

Article

The Sustainability of Public Social Services: A Qualitative Study

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Abstract: The 2008 global economic crisis heightened social inequality and drastically reduced equal opportunities for many people. It had negative consequences for social regulation in many European countries, which have dismantled their public social policies. The objective of the study was to describe social workers' perceptions of their lived experiences in different areas of the public social services system. A qualitative study was developed, based on a hermeneutic approach. Six in-depth interviews and two focus groups were conducted with 20 social workers employed by community social services and the Andalusian public health service (Spain). The professionals agreed that the public social services system has been eroded, that the lack of resources has consequences for workers and the general public alike, and that the public authorities and the administration are responsible for this situation. Social services have become distributors of scarce resources rather than a social protection system that empowers and accompanies the most vulnerable. The system must provide the necessary resources and structures so that they can escape the situation of poverty, exclusion and social injustice.

Keywords: social work; social services; public system; professionals

1. Introduction

Since the global economic crisis in 2008, social inequality has increased and equality of opportunity for many people has dramatically decreased [1,2]. The negative consequences in social regulation have also been affected in many European countries [3,4], which have dismantled their social policies [5,6]. The countries of the European Union face a constant challenge of economic progress, social cohesion and political stability [7,8].

Various authors have drawn attention to the erosion and even collapse of the so-called welfare states due to changes in public social policies [9–11]. The problems generated by these measures cause welfare states to face high rates of poverty and inequality [12–14].

A recent study showed that half of the member states of the European Union face challenges of economic growth, inequality and poverty [15]. This is the case of southern European countries, whose social capital has decreased, entailing a rise in unemployment following the economic decline. In addition, they have suffered other social problems derived from austerity policies [16,17].

The literature on Spain indicates that these constant changes in social policy are undermining the fundamental pillars of social protection provided through the public social services system [18,19]. This system is intended to guarantee social welfare and well-being [20,21] and is implemented through

public social policies [5]. However, years of austerity measures and cutbacks have limited the system's capacity to meet user needs [22,23].

In Spain, increasing unemployment, poverty and social exclusion have created difficulties for many people [24,25]. Consequently, the social services have witnessed an increase in demand from users [26,27].

The people obliged to turn to the public social services system are impacted by changes in social policies [28,29]; hence, the main casualties of the present state of the social services are the majority of their users [30,31].

In the same vein, in recent years, research has shown that social services professionals, particularly social workers, are also suffering the consequences of the erosion of social services [32,33]. Public social policy reform has led to cutbacks in human and material resources, in turn creating a huge workload for social workers [12].

However, no research has been found that has deepened the vision and perspective of this situation from social work professionals. The analysis from the experience of the professionals that manage, live and suffer the current situation of the social services at this moment and the meaning that they give to it, is fundamental to understand it in depth. It is also necessary to know the experiences that are generated in the care of people who suffer situations of poverty and / or social exclusion. Consequently, following a review of the literature on the current state of the social services and of social workers as the frontline professionals in this service, the goal of the present study was to describe social workers' perceptions of their lived experiences in different areas of the public social services system. Our hypothesis is that, if we let the professionals explain their experiences about how they suffer the current situation and how they take care of people, we will shed light on the current state of the social services, and it would help social workers and those responsible for the system to plan social policies in line with the context and circumstances of users.

2. Materials and Methods

2.1. Study Design

This was a qualitative study based on a hermeneutic approach. According to Van Manen [34], this approach makes it possible to study people's non-conceptualized lived experiences and the meaning of these experiences. This enabled us to conduct an exhaustive analysis of social workers' lived experiences in their daily professional practice, investigating and interpreting their feelings and perceptions.

2.2. Setting and Participants

The study population consisted of social workers employed by community social services and the Andalusian public health service, specifically in the city of Almeria.

Community social services in Andalusia are distributed as follows: in the capitals and cities of more than 20,000 inhabitants, the municipalities carry out the management of these services. In cities with less than 20,000 inhabitants, the provincial council carries out the management. Specifically, in Almeria city, there are four community social service centers managed by the city council. Regarding the Andalusian health service, in Almería capital there are 13 health centers (of those, six centers have a full-time social worker).

We selected social workers employed at three community social services centers in Almeria, and social workers employed at the six health centers.

A total of 20 social workers participated, 11 of whom worked in community social services centers while the remaining nine worked in the Andalusian health service.

The inclusion criteria were as follows: social workers in stable employment with community social services or the Andalusian health service, with at least eight years' professional work experience, who worked directly with social services clients. The exclusion criteria were as follows: social workers

with temporary contracts or little work experience (less than 8 years), those in management positions or with no direct contact with people in vulnerable situations, and anyone with a psychological condition that could hinder the provision of information.

Purposive convenience sampling was employed to select participants. The snowballing approach was used to contact study subjects; thus, we contacted one professional who in turn contacted other professionals willing to participate [35]. First, we contacted the director of a community social services center by telephone to explain the study, and then we sent her an email containing a brief summary of the study and authorization for the study from the Research Ethics Committee. Subsequently, the director informed her peers of the study and asked them if they would like to participate. We then contacted directors of other centers and carried out the same procedure.

In the case of health center social workers, we contacted a mental health social worker and a nurse case manager at a health center; these agreed to inform health social workers about the study, and those who agreed to participate in the study were contacted to arrange an appointment.

When selecting participants, we attempted to ensure gender diversity, although there were few male social workers among the centers' staff. In Spain, the social work profession is predominantly female, so the sample (a larger number of women) could be considered representative. We also attempted to ensure equal representation of health and community social workers. In this line, we ensured representative sample of a larger population.

2.3. Data Collection

Data were collected by means of in-depth interviews and focus groups. We held two focus groups and conducted six in-depth interviews. The two focus groups were facilitated by the principal investigator accompanied by an external collaborator, who both received specific training for this purpose from experts. The focus groups were held in February 2019 (1st to 28th) and were audio recorded for subsequent analysis. One was held in a meeting room at a community social services center and the other was held in a multipurpose room in health center. The groups consisted of social workers from both services (community and health), and we attempted to ensure equitable representation of each service in terms of the number of participants. The researcher facilitated the group discussion while the external collaborator recorded observations in a field notebook that might provide information for the subsequent analysis. The session began with a general question to trigger discussion and dialogue between members of the group. The question was "What do you think about the public social services system based on your professional experience?" At the end, the conclusions were summarized and the subjects thanked for their participation. Each focus group discussion lasted approximately 90 min.

Subsequently, the principal investigator conducted in-depth interviews intended to further explore some of the dimensions that had emerged in the focus groups and to obtain more data. The in-depth interviews were held in March 2019 (1st to 15th) and were audio recorded for subsequent analysis. Four interviews were conducted with community social workers and two with health social workers, and all examined dimensions that had remained relatively unexplored in the focus groups; the interviews lasted approximately one hour. The two focus groups and six interviews were considered sufficient to achieve data saturation.

2.4. Data Analysis

The data obtained from the interviews and focus groups were analyzed using the method described by Giorgi [36], which consists of creating a series of categories and subcategories. This process was conducted in stages. The first of these comprised a close reading of verbatim transcriptions of the focus groups and interviews. The second stage consisted of re-reading these transcriptions to extract all units of meaning and group them in general categories that contained smaller units of meaning with something in common. In the third and final stage, the content of each of the categories analyzed was interpreted according to the phenomenon or lived experience. The categories and subcategories

were selected by consensus of all researchers and were subsequently shown to participants to confirm the data. Atlas ti software 8.0 was used to analyze the verbatim transcriptions.

2.5. Ethical Aspects

This research obtained all relevant reports and authorizations from the University of Almeria Research Ethics Committee (EFM-11/19).

Prior to conducting the study, all participants were informed verbally and in writing of the purpose of the study, and their informed consent was obtained in writing in a document designed for this purpose. Throughout the study, we ensured participants' confidentiality and anonymity, and adhered to the bioethical principles of the Helsinki Declaration [37]. The transcription data were stored and safeguarded in compliance with current Spanish legislation on personal data protection, namely Organic Law 3/2018 on Personal Data Protection and Digital Rights.

3. Results

The study population consisted of 20 professionals—11 professionals working in Community Social Services and nine professionals working in the Andalusian Health Service—with a mean age of 46.35 (SD = 7.36) years and with a mean of 24.16 (SD = 7.87) years of work experience. Table 1 shows a summary of the sociodemographic characteristics of the sample of professionals who have participated in this research.

Table 1. Sociodemographic characteristics of the participants.

Participants	Work Area	Age	Sex	Work Experience (Years)	Participation
Participant 1	Community Services	51	Woman	26	Interview
Participant 2	Community Services	50	Woman	32	Interview
Participant 3	Community Services	54	Woman	28	Interview
Participant 4	Community Services	53	Woman	26	Interview
Participant 5	Health Service	54	Woman	30	Interview
Participant 6	Health Service	51	Woman	30	Interview
Participant 7	Community Services	52	Woman	28	Focus Group 1
Participant 8	Health Service	45	Woman	20	Focus Group 1
Participant 9	Community Services	50	Woman	29	Focus Group 1
Participant 10	Health Service	40	Woman	15	Focus Group 1
Participant 11	Health Service	55	Woman	30	Focus Group 1
Participant 12	Community Services	48	Woman	20	Focus Group 1
Participant 13	Health Service	33	Man	10	Focus Group 1
Participant 14	Community Services	50	Woman	26	Focus Group 2
Participant 15	Health Service	44	Woman	15	Focus Group 2
Participant 16	Community Services	52	Woman	25	Focus Group 2
Participant 17	Health Service	53	Woman	28	Focus Group 2
Participant 18	Community Services	35	Woman	11	Focus Group 2
Participant 19	Health Service	50	Woman	29	Focus Group 2
Participant 20	Community Services	38	Man	12	Focus Group 2

The analysis of the discourses was carried out with the information gathered from the focus groups (FGs) and in-depth interviews (IDIs). Three categories with seven subcategories emerged from this analysis. All categories and subcategories were encompassed by a broader category relating to the social workers' experience (Table 2).

Table 2. Categories and subcategories emerging from the study.

CATEGORY	SUBCATEGORY
1. EROSION OF THE PUBLIC SOCIAL SERVICES SYSTEM	1.1. Lack of public social resources. 1.2. Disconnection between services. 1.3. Everything is to be done.
2. CONSEQUENCES OF THE LACK OF RESOURCES	2.1. Social workers feel beaten. 2.2. Despair demands answers that do not exist. 2.3. The return to charity.
3. WHOSE RESPONSIBILITY IS IT?	3.1. Social workers are not to blame. 3.2. Public Authorities and the Administration are responsible.

3.1. Erosion of the Public Social Services System

Participants reported that the social services are currently in crisis, and even going backwards. They attributed this to misguided development, leading to regression. They spoke of an erosion of this service that hindered client care. From the perspective of the professionals, the objectives (purpose) for which the social services were born, are not being fulfilled.

3.1.1. Lack of Public Social Resources

Participants highlighted the lack of social resources provided by the public authorities due to constant cutbacks in social spending. Participants frequently observed that those worst affected by the consequences of these cutbacks were the neediest, most desperate clients who constantly sought a solution from the social services. Sometimes, these were urgent cases for which there were no answers, so that the lack of means or resources also affected the social workers assigned to these people at their wits' end. Social workers were disturbed by their daily experience of attempting to provide care for vulnerable people without sufficient means. They reported that in order to help those in most need they had to seek creative solutions or ask for favors.

"The health service has no resources, I spend my time doing little more than asking for favors, calling one person after another to see if something can be sorted out because I can't do anything" (IDIs, p1)

"It's true that sometimes we have few resources, which is upsetting because obviously, urgent cases that require a resource you don't have affect you emotionally" (IDIs, p2)

3.1.2. Disconnection between Services

This erosion of the social services was also reflected in a lack of collaboration between the two component services: community social services and specialized social services. Lack of progress in the system generated a feeling of negativity about the future of the social services. Some wondered where the failure lay in an almost personal manner. The health services social workers revealed the need for collaboration, reporting that lack of coordination was a daily problem at work and prevented the provision of better client care. Collaboration in health care was considered an essential element when attending to client needs, but one that was not being implemented correctly.

"... I think that development of the system has been misguided, the public system consists of community and specialized social workers. I often wonder where our specialized colleagues are (...) and I think that we could have made more progress and I don't know where we went wrong, probably in many respects, but I don't see ... my view of the future is increasingly black. I'm a bit pessimistic, but I think the future is looking worse and worse ... " (FGs1, p9)

"... sometimes coordination fails ... the problem is passed on to you ... and I think that we should work as a team to find an answer and this is much more satisfactory, but of course sometimes it's very complicated because there is such high demand: we need more time and resources ... " (IDIs, p5)

3.1.3. Everything Is to Be Done

Professionals emphasize that everything is still to be done in the development of social services. The participants who most frequently stressed that much remained to be done were social workers employed by the Andalusian health service. These emphasized that much work remained to develop the profession and practice of health social work, which has yet to make headway. Fundamental aspects of health care were also underdeveloped and participants perceived this as a basic need.

“... I think we’re still at the starting line, there’s so much that still remains to be done in health social work! The mechanisms that could help haven’t been established but health care is essential, and nothing is... We’re still at the starting line, there’s so much to be done!” (IDIs, p6)

“... I’ve been in community social services since the beginning, and I’m still waiting for genuine development of the social services, there’s so much to do!” (GFs2, p18)

3.2. Consequences of the Lack of Resources

3.2.1. Social Workers Feel Beaten

Social workers are the frontline professionals in the social services, responsible for receiving and responding to clients. Although it is the clients who are most affected by cutbacks in the public social services system, social workers in daily contact with clients also feel they are suffering the consequences.

The professionals feel battered by the authorities, who give no answers, restrict means and cut back on resources, and because they have to answer to the situations of users who are often in a desperate situation. This situation requires agile and effective responses that are nonexistent. This situation causes people to feel frustrated, mistreated, and desperate and need to look for blame. The social worker is the professional who manages these situations and that is why he is faced with the bad being of the user who, sometimes, makes him responsible for the lack of answers to his needs.

“... clients sometimes blame you for the lack of resources, the lack of a solution, when really it’s the fault of the authorities, but you get the blame ... those above don’t realise that the social services are debilitated, they don’t realize because they’re not here ... ” (GFs1, p13)

“... Sometimes you feel that your hands and feet are tied, because you often find that the system doesn’t let you give clients what they need (...) and they come back ... and in the end they take their frustration out on me ... ” (GFs2, p19)

3.2.2. Despair Demands Answers That Do Not Exist

Clients often turn to the social services for a solution as their last resort to alleviate their situation. Before arriving here they have gone through an itinerary of others professionals and institutions that have not helped them to solve their demand, so when they finally reach a social worker, they are desperate and the demands on the professional are very high. In addition, the number of people in need has risen in Spain recently and they are all referred to the social services as the system responsible for attending to these people.

“Sometimes you get clients who have had all doors closed to them and they bombard you with demands and you feel that you don’t know what to do, they don’t understand that you haven’t got any solutions ... ” (IDIs, p1)

3.2.3. The Return to Charity

Participants also noted that the current erosion of the social services had led to a return to social action practices previously thought to be obsolete, such as charity. Charity was defined and described

by participants as a type of help, which is not based on the rights of people, but is generated on the basis of inequality, where there are some who “help” others, thus deepening inequality. That professional social workers believed was contrary to a very important principle of social work: social justice.

“Social services were created for a purpose that in my opinion is not currently being fulfilled” (IDIs, p2)

“sometimes, I feel or think and I believe that charity has returned, social services were born to put an end to that kind of help, which I find humiliating, it’s the most humiliating thing that’s happening that we thought had disappeared, charity doesn’t go hand in hand with social justice, people are entitled to basic benefits” (IDIs, p3)

“I have users who can “pull forward”, as they say, thanks to the help of other people. But that’s just charity” (IDIs, p6)

“People are supportive, here we see daily signs of solidarity with those who need help but that is not all. For me, beyond the solidarity of people, we are returning to charity. That is giving charity to cover the cracks in the system. We need to bet on social welfare for the citizens. I ask myself, where is social justice?” (GFs2, p16)

3.3. Whose Responsibility Is It?

Professionals in their speeches about the situation of the social service system wonder who is responsible or who is to blame for this situation. On the one hand, they clearly express that although professionals are sometimes socially indicated as responsible, they do not feel at all that they have generated the restrictive social policies that leave the most vulnerable populations unprotected. On the other hand, they recognize that the only ones responsible for the current situation are the public authorities that design and structure the social protection system.

3.3.1. Social Workers Are Not to Blame

Social workers believed that although they were frontline professionals dealing with clients every day, their inability to help people due to lack of sufficient means or resources, their inability to respond to urgent demands and the lack of development of the system were not their fault. They also felt that the erosion of the social services would not be reversed in the near future.

“You begin to realize that others are responsible for this, not you. I don’t know . . . I’ve been a social worker too long to get upset because the authorities and the system don’t work . . . ” (IDIs, p3)

3.3.2. Public Authorities and the Administration Are the Responsible

The professionals assume that the public authorities that design the social policies and the public administrations that manage them are to blame for the current situation of the social protection system. However, the consequences were most severe for those most vulnerable and for frontline professionals. In addition, participants reported professional dissatisfaction due to unhappiness with the situation provoked by the system and the authorities.

“But in the end you know that it is the authorities who are responsible, they don’t provide the resources or means necessary . . . ” (IDIs, p6)

“There are days when I think . . . the system is a mess! Because in the end nobody takes us into account, we write a social report and unless the people in front of you are colleagues who know what it’s really like, other professionals don’t understand that you have described the situation because there aren’t any resources” (IDIs, p5)

4. Discussion

The aim of this study was to determine and interpret perceptions of the current state of the public social services system among social workers employed by community social services and the Andalusian health service. The results obtained have also shed light on how social workers feel about the current state of the social services.

According to participants, the Spanish social services system is in a state of collapse, as has also been claimed in other studies [28], due to constant cutbacks in social spending [11]. The resulting erosion of the social services has led to retrogression, as has been noted in other studies [10]. Social workers in this and other studies [13] agree that the Spanish social services present a lack of development or progress. Austerity policies have not helped the true development of social services [22].

With respect to the lack of coordination reported by study participants and in the literature, there is an evident need for more collaboration between the various services that make up the social services in order to provide quality care for users [5], and for more collaboration in health care, as demanded by healthcare professionals [18]. Inter-professional collaboration in health care is a fundamental tool in user services [38]. In some instances, coordination between services [1] and collaboration in health care both fail in user care [39]. Perhaps the lack of coordination mentioned is due to the large number of users received by social workers and the lack of system resources [29].

Participants noted that as a consequence of the lack of resources, social workers felt beaten, despair demanded answers that did not exist and, in this way, and that situation led to return to charity. In accordance with the literature, to a large extent, the consequences are most severe for those in most need [22], who turn in despair to the social services as their last resort for help and who may not always receive what they need or as urgently as they need it [40].

Social workers also suffer the consequences of this erosion of the social services [30]. The social services are often the last resort for those who are in most need [13] and on occasions social workers may find that they do not have all the answers the client requires [41]. Public social policies in relation to social services do not respond to the demands of users at this time [29].

However, the greatest problem that participants encountered in daily professional practice was unquestionably a lack of the necessary means and resources, a finding that has also been reported in other studies [42]. Cutbacks in social spending have drastically limited the resources that social workers can offer users [43]. Furthermore, participants were caught in the middle between the authorities and users, creating the feeling that they were punch bags, which as other authors have noted, may lead to occupational burnout [44].

In accordance with the literature, participants indicated that due to the current situation, actions previously considered obsolete, such as charity, are being revived to help people in need [45]. Recent research has also reported on the return to charity, which participants felt was incompatible with social justice [18].

Finally, participants felt that the authorities were responsible for the erosion of the public social services system [21], as a result of constant cutbacks in social spending that are destroying the so-called welfare state [14].

We confirmed our hypothesis; we shed light on the current state of the social services, and it could help social workers and those responsible for the system to plan social policies in line with the context and circumstances of users.

In accordance with the literature, an interesting proposal would be to try to empower the most vulnerable people and provide accompaniment. The system must provide the necessary resources and structures so that they can escape the situation of poverty, exclusion and social injustice. In this context, other studies noted the need to explore other social service strategies to deal with the increase in care needs as well as community-based responses [33]. In accordance with this, other authors suggest searching collaboration strategies with other professions to address social problems [46]. Moreover, it would be convenient to strengthen alliances with other professions with more social/political representation, in order to make their problems more visible [47].

5. Conclusions

The present study aimed to describe social workers' perceptions of their lived experiences in different areas of the public social services system.

From the perspective of social work professionals, social services are at a time of weakness and relapse. The lack of means, resources or benefits makes care for the most vulnerable people sometimes impossible for professionals. Orientation changes and cuts in social policies are breaking the social protection system.

The consequences of this situation are extremely serious, as professionals feel beaten by the administration and even, sometimes, by the users themselves, that respond to the absence of responses to situations of absolute despair.

In addition, one of the most notorious consequences of this situation is the so-called "return to charity". That is, the involution of attention to people that is not based on the principle of social justice. In this context, social services are nothing more than distributors of scarce resources and they are not the social protection system that should try to empower the most vulnerable people and provide accompaniment. The system must provide the necessary resources and structures so that they can escape the situation of poverty, exclusion and social injustice.

It would be interesting to explore other social service strategies to deal with the increase in care needs as well as community-based responses, to search collaboration strategies with other professions to address social problems, and to strengthen alliances with other professions with more social/political representation, in order to make their problems more visible.

6. Limitations and Future Research Directions

One limitation of the study was that participants came exclusively from community social services and health social services, and no participants worked in specialized social services that could have enriched the discourse. Another limitation has been the investigation in a single context, the province of Almeria. On the other hand, there is less representation of men among the participants. Although we have to argue that the proportion of women among social work professionals is higher. The small sample size limits generalization of the results.

This study paves the way for several future areas of research, including:

Analyzing the professional well-being of social workers in light of the current erosion of the public social services system.

Determining the perceptions of social workers employed in specialized social services.

Analyzing the perceptions of other professionals who work in multidisciplinary teams alongside social workers, such as nurses or psychologists.

Determining client assessments of the social services system.

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