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Soft Cops or Social Justice Activists: Social Work's Relationship to the state in the context of BLM and Neoliberalism

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Abstract

In the current dual context of Black Lives Matter/defund the police and calls for accountability to those whom social work has harmed as part of the state machinery, this article returns to the debate on state theory. The article explores three state-linked forms of care, coercion and control: stealth coercion/control (in aged-care); population-linked coercion/control, and police and carceral-linked coercion/control. The article analyses what is missing in state theory in a neoliberal world and argues that social work needs models of practice and theory that are themselves a form of resistance and relative autonomy from the state in that they challenge the oppressive state machinery while making demands on the state for equity and fairness. This model permits social work to be humble in the face of lived experience and grounded in the priorities of the community, rather than uncritically legitimising state-linked oppression and securing the ground for profit and accumulation. The article concludes that while this social justice-engaged model will be essential for those moving into the new practice contexts resulting from defunding the police, it is also a model that will serve to strengthen the relevance and integrity of all social work practice.

Keywords: care, coercion and control, defund the police, equity, managerialism, resistance

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Introduction

The urgent double context of Black Lives Matter (BLM) and calls for social work to be accountable to victims of past and present injustices in the global north and global south (Rankopo and Osei-Hwedie, 2011; Ioakimidis and Trimikliniotis, 2020) demands a comprehensive re-examination of social work's relationship to the state and state theory. Popular in many social work circles until the 1990s, state theory included an important debate on social work's positioning within the ambivalent and contradictory state mandates of equity, care, control and coercion. BLM started in 2013 after the acquittal of police officers in the shooting death of Black American teen, Trayvon Martin. As police shootings, continued #BLM used social media to draw increasing numbers of people to protest police violence against Black, Indigenous and other racialised communities. In 2020, the murder of George Floyd at the hands of Minneapolis police was caught on tape and prompted mass, ongoing protests and calls to defund the police across the USA, Canada, Europe, Australia and beyond.

Rather than defunding the police, a number of municipalities proposed shifting some funding from police to social and mental health services (Rubenstein, 2020). For the most part, social work leaders responded that they were prepared to step into this gap in the social fabric (Sherraden, 2020). As a participant in city hall hearings on one such funding bill, the author of this article emphasised social work's fitness for these new roles due to the profession's commitment to anti-oppressive theory and practice, their relative autonomy from the police and firm grounding in the concerns of the community. In contrast, some of the members of the city council emphasised social work's lower wage cost, and the ease with which social workers collaborate with police on issues such as intimate partner violence, child welfare and 'crime'. As will be discussed later, the dissonance in these perspectives emphasised the lack of clarity on social work's gendered relationship to the increasingly carceral and neoliberal state, as well as the murky ground social work enters when moving into work currently undertaken by the increasingly militarised, masculinised work of the police (Vancouver, 2020).

Social work's past and present participation in state oppression has recently drawn considerable attention, accompanied by calls ranging from ending social work (Maylea, 2021) to building a social work that nurtures dissent and resistance (Garrett, 2021), and extensive calls to decolonise social work globally (Bennett *et al.*, 2012; Ornellas and Engelbrecht, 2020). Ioakimidis and Trimikliniotis (2020) argue that social work is dogged by 'histories of complicity, or at least acquiescence, in acts of state violence and institutionalised oppression' (p. 1890). Bussey *et al.* (2021) confirm that this complicity in systemic oppression is

ongoing and demands a wide-ranging rethinking of the social work project and its various connections to the state as well as spaces for resistance and social change.

An extensive analysis of the state has taken place across many literatures including social work, political science, sociology and post-colonial studies with a particular focus on the role and effects state funded services as expressions of state control and coercion (Miliband, 1969; Galper, 1980; Jessop, 1990). However, this theory requires updating in the dual context noted above. The literature notes that though public and non-profit/voluntary sector care workers have been depicted as 'angels of mercy', they simultaneously can and frequently act unjustly on behalf of dominant classes to ensure the smooth functioning of capitalism (Galper, 1980).

This article returns to the debates on state theory to ask what is applicable to the current dual context of BLM/defund the police and calls for accountability to those whom social work has and continues to harm as part of the state machinery. The article will explore three state-linked forms of care, coercion and control in social work practice: stealth coercion/control (in aged-care); population-linked coercion/control (e.g. with Black, Indigenous, LGBTQI+, health and mental health groups); and police and carceral-linked coercion/control. Exploring the taken-for-granted forms of care, coercion and control, this article will analyse what is missing in state theory in terms of past and present social work in a neoliberal world. The article starts with a review of the literature on social work and state before moving on to the analysis of taken-for-granted forms of state-linked care, coercion and control. The article concludes with additional discussion and recommendations that may be of interest to practitioners and academics on how to be 'humble in the face of lived experience' (a model requested by service users in Canada, see Baines, 2021) and grounded in the priorities of the community, while still informed by critical theory and practice with the goal of building far reaching social change.

Brief literature on state theory

Liberal and conservative theories argue that the state is a neutral arbitrator of competing claims. However, feminist, Marxist and other critical analyses view the state as protecting the interests of the ruling class by sustaining capitalist production and profit (O'Connor, 1973; Orloff, 2009). Other critical theorists view the state as an unequal equilibrium between the struggles and successes of subordinate groups versus dominant groups within the capitalist mode of production (Ng, 1988; Warskett, 1993; Panitch, 2000). The state is argued to carry out two central activities to perpetuate capitalism, namely: legitimation and

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accumulation of profit (Miliband, 1969). Social services and supports were seen as providing legitimation and accumulation by managing and sometimes directly controlling the discontent and disquiet among the general population. Control and coercion focused in particular on populations who were marginal to or no longer had a role in production, including disabled people, children and youth, aged people, criminalised people, people in ill health, etc. (O'Connor 1973). Contributing further to the legitimation and accumulation argument, Galper (1980) argued that by dividing populations through exclusion and isolation, state services control groups that are outside of the labour force (and often their communities) while simultaneously giving governments a way to appear concerned about the well-being of its citizens rather than having an exclusive focus on the well-being of corporations. Galper (1980) also observed most social service workers work with directly with oppressed populations and, thus have first-hand knowledge of their struggles and the skills with which to foster resistance and contribute to building more socially just and equitable society (also, Bailey and Brake, 1980).

Moving to more social relations view of the state, numerous scholars argued that the state was a fluid, changeable and dynamic equilibrium of successes and failures of social groups, corporations and government, reflecting the balance of power at any given point in policy and practice development (Warskett, 1993; Panitch, 2000). Feminists, anti-racists and others extended this notion of the unstable equilibrium arguing that the state works to defend conditions that ensure ongoing profitability within the confines of regulation and services that developed as a result of struggles for equity and social justice (Ng, 1988; Warskett, 1993). Taylor-Gooby (2000) observed a similar dynamic in the ambiguous mandates of the care professions that were not entirely aimed at equity, social transformation or social control, but depending on the circumstances could be one, the other, or both. Further exploring state control and coercion, Poulantzas (1976) argued that social service workers are the indispensable 'soft cops' of the state, undertaking policing-type roles with a less explicitly aggressive approach, acting as gatekeepers of resources and contributing to the quieting of but not redressing social problems and injustice.

Foucault (1980) changed the direction of state theory arguing that governing is not a top-down, singular project, but operates multiply and horizontally through the internalisation of dominant discourses, technologies of control (such as digital assessment and computerised case notes) and expert and 'professional knowledges' (including professional conduct and ethics). These 'expert' practices remove the need for direct, moment-to-moment supervision/control and permitted governance at a distance in multiple settings (Rose, 1990; Cruikshank, 1999). In the case of social service work, the use of computerised documentation reallocates risk from the funders (in this case, the government), to the

management and supervisors, and transfers responsibility down to front line workers. Though this process, social service workers rather than governments or management are responsibilised for the delivery of services and the documentation that ensures continued funding for their workplaces (Marston and MacDonald, 2006). Foucaldians note that though information technologies provide surveillance of social worker output, this tight supervision is rarely necessary as workers tend to complete required documentation as part of their sense of themselves as ethical professionals and to internalise 'the gaze' of supervisors (Cruikshank, 1999; Rose, 1990). To add complexity to these arguments, some have argued that state control is not exclusively negative. State services can promote social cohesion and equity, demand fairness from corporate interests, prevent abuse or reduce or deter fraudulent misuse of public funds (Marston and MacDonald, 2006).

Discussions about social work's relationship to the state changed further in the era of austerity and neoliberalism, with the analyses shifting from the dismantling of the welfare state to the challenges facing social work within the risk and/or managerialised society (Beddoe, 2010; Moffatt, 2019). Many analyses moved to the level of work and the workplace with authors arguing that social work practice in general was increasingly marketised, narrowed, underfunded and Taylorised (Carey, 2014; Harris, 2018; Brown and MacDonald, 2020). Other authors argued that in the context of austerity, social service workers act as conduits of state control, dashing through their work with service users in order to meet tight timeliness, and providing leaned-out, technical services rather than far-reaching care and support (O'Neill, 2015; Ferguson *et al.*, 2018). Overall, theory at the level of the coercion and control of the state in relation to social services was less heard from after the 1990s, leaving the current overlapping crises of police violence and racism and calls for social work accountability underexplored and undertheorised.

State coercion and control in the context of neoliberalism and austerity

The following three analyses highlight forms of state control and coercion that are emblematic of the current iteration of austerity and neoliberalism. This section also identifies aspects of state relations that require further thought and action. The contemporary forms of state control and coercion analysed are: stealth control; population-linked; and police and carceral. In this analysis, coercion is understood as inducing someone to do something by using force or threats. This could be a psychological, ideological or physical threat and may involve incremental and almost invisible adaptation. Control is understood as the power to influence or direct people's behaviour or the course of events.

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This section also argues that the state continues to undertake two main sets of activities to perpetuate itself and capitalism, namely legitimation and accumulation (Miliband, 1969). The article further argues that the state acts ambivalently through social work to control and coerce populations while unevenly providing supports and care and advancing other progressive measures. As such, the state reflects an unstable equilibrium of policy changes and reforms (Panitch, 2000). Like Clarke (2013), this analysis asserts that values of equity, solidarity and inclusion have continued in modified and sometimes subaltern forms in the practices of some social workers and social work organisations.

Stealth coercion and control

Since the mid-1980s, the neoliberal preoccupation with cost control of public services led to the adoption of managerial models, including New Public Management (NPM), to monitor contracted-out and public services for efficiency and accountability(Carey, 2014; Pease *et al.*, 2020). The adoption of NPM was part of the shift from more Keynesian welfare state models to neoliberal models s focusing on deep cutbacks in government funding and a shift to individual and family responsibility for managing risk and meeting their own social needs (Clarke, 2013). Though NPM was introduced in many social care and social work auspices globally, this section will review its effects and operation in long-term care for older people. The authors use this example because of their familiarity with the dynamics of care work in the sector as well as the urgent and obvious crisis in long-term care as revealed by the COVID-19 pandemic.

In many health and long-term care facilities in the UK, Canada and the USA, the government-mandated, NPM-friendly, computerised measurement package is the Resident Assessment Instrument—Minimum Data Set, or RAI-MDS (designed to record outcomes for service users). Among other reported benefits, the RAI-MDS calculates patient acuity with higher acuity attracting higher funding while at the same time avoiding the putative 'overfunding' associated with block grants to care facilities under the welfare state (Daly and Armstrong, 2016). Adhering to a strict daily schedule, the RAI-MDS programme prompts care workers, including social workers, to fill out various portions of the documentation and instantly relays this documentation to supervisors and upper administrators, who add their own metrics before passing the documentation on to the government (Baines, 2017).

The documentation not only determines funding for each long-term care organisation, it also organises the order and pace of work tasks as well as the discipline of work as workers are prompted on screens that become 'live' at certain points in the shift (Baines, 2017, p. 130). For

example, workers are required to document everyday activities (e.g. at bedtime, a screen becomes 'live' for documenting how long it took to get each resident washed and into their pajamas and eventually bed, and any difficulties encountered) (Baines, 2017). Each bit of documentation is allotted a deadline for reporting and supervisors are notified by the computer program if workers miss reporting deadlines. In effect, the RAI-MDS dictates the timing and order of care task, and provides supervisors with evidence for disciplinary action should workers miss documentation, though not care work, deadlines. Similar to outcome metrics in social service agencies, care activities that are not documentable within the RAI-MDS, such as ongoing relationship building, problem solving and open-ended interactions with residents and families, are invisible within the documentary reality of the workday. Though these activities may still occur, they are undertaken in what Daly and Armstrong (2016) call a liminal space of resistance and self-exploitation (also Baines, 2016).

The argument above echoes the experience of social workers within many health care and mental health services as well as the larger public and non-profit/voluntary social services sector (Pease *et al.*, 2020). As O'Neill (2015) reports, after efficiently completing the social work portion of the RAI-MDS, the person she was assessing poignantly asked when she got to tell her story as she did not see herself or her problems reflected in the high-tech assessment. The experience of feeling erased and silenced by NPM assessment tools is not unique (Pease *et al.*, 2020; Tiitinen, 2020) it operates in tandem with rushed care and the erosion of the social work skills associated with social justice practice such as service user participation, advocacy, community development, public education, mediation, counter-storying and policy critique (Baines and Cunningham, 2020; Brown and MacDonald, 2020).

These NPM-linked practices of control and carefully parcelled neglect are frequently accompanied by resistance on the part of female majority, increasingly racialised care workers. This resistance includes bending rules, standing up for service users and undertaking unpaid care work to fill the gaps in service resulting from parsing and rushing care. This latter set of activities is a gendered form of resistance as predominantly female care workers expect it of each other, themselves and employers, and it represents an extension of the unending, uncomplaining and unpaid care provided by women in the home and community (Baines and Daly, 2021). Sometimes this unpaid resistance/work is accompanied by shared analyses of the workplace or of the need to care because society no longer does and shared identities as people who have ethics and values. In these cases, collective identities and actions sometimes emerge to challenge the specific exploitation of the workplace and/or larger themes of an uncaring society (Daly and Armstrong, 2016).

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The RAI-MDS and other NPM-compatible models operate at the level of ideas to exert control over and to normalise the notion that needs will be unmet within public and non-profit service organisations and that this is wholly acceptable. In this dynamic, state control of funding and of a general lowering of service users' and workers' expectations is legitimised and reinforced through the putatively impartial measurement of service user acuity. These processes foster self-reliance and individual responsibility to meet one's own needs as demands made on the state can be expected to be met with scientific metrics and carefully quantified indifference to the needs and pain of others. This serves as a further reminder to keep expectations of the neoliberal state low. These processes organise a commonsense hegemony (Gramsci, 2011) that service users, workers and their needs are relatively unimportant in the larger economy, particularly where their needs can be impartially calculated to not be deserving of fulsome care.

In the gendered resistance practices noted above, namely by undertaking unpaid care work, the workers are exploiting their own time, though with the knowledge and tacit support of employers, in order to resist larger and local expressions of state and social uncaring and austerity. Rather than a direct interaction with the state, this resistance strategy reflects a specific arm's length unstable equilibrium between the altruism and caring of workers and their state-linked role as conduits of late neoliberalism.

This analysis confirms that a micro (i.e. within the service relationship between worker and service user), unstable equilibrium (reflecting past and current struggles for equity) is activated by individual workers in interaction with service users within organisations mandated to provide human services. In this example, the mechanism of the RAI-MDS ensures that control is arm's length from the state, though the experience of state-orchestrated neglect and cost control is not arm's length, rather it is experienced by those seeking care as frustrated and unmet needs. The legitimation function of the state, in this case, rotates on delegitimation of needs and a hegemonic lowering of expectations.

State control in this scenario is one of stealth or quiet but effective control behind the smokescreen of seemingly unbiased metrics. The RAI-MDS and other similar, state-mandated measurement instruments use an allegedly scientific, objective tool to marginalise and delegitimise service users' stories and experience, supplanting them with acuity measures aimed at assigning 'appropriate' funding to care organisations. In this scenario, social workers and other care workers are the state agents who carry out assessments and the subsequent provision of parsimonious care. In effect, social workers and other care workers are acting as conduits of dispersed state control by providing multi-level trickle down control of service users' experience of care.

In terms of the accumulation role in state activities, the RAI-MDS is product developed and marketed by a for-profit company. Its international financial success provides an example of health care, once a staunchly defended public service, as a site of private accumulation and profit. As such, the neoliberal state is furthering the conditions and opportunities for capital accumulation within the provision of government-operated and government-funded human services. As the experience of the COVID-19 pandemic shows, this marketisation and quasi-privatisation of larger health care systems resulted in high levels of suffering and death, leaving many states scrambling to provide care for citizens and control the crisis.

Population-linked control and coercion

Population-linked control and coercion, currently referred to in public discourse as systemic oppression, has a long history within social work practice and theory. Ioakimidis and Trimikliniotis (2020) argue that that 'rediscovering and address(ing) these histories, not only would allow social work to learn from mistakes of the past, but, most importantly it will allow a reconciliatory process with the victims of past violence' (p. 2, see also Bussey *et al.*, 2021). Regrettably, social work's history shows that parts of it uncritically joined mainstream practice in ways that contributed to the harm experienced by a number of groups including Indigenous and colonised peoples, racialised populations, LGBTQI2S+ people, sex workers, women, substance users, disabled people and other people experiencing complex, interwoven and hard to solve social problems (Bussey *et al.*, 2021; Garrett, 2021). As Ioakimidis and Trimikliniotis (2020) note, 'One side of social work's history inflicted unspeakable damage to some of the most vulnerable people in society' (p. 13).

This section draws on the specific example of White settler states but the dynamics of state control operate similarly in relation to other populations. In white settler countries such as the USA, Australia and Canada, a particularly grim phase of oppressive social work practice included apprehending First Nations children and placing them in assimilationist, harsh and uncaring 'schools' to train them to take their marginalised position in production. These ominous processes included the stolen generations in Australia, residential schools and the sixties scoop in the USA and Canada, as well as deep-seated, ongoing problems in the delivery of fair, anti-racist and equitable child welfare services in both countries (Sinclair, 2016; Bennett *et al.*, 2021). Unacceptably, ideas and policies of white superiority and racism have too often found their way into every day, commonsense explanations for spaces in which social workers are active including: poverty, addictions, homelessness,

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police violence and domestic violence (Moffatt, 2019; Brown and MacDonald, 2020).

Though Ioakimidis and Trimikliniotis (2020) note numerous historical examples of social work participation in state oppression, Canada has been jarred by contemporary evidence of social work participation in systemic racism including the recent confirmation of the mass graves of Indigenous children at former Residential schools. Indigenous leaders warn that that further discoveries are inevitable and that is will be a long path to reconciliation and decolonisation (Young *et al.*, 2021). In addition, two independent, government-mandated inquiries into (1) anti-Indigenous racism in public services in Quebec (Viens Commission, 2019) and (2) anti-Indigenous racism in health care in British Columbia (Turpel-Lafond, 2020) confirm that racist actions were undertaken by highly educated, regulated and licensed professionals, including social workers. None of these public sector professionals, including social work, seemingly had the knowledge, skills or ethics to halt the racism and instead were active or complicit in the resulting and continuing harm. In Quebec, a second government report issued in December of 2020 provided directives for addressing racism in public services (Government of Quebec, 2020). Tragically, just weeks before the second report was released, Joyce Echaquan, an Indigenous woman and mother of seven, was admitted to hospital for stomach pains likely resulting from her pre-existing heart condition. Joyce contacted her family through Facebook live stream and they listened in horror as she screamed in pain and cried for help while two nurses could be heard uttering racist remarks including that she would be better off dead. Joyce died soon after, without the help she needed. Though the nurses were individually disciplined by their employer, systemic racism in both provinces was blamed for sustaining a culture of exclusion, colonisation and violence against Indigenous people.

Though anti-Indigenous racism is analysed here, the state processes of coercion, control and de-legitimation operate similarly for other marginalised populations in the global south and the global north. In the cases discussed above, public sector tolerance for systemic and individual racism and other expressions of ongoing colonisation is the conduit for population-linked state coercion and de-legitimisation of specific populations. The hegemonic acceptance of Indigenous people as targets of racism within public sector services serves as a warning to other populations marginalised by colonialism and white dominance to lower their expectations and to be prepared for ill-treatment and neglect (for an analysis of Black Canadians Women's experience in health care, see Ewata *et al.*, 2017).

The failure of state-linked professional regulatory bodies to protect the public from racist actions reveals a second channel for population-linked state control and coercion in the form of de-legitimisation and

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dehumanisation of specific populations. As noted earlier, the overwhelming majority of actors in both reports were licensed, regulated professionals with no one intervening to disrupt or halt the racism. The public post-secondary education system in Canada provides a third and overlapping pipeline for systemic racism in its failure to educate professionals in skilled and equitable treatment of all people as well as the capacity to challenge expressions of racism and oppression among colleagues.

The link to the accumulation role of the state is historical and contemporary in this context because colonisation is based on the removal and genocide of Indigenous peoples from their territory, making the land available for individual ownership and profit making (Baines, 2017). In current times, many groups call for reconciliation and just resolution of outstanding Indigenous land claims; however, private and corporate groups show little interest in redistribution of land, wealth or resources and obstruct social justice measures. In most White settler countries, a public and state discourse pays symbolic respect to Indigenous cultures and heritage; however, as the Canadian examples above reveal (there are many examples in the USA and Australia) this discourse does not protect Indigenous people in public systems. In addition, it does not engage with a critique of the ongoing colonial occupation of the land and the capitalist system that underlies the reluctance to reconcile fully with Indigenous peoples. Gramsci (2011) would describe this contradictory discourse as commonsense ideology in which seemingly irreconcilable ideas seamlessly occupy the same space. Commonsense ideology is an important aspect of building hegemony and a consensus among people to be ruled and controlled in various ways by a distant state.

The population-linked oppressions act to control populations, maintaining marginality, inequity, colonialism and less legitimate status for particular groups. It also contributes to accumulation by maintaining Indigenous people and other colonised groups as marginal and disposable low wage labour force. Like stealth practices of control and coercion, population-linked control and coercion serves as a warning to other groups to behave within societal norms or face similar treatment. These practices also foster divisiveness, in some cases interweaving 'science' and therapeutic approaches to enact state power to legitimise exclusion, hatred, ongoing marginality and colonialism.

Police and carceral-linked state coercion and control

Disrupting the commonsense ideology that police serve and protect, BLM and allies have shown that policing is increasingly militariaed, racially violent, resistant to reform and currently extends into areas such as mental health wellness checks and community social problems

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(Rubenstein, 2020, for an analysis in the global south, please see Carrington *et al.*, 2019). Rather than sending in people trained in violence, many social problems could be better addressed by people trained in 'de-escalating tensions, listening, building trust, building relationships, organizing community responses and creating positive pathways forward' (Sherradan, 2020, p. 3). As noted above, some municipalities are interested in shifting funding from the police to those trained in anti-oppressive approaches, mediation and community development (Rubenstein, 2020). Unfortunately, the neoliberal preoccupation with practical, technical, 'clinical' social work 'skills' has resulted in the removal or reduction of many social justice and community-engagement education and skill-development from the curriculum of many social work departments (Brown and MacDonald, 2020). Nevertheless, Sherradan (2020) argues that social workers should provide services for all nonviolent community issues currently covered by the police, and work in concert with police on issues where violence and social issues intersect such as domestic violence, suicide threats and drug users with weapons (p. 3).

Chronic underfunding of community crisis and mental health services has meant that as one of the remaining fully funded public services, police have moved into this gap in the social safety net and frequently respond to calls about mental health and wellness issues. Though killings at the hands of community service workers are non-existent, trained in violence and seeped in a culture of systemic racism, police killings during routine wellness calls have hit new heights. For example, in Canada in the short summer of 2020, five racialised people died as a result of police wellness checks and numerous others were injured and/or channelled into the criminal justice system. As Mannoe (in Owen, 2020) argues, 'The police attendance at these wellness checks can, in fact, escalate situations and put people at real risk. For people who are using substances or experiencing homelessness or who are racialized, that risk is compounded by systemic racism and bias' (n.p).

While some argue that social work can retrain and sensitise police (Sherraden, 2020), others argue that specialised police training is not a substitute for preventative measures and crisis services grounded in community concerns and lived-experience (Owen, 2020). Similarly, without a very conscious remaking of the social problem intervention strategies and services currently provided by police, social work risks becoming the 'soft cops' (Poulantzas, 1957) of late neoliberalism.

A growing literature documents feminist social work's transition from a far-reaching, community and activist-based response to domestic violence to one of uneasy partnership with the carceral state and a constricted reliance on criminal charges and proceedings (Mehrotra *et al.*, 2016; Kim, 2020; Terwiel, 2020). Initially calling for a full range of democratic services to enable survivors of intimate partner violence to

participate equally in all aspects of society, feminist social work's carceral response to domestic violence (DV) narrowed when they joined with the police and the neoliberal state in efforts to charge and jail violent perpetrators. Though the strategy legitimised DV and sexual violence as serious social concerns, they also inadvertently reinforced conservative law-and-order agendas and enabled individualist rather than structural solutions (Terwiel, 2020). Neoliberal austerity and underfunding for community DV programmes coupled with consistently high funding for police programmes meant that broad political and social change demands were displaced by a focus on charging and jailing offenders. This strategy also unintentionally bolstered mass incarceration of racialised men, and concomitantly made women and children more vulnerable to arrest, prosecution or deportation when police become involved (Kim, 2020; Terwiel, 2020). As Mehrota *et al.* (2016) note, these strategies drew feminist social workers into carceral relations of which they wanted no part while simultaneously moving them away from the critique of the racialised and classed prison-industrial system, transformative or restorative justice approaches, and demands to build a robust social safety net of services and entitlements.

Miller and Alexander (2015) note that it is not solely individual police or social workers who have become increasingly drawn into carceral relations, rather, the carceral state has hegemonically extended its tendrils of control and coercion. This can be seen in the over policing of neighbourhoods where marginalised people live, meaning that even small infractions are cause for arrest and encounters with the legal and prison system. This also extends to heavy security at schools, workplaces and shops, increasing the likelihood that police and carceral solutions will be applied to minor social interactions (Rodriguez *et al.*, 2020). In the process, numerous groups of people are vilified and made to live in stressed and conflicted spaces with high tolerance for unmet needs, state control and coercion. In the process carceral solutions for all social problems are legitimised and normalised (Miller and Alexander, 2015).

Rather than carceral solutions, various branches of feminism and others promote transitional justice or restorative justice approaches that engage not all at or only peripherally with the state but still provide opportunities to hold perpetrators accountable, keep victims safe, and promote healing and address the root causes of violence (Terwiel, 2020). As Mannoe *et al.* (2021) argue, 'defunding the police is not about eradicating public safety, it is about removing funds from a violent institution, with a well-documented tendency towards oppression and violence, and instead redistributing public funds towards peer- and community-led programmes, where directly-impacted folks can exercise autonomy and control over crisis and harm in their community' (n.p.).

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Humble in the face of lived experience and informed by critical perspectives

Anti-carceral activists cite existing and possible community-engaged models (1) to replace interventions currently provided by the police and prisons and (2) to democratise and extend human services and entitlements in order to make them comprehensive, accessible, equitable and empowering (Atallah *et al.*, 2019). These practice models emphasise two equally important components: (1) respect for the first-hand experience of those exploited and oppressed by existing structures and taking leadership from these groups and (2) holding on to a radical social analysis and building services that foster far-reaching social change. This complexity is not a new dynamic for social work. The challenge to remain humble in the face of lived-experience while informed by critical theory, knowledge and practice has been a major challenge for social justice-based approaches and practice (Pease *et al.*, 2020; Ferguson *et al.*, 2018) as those with lived-experience are just as likely at the rest of society to absorb oppressive ideas that are harmful to themselves and others. Open, radical engagement with people with lived-experience of oppression can be fuelled by critical theory and knowledge, and compassionately extended by newer practice concepts such as counter-storying (Brown and MacDonald, 2020), radical hope (Lavalette, 2011), love and solidarity (Szeintuch, 2020) and critical ally-ship (Gates *et al.*, 2021), as well as by social justice-based practices such as critical reflexivity, social analysis and community development. If social workers are to move into service previously provided by police and avoid becoming a carceral arm of the state, they need to be theoretically and concretely dedicated to on-going development and commitment to practice based in this kind of model.

Some of the community models cited by anti-carceral activists represent what Gramsci (2011) termed trench warfare or a process of undermining the hegemony of the oppressive state by building alternative social structures and social relations that eventually claim more legitimacy and displace the older inequitable and harmful processes, and become the new autonomous, democratic, participatory models. By demanding resources from the state to provide entitlements, employment, health care and education, these models simultaneously engage with the state while remaining apart and somewhat autonomous from the state apparatus. In this autonomy, workers who are part of these organisations cannot be considered state actors or part of the larger state apparatus as were most social workers in the past; rather they are relatively autonomous, community-based actors.

Conclusions

Early in this article it was asked what is missing in state theory in terms of social work's relationship to the state, particularly in the context of BLM and past harms perpetrated by social work as state actors. Drawing on three contemporary forms of state control and coercion characterised as stealth control, population-linked and police and carceral, the article showed that legitimation and accumulation continues to be central to the operation of the state, and social work's ambivalent mandate of care, control and coercion operate at a multitude of levels in a multitude of practices. In particular and with no deliberate intention to control service users, a microunstable equilibrium (within the service relationship between worker and service user), reflecting past and current struggles for equity, is activated by individual workers' use of managerial assessment tools and service users within organisations mandated to provide tightly quantified and frequently neglectful human services. The examples explored confirm that social workers continue to participate in oppressive practices as state actors and as part of the larger apparatus of the state but they also participate in resistance and challenging oppression, and this resistance, like social work's relationship to the state, is highly gendered and racialised.

In the BLM context, where social workers may step into roles currently held by police, resistance will need to undergird and saturate this work and the organisations in which it is based. As the analysis above shows, these roles are most likely to reflect the core value of social justice if they maintain a relative autonomy from the state, instead tethering themselves firmly to agendas that respect and are led by the lived-experience of those whose lives are interwoven with complex oppressions and marginalisation. Further, these new roles need to engage with the state at the level of demanding entitlements and comprehensive, community-based services while maintaining the capacity for critical assessment of the state and capitalism, as well as critical analysis of and critical reflexivity on social work's practices, theories and knowledges. In essence, these new models are a form of resistance in that they challenge the oppressive state machinery while making demands on the state for equity and fairness, rather than uncritically legitimising state-linked marginalisations and exclusions, and securing the ground for accumulation.

The implications for service users and the public include the opportunity to participate in the organisation and delivery of services, greater options for dignity-enhancing, equitable services and a reinforced sense of themselves as rights-bearing citizens with entitlement to and integral to social service delivery. Though this social justice-engaged model (and its concomitant practices of relationship building, advocacy, mediation and critical ally-ship) will be essential for those moving into the new

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practice contexts resulting from defunding the police, it is also a model that will serve to strengthen the relevance and integrity of all social work practice.

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