

# Austerity and Social Work

Presentation to Edinburgh Local Practitioner Forum 26 November 2015

I want to focus on three main challenges that austerity brings to social work and social workers.

1. **Poverty** and demonisation of the poor.
2. **The role and effect of social work**, especially in local government
3. **Resources - facing the reality.** How do we do the best with what we've got?

## 1. Poverty /demonisation of the poor

- Deliberate strategy to portray those in need as less deserving so services are not needed - or they become punitive rather than enabling.

Austerity - who is really affected?

- Many families affected by multiple changes<sup>1</sup>, work, benefits, housing costs, travel costs, council charges outweighing council tax freeze,
- Those already on the edge of managing are the worst hit
- Aim of benefit cuts ostensibly to incentivise work

### BUT

- Shortage of jobs
- Often low paid / underemployed
- 'In work' poverty a growing problem
- Many people needing food bank support are in work
- Disproportionate impact on women - who are often the key carer if not the sole carer

Austerity is not an economic necessity it is a political choice. We have role in articulating that with decision-makers.

We also have a role in speaking up for the people we serve. That means combating the myths. Unite's Our Welfare Works<sup>2</sup> and the Office for National Statistics<sup>3</sup> offer a few figures that might help.

- How much of the total welfare bill goes on unemployment benefits? A tiny 2%.
- 42% goes on payments to the elderly, 18% on 'in-work' benefits. The biggest hit on tax credit cuts will be suffered by the so-called 'strivers'.

- Only 0.7% is lost to benefit fraud whereas 24% goes unclaimed!
- The gap in what the Government expects in taxation and what it will actually get is £120bn.<sup>4</sup> The real 'scroungers' are the tax avoiders.

## 2. The role of social work, especially in local government

The International Federation of Social Workers in 2014 heard a report that researchers from Oxford and Stanford Universities had shown that for every dollar spent on social services there is a three-dollar return to the economy, and importantly people live happily and more securely knowing that their society cares.

The independent Marmot Review in 2008<sup>6</sup> was set up to look at the most effective evidence-based strategies for reducing health inequalities in England from 2010. It provides some of the best evidence for the crucial role of local authorities. It found that..

- The biggest influences on health & wellbeing are the 'social determinants' of health
- The ability to influence these sits largely with local authorities
- And we know that in times of austerity, the most vulnerable always suffer most and we know that has an effect on health and wellbeing.

Social work is in the front line of picking up the pieces.

### ■ Beware 'Poverty Blindness'

Dr Dave Backwith, social work course leader at Anglia Ruskin University and the author of Social Work, Poverty and Social Exclusion, suggested recently in the Guardian that social workers can suffer from 'poverty blindness.'<sup>7</sup>

*"Social workers are caught between cuts in services and tighter eligibility on one hand, and growing hardship and social exclusion on the other. Faced with grinding privation every day, social workers can feel powerless to effect meaningful change."*

Other Academics writing in the Guardian<sup>8</sup> have made a powerful case for social work to be re-imagined. As well as working more closely with

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impoverished communities, this should include helping social workers to make space to work with service users in tackling the brutal poverty and exclusion that austerity has imposed upon them.

Where they think we can find the time to do that, is another question.

#### ■ **How do we avoid 'Poverty Blindness'**

Colin Turbett, who was a team manager in North Ayrshire, recently wrote a book called "Doing Radical Social Work"<sup>9</sup>. He also wrote in Community Care about a survival guide for austerity<sup>10</sup>.

He says: "We need to identify and exploit the areas of discretion within which we can create such 'radical' social work. This is 'radical' because it challenges the narrow prescribed forms of practice driven by managerialism and its attempts to enforce neoliberal ideas and acceptance of austerity as if it was a natural event."

But he also warns: **"Such radical practice must be practiced safely if it is to be effective and an example to others."**

I've picked just a few points from Colin's guide but to get the full effect you need to read them all...

■ **Be good at the job and bring humour into the workplace:** Being helpful and supportive to colleagues is more likely to change attitudes than a politically perfect analysis of society.

■ **Use opportunities to practice anti-oppressively:** It may not involve much more than simply pointing out the fact that the service user is a victim rather than creator of their life situation, but when it works it always inspires others.

■ **Know your employer:** take time to find out who might be your allies and who will obstruct.

■ **Avoid adventurism, martyrdom and senseless confrontation:** well-meaning workers, who pitch themselves against their managers and employers without building support first, or working out a strategy for success, may soon find themselves out the door without changing anything.

■ **Help create a positive workplace culture:** remarks made by colleagues that reflect attitudes like racism and sexism or about benefit scroungers and immigration - should be confronted and challenged. Humour in the workplace does not have to reflect oppression. An

anti-oppressive culture makes good and radical practice the norm.

■ **Join and be active in trade unions, professional associations and campaigning groups like SWAN:** defence of the welfare state is basic to radical approaches. Genuine trade unions such as UNISON should be built and supported as defensive bulwarks and advocates for social justice.

A culture change is possible, Colin argues, with an emphasis on security, dignity and resilience-building rather than surveillance of risk.

### **3. Resources - facing the reality - how we use them**

We are not going to get more resources until there is a huge political shift. So what do we do in the meantime?

#### **We're told to focus on prevention - but what is prevention?**

- Real prevention is long term. There is no quick fix. It takes years to see the results.
- Prevention rarely works by shifting resources away from the front line.
- Real prevention comes through universal services, not targeted services. Education, health, housing, benefits. Social work cannot fix all that.
- But we can intervene more quickly and more decisively if the resources are in the right place. But...

#### **Need is going up, resources are going down**

- In 2004 the guideline average Children and Families practice team worker's caseload in Edinburgh was 19 with an ambition to get it down to 14!
- The 1999 Edinburgh Inquiry said that there should be a choice in placing young people in residential units. To ensure that choice, units should operate normally with vacancies. Since then the number of places has gone down.
- In 2004 UNISON showed that almost every local authority in Scotland was spending over the central GAE funding in Social Work just to tread water. That amounted to £20 million in Edinburgh.
- Resources were boosted post 2004 but successive cuts have seen the

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council lose 20% of its income since 2010.

We have to communicate that and where we can we have to fight that as trade unionists, citizens and voters. We are uniquely placed to speak up for the people we serve.

A statement by Ian Johnston of the IFSW in 2013<sup>11</sup>:

*"The hardship, distress and despair endured by individuals and families living in poverty largely occurs out of sight of politicians, other decision makers and opinion formers, far removed from the lives of the wealthy, which all too often are characterised by excess and greed.*

*"The sensitive services that social workers provide very often take place behind closed doors too. We therefore have first hand knowledge of the impact of poverty on the health and well being of individuals and groups and are well placed to contribute to campaigns aimed at securing a fairer, more equitable distribution of wealth in all countries."*

But we also have a reality of the here and now we have to work in.

That means we need to re-imagine. We also need to focus on our core business, doing what social work can do and not what others should be doing. We need to make multi-agency working actually mean that.

■ **Multi-agency working:** Integration of health and social care will be a challenge. For too long local authorities have been weak in defending their position. They have been silent on consultants managing their resources by pushing patients out and dumping them on council resources - when we all know are going to end up back in hospital pretty soon.

In children's services, how often do I get a call from the police about a child absconding and they say "what are you going to do about it?" - as opposed to "what are WE going to do about it".

■ **Thresholds:** Very often multi-agency working brings higher pressure on resources. Other agencies seek to take the safest, best 'back covering' option there is to deal with the blame cultures they work in. That doesn't help with prevention and it doesn't help with responsibly and constructively managing risk.

The prime example is the push to get some young people accommodated

when we know placing them in a unit with a whole lot of other young people in crisis is likely to escalate things rather than make them better. Most of our young people in secure have ended up there from a YPC - not because YPCs are not working but because the young people ended up there by default, not by plan.

■ **Intra-Agency working:** While we talk about more joined up working between agencies, we often forget about joined up working within our own council, in our own departments and even in our own services within departments.

We have children referred back and forward for services in the same service. We have housing billing social work, we have schools looking for social work to pay for extras for looked after children. What happened to corporate parenting?

But there is often great intra and inter agency working. Some is led from the top with good leadership and people setting a culture, but all too often it is just people of goodwill working together on the front line despite the systems they work within.

And working together is not enough. We need to take a step further than just joint working and move to joint ownership.

As a Practice Team Manager, one of my greatest frustrations is when a specialist service hands back a young person to the practice team because the family is not engaging.

Practice team workers can't do that. They can't say they are full up. That's why I call practice team workers the 'experts' because they are expected to work with people that nobody else can.

■ **Need to measure and evidence outcomes - What works!**

This is always essential but even more so when resources are limited.

But outcomes are notoriously hard to measure. It is really hard to measure what didn't happen because of our intervention. And that is important because a lot of what we do is about stopping things getting worse.

Practice teams have done huge work on this. KPIs, that are often criticised as bureaucratic, have led to almost all reports being on time. That is a critical practice issue. It is about respect for children and families. It is about them

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having time to read them. It is about children not getting all wound up for a hearing or a review only to find it has to be continued because there is no report.

We can measure trends in children being accommodated, in child protection and so on. But the reasons are harder to identify - and the measures to change things are even harder to identify.

Over the years we have instigated lots of specialist services to change the balance of care - sometimes via short term money - yet the number of children coming into care has not varied dramatically.

Of course it could be that these services are stopping the number coming into care going up too much. But the fact is we don't know because it is so hard to analyse.

As a PTM, I keep getting asked what I am going to do about that? Not much, because I don't control the resources being put in to effect that change. But I can demonstrate that in a 12 month period when my team was fully staffed and we could do direct allocation, there was an initial peak in children becoming accommodated because we picked up things we had not been able to deal with due to staff shortages.

But then - the number of children in care came down. We halved the number of children on the child protection register. We almost doubled the number of children going forward to permanence.

**Doing the high threshold thing at the right time is also early intervention.** It avoids the mistakes of the past of allowing concerns to ratchet up and it gives children a far better chance of benefiting from reparative care so we don't end up with seriously damaged out of control teenagers.

Of course we need to do things differently. We must never imagine the systems we have are always fit for purpose. We need to free up for innovation, we need to give social workers permission to try new things in the safety of a learning culture.

#### ■ Evidence - what are we really doing - Avoid the myths

But before we start wholesale shuffling around services and systems - we need to look at what is working now - look at what is really happening, not what people four steps removed

think is happening. Because if we don't do that, we lose valuable working initiatives every time we reorganise.

***We do worse than reinventing the wheel over and over again, we re-introduce the mistakes we should have learned from in the past.***

I was at a citizens and localities events the other week and in my group people were saying we needed systems to assess need and allocate resources on that basis rather than just geographically in the new localities.

I pointed out that that is what practice teams do. We took time to set up business support to give us the management information and - most importantly - we kept checking those figures represented the reality on the ground - and we allocated staffing by neighbourhood on those figures.

Business support that knows the social work task is critical to that and we need to tread carefully with the new generic business model that might not be able to deliver on those specialist roles.

The surprise was that this was not happening across the council and the risk is that if nobody knew we were doing it, we might have ended up reinventing that wheel too. We might still.

I am constantly surprised that colleagues in the council don't know what we do and if they don't, there is fair chance that some decision makers won't either. I spoke to one recently that didn't realise we did child protection. They thought someone else did it like Children 1st or something.

Though that's not all that surprising given what the public is told. I was at a charity concert my daughter was part of at the Usher Hall in support of Aberlour. The Aberlour speaker gave an emotional speech on how all the funding raised would help them to protect children from abuse. My daughter said: "I thought that's what you did, dad." "So did I", was my answer.

My point is that we have had so many failed projects imposed on us by people who did not go to the trouble to find out what we actually did. If there is one thing that is worse than people not knowing what we do, it is people who think they know what we do and are wrong.

This will be a challenge for the Scottish Government's "Shared Vision

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and Strategy” for social services,<sup>12</sup> especially its aim to ‘promote public understanding’.

We need to promote that not just with the public but also inside corporate institutions like councils.

### ■ Self-protection and survival

One other thing colleagues have reminded me of has surprised me and perhaps shouldn't have. And it is something we all need to be alert to, especially at times of austerity, cuts and increasing pressures.

That is the sheer emotional effect of the work we do and the need to protect ourselves from the 'cumulative trauma' that can come from that.

Two things brought this home to me recently. One was two groups of staff placed next to our Children and Families duty team in an open plan office. We had resisted that on the grounds of confidentiality but were ignored by the workstyle folk - in fact berated by them - mainly because they thought they knew what we did but didn't.

The first group to move there were lovely people but after a few months they asked to be moved because they could not handle the horrific things they were hearing about children being abused. The same thing happened to the next group to be moved in there.

The other thing that brought it home was a colleague who was giving evidence in court. So horrific was the case that the Sheriff excused the jury for serving for 10 years.

Yet we work with these horrors day in day out. Some of us, though not me you'll be surprised to know, are in our early 20s wondering if we can manage this for the rest of our working lives along with the other problem of the recurring and increasing abuse we encounter. Abuse that children's panels seem unwilling to protect us from most of the time.

We manage through these things but we need to be aware of the 'cumulative trauma' effect. Peer support, good supervision and permission to be emotionally affected are all essential to avoiding that.

We need to continue to convince decision-makers in our council and in government that we must have staff ratios and workloads that allow for regular, professional and sensitive

supervision that will be alert to the emotional effects on staff.

And we could do better than a 'one size fits all' performance review and development system. As a profession, we need to speak up more and define our needs within the corporate environment.

### ■ Avoid defensive or risk averse practice

As pressures mount and organisations panic, there is a danger that a compliance culture and micro management can lead to risk averse practice.

Eileen Munro, in the Munro Report of Child Protection,<sup>13</sup> says: “Those involved in child protection must be ‘risk sensible’. There is no option of being risk averse since there is no absolutely safe option. In reality, risk averse practice usually entails displacing the risk onto someone else.”

Over-prescriptive cultures - always a risk at times of cuts - stifle innovation, reduce a sense of responsibility, increase sickness levels and do not protect children.

Balancing innovation and risk in social services<sup>14</sup> by IRIS is an interesting piece - and know the council's risk policy<sup>15</sup>.

Keeping everyone focussed on practice is a challenge during any reorganisation.

We must not take our ‘eye of the ball’ during a time of change as we learn from the Laming Inquiry<sup>16</sup>.

In a recent presentation to UNISON's Social Work Issues Group, Alan Baird, Scottish Government Chief Social Work Adviser warned about “how we manage risk through change”.

### ■ Take control of what we can control

Many changes will be forced just due to lack of money but that doesn't mean we can't look at other changes for the right reasons.

We can take hold of the things we do have control over and exploit those to think of new and better ways of working. They may be small things but bit by bit they can make a difference.

We can try to bring the focus back to building relationships. Research after research shows that the relationship with the social worker is the key element in effecting change. That requires time to get alongside service users and work like that needs to be valued just as much as getting reports in on time.

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I think my senior management in Children and Families gets that and delivers a leadership that tries to respect that. But they will face challenges as resources tighten like never before.

We won't be able to do all that we want to do. We will have to accept at times that it is the best that can be done with what we've got. But we must never forget what we want to do and we must continue to aspire to that. We need to recognise the reality but continue to articulate what is good and effective practice and, wherever we can, try to get there.

That way we hold on to our professionalism and integrity and we do not fall into the mistake of believing that the limited amount we can do is OK or 'normal' practice.

Colin Turbett's work makes a call to social workers to focus on empowerment and capacity building, agreeing goals, recognising power imbalances. We should seek opportunities for 'small scale resistance' but also use collective opportunities to campaign for social justice. It is about practising ethically. It is about recognising, delivering on, celebrating, and aspiring to good practice irrespective of the obstacles.

It is also about the broader responsibility of our profession to speak up and campaign together in the wider world for something better.

*John Stevenson*

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