Essential Theory for Social Work Practice

SAGE was founded in 1965 by Sara Miller McCune to support the dissemination of usable knowledge by publishing innovative and high-quality research and teaching content. Today, we publish over 900 journals, including those of more than 400 learned societies, more than 800 new books per year, and a growing range of library products including archives, data, case studies, reports, and video. SAGE remains majority-owned by our founder, and after Sara's lifetime will become owned by a charitable trust that secures our continued independence.

Los Angeles | London | New Delhi | Singapore | Washington DC

Second Edition

Essential Theory for Social Work Practice

Chris Beckett and Nigel Horner

SAGE

Los Angeles | London | New Delhi
Singapore | Washington DC

SAGE

Los Angeles | London | New Delhi
Singapore | Washington DC

SAGE Publications Ltd
1 Oliver's Yard
55 City Road
London EC1Y 1SP

SAGE Publications Inc.
2455 Teller Road
Thousand Oaks, California 91320

SAGE Publications India Pvt Ltd
B 1/I 1 Mohan Cooperative Industrial Area
Mathura Road
New Delhi 110 044

SAGE Publications Asia-Pacific Pte Ltd
3 Church Street
#10-04 Samsung Hub
Singapore 049483

First edition published 2006. Reprinted 2007, 2008, 2009, 2010, 2012 (twice)

This second edition first published 2016

Editor: Kate Wharton
Production editor: Katie Forsythe
Proofreader: Jennifer Hinchliffe
Indexer: David Rudeforth
Marketing manager: Tamara Navaratnam
Cover design: Lisa Harper-Wells
Typeset by: C&M Digitals (P) Ltd, Chennai, India
Printed and bound by CPI Group (UK) Ltd, Croydon, CR0 4YY

Library of Congress Control Number: 2015942922

British Library Cataloguing in Publication data

A catalogue record for this book is available from the British Library

MIX
Paper from responsible sources
FSC® C013604
FSC www.fsc.org

ISBN 978-1-4462-8572-5
ISBN 978-1-4462-8573-2 (pbk)

2

What Do We Mean by Social Work Theory?

Many social work students understandably struggle with just what is meant by 'theory' in a social work context. This chapter will demonstrate in a very simple way that we *always* use theories when we are making decisions or trying to understand things, whether in social work or everyday life. The point of studying theory is to enrich the range of theories we use, and to develop a more critical and rigorous approach to them. There will be some discussion (and again a practical demonstration) of the difference between a theory and a practice approach or method, but it will be pointed out that behind every approach or method is a theory, implicit or explicit.

Let us begin an exploration of the importance of theory by way of a consideration of a medical consultation.

Blue Pills

You have been having dizzy spells. You go to a doctor and she writes you out a prescription with the words 'I really have no idea why, but today I just feel like prescribing *blue pills*!' You would probably not feel very confident in the doctor's prescription. On the other hand suppose the doctor, after asking you some questions about your symptoms, said something like:

> I believe that the reason you are getting dizzy spells is that your body is short of iron. I think that what we need to do now is to build up the levels of iron in your blood. I suggest I give you a prescription now for some iron tablets to see if that will help and then you come back again in two weeks' time.

In this case, we think you would feel more reassured, for the doctor is not simply offering a response to your problem, but indicating that she has a thought-out basis for doing so. After all, the reason why you went to your doctor in the first place was that you thought she might *know* something about why people have dizzy spells and what can be done about them.

The premise of this book is that social workers too should have a 'thought-out basis' for what they do. Social work is a very different kind of activity from medicine and we really do not wish to suggest by the above example that we should see social workers as being 'like doctors' (they are no more like doctors than they are, say, like teachers or police officers or housing officials) but one thing that social workers *do* have in common with doctors is that their actions may have enormous consequences for other people. If you are an elderly person who needs help with her care, or a child whose parents are mistreating her, or a person with schizophrenia who has violent delusions and may be a danger to others, then the decisions that social workers make could change the whole course of your life. Like a doctor's patients, those people who receive social work and social care services are entitled to expect that those services are offered on as sound and solid a basis as is feasible. A social worker should know what her job is and how to carry it out.

It has recently been suggested from the Munro review of child protection (2011) that, in relation to decision-making about children at risk, social workers should be able to 'show their workings out'. This language is deliberately childlike. It suggests that if your conclusion is that a child is safe in their home environment, or conversely is not safe, then your reasoning, or your 'workings out', should be clear, transparent and understandable to all parties involved. If your decisions are to be justified beyond your own whim, hunch, gut feeling, prejudice or random fancy, then the chances are that you will have used a theoretical framework to justify not only your understanding of the situation but also your consequent actions.

This book will not offer you detailed prescriptions as to how to deal with particular situations such as these, but it will invite you to explore the nature of the social worker's role and invite you to consider what kind of thinking is – or ought to be – entailed in it.

To think about this we need first to consider what we mean by 'social work'.

Defining Social Work: *Working the Social*

EXERCISE 2.1

Try and define the following jobs in a way that includes the various tasks that they carry out, while clearly differentiating them from other occupations:

(Continued)

(Continued)

- Dentist.
- Plumber.
- Social worker.

Comments

Dentist and plumber are pretty easy. You could probably come up with reasonable one-sentence definitions for each:

- A person who deals with problems with teeth.
- A person who installs and repairs systems of water pipes.

Social work is harder. You may well have thought of a better definition but the best we can come up with is something like:

- A professional with special responsibility for people who are in some way vulnerable, excluded or disadvantaged in society, whose job is to promote the ability of people in these groups to meet their own needs and reach their potential.

The problem with our definition of a social worker is that, even though it is already longer than the definitions of dentists and plumbers, it is still not specific enough. This definition – which equates to broad ideas about People Services – could still include health visitors, mental health nurses, counsellors, advice workers, special needs teachers and probably a good many other groups too. That said, essentially the same problem exists with the definition of social work as adopted by the International Federation of Social Workers (IFSW) in 2014:

> Social work is a practice-based profession and an academic discipline that promotes social change and development, social cohesion, and the empowerment and liberation of people. Principles of social justice, human rights, collective responsibility and respect for diversities are central to social work. Underpinned by theories of social work, social sciences, humanities and indigenous knowledge, social work engages people and structures to address life challenges and enhance wellbeing.

We think you will agree that, if you did not know already what social workers did, then the above definition would not help you very much. Imagine someone asking you at a party what you did for a living and you replying: 'I promote social change, problem-solving in human relationships and the empowerment and liberation of people to enhance wellbeing'. Would this enlighten them? (And wouldn't it sound rather pious?) Actually the above is only the beginning of the IFSW definition, which continues:

> Social work in its various forms addresses the multiple, complex transactions between people and their environments. Its mission is to enable all people to develop their

> full potential, enrich their lives, and prevent dysfunction. Professional social work is focused on problem solving and change. As such, social workers are change agents in society and in the lives of the individuals, families and communities they serve. Social work is an interrelated system of values, theory and practice.

And the IFSW definition then goes on to discuss values, theory and practice, giving the following account of 'practice':

> Social work interventions range from primarily person-focused psychosocial processes to involvement in social policy, planning and development. These include counselling, clinical social work, group work, social pedagogical work, and family treatment and therapy as well as efforts to help people obtain services and resources in the community. Interventions also include agency administration, community organisation and engaging in social and political action to impact social policy and economic development.

This is a long list of different kinds of intervention, but you will probably be able to think of forms of social work practice that it does not cover. Likewise, you will see that many, if not all, of the forms of practice listed are not exclusive to social work but are shared with other professions: *counselling, youth work, community development* and public *administration* being four obvious examples.

The truth is that the term 'social work' is used to describe a rather diverse group of activities that have various things in common with one another, but also have a lot in common with activities carried out by other occupational groups. Although this is part of the reason why social work is so hard to define, it is only a part. The other reason is that, as Neil Thompson (2000: 12) puts it, 'social work is a political entity and so, of course, how it is defined, conceptualised and implemented is therefore a contested matter'. Social work is also hard to define, in other words, because there is *disagreement* about what it is or ought to be. Again, this is not unique to social work. The provision of health care, education and policing are also highly political and highly contested areas. And yet the basic functions of a doctor, a teacher or a police officer do not seem to be in dispute in the same way as those of a social worker. Social work is a profession the very *nature* of which is contested. Are social workers (many of whom are employed by the state) primarily agents of state control or are they allies of the socially excluded against the system? Is *real* social work, at its heart, akin to therapy and counselling, or is social work mainly about practical problem solving? Should social workers intervene more into private lives in order to protect vulnerable people, or do social workers already intervene far too much? Should social workers have more professional autonomy, or should they be subject to more scrutiny and control?

Some of these questions will re-emerge later in this book, but for the moment, suffice it to say they reveal a continued level of uncertainty about what social work is and what it should do. We can agree that in the same way as dentists work with teeth, and plumbers install and repair heating and water systems, then social workers address the social questions and they *work the social*. They seek to help people to address the social aspects of their difficulties, needs and challenges. But what does this mean?

By way of an example, let us look at the social aspect of ageing. It is self-evidently the case that there are indeed often physical and biological consequences of older ageing, and these dimensions can best be addressed by doctors, nurses, pharmacists, dentists, physiotherapists, chiropodists, occupational therapists and a multitude of other medical specialists.

But is it increasingly acknowledged that it is the *social* dimensions of ageing that can create the most intractable difficulties for people? The impacts of older ageing – by which we mean living beyond 85 – are that people are likely to have lost partners, to have lost many of their lifelong friends from childhood, to have lost touch with former work colleagues, to have become isolated in their communities as people die or move away, to feel increasingly invisible as their tastes and interests – in music, reading, films, culture, fashion, food – become further adrift from the ever changing zeitgeist, and to feel increasingly useless and valueless. The consequences for many are feelings of loneliness and despair, sometimes leading to self-neglect, compounded by a myriad of difficulties associated with everyday life.

The practice of social work with older people, therefore, requires us to have a theoretical understanding of the life course, of ageing, coupled with the intellectual capacity to see every older person and their experiences as unique. It also means appreciating the social, cultural and political meaning of ageing in a post-industrial, post-modern society that frequently sees the ageing population as a welfare problem in terms of statements such as the *depleted pension pot, the burden on the NHS of older people with long-term conditions and the Alzheimer's time bomb*.

These kinds of theoretical understandings could be described as theories of explanation. They do not tell us **HOW** to do social work. They are not theories of intervention, of service, of practice *per se*. What they amount to are the theoretical foundations upon which any action or intervention has to be based. Or, to put it another way, such theoretical understandings, when applied, for example, to a new referral of an older person, can help the social worker address the core question: **what's going on?**

Later in this book, we will introduce you to ways of working, to models of interventions which help you as a social worker address another core question, beyond *what's going on*?, namely, *what am I going to do about it*? It is important to recognise that this book attempts to explore, in equal measure, the two types of theories that can help us address these two questions; namely theories of explanation and theories (or models) of intervention. (Sibeon (1989) made a distinction between 'theories of how to do social work' and 'theories of the client world'.)

Attachment theory, which we will discuss in Chapter 11, is, for example, a good instance of an explanatory theory. In contrast, the body of ideas in the social work literature about 'empowerment' (to be discussed in Chapter 7) is an example of theory directed at how social work should be practised rather than at explaining the way things are. Explanatory theories are what we need at the stage of assessment, in order to decide firstly what information we need to collect and secondly how to interpret that information when we obtain it. Ideas about how to bring about change, conversely, are needed when we come to decide on how to 'intervene' (to use that slightly ugly word that is used in social work to refer to the things social workers actually *do* to make a difference).

That said, we do see a difficulty in making a hard and fast distinction, for two reasons. First, most explanatory theories are associated with specific approaches to intervention. For example, the theoretical underpinning of behavioural psychology offers tools for understanding why people behave as they do but it also offers tools for changing the way that people behave – the latter having been developed in the helping professions into a number of techniques; including cognitive-behavioural therapy. It would be unusual to use one set of theoretical assumptions as a tool for assessment and then use another completely different set for the purposes of planning an intervention. (In some psychotherapeutic approaches the assessment and the intervention may be almost the same thing.)

Second, even ideas about intervention such as 'empowerment' are built upon implicit ideas about human psychology and human society, which do in fact form a kind of explanatory theory, even if it is never actually set out as such. In the case of 'empowerment' this theory could be summarised in terms something like this:

> The difficulties experienced by many people are the result of their oppression by society, which in turn results in making them feel powerless to influence events or to resolve things for themselves. Conventional 'help' – for example, medication prescribed by a psychiatrist – may simply confirm their powerlessness and the powerfulness of others. Real change requires that the oppressed take power for themselves or become more aware of the power which they do in fact already possess.

In fact a 'theory' of intervention that was not embedded, either explicitly or implicitly, in some sort of explanatory theory, would not merit the name of 'theory': it would be on a par with the thinking of the fictional doctor in the first chapter of this book, who prescribed blue pills just because she felt like it. It just happens that some theoretical approaches place more emphasis on looking in detail for explanations, while others do not.

In the same way an 'assessment' that is not informed by any kind of theory would merely be a randomly generated collection of facts and observations. We would not know why some information being gathered was important whilst other data was irrelevant. We do not ask people their astrological birth sign when undertaking an assessment, because we do not subscribe to any theoretical model of explanation of issues, such as a mental health problem, for which a person's birth sign could be seen as relevant. (That said, before we rush to dismiss the seemingly 'irrational' from our frame of reference, such dimensions might be felt by the service user to be highly relevant to their model of understanding of themselves.) The example of the prospective Foster Carer meeting, in Chapter 3 will hopefully serve to illustrate this point further.

The Social Work 'Toolkit'

Most professions have developed lists of desired attributes, or statements of core competencies or, as is now the case for social work, the Professional Capabilities Framework (College of Social Work, 2012). We will explore these in more detail later. Suffice it to say at this stage

that professional performance is commonly seen to comprise of three domains, which as they apply to social work practice would mean the effective utilisation of:

- *Knowledge* – of theories of explanation and understanding; of the legal mandate; of relevant procedures and processes; of appropriate intervention approaches, methods and techniques, of relevant research and evaluations, leading to evidence-based practice.
- *Skills* – in terms of the capacity to work with people in difficult situations; to form quality relationships; to observe, record, synthesise and analyse data; to intervene and offer a service; to network and work inter-professionally; to reflect upon one's performance and utilise supervision effectively; to manage oneself.
- *Values* – to always act in accordance with the professional ethical standards' commitment to meeting the needs of children, young people, families and vulnerable adults; to maintain a non-judgemental and non-discriminatory set of attitudes and behaviours; to challenge oppressive behaviours, modes of speech and actions of others.

For reasons that we will discuss shortly, it is important to be clear that knowledge, skills and values are three different things. The nature of the difference between them can be best illustrated by an analogy with driving a car. The *knowledge* component of driving is information. To drive a car you need to know what the steering wheel, brake and accelerator do. But anyone who has ever learnt to drive a car with a manual transmission will know that there is a vast difference between knowing what you are *supposed* to do when you change gear and operate the clutch and actually being *able* to do so in a fluent way. (Or consider learning to ride a bicycle, swim, play a musical instrument or touch type. In all these cases, knowing what is required is a vastly different thing from actually being able to do it.) The actual ability to do something is a *skill*, and it is something quite distinct from knowledge. In fact it is possible to develop a skill without possessing knowledge. Each of us has learnt a whole range of skills in early childhood, such as the ability to speak our native language, simply by trial and error without ever having been told how, and without ever having to learn the principles involved.

Values are something else again, for you could possess all the knowledge and the skills required to drive a car and *still* be a bad driver, in the sense that you could drive dangerously or in a way that was inconsiderate to other road users. If someone is caught driving at twice the speed limit in a built-up area, it is unlikely to be because they don't know what the accelerator does or because they can't find the brake, nor is it likely to be because they lack the necessary skills to use these controls. It is more likely to be because, at least at that particular moment, they chose to give priority to something other than sticking to the rules or considering the safety of themselves or others. It is about their values.

Knowledge can tell us what our choices are and what their consequences might be. Skills set limits on what choices are practicable. But when it comes to making the choice itself, this will be determined by values.

There are different kinds and levels of knowledge and skills, and there are different levels at which it is necessary to think about values. To return to our driving analogy, a degree of knowledge is required by those of us who use a car, but we do not really need to know how a car engine works. A different level of knowledge is required by those who actually repair cars.

The ordinary driver also requires some skills, but not the same level of skills as is required in a rally driver, or a police driver who is expected to engage in high-speed car chases as part of their job.

Life is always more complex than any theory or model. To divide the qualities required by a good social worker into knowledge, skills and values is somewhat rough-and-ready and you may be able to think of finer distinctions or identify difficult grey areas that cannot neatly be assigned to one or other of these categories. But we think it is a useful division all the same because it helps us to be clear what is at issue in any given situation. Confusion and misunderstanding can occur when we are not clear in a given situation whether we are talking about knowledge, skills or values.

One common source of confusion is between *knowledge* and *skills*. It is easy to forget that merely knowing something is not the same as being able to put it into practice. Knowing that Mrs X could do with some counselling is not the same thing as being a skilled counsellor. Knowing that the Y family are making a scapegoat of one of their children is a very far cry from having the skills needed to help the family move away from this destructive pattern of behaviour.

Another source of confusion is between *knowledge questions* and *value questions*. Knowing the degree of risk posed to the child Z in a given situation is one thing. Deciding what degree of risk is *acceptable* is quite another. The first is about knowledge; the second is about values which inform judgement.

We can see that a social worker's toolkit, in order to facilitate good or even best practice, has to have a sufficient store of theoretical ideas – about explanations of issues and about models of intervention – coupled with the skills to actually do good social work and to put ideas into practice. All of this has to be underpinned by a sound values base to ensure every action is ethically informed and appropriate in accordance with professional standards of conduct.

The primary purpose of this book is therefore to broaden the theoretical knowledge base in any practitioner's toolkit by introducing the reader to an index of possibilities, a lexicon of ideas which constitute the most commonly used theoretical foundations upon which contemporary practice is consciously, or unconsciously based.

Thinking Theoretically

The list of questions below was given to one of us (CB) by a social worker who used them in a real piece of work.

The Scenario: This social worker was responsible for the case of a child who had been brought into public care because, in the view of the authorities, she had been seriously neglected by her mother, who was unable to attend to her child's needs when they conflicted with her own. However, after a period of time the child's mother said that things had now changed and that she wanted the decision to be reconsidered. The social worker sat down with her supervisor to think about how to go about exploring with the mother whether or not she really had made changes that were likely to last. She came up with the following set of questions to ask the mother:

Parental interview regarding change

1. What is your understanding now of why the child was taken into care?
2. What is your understanding of the impact of this on your child?
3. What were the concerns highlighted in the parenting assessment and what are your thoughts on specific points raised with you?
4. What do you feel has changed since your child left you?
5. What changes do you feel that you would need to have made?
6. What has happened to make these changes possible?
7. How would you describe your relationships within the family?
8. If your child returned, what support have you now got?
9. How do you now see your relationship with Social Services?

(Questions devised by Sally Horsnell and reproduced with her kind permission)

These questions do not in themselves, of course, constitute a theory, but underlying them is a fairly clear and consistent theoretical approach.

EXERCISE 2.2

What ideas about change – and about how to test out change – underlie Sally's questions? (That is, what would seem to be her theory about change?)

Can you see any limitations or difficulties with this as a theory?

Comments

The theory about change that we notice here could be summed up something like this:

Changes in behaviour are unlikely to be permanent unless they are accompanied by changes in the way we understand things – and unless we are able to take some responsibility for our own actions.

The questions seem to us to be designed to explore whether the mother has some insight into why there were concerns about her parenting in the past and whether she takes some responsibility for it. The questions are based on the assumption that if she is really going to be able to parent differently in the future, she would need to be able to understand, and take some responsibility for, the fact that there were problems with her parenting in the past. By asking the mother to describe how she saw the problems, and what she sees the changes as having been (rather than, for example, by the social worker describing the problems and asking the mother if she agrees), the social worker aims to get some sense of the extent to which the mother really understands what the problem was in the past.

Because the theory can be made explicit in this way, it is open to challenge. Here are three possible limitations of this approach that we can see:

1. The approach presupposes that the decision to remove the child into public care was justified in the first place. If in fact the child had been removed from the mother without good reason, then of course there would be no reason why the mother should feel the need to change. (In rather the same way, prisoners who have been wrongly convicted

may fail to get early discharge because they are unable to demonstrate remorse for crimes which they did not commit.) So this approach would not be appropriate where there was reasonable cause for doubt about the original decision.
2. We personally believe that it is necessary to have some insight and to be able to take responsibility in situations of this kind. However, one might question whether it is always necessary to have insight and to take responsibility in order for change to occur. Probably we can all think of changes that occurred in our life without much conscious reflection. In which case, the theory implied by these questions is not universally applicable to all kinds of personal change.
3. You might also argue that, even though insight is important, it is not necessarily sufficient. Many of us can probably think of shortcomings of our own into which we do have some insight, but which we find it hard to change.

For more thoughts on assessing capacity to change you might look at Howarth and Morrison (2000), or the work of DiClementi (1991) on which they draw.

We hope this exercise has demonstrated that using theory in practice does not necessarily mean using a *formal* theory in the sense of using a theory out of a book with a specific name. It means being clear about the ideas that guide your practice and thinking through how you are going to approach each task. Formal theory can augment and inform this process of thinking things through, but it cannot ever be a substitute for thinking for yourself.

We have begun to think about how theoretical perspectives necessarily and correctly inform the assessments we undertake. We now want to consider the way in which theory underlies intervention.

Thinking about Intervention

Let us embellish the scenario used above – which concerns a child who ends up being in public care. Let us rewind the clock to consider the situation this particular mother may have been in some time ago, and think about how we make sense of parents experiencing difficulties before we look at possible intervention approaches, models and strategies.

EXERCISE 2.3

Magda, a 22-year-old woman from Poland, has become involved in activities at the Children's Centre in her local community. She says she is having particular difficulties with her 3-year-old son, Jakub, who she says is completely beyond her control. She cannot establish any

(Continued)

(Continued)

routine around mealtimes or bedtimes. Whenever she tries to discipline him, he shouts and screams, has temper tantrums and runs away from her, sometimes in dangerous situations, such as on the railway station or near busy roads.

Magda feels particularly unsupported by Jakub's father, Wiktor, who blames her for being a 'bad mother'. Magda has no other family members in England although she has lots of Polish and English friends and gets on well with her neighbours.

How do you make sense of this scenario? What's going on?

Comments

You might have noted a number of points here:

- Magda is from Poland and is therefore part of a minority community, with all the stresses, challenges and potential opportunities that entails.
- Madga is essentially concerned about Jakub's *behaviour* which makes him appear to be 'beyond her control'.
- Madga has tried various interventions/responses – shouting, screaming – but these appear to be counter-productive.
- Has Magda learnt her style of parenting from her own upbringing? From her community?
- Magda therefore needs to explore different interventions/responses.
- Magda feels unsupported by her partner Wiktor, so there are gender and relationships stressors here.
- Magda may have poor self-esteem by being labelled a 'bad mother'.
- On the positive side, Magda feels supported by Polish friends and she has made new friends from the English community.
- She is also engaged with a community group through the Children's Centre.
- Magda is asking for help so is already engaged in the change process.

Having considered what might be going on in this situation, the next stage would of course be to think about what service or intervention might be offered that might help.

EXERCISE 2.4

Given the situation described in the previous exercise, and the possible explanations, contributory factors and circumstances, what kinds of intervention might be on offer? Make a list of interventions that might be available first. Then decide which option you could choose and why? What reason would you have for thinking that this particular intervention might be helpful? (In other words, what might be the theory behind it, formal or informal?)

Can you think of reasons that might exist for avoiding choosing some of these? (What theoretical objections might exist to them?)

Comments

In our experience, integrated children's services could offer one or more of the following options:

1. Magda could join an informal pre-school parenting support group, to share issues and ideas.
2. Magda could enrol on a Positive Parenting Programme, which is based upon behavioural models of rewarding appropriate behaviours and effectively managing unwanted behaviours.
3. Magda and Wiktor could be offered some work together, around shared parenting responsibility and consistent parenting.
4. Wiktor may join a fathers' support group.
5. Magda may be offered a home-based support service from within her own community, or more formally a voluntary agency such as Homestart to visit her at home regularly and offer her support with parenting Jakub.

EXERCISE 2.5

The theory behind Option 1 is that problems like those experienced by Magda are the result of isolation, loneliness and lack of support, and that she will unconsciously learn more helpful and effective parenting styles by being with others in a group setting.

The theory behind Option 2 is much more explicitly about learning to parent. Triple P (Positive Parenting Programme) is a parenting and family support system designed to prevent and treat behavioural and emotional problems. It is based upon social learning, cognitive-behavioural and developmental theory – all of which we will refer to later in the book, in Chapters 12 and 13.

Before going down this route, it is worth asking whether Magda's deficit in parenting effectiveness is really about a lack of knowledge and practical skills. If we drive badly it might mean that we are lacking in skills, but it could equally well mean that we are lacking in motivation, we are preoccupied, we are under the influence of drugs or alcohol, we are unwell or very tired. Sending us on a driving skills course would only be helpful if the problem was indeed to do with skills and not about one of these other things. The same is true of parenting. In fact, being offered training in skills that you already possess can be counter-productive, demoralising and alienating. Perhaps Magda already possesses all the knowledge and skills necessary to be a good parent, but is too depressed to use them? Or other things get in the way of her capacity?

Option 3 is about her micro-system, meaning her relationship with Wiktor. How parents work together, how they develop and apply parenting regimes is a function of a system in operation, which we will explore in Chapters 16 and 17.

How Wiktor sees himself as a male, and a father, and a co-partner, could be addressed with others in a fathers' support group (as Option 4), which might be community specific

(Continued)

(Continued)

(i.e. a Polish group) or have a wider constituency. How we might achieve change through working with groups and communities will be further explored in Chapter 18.

Finally, in terms of Option 5, social work has a lengthy tradition of seeking to empower people who have been service users to become providers – moving from being helped to helping. Many organisations, such as Homestart, have enabled people who have had difficulties and challenges – but are now in a better place – to get alongside those in greater need and model resilience, change, survivorship, growth and personal development. We will return to these themes in more detail in Chapters 5, 7, 9 and 13.

In our experience, social work/social care agencies can respond badly to situations in one of several ways:

- Failing to offer any kind of help at all other than some sort of bureaucratic brush-off.
- Offering a particular service not because it necessarily fits well with the needs of the service user, but because it happens to be available or because it is always offered in cases of this kind (this is called a service-led as opposed to a needs-led approach).
- Overwhelming the service user by 'throwing the book at them' and putting in all the available services at once. (In our experience this is particularly prone to happen in child protection cases and may result from the need of professionals to feel that they are doing everything possible in response to child abuse or neglect.)

Offering no service at all is of course usually unhelpful, though it is often unavoidable if an agency simply does not have the resources to meet all the demands that are made of it. Offering the wrong service or throwing the book at the service user, however, can actually be *worse* than doing nothing, because ill-chosen interventions can, for the sorts of reasons noted above do more harm than good. In fact, we would suggest that any intervention from a social work agency is, on balance, likely to do more harm than good if it is not carried out for clearly thought-out reasons, for as the word itself suggests, a social work 'intervention' (like a surgical one or a military one) is a serious intrusion; disruptive by its very nature. Action should be based on a proper, coherent theoretical basis, though (to repeat ourselves) this does not necessarily have to be a formal theory.

Eclecticism

'Eclecticism' refers to the practice of 'mixing and matching' ideas from a variety of different sources. We think that this is what social workers in practice almost invariably do (though they may not always be aware of the sources they are drawing from). In fact we would go as far as to say that it is what they *inevitably* do since there is certainly no single global theory that provides you with a blueprint for understanding and dealing with every aspect of every situation.

The example in Exercise 2.5 illustrates, we hope, that it is important to think and that it is important to be clear what your theories are (whether those theories are purely informal or are derived from formal theories or are a mixture of the two). We think it also illustrates that what seems a good idea from one perspective can be a bad idea from another: respite care for children with disabilities may be good for parental stress but bad for the child's sense of security; drug treatment for behaviour problems may look like a good idea from a purely medical angle, but less so from a social one. This is one reason why it is so important to be clear about the thinking behind your actions and to be able to spell it out in a form that is open to challenge, so as to allow debate. By and large, the best course of action does not flow from dogmatically applying one particular approach but by weighing up the merits of different approaches as a way of dealing with the situation at hand.

EXERCISE 2.6

Peter Brown is a man of 59 who has lived for a number of years with a mental health diagnosis which involves schizophrenic episodes. He lives in a ground floor flat.

He is reported by his neighbours to be up all night pulling up his floorboards and knocking the plaster off his walls. He tells them that the building is to be demolished in order to build a motorway. In preparation for this he has had his gas and electricity disconnected and has broken up his furniture as firewood (it is mid-winter). Although Mr Brown is generally liked by his neighbours, they fear for the structure of the building and their own safety. He has already begun removing some bricks.

You are an Approved Mental Health Professional in England or Wales working under the Mental Health Act 1983 (as amended by the Mental Health Act 2007), which gives you the job of deciding whether Mr Brown should be compulsorily detained in a mental hospital for assessment under Section 2 of the Act. The legal grounds for this are that the person in question must be 'suffering from mental disorder of a nature or degree which warrants the detention of the patient in a hospital for assessment (or for assessment followed by medical treatment) for at least a limited period' and that 'he ought to be so detained in the interests of his own health and safety or with a view to the protection of other persons'.

Mr Brown himself has no interest in going into hospital and professes himself to be entirely happy. Two doctors (a psychiatrist, and Mr Brown's GP) have recommended in writing that he should be detained for assessment, on the ground that he is clearly suffering from schizophrenia and he is clearly putting other people in the building at risk as a result of his schizophrenic delusions, but the law gives you the final decision.

We asked an experienced AMHP what sort of things he would want to think about if faced with this situation. His comments were as follows:

1. 'I would think about whether there are any relatives/neighbours in contact. What sort of contact does the GP have? Is this man involved in any care network? What does the CPN (Community Psychiatric Nurse) think? Is this a first episode or have there been concerns in the past? Is he on medication? Is he taking it? Has there been a recent upheaval in his life?'

(Continued)

(Continued)

2. 'It is also relevant to take account of the time of day this referral came in at and how near the weekend it is. Recent years have seen the development of weekend services but the support available could be quite variable.'
3. 'Could a relative come to stay? Could visiting care workers restart the medication and monitor? Is admission to temporary residential care a possibility?'

What underlying ideas do you notice behind the social worker's response?

Comments

These responses sound very pragmatic and not particularly theoretical at all, and yet, as always, there is a set of underlying ideas behind them:

A person's mental distress is only one of the factors that may predispose them to behave in ways that endanger themselves or others. Other things, in particular the availability of support from other people, are also important.

The insights of people who know a person as an individual may be as relevant to thinking about that person's state, responsiveness and likely behaviour as are insights derived from specialist knowledge of psychiatric illnesses.

The AMHP's job is to look at this bigger picture, rather than simply at the medical diagnosis, prior to making a decision. The AMHP therefore provides a check on adopting a purely medical model when thinking about how to manage people's mental health problems.

In the example above, the social worker's job seems to be in part to temper a purely medical approach and to open up possibilities based on the idea that mental health can be looked at in social terms as well as medical ones. The contrast between medical and social models of mental health provides an example of the way in which the same phenomenon can be looked at in different, but not necessarily mutually exclusive ways. There are many other possible examples. For instance, in Chapter 11 we will discuss psychodynamic approaches, which place a lot of emphasis on understanding the causes of things in the past, and in Chapter 12 behaviourist approaches, which look for explanations in the present. In Chapter 13 we discuss other approaches again which suggest that looking for the causes of things is not necessarily the point anyway. In Chapter 16 we will introduce yet another way of looking at things by introducing the idea of 'circular causation' (in which A causes B, but B simultaneously causes A) and we also introduce the idea that it may be better to work with people in families or groups rather than as individuals (see Chapter 18).

One of the advantages for a social worker of being familiar with some *formal* theory, as well as the informal theory that we all use, is that this provides a means of *naming*, and thereby sharing and contrasting, different approaches. The psychodynamic and behaviourist approaches discussed in Chapters 11 and 12, for instance, both contain ideas that are in a sense common knowledge; theories that everybody uses whether or not they have ever heard of Pavlov or Freud. But the advantage of giving these different approaches names – making them *formal* – and consciously contrasting them, is it allows us to think more clearly about what approach we are using and why. As Malcolm Payne (2014: 5) puts it:

Formal theory is written down and debated in the profession and in academic work. Informal theory consists of wider ideas that exist in society or that practitioners derive from experience.

This is a theme we will return to in the penultimate chapter (Chapter 22). Meanwhile, in the discussion of various theoretical ideas and approaches that follows in Part III of this book, we will try not just to draw attention to possible applications of these approaches in social work but also to point to distinctive insights which each of these ideas contain. These insights may be useful and important even in situations where it is not practicable to apply the whole approach from which they are derived.

Chapter summary

This chapter has sought to introduce the reader to a beginning appreciation of some core concepts relating to social work theory and practice and has explored the following:

- **Problems of definition**: Defining what social work is, and what social workers do, remains complex and contested.
- **Theory as a complex term**: This book is equally about **theories of explanation (what's going on?) *and* theories of intervention (what are we going to do about it?)**.
- **The idea of thinking theoretically**: How we apply theory to practice. Noticing the theory which is implicit in different approaches.
- **The idea of thinking about intervention**: The theories that guide intervention, whether we are conscious of them or not.
- **Practice as a set of actions which comprise knowledge, skills and values**: All practice is driven and informed by a synthesis of knowledge, skills and values (or attitudes). We have to be able to make explicit, to explain and justify our understanding of each element.
- **The need to show your workings out**: When called to account for our professional actions, we have to show how we have drawn upon knowledge to deliver services in accordance with the principles of critical best practice (Jones et al., 2008).