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Social work and self-determination

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Summary

Self determination is a curious concept, related to, but not quite the same as, freedom and autonomy. As an ethical principle, the principle of self-determination bears little relationship to the way social workers behave. It is used as if clients were being allowed a free, independent choice; but clients are subject to pressure, and the social work relationship is often conceived within a structure of authority. As a guide to practice, the concept of self-determination ignores the cases where direction is legitimate or desirable.

Self determination can be seen as a professional ideology - an inter-related set of values and ideas. The concept is derived from a number of ideas and values outside social work, but it appears to have little direct relevance to social work in practice. The paper suggests that the concept of freedom may be more useful and less remote from the realities than 'self-determination' is.

Individual freedom, autonomy and self-determination

The concept of 'self-determination' is a complex one, which is part of a cluster of related ideas concerned with freedom and autonomy. 'Freedom' can be seen as the central idea within the cluster. There are three main concepts contained within it. The first, negative freedom, is the freedom of a person from coercion by others. Coercion is defined by Berlin as

the deliberate interference of other human beings within the area in which I could act. (1969, p.122)

Secondly, there is positive freedom, or the power to act. If people are not free, it is not necessarily because they are being prevented or directed by someone else; it may be because they lack the power to do it. The third is psychological freedom. People are free only if the option is one which they are able to choose - which means, for example, that a drug addict may not be free, because he or she is unable to exercise a choice of action unrestricted by the addiction. MacCallum argues, I think correctly, that these three concepts are not genuinely separable. All freedom is necessarily the freedom of someone, from restraint, to do something (MacCallum, 1967). Self-determination, similarly, implies that a person is psychologically able to make decisions, has the power to do so, and is not prevented or directed otherwise.

Freedom is related to autonomy. The idea of autonomy assumes that each individual is free to make decisions for his or her self. This is as much a moral position as a description of how people function. There is a presumption that people should be treated as autonomous unless there are specific reasons to the contrary. Intervention in people's lives is not legitimate if it interferes with their autonomy, unless it is to protect the freedom of others.

The concept of autonomy, in turn, is closely identified with 'self-determination', and the way 'self-determination' is used in social work. The client is basically treated as an autonomous individual; 'self-determination' is the state in which such autonomy is exercised. So, Watson argues from the point of view of social work that

unsolicited intervention of any kind in the affairs of an individual is justified only where there is a danger of serious harm to others. (1980, p. 103)

This is fairly representative in spirit of the argument for autonomy, though it is limited in three respects. First, I think it goes too far in requiring a danger of serious harm. We tend to demand that serious harm should be the criterion only in those areas - like intervention in the family - where there are other norms which defend people against interference. Second,

there is a distinction between unsolicited intervention - intervention which is not actively sought by the client - and intervention to which the client consents. Social work with elderly clients or hospital patients is more likely to fall into the latter category; the client may not actually seek intervention, but may accept or reject intervention which is offered. Third, intervention can also be justified if it enables people to become autonomous. The education of children, and (more arguably) the compulsory treatment of mentally ill people, are illustrative cases.

Although Levy (1983) treats self-determination and autonomy as equivalent, there are distinctions to make between the concepts. A person who is autonomous is free to make decisions; but that is not necessarily the same as someone who actually does make decisions. The concept of autonomy relates to the power to decide; self-determination, to the power to decide and the action which follows. For example, a handicapped person may be able to make decisions but may lack the power to act without the co-operation of others; that person would be autonomous but not self-determining. People cannot be required to be autonomous - it is a contradiction in terms - but they can be required to be self-determining, in the sense of being forced to make their own decisions. By the same token, people can be required to accept measures which will prevent them from ceasing to be self-determining. If an old woman is in failing health, and unable to manage the household, she may nevertheless refuse to admit a social worker. To accept her instruction to 'go away' may respect her autonomy, but not necessarily her self-determination - because she is denying herself the power to choose. Soyer (1975) argues that self-determination implies a 'right to fail'. For a probation client, the 'right to fail' may mean breach of probation order and imprisonment. The 'right to fail' is certainly required to be autonomous, but it is arguable whether it is necessary to be 'self-determining', because the effect may be to put clients in a position where they are no longer able to choose for themselves.

'Self-determination', then, may rest rather uneasily with the concepts of freedom and autonomy, and Bernstein (1975) argues that in practice, the idea of 'self-determination' is very unclear. Social workers may try, in the spirit of self-determination, to establish not just what people seems to want, but what they 'really' want. 'Self-determination' may mean self-determination within 'realistic' limits. It may be subject, as Biestek recognises (1961), to the needs and rights of others; the degree of 'self-determination' which probation officers encourage in a client does not generally extend to criminal activity. And it could mean 'rational' self-determination - a term which is liable to abuse, for a person may be considered 'rational' when they do the sorts of things that they are supposed to do, like paying gas bills, and 'irrational' when they do not.

The idea of self-determination is being watered down, I think necessarily, because it would otherwise be impossible to reconcile it with what social workers actually do. Social workers are acting to change the clients' situation, which means that at least in part they are there to affect the behaviour and responses of their clients. They are, then, exercising some control. They may limit the choices clients can make directly; they may alter the clients' direction; they may subtly shape the choices which clients make. I am not convinced that this has much to do with 'self-determination' at all. Social workers do respect a number of values, but it is questionable whether 'self-determination' is very high among them; self-determination is seen as a means to achieve other things, rather than a major value in itself. Perlman (1975), for example, suggests that self-determination has to do with building a person's self-respect and personality. A person who has self-respect may be more autonomous as a result, but it does not necessarily follow that he or she will be. Respect - both self-respect and social respect - often follows from the adoption of certain social roles, which may limit people's power to determine their own actions more than it increases them. I think building respect has more to do with what social work is about, but to describe it as 'self-determination' does violence to the term.

Self-determination in social work

Self-determination is, first and foremost, an ethical principle. J S Mill wrote that the individual

'cannot rightfully be compelled to do or forbear because it will be better for him to do so, because it will make him happier, because, in the opinion of others, to do so would be wise, or even right. These may be good reasons for remonstrating with him, or reasoning with him, or persuading him, or entreating him, but not for compelling him, or visiting him with any evil in case he do otherwise. To justify that, the conduct from which it is desired to deter him must be calculated to produce evil to some one else.' (1859, p.135)

I think this is a sentiment that many would recognise as very close to the spirit of 'self-determination' in social work. The social worker, like the monarch, can advise, counsel and warn, but cannot actually require the client to do what is advised. Mill's statement represents a widely held view. But Mill puts it very badly. The use of influence or persuasion may be less of an interference than compulsion; the attempt to persuade, rather than to direct, at least acknowledges that a person has a choice. But one cannot assume because something is less of an interference that it becomes legitimate. Forcing a client to have someone around who is remonstrating, reasoning, entreating and persuading is, in Mill's phrase, 'visiting him with an evil'. The social worker may be no more welcome than a persistent member of the Jehovah's Witnesses or a double glazing salesman. The very fact of having a social worker beating a path to one's door is an infringement of personal freedom. Let us assume, for the sake of argument, that the social worker does no more than visit, standing at the door, trying to engage the person in conversation. The social worker is entirely non-directive, making no comment about the person's behaviour. Is this an infringement of personal freedom? I would argue that it is. If I had a double glazing salesman who stood outside my front door, doing as much, there would still be no doubt that the reason he was there was the hope of selling double glazing, and I would be under some pressure to buy from him simply by virtue of his presence.

Social workers, of course, are not in quite the same game as double glazing salesmen, and the pressure from social workers is not likely to stop with a conversation at the door. If, in the case I mentioned before, an elderly, isolated woman was unwilling to receive help, many social workers would accept that she had a right not to have it. But they would be prepared, nevertheless, to stand on her doorstep - to talk through the letterbox if necessary! - to reason with her, to try to befriend her to gain entry, to make offers, to cajole, to persuade, to monitor her situation. This seems to be based in the belief that this is somehow less of an unjustified interference to do all this than it would be to take action against her will. That is a confusion. The imposition is action against her will. The degree of interference is not evidently less great than it would be if a command was given, which she might choose to disregard; it might even be more of an interference.

The social work relationship cannot be understood without a recognition of the difference in the relative power of the parties to it. Rojek and Collins argue, in the context of contract work, that the openness and freedom required for real agreement are "incompatible with the real inequality between social workers and clients" (1987, p. 204). This reflects, as these authors comment, the disadvantage of social work clients in society. It reflects, too, the real power of the social worker. Social workers do not often have direct powers to control their clients, but they do in many cases have a degree of both influence and authority which will be used to control a person's behaviour. The power of the probation officer to breach a client is one of the most obvious examples of power, but similar issues occur in cases where the social worker might obtain power, like child protection. Normally, within the context of preventative work with families, the social worker acts by persuasion,

negotiation and nominal agreement; but parents who are under supervision know that if they do not co-operate with the social worker, the social worker may be able to initiate procedures which will lead to control. It is absurd to pretend that the parents have much choice. They have nothing more than the freedom of the sheep to run from the sheepdog. As long as the sheep continues to run in the right direction, the dog does nothing, but simply runs alongside. If the sheep looks like running off the line, the dog runs a little closer. If the sheep veers off in the wrong direction, the dog runs faster and barks. Are we really going to pretend that the sheep is self-determining?

Non-directiveness and the use of authority

Self-determination has been presented, not only as an ethical approach, but also as a pragmatic one - a basic method of dealing with clients. The 'non-directive' approach, at the simplest level, is one in which the worker avoids pushing a client in a specific direction by requiring the client to follow a particular alternative. It is a commonplace that non-direction in any real sense is impossible. The point is made by Halmos, who argues that in practice counsellors do influence their clients, willy-nilly, often through small, apparently neutral gestures (1978, pp 94-95). I would go further; in many cases social workers will exert an influence by their presence alone, because they are present in the context of a particular social role. The distinction of 'influence' and 'direction' is more an issue of style than of substance. But style is still important, and social workers may choose to approach their clients in a non-directive manner, if the approach makes it easier to achieve desired effects, or avoids undesired ones.

The case against giving advice is an illustration. Clients often ask workers, 'what do you think?'. It may be unwise in some cases to answer too directly. Benjamin (1981) suggests that

"Advice, essentially, is telling someone else how to behave, what to do or not to do." (1981, p 135)

Suggestions are to be construed as a 'mild form of advice' (p. 134). Advice might, it is argued, enable the clients to avoid responsibility for taking the decision themselves. It may be a means for the client to blame the social worker when things go wrong. It may create a situation in which clients depend on social workers for decision making. And the reasoned advice of social workers may be, in practice, an abuse of the social workers' power. In order to avoid such problems, clients have to be encouraged to form alternatives for themselves.

It is one thing to acknowledge that there may be problems in giving advice, but quite another to suppose on that ground that giving advice is illegitimate, or even bad practice. The argument, widely reflected in texts on counselling, is based in a misunderstanding of the nature and purpose of advice-giving. A client who asks for advice is not necessarily asking to be told what to do. Compton and Galloway reflect this confusion when they argue that

"Clients generally go to other professionals for expert advice, that is, expecting to be told what in the view of the professional is best for the client." (1979, p. 133)

They give the example of doctors and lawyers. Doctors certainly do tell patients what to do, but this is not referred to as 'advice': it is 'doctor's orders'. Lawyers, by contrast, are explicitly trained not to instruct their clients: the instruction 'advise X' in a legal examination has a specific conventional meaning. In most professions, advice takes the form of a clarification of alternatives and predictions as to possible consequences. This is

much what Compton and Galloway themselves advocate when emphasising the 'quest for alternatives' with a client.

Asking for advice is not necessarily an abdication of responsibility; on the contrary, it can be a way of enabling clients to decide for themselves. Rees and Wallace note, on the basis of consumer studies, that social work clients "rarely complain about receiving too much advice. In fact, one of the most frequent complaints about contact is that they don't receive enough" (1982, p. 41). Clients do not necessarily have to take advice, and where it is given, many do not: Sainsbury et al. found that social workers thought their advice was more useful than the clients thought it was (1982, p 71). The clients can always reject the social workers' recommendations - if they know what the recommendations are. If, however, the options are not made explicit, they have no opportunity. What happens instead is that the client and social worker can be caught in a stately dance, in which the client's decision is complicated by an attempt to identify the social worker's position, and the social worker is attempting to avoid any hint of what that position might be. This is one reason why some clients might prefer workers to be firm (Sainsbury et al, 1982, pp 130-131); it might be because the client wants a clearly defined structure of authority, but it may also be that the client wants to know where the worker stands. Hudson and Macdonald comment that

"to equate client self-determination with non-directiveness is to fall into several muddles. It is to misperceive the worker influence inherent in all approaches; it is to equate directiveness with telling the client to do something or not to do something ...; and it is to overestimate the likelihood of the most co-operative client putting aside his own critical and decision making apparatus in favour of blindly following the suggestions of a social worker." (1986, p. 16)

The emphasis on 'non-direction' reflects, in many ways, an ideal position - the way social workers would like to see themselves acting if only clients were able to make their own choices. But the social work relationship is often formed in a context of authority, and approaches which seem to be non-directive are realised within that context. Sainsbury et al (1982) report that social workers involved in statutory work are less likely to describe their action as being 'firm' than in 'voluntary' work. Probation officers, who nominally have a greater degree of authority than field social workers, were also less likely to describe themselves as being 'firm' in their relationships.

Social workers' attribution of 'occasional' or 'persistent' firmness (Sainsbury et al, 1982, p.130)

Type of work	Type of agency	
	Probation	Local authority
Statutory work	31%	36%
Voluntary work	50%	67%

The workers' impressions are confirmed in this study by feedback from the clients. It is difficult to be sure of the reasons for this; there are several possible interpretations. One explanation, if Willis (1983) is right, is that probation officers are more concerned in practice with material help than with the development of a social work relationship. Another view is that there is a different culture between different parts of the social work service. Neither of these, however, would explain why there should be so much more

'firmness' in voluntary cases. It may be that workers need to be less firm if they know that clients are already aware of their authority. And it may be that the social workers are deceiving themselves as to the nature of the relationships they have with their clients - seeking to emphasise the therapeutic aspects of relationships which have been conceived within an authority structure.

Social workers have to learn to reconcile themselves to the use of authority. The question is not whether social workers should assume a degree of authority they do not possess. They already have authority, however vague or uncertain it may be, and that changes the nature of the relationship they have with their clients. Clients are told what to do, or influenced in particular directions. The idea that the social worker can avoid this - or should avoid it - seems to me bogus. Social work is generally intended to facilitate or bring about some difference in a client's state or situation. In other words, and whether or not the social worker is the prime mover in such an alteration, social workers are agents of change. (Davies (1985) argues that social workers also 'maintain' situations; but this implies that without the intervention of the social worker, the outcome for the client would be worse. This implies an alteration in the client's circumstances; there is no logical distinction between the types of intervention.)

On the face of the matter, it is difficult to reconcile this principle with self-determination. The essential condition which would have to be met for a client to remain self-determining would be that the client must voluntarily accept the intervention of the social worker - not only at the beginning of social work contact, but throughout the process. I think many social workers would accept this as a legitimate criterion. However, as a guide to practice, an approach which insists on the essentially voluntary nature of the social work relationship seems highly questionable. The social worker has wide responsibilities, and these responsibilities may include the need both to direct behaviour and to use authority in a particular way, for particular purposes. Foren and Bailey (1968) argue for 'assertive casework', which entails a recognition of authority. Pincus and Minahan explicitly prescribe the use of various forms of influence, which include manipulation of the environment, use of the relationship between worker and client, persuasion, and direct inducements (whether positive or negative). (1973, pp 254-265). To deny the directive elements within social work is to deny what social workers actually do. The voluntary criterion, even if it is legitimate, cannot be the only legitimate basis for intervention - there are many cases in which it does not apply - and effectively it will only be a significant factor in cases where other principles and priorities, like morality or welfare, do not outweigh it.

The ideology of self-determination

The emphasis placed on self-determination within the social work relationship in many ways reflects a reference to an external system of values. One common but curious assertion made about the principle in the literature on casework is that self-determination is a 'logical' consequence of the value of the human being. The statement is made by Biestek and Gehrig (cited Levy, 1983, p 909), and echoed by Compton and Galloway:

"the principle of client self-determination derives logically from belief in the innate dignity of the person." (1979, p.131).

There is no 'logical' connection. If dignity is innate, people have it irrespective of whether they exercise self-determination. If people have dignity, whether or not it is innate, it may consist in their capacity for moral or collective action rather than individual self-determination. The assumption that these ideas are all linked depends on a central form of individualism coupled with a moral evaluation of human beings. This is a clue to the nature of 'self-determination' as a concept. The idea is rooted, not in a simple

conceptual framework, but in a complex set of inter-related ideas - or, if the term helps, an 'ideology'. Ideologies are sometimes confused with apologies; the point is not that the concept of 'self-determination' is sometimes used to excuse social workers of moral responsibility (though this may certainly happen), but rather that the terms of the debate are set in specific conceptual terms. This framework has its origins in a range of concepts and values derived from outside the social work field; a set of ideas which, on the face of it, seem to bear little direct relevance to social work in practice.

Moral freedom. The first rests in the idea of 'moral freedom'. The idea occurs in the writings of Kant and Hegel in different senses; it was influential in the nineteenth century, at a time when social work had its origins. The idea relies on a number of propositions. Morality is seen as a form of rational conduct. Kant suggested that one of the bases of rationality in moral conduct is to be able to act as if one was following a universal law - a term which implies consistent action. (Paton, 1948, pp 51-52.) It is irrational, by this argument, not to establish codes of behaviour. Such codes do not breach a person's freedom; rather, they are a condition of it.

In order to be free, a person must be able to choose. The ability to choose assumes the ability to make choices; freedom is in consequence conditional on a person's state of mind. This links freedom with mental capacity. (It can be argued that moral faculties are an essential aspect of psychological development; a person lacking in moral capacity - a sociopath - cannot be considered to be free. The existentialist position, which has been influential in therapeutic approaches to social work, suggests by contrast that people must be considered as if they were psychologically free, and so responsible for their actions.)

Christianity. The idea of 'moral freedom' has to be interpreted slightly differently in the context of Christian thought. Aquinas had asserted, in the middle ages, that the law of reason and the law of God were one and the same. The philosophers of the enlightenment had argued that they were, rather, separable, and that each person was able to define morality through the application of right reason. (See d'Entrèves, 1970.) But in Christian thought, reason and the law of God could never be separate. Moral freedom, in consequence, consisted in conformity with the law of God, which was the purest form of rational action. 'The truth will make you free'. Taken in conjunction with the previous propositions, this implies not only that a person who fails to establish a moral code is not rational, but that the person is not free.

Victorian Christianity was based in a fusion of the individualism of the Enlightenment with the traditional association of morality with religion. The salvation of each individual came to depend on the choices made by that individual. God had granted each person free will to choose the right path. (This may now seem self-evident to many Christians, but it was not by any means a belief universally held in the Christian religions; at different times, salvation has been seen to depend on membership of the Church, on grace, or on 'election'.)

The influence of these ideas on social work was pervasive. In the idea of 'self-determination', there remains the kernel of the view that each individual has the power to choose, that each person must determine the course of his or her own salvation. The 'right to fail' is a direct reflection of the choice allowed to each individual to choose damnation. However, there are problems in transposing the Christian ideal to a secular context. Social workers are enjoined not to be 'judgmental', a term which means not that they should not make judgments, but rather that they should not make negative moral judgments about their clients - a sentiment which reflects the biblical authority not to pass judgment on others. At the same time, if a person chooses his or her own course, and that person is treated as autonomous, then clearly that person may be held morally accountable for the course; personal responsibility, an important concomitant of the concept of self-determination, is central to moral appraisal. Christianity offers a combination of formulas which seems to avoid the difficulty, but only because personal responsibility for one's actions is handed to a higher authority to judge.

Liberalism. The third principal influence was the individualist concept of Victorian liberalism. J S Mill argued that

'Over himself, over his own body and mind, the individual is sovereign.' (1859, p.135)

Intervention in individuals' lives, for their benefit or even to increase their freedom, is not legitimate without their consent, because it would be an interference with autonomy. The classic statement of this view is made by Mill, in his essay *On Liberty*.

'The object of this Essay is to assert one very simple principle ... That the only purpose for which power can rightfully be exercised over any member of a civilised community, against his will, is to prevent harm to others. His own good, either physical or moral, is not a sufficient warrant. ... The only part of the conduct of any one, for which he is amenable to society, is that which concerns others. In the part which merely concerns himself, his independence is, of right, absolute.' (1859, p.135)

The individualist tradition links autonomy and self-respect. Individuals can truly be individuals only if they make decisions for themselves. (This is the step required by Biestek and others to link dignity with self-determination.)

The psychodynamic approach. The psychodynamic approach to social work is a relative newcomer in relation to the other elements of 'self-determination'; in many ways, psychodynamic views were accepted within social work because they offered a set of 'scientific' principles clearly compatible with the precepts of individualism. Individuals are treated as if their problems are formed, and can be understood, from within their own psychological makeup. The philosophy of self-determination has to be understood in relation to this methodological individualism. If people form their ideas, feelings, beliefs and patterns of behaviour as individuals, then social work has to address their problems at the individual level. Intervention for a person who is self-determining cannot be done effectively without regarding that person's capacity for independent action.

The traditions of social work are not confined to the approaches which I have emphasised so far. The early development of social work was influenced, not only by liberal and individualistic thought, but by a strong element of paternalism, justified by the moral certainties of the age. Social work, in its origins, was strongly linked to missionary work; in fact, the first court reports were returned by 'missionaries'. But the elements of non-judgement and individual salvation which were part of Victorian Christianity became enshrined in social work practice - along, it should be noted, with some other values of the time.

I have suggested that this ideological basis seems to relate very poorly to the realities of social work in practice. Much of the theory has been formed from a concern with the problems of individual adults. But social work in Britain is substantially constrained by the legal responsibilities passed to Social Services and Social Work Departments, and the Probation Service. Work with the principal client groups is not primarily concerned with the independent actions of responsible adults; the main exceptions are work with elderly and physically disabled people. The principal client groups are either those like children, mentally handicapped or mentally ill people, whose ability to make decisions is restricted to some degree, or those like offenders and some families whose conduct is considered unacceptable. Unless the case occurs in one of a few specifically defined settings, or affects an existing client, social workers are not in general responsible for problems like emotional distress or divorce; it can be difficult within institutional constraints to do any

effective work in areas like drug abuse or suicide. The effect of this limitation of responsibilities is to reduce the power of social workers to apply the principles emphasised in their training, and the application of different methods and principles, including how far a client is allowed 'self-determination', tends to be piecemeal and inconsistent.

It seems that values have been espoused which are simply unrelated to practical circumstances. It is unclear, in the absence of firm empirical evidence, how far social workers really do hold the opinions attributed to them in the texts. Sainsbury et al (1982) find that 'authority' is rated low by caseworkers as a method of social work, but this is an ambiguous finding; the rating may be influenced by ethical considerations, but it may also be a comment on perceived effectiveness; it may even reflect professional expectations. There is certainly a discrepancy, in this study, between what social workers say about the use of authority and what they do. It may be that practitioners have claimed to hold these values without putting them into practice; it may be, on the other hand, that they also modify the values in order to fit the circumstances in which they operate. Biestek allows a number of 'escape clauses' when he makes his plea for self-determination conditional on the clients' capacity to decide, the limits of law and morality, and the function of the agency (1961). Salzberger suggests that 'certain desires may be disqualified because they are infelicitous' (1979, p. 400). Patterns of direction are not necessarily recognised for what they are.

It does seem at least to be true that the social work profession adheres to an ideal, based in a series of values drawn from external sources. That ideal is enshrined in numerous texts, in professional training, in the formation of professional ethics, and quite probably in practice; and it has survived despite the battering the concept undergoes when exposed to practical issues. If this is correct, the contrast with other organisational ideologies is striking. Many professional ideologies are shaped by the constraints within which the profession operates, and formed to reflect the realities of the situation (Smith, Harris, 1972; Rein, 1983). They perform useful functions. In the case of self-determination, by contrast, the ideology seems on the face of it to have persisted despite the organisational constraints.

This is not the complete picture. Social work has developed rapidly in the course of the last forty years; it is hard to credit that statutory intervention for the prevention of child abuse and neglect is only twenty six years old. Many of the patterns of social work practice have been formed at a time when the powers of social workers have been unclear, inadequate to their purpose and highly restricted. If, as Rein argues, normative evaluations are affected by the conditions in which a service operates, it could be argued that self-determination has had a functional or adaptive role. Social workers have had little option but to accept the 'self-determination' of their clients; one cannot accept responsibility for behaviour over which one has no control. The arguments for 'self-determination' can be seen as making a virtue out of necessity.

However, social work is changing. Although the legal powers of social workers are still inadequate, the role and task of the social worker is gradually becoming clearer and better known. The exercise of influence and authority by social workers is perceived and accepted not only within the profession but increasingly by the general public. In these circumstances, the concept of self-determination seems increasingly irrelevant, and even incompatible with social work in practice. The conditions in which the concept was formed no longer obtain.

The corollary of this argument is potentially sinister. It seems to imply that, as social workers gain more power, they will cease to be concerned about whether or not their clients are self-determining, justifying the patterns of their work on other grounds. That raises important ethical and practical considerations; and it seems to imply that a greater emphasis on self-determination might be desirable. The difficulty is that, if the arguments I have put

are correct, the attempts of social workers to foster 'self-determination' are likely to be nugatory.

Part of the problem rests in the concept itself. The idea of 'self-determination' which I have addressed is a strange one, remote from the civil, political and social ideals from which it is derived. Self-determination is a quality which social workers are supposed actively to promote. The US Code of Ethics suggests, for example, that "the social worker should make every effort to foster self-determination on the part of clients" (cited Levy, 1983). Plant points to the potential for contradiction which arises when writers argue, like Biestek, that self-determination is a right, and then that it depends on the social worker to decide how that right should be exercised. (1970, pp 26-27) The idea confuses more than it clarifies.

It may be helpful to return to the point which I began with - the concept of freedom. Freedom is not, I argued earlier, equivalent to self-determination, even though the concepts are closely related. Freedom, by contrast with self-determination, places a set of limitations on social workers' activities. The demand for greater freedom means that social workers should respect their clients' basic liberties - an issue which, as social workers gain authority and influence, becomes increasingly relevant to practice.

This formulation may seem at first vulnerable many of the objections made to the use of the term 'self-determination'. If freedom is presented as an absolute value, or even as a very strong one, then there may be difficulties in reconciling it with the kinds of intervention demanded as part of the social work process. Reamer suggests, for example, that

"An individual's right to freedom takes precedence over his or her own right to basic well-being" (1982, p. 77).

This seems at first to offer an approach very similar to the arguments for 'self-determination' made above. In part, the difference rests in the emphasis which is placed on freedom. It is not the primary objective of social work to enhance the client's freedom; to pretend that it is would be humbug. Social work has a wide range of objectives. They include empowering the client, but they also include a number of other objectives which may conflict with this, including the welfare of the client, the welfare of others, the building of social relationships, the development of particular patterns of conduct within a social context, and the enforcement of social norms. But the same arguments could be made about the relative importance of self-determination. The main difference between 'self-determination' and 'freedom' is that self-determination is presented as a concept which the social worker must actively promote: Biestek, for example, sees self-determination as a core value which is subject to limitation when other principles intervene. Freedom, by contrast, is constructed not so much as a code for social work practice as a set of limitations on it.

It may be helpful to give some illustration of how this principle may be interpreted. Breaching a probation client for re-offending does limit that client's freedom. Instructing a family that unless they let the social worker in further steps may be taken is a limitation of the family. Directing an old person with dementia to short-term residential care to give a carer a break is not exactly promoting that person's self-determination, though it may help the carer's. In each of these cases, the social worker is seeking (amongst other things) to protect someone other than the people with whom they are working most directly - respectively victims, children and carers. The client is being clearly and directly restricted. But there are limits as to how far that restriction may be justified, and those limits depend on the freedoms of the client. There is a balance to be struck between the aims of the social worker and the clients' rights. In assessing the response which is appropriate in each context, one would not be justified in disregarding the clients' freedoms, and it is desirable to respect those freedoms to the greatest degree consistent with the work - through discussion, consultation, offering choices, or examining options. But this is not the same as

suggesting that the social worker has the ethical duty to promote the self-determination of those clients, which in each of these cases would be substantially inconsistent with the demands of the work.

The limitations on the power of the social worker which are implied are important ones. To say that social work clients should be as free as possible means, from the point of view of negative freedom, that interventions must be justifiable. Social workers should limit their intervention to a necessary minimum - while recognising that their intervention does infringe the negative liberty of their clients. From the point of view of positive freedom, it means that social workers should select options which tend to increase the power of their clients to act, and the clients' ability to choose - which are some of the primary justifications for limiting negative freedom. To increase the clients' psychological freedom, social workers should seek to enhance the power of the clients to make choices.

None of these steps is inconsistent with a recognition of the potential of social work to undermine the client's freedom, negatively, positively or psychologically. In practice, such conflicts will arise, not least because so much of the activity undertaken within social work takes place within the constraints of statutory services. It is precisely because such a potential exists that ethical principles are necessary to guard against it.

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