

“Human Rights - but which Human Rights?”

Stephen Cowden

Gary Spolander

Aims of this presentation

- Are Human Rights at the heart of Social work?
 - IFSW Statement on Human Rights (1996)
 - Social Work implications UK Human Rights Act ,1998 (Williams, 2001)
 - Key ECHR Rulings
 - Social Work literature (Ife, 2012, Lundy, 2011 and Mapp, 2008)
- While we see level Social Work as very much concerned with a Human Rights agenda, there is a need to interrogate the concrete meaning of this agenda in the light of an understanding of the way the context of practice is defined through **organisational systems**. In other words we need to move away from a general discourse of the ‘goodness’ of Human Rights and look at how institutional systems nurture or stymie this at the level of everyday practice.
- We conclude by arguing that Human Rights based practice needs to be conceptualised as a three way relationship between **Ethics, Professionalism** and the dynamics of **Organisational Systems** within a neo-liberal paradigm.

Professional values – neo-liberal ideology

- For all its problems, Social Work has been unique amongst the ‘social’ professions through its *raison d'être* is looking at the person or group in their *whole environment*. At their best Social Workers have to be able to articulate and contain **complexity**.
- However this articulation has brought Social Work into conflict with “conservative and right-wing groups [that] work hard to eliminate those public spheres, bodies of knowledge, and social relations that give voice to the complex histories of difference and...cultural memories that allow the designated voiceless to narrate themselves” (Giroux,2012).
- This attack on the conceptualisation of complexity and the **professional role which held this knowledge** is enacted through the introduction of neoliberalism at the level of both organisational structures and ‘values’.
- Neoliberalism is thus a ‘hegemonic project’ which is directed at “the meanings of welfare and the state as well as to the policy and organizational structures to which they refer” (Clarke et al. 2000: 3).



Neoliberal values – *Homo Economicus*

- Key assumption is that individuals will behave according to a particular economic rationality, allocating resources according to ranked preferences in a manner which is calculating & self interested
- Also assumption that people have ‘perfect knowledge’, that is full information on all options and alternatives, armed with which they will behave individualistically according to their ends & means.
- The “free market” is understood as rationally bounded by mutual assumptions & obligations, and guaranteed by the state
- **But** individuals are not simply ‘rational’ – they don’t act only in self interest and both their interests and modes of pursuing them are based on a range of factors which are classed/’raced’/gendered, as well as being located in specific cultural contexts.
- **But** people can be faced by decisions/ moral imperatives in the form of values/ norms that can’t be reduced to a utility in a single hierarchy
- **But** people rarely make decisions independent of others, particularly in the context of caring relationships, where behaviour is constrained by expectations of others, where we enhance our welfare through collaboration with others (Barnes, 2011)
- It is in this sense that we can understand ***homo economicus*** as a ‘fantasy’ about the nature of human behaviour, but a powerful one, and whose power is reinforced both through social policy and organisational structures.

Care Markets as Organisational systems

- Politicians “spin” false notion that economic growth resulting from these practices will significantly increase citizens living standards (Chang, 2008, Harvey, 2006)
- Saturation of political culture & social world with market thinking & behaviour (personal responsibility, private property rights, individualism) encourages politicians & public to accept and experience neoliberal thinking & acting as normal (Brown, 2006)
- These economic, organisational and managerial systems are impacting on social work through the creation and introduction of ‘Care Markets’
- Links to government measures that:
 - authorise, support or enforce the introduction of markets
 - creation of relationships between buyers & sellers and,
 - use of market mechanisms to allocate care
- Includes contracting service delivery to private providers (for profit or not for profit)
- Universalism in welfare is disarmed by the encouragement of private ‘insurance’ against social risk (such as long-term care for Older people) .

Care markets: Reconceptualising the citizen and the professional

- Market policies see the change in way that service recipients are viewed.
- Care is a commodity that can be bought & sold, hence the “citizen” (associated with politics & public realm) is replaced by the “consumer” (self interested ‘rational’ individual embedded primarily in economic relationship). (Clarke et al, 2007)
- The good citizen (capable of rationally exercising choice) versus the bad (incapable of seeing correctness of market rationality)
- Professionals as ‘self interested’ parties, management rationality needed to ‘drive productivity’
- Management good, objectives clear – staff are then motivated, bureaucracy reduces, best achieved through the use of business practices



Realities of care markets

- While Care Standards are present throughout this system, we need to ask what is being measured?
- Focus is on easily quantifiable aspects of care – but not **relationships**, which are key for service recipients and families (Waeness, 1984), **staffing ratios** and **staff skills** mix.
- Intangible aspects of care are difficult to measure, manage, monitor & regulate, and more importantly not likely to be prioritised by providers – especially if trying to control costs.
- If quality not easily observable – efficiency achieved through redesign of work, reduced professionalism – greater use of vulnerable to delivery care i.e. migrants (Shutes & Chiatti, 2012) are central to much caring labour.
- In contrast to ideology about benefits of free markets, as market concentrates – competition doesn't improve efficiency (Scourfield, 2007) or quality. Providers are able to set own prices and own standards, which raises costs.
- As large market consolidates allocation of capital & resources by multinational corporations (Southern Cross collapse 2011) in complete contrast to rhetoric about choice and decentralised control.



McDonaldisation



- McDonaldisation (Ritzer 2010, Dustin 2007)
- Dustin uses care management as an example of the managerial application of efficiency, calculability, predictability and control to social work practice, demonstrating the way principles developed in the private sector are being increasingly applied in non-profit/ public sector organisations
- Work task broken into smaller tasks, following of rules and instructions
- Increased domination of professional decision making by targets, efficiency, competencies.
- Managerial concern is primarily about efficiency & effectiveness standardisation of tasks, rather than intangibles like relationships
- McDonaldisation of managerial function weakens front line practice . The particular regulatory strategies adopted after crisis ironically make the re-occurrence of the original crisis more rather than less likely.
- Risk assessment – provision of services justified. Decisions based on “justifiable” rather than “right”



Managerialism as a practice

- **Senior social worker (Children and Families):** “...overbearing procedures equate sometimes to, yes, a checklist as to what processes should be followed every time and that can be quite useful, but, it also can be used as a stick to beat up social workers with if a particular procedure hasn't been followed to the letter..”
- **Youth Work Manager:** “So the intervention package is supposed to be for 12 weeks. I’m in very big trouble at the YOT, because I’ve got cases that are nearly a year old now. And I keep trying to explain, this is about *the youth work dilemma* [...] I’m about the process of trying to get this young person from here to somewhere. Going in rattling at them for 12 weeks is going just to produce nothing, because when I shut the case and walk away in 12 weeks’ time, they will [...] get themselves in trouble [...]. (Staff interviews from Banks, *Ethics* 2013)
- These examples demonstrate the destructive consequences of managerial practices on both frontline staff and service users.

Managerialism and Ethics

- As Banks (2013) has noted Neo-liberalisation of services have led to an “ethics boom”. However the form that this has taken has been:
 - *Developing more regulatory codes of ethics*
 - *Highlighting the responsibilities of social workers and service users (“responsibilisation”).*
 - *Placing the focus of attention on the relationship between the individual social worker and service user or family.*
- Ethics are increasingly about shifting responsibility toward the regulation of the ‘bad’ (professionals/service users).
- Ethical codes come to be separated from the context of real decision making, which is driven by instrumental organisational structures, such as targets.



Public accountability or scapegoating?

BABY P: TRAGEDY THAT SHOCKED BRITAIN

■ **MARCH 1 2006:** Peter Connelly (Baby P) born

■ **AUGUST 3 2007:** 17-month-old Baby P found dead in cot

■ **NOVEMBER 11 2008:** Peter's mother, Tracey Connelly, boyfriend Steven Barker and brother Jason Owen convicted of causing his death

■ **NOVEMBER 13 2008:** Ed Balls orders inquiry into role of council, health authority and police

■ **DECEMBER 1 2008:** Independent review declares



life and Owen given a indeterminate sentence public protection

■ **OCTOBER 7 2009:** Shoesmith's high court action against Balls to seek compensation for distress

■ **SEPTEMBER 15 2010:** Shoesmith tells MPs she is sorry about what happened but refuses to accept blame, saying she had no involvement in care

■ **MAY 27 2011:** The Independent Review into the death of Baby P

■ **DECEMBER 8 2008:** Sharon Shoesmith sought an independent review with immediate effect

Baby P: Pity injuries

dailynews.com

- “The world of risk management has been applied to social care with devastating consequences in some cases. The notion that we can banish risk is at the heart of some of the issues we’ve seen around my case. The idea that you can banish risk, especially when it’s applied to social phenomena like child homicide, leads directly to blame and to scapegoating and we mistake that for something called public accountability.” Sharon Shoesmith (Duggan, 2013)
- Shoesmith herself was the victim of a policy response concerned with scapegoating individual practitioners and staff, rather than examining the consequences or underlying assumptions of organisational systems.

An ethical crisis?

- Neoliberal organisational structures are premised on shifting value away from the idea of Public Service and 'care' as founded on a concept of the 'common good', towards an individualised concept of welfare consumerism.
- The result has been the creation of particular managerial systems whose central punitive measures are reserved for the failure to hit instrumentally derived targets. This is the story which is hidden inside the Francis Report into Mid Staffs Hospital (March 2013).
- Accompanying these instrumentalist drive is the rise of a climate of fear amongst staff, often based on bullying. Individual members of staff are isolated, people no longer trust one another and open discussion is silenced.
- This facilitates the breakdown of a sense of moral responsibility, as people adopt of 'survivalist' tactics ('my job, my mortgage, my family') in which they will condone and collude in neglectful, abusive and even sadistic forms of behaviour because they no longer feel responsible for what is happening to themselves or others. This BBC report into the Winterbourne View care home (May 2011) demonstrated all of these dynamics.
- Hannah Arendt's phrase the "banality of evil" captures this sense of everyday practices into which one is socialised. Abuse becomes 'normal'.

Whither Social Work ethics?

- Governance by instrumental objectives is both a 'fantasy', but one which evidence demonstrates consistently to be *deeply destructive of the social relations on which caring relationships need to be based.*
- Thus Neoliberalism as a hegemonic organisational project *produces and reproduces the conditions for human rights abuses.* The instances we see of this are thus not aberrations, but grow directly from the deployment of particular organisational logics and practices – ‘banality of evil’
- In order to fulfil the claim to be a Human Rights profession, Social Work theory and practice must be based on an understanding and recognition of *the impacts and outcomes of neo-liberal organisational systems and structures* on practice, and the refusal to place these imperatives above those based on the needs of people.

Towards Rights-based practice

- We argue for an ethical practice based on Alistair MacIntyre's conception of **Virtue Ethics**, (MacIntyre 1981, Pullen-Sansfacon & Cowden 2011) or character-based ethics, notable for its concern with moving away from the distortions of instrumental and rule based discourses of morality.
- Macintyre also argues that ethical practice can only be sustained **collectively**, through the nurturance of a "community of practice". The call for genuine ethical practice must be linked to the defence of professional identities.
- The debate on Human Rights in practice must move beyond restating a rhetorical commitment to this - not least because neoliberals are perfectly happy with this in the abstract.
- The Human Rights agenda we call for is one which seeks to uncover, name and to challenge the logic of neoliberal organisational systems through an integrated understanding of the relationship between ethics and professional identities.