists recognise care as a transformative value and practice (Conradi, 2015). In her articulation of policy analysis from this perspective, Sevenhuijsen (2004) argues for the *renewal* of policy through feminist care ethics. This is based in a normative understanding of social policy as requiring actions for well-being and social justice in conditions of vulnerability (Kittay, 1999). The relational ontology underpinning care ethics has led to critiques of individualised models of practice deriving from neo-liberal promotion of the rational, choice-making consumer. Barnes's (2011) analysis of personalisation from an ethic of care highlights not only assumptions about the values of 'choice and control' rather than care, but also the danger that care becomes devalued by being associated only with the most needy, and that no attention is given to 'how we can create the conditions in which good care can flourish' (p. 160). Such critiques have focused in particular on the position of older people where evidence suggests relational rather than individualised practices are most likely to generate well-being (Barnes *et al*., 2013; Lloyd, 2004, 2010). Whilst noting that personalisation 'is perceived to offer an opportunity to re-establish core social work values by shedding the heavily bureaucratic administrative approach that has dominated community care services' (2010, p. 195), Lloyd also points to the tensions inherent in this approach in the context of the diverse needs of older people, particularly those in the final stages of their lives. To achieve justice for older people requires a response based in care ethics as well as justice ethics.

Social work with older people has always occupied a subsidiary position in comparison to work with children and, as Richards *et al*. (2013) have demonstrated, has been subject to considerable neglect within education programmes. They have argued that content on older people should be suffused throughout qualifying programmes, for an increase in practice learning opportunities for work with older people, and for more reporting of gerontological social work research. This article responds to this call by reflecting on research conducted with older people and then applied to social work and social care practice.

The projects

The first project was a collaboration between university researchers, a voluntary sector manager and a team of twelve older co-researchers, aged between early sixties and late eighties and recruited from the agency's volunteer base. We did not recruit co-researchers on the basis that they were service users but, over the course of the three-year project, some faced a number of health and care issues and began using support services. Interviewees were recruited through the voluntary agency, sheltered housing and via a snowballing approach to ensure the inclusion of older people in diverse circumstances. Some received social work or other support and most reflected on possible future service use as their needs increased.

The aim of the research was to understand how well-being can be sustained through transitions related to ageing. There was a shared commitment to understanding ageing through older people's experiences and to developing participatory approaches to research based in care ethics. The research received formal ethical approval, but our practice based in relational ethics went beyond the procedural ethics of the university (see Ward and Gahagan, 2010, for details). The co-researchers contributed to all aspects of the research: some carried out interviews and focus groups with older research participants; others were involved in transcription and coding of data, producing written outputs and presenting findings. All were involved in developing the research design, interpretation and analysis of the findings during team meetings.

The research identified many factors impacting older people's well-being, but findings challenged dominant views of well-being as relating to independence and the exercise of choice. It demonstrated how relationships with family, friends, service providers, strangers and places are strongly implicated in the maintenance of well-being in old age. Care, whilst occupying an ambivalent position within many narratives, was fundamental to understanding what generates well-being (see Ward *et al.*, 2012 for a full report of results).

The second 'knowledge exchange' project—KEOPEC—was funded under the ESRC Follow-On funding scheme to apply the well-being research findings to practice. Some of the original co-researchers worked with us on this project along with two people from a local senior's forum; five statutory workers: social work practitioners, managers, and trainer, occupational therapy manager; and four voluntary sector practitioners working in older people's services. This group met over a year to reflect on the significance of research findings for social work and social care practices. We developed case studies that were translated into scripted scenarios that were acted and filmed using a professional production company. These six films and an accompanying handbook constitute learning resources for those working with older people (Ward *et al.*, 2013).

This project had a shorter timescale than the research and demanded a more structured approach to produce outputs required by the funder. It also involved a 'mixed' group of practitioners and older people, some of whom had worked closely together over more than three years, and others who were new to the group and to the work. But we continued to seek to model ethical participation in our work together.

For this article, we have analysed the ways in which older co-researchers talked about care as they discussed interview data, and the way in which older people and practitioners discussed similar issues in the knowledge exchange group. Using this analysis, we offer insights both into the value of care ethics for social work practice and into transforming relationships between older people and those working with them through the creation of spaces in which 'care-full' deliberation can happen. We argue that such reflective spaces offer a counterbalance to the procedurally driven environments

in which much social work practice takes place and hold the potential for enabling the 'renewal' of policy and for supporting practice more attuned to the circumstances and concerns of older people (Lloyd, 2006). This reflects the necessity of care to justice in conditions of vulnerability and can support social work's orientation to social justice in the context of work with older people (Ray *et al*., 2014).

Collaboration and deliberation with older people

The involvement of those who use services in their delivery has become mainstream over the last twenty-five years. This transition, and the tensions and paradoxes it has produced, has been linked to the introduction of market ideology in the public sector. The radical origins of changes associated with disability activism sit uncomfortably alongside the consumer-orientated approaches that have come to dominate the 'participatory turn' in policy making and governance. The dangers of co-opting the radical challenge of involving service users into consumerist models have become more evident in the context of austerity and financial crisis. Morris (2011) has argued that engaging with dominant policy agendas, including 'user involvement', has unintentionally undermined struggles for collective responsibility for welfare which are now under threat from the coalition government's attack on disability benefits and services.

In the years since the 1990 NHS and Community Care Act was passed, the involvement of older people as a specific user group has become part of a wider policy context spanning different agendas. In part, it connects to responses to population ageing and increased numbers of older people. Examples here include initiatives such as Better Government for Older People and Opportunity Age (Department for Work and Pensions, 2005), which recognised the marginal place of older people's 'voice' within policy and governance at a collective level. At an individual level, policy objectives driving social care reforms through the introduction of individual budgets and personalisation aim to impact more directly on older people by involving them in decisions about their own care. Whilst this potentially resonates with social work values such as empowerment through anti-oppressive practice, this is compromised when framed within neo-liberal objectives and technical-rationalist management of social work practice. The extent to which personalisation can promote genuine involvement of older people is contested. The evaluation of the pilot individual budgets programme (Glendinning *et al*., 2008) showed that older people were the least satisfied with such budgets, suggesting that enabling greater 'choice' is over-simplistic and may be unhelpful in enabling older people's decision making. This reflects Ray *et al*.'s (2014) arguments about the complexity of the circumstances facing many older people and their families and the danger that those who are most vulnerable will be further marginalised by market-based service responses.

Our work sought to enable older people's voice through involvement in research and development. We assumed that to produce better knowledge and practices more attuned to older people's needs required making the lived experiences of ageing central to everything that we did. As the work progressed, we linked this to practices grounded in the ethics of care. We argue this offers a distinctive approach to seeking transformation through individual and collective involvement.

We explore how the groups in the two linked projects talked about care, and whether the processes of deliberation amongst them can be understood as embodying the 'care-full deliberation' that Barnes (2012) has argued is necessary to effective participatory practice. We do this through an analysis of transcripts of selected group meetings. We then consider what this experience can offer to current social work practice with older people in the context of transformations driven by neo-liberalism and austerity. First we set out the framework we used to analyse transcripts.

Analysing deliberation from an ethic of care

Based on her critical analysis of policies from an ethic of care perspective, Sevenhuijsen (2004) articulated her approach ('Trace') and its aim to:

> trace the normative framework(s) in policy reports in order to evaluate and renew these from the perspective of an ethic of care. The background motivation to this approach is the wish to further develop care into a political concept and to position care as a social and moral practice in notions of citizenship (Sevenhuijsen, 2004, p. 14).

Trace was developed as a way of analysing policy documents. However, the texts we examine here were generated through dialogue amongst older people, researchers and practitioners. We used Trace as a way of sensitising us to the ways people were speaking about care. We considered the way participants in these two projects constructed the 'problem' relating to older people's well-being and how this can be achieved, what values were explicit or implicit in the way they spoke, and how this related to assumptions about people as individual and self-interested, or relational and motivated by responsibilities to others. Thus we analysed the 'content' of the conversations, recognising the way in which group members may be utilising different discourses in which care may be explicit or implied. And, in particular, we were interested to consider any differences in ways in which older people talked about care amongst themselves in the research group, and how talk about care was impacted by professional discourses introduced by practitioners in the KEOPEC project.

In addition to exploring the discourses employed in the talk of older people and practitioners (and ourselves as researchers facilitating this process), we also wanted to understand the deliberative process per se from the

perspective of care ethics. Key to our work is Young's (2000) argument that a concept of deliberation as rational argument is neither helpful nor desirable if the aim is to ensure the voices of those often excluded from policy making can be part of such processes. Young has argued that we need to include greeting, narrative and rhetoric as styles of speaking necessary for inclusive deliberation. Barnes (2012) has developed this analysis by adopting Tronto's (1993) dimensions of care to understand what can enable care-full deliberation. Thus, we were looking for evidence of *attentiveness* within the group to each other—the extent to which people took *responsibility* for the process of deliberation and sought to achieve *competence* in their dialogue with each other. We also considered how those engaged in deliberative processes were *responding* to this experience and what this meant in terms of the need to adapt to this (Ward and Gahagan, 2010).

Below, we apply these two analytical perspectives to selected transcripts from the research team and knowledge exchange meetings to look at both the way in which people were talking *about* care and whether they were deliberating *with* care.

Deliberating with and about care

The transcripts were from research team meetings in which we were analysing interview data and discussing the findings, and from KEOPEC meetings discussing the implications of research findings for practice. These were selected because meeting topics offered a particular focus on well-being and how it could be generated. As well as analysis of transcripts, we also draw on reflections from older people and practitioners who took part. These were collected via written and verbal feedback as part of our commitment to learning from the process of working together.

Talking about care

In both projects, the ways in which older people talked about care reflected experiential knowledge. They drew on their direct experiences of giving and receiving care within family and friendship relationships, as well as former professional and current volunteering roles. In contrast, practitioners primarily drew on professional knowledge and practice and challenges associated with this.

As they reflected on what interviewees had said, older research team members highlighted the research participants' ambivalence towards care and the complex negotiations that constitute care-giving and receiving. They recognised from their own experiences of growing older the significance of what participants said about the desire to be independent, yet at the same time the importance of having somebody to talk to about health problems, the

effect of loss and other difficulties. For example, when we were discussing the interview of a ninety-seven-year-old woman who had said 'I don't ask anybody for anything. . . . I'd sooner crawl round the floor than ask', co-researcher responses reinforced the difficulties of asking for help and communicating the need for care. One team member commented that 'you don't want to say too much about it, you might make a casual remark because you don't want people to be bored with you . . . you don't want to burden people with your problems'.

These perspectives were also brought to the knowledge exchange discussions by the co-researchers. They wanted to communicate to practitioners what it means to accept that you can no longer do everything for yourself:

> I think it is fundamental to sort of recognise that it is quite difficult to realise you have got to accept care. If you have been giving care in a very broad sense all your life suddenly you realise that you need care and I think to go in sort of too heavy handed you know you have got to accept that it is a big hurdle to say I need care.

Co-researchers were thus problematising assumptions that people *should* be independent and the impact this has both at a personal level and on interactions between older people and those offering care. Their interventions in the discussions were based on reflections from the research findings as well as their personal experiences of their own care needs and those of relatives and friends.

Practitioner perspectives on research findings started from the ways in which care is delivered and the implications of research data for practice. They focused on their responsibilities for the delivery of care rather than what it means to need or receive care. This reflected the emphasis on enabling choice and involvement in decision making, but also that the word 'care' was no longer used in internal documentation. The practitioners' contributions also illustrated how attempts to operationalise concepts of choice and user involvement are fraught with complexity and contradiction. Issues raised by social work managers revolved around how to support staff in enabling older people to 'make choices'; as one commented: 'what I'm trying to get over to the staff, it is not about putting your own perceptions about what is important.' Another practitioner spoke about ensuring workers thought about the range of 'options' that might be available for an older person. The 'problems' identified here were twofold: older people not knowing what the options for care might be, through lack of adequate information or lack of prior thought or planning before a time of crisis; and workers not thinking about or offering a range of possible options because they are constrained by the parameters of available resources.

The assumption that good care can be realised through the exercise of 'rational choice' was challenged by voluntary sector practitioners. They were not convinced that more choice was necessarily helpful when facing difficult decisions and reflected that having to choose can be overwhelming when

much is uncertain at a time of crisis. They suggested that it may be more important to pick up on cues and ensure the person feels listened to, accompanied and understood—in other words, it is the nature of the interaction that is key.

Older team members were more concerned about evidence from interviews concerning the poor quality of services. They responded emotionally to stories reflecting poor treatment. One co-researcher who had coded this data remarked: 'I was really deeply distressed by all this, it's so unnecessary, I mean only a little care would make it different.' This developed into a discussion about the undervaluing of care work, the assumption that it is unskilled and therefore anyone can do it, that it is low-paid and driven by profit within the private sector: 'the private care homes pay their staff, its money, money and money and they pay their staff very little.' These discussions demonstrated their thinking about care as a value that is insufficiently recognised. They linked personal experiences with political issues, criticising the failure of governments to take responsibility for ensuring proper funding of care services.

Identities, experience and knowledge

Whilst we compared the way in which people talked about care and contributed to the discussion according to distinct identities as researcher, older person or practitioner, as our work developed, it became evident that these distinctions could not be completely sustained. Some of the older people had been involved in social work, nursing and the magistracy, for example. Some were currently volunteers working in information, advice and counselling services. The extent to which these *practitioner* identities were evident in the way they spoke varied, but they did draw on knowledge associated with such experiences as well as personal experiences of growing older. One older team member said, talking about her experience as a counsellor:

> . . . it's part of my persona in a way I suppose . . . I think I would apply that, listening, probably when I did my interview you know with the focus groups and that's something you don't, you don't think about, no it just becomes part of you.

Thus, the response of some older people to being involved in these projects reflected the significance of these forums as spaces in which they could continue to apply knowledge or understanding gained from their working lives, as well as their experience of being an 'older person'. There were differences related to this. We became increasingly aware that one co-researcher actively resisted being positioned as an older person during research meetings and in the knowledge exchange explicitly drew on her previous experience as a social care manager. Another perceived the knowledge exchange as emphasising how 'out of date' her practice knowledge was and that she could make a

more limited contribution here than she had done to the research. Another dimension of the blurring of identities was indicated in the reflections of another co-researcher who commented on her ability to make contributions to the KEOPEC discussions on the basis of her experience of the research. By this point, it was her identity as 'researcher' that validated her input.

Thus, one aspect of the attentiveness necessary to enabling care-full conversations involved recognition of the different identities of participants, and creating a context in which they felt confident about drawing on these. This required building reciprocal trust and applied to ALL participants. Thus, a key point at which conversations between practitioners and older people broke through the rather tentative 'feeling out' characterising early meetings was when a social worker reflected on becoming aware of how she started visits to her elderly father by saying 'Can't stop long!' This was in response to discussions of the significance of time in relation to care and marked a willingness to offer a personal rather than professional contribution to the discussions. As researchers, we also drew on personal experiences—in relation to older relatives and, to some extent, of growing older ourselves. The fact that there was evidence of this happening suggests the value of these spaces as a context in which it can be possible to break out of fixed identities in exploring care.

Working together with care

Nevertheless, there were differences in the way people contributed to discussions, as well as in the content of their talk about 'care'. Transcripts demonstrate how the researchers sought to summarise what had been said in order to make sense of this, and introduced abstract terms and categories in order to do so. For example, during discussions in a research meeting on the theme of 'security' from analysis of interview data, Barnes reflected on this, highlighting the tension between principles of privacy and care/concern. Up to this point, as well as focusing on interview data, the discussion had drawn on knowledge of real-life incidents demonstrating problems relating to security in the home, including personal accounts of how older team members deal with this, as well as views about government responsibilities for ensuring security of older people in general, and vulnerable people in particular. Barnes implicitly drew on the ethics of care to suggest the need for situated judgements, rather than assuming an absolute priority for one or other principles.

These conceptual summarisations were more evident in the knowledge exchange meetings where there was both a more self-conscious wish to facilitate the 'mix' of contributions and more urgency because of the time-limited nature of this work. They reflected our awareness as researchers of our responsibility to achieve a competent outcome. By this stage, we were also more self-consciously using the ethic of care framework in discussions. As discussions progressed, we observed both older people and practitioners explicitly using

the language of care ethics to frame contributions. For example, one reflected on what was being said in a discussion about helping relationships: '... comes back to your attentive.'

Our aim as facilitators was to enable and encourage team members to draw from a range of knowledge/expertise to contribute to discussions. This involved recognising and acknowledging the value of what was being said in developing insight into the significance of issues, namely seeing deliberation as a process of meaning making, rather than being tightly task-focused. This necessitated being attentive to the emotional nature of some issues and recognising how participants were responding to what was being discussed. One way of doing this was by explicitly speaking of difficult issues and opening up space for co-researchers to tell stories from their own experiences.

Allowing story telling is fundamental to 'deliberating with care' (Barnes, 2005). Sometimes, stories may be unclear in their narrative structure, but the role of facilitators is to be attentive to the purpose served for the person recounting the story and offering responses that draw this out. Over time, that role was played by other team members as well as academic researchers. There was evidence of all team members being attentive to what others were saying and taking responsibility for developing the discussion, albeit in different ways. Some were looking for 'the answer', others illustrating different responses from the interview data, others suggesting ways of addressing the problem to demonstrate the diversity of what care might mean in practice. All these different types of contribution were recognised, although this was challenging and we learnt how to work in this way as the project evolved. Developing trusting relationships was fundamental to this.

The early stages of the knowledge exchange were characterised by a sharper division of responsibility, with the researchers taking a more explicit facilitating/leading role as members of the group 'felt each other out', as one described it. Practitioners appeared reluctant to adopt a high profile. Early contributions from those with management responsibilities indicated they were motivated by wanting to draw on older people's experiences to encourage their staff to be responsive to what older people want. This can be interpreted as an attempt to emphasise the role of learner rather than expert, identifying professional challenges they hoped to address through taking part. This introduced a more specific 'problem'-focused dynamic which prompted one older person to acknowledge significant changes taking place within services. One of the co-researchers shifted the focus back to the impact of changes on older people, specifically introducing the fear that many older people are experiencing as a result of messages about older people as burdens.

These early exchanges suggest some of the anxieties of practitioners in this context. They had their own needs for taking part and expressed these in terms of a desire to better understand older people's positions, but based on an assumption that the major problem is to get staff to behave differently. The co-researcher's response was a challenge to them to see the world rather

differently. Attentiveness to need is something that practitioners are encouraged to understand as a skill they need to exercise. Responsiveness, in comparison, requires a greater openness to recognising that the world may look rather different from other people's perspectives and that the issues that they, practitioners, feel responsibility to attend to are not those that older people themselves are primarily concerned about.

This was recognised by another practitioner who, drawing on a conversation with one of the older co-researchers during a pairs discussion, spoke of the importance of 'quiet companionship' and contrasted this with the way workers are encouraged to act in a goal-driven way: 'I think we get very caught up in, and you know that staff always feel they have got to be doing you know because their manager might be watching them.' This opened up the opportunity for an academic researcher to cite an interview with a couple in their nineties who talked of wanting to be looked after and for whom the notion of 'activity' was no longer the most important issue. It prompted further dialogue involving practitioners about the meaning of 'person-centredness' with older people reiterating how hard it is to receive care. By this point in the discussion, exchanges had gone beyond the rather tentative way in which they had started out and enabled important exploration of ways that 'care' was understood in different contexts.

As meetings continued, there was evidence of practitioners drawing on personal as well as professional insights. For example, discussion of learning resources focused on how older people might be helped to make decisions about changes to their living circumstances led one practitioner to talk about a 'pact' she had with friends to have flats in the same sheltered housing complex. Practitioners took a lead role in discussions focusing on the application of research findings to practice development and this might be one source of the reflection from an older co-researcher that she did not have much to offer because she was out of touch with practice. Transcripts indicate that academic researchers did not deliberately try to include older people at this point. The need to determine the focus for the training resources had become pressing and thus there was a reluctance to interrupt a flow of ideas from those seen as 'experts' in relation to the production and use of such resources.

However, reflections from one older co-researcher indicated that she thought the practitioners had been prepared to listen to older people's views and that there had been more opportunity for detailed discussion in pair and small-group exercises. She also noted that people were pleased to see each other when the group got back together after a break during which filming was taking place. She commented on the humour existing at that point and that it no longer felt like people were 'jostling for position'.

Amongst practitioners' comments on their experience of KEOPEC was the value of 'slowing things down'. Thus, what to us felt like a faster process than was the case for the research project, in which the time to create relationships and enable open deliberation was in tension with the

need to generate an outcome within a set period, practitioners experienced the process as more leisurely than they are used to in their everyday working lives. Awareness of the significance of different experiences of time permeated discussions about practices to enable care-full relationships between older people and practitioners.

One practitioner wrote about the project in a practice journal. She reflected on the principles of care ethics and their application in this context:

> In practice this meant being attentive to individual differences within the team, being flexible to accommodate uninvited disruptions, taking responsibility and adopting different roles, both taking the lead and stepping back, paying attention to detail and of practicalities and noticing how people are responding to being involved and how they can contribute to the process . . .. We very quickly developed strong relationships. We identified common ground and shared values which contributed to the development of trust (Walker, 2013).

Discussion

Recent debates on the role and nature of social work with older people have highlighted the complexity and skills needed in gerontological social work and paradoxically the marginal status it continues to have. In the conclusion to their review, Richards *et al.* (2013, p. 14) emphasise 'the importance of developing and maintaining dialogue and collaboration between gerontological social work practitioners, educators and researchers and the increasingly diverse populations of older people', whilst Ray *et al.* (2014, p. 11) reflect on the 'pivotal need for gerontological social work to reestablish its "moral core" and to reclaim its traditional orientation towards social justice'. In an earlier paper, Lloyd (2006) argues of the value of feminist ethics of care in work with older people. We concur and our contribution to the debate is to highlight how care ethics offers social work practice a language and a framework for dialogue and collaboration as well as renewal of social work values including its commitment to social justice. Our experience in these projects shows the application of care ethics to such collaboration can enable transformative dialogue about care and its importance to older people, and help enhance ethical awareness and sensibilities amongst practitioners.

The spaces created in these projects were spaces for moral deliberation as well as knowledge generation. Ash's (2010) identification of the 'missing ethics' within social work practice with older people highlighted how an emphasis on task-led activity within everyday practice can lead to a failure to recognise the ethical dimension of practice. Whilst not explicitly set up to generate the moral imagination necessary for ethical practice, the care-full deliberation we sought to foster both facilitated the process of critical thinking and questioning that underpins such practice, and reflected the values to be promoted through the learning resources we were producing.

The well-being research highlighted the complex challenges often associated with older age. Translating findings into resources for practice demonstrated the complexity of working with older people to negotiate such challenges. These relate not only to health and care needs which may be particularly challenging in relation to dementia or other complex health conditions, but to eligibility criteria for social support, assessment mechanisms and the increased marketisation of care services. A wide range of older people will face these issues and be expected to make decisions regarding their care and support within the transformed landscape of adult social care. Whilst the impacts of the Care Act on social work practice may take time to fully comprehend, it is clear that older people are expected to navigate the system based on market principles of choice and act as free and equal citizens within the market. This jars against what is well known in social work practice with older people and the realities of frailty in old age. There is little appreciation of the complexities of these issues within a policy framework emphasising information as a basis for decision making.

The significance of care ethics and the relational perspectives we were exploring with older people and practitioners become particularly relevant in circumstances of high dependency. This applies in cases both where care needs must also be negotiated with family or other lay carers and where isolated older people are more dependent on relationships with social workers to enable them to feel cared for and access support services. The work of Brannelly (2006) draws similar conclusions in relation to social work practice with people with dementia and their carers.

Conclusion

A key factor in realising the potential of care ethics to social work practice is a willingness to recognise the different identities we all embody and, related to this, the significance of care to all our lives. Other research has explored different responses of public officials who share aspects of their identities with the citizens they seek to engage in participatory forums, some of whom consciously seek to maintain a distinction between the professional and personal (Barnes, 2009). Since growing older is a universal experience, the focus for this work is perhaps more capable than some other contexts of encouraging the bringing together of personal, political and professional perspectives in order to recognise the relevance and significance of care for everyone and to work to achieve practices to enable well-being. However, this is not inevitable and can be uncomfortable. Hence, deliberating *with* care is necessary to support positive transformation.

This in turn requires a preparedness to commit to working outside the usual comfort zones of the institutions in which we work, and to take responsibility for building the relationships though which transformative dialogue can happen. In line with expectations of funders, the second project that is the

focus of this paper was described as a 'knowledge exchange'. As we reflected on the processes involved, we have come to consider this an inappropriate way of describing what we were engaged in. Rather than 'exchanging knowledge', we were sharing insights and understandings deriving from different experiences, recognising the way in which expertise can be generated through collaborative processes, and building relationships which unsettled initial assumptions about 'who's who' (Barnes, 2009, p. 40) in participative processes.

Recent work on care ethics points to the inadequacy of practice models that do not recognise interdependence and care as fundamental to enabling well-being. Experiences of involving older people in initiatives to shape policy and practice, as well as in the practice of research, demonstrate the importance of relational ethics and practice that is transformative in its own right as well as generating insights for service development (Barnes, 2005; Baur and Abma, 2011). Our work supports not only the necessity for including care within practice rather than 'abandoning' it in favour of choice, but also the value of creating spaces within which dialogue across the 'user/provider' axis can encourage recognition of the universality of the experience of ageing and the need to reflect on what this means for all of us.

Acknowledgements

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