The 'People' People: The Many Roles and Professional Relationships of Social Workers

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A CONTROVERSIAL BUSINESS

This chapter will offer an introduction to the social work profession and an overview of some key principles and factors that shape social work practice – 'a controversial business' (Horner, 2012, p. 2). Social work is controversial perhaps because it involves highly sensitive areas of work and the exercise of power, such as intervening in family life to protect children, providing reports for Courts and Children's Hearings, or assessing people who want to foster or adopt. Making recommendations or decisions in these circumstances is difficult, not least because social workers have to continue to deal with those who may be unhappy or critical of their findings. Indeed, according to Horner, social work 'inevitably attracts opprobrium' because of its location 'at the interface between the rights of the individual and the responsibilities of the state towards its citizens' (Horner, 2012, p. 2). It is widely accepted that social work as a whole is complex and challenging: 'Social workers undertake some of the most demanding tasks society asks of any group of staff . . . Over many years, society has come to expect more of social work and has asked social work to do more' (Scottish Executive, 2006, p. 1).

So this chapter is written in order to promote inter-professional understanding; to help other professionals, especially education personnel, understand how social workers approach their work. Particular emphasis will be given to the relationship-based nature of professional social work. Social workers undertake their work through building relationships with the 'service users' they work with, and working with other professionals is also an important part of the job. In broad terms, social work is required to carry out two contrasting types of function: personal support and advocacy (the care function) on the one hand and 'social control' (the protection function) on the other: 'What is apparent is that society expects social workers – and their colleagues engaged in the broader related field of social care – to both protect and care for those citizens deemed in need of such protection and care' (Horner, 2012, p. 7).

PUBLIC CRITICISM

At regular intervals –or so it seems - social workers and their profession have become the target of a great deal of public criticism associated with the deaths of young children who were 'known' to social services. The apparent failure of social workers to protect children from neglectful or abusive parents, and especially when they return children to abusive parents, leads to criticism in the media and then to responses from government and other politicians. Responses to two deaths, those of 'Baby P' (Peter Connelly) and Brandon Muir, display contrasting 'treatment' of social workers from respective UK and Scottish Ministers. This may reflect a more respectful view of social workers in Scotland and an 'official' recognition of the difficulties they face. Peter Connelly was 17 months old when he died in London in August 2007, and Brandon Muir was 23 months when he died in Dundee in March 2008. Both children had been severely assaulted by the partners of their mothers, and in both cases the social workers and health professionals were criticised for failing to act timeously or effectively. It is not the intention to examine these cases here but rather to consider the respective governmental

responses in the immediate aftermath. In the 'Baby P' case, under pressure from the tabloid press which had named and vilified the social workers involved in the case, the UK Minister for Children, Ed Balls, made scathing criticisms of the social workers involved and the Director of the Children's Services Department was forced to resign. When Brandon Muir died in Dundee – only shortly after the 'Baby P' case – there was a different reaction from the Scottish Minister for Children, Adam Ingram. The response of the Scottish Government was to recognise the difficult nature of the social workers' job. Both governments did require the respective local authorities to take action to improve their child protection services and they also set in train various reviews. When the Scottish enquiries reported in August 2009 the Education Secretary announced the creation of a new national centre to support local child protection activity and rejected calls for legislation to ensure that more children were taken into care, but instead emphasised the need for more support for 'frontline professionals' (Scottish Government, 2009).

SOCIAL WORK AS A PROBLEM-SOLVING PARTNERSHIP

Social work is commonly seen as a 'helping' profession, usually working with individual 'cases' rather than groups, and local authority social work departments have long been established to provide help to those in need or difficulty, including people with disabilities. While the intention may be to *help* people in difficulty, of course many people may be very unhappy to be required to 'work with' social workers. While social workers are indeed expected to offer 'support, guidance and assistance' – in the words of the Social Work (Scotland) Act 1968 – the question of *how* that help is offered is central to understanding the roles of social workers. Social workers are trained to engage, assess and intervene in people's lives but not in the belief that they should have the answers, or access to all the resources, required to solve people's problems. Rather, the emphasis is on respect for people as individuals, with their own strengths and qualities as well as difficulties, and social workers will always be keen to avoid 'dependency' of service users on them. They may well act as advocates for their clients to help them get rights and entitlements, in terms of welfare benefits, for example. This commitment to working *with* people rather than doing things *for* them or *to* them has been reinforced in recent years by changing terminology from 'client' to 'service user'. The adoption of the term has been associated with notions of not 'labelling' people and 'empowerment', which has become a central way of thinking about work with people who are often socially excluded or marginalised (Adams et al., 2009). Some writers have criticised the term as symptomatic of a 'managerialist' turn in social work in which individuals with complex difficulties or troubled circumstances are viewed as if they were consumers of services with a range of choices (Wilson et al., 2008, p. 7). On a more positive reading the aspiration behind its use is that people should not be categorised because of their disability, or addiction, or family problem – which could lead to disrespect or discrimination – but only by the fact that they are 'using services'. The international definition of social work, accepted by the British Association of Social Workers, prefers the term 'problem solving' to 'helping' and includes the promotion of social justice function of social work: 'The social work profession promotes social change, problem solving in human relationships and the empowerment and liberation of people to enhance well-being . . . Principles of human rights and social justice are fundamental to social work' (International Federation of Social Workers, 2000).

   This definition emphasises a wider, community-development function which may apply more in low-income or 'developing' countries than in wealthier countries. Nevertheless, wherever social work is practised the focus is on individuals in need, their family relationships and resources, *and* their social context. Thus when it comes to the professional task of making an assessment of an individual's situation the social worker will always include the wider community aspects and the social circumstances of the individual child or adult. In practice this often means not attributing blame to an individual but seeking to understand the context and reasons for the behaviour or circumstances they are in. In one widely used social work text book, the authors review debates about the definition of social work and claim,

   All these definitions suggest that at the heart of social work is the need for change. People come to social work agencies, either willingly or reluctantly, because they want something or someone to change for the better.

(Coulshed & Orme, 2012, p. xix)

Since the Regulation of Care Act (2001), social work is now a fully regulated profession with a 'protected title', meaning that someone can only be called a social worker if he or she is registered with the Scottish Social Services Council (SSSC) or its equivalent across the UK. Like nurses and teachers, social workers must adhere to professional codes of conduct and meet registration requirements. They may also be prevented from working as a social worker if, following an investigative process, they are found to have seriously breached the rules and ethics of their profession. The following extract from the Code of Conduct for workers gives an indication of the multiple responsibilities that social workers have and the strong emphasis on a 'rights-based' approach to practice. Part of the Code states that social service workers must:

- protect the rights and promote the interests of service users and carers;
- strive to establish and maintain the trust and confidence of service users and carers;
- promote the independence of service users while protecting them as far as possible from danger or harm;
- respect the rights of service users whilst seeking to ensure that their behaviour does not harm themselves or other people.

(Scottish Social Services Council, 2009, p. 23)

RELATIONSHIP-BASED WORK

From the time of its growth and development as a generic service in the late 1960s (Hothersall, 2014), social work was described as a 'personal social service', and the main tool at the disposal of the social worker is their relationship with the 'service user'. This is a professional relationship oriented around addressing specific issues or problems. Sometimes the relationship will be very short-term, for example while carrying out an initial assessment. Where social workers have a longer-term relationship with their service users, the latter may sometimes refer to their social worker as a friend. Social workers are usually very uncomfortable about being described as a friend, and certainly do not think of themselves in that way – but nevertheless the notion of being a 'friendly professional' (Wilson et al., 2009, p. 2) is apposite to relationship-based practice. Social workers form relationships in order to gain a non-judgemental insight into their service user's situation with a view to carrying out assessments that include client strengths as well as difficulties. While always seeking to form empathic and respectful relationships with service users, social workers will nevertheless have working relationships with many people who are not happy to be 'working' with them. On occasion social workers will be threatened with violence and in some cases involving child protection matters social workers will be expected to visit a family in pairs. They are trained to recognise the pervasiveness of prejudice, to understand situations non-judgementally and assess needs professionally – no small task even with training: 'relationship-based practice involves practitioners developing and sustaining supportive professional relationships in unique, complex and challenging situations' (Wilson et al., 2008, p. 8).

Social workers also have important roles as 'gatekeepers' to services. For example, they need to make the community care assessments which determine whether an older person receives care in his or her own home or a place in a residential home. In children's services, social workers write reports for Courts and Children's Hearings, recommending when a child should be taken into care or returned home, and in relation to criminal justice social workers act as probation officers monitoring compliance with court decisions. So it is clear that social workers have statutory functions and act on behalf of society in challenging situations. Nevertheless in all these differing aspects – providing support, assessing eligibility for services or undertaking abuse investigations – the importance of relationship-based practice continues to be affirmed by many within the profession: 'it [social work] is above all about relationships. We see at the heart of social work the provision of a relationship to help people (children, young people and adults) negotiate complex and painful transitions and decisions in their lives' (Wilson et al., 2008, p. xiii).

Social workers also have to operate in multiple settings and the ability to initiate constructive relationships with professionals as well as service users is another key aspect of the social work role. Other professionals generally

operate in one main type of environment: the school, the clinic, or perhaps an office or centre of some kind. Social workers, while being office-based, are expected to engage alongside others in *their* domains; the service users' homes, the school, clinic, residential home and so on. Even in situations where they are the 'lead professional' with unique roles and statutory responsibilities, such as child protection investigations or community care assessments, social workers are usually working alongside others. In child protection investigations they will often work with the police and when making care assessments they have to draw on the contributions of various others, including the GP, service user and their family. Thus it is clear that establishing effective relationships with all sorts of people constitutes a large part of the social work role. In consequence, communicating effectively and honestly about serious and sensitive matters, both verbally and in writing – while preserving confidentiality, is a key challenge demanding high-level communications skills.

TRAINING

In recent years there has been an increasing emphasis on involving service users and carers very directly in the training of social workers (Coulshed & Orme, 2012). The 'user and carer' formula denotes the fact that social workers usually have to engage with the child or adult who is the subject of their intervention *and* that person's immediate relative or carer. These carers have sometimes banded together and campaigned for better services and for their perspectives to be listened to. 'Carer' voices have been especially prominent in areas such as learning disabilities and kinship care of children. Similarly, the 'user' voice has been particularly prominent among adults with physical disabilities and those with mental health problems. People in these situations have formed self-help groups and campaigning organisations seeking to influence social policy, and they are often critical of the way that social work services are provided. The influence of such voices can be seen in the fact that the regulations governing the training of social workers now require the involvement of 'users and carers' in all aspects of the training, from involvement in student selection to contributions to the curriculum (Scottish Executive, 2003). Social work training includes, of course, specific theories and practice skills related to work with people of all ages and with a wide range of difficulties, needs and rights. However, it also includes a considerable emphasis on inter-professional or collaborative working, which is considered further below. Knowledge of the law, human rights and the application of formal guidance is also major focus of training. Other public sector professionals may be surprised by the extent to which social workers in their daily work will have familiarity with specific pieces of legalisation and will often be following detailed policies and procedures: 'law and social policy affect practice at almost every turn' advises a recent textbook for social work students (Hothersall, 2014, p.1).

SERVICE INTEGRATION AND INTER-PROFESSIONAL PRACTICE

> Research shows that integration is a flexible and at times poorly defined concept; despite this it has been highly influential in rhetoric, policy and practice.
> (Welch, 2014. p.5)

As already noted, social workers often spend a considerable portion of their time interacting with other professionals, including police officers, housing officials and early years workers as well as school teachers and health personnel. While each profession has its distinct identity and focus of work, it is important for professionals to have a basic understanding of each other's roles so that shared work can be undertaken on the basis of up-to-date knowledge of the other and not just out-of-date impressions or even prejudices. Since 2014 there has been a major push, underpinned by legislation, to integrate health and social work adult services (Welch et al., 2014), and children's services through the *Getting It Right For Every Child* (GIRFEC) approach. Governments have been pushing for more inter-agency and inter-professional collaboration because it is believed that no one department or service can successfully tackle some of the persistent and serious social problems such as drug and alcohol addiction and protecting children from parental neglect. In the current economic climate where public spending is reducing then Governments are also pushing for increased efficiency from public services and service integration is seen as one way of achieving this.

Nevertheless despite the obvious appeal (to policy makers) of encouraging professionals to work together, there is less clarity about what this means in practice in the face of the continuing existence of separate professions with their own focus of work. There are many possible models of integration, each of which will be disruptive of existing structures and patterns of service delivery:

> Whilst the drivers of integration and the potential benefits are becoming clearer, it is not always easy to know exactly how to go about integration in order to realise these benefits most effectively (Welch et al., 2014, p.7)

Getting it Right for every child (GIRFEC) has been a long term approach and policy framework by which the Scottish government has sought to improve outcomes for children across a broad range of 'well-being' indicators. While the aspiration is to support families and promote early intervention for those in need of help, it has linked the service delivery aimed at those most vulnerable children to a framework of service delivery for all children and families, causing some controversy in the process. It is an approach which seeks to promote integrated working among all professionals working with children but did not seek to force services – such as education and social work - to become organisationally merged.

> GIRFEC is an approach that recognises the rights of children, as enshrined in the UNCRC, and seeks to give those rights practical expression. The GIRFEC approach is about how practitioners across all services for children and adults meet the needs of children and young people, working together where necessary and supporting families to ensure children and young people can reach their full potential.
> (Scottish Government, 2015, p.8)

Whether it is a first referral or an ongoing case, social workers are usually involved in a process of assessment, intervention and then re-assessment. To do this properly they need to get a rounded picture of a child or adult's difficulties and so typically they will be in phone contact with health visitors, where there is concern about a baby or toddler, or teachers in the case of older children. The health visitors and teachers may in fact have been the ones who raised the child welfare concern in the first place. Social workers often have two contrasting aspects to their engagement with school staff. On the one hand they will be seeking information – perhaps requesting a report – about the child's behaviour or educational progress; on the other hand they may be giving some information about the child's family situation or perhaps advocating for the child following a period of absence or exclusion.

  One area where teachers and social workers are expected to work together is to improve the educational outcomes of children who are in care. In recent years there has been a considerable effort to improve the educational attainment of looked after children, who have often doing very badly, with few achieving Standard grades or Highers or going on to university. Social workers were told that they must
have higher aspirations for the children in their care and not just write off their educational chances because they faced major personal and family problems. The residential and foster carers were also expected to do much more to provide 'educationally rich environments' in their homes and actively support homework and encourage children's learning through the provision of wider social and educational opportunities. Similarly, schools were told that they must not have low expectations of children simply because they were in care and had very difficult backgrounds. Rather, they were expected to know who the looked-after children were in school, and then to monitor their progress providing such additional support as might be needed (Scottish Government, 2008).

  However, there is one key difference between social work and health or education, in that the latter two are universal services – they actually serve the whole population and are for the most part valued. Generally speaking, using these services does not carry any stigma, apart perhaps from the mental health field. Social work, by contrast, is not a universal service. It is open to anyone who needs a service but its remit is a targeted

or selective one. It is a service that protects vulnerable children and adults and channels services to them with the aim of helping them to the point where they no longer need assistance. Social work services also play an important role in other areas of child welfare such as the provision of long-term 'respite care' for children with serious or multiple disabilities. Services such as respite care, or 'short-break' services as they are now known, are generally popular with families and much in demand. However, when social workers intervene in family life there is usually considerable stigma associated with the process. Social workers are expected to counter stigma and discrimination and must show respect for, and offer support to, vulnerable, difficult and sometimes dangerous people. They bring this with them to the work of professional collaboration. While not denying for a moment that teachers and nurses too have professional obligations not to discriminate, it is often the social worker's job to advocate on behalf of people whom other professionals find difficult.

WORKING WITH CHILDREN AND FAMILIES

At one level, the whole area of dealing with child abuse and neglect is a highly regulated and formalised state activity with formal mechanisms (broadly referred to as 'child protection procedures') in place, underpinned by legislation to be adhered to by all professional, particularly those with statutory responsibilities (social workers). On the other hand, dealing with a child who has been abused or neglected, whose parents may deny involvement in this and who are angry and frightened is a very personal, 'in your face' experience which is fluid, subjective, messy and scary; something very difficult to regulate.

(Hothersall, 2014, p. 129)

Where a child's wellbeing is the focus of concern the social worker will seek to work with the parent(s) to identify the issues that are leading to the child being neglected or abused, and the quotation above gives an excellent sense of what that can involve for the social worker in a child protection 'case', and why it is such a demanding task. Many troubled families will be affected by drug or alcohol addiction, mental illness or domestic violence. Other parents may be vulnerable because of a learning disability and lack of family or community support. Sometimes parents are willing to work voluntarily with a social worker, but often social workers have to compile reports which are submitted to the Children's Hearing system for consideration as to whether 'compulsory measures of supervision' may be required. In these situations the Children's Hearing may decide either to place a child in care or keep him or her at home but require the social worker to provide supervision, through regular visits. Supervision orders imposed by the Children's Hearing will run for a maximum of one year though they can be, and often are, renewed. When working with a child and his or her family the social worker will aim to increase the capacity of the parent(s) to provide good enough care for their child. If parents are willing and able to acknowledge the problem the social worker tries to identify strengths and resources that the parents have and the network they might be able to draw on. So social work is always seeking to find a way to strengthen the family and when it is assessed that the child is safe and the family are providing appropriate levels of care, then social work will withdraw. They may help them access resources, such as drug counselling or benefits advice, or practical help in terms of replacing furniture and so on. Social workers can also provide service users with small cash payments in emergency situations. This is justified when the provision of a small payment – typically for food or electricity – can prevent an admission to care of a child or sibling group with all the disruption, distress and costs associated with even a short stay in care.

Although they have a child protection function and can in extreme cases take a child into care against the parents' wishes, the aim of social work intervention is to keep children within their birth family and to provide parents with the support that will enable them to keep their child safe. Thus social workers will usually try hard to keep families together, even when other professionals might feel that things are going seriously wrong and children are suffering the effects of neglect or inadequate parenting. While some children are relieved to be taken away from intolerable circumstances others often say that they want to remain with their parents and only for the abuse or neglect to stop.

Nevertheless it is important to note that significant numbers of children *are* taken into care or, in the official jargon, become 'looked after away from home'. The numbers of children 'looked after' have increased since

the early 2000s and the most recent statistics show around 15,000 children in Scotland are 'looked after' at any one time, approximately 1.3 per cent of the population aged 0 to 18 (Scottish Government, 2016). Out of these children, 4000, or 26 per cent, will be in the 'looked after at home' category. Of the remainder around 5,700 children are in foster care, with a further 4,000 placed, on the decision of the Children's Hearing, with family or friends (kinship care). There will be a further 1,500 children in residential care, either children's home or special residential school, and another small group of children are adopted each year. It is difficult to summarise the 'care journey' of these children. They are in fact a very heterogeneous group; some are young babies but many are teenagers. Some will only have a short period of time in care before being reunited with their family, while others will spend many years in care. For a small number of young children the local authority is faced with the difficult problem of finding a permanent placement when it is decided by the court that they are to be placed for adoption against their parents' wishes. Traditionally this option has been pursued for a small number of children, but in recent years, particularly with regard to the impact of heroin addiction on some parents with young children, it has been necessary to make more decisions to find permanent alternative families via adoption or long-term fostering.

CONCLUSION

 Social work is a challenging profession and commonly involves working with members of society who are affected by poverty and social exclusion combined with significant health difficulties or serious family problems. The UK continues to be a very unequal society and the effects of inequality confound policy makers in many fields including health, education, housing and social welfare. Governments have made the reduction in child poverty a priority but progress has been slow and targets are not being met. Many of the previous societal responses to chronic disability, mental ill health and child maltreatment involved separation of people from the mainstream – in long-stay hospitals, day centres or special schools. These types of 'solution' have been rejected in favour of maintaining people within families and communities whenever possible, and retaining only a small number of separate centres or institutions to deal with exceptional circumstances. There is widespread agreement that people with disabilities and disadvantages should not be segregated from society if at all possible and should have their needs for care and support, health and housing, education and employment met in 'normal' or mainstream environments. Even when children do need to be removed from their own home on child protection grounds, the alternative is to be used for as limited a time as possible. Similarly, for older people the greatest emphasis in terms of service development is on services that allow people to remain in their own homes for as long as possible. While these trends present huge challenges for those such as community nurses and GPs, in the area of health, and for school staff, in terms of the presumption of mainstreaming, social work has a critical contribution to make. The social work role involves assessing need and acting both as a gatekeeper and a monitor of service delivery for some of the most disadvantaged or 'challenging' people in society.

 In all these arenas professionals are likely to find that they expected to work together in the support of people in need and to provide services in an inclusive and non-stigmatising way. Wherever this is happening you will find social workers. They have a unique role, but they cannot usually achieve good results on their own and they are often accountable in multiple directions – to clients, to managers, to other professionals in collaborative work. They are acting as agents of the local state, on behalf of society as a whole, to assess risk and meet crisis situations, while they are also seeking to help their service users to claim their rights and access services to which they are entitled. The job cannot be made easy but it can be made easier and more effective if other professionals take the time to understand their role and work collaboratively with them.

REFERENCES

Adams, R., L. Dominelli and M. Payne (2009) *Social Work: Themes, Issues and Critical Debates* (3rd edn). Basingstoke: Palgrave Macmillan.

Coulshed, V. & Orme, J. (2012). *Social Work practice. (5th edition)*. London: Palgrave Macmillan/BASW.

Horner, N. (2012). *What is Social Work? Context and Perspectives* (4th edition). London: Sage/Learning Matters.

Hothersall, S. (2014) *Social Work with Children, Young People and their Families in Scotland*. (3rd Edition). London: Sage/Learning Matters.

International Federation of Social Workers (2000) 'Definition of social work'. Online at, www.ifsw.org/policies/definition-of-social-work/

Scottish Executive. (2003). *The framework for social work education In Scotland*. Edinburgh: Scottish Executive.

Scottish Executive (2006) *Scottish Executive Response to the 21st Century Social Work Review: Changing Lives*. Edinburgh: Scottish Executive.

Scottish Government. (2008). *Core tasks for Designated Managers in educational and residential establishments in Scotland*. Edinburgh: Scottish Government. Available from, http://www.gov.scot/Publications/2008/09/09143710/0

Scottish Government (2009) 'Death of Brandon Muir'. Press Release 19 August. Online at, www.scotland.gov.uk/News/Releases/2009/08/19130947

Scottish Government (2016) 'Children's social work statistics Scotland, 2014-15'. Online at http://www.gov.scot/Publications/2016/03/5133/326276

Scottish Government. (2015). Children and Young People (Scotland) Act 2014: revised draft statutory guidance. Edinburgh: Scottish Government. Available from, www.gov.scot/Resource/0049/00490013.pdf

Scottish Social Services Council (2009) 'SSSC Codes of Practice for Social Service Workers and Employers'. Online at www.sssc.uk.com/about-the-sssc/multimedia-library/publications/37-about-the-sssc/information-material/61-codes-of-practice/1020-sssc-codes-of-practice-for-social-service-workers-and-employers

Welch, V., McCormack, M., Stephen, J. & Lerpiniere, J. (2014). *Integrating Health and Social care in Scotland: Potential impact on children's services.* Glasgow: CELCIS. Available from: https://www.celcis.org/knowledge-bank/search-bank/integrating-health-and-social-care-scotland-potential-impact-childrens-services/

Wilson, K., G. Ruch, M. Lymbery and A. Cooper (2008) *Social Work: An Introduction to Contemporary Practice*. Harlow: Pearson.