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MAC-SOCIAL WORK: THE ROUTINISATION OF PROFESSIONAL ACTIVITY

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ABSTRACT

A number of historical trends have led to the routinisation of statutory social work practice in the UK, despite a rhetoric from legislators that appears to value traditional social work approaches. Predominant among these trends has been the defensive bureaucratic control of professional workers in Social Service Departments, and the substantial shift to the right in the political consideration of welfare issues. These trends are evidenced by the way in which the Community Care reforms have been implemented and by a defensive reaction from statutory agencies to criticism. More recent trends that might mitigate these effects are noted, together with some suggestions for social work educators seeking to widen the horizons for their students. A conclusion suggests the future is bleak unless social work returns to its more radical roots.

In this paper it is argued that social work practice in Local Authority Social Service Departments (SSDs) in the UK¹ has become routinised, the social worker's role has become that of a technician, and that this impacts on the rights of service-users. Within a context of political change, four historical trends are identified as leading to this situation:

1. The use of the term "social worker" as a Local Authority job title;
2. Pressures to increase the control of professional workers in SSDs, in particular through the use of forms;
3. The disjunction between practice and theory;
4. The emergence of counselling as a separate profession.

Visiting students on placement and working with part-time students in the classroom, I have been struck in recent years by the restricted view social workers appear to have of their role, and by the way in which they see their work as increasingly constrained by form-filling. It is nothing new for social workers to complain about paper-work, lack of resources or the attitude of their managers, but this seemed to have been compounded by the way in which reforms to social services for the old, sick and disabled (Community Care) have been implemented, and by a defensive reaction from agencies to enquiries and criticism. This paper seeks to outline the issues on which further research might be based and to identify how qualifying programmes might seek to broaden the horizons for their students.

THE POLITICAL CONTEXT

Although social work as a concept, professional activity and academic discipline has existed in the UK for 100 years, statutory social welfare services employing social workers developed as a result of post-war (1946-1948) legislation to improve services for families and children, the old, the sick and the disabled. These developments took place in the context of a number of other social welfare

¹ In England and Wales: legislation and nomenclature is slightly different in Scotland.

reforms, e.g. the institution of the National Health Service and the major restructuring of income support services (National Insurance and National Assistance). The affluent period of the 1960s saw further developments in welfare legislation and an expansion of social work services, together with a wave of optimism that the problems associated with poverty and neglect could finally be overcome. These developments culminated in the unification of statutory social work services in a single Social Services Department (Social Work Departments in Scotland). Social work theory at this time was still heavily dependent on Freud and the neo-Freudians, confident that its "treatments" could contribute to the elimination of social problems.

The failure of the socialist and centre-right governments to cure social ills, coupled with economic failures, paved the way for a major shift to the right in UK politics in the 1980s. The New Right governments (1979-97) succeeded in changing public expectations of welfare from a collectivist approach to an emphasis on individualism and free market economics – what Jones (2001:549) calls a neo-liberal tide of reform. The neo-liberal project has been summarised as follows:

At the core of this philosophy is the notion of the self-interested individual pursuing his or her own maximum good. Given the existence of a free market, the expression of individual needs and preferences will result in the greatest good for the greatest number... The role of the state is to ensure the liberty of the subject and the free operation of the market. Public services ... should be purely residual (Hadley & Clough, 1996:207).

The extent to which these changes had taken root is witnessed by the fact that two landslide Labour governments have felt themselves unable to depart significantly from this approach. This shift to the political right has been apparent in many countries in Europe, including the traditionally high-tax, high-welfare economies of Scandinavia (see e.g. Korpi, 1995). The political aim is to reduce state intervention in welfare, to shift responsibility for welfare to individuals, to reduce dependency, and to increase choice and improve efficiency through the introduction of a market economy. It can be argued that the de-professionalisation of social work has been part of this neo-liberal agenda: "social workers with their so-called relativistic morality and 1960s roots were seen by the neo-liberals as being amongst the principal culprits of dependency creation" (Jones, 2001:553).

Social work in the UK began with a missionary zeal to improve conditions for the poorest in society. Its social activist roots were quickly overtaken by the influence of individual psychology, a change that rendered it vulnerable to attack from both the left, for individualising social problems, and from the right, for seeking to understand and excuse deviant behaviour.

SOCIAL WORK AND SOCIAL SERVICES WORK

From early in their history Social Service Departments were subjected to adverse reactions in the press, including academic publications (Brewer & Lait, 1980). The move from specialist workers to a fully generic service provision inevitably led to difficulties with complex situations, particularly those involving child abuse but also concerning neglected or abused older people. Social workers accused of "doing nothing" or "failing to notice" were vilified in the press, and a series of scandals and resultant enquiries led to a defensive reaction from Local Authorities. In one particular case (Cleveland, 1987) social workers were accused of doing too much to protect children.

Since the Local Authority Social Services Act 1970 (implemented progressively from 1971) the term "social worker" has been used for Local Authority Social Service Department basic-grade professional workers. This was not the case previously: prior to 1971 only social workers in hospitals and some voluntary agencies had the words "social worker" in their job title. Since then,

however, the title has become indelibly associated in the public imagination with the local authority employee: mainly seen as protecting children (ineffectually) or providing services (inadequately). A further consequence of this change has been the removal of any distinction between "what social work is" and "what social workers do". This confusion of terms has been further reinforced by the degree to which the statutory sector has been able to manage the agenda on qualifying programmes, through the partnerships required for accreditation and through requirements for practice teaching, which tended to eliminate small voluntary placements.

A FORM-FILLING BUREAUCRACY

Social Services Departments were created in 1971 from smaller social welfare units in local authorities. Their size and the numbers of establishments (day-care and residential care units) they managed encouraged a growth in bureaucracy that conflicted with the management of professional front-line social workers. Social workers also made up (as they still do) only about 10% of the total workforce, most of whom were care staff and other ancillary workers with little or no training available at that time. Bureaucracies manage by limiting discretion. Decisions are made according to sets of rules that can be followed by operators with minimal training (see e.g. Morgan, 1989:49; Beetham, 1987:15). Professionals, on the other hand, operate through the use of discretion in their interpretation of the facts, using judgement based on training and experience (Freidson, 1994:138). A bureaucracy will typically respond to criticism by tightening procedures and rules, so limiting discretion. A professional response, on the other hand, may be to enhance skills in the use of discretion. McKevitt (1998:147), for example, writes that the UK "has adopted a very mechanistic, rule-bound strategy that runs directly counter to the interests of the citizen/client". Writing of the change in legislative emphasis from the provision of services to the duty of assessment of need, Regan (2001:36) comments

This process of substitution which privileges the production of paper forms (assessments, care plans, protection plans etc) offers a partial explanation of why so many social workers consider that their work has been emptied of substance and their labour appropriated for tasks which are devoid of value and lacking in moral purpose.

She goes on to suggest that instead of concentrating resources on "the highly problematic situations which have already been identified by social workers", staff are asked to carry out "yet more prescriptive, repetitive and time-consuming procedures with little benefit accruing to either practice knowledge or to service-users" (37). A letter to the same magazine (*Community Care* letters 8-14 November 2001) suggests that the increase in form-filling not only takes away from direct contact,

but that it had an insidious and detrimental effect on the way in which children were thought about and related to. My experience was that form-filling undermined the capacity of social workers to think for themselves ... (and) bureaucratic machinery assembled around social work was obscuring the needs of the child (26).

Jones (2001:555) notes that "tick-box forms" are felt by social workers to typify a lack of trust in their capacity and understanding. They "direct and discipline the social worker's focus of work ... the paperwork seems ... a concern to regulate the "ordinary" and everyday professional conduct of social workers". So where does this form-filling activity come from?

Much may be said to derive from the increased use of computer technology to manage information, and the tick-boxes from the database's need for agreed categorisation. However, as Jones (2001) points out, forms are also a convenient way for bureaucracies to control front-line workers and manage decision-making.

Although much of the rhetoric in the modernising agenda has been about a response to individual need – “they sometimes provide what suits the service rather than what suits the person needing care” (UK Department of Health, 1998:6) – this can conflict with the notion of consistency, which is best achieved through the application of a set of decision rules. Decision rules need the evidence provided by completed forms.

Jones (2001:549) points to the neo-liberal agenda of the Conservative governments from 1979 to 1997 which led to the incorporation of a market philosophy and private sector rhetoric into public services and how, contrary to many expectations, this agenda has been carried forward by subsequent Labour administrations. Thus not only the 1990 Community Care reforms, but also more recent revisions to child protection and support policy and guidance, have promoted concepts of managerialism, quality and consistency. Introducing a parliamentary debate on children’s services, the Minister of State for Health stated

The past evidence is that too many children were failed by the services which should be helping them. There has been too much inconsistent quality and poor management in children's services ... SSI reports and Joint Reviews have demonstrated inconsistency, both within and between authorities ... That is why in September 1998 we launched Quality Protects which is a programme to help local authorities improve the management and delivery of children's social services (Hutton, 2000).

In his speech he draws attention to the series of enquiries and reports that point out how children have been inadequately protected by the statutory services in the past. For those behind the Quality Protects programme, of which the *Framework for the Assessment of Children in Need and their Families* (UK Department of Health 2000, cited by Regan, 2001) forms part, consistency is therefore the key to improving protection, although it is true Hutton later makes reference to the need for tailored services. The 1998 White Paper *Modernising Social Services* (UK Department of Health, 1998:6) points to “better procedures” and national standards to root out inconsistency “with different people getting different services according to what day it is and who they speak to”.

Needless to say, forms yield the consistent “objective” information which bureaucracies value in order that the allocation of resources can follow transparent defensible decision rules based on eligibility criteria. This process yields consistency and uniformity, rather than fairness in response to need, which would give credence to a professional judgement based on “softer” criteria. I am reminded of a child’s comment quoted by Dockar-Drysdale (1968:56): “fair play is no use to people like us, because none of us want the same thing”.

Adams (1998:254) suggests that three factors have reinforced a lack of consensus about the nature of social work: the development of managerialism; the creation of a contract culture; and the introduction of a competence-based approach to education and training. He suggests that these factors have made the “customary processes of practice ... more procedurally governed”. Control of the professionals by the managers “is policed by an ever-increasing array of procedures and standards ... commentators such as Shaw (1995:132) view the tight parameters of managerial control as dramatically curbing professional autonomy” (Adams, 1998:255). The tendency to view service-users as consumers may have a similar effect, as this implies a commercial relationship controlled by managers. In the same volume, both Adams (1998:262) and Waterhouse and McGhee (1998:281) point to the proceduralism introduced to child protection work, and Adams remarks on the consequential constraint or erosion of professional autonomy. Stepney (2000:9) notes, “In the restructured and marketised welfare state, social work is now required to have a narrower and more instrumental focus”.

THEORY AND PRACTICE

In social work there has always been a tension between practice and theory. At times students and practitioners have protested that it was necessary to forget theory once in practice placements, that it reduced spontaneity in caring for people (Coulshed & Orme, 1998:7).

Why am I not surprised by the drive to turn social work into a practical/technical operation and for the notion of reflective professional practice to be seen as irrelevant? Easy, because we have seen the same thing happen to probation practice! This allows central overseeing of National Standards, which are based on time and motion issues and not on quality of service (Dr Tony Goodman, email letter to SWAPItsn, June 2002).

These two quotes illustrate the continuing problem of the divorce between theory and practice which besets social work. Coulshed and Orme (1998) suggest one reason above: the erroneous notion that any theoretical analysis of the work "gets in the way", and that the best practice is instinctive. In a thoughtful paper on reflective practice, Ruch (2002:202) points to an implicit definition of theory which is positivist, western and male, and which is seen in opposition to tacit (experiential) knowledge. She goes on to suggest that this positivist agenda easily translates into "rational, bureaucratic responses and restrictive definitions of professional responsibilities and behaviour".

The disciplined application of theory to practice and the generation of theory from practice, are two key elements in a definition of professional activity (see, for example, the discussion on reflective practice in Payne, 1998). Adams's (1998) discussion of the effects of a competence-based approach to education and training suggests that there has been a concentration on specific techniques and a reduction of reflective practice: this is accompanied by convergent, rather than innovative, divergent thinking. Hayman (cited in Adams, 1998:258) claims that competences may reduce professional issues to banal simplifications, and that competences can become frozen in time and produce technicians rather than professionals. He further suggests that the competence and "key skills" orientation may not recognise "soft" personal qualities, nor can they exclude bad practice based on a flawed value base.

Lishman (1998) contrasts the "competency" model based on functional analysis with the reflective practitioner model based on the ideas of Schön (1987). She suggests the former is inappropriate for the professional development in social work "because it results in fragmentation of the complexity of social work and lacks an holistic approach to the necessary integration of knowledge, values and skills and the process whereby these are integrated and applied" (92). The traditional rejection of theory in practice therefore facilitates the adoption of a competence-based approach to training, which in turn discourages reflective practice and paves the way for a positivist, managerial approach to decision-making.

COUNSELLING AND SOCIAL WORK

The emergence of counselling as a separate profession is related to these trends, particularly coupled with the way in which social work has become associated with what Jones (2001:547) calls "state social work". Social work students presented with a scenario involving loss and grief will not immediately see that they would have any role in assisting service-users with their feelings. They see their involvement limited to a referral to, for example, CRUSE (a voluntary organisation providing counselling and support for widows). Brown (1998:138) corroborates this. A glance at Hollis (1964) shows that at the time her book was first published, it was assumed that social work was very much concerned with these and other intrapersonal issues. The Barclay Report (1982:41) notes just twenty years ago that counselling "has after all been the activity which

at least social workers themselves have traditionally regarded as the hallmark of their calling; and which several of our respondents consider to lie at the core of social work" and goes on to describe it as essential that, in contrast to "social care planning" social workers should continue to be involved in counselling activities. An interesting definition is put forward with an illustration showing the social worker assisting a woman and her family in coming to terms with terminal illness.

We use the word to cover a range of activities in which an attempt is made to understand the meaning of some event or state of being to an individual, family or group and to plan, with the person or people concerned, how to manage the emotional and practical realities which face them (Barclay Report, 1982:41).

Brown (1998:145) argues that counselling has "slowly been transferred out of the statutory sector into the provider sector, one which is increasingly private and voluntary". She goes on to say first that such counselling in social work will not be of a "pure" kind being located within a wider intervention context and secondly, that social workers in what she calls the statutory sector need counselling skills in order to undertake competent assessments. In the same volume, Thompson (1998:315), in a discussion of social work with adults, points out that the Care Management function is only one facet of the social work task, and that a qualified social worker should be able to undertake at least the basics of counselling. In practice, however, the social workers I meet no longer feel confident or well enough supported to use these skills.

THE EFFECT ON SERVICE-USERS

It is interesting that the Community Care reforms started with "choice", "needs" and "rights" as key words. Equally, the changes in childcare and child protection start from ideas of partnership. It seems that these themes have been superseded by the concepts of consistency and eligibility. In the complex arena of individual need, sensitivity and professional judgement would seem preferable to standardised criteria, and yet social workers tell me the form and a scoring system are all-important. In a chapter that describes the positive features of social work with adults, Thompson (1998:320) emphasises the need for sensitive, imaginative and emancipatory practice. In childcare the defensive categorisation and elaboration of forms would suggest that sensitivity and individualisation are no longer key concepts. In this world service-users are not being treated as individuals or their particular needs addressed. Choice and needs-led service provision is limited not just by budgetary constraints, but also by the very system that ought to be empowering service-users. The reference in the title to fast food is intended to illustrate the way in which a narrow range of responses is available from operatives who do not have the training, the time or the facilities to take account of detailed individual needs or preferences.

A WAY FORWARD

Three developments may help in resisting these trends: increased employment of social workers in the independent sector, more positive images of social work activity, and changes in the qualification structure. The growth in the independent sector as a result of work contracted-out should lead to more social workers employed outside local authorities, and this will lead to social workers being involved in more therapeutic work, as suggested by Brown (1998). Much of the financial support for new initiatives, particularly in work with young people, is for independent organisations, some of which are specifically created (e.g., the "Include" schemes to retain young people in education). Following these examples, some Local Authorities are incorporating therapeutic work in specialist teams. Reporting on the development of a therapeutic practice project in the North of England, Walker and Hext (2001:34) point out how in the past family

therapy and life story work was regularly carried out by social workers, but that "by the 1990s the investigative child protection and case management aspects of the work seemed to be emphasised over the therapeutic aspect". They conclude

Some areas of the country have chosen to employ psychologists and psychotherapists to work alongside social workers. Leeds has chosen to develop the skills of existing social workers to offer therapeutic services as relevant and innovative as those offered by colleagues in health.... The Social Services Inspectorate commended the team in 2000, commenting that it was "an example of focussed professional work and had achieved measurable outcomes" (Walker & Hext, 2001:35).

Although disasters cannot in any way be welcomed, a series of major incidents in the UK from about 1984, including a sunken ferry, bombings, fires and rail and plane crashes (see for instance Walsh, 1989:preface), saw social workers reported in the press as counselling survivors and relatives. This presented a more positive image of social work in the popular press, and has been confirmed by more recent incidents. Unfortunately, the wide coverage given to the death of Victoria Climbié (in February 2000)² and the apparent inability of social workers to prevent her abuse may have neutralised this.

The move from Diploma to first-degree level as a minimum requirement for qualifying programmes is to be welcomed as a positive step in enhancing the profession – particularly by changing the traditional view of theory and its relationship to practice. It looks as if the new registration requirements in the UK will incorporate Continuing Professional Development (CPD) built around the existing post-qualifying award structures, which currently value a reflective development of practice. The new National Occupational Standards (NOS) appear less concerned with the demonstration of "competence" than with a knowledge-based development of skills.

How can qualifying programmes help resist trends towards the de-professionalisation of social work? I suggest six main areas in which students can be encouraged to think more widely about their professional development:

1. In teaching based on problem-based learning (PBL, Taylor, 1997) or simulations, examples should be used which encourage students to see relationship-building and direct "therapeutic" work as an integral part of social work practice, e.g. enabling service-users to overcome their resistance to asking for assistance; exploring relationship tensions in a family; enabling a service-user to express feelings of loss.
2. A focus should be maintained on ethics and values, with particular reference to conflicts between accountability to the service-user and to the employer, stressing the Community Care principles of rights and choice, and setting service-users as the experts in their own lives.
3. Practice placement opportunities in the independent sector should be promoted, and the sharing of placement experiences amongst students should be encouraged with tutorial support aimed at developing a broader view of the social work task.
4. Visits to, or speakers from, innovative (independent sector) projects should be incorporated in order to inspire students to think more broadly about their role.

² See, for example <http://society.guardian.co.uk/climbié/0,10939,530323,00.html> for a full discussion of this case.

5. Cross-sector networking amongst former students or CPD groups should be encouraged.
6. The promotion of Masters programmes and the Advanced Award in Social Work will also serve to encourage innovation in practice and a deeper appreciation of person-centred skills.

CONCLUSION

State social work inevitably takes on the contradictions embodied in the employing organisations: with a discourse that focuses on individuals and values partnership and needs-led assessment, it is nonetheless unable to offer a creative response. The constraints on professional autonomy derive from a lack of resources, an emphasis on consistency and eligibility, and political change. In particular, the bureaucratic, defensive management of state social work denies not only the essential values and autonomy of social workers, but also belies the discourse of partnership and tailored services.

We can begin to discern a situation in which professional social work is confined to small, often voluntary units contracted to provide some counselling and therapeutic services, whilst statutory services employ social technicians, with pre-professional qualifications, undertaking routine assessments, arranging basic care, and perhaps also inspecting families.

Will social work survive such a concerted attack on its professional status? With the advent of independent counselling services on the one hand and social service technicians on the other, social work as developed in the 1960s and 1970s may already have ceased to exist. The pioneers in the early twentieth century defined their practice differently: perhaps the future lies in a return to a more radical, social activist stance, outside state control and working in genuine partnership with service users. In any case, an important role for social work educators lies in broadening the horizons of students, and in encouraging the questioning of accepted practice.

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