

# **Rethinking Care in Social Work:**

## **An Argument for Reciprocity-Oriented Practice**

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### **Abstract**

Both social workers and clients benefit from integrating an ethic of reciprocity into our caring relationships with both individuals and communities. This article unpacks the concept of care, arguing that its ubiquity and complexity allows for it to be imbued with many meanings. Care is predominately understood through a neoliberal lens within Australian formal services, which reinforces the carer-dependant binary and contributes to the capacity for care to be demeaning, oppressive and paternalistic. We introduce the concept of reciprocity, which allows for mutuality within care relationships and is truer or more faithful to models of relationality within First Nations cultures. Invoking reciprocity in social work practice is a useful tool to aid social workers in resistance against oppressive structures and the sustenance of meaningful relationships with clients. Social workers can engage in reciprocity-oriented practice in a number of ways, including through mutual relationships, the co-production of knowledge, and community-based work.

### **Keywords**

Care, Reciprocity, Social Work

## Introduction

Care is a key concept in social work practice, however it is rarely questioned or examined. This article seeks to answer the questions:

*How are the principles of care and reciprocity applied within social work practice?*

*What is their role in the promotion of healthy worker-client relationships?*

This article argues that care is a ubiquitous concept that takes on projected meanings in the context of political ideology and social norms, discursively shaping possibilities for social work practice. Centring reciprocity is one means of challenging oppression in care and promoting relationality and community justice in social work practice.

## Introducing Care

Care is a significant concept within social work, both as something that social workers aim to invoke in practice and as part of the organisational structures that social workers work within. Social work is commonly termed a ‘caring profession, and the concept of caring is inherent to much of the guidance informing social work practice (Pease et al., 2017, p. 4) Frequently social workers work within areas such as ‘palliative care’, or ‘foster care’, or for organisations such as ‘My Aged Care’ and ‘Catholic Care’ (Hughes, 2017, p. 200). Care theorists have argued that this ubiquity of care is due to its fundamental and inherently social role in human existence, as in different moments within the lifecourse all humans will require care from others (Fine, 2004, p. 217; Pease et al., 2017, p. 3). Fisher and Tronto (1990, p. 40) go so far as to define care as a species activity that includes everything that we do to “maintain, continue and repair” our “bodies, selves and environment”, encompassing “the whole range of human activities that serve to sustain us”. Despite, or perhaps *because* of its omnipresence, the concept of care is complex, containing a constellation of possible connotations. Care has many meanings which may be conflated or confused; we can care about, care for, and take care, in relation to people, ideas, and ourselves (Fine, 2004, p. 224). Importantly, care both exists as an aspirational concept that defies rigid definition and a daily reality for many (Fine, 2004, p. 228; Fine & Glendinning, 2005, p. 617). The concept of care, however, is bound up in power relations, and its ambiguity allows its many meanings to be constantly reinscribed and mutated within the “battlefield for competing ethical value positions”, influencing how it is enacted both in formal services and informal

relationships (Fine, 2004, p. 218). Due to this complexity, we suggest that the uncritical and simplistic invocation of care in social work practice should be problematised, as is further outlined below.

## **Neoliberal Conceptions of Care**

Yeandle et al. (2017, p. 13) argue that to understand the dynamics of care we must attend to the political economy of both paid and unpaid care work, which effects how care is resourced, conceptualised and negotiated in policy, communities and families. Neoliberalism is the dominant political ideology in Australia, and the principles of independence and marketisation subsequently shape how care is perceived and enacted (Regev-Messalem, 2022, p. 1168). Fisher and Tronto (1990, p. 36) highlight that the neoliberal ideal is the “self-contained, isolated man”, whose self comes prior to relations with others. As a result of this conception, the act of caring is feminised, and seen as a private activity that occurs within the family, or if this fails, the closed doors of an institution (Bhandary, 2020, p. 145; Fine, 2004, p. 218). This individualised vision of care positions the relationship as a one-way activity, whereby the active person, the carer, does something to the passive recipient (Fine, 2004, p. 217). This carer-dependent relationship model is not perceived to be neutral, as the roles carry moral associations whereby one is the ‘goodie’ and the other a ‘baddie, one a ‘giver’ and one a ‘taker’, one is ‘active’ and one is a ‘burden’ (Fine, 2004, p. 220; Phillips, 2018, pp. 10-11). Such opposing constructions act to discursively segregate the carer from the cared for, pitting the parties needs and interests against one another (Fine & Glendinning, 2005, p. 601).

This discourse of dependency, whereby dependence is presumed as a negative attribute, is not just a social construct, but an ideological one, permeating market logics and shaping service provision (Fine & Glendinning, 2005, pp. 605-6). As market solutions and privatisation are favoured in state services, the fostering of a competitive market economy is favoured over the provision of holistic care (Fine, 2004, p. 220). As a result cost reduction is highly valued, leading to the underpayment of those in caring professions, the concealment of malpractice and potential for human rights violations (Hughes, 2017, p. 200; Regev-Messalem, 2022, p. 1168). This is the context within which social workers are often employed, who subsequently are tasked with acting in the interests of economic rationalism and managerialism and completing tasks focused on risk minimisation and formulaic assessments (Hughes, 2017, p. 199). Social workers must adhere to strict professional guidelines and organisational requirements that restrict their capacity for using

interpersonal skills to form and sustain mutual relationships with clients (Alexander & Charles, 2009, p. 6), and may find themselves “locked into a style of practice that is legalistic, formal, procedural and arm’s length” (Hughes, 2017, p. 199). It is therefore clear that the neoliberal context within which care is enacted promotes a dependency-based binary, and restricts the ability of social workers to integrate relationality into practice.

## **When Care is Oppressive**

Care scholars have established that due to its simultaneous ubiquity and political nature, care is a precondition for justice (Fine & Glendinning, 2005, p. 605; Fisher & Tronto, 1990, p. 40). However, the inverse is also true, and when care is viewed through a uni-directional, dependency perspective, it has the potential to become a tool of exploitation, oppression, and injustice (Fine, 2004, p. 227; Hughes, 2017, p. 200; Pease et al., 2017, p. 5). Furthermore, as the groups that commonly receive care often already experience social disadvantage, this can be compounded by domineering care relationships (Fine & Glendinning, 2005, p. 605). The concept of care has been critiqued extensively by disability activists and scholars, who have resisted its implicit connotations of dependency that lead to the disempowerment and objectification of people with a disability (Fine & Glendinning, 2005, p. 601).

Many have assessed that the carer/dependent binary is not only demeaning towards those who receive care, but an inadequate construct through which to understand the complexity of caring dynamics (Fine, 2004, p. 227). Indeed, people with a disability themselves perform caring activities as parents, partners, friends and family (Fine & Glendinning, 2005, p. 610). Some have thus rejected the use of the term ‘care’ altogether due to the subordination it implies, preferring terms such as empowerment and help (Hughes, 2017, p. 200; Fine, 2004, p. 227).

For social workers, the inequality inherent within the carer-dependent relationship model can be amplified by our role as mediators between citizens and the state (Healy, 2015, p. 8). Hughes (2017, p. 201) demonstrates that “care alone is not enough to promote social change”, as has been clear in the complicity of social workers within Australia’s history of institutional oppression and abuse. Despite social work being a professional that is committed to social justice, many social workers have used the provision of care as a tool of social maintenance, through regulation, management, and dominance over individuals, families and communities (Healy, 2015, p. 11; Hughes, 2017, p. 201). Arguably, nowhere has this been clearer than the role of social workers in

the ongoing oppression of First Nations people, whose children were stolen and adopted out by agents of the government as a method of genocide (Hughes, 2017, p. 201). This pattern continues today, as First Nations children are vastly overrepresented within Australia's child protection system, which social workers often act as gatekeepers to (Family Matters, 2021).

This model of 'care' stems from a paternalistic perspective, which continues to be a dominant clinical perspective in the institutions within which social workers work, especially when clients are non-voluntary (Pelto-Piri et al., 2013, p. 6). It is therefore clear that the way in which care is conceptualised and enacted is inherently political. When social workers exercise care uncritically within oppressive and paternalistic institutions, we risk replicating the very conditions that our profession is committing to resisting.

## **Introducing Reciprocity**

In the following sections we pose that a key way to resist this oppressive power imbalance in care is for social workers to integrate an ethic of reciprocity within our practice. Reciprocity, like care, defies simple definition. The meaning of reciprocity in this essay is not akin to a market-like exchange interaction which is motivated by self-interest and expected that giving will result in receiving something of equal value (Adams & Sharp, 2013, p. 104; Bhandary, 2020, p. 154; Regev-Messalem, 2022, p. 1169). Instead reciprocity as defined here requires non-market values such as compassion, trust and love, and is relationally formed through mutually affirming interactions (Bhandary, 2020, pp. 152-3; Regev-Messalem, 2022, p. 1169).

Reciprocal relationships are mutual, whereby both parties feel fairly treated and listened to, and it is acknowledged that people bring different strengths and vulnerabilities to the relationship (Törrönen et al., 2017, p. 177). When practiced well, reciprocity enhances equality within the relationship, moving away from dominant individualistic models and towards mutual respect, co-learning, and community based approaches (Törrönen et al., 2017, p. 179).

In the context of care, the relationship and its outcomes are understood to be the product of a bi-directional relationship; care here is mutually produced, rather than something that is done to someone (Dannefer et al., 2008, p. 105; Fine & Glendinning, 2005, p. 616). Arguably, this understanding of care is more true to human relationality than neoliberal conceptions, as relationships are inherently two-way, jointly created through continual responses to the other (Alexander & Charles, 2009, p. 10). Dannefer et al. (2008, p. 106) argue that even 'frail' older

people are “engaged in generative action that sustains their own being and that of others”, as all people have generative and regenerative capabilities. They argue that all humans have the need to participate in world construction through this continual and everyday reconstitution through the self and relationships, to be both caring and cared for (Dannefer et al., 2008, p. 106). This approach does not deny human dependence, but recognises it as part of human relations of interdependence (Fine & Glendinning, 2005, p. 612). Simply put, all people have something to give, and to do so is essential to our wellbeing (Dannefer et al., 2008, p. 106; Törrönen et al., 2017, p. 179). Through a reciprocity lens, care must be understood as a “mutually generative, interactive and hence truly dialectical process” (Dannefer et al., 2008, p. 106).

Importantly, this kind of relational reciprocity is inherent to Aboriginal and Torres Strait Islander Ways of Knowing, Being, and Doing. Karen Martin and Booran Mirraboopa (2003, p. 209) outline the ontology of the Quandamooka People, within which people are natural ‘Entities’, equal to the Entities of waterways, animals, plants, climate, skies and spirits. Connections between these Entities are relational and reciprocally maintained, whereby all things are respected for their place in the system (Loughrey, 2020, p. 5; Martin & Mirraboopa, 2003, p. 207). They highlight that this inherent reciprocity between people and Country informs Ways of Knowing, whereby no one person or entity knows all, but has a particular, role-specific knowledge set (Martin & Mirraboopa, 2003, p. 209). Ways of Knowing guide Ways of Being, which are “about the rights we earn by fulfilling relations to Entities of country and self”, and all of this is synthesised into and articulated by Ways of Doing, which is seen in language, art, ceremony, land management, social organisation, and more (Martin & Mirraboopa, 2003, p. 210). At every level, culture is informed by reciprocity, which is learnt through community and relationality, informing understandings of others and the self as intrinsically entwined (Bhandary, 2020, p. 154; Loughrey, 2020, p. 5; Martin & Mirraboopa, 2003, p. 210) An understanding of reciprocity within Aboriginal and Torres Strait Islander cultures is important social work knowledge, both in informing our working relationships with First Nations People, and as a model for care that is not built on Western notions of individualism and dependency, but reciprocity and relationality.

## **Reciprocity in Social Work**

Social worker-client relationships have historically been viewed as one-way, however, social work relationships, as all other relationships, are jointly created and reciprocal, whether this is

acknowledged by the worker or not (Alexander & Charles, 2009, p. 10). It is important for social workers to recognise this relationality within practice, as the ways in which we develop client relationships can either reinforce or challenge inequalities, oppression and power imbalances (Törrönen et al., 2017, p. 176). This is because, as argued by Dannefer et al. (2008, p. 102), interactions at the micro level are reproductive of social norms, but also a place whereby individual actors have the capacity to utilise their imagination and intentionality, thus offering an every-day “potential entry point for change”. Integrating an ethic of reciprocity within social work practice is a key means of making this every-day change.

Adams and Sharp (2013, p. 107) put forth the notion of ‘professional reciprocity’ in the context of nursing, arguing that it has the capacity to improve outcomes for both the care recipient and carer. They define it as “the deliberate and skilled relational work” of care workers that results in mutuality and shared meanings with clients, helping both parties to achieve their goals (Adams & Sharp, 2013, p. 107). This approach to practice entails the decentring of the professional through the recognition that social workers have much to learn from our clients, and that in social care “the activities and response of the ‘user’ become part of the quality and success of the production” (Alexander & Charles, 2009, p. 8). Reciprocal care in social work involves drawing on relational skills that cannot be quantified, including building trust, respect, and co-learning (Adams & Sharp, 2013, p. 109), and that the worker be observatory, attentive and active in responding to the needs of the client (Bhandary, 2020, p. 153). Reciprocity in social work also means looking beyond the worker-client relationship, and locating people within various networks and communities (Törrönen et al., 2017, p. 179). It endorses a model that works with the strengths and resources of both individuals and collectives, seeking to further promote the strength of these relationships (Törrönen et al., 2017, p. 179).

Within the context of neoliberal social and health care systems and the already imbalanced power relationship between client and social worker, reciprocity-oriented practice works to produce more equal relationships (Adams & Sharp, 2013, p. 106; Bhandary, 2020, p. 159; Charon, 2014, p. S23; Törrönen et al., 2017, p. 178). In acknowledging the productive role of each participant within the relationship, reciprocity-oriented practice resists the binaristic carer-dependent model, which may be a particularly important shift for clients who already face disempowerment and oppression (Törrönen et al., 2017, p. 178). While the power imbalance is not completely erased by reciprocity-oriented care, “neither confirmed nor reinforced, the power hierarchy is seen through and, perhaps, eventually, undermined or even revoked” (Charon, 2014, p. S21). The joint

product of such a relationship leads to dual satisfaction, with the client feeling truly listened to and cared for, and the social worker feeling satisfied with their work (Adams & Sharp, 2013, p. 103). It is therefore clear that reciprocity-oriented care in social work is an important tool to aid in sustaining mutually beneficial caring relationships and resisting against oppressive hierarchies of power.

## **Recommendations**

This begs the question, what steps can social workers take towards integrating reciprocity within our practice? Törrönen et al. (2017, p. 177) highlight that taking this approach entails the “renegotiation and reshaping of conventional practices”, a shift which requires creativity and courage. Outlined below are a number of different ways in which social workers can engage in reciprocity-oriented practice on both individual and community levels.

### **Relationship Building**

A number of relational skills can help social workers to facilitate reciprocity with clients. Importantly however, a key component of this is the recognition of variability in relationships, as all client-social worker relationships are unique (Alexander & Charles, 2009, p. 17). This requires that social workers are engaged, present, and exercise deep attention to the client’s wants and needs, including their comfortability with the level of mutuality and connection within the relationship (Alexander & Charles, 2009, p. 18). Charon (2014, p. S22) describes this kind of deepened participation with the client as “donation of the self to the situation of the other”, requiring attunement through the use of our listening skills which can often be forgotten in the context of heavy caseloads and paternalistic systems. This requires that social workers allocate time for the development of relationships, and engage other relational skills such as trust-building, respect, humour, empathy and openness (Törrönen et al., 2017, p. 177). Hughes (2017, p. 203), describes this move towards ‘other-orientedness’ as a “reflexive journey”. Navigating mutuality in social worker- client relationships can be ethically complex, and thus can be a rich frame for critical self-reflection, co-worker discussion, and supervision (Alexander & Charles, 2009, p. 20). The outcome of a well-built reciprocal relationship is mutual empowerment, and a feeling that both the client and social worker are understood, respected and trusted by the other (Törrönen et al., 2017, p. 176).



## **Social Work in Organisations**

It can be difficult for social workers to achieve mutuality in client relationships within the context of organisational confines. However, embarking on a model of reciprocity in care provides an opportunity for professionals to demonstrate leadership and innovation in relational practices (Alexander & Charles, 2009, p. 18). Charon (2014, p. S22) advises that one means of developing mutuality in clinical contexts is through ‘narrative reciprocity’, whereby the clinician works with the client to co-produce documentation of their time together, effectively challenging the professional-client hierarchy. Pelto-Piri et al. (2013, p. 7) argue that, in a mental health context, more robustly involving patients, including those in coercive care, in the planning and implementation of their care can help to produce “dyadic relations”, whereby the focus of care becomes interaction-based rather than individual-based. Social workers can both model their skills in reciprocity and advocate for greater client involvement on an organisational level, thus acting to shift models of care towards mutuality.

## **Co-Production of Knowledge**

Involving service users in the co-production of social work knowledge is a key means of engaging in reciprocity-oriented practice. Co-producing research involves recognition that professional and experiential knowledges are different but complement one another to enable truly effective policies, practices and social changes (Beresford & Carr, 2018, p. 267; Törrönen et al., 2017, p. 177). Experiential knowledge is valued for its authenticity, but usually takes second place when compared with ‘evidence’-based knowledge, and thus to engage in truly co-produced research social workers must practice reflexivity to avoid reproducing this pattern (Beresford & Carr, 2018, p. 267). Furthermore, Martin and Miraboopa (2003, pp. 21- 3) highlight that such a reflexive approach to research opens space for the decolonisation of western research paradigms, whereby there is a distinct power imbalance between researcher and researched, and allows instead for community- oriented approaches. For Dannefer et al. (2008, p. 106), service user involvement in action research is not a bonus, but a “centrally foundational eminent of care”, as if unable to engage in reciprocal caring practices, we are not truly cared for.

## **Community Social Work**

Reciprocity-oriented practice also means attending to community-based relationships, and using learnings from co-produced research to support community growth (Törrönen et al., 2017, p.

177). In developing an understanding of relationships as dynamic and mutual, it must be understood that individual support is often not enough to address systemic-based issues (Törrönen et al., 2017, p. 179). In such situations, supporting individuals within the context of their communities and working with community members facing similar issues can be more effective modes of practice (Törrönen et al., 2017, p. 179). Examples include facilitating community groups, supporting local activism, and introducing programs that foster inter-community relationships (Bhandary, 2020, p. 158; Törrönen et al., 2017, p. 179) This approach involves the understanding that all communities have strengths and resources that can be supported and extended (Törrönen et al., 2017, p. 179). For some social workers, these relational bonds are deepened by gaining access to the community as members rather than just professionals, and thus engaging in reciprocal interactions on a personal level (Regev-Messalem, 2022, p. 1173). It is therefore evident that social workers can utilise a variety of practice skills and modes on both individual and community levels to engage in reciprocity-oriented caring practice.

## **Conclusion**

This article argues that care fundamentally requires reciprocity to be effective, anti-oppressive and justice-oriented. Engaging in a reciprocity-oriented approach to care resists the paternalistic carer-dependent model, and allows for the empowerment of marginalised people. Through viewing care through a bi-directional, mutually beneficial lens, social workers can engage in authentic and strengths-based relational practice. This requires unpacking historical oppressive hierarchies in social work that position the professional above the client, which is still often dominant in service-providing organisations. Engaging in reciprocity oriented practice through worker-client relationships, advocacy in organisations, co-production of knowledge and community-based work helps social workers to bend our relationships towards equality and mutuality.

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