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research article

Solidarity is not a dirty word: exploring and locating solidarity as a theory and model for a radical community social work practice

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Within this article we highlight that social work is both a political as well as a professional practice. Despite years of technical specialisation and a policy context that has focused social work on risk management and resource allocation, there remains a deep commitment to care, compassion, and solidarity within contemporary social work practice. The article and its analysis make the case for a more politically informed social work practice, one that is based on solidarity; in opposition to a system that isolates individuals and internalises complex social problems. We posit that the application of solidarity within social work delivers a practice that promotes social inclusion and is based on the provision of practical social support. It is from this perspective that we will present evidence from ethnographic research, drawn from community social work practice, to highlight the importance of social solidarity and provide an insight into different ways of working.

Keywords neoliberalism • social work theory • social support • solidarity • ethnography

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Introduction

Decades of neoliberalism in the UK have resulted in the depoliticisation of social work. In its place, we have witnessed the rise of neoliberal forms of governance and a practice focused on assessing risk within community-based interventions. This article will highlight contemporary social work research that focuses on innovative practices sustaining and nourishing the core values of community-based social support. Within the discussion, we make the case for a more politically informed social work practice, one that is based on solidarity, in opposition to a system that isolates individuals and internalises complex social problems. We propose that the application of solidarity delivers a practice that

promotes social inclusion. It is from this perspective that we will present evidence from ethnographic research drawing upon community social work practice to highlight the importance of social solidarity and provide an insight into different ways of working.

Methodology

This article draws upon research from two different sites. These sites include children's social work services and crisis intervention mental health social work. Within all our research sites, we have observed social workers in practice, exploring their interactions with service users, colleagues and organisations. For the purpose of our study, we include a broader definition of social work; this includes registered social workers, social work assistants and community workers as part of our analysis. The world of social work does not just occur in or originate from professional social work practice. Within the UK, there is a widely held belief that social work only occurs within the local government with registered social workers; we believe that this is only one dimension of a broader social work practice. We are not trying to mirror or imitate the silos that have been created by the wider economic discourse of marketisation, professionalisation and individualisation; rather, we believe that social work has a common social approach of solidarity, one that has been forgotten by technical specialisation. To find solidarity, we must broaden our horizons (Hill and Laredo, 2019; 2020).

In undertaking this piece of qualitative research, all researchers were embedded within their respective organisations for up to 12 months, undertaking ethnographic research. One researcher was independent and not employed by the organisations observed, and one researcher was employed part-time by the organisation in which the research took place. No external funding was received for the research. The data-collection methods used were participant observation, reflective journals and semi-structured interviews. Each researcher spent up to one day per week within their respective organisations. The participant observation process was an immersive experience, allowing researchers to shadow social workers and attend team meetings, home visits and outreach support with their respective agencies.

Data analysis was undertaken using an inductive six-phase thematic analysis (Braun and Clarke, 2022). The identified themes highlight that we observed, witnessed and recorded multiple acts of care, kindness and compassion. From these rich and diverse observations and interviews, we identified three overarching thematic headings that we used to develop a theoretical framework of solidarity. The scaffolding of solidarity as a theory in social work practice has three key components that we derived from observations and interviews: the process of direct social support; the ability to adapt and make time; and the creation of relationships that are redefined beyond the traditional risk assessment and resource allocation role of community social work practice.

These themes were then connected to larger social, political and economic policy and critical theory to contextualise the social work relationship in a wider global environment. The process of grounding macro theory in the everyday experience of practitioners is derived from the methodological position of global ethnography (GE) (Burawoy et al, 2000). GE helps the researcher to connect macro global forces, in this case, neoliberalism, hyper-normalisation, deterritorialisation, mutual aid and ecological concepts, to social work practice. This extension of theory allows us to reconceptualise practice and intimate moments of care as something more connected

and relevant for a coherent and theoretically informed social work practice. We explore the interconnected theoretical position in the following.

Theoretical position

The 'hyper-normalisation' of social work: trying to help in a broken system

We live within a society of great contradictions: vast wealth can be observed alongside absolute poverty. The contemporary economic discourse has created a narrative that seeks to normalise these economic arrangements as both naturally occurring and a consequence of poor individual choices. Social work sits at the crossroads of this ingrained economic set of contradictions, providing support and safety to those experiencing the worst inbuilt systemic inequalities of liberal capitalism. This contingent location of social work has created a complex dual role of both care and control within our society (Hill et al, 2018).

Within this article, we take the theoretical and political position that social work is neither neutral nor benign, as it acts as a conduit, enforcer and regulator of power in the shape of social policy and legislation. The society we live within is not arranged to economically support and provide for those who are the most socially, politically and economically disadvantaged, despite having the economic capacity to do so. We make the case that society under liberal capitalism simply does not work for the vast majority of people. As we move from one crisis to the next, the inequality and misery of the lived experience become deeper and wider for people (Harvey, 2005; 2010). The ongoing ethnographic research we have undertaken highlights that social workers also know that society does not work for the most vulnerable. The overarching macro policy discourse of health, social care and welfare within the UK presents a myriad of confusing language, where everything on the surface level seems to be working. Policy documents and guidance issued by local governments and national health and non-governmental organisations present a system that promotes choice, independence and care for all across the human life cycle. At the micro level of practice within these health and social welfare organisations, a very different reality has emerged. We have yet to meet a social worker or community worker who feels that their service or institution is meeting the needs of those it is supposed to serve and support. At best, they describe services as a 'sticking plaster' for deep and ingrained poverty and inequality. Due to their unique position as practitioners working with social crises, social workers often observe the abject failure of the wider health and social care system to meet the needs of the service users it purports to serve (Bell and Hill, 2023).

This contradiction is often a destabilising experience for both service users and practitioners. It can be derived that we are sometimes working and observing a mirror universe of competing narratives. One universe is that of a society that places a world of options and choices in a macro discourse that is boldly moving us forward to a promised better health and social care system; the other universe, as experienced in society, is that of a social work practice that fails to meet the needs of professionals, service users and even the organisations that deliver the services. At times during our observations, social workers reported feeling like they had made the 'situation worse' or even deepened the crises by taking a statutory approach to child safeguarding or managing mental distress. It is from these contradictory and confusing positions that we make the case that we live in a society that is 'hyper-normalised' and we can see a

process of ‘hyper-normalisation’ within social work practice. We have used the term ‘hyper-normalisation’ as a deliberate provocation to challenge the thinking around social work and social care. Alexi Yurchak (2005), in his book *Everything Was Forever, Until It Was No More: The Last Soviet Generation*, observed that everyone knew that the system of late socialism in the Soviet Union was failing, but they could not imagine an alternative, and when it did collapse, nobody was surprised by its rapid and sudden demise. We believe that this comparison has resonance and can be anchored within social work practice under late-modern capitalism. The social workers we observed understand the fault lines within the system and often recognise that the system works in the interest of neither practitioners nor service users; rather, it has become a space where people recognise limitations and do their best to help families and individuals navigate a capricious system of social welfare. Many of the social workers we observed ‘shrug their shoulders’ and ‘get on with the practical task’, and they do so knowing that the system is often unhelpful and contradictory (Bailey and Brake, 1975). These contradictions and the hyper-normalisation of failure can be seen to act as a foundation to which social workers adapt, making changes and providing direct social support to service users. In a system that fails to meet needs, it is often the individual social worker who seeks to compensate for wider failings. Scaffolding the process of the hyper-normalisation of a failing system has been the consistent and enduring feature of a perpetual crisis.

Every crisis matters: the depoliticisation of social work

Within the UK, the argument has been made that social work has undergone a deliberate process of depoliticisation. The process of depoliticisation has been an ongoing one since the first radical reformers illuminated that poverty and inequality were not based upon poor individual choices but a direct manifestation of social and economic policy (Bauman, 2009). Within the UK, social work practice has been narrowly focused on a scientific casework model since the 19th century; this individual casework model of professional practice is a universal concept within education, training and professional practice (Hill and Frost, 2018). The casework model is presented as both neutral and benign; as a system, it is purported to be apolitical, seeking to support individuals and families ‘scientifically’ one case at a time (Howe and Hill, 2024). From a critical vantage point, casework can be observed to be a containment unit for social crises in which wider links are not made – the metaphorical ‘sticking plaster’ that social workers often report. Casework also acts as a conduit for the individualisation of complex social problems. Within this system, poverty, inequality and adverse social experiences can be resigned and rationalised away as poor decision making. The burden of the ‘social’ is then placed upon the shoulders of service users and families. Even within our most progressive social work services, with carefully thought-out models of practice and intervention, often based upon strengths-based and relational approaches, what we observed within all these systems was increased individualisation. Strengths-based, restorative and relational approaches all place the individual in crisis at the centre of the system of change. These models provide advice and support with a more pleasant tone to the helping conversation – in practice, control with care as window dressing. While the language is less blame orientated, it still forms part of behaviour modification approaches, with the agency for change always resting with the individual or family.

The process of individualisation and social atomisation is an ongoing narrative within liberal capitalism. It has been furthered within social work practice by a focus in policy, education and training that seeks to promote a casework or scientific model of practice, which places emphasis on risk management, case recording and resource control (O'Keefe and Maclean, 2023). Even our theoretical foundations often fall short, with the new zeitgeist in relational and restorative practices placing emphasis on responsabilisation, individual behaviour modification and a hyper-overfocus on individual agency. The economic narrative of capitalism has driven the creation and the dissolution of the welfare state, of which social work is a key component. The period of capitalism that we live within, that of neoliberalism, has been characterised by the marketisation and enclosure of public services that were socialised under the post-war embedded liberal period (Harvey, 2010). This process of marketisation or the financialisation of public resources has followed a methodology of crisis opportunism. Often, the crisis has been manufactured through media narratives or has been opportunistic. The cyclical nature of capitalism's periods of economic boom and bust are systemic, and they are often used to create a deeper economic embedded logic. An internal voice has been created within our heads through a wider meta-narrative within the media and politics that 'business knows best' and that the solutions to the problems of the present are the mistakes of the past. The lived experience of the present tells us that the process of marketisation does not and cannot work for the delivery of care and welfare services; however, despite the failures and public scandals, we remain wedded to the idea of market-based solutions for social welfare services. The discourse of no alternative has resonance for people who could easily imagine the end of the world rather than the end of liberal capitalism (Fisher, 2009). This voice of capital and business ontology are not naturally occurring phenomena but represent a systemic campaign to change the way we live and how we conceptualise public service provision. Central to embedding this narrative of failure has been the presentation of failing social work and social work in crisis.

Since its conception as a profession and institution, social work has been subject to tragic and sensationalised reforms. We begin this crisis discourse after the Second World War with the creation of the embedded liberal welfare state; this period represents the beginning of collective solidarity and care 'from the cradle to grave' within UK welfare services. While we recognise that this was not a 'golden age' or a utopia for care and service provision, the seismic shift in the economic discourse was a threat to the many capitals of capital and the UK establishment. From the very conception of social work as a coherent professional activity and institution, the discourse and narrative have focused on crises. The first key markers were the tragic deaths of Dennis O'Neill in 1945 and Maria Colwell in 1973, developing into the Satanic ritual abuse scandals in the 1980s. These terrible events punctuate the social work landscape and have continued unabated, with the death of Victoria Climbié (Laming, 2003) and Baby P (Bamford, 2015). This behaviour has been mirrored within the adult social work and care world as well. The institutionalisation of adults has quite rightly become challenged, and the abuses and horrors of institutionalisation have been laid bare. The response to the crisis has been the process of deinstitutionalisation and the subsequent marketisation of adult social care. While the process of care required reform, what we have been given in its place are some of the worst aspects of the old asylum and special hospitals replicated in smaller units within the community. This process has been supported by a shift from public to private providers in both adult social care and mental health services. From this process, we have seen adult residential care

become a financial bonanza for private venture capitalists, who have asset-stripped care and then used vulnerable adults as an insurance policy for which they continue to be paid for substandard care and services (Lavalette, 2019).

The real tragedy can be found in the result that reform has not become a process for reflection. The zeitgeist of deinstitutionalisation has resulted in privatisation and has delivered fragmented and scattered care. After a lifetime of work, adults requiring residential care and support have their savings and property taken to be liquidated into the profits of private businesses (Jordan and Drakeford, 2012). Mental health service users find themselves isolated and treated at home in both voluntary and involuntary situations, with their home becoming a subjective site of enforced treatment or containment (Stone et al, 2020). This care or support is often delivered by privatised and fractured community mental health and social care services. This fragmentation of state health and social care has shattered our collective care into thousands of tiny little pieces, creating disparate services with varying degrees of response, support and care. One of the real crimes by those in power is the sensationalisation and misuse of child deaths; as every social worker in practice knows, in a system built on inequality, structural violence and poverty, the deaths of vulnerable people are more commonplace than the moments in which they are presented to the public (Bamford, 2015). Within our discussion, we would like to make the point that child deaths have been sensationalised and presented by political and economic elites as a catalyst and vehicle for the radical reform of social care and social work. This analysis extends to and can be developed in adult mental health services; it is a tried-and-tested method of disaster capitalism. The shock of a child's death creates opportunities for cynical and detached elites to shape and change policy to suit their economic goals. Each crisis and death has been used to separate, isolate and create new silos of technical specialisation within social work. Moving from a generic social service system to a specialised focused social work, we now see the use of child deaths as a means to fragment local government services and develop them into social care trusts outside the control of the state. We are not witnessing reflection, genuine change or the provision of resources to reduce risk. With each report on the failures of social work, we see a meta-narrative of broken services, poor communication, precarious staffing and shortages, situated alongside disjointed and fragmented services that do not communicate. The solution is more fragmentation and silo-based provision with a move towards separation from local government. As the counterculture phrase from Bob Dylan reminds us: 'You do not need to be a weatherman to see which way the wind blows.' Despite this fragmentation, isolation and scattering of care and support, resistance to the dominant discourse does occur and can be observed at both macro and micro levels. In the next section of this discussion, we will look at micro discourses of social workers in practice and, from that, illuminate the small truths, such as the acts of care, love, compassion and support, that make 'solidarity' the keystone between the two pillars of social work practice and social work education.

Discussion and findings

Solidarity forever: social work and the personal acts of compassion, care and kindness

Compassion, care and kindness have always been the cornerstones of human participation in social work and social care, in either a voluntary or professional

capacity. While the inception of social work, care and broader welfare may stem from the dehumanising conditions of industrial civilisation, the welfare policy that surrounds social work often provides limited relief from poverty and inequality, acting as both a safety net and a deterrent for those seeking unnecessary support. Despite these contradictions, those who operate within social work do not enter the profession to make the lives of those they seek to support more miserable or promote greater suffering. The instinctual response of those providing social work care comes from a position of compassion, kindness, love and solidarity. As one children's social worker highlighted: 'I think some workers do really get involved and go the extra mile. I suppose it's just about who you are as an individual worker.'

We use the term 'instinctual' because we are making the case that humans naturally cooperate, providing care and support in the form of mutual aid. We posit that this process of interconnected collective care and support is a naturally occurring activity. One of the interesting historical figures who pointed this out, both in the human and in the natural world, was Peter Kropotkin, an esteemed geologist, naturalist, political philosopher and revolutionary. Within his work 'Mutual aid: a factor in evolution', Kropotkin (1902) proposed that contrary to the popular discourse of survival of the fittest and natural selection – which, while holding some truth, is not the only truth – human and animal interactions are complex, and they have a firm foundation in solidarity and cooperation based on principles of care that are pragmatic. While we agree with Kropotkin and his position of solidarity as pragmatic and advantageous, we also recognise the importance of the act of love and compassion in this formulation. The bonds of care are reinforced not only by pragmatism but also by a narrative and shared story of support; central to this are the notions of love and compassion for our fellow humans. In a system that promotes isolated and competitive individualism, solidarity, care, compassion and kindness are minor acts of resistance to the orthodoxy.

When we intellectually and emotionally step back and challenge the dominant liberal-capitalist discourse in our minds – the voice that tells us that resistance is futile; the voice that seeks to obscure our natural interconnected way of being – we can then also look critically at our dominant institutions in politics, the media, education, health and social welfare. We can see how much energy and resources are directed into presenting the dominant discourse that we are individuals who thrive in a competitive social environment. Where a power relationship occurs, resistance is a possibility. As we have posited, social work and social care at a micro level are based on the values of compassion, care and solidarity. Social work and the desire to help is a natural expression of our human connectedness, our ability to show care, support and solidarity. Solidarity is not just an emotional response to misery and poverty but a pragmatic response of improving your social environment by assisting your extended community. It is interesting that this expression of solidarity occurs within the wider discourse and organisational context of social work institutions that often seek to promote risk management, resource control and the location of social crises within individual service users rather than wider social systems. In situating this process of solidarity within a context of social control, it is of use to bring to the discussion the theoretical process of deterritorialisation, an idea that was introduced by Gilles [Deleuze and Felix Guattari \(1972\)](#) in *Anti-Oedipus: Capitalism and Schizophrenia*. This theoretical position recognises that contact with structures, discourses and power networks has the possibility to change and shape systems

through everyday interactions. Just as we see in nature the wasp entering an orchid as highlighting a symbiotic relationship of survival and adaptation as flower and insect respond to each other, so too do we see the change in social work and social care as the individual workers interact with social policy, organisational discourse and evidence-based practice. The social work institution that promotes risk assessment, resource management and a calculated, distant, professionalised methodology is undermined and transformed by the interaction at the organisational level and professional intervention. From this interaction, something new emerges that is not a true representation of the policy and practice as advocated by the organisation but enhanced, adapted and often done to deliberately undermine those processes. As one social worker highlighted, retelling an encounter with a service user who had been sanctioned on benefits: 'I got her a food parcel, and the food parcel was absolutely shit. It was like, basic spaghetti, so I went to this food project thing that's online. I've been before ... when I was on the sick.'

We see a practice that demonstrates care, compassion and solidarity. The theoretical position of deterritorialisation can also be viewed through the lens of Lipsky (2010), in his path-breaking text on street-level bureaucrats, in which he highlights that social work bends, adapts and reforms the socio-legislative context. This tension and trend in social work highlight that despite a system that seeks to lay the causation of complex social problems on the shoulders of the most vulnerable and excluded, we can see a professional intervention that seeks to mitigate the crisis through an act of solidarity, care and compassion. From our collective ethnographic observations, we have identified some key themes that underpin the practice of solidarity within social work and social care. These identified themes have three broad headings: the provision of direct social support; the art of making time; and the integration of non-judgemental and supportive social relationships.

Moving towards a theory of solidarity in social work

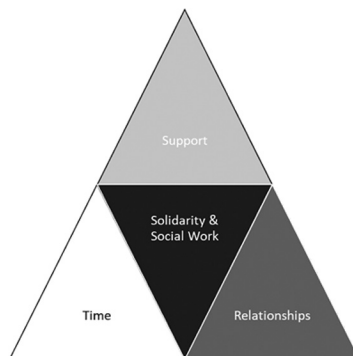
We have deliberately chosen to use solidarity as a theoretical foundation for a radical community social work practice. Within the UK, there is an absence of both the social and practical methodologies of social support within social work practice and education. The practices of social support and social pedagogy are seen as both less than and supplicant to the higher legalistic and technical report writing of social work assessment. There is an inherent flaw in both this logic and thinking, as the isolation of social work from direct social support undermines the basis from which any solid assessment process must be derived. Without the social contact and direct work built on time spent and meaningful relationships, what we have are reports based on conjecture, without a solid foundation of the lived experience of service users. To counter this prevailing narrative, we would like to highlight a theory of solidarity in social work practice, derived from ethnographic observations, which demonstrates the delivery of pragmatic mutual aid or solidarity, underpinned by compassion, kindness and care for one another. We make the claim that solidarity is both practical and commonsensical within social work. If we are to develop meaningful relationships that seek to improve the lives of those we work with, our practice must be non-judgemental and open to direct work with those we serve. While all social work makes the claim to be non-judgemental in

a theoretical context, every piece of work we undertake in practice is a form of professional judgement on people's social crises and lived experiences. The only way to be non-judgemental is to show solidarity by walking with those we work with and placing ourselves alongside them in a relationship of direct care.

The support–time–relationship social work and solidarity model

The support–time–relationship (STR) model (see [Figure 1](#)) represents a reflective and practice-orientated tool for students and practitioners to ask themselves within education and supervision how to advance a pragmatic and supportive model of social-orientated practice for service users. It is a model developed from the direct observation of social workers and based on their practice wisdom and experience. We often enter practice and have multiple organisational and professional tasks that we must prioritise and manage according to predetermined and heavily monitored timescales. In this fast-moving target- and outcome-based culture, our organisations have a theoretical model that is used to frame and situate our social work interventions. Often, these models feel extra-local and sometimes unrelated to the practice we deliver. In recent years, we have seen new managerial approaches of assessment and care management underpinned by strengths-based, relational and restorative approaches ([Featherstone et al, 2018](#)). We have observed that these models provide a veneer of care while remaining firmly centred on a practice of social control and order within welfare. Social workers report that they 'just get on with it' when asked about these additional models of strengths-based or relational practice. The children's social workers often shrugged and made humorous comments about 'flavour of the month' concepts and reaffirmed that they are 'just getting on with the job'. Initially, we felt apprehensive about this common-sense approach of getting on with the job. Upon deeper observation and questioning, the children's and adult social workers we observed highlighted a practice that fell instinctively within a social model but was often hidden or removed from view. We would like this wisdom and practice knowledge to move out of the shadows. The world of the social must be something that can be articulated with confidence; with this in mind, we discuss the thematic components of solidarity in social work.

Figure 1: Support, Time & Relationship Triangle



Support

The ability to provide direct social work support that focuses on assistance to the service user and their wider family is a central feature of a solidarity-based social work practice. This process involves the direct provision of care and social support; a process of accompanying the service user rather than directing them must be established. Many social workers wanted to be more than ‘signposts’ for services. Within all our observed studies, direct social support was a major factor in the promotion of an intervention based on solidarity. The children’s social workers we observed highlighted that it was often an individual experience that was dependent on the ‘individual worker’; however, observations highlighted that while many practitioners were involved in solidarity-based social support, they often hid it, believing it to be ‘unprofessional’. To provide direct social support was something that was integrally different to the provision of advice, the directives of tasks or the meeting of organisational outcomes. Observations highlighted that much of the time spent in direct contact with service users was directive, concerning organisational tasks and formal statutory advice and information. These outcomes were prioritised and often became a hard statutory approach to direct social contact and support. While it is important to recognise that social work in the UK has a statutory role – and all the social workers recognised that assessments and care management processes must all be completed and delivered upon – how you approach the statutory relationship may impact the quality of the information you receive. A solidarity-based approach in the provision of social support emphasises empathy and active curiosity in the service users’ lived experience. Allowing people to reframe their social issues and providing support based on them are integral parts of the process of care, compassion and solidarity. As one children’s social worker highlighted, the process of walking with or accompaniment is important:

We then went to the welfare rights thing. I could have just sent her on her own, like the appointment said, ‘This is where you need to go’, but I picked her up and took her, went, and then we had a child-in-need meeting. I then took her for her script.

The ability to walk with and work with people in a direct hands-on approach is fundamental. Service users must see and experience that they are more than an organisational outcome or risk to be managed. One of the children’s social workers also reported that clients were quite rightly ‘wary of them’, and to develop a supportive relationship, they provided direct social support through ‘the little things that you can do’ or ‘the small practical things’, such as helping them go to the social security office for housing and benefits. These little practical things are often minimised but are massive institutional challenges to service users. These moments of solidarity and of journeying with individuals were also replicated within adult mental health interventions through the feeding of pets and obtaining of food and beverages for individuals who were in the midst of emotional turmoil and mental health crises. These small acts of kindness were delivered not from pathos but from the premise of solidarity; implicit in these acts was the recognition that we are one human being helping another human being. One adult mental health social worker reported in an interview that: ‘I went on a visit with a man who was alcohol dependent. His house was in a state, with alcohol bottles everywhere, and the kitchen was a mess. We went

back with bin bags, cleaned his house and removed the bottles. We couldn't leave him like that.'

The process of providing social support begins with a recognition of the social context. Before we can become focused on organisational goals and outcomes, we need to position ourselves alongside the individual. This involves a process of empathy and active curiosity that becomes a constative act of providing care in a direct manner rather than a performative act of directing care from a distance. If we are to deliver meaningful care, this must be demonstrated in small acts to not only build rapport but also demonstrate active solidarity and concern. The core element of getting social support right is the art of making time, which we will discuss next.

Time

We live in a world where time is constantly a source of anxiety; the finding of time is a constant emittance of low-level stress for social workers. Time, or the lack of time, was one of the key observations that was highlighted by children's and mental health social workers. The statutory nature of children's and mental health social work practice requires the gathering and coordination of sensitive information from multiple agencies. Focusing on the children's social workers, we observed that they spend up to 70 per cent of their working day undertaking administrative duties, recording information and collating evidence for those investigations. The art of making time was often a burden that the social workers placed upon themselves; all of them viewed the real work of social work practice occurring in the community with service users and their families. The ability to make this time often came at the expense of their work breaks and was usually achieved by doubling up on administrative tasks. The children's social work office I observed could be described as a hive of administrative activity, with social workers constantly speeding up their typing and taking calls on headsets while they ate food or typed up the next recording before the deadline. The pressure of limited time often led to an amplification of the use of cognitive artefacts and technology to support a more expedient process so that they could spend more time with their service users. Without this speeding up and use of technology by practitioners, there would be reduced time for the much-needed social support. Many of the social workers we observed often worked flexible hours to meet families outside traditional office hours, either starting early before the school day or finishing later to conduct an evening visit. It was recognised by all the social workers that this flexible approach to time yielded better results; it was not even questioned, just something they did as a daily occurrence. This act of solidarity recognised that time, as well as the ability to be flexible with it, was a form of solidarity in which they transferred a finite and important resource between their personal lives, the organisation and the service users they worked with. The ability to give time was seen as an act of solidarity by both the social workers and their service users. Within mental health practice, the art of making time was seen as the right thing to do: 'I will follow people up if I think it's the right thing to do, so will have a list of people to follow up to check on how they are. Technically, this is not our role; we triage, advise, then close the case. But sometimes people just need more than that, you know.'

The giving of time is more than a discreet activity; rather, it highlights professional intuition and practice wisdom. Working with a complex caseload in either children's social work or mental health practice requires an internal triage system. This process

is a careful art of balancing a caseload and of deciding who requires the extra time and where that extra time will best be utilised. Time was and is a personal as well as a professional resource. It can also be considered as a discreet professional judgement, and it was the key to the development of good social relationships, which we explore in the next section.

Relationships

Developing meaningful relationships was also a key theme that emerged from observation and interviews within social work practice. Central to the helping relationship was an ability for social workers to be actively curious about the lives of others and have unconditional positive regard for their service users. Part of this curiosity was the ability to challenge the wider systems they were operating within. The mental health social workers often prioritised a pragmatic outlook in their relationships with the service user and other professionals. In delivering practical solidarity, the mental health social workers often had to challenge the pathology of mental illness and the tendency of mental health professionals to overanalyse and pathologise behaviour within a social crisis situation. One service user within a mental health support service had their behaviour analysed as risky and problematic after throwing a cheap and widely available food item. The social worker, seeking to use humour to challenge other professionals, highlighted that the analysis seemed a bit over the top: 'That seems harsh.... I have thrown a Pot Noodle before, and I wasn't unwell.'

Challenging professionals' opinions and prejudices is part of working to build meaningful relationships; it is all too easy to close down and collaborate with other professionals instead of developing an open and curious approach to working with service users. Positive relationships in mental health social work practice are the ones that aim to reduce the alienation service users experience, both from professionals and from organisations:

What we don't want to do is, we don't want to alienate people or turn their lives upside down. You know where there is often a mental disorder, but sometimes you shouldn't medicalise this and sometimes have to let the person live the life they have got. It is not perfect, but whose is? If you let psychiatrists at them, then that is it; their life could be ruined if you get the wrong psychiatrist.

The relationship that social workers provided with service users acted as a platform for challenging stigma and promoting better outcomes. This act of solidarity is based on a social approach to providing a different and challenging perspective to the medical model. Relationships in children's social work and mental health practice developed from the proximity of direct social support. All the social workers we observed often operated in a safeguarding context that promotes a distant and cold, objective professionalism. Some of the assessments that the children's social workers were undertaking were fundamentally questioning the parents' ability to provide love, care and safety to children; this is no easy bridge to cross when developing meaningful relationships. Within mental health services, the social workers asked questions that challenged their perception of reality and often made decisions for those they deemed

to be at risk. The social workers in both services who navigated this complexity demonstrated empathy by examining their own personal and professional positionality and began the encounter from a position of solidarity rather than safeguarding.

Summary

Within our discussion, we have highlighted that solidarity is a practice that occurs naturally and in multiple settings. What we would like to do from our work is recommend that solidarity becomes an emerging practice, one with a model that can be referenced by students and practitioners alike. At the moment, in the UK, the practice of solidarity-based social work is marginalised and hidden in the shadows. We would like to bring solidarity out of the shadows and combine the practices of direct care, kindness and social support in an operational model. This small truth may not be a revolutionary act, but it is a small movement towards challenging the atomised and individualised premises of conventional social work practice in the UK. We also believe that by providing a theoretical foundation for a politically informed pragmatic method of social support, larger conversations will begin to be had that challenge the orthodoxy of having no alternative to the monoculture of marketisation and business knows best. We know from direct observation what works, and what works is care and a social work practice that is informed by compassion and solidarity for one another. Before we finish, it is important to remind ourselves as individuals and as a collective that we, as social workers, have more in common with our service users than those who create our social and economic reality. We all deserve the right to a 'good life' and access to the social and material resources that go with that.

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