Paradoxical and contradictory?

• Key discourses about gender
• Gender and sexuality issues in care organisations: some of the issues.
• How do we enact, reproduce, sustain and generate these across organisational life?
• Still problematic or is further deconstruction required?
• Developing the appropriate language/tools
• What type of leadership is required to engage and lead on the issues?
Definition

“an institutionalised system of practices for constituting people as two different categories (men and women) and organising relations of inequality based on this difference”

Correll et al (2007)

As applied to persons, activities, behaviours, jobs, tasks, objects and so on.
Thinking more critically about gender

• Starting with concept of how power works in organisations and how this relates to gender

• Theories of gender alone are problematic (trans theories)

• Gender is a structure that has consequences for people at individual, interactional, and institutional levels

(see work of Hicks and Jeyasingham, 2016)
Achievements of Feminist movement

Many areas relating to social work, relationships with people using services and society
e.g.

- Domestic violence
- Caring
- Career progression and rights at work
- Intersectionality with structural issues race/disability/sexuality etc

(see Dominelli, 2002; Orme, 2009; White, 2006)

• Impact of legislation on rights (particularly LGB) within employment, crime, civil partnership and family etc
Learning more about men and care

• Work with fathers in Safeguarding assessment and interventions (Scourfield, 2003; Featherstone et al 2015; Gupta and Featherstone, 2016).

• Gathering evidence in MH, Criminal justice; gay (and lesbian) parenting

• Impact of the de-professionalisation of social work on men entering the profession (see work of Christie)

• Roles men play – ‘superhero’ to ‘gentleman’
• E.g Learning disabilities;
• Abbott et al (2016) study of 20 men with Duchene Muscular Dystrophy
• SW & SC did little to support a positive sense of masculinity or male gender. i.e personal care, social opportunities, empowering interactions with social care organisations and staff,
• Sex and sexuality were almost never addressed in assessment/intervention or in day-to-day practice.
• Restrictions on a satisfying social life were linked to a shortage or inflexibility of support arrangements.
• Men reported being treated as largely gender-less.
Woman ageing ‘solo’: examples from our own research

(Hafford-Letchfield et al, 2016)

• Ageing without a partner or children
• 20% women born in mid 60s no children (ONS, 2013)
• Increase in single status – changing family structures – different relationships
• Shifting responsibilities towards spouses, partners, children
• Anticipated adverse effect on those ageing solo and public health – also resilience
Solo (3)

- Study highlights inherent biases intrinsic to dominant interest groups in ageing
- Little to gain if survival advantage of older solo women translates into insecurity, isolation, illness and poverty.
- Proactive, practical and joined up thinking to capitalise on their contribution to communities and risk factors to which they are exposed
Solo women

“I get a bit worried that my money will run out. Most importantly I worry that I will get ill and not able to speak up for myself and lose control of my destiny. I have made as many arrangements as I can to ensure I am taken care of decently but if I am taken into hospital with a stroke for example, there will be no one to speak for me”
Returning to the defining features of care organisations

• Gendered patterns of hierarchy
• Predominance of heterosexuality and cisgenderism
• Harassment and discrimination
• Work-life balance
• Reproduction of social relations of age, class, disability, culture and ethnicity.

(see Hafford-Letchfield, 2011)
Some examples / practices

• Gendered division of labour– desexualisation of women at the top as ‘career women’
• How people learn to be managers and their relational style
• Adaption/reinvention of glass ceiling still a powerful metaphor of organisational culture
• Self-imposed ceilings for some groups in relation to applying for promotion
Heterosexuality/heteronormative organisations

• Reproduce dominant heterosexual norms, ideology and practices.
• Renders LGB & T issues as ‘problematic’ i.e. to ‘come out’ or not and manage their identities
• Intersectionality – putting your hand up twice or three times
• Resistance of categories
How have all of these issues been affected by socio-economic and political landscapes?
• Neutral language in management/org theories
• Dampening down of the structural influences on gender/sexuality and other ‘categories’
• Monitoring of diversity – compliance or tool to promote?
• Individualism and move away from collective responses
The Social care workforce: A gendered issue (SfC, 2017)

- 1.3m (80% women)
- Private sector (2/3); Vol sector (1/5); 1:10 stat
- Over 50% residential; 38% domiciliary
- 52% fte; 36% pte; 23% zero hr contract
- 1:10 hold none EEA nationality, varies regionally
- Annual turnover 25.4% plus churn within 12m
Social care (2)

- It’s organizations, not just individuals are gendered (Acker, 2006)
- Presence of formal policies does not necessarily guarantee practical access to family-friendly conditions – care work can create family-hostile-conditions
- The lack of adequate public infrastructure (childcare/adult caring) reinforces the individualized nature of unpaid caring responsibilities for all workers.
- Failure to acknowledge and accommodate unpaid care responsibilities has consequences for individual workers AND meeting increasing demands for formal care.
SOCIAL CARE WORKFORCE

• How does ‘fixing’ the care crisis engage with structural barriers to improving care, i.e developing skills, and creating better jobs?

• Displaces responsibility onto individual care workers where disregard of gender structures inhibits policy effectiveness

• Alan Walker (2011). “Community care is a myth: care for older people is overwhelmingly self-care and family care. And the fact that carers are predominantly – by a ratio of two to one – adult daughters and daughters-in-law makes this a major case of gender discrimination.”
Researching motivation/reward/improving quality

(Owen et al, 2014)

• Employers provide staff with conditions to focus on what service user wants = less turnover

• Most benefits lie in management abilities and communication; organisational engagement with staff, proportionate, supportive HR, investment in learning; imaginative benefits and reduction of employee stress

• Incentives supervision, mentoring, job variation

• Offsetting cost reduction with intelligent approaches to pay setting and progression for retention
Social care

• Devaluation of paid care work as a consequence of its connection to the unpaid caring work women have traditionally performed in the home and community (Charlesworth et al, 2015)

• Widespread acceptance across different contexts that the work/family juggle is a personal responsibility rather than a structural problem caused by the demands of underfunded and overstretched organizations.

• Poor wages and conditions are an aspect of the outsourcing of social services, ongoing inadequate government funding and demands for efficiency, accountability and lean production underpinned by gendered expectations of self-sacrifice by workers
Care Home Challenge LGB&T inclusion: A second example of our own research (Hafford-Letchfield et al, 2016)

• Everyday sexualized forms of communication; “a jolly cheerful sort of sexuality which hints at constant availability, in which both men and women have to collude” (Halford and Leonard 2001:157).

• Care Home Challenge (Hafford-Letchfield et al, 2016) LGB&T issues, intimacy and sexuality in care homes
‘The team’: Academics with practitioners and Community Advisors (CAs)
Building solutions co-productively

1. Knowing and relating – training to foster understanding of differences and similarities across residents’ life-stories; sensitively responding to sexual and gender differences;

2. Management lead – pivotal for management to lead and inspire change;

3. The staff we need – rigorous processes of recruitment and performance reviews centred on equalities;

4. How do we want to be recognised – LGBT literature, public-facing documents, entrances, information available for staff and residents;

5. Looking to the future - implementation, monitoring & continuation strategy between care homes and the company.
Sexuality and gender

- Heterosexuality primary means by which both people and organizations are gendered
- A mechanism through which power is exercised within the organizational context

Theorising gender: the work of Hicks
(2014;2016)

• How do gendered ideas about persons arise within social work in the first place?
• How are dominant or oppressive ideas about gender resisted within social work teams or settings?
• Is gender the primary factor or point of identification for social workers?
• These kinds of questions, which structural explanations often avoid, bring us on to the question of how gender is produced through ‘practices’ (see Foucault)
Performing or practicing gender
(Hicks, 2016)

• Gender not attached to individuals but a discourse that influences the way in which we think care
• Gender is produced within both local and wider social relations
• Discourse of gender relates to people’s actions within localized settings and the organization of their ways of thinking and talking.
• Social work processes involve the production of gender through practical means, which relate both to immediate, local, and wider, institutional contexts
So what? The role of relational leadership

• Positive role models the use of monitoring – how is it used as a tool to promote diversity

• Important role in buffering the impacts of paid care work, especially through providing for some informal flexibility within the constraints of the demands of the workplace

• Distancing from managerialist practices / develop resistance - more participatory opportunities for staff and service users

• Less emphasis on agentic behaviour, more on distributive, participative or democratic behaviours
Summary

• Complex landscape that has to be viewed within historical, social, economic and political context.
• Conceptualizing organizational positioning within critical perspectives can broaden debate about anti-oppressive practice in the over-deterministic framing of services and front line work.
• Gender identity is not simply construct of language, discourse, and cultural practices
• Recognise possibilities through increasing co-production and people’s narratives
• Personalisation PLUS social networks and connections that bind people together beyond identities
Leaders can…..

• Analyse and reflect on how gender is impacting on their field of influence
• Build and sustaining advocacy in a relational way
• Embedding sophisticated knowledge of institutional politics
• Skill in using language to expand, deepen practice and developing the critical consciousness of those managed
What about in your practice setting?

Some time for discussion

Thank you for listening and please contact me on:

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