

# Relational Caring:

## A Soft Voice in Transforming Society

### OVERVIEW

- In health care and social work in the Netherlands, and in the Global North more generally, the use of terms such as autonomy and self-reliance, emphasis on efficiency and safety, aversion to tragedy and partiality, and the tendency to see professionals as agents of effective procedures, however helpful these things may be in many ways, ultimately prove to be detrimental to good care, help and support.
- The ideological use of terms such as autonomy, resilience and self-empowerment in relation to both individuals and communities, combined with exaggerated ideas about positivity, keep vulnerable people dependent on themselves and their equally vulnerable relational network and, once these terms have been internalised, isolate people from what would do them good.
- A strong emphasis on safety, efficiency and quantification of the quality of care, help and support leads to the distortion of substantive moral understandings of what constitutes good care, help and support. It also obfuscates the benefit and harm experienced by patients, clients and their relatives.
- The ideology of feasibility and a strong aversion to risk, tragedy and partiality cause organisations and authorities to distrust professionals. To manage this, professionals are domesticated and their practices protocolised. This leads to mismatches in care for people entangled in complex problems.
- Seeing professionals in health care and social work predominantly as agents of effective procedures leads to a distancing that is neither healthy nor helpful, for both the professionals and the people they work for.
- All these things together give rise to dissatisfaction and feelings of abandonment among citizens, and to moral distress, compassion fatigue and exhaustion among professionals.

### CONTEXT

In late modernity, health care and social work have increasingly come under pressure from rule-based systems derived from utilitarian, goal-directed, production-oriented and bureaucratic management models. These systems have their own merits, but they also burden the work that is being done with and for people within these institutions, by increasingly modelling this as the production of commodities. Many professionals as well as scholars feel that this is problematic, when thinking about what constitutes good care, help and support.

The question to which presence and relational caring provide an answer is the following: What characterises activities that are regarded as essential in health and social care and that have shown themselves to be beneficial to patients, clients and their relatives? This question has been answered by empirically studying what relationally oriented professionals do when they give good care, help and support, and what organisational and systemic forces they face.

### RELATIONAL CARING AND PRESENCE THEORY

IN HEALTH CARE AND SOCIAL WORK  
A CARE-ETHICAL PERSPECTIVE



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## FINDINGS

- Relationally caring professionals respond to the feeling of social redundancy that people in precarious situations experience. They do so on a moral level by confirming that the other is a human being who must be recognised and acknowledged as such, and who therefore deserves relational and social inclusion. They do so on a political level by committing themselves to the policy of enabling, respecting and safeguarding the care receiver's unique identity and situatedness, knowledge and voice, and access to practically wise professionals.
- Relationally caring professionals acknowledge the care receiver as someone who is in a predicament and to whom they attune their practice. The good cannot be realised without the tragic. Even if nothing can be done to heal or solve a problem, if life stagnates or collapses, it is always still possible to stay with the other. The ultimate goal of good care is to help the care receiver find their own – more or less satisfactory – relationship to the fragility of human existence.
- Engaging in an interplay between free, open and careful perception and knowledge from different sources, relationally caring professionals interpret the situation of the care receiver and their relatives, including all its morally relevant aspects. Practical wisdom is essential to acting in situations in which there are conflicting guidelines, contradictory goals and uncertain outcomes.
- Relational caring helps to draw boundaries in care, help and support, keeping them sustainable. The relationships that relational carers envisage are places where professionals can contain difficult, transgressive care receivers, prevent overtreatment by introducing moral and existential capital, and counter the professional perpetuation of need.
- Becoming a relationally caring professional requires undergoing a process of formation. Professionals and trainees need to learn and unlearn, practise and stumble, and be supervised by practically wise colleagues. A relationally caring organisation facilitates this by offering a safe environment and skilled facilitators.
- The authors have developed a Care-Ethical Model of Quality Enquiry (CEMQUE) to enquire into the quality of care, help and support.

## IMPLICATIONS FOR POLICY

The Care-Ethical Model of Quality Enquiry draws attention to four normative dimensions of good care, help and support:

- **Humanity, from the care receiver's perspective:**  
To make a difference in the lives of care receivers, policy requires translation of the care receiver's experiences and concerns. Whenever this process of translation threatens to do injustice to their patients or clients, relationally caring professionals must be given space to present their patients' or clients' lives and concerns at the level of policy makers.
- **Solicitude, from the professional caregiver's perspective:**  
Professionals and care organisations must have the space to act in the world according to its own coordinates, rather than be forced to implement whatever the current policy is. And they must have the space to think complex matters in a complex way, rather than unduly simplify it to find a quick solution. Professionals and organisations have a political task: to oppose hyperinterventionism, to stay near, instead of ignoring tragedy or leaving the other to their own devices, to resist the temptation to refer the least promising patients or clients to other professionals or organisations, and to present their patients' or clients' lives and concerns at the political level.
- **Habitability, from the perspective of the care organisation:**  
Good care requires a facilitating organisation: simple structures, trust in craftsmanship, the adoption only of rules that are supportive, managers who function as 'heat shields', protecting professionals from unhelpful initiatives and regulations from higher up the chain.
- **Justice and decency, from the perspective of society:**  
Good social policies should enable, respect and safeguard the care receiver's unique identity and situatedness, knowledge and voice, and access to practically wise professionals. Professionals who practise presence, whose sole task is to be present in people's lifeworld, and to notice what is at stake for them, should be employed in hospitals, neighbourhoods, residential care homes and other places where people live together.
- All this requires **a broad, public and political debate about good care, help and support**, about what is conducive to a decent society, understood as a society whose institutions do not humiliate citizens – and about how that can be financed.