

Are the International and National Codes of Ethics for Social Work in the UK as Useful as a Chocolate Teapot?

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Abstract

In the UK, the move from a Welfare State to welfare “markets” has changed the nature of social work and its relationship to the State and to those receiving services. The definition of social work adopted by the international and UK professional social work bodies is therefore no longer applicable, and a code of ethics unachievable.

Key words: social work, ethics, welfare “markets,” child protection

Introduction

During the last twenty years, social work in the UK has become increasingly prescribed in legislation and subject to more stringent regulation. The Children Act 1989, for example, detailed for the first time in statute specific elements in social work assessments of children involved in court proceedings (the “welfare check-list”—Part 1, sec. 3). The National Health Service and Community Care Act (1990) imposed organisational and managerial requirements on local authority social services for adults defining the nature of the interaction between worker and service user in market terms. The establishment of the Social Care Register, compulsory since 2005 for UK and non-UK qualified social workers and student social workers, now means it is an offence to call oneself a social worker or practise as one without registration. Registration means adherence to the General Social Care Council (GSCC) *Codes of Practice* (2001), and failure to do so can lead to deregistration. Although external regulation designed to maintain standards has increased, social work has acquired nevertheless a predominantly negative public image. This has been commonly centred on what are perceived to be major failures in relation to child protection and the community care of adults suffering from severe mental ill-health (Galilee, 2005). Against this backdrop, what do ethical guidelines offer the UK practitioner? It has been suggested that the

current configuration of social work services in the UK undermines ethical practice and is one reason why there are major staff retention problems:

The inability to operate according to core principles may also in part account for the fact that many social workers leave the profession ... What the literature does reveal is that for those who leave the profession, or indeed those who remain within it, the situation in which they practice does not allow them to fulfil their commitment to key principles (Asquith, et al., 2005, 4.7).

This paper compares and contrasts the International Association of Schools of Social Work (IASSW)/ International Federation of Social Workers (IFSW) *Ethics in Social Work: Statement of Principles* (2004) and the British Association of Social Workers (BASW) *Code of Ethics* (2002) and argues there has been a failure to develop an effective code of ethics in the UK. The next section will consider the purpose of ethical codes for social work and whether the IASSW/IASW *Statement of Principles* and BASW *Code of Ethics* are, in effect, fit for purpose. Section three outlines the fragmentation of roles and functions brought about by the move from the Welfare State to legislatively imposed welfare “markets.” Using child protection social work as an example, it will be shown in section four that this has changed the practice of social work to such a degree that the definition adopted by the IASSW/IFSW and BASW no longer applies. In the last section, I will argue that the changed nature of UK social work and the ethical challenges inherent in the current social, political, and regulatory context for social work practice requires an urgent review of the nature of social work in the UK before any code of ethics is feasible.

What is the purpose of a code of ethics for social work?

Debates about ethics in social work must begin by considering the nature of social work itself. Social work in the UK, as in many other countries, evolved from social movements concerned with the betterment of humanity. In the UK, the twin tracks of charitable and religious endeavours and the politics of Fabian Socialism gradually led to the establishment of state employees responsible for a range of welfare activities. These historical roots ensured that the beginnings of social work activity in the early 20th century and formalised in the Welfare State established in 1948 had moral and ethical foundations. Jobs such as Lady Almoners in hospitals, Mental Welfare Officers, Child Care Officers, and Probation Officers and so on were considered to have a vocational aspect. At the height of the Welfare State debates prominent in the UK were concerned with ethical issues and the wider implications of social work practices. For example,

there were debates about whether social work was primarily about therapeutic intra- and interpersonal change (Hollis, [1954] 1967; Biestek, [1957] 1976) or should be about bettering social conditions within and between groups and communities (Batten & Batten, 1967; Popple, 1995). Could social work be called a profession, with a unique body of knowledge and expertise (Younghusband, 1965; Butrym, 1976) or merely a “semi-profession” (Mungham, 1975, p. 26), administering welfare in its various forms. Could social work be an agent for social change, with the capacity for challenging and changing social processes and institutions on behalf of the poor and oppressed (Corrigan & Leonard, 1978; Brake & Bailey, 1980)? Or was social work, on the other hand, a mechanism of social control operating in the interface between citizen and state, constructed by the prevailing power interests (Jones, 1983)?

The discourse of social work was (and arguably is still) predominantly White and western. Debates about ethnicity and cultural difference only really emerged in the UK in the early 1980s (Cheetham, 1982) and at that time were considered to be “specialisms” (Williams, 1989; Dominelli, 1997). Feminist perspectives gained ground especially from the 1990s with the emphasis on care for family members by women embedded in Care in the Community policies (Maclean & Groves, 1991; Langan & Day, 1992). Different manifestations of social work practice predominated in the UK in response to changing socio-economic and political conditions. Nevertheless, wherever the balance was placed, most commentators recognised that all these themes and practices were to be found within social work. Similar debates took place elsewhere, and the definition of social work adopted by the IASSW/IFSW by the Copenhagen Agreement of May 2001 is sufficiently broad to encapsulate all these perspectives:

The social work profession promotes social change, problem-solving in human relationships and the empowerment and liberation of people to enhance well-being. Utilizing 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 (IASSW/IFSW, 2001).

It is important to note the emphasis on human rights and social justice. The IASSW/IFSW *Ethics in Social Work, Statement of Principles* (2004) rests on this definition although it is also stated that it is not exhaustive or final, since social work in the 21st century is dynamic and evolving. As social work is conceptualised as an interrelated system of values, theories, and practices, it is recommended that national codes of ethics offer more detailed guidance to

practitioners specific to their own national contexts, and these should be regularly updated and reviewed.

The IASSW/IFSW definition of social work was adopted by BASW and incorporated into its revised *Code of Ethics* in 2002. This Code was influenced by the Economic and Social Science Research Council (ESRC) sponsored seminar series “Theorising Social Work” that ended in 2000, which facilitated discussion of a number of issues including ethical practice. One of the subsequent papers (Butler, 2002) makes the point that codes of ethics are less about identifying actions that are intrinsically “good” or “bad” and are more about identifying a distinctive professional culture and consequently contain a considerable measure of self-interest. As such, Butler argues, codes are not morally neutral and must be contextualised and situated. A more recent review of social work in the 21st century for the Scottish government (Asquith, Clark, & Waterhouse, 2005) also acknowledges this tension. A distinction is made between a moral code of values and principles upon which social workers base their actions and a code of rules and regulations for monitoring their behaviour.

The IASSW/IFSW *Statement of Principles* (2004) is clearly what it sets out to be. The principles are few in number: “Human Rights and Human Dignity; Social Justice; Professional Conduct.” Their moral weight and legitimacy are drawn from legislation, and seven Rights-based International Conventions and Covenants are cited. Although each of the principles is fleshed out to some extent by explanatory sentences, it is made clear that:

By staying at the level of general principles, the joint IASSW/IFSW statement aims to encourage social workers across the world to reflect on the challenges and dilemmas that face them and make ethically informed decisions about how to act in each particular case (IASSW/IFSW, 2004, Sec. 1).

The *Code of Ethics for Social Work* (BASW, 2002), on the other hand, attempts to provide both a moral code and a regulator of behaviour and moves uneasily between the two. There are major moral imperatives that could place social workers in conflict with their employers, local or national government policies, or expose them to public hostility, such as:

Bring to the attention of those in power and the general public, and where appropriate challenge ways in which the policies or activities of government, organisations or society create or contribute to structural disadvantage, hardship and suffering, or militate against their relief (BASW, 2002, p. 3).

Although aspects of the role and function of social work and workers are now prescribed in UK legislation, there is no consideration of whether statutory duties and social work values could be in conflict, and if so, what the ethical practitioner should do.

Subsequently, the Code moves from general ethical statements to specific requirements aimed at regulating personal behaviour, for example, “Not to engage into an intimate or sexual relationship with a former service-user without careful consideration of any potential for exploitation, taking advice as appropriate” (BASW, 2002, p. 6). Instead of the three principles identified in the international statement, five basic values are outlined extending the moral framework. These values are: “Human dignity and worth; Social Justice; Service to humanity; Integrity; Competence.” There are an additional 47 principles linked to these values (ranging from six to 11) with a final section on ethical practice containing four main headings, 12 sub-headings and 59 requirements. Although the last section states it “... is not intended to be exhaustive or to constitute detailed prescription” (BASW, 2004, p. 7), the plethora of identified ethical practices are presented as actions to be followed with little regard for the complex and often contradictory nature of ethical dilemmas. “Rights” and “Laws” are mentioned from time to time throughout the Code, but in contrast to the international statement, the only legislative framework mentioned is the United Nations Universal Declaration of Human Rights “and other international conventions” (BASW, 2002, p. 2), and no domestic legislation is cited at all. It is, therefore, unclear as to what is the basis for the ethical legitimacy of the Code, although there are echoes of both the religious and political philosophies of the precursors of social work. Despite a document that is 16 pages long, there is no explanation as to how the *Code of Ethics* links to the GSCC *Codes of Practice* (2001) or the mandatory Social Care Register.

Whereas the IASSW/IFSW *Statement of Principles* offers a coherent and clear outline of ethical principles, it is acknowledged that generalities are of little help in the resolution of actual ethical dilemmas. Country codes are meant to contextualise these principles and assist the practitioner to make ethical judgements. The BASW Code is too grandiose in some areas and too detailed in others. In common with many welfare policies of the UK government in recent years, it could be described as an amalgam of a “blue skies” wish-list and tick-box template and in attempting to cover everything achieves little. This is highly problematic as the current context and likely future challenges for social work in the UK are such that much greater clarity is needed about the nature of social work and whether basic and inviolable ethical principles, such as

commitments to human rights and social justice, are now possible. Welfare sectors, organisations, worker roles and functions have fragmented to such a degree that the definition of social work underpinning the international statement and UK code arguably no longer applies.

The fragmentation of social work in the UK – from Welfare State to welfare “markets”

Like most other countries, social work in the UK has always been provided by a plurality of organisations from all sectors (state, private, and voluntary) and the current “mixed economy” of welfare is not new. What has gradually changed since the late 1970s, however, is the nature of the relationships between voluntary sector organisations and the state welfare system, and state-employed social workers and national government policies. I will argue that this has fundamentally fractured and fragmented social work to such an extent it no longer fits the definition underpinning both the international and national ethical frameworks for social work practice. In order to understand how and why this has taken place, it is necessary to examine the changing nature of welfare in the UK since the establishment of the Welfare State in 1948.

There were many reasons for the emergence of the Welfare State, but a desire for a more humane and just society following World War II was clearly manifest in public and professional debates and political manifestos. The post-WW II political settlement of the late 1940s was designed to resolve social antagonisms and form the basis for social harmony (Burden, Cooper, & Petrie, 2000) and was brought about by the series of Acts stimulated by the report of William Beveridge (Beveridge, 1942) and the economist Keynes. Keynes initiated a policy of an economy managed by government through state expenditure in order to ensure full employment and protect citizens from the vagaries of “free markets.” A high level of state-provided “universal” welfare services paid for through taxation was part of this post-war settlement. Most of the legislation came onto the statute book between 1945 and 1950 during the first post-war Labour government.

The great scheme of

Beveridge sought to eliminate the five giants of Want, Disease, Ignorance, Squalor, and Idleness. Similar aspirations can be found in the US and UK social work literature of the same period:

Fundamental to all else is the belief that human life is precious, that the individual has the right to grow and develop and achieve the highest degree of happiness or satisfaction in life of which he is capable ... we believe, too, that there are inter-relationships between the well-being of one person and another ... The lives of individuals are so enmeshed that one person can only be helped as he is seen in

relation to the others ... Indeed, the very existence of social work itself is an expression of this belief... Collectively through social institutions we carry out this responsibility (Hollis ([1954] 1976, p. 31).

When the Conservatives returned to power in 1951, they were also committed to Keynesian full employment and the Welfare State – a post-war consensus in which welfare policies were “beyond” party politics. All major political parties supported the Welfare State, therefore, notwithstanding significant critiques from the Right and Left (Friedman, 1962; Williams, 1989). Throughout this period, social work grew in profile and importance and by the 1980s social service departments were usually the largest departments in local authorities with the largest budgets. At that time, social work was a professionally directed activity and was not incorporated into wider national government economic or social policies. The political context was essentially local arising from whichever political party was in power in the local authority. Consequently, the roles, functions, and training of social workers, under the auspices of the Central Council for Education and Training of Social Workers (CCETSW replaced by the GSCC in 2001), were similar all over the UK. Shifts in direction such as the move from specialist to generic social work (Seeböhm, 1968) and the development of community social work (proposed in what was known as the “Barclay” report (National Institute of Social Work, [NISW], 1982) were primarily professional responses to new perspectives and considerations.

During the Welfare State, social work values were largely congruent with the values inherent in legislation and welfare policies. The concept of “universalism,” for example, ensured that social work was not allocated on the basis of “need” but of “right.” All sectors of society, not just the poor and disadvantaged, could, and did, use social work services. It was also not unusual for social workers, even at senior level, to draw attention to the plight of those in poverty. In 1976, for example, Rochdale social workers appealed to Energy Minister Tony Benn to bring in measures to help people pay fuel bills in winter (Rochdale Observer ([1976] 2003). Fred Edwards, Director of Social Services in Strathclyde from 1976 until 1992:

[B]ecame best known to the public for the role he played during the miners' strike of 1984/5 when he authorized £191,000 in loans to single miners on the grounds of destitution and hardship. These loans were ruled illegal and the decision taken to hold him personally financially liable. After a vigorous public campaign, the government of the day relented (The Herald, 2008).

This is not to say that there were no ethical issues facing social workers during the Welfare State. There were many. The Welfare State was built on the assumption that society would continue to be organised around the traditional family—a working man and stay-at-home mother. Issues of race were ignored. Williams (1989) points out that although the Welfare State depended on the cheap labour of the many people recruited from Caribbean countries, these workers and their families did not receive the benefits of the Welfare State and experienced racism in every aspect of their lives. Nevertheless, such a level of congruence between the ethics of social work and the ethics of state welfare at that time was probably unique among technological, affluent societies.

The post-war economic boom ended in the 1970s, however, and the neo-liberal wing of the Conservative party gained power under Thatcher in 1979, due in part to a sustained economic, political, and moral critique of the Welfare State (Burden et al., 2000). Such a political shift was not unique to the UK, of course. Similar responses of electorates to welfare provision were noted in other Western liberal democracies:

In one country after another the majority of voters give their support to parties that explicitly demand the curtailment of welfare provisions, or promise more benign taxation of individual incomes ... It is this change of axis around which democratic consensus is built that needs explaining (Bauman, 1998, p. 5).

In the UK, the Welfare State was transformed into a framework of welfare markets beginning with the National Health Service and Community Care Act (NHS and CC) 1990 as part of an explicit political agenda by the neo-liberals to reduce state control and introduce “free market” principles into public sector services (Burden et al., 2000).

There had long been pressure for legislative change in relation to services for adults. The quality of services for older people, the ageing population, and the current and projected cost to the state were the focus of a lengthy debate leading up to the Griffiths (1988) Report, which had widespread cross political party, service user, and professional support. Griffiths argued for a repositioning of the enormous resources spent by the state on residential care for older people into domiciliary support in the community. Older people in the main did not want to live in residential care but in their own homes. Legislation was promised but not enacted until 1990 (implemented in 1991) with the NHS and CC Act. The political context was a significant factor in the way in which the law was drafted. The neo-liberals then in government were ideologically committed to “free markets” and determined to reduce the power of local authorities and professionals (Burden

et al., 2000). Compulsory Competitive Tendering (CCT) by local authorities had become mandatory in 1981 for such services as rubbish collection. CCT is a situation in which state providers have to compete for state contracts with providers from the private and third sectors. A similar model was finally imposed on health and welfare services for adults by NHS and CC Act 1990, by which local and health authorities were required by legislation to structure their services for adults in line with internal “markets.”

The management of service provision had to be separated from the purchasing of services, a system that became known as the “purchaser/ provider split.” Care managers were created, and although many social workers accepted these posts, they were not restricted to social workers. These individuals held the budgets that were to be used to purchase services for those older, disabled, or ill (mentally or physically) people requiring care in the community. Managing budgets was a new and highly significant change in direction for social work practice. Theorists such as Le Grand and Bartlett (1993) have argued that welfare “markets” are not true markets but “quasi-markets,” as the service- user rarely has purchasing power, since the budget for their care is held by state employees. Care managers could not, however, privilege state provision. These services had to compete for contracts in the same way as private and voluntary sector providers with cost a key consideration. Contracts replaced grants, altering the traditional roles of voluntary sector organisations from that of innovators and enhancers of state provision to providing mainstream state welfare services under contract (Gutch, 1992). Evidence emerged that the main preoccupation of managers and workers in all sectors became the bureaucratic work involved in bidding for and implementing contracts, which were often very short-term, reducing the time spent on direct work (Young & Wistow, 1996; Townley, 2001). Alongside the imposition of internal “markets,” the regulatory duties of local authorities increased, and more social workers became involved in inspectorial functions as a result. This was another significant change in direction as the surveillance aspects of social work practice were codified and separated from other functions more rigidly than ever before.

The managerial load for implementing such considerable change for adult services was of course extremely heavy. Consequently, as certain structural configurations were imposed on local authorities by the NHS and CC Act 1990 and had been prepared for some time, many simply organised children’s services along the same lines. Although the Children Act (CA) 1989 did not impose by statute the same market requirements on local authorities as the NHS and CC Act 1990,

the political, organisational, and resource context influenced the way in which the legislation was implemented. The key factors that affected children's services were an increase in the mixed economy in welfare, internal and external markets between assessors of "need" and providers of services, and the introduction of cost considerations at the individual level when professional assessments of need were made.

The advent of the New Labour government in 1997 witnessed an increased commitment to markets in the public sector arguably creating additional difficulties for welfare services:

A continuing commitment by New Labour to the mixed economy of welfare introduced with the community care reforms of the Conservative administration led to a plethora of providers or "stakeholders." These bodies and individuals on the one hand had to be regulated, and on the other were to be involved in the evolving arrangements to achieve the necessary standards (Orme, 2001, p. 613).

As spokesperson for New Labour in 1998, Peter Mandelson stated that the mission of New Labour was to move forward from where Margaret Thatcher ended rather than dismantle her government's policies (Burden et al., 2000, p. 251). New Labour's project for welfare, framed within a market paradigm, was the redistribution of opportunity, rather than income; sound fiscal policies, and tight control of public spending in return for citizen recognition of their moral obligations to society (Skinner, 2003).

"Welfare" markets, child protection, and social work ethics

It is in relation to children's social services, especially child protection, that the changes to social work and the challenges for ethical practice can be most clearly seen. New Labour focused their attention specifically on social work in a way that had never been done before by its explicit use as a fundamental part of government economic policies in relation to children, families, and poverty (DoH, 1998). The *Framework for the Assessment of Children in Need and their Families* (FACNF, 2000) was New Labour's flagship policy designed to "refocus" local authority child protection services away from formal intervention. This was in order to increase family support services in the community as a way of reducing child poverty, one of their major policy objectives. The FACNF was heavily influenced by research studies commissioned by the DoH in the 1990s and summarised in the publication *Child Protection: Messages from Research* (DoH, 1995). The DoH overview highlights that 160,000 children per year were subject to formal child protection investigations. Most were from families described as multiply disadvantaged, and 96% of these

children remained at home. More than 50% of these received no further action or services. This was interpreted to be a failure of social workers, who were considered to be inappropriately preoccupied with child abuse and unwilling to support parents to care for their children in the community. Consequently, government guidance proposed a “new emphasis” (DoH, DfEE, HO, 2000, x) for social work. Guidance urged social workers and departments to respond to families’ problems through support in the community, including parenting and domestic education rather than formal child protection investigations.

Concerns had already been expressed that there were dangers in dissipating specialist skills and knowledge about child abuse (Petrie & Wilson, 1999). Within a few years, the Laming Inquiry (2003) into the torture and death of the young immigrant child Victoria Climbié revealed how ethical practice was being undermined by the development of management by performance indicators. Performance indicators are the service targets set by government derived from macro statistics, such as demographic and socio-economic profiles of specific localities. Performance indicators are often linked to government funding or punitive actions such as “special measure.”¹ The attention of workers and managers, it was revealed, was on meeting policy demands to the detriment of those the social work service was meant to protect. For example, the Laming Inquiry (2003) revealed that the category of a “child-in-need”² was used to exclude some children from services, and therefore cost, to the local authority by ranking their needs as low priority, “The use of eligibility criteria to restrict access to services is not found in either legislation or in guidance and its ill-founded application is not something I support” (Laming, 2003, p. 13). Surprisingly minimal attention had been paid in guidance to the huge differences between a professionally led child protection culture formed in the “child rescue” (Corby, 2000) mold of the 1970s and 1980s and a community-based, family support approach to “children-in-need” closely linked to government economic and family policies. How these duties were to be integrated once social workers were brought more overtly into a political agenda was barely addressed. The tensions caused by these two complex and bureaucratic approaches to child need and child protection and the consequences for children have been considered elsewhere (Petrie & Wilson,

¹ The Secretary of State is empowered by the Local Government Act 1999 to place local authorities, judged to be failing to give ‘Best Value’ in their services, under special measures. Special measures last for defined periods of time within which imposed performance indicators have to be met.

² A ‘child-in-need’ is the statutory passport to state-provided or paid for services (s. 17 Children Act (CA) 1989).

1999; Lyon et al., 2003; Petrie, 2003; Johnson & Petrie, 2004; Petrie, 2007) and the impact on child protection social work practice discussed in detail. It had become clear that many child protection services were at breaking point, as experienced workers left because of the constraints within which they now had to work, and which made professional and ethical practice impossible. They were replaced by newly qualified, inexperienced or agency staff and departments carried many vacancies. Staffing shortages, in terms of numbers and also experience, were some of the organisational factors identified by Laming as significant reasons why the sufferings of Victoria Climbié went unnoticed during the nine months she was in England before her death. In response to the Laming Inquiry (2003), new policies and legislation emerged. *Every Child Matters* (DCSF, 2005) policy agenda, the Children Act (CA) 2004, and the *National Service Framework for Children, Young People and Maternity Services* (DCSF, 2004) aimed to rationalise and improve all services for children by structural reconfiguration drawing together children's social services and education and sometimes health. In addition, the government funded *Surestart* (Glass, 1999) family support programmes in the community were restructured into Children's Centres providing a wide range of early years' services to communities identified as disadvantaged. According to government guidance, better services for children were to happen through the "teaming-up" of all organisations working with children and young people. The examples given include the voluntary sector, the police, hospitals, and schools (DCSF, 2005). Notwithstanding the apparent "universalism" of Children's Centre services, the weaknesses of New Labour's continuing commitment to the market economy remained (Petrie, 2007). Contradictions and confusions of roles and accountabilities continued with major implications for services for "children-in-need," as reconfiguration meant that once more agencies, staff, posts, and service locations changed. Further assessment templates were developed. The *Common Assessment Framework* (CAF) (DCSF, 2007) was to be used by anyone working with children in health, education, leisure, social services, youth services, the independent sector, and so on. A CAF could act as a trigger and a source for a "child-in-need" assessment. More responsibility was placed on those working with children, other than social workers, to identify children's needs and concerns and respond to them. The CAF was implemented through top-down procedural information and templates, and the emphasis again, despite child-centred rhetoric, was on achieving the requirements set by government.

A further child death has revealed the flaws in current policies. Baby P was born in March 2006, and concerns were first raised in October 2006. From February 2007, his mother was provided with home-based support, including a “family friend,” a social worker, and health visitor. He died in August 2007 after prolonged and savage physical abuse. The Director of Children’s Services, the consultant paediatrician, and local authority solicitor have all been either sacked or disciplined for failing to intervene to protect Baby P. Calls are now being made by politicians and the public for a more interventionist approach to child protection:

The NSPCC has had more than double the usual number of telephone calls from the public following the conviction of Baby P's killers last year. The charity said many people wanted to express their grief and make a donation. About 12,000 people also e-mailed their MP through the website to call for tougher child protection laws. The Local Government Association said two out of three authorities have struggled to recruit children's social workers since the media coverage of Baby P's death and warn that potential recruits could be put off, thinking that they will become targets for hate campaigns if they make a mistake. There are also concerns that more vulnerable children have been left at risk as a result of the increasing court costs of child protection orders (National Children’s Bureau (NCB), 2009).

Again, social work services are seen as being inadequate. This time, Directors of the Children’s Services established in 2004 and drawn in the main from former Directors of Education are to be the targets of training initiatives. Where does the responsibility really lie? I have argued through this paper that social work has been systematically de-professionalised and fragmented by government policies, and it is hardly surprising that the reconfiguration of children’s services has dissipated specialist knowledge about child abuse. It is not legislation that is inadequate but how legislation has been interpreted in response to government policies.

Child protection social work is one example of how the shift in social values stimulated by the dominance of “market” structures and principles has fundamentally changed social work practice. Zygmunt Bauman, in the debate stimulated by the Joseph Rountree Foundation on “Social Evils,” has stated unequivocally that affluent, technological societies are rooted in individualised consumerism and that collective action for the common good is no longer desired (Bauman, 2008). In such a society, how can social work continue to hold to the lofty ethical principles laid out in the BASW *Code of Ethics* (2002)?

Social work, ethics, and the future

There is a lack of clarity as to what constitutes social work and its relationship with political and policy agendas at the national and local levels. For example, as noted in the Joint University Council for Social Work Education Committee (JUC/SWEC) strategy (2006), “social work services” are used in Scotland to describe all adult and childcare provision, whereas in England, Wales, and Northern Ireland, social work is subsumed in the term “social care,” which has little currency internationally. Since devolution, the four countries comprising the UK have developed very different approaches to social issues, priorities, and services. In Wales, for example, public sector developments have been influenced by the Beecham Report (2006), which signals a different policy perspective for public services from that in England:

In England, the Government is seeking to respond to the new public service challenges through a customer model which emphasises choice as the means to meet consumer expectations with competition, contestability and elements of market testing as the way to achieve efficiency ... this has not found favour in Wales, on grounds of both principle and practicality ...the Welsh Assembly Government has begun the process of developing an alternative, the citizen model ...[which] relies on voice to drive improvement together with system design, management and regulation, all operating in the interests of the citizen (Beecham Report 2006, p. 5).

Wales, too, appears to be pursuing a more “inclusive” policy development process with formal, statutory consultation from the voluntary sector and service-user groups such as Stonewall Cymru, Disability Wales, and so on, in order to improve engagement (Gibbons 2007), whilst Scotland is proposing new legislation to strengthen regulation (Roe 2006). It is unlikely, therefore, that a “one size fits all” definition will have utility for future social work in the UK with implications for a code of ethics.

Policy differences, however, can mask existing substantial evidence of “what works” because of policy-makers’ unfamiliarity with accumulated professional knowledge and pressure to come forward with innovative solutions. For example, although it is pleasing to note that the Scottish Executive in their review of social work (Roe 2006) take account of recent research findings revealing the importance of the quality of the therapeutic relationship in successful outcomes in social work, these findings have been evident in social work research over the last forty years (Petrie, 2007) and should have informed earlier policies. There is a worrying tendency by politicians and policy makers to simplify social work research for reasons of political

expediency. For example, the research underpinning the changed emphasis of child protection services in the UK from “child rescue” to “family support” (DoH, 1995) and the FACNF (2000) could have been interpreted differently. The findings could have been understood as revealing the appropriate professional and ethical practice of social workers. During the 1980s and into the 1990s, child poverty in the UK rose dramatically (Burden et al., 2000), and it is universally accepted that poverty undermines the well-being of children. At that time, social service departments were the primary agency individuals could approach if they were concerned about a child. Of course, teachers, doctors, neighbours, and so on referred children they knew or observed and about whom they were worried. In response to such concerns, social service departments are obliged by statute (Children Act, 1989, Sec. 47) to investigate. Social workers, it could be argued, were accurate in their judgments that these children were not the victims of abuse within their families. They may well have been suffering from the effects of poverty (reframed as social exclusion), which can be construed as abuse of another kind, but can social workers really eliminate the effects of poverty on children?

Notwithstanding New Labour’s assertions that social workers can reduce social exclusion, poverty is primarily caused by structural factors such as industrial decline, the impact of labour market movement in a global economy (Ferguson et al., 2005), and now global financial recession. It is unlikely that social workers in the UK can have much impact on social catastrophes of this scale. In fact, despite the major policy programmes outlined earlier, child poverty in the UK has not reduced in line with the targets set, and the current global recession is likely to make matters worse. UNICEF (2007) research into the lives and well-being of children and young people in 21 economically advanced nations places the UK at the bottom of the ranking when all indices of well-being are aggregated. There are six primary areas of well-being based on the concepts in the UNCRC (1989) against which each nation’s children and young people are assessed. These are material well-being, health and safety, educational well-being, family and peer relationships, behaviours and risks, and subjective well-being. The UK and the US are placed in the bottom third of the rankings for five of the six dimensions analysed. Where have been the voices of social workers charged with the ethical responsibility to:

Bring to the attention of those in power and the general public, and where appropriate challenge ways in which the policies or activities of government,

organisations or society create or contribute to structural disadvantage, hardship and suffering, or militate against their relief (BASW, 2002, p. 3).

It is unimaginable today that any social work senior manager could act as Edwards did in 1984/5. This is not because social workers today are lesser people but because the socio-economic, political, and public context in which they work, and their roles and functions have greatly changed.

Further ethical challenges confront social workers with the threats to civil liberty and social justice resulting from the focus on terrorism, especially in light of the contradictions between UK child welfare and immigration legislation. New Labour's policies toward immigrants and asylum seekers are not in line with the ethical values identified as central to social work practice:

In the case of asylum, again we find a growing complexity manifest in expanding statuses of protection, severe deficits in accessing the status determination process, constrained social rights and active exclusions from economic rights. These developments have not been part of a creeping erosion, but rather reflect a particular philosophy at work, which has meant that increasingly “rights” represent a privilege which has to be earned and as such offer governments a valuable tool in the management of population and society (Morris, 2007, p. 54).

Social work's low visibility in the global human rights movement, despite the emphasis on human rights and social justice in the internationally agreed definition, has been ascribed to the “lack of sustained global leadership on human rights by organisations that represent the profession” (Healy, 2008, p. 745). The current BASW *Code of Ethics* (2002) highlights this lack of leadership by failing to take full account of the changed context facing social workers in the UK. UK social work is in grave danger of abandoning any professional identity by simply participating in and upholding the welfare “market” paradigm.

Social care, the umbrella term that includes social work as well as work requiring less extensive training or qualifications, is a concept peculiar to the UK and is not understood in Europe or the US in the same way, where social work is regarded as a distinct professional activity. In the UK, this term indicates a shifting welfare landscape not only in terms of structural reconfiguration and the imposition of “market” forces but a philosophical move away from “universal” services. To some extent, social work is a casualty within these changes and is in danger of losing direction and place in the welfare system. The GSCC, which was one of the regulatory bodies replacing CCETSW in 2001 under the Care Standards Act 2000 and responsible for the Social Care Register,

states that there are currently 93,000 registered social workers and student social workers in the UK (GSCC, 2008). It is the intention of government, however, to regulate the entire social care workforce – a workforce of more than 200,000. The DoH approach to registration has been criticised for poor ethical practice itself, because the GSCC is more likely to investigate declarations involving health conditions than criminal convictions:

People with mental health problems often have the sort of valuable knowledge and experience that can enrich their work in social care roles but the use of health screening not only risks filtering these people out automatically but discourages people from taking up social work in the first place (Cobb, cited in Community Care, 2008).

There is currently no clarity as to the relationship between the mandatory GSCC Social Care Register and *Codes of Practice* (2001) and the BASW *Code of Ethics* (2002).

Conclusion

I have argued that social work in the UK has changed significantly since the height of the Welfare State and is in demise. During the Welfare State debates about ethical practices in social work focused primarily on the nature of the relationship between social work and the “client,” as individuals or in groups or communities, and often concerned issues of power, social change, and social control. Throughout this period, social work was not central to wider government economic or social policies and was largely free to develop its own professional practices at a time of economic growth and prosperity. The mixed economy in welfare has led not only to a proliferation of providers, but also to a fragmentation of professional roles and functions in order to bring together a range of skills and breadth of knowledge and unify different professional cultures and values. There are indications that the disadvantages caused by dissipating professional knowledge and expertise and disrupting communication networks and pathways outweigh any advantages from closer collaboration (Johnson & Petrie, 2004).

Social work in the UK has undergone a fundamental reconstruction in its relationship to the state and to social work recipients, because social and political attitudes toward welfare provision and welfare recipients have changed since the late 1970s. This was manifested in policy and legislative changes that directed a move from a Welfare State to a system of welfare markets and non-statutory providers and changed the role of the state from provider to regulator. This form of welfare organisation has fragmented social work services, leading to discontinuities and

inconsistencies in provision. The “universalism” of the welfare state has given way to “targeting” those most in need, yet it has also been argued that market approaches have increased social exclusion and led to an inequitable distribution of services and, in some instances, a reduction in quality leading to serious injustices (Joseph Rowntree Foundation, 2008). The social work profession has been remarkably silent, despite its *Code of Ethics* (2002), on all these matters. In fact, the term “social care” has emerged, highlighting the diminution of social work as a central activity in the UK welfare system. Social work has been disaggregated and spread across a variety of posts, few of which could be said to meet the international definition of social work adopted by the BASW *Code of Ethics* (2002). Social workers may now be working alone without social work peers, managed by those without a social work qualification, and consequently without access to professional supervision.

Returning to Butler’s argument (2002) that codes of ethics are primarily about identifying a distinctive professional culture, it is clear why the BASW *Code of Ethics* (2002) has little utility for social work today. Social work is no longer distinctive compared to other welfare activities, and although regulation has increased, professionalism has diminished. Without a major effort to detach social work from political agendas and recover a professional identity, social work in the UK will continue to disintegrate, and a code of ethics will not only be of little use but irrelevant.

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