INSPECTING SOCIAL WORK VALUES

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Under the 'Community Care' legislation inspection units will be set up by each local authority. The inspectors will be responsible for quality assurance in both local authority and independent residential units. This paper examines some of the difficulties that face inspectors from a social work values perspective. Three major aspects are considered; firstly the notion of social work values themselves, secondly problems that arise for inspectors in making judgements, thirdly an approach for inspectors making judgements is outlined.

If there is a lack of interest in values in social work, perhaps it is because they have relatively little importance in everyday work? Or is it as R. Huws Jones suggested in 1970: 'A man's values are like his kidneys: he rarely knows he has any until they are upset' (Timms, 1983, p. 16).

In his analogy, Huws Jones clearly illustrated that we possess unseen values which influence our life in a fundamental way - without our kidneys we would die. Unintentionally, he demonstrated that in speaking we cannot help but express our values. Here the language he uses is gender specific, presumably women also have kidneys and values! Our language conveys both implicitly and explicitly our values. What then are the use and importance of social work values for inspectors. Under the Community Care' legislation they will be required to inspect and report upon both local authority and independent residential units.

There may be a presumption that values are of some use to inspectors. Might it not be the reverse that they are just a nuisance, an extra consideration, in completing an already difficult job? Why should they be of any use? After all we do not ask what use can be made of a beautiful work of art. This paper will consider first, the nature of the 'things' called values, and their general use. However, the primary concern for inspectors must be the ways in which values affect the particular functions of being an inspector. This will be the second theme. Finally, a possible way of developing a valid moral approach to the role of the inspector will be discussed.

WHAT ARE SOCIAL WORK VALUES

It is impossible to venture far into discussions about social work values without a passing nod in the direction of Father Biestek's work (Biestek, 1961, p. 17). He defined seven principles necessary for a good relationship between the social worker and client:

1. Individualisation: to be treated as an individual.
2. Purposeful expression of feelings: to have the opportunity as a client to express one's feelings.
3. Controlled emotional involvement: to get a sympathetic response from a an interested professional who adopts a certain level of emotional involvement.
4. Acceptance: to be recognised as a person of worth.
5. None judgmental attitude: not to be judged.

7. Confidentiality: to keep personal information secret.

Through these immutable principles, Biestek offered us a certainty, grounded in his religious convictions, about how social workers and clients ought to behave. A certainty not perhaps reflected in the world of today, if indeed it was ever present. Ultimately his list has done social work a disservice. The very existence of such a list promotes a false sense of security among some in the social work profession who cling with unthinking naiveté, to the supposedly unambiguous principles enshrined in Biestek's tablet. How often do we hear consideration of values reduced to slogans such as 'confidentiality' which are bandied around by colleagues as if that word were all there were to say on the subject. Keeping confidences is an important part of good social work practice. Yet what does it really mean to adopt and adhere to a principle of 'confidentiality'? Social workers tell managers what clients tell them; social workers reveal what they know in court; social workers do not have a protected position as between client and lawyer or the priest and the penitent; social workers contend with the stipulations of the data protection act and the requirements of open records: social workers speak to the press about injustice at their peril. Yet resonating m each of these issues is the lack of clarity about whether social workers' primary duty is to client or state as employer. Each of Biestek's principles could be examined in detail to reveal similar substantial deficiencies in form and content (Timms), 1983, p.50).

Turning to professional associations, such as the British Association of Social Workers (BASW), for advice about values what do we find? A code of ethics prescribing and requiring various types of behaviour. To understand much of the content of BASWs code requires a return to the heady days of the early 1970s. In the immediate post Seebohm world, when social services departments were created on 1 April 1971, there were promises of future glory. Social workers confidently expected to banish poverty, delinquency and fan-lily strife. Amid the euphoria, debates about the nature of social work were rife. The social worker's claim to professional status, and equivalence with teachers, lawyers and doctors, was firmly asserted through the code of practice, first adopted in 1975. Perhaps the most significant statement is the opening sentence: 'Social work is a professional activity' (BASW, 1975).

The word 'professional' occurs no less than nine times in the first 150 words of the code! 'Me 12 principles of practice enumerated in the code vary from the highly desirable requirement not to act towards clients on the basis of any form of prejudice to the gratuitous exhortation to collaborate with others in the interests of clients - all in all something of a pastiche of various characteristics supposedly defining a profession. Finally, what is perhaps most remarkable about the BASW code of practice is its lack of influence - the reasons for this state of affairs provide a subject for endless speculation. Such codes of practice are rooted in the historical epoch and ideological clutter that generated them. Compare the National Association of Social Workers (NASW) code of ethics, in the USA, which has a distinct section of six items for social workers engaged in research and a requirement not to solicit the clients of one's own agency for private practice (NASW, 1980). To which the retort of many a hard pressed and under paid British social
worker might be chance would be a fine thing.

There is one other repository of wisdom where one might expect to find guidance about the nature of social work values, the Central Council for Education and Training in Social Work (CCETSW). Given its responsibilities for regulating and validating social work training, CCETSW has grappled with this question at various times. In 1987, CCETSW stipulated that social workers must be able to articulate a coherent value system and to demonstrate an understanding of its application to the professional activity of social work (CCETSW, 1987, 20.6), placing on social workers a requirement that would have taxed a professor of philosophy or indeed a saint. Fortunately this requirement has been eased so that now a newly qualified social worker is only required to be committed to social justice and social welfare, to enhancing the quality of life of individuals, families and groups within communities, and to a repudiation of all forms of negative discrimination (CCETSW, 1989, 15).

These with some elaboration are described as the values of social work, indicating a confidence, perhaps misplaced, in CCETSW's recent writing on values (CCETSW, 1987; 1989).

In earlier writings CCETSW expressed somewhat more diffidence in defining values in social work. The working party, set up to examine the teaching of values, abandoned the attempt to define values (CCETSW, 1976) - very sensibly, in the light of almost 200 different definitions for the term values (Harding, 1980). Instead CCETSW chose to use the term in the following way:

A value determines what a person thinks he ought to do, which may or may not be the same as what he wants to do, or what is in his interest to do, or in fact what he actually does. Values in this sense give rise to general standards and ideals by which we judge our own and others conduct: they also give rise to specific obligations (CCETSW, 1976, 15)

This is a helpful statement which delineates one dimension of what values might mean. It does not reduce the notion of values to an immutable list. Also it allows for the possibility that individuals will have differing values according to the social, political, racial and economic grouping to which they belong. Something we know to be the case from our everyday experience.

So to ask continually, 'what are the values of social work', is to miss the point. Even though, phrases such as the 'value base' suggest that there is something firm and fundamental upon which to build the edifice of social work, there is no single set of values that commands universal assent among practitioners, educators or clients. Any list of values that we might construct would be an elaboration of our personal/political/religious/ideological beliefs. As indeed are the accounts of values considered so far. CCETSWs 1976 statement is helpful because it does not attempt to describe a list but rather suggests a relationship between values and action. We often talk as if there were a common and universal set of values. This may have rather more to do with the need for affirmation as a part of a very diverse social work profession than the existence of consensus at the level of meaning. Noel Timms described social work values in the following way:

Almost any kind of belief and obligation, anything preferred for any
reason or for no apparent reason at all, any objective in the short or long run, any ideal or rule, is heaped into a large pantechnicon carrying the device ‘Social Work Values - will travel anywhere’ (Timms, 1983, p.2).

We should do well to heed this view and all that it implies for the practice of social work.

This confusion and lack of agreement about the nature and content of values in social work might imply that they are of little use. However there are at least two important lessons to be drawn. Firstly that if we wish to make use of any of the concepts that fall within the broad notion of social work values we must learn to be precise in the way we talk about them. Given the plethora of possible meanings is it not better to speak of terms such as moral judgements, fundamental principles of practice, the ideology or philosophy of social work etc to name but a few? Secondly, if we are seeing firm prescriptions which require no further thought then indeed talk of social work values will not be of any great help. Yet, if we shift the nature of inquiry from searching out definitive answers to promoting a greater understanding through striving for meaning, clarification and illumination, values in social work have much to offer to us. We should turn our inquiry to identifying..

1. Which questions to ask.

2. What sort of evidence is required to answer a particular question

.... Is it one for example that I can answer by facts i.e. by looking at the nature of the world or by reference to something else, such as ideas about freedom, equality or justice?

The application of philosophy to social work is essential. We must learn to become applied philosophers. This will enable us to examine more about what we say and about what we mean about values and what we think we mean. It is not the answers we should be seeking but the best questions to ask to help us understand our actions and those of our clients. As social workers we should become more philosophical in our approach to our work. What then of the inspector?

THE HEART OF THE MATTER

At the heart of the inspector’s role, rests the brutal fact of having to make judgements about the quality of care being provided by a particular unit. How is that judgement to be made, and what kind of judgement is it? What kind of principles should be applied in making such judgements? These and a whole range of other questions emerge in contemplating the role of the inspector from a social work values perspective (i.e. taking account of the principles described above). Three issues will be considered: first an examination of the types of judgement to be made, second the different levels of judgement, and finally whether the inspector might best be conceived of as examiner or teacher.

Types of judgement

When making a judgement about the quality of care it is easier if the law entails a requirement that must be complied with, even though the law, in reality, is rarely unambiguous. Some aspects of care lead one to presume that certain prescriptions, e.g. fire safety, regulations
on food hygiene, at least ought and could be precisely defined. There will also be aspects of care which are governed not by legal definition but by professional policy guidelines whether these emanate from individual local authorities or more likely the Department of Health (DoH). Whatever remains that is not subject to legal requirement or policy guidelines is an area of professional discretion. Hence the first question for the inspector is what type of decision am I being required to make: legal, policy, or professional discretion?

Leaving aside the first two for the moment (law and policy), how is the inspector to make a decision when confronted by an area where no prescription exists? This may either be a pragmatic or a moral judgement. If the inspector regards this as a moral judgement then it will depend upon beliefs about what is good, as opposed to a pragmatic judgement i.e. what is practical and most convenient. Where there is a moral judgement to be made, there should not just be an excuse to enact what we 'feel' to be correct. Social workers too often use the language of feeling rather than the language of argument. If we resort merely to feelings then the quality of the lunch just eaten or the row with the partner or children may affect the way that we make our judgements. Just because it is a matter of morals does not imply that we cannot reason about our actions. We need to consider to what extent the practices we see are consistent with the moral principles that we hold dear - be this the right to as normal a life as possible, the right for everybody in the unit to have as much freedom as possible commensurate with not interfering with the similar right of others, or whatever. In other words we can give reasons for our judgements, moral reasons even when these are not defined by law or by policy. We are not required to be the slaves of emotion. Ibis does not imply that in contentious cases all inspectors would necessarily make the same decision. Given the likely disagreements about the content of social work values this is unlikely. However, they would at least have the basis for discussion about why and according to what principles they disagreed. They would also be very clear that they were in the domain of 'values' and moral discussion. Some of the material emanating from the DoH e.g. ‘Caring for Quality’ series (SSI 1990a; 1990b), implies that every attempt is being made to limit the area of professional discretion, to initiate checklists and criteria as a substitute for professional discretion. How large is the area left for individual discretion for the inspector? Moreover what values will inform these judgements? Will it be with reference to ideals based in social work practice or will business acumen take over?

Levels of judgement

Whatever the area of judgement (law, policy, professional discretion), the inspector must make a judgement about the level and quality of service being provided. In making such judgements there is a sense in which we are all prisoners of our own experience. Take an example, if an inspector were to stay in a hotel on business, no doubt it would be expected that the room would have en-suite toilet and bathroom. Yet, in all probability the inspector would spend very little time in the room. What do inspectors expect for clients living in an elderly persons' home, that they have to share a room with someone else, that they have to share common toilets and bathing facilities? (How many direct or indirect problems are caused because clients cannot get access to these facilities at the times they need to and in their own time?). It is our personal attitude to age, or
disability, or whatever, that helps to formulate the standards that are regarded as acceptable. Inspectors might be prepared to countenance a lower standard for residents in a unit than for themselves in a hotel. Yet the resident is there for much longer. How do inspectors liberate themselves from these assumptions and yet not become overly unrealistic? Inspectors need to address the issue of personal prejudice and the way in which personal values interact with the professional actions we take.

This is also a question about how to recognise what are adequate standards. Again a real life example will help to illustrate this. At a certain elderly persons home, staff (on night duty ‘sleep in’) usually slept in staff accommodation. Whilst this accommodation was being decorated, a member of staff slept in one of the residents rooms. What this member of staff noticed, but nobody else had noticed, was how claustrophobic she felt in such a small room. The size of room had seemed acceptable to staff until they had to actually live in it. The difficulty for the inspector is, if the blinkers are taken off and judgements about acceptable levels and standards are made from the point of view of the person experiencing them, then much becomes unacceptable. How for example do the examples quoted meet the need to treat people with dignity (SSI, 1990b)? Yes we may treat them with a certain dignity, but is it the dignity we would want and expect for ourselves? What cannot be escaped here is that expectations of what will be provided to certain groups is socially determined. There are a whole host of personal issues for the inspector here, with the danger of either becoming hardened to reality or immensely dissatisfied.

In the field of child care, the concept 'good enough parenting' has been useful in measuring the quality of care provided by, particularly, natural parents. No attempt is made to measure against an abstract ideal of the perfect parent. Rather, the more negative notion, of whether any physical or emotional damage result from leaving the child at home is used. Are inspectors forced to adopt a similar notion in respect of the care given by units and, if so, how can this be reconciled with the principles of choice, rights, fulfilment, independence, privacy and dignity espoused by the SSI (1990b). Whilst it may be acceptable to use the criteria of ‘good enough’ in terms of care provided by natural families, there is a sense of discomfort in using such a notion for the care given by the state or a voluntary or private body. Where perhaps a little more might be expected then that the resident will experience an absence of serious harm. Are then choice, independence, rights or whatever qualified notions, qualified by the possible or the actual? If so the gap between what might be and the actual seems to be measured by the inspector's conscience.

Inspectors: examiners or teachers

How should the role of inspectors be viewed? Can the inspector be justifiably compared to the driving test examiner? At the end of a prescribed test the driving test examiner makes a final decision of pass or fail. There are a series of requirements that must be met, according to some abstract standard...with little scope for minor indiscretion. Or is the inspector more like a teacher with a duty to encourage and enable. Suppose the teacher has a slightly errant pupil who has clear potential. The teacher will encourage the pupil to higher standards of achievement without rushing to fail or to destroy such competence as exists. What are the implications for the
recipients of care if inspectors behave as teachers or test examiners? Do inspectors have a choice in reality? It is clear that it is much easier to deal with the absolutely awful or the inescapably excellent. In both of these cases there should be no difficulty about the course of action to take.

Unfortunately experience tells us that most of the decisions to 1W made will be much nearer to the margin. The inspector will then have to decide whether to encourage the units that are not quite of high enough standard or to fail them. Either option presents considerable) questions about what is in the interests of the residents. In answering this the inspector will be forced to decide if there exists the possibility for compensation between areas of performance in a unit. Suppose in most areas, a unit demonstrates consistently high standards yet in one or two it does not ... how should inspectors respond?

Looking then into the heart of the matter many difficulties, which are located in values issues, present themselves for inspectors.

CONCEPTUAL CLARITY

When inspectors make judgements about the quality of care there is a very real danger of being thrown back to the 'list' approach. Home Life (1984) gives us a series of basic rights of residents:

1. Fulfilment: to enable residents to achieve their physical, intellectual, emotional and social potential.


4. Individuality: staff should be responsive to the individual.

5. Esteem: positive regard for the individual's life history and for family and friends.

6. Quality of experience: including the widest possible range of normal activities.

7. Emotional needs: the opportunity for residents to have emotional and sexual relationships.

8. Risk and choice: the opportunity to choose how much risk to take and the recognition that risk taking is a normal activity (Home Life 1984, pp.15-17).

Unfortunately the list of basic values supplied by the Social Services Inspectorate is different:

1. Choice: 'the opportunity to select independently from a range of options'.

2. Rights: 'the maintenance of all entitlements associated with citizenship'.

3. Independence: 'opportunities to think and act without reference to another person, including a willingness to incur a degree of
calculated risk’.

4. Privacy: ‘the right to be alone or undisturbed and free from intrusion, or public attention in relation to individuals and their affairs’.

5. Dignity: ‘a recognition of the intrinsic values of people, regardless of circumstances by respecting their uniqueness and their personal needs’ (SSI, 1990b, p.6).

The difficulty in drawing up such lists is that they may or may not be comprehensive, they can be interpreted in a variety of ways, and are unlikely to correspond with other lists. Also, they encourage uncritical application of a particular list to a given situation. Might inspectors be better off by identifying primary principles which underlie these lists? Could it be argued that there is a ‘primary’ principle - implying that others are derived from it? Downie and Telfer (1969) have argued at length for the notion that there is such principle based upon respect for persons. The primary principle might be stated in the following way:

... residents have the right to be respected as individual human beings, to be treated as ends in themselves and never as the means to other objectives and to live their lives as they wish in so far as they have the capacity to make choices.

If this were the case, inspectors might develop a range of questions, asking to what extent the type of care is consistent with maximising this principle. Such a principle could take account not only of the motives of those providing care but also the outcome i.e. how it is perceived by the recipient. This might suffice as a starting point for inspectors such that they are not reliant upon outmoded lists. Moreover, it might not be quite as idealistic as some notions on offer (i.e. the right to fulfilment)

But, can any principle ever be absolute particularly in a group living situation? This primary principle might need to be modified with some notion of limiting the right of one individual such that the similar rights of others are not infringed. It would also need to be modified to make it universal i.e. we should only act on those principles that could become general laws (as suggested by Kant). To take an example: if a resident in a home makes his/her own tea at some considerable risk to his/her personal safety, then this should be a general principle for all residents in all similar circumstances.

Inspectors may, then, achieve some consistency across their work by asking two questions:

1. Is this consistent with people being treated as individual human beings, as ends in themselves?

2. Could this be approved/applied universally?

In addition to thinking about the applicability of these questions, we would do well to spend more time analysing what was meant by ‘secondary’ (in the sense that they follow from ‘primary’ principles) concepts such as dignity or citizenship rights. Even if we are clear about the meaning of some of these concepts and the underlying principles our difficulties are by no means resolved. Suppose two
secondary principles are in conflict and both seem consistent with the primary principles. How do we resolve this? How indeed?

CONCLUSION

Our inspection of the world of social work values is unsatisfying. Either we have had quite enough of the pedantry and uncertainty or we have a fascination for further inquiry. Whatever view we form about the importance of values for inspectors, we can at least recognise some of the confusions, and apply our minds to think more clearly: not to find answers but to identify the important questions. The notion of developing a primary principle may be a useful one for inspectors. The role of the inspector is not an easy one. It is at the very least going to be a focal point for where values meet Practice. It is likely that our understanding of practice and values will change through this dynamic interaction (Shardlow, 1989). But at the end of the day, how often do inspectors really think about values and reasons for acting? How often are they just ignored? Perhaps we should pay more attention to our kidneys ... and our values.

References


