Comparative Social Work - A Useful Enterprise?  
A Forensic Social Worker’s View  

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(* For details of the 2003 essay prize see page 31.)

In this paper I will consider the value of comparative social work in Europe with a particular focus on my own area of practice as a social worker working with mentally disordered offenders in a forensic service in a large city setting.

I will consider the developing focus on a European project in social work from the context of a changing Europe and increasing globalisation. I will discuss the issues that need to be considered when undertaking cross-national comparisons focusing on the cultural and historical setting of social work, on whether the practice of social work and the role of the social worker is universally understood and on the issues of cross-national research. Finally, as a social work practitioner, I will pose the question, as to whether cross-national comparisons and research, with the aim of improving practice, is a useful enterprise. I will use illustrations particularly from the Netherlands and Russia. These countries have been chosen because of personal interest and because they provide examples for comparison from both Eastern and Western Europe.

The European Context

Europe has undergone dramatic change following the fall of the Berlin Wall and of Communism. Social work in Europe, shaped by the different cultural, political and historical settings in which it locates itself, has been affected. Some countries e.g. Czech Republic are reintroducing or re-evaluating the profession’s role and others, such as Russia and the Ukraine, are introducing it for the first time (Horwath & Shardlow, 2000). There is a move towards the development of common social work training modules (Adams et al., 2000).

Increasing globalisation through the development of trade links, financial markets, cultural exchange and information technology, has been criticised as having affected social work negatively through its concentration on the economic market (Dominelli, 1999). Others have argued that globalisation offers many opportunities from which social work and the users of its services can benefit, particularly through the opportunities for international collaboration, the promotion of peace and cultural exchange and understanding (Lyons, 1999). Social work, it is argued, at a time of diminishing welfare resources, has an international role to play in the wider issues of social policy i.e. migration, refugees and social polarisation, which are high on the agenda all over Europe (Deacon, 1997; Lyons, 1999; Penna et al., 2000).

This subject is receiving increasing interest with a growing number of books and journals published (see Shardlow and Cooper 2000 for an extensive bibliography). Some of these accounts describe social work within individual countries. Others reveal a plethora of projects, usually focused around academic institutions and academic exchanges and often financed by the European Union, which encourage contact and discussion with other countries around training and practice development.

Increasingly social work students, both in the UK and in Europe, may have the opportunity to study abroad for part of their course.

Where do practitioners fit in? A few may, I suppose, get involved in supervising these students or in projects abroad, but generally, in my experience, social work practitioners do not spend much of their time wondering about their counterparts in Europe. Midgley (2001) agrees:

“it is true that relatively few social workers are informed about professional developments in other countries. The majority are concerned with local practice issues and have scant understanding of global trends or concerns.”

Forensic social work and Europe

At first glance my work as a forensic social worker does not bring me into contact with a European perspective either in service development or in my practice. Conferences and training courses do not
highlight the European or international perspective. It is only with closer inspection that a European perspective can be seen to have the potential to play a role in my work. Trends in mental health care generally - deinstitutionalisation, social exclusion, normalisation, the rise of care in the community and the growing importance of European legislation such as the Human Rights Act have been considered in studies of other European countries (Ramon, 1996; Lister, 1998). Could a cross-national comparative approach prove beneficial in my own development as a practitioner?

Consulting the cross-national literature from a forensic social work perspective was not very helpful as I found nothing written in this area. The literature from Forensic Psychiatry provided some descriptions of forensic psychiatric care in other countries (e.g. Oei, 1992; Gordon & Meux, 2000; Muller-Isberner et al., 2000; van der Leij, 2001). But here again, there was little cross-national analysis. Ogloff et al. remark:

“As a result of globalisation, it is becoming less acceptable for... forensic mental health systems to operate without knowledge of practices employed elsewhere in the world”.

They go on to explore the need to be comparative rather than just descriptive but indicate that there is little analysis of this kind (2000).

Forensic psychiatry clearly interfaces with health provision and criminal justice systems. Whilst this is recognised it is beyond the scope of this paper to investigate cross-national comparisons in these areas, although I understand that cross-national analysis in the health field is not extensive (McKee & Figueras, 1997).

Comparative social work - current issues

Reviewing the wider social work literature on comparative practice was more productive and raised important issues. Social work, to a degree, has, in the past, been European and international in exchange of ideas and methods. Midgley (2001), from his American perspective, reflects on how social workers “have been engaged in international exchanges for many decades” and how there has been extensive collaboration in the development of social work methods.

But is there agreement, amongst practitioners, policy makers or service users, across national boundaries and within different welfare regimes as to what social workers are and what they do? In the UK the debate about what social work is has continued for many years. Lyons (1999) discusses the debate at an international level and draws our attention to the ‘global definition’ agreed by the International Federation of Social Workers in 1994:

“Social work is a profession whose purpose is to bring about social changes in society in general and in its individual forms of development.”

This general definition can encompass a multitude of diverse activities under the title of social work practice. Indeed different terms for social workers are used throughout Europe and there is a distinction between social work and social pedagogy (Lorenz, 1988). There is, however, an increasing use of the term ‘social professions’ in Europe, which places these different groups in a similar ‘professional space’ (Chytíl & Seibel, 1999). Lorenz argues that this diverse role and nature of social work is one of its strengths. Indeed, and this is the important point in considering the question of comparative social work in Europe, that it is the significance of the differences that requires evaluation (1991).

Lorenz (1996) believes that:

“At one level, the national differences, the particular character and requirements of a welfare system rooted in very different political systems and cultures remain deep and unbridgeable... But at another level... social pedagogues and social workers could work together very well” (because of their) “shared common principles and concerns” (see also Hetherington, 1997).

This could bode well for the development of comparative research with the aim of improving social work practice universally whilst still allowing for difference.

Midgley (2001) maintains, that “It is widely believed that social workers share a common set of universal values”. He cites individuation, self-determination, non-judgementalism and confidentiality but locates them within Western liberalism which may not be universally culturally appropriate. The typology of different welfare regimes also indicates that different countries give different emphases to the individual, the family and the role of the state which may influence the value base of such welfare interventions as social work.

This issue of values is important in considering the role that countries with a more developed social work profession have in working with countries...
with a developing social work profession (Ramon, 2000). Midgley also considers the role Western social work experts have played in the creation of the new schools of social work in Russia and quotes Kendall (1995) asking whether “myopic culture bound assumptions about social work practice have been transcended to facilitate the formulation of appropriate educational and practice models in these countries.” A reflexive approach is clearly needed.

Comparative research

There are clearly a number of issues that need to be considered by the social work practitioner, if the process of comparative work is to be valuable and productive. The question of comparative research is an important part of that process. Midgley (2001) has highlighted the fact that social work has neglected comparative research and very little has been done to replicate, test and adopt practice innovations from other societies. Generally empirical research and the call for ‘evidence based practice’ within social work is clearly on the agenda with the creation of the Social Care Institute for Excellence (SCIE). Such work with a focus on social care and social work in Europe is still at a very early stage of development. The practitioner should be involved in this process.

Work by Shardlow and Walliss (2002, currently awaiting publication), maps the lack of such research and highlights the need to develop it and also to include the user perspective. They also urge the need for more reflexivity in comparative social work research and highlight the difficulties in methodology e.g. language and translation problems, generalizability across cultures and so on. In the field of mental health Becker et al. describe how cross-national research into the care of people with severe mental illness is hindered by the lack of standardised measures and the attempts through EU funding to establish such measures to enable cross-national research in this field.

The work of Cooper et al. (1992) and Hetherington et al. (1997) in child protection work presents a possible way forward. In their research they note how participants commented on and interpreted the practice they observed in another country, from the viewpoint of their own frame of reference. At the same time they were reflecting on this frame of reference through the contact they were having with other workers with their own frame of reference. They describe how:

“the capacity of the cross-national research team to reflect on its own processes of incomprehension and understanding of one another, and to cross-check specific difficulties and advances in understanding with data emerging from the research participants” as a strength of their cross-national research design (Cooper et al., 1992).

Comparative forensic social work - case examples

For this paper I have limited my preliminary enquiry to the Netherlands and Russia. In the Netherlands the role of the social worker within forensic psychiatry is established. In my study of the literature about forensic psychiatry in Russia there is little discussion of social work within this setting other than to indicate a desire for its development (Lowe-Ponsford, 2001).

However in preparing this paper I have found that considering policy and practice in other countries, despite the lack of developed comparative analyses, has enabled me to start to reflect on current issues and practices within the field of forensic psychiatry and forensic social work. In this part of the paper I will highlight some of these reflections.

Social work within Russia is at a very early stage of development. Under Communism social problems, and this included mental illness, did not officially exist. Where problems were evident, they were explained away as the result of the incomplete move to Socialism. Since Gorbachev, Russia has seen many changes in the approach to social problems, one of which has been the establishment of social work as a profession in 1991. This is not to say that social work was not happening in Russia prior to this time in an informal way through the church and voluntary groups or indeed perhaps through health care facilities (Munday, 1989). How social work develops and approaches social problems in Russia, will be of interest to other countries with a more established profession and may pose questions about the appropriateness of their own established practices.

Russia is faced with large psychiatric institutions. Deinstitutionalisation did not occur in Russia and Ruchkin (2000) describes psychiatric care in Russia as being very similar to that in Soviet times. In forensic psychiatry again there is little that, on
first glance, would appear useful for practitioners elsewhere. There is little through-care for offenders despite agreement that community supervision and treatment should happen. Consequently many mentally disordered offenders are detained for many years in large secure hospitals situated miles from their homes and families. The assessment of risk and dangerousness, so much the crux of forensic psychiatry in Western Europe, does not happen (Gordon & Meux, 2000).

It could be argued that there is a role here for education from the West. The International Federation of Social Workers advocated this in 1996 (IFSW). But care must be taken not to do this from a position of superiority that Western Europe has established the perfect system. Gordon and Meux (2000), both Consultant Forensic Psychiatrists who have developed strong links with Russian psychiatrists through joint conferences, training and exchange visits, emphasise the need for Russia to find their own way.

It may still be the case however, that the experience of forensic psychiatry generally in Russia may offer a challenge to some of our own practice developments. It is clear that the cultural, historical and political background in Russia is very different to that in Western Europe. Psychiatry under Communism, and even before was used as a way of dealing with political dissenters (Bloch & Reddaway, 1977, Gordon & Meux, 2000). Lowe-Ponsford (2001), describing an exchange visit to Russia to study forensic psychiatric services with the aim “to sharpen my analysis of such services back in England”, discusses the close links between psychiatry and the state in Russia. She goes on to discuss the current plans in England, following the public outcry following the conviction of Michael Stone, to detain individuals with untreatable psychopathic disorder without conviction in the courts. She urges the need for the West to learn from Russia in the area of state control.

In considering Forensic psychiatry and the role of social work in the Netherlands there are several descriptions of the system, but again little comparative analysis (Koenraadt, 1993; McInery, 2000; van Marle, 2000). In my reading various themes have arisen which could help to inform my forensic social work practice.

In particular. I have started to look at the multi-disciplinary way of working that takes place within the Pieter Bahn Centre. This centre provides the initial assessment for all offenders who may have a mental disorder. It has been praised as an example of social inclusion and of a system that can inform practice in other forensic services, but the need for outcome studies before the methods of the centre are considered suitable for emulating has been stressed (McInery, 2000).

In this centre the forensic social worker plays an equal role with the psychiatrist and the psychologist in assessment. Their contribution focuses on the offender’s social situation and its contribution to their behaviour. They play an equal part in the assessment of risk. This way of multi-disciplinary working is an important issue in my current working situation where we are considering our own operational policy and the role of the various professionals within it. Clearly further analysis and the opportunity to see their approach in practice and to discuss it with practitioners would be valuable, but it is already clear to me that the potential is there for comparative work to be of value in my own practice development.

The Netherlands system of welfare provision, based on ‘pillarisation’, has led to the existence of a wide variety of welfare agencies separate from the state that provide specialised services which are needs led (Lorenz, 1996). Currently in forensic psychiatry in England there is an increasing development of specialist, independent services for groups of clients, such as women, who have not been well served by the state provision. My contact with these services has led me to question the standards of care that are provided. There are also issues of access, around the more difficult clients being refused places in these private specialist units. The Netherlands experience may offer some way forward in this issue of quality control and the interface between state and independent provision.

**Concluding thoughts**

This paper, my first consideration of the issues of comparative social work, has led me to conclude that a comparative approach can be of value for the social work practitioner. There is however the need for something beyond simple description if social workers or policy-makers are to use such an approach to improve their own practice. It will hardly ever be possible or appropriate to simply transfer good practices or policies from one country to another but the process of finding out about them and considering them alongside our
own accepted practice, in a reflexive way, can inform practice and policy decisions not least through opening up debate.

Indeed it may be in the reflexive nature of comparative work that its real value may be found. The need for reflexivity in all areas of life has been noted by authors such as Giddens (1994). “Constant and enlarged awareness of ‘differences’ in the world, means that one’s own way of life cannot be seen as ‘natural’, ‘normal’ or ‘traditional’ anymore, but just one among a range of possible ways to live.” (Hetherington 1997).

Those involved “become aware of the previously unrecognised assumptions and limits of their own way of thinking and working”.

The value of reflexive practice in social work has been well documented. Lorenz argues that social work with its diverse and diffuse boundaries continually examines its relevance (1991). Comparative work can only enrich this process.

Midgley (2001), Hill (1991) and Shardlow and Wallis (awaiting publication) amongst others, have highlighted the lack of comparative research in social work and this is certainly the case in forensic social work. Hetherington et al. (1997) have attempted to create an appropriate model that attempts to deal with the difficulties of cross-national research. Their reflexive research model involves practitioners from different countries and actual case examples. It encourages analysis of workers’ own frames of reference and investigation, at the same time, of the frames of reference of their colleagues in different countries. More research using this approach is needed. A comparison of the care pathways of mentally disordered offenders in different countries would be an interesting project and would encourage the analysis of the differences in approach that would no doubt be evident.

A major difficulty in comparative work is, however, the issue of inequality of access to the European project. Exchange visits, student placements in other countries and involvement in projects are costly in both time and money. Language skills are not universal. These are issues that need to be addressed. From my personal position as a busy forensic social work practitioner, where the comparative approach has hardly featured at all in my work to date, I would argue that there needs to be a radical change in approach from policy makers and employers. The European comparative approach is perhaps not yet valued in the way that it should be. Midgley (2001) correctly reports that “international social work is still the purview of a small group of experts”. This should not be the case.

References


