

RESISTANCE FROM WITHIN: SOCIAL WORK WITHIN THE COMMUNITY SUPPORT
SECTOR OF THE ONTARIO MINISTRY OF HEALTH AND LONG TERM CARE

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ABSTRACT

Resistance from Within: Social Work in the community Support Sector of the Ontario Ministry of Health and Long Term Care

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This study examines the impact of surveillant care managerialism upon the practice of three social workers employed within the community support sector in Ontario health care. It applies the “Foucauldian Toolkit” of Jason L. Powell to examine the nature of the discourse shaping their practice and how they are both complicit and resistant to these discourses. It introduces recognition theory as counter discourse and argues that through the unique knowledge gained through relationships of respectful recognition that social workers act justly. Moreover it is argued that the relationships between social workers and their clients is the source of our unique knowledges as practitioners. Finally, this study examines the implications of social workers integrating a Foucauldian understanding of the reflexive relationship of power/knowledge and how through intersubjective relationships, we practice, create identities and serve the needs of justice even in a system and profession which does not acknowledge it as a requirement.

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DEDICATION

To the countless people I have had the opportunity to build relationships with in my work: Thank you for the chance to learn and grow as a man and a social worker. Please accept my apologies for all the times I unconsciously contributed to your suffering and oppression.

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CHAPTER 1. INTRODUCTION

The past twenty years in Ontario have been a time of significant change in how health and social services are constructed and delivered to seniors and disabled adults in Ontario. This paper will examine how seniors are perceived, how their needs are identified, how these needs are met, or not, and the role of the social worker in relation to all of this. A great deal of scholarship has been devoted elsewhere in the world to identifying, describing and questioning the impact of neoliberalism on how services are delivered and upon the role and identities of social workers.

Neoliberalism is about,

- An emphasis on management and performance measurement and a corresponding decline in policy work; (...)
- A “disaggregated” approach to public sector management entailing attempts to introduce and/or increase competition within the public sector; an emphasis on fiscal constraint;
- The importation of private sector business practices; and
- Deregulation in favor of markets Hood, (1990, as cited in Evans, 2005)

Harlow (2013) calls this *technicist* practice which requires practitioners to follow “detailed procedural guidelines and to adhere to checklists when carrying out assessments” (Harlow, 2003, p.35), the indeterminacy of social work expertise, i.e. communication, relationship building, professional decision making and autonomy has been removed. Scholars in Great Britain, Australia, and New Zealand, most notably Powell (2001, 2009) Powel and Khan (2012) and Harlow (2003, 2013) have all produced critical scholarship and leadership in identifying how the managerial technicist system of providing service has succeeded or failed the seniors and the communities identified.

In Ontario, little scholarship exists identifying how the neoliberal ethos has shaped the role of the social worker and their place in the system and society. Social work as a profession

has arrived at a point of tension where the traditional values and skills of the professional social worker are often at odds with the demands of the neoliberal and technicist system that has been embraced as normative (Lymbery, 2012). Social workers still meet with people in their homes and in the community and are tasked with getting to know the client, identifying their needs and making plans to meet their needs. What happens when the needs of the client cannot be met by the service system(s)? This paper seeks to address the tension that front line social workers experience as they enter into their professional relationships with clients. How do they respond to that tension? How do they perceive their relationships with clients, their roles, the identities of the clients and their own selves as professional social workers?

I have argued that the social worker - client relationship is the foundational element of social work intervention, regardless of the functions and job descriptions we may inhabit or to which we are held to account. Social workers develop relationships of respectful recognition with individual, unique clients, and this fundamental act is the foundation of all social work. All of our interventions arise from this simple moment of relationship building with an individual, family or community. Moreover I contend that social workers and clients are capable of forming complex relationships and these relationships can and do exist within a neoliberal service system regardless of the barriers that the demands of the managerial technicist model of service impose and the constraints that its value base imposes upon the social worker-client relationship.

This paper will build upon the work of British scholar Jason Powell and his “Foucauldian Toolkit” (Powell, 2009) and Dr. Amy Rossiter’s use of Honneth’s *recognition theory* (Honneth 2004; Rossiter, 2007 2014,). It will demonstrate how Ontario’s model of services for seniors and disabled persons with its emphasis on assessment, the determination of eligibility, monitoring and risk management is endeavoring to reshape how social work sees itself as a profession. I

seek to illuminate the power relations inherent in social work, and to examine the reflexive relationship between power and knowledge.

My main research question is: How are the identities and subjectivities of social workers restricted or enabled by their newly redefined roles under a reorganized health care system in Ontario? Sub-questions include: Are social workers able to recognize and articulate how their practice is influenced by these new roles and how are they responding. What is the role and function of the social worker within this system and finally, what concept of justice do social workers have within this managerial system? Is it a conscious part of their practice? And how do they perform as justice seeking professionals?

Aronson and Smith (2007), Harlow (2003) Lymbery (1998) all identify the tension within our profession between the technicist procedural demands of the neoliberal model of practice and the “indeterminacy” or uncertainty of human interaction which requires social workers to exercise professional judgment. It is within this tension between our technicist managerial roles and our core social work function of *recognizing* clients as individuals (Rossiter, 2014) that our profession faces its greatest challenge. Lymbery (2001, p.865) suggests that social work has thus far not been successful in articulating the “complex and sophisticated” process of professional judgment which underpins its practice”. This paper is a starting point to clearly identify the tensions raised within and between the managerial, technicist system and the indeterminate, sophisticated process of working with seniors, their families and the communities that support them. Using Foucauldian discourse analysis, I will examine the competing discourses which social workers embody in their efforts to provide service and promote justice within the Ontario community support sector.

Context and Background

In 2006 the Ontario provincial government signed into law the creation of Local Integrated Health Networks (LIHNs) which divided the province geographically into fourteen service areas. Each of these networks has responsibility for the planning, delivery and funding of all health care services in that geographic area. Central to this model has been the creation of Community Care Access Centers (CCACs) established as an arm's-length non-governmental organization (NGO) tasked with administering the funding for all community based health care in the province. This includes both 'home care' and management of the waiting lists for access to Long Term Care homes. Small not for profit community organizations which provided the supportive services needed by seniors and disabled persons grew as government contracts were awarded to provide the services funded by the CCACs and LIHNs. These community support services then hired more social workers to case-manage the inventory of services they were mandated to provide/offer to clients. Private businesses were also contracted to provide government-mandated services and they are in active competition with not-for-profit organizations, whose mandates support an array of psychosocial, instrumental and advocacy needs of the seniors in their communities.

Central to this new model of service delivery has been the implementation of a standardized assessment package. The tool currently in use is called the RAI-CHA or Resident Assessment Inventory-Community Health Assessment. The RAI-CHA has been developed over time and has a number of variants used to assess the needs of individuals in different environments. It takes the place of numerous other assessment tools, combining them into one centralized vehicle with standardized scores and Client Assessment Protocols, or CAPS, which are used to determine a senior's needs, eligibility for service and service levels.

The health care sector in Ontario is under enormous pressure at this time. In the next two decades the government predicts that there will be double the number of persons over the age of 65. The number of centenarians will triple and the number of people aged 85 and older will quadruple. These numbers are even more alarming when considering that at this time 1% of Ontarians account for 33% of all expenditure on health care in Ontario. Currently the costs of supporting a senior in their home is \$42/day, in a Long Term Care facility it rises to \$126/day, and the cost of hospital care is \$842/day. (OACCAC 2015) Within any context these numbers would be cause for great concern for the near future. Within a neoliberal framework the implications for social work as a profession, and the individual practice of social workers, is enormous.

Neoliberalism and social work in Ontario

The history and impact of neoliberalism on social work in Ontario and Canada has had many effects and created much dialogue within the ranks of social work educators and administrators. Barter (2013) has ably outlined the process following the North American Free Trade Agreement. The Sector Studies unit was created federally to “increase the competitiveness of the profit sector” (Barter, 2013 p.234). To accomplish this, the Agreement on Internal Trade (AIT), was established to harmonize the standards of practice in industry across the country. Subsequent to this, the Canadian government mandated that a national Social Work AIT task force be set up to establish competency profiles, and to create regulatory bodies.

The Canadian Council of Social Work Regulators (CCSWR) was established and in 2005 the provincial counterpart, the Ontario Association Social Workers and Social Service Workers... (OASWSSW) was formed. Since that time two things of significance have occurred

in Ontario and Canada which impact the practice of social work. The CCSWR and the OASWSSW have pursued competence-based standards of practice with little or no input from social work educators. The “egalitarian and humanitarian ideals” (Barter, 2013 p.230) of the profession have been removed from the Canadian Association of Social Work Code of Ethics. The resulting impact upon social work praxis has created much tension for daily practice and within the profession itself.

As a profession dedicated to giving voice to vulnerable and marginalized populations it has been the role of social work to advocate for these persons and to challenge the status quo or any deficits in government policy or funding. However, “within these structures, social workers have clearly defined statutory responsibilities and tightly defined boundaries designed to maintain adherence to social order” (Dominelli, 2010). This insistence on an adherence to social order has resulted in changes to the Canadian Association of Social Work’s Code of Ethics. In “professionalizing” social work in 2005, the concept of justice was removed, and the humanitarian and egalitarian values that social work has always embraced are no longer enshrined in our Code of Ethics. Within a managerialist system with its market values we are left with “a (re)distributive view of social justice [which] simply compensates victims of social injustices and does nothing to change a society characterized by inequality along lines of race, class, gender, age, sexuality, and so on” (Mullaly, 2007, p.52).

The management systems and values of the 80s and 90s which transformed the state and private sectors now prevails in the nonprofit sector. There is now an expectation that we become a “lean and mean” organization (Hood, 1990) accountable primarily to funders rather than the stakeholders served. In shifting towards a market model of service delivery, clients have become consumers and the market’s job is to provide choice to its customers. “The assumption is that

needs are transparent and obvious to the consumer, requiring no interpretation by professionals” (Froggett, 2002, p.543).

Another significant change under a neoliberal ethos has been the shift of social workers from being case managers to care managers. Case managers have historically been responsible for the identification and management of the needs of an individual. Care managers have become responsible for coordinating services that the client may require and determining eligibility to access those services. (Harlow 2003; Lymbery 1998; McDonald et al., 2007), “The simplistic character of much care management practice—the categorization of need, followed by the delivery of a standardized service response—is not always sufficient as a response to the complexity of human experience” (Lymbery, 1998, p.876). This fails to recognize that there is no one set of skills or competencies which can be called upon to address human need. (Barter 2012)

The competence-based skills and standards embraced by the CCSWR became requirements which can be measured and managed to demonstrate effectiveness of service delivery (Jones & Joss in Harlow, 1993). The indeterminacy of social work expertise, i.e. communication, relationship building, professional decision making and autonomy has been removed.

Unfortunately as the neoliberal model of service evolved in Ontario, nonprofit organizations (NPOs) began to implement a new public management policy which included changes in their funding. Under the new policy NPOs have to compete for funding on a short term basis, demonstrate their fiscal responsibility and meet the fiscal demands of the funding government. At this time, social workers within the community support sector find themselves in a situation where employers are rewarded for applying business management principles, their

professional roles are being defined by rigorous prescribed activities and techniques, clients have become customers and the concept of justice has been excised from our professional ethical framework. My field research focuses upon what is happening between social workers and clients in the community when the system is unable to address the needs of the client and the social workers find themselves outside the mandate of their employer.

Positionality

As a researcher I bring a number of identities to the task of this study. I am male, cis-gendered, white and middle aged. In many regards I am a part of the power elite as it exists in Ontario society. I bring this forward in an effort to claim it and to ensure the dialogue I am engaging fellow practitioners in remains open. As Conquergood (2000) says, the aim is “to bring self and Other together so they may question debate and challenge one another...Dialogue resists conclusion. It is intensely committed to keeping the meanings between and the conversations with the researcher and the Other open and ongoing.” (Conquergood, 2000, in Madison, 2004, p.9). This is particularly important as I have worked within this sector and clearly have a critical position. I am critical of the impact of neoliberalism on social workers and how it shapes our practice. My hope is to give voice to the study participants to learn from them and I am intensely aware of how my “own acts of studying and representing people are acts of domination” (Madison, 2004, p.7). My goal is to co-create with the participants, knowledge that is accurate and respectful.

As stated, I have worked within this system for approximately 7 years. During that time the government began to implement many changes into the community support sector including the RAI-CHA, new funding contracts and strategies, the insistence upon my NPO becoming accredited and the eventual evolution of my role and responsibilities as a social worker working

with isolated, frail seniors in the community. During this time assessment and referral became the primary focus of my role and scores from the RAI-CHA tool were used to determine eligibility for personal care in the home. Eventually, as the demand for services increased, the scores required on the RAI-CHA to access funded services also increased in order to manage increasing demands. My NPO developed its services into a fee based model, responding to the idea of consumer “choice” in a marketplace, and issues of poverty, addiction and mental health were left unaddressed. At the same time, issues of clients’ capacity began to increase and with them the complexity of the social worker’s role. The previously-allowed professional discretion and latitude in decision making was being restricted, as was the prescribed amount of time allowed by the funders to work with any given individual.

Because of the tremendous changes in Ontario’s health care system since 2006 it is time for Ontario social workers to begin to examine the impact that neoliberalism has had upon our professional identities and relationships with our clients, how we conceptualize the identities of our clients and the impact that the current model of service is having upon us all. I find it compelling that the language of justice has been eliminated from our College, leaving each social worker to develop and identify their own framework of justice. I am deeply concerned with what will happen as social workers enter

CHAPTER 2: THEORETICAL FRAMEWORK

The theoretical framework for this research is built upon two primary pillars of thought: the work of Michel Foucault as it presented by Jason Powell, and Amy Rossiter's development of Axel Honneth's *recognition theory* for social work practice. The work of Foucault is far ranging and touches upon many elements of society and practice which are beyond the scope of this paper. Therefore I will be developing concepts presented by Jason L. Powell in his 2009 article *Social Theory, Aging, and Health and Welfare Professionals: a Foucauldian "Toolkit"*. The primary focus here is Foucault's notions of governmentality, surveillance, the reflexive relationship between power and knowledge, subjectivity and identity. Rossiter develops Honneth's recognition theory, and challenges the liberal humanist underpinnings of managerialism which "seems to rely on a misleading idealization of individuals as self-sufficient and self-reliant", failing to "adequately conceptualize the neediness, vulnerability, and interdependence of individuals" (Honneth and Anderson 2005 p.128).

Governmentality can be understood on many levels. First, it is understood as the way in which the state governs or controls the population. On a deeper level, it articulates how people are taught to govern themselves so they can fit into the "system," allowing governments to appear to have less power over its citizens. Neoliberalism as a form of governmentality has created a circumstance where "individuality and self-responsibility" are the processes of governing (Irving 1999; Powell 2009; Smith 2012). Individual failings and irresponsible behavior are seen as the cause of people's suffering, and the governing body is no longer responsible for the circumstances of its suffering citizens.

Foucault's understanding of governmentality is useful here as it identifies the process of how the social worker and older person are constructed within the neoliberal system. Powell (2009) has identified how neoliberalism has created the ideal senior citizen and the role that social work has played in facilitating and supporting this conception of subjectivity. Intrinsic to this is Foucault's understanding of power, which exists only when it is used: "power always entails a set of actions performed upon another person's actions and reactions" Or it is "an arrangement whose internal mechanisms produce the relation in which individuals are caught up", (Foucault, 1982 p.220) as Rossiter (2007) puts it; "subjectivity is an effect of power." (p.28) This concept of power is central to the discussion of the relationships and systems in which social workers and seniors participate. It is here where power is manifested and subjects created.

The Foucauldian concept of the panopticon and surveillance is significant for two reasons. First is the development and use of information and technological systems central to the managerial and technicist evolution of social work and services (Harlow, 2013) which allows the senior to be constantly surveilled and monitored. Second, it allows the state or funding bodies to monitor and manage the social worker, who must within the managerialist system account in minute detail for their every action, the outcomes of practice and the results upon seniors. The consequence of this is that the surveillance has become internalized: "He who is subjected to a field of visibility, and who knows it, assumes responsibility for the constraints of power; he makes them play spontaneously upon himself; he inscribes in himself the power relation in which he simultaneously plays both roles; he becomes the principle of his own subjection" (Foucault, 1982 p.221)). He says elsewhere, "Whenever one is dealing with a multiplicity of individuals on whom a task or a particular form of behavior must be imposed, the panoptic schema may be used" (Foucault 1982 p.221). With the neoliberal form of governmentality and

its accompanying managerial/technicist technologies, Foucault's original theory and Powell's expansive theory are useful tools to understand what is happening. As Powell (2009) puts it,

The price to be paid, however, is that the relationship between helping professionals and older people has been reduced to one of surveillance. The surveillance role evokes a "surface" of reality as constructed as "depth," whereby professional methods of surveillance are presented as "concern" models. This act of observation confers a uniformity that emphasizes the "protective" role of the professional rather than the substantive requirements of older people at the center of surveillance (or 'professional monitoring')" (Powell, 2009, p. 671).

Foucault (1982) and Powell (2009) enable one to see how knowledge and power combine to create the subjectivities of social workers and clients, and how the medical gaze or governmentality illuminated by Foucault maintain those subjectivities by determining what information is deemed important, or, as Gibb (2015) puts it, discourse which "allows, limits, enable and constrains what can be said by whom, where and when". The Foucauldian lens will also allow for an examination of how social workers and seniors are resisting this and co-creating subjectivities which are unique to the field of social work.

The second platform of the epistemic scaffolding I am building upon is the work of Dr. Amy Rossiter and her application of Axel Honneth's *recognition theory* to social work as an ethic of justice. Dr. Rossiter has combined recognition theory and a postmodern, Foucauldian analysis of self and subjectivity which challenges the Liberal Humanist subject as a "unified, rational, subject who chooses, decides and acts as an individual who is author of her place in society" (Rossiter, 2007, p.31). Rather than the individual notion of self, recognition theory argues for an intersubjective concept of self where identity is formed reciprocally in relation to

others and society. Central to this is “the notion of subjectivity as an effect of power...where individual and social are co-constructed through language” (p.26). This is important for this study, as “Language, already social can be understood as discourses-language boundaries that include and some things and exclude others” (p.29). This study will be an examination of the major discourses which emerge in the practice of three social workers working with seniors in the community.

CHAPTER 3: LITERATURE REVIEW

The literature which exists addressing the impacts of the neoliberal, technicist and managerial ethos upon modern social work practice is very diverse and complex. Complexity is in itself a theme which emerged in an examination of the impacts of neoliberalism upon practice. Of concern is “the simplistic character of much care management practice—the categorization of need, followed by the delivery of a standardized service response ...is not always sufficient as a response to the complexity of human experience” (Lymbery, 1998, p.876). The demands for a less complex practice has also impacted upon the understanding of the knowledge and skills of practitioners. As Baines (2010) notes, “under new private sector-like models of work organization, skills are no longer recognized as a complex synergy of formal, informal, individual and collective knowledge that develop incrementally through social interactions” (p.329). Rather what is lamented is the increase in the “technologies” of risk and the administrative duties required to document, assess and determine eligibility of clients. The result of this has been that “service providers (and managers’) attention was diverted from the scale and complexity of clients’ unmet needs and from their structural roots”: (Aronson and Smith 2010 p. 537)

This diversion is significant, on a number of levels. The “administratively” oriented systems we function in “make it difficult for social workers to retain a sense of the professional nature of their task” (Lymbery, 2009 p.873). Further, Lymbery suggests that “social work has not been successful in articulating the complex and sophisticated professional judgments which underpin its practice” (p.865). A growing body of literature addresses the tensions between the competency based standards and best practices which have in Canada, developed since the sector study in 2005 with its “narrow focus on outcomes, routine tasks and prepackaged knowledge”

(Barter, 2006); and the voice which calls for social work to address “the uncertainty, complexity and unpredictability associated with the realities of working with vulnerable populations” (p. 234). As Gregory (2010) puts it, “the reality of practice is characterized by indeterminacy, uncertainty and ambiguity” (p. 2287). This complexity which Gregory describes “is a form of human action based upon relationships between the helper and the helped” (p. 2282). It is within the relationship between the social worker and client that much of the tension arises for practice within the neoliberal system. Social workers are challenged with the tasks of balancing the technical aspects of practice with the indeterminate elements while struggling to protect the reality that it is within relationship that praxis occurs. It is the centrality and importance of relationships that has emerged as the central theme in this literature review.

The challenges, tensions, barriers, and desires of both the social worker and client are all related to the nature of relationship. (Alexander & Charles, 2009; Berersford, Croft, Adshead 2008, Brocious et al., 2013; Carey & Foster, 2011; Fine & Teram, 2013; Ribner & Knei-Paz, 2002). Alexander and Charles (2009) identify relationships between client and social worker as “essential rather than incidental. Social workers are expected to establish and use their relationships with clients to establish appropriate levels of intimacy to achieve goals” (p.6). Both clients and social workers have identified the importance of relationship in their interactions. For clients it is the sense of relationship or connectedness which differentiates between a successful working relationship with a social worker and a failed experience (Ribner & Knei-Pez 2002, Beresford, Croft & Adshead, 2008; Gregory, 2010). Social workers identify the importance of the client relationship in problem solving and in adding to the meaning of their work. According to Baines (2006) practitioners are lamenting the loss of their relationships with clients as the standardization of work increases.

The literature points to how neoliberalism has impacted on relationship and how it has created a new “form of interpersonal relationship founded on market individualism” (Wallace, 2011 p.138) and that “the reconstruction of the relationship has been the pathologizing and individualizing of issues and the replacement of social and political rights with clinical case management” (p.138). Or put another way, the relationship becomes focused upon individual deficits rather than the individual needs and identity of the person requiring services and the barriers or structural deficits involved in addressing those needs. Bain (2006) notes very clearly that when your responsibility as a social worker is to ration services, your relationship to the client is transformed. The exclusive or overemphasis upon this pathologizing of individual need is named as a problem in all of the studies identified. This has resulted in a situation where social workers have had to describe their practice in terms of the consumerist managerialism with its obsession on performance management and outcome or evidence based practice (Harlow, 2003; Smith, 2007; Wallace, 2011). Smith (2007) identifies this practice as a fabrication which occurs when people are no longer encouraged to have a rationale for practice in terms of a meaningful relationship to others (p.172). This has been identified in numerous studies but is most clearly represented by Gregory (2010) who conducted a study whose participants named this as an essential component of their practice and how within their practice context it is relationship which impacts most profoundly on change and a positive experience for clients.

Related to this is the way that “professional” social worker and client relationships have become problematic for practitioners in the community. The complexity here is summed up by Alexander and Charles (2009) who observe that “there is considerable disparity between theory, regulation, and practice regarding social workers’ relationships with clients” (p.9). Still, practitioners in studies all respond to the demands to be professional. This demand for

professionalism can be attributed to the indeterminate aspects of the profession and the neoliberal response within the profession to become more professional in an effort to achieve or maintain status (Harlow, 2013). The impact of this has been negative, by relying upon formulaic best practices to direct social worker-client relationships they have become dehumanizing due to the creation of restrictive and artificial barriers (Alexander & Charles, 2009, p. 6). By limiting the use of self the practitioner limits how the therapeutic relationship develops (Arndt-Caddigan, 2005).

A major tension revealed is the assumption that professional social worker-client relationships are one directional. However, studies of human development and identity reveal that, “in fact, all human relationships are jointly created and reciprocal” (Alexander and Charles, 2009, p.10) thereby creating a conflict for social workers who experience a two directional or reciprocal relationship with their clients. This conflict is a result of the failure to recognize the complex nature of the relationship between the social worker/client. On the one hand, clients report that a successful experience with a social worker is based upon a relationship of mutuality and reciprocity. The language that clients use to describe these relationships include, friendship, love, real, genuine and so on. When practitioners experience this type of relationship they are left with a sense that they are unprofessional, unethical or simply inadequate (Alexander & Charles 2009; Beresford, Croft & Adshead 2008; Brocius et al., 2013).

The complexity of the social work relationship is such that it can be reciprocal and mutual without being unethical or unprofessional. The fear of mutual relationships has impacted the social worker/client relationship with the belief that any sort of mutuality is unethical and that the professional must remain ethical/detached at all times. By ignoring the reciprocal nature of our relationships with clients we lose sight of the importance of reflexivity in practice. This is

one of the more complex issues raised by the authors in this study. Critical reflexivity is a unique characteristic of social work practice. By ignoring the importance of relationship and the reciprocal nature of that relationship for practitioner and participants we are lapsing into a form of practice that is technical but not personal. This is the dynamic that is challenged by Powell (2009), Gregory (2010), and Harlow (2003) amongst others who decry the belief that social work is a one way impersonal profession that does not require relationship.

Gregory states that practice is “a human endeavor in which a reflexive helper shares a problem and helps another to generate a solution for positive change” (p.2288). The critically reflexive practitioner is aware of how their identity and practice is shaped by those they assist and they also are aware that the people who are assisted by them are shaped by our very efforts to know and assist them. This again is an example of the complexity which is the norm of social work practice. This complexity is further manifested by what Gregory (2010) calls the moral character of practice. Practice, she says is “suffused with judgment and reflection upon the unique and particular circumstances of the person to be helped and is not readily reduced to the straight-forward application of technique” (p.2288). Social workers in the studies here are all aware of the unique circumstances of those they try to help. A critically reflexive practice allows them to see the disjoint between their values, and the failure of the system to address the needs of those they are trying to help. Smith (2007), Baines (2006), Aronson and Smith (2010), Beresford, Croft & Adshead (2008), Alexander & Charles (2009), and Ribner-Knei-Paz (2002) all point to the tension which arises when a critically reflexive practitioner is confronted by the shortcomings of their employers and the systems they work in, attempting to address the expressed needs of their individual clients.

Values are another common theme identified within the literature. Wallace (2011) points out that “Social work as a central entity within the welfare state has been challenged in terms of to its values base and relevance” (p.132). While much has been reported on the impacts of neoliberal values upon the professional role of social work little has been done to explore its impact upon practitioners themselves (p.136). This is crucial for a number of reasons. First is the acknowledgement that the public sector where social work exists is “values saturated” and second, managerialism has “inserted its business practices and corporate values into the profession and sector” (Smith, 2007, p.191). Irving and Gertig (1998) point out that some believe that the essence of social work values has been subsumed into neoliberal legislation. Smith (2007) takes this concern and expands upon it to include the way in which neoliberal power creates “citizens capable of bearing the kind of regulated freedom, and who align themselves with a particular set of community values, beliefs and commitments (p.34).

This aspect of the impacts of neoliberalism upon social workers is significant. First, it influences how individual social workers and their identities are formed. Second, depending upon how these identities are formed, the ability or desire to enter into relationship with clients is affected. As noted above it requires a critically reflexive practitioner to be aware of how they impact care recipients and how they are impacted by the care recipients. If we are constructed as noted above, in line with neoliberal values, we are interrupted in “our ability to fashion a responsibility to and a valuing of the “social” [other] because the self is so preoccupied with issues pertaining to its own survival” (Smith,2007 p.35).

If as practitioners we become preoccupied with ourselves and we are unable or unwilling to enter into a mutual relationship, one questions how our practice is impacted. Baines (2007), Powell (2009), Rossiter (2014, 2007), and Smith (2007) all call on mutuality and a reciprocal

relationship which has an element of mutual dependence: dependence for identity and opportunity to express values, achieve goals and create identities. Without this mutuality how do social workers see themselves in relation to their clients, and how do they experience themselves as practitioners? “The subjective self means not only do we accept the practices/discourse and the ideas that go with them, we position ourselves on a conceptual map, we take on the roles defined by concepts and think of ourselves in those terms” (Gibbs 2015). This frames the challenge of the adoption of a “subject position.” Social workers who operate within this system, are they choosing subjectivities of efficiency surveillance and management using their role and power to safeguard the consumer status of the neoliberal senior citizen or are social workers adopting subject positions which embrace mutuality, interdependence and embrace a fuller understanding of who seniors are what their needs are separate from the confines of a carceral state?

CHAPTER 4. METHODOLOGY

To begin to understand the impact of managerialism and the neoliberal ethos upon the community support sector of care in Ontario I have used a Foucauldian, Critical Discourse Analysis. This methodology has a number of unique and useful elements which have not yet been applied to community health care in Ontario. I built upon the work of Jason Powell (2001, 2009, 2012) as previously mentioned who observed within the British context that the policy development dealing with gerontology has had no basis or foundation in theory throughout the rise of the discursive formation of the neoliberal era. Consequently, he has applied a Foucauldian analysis to the development of community health care and the discourses which underpin its existence.

The Foucauldian lens is particularly useful as it can be turned towards the neoliberal discourses which have become fixed and dominant in our society. When discourse has “stabilized... it can be referred to as a “discursive formation” which can come to characterize a particular period” (Powell and Khan, 2012). Moreover, they go on to say that:

there has been very little Foucauldian analysis of social work and its relationship to power. This leads us to argue that a Foucauldian analysis of power relations needs to explore the forms of governmentality that regulate and manage the everyday lives of citizens (p. 132).

As a profession which is embedded within the community health care sector in Ontario, at all levels of intervention it is useful here to apply a Foucauldian lens to what it is we are engaged in co-creating with our government. Specifically, I have identified the discourses, which Powell and Khan (2012) describe as “inseparable combinations of knowledge and power that along with their respective technologies [specific techniques and associated practices i.e.

assessment, care planning] operate to subjugate individuals in specific circulations or “regimes of power” (p.134) or how they resist this. This type of analysis has not yet been attempted in Ontario.

To address the questions raised I have interviewed three experienced social workers working within the Ontario community support sector. These practitioners are front line professionals who are engaged with seniors in the community in their homes. All of the participants are at an age where they do not have any professional experience in the field prior to the discursive formations of this era. The participants are all registered social workers in Ontario and have been practicing for between four and eleven years. Two of the participants are graduates of two year MSW programs in Ontario with no prior professional experiences. One participant was in a program described as clinical (participant A or Ann) and the other (participant C or Carl) described their program as being built upon “evidence-based practices.” The third social worker (participant B or Barb) started working as a BSW-level social worker after graduating from a program identified as “Anti-oppressive” and after seven years of practice this participant completed an MSW from a program described as being focused upon the “development of working professionals.” Each of these participants has been working in the community during the implementation of the Resident Assessment Inventory-Community Health Assessment, or RAI-CHA, the tool used across the province to determine eligibility for services funded by the provincial government. Participant C is unique in that they have worked in the sector since before the implementation of the RAI-CHA tool.

I have used a semi structured interview format (Interview Guide attached, see Appendix B) with the participants; the interviews took place in neutral environments (library or empty restaurant) and were recorded digitally on a secure device. The transcripts have been encoded

and kept in a secure environment at all times. A professional transcriber was used and they have completed a confidentiality agreement before beginning their work (see Appendix A).

Powell (2009) applies Foucault's concepts of Governmentality, medical gaze and the panopticon to critique seniors' social services elsewhere and I will apply his analytical framework to the material collected from the participants to identify the "discourses, languages, and ways of seeing that shape the understanding of aging into questions that center on, and increase the power of, the health professions, and delegitimize other possibilities" (p.672). The powerful insight of Powell and Khan (2012) which this analysis builds upon is focused upon the "reflexive relationship between knowledge and power." They describe this as

the tendency for professional power to be reinforced by the sorts of questions professionals ask and the data they collect. This knowledge then progresses to a certain definition of a problem area that then feeds back to stabilize the original formulation of the "problem" itself. By the same token different policy positions point professionals to seek out certain forms of knowledge that tend to reinforce the ideological position of that policy and its associated discourses (p.133).

For Foucault the relationship between professionals and society is "both product and producer of the relationship" (p. 134). As a profession based upon interaction and relationship, social workers embody the tension of the reflexive relationship between knowledge and power. This study documents how three social workers are coping with the competing knowledges which they embody, the knowledge collected and documented through the use of a standardized tool like the RAI-CHA versus the knowledge they develop in their relationships with seniors in the community. In a health care system built upon the use of standardized tools and treatment

protocols to determine funding and quality, social workers are in a unique position to create their own subjectivities and to resist the dominant discourses.

CHAPTER 5. FINDINGS

The participants in this study are the employees of a service provider, under contract with the LIHN's in its geographical region. The employer is a not for profit organization, competing with for profit and other non-profits to gain customers for its services not directly or fully funded by the government. This is an important element of this analysis as the discourse about seniors as consumers is embedded into their roles and subjectivities as professionals. All of the participants are aware of the demands of the government and to expand the agencies client base. They understand the importance of complying with these requirements, or risk losing their jobs. "The rationalities of competition, accountability and consumer demand" (Rose, 1993, p.285) govern the workplace of these participants and must be understood as the dominant discourse which gives rise to the tensions and challenges these social workers face. As participant Barb puts it: "we need to report to the CCACs and the LHIN... It comes down to a numbers game, it feels like. We've lost the compassionate piece of the business, that's essentially what happened. We've lost the care. We've lost. We've lost the purpose oftentimes of what, what it means to be a social worker."

The interview started with a discussion about the RAI-CHA assessment tool and how it has influenced or affected their roles and their relationships with their clients. The tool was presented as emblematic of the neoliberal influence upon CSS and their role as social workers. I wanted to hear what sorts of language the social workers used to respond to the question of the RAI-CHA and its impact upon their roles and identities as social workers.

On a superficial level, all three respondents viewed the tool as a barrier to a successful assessment and to building a relationship with their clients. The assessment must be done on a laptop computer in a client's home which creates what feels like a barrier. Participant Ann says,

“I like to pay full attention to what the clients tell me, [and give] eye contact.” Participant Carl says, “I may lose information if I am focusing on the tool itself,” and participant Barb believes the use of a computer is itself a physical “barrier between the client and myself.” All three of the participants resist the use of the tool and either don’t do it, or they complete their own assessment first and then complete the RAI-CHA away from the client.

Ann resists doing the tool because “it doesn’t help me [to] help the client.” A major reason for this is that the tool is rigid and does not allow for any flexibility; it must be done the way it is designed to be completed. Barb’s perspective is that “it’s very rigid. It’s a medically-based type of assessment where you know you’re checking the box, are you good? Are you bad? Are you healthy? Are you sick or ...?” This lack of flexibility also forces the participants to ask questions which may be irrelevant or inappropriate for a senior seeking non-medical supports, for example, questions about incontinence seem intrusive when you are looking for Meals on Wheels.

Part of the rigidity of the RAI-CHA is the mandatory nature of its use. Every person who contacts the agency is screened using a RAI-CHA, and every client referred by the CCAC must have a new assessment done, even though the referral to the social worker came as a result of a recent RAI assessment. “I would already know from the social [work] referral those goals that the CCAC wanted them to complete with me and then I would ask the client, are you interested in working on those goals that the RAI-CHA has produced for you.... So I’m going to do it just for the sake of doing it because it’s part of my job.” (Ann). In Barb’s words, “I know that I’m limited to the RAI, essentially, in terms of when I’m gathering information.”

The resistance of the social workers to the RAI-CHA can be best understood using some of the Foucauldian conceptual tools Powell (2009) has presented. The medical gaze of Foucault

“refers here to discourses, languages, and ways of seeing that shape the understanding of aging into questions that center on, and increase the power of, the health professions, and delegitimize other possibilities.”

All three social workers interviewed found the RAI tool to be inadequate due to its medical nature. When working with clients, Barb says, “you’re trying to build a relationship with this person. It’s about relationships. It’s not about following the medical model. I’m not a doctor, and I’ve gone back to the agency that I work for and said you need to hire a doctor (laugh). I don’t understand half this stuff.” Ann says, “The problems are still there. I have to solve them and then it’s on to the RAI-CHA.” Similarly, Carl does their own assessment and then “grabs the instrument [the RAI-CHA]”. All three believe the knowledge that they require to do their job is different or outside of the medical information they are required to obtain.

When examining the medicalizing discourse which these social workers are resisting, we remember that discourses for Foucault are “historically variable ways of specifying knowledge and truth” (Powell & Kahn, 2012). These participants are resisting the demand to valorize medical knowledge over the knowledges that they have and which they have developed as social workers. This is an example of social workers resisting the dominant power/knowledge which says that the only knowledge/information you need is the knowledge the RAI-CHA provides. The RAI-CHA is a technique of power/knowledge “that operate[s] within an institution and that simultaneously create[s] a whole domain of knowledge and a whole type of power” (Foucault, 1977, p.185). Moreover, as Powell and Kahn (2012) state, “these domains effectively destroy the legitimacy of other, competing discourses” (pp. 133).

With seniors being constructed as consumers and the RAI-CHA being used as the sole means of understanding and identifying who seniors are, there is a discourse of confusion or

uncertainty which has emerged. These social workers are torn between the medical knowledge of the RAI-CHA and the knowledge which arises from their relationship with their clients. The move towards care managerialism is a “move away from direct social care toward “monitoring” and “assessment” (Powell 2006). However, this move to care managerialism has not been clearly articulated by the government, or their employer. For these social workers, their practice expectations for themselves are different than the expectations of the government who funds them. They believe that they are engaged in direct social care even though the governments’ demands are for assessment and monitoring. “Impersonality increases as contact is brief, clients become consumers choosing services, and written contracts represent partnership” (Harlow, 2003, p.33)

However, as Barb puts it, to be effective in their practice “there isn’t the idea of I’m professional, you’re a consumer of service. It’s let’s work together.” This embodies the competing discourses of client as consumer and its concomitant values of customer service, efficiency, and choice, with a social work discourse which is primarily focused upon a holistic recognition of the many and unique needs and identities of their clients. Barb continues, “it’s missing looking at the uniqueness of the individual, looking at what the person has to offer outside of their medical status.” The resistance and the discourse of confusion that these three social workers are manifesting is an example of how they are responding to the way in which power is acting through them within the neoliberal system and how they are being implicated in it, even as they struggle to resist (Smith, 2013) they know that an over-valorization of the RAI-CHA and the medicalized knowledge it produces does not serve their clients but rather meets the needs of the health care system in which they work.

Carl says, “so now your role has changed to be really aware of the assessment tool and the necessity of its completion.” For Barb, “it feels that, you know, it’s just because you have to report back to these big conglomerates that you have to have numbers and you have to account for everybody but it’s not because we care that Mr. Smith has been on the floor for three days necessarily. I can’t say that I don’t but I’m saying in terms of the bigger picture it’s more that we have to account for the numbers and where the money is being spent and who’s doing what and when.” Ann adds, “the LHIN wants all these RAI-CHAs but it actually makes no sense. And I don’t know if this is a LHIN thing or a [name of employer] thing but they want to be the best. Like no one is falling through the cracks here, no one is going under the radar”. This “falling through the cracks” fear that Ann names points to what (Nellis 2005 in Gregory 2010 pp. 2275) calls the surveillant managerial discourse, or more accurately what I understand as surveillant care managerialism.

The purpose of surveillance according to Gregory (2010) is “the control of risky populations” (p. 2276). The joining of assessment and surveillance is noted throughout the literature (Aronson & Smith, 2010; Powell, 2006, 2009; Powell & Khan, 2012; Smith, 2013; Wallace, 2011) and its relationship to risk is key. Ann and Barb above both point to the centrality of risk which is influencing their work. The drive to ensure that no one falls through the cracks and the fear of frail seniors being found on the floor is the risk in which they participate in mitigating. The insistence upon the use of the RAI-CHA which all three social workers speak about and resist passionately is about their role as risk managers.

Of the many scores and protocols generated by the RAI-CHA suite of tools the MAPLe score or Method of Assessing Priority Level is crucial. The MAPLe score is used to determine eligibility for fully funded in-home care as well as eligibility to enter into a Long Term

Care home. When Ann was describing why they didn't complete the RAI-CHA tool they said, "If I was a CCAC coordinator and needed to determine hours of eligibility [for in home service] for sure [I would do it]". Ann also disclosed that they are required to complete an assessment for every single person coming to the agency, and to create and manage a second case load of people who are to be contacted every six months in order to be assessed, regardless of their need or desire for service. This assessment will be the only "service" they receive from the agency, and the results will be added to a province wide data base tracking scores of all seniors who have contact with the system.

Barb says, "It feels that, you know, it's just because you have to report back to these big conglomerates that you have to have numbers and you have to account for everybody but it's not because we care that Mr. Smith has been on the floor for three days necessarily." This exemplifies the role and importance of risk management tools that Green (2010 p.378) discusses. "assessment tools, elaborate check lists, and risk management systems have been introduced to prevent things going wrong, and then managing the consequences when things do go wrong". All three social workers express frustration over having to assess clients for the purpose of surveilling their level of risk or MAPLe scores, rather than support them in pursuing individual goals and needs addressed by their own bio-psycho-social assessments.

Risk is a complex issue within the surveillant care, managerial system and is an underdeveloped theme in this paper and in Ontario social work. Risk is a somewhat nebulous term for these social workers even though they are required to open and manage caseloads of hundreds of people for the sole purpose of assessing, surveilling and managing risk. There is not a clearly identified understanding of risk for these social workers and its place of primacy has not

been articulated. Green (2010), Powell (2009), Powell and Khan (2012) and Smith (2012) have mapped the evolution of the discourse of risk of which these social workers are a part.

Within the dominant discourse of seniors as consumers, financial discourses have “supplemented” the medical and social discourses of old age (Powell, 2009). Surveillance care managerialism seeks to “challenge dependency” between older persons, health professionals and the system they represent. However, the discourse of dependency has developed and been expanded to include risk, e.g. “the risk of giving into an aging body, the risk of thereby being excluded from one’s retirement community, the risk of being too poor to maintain a consumer lifestyle” (Powell & Khan, 2012, p.144). The risk of being unable to exercise one’s identity as a consumer has enormous implications for these three social workers as risk management becomes focused upon eliminating or mitigating the likelihood of an older person losing or not participating in their consumer lifestyle. To accomplish this, the RAI-CHA is being used to identify risk factors and pre-detect risk.

This discourse of risk pre-detection is further expanded and deepened by Smith (2013) who develops Castel’s (1991) concept of systemic pre-detection (Smith 2013, p.33) which are “interventions aimed at the prevention of risks by implementing new modes of surveillance” (Castel, 1991 p.288) The RAI-CHA that these social workers are being compelled to use is being used to pre- detect the risk levels of all of the seniors who come to their agency. The impact of this upon the social workers and the social worker client relationships is significant for a number of reasons. First the “myth” of pre-detection has created a “reliance upon calculative reason, hyper rationalism and pragmatism: it pretends to eradicate risk” (Castel, p.289, in Smith, 2012). Secondly, “social worker’ interventions will no longer be limited to simple concern for an individual or family, rather, intervention will be concerned with detecting and preventing all of

those combination of factors that are liable to produce risk” (Smith, 2012, p.144). This points once again to the frustration of the social workers who decry the lack of importance given to their relationships with seniors and the unique knowledge these relationships offer in understanding seniors as unique and whole individuals. As Barb puts it, “the person may score four out of five on the MAPLe score or whatever it is but there’s a story to that. There’s always an extra piece, an add-on. There’s always something more and I find that with the RAI you really can’t capture that.” Again, this illustrates that there is much more to the social worker-client relationship and problem solving than assessing risk. This expresses Smith’s comment that “rather than offering opportunities for developing narratives about service user’s lives that take into account the complexity of contexts, these new risk management tools continue to shape social worker’s practices into narrow measurable behaviors” (Smith 2013, p.145).

The consequence of reducing social worker practice to “narrow measurable behavior” is that it creates a false impression of actually creating and providing service. Through the reification of assessment and risk assessment it appears as if a great deal of service and support is being offered to the seniors. However, as Ann states, “I’m really, really busy but I am not really doing very much,” rather than being concerned with care or cure of our clients we have become concerned with their “administration according to the logic of risk minimization” (Rose, 1996, p.349). Hence Ann’s concern that they are developing a caseload of five hundred people “whether they like it or not” once they trigger a risk element during their assessment.

Through the reification of the RAI-CHA as a risk assessment tool, and the creation of management systems, structures and services which “preserve the appearance of accountability in order to defend against institutional risks,” social workers “encourage service users to become

“rational” and “responsible” individuals who assume risks on their own behalf, thus freeing state actors from any prior social obligations” (Smith, 2007, p.172). The manner in which this is being manifested is through a discourse of choice, or more accurately a discourse of rational, responsible choice which these social workers are participating in.

Currently these social workers are acting within a discursive formation where seniors are first and foremost consumers. Through the use of risk assessment tools like the RAI-CHA social workers and the government are able to identify which seniors are likely to lose their capacity to act as consumers and the financial power of the government is directed towards them through state funded and controlled services in an effort to mitigate their future dependency upon government funded services and the risk that they will fail as consumers. This simple genealogy of the discourses acting upon seniors has now developed into a discourse of choice. The Government of Ontario’s document Patients First: A Roadmap to Strengthen Home and Community Care defines choice as one of its priorities. “Putting patients first means giving clients and caregivers greater say in choosing a provider.” In the Bringing Care Home: Report of the Expert Group on Home and Community Care, states that “what is most important? The health of Ontarians and their right to participate [choose?] as partners in determining their care.” However, while the government is quick to point out that it is increasing choice in support of the consumer subjectivity of seniors and to maximize their capacity to act, it does not identify what the choices are or when and under what circumstances seniors are able to exercise those choices.

This is where the discourse of choice becomes a challenge. As Smith noted above the discourse of risk, “encourage(s) service users to become “rational” and “responsible” individuals who assume risks on their own behalf” and it is here that the social workers of this study

experience their greatest tension. Once the level of risk is determined it is then the role of the social workers to move from their role of managing risk, to managing choices with the senior, in an effort to create the ideal senior who is rational and responsible. When dealing with an inadequate system this creates tensions.

Speaking to this, Barb says, “you know all the gaps that are there...there’s nothing to back up the real needs of the clients being serviced in the community.” But this is where the social workers begin their work. Ann adds, “They’re hoping to have it easier by the system, sort of meeting some kind of need, but the system doesn’t have that, what they are looking for.” These experienced social workers know how community based services work and know what services are available so thoroughly that as Carl says “based on the assessment that I do, I already know what services can be available.” This sets up a circumstance where the needs and desires of the clients do not match the choices which the system offers. This places the social workers in a position where they must assist their clients to act as consumers, and to support them when they are unable to act due to lack of services and gaps in the system, or because of a lack of money.

To engage clients in this process the three social workers speak of managing expectations and choice. For Ann she likes “offering perspective of their situation and what’s really going on in the city with seniors, [it’s] a really big help for me because I actually, there is no solution to their problem. The solution is bringing them from here to here [gestures from high to low] in their expectations, you know. And then once they know what’s really a reality, they’re able to better, you know, make better decisions [*choices?*] or something.”

For Carl, “we come to clarify and lower expectations and this is my goal. This is how I will help people.” It is when clients refuse to lower their expectations, to not accept the limits of the system or their own restricted capacity to act as a consumer that the social workers are confronted with choices of how they will participate in or resist the discourses at play.

Carl speaks of finding alternatives for clients, “there are always alternatives, maybe not perfect...but there are some alternatives”. Ann speaks of being creative; “I have to give them creative solutions. There is always something even though it’s rarely ideal but there is always some creative solutions or advice towards finding a solution.” And Barb places emphasis upon building a client-centered partnership. “Decisions need to be made, obviously, because I can’t make those decisions for them so they are working with me.” However when clients fail to be “rational” and “responsible” as Smith (2007) noted, how the social worker responds is significant: do they remain fixed in the dominant discourses or do they find alternative strategies or counter discourses.

Ann is very clear: “There’s all these sort of, you know, rules and you can’t change them... I’m not wasting my time. I’d rather spend that time finding other options...you know, tough love, like don’t call them, don’t check and like stop enabling basically, which is a really hard thing.” Barb’s belief is that “clients have to meet you half way...you have to have that conversation where you’re like, you know, you do have to take some responsibility for your behaviors and whatever is happening in your life.” Here the social workers are unable to resist the dominant discourses and use their power/knowledge to reinforce the ideal subject of a rational and responsible consumer.

Discussion

There are many lessons to be learned from these three social workers and their experiences within the surveillant care managerialism of this time. The flexibility of the dominant discourse and its ability to sustain itself is remarkable. The genealogy of discourse which nests within the dominant discourse of seniors as consumers is subtle. We have seen how this discourse has moved through more subtle discourses of dependency, which when established, evolved into discourses of risk with its emphasis on predetermining the risk variables which result in dependency upon the system and ‘deny’ seniors their ability to function freely as consumers. We have also seen how this discourse has led to the situation where seniors are expected to become reasonable and responsible for the management of their risk when it has been identified and predetermined.

It has also been demonstrated by these social workers how the government has created a system which offers choice for rational and responsible seniors to select services and the supports they need to mitigate the risks that have been identified for them. Unfortunately, due to a lack of choice as evidenced by gaps in the system, lack of services and the inability of seniors to fulfill their consumer identities due to a lack of financial resources, these social workers are participating in a discourse of managing choice and the expectations of consumer seniors on behalf of the LIHNs rather than on behalf of their clients.

When seniors who are unable to participate within the discourses of surveillant care managerialism are confronted with the reality that their needs will not be met adequately it becomes the role of the social worker to assist the client in becoming that rational and responsible consumer the discourse requires. It is also the point where these dominant discourses

“can be embraced, negotiated, contested and re-written by social workers” (Leonard, 2003 in Smith, 2012, p.221). As mentioned above these workers have been resisting these discourses consistently. They have been resisting the power/knowledge dynamics of the LIHN’s s that are manifested through the RAI-CHA. All three felt limited by the range of knowledge and its relevance to their practice relationships with their clients. They all acted upon the belief that as social workers they have knowledge which is different from the medical based model of the LIHN’s. As Barb put it above “it's missing looking at the uniqueness of the individual, looking at what the person has to offer outside of their medical status” her critique of the RAI-CHA is that “we're labeling. I'm giving a client a score. This is not a game that I'm playing you know. I'm not playing Nintendo, I'm dealing with someone's life and it's not just based on one score,” To fully understand this we can turn to recognition theory and its contribution to social work practice in this field.

At its heart surveillant care managerialism embodies the liberal humanist perspective where we are all self-determining individuals acting autonomously, independently and responsibly, separate from others. Recognition theory on the other hand “is founded on the premise that individuals are dependent on their intersubjective relations with others for acquiring a sense of self” (Rossiter, 2014, p.94) and that “Human flourishing is a matter of justice, achieved in Honneth’s view through intersubjective recognition” (p.94). Honneth describes three domains of recognition. The first domain is the recognition of achievement, or one’s accomplishments and abilities and contribution to society. Second, of rights and legal recognition; “In this sphere, recognition of oneself as equal to all others as a bearer of rights grounds self-respect based in equal entitlement to rights.” (p.95) and finally, recognition of relations of affection and care. When one is denied any of this recognition it “creates an

impediment to the development of self-realization or the real and effective capacity to develop and pursue one's own conception of a worthwhile life." (Honneth & Anderson, 2005, in Rossiter, 2014, p.94).

Thompson (as cited in Rossiter, 2014, p.95) adds the concept of "respectful recognition" into the language of recognition, because of our vulnerabilities to others for the formation and experience of our identities. What's important to observe here is that seniors have a lifetime of achievement, of struggling to have their legal rights recognized, and perhaps most importantly experiences of care and intimacy. Consequently, seniors entering into the community health care system have a well-developed conception of what a worthwhile life is and has been. The social workers in this study recognize this and have resisted the demands of surveillant care managerialism. This is what Barb was referring to above when she said "I'm dealing with someone's life and it's not just based on one score."

Respectful recognition can be seen as a competing discourse or technique of knowledge/power working in the practice of these social workers. Carl says "there is value in the relationship and the support of the people [who] sometimes need to talk, need someone to understand them and... that they feel you are with them, so that's all you can do, because if we don't have resources that's all we can do." Carl's belief in the importance of clients feeling like someone is with them and understands them is an example of respectful recognition.

Ann, who struggled with balancing the demands/expectations of clients with the limitations of the system says that "they felt supported because they felt like they got honest consultation and accessibility to me, and then even if their problem wasn't solved, they felt supported in that way." Here, Ann is demonstrating respectful recognition; they recognize the

unique needs of their client and even though they are unable to help satisfy those needs their acknowledgement of those needs their willingness to offer a relationship of care and honestly admit the lack of recognition of the clients' legal rights to access service within the managerial system.

Barb speaks to respectful recognition when she says, "for us it's about the relationship, the person, the individual, where are they coming from? How do they fit within the social realm, that sort of thing?" They go on to say "we're not the end-all, be-all to these people but at least recognizing or allowing them to feel like they've been heard, they've been validated, they've been respected and you know, being honest with them in saying look, we've reached the end of what we can provide you with, I'm sorry." This is respectful recognition; Barb is summing up that even when the system is inadequate to their needs, if the social worker is able to recognize a person's unique identity, their needs and achievements, and offers an honest relationship, when they say "sorry" at least the client will feel respected.

The importance of recognition is that it allows social workers to function within a conflicted system with conflicting subjectivities. On the one hand these social workers were implicated in the discourses described above yet they resisted the discourses of assessment and surveillance and the use of the RAI-CHA as a technique of knowledge/power. They demonstrate the capacity to "contain the contradictions" of the fact that social work and social workers are involved in both the emancipation and the oppression of people. (Ming 2000 p.428)

By using recognition theory to assess Ann's comments that they are very busy but not really doing much, it is possible to deepen the understanding of the neoliberal discourses discussed. The state "with its interests in control and the maintenance of vested interests" will

deform recognition demands to maintain the fictions and mythologies of the liberal state. (Rossiter, 2014, p. 100) The governments' emphasis on choice and control of services and the autonomous consumer, fulfilling their idealized subjective selves, deforms the recognition demands of seniors. By ignoring the vulnerabilities of seniors, their neediness and the requirements of intersubjective relationships they create an impression that equality and justice are being served. If all seniors have the same choices, the same options and the same opportunities it appears as if justice and equality exist. On the other hand, if "by contrast, we recognize that individuals – including autonomous individuals – are much more vulnerable and needy than the liberal model has traditionally represented them as being, a very different picture of the demands of social justice emerges." (Anderson and Honneth, 2005 p. 128)

The impact of this on practice is seen in Barb's words when she speaks about barriers impacting her practice. "So the barriers to that I would think is that this person who is already perhaps feeling vulnerable has that feeling affirmed I think, because they're already feeling like they're limited, systemically they're limited and then we just kind of tell them yeah by the way, no, it's not going to happen." Here Barb is describing how they have to work with the client to understand that their recognition requirements are being distorted and all they have is choice without recognition of their vulnerability as seniors due to their lack of ability to act on those choices due to need or economic limitations.

As these social workers struggle with being implicated in the dominant discourses of the health care system, the use of recognition theory adds a level of complexity to understanding their behavior. Their insistence upon clients adjusting their expectations comes from the fact that

they understand that the recognition requirements of seniors are not considered when their needs are being assessed and their vulnerabilities ignored in favor of their identities as consumers.

CHAPTER 6. IMPLICATIONS

This study has sought to understand the complex nature of the relationships and practice of social workers in community based health care in Ontario. We have seen that there is a discursive formation built upon discourse of seniors as consumers, of dependency, risk and of seniors being constructed as rational and responsible individuals responsible for managing their own risk. We have also seen that there is an emerging discourse of recognition that resists these discourses. I believe there is sufficient evidence to suggest that social work will be well served to learn how to use the tools of the 'Foucauldian Toolkit'. Additionally, these tools will be even more useful to practice as we begin to develop an understanding and application of recognition theory which Rossiter has begun to do.

By combining elements of both, social workers will have a much clearer understanding of how they are implicated in discourses which are oppressive but also of how to resist these discourses and to actively develop counter discourses of emancipation. The Foucauldian understanding of power which Powell applies is an important tool for a number of reasons. Power for Foucault only exists when it is enacted, he says it is "always a way of acting upon an acting subject" (Foucault 1982, p.220) Social work, entails actions upon and with subjects or clients. The implications of this are that social workers are constantly involved in power relationships, or as Hyslop says we are "perpetually enmeshed in the rhythms of power" (Hyslop 2011, p. 418).

Adding to this understanding, the reflexive relationship between knowledge and power challenges social workers to be conscious of the knowledges and 'presuppositions' they bring to their practice. Powell suggests that if we do not develop a critical understanding of power as

relational we run the risk of turning our good intentions into compliance with dominant discourses of oppression. This study has shown how the social workers all became complicit with the discourse which creates seniors as rational and responsible subjects who manage their own risk. Those who refuse to accept this identity became problematic for these social workers who must then ‘manage’ the expectations and demands of the deviant identities and subjectivities of seniors.

Powell cautions that the complex power discourses of society if left unrecognized will result in social work “offering the promise of escape from rather than a deepened understanding of the identities of seniors” (Powell and Khan 2012 pp. 144) This is evidenced in the challenges related to the RAI-CHA as a technique of knowledge /power. However, it is here that Rossiter offers a solution to this dilemma and which I believe these social workers have demonstrated. Recognition theory insists upon an understanding of identity as inter subjective and that recognition requirements demand that individual identities be recognized on their own terms. The social workers in this study all actively engage in relationship with seniors and through these relationships begin to recognize their identities. The result of this is that the social workers all have a knowledge which is an addition to that which the government requires.

When these social workers recognize their clients they are entering into a relationship which is respectful and sustaining of the dignity of the senior. The current health care system with its foundation in risk assessment has resulted in what Foucault described as” a new modality of power in which each individual receives as his status his own individuality, and in which he is linked by his status to the features, the measurements, the gaps, the “marks” that characterize him and makes him a “case” (Foucault cited in Powell, 2009 p.676). The tension

between the identities of seniors as cases and identities built upon their recognition requirements is the moment of opportunity for social workers. It is in this moment that justice can occur.

As a profession we are challenged to identify what it is that makes social work knowledge unique. This study suggests that social workers individually and as a profession are unique, in that we are able through our relationships to acknowledge, identify and respect the recognition requirements of seniors. Through an application of recognition theory we are compelled to acknowledge the three spheres of recognition, love, law and achievement and to engage in “constant reflexive examination of the borders” between them (Honneth, 2004 p.361). This demonstrates that justice and praxis are not one dimensional.

Within surveillant care managerialism and its foundation in Liberal humanism, justice is about equality of and equitable access to resources amongst individuals. (Honneth, 2004, Rossiter 2014) Recognition however, is concerned with actions which safeguard the dignity of individuals. The experience of humiliation through the withdrawal of social and material recognition destroys dignity. Rossiter (2014, p.106) reminds us that “social work’s marginalized clients indeed require us to take seriously the threats that cultural and material marginalization pose to identity”. Ontario’s community health care system has failed to identify the complex processes and procedures that marginalize seniors. By remaining fixed within the managerial discourses of seniors as consumers, it fails to see how it humiliates and erodes the dignity of seniors who are unable or unwilling to accept the subjective identities of consumerism.

The language of recognition offers encouragement to social workers in the field. If we allow our practice to include subjectivities of vulnerability, interdependency and mutuality we can argue for the importance of the knowledge which is a result of the relationships we have with

our clients. When we build our practice with a ‘Foucauldian Toolkit’ we can be free in the understanding that we are absolutely complicit in the dance of power/knowledge; instead of constructing a practice where we are simply an “instrument of the government” and powerless, as Carl says. Rather we are participating in relationships of interdependence where power is used for the purpose of justice and emancipation of another’s oppression. The key being oppression based upon the inadequacy of the system not the unconscious complicity of technocratic social workers.

The social workers in this study exemplify the need for social work to develop a broader understanding of power. Each of these social workers was educated in a different school of social work; each school being representative of a major trend in social work education. Carl attended an institution known for its “evidence based social work practice” and for teaching “best practice” skills to its students. This is seen in their lament that their practice/intervention skill as an advocate is inadequate. They are unable to identify a best practice, or articulate an understanding of the power/knowledge that shapes their practice. Ann was trained in an institution whose program is clinical and they rely upon the knowledge and language of clinical practice theory i.e. dependency, enabling, boundaries, to articulate their understanding of the power/knowledge relationship. For Ann the individual client is wholly responsible and autonomous in their actions and decision making. Their concern was maintaining boundaries to avoid enabling the dependency of their clients. Finally, Barb was educated in an institution with an anti-Oppressive framework. With AOP’s attention to power, and the intersectionality of different forms of oppression, Barb is able to articulate an awareness of the power/knowledge at play in their relationships and the tensions it creates in their practice.

The implication here isn't that one school of thought is better than another it is rather that the complexity of social work practice regardless of its theoretical foundation builds knowledge. If we can integrate a Foucauldian understanding of power and techniques of knowledge/power into our profession and practice we can begin to honor the unique knowledges we have as social workers. We can also be secure in the knowledge "that no programme of justice is innocent because none can be divested of power relations" (Rossiter 2014 p. 97) If we can accept that and the reality that in practice we use our power to emancipate and oppress we can focus more upon the struggle to be conscious of the reflexive relationship between the three spheres of recognition and our participation in a dialectic of intersubjectivity, interdependence and mutual respectful recognition with our clients and the health care system.

Conclusion

This analysis has examined closely the relationships between three social workers and the clients they serve within the Community Support Sector, of the Ontario Ministry of Health and Long Term Care. It has demonstrated the importance of the client-social worker relationship and how surveillant care managerialism is impacting these relationships. These three social workers all acknowledge the importance and the unique nature of their relationships with their clients and resist the managerial demands to valorize the medical knowledge gathered through the RAI-CHA to the exclusion of other forms of knowledge. However, they remain complicit in the dominant discourses of surveillant care managerialism even as they resist.

These social workers have also demonstrated that they are participating in discourses of respectful recognition as it is articulated by Honneth and Rossiter. They have also demonstrated they do not have a sufficiently sophisticated understanding of power. This study has begun to

formulate an understanding of how the two combine to create an understanding of just practice built upon a foundation of knowledge unique to the social work profession. The unique relationship between knowledge/power of Foucault, which Powell has developed insists that social workers claim and honor the knowledge that comes from our practice relationships. If our relationships with our clients are based upon an understanding of and discourses of respectful recognition the implication for our profession and individual practice is enormous.

If we understand that justice is not about equitable or equal treatment for all, and in the case of seniors' equitable access to services for all, but rather the absence of humiliation and the preservation of dignity our practice must change. We must ask ourselves if we are contributing to the humiliation of our clients or their dignity. The seduction of best practices and surveillant care managerialism is that they allow practitioners to hide within roles and prescribed activities which are valued by their employers and the health care system but which result in clients being humiliated and treated in an undignified manner. When our unique knowledge base as a profession, which is grounded in relationships with our clients is denied, we are at risk of humiliating our clients by ignoring their identities and acknowledging only their consumer selves.

This study has also demonstrated how recognition theory is relevant for social workers and our profession as well. The unique knowledges and skills which are a part of our professional identities are being ignored in favor of the standardization of practice. The values of efficiency, cost outcomes and a management based concept of professionalism have supplanted justice and the knowledge we have as a profession. This points to the need to examine much more deeply how the reflexive relationship between knowledge/power and the reflexive nature of

recognition theory with its three spheres of recognition and insistence upon mutuality, vulnerability and interdependence influence and implicate one another. If we enter into relationships of respectful recognition with our clients we must be conscious of how the knowledge which results from this shapes our participation in the power of the dominant discourses. If we do not enter into these relationships then we will remain unconscious to how we as a profession and practitioners contribute to the oppression of people and remain blind to injustice.

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Appendix A

Transcription Service Confidentiality Form

I, _____, transcriptionist, agree to maintain full confidentiality in regards to any and all audiotapes and documentation received from Joseph L. Durand

Furthermore, I agree:

1. To hold in strictest confidence the identification of any individual that may be inadvertently revealed during the transcription of audio-taped interviews, or in any associated documents;
2. To not make copies of any audiotapes or computerized files of the transcribed interview texts, unless specifically requested to do so by Joe Durand
3. To store all study-related audiotapes and materials in a safe, secure location as long as they are in my possession;
4. To return all audiotapes and study-related documents to Joe Durand in a complete and timely manner.
5. To delete all electronic files containing study-related documents from my computer hard drive and any backup devices.

I am aware that I can be held legally liable for any breach of this confidentiality agreement, and for any harm incurred by individuals if I disclose identifiable information contained in the audiotapes and/or files to which I will have access.

Transcriber's name (printed) _____

Transcriber's signature _____

Date _____

Appendix B

Interview Guide

Since the roll out of the Resident Assessment Inventory-Community Health Assessment or RAI-CHA how has your role as a Social worker changed, if it has at all.

1. The RAI-CHA addresses client needs and generates scores used to determine eligibility for services, service levels and to create service plans. Does this ever conflict with your psychosocial assessment as a Social Worker?
2. The client and social worker relationship and social workers use of self, are identified as being significant elements of successful interventions for clients. How has your relationship/interaction with your clients and/or their caregivers been changing?
3. What strategies do you use to work with people when the health care system is unable to meet their needs?
4. What are the types of situations/circumstances that arise that encourage you to go above and beyond the scope of your job description to meet the needs of your clients or to serve your sense of social justice? What has this looked like?
5. In the current model of service provision how do you communicate and show respect when you have exhausted all available resources and the clients are still not having their needs met?
6. How long have you been a registered social worker

Appendix C

E-mail Script

Dear Friend,

As you know I was accepted into the MSW program at Ryerson this past fall and I am really glad for the experience. As you know one of the requirements I have for this degree is to complete a major research paper.

I am preparing a study which examines how social workers experience the use of self within the current community support sector. With all of the changes introduced over the last 8 years the role of the Social Worker has become increasingly scrutinized and routinized and I am interested in knowing if this has impacted how social workers view their use of self.

I want to invite you to participate in this study and share your thoughts about how you are coping in the new community support sector. To do this I would like to meet with you for approximately 90min to two hours in a private location. I will have a series of questions to get our discussion started and with your permission will record the content of our conversation. I will not use your name or any identifying information in the study and will destroy all record of your involvement afterwards.

This study is voluntary and you may withdraw from the study at any time. If you choose to do so, any and all data collected will be destroyed and not included in the study”.

If you would like to participate in this study or speak with me about it further please respond to this email and let me know if you would like to proceed. I can offer you reimbursement for the cost of your parking or transportation if we meet and I will provide you with a hot drink and snack during our conversation.

Thank you for considering this request.

Joe

Appendix D



**RYERSON
UNIVERSITY**

Consent Agreement

Thank you for agreeing to meet with me. Before you give your consent to be a volunteer in this study, it is important that you read the following information and ask as many questions as necessary to be sure you understand what you will be asked to do.

Investigator:

Joe Durand, School of Social Work, Ryerson University; supervised by Dr. Samantha Wehbi, School of Social Work, Ryerson University

Purpose of the Study:

Since 2005 there has been many changes to the Community Support Sector in Ontario. The development of the Local Integrated Health Networks and the roll out of the RAI-CHA, Resident Assessment Inventory-Community Health Assessment tool and its central role in assessing need, determining eligibility for service and in the development of service plans. This study is an effort to understand if the nature of social work and the role of the social worker and social worker/client relationship has changed. How does this standardization of service impact core social work values of self- determination, respect and justice. How are social workers coping within this new reality?

Description of the Study:

This study will include 3-4 interviews with social workers actively working in the Community Support Sector at this time. The interviews will be digitally recorded, transcribed and analyzed using a Critical Discourse Analysis. Our interview today should last no longer than 2 hours. You will be asked to review the transcripts of the interview for accuracy.

Risks or Discomforts:

During this interview, you may experience some discomfort as you explore your relationships to clients and the demands of your current job. I will be asking you to reflect upon your feelings and to offer opinions which may be difficult to report. I would like to assure you that at any time you may take a break or we can completely stop the interview.

Benefits of the Study:

I am hoping that this study will give you the time and space to reflect on some of your experiences, and that this reflection will be valuable to you in your practice. However, there may be no direct personal benefit to you for participating in this study.

Confidentiality:

This interview will be kept strictly confidential and all identifying information will be omitted from the transcripts. Excerpts of this interview may be made part of research reports, presentations or articles, but under no circumstances will your name or any identifying characteristics be included. Our conversation today will be transcribed by a professional transcription service. Once the recording has been transcribed, it will be destroyed.

Transcripts will not have your name or any identifying information on them. Transcripts will be stored in a secure password protected location.

Costs and/or Compensation for Participation:

As I indicated when we arranged to meet today, if there are costs such as transportation or parking associated with your participation in the interview today, I would be happy to fully compensate you for them.

Voluntary Nature of Participation:

Participation in this study is voluntary. Your choice of whether or not to participate will not influence your future relations with me, your organization or with Ryerson University. If you decide to participate, you are free to withdraw your consent and to stop your participation at any time without any consequence to you. At any point in the study, you may refuse to answer any particular question or stop participation altogether.

Questions about the Study:

If you have any questions about the research now, please ask. If you have questions later about the research, you may contact me:

Joe Durand, Ryerson University

j3durand@ryerson.ca or my supervisor Samantha Wehbi, swehbi@ryerson.ca

If you have questions regarding your rights as a human subject and participant in this study, you may contact the Ryerson University Research Ethics Board for information.

Research Ethics Board

c/o Office of the Associate Vice President, Academic

Ryerson University, 350 Victoria Street

Toronto, ON M5B 2K3 CANADA

1-416-979-5042

Agreement:

Your signature below indicates that you have read the information in this agreement and have had a chance to ask any questions you have about the study. Your signature also indicates that you agree to be in the study and have been told that you can change your mind and withdraw your consent to participate at any time. You have been given a copy of this agreement. You have

been told that by signing this consent agreement you are not giving up any of your legal rights. Your signature below here, indicates that you agree to have your interview audio recorded knowing that you will have a copy of the transcribed interview sent to you for verification and approval before the research continues.

Signature of Participant

Date

Name of Participant (please print)

Signature of Investigator

Date

Appendix E



To: Joseph Durand

Social Work

Re: REB 2015-065: Social Work in Ontario Community Based Health Care: Resistance From Within

Date: May 12, 2015

Dear Joseph Durand,

The review of your protocol REB File REB 2015-065 is now complete. The project has been approved for a one year period. Please note that before proceeding with your project, compliance with other required University approvals/certifications, institutional requirements, or governmental authorizations may be required.

This approval may be extended after one year upon request. Please be advised that if the project is not renewed, approval will expire and no more research involving humans may take place. If this is a funded project, access to research funds may also be affected.

Please note that REB approval policies require that you adhere strictly to the protocol as last reviewed by the REB and that any modifications must be approved by the Board before they can be implemented. Adverse or unexpected events must be reported to the REB as soon as possible with an indication from the Principal Investigator as to how, in the view of the Principal Investigator, these events affect the continuation of the protocol.

Finally, if research subjects are in the care of a health facility, at a school, or other institution or community organization, it is the responsibility of the Principal Investigator to ensure that the ethical guidelines and approvals of those facilities or institutions are obtained and filed with the REB prior to the initiation of any research.

Please quote your REB file number (REB 2015-065) on future correspondence.

Congratulations and best of luck in conducting your research.

Lynn Lavallée, Ph.D.

Chair, Research Ethics Board