



Between Equity and Empathy: Social Professions and the New Accountability

Sarah Banks, Durham University

Abstract

This article explores the practical and ethical implications of the 'new accountability' (working to procedures, targets and standards) based on interviews with British social professionals. Although similar tendencies are present in other European countries, in Britain the rule-bound nature of social work is more intense. Practitioners who regard the 'new accountability' positively justify their views with reference to utilitarian and rights-based arguments relating to the promotion of good outcomes, the achievement of equity, respecting the consumer rights of service users and the rights of other stakeholders to information and value for money. Those practitioners who view the new accountability requirements negatively seem to speak in a different 'moral voice', which can be linked to more personal and situated approaches to ethics, stressing the importance of particular relationships in context, trust, sensitivity and a sense of 'vocation'. Both 'voices' are part of professional practice, but the new accountability stresses the former at the expense of the latter. For social work to play the critical role identified by Walter Lorenz, maintaining a creative balance between equity and empathy will be important.

Introduction: the vision and inspiration of Walter Lorenz

Walter Lorenz (2006, 11-20) characterises social work as a profession that occupies the dynamic space between social policy and civil society. As such, it is more intimately bound with politics and culture than many other professions, and has potential to tackle some of the pressing issues of social exclusion and discrimination and to bring 'the social' to the fore in the project for European integration. This requires critical reflexivity on the part of social professionals: an ability to locate themselves and their work in the political and cultural climates of their countries, to recognise and resist aspects of their own roles as adjuncts of the state, while at the same time viewing their work in the context of global trends and seeing the potential for social work as part of a European social movement for promoting caring and just relationships between individuals and peoples. The contribution of Walter Lorenz to face-to-face exchanges, particularly through the work stimulated by the European network ECSPRESS (Lorenz and Seibel 1999), and to the academic literature of social work will hopefully inspire new generations of social workers to see beyond their local job to the broader profession and social movement that crosses national boundaries.

The welfare regimes within which social work is located have been undergoing profound changes across Europe. Although, as Walter Lorenz (2006) argues, the nature and organisation of social work varies between the different countries of Europe, the same trends towards marketisation and managerialism have been making their mark during the late twentieth and early twenty-first century. In an article in the *British Journal of Social Work*, Walter Lorenz (2001) gave an insightful overview of recent neo-liberal policy trends in

Europe, whilst paying close attention to the distinctive welfare models of each country, which mean that these trends have played out in distinctive ways in the different countries.

This article explores some of the practical and ethical implications of these policy trends for the social professions in just one country, Britain, with a particular focus on professionals' accounts of their daily practice. The discussion draws on semi-structured interviews with 32 senior practitioners in social work, youth work and community work practising in statutory and voluntary (independent) sector organisations (for further details of the interviewees, see Banks 2004).

The 'new accountability'

The focus of this article is on just one aspect of what I call the 'new accountability', namely the development of increasingly detailed procedures for doing tasks and the setting of predefined targets or outcomes for professional work. As a social work team manager commented:

"More than ever before, because I've been in social work for a long time, it seems like accountability is very hot on the agenda – demonstrating outcomes and having to have almost number crunching type pieces of information that you can give."

The importance of accountability in professional life is not new, but what is new, as this quotation indicates, is an increasing focus particularly on public accountability requiring the production of quantifiable outputs and outcomes. What I have called 'the new accountability' is a complex phenomenon, and there are many reasons for what appears to be an almost obsessive preoccupation with it in Britain and to a lesser extent in many other European countries. The following are some of the factors involved:

- *A growing loss of confidence in professional competence and professional ethics.* For example, the response to well-publicised incidents of individual and systemic poor practice, malpractice, and unethical practice leads to the response that the only way to ensure good practice is to prescribe how it should be done and to measure it and monitor it in order to improve performance.
- *An ideological attack on professional power and dominance,* leading to a desire to control professional autonomy at the level of professional groups and individual professionals.
- *The desire and need (practical) for central control at a time of fragmentation of service delivery* and the mixed economy of welfare. With increasing private and voluntary sector involvement in service provision, there is felt to be a need to establish controls both at the level of central and local government.
- *A high level of concern (moral) with 'equity',* which is manifesting itself markedly under the New Labour regime in Britain, leading to a desire for standardisation of treatment and outcomes for recipients of services in order to eliminate or reduce geographical and professional-determined variation, favouritism or negative discrimination.

- *A concern with promoting the rights of individual service users as consumers* to minimum standards of service; to know what to expect; to be able to complain if standards fall below those agreed/advertised; to choose between services (if available).
- *A concern with the rights of taxpayers to value for money* from publicly-funded services, and to see and judge performance so that remedial action can be taken to improve ‘failing’ services.

For the purposes of this paper I will focus on two inter-linked manifestations of the ‘new accountability’ as outlined below, paying most attention to procedures.

1) *Working to procedures* – a procedure tells the practitioner how to do a task or set of tasks, or how to manage a situation. Procedures may outline a set of stages or steps to be undertaken (for example, ‘Procedures for family participation in child protection conferences’) or comprise forms that have to be filled in (for example, ‘Assessment report forms for a registered child: First (3 months) review format’). In a social work context, the number of procedures has been increasing very rapidly – often in direct response to central government legislation or guidance. The child protection procedures were the first to be developed in any detail in local authorities in the late 1980’s, and were a response to a series of public inquiries relating to child abuse which often blamed social workers and social services departments for poor practice and lack of coordination between agencies. Since then the Community Care legislation (1990) brought about a massive change in the way social workers worked with adults, requiring an emphasis on assessment, care planning, monitoring and reviewing. This trend has continued. Outside the statutory sector the proceduralisation has been less heavy, but has still been required since many voluntary sector organisations have contracts or service level agreements with statutory bodies and are required to demonstrate that they have procedures in place.

2) *Working to pre-defined standards/targets/outputs/outcomes* – Standards are criteria for judging how well something or somebody fits with the accepted norm or what is regarded as good or best practice. They may be set by central government, local authorities or other agencies. For example, at the time of the research, the ‘Quality Protects’ standards for local authority children’s services were regarded as particularly important, linking specifically to central government Quality Protects objectives (Department of Health, 1998). Each practitioner and manager would need to be aware of such standards and work towards meeting them (for example, the standard that each child should have a care plan and their views should be taken into account). Standards are often embodied in procedures. Many agencies or particular projects set themselves targets/outputs to work towards (for example, ‘reduce youth crime by 10%’) and set outcomes for their work (‘safer, healthier neighbourhoods’). This is crucial to enable monitoring of performance, that is, the matching of performance by individuals, agencies or projects to the pre-defined standards, targets/outputs or outcomes.

I will now discuss the responses of the practitioners interviewed to the changes in the practice and organisation of their work. They were asked about the nature of their work; changes in their work and the work of the occupational group over the last 10-20 years (including working to procedures and targets); and about any ethical issues/dilemmas arising in their work.

New accountability as practically useful and morally good

Practical arguments: clarity and focus

The drafters of procedures and other documents, and some team managers, tended to regard them as useful and important. An officer in charge of producing and collating all the 'quality documentation' relating to local authority social services stated:

"Procedures and notes of guidance which are clearly written and easily available will enable front line staff to be well informed and deliver high quality services to end users, without encroaching on the professionalism of social workers."

One of the social workers I spoke to, who was a care manager in an assessment and information team (meaning that she dealt with all the initial referrals and requests that came into the social services department) felt positive about the new 'children in need' procedures that had recently been introduced:

"... the minute the new procedures came in, it was really clear, and I've had no problem since at all. They were the best thing that happened. Clients know exactly what's happening, and where we're coming from ..."

The team manager of the assessment and information team recollected previous practice with horror:

"I think going back to when I first did child protection work in the mid-'80s, .. it's just horrific to think ...you could have a meeting about people and they wouldn't even know it was taking place, decisions were made without any kind of consultation with them, you know. So in many respects it's kind of ... sociological, societal, cultural change in terms of professions as not being wholly expert, about being open to scrutiny, open to accountability, much more inclusive in the way that information is used and shared ..."

Ethical arguments: rights, equity, accountability and outcomes

The comment quoted above suggests that there are also ethical arguments for regarding aspects of the new accountability positively, which are summarised below.

1. *The rights of service users* are enhanced, including rights to know what criteria are being used to judge them, how decisions are made, to involvement in the decision-making and having the information to enable them to complain about poor standards of service. This is emphasised by the following comment made by a local authority standards and development officer: 'previously people haven't really known what they should get from us and whether they should be satisfied ...'.

2. *Equity in access to services and standards of services delivered.* As the assessment and information team manager commented in relation to new eligibility criteria, designed to tackle the differences in criteria being used by different sections of the social services department: 'what they've tried to do is create that uniformity and equity of access to services'. He also commented on the most recent restructuring away from area-based management as being: 'to do with equity, because it was quite clear different areas had different standards, they were dependent on where you lived ...'.

3. *Accountability is enhanced.* Having called the kinds of changes I am looking at the ‘new accountability’, it may seem somewhat tautological to list ‘improved accountability’ as one of their positive features. However, some interviewees mentioned accountability as important and felt that the introduction of procedures, standards, monitoring and so on, did genuinely increase the accountability of practitioners, although they did not always specify to whom (service users, employers, government or public, for example). As the same team manager commented:

“looking back over the development of practice over the past 20 years, I would consider it to be on the whole largely a positive development, simply because I think that within that kind of bureaucracy of management, I suppose has become a level of accountability that didn’t exist before.”

The manager of a large regeneration project (a qualified community worker), when asked about being required to work to targets and monitor outputs for the funders said: ‘I’m an absolute convert to it’, explaining:

“You have to monitor ... and also in order to claim your money, at least once every three months, you’ve got to sit down and look at how you’re doing it. Have I met my targets? And then you’ve got to report to somebody else, and there’s some accountability for that ...”

4. *A focus on the outcomes of professional intervention.* The same regeneration manager spoke in terms of ‘needing evidence of progress’ and the opportunities that a focus on planning with outputs and outcomes in mind gives for strategic thinking. The standards and development officer felt it was very important to look not just at the process of social work, but at what is being achieved, such as how many times a young person looked after by the local authority has been moved, their educational achievements, and so on:

“I was very excited about Quality Protects when it came in. And I think it still has the ability to improve things in that it does make you focus on whether you’re getting the right result.”

These ethical arguments are largely from a utilitarian perspective (see Banks 2006; 2004, Chapter 3). They focus on the promotion of welfare and justice, looking to the outcomes of practice and acting on what seems to produce the greatest amount of good for the greatest number of people. The rights of service users that are stressed are more akin to the contract rights of consumers or customers, as opposed to the traditional right to ‘respect for persons’ (reminiscent of Kantian ethics) based on a trusting relationship with a professional.

The new accountability as unhelpful and morally dubious

Practical arguments: too many procedures and too prescriptive

Many reasons were given to explain why people are not using the procedures and guidance, including simply a resistance to change. Yet some of the managers and practitioners I interviewed who could be described as quite ‘modern and go-ahead’, still had trouble using them. One of the main issues is that there are too many procedures. As a child care team manager commented:

“I’ve seen a major shift. I’ve been totally over-procedure driven. There are just too many procedures.”

This team manager went on to give an example of a particular case that had arisen where the local authority shared responsibility for a child with the parent, but the parent was not exercising responsibility. The issue arose as to who within the organisation could give agreement for consent to medical treatment for the child:

“... it turned out we were looking at three sets of procedures that all overlapped. That included our ‘children in need procedures’, our ‘children looked after procedures’ and our ‘children's homes procedures’. It is completely ridiculous to think that either as a practitioner, or as an operational manager, that anyone, at any given time, can be aware of everything written in those procedures ...”

One response has been to put all the relevant policies, procedures, guidance and work instructions on the local authority intranet system, which means they are all in one place, can be searched easily, and practitioners can be sure that they are looking at the most up-to-date version.

However, this still does not solve the problem of ‘procedure overload’. Both the quality documentation officer and the standards and development officer mentioned earlier were very aware that busy practitioners do not have time to read the procedures, and that many of them are not user-friendly. So another response is to make them more succinct. The standards and development officer showed me the latest booklet for ‘children in need’, explaining how the previous procedures had been ignored and she was now developing ‘small booklets that can be used’:

“The thing is, I mean, they can put this in their bag and take it out with them. And the standards are on one side of A4 [sheet of paper] in here ...”

Some of the managers and the officers involved in developing the quality documentation believe that some of the resistance to using the procedures and forms stems from a misunderstanding about how to use them. According to the quality documentation officer:

“... it’s partly really how people see the forms themselves and how they choose to use it, and probably ... they see it as the be all and end all. And if they get it out at the beginning, that’s the whole rationale for being there. It makes the encounter with the clients something different ...”

However, many social workers recognise, in fact stress, that the forms should not dominate an encounter with a client. Indeed they tell of ways they have found of coping with this in their practice, as a care manager said:

“Well, it depends how you use the forms. You have to do an assessment and you have to put the assessment on the computer ... So I tend not to use the form, I just write it in my notebook. So that's the way I've evolved to deal with the fact that the form was not particularly helpful ...”

But she still talked about covering ‘the elements required’, suggesting that her encounter with service users is partially structured by the information she knows she is required to collect. Although experienced practitioners can be flexible and sensitive, these practitioners still feel the procedures and forms are unduly influencing their work with service users. One feature of standardised forms designed to cover everybody’s needs and every eventuality is that

questions are asked that are irrelevant to the particular people and circumstances with which a social worker is working. Another senior practitioner I interviewed explained why she changed from working with older people at the time when the community care legislation was being introduced in the late 1980s. This practitioner refers to the detailed assessment schedules community care managers are required to complete:

“I didn’t feel it gave me the capacity to do the job properly, and I didn’t want to go and see somebody who wanted a day centre place and ask if they could change a light bulb, you know. It’s just ... forms ... People fitting into boxes.”

Ethical arguments: vocation, trust, sensitivity and context

In studying the comments of the managers and workers who expressed unease about the use of procedures, forms and the monitoring of outputs, there were several inter-related themes that emerged.

I. Vocation. None of the interviewees actually mentioned the term ‘vocation’, and the interviews did not specifically ask people why they came into the work (although some people did give this information). Indeed, it seems a rather old fashioned term to use and also an unrealistic ideal in the current climate of public service work. However, in talking about their responses to some of the changes taking place in the work, several interviewees made comments suggesting that they felt the ideals of the profession should cohere with their personal values. According to Blum (1994, p. 104), ‘an individual with a vocation must believe deeply in the values and ideals of the vocation and must in some way choose or at least affirm them for herself’. Bellah and colleagues (1988, p. 66) distinguish between work as a ‘job’ (a way of making money and a living, supporting a sense of self defined by economic success and security); a ‘career’ (which traces progress through life by advancement in an occupation and yields a self defined by prestige, and sense of expanding power and competency); and ‘calling’ (where work constitutes a practical ideal of activity and character that makes a person’s work morally inseparable from his or her life, and self is subsumed into a community of disciplined practice and sound judgement whose activity has meaning and value in itself, not just in the outputs or profits).

While not wanting to suggest that many social professionals conceive of their work as a vocation in the strongest sense, for some it seemed to be linked with their sense of self in a slightly stronger way than it would be in a ‘career’. For example, a youth worker who had become a manager of a youth offending team (YOT) and then decided to leave the job after about a year made the comment that if he had not quit, ‘I think it would have a lasting effect on my own self really’.

This worker was not talking about the stress of being a manager, but of the way in which the job demanded that he treated young people. Another youth worker who had joined a youth offending team (and was still working there) gave an account of the very detailed forms he was supposed to complete about the young people at the beginning and end of interventions (which should only last 12 weeks) made in connection with final warnings about their offending behaviour. The forms were essential as they were required by the Youth Justice Board to be entered into the national computerised monitoring system. He made the following comment:

“I’m in very big trouble at the YOT, because I’ve got cases that are nearly a year old now. And I keep trying to explain, this is about the youth work dilemma thing, I keep trying to explain that I’m about the process of trying to get this young person from here to somewhere. Going in rattling at them for 12 weeks is going just to produce nothing, because when I shut the case and walk away in 12 weeks’ time, they will ... get themselves in trouble and then they’ve got three offences going to court, and *I can’t justify that myself to myself*. “[author’s italics]

This practitioner also refers to ‘himself’ and implies that he has a view of what good youth work is and of himself as a youth worker. These kinds of comments could be conceptualised as being about ‘conscience’ or about ‘professional identity’ as well as ‘vocation’. But however they are described, they indicate a sense of a self that is bound up with the job. And aspects of the ‘new accountability’ seriously offend against this sense of self.

2. *Trust*. According to Gambetta (1988, p. 219): ‘trusting a person means believing that when offered the chance, he or she is not likely to behave in a way that is damaging to us’. Smith (2001), following Tonkiss and Passey (1999) and Seligman (1997), distinguishes between confidence in systems and trust in people. Confidence refers to relations that ‘are secured by contract or other institutionalised roles’, whereas trust serves to guide ethical relations which are not subject to external controls. Trust implies a kind of personal engagement on the basis of which we believe others will not let us down. Smith (2001, p. 293) gives the example of having confidence in an airline company and in the pilot’s knowledge and ability to fly the plane. Whereas trust lies ‘in a belief that the pilot cares about my well-being and that the cabin crew will care enough to help me if the plane crashes’. According to Seligman (1997, quoted in Smith 2001, p. 291), trust arises in the gaps ‘between and around institutional roles’. This view of trust would suggest that as the frameworks of rules, procedures and guidelines get tighter, then the space for trust between professionals and service users gets smaller. If, for example, young people’s re-offending behaviour becomes a negative statistic for the agency involved, then the worker may be less willing to take a risk in working with a young person. In the case of child protection, as an emergency duty social worker commented:

“We’re told repeatedly from the director down, if in doubt remove the child. It’s easier to defend ourselves by over-reacting than by under-reacting. The message is: ‘do it’. It may cause problems, but far better those problems than the child die or injured. The element of risk is lost. You lose a lot of cooperation with parents, a lot of partnership.”

Just as the social workers are unable to trust the service users, equally the service users are not willing to trust in the kinds of people (social workers) who behave like this. One child care social worker felt very aggrieved that the priority given to child protection in her team meant that she would often have to drop her ‘routine’ commitments to young people, which she felt were very important. On the day of the interview, she had planned to take a birthday present up to a residential children’s unit for one of the young women for whom she was the social worker. But she had just received a phone call to say that a child protection issue had arisen in relation to one of her existing cases and so that would have to take priority. This theme came up again later, in the context of discussing prioritising her time:

“A situation could happen like you’ve got ... little Johnny, for example,[whom] you haven’t seen for ages, and you’ve made an arrangement to go to MacDonalds for tea and made arrangements to take him to the park and do something with him. And you know, it’s

important to him, he hasn't seen you for weeks. And then suddenly [a] child protection [case] or something, somebody downstairs [in the office] ... what's priority? Why should he be left? You know, you ring up and cancel. [And he thinks] 'Well, I'm not important now', because that's taken over. ... And I know it's life, but ... it's difficult juggling balls and I think we're quite often on a knife edge ..."

This social worker wants to be the kind of person who is trustworthy, who keeps her promises and who cares about the young people on her 'caseload'. Part of her role is to develop relationships with the young people who are looked after by the local authority, and the kinds of relationships she is expecting (and some of the young people might be expecting) are trusting relationships, which, as was said earlier, imply a kind of personal engagement on the basis of which people believe others will not let them down. Johnny will be let down when she cancels the outing; and although this social worker recognises that 'this is life', and we often do have to respond to urgent needs at the expense of other commitments, she seems to feel particularly powerless – in the hands of 'somebody downstairs' who takes away the possibility of her caring.

3. *Sensitivity*. Moral sensitivity can be defined as 'the awareness of how our actions affect others', and as such it requires the ability to empathize and imagine ourselves in another person's shoes. I will use the term here in a slightly broader sense to include what Blum (1994, 30-61) calls 'moral perception', which involves people seeing the moral features of situations confronting them – noticing someone's discomfort, recognising their hopes, fears, resentments or pain, or seeing a threat or a danger inherent in a situation. Vetlesen (1994) sees moral perception as a precondition to making moral judgements. He suggests (p. 6) that the morally relevant features of a situation are those 'that carry importance for the weal and woe of human beings involved'. He argues that moral perception in turn rests on the faculty of empathy, which is a disposition to develop concern for others. Vetlesen regards empathy as an emotion, but is concerned to distinguish this from a mere feeling (such as an impulse of pity or anger), which is why he calls it a 'faculty'. Like several recent philosophers (for example, Goldie 2000; Nussbaum 2001; Oakley 1992; Stocker & Hegeman 1996), he is concerned to rehabilitate the role of emotion in ethics and argues that 'in a distinct emotion there is a blend of affectivity and cognition' (Vetlesen 1994, 78). He distinguishes this from a feeling, which is 'rawer' and has a quality of being so close that the subject is virtually engrossed in it. Whereas emotion involves a step back, and 'adds an element of reflection absent in the feeling', signifying a more mature stance towards the object of emotion and a stronger element of interpretation and evaluation.

Echoing the comments made by the team manager who said she did not want to have to ask someone who wanted a day care place whether he could change a light bulb, a child care social worker gave several instances of situations in which she had felt uncomfortable in following the social services department's procedures. She gave the example of a couple she had to visit and assess in connection with removing a child from a child protection register. The department had had no contact with them for two years, but in order to go through the process of de-registering the child, the social worker had to assess them:

"We've got to follow our procedures with no thought as to how the family might perceive the situation."

"The department shouldn't expect us to, you know, suddenly to enter into somebody else's life for [the sake of following] their own procedures."

The social worker giving this account seems to see such situations as representing unwarranted intrusions into people's lives and is sensitive to how this must make them feel. She talks not in terms of abstract moral rights (such as, 'What right do we have to interfere?'), but of her concern about the family's perceptions when a social worker enters into their lives. She appears to empathise with how the family members must view this intrusion, and therefore perceives the situation as one of moral relevance.

4. Particularity and context. This links with the importance of taking into account the particular features of each situation and the people involved in deciding what action is necessary or appropriate. The social worker above judged that there was no need to undertake further visits to assess a family who found her attention intrusive. She gave other examples where the requirements of the forms she had to fill in meant she had to ask unnecessary questions. A social worker may go to visit the family of a young boy because he is having particular problems. But the worker has to ask all the standard questions on the assessment form designed to cover every eventuality:

"You're there probably because he is, you know, taking drugs down the town! And his behaviour's incontrollable and he's taking all the food out [of] the house. You know what I mean? [And you're asking the question:] 'Does he wet the bed?'"

One of the child care team managers was very clear that often it is necessary to override the procedures because of the particular features of a situation that do not fit the policy or procedures. However, he never 'turned a blind eye', but would ensure that the reasons for not following a procedure were fully documented. He gave several examples where decisions had been taken in this way. He spoke of borderline child protection cases where he would aim to minimise the harm and intrusion to the family being investigated on the basis of a third party suspicion:

"If we could identify from the outset that there were certain things we didn't need to follow in the interests of that particular case or child, then we'd record that in the writing of the strategy minutes. We would also record if there was a feeling of why we wouldn't video interview a person who had made a disclosure when the procedure might say given the age of child that would be the right thing to do..... It's about being very conscious of the individual needs of the people we're trying to serve. I would never override the individual needs of a young person or family just because our procedure said at that point that x, y, or z needed to happen."

This manager's views about procedures were as follows:

"My preference would be to see a minimisation of procedures. With that it brings an ability to actually follow them more appropriately and to have an in-built flexibility within there. Because I don't necessarily see that huge procedures equals good practice and I've seen a lot of good practice take place well outside procedural guidance."

Concluding comments: towards 'good practice'

Let us assume 'good practice' is practice that meets people's needs, achieves good outcomes, is sensitive and fair. That is, it involves a balance between approaches focusing on both the personal and impersonal; the partial and impartial; and on professional detachment and attention to relationships in particular contexts. Trying to ensure good practice with a focus largely on standards, procedures or proformas is inevitably a 'one size fits all' approach. It is

like starting with a pattern for a suit, which the practitioner then has to cut to size. The focus of attention is on taking bits of the pre-existing pattern that the practitioner needs, rather than starting with what size the customer is, or what kind of suit she or he wants. The practitioners' skills and creativity as designers or tailors are scarcely utilised, for fear that they will make a mistake, cut too generously or stitch too large. The technicist discourse, the prescribed ways of seeing and doing, leave little space for alternative moral voices of empathy, care, particularity, or, indeed personal or professional responsibility. The fact that these skills, qualities and voices are being ignored is what some of the practitioners I interviewed found difficult.

In the drive for equity and accountability it appears that sensitivity and relationships with individual service users are under-emphasised. Inevitably this creates tensions, and raises the question of whether there can be a balance. Can we have equitable services delivered in a caring manner? In the language of Carol Gilligan (1982), equity and care are different 'moral voices'. They are both relevant, for neither can offer a complete picture of the ethical domain, but they are incommensurable. At the present time, the impartialist voice is dominant, and in order to achieve the impartiality and accountability required, there has been a shift away from the traditional notion of professional ethical principles put into practice by practitioners using a degree of autonomy and discretion, towards an emphasis on predefined rule-following and targeting. Whilst in some areas of professional life and in some situations this may be regarded as appropriate, in others it is not. The aspects of being a professional that relate to belonging to an occupational group that has a core purpose or 'service ideal' (such as 'social welfare'), to a notion of 'good practice' as defined by a community of practitioners, to the inclusion of motives, emotions and character traits in ethical evaluations (including care, empathy, compassion, for example), are being undermined. We are left with practitioners who are being construed as more akin to technicians, rather than reflexive, creative, committed professionals. For social work to play a critical role in working for social justice, as identified by Walter Lorenz, the care, passion and commitment of social professionals in their work with individuals and groups is needed to moderate and enliven the policy-led technical-procedural drive for equity that is currently dominating much practice in Britain and is creeping, in different ways, across Europe.

Acknowledgements

This article is adapted from a chapter in Banks, 2004. I am grateful to Palgrave Macmillan for permission to use this material and to the practitioners upon whose interviews this article is based.

References

- Banks, S.** 2006: *Ethics and Values in Social Work*, 3rd edn. Basingstoke: Palgrave.
- Banks, S.** 2004: *Ethics, Accountability and the Social Professions*. Basingstoke: Palgrave Macmillan.
- Bellah, R., Masden, R., Sullivan, W., Swidler, A. and Tipton, S.** 1988: *Habits of the Heart: Middle America Observed*. London: Century Hutchinson.
- Blum, L.** 1994: *Moral Perception and Particularity*. Cambridge: Cambridge University Press.
- Department of Health** 1998: *Quality Protects: Framework for Action and Objectives for Social Services for Children*. London: The Stationery Office.
- Gambetta, D.** 1988: Can we trust trust, in: Gambetta, A. (ed.): *Trust: Making and Breaking Cooperative relations*. London: Basil Blackwell.

Gilligan, C. 1982: *In a Different Voice: Psychological Theory and Women's Development*. Cambridge, Mass.: Harvard University Press.

Goldie, P. 2000: *The Emotions: A Philosophical Exploration*. Oxford: Oxford University Press.

Lorenz, W. and Seibel, F. 1999: European Educational Exchanges in the Social Professions - The ECSPRESS Experience, in Marynowicz-Hetka, E., Wagner, A. and Piekarski, J. (eds): *European Dimensions in Training and Practice of the Social Professions*. Katowice, Poland: Slask, pp.315-341.

Lorenz, W. 2001: Social Work Responses to 'New Labour' in Continental European Countries, in: *British Journal of Social Work*, 31, pp.595-609.

Lorenz, W. 2006: *Perspectives on European Social Work*. Opladen: Barbara Budrich Publishers.

Nussbaum, M. 2001: *Upheavals of Thought: The Intelligence of Emotions*. Cambridge: Cambridge University Press.

Oakley, J. 1992: *Morality and the Emotions*. Londo:, Routledge.

Seligman, A. 1997: *The Problem of Trust*. Princeton: Princeton University Press.

Smith, C. 2001: Trust and Confidence: Possibilities for Social Work in 'High Modernity', in: *British Journal of Social Work*, 31, pp. 287-305.

Stocker, M. and Hegeman, E. 1996: *Valuing Emotions*. Cambridge: Cambridge University Press.

Tonkiss, F. and Passey, A. 1999: Trust, confidence and voluntary organisations: between values and institutions, in: *Sociology*, 2, pp.257-76.

Vetlesen, A. 1994: *Perception, Empathy and Judgment: An Inquiry into the Preconditions of Moral Performance*. University Park, Pennsylvania: The Pennsylvania State University Press.

Notes on Author

Sarah Banks, Ph.D. is Professor in the School of Applied Social Sciences, Durham University, UK. She teaches community and youth work and has a particular research interest in professional ethics. She greatly valued the opportunity to work with Walter Lorenz in the ECSPRESS network in the 1990s and has found his talks and writings on European social work a constant source of inspiration.

Author's Address:

Prof Sarah Banks
Durham University
School of Applied Social Sciences
32 Old Elvet
UK-Durham DH1 3HN
United Kingdom
Tel: ++44 191 33 41497
Email: s.j.banks@durham.ac.uk

**Social Work
& Society**