4th International Conference on
Public Policy (ICPP4)
June 26-28, 2019 – Montréal

Panel T08-P02 Session 1

Making Sense of Complex Policy Worlds Using Interpretive Methods

Title of the paper

Ethical critique of a supported housing program

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Date of presentation

June 27, 2019

Abstract

Ethical critique is a promising analytical approach for those using interpretive methods to understand complex policy worlds. It involves examining social practices to identify the values underlying them in order to open up a discursive space to develop something new. In this paper, I outline an ethical critique of a supported housing program for people living with serious mental illness in Queensland, Australia. I draw on interview data collected as part of a 14-year follow up of clients on the program. Contradictions became apparent when examining the problems described by people delivering the program. A fantasmatic logic operated that where clients would become autonomous, self-actualising people whose need for ongoing care would diminish over time. An alternative normative framework that promotes justice for people living with serious mental illness in terms of relationality, interdependence, as well as autonomy opens up new avenues for policy.

Key words: mental health, housing, public policy, ethic of care, social justice.

Introduction

Ethical critique is a useful concept in policy analysis because it provides an analytic framework to develop alternative approaches to policy work. By combining a critique of existing practices with a proposal of counter-logics it transcends the dichotomy of facts and values that is common in sociological analysis. I have applied this approach to the empirical study of supported housing for people living with mental illness. I examined how the program was based on an individualistic conception of autonomy. I ask - what would mental health policy look like if it was based on the value of interdependency rather than independence - an ethic of care (Tronto, 1993)? We have been too focused on "oppression" and "freedom", at the expense of care as the promise of non-abandonment (Jennings, 2018). Can the concept of ethical critique move us closer to developing health policies based on a broader concept of justice – that includes a relational concept of care?

The paper starts with an exploration of the concept of ethical critique, which is then applied to empirical materials gathered in a study of a supported housing program for people living with serious mental illness. The paper closes with a consideration of the utility of ethical critique for interpretive policy analysis.

What is Ethical Critique?

Glynos and Howarth's conceptualisation of critique aims to be a middle ground between positivist social science, which aims for the divestment of values in the role of investigation to describe "what is" without judging the worth of the phenomena (Antonio, 1981), and partisan approaches that work towards a particular political commitment (Glynos & Howarth, 2007) (p.191). Glynos and Howarth's approach is similar to critical approaches outlined by the Frankfurt School, Foucault and Derrida (Glynos & Howarth, 2007, p.191-192). Their concept of ethical critique is based on the approach known as "immanent critique" associated with the Frankfurt school (Antonio, 1981). Immanent critique is an approach to analysis that aims to uncover the contradictions within social practices using normative standards that arise within those practices. For example, an immanent critique of Australian society could examine the accuracy of the popular conception that Australia is the land of "the fair

go". Using the normative standard of egalitarianism, you could examine whether opportunities for participation in society were equally extended to Indigenous people, refugees, or people experiencing poverty. Discovering that they are not highlights a contradiction, and once identified, this advances the possibilities of emancipatory social change. In this way, analysis forms the basis of action (Antonio, 1981).

According to Glynos and Howarth, immanent critique contains both ethical and normative aspects (p.198). Their use of the word "ethics" relates to the subjects relations to themselves - "the ways in which subjects identify and are gripped by discourses." (p.197) and they contrast ethical with the ideological. Ethical social practices are open to contingency and therefore can change, whereas ideological social practices remain discursively closed, resisting any attempts at reform (Glynos, 2008). The aim of ethical critique is to create an openness to contingency, that is, to illustrate that social practices are not fixed and can be challenged, meaning that other ways of being are possible. The other aspect of immanent critique is normative. Glynos and Howarth define this as "public contestation in the name of something new" (p.192), and in their case, the normative orientation arises from their commitment to radical and plural democracy (Glynos & Howarth, 2007) (p.193). Any convincing critique must "draw on unrealized normative potentials that are in some sense to be reconstructed from existing social practices" (Stahl, 2013 p.3) . Therefore, once accepted truths are questioned (the ethical aspect), it is possible to articulate a counter-logic that opens up space for social change (the normative aspect). In the case of mental health reforms, an immanent critique would establish that change is possible, and then suggest alternative logics to achieve justice for people living with mental illness.

Glynos and Howarth's concept of ethical critique "demands a detailed analysis of the kinds of fantasies underpinning social and political practices, as well as the exploration of ways such fantasies can be destabilised or modulated" (p.198).

Fairclough and Fairclough (2018) also use the term ethical critique in the context of critical discourse analysis. They focus on language as a social practice, in particular

political discourse, rather than the full range of social practices considered by Glynos and Howarth. Fairclough and Fairclough describe a procedural approach to developing an ethical critique that involves four steps: normative critique (critique of truth claims); explanation of existing social reality; a critique of this reality in terms of values (norms) and then advocating action to change the existing state of affairs. Both approaches identify similar components but in a different order.Glynos and Howarth's articulation of the concept differs in that it suggests the development of a counter-logic as the final step, remaining in the realm of the conceptual, rather than advocating any particular action, and in their view, ethical critique is a part of developing critical explanations. The remainder of the paper will use Glynos and Howarth's approach, as I argue that change at the conceptual level is needed to develop policy that can deliver health care that is attentive, competent and responsive to the needs of people living with serious mental illness (Tronto, 1993). Figure 1 below illustrates the steps involved in developing an ethical critique of a supported housing program for people living with serious mental illness. At the end of the paper, I invite you to consider whether ethical critique is a useful concept for

those using interpretive methods in policy analysis.

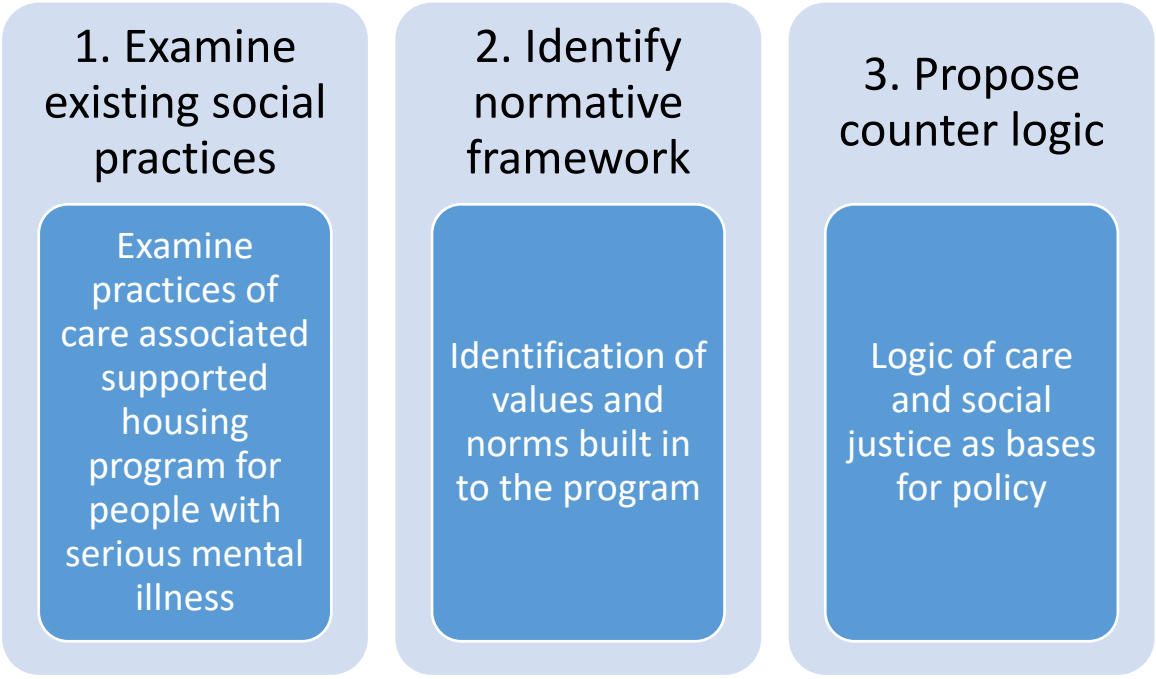

Figure 1. Steps involved in developing an ethical critique of a supported housing program for people living with mental illness

Supported housing for people living with serious mental illness

Stable housing reduces the frequency and length of hospitalisations and increases quality of life for people with serious mental illness (Chilvers, Macdonald, & Hayes, 2010; Fakhoury, Murray, Shepherd, & Priebe, 2002; Kyle & Dunn, 2008; Rog et al., 2014). When asylums were closed, a large proportion of former residents became homeless and lived on the streets (Nelson & Macleod, 2017). It became clear that closing asylums was not adequate for improving the lives of people living with serious mental illness, and alternatives housing models were developed. These ranged from custodial models (such as private boarding houses), group homes with onsite support, to supported housing . The supported housing model includes: secure tenancy, giving a person choice over where they live, separating housing from clinical services, ensuring that security of tenancy is not linked to participating in treatment, and choice over the kind of support services a person receives (Nelson & Caplan, 2017) .

In Queensland, Australia, a key part of the deinstitutionalisation efforts occurred through the implementation of a supported housing program. This was established in the mid 1990s and was designed to rehouse residents of institutions in the community (Meehan, Humphries, Shepherd, & Duraiappah, 2012). Until 1991 only 3-4% of disability funding had been expended on services for people with a psychiatric disability (Queensland Government, 1995). An explicit goal of this program was to address the problem of their being insufficient service structure within the community to support people with psychiatric disability. The solution was to stimulate the non-government sector to provide support. Under both national and state based reforms, funding for the NGO mental health sector in Queensland increased fivefold between 2006 and 2012. There were over 100 non-government organisations (NGOs) who provided mental health support services to around 14 500 people annually (Health and Community Services Workforce Council, 2012). A range of community support organisations was essential to allow clients to choose the support they needed, and provide the "architecture of choice" which is essential in a care marketplace (Mol, 2008).

Method

The data reported here are from a study of supported housing program in Queensland, Australia, on which I have published previously (Shepherd, 2018; Shepherd & Meehan, 2012, 2013; Shepherd, Meehan, & Humphries, 2014). I was employed as a research officer in an evaluations unit in a government department of health between 2007 and 2012. The empirical materials were collected as part of an evaluation of a supported housing program for people living with serious mental illness. This evaluation used mixed methods, including surveys and interviews with government workers, mental health professionals, support workers and clients of the program. Mental health reform was a "pressing problem of the present" (Glynos & Howarth, 2007) during the time I was there, in that the government was actively promoting a reform agenda and delivering programs based on new models of care. While attending meetings with officers from different government departments, reading policy documents, talking with the research participants and other research

staff, I was hearing people speak in the language of choice, efficiency, freedom and community. This piqued my interest in the way that mental health reforms were promoting individual empowerment and introducing market mechanisms to increase choice. Using my sociological training, I looked at existing sociological theories to find an approach that would assist in making sense of my observations. I found that a conceptual framework that drew on governmentality literature and the logics approach to critical policy analysis (Glynos & Howarth, 2007) was the best way to make the implementation of these reforms "intelligible". Glynos and Howarth (2007) concept of ethical critique is explored in this paper as way of building on this analysis to articulate a counter logic – a different way of thinking about mental health policy that may better meet the needs of care recipients.

The paper draws on interviews conducted with 27 disability support workers who provided assistance with tasks of daily living to people with serious mental illness in their homes, 10 managers of non-government services that employed these support workers, 40 government health workers (case managers) and 18 government disability services workers who were involved in assessing and reviewing clients care needs. The interviewees were asked about their perceptions of the supported housing program – how did it work in practice? Did it help the clients? Did the different agencies administering the program get along? How could it be improved? Documents associated with the programs were analysed, such as Memoranda of Understanding, program handbooks, project plans, and service specifications to discern the utopian and fantasy elements that underpinned this program.

Transcripts from the interviews were analysed in the NVivo program (QSR International Pty Ltd, 2012). An iterative approach to coding was employed, using first cycle and second cycle methods (Saldana, 2009). In the first cycle, descriptive codes such as "neighbourhood", "change in support needs", "care tasks" were used. Second cycle coding is the next step to integrate and synthesize coding and further theorise the analysis (Saldana, 2009). During this cycle, codes were developed drawing on concepts from the governmentality literature: independence, freedom and choice.

Results

The results described below have been published elsewhere (Shepherd, 2018), but are included here to highlight the way that ethical critique can be applied to empirical data. As stated above, immanent critique is an approach to analysis that aims to uncover the contradictions within social practices using normative standards that arise within those practices. I draw on two examples of contradictory practices: market failure in the welfare market place and supporting people with disabilities creates dependency.

Immanent critique 1: market failure and the welfare market place

The aim of the supported housing programs were to "assist and support people to develop skills, make decisions and choices, and to be the leader in shaping their own supports" (Disability Services Queensland, 2007). One of the key choices that needed to be made was the agency that would provide in home support. To assist the service user in making this choice, the disability services worker would provide information about the agencies that operated in the community. In interviews, some staff described taking service users to visit the agency before choosing, but over time, as the demands on the disability services staff time increased, this choice was made based on the provision of brochures. The staff were not allowed to direct the choice of the consumer, only provide information. In theory, this would allow market forces to help shape the service mix. The assumption made was the service user would make a rational decision based on evaluating which service would meet their needs. If the service user became dissatisfied with the service they could change to another provider. However, in interviews disability services workers expressed concerns that the clients in the program were not in a position to make an informed choice about the agency. The disability service worker had in depth knowledge of how well the agencies were operating and supporting their clients. Yet, to maintain the independence of the client's decision, they could not pass on this information. The other key part of creating a "market-like" situation is that clients can change services if they were unsatisfied. This was possible for clients living in urban or regional centres, but not for those who resided in areas which did not have a wide

range of service providers. Other clients were denied the ability to change when agencies refused to release funding. Agencies could cite the risk of their viability as an argument to retain the funding for the client

Using immanent critique here, we can examine these social practices using the norms internal to the practice. The accounts given by care providers and government worker revealed the flaws in the market based logic. Firstly, at the original point of choosing a support agency, there is a situation of market failure due to the information asymmetry between the person choosing the service and the service provider (and their proxy, the disability services worker) (Gingrich, 2011). Secondly, the idea that market forces would operate as clients left poor quality service providers and chose higher quality providers was false in many cases, for example, where there were no other agencies to choose, or if an agency refused to release funding.

Esping-Andersen (1999) describes the assumption underlying liberal welfare states is that clients of the service are able to rationally weigh up their own welfare calculus, and that through these individual decisions an optimal welfare equilibrium will be reached. The example discussed above show that this is false. Therefore, welfare markets are not the answer to providing high quality care services to people living with serious mental illness.

Immanent critique 2: To access the program a person needed to be assessed as permanently disabled, yet workers feared they were creating dependancy

In order to be eligible for the program, a person had to be assessed as having a permanent disability (Disability Services Queensland, 2007 :10-11). Yet government workers were concerned that providing support workers to the clients actually created more dependency, for example:

> *So just the simple fact of having [support workers] in the house around high needs clients that are going into a [housing] program is fine but there also has to be a recovery model - work with a recovery plan in place… I think the day that we see the …program simply as*

> *somewhere to park a person in a house for the rest of their life with someone to blow their nose, do the meals, do the whole kit and caboodle…,* ***all you're doing is further creating a dependency that wasn't already there in the past****.*
>
> *(Government - Health Worker)*

Support workers who had been working with clients over many years reflected that when they had started, they were told they needed to work their way out of their job. That is, by providing lifestyle support they would encourage clients to become independent enough to not need support services at all. However, reflecting with the interviewer they concluded that many people still needed support, as illustrated by the following quote:

> *Support Worker A: One thing I'd like to say about [this program] is that when I first started, they said we had to work our way out of a job. And I thought "That's never happened, has it?"*

After some discussion, a second support worker agreed:

> *Support Worker B: But I think that was unrealistic though… I think over the years they've changed their attitude about doing yourself out of a job. (*Non-government agency - Support Workers)

These examples illustrate different perspectives on the promotion of independence. The support workers took a more pragmatic view that the care they provided was needed, and that pushing people to be more independent and set goals could be experienced as oppressive. In contrast, the government disability worker was more concerned that providing support would create dependency.

Fear that providing welfare services would create dependency is as old as the welfare state itself (Rosanvallon, 2000). This might be understandable where people have temporary impairments, such as a spell of unemployment, an injury or illness. However, for a group of people who have been assessed as having a permanent

disability, this concern seems out of place. This contradiction points to the presence of ideology or fantasy operating here (Glynos, 2008). That is, the fantasy that once governments stop meddling in people's lives, they will be able to get on with things themselves. This is consistent with liberal political thought (Pierson, 2006). It is also consistent with what Donnelly (1992) referred to as the sociogenetic model of mental illness, which posits that the problems experienced by people living with serious mental illness have been caused by their experiences in institutions, and if we remove the institution, people can return to health. When the supported housing program was first established, the idea was that people's supports need would diminish over time, until they no longer needed any assistance. For most of the clients of the program, their support needs did reduce once they had settled into community living, but then had started to increase again at the 14 year follow up, not because of poor mental health, but because of declining physical health (Meehan et al., 2012)

These two examples of identifying contradictions in with a government program can help us to identify that the way that concepts associated with liberal political philosophy underpin the supported housing program. Political philosophies are contestable, and once identified, the practice of delivering care in this way can be challenged. We can now turn to the next step in developing an ethical critique- articulating a counter logic.

Developing an ethical critique – proposing a counter logic

A starting point to develop a counter logic is to consider Anne Marie Mol's book on the logic of care in healthcare (Mol, 2008). She addresses the impact of market based ideas on health care pratices. She contrasts the "logic of care" with the "logic of choice". The concept of choice has become popular as a way to counter paternalism in health care, and choice is a better alternative to force. However, she argues that the logic of choice leads to poorer quality health care as it shifts the weight of everything that goes wrong onto the shoulders of the person who makes the choice. The logic of choice is based on a model of the rational actor that is not appropriate for people who are sick and in need of care.

The two logics have different versions of "the good". In the logic of choice, autonomy and oppression are good, and oppression is bad. In the logic of care, attentiveness and specificity are good, and neglect is bad. The crucial moral act in the logic of care is engaging in practical activities that require discussion and continual adjustments, but in the logic of choice, the moral act comes through making a value judgement after being presented with facts (i.e the rational actor is primary). She argues that the tradition of care "contains more suitable repertoires for handling life with a disease" (p.2). Other values can drive our health system, such as solidarity, mutual respect and care and justice,

Traditionally political philosophy has associated caring with sentiment and justice with rationality. Tronto (1993) argued that caring and justice are intertwined concepts, as at some level we need to discern between more or less urgent needs for care. People living with serious mental illness are among the most disadvantaged in society, and achieving a just allocation of health resources has been a struggle since the first asylums were established in the mid nineteenth centuries (Richards, 2017). Justice seems like a good place to outline an alternative logic of care.

A fruitful approach to thinking about social justice has been articulated by Madison Powers and Ruth Faden (Powers & Faden, 2006). In a similar vein to Joan Tronto's work (1993), their theory of social justice is a nonideal theory, that starts from a consideration of the concrete circumstances of particular groups in society. They are cautious about calling their approach "theory" and suggest it is more like a loose framework for deliberation, that aims to assess what is at stake when assessing issues of justice in real-world settings. Their nonideal theory is distinguished from Rawls' ideal theory of justice (p.4) as any theory that is developed in abstraction cannot do the "job of justice" in an imperfect world.

They aim to expand our concept of justice to include the nature of relations among persons. For example, social subordination, stigma, lack of respect, lack of attachment and self-determination. These are the dimensions of life in which people living with serious mental illness are most disadvantaged, therefore Powers and Faden's approach is an appealing means to address social justice for this group. As they see it – the job of justice is to facilitate a decent life for all people. This is done by addressing six essential dimensions of wellbeing: health; personal security; reasoning; respect; attachment and self-determination. Our current approach to delivering justice for people with serious mental illness is focused on facilitating autonomy and choice. However if we adopt Powers and Faden's broader concept of justice, we can move past "empowerment" as a goal of social policy and add in the missing dimensions of wellbeing. For example, supported employment can deliver the opportunity to give and receive respect from others, and to build social bonds. We can move to a paradigm based on relational autonomy and interdependency.

As Tronto (1993) states, the question of how we care for others "is a crucial concept for an adequate theory of how we might make human societies more moral" (p.154). Jennings (2019) suggests that public policies informed by practices of right recognition, such as solidarity and practices of right relationship, such as care, are an essential foundation for ethically justified policy interventions. There are plenty of writers who offer alternative logics to liberal political philosophy. The challenge will

be for scholars to articulate these counter logics in such a way that they can influence policy debates, and inform the next round of mental health reforms.

Conclusion

The final step in ethical critique is not simply to highlight problems and failures to reach policy goals, but suggest directions for reforms. By committing to a broader conception of justice, as outlined by Powers and Faden, future policy initiative can address the need for people to receive respect from others and support to establish bonds of friendship and love. Health policy can be designed to promote justice through enabling persons to exercise their capabilities for affiliation and respect. Instead of individualist ideals of autonomy, solidarity can be a value expressed through the provision of universal welfare (Rosanvallon, 2000). Empowerment is not adequate to achieve the goals of social justice.

People living with serious mental illness are one of the most marginalised groups in our society. When considering the impact of public policy on the health and wellbeing of a marginalised community, it is not enough to simply critique social practices. Adding in a normative dimension gives a direction for improvements in policy that have a positive impact on people's lives. Using interpretive methods to uncover the day to day care practices reveals the contradictory elements at play, which work to reduce the effectiveness of the program in meeting clients' needs for care. Examining the accounts of care given by the people delivering the program reveals the contradictions inherent in the program. From here, it is possible to scale back up and ask how policy could work differently if it was based on the idea of interdependence. In this policy world, the dependency of clients would not be problematized, but accepted. And further support could be provided that focused on building interconnections between people, rather than expecting people to naturally form their own connections in the community. As such, the concept of ethical critique provides a useful framework to scale up from analysis of contextualised self-interpretations of policy practitioners to consider the wider normative frameworks of

policy makers. It is successful in illustrating the radical contingency of policy and the identifying the opportunities for social change. Contradictions can be worked through and alternative logics articulated around justice and meeting the needs of people living with serious mental illness.

Questions for discussion:

What can the concept of ethical critique do?

How does the concept of ethical critique differ from other analytical traditions?

Does it offer something new for interpretive policy analysis?

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