Promoting the Dignity and Worth of Peoples

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Promoting the Dignity and Worth of Peoples, is the current theme in the Global Agenda for Social Work and Social Development. Dignity is maintained by upholding human rights. This presentation will consider the link between upholding human rights and the delivery of quality services. Particular areas relevant to adults at-risk are considered: the prevention and elimination of avoidable coercion and restraint, and the equal recognition of all persons before the law. Although dignity and respect in individual practice is essential, by itself it is not enough. It needs embedding in organisational culture. This can be enhanced by the formal recognition by Governments of human rights in charters or legislation.

I acknowledge the Kaurna people as the traditional owners of the land on which we meet, and the ongoing connection with this land of the Kaurna people of today.

Thank you to AASW for the invitation to speak here on World Social Work Day and to address the current theme of the Global Agenda for Social Work and Social Development, that is, Promoting the Dignity and Worth of Peoples.

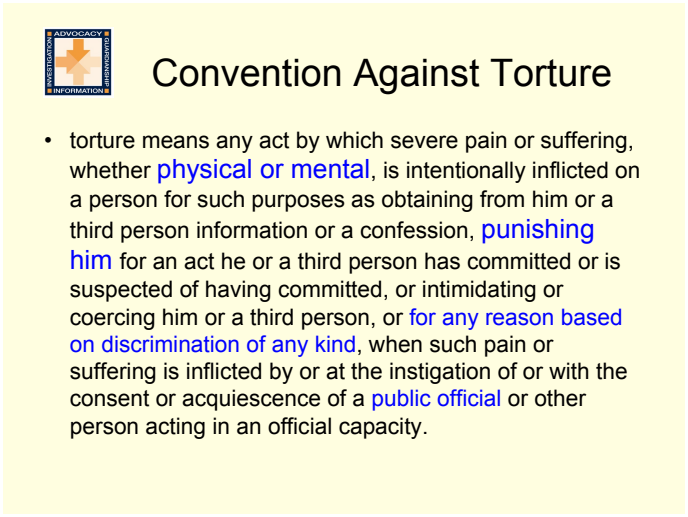
I feel honoured as a non-social worker to be asked to speak on this topic, on this day. Upholding human dignity is intrinsic to the professional identity of social workers. I observe the passion and commitment to human rights by social work practitioners, social work leaders and the academics who train future social workers. Social workers though can face the challenge of upholding human rights values while working in flawed systems that do not place the same importance on rights.

The Global Agenda for Social Work is anchored in universal human rights. To afford dignity, respect and equality it is necessary to uphold Economic, Social and Cultural rights as well as Civil and Political rights. Economic and Social rights include rights to education, to an adequate standard of living including accommodation, and to the highest attainable standard of physical and mental health.

Civil and Political Rights include equality and non-discrimination, equal recognition before the law, a right to liberty and security of the person, and freedom from torture, cruel, inhuman or degrading treatment or punishment.

Upholding rights in service delivery is a global and national issue but is also very much a local issue, because of the problems South Australia has had in effectively delivering human services and the consequent rights impact on individuals. The examples that I will give I believe point to two broad solutions. First there is a challenge of planning and

operating human services well. Well planned, well led services with a positive staff culture, services that are effective, will uphold the rights of their clients in a way that services that are poorly planned and ineffective cannot - services with bureaucratic cultures will always have quality problems. The second solution is the broad recognition of human rights. Every decision made by Government that affects either a person or a community should conform to a charter or statement of Human Rights. It is no coincidence, I believe, that the places that recognise human rights such as the United Kingdom, New Zealand and Victoria are also the places that have good reputations for effective management of key human services at least in comparison to other jurisdictions.



Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment

One of the most profound failures to uphold dignity is the administration of torture.

This is the definition of Torture in the Convention.

Note the key elements: Pain and suffering; physical or mental. The purposes of the intentional infliction of such pain and suffering are: interrogation, punishment or discrimination. It has to be with the instigation of or consent by a public official.

This definition applies to disability, mental health, aged care and the care of children. Torture is not only what happens at Guantanamo Bay because it is not limited to pain and suffering caused by interrogation. It includes pain or suffering that can be mental as well as physical, and can be inflicted for the purposes of punishment and discrimination. The European Court of Human Rights has said that torture can occur even when the aim of inflicting punishment is implicit rather than explicitly stated(Mendez 2013).

For this reason, any organisation that detains, and/or restrains people should be subject to independent inspection. A restraint that is poorly applied or a restraint that is used when it could be avoided can become a punishment. Australia has signed the Optional Protocol on the Convention Against Torture, but is yet to ratify it. When it is ratified there will be additional protections for people in custody – whether it be in prison, police cells, hospitals or locked disability accommodation.

Now for some examples.

As you might know South Australia does not have enough forensic mental health beds and the beds that we do have are limited in what problems they can manage. Instead we routinely use prison instead of hospital. Prisoners with mental illness who should be in hospital can stay in prison. Not guilty forensic patients are managed in prison because our hospitals are full or unable to cope. This problem is likely to continue even when our bed number increases from 40 to 50 beds in future months.

In December 2014 there were 18 forensic patients in SA prisons. A small number of these patients are placed in solitary confinement, 22 hours per day in a cell, in places such as G Division, D wing or Unit 7. Solitary confinement is harmful and causes pain and suffering. Juan Mendez, the UN Special Rapporteur on the Convention Against Torture has recommended that solitary confinement for vulnerable people be explicitly banned. Yet in South Australia we use solitary confinement instead of hospital. People with mental illness or disabilities can stay days, weeks, months or longer in solitary confinement in South Australia.

How can this be solved? Ultimately we need to anchor our practices in basic principles. Courts should decide who goes to prison, not Government Departments or Ministers. Prison regimes should not be used for patients, and a solitary confinement bed is not a substitute for a psychiatric intensive care bed. We need to plan to provide sufficient forensic mental health care and disability capacity, aiming at least to match the improvements seen in Victoria and the UK.

The restraint of people in disability services, also leads to mental suffering. We know from what has been achieved elsewhere that South Australia has not done enough in this area. Without ready access to positive behaviour support planning, a misguided use of restraint can be implicit punishment particularly when it is repeatedly applied and reapplied. In South Australia there are no legislated definitions of restrictive practices, or statutory powers for our Senior Practitioner to prevent its use. While there is now good work underway to put in place a reporting system of such practices, at this moment we do not know the extent to which such practices are used in this state. In contrast in Victoria and Queensland there is restrictive practices legislation and government policies that have increased access to skilled resources, as well as providing significant education and research in this area.

Another example is our use of restraint when patients have a prolonged stay in an emergency department. If a person is in a properly designed ward the use of such restraint is unheard of. It is avoidable.

The solutions to these problems rest in delivering quality services. There is a strong link between upholding rights, and maintaining service quality. It is also more economic to act in the right way. The link between quality and rights is effectively made by Lorna Hallahan in a paper she wrote for the HCSCC entitled, Towards quality and safety; Confronting the 'corruption of care'(Hallahan 2012).

In her paper she labels abuse, maltreatment, neglect, physical and sexual assault and undue use of restraints as violence. Aggressive environments are harmful to consumers, but also harm staff physically and mentally.

Aggression

Torture is an extreme act of aggression but any act of dominance intended to bring about submission of another is inherently aggressive, no matter how apparently minor the act is.

Harvard Professor Chester Pierce wrote some key papers in the 1970s about racism, work that has been rediscovered in recent years and applied more broadly to all forms of discrimination(Pierce 1995).

Chet Pierce defined micro-aggressions. Micro-aggressions are subtle, seemingly innocuous degradations and putdowns. The person who administers the slight may be oblivious to what has happened. The comment or the action may seem harmless though Pierce says the cumulative burden of a lifetime of these micro-aggressions flattens confidence and causes stress and diminishes health. An oppressed person seeks to dilute, postpone or deflect the stress of micro-aggressions, similar to the response of a torture victim, and the dynamic to control the victim, to create an advantage over the other is also the same.

Pierce links these micro-aggressions to violence, analogous to Hallahan's conclusions about disability service failures as violence

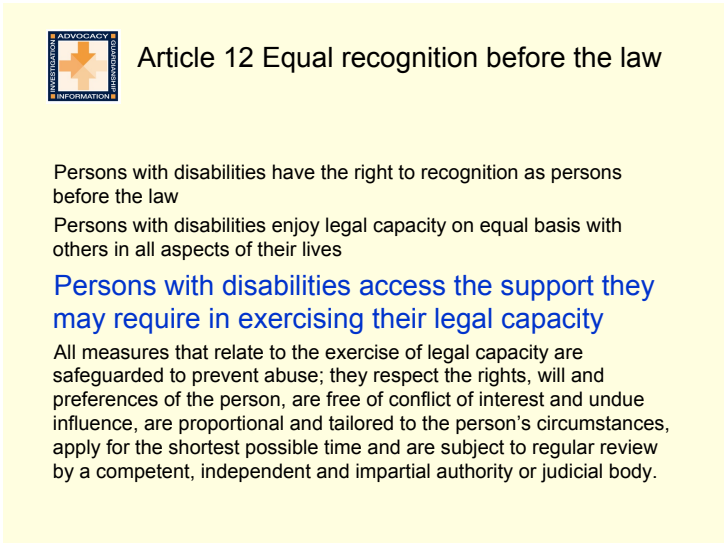
Pierce was talking about society in general, but if we apply it to services, it shows we need to be exquisitely careful about the exercise of power by one human being over another because it can go very wrong – subtly and imperceptibly over time, or dramatically and disastrously in a significant event.

Pierce also saw discrimination as a public health problem, to be solved across communities. Mental illness related stigma, and ill-informed beliefs about disability, create discrimination either overt, or covert and the covert form, micro-aggression can oppress people deflating confidence and strength.

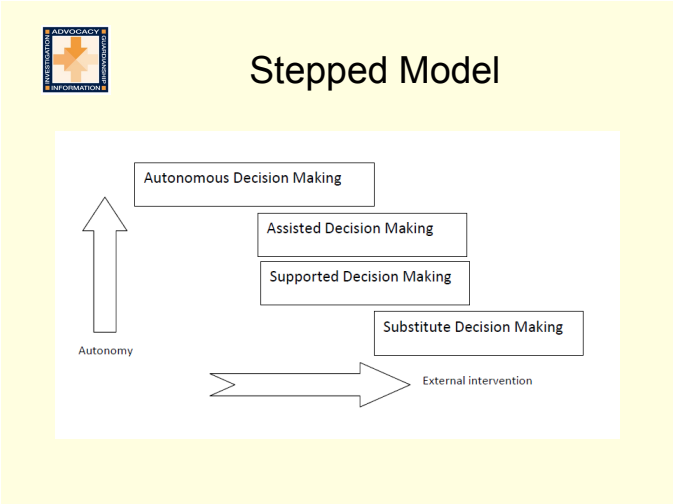
Decision Making

I will now consider decision-making. There is nothing more intrinsic to the autonomy of a human being, than to be recognised as a person before the law, and to have personal control and authority over ones actions and life.

In the UN Convention on the Rights of Persons with Disabilities, this is described in Article 12.



All people have the right to recognition before the law. At a practical level people may need support to make their decisions. In South Australia we developed a Supported Decision Making model, based on the following stepped approach.



Substitute decision making has a role, but in between automous decision making on one hand and supported decision making on the other, sits assisted and supported decision making. Professionals should assist clients who need it to understand options and make their decision. For some people a family or friend may need to be a support person if a person wants this support.

Historically there have been significant numbers of people who can make their own decisions with support, who have instead had decisions made for them by others because support is not available. This includes people with mild to moderate intellectual disability, brain injuries, autism spectrum disorders, mental illness, and mild to moderate dementia.

When we undertook the supported decision project in our Office, some people told us that this was the first time in their life that others had shown confidence in their decision making. We assisted people and their supporters make Supported Decision Making Agreements the document for which was proudly seen by the participants as a

certificate of capacity and confidence. This was a change from their former compliant submissive role, a role which was without an opportunity to learn decision making skills and a role which created a habitual expectation that others will make decisions for them.

This powerlessness, this lack of confidence, is discrimination. The problem is not the individual's impairment but the failure of other people to show reasonable accommodation in their actions, and the non-existence of systems to deliver support.

Harm can be caused by unnecessary substitute decision making, just as harm can be caused by unnecessary restraint.

It may be due to a single disastrous decision, or the cumulative effect of many small decisions made by another person when this was not needed and not wanted. An example of a single disastrous decision is the coerced sterilisation of women with disability described by Women with Disability Australia as torture. I remind you of the definition of torture – in this case psychological pain and suffering from an act based on discrimination

Pierce's micro-aggression theory can be applied to avoidable making of everyday decisions, made by one person for another. Even a small decision made for a person who could otherwise make it himself or herself is ultimately oppressive, and diminishes an individual and their confidence needed to make future decisions. While guardianship tends to focus on the big decisions – such as the medical consent to a significant treatment, or a decision to move out of home – the approach to day-to-day decisions sets the scene.

In this context there is no such as thing as a benign paternalistic decision, if a person could make the decision themselves, because ultimately unnecessary, unwanted and uninvited decision making reflects an exercise of power of one person over another. This can be experienced as a micro-aggression and repeated invalidation saps skills and confidence.

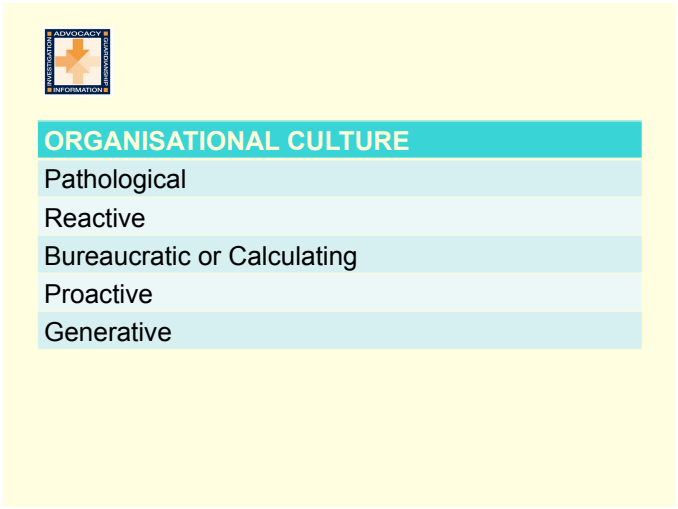
Pierce describes characteristics of inherent operational prejudices in an academic context. One is that the dominating agent uses the submissive agent as the target to be understood, helped, analysed, categorised, and controlled. Hardly ever is the dominator the subject of study by the dominated.

Supported Decision Making research takes on a systems perspective to address a failure of support rather than attribute failure to an individual with a disability.

This is similar in perspective to fundamental social work theories based on systems and strengths.

Organisational Cultural Issues

I think I have made the case that safety and quality and human rights go hand in hand. A sociologist Westrum proposed a model of safety culture in organisations, that was further developed in the health care setting into the following 5 elements (Westrum 2004, Parker 2009).



This is readily adaptable to human rights and it reflects the attributes of organisational leaders. Westrum said that in pathological cultures there is a preoccupation with personal power, needs and glory. Such cultures shoot messengers and sweep things under the carpet. An organisation cannot treat its clients with dignity if it cannot treat its staff that way. Bureaucratic organisations have a focus on rules, positions and departmental turf. For quality control there is an emphasis on form completion. In Generative organisations there is a focus on the mission itself not on persons or positions. Generative organisations are flexible and empower staff who are valued.

Proactive and Generative organisations will uphold human rights. Calculating and pathological organisations will ultimately fail.

I wish to finish by focussing on two professional factors that can be affected by culture: the politicisation of professional work, and desensitisation of judgement. The latter is straightforward – people working in under-resourced poorly designed systems can be desensitised to the unacceptable, while doing their best, just through the sheer magnitude of despair and system inadequacy they are exposed to.

Politicisation is more complex. I picked up this concept from work done in the 1970s on the politicisation of diagnosis, and have wondered how it applies to people with personality disorder turned away from treatment, or who are sent to prison and not hospital. The politicisation concept applies to all professions who assess and make recommendations.

Professional disagreements are inevitable depending on the perspective of a person's role. However there has to be objectivity in assessment based on professional theory, values and technical skills.

In pathological cultures that blame individuals, frank objective opinions may not be accepted. In calculating cultures people may be limited to assessing a certain issue, in the defined parameters of an organisational silo.

This creates a challenge to university educators – to inoculate future practitioners from the harmful effects of bureaucratic organisations that may challenge values about human rights.

Conclusion

- Dignity
- Identification of environmental and attitudinal barriers
- Leadership that is generative and enabling rather than limiting and controlling
- Recognition of Human Rights for all Citizens

Thank you for the opportunity to speak today. I hope for those present from whichever sector that you work some of this material will apply. It is worth finishing by restating the need for the recognition of human rights, which will ultimately support social work in its critical role upholding the dignity of people who might otherwise be harmed and abused.

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