



3rd Edition

Values & Ethics in Social Work Practice

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Chapter 1

The context of social work practice

A C H I E V I N G A S O C I A L W O R K D E G R E E

This chapter will help you meet the following capabilities, to the appropriate level, from the Professional Capabilities Framework:

- Values and ethics: Apply social work ethical principles and values to guide professional practice.
- Contexts and organisations: Engage with, inform and adapt to changing contexts that shape practice.

It will also introduce you to the following academic standards as set out in the social work subject benchmark statement:

5.1.3 Values and ethics, which include:

- the nature, historical evolution and application of social work values.

Social work has been subject to much criticism by the media, successive governments and service user groups. In response to a succession of scandals involving the abuse of adults, for example, at Winterbourne View, and a number of child deaths, such as Daniel Pelka, social work and social work education have been perceived as failing to respond appropriately to the needs of service users and failing to prepare social work students adequately for the practical realities of social work. There has been a plethora of government-sponsored reports scanning both the previous Labour and the current Coalition government and commentaries from professional bodies, such as the British Association of Social Workers (BASW), suggesting a range of remedies to solve such seemingly intractable problems. Examples of recent reports include:

- **All Party Parliamentary Group on Social Work** (2013) *Inquiry into the state of social work*. http://cdn.basw.co.uk/upload/basw_90352-5.pdf
- **British Association of Social Workers** (2012) *The state of social work survey*. www.basw.co.uk/resource
- **British Association of Social Workers** (2012) *Voices from the frontline*. www.basw.co.uk/resource?id=499
- **Croisdale-Appleby, D** (2014) *Re-visioning social work education: An independent review*. www.gov.uk/government/uploads/system/uploads/attachment_data/file/285788/DCA_Accessible.pdf

- **Macalister, J** (2012) *Frontline: Improving the children's social work profession*. www.ippr.org/publication/55/9705/frontline-improving-the-childrens-social-work-profession
- **Munro, E** (2011) *The Munro review of child protection: Final report, a child-centred system*. London: The Stationery Office.
- **Nairey, M** (2014) *Making the education of social workers consistently effective*. London: Department for Education.
- **Social Work Reform Board** (2010) *Building a safe and confident future: One year on*. London: Department for Education.

This blizzard of reports shows just how concerned government and sections of wider society are about the nature of social work. It also asks us as practitioners and students to think clearly about the role and purpose of social work. In particular, in the light of such criticism it requires us to be very clear as to what principles should inform our practice. It therefore involves a very serious consideration of the ethical principles which underpin the work that we do. In essence, social workers who are very skilled and knowledgeable will not be successful in helping people who use social work services unless they have a clear idea as to what the purpose of their intervention should be. An appreciation of the ethical and values implications of social work intervention will enable us to know why we are intervening in the way that we are and on what basis we are deploying our knowledge to achieve a satisfactory outcome for the people we are employed to help. Michael Gove, former Minister for Education, whilst arguably being 'appreciative' of the role of social workers and what some social workers achieve, is also highly critical of the state of social work practice and education. In a speech to the National Society for the Prevention of Cruelty to Children he had this to say on the subject:

In too many cases, social work training involves idealistic students being told that the individuals with whom they will work have been disempowered by society. They will be encouraged to see these individuals as victims of social injustice whose fate is overwhelmingly decreed by the economic forces and inherent inequalities which scar our society.

This analysis is, sadly, as widespread as it is pernicious. It robs individuals of the power of agency and breaks the link between an individual's actions and the consequences. It risks explaining away substance abuse, domestic violence and personal irresponsibility, rather than doing away with them.

Social workers overly influenced by this analysis not only rob families of a proper sense of responsibility, they also abdicate their own. They see their job as securing the family's access to services provided by others, rather than helping them to change their own approach to life. Instead of working with individuals to get them to recognise harmful patterns of behaviour, and improve their own lives, some social workers acquiesce in or make excuses for these wrong choices.

(Gove, 2013)

A BASW survey (2012) of just over 1000 social workers found that social workers were being stretched to breaking point, with 77 per cent reporting unmanageable caseloads as demand for services escalates. In addition, pressures on services for adults were reflected in 69 per cent of social workers reporting that their local authority had further limited the criteria for receiving services at home, resulting in a revolving door of admission and readmission to NHS care.

The impression given by Gove suggests some social workers are gullible fools operating with too many abstract ideas about the nature of service users' problems which deny any responsibility to service users for the problems they experience. It is one thing to suggest that service users are at the complete mercy of social forces outside their control, which for many (despite Gove's assertions) is the case; to deny that people should take responsibility for their own actions is something completely different. In essence, it would appear that Gove moves in the opposite direction, assuming that social factors should not be accounted for in cases such as drug misuse, child neglect and so on. His approach is informed by an individualistic ethos which, in particular, accepts that the nature of people's problems and the amelioration of such problems rest solely with individuals themselves. An example of this approach comes from Gove's statements regarding the use of foodbanks: he has suggested that the pressures faced by families having recourse to foodbanks were *often the result of decisions that they have taken which mean they are not best able to manage their finances* (House of Commons, 2014).

REFLECTION POINT

How far do you feel people are the authors of their own circumstances?

This is a very complex question and social philosophers have argued constantly about the precise relationship between the choices individuals make and the conditions which may influence the choices they make. In the social sciences this is usually described as the relationship between social structure, that is, the recurrent patterned arrangements which influence or limit the choices and opportunities available, and our agency as human beings, that is, the opportunity and capability of persons to act independently to make their own free choices. As you develop your understanding of social issues you may change your understanding of this relationship. It is interesting to note that research presented to the House of Commons (2014) lists a number of factors outside individual choice that influence foodbank use. Some of these factors are as follows.

Food prices

Food prices in the UK (including non-alcoholic drinks) rose by 11 per cent in real terms between 2007 and 2013.

Reductions in earnings from work

The economic downturn has also had a significant impact on those in work. Average UK weekly earnings increased by 1 per cent in the period December 2012 to February 2013, compared to the same period a year previously. This equates to an earnings cut in real terms as inflation (as measured by the Consumer Prices Index) was 2.8 per cent from February 2012 to February 2013.

Benefit conditionality and sanctions

Benefit claimants deemed not to be satisfying the conditions for entitlement to benefit may find that their benefit payment is temporarily suspended or reduced, or their claim 'disallowed'. Figures published by the Department for Work and Pensions (2014) on 15 May 2013 show that the number of Jobseeker's Allowance sanctions and disallowances increased from 279,840 in 2001 to 684,030 in 2010, with the main increase happening after 2006.

Impact of incorrect sanctioning

Under the current regime, in 2012 as many as 68,000 people on Jobseeker's Allowance had their benefits taken away by mistake and faced unnecessary hardship as a result (House of Commons, 2014). In addition, some examples of how claimants will lose money as a result of reform to the social security system, including the introduction of Universal Credit, are given below.

Parents of disabled children who formerly received Disability Living Allowance get a 'disability element' top-up to their Child Tax Credit of £53.62 per week for each disabled child. This money is used to pay for the additional costs involved in bringing up a disabled child, like wear and tear to clothes and equipment. Within Universal Credit, the equivalent 'disability addition' will fall to £26.75 per week.

Changes to Housing Benefit Bedroom Tax

Working-age claimants who are deemed to have a spare bedroom in their council or housing association home are faced with a reduction in their housing benefit. Those affected persons claiming housing benefit faced these reductions from 1 April 2013. The government hopes this will force tenants to move to a smaller property to free up larger properties for families. The government's own impact assessment describes that affected households will lose between £13 and £14 per week, with some 40,000 households losing all their entitlement to housing benefit.

Impact of Universal Credit

Brewer et al. (2012) have produced a preliminary analysis of the likely winners and losers as a result of the introduction of the Universal Credit scheme. From the analysis not everyone on low incomes will benefit from these changes. The analysis assumes full take-up of benefits under the old regime and under Universal Credit. Overall, out of some 6.4 million families, 1.4 million families will lose out.

(All examples from Parrott, 2014)

Given these examples (and more could be provided), it is clear that, irrespective of individuals' ability to affect their own circumstances, changes in social security policy far beyond the influence of individuals to alter will result in claimants receiving less money to live on than previously. It is not surprising that the leading foodbank charity, the Trussell Trust, in its report for 2014 observed:

Trussell Trust foodbanks gave emergency food to 346,992 people nationwide in 2012–13 financial year, 170 per cent more than the previous year – the biggest increase since the charity began. One third of those helped were children – 76 per cent increase in numbers of foodbanks launched in past year. In the last 12 months alone we have launched over 150 foodbanks nationwide. The exceptional need, a growing awareness of foodbanks and our highly effective social franchising model has enabled the Trussell Trust to launch three new foodbanks per week, compared to two per week in the previous year. We currently have almost 350 foodbanks launched nationwide.

(Trussell Trust, 2014)

The weight of evidence using the example of food poverty suggests that forces beyond the immediate influence of individuals are clearly placing more and more people into food poverty. Nonetheless, an individualistic philosophy argues that society has less responsibility for the problems people face and that we as citizens owe little to one another. This has the effect of weakening the social ties and social support that we all rely upon in certain stages of our lives. Within the welfare sector, services which were previously provided on a social basis through the provision of state and local authority services, social work and social care services are increasingly put out to tender to the private and voluntary sectors. The 'social' element of 'social work' is therefore subject to a concerted assault, which undermines the collective provision of services which individuals in general are unable to provide for themselves. As society is increasingly atomised, then the nature of social problems is seen as emanating from a lack of responsibility of individuals rather than the retreat of the social, understood here as the retreat of the state from protecting citizens against such social harms as unemployment, poor health and homelessness (Kwong Kam, 2012).

These developments present challenges to social workers, whose professional vocation is to work towards social justice for those groups of people who are unable to achieve this of their own volition.

In any consideration of ethics and values in social work then the social, economic and political context in which social work operates is crucial in influencing what is ethically possible or what is ethically desirable. An ethic of individualism will, if not challenged, prove significant in shaping the way social workers understand their duties and responsibilities. This book will consider these issues to be critical in any development of ethical practice for social workers and will challenge such an ethic when it becomes an impediment for effective social work practice. People who use social work services have a right to be treated as individuals with their own history and their own particular understandings of the world in which they live. People who use social work services also have a right to

be treated fairly through a consideration of social justice. In other words, how their problems may not be dissimilar to others when, for example, millions experience unemployment as a result of the recent global economic crisis. In the UK this has led governments, for example, to increase sanctions against unemployed and disabled people through the withdrawal of benefit or a reduction in supporting services. A famous sociologist, C. Wright Mills, had this to say about such problems:

When, in a city of 100,000, only one man (sic) is unemployed, that is his personal trouble, and for its relief we properly look to the character of the man, his skills, and his immediate opportunities. But when in a nation of 50 million employees, 15 million men are unemployed, that is an issue, and we may not hope to find its solution within the range of opportunities open to any one individual.

(Mills, 1959, p9)

Social work has been defined in a number of ways by professional groups representing social workers; look at the definition below, adopted by the International Federation of Social Workers (IFSW). This definition has also been accepted by professional associations of social work across the world (including BASW in the UK).

Definition

The social work profession promotes social change, problem solving in human relationships and the empowerment and liberation of people to enhance well-being. Utilising theories of human behaviour and social systems, social work intervenes at the points where people interact with their environments. Principles of human rights and social justice are fundamental to social work.

(<http://ifsw.org/policies/definition-of-social-work>)

REFLECTION POINT

Does this definition define social work as only concerned with individuals separate from their environment and society?

As you can see from this definition, social workers across the world define social work as both involving human relationships and well-being and also understood within a wider social context. This means that social workers should therefore understand that their intervention focuses upon the interaction between people and their environment. Recent critics other than Gove have sought to undermine this focus and the Narey Report (2014), which investigated the appropriateness of social work education for children and families, had this to say about the IFSW definition:

It's not that it's an appalling definition. But in terms of describing the work of a Children's Social Worker in England it is, I would argue, thoroughly inadequate. We need a more satisfactory and relevant definition. And we need a definition that concentrates on that work, generally carried out in the statutory sector, which is about protecting children.

(Nairey, p13)

Nairey does not elaborate on why he thinks the IFSW's definition is inadequate and in general provides little evidence of sufficient quality to suggest what should be included in the definition that he is seeking.

This book takes the IFSW definition as one which best encapsulates the profession of social work and will ask you at all times when considering your ethical practice to think about how ethical practice can best be understood within the context of the interaction between individuals' circumstances related to the wider social context in which they find themselves.

Markets and managerialism

In terms of understanding the context of service users' lives, we have argued that social work has to see people as situated in the social environment and look for solutions to the problems in the way that they experience these as involving an interaction between the individual and social level. Increasingly, as has been argued above, social work has to work alongside the private and voluntary sectors. Social work is, on the one hand, increasingly involved in brokering services on behalf of people, for example, around the personalisation of services. In addition, there is a continuing narrowing of its responsibilities towards protection of adults and children in terms of safeguarding.

These two central tasks involve:

1. an understanding of the way services which have been privatised involve the role of markets in delivering social work, creating service users as consumers of services;
2. an understanding of how social work is now controlled by the belief that the close monitoring of individuals to protect them from harm is the only feasible approach to keeping people safe.

Underpinning both of these approaches is the pervasive control of social workers by a burgeoning managerial ideology. This belief in the ultimate efficacy of management is assumed to lead to better outcomes in terms of an increased efficiency and effectiveness in service delivery. Many critics (for example, James, 2004; Rogowski, 2011) see these claims as chimerical, undermining the professional expertise of social workers and diminishing effective contact with service users. Social workers and service users are therefore subject to an increasing commodification of their interactions through

the market and a cumulative increase in the procedures which police their face-to-face practice relationships.

Definitions

- Commodification is the transformation of goods and services, as well as ideas or other entities that normally may not be considered goods, into a commodity that is something which is bought and sold in a market. For example, social care in the form of support to live independently is increasingly rationed so that more service users are paying for their own home care.
- A market is the place where buyers and sellers of a specific good or service come together in order to facilitate an exchange. In the context of social work the local authority which employs the social worker will purchase social care services from a range of providers in the area. The social worker, after assessing a person's needs, will then access a particular service for which either the service user will pay or it will be provided by the local authority. Who pays is usually determined by assessing the ability of the service user to pay, usually described as a means test.
- Managerialism gives priority to the managerial and economic concerns of service funders and providers, focusing on service costs and efficiencies. Some social workers believe this is at the cost of direct face-to-face work with clients. With consumerism, managerialism further promotes service provision by non-state agencies. The role of the social worker moves towards assessment of individuals' needs and the regulation of services delivered. Although the service user is seen less as a 'client' whose needs are determined by a professional perspective, there is nevertheless concern that managerialism as it applies to social work attaches more importance to budgets and targets than to meeting the particular needs of individuals. The managerialist approach removes much frontline social work from professionally qualified social workers and allows service provision to be determined by the market (Asquith et al., 2005).
- With consumerism there is a shift towards the client becoming a consumer able to choose services, rather than being merely a recipient of them at the discretion or judgement of the social worker. The market becomes an important and powerful force in the availability of services to meet needs and the balance of the relationship between social worker and consumer begins to look less hierarchical. However, the relationship is still biased in favour of the social worker because of his/her authority to carry out assessments and knowledge of what the market has to offer. Protection for the consumer is very limited (Asquith et al., 2005).

Having defined these terms, it is important to understand that these particular terms have been closely related to the way in which society has been transformed by a particular form of capitalism, known as neo-liberal capitalism (Harvey, 2005).

What is neo-liberal capitalism?

All areas of life dominated by the organisation of the market

This means that we see ourselves as individuals whose role in life is to maximise our self-interest both in the market as consumers as well as in our private and social relationships. Self-interest dominates over other values such as altruism.

The lean state: less state, more private enterprise

This results in the state taking less responsibility for social harms such as unemployment and ill health, and less responsibility for ensuring that children are cared for or that older people can lead a dignified life in old age. The social programmes that remain are residualised, providing a basic low level of support. If individuals require more than basic care then these functions are privatised so that the quality of care that people receives becomes increasingly tied to their capacity to be consumers of, and therefore purchasers of, such services.

Economic globalisation

This relates to the promotion of free trade throughout the world and the removal of duties and tariffs which prevent free trade between countries. It also encompasses the idea that national economies have to compete for inward investment from the major corporations, resulting in a lowering of social protection (e.g. levels and environmental standards to reduce levels of taxation seen as costs to business, which prevent them from investing in states with higher levels of taxation).

Deregulation

Deregulation does not mean the removal of state regulation. It does mean the use of such regulation to support competitive economic performance and profit from capital. Where regulations are seen to hamper the profit motive, for example, hours of work, health and safety or environmental regulations, then they are limited. An example of this is zero-hours contracts, where it is estimated that some 300,000 care workers are employed on such terms.

The problems of free unregulated markets can be explained by the next exercise, which asks you to think of a society which is devoid of any intervention by the state in regulating how markets operate. Individuals are free to make whatever choices they want, to purchase those things which will make them happy. Our example is taken from residential care. Let us assume that some people will choose to purchase residential care for themselves when they can no longer remain living independently in their own homes. The assumption is that people are, therefore, free to purchase residential care for themselves and that there is no regulation to ensure the quality of care in the residential homes in which they reside. The only regulation is with individual purchasers who can, if they find the quality of the care to be deficient, move to another home where they consider the care to be of their liking.

In neo-liberal capitalism, the individual is perceived as someone who has unlimited choice dependent upon his or her economic resources. The theory underpinning such celebration of choice is called rational choice theory, which identifies that all action is fundamentally 'rational' in character and that people calculate the likely costs and benefits of any action before deciding what to do. Ultimately, people's decisions are motivated by self-interest in which they seek to maximise their utility (happiness). This theory has strong links with utilitarianism, as we shall see in Chapter 3.

In choosing residential care, people are required to have all the necessary information as to what residential care facility optimises their preferences. So, what does it mean to make an informed choice in this way?

What does it mean to make an informed choice?

What is required in order to make a choice?

1. Knowledge of what residential care is;
2. Knowledge of alternatives that may be available both in terms of alternative homes and other alternatives like domiciliary care;
3. Time to make the choice;
4. Ability to make the choice:
 - (a) intellectual capacity;
 - (b) emotional/psychological capacity;
 - (c) economic capacity;
 - (d) cultural capacity;
 - (e) social capacity.

Given the criteria for making an informed choice in relation to residential care, imagine the following. There is no state-organised residential care and there is no outside inspection or control over private residential care homes. The ideology that prevails relies upon the marketplace, where entrepreneurs decide to set up residential care homes and consumers rationally choose which home is best for them and pay accordingly.

ACTIVITY 1.1

Heathlands is a privately run residential care home for older people with a range of dependency needs. Some residents remain active, whereas others have limited mobility. Some residents have relatives and friends who visit but the older and/or the more physically/mentally impaired tend not to have any contact with family or friends. There has been a recent change in ownership of the home and some family members have

Continued

ACTIVITY 1.1 *continued*

seen a lowering in care standards. Examples include some people remaining in urine-soaked beds for a considerable time, poor standards of personal hygiene by the care staff, a lack of choice over diet, fewer social activities being made available and, when activities are presented, extra charges are instituted for them.

- How might the residents solve this problem from a rational choice point of view?
- Can you identify any problems that might arise with this approach using the different criteria required in order to make a choice as outlined above?

What becomes apparent from this exercise is that the assumptions behind individual choice and the free market are unable to be justified when faced with the barriers that certain consumers of a service may face if they wish to exit from the good they have purchased. In this case, those people with no family or friends to help them and those people who may be physically or mentally disabled will find that they have to continue living in what are, clearly, unsatisfactory circumstances. If we move to our present society and the organisation of residential care, then it is clear that our current position does not reflect an unregulated market. The Care Standards Act (2000) enforces minimum standards in care homes and the Care Quality Commission inspects care homes on a regular basis. However, the process of inspection is not as thorough as it should be and, as Drakeford (2006) has argued, many deficiencies remain. Drakeford cites problems of poor communication between residential care homes and prospective residents whereby, when contracts were agreed, residents did not have the full information regarding what was being offered. For example, residents were unaware that they would have to pay for extras such as leisure outings and entertainment and aspects of personal hygiene such as hair care. So what happens if a care home is deemed to be inadequate or if the owners shut down a home if it is no longer financially viable? Who takes responsibility for the residents? Ultimately, it falls to the local authority to find suitable provision when a home fails.

The White Paper, *Caring for Our Future* (Department of Health, 2012a), identifies that 80 per cent of domiciliary care and 90 per cent of residential care provision is now with the private sector. It is also important to note that the present government wishes to extend the reach of markets even further. The White Paper identifies the Developing Care Markets for Quality and Choice programme, which will enable local authorities to extend their capacity to deliver an expanded market for social care services. In relation to children's services, the government (Department of Education, 2014) is now consulting upon privatising children's services, including child protection, which will radically increase the impetus for privatisation within social work.

The quality of privately run care services is generally lower than those run by councils or voluntary organisations, although the costs were often lower as well.

(Care Quality Commission, 2011, p58)

The consequences of poor-quality care in the residential care sector means that those who can afford to choose which care home they reside in are able to access better-quality homes. Studies of people living in residential care show that people from poorer backgrounds are more likely to become residents than those with greater financial resources. Indeed, those service users who have little or no saved income are therefore likely to be provided with residential care that meets minimum standards, and will have less choice in determining the care home in which to reside.

Tronto (2010) argues from an ethic of care perspective (see Chapter 3) and argues that institutions which are increasingly developed upon market principles result in the decline of standards of care. Competition between providers may be useful to motivate providers into more cost-effective ways of providing care but does not necessarily enable standards of care to be delivered. The norms of market behaviour mean that competition focuses providers to compete on the basis of cost or quantity as opposed to the quality of care provided. Heffernan (2014), in an extensive consideration of the place of competition in our lives, suggests that it has a deleterious effect upon the kinds of relationships and institutions upon which we rely:

our outsize veneration of competition has left us ill equipped to solve the problems it has created. If we are to invent new ways to live and work together, we need high levels of trust and give and take: attributes that competition specifically and subtly corrodes.

(p xiii)

This process is further exacerbated by the way local authorities are required to fund social care for those unable to pay for it themselves. Thus they are required to contract social care out to private and voluntary providers. Since local authorities are under increasing pressure to cut services as their funding from central government is cut, in turn there is less funding to buy in quality care. In addition, local authorities try to make up some of this shortfall by increasing charges for social care. This has meant, as Age UK has argued, that funding of social care has been progressively reduced.

The financial demands on older people who receive care are increasing. In real terms, charges were £150 per year more in 2010–11 than in 2009–10 for each older person using local authority care services and £360 more than in 2008–09.

The spending decisions taken by the Coalition Government mean that frontline services have not been protected. Councils have reduced their spending on older people's social care by £671 million in real terms in the year between 2010–11 and 2011–12. This is a decrease of over 8 per cent.

Taking into account growing demand as well, the gap is even greater. In order to maintain the care system at the same level as in 2010 (before current spending cuts) expenditure on

older people's social care should be £7.8 billion in 2011–12. This year (2012) total spending is only £7.3 billion. Even making allowances for efficiency gains, this has left a total shortfall of £500 million.

(Age UK, 2014)

The political philosopher Sandel (2012) has argued passionately that the reach of markets and market-oriented thinking into areas of life previously governed by non-market norms is one of the most significant and worrying developments of our time. He argues that the development of markets and competition is worrying because of two reasons, one concerning inequality and the second corruption.

Inequality

In the UK, inequality is already high and is expected to rise from 2013 (Cribb et al., 2013) as benefit levels are cut and incomes are set to rise, particularly at the top end of income earners. Those with greater levels of income therefore have the ability to buy such consumer goods that they wish but, in addition, are able to use their buying power to greater advantage when social goods such as health care, housing, a safe neighbourhood and education all become more commodified. Pickett and Wilkinson (2009) highlight the pernicious effect inequality has upon society's general well-being. They document, through a careful analysis, the impact inequality has upon those countries where it is highest, leading to higher levels of a range of social problems, such as poor physical and mental health, crime and obesity, to identify just a few examples.

Corruption

Putting a price on certain goods corrodes their integrity because they reflect certain attitudes towards the good being purchased. For example, by giving incentives to parents to adopt children, are we corroding the idea of parenthood and the value we place upon children (see Activity 1.2 below)?

Social work and social care have come under increasing media and government scrutiny to become more efficient and more effective. Media interest inevitably focuses upon the recurring problems within hard-pressed local authority children and families departments, which have left some children unprotected from serious abuse, as the many inquiries into child deaths in recent years have reported (Rogowski, 2011). This can lead to the 'demonisation' of both social workers (Ayre, 2001) and the service users they work with, as the news media seek to create 'newsworthy' stories and controversy. Ayre analysed some 30 years of media reportage in relation to child deaths and concluded that, between the 1970s and 1990s, the coverage of child abuse scandals in England and Wales led to aggressive, and often inaccurate, reporting in the mass media of those child welfare agencies deemed responsible for the deaths of the children involved. In his view, this has resulted in a climate of fear, which seeks to blame and scapegoat the

families and social workers involved rather than find constructive solutions. The sum total of this reporting has led Stanford (2010) to argue that there is now a more reactive response from social work agencies which seek to cover and absolve their practice from risk of blame by instituting more defensive practices within children and families teams, often to the detriment of the children and families they are trying to help.

Governments have, in turn, responded to media criticism and genuine public concern by introducing more complex management systems to try and ensure that children are protected. However, recent government-sponsored reports such as that by Munro (2011) have recognised the dilemma of increasing the complexity of systems, leading to more bureaucracy and paperwork for social workers, which have, in turn, diminished face-to-face contact with service users.

The Munro review's first report in October 2010 described the child protection system in recent times as one that has been shaped by four key driving forces:

1. the importance of the safety and welfare of children and young people and the understandably strong reaction when a child is killed or seriously harmed;
2. a commonly held belief that the complexity and associated uncertainty of child protection work can be eradicated;
3. a readiness, in high-profile public inquiries into the death of a child, to focus on professional error without looking deeply enough into its causes; and
4. the undue importance given to performance indicators and targets which provide only part of the picture of practice, and which have skewed attention to process over the quality and effectiveness of help given.

These forces have come together to create a defensive system that puts so much emphasis on procedures and recording that insufficient attention is given to developing and supporting the expertise to work effectively with children, young people and families.

(Munro, 2011: Executive Summary)

As Munro identifies above, social workers have become less able to use their skills in creative ways but are required to focus on standardised practice, such as unified assessment procedures in the form of assessment frameworks. When social workers are not encouraged to follow narrow assessment protocols they are required to become managers of resources through the reforms introduced in the wake of the National Health Service and Community Care Act 1990. These developments have led many writers to suggest that current social work practice becomes a rational technical activity. This means that social work is becoming an activity which is increasingly subject to managerial direction, working towards strictly determined practice policy and procedure which has as its goal the control of professional judgement and discretion. It defines social work as the rational application of such procedures in which questions of value become

less important than what is achieved in terms of managerially determined service outcomes. In this view, social work is not about the quality of the service provided but about the quantity, i.e. the outcome, because outcomes can be measured. This distorts many aspects of social work, for example, the quality of the relationships social workers forge with service users, because managerially they are less important as they are less easily measured.

This process is presented as a natural development to increase the efficiency and effectiveness of social work and therefore appears to be value-free and neutral. But this claim to neutrality has been used to wrest power from social workers to define and control the nature of their work. Managerial ideas and business-like solutions to essentially practical and moral problems faced by social workers marginalise professional and service user contributions to social work, and undermine the value base of social work. Harris (2003) argues that this process is circular in that competition requires monitoring through contract specification that leads to the need for performance measurement to monitor the effectiveness of contracts, which requires increased managerial scrutiny (Figure 1.1).

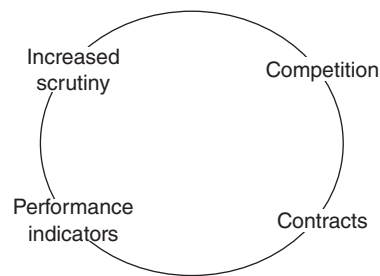


Figure 1.1 *Controlling social work: the management and business cycle*

- **Increased scrutiny.** Information technology systems allow detailed specification of social work activities and checks on their completion. Much of this control is expressed in computerised manuals, directions and guidelines that limit discretion.
- **Performance indicators.** Business-oriented measurable standards and pre-set standardised and repetitive systems with tightly defined criteria for eligibility for services.
- **Contracts.** The use of contracts ensures that control resides with the purchaser who has the power to make decisions and see them carried through. The provider has to implement the purchaser's decisions, which are often determined in advance from a limited list, which minimises contact time but calls for more throughput.
- **Competition.** The belief that competition among providers results in more economical, efficient and effective services (adapted from Harris, 2003).

There is a danger that the process of social work can become a series of unrelated activities which prevent practice from being subject to ethical and theoretical scrutiny. As Parton and O'Byrne (2000) state:

even prescriptive assessment and monitoring schedules require interpretation and judgement to be made practical.

(p31)

Social work is better described as a practical–moral activity. This means that social workers hold a privileged position within the public services in working with people who often experience profound problems and significant crises in their lives which require practical solutions but have important moral consequences. This requires social workers to exercise their judgement in informal settings and work in more informal ways. Effective social work is mostly carried out in people's homes and involves negotiation in which problems are jointly identified and then worked through by agreement with service users. Thus social workers are dealing with the practical activities of day-to-day living; for example, how can parents enable their children to thrive? How can older people who may have a disability live a dignified life in old age where they can get the support needed to live independently? These day-to-day activities require social workers to make significant decisions that have a profound ethical consequence. So if, for example, parents are failing to parent their children, what actions ought the social worker to take in order to work in the best interests of the child? Does the social worker remove the child? Does the social worker work with the parents? These problems challenge us to reflect upon our morality and our ethics as social workers.

ACTIVITY 1.2

Below is an example of how business thinking, particularly marketing, is influencing social work practice. The extract below is taken from a government website encouraging more people to become adoptive parents. Do you agree with offering incentives to possible adopters?

The adoption passport: a support guide for adopters

Children adopted from care can have ongoing needs and you and your child may benefit from support. Local authorities provide a range of support services for adopters and their children. Every adopter is entitled to advice about these services, and you are entitled to an assessment of your needs at any time. If you have adopted a child in England you may also be entitled to:

- *free early education for your child from the age of two (from September 2014);*
- *choose which school best meets your child's needs;*
- *priority access to council housing;*
- *Discretionary Housing payments while waiting for your child to be placed with you;*
- *adoption leave and pay when your child is placed with you.*

(First4Adoption, 2013)

On the one hand, you may feel that any initiative which encourages more people to become adoptive parents should be welcome, given that some 4000 children are awaiting suitable adoptive parents at the present time. The Coalition government has voiced similar concerns and has encouraged more private and voluntary-sector adoption agencies to try and overcome what it sees as unnecessary delay. The current adoption process, they argue, emanates from an overcautious and, what they would call, too-stringent approach to matching children in terms of, for example, their ethnicity to prospective adoptive parents. On the other hand, you might question the ethics of providing incentives to potential adopters rather than 'advertising' the benefits of adopting for its own sake and the happiness of the potentially adopted children. We may well question the motives of those who may want to adopt when offered such inducements. Of course, support for adoptive parents is crucial to a successful adoption but the emphasis therefore should be the support provided by the respective agency to help adoptive parents with the potential challenges of parenting an adopted child. Does the end justify the means in this case or is it something about the means chosen (marketing adoption) that can affect the end (quality of the adoptive parent and the happiness of the child)? Higgins and Smith (2002) argue that ultimately marketing children, which includes advertising pictures of children awaiting adoption (Be My Parent, 2013), ultimately turns the children into commodities to be displayed for the consumption of potential adoptive parents.

In highlighting the problems of adoption, what emerges is a conflict between what is considered to be a rational-technical approach to social work and a practical-moral approach (Table 1.1). In particular, there is a conflict in adoption work regarding the appropriate means in enabling more adoptive parents to come forward.

Table 1.1 Rational or practical social work

Rational-technical social work	Practical-moral social work
Management by direction	Management by consultation
Procedurally led services	Focus upon judgement and negotiation between worker and service user to meet need
Danger of early legal/procedural intervention	Legal/procedural intervention as last resort
Resource-focused	Needs-focused
Emphasis on outcomes	Emphasis on process of social work
Limit discretion of social work	Recognises negotiation, flexibility and uncertainty

The challenges which social workers now face in working within an increasingly privatised context of service delivery and increased managerial control over their tasks have developed in some workers what can be called a 'siege mentality'. Social workers feel less valued as professional workers and are treated increasingly as functionaries, called upon to enact the policies and procedures set down for them by their managers. This means in relation to Table 1.1 that the content of their work falls increasingly into a rational-technical mode. There have been a number of surveys

looking at how social workers feel about the job they do. A number have been published by *Community Care*, a journal for those working in the social work and social care sector. Surveys of social workers' attitudes to and feelings about their work can be useful barometers to gauge the levels of satisfaction that they feel about the work that they do. A recent survey (McGregor, 2013) carried out involving 650 social workers found the responses shown in Figure 1.2 in relation to what they considered were the barriers preventing them from working effectively.

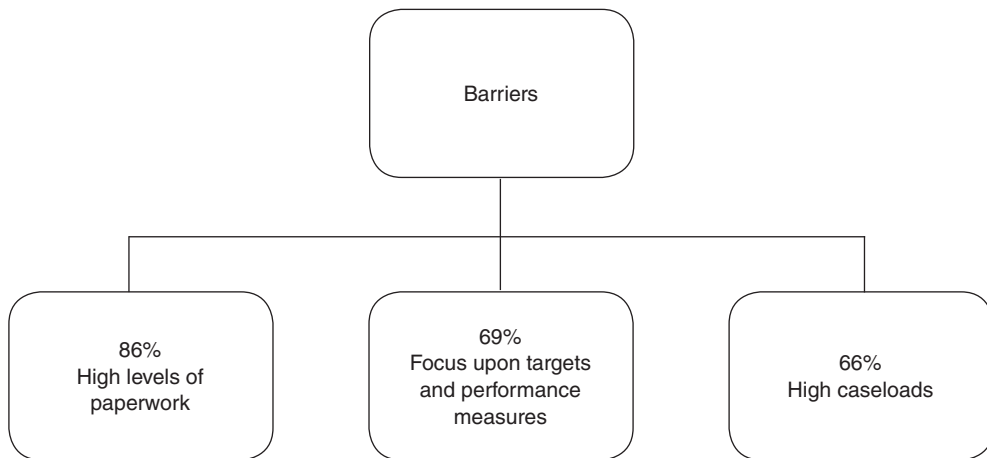


Figure 1.2 Barriers to effective social work practice

Some of the social workers' responses were illuminating as to the impact that the managerial culture had upon them:

We are told they know we are overworked but extra staff can't be funded.

You're informed that everyone is in the same position or that others have more cases than you and are not complaining.

I was told I needed to be more organised; it felt like a personal failing and has made me reluctant to raise this again.

It's clear that unmanageable caseloads are endemic in social work and have been for some time. Social workers need to speak out if they cannot cope with their workload and make sure their concerns are clearly documented.

There is a stigma attached to admitting 'I can't cope with this level of work', but it's important for your own wellbeing and that of service users.

These statements echo the findings of the Munro Report (2011; see the summary in the box above) and as such show the increased dissatisfaction expressed by social workers over the way in which social work has been managed in recent years.

ACTIVITY 1.3

Access at least three social work blogs, including one from a different country to your own. Choose at random any three commentaries from each site and identify both the positive and negative comments in terms of the blogger's experience of social work.

Here are some extracts from a variety of blogs I accessed.

Positives

I loved working with older people, I loved working in mental health – and while I didn't enjoy (you can't ever enjoy) the detention and assessment part of the AMHP [approved mental health professional] role, there was a unique camaraderie with other AMHPs and the access to continued support through forums and legal updates was unrivalled.

I felt I could make a difference to some people's experiences of mental health services by explaining them and guiding them through what was a scary and difficult period of their or their family member's life and if I could take them out the other end, well, there's no better feeling in the world.

(<http://fightingmonsters.wordpress.com/2013/09/23/parting-shots-why-i-left-my-social-work-post-and-what-id-change>)

On a positive note, however, after six months I feel more confident now in my role and abilities and don't feel like I'm sinking every day. I no longer come home and agonise over whether social work is for me and no longer have quite the same continuous nagging sense of fear. I feel like a valued member of my team and have noticed in recent weeks that I'm no longer the one always asking questions of other colleagues – new staff ask me now and I'm actually able to answer correctly too!

I'm still spinning plates on sticks, but it's getting easier!

(<http://sw2be.wordpress.com/2011/08>)

While AMHPs may nevertheless feel that there is a conflict between their social care values and the concept of compulsion inherent in Community Treatment Orders (CTOs), there is another way of looking at this. What is better? For someone with a severe and enduring mental illness to have an endless cycle of acute hospital admission, recovery and discharge, followed by refusing treatment, deterioration in functioning and consequent compulsory admission, with the damage it can do to relationships with family, friends, employers and loved ones, or to impose a modest degree of compulsion to ensure that the patient accepts treatment, but can then live happily and with relatively little interference in their own home?

(<http://themaskeamhp.blogspot.co.uk>)

Negatives

But it got harder. We know there were cuts in the service. Despite the government's mealy-mouthed promises about there not being cuts in frontline services – there were cuts in frontline services and significant cuts. I want to explain why I made the decision to leave – and it wasn't a decision I made lightly.

(<http://fightingmonsters.wordpress.com/2013/09/23/parting-shots-why-i-left-my-social-work-post-and-what-id-change>)

The transition from being a student to newly qualified was extremely difficult and traumatic. As a student I only ever held approximately five cases and my hand was held all the way. I was totally protected from any overall responsibility and given supervision every week. I had plenty of time to think and reflect, theory was an everyday concept and time was freely available. Then overnight I had a far bigger and more complex caseload, supervision once every month to six weeks, total responsibility and accountability for decisions that have a huge impact on people's lives, and time to reflect or think theory has become a very rare commodity (if not extinct!).

(<http://sw2be.wordpress.com/2011/08>)

For those unfamiliar with the game of Jenga, it consists of a tower of wooden blocks. During the game, players take turns to remove a block from this tower and balance it on the top. The structure becomes increasingly unstable as the blocks supporting the structure from lower down are removed. The Coalition Government are currently playing their very own version of this game, which I call Big Society Jenga. They are seeing how many basic elements of the structure that supports British Society can be removed before the entire edifice collapses.

(<http://themaskeamhp.blogspot.co.uk>)

As you can see from this random selection, there is much you can learn from other social workers. From an ethical stance there are a number of examples of ethical issues which might get you started in thinking about some of the ethical challenges which social workers face. Let us investigate just one example from the blogs – the issue of CTOs. The Masked AMHP outlines the conflict between care and control in relation to mental health and the use of CTOs and argues for the positives in his/her practice experience.

The Mental Health Act 2007 enacted supervised community treatment through the introduction of new sections 17A–17G into the Mental Health Act 1983. The new sections provide for a CTO to be imposed in certain circumstances upon persons who may be in danger of admission into a psychiatric institution. A recent research article in the *Lancet* cast doubt on CTOs and suggested that, for some people, this was an ineffective piece of legislation:

OCTET [The Oxford Community Treatment Order Evaluation Trial] has not proved that CTOs are ineffective, the investigators are correct in stating that there is no good evidence to support their use. A major socio-legal intervention has been introduced that might have a greater effect on patients' lives than any drug treatment. Yet this intervention has been introduced without any of the stringent testing that is needed for approval of a new pharmacological agent. I expect that the challenges of obtaining ethical approval might have been one of the reasons that participants in the control group were initially given leave rather than discharged outright, yet we have to ask ourselves what are the ethics of treating patients with an intervention that they will often not desire when we have no evidence of its benefit?

(Burns et al., 2013)

The conflict between social workers' role in upholding their legal responsibilities and their duty to ensure the care of the people they are working with means that there are often difficult decisions to be made as to how social workers should manage this conflict. For the blogger, it was felt that using a CTO, although requiring a service user to accept treatment in the community, was problematic in taking away the service user's autonomy. Nevertheless, the argument was made that this was a better option than requiring the service user to enter hospital for treatment. This argument is one which will be present in many of the examples we will be looking at in this book. Social workers may not always be able to make decisions which they would ideally want to make, but the decision to act in a particular way may be the least harmful option.

CHAPTER SUMMARY

This chapter has described the context of social work practice and how this context will influence the ethical decision making of social workers. It has suggested that the twin imperatives of an increasingly marketised system of social care coupled with an increase in the managerial control of social workers' professional expertise presents significant challenges to social workers wishing to uphold the values of social justice in social work.

FURTHER READING



Pickett, H and Wilkinson, R (2009) *The spirit level: Why more equal societies almost always do better*. London: Allen Lane.

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