



SCOTTISH EXECUTIVE

The Need for Social Work Intervention

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THE NEED FOR SOCIAL WORK INTERVENTION

A DISCUSSION PAPER FOR THE SCOTTISH 21st CENTURY SOCIAL WORK REVIEW

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THE NEED FOR SOCIAL WORK INTERVENTION

EXECUTIVE SUMMARY

1 – DEFINING TERMS

1.1 - In June 2004, the Scottish Minister for Education and Young People announced a fundamental review of social work in the 21st Century. The aim was 'to be clear with the profession what we expect of them and allow them to strengthen their contribution in the modern era'. The Deputy Minister subsequently defined three key issues for the Review. 'What is the core purpose of social work in modern Scotland?How can we best deliver services?.....Essential services must have clear lines of accountability'. As part of the Review, the Scottish Executive commissioned a discussion paper on 'the need for social work intervention'.

NEED

1.2 - This apparently simple remit contains a variety of strands, and the paper cannot do justice to them all. To consider 'need', it is necessary to define some criteria. As the Deputy Minister said of social work's core purpose, 'Is it care and welfare of individuals? Is it protection of vulnerable people, whatever their vulnerability? Is it promotion of social inclusion? Is it about enabling people to fulfil their potential and make the most of their talents? I think that social work might be about some or all of those things, but we have to set out our priorities.' Accounts from people using services, discussions with a range of stakeholders and examination of policy documents reveal a variety of perspectives on when and why there might be a need for social work. Sometimes these perspectives differ or even conflict.

1.3 - There are questions about whose need is met by social work intervention. Is it a person's or family's need for support, protection or access to a service? Is it the state's need for acceptable ways of safeguarding vulnerable people and rationing scarce resources? Is it the public's need for a welfare system which is also a means of exercising social control? These and the other considerations below also influence another aspect of need, the questions of volume, supply and demand. How many social workers will be required to meet the emerging and changing patterns of need in the 21st Century?

SOCIAL WORK

1.4 - There are also different views on how 'social work' is and should be defined. Observing that the Scottish social work legislation dates back to the 60s, the Minister commented: 'Expectations are very different in the 21st Century'. The Executive commissioned a literature review and established a sub-group to examine and report on the social work role, and this paper has tried to avoid duplicating that work. It is necessary however to take a view about what social work is and what contribution it can make to improving people's quality of life and delivering policies for their well-being and the public good. The remit for the discussion paper made reference to the perspectives of different user groups, and the paper examines the need for social work in the context of children and

families' services and services for adults including those of working age and older people.

1.5 - Key source documents include the standards for the new social work degree, the codes of practice issued by the Scottish Social Services Council and its counterparts elsewhere in the UK, and recent Scottish legislation and policy statements. Discussion with practitioners and stakeholders indicates a significant mismatch between the models implied by the codes, standards and policies, and the ways in which social work practice has been shaped by policies, procedures and service structures over the past ten to fifteen years. There are further gaps between practitioners' and managers' accounts of what social work offers, and service users' experiences and expectations.

1.6 - Another theme running through the work on the discussion paper has been the relationship between social work and the work of other professions and other groups within social care. When do people need a social worker as distinct from another professional? Is everything currently done by social workers something that only a social worker can do? Discussions revealed a lot of concern about how far the work of other professionals was encroaching into what had traditionally been social work's territory. Views are mixed about whether this represents a threat to social work in the longer term, a natural degree of overlap between professional roles in increasingly multi-professional settings, or a modest success for social work principles and values in influencing the roles and attitudes of other professions. The discussion paper suggests an approach to defining the circumstances in which social work intervention is needed because of its particular contribution, and the requirements for effective social work in such situations.

INTERVENTION

1.7 – Finally, the remit refers not just to social work but to 'social work intervention'. Assuming that this wording is significant, the discussion paper concentrates on the need for social work which takes place within a framework of government policy and statute. In practice and at present, this refers largely to local authority social work services which have powers and responsibilities to intervene in the lives of individuals and families, generally with their consent but compulsorily in specified circumstances. It is in these areas of social work that many of the tensions and conflicts arise, not only for social workers but for people using their services and for the public. Some may be deterred from seeking social work help by fears that it could result in judgements about their ability to cope independently or care adequately for their children.

1.8 - There have long been debates about the relationship between the supportive, caring and enabling elements of social work and the need at times to exercise powers of removal or control for the protection of the individual, other family members or the public at large. This is a particular feature of local authority social work, and currently much less of an issue for most social workers employed in voluntary organisations or working independently. Patterns of employment are changing, however, with more social work posts located in multi-disciplinary and joint agency settings, and policy initiatives which could see more functions undertaken by voluntary and community organisations on behalf of the statutory

sector. Many of the considerations analysed in the paper could apply to social workers deployed in voluntary organisations.

1.9 – Current policy direction and changing public expectations could also lead to a more fundamental shift away from a focus on statutory intervention and towards a culture where people positively seek social work support as part of their own problem-solving strategies. This would be consistent with policies to encourage independence and social inclusion, to help prevent problems arising or becoming worse by offering earlier support, and to enable people to take maximum responsibility for managing their own lives and playing their part as active citizens. It could also lead to social work becoming a mainstream, universally available service to which people turn, as they turn to their GP, for advice and assistance with complex problems and concerns.

2 - THE CONTEXT

2.1 – It might be expected that the profession would have a major say in defining the need for its particular set of knowledge and skills. In fact, social work has for some time shown all the signs of being a depressed and anxious profession, often on the defensive and slow to assert the value of its work. It has been bogged down in the same sterile debates about whether or not it is truly a profession, whether it is simply an arm of the state, whether it has a proper evidence base for its work, and why it does not enjoy greater public esteem. It is particularly sensitive to what it regards as unfair media criticism, often sparked by an incident involving allegations of serious child abuse, where the social workers feel 'We're damned if we do and damned if we don't'. Although social workers are acting on behalf of the public, there is a view that the public does not back them or recognise the difficult judgements they sometimes have to make about whether to intervene or not. At the same time, working alongside other professionals like nurses and teachers who enjoy greater public support, social workers say they feel uncertain about what their role should be, and concerned that they may be left with just the areas of work other professions don't want or regard as lower status.

2.2 – Perceptions of social work's relatively weak professional status are also reflected in ambivalent relationships with employers and government. It is argued that the social worker's job is too narrowly defined by the local authority, with an over-emphasis on prescribed responses to child and adult protection concerns and on acting as gatekeeper to ration scarce resources. Social workers feel hemmed in by procedures and bureaucratic requirements imposed by government guidance and local authority rationing and accountability requirements, severely limiting their contact time with people and their scope for professional discretion. The gap between people's needs, as presented to them on a daily basis, and the levels of resource available in response can lead to cynicism and a feeling that senior managers and politicians are out of touch. Here again, the generally better resource settlements received by education, the NHS and the police tend to underline the less favoured position of social work services.

2.3– Discussions suggest that a number of features characterise social work as it has developed over the past ten to fifteen years:

- workload priorities have been increasingly dominated by child and adult protection procedures.
- assessment of people's needs, particularly in services for older people and working age adults, has been largely determined by resource-led and sometimes very restrictive eligibility criteria.
- joint and shared assessment procedures in children's and adults' services, intended to avoid multiple assessment by different professionals and provide more integrated responses, have become excessively complex and burdensome for people and practitioners.
- there is a perceived discrepancy between the elaborate assessment processes and the relatively narrow range of services available to respond.
- specialist teams and segregated services, intended to focus on the particular needs of different client groups and facilitate inter-disciplinary working, have the disadvantage of requiring people to adapt their individual circumstances and needs to rigid service structures.

3 - PRINCIPLES OF A NEW APPROACH FOR THE 21st CENTURY

3.1 – Social work is a profession practised all over the world, and its fundamental principles are well established. If there are changes of emphasis over time, they reflect the shifting political and social context within which social work takes place, changing expectations on the part of the people using social work services and the public, growing understanding of the professional task and developments in the knowledge base for practice. Recent policy documents from the Scottish Executive bring together a number of these changes, and provide the framework for an up-to-date statement of core principles.

3.2 – The following list sets out some key principles informing modern social work practice:

- The focus should be, and remain, centred on the needs, interests and well-being of the child, adult or family.
- The social worker should aim to work with people to define together the outcomes they are seeking and their preferred means to achieve them.
- Part of the social worker's contribution is to maintain a view of the person in the round, recognising the physical, intellectual, psychological and spiritual dimensions of their well-being, and the importance of their family, neighbourhood and community relationships.
- In line with the principles of the social model, social workers will work with people to identify the barriers and obstacles in the way of achieving their desired outcomes, and to find ways of removing, avoiding or overcoming the obstacles.
- As part of increasing children's and adults' access to life-chances, personal development, choice and independence, social workers aim to share with people a recognition of risk to themselves and others, and understanding of how it can be managed.
- Social workers seek to help people find their own solutions to problems, build on their strengths, draw on and develop their personal and social assets, and avoid becoming over-dependent on formal support structures.

- Social workers seek in their practice to safeguard and maximise people's human and civil rights, promote their social inclusion and enable them to exercise their responsibilities as citizens.

4 – CRITERIA INDICATING THE NEED FOR SOCIAL WORK INTERVENTION

4.1 – Social work departments employ a variety of fieldwork staff, by no means all of them social workers. Social work intervention is most likely to be triggered when the combination of social work values, knowledge, skills and personal qualities best matches the needs and circumstances of the child, adult or family. This includes when:

- the child's, adult's, family's or social situation is unusually complex with a number of interacting factors affecting assessment and decision-making.
- the child or adult is at risk of serious harm from others or themselves and requires skilled risk assessment and safeguards.
- the child or adult is likely to put others at risk of harm, distress or loss and a response needs to take account of the individual's interests and others' welfare.
- the child's or adult's circumstances, including their health, finances, living conditions or social situation, are likely to cause them or others serious harm, social exclusion, reduction of life-chances or well-being.
- the situation requires assessment of, and intervention in, unpredictable emotional, psychological, intra-family or social factors and responses.
- relationships, rapport and trust need to be established and maintained with a child, adult or family who find trusting relationships difficult.
- there is a high level of uncertainty about the best form of intervention and/or its likely outcome.
- the circumstances are such that there are significant risks in both intervening and not intervening, and a fine judgement is required.
- the person is facing obstacles, challenges, choices and/or life-changes which they do not have the resources (personal, intellectual, emotional, psychological) to manage without skilled support.
- prescribed or standard service responses are inadequate, and sensitive, creative and skilled work is needed to find and monitor personalised solutions.
- the child's or adult's situation is getting worse, either chronically or unpredictably, and is likely to need additions or changes to interventions.

4.2 – Social workers are not the only professionals likely to be working with individuals and families in these circumstances. Indeed, in the nature of the complexities, interactions and risks involved, many people will also be dealing with other professional groups from the health, education, housing, employment and justice services. Seeing people's situations in the round includes recognising the effects on them of having to engage with a variety of agencies, and assessing where action or change on the part of other agencies may open up opportunities for people or remove barriers to achieving the outcomes they seek. Social work skills are often deployed to good effect in collaborative work with other professionals, either in on-going multi-disciplinary teams or in ad hoc joint work around the needs of an individual or family. The distinctive social work

contribution combines a developing body of knowledge and skills, a set of core values and priorities, and a range of personal qualities.

5 – PERSONAL REQUIREMENTS FOR SOCIAL WORK PRACTICE

5.1 – Practicing social work effectively in these situations is a demanding task. It requires the social worker to develop and maintain high levels of knowledge and skill, and to possess a number of personal qualities. These include:

- the ability to apply core social work values as a basis for decision-making in situations of complexity, uncertainty and competing or conflicting interests.
- the capacity to tolerate uncertainty and anxiety and not to close down options prematurely.
- a mature, unthreatened sense of their own identity.
- good emotional intelligence and an ability to establish relationships in situations of challenge and risk.
- clarity in assessing and responding to situations involving complex relationships and risks.
- flexibility in analysing human situations and developing creative solutions.
- the intellectual curiosity to stay up-to-date and develop a broad understanding of people and their circumstances.
- acceptance of multiple, sometimes competing accountabilities.

6 – SOCIAL WORK WITH CHILDREN, ADULTS AND THEIR FAMILIES

6.1 – Local authority social workers are often organised in specialist teams. In one department, there are teams with titles including children in need, child protection, people with learning disabilities, disabled people, mental health, drugs and alcohol, older people, youth and adult offenders. There are various rationales for these structures. It is said that social workers need to limit the range of people they work with because of the levels of specialised practice knowledge and skill required; that the team definitions relate to structures in other services and systems such as the NHS and the justice system, and make for better joint working across professional and agency boundaries; and that the specialist focus ensures a fair allocation of attention and resource to different groups of people needing services and support.

6.2 – People and their circumstances and needs however rarely fall into such neat categories. Parents of children in need and children at risk often have physical, social, economic or health problems of various kinds. Adults of working age may have more than one disabling condition, exacerbated by obstacles reflecting stigma, poverty, exclusion and discrimination. Amongst older people, ageing presents an increasing range of physical, sensory, intellectual, emotional and psychological challenges, coupled often with environmental and economic limitations. Specialist social work team structures can militate against seeing people's situation in the round, and add to the barriers which need to be overcome if they are to achieve the outcomes they are seeking. The paper therefore addresses social work intervention in two broad areas: work with children and families, and work with adults of working age and older people.

CHILDREN AND FAMILIES

6.3 – A number of key considerations for social work with children and families flow from the preceding analysis:

- The prime focus for work with children and families is the well-being of the children. 'For Scotland's Children' indicates that by the end of the journey to adulthood each child should have reached his/her potential in terms of emotional and social maturity, be in good health, and have attained a level of academic achievement and other skills. Children should be assisted to overcome barriers that create inequality.
- Local authorities are required to promote and safeguard the welfare of children in need in their area and so far as consistent with that duty, promote the upbringing of children by their families. Parents' well-being is thus crucial. Social work skills, knowledge and persistence may be needed to establish working relationships of trust, find the key to engaging the family's cooperation and interest, identify the issues with the family, lead them through the process of assessment, help them participate in determining the direction of change and ensure their aims, capacities and plans are identified and developed. Social workers may also help children and parents to maintain any changes made. Continued support of this kind may attract criticism as encouraging dependency, but practice experience shows that failing to provide such support may reduce the return on substantial investment of social work resources.
- In families it is the children to whom social workers owe the greater duty of care. Children can be clear about what they need. There may be tensions between children's needs and wishes, parents' needs and wishes, the views and wishes of the wider family, of the community, other professionals, and with the requirements of the law, regulation and procedure. Even where the decision is to remove a child the way social workers conduct their business can make a difference. Thus social work has to respond to parental needs for the sake of the children, but may need to abandon them to maintain the primacy of the child's welfare. The consequences of getting the balance wrong in either direction expose both children and parents to suffering and pain. Social work requires controlled, emotional commitment, readily discernible as present or lacking to most users. Sometimes the nature of the issue will demand decisions that appear to undermine that commitment. Social workers have to take the decision and maintain the commitment.
- The social worker works as therapist and advocate or broker. While the change to greater teamwork and integrated assessments places more equal responsibilities on the range of professions and agencies, at least for the time being, social work needs to champion those who cannot speak up for themselves or who alienate others through disruptive behaviour or poor social skills.
- Social workers also work with people who want change, results and improvement and for whom none comes. Supporting and being alongside people whose lives are painful, is more controversial in certain aspects of children and families work, where the obstacles to meeting the objectives for the child appear to emanate from the parents' inability or unwillingness to provide the desired environment and care. Removal may be the societal

response, but there is no guarantee that alternative care, in the wider family, or in family or residential placement, will meet the needs of the child. Social work is needed to point out the difficulties, weigh up the choices, and stay with the situation, listening and supporting, preventing deterioration where possible, organising compensatory experiences for the child, being alert to the signals of possibilities for positive and negative change, and keeping alert to the whole picture, while other professionals address more discrete needs.

- Social work with children and families is not confined to the statutory sector, and takes place in a variety of voluntary and independent organisations. It is highly regulated and increasingly all sectors are brought within the statutory frame. This may result in an approach that legitimises only that work which is in line with objectives and targets. The state wants children to flourish; so do parents. Parents and children are individuals; some may not have the capacity to meet targets. Social work bears the burden of working with the individual within the context of a framework for the many. Social work is required to help to prevent tragedies, to give confidence to families to flourish and to the state to be safe. It is needed to hold these balances and tensions on behalf of children and families and on behalf of the wider community.
- Were social work to be seen as non-threatening, available to all at the behest of the user and to meet the requirements of the user, social work by invitation rather than social work intervention, parents and children might also value social work's 'whole person/whole situation' approach.

ADULTS OF WORKING AGE AND OLDER PEOPLE

6.4 - From the adult's point of view, the need for social work intervention is likely to arise if they are unable, without it, to achieve outcomes they are seeking for themselves and their families. Social work with adults of working age and older people entails:

- encouraging all professionals involved to take and keep taking an all-round view from the person's perspective.
- working together with the person and others on strategies for their empowerment, independence and control of their own lives.
- identifying the person's abilities, assets and potential for capacity-building, and enabling them to develop to the full.
- assisting the person to explore and access alternative living situations, including those with the benefits of smart housing and housing-based support schemes.
- assisting the person with their assessment of their support needs and preferred solutions, and with securing satisfactory arrangements.
- where the person wishes, helping them to access direct payments and establish and manage support arrangements to their specifications.
- assisting the person and their family through the transition to higher levels of support needs, whether through increased disability, ill-health or bereavement, or in order to access opportunities for independence and participation.
- helping to resolve charging and payment issues in the user's interests.

- supporting the person to access help with financial planning, budgeting, raising income and securing credit without being exploited.
- supporting the person in exercising their human and civil rights, including rights to privacy, family life, freedom from enforced constraints.
- intervening in complex partnership or family situations to resolve relationship problems, conflicts of interest and damaging interaction affecting physical and mental health.
- ensuring, with maximum input from the individual, safeguards against exploitation, unnecessary constraint, neglect, domestic violence and abuse.
- with the person, their family and others they trust, helping them avoid being or becoming an unacceptable risk to themselves or others.
- within statutory frameworks, intervening to prevent the person becoming an unacceptable threat to others or themselves.
- helping carers to maintain their support role in line with the person's preferences and their own wishes, without the carers suffering exploitation, damage to health, isolation or social exclusion, and avoiding over-protection or undue pressure on the person.
- helping people with restricted capacity to protect their interests in relation to family members, neighbours and others who could take advantage of them.

6.5 - Additional elements in work with adults below retirement age (itself an increasingly flexible concept) would include:

- assisting the person and their family in the transitions from services for children and young people to those for adults, and the natural process of becoming fully adult and less dependent on parental care.
- supporting the person to access remedial, further and higher education to maximise their level of achievement and qualification.
- supporting the person to access and benefit from professional and vocational training opportunities to equip them for jobs, including self-employment, appropriate to their skills and abilities.
- supporting the person to enter and maintain employment suitable to their abilities and expectations, and to develop satisfying and challenging careers in their chosen fields.

7 – IMPLICATIONS AND ISSUES FOR CONSIDERATION

7.1 – The issues for social workers and their managers and employers highlighted in this paper include:

- managing the relationship between user preferences and society's expectation for control and protection.
- the differences in social work with groups who are included, tolerable and tolerated by society, and those who are excluded or regarded as intolerable.
- how far the social worker's role includes being the advocates and champions of outsiders and groups defined as 'too difficult'.

- the social worker's remit for mediating between the whole person and the full range of supports and services which may enable them to achieve the outcomes they seek.
- the implications of dealing with the whole person in relation to their family, community and society, particularly where this involves competing or conflicting interests.
- the tensions in working as professionals accountable to the people using their services, their regulatory body, employers allocating resources and setting targets, and government determining policy.
- conflicts in the social worker's role when rationing scarce resources and applying eligibility criteria to exclude some with assessed needs.
- how the social worker's focus on empowerment and enabling people to manage their own lives can be balanced with assessing and helping people to manage risk, and with responsibilities for adult and child protection.
- identifying and extending 'the best available evidence' as a basis for social work practice.
- recognising the human element in social work, in its dealings with weaknesses, mistakes and uncertainty.

7.2 - The Social Work Review may also wish to consider a wider set of issues with implications for some of the key stakeholders:

- Should social work become a mainstream, universal service available on request?
- What is the scope for developing existing and new staff roles and support systems to make the most effective use of the scarce and skilled resource social workers represent?
- Does social work require its own distinctive form of professionalism to support a person-centred, outcome-oriented social model of practice?
- What liabilities do employers carry for actively supporting the continuing learning and professional development of their social work staff?
- What routes are available to strengthen the engagement of education and research academics with the complex world of social work practice?
- What mechanisms would support a shared responsibility for developing and continuously updating the knowledge base for social work?
- Are there ways to avoid specialist team structures, geared to facilitate inter-agency working, creating additional boundaries and obstacles for people to overcome?
- How far is it possible to promote coherent government policies, integrated across departmental boundaries, which take account of the whole person in their family and social situation?

INTRODUCTION

This Discussion Paper is a contribution to the work of the Review set up by the Scottish Executive to examine social work in the 21st Century, which is due to report in the summer of 2005. The remit for the paper is 'to draw together evidence and perspectives on the need for social work intervention in the modern world...to explore definitions of need from the perspective of users and providers and to consider how these definitions are interpreted in practice'.

Specific aims are to:

- explore and compare definitions of need as ascribed to user groups from the perspective of user groups, local authority providers and independent sector providers;
- identify the evidence base for the validity of these definitions;
- critically examine how these definitions are interpreted in the provision of social care services for user groups and for individual service users;
- identify key issues for consideration by the 21st Century Social Work Group.

In announcing the review, the Minister for Education and Young People described the harrowing circumstances revealed in reports investigating the physical and sexual abuse, over 30 years, of four people with learning disabilities and the 'catalogue of failures within social work and health services in the Borders'. Accepting the reports' recommendations, the Minister said 'We need to look beyond this particular case and take a more fundamental look at social work...There are social workers all across Scotland doing excellent work in very challenging circumstances and we are investing heavily in the profession. But it is clear we must go beyond what we are already doing – social work legislation dates back to the sixties and expectations are very different in the 21st Century. We need to be clear with the profession what we expect of them and allow them to strengthen their contribution in the modern era.'

Responding to the debate on Social Work in the Scottish Parliament on 1 July 2004, Deputy Minister for Education and Young People, Euan Robson, said of the Review:

'First, we must ask what is the core purpose of social work in modern Scotland. Is it care and welfare of individuals? Is it protection of vulnerable people, whatever their vulnerability? Is it promotion of social inclusion? Is it about enabling people to fulfil their potential and make the most of their talents? I think that social work might be about some or all of those things, but we need to set out our priorities.

'Secondly, how can we best deliver services? Local government faces a complex and demanding task in delivering social work services. We must strengthen partnerships across the sector.....That means we must identify what actions the Executive might take to remove the obstacles that prevent social workers and their partners, whether in the public or voluntary sectors, from delivering integrated services.

‘The third key element of 21st century social work is that essential services must have clear lines of accountability.....

‘We have begun the task of ensuring that a profession that has perhaps been neglected in the past has a positive and bright future. We must do that for the people of Scotland and for the most vulnerable citizens in our land so that we can improve their prospects and make the best of their potential and their talents in a Scotland that has a declining population and where we cannot afford to waste the talents and potential of any individual.’

In preparing and consulting on this discussion paper, the project team examined Scottish policy documents on social work services for children, adults and families and the development needs of the workforce, compared some of the policy material from elsewhere in the UK, and surveyed a selection of the relevant research evidence. The Executive helpfully made available papers and minutes from meetings of the Social Work Review Team and the sub-group on the role of the social worker, as well as the commissioned literature review and other background material.

Members of the project team attended meetings of the Review Team and the sub-group, made presentations of work in progress, tested out ideas and received very useful feedback. These encounters also ensured the project’s work on the need for social work intervention kept in step with the work on the social work role and the wider Review, and enabled helpful exchange of information and ideas.

To help the team gather the perspectives of front-line practitioners, Glasgow City Council Social Work Department arranged a valuable meeting with a group of social workers, seniors and team leaders from a variety of children’s, adults’ and older people’s teams. The team also had sight of papers from the very interesting and imaginative work of the service user reference group. Drafts of the summary and the main report were sent to a number of people including members of the stakeholder group and people from user-led and voluntary organisations, and useful verbal and written feedback was received. A further presentation and discussion took place with a range of stakeholder interests at a Dundas Castle conversation event arranged by the Scottish Centre for Social Work Excellence at Dundee University.

SECTION ONE

THE NEED FOR SOCIAL WORK INTERVENTION

1.1 DEFINING THE NEED FOR SOCIAL WORK INTERVENTIONS

Social policy literature on defining need is vast. This discussion paper uses an outcomes-based framework: that is, the need for social work intervention arises when the resources available to an individual, family or community are insufficient for them to achieve preferred or required outcomes. Our reasons for this approach are threefold:

1. reviews of the literature defining need in social policy already exist;
2. there is agreement between policy makers and people using services that an outcomes approach is a basis on which user centred services and practice can be developed; and
3. an outcomes approach is consistent with social work values, the Codes of Practice and standards of service and practice.

This discussion paper focuses on the need for social work intervention with individuals, families, groups and communities.

1.2 THE ROLE OF SOCIAL WORK AND NEED

It is impossible to separate the need for social work intervention from the role of social work in Scotland. This is integral to deciding social work's contribution to tackling social and personal problems and promoting well-being. The Role of Social Work is the subject of another project, but this discussion paper has had to make assumptions about its role. These assumptions set out in Appendix One are that:

1. Claiming exclusive territory is not appropriate for social work because:
 - the whole of the person's life situation and social context is its focus
 - the implementation of its values and the process are what give social work its quality - 'there are no good outcomes without good processes' (Shaping Our Lives, p56 in Turner and Evans 2004)

This creates difficulties for social work because professions usually define their territory through an exclusive claim to specific knowledge and skill. This lack of exclusive territory leads to the regular prediction of the demise of social work.

2. Social work's role is carried out through:
 - direct practice, of various types and techniques, with individuals, families, groups and communities and with provider organisations
 - the management and development of:
 - practice, including work based learning for students and staff
 - service provision, including commissioning

- policy and strategy within, and outside the organisation
 - working with a range of organisations to contribute to the promotion of social and personal well-being
 - research and development.
3. The organisational context in which social workers operate is significant in determining:
- whether good practice is in spite of, or because of its support
 - whether the management of practice is fit for purpose in a particular context
 - the nature of the teams within which social workers are operating
 - whether there is a learning environment that supports good practice so that social workers are confident about their knowledge and skills.
4. Knowledge and skill shifts occur over time
- particularly when there are significant changes in social policy
 - both within and between professions and occupational groups
 - because people using services build up their own expertise and this becomes incorporated into the knowledge used by professionals
 - when new groupings of knowledge and skill emerge in response to new needs and policy directions
 - as solutions become more standardised or there are technological developments skills move from professionals to members of the public.

1.3 THE NEED FOR SOCIAL WORK INTERVENTION

Most social workers are currently expected to cover a huge span of approaches. This may not be appropriate in the future. Different strands can be identified, which, while not exclusive of each other, form the primary focus individual social workers' interventions. We have identified three:

1.3.1 Intervening between the state and the citizen

This occurs when:

- national or local state funded assistance is required to remove blocks to the outcomes people using service prefer. Since social work services have never been universal, this function requires someone to assess eligibility in order to ration scarce resources. Determining eligibility is required whether the support/service is funded through national or local state or voluntary or business organisations.
- statutory intervention is triggered to keep the child, young person, adult or others safe from harm. Here the social worker assesses whether the risks are at or above the thresholds for statutory intervention. The circumstances in which this can happen are set out in statute, regulation, guidance and standards and moderated by the judicial system. It is an area where there

is often conflict about the need for, the appropriateness of and adequacy of the intervention. Decisions are high risk and complex, often involving moral and ethical elements and human rights issues.

This is the predominant approach to social work based in local authorities. Its strength is that it combines a commitment to personalised support through accessing a wide range of support and balances the needs of the individual with those of others. There are five significant dangers:

- a limited range of social work skills is used. Social work becomes equated with assessment and determining eligibility to access scarce resources. Negotiation with people using services about what they want to achieve can be transformed into consultation, a lower level of power sharing (Elder-Woodward, 2002)
- social workers' capacity building through community development is minimised (Elder-Woodward, 2002)
- resources (time and expertise as well as money) are diverted towards children and families away from older people, disabled people and people with learning disabilities
- workers can become institutionalised and accept 'the way it is done here' uncritically (Marsh and Fisher, 1992), in effect abandoning professional judgement. When reinforced by a command and control management, they protect themselves against criticism by retreating into description rather than make professional judgements.
- statutory work operates a significant pull on resources (staff time and expertise as well as finances) to cover risks to the organisation as opposed to the citizen whether child or adult. Bureaucratisation of decision can mean that it can take months before clearance is given for a foster child to stay overnight with friends, go on trips or have their ears pierced (Sinclair et al, 2005). This level of caution (which denies young people the 'normal life' they want and is expensive in organisational time) contrasts with the expectation that many young people will begin to live independently at 16 years old.

1.3.2 A distinct service that aims to maximise the capacity of people using services

The objective is that individuals, as far as possible, are, or become, 'expert clients' or 'informed clients'. For children and young people the aim is:

- to achieve permanent and stable emotional and social relationships
- to assist them to cope with impediments, in their past or present, to minimise or remove their impact on life options
- to secure supplementary support for their educational, health, social and emotional development
- to move as smoothly as possible through the usual developmental and transition stages of growing up.

For adults it offers an opportunity to think through with a social worker the obstacles to their well-being, or to have a social care check, similar to a health

check. Social work intervention enables citizens to think through how to build on their expertise and experience by:

- working with people to navigate through the maze of information, organisations and options so that they can create a personalised plan.
- providing help lines and desks for individuals, community and user led groups, other professionals and organisations
- connecting people with similar experiences with each other and with user led organisations or community organisations
- providing information and contacts to build capacity
- providing therapeutic support
- challenging attitudes, behaviour and services that block people's capacity to take as much control over their lives as possible
- mediating between state organisations and citizens
- advocating directly or linking people to advocacy
- spotting and supporting effective innovations.

There is no reason that this form of intervention should not be a universal service on a similar basis to the General Practitioner. Such a development may require the separation of assessment from the provision of services. It would not promise unrealistic access to services, or create the expectation of statutory intervention except in clearly defined circumstances with high thresholds. Citizens who can afford to pay for services already access this support through independent social workers or counsellors, many of whom are social work qualified. There is no known research on the range of work undertaken by independent social workers, but anecdotal evidence indicates that such support is focused on:

For children:

- managing transitions for children such as the ending of a family unit and reconstituting new family groups
- building confidence and self esteem
- survival strategies for children and young people bullied in school
- reaching decisions about whether to move to independent living
- coping with family conflicts
- coping with death, loss and change

For adults:

- loss, separations and bereavements
- relationships with partners
- life options
- coping with trauma, such as sudden illness or impairment
- parenting problems and behavioural management

Strengths and weaknesses of the model

The strengths of this form of intervention are that:

- power is shared more equally and people retain control over their lives or specific areas of them

- the main resources are people's own expertise and experience, their capacity to learn, and the resources that exist in their social networks
- the individual has sought the intervention by the social worker.

The social worker's skills in forming and using relationships in problem solving, negotiation and conflict resolution are used within a social model. There is a high level of coherence between the value base of social work and the Codes of Practice for Social Care and the work.

The dangers are that social workers can become isolated from professional support or have to fit into a model of professional support that is not fit for purpose. A range of approaches will need to be developed in addition to the traditional social work supervision at fixed times, for example, 'hovering supervision' or supervision 'at the end of a phone' that gives rapid access to the worker.

1.3.3 Contributing to promoting policies and practice that support social and personal well-being

Although all social work requires the capacity to work with and through others, in this approach this is the social worker's primary role. The aim is to contribute to building the 'platforms' from which personalised services can be developed and through which citizens can promote their own well-being or manage long term conditions (Leadbeater 2004). Policy development roles could include promoting Direct Payments within health, education and housing. Elder-Woodward argues that the social workers' role in community development should include capacity building for user-led support systems as a way 'to empower people not only to control their own lives but to be in some way accountable to and for their own support systems'. The worker can be located in a wide variety of organisations in the statutory, voluntary or private sectors, in user-led organisations, community groups, schools, health, the police, businesses, local or national government. Skills include:

- the capacity to spot and manage conflicts
- working within different power structures
- negotiation within a framework of equality and empowerment
- navigation through the maze of organisations, programmes, initiatives, issues and options
- promoting social inclusion of marginalized groups in partnerships
- communicating how social care contributes to health, education, community capacity building, community safety, productivity
- building and maintaining networks or teams.

Strengths and weaknesses of the approach

The strengths are that the social work knowledge and expertise in promoting social inclusion is incorporated into new arenas. It provides a 'social well-being impact statement' as an integral part of social, economic and environmental change. The weaknesses are that the social worker can become isolated from professional support and developments, fail to identify where compromises have been made without considering the consequences or using evidence about the implications this may have in the short, medium and longer term.

Summary

Social work intervention takes a number of forms and:

- provides an access point to services needed to remove blocks to outcomes
- keeps people safe from harm and danger within statutory powers
- builds on the capacity of people using services to take as much control over their lives as possible and to manage long term social and health conditions
- contributes through a range of organisations within and outside social care to policies and practice that promote well-being.

1.3.4 The benefits of social work intervention to local communities and the wider society

The arguments for social work intervention are most often put in terms of benefits to an individual, family or group. Our views are that there are public benefits such as:

- building on the capacity of individuals and network to increase their independence and use of mainstream rather than specialist services
- maximising parents' and their children's life opportunities
- reducing community tensions through promoting mutual understanding
- using innovative approaches to reducing socially disruptive behaviour.

1.4 OUTCOMES AND THE ACHIEVEMENT OF WELL-BEING

An outcomes approach to need can be used in all these forms of intervention. In the vast majority of instances the obstacles to people achieving the outcomes they want are related to their economic poverty. The result of this is that they are likely:

- to be living in poor housing,
- to have lower educational attainment
- to have poorer health and for their children to have a higher incidence of accidents requiring hospital admission
- to have a lower life expectancy
- to be unemployed
- to have reduced chances of living in a decent and safe environment or access to leisure, recreation and transport.

Although poverty and its consequences affect the majority of people using services, the resources to address these issues are outwith the control of social work and care. For some people problems arise because of a combination of economic, relationship, health and emotional factors. Social work may be drawn on in any of these situations.

Social work is a collective activity because it works with and through other people, through partnership with other organisations. To be effective social work

partnerships have to include people using services or at least their agreement to participate. Without this the task is limited to monitoring behaviour or activities.

1.4.1 Three main three main categories of need for social work intervention

We have identified three main categories where a need for social work intervention may arise. These are:

1. When people know they face obstacles to achieving the outcomes they want to achieve and seek intervention because:
 - they, their families, their support networks or communities cannot overcome them, or
 - the costs (physical, emotional, social and financial) to them are too high in the short, medium or longer term, or
 - the resources needed are so specialised that they are only available through a social work, educational, medical or housing assessment.
2. When people do not seek, or necessarily welcome, intervention because they are not aware of ways of overcoming the obstacles they face, or lack the information, knowledge and/skills to do this either partially or completely.
3. The small minority of situations where people seek, or their behaviour creates, outcomes that are contrary to legislation and regulation, or are a serious risk to their well-being or that of others, and where compulsory intervention may become necessary.

Conflicts at all levels (the service user, the professionals, the public and the media) about the outcomes are most likely to be contested in this latter group. However, they are likely to exist in all interventions and conflicts of opinion and judgement should be recorded and monitored in the intervention plans (Nichols, Quereshi and Bamford, 2003).

Summary

An outcomes approach identifies the obstacles to people using services achieving the outcomes they want, ways of tackling those obstacles, how children, young people and adults, others in their social network and relevant organisations will contribute and work to find creative, personalised solutions. In a small minority of cases where there is a risk to themselves and others, the outcomes approach's focus is on keeping the individuals safe from harm and danger. Where there are conflicts of opinion these should be recognised and a false consensus avoided.

1.5 AREAS OF SOCIAL WORK INTERVENTION

A long-standing conundrum is 'what level of need should have attention from the state?' Statements on values refer to the rights of individuals (BASW 2003, IASW and IFSSW, 2001), and there is a move to try and establish a 'right to independent living' (Morris, 1993). In practice, provision and intervention are limited by:

- resources (expertise, provision, time, money).
- priorities of the organisation, those of others contributing to integrated services, national and local policies.
- different conceptions of the role of social welfare.
- the role social work plays outside the boundaries of social welfare.

The need for social work intervention through state supported organisations is always politically shaped, but there are a growing number of employment opportunities for social workers that are extending the funding sources beyond the welfare budget. For example, as independent social workers, in education, health, employment services, industry, government and the media.

When asking questions about the need for social work intervention, it is essential first to know what political decisions have been made about the function of social welfare systems in meeting need. Hardiker et al. (2002) discuss five levels of intervention she identified in 1997 and the nature of need they address in children, young people and their families. The model could be adapted to apply to adults. The levels are:

- Base level: needs in the general population for whom universal services are provided.
- First levels: vulnerable groups which may be enabled to use universal services and are targeted through initiatives such as Sure Start.
- Second levels: early stresses and families in temporary crisis assisted by short-term interventions and resources. Hardiker locates 'children in need here.
- Third levels: serious stresses including risks of serious harm and family breakdown which need intervention to restore family functioning.
- Fourth levels: covers a diverse group of issues: social breakdown, children looked after, children abused within the care system; methods include therapy, damage limitation and permanency planning'.

Using a grid she demonstrates how different models of welfare and the levels of intervention interact. If the state takes a minimal approach, its services will not come into play until the third level is reached. If the state is committed to combating social disadvantage, interventions will be apparent at the first level. In this framework it is our view that social work is most usually needed, to varying degrees, from the second to the fourth levels.

Summary

Who has access to services that are dependent on national or local government funding is a political decision and from it flows the social work's statutory function within a specific social welfare system. The range of resources available to people using social work is increasingly wider than this. These include services supported through charitable funds and independent social workers provide alternative resource for people with their own funding. In addition, the diversification of employment bases for social workers is extending the range of social work interventions outside the social welfare system.

1.6 DECISIONS ABOUT THE NEED FOR SOCIAL WORK INTERVENTION

The social policy objective of social work intervention is that it should be tailored to a specific situation and that each person is unique. Social work is a collective activity and is consequently dependent on partnerships; not least because many of the resources required are outwith social work. While some partnerships are very successful, they are in general notoriously difficult to set up and maintain without one partner becoming dominant. There is also little evidence that co-locating different professionals will in itself lead to improved outcomes for people using services, although it can improve the effectiveness of systems. Partnerships between different organisations and local people are difficult enough (Balloch and Taylor, 2001), but they also require agreements about the function of social work within neighbourhood renewal and community capacity building. In the main this does not exist in spite of the inclusion of community development in the responsibilities of Social Work Departments. This is unsatisfactory because community development is effective in facilitating the building of the community's capacity to address both collective and individual problems.

1.6.1 Decisions about social work intervention

Social work intervention should take place only when the situation is not 'straight forward'. Routine social care responses should be through self assessment or by using social care, education, housing or health care workers with a lower level of training and skill.

The requirement for social work intervention is triggered by a number of factors such as:

1. Differences of opinion about what constitutes a social problem.

This changes over time. For example,

- until relatively recently domestic violence was accepted within marriage and other personal relationships between men and women. Evidence that domestic violence indicates a risk of violence towards children and witnessing abuse is emotionally and psychologically damaging to children and young people has moved domestic violence from a private event, to a child protection concern (Mullender and Morley, 1994)
- drug and alcohol abuse is now a significant social problem. It impacts on the next generation of children through a failure to parent adequately and the likelihood of birth impairments
- child prostitution is now defined as child abuse rather than the consequence of the immoral behaviour of a young person.
- racial abuse and homophobic behaviour was endemic in our communities and institutions, but policies state that intervention is necessary.

At points of change social work intervention is necessary to innovate or spread examples of good practice that have existed in isolated pockets.

2. Service user groups where there are contentious issues

For a number of groups the imperative to promote people's rights has to be balanced with other considerations. For example:

- when a criminal offence is likely to be, or has been, committed
- when behaviour is disruptive of the life of a community, harasses or is dangerous for others
- when the child or adult needs to be kept safe from harm.

Although this represents a minority of people who need social work interventions, they are high profile. Social workers and their managers are often required to justify their action or inaction to the public, politicians and the media.

Intervention is usually multi-organisational and multi-professional. A battlefield often exists between support, rehabilitation, retribution and punishment. Professional judgements about risks and the possibility of change and public views may be in conflict with each other, even though prison is not a good predictor of changed behaviour on discharge.

To operate effectively in these areas, social workers need skills:

- in working with the bounds of confidentiality at the same time as explaining to the media and the public what they are doing in ways that are neither mysterious nor patronising,
- demonstrating that they are accountable for what they are doing in accessible language as part of social care governance (Cunningham, 2004).

3. The answer to the question: Who is the client?

Most referrals to social work services are made by other professionals, organisations, relatives, neighbours and friends, and not the individual who is the subject of concern. Social workers, and the organisations within which they work are subject to multiple systems of accountability. A clear understanding of who see themselves, and who are seen, as the potential beneficiaries of a particular social work intervention is essential. Without this the intervention can be seen to have failed, even if the service users themselves are satisfied.

4. Thresholds of need

These vary between service user groups and according to:

- the availability of resources (money, staff time and expertise),
- guidance and procedures about the assessment of need and risk
- judgements exercised by social workers and their managers and other professionals based on organisational priorities
- the support available to the service user within their own social network or their community
- different thresholds existing in voluntary or private organisation or between statutory organisations

- political priorities and the funding that flows from these.

The variability of thresholds means that there are significant gaps in coverage for groups of people with similar needs that cannot be explained by the support available through their family or social network. Although disabled children are defined as children in need, a substantial number are not known to social services. People with similar levels of Alzheimer's Disease to those in residential provision are living in the community. Their family carers may or may not receive services.

People with sensory impairments can become housebound, and consequently more susceptible to depression, because they cannot cope with the environment or be sure that buses stop near enough to the pavement for them to feel confident in using them, they are vulnerable to falls and accidents. This knowledge could contribute to health, social and environmental policies on prevention and reducing social exclusion.

5. Risks to the safety of the individual, their family or the public

The nation and local state has a clear responsibility to protect children and young people. A similar responsibility holds in relation to those committing offences. In both these cases there are clear procedures that involve a combination of professional assessments with the ultimate decisions made by the courts.

Where adults present a risk to themselves this is more problematic. There are human rights issues when the individual is legally competent to make decisions about their lives. These groups include those who threaten to take their own lives, have a mental illness or learning disabilities and do not want social work or health interventions in their lives. Some may refuse treatment, or, have been treated but fail to take medication. They may be concerned about side effects or have a chaotic life style.

There are many individuals abusing illegal drugs who are not prosecuted. Often no social work intervention occurs either because there are insufficient resources or expertise and/or because there is recognition the behaviour is chronic and not likely to change. Insufficient attention is given to the fact that many people using social work services have multiple impairments that interact with each other. The drug abusers may have been abused as children, be parents, be homeless, have a mental health difficulty or face all of these difficulties at the same or at different points in their lives. Although there are multi professional forums and procedures it is often social workers or the criminal justice system that copes with chronic difficulties arising from abuse.

6. Concerns about the capacity of individuals to have control over their lives or to keep themselves or their child/ren safe

Judgements about whether individuals can keep themselves safe from harm and live independently are often very fine. Rightly there is an emphasis on their human rights and respect for people's wishes. Examples include:

- people with chronic mental health conditions, people abusing drugs and alcohol, people with Alzheimer's Disease.

- sensory impairment which increase with age and is often combined with depression or other mental health problems
- people with learning disabilities can find that their capacity to live independently is reducing as their life expectancy increases. The level of social care – as opposed to housing - support they need because of physical impairments increases at an earlier age than for the general population. We are in relatively uncharted waters in planning services that are appropriate for this group of people. Social work intervention, combined with health and housing assessments, is required to monitor the effectiveness of the personalised package of support in keeping the person safe from harm and to respond to often quite subtle changes that indicate a higher level of support is necessary.

7. The evidence about outcomes

Evidence about which social work interventions work in what situations is always likely to be tentative because there are so many variables. As in parts of medicine there are numerous circumstances in which random controlled trials are not possible. Many health predictions are for whole patient populations, rather than certainty about the effect of a specific treatment on a particular patient. Success is defined within time limits rather than for cure of an illness or condition. A growing amount of information is available about outcomes of social work and social care interventions that can assist workers and managers in reaching decisions about what responses are most likely to succeed, (MacDonald and Sheldon, 1992, Cochrane Collaboration, 2003). These include such soft data as the personality of the worker and their attention to the process (Turner and Evans, 2004).

Summary

Decisions about the need for social work intervention are determined by a number of factors. Accountability is often multiple and there are frequently conflicts that have to be managed between the perceptions and judgements of people, organisations and the public. In some areas such as child protection and mental health multidisciplinary forums manage decision making when there are serious levels of conflict and risk or the limitation of human rights. While knowledge and skill are essential to positive outcomes, high importance is given by people using services to the personality of the worker and attention to the process.

1.7 PERSPECTIVES ON THE NEED FOR SOCIAL WORK INTERVENTION

1.7.1 Introduction

The way social work interventions are implemented is not neutral or value free. There have been huge changes within social work of attitudes towards people using services. A leading social worker in the United States 1930s depression commented:

We as social workers saw for the first time was that people like ourselves in backgrounds social status, education and mores... were suddenly subject to circumstances that despite our lip service to the contrary we had reserved for people who were not like us. (Perlman, 1965)

Subsequently women, people from black and minority ethnic groups, gays and lesbians complained social work was deeply paternalistic, racist and homophobic (Dominelli & Statham 1978, Ahmad,1990). By the 1980s disabled people challenged the way the application of social work theory dis-empowered them (Oliver, 1983, Campbell,1996,) and argued for citizen participation (Beresford and Croft, 1993). These positions were then regarded as anything from dangerous to misguided by many. Just as it is impossible to shift the whole NHS overnight to regard patients as partners (Scottish Executive, 2004) so it is equally difficult to suddenly shift services and methods to be consistent with new policies.

We have identified four perspectives on the need for social work intervention for this stage of the discussion paper.

Our reason for taking this approach is that clarity about differences in perspectives, recording conflicts and uncertainties is essential to using an outcomes approach (Nichols, Quereshi and Bamford, 2003). Conflicts and uncertainty are endemic in social work and can arise from:

- the level of complexity involved
- different views about what has happened, what is needed to achieve a good outcome
- who is, or thinks they should be, the beneficiary of any intervention
- conflicts of interest
- uncertainty about the risks involved and the outcomes that can be achieved
- moral and ethical dilemmas

1.7.2 Perspective One: service user and carers

This section uses evidence from either research undertaken by people using services, or based on the views of people using services. In the context of user involvement in matching needs and services for children and young people, Tunnard (2002) (pp119-20) reported:

[Users] have clear views about the social work task they want to see preserved and promoted: early attention to problems to avoid more intrusive action later on; continued advocacy from social workers over health, housing, social security and education problems; and respite measures so that parents and children can get a break from one another or children can get temporary relief from neglectful parents or impoverished surroundings.

Aldgate (p164) notes, 'the importance of social casework as the foundation for [Children Act 1989] section 17 services was stressed by the studies, as exemplified in this view from Tunstill and Aldgate (2000),

It was clear that families in the study viewed social workers very positively and valued social work skills in responding to family distress by means of a casework approach. Casework, contrary to common misperception, includes highly developed skills of assessment, purposeful counselling and acting the role of facilitator and advocate. Without this social work intervention, many families

were clear that their circumstance would have deteriorated to the point of family breakdown.' (p156)

In social work with children and families, the most contentious area is where control functions are used because the abilities of a parent/s to care for their children are deemed to have fallen below acceptable levels, or where interventions arise from concerns about an individual's safety or the risk they pose to others. This has become the best-known form of social work intervention, and colours the public's view of seeking or accepting involvement with social workers.

Amongst the adult groups, the clearest account of how service users define needs comes from the disability movement and its development of the *social model* (Oliver, 1993, Campbell and Oliver, 1996).

Key to this perspective is the understanding that needs for support and assistance come not so much from people's impairments, but mainly as a result of the obstacles society and the environment place in the way of their leading the lives they choose. These barriers limit or prevent them from taking charge of their lives, exercising choice and participating fully in the educational, employment, family and social activities non-disabled people take for granted.

Advocates of the social model argue that social work assessment should shift from focusing on what people cannot do, their degree of dependency and their eligibility for services, to addressing how the barriers to independence can be removed and what support will give people better access to mainstream activities and ability to manage their own lives (Oliver 1993, Campbell and Oliver, 1996). Social work intervention may include enabling people to access information, direct payments and other funding, communication, assistive technology, personal assistance, and mainstream educational, employment, housing and health services. It may also involve support to challenge discrimination and stigma, to enforce legal and civil rights such as those relating to disabled people's access to jobs, goods and services, and to promote their rights to privacy, family life and participation in civic society.

Initially established in the disability field, approaches reflecting the social model have been applied in mental health (Maria Duggan, 2004 Social Perspectives Network, MINDWorks) and in learning disabilities. The Scottish learning disability review *The same as you?* (2000) identified clear and consistent messages from users and carers that people wanted 'to be included – in community life, in education, in leisure and recreation, in day opportunities and particularly in employment', to have greater access to mainstream services, to have their own homes in the community, to have better information on which to base choices and decisions, and an advocate to support them if they weren't being heard.

These comments are mirrored to a large extent by carers who often do not receive a separate assessment of their needs and who are supporting children and adults who are as frail and vulnerable as those in hospital or in residential homes. The failure to provide them with sufficient support adds a potential strain on the social work services.

There are close links between the social model, the holistic model and a Leadbeater's personalisation agenda (2004). All emphasise:

- using the strengths of individuals, families and communities
- capacity building to increase independence and choice
- skill in promoting skills learning
- reducing blocks that exist in systems and organisations that are based in prejudice against groups of people
- the importance of demonstrating respect for people and their human rights.

It is often carers, whether family, friends and neighbours, or staff in social work services and primary health care, who initiate social work intervention in relation to people with learning disabilities, older people and young people with disabilities or mental health problems. For individuals and their carers the main considerations will tend to be need for:

- information, advice and support at times of transition – when young people move from children's to adults' services, when older people are no longer able to cope at home without assistance, when parents of learning disabled adults look ahead to the time when they will no longer be able to provide care and support
- assistance in finding their way round complex multi-agency structures of assessment, prioritising, resource allocation, service provision and purchase, in order to put together flexible packages of support or get access to scarce or specialist services
- assistance where there may be conflicts of interest between service users and their carers – whether different opinions about the best way forward, competing needs in areas like respite and risk, family and relationship stress and tension, or potential or actual abuse of one or more vulnerable people.

1.7.3 Perspective Two: the front line

Front line social workers often complain that they do not use the skills for which they were trained. The emphasis on assessment to determine eligibility and dealing with high risk diverts attention from preventative and therapeutic work. The front line is the point of interaction between social workers and people using services and whatever the policy statements say, this is where the words either become a reality in the lives of people using services or remain words on paper. Using an outcomes approach, social workers can define whether they and the service users are working towards:

- maintaining the current level of a person's, group's or community's quality of life and social and emotional well-being, or to try to slow down deterioration in it. This maintenance work will be a continuing task - throughout assessment, care planning, therapeutic interventions, monitoring and review to enable adjustment to changing needs
- to achieve a change in the quality of their lives

- to evaluate the impact of the process of the service, that is how it is delivered rather than what is provided (adapted from Nichols, Quereshi and Bamford 2003).

1.7.4 Perspective Three: national policy on well-being and regeneration

The context within which social work operates and the agenda for the foreseeable future is broadly set within a public health or well-being agenda. This strategic approach focuses on improving the economy and social life through investment in individuals, families groups and communities. Based on evidence from a range of disciplines, effective intervention involves an integrated multi organisational and multi-professional response. A key focus is reducing or removing blocks to life-long education and training, health, community development and neighbourhood renewal. The principles, methods of promoting involvement and participation and social inclusion overlap with those of social work. Both share an emphasis on facilitating empowerment, people taking control over their own lives, building commitment to and ownership of the process of change. Social work could add skills to these interventions particularly for socially excluded groups who are often seen as a part of the problem rather than part of the solution. The evidence is that local people experience being marginalized or excluded entirely from decision making (Balloch and Taylor 2004).

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Work such as Charles Leadbeater's *Personalisation through participation: a new script for public services (2004)* has modernised the language of the public health agenda. Leadbeater points out that in the past improvement was often achieved through the state providing services – clean water, health and safety, sewage - but that in the 21st century governments also have a responsibility to provide 'platforms' or 'environments' that enable citizens to take as much control as possible over the management of problem solving in their lives. Drawing heavily on social care research and development, he argues:

The key is to build up the knowledge and the confidence of the users to take action themselves, to self manage their health without turning to professionals. (p 18)

Social work has the skills to promote the participation of socially excluded groups, to manage change, negotiate conflicts and build on capacity. However, this has to be seen as a significant function and not one that is residual to be undertaken in the spaces between rationing scarce resources through assessment and managing risk. A shift is required in the conception social work among politicians and the public. The framework of social work education in Scotland provides a sound base for developing the workforce in this direction as opposed to it being the individual choice of career option for some social workers.

The National Framework, the National Occupational Standards that underpin the qualification for Social Work in England, Northern Ireland and Wales, and the Codes of Practice for Social Care Staff provide the boundaries for the values, knowledge and skills for social workers in Scotland.

Legislation on the responsibilities of Social Work Departments and the roles of social workers in the delivery of these responsibilities identify which needs must be responded to. Broadly, these concern the safety of the individual and that of others. These are the control functions of social work: that is where social work interventions are required because:

- minimum expectations of parenting capacity have not been met
- the individual belongs to a group defined as vulnerable and needing protection
- the behaviour of the individual is creating a risk to themselves or to others or seems to pose a threat to the life of the community.

Whilst this remit is national, thresholds differ and acceptable risks will depend both on formal and informal support systems in local communities. For example, in a rural area, a person with learning disabilities or mental health problems may be seen to present less of a threat, or none at all, because they are known as an individual. The same behaviour may be seen very differently in an inner city area where the person is not known. Social work has to be able to recognise, and act according to, the distinctions between these different contexts.

For over forty years it has been recognised that social work intervention cannot be seen in isolation and that it is dependent on the infrastructure provided through income and employment, health, housing, education, transport and the local environment (Killbrandon, 1966, Seebom 1968, Barclay 1982 etc). These resources are also the priorities for people using services (Beresford and Turner 1997).

It is essential that social work does not over promise and under deliver. Social work suffers from a history of either not stating what an intervention is intended to achieve (drift) or of presenting itself as 'the solution' to a social problem. A more cautious approach exists in health where definitions of success are circumscribed by the evidence about its effectiveness for general populations rather than outcomes for individual patients. Estimations of success in social work must be measured against the level of damage that a person has to overcome whether this is the result of emotional or sexual abuse, serious relationship problems, poor parenting. In many cases statutory agencies are not in a position to say 'no' when change is impossible. There should be greater emphasis in future of identifying where the outcome is likely to be at best stabilisation or the alleviation of the effects on the individual and the family. This is similar to health where it is impossible to treat serious conditions and efforts are made to alleviate pain and distress or to slow down deterioration.

Evidence based practice should provide a sounder basis for identifying achievable outcomes from social work interventions and therefore assist in focusing expectations and input. It is equally important to hold on to the capacity for hope because confidence, self-esteem and positive attitudes in both people using services and workers can achieve outcomes against evidence of what it was reasonable to expect. The capacity to convey hope and belief in a person are components that resist measurement. A frequently omitted element in satisfaction of people using services is the personality of the social worker or care worker

involved (Turner and Evans 2004, Health and Social Care Occupational Standards, 2005) – something that is difficult to educate or train a person in, though existing characteristics can be enhanced.

The implementation of policies to the extent that their impact is noticed by people using services and by social workers requires the management of change in organisations and people. The management of change is usefully divided into:

- First order change: this is incremental change within the rule of the existing system
- Second order change: is when there is a change in the rules that requires a change in the nature of the system itself.

Current policies require second order change, with impacts on multiple systems and on the skills and expertise valued. What at an earlier point was a highly valued skill can become a block to implementation. Over the past 30 years Social Work Departments have undergone substantial change as have the expectations and training of the workers within them. There remain remnants of the past in systems and in the minds of workers from each generation. Some will welcome innovation because it allows them to do the work they always wanted to do. Others will resist because their power or professional identity is threatened, or because they lack the confidence or the capacity to meet the new demands (Smale, Tuson and Statham 2000). There is a multiplicity of organisational and professional stages and positions that have to be worked with, rather than a monolithic unity that has to be managed. Part of this is a persistent strand of resources and approaches that are service rather than needs led. Some time lags relate to the lengthy process of shifting resources, including buildings and staffing, into new areas. Others concern the time taken to embed innovations: years rather than months. Direct Payments is a very good example of second order change. Implementation has been slower than hoped. Growth has been in the 'safer' areas such work with disabled people who led the demand for and developed the expertise in using Direct Payments. It has been less successful in reaching people with learning disabilities, sensory impairments or older people. In part, the explanation is lack of information among first line and middle management who act as gate keepers to innovations and also to a failure to connect Direct Payments with a new conception of the rights of people using services (Evans and Carmichael 2002).

1.7.5 Perspective Four: International

A third framework is the international definition of social work agreed between the Schools of Social Work and the International Federation of Social Workers:

Social work is a profession which promotes social change, problem solving in human relationships and the empowerment and liberation of people to enhance well-being. Utilising theories of human behaviour and social systems, social work intervenes at points where people interact with their environments. Principles of human rights and social justice are fundamental to social work. (2001)

This takes a very broad perspective on the role of social work. Conceptions of social work's role in promoting human rights and social justice

- differ between countries and at different times in the same country,
- whether it is a legitimate activity when people have been trained often with financial support from, and subsequently employed by, state institutions.

The Scottish policy emphasis on human rights and social justice for people who are disadvantaged potentially offers coherence between policy objectives and international definitions of social work. However, achieving these changes at the front line when there is a limited view of social work's primary activity is much more difficult. There is an incongruity between a conception of social work as concerned with human rights and social justice and its current primary task: rationing scarce resources and assessment.

All the above perspectives view social work intervention as more than an administrative task. Quality and effectiveness are achieved through how that service or support is provided: the process and the relationship are integral to the service and sometimes a service in itself.

They must also be responsive to the people who use them and must treat them with respect. The more people feel valued within their community, the more likely it is that they community itself will develop the capacity to thrive. (Chisholm and Mulligan 2003)

Personalisation is just as simple (as privatisation) by putting users at the heart of services, enabling them to become participants in the design and delivery, services will be more effective by mobilising millions of people as co-producers of the public goods they value. (Leadbeater, 2004, p19; writer's addition in brackets)

Summary

Service users organisations and national government use the social model to look at the outcomes they want to achieve. Within this there are different priorities for social work intervention. Where national or local government funding is used and where statutory responsibilities exist, these are the dominant force. The weakest force is the international perspective. Service users and carers priorities tend to be to find solutions that are as close as possible to living as 'normal a life' as possible in their own homes or with their families.

1.8 CONFLICTS BETWEEN PERSPECTIVES

Much social work intervention is concerned with managing conflicts between the different perspectives on the need for social work intervention. When social work was seen as promoting a dependency culture the consequence was that the role was deliberately circumscribed. This view was in conflict with the perception that social workers had of themselves and their purpose. Throughout the UK there has been a growing consistency between the perspectives of people using services and policy positions. It is much harder to hold to this consistency in practice. Often conflicts between policies, resources and requirements are

resolved only at the front line. Some of these conflicts could and should be resolved by management and others are contradictions that have to be lived with at all levels. An outcomes approach to social work intervention and an emphasis on personalisation and person centred planning requires greater openness about conflicts and the way they are resolved.

1.8.1 Conflicts arising from interventions relating to control functions

Although a separate project is addressing offending behaviour, the control functions of social work cannot be ignored in this project, because it is a significant source of conflicts of perspective between social workers and:

- parents who are abusing drugs or alcohol in relation to decisions to remove their children,
- mental health survivors over compulsory admissions,
- people with learning disabilities where individuals have committed offences,
- members of the community who disagree with assessments that the risks to the safety of the individual and/ to others are within acceptable limits.

When the exercise of social work control functions fail this is often seen to be the result of misjudgements or interventions that were too limited, involvement too late or non-existent. The failure of social work interventions may result from a lack of skills and knowledge, or from organisational priorities including allocating sufficient time for the work, or be the result of an insufficient supply of, or inappropriate resources or expertise, a lack of evidence on which to act. It may equally be a mixture of all of these. Social work is not alone in coping with the consequences of the failure to control. This situation affects other professions, such as doctors and sheriffs and the police and there are systems in place to address these failures. However, social work probably suffers more than these professions from a tendency for condemnation to spread from the specific failure to the profession as a whole. The establishment of regulatory organisations for social work and social care may in time give the public confidence in the profession.

1.8.2 Conflicts arising from implicit or explicit disagreements about problems and outcomes

The history of social work is littered with evidence that there can be a huge gap between the judgements of social workers and those of people using services (Marsh and Fisher 1992). This is a problem that has not been resolved. A consistent finding of research led by people using services is that social workers do not listen to them even though this skill is given high priority in social work education (Harding and Beresford, 1996, Turner and Evans 2004). Nichols et al (2003) argue that identifying different perspectives on an issue or problem and having clarity about the service user's 'preferred option' is essential to addressing the noise that enters the interaction between the worker and the people using services. Some of this comes from very well intentioned standards, procedures, policies of the organisation and the profession that divert the worker away from listening to the explanations, experience and expertise of the people concerned.

1.8.3 Conflicts arising from complexity and contradictions

Social workers intervene where the issues are complex and where these contradictions are likely to be in evident.

Social workers work in complex social situations to protect individuals and groups and promote their well-being.....social work is a moral activity in the sense that social workers make and follow difficult decisions about human situations that directly benefit or harm an individual or group. They should be able to understand moral reasoning and to make decisions in difficult ethical situations, especially where there are conflicting moral obligations.
(The Framework for Social Work Education in Scotland, 2003, p19)

In much of their work social workers have to find reasoned and responsible solutions amid a maze of values:

- the profession's own values
- society's predominant values as set down in legislation
- society's conflicting values - expressed by vocal minorities and held by powerless majorities
- other professions' values - health, medicine, education
- the local community's values
- the extended family's values
- the nuclear family's values
- the individual's values.

A high level of skill is required to identify conflicts, their origins and to negotiate outcomes that are frequently a compromise between what is preferred and what is possible within available resources, the balance of the rights and expectations of the individual and those of others involved and to negotiate an agreement (including disagreements) about a viable course of action. The level of the expertise required can be missed because the immediate location is often mundane – a person's home, in a car, during an activity such as cooking, filling in a form. Similarly, it is this very ordinariness of the situation that can obscure conflicts in perspective.

Summary

Conflict and uncertainty are inherent in social work. The reasons for this are first that there are different perspectives on the role and effectiveness of social work in both in general and in specific interventions. Secondly, social workers are routinely face complex issues that often involve moral, ethical and human rights dilemmas. Thirdly, solutions are often compromises. For this reason Nichols et al (2003) talk of identifying what people using services want to achieve and then agreeing the 'preferred outcome'. Finally, in some situations there are contradictions that cannot be resolved at the level of social work intervention and which have to be lived with.

1.9 WORKING WITHIN AND BETWEEN ORGANISATIONS

Social work intervention alone is rarely sufficient. It is dependent on trying to create the conditions within which change or maintenance outcomes can be achieved. Usually this requires securing agreements and resources from within and outside the social worker's organisation and profession. For example:

Within the organisation negotiation is necessary:

- to make and implement a plan for permanence for an accommodated child
- to get support from the mental health team for a parent to continue to care for her child
- to fund support for a carer of a person with learning disabilities or Alzheimer's Disease
- for a disabled person to achieve greater independence through Direct Payments.

Outwith the organisation negotiation is necessary with:

- the police to protect a black or minority ethnic family from racial harassment
- health services to secure health care for an elderly person whose condition has deteriorated
- private and voluntary care homes to provide a home for an older person
- a housing support organisation to arrange independent living for a person with learning disabilities, or to negotiate changes in the level of support because the individuals social care needs or health needs have increased.

Negotiating for resources within or outwith the organisation, or supporting others to do this, is carried out routinely by all levels of social worker. This is often described 'working the system'. It could, and we argue should, be seen as an intervention necessary to ensure that the organisation delivers its primary objectives as often as possible. One member of our team worked in an authority where the computer system failed two or three times a week. It was not until it was framed in terms of a potential child death that the computer team understood their contribution to the safety of children.

An understanding of group dynamics in team working is necessary in multi-skilled/professional teams as a means of enabling them to function effectively (Learner and Statham 2005). The more social work intervention becomes a collective, rather than an individual, activity the more these group work skills will be required:

- for building, maintaining, disbanding work based teams. These often include not only agency workers but also members whose life experience, professional training and work experience have been in a variety of countries. For this group their time in Scotland is intended to be time limited before they resume their career in their own country.
- for teams to be inclusive of service users and carers.
- to create ad hoc teams to deliver personalised services, whose membership is routinely changing so that they are fit for purpose. They are as likely to include parents and family carers as other professional groups.
- to keep the focus on the work as opposed to being diverted into conflicts between team members or relative professional status.
- to build and maintain community partnerships that are experienced as inclusive by people using services and their organisations rather than empty words (Balloch and Taylor, 2002).

These tasks are not exclusive to social work, but require seeing effective team and inter organisational working as part of the professional task.

Understanding human relationships, individual learning patterns, group dynamics and the way power operates, contributes to improving poor team performance, but also to the maintenance and development of effective teams. Scotland's expansion of social care involves a growing demand for social care skills and retaining existing and attracting new staff is a key task for organisations (Scottish Executive 2004).

Summary

The policy thrust towards integrated services to deliver personalised packages of support highlights the need for interventions that promote collaboration and partnership working with and between organisations and professionals. The skills of social workers in understanding and using group dynamics, in team development, networking and in communication with different stakeholders have the potential to contribute to this work.

1.10 USER LED ORGANISATIONS, VOLUNTARY ORGANISATIONS, COMMUNITY GROUPS AND PRIVATE COMPANIES

Organisations providing social care are diverse not only in their specific focus, but also in their governance, structures and priorities. How consistent the day to day practice is with the aspiration for user centred outcomes or personalisation will depend on the remit and purposes of the organisation. Coherence between an organisation's remit and its front line practice requires a culture that supports practice and learning, including learning from mistakes, and taking risks. The maintenance of this culture requires constant attention and in common with good practice is easily lost.

In service user organisations there is likely to be a high level of consistency between the perspectives of services users and the purposes of the organisation. Where a voluntary organisation is self funded this level of consistency may also be retained within the limits of available funds and the stated charitable purposes. This position of secure independence is relatively rare, since most voluntary organisations will be commissioned by a local authority to provide services according to contract with evidence provided that this has been achieved. A similar situation applies in private companies.

There is consistent evidence that mainstream services frequently fail to provide support that is culturally appropriate for people from black and minority ethnic groups (Butt and Box 1997, Harris and Dutt 2004). For black run organisations interventions are necessary to create the space for culturally competent practice. Interventions on the part of the manager to work with the majority population, with funders and statutory organisations were routinely required to enable front line workers to offer culturally appropriate interventions (Ejo 2004).

The pull towards statutory duties often distracts workers from their aspirations to deliver personalised services and to provide the early interventions that would make a difference to the quality of people's lives and avoid or delay the need for

more intensive support. Sure Start and neighbourhood renewal projects have deliberately targeted funding outside Social Work Departments and provided new contexts within which long term goals for promoting social well-being can be pursued. Implementation of the Local Government in Scotland Act 2003 promotes a focus on the promotion of community well-being and could enable voluntary and community organisations and businesses to open up a whole range of preventative resources. The role of social workers in community development would be to support these developments and to work to ensure that the needs of minority communities are addressed.

Summary

Organisations led by people using services are a powerful source of support. They use their own expertise and experience as a resource. They have innovated approaches that empower people to take control over their own lives, resist being labelled as a 'service user' 'patient', demonstrate culturally competent practice with black and minority ethnic groups. Initiatives to promote well-being have been successful where partnerships involved statutory organisations, but have been set up outside of them. The test will be whether these can survive being mainstreamed or whether they are best left outside of statutory organisations.

1.11 THE NEED FOR CHANGE IN SOCIAL WORK INTERVENTIONS

There are four main reasons for the need to change.

1. Policy changes resulting in a change in status of people using services to citizens

Interventions have been based on assumptions that people using services were recipients. They focused on what individuals could not do as opposed to what they and their social network could do. A model based on full and equal citizenship (Elder-Woodward 2002) requires interventions in which people using services are active and equal participants.

2. Changes in the knowledge and skill base

As with any profession there are both new approaches and new understandings about the effectiveness of specific interventions. Investment in research and the dissemination of knowledge and skills in health remains vast greater than in social care. But the strengthening of these resources in social work and social care should result in more knowledge based practice and management in the medium term. The case for recognising different sources of knowledge has been made and the multiplicity of information collected in Departments needs to include that produced through the experience and expertise of people using services and front line workers as well as from research.

3. Technological and structural changes

Given rapid changes, gaps in knowledge and skills may arise because new areas of work are emerging resulting in supply falling behind the demands. Examples of this in the past have included the emergence of HIV/AIDS, working with asylum seekers, the role of social work in disasters (Newburn 1993). New technologies and the growing familiarity of the public in using them opens up new forms of

interventions particularly to assist independent living and at the lower levels of need. In areas where there is rapid development or new issues practice is of necessity in advance of theory. Strategies in these circumstances include:

- transferring existing knowledge and skills to the new area
- drawing on any international experience and expertise
- networking to share and learn from experience.
- research on needs and effective responses.

Initially these may need to be done separately to structure different a perspective before it is possible to bring experience and learning together in new ways.

4. Multi organisational, multi disciplinary teams and multi professional teams will be the norm

A consequence is that greater attention will have to be given to:

- supporting professional social work practice
- safeguarding the value base, the relationship and the process as essential to good practice
- charting new and emerging groupings of skills and expertise of social workers and related occupations and professions. Some will merit attention at post qualifying levels, some will be idiosyncratic and fit for purpose only in a very limited number of circumstances.

SECTION TWO

SOCIAL WORK WITH CHILDREN AND FAMILIES

2.1 THE 'POLITICAL' CONTEXT

This section looks at the need for social work and some of the issues outlined above specifically in relation to children and families. Traditionally this has been dealt with as a distinct area of social work. Further, it has attracted wide-ranging attention because of the vulnerability of children, their natural dependence upon adults and sense of outrage when this dependence is neglected or exploited. The intensity of public interest when children in touch with social work suffer extreme harm has led to changes in policy, law and guidance. This intensity determines the context for children and families' work, heightening the inherent tension in making decisions about where to target resources, creating a distinction between promoting and safeguarding children's welfare and increasing anxieties in making judgements about risk.

2.2 THE NATURE OF SOCIAL WORK WITH CHILDREN AND FAMILIES

Social work with children and families is defined here as activity undertaken by a professionally qualified social worker. It does not include other activities undertaken by or on behalf of a social work department.

Work with children and families must be set within the broader framework of social work as a whole. This blends together knowledge from a range of disciplines: social administration, sociology, psychology, human development, ethics and law. Its practitioners develop working knowledge of systems, organisations and national and local resources. They learn skills in building relationships, communication, advocacy, organisation and administration (CoSLA et al., 2003). Importantly, underpinning values require its practitioners to develop empathy and respect for people as unique individuals. The British Association of Social Workers' Code of Ethics for Social Work's (2002) value on human dignity and worth states:

Every human being has intrinsic value. All persons have a right to well-being, to self-fulfilment and to as much control over their own lives as is consistent with the rights of others. (p2)

None of these items is unique to social work but the blend offers a particular approach to people in difficulty. Practice experience shows us that, at its best, this approach enables obstacles to be overcome and positive outcomes to be achieved. Social work with children and families is about the whole child in the family, taking account of all the surrounding circumstances.

2.3 NEED AS FRUSTRATED OUTCOMES

2.3.1 Outcomes for children

Desired or desirable outcomes for children are taken as the starting point. For the state the prime focus for work with children and families is the well-being of the children. The Children (Scotland) Act 1995 sets out in section 1(1), '...a parent

has in relation to his child the responsibility (a) to safeguard and promote the child's health, development and welfare...' and in section 20(1) (a) requires that local authorities 'promote and safeguard the welfare of children in need in their area (b) *so far as consistent* with that duty promote the upbringing of children by their families'. More recently, the Commissioner for Children and Young People (Scotland) Act 2003 section 5(3) indicates that 'The Commissioner must, in particular, (a) regard, and encourage others to regard, the best interests of children and young people as a primary consideration'. The crucial contribution of parents' well-being becomes apparent as the discussion proceeds.

'For Scotland's Children' (Scottish Executive 2001a) indicates that by the end of the journey to adulthood each child should have reached his/her potential in terms of emotional and social maturity, be in good health, and have attained a level of academic achievement and other skills. The Scottish Executive's guidance for integrated children's services plans (2004b) sets out seven areas of aspiration for Scotland's children and young people:

- **Safe:** Children and young people should be protected from abuse, neglect and harm by others at home, at school and in the community.
- **Nurtured:** Children and young people should live within a supportive family setting, with additional assistance if required, or where this is not possible, within another caring setting, ensuring a positive and rewarding childhood experience.
- **Healthy:** Children and young people should enjoy the highest attainable standards of physical and mental health, with access to suitable healthcare and support for safe and healthy lifestyle choices.
- **Achieving:** Children and young people should have access to positive learning environments and opportunities to develop their skills, confidence and self esteem to the fullest potential.
- **Active:** Children and young people should be active with opportunities and encouragement to participate in play and recreation, including sport.
- **Respected and responsible:** Children, young people and their carers should be involved in decisions that affect them, should have their voices heard and should be encouraged to play an active and responsible role in their communities.
- **Included:** Children, young people and their carers should have access to high quality services, when required, and should be assisted to overcome the social, educational, physical, environmental and economic barriers that create inequality.

Similarly, the Westminster government's policy, Every Child Matters (DfES 2003), sets out five priority outcomes for children and young people:

- **being healthy:** enjoying good physical and mental health and living a healthy lifestyle;
- **staying safe:** being protected from harm and neglect; having security and stability and being cared for;

- enjoying and achieving: getting the most out of life and developing skills for adulthood; enjoying school and recreation; achieving national education standards;
- making a positive contribution: being involved with the community and society and not engaging in antisocial or offending behaviour; developing positive relationships; developing self-confidence and dealing with life changes and challenges;
- economic well-being: not being prevented by economic disadvantage from achieving their full potential in life; access to transport and material goods; living in households free from low income.

These choices of outcome reflect to some extent the United Nations Convention on the Rights of the Child. In particular, it is possible immediately to identify the right to be protected from abuse and neglect, the right to the highest level of health possible and to health and medical services, the right to an adequate standard of living, the right to education and the right to leisure, play and participation in cultural and artistic activities.

Further, in its Looking After Children materials (DH 1995) and Framework for the Assessment of Children in Need and their Families (DH 2000), the Department of Health set out seven dimensions of development crucial to children's well-being: health, education, emotional and behavioural development, identity, family and social relationships, social presentation and self care skills. These were developed in response to an expanding body of research about what is important for children and concern about how little was really known about the impact of public care on children (ed. Ward,1995). The materials were piloted with parents and professionals and there was assent to the validity of the dimensions.

2.3.2 Obstacles to desired outcomes

In our view there is a range of obstacles that may frustrate the achievement of these outcomes and give rise to need. This approach is implicit in the seventh of the Scottish Executive's (2004b) aspirations, that children should be assisted to overcome barriers that create inequality. In part it is the nature of the obstacle that determines whether or not the need is one which requires/would benefit from social work intervention.

Obstacles may be found at the level of the individual child, the parent(s), family, wider family, community or on account of broader social conditions. A genetic condition or disability caused by disease or accident may prevent a child reaching desired outcomes. The physical or mental ill health of a parent, substance abuse by a parent, the absence of a parent or disharmony in the parents' relationship may impinge on the outcomes for a particular child, as may serious illness or a death in the wider family. Lack of support from wider family and/or friends, living in a community characterised by poverty, crime or anti social behaviour may also have a negative affect on the outcomes for children. Racism or general antipathy to the poor in a society that measures value by economic wealth may further disadvantage children who fall outside the preferred group. A child may be affected by any number of these, and other similar, conditions simultaneously or at different times in childhood. The interplay between the child's developmental needs (categorised into the seven dimensions outlined above), parenting capacity

and the environment are recognised in the Framework for Assessing Children in Need and their Families (DH 2000) as affecting outcomes.

These needs may present in a number of ways. Writing about the matching needs and services method of planning for children in need, Jo Tunnard (2002) helpfully identifies in order of their relative size, 'a fairly typical set of need groups from a local authority audit of children newly referred to social services'. The need groups are:

- for practical support;
- for help to parents to gain confidence in parenting;
- for help with resolving adult conflict;
- for help to ensure children receive better care;
- for help to resolve tension between parents and children;
- for help to deal with emotional problems and mental health issues;
- for support because of a child or parent's illness or disability;
- for help to improve or control a child's behaviour;
- for help to deal with loss or trauma;
- for immediate protection of the child;
- to help parents or older children to stop or reduce a substance misuse; and
- to assist asylum seekers.

Alternatively, the Scottish Executive's Guidance for Integrated Children's Services Plans (2004b) sets out a list of examples of children in need, including some that would fall into Hardiker's level four need, for example children looked after. Others might fall into levels two and three depending on the how far an individual situation had deteriorated e.g. children/young people in poor housing, children who have emotional and mental health problems. In most cases the need descriptions themselves include obstacles to good outcomes e.g. children affected by the imprisonment of a family member, young runaways, and it is notable, though to be expected, that very few of the needs listed would be met simply by universal services.

2.4 THE NEED FOR SOCIAL WORK INTERVENTION

This section sets out how our threefold categorisation of the need for social work applies to children and families. The need arises when parents:

1. know they face obstacles to achieving the outcomes they want for their children's development or to keeping them safe, but:
 - they, their families, their support networks or communities cannot overcome them
 - the costs (physical, emotional, social and financial) to them are too high in the short, medium or longer term
 - the resources needed are so specialised that they are only available through social work or medical assessment;

2. do not recognise that there are ways of overcoming the obstacles to their children's development or safety either partially or completely; and
3. seek, or their behaviour creates, outcomes for their children that are contrary to legislation and regulation.

As children grow older and begin to have more responsibility for their own well-being it may be they, as well as or instead of their parents, who fall into the categories outlined. In all three situations it is most likely that social work will need to be provided to both children and parents.

2.5 ASPECTS OF SOCIAL WORK INTERVENTION

Here we describe different stages and aspects of social work intervention with children and families.

2.5.1 Identifying the problem to be overcome

The first stage to overcoming obstacles is to recognise and describe the problem and acknowledge that change is needed. Social workers can assist the family to identify the issues using empathy and problem solving skills. In any of the situations outlined in 2.4 there may be a number of factors impinging on the parents' or child's capacity to overcome obstacles and achieve desired outcomes. Some may be immediately apparent. Others may be more difficult to discern. It is likely that neither parent nor child is aware of all the elements contributing to difficulties. They may be oblivious to the consequences that may ensue if difficulties remain unresolved. Particularly in cases referred by others for local authority social work intervention, the family may desire outcomes that conflict with legislation and/or social work's responsibilities to protect or control. For example, children or parents may be using prohibited substances, parents views of child care may leave children wandering the streets at an age and/or times which put them at risk. Social work's distinctive contribution here is to use empathy, communication and relationship skills to achieve acknowledgement that change is needed. A change in organisational response may be required. Both individuals and organisations may need to be convinced of the need for change.

2.5.2 Assessing the situation

At an early stage of contact social work involves assessment of the child and family's situation through appraisal of what is seen and heard in contact with the family in and out of the home, through careful interviewing, enabling members of the family to express their feelings and views, and through communication with other organisations and professionals in contact with the family. The social worker will lead the family through the process, highlighting and explaining the importance of examining the various kinds of information. Social workers will use a range of knowledge, models and frameworks to decide what information is needed and to assess the information collected. To ensure that necessary information is collected social workers need to establish working relationships of trust with family and professionals. They must be able to understand the cultures and attitudes of all those they involve, through their own knowledge and skill, or by drawing on that of others. Assessment continues throughout contact and involvement with children and families. Recognition and understanding of

behavioural patterns, systems of communication and patterns of events over time are vital to successful outcomes. In situations referred to the local authority for intervention the social worker may have difficulty in engaging the family's cooperation and interest. Social work skills and persistence are needed to find the key to engagement.

In recognition of the difficulties inherent in achieving effective assessments the Department of Health introduced the Framework for the Assessment of Children in Need and their Families (DH 2000), referred to above in section 2.3.

Macdonald (2002) notes the pitfalls that arise when conducting assessments. It is not enough simply to follow a framework setting out the areas to be investigated, social workers need to exercise professional judgement and be alert to unconscious bias which may creep into the work, distorting assessments and the degree of risk.

The Department for Education and Skills is developing a Common Assessment Framework to help ensure that all children achieve the outcomes set out in Every Child Matters:

'Through the CAF, we intend to implement a common approach to needs assessment that can be used by the whole children's workforce, whether they are in universal or specialist services, for any child in need of support. Its aim will be to provide a mechanism whereby any practitioner working with a child or young person can conduct a good quality, but relatively non-specialised, assessment of unmet needs and, where appropriate, share it with other agencies. It aims to provide a non-bureaucratic 'whole child' assessment...

'Common assessment would also essentially form a front-end to more specialist assessments, which would themselves need modification to accommodate the standards imposed by the CAF.'

It is recognised that the CAF will need to have a relationship to responsibilities to promote and safeguard the well-being of children in need:

Common assessment would normally therefore be undertaken before a decision about referral to social services is made.

Social care workers will be expected to use this framework but it is clear that this will not replace the more in depth assessment for children in greater need.

The Scottish Executive has established a multi-agency working group to prepare an assessment framework for use by all those working with children: the Integrated Assessment Framework (Scottish Executive 2004b, Annex C).

2.5.3 Empowering the family

It is endemic to social work that family members should participate in determining the direction of change. What is happening in the family may belie the wishes of family members and undermine the needs of some or all. Neither parents nor

children may be able to express or live out their wishes. Social workers seek to enable family members to identify both what they want and the extent to which they are able, with or without help, to achieve those ends. They will discuss ways of achieving those things that the family cannot currently achieve and develop plans for achieving them. In these ways they begin to enable and empower families. The extent to which they can develop relationships of trust with family members will determine how far family aims, capacities and plans are identified and developed.

2.5.4 Dealing with conflicting needs and wishes

While this partnership approach is at the heart of social work, there is a further responsibility to ensure that the needs of those who are most vulnerable in the situation are not neglected to their detriment. In families it is the children to whom social workers owe the greater duty of care. There may be tensions between children's needs and wishes, parents' needs and wishes, the views and wishes of the wider family, of the community, other professionals, and with the requirements of the law, regulation and procedure. Social workers must take all of this into account. Consulting with others they must judge what action should be taken in the best interests of the children, though where there is a dispute with parents it will be the children's hearing tribunal that makes the 'final' decision. The protective role is always at the forefront of social work considerations. The need for immediate protective action may appear to frustrate the family's goals. It is in such areas of social control that conflict between perspectives about the need for social work intervention and what it should be about is most apparent.

If the assessment is that the child's need for protection requires removal from its parent(s) the resulting action may indeed frustrate the family's goals in the long, as well as the short, term. The requirement for formal processes to be followed and the work entailed often divert the social worker's time, attention and efforts away from the work needed to enable the parents to meet their support goals. The action may also break any relationship of trust between a particular social worker and parent(s) and destroy any possibility of working together on a longer-term goal. Nonetheless, the way social workers conduct their business can make a difference. Looking at families' involvement in child protection Thoburn et al (1995) found that parents and children most valued being cared about as individuals, with both strengths and weaknesses.

2.5.5 Achieving change, meeting goals: direct and indirect work

If the assessment allows for the child to remain in the care of parent(s) the social worker may become principal person enabling the parents to achieve their goals. The social worker's skills in counselling may help the parent(s) identify why they are not attaining their goals, what they need to do to meet their own and their child's needs. The social worker may develop and implement a programme of work with the parent(s) or child, negotiate for another professional to undertake a programme of work with parent(s) or child or negotiate access to day care, respite care, welfare benefits, any or all of which may relieve stress or exhaustion. The social worker works as therapist and advocate or broker. Again, the social worker's role can be the necessary element in making a package of services successful:

'...there should always be a key worker who will offer continuity and a supportive or therapeutic relationship as well as marshalling and coordinating the packages of help and monitoring the child's well-being...If this element of continuity is in place our study suggests that additional workers can with advantage be brought in alongside the key worker to provide short term specialist assessment or therapeutic services...' (Thoburn et al 1995)

[But in tertiary prevention it] *appears important to combine it* [social network interventions] *with intensive casework, advocacy and case management...particularly in the early stages of relationship-building with families.* (Macdonald, 2002, examining a controlled study by Gaudin et al, writer's words in brackets)

As advocates, negotiators or brokers social workers have to understand the needs of the family members and have knowledge about services, their purpose, qualities, accessibility and availability. Social workers must be able to put a convincing case to the service provider and provide relevant and sufficient information for the provider to make an informed decision. For the provider to have to collect information to make a full reassessment of the need for the service would be inefficient and unhelpful to the user. As before, having obtained a service for the user, the social worker is involved in assessment, measuring the progress being made towards change and the effect of the process and any change on the overall situation for the family.

The social worker's protective role may extend to promoting the particular needs of vulnerable children and families in the context of services designed for the less vulnerable. While the change to greater teamwork and integrated assessments places more equal responsibilities on the range of professions and agencies, at least for the time being, social work needs to champion those who cannot speak up for themselves or who alienate themselves through disruptive behaviour or poor social skills.

Social workers may take a direct role with children, including helping them to come to terms with transitions in their lives brought about by parent's inability to continue caring for them, on account of, for example, of illness or substance abuse. They may counsel young carers helping them to work out the extent of the care they can give and what they personally need to do in the absence of sufficient support for the parent/s needs.

Social workers may also help children and parents to maintain any changes made. Continued support of this kind may attract criticism as encouraging dependency but practice experience has indicated that failing to provide such support may reduce the return on substantial investment of social work resources. A complementary strategy is to assist and encourage families in developing wider family and social networks.

2.6 A NEW FOCUS FOR SOCIAL WORK INTERVENTION

2.6.1 The present picture

Because of the social and political context for social work with children and families the process of social work intervention described above may easily be distorted by an assumption that care and expertise lie outside the family. And, despite much broader policy and aspirations for social work with children and their parents (e.g. Children (Scotland) Act 1995; Scottish Executive 2004b), the major preoccupation of statutory social work departments appears to be with protecting children from abuse and neglect and protecting others from abuse by children and young people. (The latter issue falls outside the remit of this paper.) Examination of what happens in practice indicates that attention and effort are driven towards children living in the most difficult circumstances. Sometimes even they have to wait for intervention. Examples of this are described in For Scotland's Children, Chapter 3 (Scottish Executive 2001a). The control functions mandated by the state take precedence.

This is not the whole picture. Scottish Executive statistics on local authority expenditure for 2003-04 (Scottish Executive 2004a) show spending on children with disabilities, on support to carers, on day care and on 'other services'. But the main focus of these statistics is on children looked after by local authorities and on child protection.

2.6.2 A wider picture

The literature indicates that it is very difficult to untangle what works in social work (e.g. Macdonald 2001; Maluccio et al. 2000; Sellick et al 2004) but several studies make it clear that families appreciate consistent, continuing and reliable support of social workers (e.g. Thoburn 1995; Falkov 2002).

Children can be clear about what they need – a focus on them as individuals; response without having to repeat their story; respect; and promises delivered (Scottish Executive 2001a). Scotland's Charter for Protecting Children and Young People (Scottish Executive 2004c) acknowledges and embodies these views.

There is professional and political acknowledgement that a wide variety of situations make children and their parents vulnerable (Scottish Executive 2004b; Scottish Executive 2003c; Scottish Executive 2001b).

Social work is undertaken in a variety of voluntary and independent organisations – small and large. It is not confined to the statutory sector.

Social work skills and processes outlined above:

- recognising and describing the problem
- assessing the situation
- empowering the family
- enabling family members to identify both what they want and how they can best achieve those ends
- counselling
- negotiating access to information, advice and services

- acting as therapist and advocate or broker
- championing those who cannot speak up for themselves

can be valuable to any children and families involved in the childhood journey to independence, adulthood and citizenship. Drawing on earlier work and describing a social work team based on a neglected estate in Rotherham, Holman (1998) notes that its activities

brought isolated parents together and provided outlets for their children and so alleviated some local problems; the nearness of the social workers meant that needy parents came to them early before their difficulties became a crisis; the outcome was that numbers in care decreased while none were seriously abused. (p180)

This indicates clear benefits to the children, their families and the wider community. Social work is not always so bold in setting out its positive impact. And, as noted, it is often impossible to disentangle the effect of social work from the other factors at work in families' lives.

It is encouraging to record and be involved in social work that has tangible impacts, that change lives for the better, measured in terms of outcomes set down in public policy. Social work has value also in working alongside people who want change, results and improvement and for whom none comes. In children and families work this may be most easily understood, and acceptable, in situations in which parents are supported in caring for severely disabled or terminally ill children; or with parents whose children are placed for adoption against their will. The changes may not fit the desired outcomes for children but may make an important but less tangible difference to the quality of life of all concerned.

This aspect of social work, supporting and being alongside people whose lives are painful, is more controversial in other aspects of children and families work. There are many situations in which the obstacles to the state's objectives for the child being met appear to emanate from the parents' inability or unwillingness to provide the desired environment and care. Removal may be the societal response; in all children and family work ultimately, and rightly, the overriding principle is that the welfare of the child is paramount. But there is no guarantee that alternative care, in the wider family, or in family or residential placement, will meet the needs of the child. Social work is needed to point out the difficulties, weigh up the choices, and stay with the situation, listening and supporting, preventing deterioration where possible and organising compensatory experiences for the child. In these situations social work is also needed to be alert to the signals of possibilities for positive and negative change, to keep alert to the whole picture, while other professionals address more discrete needs.

Were social work to be seen as non-threatening, available to all at the behest of the user and to meet the requirements of the user, social work by invitation rather than social work intervention, parents and children might also value social work's 'whole person/whole situation' approach. Families might be readier to accept the support and encouragement of social work to fight or withstand obstacles outside

their and social work's control, for example, separation from the wider family, poor housing, poverty, intolerance, complex systems and procedures. Social work's contribution may again be difficult to measure but significantly affect the quality of life of the whole family. Families might also be prepared to explore what social work has to offer in intra and interpersonal issues, without compulsion.

2.6.3 Conflicts and tensions

Social work and much of the financial resource for it get their legitimacy from legislation. Social work with children and families is highly regulated and increasingly all sectors are brought within the statutory frame. This seems to have resulted in an approach/attitude that legitimises only that work which is in line with objectives and targets. The state wants children to flourish; so do parents. Parents and children are individuals; some may not have the capacity to meet targets. Social work bears the burden of working with the individual within the context of a framework for the many. It is needed to hold the balance.

Children and parents may flourish at different rates. They may flourish in response to different stimuli and settings. They need confidence and a safe environment. Social work is required to help to prevent tragedies. Social work is needed to give confidence to families to flourish and to the state to be safe.

There is an inherent tension in social work with children and parents between the needs and wishes of the parents and the needs and wishes of the child. Most usually the needs and wishes of the child are met through the agency of parents. Thus social work has to promote parental needs for the sake of the children but may need to abandon them to maintain the primacy of the child's welfare. The consequences of getting the balance wrong in either direction expose both children and parents to suffering and pain.

Social work is dependent on engaging its service users. This involves listening and understanding and responding to what is heard.

SECTION THREE

SOCIAL WORK WITH ADULTS OF WORKING AGE AND OLDER PEOPLE

3.1 POLICY CONTEXT

A good deal of work has gone on in Scotland in recent years to review and develop policy for social work services to the adult client groups. Following 'Aiming for Excellence – Modernising Social Work Services in Scotland' (Scottish Office 1999), there has been a focus on policies to promote empowerment and inclusion (Scottish Executive 2003b, 2004d), strengthen safeguards for vulnerable adults and those lacking capacity (Scottish Law Commission 1997, Scottish Executive 2002c, Atkinson et al 2002, Scottish Parliament 2000, Scottish Executive 2002a), develop more integrated approaches to assessment and service delivery (Scottish Executive 2001c, Scottish Parliament 2001, Scottish Executive 2002b), and build the capacity of communities to support individuals and families and promote well-being (Scottish Development Centre for Mental Health 2003).

The thrust of these policies is generally consistent with evidence from research and policy-making elsewhere in the UK on adult protection (Department of Health and Home Office 2000, House of Commons Health Committee 2004), social and community inclusion (Nuffield Institute for Health 2003, Gorman and Postle 2003, Joseph Rowntree Foundation 2004), personalisation (Leadbeater 2004), empowerment (Neville 2004) and evidence-based practice (Aviram 2002, Gambrill 2004). The Scottish Social Services Council and other Scottish institutions have worked alongside their counterparts in the rest of the UK on the workforce, education and training implications of these policies, particularly as they affect social work and social workers (ADSW and CoSLA 2000; SWSI 2002; COSLA, QAA and SSSC 2003; Christie 2003; Topss England, Care Council for Wales, NI Social Care Council 2002; Scottish Executive 2004d; Topss England 2004).

3.2 LIMITATIONS OF THE CLIENT GROUP APPROACH

This section of the paper looks at ways to understand and anticipate the future need for social work intervention in the lives of adults of working age and older people. Much legislation and policy, both pre- and post-devolution, uses traditional definitions of client-groups – children and young people, disabled people, people with learning disabilities, with mental health problems, with problems of alcohol and drug misuse, and older people. It is questionable, for several reasons, how useful these groupings will be as the 21st century proceeds.

Many people in the adult groups have a range and variety of physical, sensory, mental health, substance misuse and/ or learning difficulties, in different mixes, which interact with each other and with acute and chronic health conditions including HIV/AIDS to produce a wide diversity of obstacles to ordinary living, social inclusion and the exercise of their human and civil rights. The same conditions and combinations affect the lives of children, young people and their families, and of people over 60 or 65. Children in need or at risk are often living in families, or with other adults, where effective parenting is impaired by the adults' problems of mental health, substance misuse, intellectual or social impairment, or

chronic ill-health (Kearney, Levin and Rosen 2000) So-called 'young carers' are affected in different ways by the support they need to give to parents with the various impairments (Leeson 2004), and in some instances parents' uncontrolled substance misuse or acute mental illness may pose a serious threat to the children's safety and well-being.

The term 'older people' can encompass two complete generations, as retirement takes place between 50 and 70 or more, and the numbers living into their 90s and beyond grow rapidly (Joseph Rowntree Foundation 2004). Ageing makes people increasingly prone to the effects of physical and sensory impairments, medical conditions associated with physical deterioration, falls and other accidents, depression, functional mental illness and various forms of dementia. Adults with learning difficulties, including some with multiple impairments, are increasingly living into old age. Occasional or chronic substance misuse is also likely to be a growing problem amongst older people.

Various terms and sub-divisions are in use, such as 3rd Age and 4th Age, 'sundowners' and 'frail elderly people', to distinguish the relatively active, unimpaired and independent from those with often multiple physical, sensory, mental health and psychological problems who require treatment and support from a variety of agencies and other sources. In reality the line between relative independence and complete dependency is a spectrum with a multitude of stages, and people move along it in different and highly individual patterns. Many 'older people' are contributing to the community in various ways as carers and minding grandchildren, in paid employment, as volunteers and in voluntary organisations, as councillors at different levels of local government. The loss of a spouse, onset or discovery of severe illness, a fall and loss of confidence, or being victim of a burglary, can all produce an abrupt shift towards greater dependency. Conversely, successful treatment or effective aids to alleviate a mobility or sensory problem, moving to manageable accommodation, gaining a valued role or establishing a new relationship, can all restore confidence and self-esteem and enable people to regain different degrees of independence.

3.3 SOCIO-ECONOMIC FACTORS

All the groups for whom social work intervention is likely to be needed are also more subject than most to a range of social and economic problems and barriers. A major factor is chronic poverty, often associated with unemployment or enforced retirement, long-term dependence on social security benefits, being the adult or a child in single parent families, and living in old age with inadequate pension provision. Poverty often goes hand in hand with other disadvantages and obstacles such as poor educational and employment opportunities, inadequate housing, living in deprived and run-down neighbourhoods, limited transport facilities, and lack of access to public services and commercial opportunities.

People's problems are exacerbated by the interaction between these socio-economic factors and their individual impairments and family situations. Many forms of disability generate additional costs to the individual for elements of everyday living. Unemployment levels are very high among disabled people and those with long-term mental health problems, who are also subject to stigma and

prejudice on the part of employers. People without jobs and dependent on benefits find it hard to access credit. Poor children, those growing up in one-parent families and children in the public care suffer serious educational disadvantage, which in turn impairs their job prospects in later life. Ill-adapted and hard-to-heat housing has an adverse effect on older people's health and well-being, and social isolation made worse by mobility and transport problems can undermine their mental health.

3.4 NEED FOR SOCIAL WORK INTERVENTION WITH ADULTS

From the individual's point of view, the need for social work intervention is likely to arise if they are unable, without it, to achieve outcomes they are seeking for themselves and their families. For adults of working age and older people, these outcomes may be in one or more of the following areas:

- Exercise of Choice and Control – fully exercising human and civil rights and equal opportunities, maintaining or regaining maximum independence, managing risks inherent in ordinary life, being able to access information and choose and control support arrangements, being free from discrimination, harassment, neglect, exploitation or abuse.
- Economic Well-being - access to income and resources, from employment, pension, benefits and other sources, sufficient for a good diet, accommodation, heating, communications, participation in family and community life, and to meet costs arising from specific individual needs.
- Improved Quality of Life – suitable and convenient accommodation, safety and security at home and outside, access to transport, leisure, social activities, life long learning and universal, public and commercial services, ability to secure appropriate levels and preferred forms of support and personal care when required
- Making a Positive Contribution – engaging in education and training to reach full potential, having access to work appropriate to individual's abilities, active participant in the community through employment, voluntary and public service opportunities, involvement in local activities including participation in developing support service policy, decision making, provision and practice.
- Improved Health - Maintaining good physical, emotional and mental health, personal dignity and respect, with opportunities for physical activity and access to appropriate treatment and to support in managing long term conditions independently, keeping clean and comfortable in a chosen environment.

In response to these desired outcomes, the specific contribution of social work is to adopt a holistic approach to understanding the needs and difficulties of individuals and families in their social context, and to help them develop the solutions and achieve the outcomes that best fit their strengths, aspirations and preferences. This requires skills in working with and across a range of agencies and disciplines, adherence to a strong value base in a range of situations where solutions are not prescribed, the capacity to address conflicts of interest between individuals and between an individual or family and wider society, and the ability to exercise control when required within legal and professional frameworks with

the minimum of damage to the individual's integrity. It also requires a range of personal qualities:

- the capacity to tolerate uncertainty and anxiety and not to close down options prematurely
- a mature, unthreatened sense of their own identity
- good emotional intelligence and an ability to establish relationships in situations of challenge and risk
- clarity in assessing and responding to situations involving complex relationships and risks
- flexibility in analysing human situations and developing creative solutions
- the intellectual curiosity to stay up-to-date and develop a broad understanding of people and their circumstances
- acceptance of multiple, sometimes competing accountabilities

These requirements are common to working with children, adults and families, and reflect the reality that most children live with one or more parents or other adults, and that both the children and/or the adults involved are more likely than most families to experience difficulties stemming from the health or social problems listed. They support the model found in a number of other professions, where initial training and qualification is common and specialisation in training and practice takes place at the post-qualifying stage.

Most of the outcomes sought through social work intervention are common to work with adults of working age and with older people. Social work with adults entails:

- encouraging all professionals involved to take and keep taking an all-round view from the person's perspective
- working together with the person and others on strategies for their empowerment, independence and control of their own lives
- identifying the person's abilities, assets and potential for capacity-building, and enabling them to develop to the full
- assisting the person to explore and access alternative living situations, including those with the benefits of smart housing and housing-based support schemes
- assisting the person with their assessment of their support needs and preferred solutions, and with securing satisfactory arrangements
- where the person wishes, helping them to access direct payments and establish and manage support arrangements to their specifications
- assisting the person and their family through the transition to higher levels of support needs, whether through increased disability, ill-health or bereavement, or in order to access opportunities for independence and participation
- helping to resolve charging and payment issues in the user's interests
- supporting the person to access help with financial planning, budgeting, raising income and securing credit without being exploited
- supporting the person in exercising their human and civil rights, including rights to privacy, family life, freedom from enforced constraints

- intervening in complex partnership or family situations to resolve relationship problems, conflicts of interest and damaging interaction affecting physical and mental health
- ensuring, with maximum input from the individual, safeguards against exploitation, unnecessary constraint, neglect, domestic violence and abuse
- with the person, their family and others they trust, helping them avoid being or becoming an unacceptable risk to themselves or others
- within statutory frameworks, intervening to prevent the person becoming an unacceptable threat to others or themselves
- helping carers to maintain their support role in line with the person's preferences and their own wishes, without the carers suffering exploitation, damage to health, isolation or social exclusion, and avoiding over-protection or undue pressure on the person
- helping people with restricted capacity to protect their interests in relation to family members, neighbours and others who could take advantage

Additional elements in work with adults below retirement age (itself an increasingly flexible concept) would include:

- assisting the person and their family in the transitions from services for children and young people to those for adults, and the natural process of becoming fully adult and less dependent on parental care
- supporting the person to access remedial, further and higher educational to maximise their level of achievement and qualification
- supporting the person to access and benefit from professional and vocational training opportunities to equip them for jobs, including self-employment, appropriate to their skills and abilities
- support the person to enter and maintain employment suitable to their abilities and expectations, and to develop satisfying and challenging careers in their chosen fields

SECTION FOUR IMPLICATIONS AND ISSUES FOR CONSIDERATION

7.1 – The issues for social workers and their managers and employers highlighted in this paper include

- managing the relationship between user preferences and society's expectation for control and protection
- the differences in social work with groups who are included, tolerable and tolerated by society, and those who are excluded or regarded as intolerable
- how far the social worker's role includes being the advocates and champions of outsiders and groups defined as 'too difficult'
- the social worker's remit for mediating between the whole person and the full range of supports and services which may enable them to achieve the outcomes they seek
- the implications of dealing with the whole person in relation to their family, community and society, particularly where this involves competing or conflicting interests
- the tensions in working as professionals accountable to the people using their services, their regulatory body, employers allocating resources and setting targets, and government determining policy
- conflicts in the social worker's role when rationing scarce resources and applying eligibility criteria to exclude some with assessed needs
- how the social worker's focus on empowerment and enabling people to manage their own lives can be balanced with assessing and helping people to manage risk, and with responsibilities for adult and child protection
- identifying and extending 'the best available evidence' as a basis for social work practice
- recognising the human element in social work, in its dealings with weaknesses, mistakes and uncertainty

7.2 - The Social Work Review may also wish to consider a wider set of issues with implications for some of the key stakeholders:

- Should social work become a mainstream, universal service available on request?
- What is the scope for developing existing and new staff roles and support systems to make the most effective use of the scarce and skilled resource social workers represent?
- Does social work require its own distinctive form of professionalism to support a person-centred, outcome-oriented social model of practice?
- What liabilities do employers carry for actively supporting the continuing learning and professional development of their social work staff?
- What routes are available to strengthen the engagement of education and research academics with the complex world of social work practice?

- What mechanisms would support a shared responsibility for developing and continuously updating the knowledge base for social work?
- Are there ways to avoid specialist team structures, geared to facilitate inter-agency working, creating additional boundaries and obstacles for people to overcome?
- How far is it possible to promote coherent government policies, integrated across departmental boundaries, which take account of the whole person in their family and social situation?

Don Brand, Trish Reith and Daphne Statham

APPENDIX ONE

THE ROLE OF SOCIAL WORK

Social work operates in an environment of competing professions and there has been a longstanding difficulty in defining and expressing its unique contribution and expertise. The reasons for this vary from a reluctance to claim its own slice of professional territory and the authority derived from special knowledge not available to the lay person that often goes with that claim. In part the concern has been that asserting its professional authority could further dis-empower people requiring its services.

Skill and knowledge shifts within and between professions routinely take place over time. A characteristic of social work is that its knowledge base is multi disciplinary and social workers have the capacity to move into territories of skill and knowledge that 'belong' to other professions and occupations. At times this is part of assessing the need for specialist expertise, at other times it is part of journeying (Care Journeys) with the person using services.

In a world where professionalism is seen territorially, this capacity to travel into and out of other people's territory is not seen as flexibility, but as social work 'being a Jill of all trades but mistress of none' (Williams 2004). At the same time social work feels threatened by claims from nurses, police and other professions to be able to do what social work does. This paper starts with the assumption that social work takes a holistic view of a person's life and situation whether this is in assessment of need, in direct work with them, or through accessing support from social care staff, other organisations, professionals and other workers in related fields.

The key characteristics of social work are:

- the focus on the whole of the person's life, their social context, and environment
- the capacity, in circumstances that are often difficult:
 - to engage quickly with people to establish trust,
 - to persist in efforts to engage even when this has proved difficult and others have given up
- consciously to move into situations that would be avoided by most people because they are complex and high risk
- the relationship established between the social worker and the service users involved is integral to achieving quality
- the capacity to manage situations where risks are very finely balanced so that 'you are damned if you do and damned if you don't'

We have assumed that there is a generic base for social work and that this means that newly qualified workers 'enter the social work world with the core knowledge and skills necessary to begin professional practice across the required range of settings' (Williams, 2004). Earlier specialisation can lead to tunnel vision that hinders social worker being able to keep an holistic perspective on their work and to 'indefensible divisions of responsibility' (Williams, 2004). This is particularly important given the structural divisions such as those between services and within

for adults and children. If the key feature of social work is its holistic approach, retaining a generic foundation is essential. Specialist areas of practice will emerge because existing knowledge and skills have to be transferred and built on for the social worker to function effectively in a specific set of circumstances. These include the legal, organisational and inter-professional and inter-organisational arrangements involved. The stage at which these specialist areas of practice are introduced is debatable. In the view of the authors at least at post qualification levels they are likely to include the following:

- direct practice, of various types and techniques
- management and development:
 - of practice, including work based learning for students and staff
 - of service provision and development, including commissioning
 - policy and strategic developments within the organisation or the field
- working within a range of organisations to contribute to promoting policies and practice that support social and personal well-being
- research and development.

We are not suggesting an exclusive focus, but that the majority of the social worker's time will be spent on one of these areas. All will be operating in a multi-organisational and multi-professional context whether in the statutory, private or voluntary and community sector.

The term 'social work intervention' usually describes work undertaken with individuals, families, groups and communities. In looking to the future we have also used the term to cover the use of social work knowledge and skills when using any of these methods of intervening:

1. within a social care organisation to facilitate the provision of services and practice consistent with the Codes of Practice and with standards of service and practice
2. to promote the social inclusion and life opportunities of people using services
3. between organisations, where the objective is to promote partnerships that are required on a short, medium or longer term basis to provide integrated services, or to personalise a particular package of support e.g. when working with dual diagnosis in mental health and alcohol abuse, or learning disabilities and sensory impairment
4. as part of a multi-professional or multi-disciplinary team to promote effective integrated working with people with dementia and their carers, rehabilitation following strokes or brain injury, or neighbourhood and community development
5. in organisations such as businesses and industry, corporate governance, the media, and the political arena, to bring the social work perspectives and skills into organisational development and management.

Successful social work includes the capacity to work effectively within organisations and across organisational boundaries. In the vast majority of instances social work intervention is a collective activity not an individual activity whether as an employee or an independent social worker. This aspect of social work intervention should be given the status of an intervention rather than as an

adjunct to direct work with people using services. The Framework for Social Work Education in Scotland emphasises:

The significance of interrelationships with other social services, especially education, housing, health, criminal justice, income maintenance, and other services provided by partners (p32)

and the competence to:

Develop, maintain and review effective working relationships within and across agency boundaries (p42).

The most common forms of methods of social work intervention are:

1. Community development

Where problems such as environmental poverty, high unemployment rates and poor housing, are affecting a community, social work intervention at the individual, family or group level will not address the problems and a community development approach is necessary. Social work intervention with individuals and families may, however, assist people to survive coping with the impossible, foster resilience or enable them to begin to build platforms of support that could improve their lives.

Social workers were key in the UK in undertaking community development in the early 1970s, and the values, skills and expertise recommended in neighbourhood renewal programmes are consistent with those of social work. However, the documentation on social exclusion in England is singularly and deliberately silent on the role of social workers. In Scotland the role of social services in community development is embedded in legislation and pioneered much of the work underpinning the development of community social work (Smale and Bennet 1989).

2. Group work is an appropriate form of intervention where people share difficulties and want, or are required, to find ways of resolving them.

The most common forms of group work are with people who abuse alcohol and drugs, with mental health difficulties, young carers, children and young people who are accommodated, teenage mothers, children who are unaccompanied asylum seekers, and offenders. They use the collective experience and expertise to share effective solutions, provide mutual support, promote self esteem, confidence and identity. They are a powerful resource in facilitating the empowerment of people using services and in reducing isolation for example of disabled young people from black and minority ethnic groups and women who have survived domestic violence. Many of these groups take place outwith social work departments in the voluntary and community sector, in hospitals, in youth work or the health service. The workers may or may not be social work trained. The generic expertise and skills are those required for setting up, running and ending groups, understanding and using group dynamics. Specialist skills relate to understanding the needs and issues facing the particular group of services users and how these may impact on group process and dynamics.

In recent years there has been a growing number of groups and organisations run by people using services. They are based on structuring the experience and expertise of a particular service user group to form a resource for others facing similar issues. The philosophy that shared personal experience is a valuable and essential resource in achieving change is in direct contradiction to the ethos in the organisations in which most of social work is practised. Here staff are fearful of managers knowing about personal difficulties as this is deemed likely to affect views about their competence as a worker and their potential for promotion (Turner and Evans 2004). Similarly, the expertise of the 25% of staff with responsibilities for caring for an adult family member is not seen as a resource for the organisation, but often an impediment to its operation (Balloch, McLean and Fisher, 1999).

Traditionally residential care has been thought of as 24 hours a day and 365 days a year, but in supported living support can range from intensive to minimal. A different conception of residential care that recognises the diversity of 'collective', 'group living' or 'communal living' arrangements should be developed (Residential Forum, 2004). Similarly, extra care and Direct Payments can offer intensive support in people's homes as part of community based support. Group work and communal living arrangements are likely to involve individual or family casework or therapy where a personalised programme is combined with other sources of support. In a minority of cases the communal living itself is used as a continuous therapeutic experience rather than being a periodic event within it. The main interventions are likely to be undertaken by social care staff and managers, with support from a range of professionals including psychologist, psychiatrists. Social workers may be involved on a regular or ad hoc basis or as external or internal managers.

3. Individual or family casework

Here social work is the intervention. It supports the individual or family to identify, and use, their own and their social network's experience and expertise as a resource for:

- releasing potential that has been blocked by past experiences
- problem solving where there are current relationship or parenting difficulties
- devising the service user's/s' preferred way of coping with intractable problems or difficulties
- promoting self esteem and confidence to adopt different approaches to existing problems
- surviving living with high risks or uncertainty
- learning new approaches to existing, new or emerging difficulties
- accessing and using information, new skills and knowledge
- devising ways of influencing organisations, groups or individuals that are blocking the achievements of preferred outcomes.

Problems or difficulties may have resulted from the effects of social exclusion, lack of skills or knowledge, or, self- defeating or self-damaging behaviour that achieves the very result that the individual or family most dreads.

The purpose of the intervention is diverse and ranges from:

- increasing life skills or changing behaviour to increase life options
- promoting independence and inter-dependence
- working with conflicts of interest or in relationships
- stabilising or slowing down deterioration and loss of independence
- coping with changed life situations and transitions
- learning new skills, for example in parenting or as a family carer
- loss, bereavement and trauma,
- balancing expectations, needs and responsibilities that involve ethical and moral dilemmas
- supporting individuals' development to enable them to participate in groups, use local community resources or to move to mainstream services.

A key factor is decisions about whether the social worker should:

- use direct, intensive therapeutic or social work. This often requires to the social worker:
 - to develop relationships in often complex and emotionally loaded situations at the same time as retaining some measure of neutrality
 - to convey the personal qualities of warmth, trustworthiness, confidentiality, and the capacity to listen and respond appropriately
 - to cope with pain and distress, anger, frustration and fear
- monitor situations where there is a significant element of risk or uncertainty that has to be managed or where it is not possible to establish a working relationship
- support others to provide direct support, that ranges from therapeutic interventions to providing intimate personal care
- work within and between organisations to facilitate the planning, implementation or monitoring of personalised plans
- plan a short, medium or long term intervention
- work to create a team whose membership is determined by the agreed preferred outcome. The definition of a team here is whoever is required to have the best chance of achieving the task. It is likely to include the individual using services and family carers or parents as well as workers and professionals within and outwith the workers own organisation (Smale, Tuson and Statham, 2000).

Trends in views about the effectiveness of social work

Over the past thirty years there has been a tendency to constrain social work within narrow boundaries because it was regarded as 'too liberal', 'too soft' and or created rather than reduced dependency. There have been numerous predictions of its total demise. Yet social work has survived often with a grudging sense that there is nothing else that covers its ground. A consequence of this ambivalence is that a failure of an individual or a social work organisation is taken as a failure of social work itself. In this it is unlike education that is not confused with the failure of a school, or medicine is not condemned as a whole as a result of the Shipman Inquiry. The calls here are for improvements rather than elimination of the

discipline or the activity. Appalling though deaths are in social work, the figure of some 2000 avoidable deaths in our hospitals each year fail to raise headlines.

Evidence is growing about the effectiveness of social work and its limitations, including from people using services whether as adults or children and young people. A view of social work as specialising in working with uncertainty and complex ethical and moral problems means that new systems may be necessary to work through ethical and human rights and public safety dilemmas, to improve accountability and public understanding. These already exist in child protection and mental health for example.

There is no one method or model of social work intervention that is fit for all purposes. The limitations placed on the range of interventions will depend on:

- social policy and resources
- the distribution or re-distribution of knowledge and skills between:
 - different professions and occupational groups,
 - levels of worker in social care, health, education. In March 2005 an English Minister proposed a Degree in Social Care that is separate from the Social Work Degree to match higher levels of skill required in social care
 - the degree to which adults, children and young people are empowered to use and build on their own expertise and experience
 - the support provided by the infra-structure necessary to promote well-being (income, housing, transport, environment)

Social work is a demanding professional discipline based on a body of values, knowledge, skills and personal attributes, and requiring a commitment by the social worker to continuing professional and personal development. It has a sound and consolidating knowledge base that can be deployed, and contributes in a growing variety of organisational and informal contexts.

In common with other disciplines such as psychology and nursing, social work in the 21st century is likely to take a variety of forms and develop new kinds of specialism. Just as psychology now forms the core of such roles as clinical, forensic, educational, occupational and industrial psychologists, so it is likely that social work will increasingly be recognised as an independent discipline applicable in a variety of jobs, teams, organisations and career patterns. Current examples include:

- the recruitment of social workers to work with young people as personal advisors for the education and employment opportunities in the Connexions service,
- the success of managers from social work backgrounds in NHS senior management
- the used of social work consultants in the NHS
- the increased number of social worker MPs and MSPs
- combining skills from other professional groups

- skill shifts between levels in SVQ, graduate social work and Post Qualification and between professional groups
- independent social workers who are selling their services to the public and to organisations
- service industries and manufacturing that have found social work skills in human relationships in the workplace economically efficient.

The implications for social work education is for a diversity of routes in post qualification training and multi professional training where there are established career pathways. It is necessary to provide signposts into other professional training, for example in health, education, youth work, personnel management. There should always be room of innovative career paths which, although at the time may seem an idiosyncratic pattern, can indicate future trends. An example is Cicely Saunders' career path that led to the establishment of the Hospice movement. Other examples include HIV/AIDS or working with unaccompanied young people seeking asylum.

Within this pattern of diversification, we understand the term 'social work intervention' to describe social work that takes place:

- in a framework of legislation, government policy, statutory powers and responsibilities, and practice and provision funded wholly or partly from public expenditure. This includes social work services provided by local authorities, by joint bodies combining social work with health, housing and/or education services and employment
- by voluntary and not-for-profit organisations including organisation run by people using services and community groups
- by private sector providers commissioned by statutory authorities or their proxies or privately purchased by individuals, families, groups or communities.

Prediction hazardous, but current trends indicate:

- multi-organisational/multi-professional and mixed skill teams as the predominant mode of delivery that are re-defining common and specific knowledge and skills in health, social work/social care, education.
- a greater emphasis on social and relationship problem solving and learning new skills and abilities. The model proposed by Leadbeater (2004) would mean that the need for social work intervention will be with those individuals who:
 - cannot for a range of reasons learn how to successfully self manage their problem solving
 - cannot cope with innovation and challenges to their personal, family and community functioning without additional support
 - have experienced severe trauma for which they or their family could not be expected to have the knowledge or expertise to cope with
 - new areas of need where creative responses are necessary

- a continued emphasis on person centred planning, interventions and outcomes. This changes the status of people using services and the balance of power between the social worker and the people using services. Exceptions to this position is where social control exercised e.g., in the justice system, child protection and, when rehabilitation is deemed to have failed
- a move from seeing a team as a group of professionals geographically located to membership being determined by whoever is needed to accomplish the task
- methods to manage the impermanence structured into our systems and work patterns and which children and adults find constant difficult.
- a focus on practice and provision that create as near 'ordinary living' (Residential Forum, 2004) or 'normal' family life as possible (Sinclair et al 2005),
- new specialisms and structures as needs change, for example, to work with asylum seekers teams, with women abusing drugs and/alcohol to support them to mother their babies
- changes in what is specialist and what is generic. For example work with older people needs a greater understanding of sensory impairment since incidence increases dramatically in people over 75 years
- systems and process that offer professional support to workers whose main work is outside social care.

The focus for intervention will include:

- assisting people either directly or through access to other forms of support, to reach a level where they can participate more fully and independently and access support from mainstream services, voluntary and community organisations
- providing directly, or through access to other resources, support that enables people with complex needs and communication difficulties to participate in making decisions about their lives and the way they live
- safeguarding the interests of people who are unable either temporarily, or in the medium or long term to be involved in participating in making decisions about their lives
- intensive therapeutic work with children and adults who have had traumatic experiences
- the management of long term conditions
- complex social or personal problems that are long standing, resistant to mainstream and other efforts to change them.
- partnership with the growing number of organisations controlled by people using services that are now significant providers
- promoting the use of support such as Direct Payments that give people as much control over their lives as possible
- methods of keeping an holistic approach when structures and services use artificial divisions between children and young people and adults.

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