The policed industrialisation of our Welfare services:

How excessive safeguarding becomes destructive folly

David Zigmond

We all want safe, efficient, skilled and humane Welfare services. Yet ever-increasing regulation and inspection, beyond a certain point, yield us something quite different. This manifesto, for *The Centre for Welfare Reform*, outlines the nature and severity of the problem and what else we might do.

A. The nature of the problems: Symptoms

1. For a couple of decades our Welfare services have become increasingly unwell: falling recruitment, burn-out, drop-out, earliest retirement, trivial and serious illness of many kinds, breakdown and self-palliation with drugs and alcohol… Each individual may represent a sad story or even tragedy; the larger patterns constitute a grave social and political problem.

2. This sickness is now seen increasingly throughout Welfare services. It is seen, particularly, wherever humanly complex encounters require equivalently subtle and flexible human judgements and responses. We see the frustrated distress, therefore, spread across a broad spectrum of education, healthcare, social care, residential care and probation services.

B. The distribution of the problem: epidemiology

1. Those most likely to succumb to the sickness are thus certain Welfare practitioners on the frontline; those who are most tested by human, rather than technical, complexity. For example, in healthcare a GP or psychiatric nurse is much more likely to be stricken than, say, an ophthalmic surgeon or neurophysiologist.

2. The pattern of practitioner-distress thus accords with how far the nature and spirit of the work is compatible with procedural and regulated management: for example, we can see how much tighter management may be essential for, say, a blood-transfusion worker yet be most unsuitable for teaching a small child, or comforting a grief-struck nonagenarian.

C. How severe is our institutional sickness? Risk assessment

1. Very serious. Most of us have heard many personal accounts from workers in the afflicted services describing not just struggling and wounded demoralisation, but attrition and depletion of staff leaving the depleted survivors ever-more stressed and, eventually, unable to cope. More objectively, numerous statistics converge to clarify and confirm the widespread problem of our Welfare's hazardously stressed and unstable workforces, particularly, for example, in general practice, social care and mental health.

2. The government's recurrent assurances of increased investment and training are inevitably doomed to failure when staff losses continue to exceed recruitment. Like a badly leaking boat, eventually no amount of baling-out will prevent unmanageability: first by waterlogging, finally by sinking.

D. Why have these services become so unwell? Pathogenesis

1. The safest and most conventional answer is that supply cannot match demand for Welfare services, and they are consequently under-resourced. We are living longer and with ever-increasing technological possibilities themselves operating in a wider culture of family and social instability, consumerist expectations and litigious leverage. How do we finance such expanding demands?

2. While this kind of explanation is valid, it is importantly incomplete; it does not account for how an equally large – possibly larger – part of our Welfare sickness has come, paradoxically, from our 'solutions': from the last decades of governmental measures to manage and rectify these increasing demands to our Welfare services. In other words, our successive 'modernising' reforms, in

their quest for efficiency and monetary savings, have become more destructive than creative.

E. When the treatment becomes the illness: our Welfare iatrogenesis

1. So why and how have the very Welfare reforms that have been vaunted to bring improvements in efficiency, safety, reliability and compassion so often then become inimical, intolerable and unworkable for those who must deliver these fine aspirations? What has become so toxic about the 'treatment' of our services?

2. To answer these questions, we need first to understand the guiding principles of these reforms. We can here think of three governing and driving forces:

A. **The 4Cs**: Competition, commissioning, commodification and commercialisation. A marketised system.

B. **REMIC**: Remote management, inspection and compliance. The formulaic mass and micro-management of all professional activity via IT monitoring and surveillance – this is much like an air-traffic control tower or robotic factory. A policed system.

C. **Gigantism**: The scaling-up, whenever possible, of all operating units to assist the uniformity most compatible with the two other governing principles: REMIC and the economic advantage of the 4Cs. 'Get big or get out.'

3. The first of these (the 4Cs) is necessary for any neoliberal agenda. The last two (REMIC and Gigantism) are then seen to be necessary in order to treat human Welfare in a similar way to industrially manufactured objects. These – our measures of Policed Industrialisation – are mindsets and processes now so thoroughly, if rapidly, embedded in any technologically advanced and

ordered society as to represent a kind of *Zeitgeist*: paradoxically both the source of, and the 'remedy' for, so many of our problems.

4. All of these (the 4Cs, REMIC and Gigantism) assume a view of human nature that is diametrically opposed to erstwhile professional vocational motivation and its ensuing satisfactions.

5. Vocational motivation depends on professional and personal trust, growth, relationships, understanding, conscience and judgement. These are the kinds of qualities that must be assumed and encouraged in any well-functioning family. It is an optimistic view of human nature and views the rewards of work as primarily human.

6. Industrialised policing, in contrast, mistrusts trust and banishes personal motivation and relationships, understandings and judgements to the relegated realms of irrelevance or capricious unreliability. Instead we must have institutionalised standardisation and compliance – corporation rather than vocation; regulation rather than judgement; surveillance rather than conscience; compliance more than understanding; protocols replacing colleagueial discourse. The thinking and decisions become the executised privilege of distant expert committees who then instruct and monitor the majority. The trusting fraternalism of the family is replaced by the mistrustful, procedural hierarchy of the factory.

7. This, industrialised policing, makes very negative assumptions of human nature. Its devices are driven by inordinate anxieties about the human tendency to err, cheat and offend: that these can only be eliminated by more surveillance and regulation, more sticks, carrots and sanctions. And the belief that we can only get the best from one another by instruction, compulsion, threat and bribery, not relational satisfactions.

8. This do-as-you're-told, no-one-knows-anyone reformed Welfare culture, in its tendentious folly, has nevertheless managed a remarkable and unprecedented synthesis: it has managed to fuse our most venal, specious, opportunistic and unviable current capitalism with the centralised, paranoid, fearful stupefaction of erstwhile Soviet Communism. In our attempt to care for others that is quite an achievement.

9. What our policed industrialisation has not done, however, is what it sets out to do: to improve the efficiency and reliability of creative and compassionate care. This is hardly surprising if we weary, frighten or sicken our workforce into dispirited submission or exodus.

F. So what can we do to free ourselves from our iatrogenic sickness? Therapy

1. We must first recognise the flaws and limitations, alongside the strengths and expediences, of our different approaches. Vocation and corporation may have very different affiliative, motivating and organisational principles. A corporate procedural approach may be good for vaccination or imaging services, for example. But a vocational approach is far more important in the mutual satisfactions of, say, terminal or residential care.

2. More of something 'good' is not necessarily better: it can be much worse. This is what has happened in our policed industrialisation of Welfare. Yes, we want a police-presence in society but not a police-state; we want industrial efficiency in our air travel but not a pay-as-you-go, do-as-you're-told care worker – in our care we also want fresh, personal and authentic humanity.

3. So human context is quite as important as procedural content in our care-stewardship of others, and to get the balance right (or right enough) we have

to make judgements and discriminations that are often best based on personal contact and relationship.

4. Yet this kind of flexibility, holism and trust cannot operate well in a system increasingly tilted to policed industrialisation with its coerced ratchets of contracts, compliance items and metrics of (often unrealistic) outcomes. These may sometimes have their place, but the larger problem is their burgeoning excess: we have lost our balance – our better human sense and sensibility.

5. It is this loss of balance that is now so ailing our Welfare services. The result is like a family with over-strict parents: early submissive compliance may be assured, but thereafter the consequences are likely to become less and less like the parents say they intended.

   Another analogy is the medieval knight who, in order to forestall attack, commissions the thickest armour available. So impregnable, he has to be carried by several men and then winched onto his horse, which now, struggling with his weight, cannot be manoeuvred. When an attack comes, both horse and knight capsize heavily to flailing helplessness.

   Welfare equivalents of the overgrowth of defensive procedures leading to disastrous institutional oblivion or paralysis are numerous. It is usually easy to then see the over-reaching and destructive influence of REMIC and Gigantism.

6. Clearly we need to refind, and then secure, our better balance. We need to return to this guiding maxim: *in our work of human care those practitioners who enjoy their work will almost always do it well due to a mixture of human identification, relational satisfaction and conscionable pride*.

   Such practitioners need relatively little management. There are exceptions to this, but they are relatively rare.

The converse of this is equally true and now more easily demonstrated: miserably micro-managed and alienated workers deprived of these work satisfactions are most unlikely to provide good care. No amount of inspection, regulation, sanction, 'special measures', or uninsighted funding will restore the broken heart of Welfare. What will?

7. We need to dismantle and roll-back many of our governing reforms, and then re-evolve our better human sense and sensibility, our intelligently vigilant trust and fraternalism.

8. Let's start with the 4Cs. The marketisation of Welfare has shown so many flaws of efficiency, economies and ethics that its only supporters now are the investors, the highly salaried, and neo-liberal fundamentalists. The 4Cs have been almost entirely destructive in clinical activity and care and should now be radically abandoned. Marketised outsourcing could find minor and peripheral niches, for example window cleaning or hospital visitor cafeterias.

9. Likewise with REMIC, though slightly less so – REMIC needs massive though selective pruning, retaining only the small amount that is truly viable and useful.

REMIC is based on a belief in the invariable benefit of pre-emptive regulation: that if everyone is tightly monitored and controlled then bad things will happen much less. This is certainly the justifying premise of dictatorships and was also a feature of earlier industrialism. Yet in the last thirty years there have been some remarkably paradoxical developments: as business and industry have come to realise that most pre-emptive regulation does not motivate their employees better and have largely abandoned it, our governance of Welfare services has moved zealously in the opposite direction.

The current regimes of ever-increasing appraisals, inspections, professional development plans, audits, 360° feedbacks and endless pro-formas, exercises and meetings to demonstrate compliance are now largely demotivating, dispiriting and enervating to most Welfare workers. There is little, if any, evidence that REMIC helps us get the best from one another, yet plenty of evidence of how it has stopped us from doing so – if only by creating systems that are burdensomely unworkable. More worrying still is the frequent inaccuracy of REMIC measures – it is not uncommon that organisations receiving strongly positive inspection reports are found, otherwise and later, to be egregiously harmful or lacking.

Just as good citizens need little contact with the police or courts, so good-enough Welfare workers should have little contact with REMIC.

The exceptions? Yes, there will always be a minority who will need some form of correction, rehabilitation or even exclusion: sometimes they are ill, sometimes they are some form of a DSR (duffer, slacker or rotter). Almost always colleagues and clients know who they are: we do not need an Olympian REMIC to tell us.

10. Gigantism, too, needs very substantial pruning, though less than REMIC. Gigantism is vaunted to offer economies of scale, logistics and infrastructure, and thus easier uniformity of standardisation, surveillance and product outcome. The price paid, though, is that of the quality and kind of relationships: very large organisations must struggle – often against impossible odds – to create the kind of personal understanding and care that can come much more naturally and easily to smaller ones.

As so often, it is a serious matter of judgement and balance as to when to implement Gigantism, and when not. Healthcare can provide us with excellent

illustrations. For example, where specialist technology and expertise is paramount then centralising Gigantism is probably the best option – Heart Attack or Stroke Care, or Ophthalmic or Neurosurgery outcomes will be better with pooled resources and experience. But the opposite tends to be the case in General Practice: here Gigantism tends, increasingly, to an anonymised, procedural service where no-one-knows-anyone and then personal relationships are replaced by REMIC templates. Personal continuity of care perishes and vanishes; not only do doctors and patients lose their better healing and comforting encounters, but then the doctors cannot themselves be sustained and nourished by their work's deeper satisfactions.

Without due care that is what policed industrialisation brings us. We now have had decades of warnings and now indefectable evidence.

What will we do?

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Interested? Further exploration of these themes, evidence and remedial suggestions can be found in *The Perils of Industrialised Healthcare* (2019), also published by The Centre for Welfare Reform. The author's Home Page (http://www.marco-learningsystems.com/pages/david-zigmond/david-zigmond.html) also has many articles of related interest.