*British Journal of Social Work (2021)* **00**, 1–18
doi: 10.1093/bjsw/bcab126



# Searching for a Social Work Language of Human Rights: Perspectives of Social Workers in an Integrated Mental Health Service

Katie Meadows and Nicola Moran*

*International Centre for Mental Health Social Research, Department of Social Policy and Social Work, University of York, York YO10 5DD, UK*

*Correspondence to Dr Nicola Moran, International Centre for Mental Health Social Research, Department of Social Policy and Social Work, University of York, York YO10 5DD, UK. E-mail: *nicola.moran@york.ac.uk*

## Abstract

Human rights are described as central to the social work profession. However, whilst principles of human rights are generally accepted as fundamental to social work, their application in specific practice settings is far more complex and the perspectives of social workers themselves are largely absent in the literature.This research explored the perspectives of nine social workers in integrated mental health teams in a National Health Service (NHS) Trust in the north of England. Participants took part in semi-structured face-to-face interviews investigating the role of social workers in enacting rights-based social work in integrated mental health services, the issues they face and aspects of good practice. Participants identified rights-based approaches as inherent in their practice but lacked an adequate language to describe this work and confidence in using specific legislation. All described a lack of available training (post-qualification) and support, and the impact of a lack of both time and resources, in enacting rights-based work. The research suggests a need for further training in human rights, increased support for social workers in enacting rights-based work and for a language of human rights to be more effectively embedded in organisations.

**Keywords:** human rights, integrated setting, mental health, social work practice, social work practitioners

*Accepted: May 2021*

Teaser text
Human rights work is an important part of the work that social workers do. The service-users they work with are often some of the most disempowered individuals in their communities, and social workers are uniquely placed to make sure their rights are upheld and fulfilled. However, social workers often work in very complex, uncertain, Article: Searching for a Social Work Language of Human Rights: Perspectives of Social ... IST: 2021-06-14: 11:33:28 PM This track pdf was created from the KGL online application for reference purposes only. Page 2 of 22 situations with limited resources, and having a primary focus on human rights is not always straightforward. This study explored the perspectives of nine mental health social workers in England, who were interviewed about their experience of making human rights a focus in their work. Social workers in the study agreed that human rights are an important aspect of their practice, but felt that they did not have the confidence to talk about human rights effectively. They described a lack of training on human rights after they qualified, and a lack of time, resources and support within their workplaces to build human rights into their practice. The findings suggest a need for further training for social workers in human rights, increased support for social workers to build human rights into their practice and for a language of human rights to be used more widely within their organisations

## Introduction

Human rights are described as central to social work practice both internationally and in the UK (British Association of Social Workers, 2012; International Federation of Social Workers and International Association of Schools of Social Work, 2018; The Policy, Ethics and Human Rights Committee, 2015). In the UK, human rights form an essential part of the curriculum of both qualifying courses for social workers (British Association of Social Workers, 2018) and Professional Standards for qualified social workers (Social Work England, 2019). Human rights law is the subject of guidance materials for social workers (British Institute of Human Rights, 2014a,b; Equality and Human Rights Commission, 2014), and features in strategic policy statements, reports of regulatory bodies and research recommendations for social workers in mental health services (Allen, 2014; Department of Health, 2016; Care Quality Commission, 2020). Despite this, the assertion that social work can be simply articulated as rights-based work is problematic. It overlooks the various tensions in social work practice which have the potential to frustrate rights-based approaches, including the tension between maintaining the protection of communities as a whole and promoting the individual rights of service-users, the dual-role of social workers as advocates for individual rights and agents of State agendas and the prioritisation of legalism and protection over more transformative approaches (Day, 1981; Androff, 2016; Herrero and Nicholls, 2017). Further, it assumes that there is a discourse of rights to be enacted in the UK which is accepted globally, universal and unbiased, where in reality a variety of competing perspectives on human rights and their mechanisms exist (Androff, 2016; Ife, 2016; Herrero and Nicholls, 2017).

Therefore, enacting rights-based approaches in practice is complex. This research therefore has as its focus on the perspectives of practicing social workers on the extent to which they feel able to enact rights-based social work in their complex practice realities, in order to address the gap between the discourse of human rights in the mission and ethical literature of social work in the UK and how it can be effectively applied in the reality of social work practice.

A growing body of research asserts that social work can be described as a human rights profession (Healy, 2008; Murdach, 2011; Ife, 2012; Mapp et al, 2019), arguing that, in their 'day-to-day work with "clients," and in community development, policy advocacy and activism' social workers use the language of rights to unravel the dilemmas they encounter (Ife, 2012, p. viii). Researchers consistently argue that human rights have valuable political currency in social work practice, provide mechanisms for disempowered service-users to hold institutions accountable (Androff, 2016; Witkin, 2017) and enable social workers to make diagnoses about social and political injustices and structural contexts rather than symptoms (Witkin, 2017; Mapp *et al.*, 2019). Furthermore, Healy (2008) notes that rights-based practice requires social workers to have regard for the indivisibility of the rights of service-users and a commitment therefore to provide holistic solutions to meet health and social care needs. International definitions of social work in particular promote all generations of human rights (those relating to individual freedoms, standards of living and global development) towards more transformative social work practice (Herrero and Nicholls, 2017, p. 76).

However, Androff (2016) contrasts the aspirations of rights-based social work practice with a complex reality; in his discussion of its limitations, he argues that the problematic principle of progressive realisation of rights afforded to States in discharging their responsibilities in the context of economic, political and social difficulties, the minimal enforceability of international human rights instruments and the use of universal legislations to define rights broadly for very diverse service-user groups, create barriers in practice realities. Furthermore, a variety of critiques have been made of the existing discourse of human rights and its global mechanisms, undermining the assertion that there is an accepted discourse of human rights to be enacted by social workers. Researchers have argued that existing rights are a function of modern, western societies and can be viewed as an act of western colonialism, that legal models of human rights undermine rights that cannot easily receive protection in law, that is economic, social and cultural rights and that the institutionalisation of human rights within the UN has created a top-down process of defining rights, which excludes most of the population (Ife and Tascon, 2016). Despite the consensus that the legal movement of human rights has achieved a great deal, Ife and Tascon (2016) argue that a nuanced, dialogical, transformative and collective approach to

defining rights is required, where rights and responsibilities are explored from within specific cultural experiences.

By contrast, a narrower focus on legal structures, human rights protection and rights-based work centred around the individual, which is arguably a function of modern western societies, has been identified as a particular barrier in social work practice within the UK (Staub-Bernasconi, 2012; Androff, 2016; Herrero and Nicholls, 2017). It has been contrasted with the possibility of establishing a broader human rights culture in everyday life, in communities and in the organisations supporting them and a focus on relationship-based rights work which takes 'humanity' as its point of departure (Staub-Bernasconi, 2012; Ife, 2016).

There is consensus in the literature that rights-based approaches in social work practice are aspirational, not a panacea (Ife, 2012; McPherson, 2018; Mapp *et al.*, 2019). Ife (2012) asserts that human rights do not provide answers to complex practice dilemmas, but create opportunities for social workers to confront complexity and enact human rights-based social work as a result. However, very little research has been undertaken with social workers in complex practice settings, within the UK or elsewhere, to explore their application of principles of human rights and human rights legislation, the ways in which they wrestle with questions of human rights and whether they feel they enact rights-based social work as a result.

To begin to address this gap, McPherson and Abell (2020) introduced the Human Rights Methods in Social Work (HRMSW) scales, a framework for rights-based social work practice, validated in the USA by a sample of social workers. The instrument measures rights-based practice in social work, including '(i) participation, (ii) non-discrimination, (iii) strengths perspective, (iv) micro/macro integration, (v) capacity-building, (vi) community and interdisciplinary collaboration, (vii) activism and (viii) accountability' (Ibid., p. 237). McPherson and Abell (2020) argue that the purpose of the HRMSW is to help social work practitioners, educators and researchers define and identify what rights-based social work practice looks like.

Steen *et al.* (2017) elicited the perspectives of social workers in the USA on aspects of rights-based social work practice, including advocacy, service provision and assessment, leading the authors to conclude that it is necessary to include greater training in human rights as part of social work education and in the field. A further study (Chen and Tang, 2019) conducted in social work settings in Taiwan similarly concluded that the availability of education and training relating to human rights has a significant impact on practitioners' attitudes towards, and application of, principles of human rights in their practice.

Within the UK, research generally has as its focus rights-based social work practice with specific service-user groups, including gypsies and

travellers, asylum seekers and refugees and forced migrants (Cemlyn, 2008; Robinson, 2014; Ottosdottir and Evans, 2014). These studies have consistently identified the need for support, effective supervision and further training to be provided to social workers in their fulfilment of the human rights of disempowered service-user groups. Various conflicts were also identified in the research between rights-based social work practice and the policy agendas and associated resource pressures affecting certain service-user groups.

However, no studies exist in the UK specifically exploring social workers' application of principles of human rights and human rights legislation in the context of mental health services. This lack of research is problematic as mental health service-users are particularly vulnerable to human rights abuses, both in the UK and globally. Stigma and discrimination against people with mental health problems can lead to violations of a range of civil, economic and social rights, including poor access to basic healthcare and community-based services and discrimination in the fields of education, employment and housing; as a consequence, they are often excluded from community life, in situations of poverty and have poor recovery outcomes (Drew et al, 2011; World Health Organisation, 2013).

Furthermore, in the UK, the social work profession leads the Approved Mental Health Professional (AMHP) workforce (Allen, 2014) which is responsible for mental health act assessments and detentions to mental health hospitals under the 1983 Mental Health Act. In their role as AMPHs, social workers in mental health services are frequently required to infringe on service-users' right to liberty using their power to detain people in hospital (Morriss, 2016) and often make complex risk and capacity assessments and difficult resource decisions which may have an impact on the rights of their service-users.

The research reported in this paper was therefore intended to elicit the perspectives of social workers in integrated (health and social care) mental health settings in England on their role in applying principles of human rights and human rights legislation in their practice, to identify tensions, gaps and aspects of good practice.

## Methodology

### Research design

This qualitative study involved semi-structured face-to-face interviews with nine social workers working in integrated mental health services across one National Health Service (NHS) Trust in the north of England. The qualitative design enabled participants to share their detailed and nuanced views of social work as a human rights profession, their experiences of applying principles of human rights and human

rights legislation in their practice and their perspectives on barriers and facilitators to undertaking this work (Denzin and Lincoln, 2011). Face-to-face interviews were preferred to telephone interviews in order to build rapport and observe non-verbal cues in what could potentially be a sensitive area of study (Irvine, 2011). The research design supported an explorative approach to data collection using a prepared interview guide, but ensuring that participants had the freedom to express their views and add any additional information they felt relevant.

## Ethical considerations

At the time of data collection (summer 2018), the researcher was employed within the Trust as a mental health social worker, however the study was undertaken as part of her Master's degree in Social Work Practice. This raised potential issues of anonymity and confidentiality for participants. In mitigation, the researcher clearly stated in the information sheet and at the start of the interview that nobody within the Trust would be informed who had taken part or what any individual had said, unless there was a disclosure of harm. All communication was via the researcher's University address. Transcripts were fully anonymised and participants given a participant identification number. Interviews were conducted in private meeting rooms away from main offices. The study received ethical approval from the University of York (Ref. SPSW/MTA/2017/1).

## Recruitment

The study used purposive sampling (Padgett, 2008), with all participants being social workers in integrated mental health services in one NHS Trust. A recruitment email containing an invitation to take part in the research was circulated to a mailing list including all social workers within the Trust. The email included an information sheet detailing the rationale for the research, the interview process, guarantees around confidentiality and anonymity, data security and research outputs. Participants were invited to contact the researcher on their university email address if they wished to learn more about the research. A reminder email was circulated three weeks later. In addition, the researcher attended various team meetings within the Trust to introduce the study.

Twelve social workers responded to the invitation and were contacted to arrange interviews at dates, times and locations of their choosing. Nine interviews were completed; of the others, two could not take part due to diary commitments and a third left their post.

### Procedures

At the start of each interview, the researcher went through the information sheet and invited questions, before going through the consent form which was then completed and signed. Interviews were audio-recorded with consent and lasted 30–60 min. Participants were asked the following series of open questions: to what extent do you think social work can be described as a human rights profession? Can you identify any aspects of social work practice in mental health services that are rights-based? Tell me what you feel you understand about principles of human rights and human rights legislation? In what contexts have you had the opportunity to learn about human rights, outside of your qualifying social work course? What do you think it means to apply principles of human rights in your practice? What support do you have in enacting rights-based work? What do you feel are barriers to enacting rights-based work in your practice? Can you provide examples of how you have enacted rights-based work in your practice? Participants were invited to make additional comments at the close of their interview.

Audio recordings were transcribed and anonymised by the researcher and all participants were given an ID number.

### Analysis

Transcripts were analysed using the framework approach to thematic analysis (Ritchie and Lewis, 2003). A coding frame was initially developed based upon the interview questions and the themes emerging from initial immersion in the data. These *a priori* codes were complemented by emergent codes identified through closer reading and re-reading of the transcripts (Srivastava and Thomson, 2009). Transcripts were coded in Microsoft Word following an iterative process of initial coding, refining of the coding frame and subsequent re-coding. The second author coded a sample of transcripts to support exploration of themes, ensure the robustness of the coding and check for potential researcher bias; there was a high degree of congruence between the two sets of coding. Coded data were summarised and charted in Excel, with participant IDs in rows and themes in columns. Summaries of discussions, quotations and transcript page references were charted, enabling the researcher to compare data, cross-reference data with given demographic information and identify emerging patterns.

## Findings

### The sample

Nine mental health social workers employed from a variety of integrated mental health services within one NHS Trust in the north of England

took part in the study. Participants had an average age of 44 years, ranging from 28 to 54 years, most were female ($n = 7$) and described themselves as White ($n = 6$), dual-heritage ($n = 2$) or Asian ($n = 1$). The average length of time employed in mental health services was seven years (ranging from less than 1 to 17 years). Participants were employed within a variety of teams, including acute and community teams, early intervention teams and assertive outreach teams and spanned trainee to manager. A majority of the participants had completed their AMHP qualification (see above) or the Practice Educator qualification necessary to train social work students on placement ($n = 5$), whilst two held the Best Interest Assessor (BIA) qualification, enabling them to assess the necessity of deprivations of liberty affecting individuals lacking mental capacity under the 2005 Mental Capacity Act. All participants had experience in other areas of social work, including children's services, non-mental health adult services and drug and alcohol services, but none had previous experience of working in the field of human rights.

Six themes emerged from analysis of the data: identity of social work as a human rights profession, understanding of how human rights can be applied in social work practice, knowledge of legislation and training and learning opportunities, support in enacting rights-based social work, barriers and facilitators to enacting rights-based social work and notions of success.

## Identity of social work as a human rights profession

All participants recognised that principles of human rights are central to the value-base of social workers in the UK. However, whilst human rights are embedded in the guidance literature, some participants did not choose to describe social work as a 'human rights profession':

> I don't know if I'd say it was a 'human rights profession'... it's a profession that deals with human rights. (Participant 5)

Disagreement about the nature of social work as a 'human rights profession' appeared to be a product of the perceived implicitness of the human rights discourse within social work practice. Many participants, with a range of years of experience, appeared to resist labelling social work as a 'human rights profession' because they were unable to talk in detail about human rights, not because they didn't agree that human rights are central to the value-base of social workers. Indeed, all participants expressed an implicit quality of rights-based work in their practice, for example describing how they 'do it... without thinking about it' (Participant 1). Many participants also found it difficult to provide specific examples from their practice of rights-based work. Some participants recognised the tension inherent in the role of the mental health social worker between provision of support, and protection and management of risk, leading them to describe the notion of

social work as a 'human rights profession' as complex. This tension was articulated by one participant who suggested: 'the reality is probably different to the ideology of it' (Participant 8).

## Understanding of how human rights can be applied in social work practice

All participants consistently identified common areas of social work practice within mental health services as rights-based. These included: advocacy and service-user education, challenging practice and protecting service-users, anti-discriminatory/anti-oppressive practice, promoting autonomy and empowerment, promoting social, economic and cultural rights and balancing competing rights. In general, there was a focus on the application of legislation, rather than a broader concept of human rights and transformative approaches.

Participants who were relatively newly qualified or in-training often focused on promoting social, economic and cultural rights as a primary articulation of rights-based work in social work practice, providing examples such as improving access to housing and benefits. However, more experienced participants, in particular those with an AMHP qualification, were more likely to interpret rights-based work specifically as balancing competing rights, within the context of their AMHP work:

> As an AMHP, perhaps… it's even more relevant to what you're doing… taking people's… liberty away—human rights comes into it. (Participant 1)

Most participants articulated that the uniqueness of the social work role was related to human rights, but the way this was described was often vague. For example, Participant 1 stated: 'that's what we do in social work', without making specific connections with legislation or a broader human rights discourse. This notion was repeated by other participants:

> I know social workers have a bit of a stigma attached, but actually we do fight for the right causes. You know, we are there with our batons, you know, whatever cause it is, whether it's mental health, or rights, or race, age, disability, whichever it is. I think that's what we do. (Participant 3)

## Knowledge of legislation, and training and learning opportunities

All participants articulated a lack of knowledge relating to human rights legislation. In general, all were able to identify the 1998 Human Rights Act (HRA) as a central piece of human rights legislation in the UK, which incorporates the rights set out in the European Convention on

Human Rights (ECHR). Participants who were newly qualified or in-training had a more extensive knowledge of existing human rights legislation and principles, describing also regional and global instruments. Those who qualified as AMHPs or BIAs were able to particularly identify articles 5 and 8 of the HRA (1998), that is the right to liberty and right to respect for private and family life, and were likelier to have an understanding of absolute, qualified and competing rights, but a less extensive knowledge of human rights legislation in general. However, most participants had a more thorough knowledge of other legislations, notably the 2005 Mental Capacity Act and/or 1983 Mental Health Act, with some participants articulating the right to respect for private and family life for instance as the right to 'make unwise decisions' (Participant 7), which is a principle of assessing capacity under the 2005 Mental Capacity Act.

All participants identified a lack of training relating to human rights in their current employment, with some asserting that they had only received such training as part of their social work degree. One participant had accessed human rights training within the voluntary sector as part of their continuing professional development, however did not feel that this training had strong applications in the role of mental health social worker. Principles of human rights were also described as implicit in training on other legislations, but as one participant explained:

> If you ask me a question about the Mental Health Act, I'd be able to say: well it's this section, it's this section... and it's really embedded. Human rights? [It's a] bit more waffly; it's more: yes, it is someone's right to do that, but where is it embedded in the HRA? I don't know. (Participant 9)

Most participants described the possibility of further training on principles of human rights and human rights legislation as valuable; there was a general consensus that the impact of further training could include increased confidence in applying the principles of human rights and knowing the legislation they are embedded in, and the strengthening of the social work voice in integrated mental health services to be able to challenge oppressive practice both within the organisation and beyond it. Participants suggested that this knowledge could enable them to effectively promote choice in treatment for service-users in the context of multidisciplinary reviews using the right to respect for private and family life, and could provide a robust language of rights to describe the perspectives that social workers bring to mental health services. Indeed, as Participant 3 asserted:

> It's a shame really, to say we're working with people who could benefit from it, if we did have the training... you've got armour, haven't you?

## Support in enacting rights-based social work

The majority of participants described a lack of support in enacting rights-based social work. Reasons for this included lack of a focus on human rights in social work supervision, team cultures negatively affected by pressures of the service, the impact of integration and the agendas of management.

Some participants expressed that principles of human rights were discussed in practice, but not in ways that resonated with specific human rights legislation or discourses:

> We'll probably be talking about the rights of a person within… supervision, like, what I've done with that person, how I've managed the situation, how I've assisted with… the issues… I won't say their rights… but I'll say: that's discrimination, and you can't discriminate against a person like that. (Participant 5)

One participant identified a difference in supervision provided by healthcare managers and social care managers, and in discussions within multidisciplinary teams, stating:

> It's part and parcel of our identity as social workers. It can be quite isolating… as a social worker in a health team because other professionals aren't necessarily approaching [work] with their 'rights head' on. (Participant 6)

Irrespective of their level of experience, participants suggested there was a lack of training and support for management to support frontline social workers to enact rights-based social work.

## Barriers and facilitators to enacting rights-based social work

Lack of training, time and resources were consistently described as barriers, and conversely as potential facilitators, in enacting rights-based social work. Reflecting on the practice context in mental health services, one less-experienced participant explained:

> The more you go into practice and the higher caseloads you have, the more… pressures; the time and space to reflect as much on those kinds of issues… I would probably say it's less. (Participant 2)

Some participants described effective multidisciplinary practice as a facilitator in enacting rights-based social work, as it allowed a service to provide holistic care and have regard for the indivisibility of rights. However, without adequate training, many participants described a lack of confidence in their ability to make challenges relating to human rights within the organisational context of integrated mental health settings. Indeed, the power imbalance between social workers and other

professions was consistently identified as a barrier to enacting rights-based social work:

> [Social workers] don't have a strong voice… compared to other professions that [they] work with… it's interesting that [social workers are] part of a profession that's all about empowering people, and [they] can be quite disempowered as professionals [themselves]. (Participant 6)

Some participants identified a lack of diversity within senior management, but also within the workforce more broadly, as a barrier to fulfilling principles of human rights in relation to service-users from Black, Asian and Minority Ethnic (BAME) groups. In particular, 'pernicious… white culture' (Participant 5), or a lack of diversity characterised also by a lack of cultural competency, was identified as an issue perpetuating discrimination in practice, for example the nationally identified issue of detention in hospital under the 1983 Mental Health Act disproportionately affecting service-users from BAME groups (NHS Digital, 2018).

Risk-averse practice within the context of mental health services was also described by four of the participants as a barrier to enacting rights-based social work, because 'so many frameworks… are designed to… protect other people' (Participant 8). Indeed, risk-averse practice was articulated by multiple participants, for example as lengthier detentions in hospital under the 1983 Mental Health Act or treatments with greater side-effects, which reduce risk at the expense of a service-user's liberty, quality of life or their right to respect for private and family life. Risk aversion and a lack of training or focus on human rights were also related by one participant to a broader organisational culture of defensive practice:

> [It] isn't about my training needs, [it's] more about safeguarding the organisation from a fine, or from being taken to court, or published in the paper… if we're teaching about human rights, [workers] could then tell the service-user that their rights are being breached… by [the organisation]. (Participant 5)

All participants called for greater opportunities to discuss human rights, for example in the context of social work forums, as a facilitator in enacting rights-based social work. Speaking about human rights more readily and sharing examples of rights-based work were described as modes of increasing confidence in social workers' application of principles of human rights and human rights legislation in their practice.

## Notions of success

All participants were able to provide examples of their success in enacting rights-based social work, for example enabling participation in the community by supporting access to interest groups, promoting economic,

social and cultural rights through improved access to housing and benefits and promotion of autonomy and challenging practice.

AMHP participants were more likely to provide examples of success in the context of their ordinary social work roles, despite having discussed rights-based practice most confidently within the context of the AMHP role. Indeed, one participant reflected that the notion of 'success' in enacting rights-based social work was problematised by the complexity of social work practice in mental health services and, in particular, the tension between care and control within the AMHP role:

> I'm pretty sure detaining the woman I detained yesterday was the right thing to do, but leaving her on the ward crying, saying 'I want to go home', it doesn't feel right because I've taken away [that] right… [but her husband has] also got the right not to be hit by her… she's got dementia. So… have I successfully applied it? It doesn't feel like it. (Participant 4)

## Discussion

The findings highlight a variety of issues affecting social workers in integrated mental health services as they attempt to enact rights-based work: the absence of a language of human rights among social workers; a lack of confidence in their knowledge of human rights discourses and use of human rights legislation, within the context of medically dominated integrated health and social care services in which social workers feel disempowered; a lack of post-qualifying training on human rights and lack of focus in supervision on issues of human rights; time and resource pressures which had an impact on the fulfillment of economic and social rights and an organisational culture of risk-averse practice.

Social workers in this study were generally able to articulate what they understood by rights-based social work in mental health settings, including the provision of advocacy, anti-discriminatory/anti-oppressive practice, promoting autonomy and empowerment, promoting economic, social and cultural rights and balancing competing rights (particularly within the AMHP role), however they were less able to make explicit connections between their practice and human rights legislation or a larger human rights discourse. Those with greater experience, for example those who had undertaken specialist post-qualifying training such as AMHP or BIA training, were more likely to have a narrower understanding of human rights, informed by the parts of the legislation which were used most frequently within their roles. By comparison, newly qualified social workers had a broader understanding of the rights of their service-users, but this was generally still embedded in legislations rather than broader human rights discourses.

Participants' articulations are comparable to the elements of social work, including non-discrimination, strengths perspective and community and interdisciplinary action, which form the basis of McPherson and Abell's HRMSW scales (2020), indicating that there is scope for adapting such tools to support further research in the UK. Indeed, elements of HRMSW that were not well-represented in the findings of this research, such as activism and micro/macro integration, also received lower levels of endorsement in McPherson and Abell's US validation study.

The findings also resonate with research by Steen *et al.* (2017) and Healy (2008), who argue that social workers lack 'a consciousness of the activities of social work as human rights practice' (p. 746). An increased human rights 'consciousness' and an embedded language of human rights in social work practice in integrated mental health settings could reinforce the unique contribution of social work. Participants inferred that having a language of human rights which was rooted in human rights discourses and legislation could increase confidence in their social work role in multidisciplinary settings and create a broader understanding of how human rights can be applied in practice beyond the framework of the 1983 Mental Health Act and 2005 Mental Capacity Act.

Indeed, Herrero and Nicholls' (2017) assertion that a narrow conceptualisation of human rights in the UK has acted as a barrier to the more transformative approaches central to international social work is also consistent with the findings. Participants' generally narrower understanding of how principles of human rights and human rights legislation are applicable to the lives of service-users diminished their understanding of the discrimination and multiple abuses of rights mental health service-user groups in particular face across many aspects of their lives (World Health Organisation, 2013). Where participants discussed issues of inaccessible healthcare, inadequate housing, discrimination in employment and social exclusion in their practice with mental health service-users, many did not perceive or respond to them explicitly as issues of rights, or violations of rights. Reframing issues as rights could enable social workers to take more transformative approaches, advocate more effectively for their service-users and reassert the responsibility of the local authority to protect and fulfil those rights.

The social workers in this study perceived that a broader and more critical understanding of human rights could be achieved through training, practice supervisions with a focus on human rights and increased discussions around human rights within teams and at team meetings. This is consistent with the recommendations of several other studies that further training and embedding a culture of human rights in social work education is required (Cemlyn, 2008; Robinson, 2014; Ottosdottir and Evans, 2014; Steen *et al.*, 2017; Chen and Tang, 2019; McPherson and Abell, 2020).

Participants clearly articulated key tensions relating to human rights and the reality of social work practice highlighted in the literature, including making complex risk and capacity decisions, resource limitations and the power to detain under the Mental Health Act held by the social work profession in its leadership of the AMHP role (Allen, 2014). Indeed, the idea of social work as a human rights profession was problematised by many of the participants. Increased knowledge through post-qualifying training and an increased human rights consciousness within teams and within organisations as a whole were articulated as a partial solution to this issue. If these were embedded in practice settings, social workers may have the confidence to articulate tensions, 'pose complex and difficult questions' and enact rights-based social work as a result (Ife, 2012, p. 1).

## Limitations

The research was undertaken with a limited sample of nine social workers in integrated mental health teams in a single NHS Trust and therefore the conclusions can only tentatively be related to social work in mental health, social work in other integrated settings or more broadly. Similar research with social workers in a variety of practice contexts is thus encouraged. Nevertheless, this small-scale qualitative study enabled an in-depth exploration of the understanding, views and practices of a sample of social workers.

## Implications for policy and practice

The findings have potential implications for social workers in both integrated mental health settings and for the social work profession more broadly. Social workers have indicated that there is a gap between assumptions made in social work curriculums, ethical codes, guidance literature and policy about the centrality of human rights to their practice, and their knowledge of human rights discourses and legislation, confidence in applying principles of human rights in their practice and support to do this within their organisations. In order to begin to bridge this gap, the introduction of post-qualifying training on human rights discourses and legislation that has parity with training on other legislations and approaches is encouraged. Indeed, to this end, there is scope for adapting tools such as the HRMSW for further research in the UK. Embedding a knowledge base and a language of human rights in the practice contexts of supervision, peer supervision and other social work forums could also increase social workers' confidence in integrating human rights into their work and offer a new way of framing complexity in

their practice, of posing important questions, and perhaps of beginning to answer those questions towards the advancement of the rights of service-users. This increase in role confidence for social workers—perhaps especially for those in integrated health and social care settings where medical models take precedence and health professionals are perceived as holding greater power—may support them to use frameworks of human rights to effectively describe aspects of their practice previously more difficult to express.

Indeed, if organisations were to invest in further efforts to embed principles of human rights in the practice contexts of their social workers, this could reframe the application of human rights not simply as a narrow subsidiary of other legislations, risk management and protection, but as a holistic understanding of the fulfilment of rights broadly. This is likely to have significant and positive implications for mental health service user groups who particularly face stigma, discrimination and violations of their rights and for the communities that they live in.

## Conclusion

The research was undertaken to elicit the perspectives of social workers in integrated mental health settings on human rights in social work. Qualitative interviews with nine social workers identified: a lack of adequate post-qualifying training and support, both from individual managers and within the organisation as a whole, in applying principles of human rights and human rights legislation; an underdeveloped language of human rights and difficulties in reconciling a broader understanding of rights-based practice with their context of complex risk, limited resources and the dominance of a medical model of practice.

The findings suggest that investment in specific training in human rights, a greater focus on human rights in supervision and an embedded language of human rights within organisations could increase social workers' confidence in their role in integrated settings and broaden the ways in which human rights are perceived by social workers, towards a more transformative rights-based practice.

## Acknowledgements

The authors would like to thank all those who took part in the study.

*Conflict of interest statement.* The authors declare no conflict of interest. The study was unfunded.

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