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Strengthening Welfare Policies and Professional Competences: The Role of Research and Evidence

# Evidence for a new social contract - the role of welfare professionals

Many European countries have undergone some form of welfare state transition in the last four decades but the COVID pandemic and other polycrises have intensified the pressures on welfare services. In the UK there is a growing awareness that the effects of New Public Management combined with 15 years of austerity measures have led to a deterioration of public services and decay of public institutions, resulting in increased inequalities, a decrease in life expectancy, and rising levels of poverty and destitution.

Welfare professionals are attempting to deliver quality public services but are unable to cope with the demand, resulting in deteriorating quality of public services, poor working conditions, lack of pay increases during a period of high inflation and high turnover of staff, thus undermining the foundations of public services. This situation threatens the social contract and societal values which underpinned the creation of the Welfare State, and it poses particular challenges for welfare professionals. How can welfare professionals use evidence to support the day-to-day running of services which are overstretched and underfunded and maintain professional standards? Longer term, how can welfare professionals use evidence to influence a new welfare state and new ecosocial contract supported by professional activities?

The paper will review some of the recent literature on the relationship between a social contract and welfare professionals. It will explore recent dilemmas by analysing the 2024 Households Below Average Income (HBAI) report, published by the UK government, from the perspective of how welfare professionals could use this data to inform future professional strategies and standards. The HBAI report is published annually and highlights five main themes which directly inform the demand for specific public services: employment/income; housing, children/education/early years services, older people's services and food security. Although focusing on the 2022-23 period, the report provides comparisons with the period 2003-2023. The paper will examine the roles – leaders, supporters, technical advisers – that welfare professionals are starting to develop when harnessing evidence.

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# Evidence for a new social contract - the role of welfare professionals

The reforms of the welfare state, as a result of marketisation and privatisation, have changed the relationships between government and public service users. The welfare state has changed from providing support to people at different stages in their lives to becoming a basic safety net. There has been a move towards greater individual responsibility away from collective responsibility. Austerity has contributed to further undermining of the social contract. COVID-19 provided a brief respite from this by reminding people that government has a collective responsibility, which is part of a social contract. The increased use of the term eco-contract as part of a 'just transition' has re-introduced the concept of a social contract with an urgent need to define what this could mean for the future and for the welfare professionals delivering public services. The term 'welfare professionals' is used in this paper to cover public professionals working in health and social care, education and social welfare/social services. It focuses on doctors, social workers and teachers.

This paper will explore how welfare professionals can use evidence to support their work as part of an existing social contract as well as using evidence to argue for a stronger future ecosocial contract. There are two research questions: 1. How do welfare professionals use evidence to support the day-to-day running of services which are overstretched and underfunded and maintain professional standards as a way of delivering a social contract; 2. Longer term, how can welfare professionals use evidence to influence a new welfare state and new eco-social contract supported by professional activities?

Primarily, this paper explores the case of the UK but will draw on other international experiences. Many countries that have also changed their welfare state and social contracts over the last 40 years are also struggling with how to create a new eco-social contract.

This paper has four sections. A literature review explores the concept of a social contract and how this has changed over time. A second section explores the relationship between the evidence used by welfare professionals and the concept of 'epistemic justice'. A third section provides an analysis of some of the types of evidence that can be used now and in future social contract scenarios, followed by a conclusion.

# 1. A social contract and welfare professionals

# What is a social contract?

When trying to define the term 'social contract' there are several observations to be made drawing from recent literature. Contractarian thinking has a long history. It has traditionally been seen as a philosophical term, providing a framework for the type of society and how it functions. Rousseau stated:

"The problem is to find a form of association which will defend and protect with the whole common force the person and goods of each associate, an in which each, while uniting himself with all, may still obey himself alone, and remains as free as before. This is the fundamental problem of which the social contract provides a solution." (Rousseau, 1975 (1762):174).

Social contract theory explains how society is formed of individuals who have agreements to regulate their co-existence with rules and laws, rights and obligations but the terms is used more widely to refer to state-society relations. More recently, research has taken a more 'lived experience', anthropological approach, examining how people living within society view obligations, rights and responsibilities, rules and laws and their place within it (Burnyeat and Sheild Johansson, 2022).

# From welfare state to marketisation and privatisation

After the Second World War many European countries created a Welfare State, underpinned by the concept of a social contract between the state and its citizens. Esping Anderson identified three types of welfare capitalism - conservative, liberal and social democratic - based on an analysis of the system of welfare benefits and eligibility based on employment but not the role of professionals within these systems (Esping-Andersen 1990/1999).

In the United Kingdom (UK), Marshall's (1939) analysis of the social contract in relation to welfare professionals provides some useful insights into the nature of the relationship between welfare professionals and service users as seen in the early days of the Welfare State. He felt that Britain had re-written the social contract and established a new form of political association which involved 'social rights', 'parity of esteem' and an expectation of mutual support. This was based on a male breadwinner model of society, with a clearly defined working class (Todd, 2014).

For welfare professionals, the work was non-standardised, and they brought their own beliefs and values, which together constitutes a form of 'public service'. The role of professional judgements informed the way in which services were delivered although this could vary according to service, from taking a more collective approach to services delivered directly to an individual.

The period between 1945 and the late 1970s experienced the expansion of the range and type of services within the welfare state. Welfare professionals expanded in both numbers and in their professional power, with many professions becoming increasing gendered. 'Professional projects' were established, which have defined a knowledge base and training programmes that individuals have to complete before entering a profession. Universities and the state have played an important role in the recognition of qualifications and standards, one which has increased over time (Bertilsson, 1990).

By the 1980s and the rise of marketisation, privatisation and New Public Management, the relationship between welfare professionals and their clients underwent extensive change. The term privatisation is defined as the change of ownership from public to private but during the last twenty years of extensive public management reforms the complexity of the privatisation process has become clearer. Mercille and Murphy (2017) defined privatisation as a multidimensional process which takes place through changes in: ownership; financing; management and production/ provision.

Corporatisation, marketisation and outsourcing force public services to operate in a market environment and are accompanied by a reorganisation of the way in which services are provided and delivered. Outsourcing is the transfer of responsibility for managing and operating services from public to for-profit and not-for-profit sectors. This is a transfer of responsibility from public to the private individual household sphere.

These aspects of marketisation have affected the nature of the social contract between welfare professionals and clients, resulting in a lack of control over the way in which services are delivered and challenges to the way in which time is spent with the client. One result is that rather than the welfare state providing a form of 'cradle to grave' security, it is now up to the individual to deal with their insecurities by making private provision or developing their resilience to crisis.

Bowles (2022) wrote "the contract is no longer social in the sense of the relationship between a civil society and the state, it is rather anti-social and concerned with relationships of purchase and consumption between individuals and market actors" (Bowles, 2022: 276). The emphasis on how public services could meet the needs of consumers more effectively has often been in interpreted in terms of choice of appointments, making complaints, which are all part of a

consumerist approach. The use of a co-production model also draws service users into a transactional relationship, where they are expected to contribute to assets and resources. "In this way, this new anti-social contract is a key part of the construction of the neoliberal subject. A resilience mode of thinking about the world is integral to how we come to understand service provision, what we expect, and what, crucially, we now do not". (Bowles, 2022: 281). This has fundamentally affected the relationship between welfare professionals and clients.

The exploration of resilience and new forms of social contract has started to be researched from an anthropological perspective. Burnyeat and Johansson (2022) provide a critique of the way in which the term 'social contract' is being used.

"It mobilises the concept as an apparently apolitical framework that resonates as 'natural', yet it both obscures and creates political relations" (Burnyeat and Shield Johansson, 2022:222).

Makovicky and Smith (2020) approach the analysis of the social contract in relation to tax from an anthropological perspective. They show how state-society relations are;

"not necessarily contractual, but rather rooted in usurpation, conquest, and gradual shifts, where opt-out is limited if not impossible" (Makovicky and Smith, 2020: 13)

This contested position provides a new way of examining how welfare professionals are responding to welfare reforms and new public management, resulting in changes between welfare professionals and management.

#### Renewed interest in social contract

In the last decade there has been a renewed interest in the social contract because of wider questioning of the relationship between welfare professionals and clients following new public management reforms. The pandemic showed how the relationships between welfare professionals and clients are subject to change. During this major public health crisis, people started to question these relationships with a view to trying to improve them (Shafik, 2021). It was as though the crisis released a vision of a new, more collective way of working that would benefit both clients and welfare professionals. This is reflected in some of the research which tried to understand the changes in professional practice that took place during the pandemic.

The focus on the social contract between doctors and society started to become more urgent following the global financial crisis. Writing in 2013, after the global financial crisis, Bhugra and Makhi (2013) observe that the economic crisis, alongside demographic changes and changes in patient/ carer expectations (consumers and pressure on relationship with professionals and collaboration and competence) support the need for a renegotiation of the social contract.

They examined the relationship between psychiatry and society in terms of a social contract and used this to explore changes in the way in which diagnosis is used and value. They saw the definition of social contract as part of a process where society determines the systems and structures of health care as well as the resources allocated. Doctors may have the expertise to show what is needed for a healthy society but often it is a range of stakeholders who influence how a health care system functions. They identify tensions within this social contract because it is unwritten although it may also include ethical codes which are written down. They argue that the speed of technical changes results in unrealistic expectations of doctors by society. In addition, increasing erosion of self-regulation and professional status makes doctors feel 'vulnerable to criticism' (Bhugra and Makhi, 2013).

The COVID-19 pandemic has stimulated more research into how the social contract between doctors, patients and other stakeholders, such as politicians, has changed. Research by practitioners into how the practice of medicine changed during the pandemic, showed that uncertainty and risk challenged how doctors communicated with patients and their families. They concluded that uncertainty can be a source of creativity and innovation and should not be seen as just a problem to be solved. It also has the potential to change the relationship between doctor and patient.

Welfare professionals had to question how they communicate with patients/ clients from a perspective of uncertainty, where the welfare professional does not know all the answers. Building up an appropriate expertise will involve much more than just listening to service users but will have to draw on their own knowledge and experience, which is a form of democratic expertise. Koffman *et al* (2020) wrote at the end of the first year of the pandemic:

"We must learn from this pandemic and develop strategies to change professional cultures that have thrived on developing antibodies to uncertainty and avoiding its presence" (Koffman et al, 2020: 215).

How health care workers did this can be seen in a study of how they provided end-of-life care during the pandemic (Hanna, Rapa and Mason, 2021). Health care workers had to deal with changed circumstances, especially an increased number of deaths and lack of professional support. They were dealing with patients and families who were also in difficult circumstances and having to deal with uncertainty. For example:

"Many professionals were concerned about whether a relative would have other people around to provide comfort when they received this call. At times, health and social care professionals working in hospital settings felt it was challenging to share this news with relatives, as they had not had an opportunity to develop a rapport or relationship with them, having never met physically or virtually" (Hanna et al, 2021: 1253).

# More specifically:

"Communicating the uncertainty around prognosis was a challenge for some health and social care professionals, especially over the telephone. Professionals stated it was useful to explain to relatives that 'it may be difficult to predict when the death may happen, but we will keep you updated as much as possible." (Hanna et al, 2021: 1253).

The ways in which both professionals and patients had to deal with uncertainty placed great stress on relationships and questioned the nature of the existing social contract.

Another perspective, which has impacted on the social contract, gained during pandemic, was the relationship between doctors and politicians. Rangel *et al* (2022) showed how the imposition of lockdowns during the pandemic was challenged and ultimately resulted in increased health inequalities, which raised ethical issues for the health professionals involved. This reflected the complexity of the policy making processes. Public health practitioners and researchers were unprepared for the ways in which scientific 'evidence' was used to justify health policies. There was a lack of clear ethical principles to guide public policy decisions, especially how social justice was assessed. There was no clear communication with the public.

As a way of resolving this problem, Rangel *et al* (2022) argued that to preserve the social contract between medicine and society, health professionals have to make ethical and sociopolitical implications explicit. Using the concept of 'epistemic privilege' to explain the power that the medical profession can exert in times of crisis. "*Epistemic privilege bears potential* 

problems when we account for issues of equity and access" (Rangel et al, 2022: 937). Radical and untested measures such as lockdowns, resulted in increased inequalities.

Teachers provide another way of defining a social contract, in relation to their students. Looker (2022) used critical realist grounded theory to examine the intersection of teacher-student relationships and school alienation of secondary schools' students and teachers. This study was placed in the context of how to improve the social, cognitive and emotional development of students. Alienation and student-teacher relationships have not been explored in research. This research provided a mechanism that outlined the "social process of how pupil behaviours and actions can emerge from a breach in the implicit contract" (Looker, 2022:28). The study found that student-teacher relationships were complicated and dependent on an 'implicit social contract'.

"The contract is rooted in mutual respect and rests upon elements of trust and value, which each actor places on the other. The power differential in the relationship means that when a pupil believes the teacher has violated the terms of the contract, the consequences are greater than when the teacher believes the pupil has breached it" (Looker, 2022:28).

Mutual respect is essential for both students and teachers to create positive relationships. When this is not present, pupils will feel a degree of alienation. The balance of power was also found to be important for students to maintain the social contract. If they feel powerless, they may be unable to take some form of academic agency. Looker (2022) recommended that these findings should inform the professional development of teachers and behaviour policies which would empower students and so reduce alienation and improve student attainment.

## Rise of the eco-social contract

Some welfare professionals have written about how they work to a social contract, for example, doctors. This makes a social contract a combination of an individual professional responsibility and a collective societal responsibility, and part of societal values. The experience of COVID and the cost-of-living crisis has strengthened the argument that there is a still a need for a social contract based on a collective responsibility. With the growing climate and environmental crisis, the concept of an eco-contract, as part of a just transition, will also have to involve a social contract that includes principles of collectivism and sustainability (Krause *et al.*, 2022).

Social workers and teachers have been active in trying the redefine their social contract in relation to both the pandemic and the new eco-social contract. This may reflect the different type of service they provide and their relationship with service users as compared with doctors.

One way of analysing the strategies that social workers are beginning to develop in relation to a new eco-social contract is to build on their experiences of the pandemic and other similar events and how they dealt with challenges to their professional practice, particularly uncertainty and risk.

In a study of trainee social workers' response to their exposure to the SARS outbreak in Hong Kong in 2007, perhaps the nearest experience to COVID-19, Leung *et al* (2009) found that:

"The students' personal experience of risk led them to a new conception of professionalism in social work practice, a conception embedded in humanistic values rather than in instrumentality or academic order" (Leung et al, 2009: 395).

The experience of dealing with SARS at a personal level made these trainee social workers identify values that reflected their own experiences, within a wider form of humanism. This contrasted with a set of values that characterised, as they perceived, traditional professional practice and academic theory.

Over a decade later, Todd *et al* (2021) found that there were differences in the way in which newly qualified and more experienced practitioners dealt with uncertainty. Newly qualified practitioners were pragmatic, task focused and struggled with uncertainty in contrast to more experienced practitioners who were unafraid of uncertainty and placed it within a wider relationship with the client. They concluded that there was still a need to understand aspects of uncertainty in clinical practice and that these findings have implications for how social workers are trained, although their results suggest that more experience is one factor that provides social work professionals with greater self-confidence.

Social work professionals have been discussing how to contribute to a new eco-social contract for several years. They were affected by the experience of the pandemic but since then, they have built on this experience with a focus on their potential contribution to a new eco-social contract. The International Federation of Social Work surveyed their members about the ethical challenges facing social workers during the pandemic. 607 responses were received. Many social workers felt that the pandemic has "worsened existing social inequalities" (Banks et al, 2020: 577). People experiencing racism, housing and job insecurity and other forms of marginalisation, were disproportionally affected by the pandemic.

Many respondents reflected on how the lessons learnt from the pandemic could inform the future of social work and how to redesign social policies to better address the needs of people and communities. They emphasized the need for more community development and more inter-disciplinary/ agency cooperation. An ability to respond to change should be a core characteristic of social work.

However, in some countries there was a fear that the processes of marketisation and neoliberalism – managerialism, bureaucratisation and instrumentalism – would inhibit any future changes. They concluded that professional associations, social workers and employers had to rethink professional values and principles in the light of 'digital working', new risk assessments and "reconfiguring of welfare provision in the context of the exacerbation of inequalities experienced by people who use or need social work services" (Banks et al, 2020).

Further research by the International Federation of Social Work and UNRISD in 2022, through a series of workshops, explored future social work values necessary for a new eco-social contract. One acknowledgement by respondents was that there was a contradiction in some parts of the world, where social work was "embedded in state systems of social welfare" (Banks et al, 2024: 900) and whether it was possible to contribute to a new eco-social contract.

The term 'ecological justice' was implied in some of the group discussions. It was considered part of the inter-relationship between people and the planet and the need for a holistic approach to social work. Although the term 'green social work' was mentioned, it was not clear how both social and ecological justice could be promoted by social workers. Social workers could be seen as skilled experts in social protection and sustainability. They would have to campaign for a new world order as well as develop "ground-level practices embodying care for people and planet, compassion, sustainability and fairness" (Banks et al 2024: 901).

### Conclusion

The concept of a 'social contract' has a long history. The way in which a social contract is viewed in the early 21st century is different to the way it was seen immediately after the Second World War. This is reflected in both the changes from welfare state to contract state and in changes to the underlying social class structure. The welfare state was seen as a compromise between manual working industrial working class and non-manual working 'middle class' (Todd, 2014). Where there was once a clearly defined working class, this has now changed to a more fluid structure due to a lack of social mobility, with the erosion of expectations about how to maintain a social contract (Ainley, 2016).

However, there are signs that welfare professionals are beginning to question the existing social contract with a view to creating new forms of a social contract. The additional pressure to start thinking about a new-eco-social contract in the light of the climate and environmental crisis has given a momentum to this movement. The ways in which doctors, social workers and teachers think about their social contract with their service users reflect the type of services being delivered but all have much to learn from each other. The next section will explore how welfare professionals use evidence as well as critiquing existing forms of evidence from the perspective of new ways of working with clients.

#### 2. Evidence

This section will explore what is meant by evidence for welfare professionals and how it is affected by the changing relationships between professionals and clients. One of the most important questions is what is meant by evidence and who defines whether certain types of evidence are acceptable. There have been extensive debates about how evidence is researched and collected from the perspective of different professionals. In using evidence to inform future social contracts, welfare professionals will have to approach it through a lens which draws from evidence-based practice, but which contributes to social justice.

Welfare professionals have to use different types of evidence as part of their professional roles. Table 1 outlines the settings where professionals present evidence. Many of these settings require different types of evidence, for example, presenting evidence to an inquest or postmortem has certain requirements. A 'fitness to practice' hearing will draw on the ethical framework within which a professional is working and the professional standards all registrants must meet in order to become registered as a professional and to remain on the professional register (Health and Social Care Professions Council, 2024). Welfare professionals become familiar with these types of evidence as part of their professional practice.

Table 1: Where are welfare professionals asked to present evidence

Settings	Types of evidence
Practice	Evidence based medicine Evidence-based practice – social work and education
Legal	Inquests/ post-mortems Public inquiries Child protection/ family courts
Professional	Codes of professional ethics/ standards Fitness to practice
Political	Manifestos Campaigns

Doctors, social workers and teachers all have access to databases of evidence-based practice. For the medical profession, the concept of evidence-based medicine has influenced clinical practice for over 50 years. Although originally the focus was on clinical expertise, patient values and research evidence, the emphasis is now mainly on research evidence (Ratnani *et al*, 2023). Clinical studies provide the core of medical evidence with five levels of evidence: (i) level I large RCTs with precise results; (ii) level II small RCTs with unclear results; (iii) level III cohort and

case-control studies; (iv) level IV historical cohort or case-control studies; and (v) level V case series studies with no controls (Cochrane.org, 2024).

There is extensive criticism of evidence-based professional practice. Although making decisions based on the best available evidence is important in professional practice, it is uncertain what 'best available evidence' means. The Cochrane, the largest medical database in the world, has an extensive influence on clinical practice. However, there are criticisms of its approach because the needs of individual patients, sub-groups of patients or patient values and preferences are not necessarily addressed (Ratnani, *et al*, 2023: 6). It promotes treatments which are based on protocols, algorithms and guidelines. This limits the judgement of both doctors and patients, who become dependent on management priorities and commercialised databases. This reflects the goals of New Public Management to replace professional judgement with an economic rationale which would distribute public services in the light of growing demand (Harington and Beddow, 2014).

Social workers have also been encouraged to adopt an evidence-based practice as a way of improving their practice. The resources which many social workers have access to, are more limited than those of evidence-based medicine. Lindsay (2007) defines evidence based social work as:

"Using the best evidence you have about the most effective care of individuals, using it with the person's best interests in mind, to the best of your ability and in such a way that it is clear to others that you are doing it" (Lindsay, 2007 in Galpin et al, 2019)

Who decides, who collects evidence and what type of research methods are used will have to involve a wider range of stakeholders, practitioners and researchers. Some of the reservations about using evidence-based practice are based on uncertainty about how this will impact on the process of working in partnership with clients.

A recent study in Norway found that social workers find it difficult to bring research and practice together (Finne *et al*, 2022). Social workers drew on clients, work experience and colleagues to inform their daily practice. The study found that field instructors, supervisors and social work education play an important part in facilitating evidence-based practice and bringing research and practice together.

Some of the same issues arise when looking at evidence-based education practice. In the UK, the Educational Endowment Foundation was set up to gather and disseminate research-based evidence related to 'what works' in schools. Adopting random control trials and other research methodologies used within evidence based clinical practice, the aim is to provide guidelines and studies which will enable teachers to improve their practice. There have been criticisms of this approach because it limits the power of the teacher/ schools because they have to use research conducted centrally and not based on the context of the local school (Emery and Dawes, 2021). There has also been a powerful political influence on what evidence is needed to support the goals of education, which has impacted on teaching practice.

Welfare professionals may have to challenge some of their assumptions about evidence as currently used in their professional lives if they are to question what evidence is needed to inform a new welfare state and new eco-social contract. For some social work participants, the pandemic had caused reflection on "the complex nuances of social justice and the challenges of putting it into practice" (Banks et al, 2020:.900). This resulted in a wider appreciation of how social justice can be constructed. They felt that social justice is informed by cultural, contributory, epistemic and ecological justice, which all need further analysis. One characteristic of welfare professionals is that they occupy a position of 'epistemic privilege' as result of their training and professional position (Rangel et al, 2022).

Fricker (2007) defined 'epistemic justice' as "valuing and giving space to diverse forms of knowledge". As a way of exploring 'epistemic justice', Fricker looked at 'testimonial injustice' and

'hermeneutical injustice' to further understand how to create epistemic justice. She defined 'testimonial injustice' as when the hearer/listener does not give credibility to what the speaker is saying. For example, a doctor fails to value what a patient is saying about their condition because of negative stereotypes of patients with the condition. 'Hermeneutical injustice' "occurs at a prior stage, when a gap in collective interpretive resources puts someone at an unfair disadvantage when it comes to making sense of their social experiences" (Fricker, 2007) This might be a failure by society to recognise sexual abuse, making it difficult for someone experiencing it to understand what is happening to them.

Bufkin (2024) criticises the work of Fricker on the grounds that it provides an individualistic perspective on 'epistemic injustice'. She shows that "racialized stereotypes, images, and affects cathect and shape our interpretative judgements in complicated ways" (Bufkin, 2024) and that it is unrealistic to expect individuals to change their view of the world without changing the social institutions that influence other aspects of their social lives. She argues that analysing political artifacts rather than epistemic mistakes is a more realistic way of addressing epistemic injustice.

Although the concept of epistemic justice is becoming part of debates about how to address social justice, there is extensive work to be done to apply this to future public services, which encompass a new social contract. This paper will now outline three future social contracts and provide accounts of how different sources of evidence could be used to inform their development informed by epistemic justice.

#### 3. Evidence for new social contracts

#### Three new social contracts

Three examples of future social contracts are set out below as a way of informing what evidence welfare professionals will need to take action. They are: The Social Guarantee; The New Settlement; UNRISD New Eco-social Contract.

The Social Guarantee and The New Settlement have both been developed within a UK context, by three left-wing think tanks: the New Economics Foundation; Institute of Public Policy Research (IPPR); and Compass. They have been working for several years to develop a new political economy for the UK. Compass is also involved in electoral reform, moving towards a more democratic system of representation. These two new social contracts have many similarities. They are grounded in principles of equality, well-being and care and improvements in public or essential services. There is an acknowledgement that the ecological crisis has to be addressed by a new social contract although the details of how to achieve this are sparse.

The UNRISD eco-social contract presents a wider global framework of well-being, social and environmental justice, but many of the underlying principles are the same as for the Social Guarantee and The New Settlement, for example, mutual respect, solidarity, togetherness. Although these three frameworks of new social contracts cover many similar issues, how to translate environment justice into tangible actions is still unclear.

Figure 1: The Social Guarantee

# The Social Guarantee

"The **Social Guarantee** makes sure everyone's basic needs are met. It shows how more, and better public services can deliver life's essentials within environmental limits. Enough for all, so that everyone can have enough, now and for future generations."

"Universal basic services (UBS) aim for universal access to life's essentials within planetary boundaries. Ecological sustainability is built into its purpose and design. It is not a social 'add-on', but indispensable for achieving environmental goals."

Basic human needs are universal but how they are satisfied will vary widely between locations and generations.

UBS offers a principled framework to guide policy and practice in every case - as follows:

- The right to life's essentials: everyone should have what they need to survive and flourish as a right, not a privilege or concession.
- Built-in sustainability: services should be designed to cut harmful emissions and safeguard natural resources and be able to continue meeting needs for successive generations.
- **Devolved powers**: subject to the principle of subsidiarity, services should be planned and delivered at the lowest appropriate level, with decisions shared by residents.
- A mixed economy of provision: services can be delivered by a range of state and non-state organisations, provided all are bound by a shared set of public interest obligations.
- Fair pay and conditions for service workers: to include a living wage, good working conditions, career development and trade union recognition.

Source: Coote A. (2023) *The Social Guarantee* New Economics Foundation and The Social Guarantee (www.neweconomics.org)

Figure 2: The New Settlement

# The New Settlement

The New Settlement will 'confront three challenges':

- 1. Tackling the ecological crisis
- 2. Delivering greater equality, wellbeing and care
- 3. Giving people sufficient control over their lives and society.

A New Settlement would require popular and pro-equality and antiinequality instruments and institutions which could include:

- Basic income floor
- New form of asset redistribution through a citizens' wealth fund
- Four-day week
- New forms of local and national public enterprises
- A new settlement for young people who are being failed e.g. new forms vocational education
- Removal of corporate ownership in social care and investment in social care at start and end of life.

# In addition:

- Must democratise the workplace will lead to greater innovation, productivity, social justice and 'fully rounded' citizenship
- Apply human rights lens to society

Source: Spours K. and Lawson N. (2024) The Ship and the Sea The Framework for a New Settlement Compass <a href="https://www.compassonline.org.uk/publications/the-ship-and-the-sea-the-framework-for-a-new-settlement/">https://www.compassonline.org.uk/publications/the-ship-and-the-sea-the-framework-for-a-new-settlement/</a>

Figure 3: UNRISD Eco-Social Contract (2023)

# UNRISD (2023) Eco-social contract

- Goal: To well-being, social and environmental justice, and planetary health
- Worldview: To eco-centric visions where people are part of an interdependent ecosystem and work for prosperity within planetary limits
- Vision (human behaviour): To Homo ecologicus, a person connected with and caring for the well-being of all life on Farth
- Basis for social relations: To mutual respect, solidarity, togetherness and environmental stewardship
- Vision of society: To a view where humans are part of a social-ecological system
- View of nature: To seeing the Earth holistically where humans are a subservient (but impactful) part of the planetary ecosystem

Source: UNRISD Issue Brief 15 January 2023

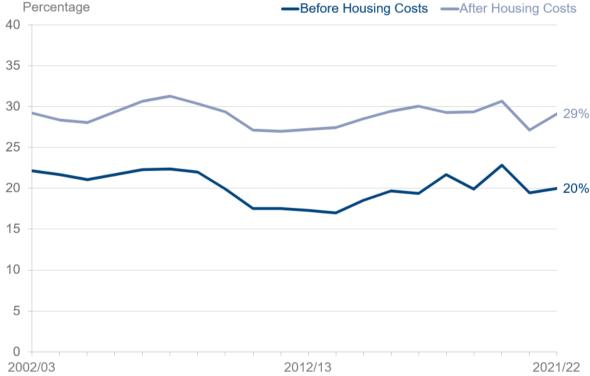
# Types of evidence

This section will discuss the feasibility of using existing evidence (databases and reports) to prepare welfare professionals for identifying actions to support specific elements of these new social contracts and create epistemic justice. The focus is on child poverty. It begins with the UK government publication 'Households Below Average Income'.

# Households Below Average Income (HBAI)

The 'Households Below Average Income' is a survey of households whose incomes are below the UK average income level, which is compiled by the UK government. It has been published annually for the last 20 years. The HBAI report highlights five main themes which directly inform the demand for specific public services: employment/ income; housing, children/ education/ early years services, older people's services and food security. Although focusing on the 2022-23 period, the report provides comparisons with the years during the period 2003-2023. The HBAI report provides evidence for welfare professionals about the position of children living in low-income households. The HBAI reports four measures of the percentage of children in low income – based on relative and absolute income, and before housing costs (BHC) and after housing costs (AHC).

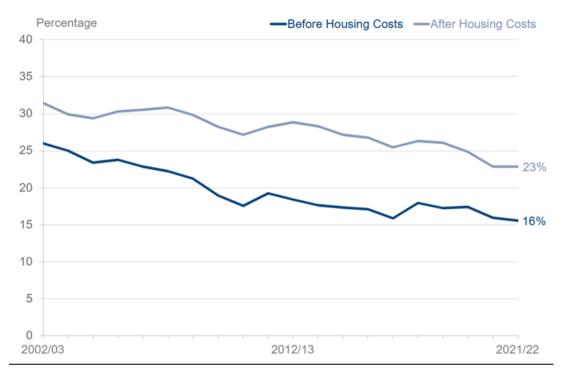
Figure 4: Percentage of children in relative low income, FYE 2003 to FYE 2023



Source: HBAI, 2024: Figure 15

# **Absolute Low Income**

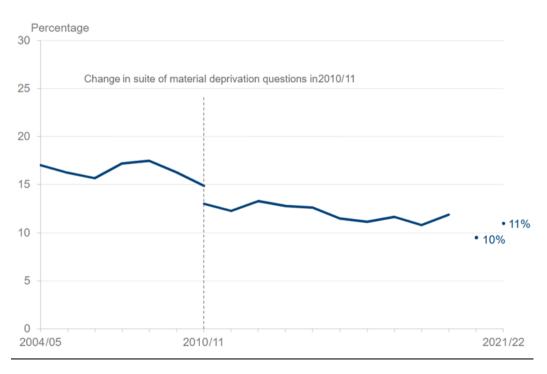
Figure 5: Percentage of children in absolute low income, FYE 2003 to FYE 2023



Source: HBAI, 2024: Figure 16

These two tables show that the percentage of children in relative low income and absolute low income has increased since 2020.

Figure 6: Percentage of children in combined relative low income and child material deprivation, FYE 2005 to FYE 2023  $\,$ 



Source: HBAI, 2024: Figure 17

Similarly, combined relative low income and child material deprivation has increases by 1% point since 2020 (Figure 6). The measurement of low income and material deprivation is measured by:

"whether they have access to a list of 21 goods and services. If they can't afford a given item, this is scored in the material deprivation measure, with items more commonly owned in the population given a higher weighted score. A child is classified as being in combined low income and child material deprivation if they live in a family that has a total score of 25 or more out of 100 and a net equivalised disposable household income BHC below 70% of the median." HBAI

Food bank use questions were asked of the person in the household who knows the most about food purchasing and preparation. This means that the questions do not directly ask about the food bank usage needs of children, and it cannot be determined which individual or individuals the food parcels are for. The percentage of children living in food secure households has decreased (HBAI, 2024)

The percentage of children in the UK population who lived in a food secure household in FYE 2023 had fallen from 88% (FYE2022) to 83%. Children are less likely to be living in a food secure household compared with working-age adults and pensioners. 16% of children in relative low-income (Before Housing Costs BHC) are now living in households with very low food security, which has increased from 9% (FYE 2022), and 12% prior to the pandemic. Children are more likely to be living in a household where a food bank has been accessed compared with working-age adults and pensioners (HBAI, 2024).

The HBAI provides essential data on the extent of child poverty in the UK. This evidence can be used to build on the work of specific professional groups, e.g. child health doctors, social workers, teachers.

### **Doctors and child poverty**

The Royal College of Child Health and Paediatrics (RCCHP) provides evidence on child health, which can be used not just by doctors working with children but other welfare professionals. Although it supports paediatricians in their professional development, it also aims to contribute to improvements in child health in many other settings. By providing evidence, it aims to influence campaigns to reduce child poverty. This is an example of a professional institute contributing to the evidence base for future social contract scenarios. Three examples are set out below which show the potential of the RCCHP to influence this evidence base.

The RCCHP has started to examine how climate change will impact the lives of children and young people. It has provided evidence about how climate change impacts on the health of children/ young people in the UK and how it "exacerbates inequalities". Secondly, it has developed a resource that helps doctors and welfare professionals to "influence decisions within systems and institutions", by supporting people to listen to points of view and develop solutions collectively. A report 'Preserving the world for future generations' shows how children and young people - in the UK and internationally – perceive and understand climate change (RCCHP, 2024).

One of the RCCHP's main initiatives is 'Facing the Future' which is "about the rights of children and young people - to be involved in decisions about their care, and be treated by the right people, at the right time, in the right place". It has produced a series of resources that set standards for hospital and outside hospital care and documents audit results of acute care/outside hospital care and emergency care, which include recommendations for action by health professionals.

As a way of informing research into child health, the RCCHP has written a charter to inform the way in which research into child health is conducted (Figure 7). This is an example of how to conduct research which promotes epistemic justice.

Figure 7: Research Charter for Infants', Children's and Young People's Child Health

# Research Charter for Infants', Children's and Young People's Child Health

- Remember it's about me; involve and support me at every stage and keep me safe from harm.
- Empower me, my family, and the people caring for me; help us to understand and feel more confident about research.
- Support me, my family, and the people caring for me; give us time to understand research processes, how to assess risks and benefits, and what it will mean to be involved.
- Engage with me and my family; listen to our questions and ideas, so we can help you to help us benefit from research.
- Actively gain my consent or assent and explain my right to change my mind and withdraw at any time.
- Rights are important to me; my right to understand research, be involved in decisions, be respected, and to help others benefit from research.
- Communicate with me directly and clearly; make it easy for me to talk to someone about the research when I have questions or ideas.
- Help others by sharing our stories; the things that worked and the things that didn't.

# Teachers and child poverty

Another way of responding to child poverty data can be seen in a research project 'Local Matters' which the University of Manchester/ National Education Union (NEU) has conducted with a series of schools in Lancashire since 2017. It is critical of the 'what works' evidence-based approach that the Educational Endowment Foundation (EEF) promotes through more general interventions, which ignore the context of local history, geography and resources.

'Local Matters' takes a locally informed response or co-production approach that aims to understand the local area in the context of the views of pupils, teachers, parents, and local policy actors.

"Practitioners across the educational spectrum need to collaborate on building research driven, sophisticated accounts of poverty and disadvantage that are located in and drawn from locally lived experiences, show structural inequalities and support teachers in building a 'place based critical response to poverty and disadvantage'" (Emery and Dawes, 2021:5).

'Local Matters' has trained "school staff and the school community to be locally embedded social justice researchers". Using a discussion-based process, teachers and leaders build knowledge of social justice in education. Educators are empowered by being given research skills to conduct research and find out about their school and community, resulting in long term relationships with the community.

This approach has led to many initiatives in schools in Lancashire. The process of discussing and working with pupils and parents has raised awareness of how poverty affects the lives of their pupils. For example, there is a greater emphasis on local activities which reduce the travel costs for parents. Community skills have been identified which support home learning and curriculum activities. A local network of support for parents/ families has been set up. There has been a change in attitude to benefit recipients.

There is a greater awareness of poverty for both pupils and some members of the school staff. School decisions are assessed for their impact on poverty. Some schools have started to buy PE kits for pupils and have set up a food stall for families.

The research used a series of local walks to identify local history and invited the wider school staff if they knew of sites, buildings, that could inform children's learning. This led to a wider understanding of the local area which drew in knowledge of geography, history, science and English.

The process of designing, implementing and using the research led to the re-professionalisation of head teachers and teachers. Their discussions of the importance of social research, how it could be applied to the curriculum and the school environment was liberating. It allowed them to question education policy. It showed how teachers could contribute to the development of a future social contract.

The report concluded that:

"Local Matters through its critical stance aims to support educators in releasing themselves from centrally driven professional constraints (Emery and Dawes, 2021: 24).

These examples of future social contracts combined with some relevant sources of evidence to support future actions, show that there is research work taking place which welfare professionals could use within their own settings. It raises questions about whether welfare professions need more support and training in social research. Harington and Beddow (2014) placed this in the context of developing a civic practice for social workers.

"A civic practice emphasizes the power of practitioner-led research with lines of enquiry generated at the front-line, which is primed to produce grounded knowledge in a scholarly manner (Harington and Dawes, 2014:151).

#### **Conclusion**

The way in which welfare professionals have used evidence can be traced to their historical development as professionals but their role within a marketized welfare state has exposed them to more top-down perspectives of evidence. As professionals, they have to use evidence within several settings: practice, legal, professional and political. More recently, their use of evidence within challenges to professional practice and political campaigns has become more widespread.

The examples of action to address child poverty by teachers and doctors show that gaining a better understanding of poverty and how to alleviate it, has to be informed by different forms of research that draw on the views of stakeholders and people in local communities. Welfare professionals have a growing role as researchers where they are learning and applying research to inform practice in ways that have not been encouraged by a managerial and marketized agenda. This will become increasingly important in the shaping of an eco-social contract.

The concept of epistemic justice is central to the creation of an evidence base for a new social contract. This concept has to be integrated into wider goals of social justice and still requires extensive research and consultation. This will have to inform the struggle to establish new

social/ eco-social contracts. In order to achieve this, the relationship between welfare professionals and clients will have to change. Using social research skills in partnership with service users will enable some of these changes to take place. It will build an expertise which will involve much more than just listening to service users but will draw on their knowledge and experience, a form of democratic expertise. This will contribute to the creation of a democratic professionalism which has been growing over the last two decades (Dzur, 2008, Biesta, 2012; Spours, 2014, Lethbridge, 2019).

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