Abstract

This article considers findings from two recent qualitative studies in the UK, identifying parallels in the ways in which 'ecologies of practice' in two high-profile areas of health-related intervention underpin processes of empowerment and recognition. The first project focused on policy and practice in relation to teenage motherhood in a city in the North of England. The second project was part of a larger research programme, *Changing Families, Changing Food,* and investigated the ways in which 'family' is constructed through policy and practice interventions concerning food and health. While UK Government health policy stresses that health and social care agencies should 'empower' service users, it is argued here that this predominantly reflects a managerialist discourse, equating citizenship with individualized self-sufficiency in the 'public' sphere. Drawing critically on Honneth's politics of recognition, we suggest that formal health policy overlooks the inter-subjective processes that underpin a positive sense of self, emphasising instead an individualized ontology. While some research has positioned practitioners as one-dimensional in their adherence to the current audit culture of the public sector in the UK, our study findings demonstrate how practitioners often circumvent audit-based 'economies of performance' with more flexible 'ecologies of practice.' The latter open up spaces for recognition through inter-subjective processes of identification between practitioners and service users. Ecologies of practice are also informed by practitioners' experiential knowledge. However, this process is largely unacknowledged, partly because it does not fall within a managerialist framework of 'performativity' and partly because it often reflects taken-for-granted, gendered patterns. It is argued here that a critical understanding of 'empowerment', in community-based health initiatives, requires clear acknowledgment of these inter-subjective and gendered dimensions of 'ecologies of practice'.

Introduction

'User empowerment' has become a maxim for those working in UK health and social care agencies since the 1990s. According to this discourse, a decline in the importance of structurally determined categories, such as gender, class and ethnicity, means that individual empowerment is a key source of success and wellbeing within late modernity: 'the more societies are modernized, the more subjects acquire the ability to reflect on the social conditions of their existence and to change them accordingly.' (Beck, Giddens & Lash, 1994, p.74). Drawing on the thinking of Giddens (1998), who has been influential in the assimilation of US libertarian thinking into New Labour's 'third way', social policy has prioritized welfare interventions that promote individual choice and self-management. From this perspective, the ideal citizen is self-reflexive, autonomous and in control (Furedi, 2004; Rose, 1999; Taylor, 1991, Stacey, 2000). The role of health and social care agencies is perceived as one of supporting service users to become like Giddens' 'autotelic self' (1994, pp. 192-4), transforming themselves by interpreting challenges as opportunities.

In this article we highlight the ways in which current health and social care policy vis a vis families in the UK is informed by a managerialist agenda that defines both normative family models and, more broadly, citizenship. We suggest that current policy statements about empowerment tend to be equated with an ontology of individualised self-sufficiency; ideal citizenship is associated primarily with activity in the 'public' domain rather than the 'private', particularly with paid employment for example. (Established

notions of 'public'/'private' dichotomy may be seen as questionable in many ways; however, that is a debate that we do not seek to address in depth here).

The article explores the perspectives of practitioners working in two high-profile areas of current government intervention that relate to family policy and to service user empowerment: teenage motherhood and 'healthy eating'. We suggest that the value of relational and experiential knowledge exercised by practitioners, in these areas of intervention, often remains unacknowledged, as it does not fall within the kind of managerialist framework characterised by Lyotard (1984) as 'peformativity'. We argue that empowering practice is nevertheless contingent on practitioners' capacity to incorporate these forms of experiential and relationally based knowledge into their interactions with service users, sometimes going beyond or diverging from stated management or policy agendas. We also suggest that the gendered and classed social positioning of health and social care practitioners may mean that they are particularly adept at this. For example, many are working-class women who have accessed professional or semi-professional positions via education, rather than from socio-economically privileged origins. Drawing on Bourdieu (1986), we understand social class as being constructed and reproduced through structured relations: class is neither a fixed condition nor merely symbolic. It is an imposed discourse that nevertheless has real effects on individual lives and life chances.

Our aim is not to dismiss the importance of managerially-directed initiatives within social policy. These have, after all, opened up a range of new opportunities for many people. We note also that the participants interviewed for our research often expressed support for many of the values underpinning current policies and managerial targets. However, we highlight here the significance of work practices, undertaken by a largely feminised workforce, that exceed stated managerial requirements. We argue that these practices are central if social and health care interventions are to be genuinely 'empowering'. By stressing the value of experiential knowledge, commonly associated with the 'private' sphere, this article builds on previous analyses that have articulated feminist 'ethics of care' and have challenged normative notions of citizenship based on economic self-sufficiency (Fisher, 2007; Fisher et al., 2007; Kittay, 2002; Sevenhuijsen, 1998; Williams 1999, 2001, 2002).

The two studies: background and methods

Empowerment is a contested term, as has been previously noted (O'Cathain, Goode, Luff, Strangleman, Hanlon & Greatbatch 2005). Our view is that empowerment, within current UK Government policy, is defined according to an individualised model of self-sufficiency that overlooks the role of intersubjective recognition. In contrast, our definition of recognition is drawn largely from Honneth (1995; 2001; 2003) who argues that processes of recognition and misrecognition play an essential part in the development of personhood. Intersubjective processes of recognition and misrecognition can lead to a positive or a damaged sense of self. As Honneth writes (1995, p. 173): 'The only way in which individuals are constituted as persons is by learning to refer to themselves, from

the perspective of an approving or encouraging other, as being with certain positive traits and abilities.' In other words, self-esteem is dependent on the reactions of others. Honneth postulates three distinct types of recognition as preconditions for individual empowerment: first, intersubjective relationships of emotional recognition associated with the 'private' sphere, secondly; legal recognition; and thirdly solidarity and self-esteem associated with the 'public' sphere. Honneth's division of social life into three distinct realms is questionable in some respects, and we explore this further in our final discussion. Our starting point, however, is broadly based on his theoretical position that recognition in both the 'private' and 'public' spheres is required for individuals to achieve a positive sense of self, and that empowerment cannot take place before a positive sense of self has been constructed (Fisher, 2008).

Under New Labour, health and social care policy has consistently identified the notion of empowerment with the ideal of the autonomous citizen worker living in the context of a 'hard working family' (Lister, 2000): one in which the values of individualised self-sufficiency are promoted. In 1997 the then Social Security Secretary Harriet Harman stated: … 'Work is the only route to sustained financial independence. But it is also much more…It is a way of life… Parents don't just work to support their families financially; they also work to set an example to their children…' (Harman 1997 cited in Lister 2000, pp. 39-40). This reflects a contractual (as opposed to relational) model of families and of relationships more generally: part of what Furedi (2001, 2004) has termed the 'professionalization of parenting'. While the gender-neutral term 'parent' is usually applied in policy documents, *mothers* still retain the main parenting responsibility in most families. However, mothers and fathers are now expected to provide for children

financially, thereby modelling good citizenship, whilst simultaneously possessing the skills associated with traditional mothering roles, such as the ability to produce wholesome, economical meals. Parenting is increasingly defined in term of an appropriate skills set, preferably learned from or affirmed by 'experts'. The relational, affective and experiential dimensions are often overlooked, in ways that resonate with Honneth's understanding that recognition is acquired publicly through adopting the norms of the male bourgeois. In terms of developing a gender perspective in relation to social class, as Skeggs (1997) has pointed out, there has been a long history of policy initiatives aimed at making white working-class women into 'respectable' citizens. This has largely taken the form of initiatives to 'civilise' working-class women into dominant moral values, particularly those related to the controlling of female sexuality and the promotion of domesticity (and hygiene). Our research suggests that current UK social policy continues this tradition of seeking to educate working-class women through dominant discourses of virtue, responsibility and social order, but that practitioners' day-to-day interactions with service users reflect more diverse values in many respects. We examine these practices in the context of the two studies discussed below.

The first study was carried out by (Owen et al., 2002) in a large Northern UK city; we refer to it here as the *Teenage Motherhood Support Study*. The aim was to discover how teenage mothers and staff working with them defined 'support'. The context was the UK national Teenage Pregnancy Strategy, whose twin aims were (and remain) a 50 per cent reduction in teenage conceptions and births by 2010 and the reduction of 'social exclusion' among teenage parents. In line with national policy imperatives, a long-

established city-wide unit for teenage mothers (delivering childcare, family support and education on the same premises) had been closed. Teenage mothers were to be 'reintegrated' into mainstream services instead, including schools, childcare services and college courses. Semi-structured interviews were conducted with thirteen staff members attached to local day nurseries or to other local authority support services accessed by young mothers, and with six young mothers who had given birth between the ages of fifteen and nineteen. The practitioners were white British women aged between twenty one and fifty nine; ten of the thirteen had children themselves. Seven held professional qualifications in education, health visiting or social work; six had experience in nursery nursing or youth work, and held vocational qualifications below graduate level.

Both authors worked on the second study discussed here, entitled *Making Healthy Families* constituted part of a larger research programme, *Changing Families, Changing Food* that investigated the ways in which 'family' is constructed through policy and practice interventions concerning food and health. The data referred to here came from staff and managers engaged in educational initiatives for local communities: *'Cook and Eat'* and *'Five a Day'* courses, based in *Sure Start*[i] Children's Centres in South Yorkshire. Interviewees also described one-to-one work with service users, for example through outreach and family support roles. Semi-structured interviews with completed with eleven senior managers (female); six practitioners delivering food interventions (five female, one male); and thirteen family members (eleven female, two male). In terms of their own perceptions, expressed in interviews, the research participants may be crudely divided into social classes as follows: managers (middle class); practitioners (working

class who subscribe to societal norms of 'respectability'); and family members (working class). In this article, we specifically consider interviews with practitioners, who were aged between their late twenties and their fifties. All were married, except one (who was in her twenties). Most had children and had come to be employed through *Sure Start* via a succession of part-time posts in 'care'-related settings. All except one were white British; all the family members were white British.

The analytical approach in both studies was broadly consistent with the type of grounded theory and constant comparative method advocated by Charmaz (2004). The interviews were transcribed in full and coded into interpretative categories; emerging interpretations were compared and refined in discussion between the authors. Pseudonyms have been used to protect identities.

Analytical Framework

Some research has implicitly or explicitly viewed health and social care practitioners as rather uni-dimensional in their adherence to dominant policy discourses (see Hunter, 2003 for an in depth discussion of this point). In contrast, we draw on research suggesting that practitioners often work within a space of creative tension that respects managerially-based demands, whilst also incorporating alternative understandings shaped by experiential knowledge and by social identities within the 'private' sphere (Hoggett, Mayo & Miller, 2006). Practitioners are not, therefore, unified subjects but are instead constituted by a number of selves which may be in conflict with one another. Like everyone else, individual practitioners are likely to have ambivalent relationships with public organisations, and may well resent some state incursions into the 'private' sphere

whilst simultaneously believing that it is incumbent on the State to take responsibility for citizens' health (McSusan, 1992). Arguably, practitioners move continuously between the discourses of public policy and experiential knowledge; much of their work involves mediating between these areas and, for example, making the values of public health accessible to women who might feel alienated by them. Our interpretation that identity is constituted through different subjectivities – that may in some cases be opposing - is consistent with Stronach, Corbin, McNamara, Stark & Warne's conceptualisation (2002) of professional identity as caught between an 'economy of performance' (as defined by managerialist structures and policy frameworks) and 'ecologies of practice' that comprise,

> the accumulation of individual and collective…experience…through which people laid claim to being 'professional' – personal experience in the classroom/clinic/ward, commonly held staff beliefs and institutional policies based on these, commitments to 'child-centred' or 'care-centred' ideologies, convictions about what constituted 'good practice' and so on.
>
> (Stronach et al. 2002, p. 122).

In contrast, Stronach et al. (2002, p.122) define 'economies of performance' as having become increasingly dominant in public service contexts through the 'coalescing registers' of performance measures, standardised staff and client assessments and protocols. 'Economies of performance', we suggest, are based on an individualised understanding of ontology (Fisher, 2007, Fisher, 2008) that tends to emphasise contractual 'rights and responsibilities' whilst underestimating the importance of

'ecologies of practice'. In our discussion below, we extend Stronach et al.'s (2002) notion of 'ecologies of practice' by exploring the ways in which it may be informed by focusing specifically on processes of recognition within health and social care practice. Whilst our definition of recognition is largely drawn from Honneth (1995, 2001, 2003), we apply to it a specifically feminist perspective, that challenges the distinction between public and private forms of recognition and values the affective and relational aspects of practitioners' work. Emotional work (Hochschild, 1983) constitutes a significant component of the labour required to develop 'ecologies of practice'; however, these also involve considerable organisational and practical dimensions.

Key themes from the two studies

The findings discussed below exemplify health and social policy initiatives that each place a strong and explicit emphasis, in terms of public strategies and statements, on validating activities (and values) associated with the public sphere over and above those of the private sphere. The policy underpinning the services discussed in the *Teenage Motherhood Support* S*tudy* sought to promote teenage mothers' participation in education and employment, reflecting normative assumptions that positioned early pregnancy as a major barrier to be overcome if young women are to assume full citizenship. The *Sure Start* diet and health interventions might ostensibly appear to be based on a validation of the 'private' sphere. We note, however, that as implementation progressed, *Sure Start* increasingly came to be associated with a message that equated good parenting particularly with accessing training and employment. Norman Glass (2005, p. 2), the conceptual architect of *Sure Start*, had originally envisaged holistic family support

services. Later, observing the changing emphasis, he dubbed the Programme, 'the New Deal for toddlers'. In addition to having positioned young children as future citizen workers, Glass was also concerned that this originally child-centered programme had become focused on the need to 'roll out' as many childcare places as possible to support parental training and employment. Furthermore, we suggest here that the government policy emphasis on healthy eating could be regarded as part of the broader move towards the 'professionalization of parenting' that we noted above (p. 5), with an emphasis on contractual relationships and expert guidance, rather than on intimacy and on experiental knowledge drawn partly from the 'private' sphere (Furedi, 2001, 2004; Gillies (2005).

Below we discuss key themes from both studies in parallel, with respect to 'ecologies of practice' and to their implications for policy claims concerning empowerment.

A holistic approach: more enabling for service users ….and practitioners

As indicated above, the *Teenage Motherhood Support Study* took place soon after a long-established city-wide support unit for teenage mothers had been closed. Practitioners contrasted this former 'integrated' unit with new arrangements which required young mothers to leave their babies at a local nursery or crèche and travel to school or college elsewhere. For some staff, this new notion of 'integration' – integrating young mothers into mainstream services, rather than integrating services for mothers at a single access point - represented a loss of choice and flexibility, with specific reference to parenting experiences. Anthea, a tutor with twenty years' experience in the Hospital and Home Education Service, explained,

> As a mum, a choice has been taken away from them – it's school, and that's it. Girls will say that they don't want to leave their babies, whereas if they're in a place where the baby is down the corridor, it's different.

In response staff in two local nurseries, which had received funding specifically to provide childcare for young mothers, found time and resources informally to offer flexible, part-time on-site workshops and classes as well. These validated the relationship between mother and child, particularly through activities based on the topics requested by young women, such as understanding child behavior and managing the family budget. At the time of the study, these classes did not count as the monitored 'course attendances' required to meet Teenage Pregnancy Strategy targets; however, staff prioritised this partial replication of working practices from the former integrated Unit because they viewed it as an appropriate way of meeting young mothers' needs. As Joanna, a nursery manager with twenty five years' experience, put it,

> We've found out through our work that the teenage parents want to have their children in the same place, and have time to study in the same place… we're finding that in the first couple of years, they don't want to leave their babies... the [Centre's] popularity is because they [young parents] like the atmosphere and the workers, and they build up that trust so they can leave their babies. But otherwise, they just don't like to. Some of them registered on courses, part-time courses for college, and then dropped off because they just found it difficult to cope.

There is here a clear prioritisation of relationships of interdependence: first, the parent/child relationship, and secondly the practitioner/young mother relationship. Both were seen as needing time, trust and mutual accommodation. Finding it hard to leave your baby was seen as normal in the nursery environment. The 'ecology of practice' here, then, reflected an explicit ethos about valuing parenthood and the mother-child bond in particular. This point is reinforced below by Marilyn, an Early Years Family Support Worker with fifteen years' experience,

> Some girls spend quite lengthy times just in the Centre, talking in general about their babies and about childcare…I think what we have to appreciate is that it is difficult to leave your baby, no matter what age you are.

Staff comments clearly emphasized mutual recognition, learning and acceptance,

> My work [family support] is making that young person feel comfortable, and giving them the confidence to perhaps stretch themselves that little bit further – once they feel comfortable and confident enough to access the childcare…It's the really small things that teenagers do latch onto – two wrong words and we'll never see them again…that trust takes an awful lot of gaining.
>
> (Louise, Family Support worker)

Young mothers themselves gave examples that suggested that a sense of empowerment could come from a process of recognition, rather than a professional approach based on emphasizing their perceived deficiency,

> I was planning to go to college [when I got pregnant]…I just thought "well, that's it now, got to be a mum now". But then I realised that it's not a bad thing to go back…it's not a bad thing to leave them… through coming here, that's made me feel easier about doing things for myself.
>
> (Hayley, a 17 year old mother with a son of 15 months)

The *Making Healthy Families* project has uncovered similar insights. All the managers and practitioners interviewed made references to aspects of the current policy context; many noted its emphasis on economic achievement rather than a more holistic picture. Dennis, a project coordinator based in a local college, commented,

> It's about raising aspirations and trying to link learning with success and economic… with like all the *Sure Start* programmes or whatever it is, they're saying "We want people to get back into work" and the best way to do that is to get people educated, get people healthy and all that sort of thing.

Elaine, a Children's Centre manager, expressed frustration with the tension between being positioned as responsible for rapid, identifiable outcomes and her own

understanding of the complexities involved in bringing about change at individual or community levels. She explained,

> Sometimes it [policy] is so … sterile and rigid that you can almost feel suffocated in it, … how can you work with families… when you're really bringing in something that's, well, out of reach… So, for example, managing the cycle of change, there's a lot of theories about that, of how we manage change on a personal level, on an institutional level, and it takes time … and yet they don't allow for any of that in terms of the work that you're doing… then you fall at the first hurdle, because you don't have enough time to implement it…because you've got to tick these boxes, because your targets have got to be achieved.

The extract above suggests that a shift away from holistic interventions may also contribute towards what Honneth (1995, 2001, 2003) describes as 'misrecognition' among practitioners as well as service users. Elaine's sense of being 'suffocated' points to a reduction in her sense of professional empowerment, as the scope for applying her knowledge and skills came under increasing pressure. Alongside these perceived tensions, Elaine and other practitioners in both studies described examples reminiscent of the 'underground working' discussed by Gleeson and Knights (2006): instances of working beyond the formal job description in order to offer additional support to service users, or to 'see through' a process of care. With teenage mothers, for example,

> We try and to be as flexible as we possibly can, with the hours. We will do an extended day, we juggle our shifts round it; even if it's just for one – we've done it for just one baby, worked till six o'clock so that mum could work.
>
> (Sarah, nursery nurse with 3 years' experience).

Sometimes, this brought about a clear conflict between 'economies of performance' and practitioners' 'ecologies of practice'. Lucie, who trained food workers delivering healthy eating programmes in *Sure Start* sites, commented,

> The higher up you go you've got people kind of going well "Oh you know, you shouldn't be doing that, you've got to work on this…"… whereas I'll still take time out to take somebody across the city to go to a women's health network group… where somebody somewhere would say, "You know, that's not the best use of your time." But … if you don't, then that person might not engage again and I have a relationship with her and I want to make sure that I get there, she gets there.

Many practitioners reflected explicitly on the interplay between personal experience and professional practice. This commonly revolved around their own experience as mothers, as these examples illustrate:

> As professionals… we know how busy our lives are, but also having seen it from the other side of the fence, where I have a daughter-in-law with a young child who is going back to work, and all the things that have to happen in the

> background to enable her to go forward, to do what she needs to do and balance that… I think we are a bit too prescriptive, you know, to say that's what we need to do and that's how we need to get there.
> (Janet, Children's Centre manager)

> I think it's your own life experiences, I suppose, it's what every mother, or what every parent carries with them. You think about your own experiences as a child. I mean, how do you learn to be a parent? You don't get given the manual, do you? … The way you become a parent is, you look at your own experiences and you draw good and bad from that and build on it.
> (Elaine, Children's Centre manager)

> I've done a parenting course myself when my daughter reached… adolescence and I thought, oh my god, she's awful… [and] I'm like t'mother from hell sometimes… And I think that's quite nice for them [service users] to know that you're a mum and you struggle sometimes and it's hard […] one of the mums in particular said, "oh it's lovely to know I'm not on me own."'
> (Philippa, learning mentor working with parents)

While these patterns of work are not unique to women, gendered patterns of expectation continue to characterise health and social care services, in which most front-line staff and the majority of service users are women. The practitioner-service user relationships illustrated here were based on a common prioritisation of flexibility: timetables, issues

and options were to be discussed, rather than prescribed. If this meant that performance targets had to be reinterpreted or perhaps not entirely met, or that working routines needed to be adaptable, then this was a process that staff viewed as legitimate. Creating a space of recognition requires considerable effort – cognitively and practically, as well as emotionally.

Misrecognition and stigmatisation

Practitioners often identified self-esteem as the first area to address, before 'official' service targets could be met. In terms of combating stigmatisation, 'ecologies of practice' involved a high component of emotional work (Hochschild, 1983) to 'repair' identities which, to use Goffman's (1963) term, had been 'spoiled' through a lack of recognition in both 'private' and 'public' spheres. As Jane, a food worker put it,

> The…thing that we're battling with is to take away what policy has done over the years, not just around healthy eating but where you had a worker working with you or gone somewhere for a service, it has been very stigmatised…I believe there is still that stigma around; if you are going somewhere [a service] then "you've got a problem."

However, practitioners suggested that once the issue of stigmatisation had been addressed, progress could be significant. As Jane put it,

> We're working with a group at the minute who complained and [were] really quite bolshy…They've been coming to *Sure Start* for a long time and everybody's [said] "Oh, It's them again. Oh it's that group"… and we've learned so much… the group is so insecure and have got such low self esteem yet nobody actually

> knew that, even though they'd attended lots of things here. We actually thought they were bolshy and complaining - and really it was coming from a front to cover up their insecurities and low self esteem. And they're so proud of themselves and it really has been positive - it's been incredible.

The processes of misrecognition reported by young parents (McDermott and Graham, 2005) have rarely been addressed in government policies or ministerial statements. Instead, the focus has usually been on problems or deficiencies located within young parents themselves, so that they continue to be 'discursively positioned outside the boundaries of 'normal' motherhood, commonly being seen either as victims or as threats to the moral order' (McDermott and Graham, 2005, p. 59). The members of staff we interviewed were strongly aware of young mothers' sense of stigmatisation,

> They feel everybody's judging them when they first come here,…they feel we'll condemn them…But once they build up that relationship with us…now we're into it, we're more relaxed with them, they're more relaxed with us.
>
> (Claire, nursery nurse).

A comment from a young mother brings into focus the ways forms of stigmatisation may be created through the competing agendas of managerialist pressures (in this instance, sensitivity to school league table position and reputation) and staff concerns to provide support and acceptance. Linda, aged 22 with two children aged 5 and 3 stated,

> School wanted me to, well they pressured me to leave school…they said it weren't good on their school and everything, so I had to leave school, which

> meant that I didn't get the GCSEs that I needed. She [deputy head] told me that it was best for me to leave. I kept on going - well, some teachers from school, they helped me out and they told me to come in the library at dinner times and they helped me out quite a bit.

In this example, we can see a point in time at which 'economy of performance' imperatives worked to exclude a school-age mother who wanted to continue in education – *'they said it weren't good on their school…'*. The 'ecology of practice' among some teachers, at least, contrasted with this: individual teachers offered informal support, although they were not in a position to challenge the deputy head's managerial decision, perceived by the young mother as based on the assumption that the presence of a young parent could undermine the school's academic standing. This picture has not remained static, however. As indicated above, current performance measures for schools and local authorities in the UK now include targets for retaining and 'reintegrating' school-age mothers in education; to some extent, specialist staff have also been recruited to support these processes (learning mentors, for example). For school-age mothers who want to remain at school while pregnant or soon after giving birth, current performance indicators offer some protection from teaching staff or head teachers who may view the aim of prioritising a school's position in the league tables as incompatible with retaining school-age mothers in the education system. The problem noted by Kidger (2004), Arai (2003), Higginbottom et al (2008) and others is that policy targets still remain inflexible in many respects, and do not acknowledge as legitimate the wide range of experiences and

preferences among young mothers, in terms of when, whether or how to return to education and employment.

Our research suggests that practitioners in both studies endorsed some aspects of government policy initiatives, while simultaneously being critical of others. While most would acknowledge the value of enabling young women to remain in full-time education, and the practical value of *Sure Start* '*Cook and Eat'* sessions (particularly if these led to further training), they also expressed concern regarding the potential for further sigmatisation through 'economies of performance'. The practitioners often expressed awareness that the disempowering effects of stigmatisation are more likely to be overcome through relationships of recognition than through the promotion of rugged individualism. Lyn, a married *Sure Start* worker in her forties, emphasised this in relation to the '*Cook and Eat'* sessions she delivered,

> If you're in the middle of an environment where, you know, you are trapped in the housing, you're trapped in your environment; you don't have choice because there is no choice...A lot of these parents are living with guilt and they are living with the fact that they are not doing the best that they can for the children, or they're not in the best environment… and then to suddenly to say you're not feeding your children as well as you should…it's one more thing for them to feel less confident about.

Lyn's colleague, Anne (married with children), also emphasised the potentially disastrous impact of disempowering private relationships,

> [Take] the scenario of a woman, two children, living with domestic violence coming to that [food intervention] because you're nurturing and you're caring and giving something to that woman that she will take away for an hour, an hour and a half. But it doesn't mean that she is emotionally and phys[ically] or mentally able to replicate that back in her own setting, because she's needed something from that session, that is different to probably what [the] agenda is.

There is the potential for interpreting Anne's remarks as paternalistic and, therefore, likely to further contribute to a notion of personal deficiency. We, however, take the view that Anne was instead acknowledging a range of factors (environmental, socio-economic, physical and emotional) that contribute to processes of stigmatisation and therefore act to undermine people's sense of self-worth and to close down the possibilities for self-transformation and future development. While Anne's professional role involves the teaching of cooking skills, she sees her first priority as providing a protected space, which opens up possibilities for a relationship of recognition rather than conveying a narrowly defined set of skills. Anne does not aim to fix 'deficient' identities but seeks to provide a space in which people are empowered through relationships based on recognition.

Our research suggests that through 'ecologies of practice', practitioners provide forms of recognition that question the distinction Honneth (1995, 2001, 2003) makes between the 'private' and 'public' spheres. Issues of domestic violence and a negative or hesitant attitude toward work and training, say on a *'Cook and Eat'* course, are seen as part of the

same picture. Most practitioners appear to avoid making a rigid private/public distinction; they describe themselves as aiming to provide support across a broad range of perceived need, and to provide affirmation rather than judgment or instruction.

Discussion and conclusion

In the examples above, we have suggested that national policy in two areas related to health and family policy - teenage parenthood, and diet and health - tends to locate deficiencies and problems within individuals, who are seen as lacking the appropriate skills required for parenting, and more broadly, for successful citizenship. With the emphasis on the empowered individual in the 'hardworking family', success or failure are attributable to individualised effort as well as to acquiring skills that are learned from or validated by 'expert' guidance. Policies reflect an individualised concept of empowerment that often does not fully acknowledge the complex circumstances in people's lives. However, a closer look at some of these interventions in practice provides some insight into how managerialist imperatives are being negotiated through 'ecologies of practice' that identify relationships of recognition as key to empowerment. In particular, we have found that through these, practitioners and service users can create scope for relational processes of recognition and affirmation that are fundamental to human well-being. These approaches, which are largely based on the efforts of a historically undervalued and feminised labour force, remain largely unacknowledged in public policy, despite the fact that they require emotional, practical and cognitive commitment which goes way beyond formal job descriptions or the demands of 'economies of performance'.

Honneth (2001, 2003) has argued that our distinctively human dependence on inter-subjective recognition is institutionalised in society in three spheres of life: 'love' (through intimate relationships); the 'legal order' (equality in relation to the law); and 'achievement' (gained when the subject is allowed to enjoy self-esteem from abilities that are respected and valued by others). In all three domains, 'the establishment of one's understanding is inextricably dependent on recognition or affirmation on the part of others.' (Yar, 2001, p. 59). All three types of recognition lead to human beings enjoying dignity and integrity. Honneth (2001, p. 50) describes integrity in this context as individuals' ability 'to rest secure in the knowledge that the whole range of their practical self-orientation finds support within society.' Honneth also argues (2003, p. 141) that 'achievement' is currently located in the 'public' sphere and measured according to '…a value standard whose normative reference point is the economic activity of the independent, middle-class, male bourgeois'. We note, therefore, that high status masculinity (associated with the 'public' sphere) will not generally cultivate relationships of recognition (Fisher, 2007) but will aim instead towards ontological separation and competitiveness (Connell, 2002). High status for both men and women is, to a certain extent, based on maintaining a clear distinction between the 'private' and 'public' spheres. The labour of those who engage in caring in the 'private' sphere' – such as carers or lone parents - is particularly liable to be dismissed in ways that may act to impede the development of self-esteem and empowerment. At the same time, policy guides social care practitioners towards models that stress the importance of the values of the 'public' sphere. Context matters enormously here. As a number of authors have illustrated, for some men, engaging in caring for children at home can bring forms of

recognition as ‘new’ or ‘involved’ fathers (for a discussion, see Brannen and Nilsen (2006).

We endorse Honneth’s analysis that recognition is a pre-condition of empowerment; however, our findings suggest that his notion of distinctly ‘private’ and ‘public’ forms of recognition is problematic. The distinction itself is an ideological construct, based on highly gendered assumptions that define some as legitimate participants while excluding others. Practitioners frequently reflect a much more nuanced approach in their day-to-day practice, seeing, for example, the ‘private’ sphere as a resource for achievement and recognition in the ‘public’ sphere (when using their own parenting knowledge and experience as a reference point, for instance). Similarly, both practitioners and service users give examples of the ways in which positive experiences in a community education class or Children’s Centre may help a parent to reconsider her or his options in relation to care, education and employment. ‘Ecologies of practice’, as discussed in this article, therefore embody a flexible approach to notions of ‘private’ and ‘public’ domains: neither one automatically takes precedence. Interestingly, this kind of relationship had been envisaged by Norman Glass with the inception of *Sure Start.* As noted earlier, Glass (2005) later criticised the programme’s eventual shift in emphasis towards a prioritisation of training and employment targets, seeing this as detracting from the original emphasis on child-centred activities and parent and community participation.

While some have argued that managerialism has colonised the attitudes, practices and identities of those working in the public sector (see Ball, 2001), our research illustrating ‘ecologies of practice’ suggests otherwise. Among many practitioners, these are based on

complex, nuanced forms of recognition and a holistic view of the value of a life that is not contingent on achieving externally-imposed targets and quantifiable outcomes. In the examples above, practitioners often drew on experiential and relationally-acquired knowledge. We consider that the social position of most of these practitioners as women, often of working-class origin and mainly married and with children, was significant in this respect. As Skeggs (1997, p.11) has pointed out, working-class women rarely see themselves as individuals with rights, as they have not been historically positioned to do so. This, as Skeggs suggests, may be because working-class women have few options for self-realisation. Their femininity may be their main asset – one of the few forms of capital they have at their disposal. Femininity, which is usually understood in relation to appearance and/or to the qualities associated with being a caring person, can be considered a form of cultural capital (Skeggs 1997, p.10). Skeggs found that working-class women often sought to gain a positive sense of self through caring activities, seeing this as form of cultural/emotional capital worth investing in – especially given the absence of other opportunities. To use a concept borrowed from Diprose (2002), they make a gift of themselves, something that can only occur when people have a relational rather than an individualised understanding of empowerment. This appears to be less the case for women from more privileged backgrounds. Oakley's early study of housework (1974) found that whereas middle-class women tended to base their self-concept on individual achievement, working-class women were more likely to define themselves through domestic and caring roles in social and/or family contexts.

Therefore we suggest that the 'ecologies of practice' described here do reflect Diprose's (2002) notion of 'corporeal generosity'. 'Corporeal generosity' is characterised by an openness to others, through which identity is constructed. It therefore shifts the focus away from contractual relationships based on an economy of exchange or performance between individuals. Regarding diversity positively, 'corporeal generosity' opens up possibilities for empowerment, whereas 'economies of performance' risk closing off possibilities for the 'other' through the attempt to erase areas of difference. In the examples above, common ground is opened up for mutual recognition between practitioners and service users. Those who access cooking classes or support services are not simply told how to make decisions; something more subtle takes place based on relationships that embrace dialogue and the building of trust. Through 'ecologies of practice', practitioners provide forms of recognition that may be otherwise lacking in service users' lives. This is hard work, emotionally, cognitively and practically. If 'ecologies of practice' denoted merely a rhetorical and declaratory approach, they would quickly be dismissed by service users. At the same time, the relationship between 'ecologies of practice' and managerialist frameworks and strategies can be complex, sometimes including active but implicit incorporation, for instance (Kerfoot and Korczynski, 2005).

Honneth (1995, 2001, 2003) recognised the gendered aspects of current public models of achievement. Williams (2001, p. 474) argues that the current government emphasis on achievement via paid employment is based on a traditional notion of a male worker: 'a relatively mythical self-sufficient being whose care needs and responsibilities are rendered invisible because they are carried out somewhere else, by someone else'. As an

alternative, Williams (2001) suggests that normative models of citizenship should be revised to include 'an ethic of caring' based on an acknowledgement of human interdependencies. We suggest that the gendered and classed social positioning of many community-based practitioners may mean that they are especially likely to promote the relationships of recognition that are crucial in underpinning genuinely empowering interventions. These evoke an 'ethic of caring' in their appreciation that recognition (and therefore empowerment) is achieved intersubjectively. Practitioners' own social positioning may mean that their positive sense of self has been developed through participating in a range of relationships, often involving caring, that problematise Honneth's distinction between the 'private' and 'public' sphere. Thus practitioners in these contexts are ambivalent in their aims and approaches: the majority perceive goals such as paid employment and 'skills' applicable to parenting as worthwhile. However, they are also able to recognise success beyond these narrow definitions. At present, UK public policy offers no substantial acknowledgment of these complexities within practice at interpersonal levels. We consider that, without such acknowledgment, stated policy commitments to notions of 'empowerment' will remain weak and ambiguous.

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[i] From 1998, the *'Sure Start'* programme in the UK was designed to offer services to families with children aged up to four, in areas of deprivation, including childcare, training and family support. This was initially a time-limited initiative, some of whose features have since been incorporated into authority-funded Children's Centres.