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Understanding and Extending the Role of Social Identity in Social Policy: The potential for identification between 'policy maker' and service user

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Introduction

The concept of social identity is important in policy analysis as it can contribute to a more complex understanding of both individual and collective agency. This paper is based on research which aims to use this concept to understand the role of welfare service providers in developing health and social care services potentially more appropriate to users needs[1]. Drawing on the work of Taylor (1998) and Williams (2000), the paper outlines a three part model of social identity as ontological – categorical – relational, and explains how this is useful to exploring the agency of welfare service users. Current changes within the organisational context of welfare are then briefly outlined and it is argued that these recent developments make it important to develop a fuller understanding of welfare professionals' social identities. Finally it is suggested that the concept of relational identity could usefully be developed in order to do this.

Social Identity in Social Policy

The concept of social identity has been developed in social policy as it is useful to promoting an understanding of the collective social agency of welfare users in resisting inappropriate policy responses to their needs. A good example would be where minority ethnic communities and service users have been pathologised as 'Black' by the health services (see Ahmad, 1993), coupled with the use of 'Black' as a term of empowerment by anti-racist movements (see for example Chouhan et al, 1996). Social identity constructions used in this way however have a paradoxical quality. Whilst representations of 'Blackness' from anti-racist movements may be positive, these remain fixed, serving to impute certain characteristics to those either defined or defining themselves as 'Black' (Bonnett, 2000). Within a social context where social constructions of 'Black' and 'white' are perceived as binary, crudely expressed, 'Black' (regardless of the representational form it takes) = difference = inferior. Therefore, rather than challenging structural definitions of difference this type of strategy can reinforce representations of certain groups of welfare users as 'different' and by implication inferior. See figure 1 below.

Paradox of Social Identity
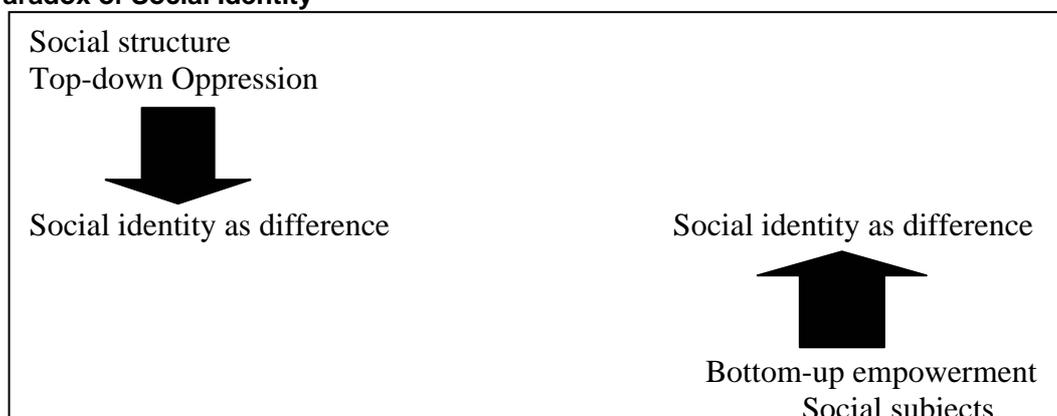
Figure 1

The issue to be addressed in relation to social identity is whether **sameness** and **difference** should be understood as the basis for social identification and collective action.

Social identity as ontological-relational-categorical
David Taylor (1998) Proposes that potential problems occur for social policy when social identity is perceived as synonymous with individual and group 'difference'. For him welfare subject identities should be conceptualised as *both* categorical and ontological (1998:340).

♦ Categorical identity is identity as difference 'where identity is related to the social categories and common experiences of difference', or put another way identity as 'sameness'.
♦ Ontological identity is identity as 'a coherent sense of self', or identity as 'uniqueness'.

Fiona Williams (2000) drawing on the work of Jennifer Mason (2000) and Wendy Hollway (2000) has expanded on this definition to suggest that there might be a third element to identity – relational identity.

♦ Relational identity is distinct from ontological and categorical identity in that it is created and revised through 'close relationships with others through which we have a particular "sense of belonging"' (Williams, 2000: 10).

Taking myself as an example this model would work something like this:
♦ At the ontological level I'm Shona, recognisable to myself and others as a unique individual.
♦ At the relational level, I am a friend, daughter, colleague and teacher
♦ At the categorical level, I'm placed in a variety of social relations as a 'white', British, woman, university researcher/lecturer all of which potentially have implications for how I define myself and how others define me.

Each element of identity is *analytically* distinct (see table 1 below) in that each is; related to different descriptions of the same person; particularly relevant to different contexts; and each underpins a related form of social agency, individual, collective or relational. Crucially the relevance of any element of social identity to analysis depends on subjective *recognition* and *identification*, the principles of which are also different in each case.

Three analytically distinct elements of social identity

	Ontological	Categorical	Relational
Expression of:	Coherent, unique self	Belonging on the basis of social relations of difference/sameness	Belonging through close relationships with others
Context for construction	Private	Public	Local, informal
Agency	Individual	Collective	Relational (Individual and collective)
Principles of identification	Recognition Difference	Recognition Sameness	Recognition Relationship

Table 1

Whilst the different elements of social identity are analytically distinct, exploring them together is important in order to avoid maintaining public/private dichotomy which might still be upheld by a purely categorical [collective] ontological [individual] distinction.

Relational identity and the psychosocial

William's (2000) and Taylor's (1998) work focuses on the identity and agency of welfare users. What I am suggesting is that the concept of social identity is also potentially helpful to understanding the role of welfare service providers in developing health and social care services more appropriate to users needs. My research seeks to explore two issues:

1. the basis of welfare providers identifications;
2. the *negotiation* of social and professional identifications

In order to do this developing the concept of relational identity is particularly important.

Relational identity is located in the psychosocial domain for social relations, where the social is biographical and relational *and* situational and structural, and were the 'psycho' is understood through unconscious intersubjectivity (see Hollway, 2000:1). Relational identity represents the point at which social subjects continuously *integrate* the variety of their social experience and the *complexity* of human relationships. This also represents the point at which potential contradictions between categorical and ontological identity are *negotiated* [2].

The changing nature of welfare professionalism

Within the current practical social policy context there are a number of changes occurring in relation to welfare professionals as providers of health and social care. These changes make it important to explore the social identities of welfare professionals, where this does not only relate to their professional identifications. These changes are also suggestive of some of the reasons why the concept of relational identity needs to be developed in order to understand the changing role of those involved in service provision and development.

The practical social policy context

There is a good deal of complex and sometimes contradictory evidence as to the position of welfare professionals in policy making. Nevertheless, it is possible to sketch the broad directions of the changing relationship between welfare professionals and welfare policy development, post the 'Golden age' of welfare professionalism (see Wilding, 1982). Foster and Wilding (2000) suggest that since the 1970s there have been a number of important developments in the position of professionals in relation to welfare service development including; a reduction in professional dominance in central policy-making and administration; increased competition in the provision of services with the introduction of internal markets; increased managerial control over and inspection and scrutiny of front-line activities; and increased expectation of loyalty to institutions coupled with a decrease in loyalty to professional and ethical codes.

Post the 1997 election of a New Labour government however there have been other developments in the organisation of health and social care which, whilst maintaining some continuity with changes associated with Conservative administrations, represent significant changes. Specifically within the NHS, a number of new primary care organisations are being developed which, it is suggested are substantively different than previous NHS structures. With the introduction of Primary Care Trusts (PCTs), welfare professionals have been *formally* integrated into in NHS decision-making structures (Peckahm, 2000).

> PCTs will become the lead NHS organisation in assessing need, planning and securing all health services and improving health. They will forge new partnerships with local communities and lead the NHS contribution to joint work with local government and other partners. (DoH, 2001:5 paragraph 3)

Work carried out by Rummery and Glendinning (2000) has suggested that this has resulted in at least the maintenance of, or even an increase in control over commissioning and gatekeeping services on the part of some groups of welfare professionals.

Other changes which might considered more clearly ideological rather than only organisational have also been occurring over this same period. On the part of central government there has been the Broad acceptance of a social model of health (Bywaters and McLeod, 2001; DoH, 1998a). Underpinning the integration of health and social care, specifically the introduction of lead commissioning and a 'duty of partnership' between health and local authorities (DoH, 1998b). Equally there has been an increased political acknowledgement of a range of perspectives from different welfare constituencies based on social divisions other than class (Page, 2001). This is in turn, reflected in current workforce and employment strategies in health and social care, which aim specifically to recruit and value a diverse workforce (Alexander, 1999; NHSE, 2000; NHSE, 2001).

The impact on welfare professionals
This range of organisational changes, are in turn, changing what it means to be a welfare professional. The entrance of the 'new managerialism' into health and social care is bringing about the development of hybrid identities such as the professional-manager. This suggests the conflation of professional and managerial power, which potentially strengthens the role of welfare professionals (North and Peckham, 2001; Rummery and Glendinning, 2000). Professional boundary changes at the front-line increasingly override the separate identities of health and local authorities (Bywaters and McLeod, 2001; Rummery and Glendinning, 2000). Finally a drive to increase the numbers of women and minority ethnic staff in decision making positions within health and social care, potentially increases the diversity of social identities involved in decision making (Alexander, 1999; NHSE, 2000; NHSE, 2001).

There are a number of important implications for researching social identity which arise from this brief description of changing relationship of welfare

professionals to service development and provision. Firstly, whilst the relationship of welfare professionals to welfare services is changing, to suggest that this amounts overall to a straightforward decrease in power would be an oversimplification. Recent changes in the organisation of health and social care rather, represent an oblique challenge to the structural power of welfare professions. (North and Peckham, 2001, see also Foster and Wilding, 2000). A second and related issue, is that both political and disciplinary perspectives have, until recently tended to focus on welfare providers as defined in terms of their collective professional affiliation. This emphasis is largely the result of the raft of organisational changes outlined above. Service users however, have been perceived as defined in terms of their subordinate structural position in relation to welfare services based on collective social identifications.

The implications for research
A political move towards recognising the broader social relations of welfare provision and the 'different' perspectives of professionals on the basis of their position within those relations, seems to begin to acknowledge two things. Firstly, the complexity and diversity of provider experiences in relation to health and social care. Secondly, the potential for welfare provider and user identification on the basis of similar social experiences (see for example Edwards *et al*, 1999). Overall however, academic work continues to separate these two constituencies. Welfare professionals are examined in terms of their professional identities and service users are examined in terms of their social identities of gender or ethnicity, for example.

This trend however, is liable to perpetuate a false dichotomy between, provider and user and the public and private tending towards an oversimplification of provider perspectives on and experiences of welfare, assuming their principal identification is with their role as service providers. It also potentially fails to explore the fact that professional identity constructions rely on certain ideal social identity constructions for their definition and also fails to challenge providers structural position in relation to welfare services. Equally this potentially fails to challenge the pathologisation of certain social identity constructions by perpetuating the normativity of certain under-researched identities, for example whiteness and masculinity. Welfare providers have complex and contradictory relationships with welfare services only one element of which is their continuing relative power in relation to service users.

The Importance of Relational Identity
My research adopts the three part model of social identity outlined earlier in order to explore some of these neglected aspects of provider experience by developing the concept of relational identity for two reasons. In many cases where the relationship between welfare professional and service user are concerned, there may be no means of categorical identification through sameness either in relation to structural position in the politics of welfare, or in the broader context of social relations. Understanding identity as only categorical and ontological would suggest then, that providers and users of welfare services have no potential common ground unless they share *one or*

more social locations, and I think, oversimplifies the basis of social identification. In order to thoroughly theorise social agency on the basis of *recognition* and *identification* this would have to be possible in the most unlikely situations. When two people who *apparently* have nothing in common – no 'sense of belonging' – are able to act together for the same ends.

Using the ontological and categorical distinction enables the recognition of complex and contradictory identifications. For example a 'white' woman identifying with a 'Black' woman on the basis of being a woman with a common experience of sexism (see Lewis, 2000). However a solely categorical – ontological approach does needs to be developed in order to facilitate an understanding of how social identities are negotiated and why certain identifications become the basis for agency, other than where agency is perceived as a reactive condition of oppression.

Celia Davies (2000) suggests it is recognition and *connection* rather than recognition and sameness, which produce the possibility of working together. The difference between the two sets of principles is subtle but important. Sameness and difference as concepts tend to suggest the notion of common or different *characteristics.* So whilst the fluidity and complexity of social identities is recognised, the basis of social characteristics as defining experience isn't challenged. Connection and differentiation as concepts however bring into focus *the relationship* between individuals [and groups]. Relationships involve interdependence, connection arises out of the recognition of differentiation and implies the potential for valuing the 'other' (2000: 351-353).

Relational identity emphasises connection and differentiation as the principals of social relationships. Relationships then inform social agency as a result of connection to and identification with others in a way that categorical and ontological identity alone do not. Exploring the relational identities of welfare professionals involves examining the ways in which they erect boundaries between themselves and a variety of others including both colleagues and service users. It focuses on the internal and external conflicts encountered by professionals over time and how the patterns, or ruptures in these guide action and inform decisions about provision. This type of analysis may also potentially flag up strategies for overcoming boundaries and separation between these groups and how this might be harnessed to improve welfare provision.

Conclusion

The paper has discussed a number of issues important to extending the concept of social identity. Firstly suggesting that this concept is important to a more complex understanding of individual and social agency, but that its also important to understanding the agency of welfare professionals within social policy. Secondly, it was posited that exploring the agency of welfare professionals is important in terms of their complex position in relation to welfare services, particularly in terms of their currently formalised role in decision making structures. Finally, it is suggested that the concept of relational identity is best suited to understanding the position of welfare

professionals in relation to each other and service users because it does not rely *only* on the concepts of difference and sameness for analysis.

By drawing attention to the position of those involved in policy development and provision, the aim is NOT to devalue or draw attention away from the experiences of service users (see Beresford, 2001). Rather, In order to fully understand how the experiences of service users can be *genuinely* incorporated into the design of social policies we need an understanding of the conditions which might be facilitative of this. An important element of achieving this is understanding how welfare professionals understand themselves and others and the relationships and experiences which are constitutive of this.

Notes
1. The research on which this paper draws is supported by an ESRC studentship ref. R42200124257
2. William's concept of relational identity following Hollway (2000) and Mason (2000) draws primarily on Kleinian psychodynamic approaches to the self and social relations. The concept of relational identity used in the research also draws on object relations, but specifically the work of Carol Gilligan (see for example, 1982; 1988a; 1988b) who is influenced by Bowbly's (1969; 1973; 1980) attachment theory. For reasons of space I will not develop this here but see Craib, 1989 for a general discussion of mixing sociological and psychodynamic approaches and 1998 for a discussion in relation to identity. Also see Hoggett, 2001 for a discussion in relation to agency.

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