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## **Exploring theological perspectives on adult social care**

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**Abstract** A number of theological perspectives on adult social care are considered to illustrate how theology can be brought into creative dialogue with the practical and ethical issues in a way that may inform the ongoing public debate.

**Key words** Care, caring, unpaid carers, care workers, theology of work, public theology

### **Introduction**

There has been considerable public debate about adult social care in England over recent years. The COVID-19 pandemic has led to greater awareness of the weaknesses and challenges faced by the adult social care sector; however, public consensus on the best way to address those challenges remains elusive. In this article, I will explore what theological perspectives bring to the public debate. While theological perspectives may not be the mainstream of policy analysis or public discourse (in fact, they may be unwelcome), they inform the way in which a significant minority of the population think about adult social care and respond to it, both individually and collectively. Indeed, along with other public policy areas, like the family and households, the Archbishops' have recently launched a commission into adult social care ('Reimagining Care') that will examine the church's role in responding to the challenges<sup>ii</sup>. Furthermore, contemporary issues influence theological insights and perspectives, as has been evident with emerging work in the areas of disability theology, for example. Yet the specific area of adult social care has been relatively ignored. Whilst this short paper cannot resolve the gap, it will seek to identify and explore potential avenues for further exploration.

### ***'Love your neighbour as yourself'***

Care and caring through practical responses to human need is a central theme in Christian teaching and pastoral care. Interpretations of Jesus' commands to 'love your neighbour as yourself' and 'love one another' may provoke individual or corporate responses to provide for people in need. However, it could be asked whether this is applicable to adult social care. On the one hand, the practical response of care, whether through paid care work or unpaid 'informal' care, may be informed by the spiritual and theological lens of responding to human need with loving kindness and compassion. To avoid the power imbalance of a one-way giving of care and its potential misuse, it could be emphasised that any caring encounter is a mutual relationship of exchange, whereby both people may be equally blessed. Yet it is precisely the potential for power imbalance, especially in elevating the 'carer' over the 'care recipient', that may limit what this theological perspective has to offer, even if there is a seeking after ways to rebalance the relationship.

Furthermore, it may also focus care and caring to actions limited to the circle of relationships in a family, friendship group or local community. Such social networks vary considerably. They are not equally able to respond to an individual's care needs. Some have more limited resources than others, which place individuals at risk of living with unmet needs that restrict their capacity to flourish. Those who offer care, especially in situations of fluctuating or progressive need, may find that they are unable to cope with what is required. Indeed, it is increasingly recognised that paid care work and also unpaid informal care are risk factors to individual health and wellbeing. Unpaid carers, for example, may find that they are unable to sustain employment, social relationships or other activities, alongside their caring responsibilities. This may place strain on the person's physical and psychological health, as well as household finances and wellbeing. Increasing awareness of the consequences of caregiving has informed responses to address care workers' health and safety, as well as to support unpaid carers to sustain their health and wellbeing.

Therefore, it is vital that 'love your neighbour' is not limited to human need in immediate proximity. There also needs to be a view of social solidarity, mutual responsibility and support ('care for the carers'), especially in sustaining care within families and local communities that have limited resources. There are a number of ways in which this could be achieved, including through organised informal networks of mutual aid (e.g. time banks, support groups), local voluntary organisations (e.g. carers organisations, lunch clubs, befriending), not-for-profit care provision or publicly-funded and/or organised support. This allows not only 'love your neighbour' to be expressed through kindness and practical care in immediate and informal personal relationships, but also to recognise the importance of wider interconnected support in ensuring that people can live well.

Including when it involves paid care, an awareness of personal and relational interconnectedness encourages the adoption of an attitude of mutual regard, obligation and attentiveness towards one another (especially, 'in Christ') that affirms the value and dignity of every human person. This avoids the tendency to regard ourselves and one another as atomised individuals, who exist free from the constraints of personal relationships. Such a view may be reinforced by the drive towards understanding care as a 'service' that has 'clients', who exercise choice and control. While this has and does redress power imbalances that may be experienced by care-recipients and the issue of low-quality or even harmful care, it underplays the way in which we exist relationally and the importance of relationships, including with family, friends and also care workers, who are also people, to be regarded equally and mutually.

### ***Feminist ethics and theology***

The concepts of vulnerability, dependency and care are central to feminist ethics and theology. The concept of the person as an independent and autonomous agent, who acts in a self-determined way, is critiqued by highlighting embodiment and relationality<sup>iii</sup>, as has already been explored in the previous section. These insights are

important in relation to adult social care, since caring typically happens within established personal relationships (e.g. parent-child, between spouses) and often affects the dynamics of the pre-existing relationships. Any informed understanding of care needs to be attentive to these complex interpersonal dynamics and also the experience of care by the people involved. An abstraction of caring relationships will obscure this complexity and limit its descriptive value. Therefore, even if abstraction is necessary to enable policy planning, administration and decision-making, it is important to re-ground the assumptions and conclusions of such analysis back against the relational experience of caring. Similarly, feminist ethics and theology may offer the corrective lens to re-ground other theological perspectives on care and caring.

As an example, it is possible to abstract care to a description of care-related tasks, e.g. help with washing or dressing. It is possible to assess whether the task has been undertaken, how long it took etc. Such analyses may be important in the context of trying to understand the nature and impact of caring on a family member, which may affect the type of health or social care support offered. It may also be used to quantify and cost the delivery of care, whether formal or informal, to demonstrate the economic value of caring. However, such abstractions are not able to capture the relational significance, value or meaning of caring. This includes the attitudes, motivations and meaning of caregiving, which differ between individuals, relationships and contexts. For example, some people adopt a long-term perspective to frame the value and meaning of the emergent caring relationship in the broader context of the existing relationship (e.g. “she’d have done the same for me” or “she looked after me as a child”). It may also be that social attitudes and assumptions are applied to caring (e.g. “it’s what families do”), even if these may also lead to poorer outcomes for carers, especially if applied unreflectively.<sup>iv</sup> These meanings may be evident in whether or also to what extent people identify themselves or the person who supports them as a ‘carer’, especially in a way that supersedes or replaces the prior relationship, whether parental, spousal etc. Feminist perspectives keep a view of these complex relational aspects of caring, especially in how they are experienced individually and relationally.

This is important since, historically, and also still in many countries internationally, unpaid care is primarily undertaken by women. The majority of the paid care workforce is also female. It is important to acknowledge and understand the underlying social or cultural assumptions that influence the gender imbalance in care and caring. However, the balance of caring is increasingly equal, especially with the entry of women into the labour market and other social trends and changes in family and household composition. Approximately 40% of carers in the UK are men. Male carers, of all ages, however, are less likely to identify as 'carers' and face barriers in accessing support.<sup>v</sup> Therefore, even if feminist perspectives may bring important insights, it is important that the experiences of male carers are also recognised in developing a theology of care and applying it in public discourse. This may be navigated by retaining the feminist focus on relationships and interdependence, whilst recognising that these are *human* experiences. Care and caring concerns both men and women, since all may experience different levels of (in)dependence or vulnerability that require a caring response from others to enable their flourishing, even if a gendered perspective may help to highlight particular needs for support or vulnerability.

### ***Paid and unpaid caring as work***

In thinking about those who care, whether paid or unpaid, and the people they support, caring is a phenomenon that brings into sharp focus the themes of interdependence and relational mutuality. However, caring may also be understood as a form of human *work*. These are not mutually exclusive perspectives; they both bring useful insights alongside one another. Therefore, it may be useful to bring insights from recent developments in theology of work to reflect on caring, both paid and unpaid. In particular, Miroslav Volf's *Work in the Spirit*, which not only seeks to develop a theology of paid work or the context of Western late modern societies, where people rarely have a 'job for life' and often need to flexibly shift careers or roles a number of times through an extended working life, recognises the blurred boundary

between paid and unpaid work, including caring.<sup>vi</sup> Volf draws on the doctrine of the Holy Spirit to characterise human work as 'work in the Spirit', i.e. cooperating with God to bring the transformation of God's Kingdom. This enables a view of work that transcends the concept of 'calling' or 'vocation' to one particular type of work; instead, it allows for a person to engage in different types of work, paid and unpaid, that centre on the person's giftedness. All work that is undertaken according to God's will, regardless of role or status, may be cooperating with God. However, Volf is sensitive to the ways in which work may be inhumane: for example, if it is exploitative or oppressive, limits personal development or autonomy, or lacks a communal aspect of working for the common good. Such work is described as 'alienating'.

This conceptualisation of work may be applied to the work of care, both paid and unpaid. It highlights the way in which caring can be deeply fulfilling and rewarding. Despite the risks and burdens, it can be experienced as making a real difference to someone's life, to forging connection and expressing care. However, it may stunt personal development or autonomy (e.g. a young adult who cares for a disabled parent and is unable to complete their education or enter into paid employment). It may not allow space for adequate rest or be exploitative or oppressive in a way that de-humanises both the unpaid family carer and/or care worker, as well as the person receiving care. This applies to both paid care workers, who work on a 'poverty wage', as well as those unpaid carers, who have to give up employment to focus on caring and may end up in financial difficulty as a result. It also relates to concepts of 'care', or the way in which it is organised and delivered, that focuses excessively on profit or minimising costs, rather than the 'common good', including wellbeing and dignity of the person with support needs, as well as the wellbeing and dignity of the worker/carer.

By applying the lens of care as work, it enables a view of what is 'good' about such work, for both the carer and care-recipient, and also re-focuses away from a discourse that sets the 'rights' of one party or other (i.e. carer or care-recipient) against one

another. Instead, it sets the focus on how there is a shared responsibility to ensure that care and caring is humane and non-alienating work *for all parties*. The emphasis here is on what we, collectively (i.e. those who pay towards – in England, all taxpayers – , or have a stake in – in England, the public, as it is a public service – also, design, manage, oversee and deliver care), need to do to achieve this (e.g., paying a fair wage, supporting un/paid carers, ensuring good use of resources to deliver good quality, safe, responsive, effective and humane care).

### ***A fuller version of compassion***

Caring is typically a response to human need, whether physical, mental or emotional, sensory, cognitive or intellectual, as a result of long-term illness, disability or ageing. While such needs may not always cause suffering, it may be that the experience of ill-health, disability and ageing are a source of suffering, both for the individual and also those close to them. Christian theological perspectives on human suffering have tended to focus on the central role of compassion. Art, music and devotional practices that encourage a meditation on Christ's suffering, for example, have led to an emphasis on the capacity to feel and respond with both empathy and compassion. In theologies of care that begin with compassion as a response to others' suffering, however, it is easy to overlook the agency and independence of the person being supported. Indeed, the voices of people with care needs may be overlooked or even silenced, including by well-meaning interventions. Actions to 'give people a voice', for example, may unintentionally curtail their agency and ability to speak and be heard on their own terms. The expectations of how someone *ought* to experience ill-health or disability, rather than starting from that person's actual perspective, may also lead to unhelpful attitudes, behaviours and responses that create or sustain inequalities, stigma and social exclusion.

In addition, by focussing on compassion as an emotional response to (actual or expected) suffering, there is the danger of developing compassion fatigue or despondency in the face of overwhelming human need or suffering. It may also embed



or perpetuate power imbalances that may remove people's dignity, independence and autonomy. It may also create a sharp divide between 'givers' and 'receivers' of care that obscures the reality of human vulnerability and caring – i.e. most people are likely to both receive *and* give care, at different stages through their life course.<sup>vii</sup> Therefore, it is not to say that compassion as a response to suffering is entirely undesirable, especially if it is empathetic and person-centred. However, it needs to be held with an awareness of the potential negative or harmful effects of power imbalances between carer/care-recipient, compassion fatigue and disengagement, and a lack of mutual regard of shared humanity and equal dignity, by both carer and care-recipient.

As a counter to this, a theology of Christ's suffering that focuses on the cross, not merely as a symbol of suffering that move us to pity, but as a mystery that reveals to us God's love and saving power, through Christ's resurrection, may enable us to develop a fuller account of compassion. This perspective allows us to view how we live in a world that includes human suffering, yet we are also called to behold God, in Christ, through the cross, that reveals the promise of fullness of life and living hope. To gaze upon the cross is to see the reality of human suffering and also our powerlessness to 'fix it', yet also, by attending to it, as God also attends, we may discern how to respond by alleviating it, as far as we are able. It is a view that recognises the vulnerability and powerlessness of the 'giver', as well as the 'receiver' of care, both of whom are bound together in the common experience of being human, who are in shared relationship with one another and also God, in Christ.

A response to gazing on the cross is not limited to compassion, as a bearing of or sharing in another's suffering. It is rooted in the broader shared experience (empathy) of *being human*. By regarding another's experience, from our view of their perspective (as best as we are able to understand it), it invites us to ask what does it mean to live a full life as a human person? Even if the answer is not exactly the same for everyone, it is possible to agree on commonalities that bridge individual differences: for example, personal and social relationships are important to human flourishing, even if what that

means and how it is expressed is different for each person.<sup>viii</sup> In regarding suffering and human need as ‘gazing upon the cross’, it is seeing how someone is unable to live fully, whether as a result of a long-term health condition, illness, poverty or other disadvantage; yet also, is about asking what action(s) will enable someone to live fully, as they wish. This requires the willingness and ability to understand and share in another’s perspective in a person-centred way (i.e. laying aside our assumptions and attitudes, to empathetically enter into that person’s perspective), creative and flexible problem-solving, and an attitude of partnership in care (i.e. the care-recipient and carer(s) work together toward a common goal). It also disrupts the power imbalance and excessive focus on the caregiver’s perspective, as it steps away from the concept of care as something bestowed on another as a result of compassion (i.e. another’s suffering is seen, felt or shared by the caregiver, and alleviated by the caregiver’s action). Instead, it sets both caregiver and care-recipient as equals. The reality of suffering is regarded, without seeking to downplay or ignore it; however, the movement is toward action to enable human flourishing, as far as possible.

## **Conclusion**

In this paper, a number of theological perspectives on adult social care have been considered. These are not exhaustive, but illustrate how theology can be brought into creative dialogue with the practical and ethical issues raised by adult social care in a way that may inform the ongoing public debate. Adult social care is one of the major social issues of our time. Theological engagement is seen as key to ensuring that the Church is able to meaningfully and critically engage in the public debate, especially in responding to and also actively shaping the narrative around care and caring.

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ii <https://www.churchofengland.org/about/archbishops-commissions/reimagining-care-commission>

iii Susan Dodds, 'Dependence, Care and Vulnerability', in Catriona Mackenzie, Wendy Rogers & Susan Dodds (eds.), *Vulnerability: New Essays in Ethics and Feminist Philosophy*. (Oxford: OUP, 2013), p.181.

iv Stacey Rand, Juliette Malley, Julien Forder (2019) Are reasons for care-giving related to carers' care-related quality of life and strain? Evidence from a survey of carers in England, *Health and Social Care in the Community*, 27(1), 151-160.

v Nan Greenwood and Raymond Smith (2015), Barriers and Facilitators for Male Carers in Accessing Formal and Informal Support: A Systematic Review, *Maturitas*, 82 (2), 162-169.

vi Miroslav Volf, *Work in the Spirit: Towards a Theology of Work* (Eugene, Oregon: Wipf and Stock, 2001)

vii Alasdair Macintyre, *Dependent Rational Animals* (Chicago & La Salle, Illinois, Open Court, 1999), 1-9.

viii There has been work to define those aspects of quality of life that may be supported by social care. These are known as social care related quality of life (SCRQoL). This may be measuring using the Adult Social Care Outcomes Toolkit (ASCOT) ([www.pssru.ac.uk/ascot](http://www.pssru.ac.uk/ascot)). The ASCOT concept of SCRQoL includes: social relationships; doing things you value and enjoy; having choice and control over daily life; food and drink, personal comfort and cleanliness; home comfort and cleanliness; personal safety; and dignity. The ASCOT definition of SCRQoL moves away from 'needs' defined by functional limitations (e.g. not being able to wash or dress oneself), but instead ask how far is someone currently able to live as well as they would like (based on personal preferences and attitudes) and also how the right support could improve or maintain their SCRQoL.