

## **Practising Ethically in Unethical Times: Everyday Resistance in Social Work**

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### **Abstract**

This article considers the challenges faced by social workers struggling to act ethically in what we characterise as the 'unethical climate' of neoliberalism. We offer a brief account of the current context, including the increasing managerialism and marketization of welfare services, exacerbated by cuts in welfare provision following the 2008 financial crisis. We discuss the concepts of 'ethical resistance' and 'ethics work'. We illustrate this with three case examples drawn from accounts given by social workers in Canada and England in the context of two research studies. These accounts feature social workers struggling to be ethically good and to do what they consider to be the right actions in difficult circumstances. We interpret their accounts of their actions largely in terms of everyday ethical resistance to organisational pressures of regulation of practice and rationing of resources. We conclude that everyday ethical resistance is not enough to 'make good' the unethical climate, but is an important precursor to social and political resistance.

**Key words:** social work, ethics, ethics work, resistance, neoliberalism, managerialism

### **Introduction**

I think there was a lot of pressure put on me to prove that I was a good mum....everything felt like it needed ... analysing and putting on paper.

... And the worker who was assigned to the children actually said to me: 'I do not care about you, I am here for them'.

The more you're unwell, the more obviously social services have got to see some results, but the relationship was slowly breaking down. And we had a family group conference and for about the fiftieth time, I brought my borderline personality disorder sheet, and I handed it to what must have been our fourth social worker, because I appreciate turnover of staff is high. People go on sick themselves ... it's a stressful job. It's hard work. Workloads mean that things have to be spread out differently and... as cases change ... people with different specialities get involved. But when you're a service user, losing that relationship and having to start from scratch, and having to explain yourself, and having to rebuild all that trust is so hard.

... and it does make you feel like you're just not cared about. You're just another bit of paperwork. ... I felt like I was just a huge inconvenience. And that does stop you getting engaged with things.

.... I'm so desperate—not to get answers, but just a bit of empathy. ... it costs nothing.

(Sally, service user, UK, 2017)

These quotations are from a woman diagnosed with borderline personality disorder, with whom social workers had been in contact over several years in connection with the safety of her children. This service user, whom we will call Sally, gave a talk to a group of social workers at a meeting organised by a trade union in a UK city, which we audio-recorded (with permission). In one sense, her dissatisfaction with her treatment by social workers is unsurprising - such sentiments have long been expressed by people using social work services. They encapsulate the perennial challenge social workers face when they intervene in families' lives on behalf of children's interests. However, if we delve more deeply behind Sally's account, we can see it also draws attention to some features of the present climate in social work in many countries, particularly in the global North, illustrating:

- pressure to show results. This is experienced by Sally, but also by social workers required to provide evidence to back up their decisions.
- lack of empathy and care felt by Sally.
- lack of continuity of long-term relationships.
- heavy caseloads, stress, high turnover and shortage of staff in social work.

In this article we consider the challenges faced by social workers working with people like Sally, as the workers struggle to 'act ethically' in what we describe as an 'unethical climate'.

### **The unethical climate: neoliberalism and managerialism**

The impacts of neoliberalism as a market-based philosophy and policy agenda, alongside managerialism as a de-personalising practice, are well-documented trends in social work in the global North from the 1990s onwards (Banks 2004; Clarke 1995, 1998, 2004; Ferguson 2008; Flynn 2000; Harris 2003; Harvey 2005). Reductions in state-provided services, a rise in private-sector provision, a focus on achieving measurable outcomes, efficiency and cost effectiveness, and the promotion of standardised procedures and processes have led to professional dissatisfaction, hardship for service users and a culture of victim-blaming. Following the global financial crisis from 2008, cuts in services and activating service users to take more responsibility for their own care and daily lives ('responsibilisation') are very noticeable in many countries (Juhila, Raitakari and Hall 2017). With austerity measures added into the mix, some of the greatest stresses are around lack of resources (professional time, services and money) to meet ever-growing needs. In this article we focus on the ethical implications of these trends for practitioners, with a particular focus on Canada and the UK.

In Canada, the welfare state is a hybrid, with programmes such as health care and elementary and secondary education being universal, while others designed ‘to protect citizens from labour-market failures’ are more likely to be targeted with means tests (Breitkreuz 2005, 150). Beginning in the mid-1990s, a depoliticising of the public arena and spending cuts at all levels of government (Aronson and Sammon 2000) led to a restructuring of Canadian social services (Aronson and Smith 2010), and a residual model of welfare. Reductions in spending for social programmes have resulted in increased income inequality and high rates of poverty with one in seven Canadians living in poverty in 2017 (Chappell 2014; CPJ 2017). Demands on workers to do more with less are increasing, whilst accountability, regulation and surveillance by managers and external organizations are escalating.

Similar trends have been at work in the UK, as services traditionally offered by local government have been contracted to, or commissioned from, private agencies and non-governmental organisations, with contracts designed to ensure low cost services, with highly specified targets and outcomes measures (Lowe and Wilson 2017). Welfare benefits for those in need, including allowances for people with disabilities, children and those seeking work, have been reduced and tighter eligibility criteria introduced. This has resulted in an estimated 13 million people in poverty in the UK (Armstrong 2017), increasing pressures on already stretched social services.

### **Implications for ethical practice in social work**

According to Dean, neoliberalism is viewed as ‘more an ethos or an ethical ideal, than a set of completed or established institutions’ (quoted in Larner 2000, 20). It permeates everyday discourse and has profound ethical implications for social work practice. With the attendant restructuring of the welfare state, current political and structural processes are at odds with the value base of the profession, which gives high priority to principles such as respecting and promoting human dignity and worth, equality and social justice. Since neoliberal philosophy emphasizes individual self-sufficiency, people experiencing marginalization are blamed for their troubles, rather than structural disadvantage, and expectations are placed on family and volunteer resources rather than state services for meeting needs of citizens (Lonne, McDonald and Fox 2004). Neoliberalism constitutes people as ‘free, enterprising individuals who govern themselves and, consequently, require only limited direct control by the state’ (Sugarman 2015, 104). Furthermore, the commodification of the helping relationship, with its narrowed focus on recipients of care as consumers, contradicts the idea of social work as relationship-based and not easily reduced to concrete, short-term and measurable indicators. Most significantly, ‘neoliberalism conflates economic and moral behaviour’ not just for service users but also for providers, using benchmarks of ‘rational deliberation over profitability, costs, risks and consequences’ (Sugarman 2015, 114) in the actions of practitioners. Profit and expediency become the primary criteria for policy development (Brown 2003).

The changing landscape of neoliberal restructuring leads to a narrowed range of practice and deskilling of workers. Social work risks becoming more a rational technical activity than moral and practical (Parton and O'Byrne 2000). At the same time, social workers are exhorted to live up to ethical principles that require them to challenge 'institutional oppression' and 'unjust policies and practices', and ensure 'access to equitable resources' (International Federation of Social Workers, 2018). These contradictory demands contribute to considerable ethical tensions for practitioners and result in everyday practice being a landmine of conflicting loyalties and pressures, putting ethical practice under serious threat (Banks 2011, Baines, Charlesworth, Cunningham and Dassinger 2012).

Social work practitioners adopt a range of responses to the challenges posed by neoliberalism and managerialism. These include enthusiastic engagement, compliance, resigned acceptance, quitting the job, passive resistance through bending rules, or active resistance through challenging institutions or joining campaigns (Banks 2004; Banks and Nøhr 2013; Weinberg and Taylor 2014). In this article we will focus in particular on 'ethical resistance' and the 'ethics work' in which practitioners engage as part of the processes of undertaking and justifying their opposition to some of the negative effects of neoliberalism on social work practice.

## **Resistance**

Resistance is about opposing or withstanding something. According to Hoy (2005, 9) 'resistance is both an activity and an attitude. It is the activity of refusal. It is also an attitude that refuses to give in to resignation'. On a post-structural analysis, resistance is a dimension in power relations that is always in opposition to power. As Foucault commented, 'Where there is power, there is resistance, and yet, or rather consequently, this resistance is never in a position of exteriority in relation to power' (1978, 95). By this he meant that there is no 'outside' to power that can check it (Hoy, 2005, 9). Nevertheless, on this view, power is always relational and never total, hence allowing space for resistances. Resistance, unlike resignation, can lead to hope that a better world is possible, even if we do not necessarily know exactly what this might look like.

In the context of social work, resistance has been characterised as involving opposition to policies, laws, or practices viewed as unjust that leads to some kind of action (including refusal to act) on the part of practitioners (Strier and Breshling 2016). There is a growing literature on resistance by social workers, particularly in the context of neoliberal welfare regimes, ranging from macro- to micro-level, overt to covert, and individual to collective (e.g. Strier and Breshling 2016). In this article we are particularly interested in what Hoy calls 'ethical resistance'. Hoy (2015, 6ff) identifies three forms of resistance: political, social and ethical. We suggest that all three are relevant and inter-related in social work. Political resistance includes opposition to unjust regimes, wars, foreign policies or phenomena such as globalisation or capitalism. Social resistance involves opposition to social norms, exemplified

through social movements that challenge the ways institutions shape individuals and populations (examples include Black Lives Matter, or campaigns to end violence against women). Ethical resistance focuses more on the individual and is characterised by Hoy (2015, 8), following Levinas, as ‘the resistance of the powerless’. He gives the example of someone with a serious disability, who resists decline through persevering in meaningful activities. This resistance shows up in the person’s ‘ethos’ (or character). Ethical resistance is closely related to social resistance, and may be the basis on which a person engages in political or social resistance, but according to Hoy (8), it requires a different explanation.

We refer to this distinction between political, social and ethical resistance as it helps demarcate the focus of this article, which is on the ethical dimensions of resistance in everyday social work practice. However, it is important to note that Hoy’s characterisation of ethical resistance is based on a specific understanding of ethics linked with philosophers Levinas and Derrida. For Levinas (1989), ethics springs from the primordial relationship of one human being to another, and the sense of infinite responsibility this generates. This focus on the face-to-face encounter between two people as the starting point for ethics has been criticised for its emphasis on the dyadic (two-person) relationship (Bauman 1997), which can leave ethics dissociated from the social and political dimensions of life. Hence while we use the term ‘ethical resistance’ to refer to the work of opposition that people enact as part of their infinite responsibility to others, and the accompanying work they do on their ethical selves (in the Foucauldian sense of ‘care of the self’), we stress that ethical resistance always takes place in a social and political context. It is important that this resistance is based on a critical analysis (or ‘deconstruction’) of the norms and power it opposes and is also self-critical of its position within current systems of power and domination. Ethical resistance by an individual at the micro-level of daily practice may, and should be, a basis for further collective social and political resistance at mezzo and macro-levels.

### **Ethical resistance and ethics work**

In this article we seek to explore in more detail what might count as ethical resistance in everyday social work practice, how it is manifested and how we can understand it. We are interested in how social workers construct themselves as ethical actors and account for their actions and attitudes. In doing ‘ethical resistance’ arguably social workers work on their ethical selves in response to what they see as unjust situations, they deliberate about what roles they should play and how to justify their actions, they handle moral distress and other emotions, and work on building trusting relationships with colleagues and service users. This entails doing what Banks (2016) calls ‘ethics work’, which refers to the effort social workers put into being good practitioners, noticing infringements of rights and responsibilities, and acting in relation to situations in which injustices or harms are at play.

There are several dimensions of ethics work described by Banks (2016, 37) as follows:

- ***Framing work*** – identifying and focusing on the ethically salient features of a situation; placing oneself and the situations encountered in political and social contexts (reflexivity and criticality).

- **Role work** – playing a role in relation to others (advocate, carer, critic); taking a position (partial/impartial; close/distant).
- **Emotion work** – being caring, compassionate, empathic; managing emotions.
- **Identity work** – working on one’s ethical self; creating an identity as an ethically good professional; maintaining professional integrity.
- **Reason work** – making moral judgements and decisions; justifying judgments and decisions.
- **Relationship work** – engaging in dialogue; working on relationships
- **Performance work** – making visible aspects of this work to others; demonstrating oneself at work (accountability work).

This account of ethics work captures the cognitive and emotional processing and performative work undertaken by moral agents in their daily professional lives. In the context of neoliberalism and austerity, we are particularly interested in social workers’ responses to injustices and harms as these are manifest in the micro-practices of resistance in everyday practice.

We now turn to three case examples that can be analyzed in terms of ethics work and illustrate both overt and covert acts of resistance by social workers, including subversion of the systems in which they work. We offer case examples, as we wish to focus on the micro resistances that practitioners perform in their daily practice, giving a flavour of their accounts of their attitudes, actions and reasons for resisting, situated in the contexts in which they occur.

### **Sources of the case examples**

The three cases in this article are drawn from research interviews with social workers in Canada and a dilemmas café and interviews with social workers in England. The Canadian research from which Cases 1 and 2 are drawn comprised a large-scale exploratory study on ethics in social work conducted by Weinberg and colleagues during 2009-2013, focusing on the question: ‘In attempts to act ethically, how do social workers from diverse subjective positions experience and address the constraints and paradoxes in their day to day practice?’ That study included focus groups and one to four individual interviews with 26 direct service qualified social workers (52 interviews total).

Case 3 is drawn from a small piece of exploratory research in England, conducted by Weinberg and Banks in 2017, comprising two dilemmas cafes with social workers, one recorded talk and one interview with a service user (whose words open this article) and two individual interviews with social workers. A dilemmas café is a facilitated gathering that invites participants to share ethical dilemmas from their practice (see CSJCA 2015). The focus of this research was: ‘What are some of the ethical challenges facing social workers in

the UK; what examples are there of such challenges and how do practitioners respond?' The case chosen for discussion in this article was one of the cases presented and discussed in detail at a dilemmas café.

Ethical approval was gained from Durham University for the UK study and from both Dalhousie University and Wilfrid Laurier University for the Canadian study. Participants gave permission for data from anonymised transcripts to be used for research. The names used here are pseudonyms.

### *Case 1: Susie's struggles with administrative pressures*

Susie was a qualified social worker with a Masters in Social Work. She had been in the field, in a city in Ontario, Canada, for 10 years. Her job entailed intake and counselling with families and children in the mental health sector.

Susie's ethical struggles centred around excessive paperwork, the priority given to this over relationships with service users, and the short-term nature of treatment. Susie stated: 'we have all those policies and procedures about deadlines and how quickly you have to do your documentation after visits ... so I got a little bit behind on that'. However, her rationale was: 'I'm interested in the involvement with the families, not if my notes are up [to date].'

The emphasis on documentation is often burdensome to families, especially when they are required to navigate between systems. Susie described a scenario when a family required a different service: 'So now the family's going have to tell their whole story over twice and fill out all of our forms ... you have a family that's stressed out and ... is needing assistance and then they get the run-around'. Susie found that when a family was 'involved with so many other service providers, that might take almost one of our meetings [to deal with the documentation]. I think that's a real waste of time'.

The emphasis on evidence-based practice to justify an agency's existence escalated when her agency was preparing for accreditation. She felt that 'it's just taking precedence over the service we're providing to the family. And I just think we, in this day and age, we're losing sight of that'. Susie had had additional training in safety protocols and risk assessment. Given that 50% of their population was at risk for suicide, her manager wanted Susie to write a protocol. Susie was prepared to forward information, and give input, but her response was 'I don't write up protocols. I'm the frontline worker. ... I said *no*, I said that would be the role of management.'

Besides outright refusal, Susie also found she needed to bend the rules in order to provide what she considered to be adequate support. In her organization, she was expected to

terminate after six meetings. But Susie reported that she kept families on longer than she should. Her supervisor would exhort, 'wrap it up, why are you still seeing that family?' and Susie's response would be 'because they didn't get picked up yet by the other service provider. And .... I'm not comfortable leaving them with nobody'. Her solution to this problem was 'not seeing them all the time' but 'checking in with them.' And because her supervisor would 'lose track after a while' and let her do 'fairly much' what she wanted, even though the agency was 'not getting funded for that family anymore,' she felt 'it doesn't matter... I can't just leave people hanging if there [are] concerns and they're waiting for service.'

Susie would also shape her language to convince administrators and obtain services. Given concerns about liability, she would 'kind of focus on that side of it ... even though [she did not] necessarily think that [was] the case.' She would say there were 'risks associated with ending with those families' and in talking with management she would 'really emphasize that... "I think we're at risk and ... we could be held liable."' To move families up the queue, she would 'make it sound as bad as we can.' For instance, if a child had come in with suicidal ideation 'but that was a few months ago and now we're feeling ... the child is...stable', because the family 'came in with that concern' she would 'check it off as a factor' in her referral paperwork. When the family had concerns about this strategy, she would convince them by sharing the way service provision functioned, stating 'you could wait a year and a half for service and we can't. That's not acceptable.' Families might want a 'child care subsidy' but Susie would explain, 'you can't call for that', and she would 'guide them' on 'how to... access those supports and resources.'

Susie managed to maintain her stance, stating she was:

just being strong and saying to the rest of the team members, well that's the way it is. ... we're providing a different service .... I'm not going to just ... rush them through and send them on ... because it looks better for statistical purposes.

She thought being part-time allowed her to be less embroiled in agency politics: 'I can kind of step away from it. Remove myself.' Susie handled some of her frustrations through 'venting' to another social worker. Her evaluations from management had always been 'great.' She thought she had managed to walk that tightrope of being 'always respectful and polite but ... probably [pushing] the boundaries.' The fact that her supervisor seemed to respect her opinion contributed to her being able to push those boundaries. Nonetheless, by the second interview, Susie had left the non-profit agency to start her own private practice due to frustrations about the job. She commented that in her exit interview: 'I just very strongly advocated for my co-workers and the families ... I really encouraged my team to also keep that rolling ... so since I did that, then they went down to the executive director one by one and then to the HR head as well a couple of times'.

### *Commentary*

Susie has a clear idea of what the role of the good social worker should be, resisting the commodification of relationships, maintaining her priority on face-to-face and continued contact with service users. She gives an account of herself doing ethically-inspired role work, including not only prioritising relationships with service users over documentation, but also playing a role as advocate for co-workers and families in her exit interview. One strategy for resistance employed by Susie was outright refusal to undertake work requested by her manager. In addition, operating in the neoliberal context requires understanding the motivations and values of those in management positions and finding the congruence between these and those of service users. Susie presents herself as skilful in doing the work of ethical reasoning, utilising an understanding of fears of risk and legal action to advocate with managers for continuing service for service users. She gives an account of herself as adept at understanding what language was needed both to obtain services for service users and propel timely action, exemplifying everyday resistance through both her attitudes and activities. Yet by the second interview, she has quit her job. This is, perhaps, unsurprising, as the hard work of everyday ethical resistance by individual practitioners can be both depressing and draining, especially if it is not possible to escalate it to the collective level of social and political resistance.

### ***Case 2: Hannah's concerns about discharge to nursing homes based on financial considerations***

Hannah was a hospital social worker in Nova Scotia, Canada. She had spent 21 years in her current job at the regional hospital. She was interviewed twice for the research. She had a BSW and an incomplete MSW degree.

In this segment of interview, she was discussing the fact that when patients were ready for discharge from the hospital there were several unethical practices adopted, from her perspective. Firstly, when they were leaving the hospital for a nursing home, patients were required to go to the first bed within a hundred kilometres regardless of its location in relation to their home because 'the hospital wants to get the beds emptied'. Hannah stated, 'the hospital is worried about people getting discharged. Like that whole placement process is unethical.'

Secondly, from the time a patient was ready for a nursing home and awaiting a bed, the hospital 'charge[d] people for being in hospital as if they were in a nursing home', even though the movement to a nursing home was not in the patient's control. According to Hannah, this policy existed across the province. She understood the rationale for this policy as being 'revenue generating for the hospital.'

Hannah took her concerns to the hospital's ethics committee. When she complained to the medical director about this policy, he responded, 'it's the law.' She retorted: 'the law's written by middle-aged white men'. During the interview Hannah added a comment addressed to the interviewer: 'it's a good thing I'm unionized'.

Hannah said 'the hospital wanted social workers to be responsible' for collecting this revenue. However, Hannah and her colleagues stated, 'we don't do that'. Referring to the people who wanted her to fill out the forms, she commented: 'it's amazing how mad they were because I kept losing the paperwork'. She also involved a manager who was a social worker and 'an extraordinary woman' who supported her and the powers-that-be listened to her, at least temporarily. However, apparently, the practice continued, so another strategy was to use her 'leeway' to 'delay' the paperwork so that patients had money to pay their month's notice for rent, outstanding bills or a funeral. She would postpone it for another month. She did not justify this to the hospital, merely submitting a date. Since her manager was a social worker and supportive, no one was the wiser and "it work[ed] out very well.'

Hannah said she 'had no compunction about screwing around with the systems', adding 'if everybody's mad at you, you're doing a really good job'. Her self-described theoretical position as a social worker was feminist, and she believed that this, and having gone to a radical school of social work at the point when its focus was community organizing, were factors that allowed her to take a stance of resistance.

#### *Commentary*

During the interview Hannah works on framing the situation relating to patient discharge as 'unethical', characterising it as harmful for patients and revenue-generating for the hospital. She thus places the practice in a bigger economic context. She describes herself as playing a role as advocate and critic in raising the matter with the hospital ethics committee and the Medical Director. In describing her strategies for subverting hospital policy she provides evidence of herself performing the role of a good social worker and putting into practice her values. Her resistances were both direct and overt as refusals, as well as covert, taking the form of planned incompetence.

#### ***Case 3: Edward's account of supporting a mother against the advice of his manager***

Edward was a children's services social worker in a local authority (municipality) in an English city. His role centred on child protection, but he also worked with children who were 'looked after' by the local authority and children 'in need' (requiring support, but not child protection). He qualified as a social worker 18 months previously, having changed careers after working for 10 years in another field.

In the dilemmas café, he presented a case about a single parent mother for whom he had responsibility as a social worker. The mother was diagnosed with a personality disorder and was agoraphobic. However, she was not receiving any mental health services and did not meet the criteria for high levels of support from children's services. She struggled with managing her finances and keeping appointments. At one point she needed to appeal against a decision to withhold some of her government-funded welfare benefits and Edward felt it was important that he support her with this. However, his manager did not share this view, advising him in supervision that:

it's not part of my child protection role to support a parent with a benefit appeal, even though I know that the financial impact that will have on the family and on mum's mental health will be significant. So it's the debate around, as a social worker, being a case manager or a caseworker. And increasingly I'm being encouraged back to that old position of case management - so working with families from afar rather than being hands on, offering practical support.

Disregarding his manager's advice, Edward decided to support the mother with her benefits appeal, as he saw the success of the appeal as directly related to the welfare of the children and his child protection role. He also judged that she should have access to support with her appeal, as 'it's almost her human rights' and there was nobody else who would take on this role:

The family ... have been in and out of children's services for some time. We've seen cycles of improvement and drop off ... I knew that all it took is a trigger such as loss of family finance or deterioration in mum's mental health and we may well have seen a significant deterioration ... I think my experience of child protection is that when we see parents who have been on plans more than twice, and they've been involved with us for a couple of years, the system seems to question that and seems to question the capacity to change. That's when we're talking about removal of children.

Edward therefore supported the mother at her advice interview, accompanied her to the doctor to get a letter, wrote letter of support and took her to the appeal. However, he commented: 'I just didn't tell anybody'.

While Edward could see his manager's point of view, he regarded her approach as managerialist:

I think she was concerned that ... the way I was describing my role was too closely aligned to what she might see a family support worker doing. So in the UK we have a very clear distinction between social work and family support... So really it was her saying that you need to concentrate on the basics of social work, doing your statutory

visits, getting your recording up to date, facilitating the meetings and ... the added value stuff, should be referred out to other agencies or other support staff.

... it's about managerialism. It's about her thinking about what she needs to get from me, I suppose. She needs to make sure that that system is fed and that I'm doing what I'm employed to do and all the other stuff that isn't quantifiable, it gets lost, doesn't it?

He confirmed that he felt his action was right: 'sometimes, as practitioners ... we have to just do the right thing because there was no one else that was going to do the right thing in this case'. He further justified his action:

Part of my role would be to do work with mum and to support her. So I just took it as part of that. So I suppose it was, for me, doing the right thing and working between the gaps. Sometimes you've got to respectfully challenge I suppose. I did have a challenging conversation with my manager. I didn't just say, 'I agree with you,' because I strongly disagree. I think social workers [doing] case management isn't good social work, is it? We all know that. We've got to be hands on with families.

Other participants in the dilemmas café were generally supportive of Edward's action, empathising with his predicament. Yet they did ask challenging questions, including whether he was worried that putting in extra time with this family meant other cases would suffer, or even that he might be taking time from his own young family. He agreed that this was problematic, but also commented: 'it's all about managing risk but you're constantly spinning plates and juggling which family to focus on and which family to maybe give that extra little bit more'.

Edward did not directly tell his manager that he had supported the mother with her appeal, although he said the case notes recorded what he did and there was a copy of the letters he had written in the file.

In a follow-up interview, Edward reflected more broadly on the stresses of his work and his feeling of 'guilt' that as a trade union representative he was not making more visible the difficulties of the work nor making alliances with other social workers to change at least some of the practices.

### *Commentary*

Edward clearly regards his role as supporting the mother and he works hard to undertake and justify this, despite his manager's advice. He gives an account of himself as going through a process of ethical reasoning, both consequentialist in terms of benefits to the employing agency, mother and family, as well as expressing a concern for the mother's 'human rights'. He presents himself as a responsible professional, allocating his time to service users according to their needs. In Edward's case he is not just performing to an interviewer, but in the dilemmas café to a group of peers, to whom he makes visible his detailed reasoning processes, many of which were hidden from his manager. He took a covert strategy of

resistance, following what he thought was the right course of action, but without telling his manager.

Unlike some of Susie's and Hannah's responses, Edward's is not a case of overt resistance. His 'counter-conduct' largely remained hidden, becoming visible and subject to interrogation perhaps for the first time in the dilemmas café. He knows this is not serving the cause of other families and workers, but the implication is that he did not have the resources or energy to take the matter further, in the way Susie and Hannah pursued some of their issues. The extent of the welfare cuts in the UK and the extremely difficult daily working conditions for social workers make it very hard for them to lift their heads from their daily tasks and instigate collective resistance.

### **Summary and discussion**

The following quotation comes from Sally, the person with experience as a service user we quoted at the start of the article. However, this time she made the comments as a participant in the dilemmas cafe when discussing Edward's case:

I was once told by a social worker in a meeting, 'I'm here for your children, I'm not here for you. I don't care what your issues are.' I wondered, for the longest time, when I stopped being angry, if the system had just beaten them into that particular view, that they'd heard it so many times from managers that that probably wasn't how this person started out. They probably wanted to help both. But when I hear stories like your's [Edward's] about management telling you, 'No, this is your role,' this [is a] very narrow place... maybe there are wider things going on.

Given social workers' societal positioning as both agents of liberation and discipline, practitioners will always be caught in a nexus of ambiguity (Roose, Roets, and Bouverne-De Bie 2012) and complexity. Social workers are implicated in these processes and, like Edward, both succumb but also resist, as Aronson and Smith found in their study of managers in social services (2010). Workers must use discretion in order to manage demands (Evans 2013; Gilbert and Powell 2010; George and George 2013). The contradictions in policies and procedures, for instance, make it impossible to manage all organizational requirements for even the most 'rule-abiding' of practitioners. Workers may find that they cannot always cope without bending the rules (Banks and Nøhr 2013) and acting as 'rogue' social workers (Weinberg 2014). These internal contradictions can be a breeding ground for resistance (Gilbert and Powell 2010; Ferguson and Lavalette, 2006) as exemplified in the three cases presented here. While our research focused on practitioners from the UK and Canada, there is evidence that everyday ethical resistance occurs in other countries as well (e.g. Greenslade, McAuliffe and Chenoweth. 2015; Ferguson and Lavalette, 2006; Wallace and Pease, 2011).

Although some researchers have identified occurrences of 'deviant' social work action that were not motivated by social justice concerns (Carey and Foster 2011; Greenslade, McAuliffe, and Chenoweth 2015), others found that serving the best interests of service users

and ameliorating the austerity measures imposed by neoliberalism were primary motivations for workers (Aronson and Smith 2010; Fine and Teram 2012; Greenslade, McAuliffe, and Chenoweth 2015). In our case examples, these seem to be the major reasons for social workers' conduct. The actions of Hannah, Susie and Edward took the form of both direct, overt resistance as well as more indirect, subtle and subversive approaches. Those methods included outright refusals, maintaining the priority of relationships and service over short-term solutions, shaping language for both referrals and to convince managers of needs, finding allies, using formal structures such as ethics committees to express concerns, and planned 'incompetence.'

Every action undertaken by practitioners has the potential to be both helpful and damaging, at times simultaneously. This is due to the fact that decisions regarding one service user have effects on other people with potentially diverging needs and interests. What may be good for one individual may be injurious to others individually or collectively. No action is without these tensions and contradictions (Weinberg, 2016). Consequently, it is necessary to recognize the likelihood of ethical trespass, namely, the 'harmful effects that inevitably follow not from our intentions or malevolence but from our participation in social processes and identities' (Orlie, 1997, 5). Arguably covert resistance can be harmful in this way as it leaves the structural problems intact, failing to contribute to undoing the unethical effects of neoliberalism (Weinberg and Taylor, 2014). Indeed, such actions may perpetuate problematic policies by smoothing over deficiencies, masking ambiguities towards the vulnerable, and 'preventing public debate' (Fine and Teram, 2012,11). Acting on the micro level purely in terms of ethical resistance may divert attention from structural inadequacies. Fine and Teram (2012) also perceived covert actions as coming at the cost of 'fear of discovery, isolation, condemnation' (14) and potentially job loss.

At the same time, the forces of neoliberalism are very powerful and workers are often caught in a dilemma between short-term fixes required to respond to the immediate needs of a living human being sitting in front of them, versus very time consuming and potentially unsuccessful efforts to overhaul a turgid and unresponsive system without it immediately affecting service users. If they put energy into political resistance through activism, this may result in the needs of service users being unmet. Indeed, the need for more politically-oriented activism and advocacy is occurring at the same time as increasing pressures result in workers having less time and energy to engage in such activities. This creates a cost of a different sort. In order to manage the demands, some workers in our studies spoke about their practice of overworking. Susie found that 'it cut into [her] home time a little bit.' In a follow-up interview Edward described the common practice of taking paperwork home in order to complete assessments for deadlines. Working above and beyond the prescribed hours is one way workers cope with the pressures of austerity. The problem of exploitation of workers has been identified in research (Weinberg 2014; Kosny and Eakin 2008). Indeed, the gendered nature of the profession, with women historically being expected to be nurturers, contributes to abuse in terms of work demands. Neoliberal-oriented organizations can depend on the basic value of altruism and sense of vocation, which underlies some of the values in social

work, to contribute to workers feeling obliged to put in more than the prescribed hours of work to ensure that service users do not get short-shrift.

### **Concluding comments**

This article has explored the concept and realities of everyday ethical resistance in social work, illustrated with reference to three case studies based on accounts given by social workers in Canada and the UK. We framed these case studies between quotations from a UK service user, Sally, who graphically describes how it feels to be on the receiving end of social work. Sally's story illustrates both why many social workers feel compelled as individuals to resist being implicated in inhumane treatment of people using social work services, and the difficulties of social and political resistance to challenge institutions, societal norms and social policy. Doing 'ethics work' is second nature to social workers. They are educated and socialised to see moral injuries and social injustices and are generally motivated to be people of integrity, who care for others and work for social change. Yet for those who are not brow-beaten and conformist, the burden of ethical resistance at the micro-level of working with individual service users is both cumulatively overwhelming and potentially counter-productive. If social workers do not make the links between ethics and politics and turn to overt and collective resistance, then social work's mission as a social justice profession is seriously undermined.

While these challenges are inevitable and perennial, and debates about whether social work and social workers can be a force for progressive, radical social change are well-rehearsed (e.g. Corrigan and Leonard 1978; Ferguson 2008), they are issues that each generation needs to re-visit afresh as economic and social contexts for social welfare shift. As spaces for discretion narrow, so scope for resistance also narrows, pushing social workers towards small-scale and covert actions. Neoliberalism and managerialism create their own ethical vocabularies based on utilitarian philosophies of outcome measures and efficiencies. Hence the prevailing discourses exclude care, compassion, collective responsibility and the macro-ethical concerns that connect ethical infringements experienced by service users individually and collectively to public issues in the arena of policy and politics. Therefore it is never enough to focus solely on everyday individual ethical resistance in social work, but always important to do the work of ethical framing to locate and act on issues through social and political resistance.

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