SOCIAL WORK SKILLS

A PRACTICE HANDBOOK

Pamela Trevithick

CONTENTS

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INTRODUCTION

> . . . there are no easy remedies in social work, especially
> when we are confronted daily with oppression and
> deprivation . . .
>
> (Coulshed and Orme 1998: 3)

The context of social work is changing rapidly. However, one fundamental element remains the same, namely that social work is located within some of the most complex problems and perplexing areas of human experience, and for this reason, social work is, and has to be, a highly skilled activity. The purpose of this text is to describe this skilled activity by providing an account of 50 skills commonly used in social work, and to identify how these skills can be used in practice to enhance our effectiveness and help bring about positive outcomes. It attempts to bridge a gap that currently exists in relation to texts written specifically on the theme of social work skills. This gap has also been noted in relation to skills teaching. According to research undertaken by Marsh and Triseliotis (1996), 51 per cent of students interviewed stated that there was too little social work skills training on their courses. In a list of recommendations, Marsh and Triseliotis conclude that 'much greater attention [needs to be] paid to the teaching of social work skills using concrete practice situations' (1996: 219). This should include 'better and more applied teaching of psychology' (p. 220).

In order to develop these skills – a 'toolbox' of interventions – we need to have a sound theoretical and research base from which to begin to understand people and their situations, and to formulate plans of action appropriate to the circumstances encountered. This involves understanding how experiences are perceived, understood and communicated by people, and how this impacts on behaviour and life situations, both positive and negative. To some extent, this understanding will always be incomplete and uneven because, in the realm of human experience, life is unpredictable and some uncertainty is inevitable (Marris 1996). Improving our practice skills, based on current research and the 'best' evidence available, is a difficult task and one that daunts other professionals in this field, as this quotation from a report from the Cabinet Office notes:

> While there is plenty of research available in areas such as education,
> social services and criminal justice, the coverage is patchy and there is
> little consensus amongst the research community about the appropriate-
> ness of particular methodologies or how research evidence should be used
> to inform policy and practice.
>
> (Major 2000: 1)

The complex nature of social work is due, in part, to the fact that it involves
working across differences of class, race, gender, age, disability, sexual orien-
tation, religion, culture, health, geography, expectations and outlook on life.
Differences can be seen in the different ways that problems are presented,
communicated and perceived by individuals and in terms of the solutions
sought. There are also differences in the way other disciplines and professions
analyse and work with problems.

It is not always easy for people seeking help to state their needs or put words
to their thoughts and feelings, particularly when these are tangled amid feel-
ings of confusion, fear, humiliation, anger and despair. Then it can be hard for
people to remember their strengths and abilities; the courage and determi-
nation that have enabled them to get this far. Within this tangled mass of
jumbled experiences misunderstandings can easily occur, sometimes with
tragic consequences, as the inquiries into the deaths of children known to
social services attest (DHSS 1982; Gough 1993). As practitioners we still have
more to learn about how to work with people in ways that are clear: ways that
shine a torch on what is happening and why, that illuminate possible ways to
move things forward and provide evidence of effectiveness or otherwise.

This learning is an ongoing process and never complete. Indeed, one way to
view every interaction is as a learning experience for both parties. As prac-
titioners we may be learning how to pose questions in ways that offer the
greatest chance of being given open and honest responses. Or we may be
learning to listen creatively to what is being said, or not said. At the same time,
through the process of actually putting words to thoughts, feelings and experi-
ences, service users may be ordering events and emotions, and learning more
about their strengths and limitations, and their capacity to cope, or not, when
faced with too much strain. They may be using this opportunity to come to
terms with experiences that have been unbearable up to that point and, in this
difficult process, may be learning how to trust again. Other service users test
our skills in different ways, particularly those who 'have no interest in being
helped', 'who are not motivated to change' or who have a different value base
(Trotter 1999: 1).

This text emphasizes the central importance that communication and inter-
viewing skills play within social work practice. As human beings we are, in
fact, always communicating something, although this may not be intelligible
to ourselves or to others. It may require some deciphering, which can be
likened to learning a different language or, more precisely, a new dialect. As
practitioners, to achieve an understanding about what is being communicated

means using everything at our disposal in order to come alongside the experiences of the people with whom we work. From this perspective I do not believe that it is possible to be an effective practitioner without being an effective communicator. This, in turn, implies that, for effective communication to be possible, we have to know ourselves (Dominelli 1998: 10; Lishman 1998: 94). That is, we have to know the boundary of our own thoughts, feelings and experiences and to use these as a basis for understanding others, but without becoming merged, or so distant that we cannot empathize with another person (Thorne 1997: 181–2). This involves being able to take in and communicate what we think and feel using reading, writing, speaking and listening (Smith 1986: 246). The focus for this text is primarily on speaking and listening, although writing and recording skills are covered in Chapter 7.

To understand what is happening and why is, I believe, essential if change is to be a possibility. It is also important to be able to enable others to help themselves, which involves practitioners being comfortable in the role of *helper*. This is not easy to achieve when there is so much confusion and ambivalence within social work about helping others (England 1986: 65; Lishman 1994: 4). The emphasis placed on encouraging people to 'help themselves', with all the ambiguity this implies, can leave those people adrift who feel unable to care for themselves, for whatever reason. If we offer *help*, what are our intentions? Does helping others imply that as practitioners we are stuck in 'compulsive caregiving' (Braye and Preston-Shoot 1995: 129) or in a compulsive need to feel superior or to exercise power and control over others? These are central issues within social work because our intentions and actions are important and the people we work with have different capabilities. This makes our work, and the concept of empowerment and partnership, a complex undertaking (Thoburn *et al.* 1995), and more difficult to achieve than is sometimes suggested.

Similarly, good communication involves being able to hear how others gather and form their thoughts and feelings, and the meaning they give to particular experiences. This requires being able to establish a rapport and to form a relationship so that the information gained and experience shared can be consolidated and, hopefully, used to open up new avenues and inform future action. All points of contact and connection can have a profound impact, although we may never know their full significance. As practitioners struggling to balance different demands and tasks, it can be difficult to recognize how important we are to the people we work with.

By developing relationships that take account of our importance to each other, and the reciprocal nature of our connection, we are attempting to avoid adding ourselves to the pile of disappointing experiences, failures and 'let downs' that many service users have endured. By remaining within clear professional boundaries, being true to our word, keeping to the commitments we have made, never promising more than we can deliver and responding as closely as possible within agency constraints to the needs identified by the

individual, we are offering the possibility of a new and different experience. If all goes well, this can increase confidence and form a basis from which to explore other relationships and possibilities. Within the confines of inner city or rural neglect or decay, these possibilities may be few and hard to identify but every experience, positive or negative, carries with it the possibility of influencing the next stage in a person's life (Salzberger-Wittenberg 1970: 162). The challenge here is a formidable one, namely how to sort out and work through the barriers within the individual and their social environment that inhibit progress, so that these experiences can be turned into opportunities for growth and change.

Positive experiences engender hope and trust, and convey a comforting sense of being understood and accepted. As human beings we have a deep-seated wish to be understood, to be accepted for who we are, and for our lives to have meaning and purpose (Howe 1996: 94). This desire is as true for people who come from deprived sectors of the population, who form the vast majority of social work service users, as it is for people who come from other, more advantaged sectors. Although at times this desire for meaning and under-standing may elude us, nevertheless most of us continue to yearn for someone who can bring this sense of understanding and meaning into our lives and with it the transformation that this possibility offers. Some find this through religion, while others turn to their families or friends to fulfil this need. Another, smaller cross-section are forced to look to professionals to fulfil these needs, perhaps because they are not loved enough or because the capacity to adapt or to give and take, which is central to the task of relating, has already broken down and needs to be addressed.

On the other hand, negative experiences can reaffirm old suspicions and doubts, deepen mistrust, shatter hope and produce even greater despair. Too often service users arrive into the situation with too much negativity and with too little belief in the possibilities that change can offer. Try as we may, we cannot avoid the fact that some service users pose a threat to themselves (Huxley 1997: 133) and/or to others, whether unintentionally (Issac *et al.* 1986*)* or not (Hester *et al.* 1996). These risks have to be acknowledged in any assessment or evaluation process. As far as possible, all judgements, whether positive or negative, should be backed by evidence.

If, as practitioners, we can involve ourselves in the experience of relating to another human being, what we ourselves gain from this involvement is that we too can develop and learn from the encounter, about ourselves and about other people. That is our ultimate reward. To be invited to enter another person's world, if only for a brief time and in a limited way, can in itself be a mark of trust and hope and, from this place, so much can happen. The small gains that some service users achieve can feel to them, and to us, like major successes and act as a reminder that some people can travel a long way on a little, while others need much more in order to move their lives forward. That is not to idealize poverty and the sense of shame and social exclusion that can haunt the lives of poor people but it is important to remember that, as human

beings, we are complex and unique individuals and always more than our suffering (Angelou 1994).

The context of social work

The diverse nature of social work has been made more complex since the 1980s because of the changes that social work has had to embrace, some of which have given rise to confusions and uncertainties (Lishman 1998: 91). The election of the Labour government in 1997 has given rise to other changes. Devolution has resulted in different policies being implemented in England, Wales and Scotland. For example, the Social Work Council envisaged for England is different from the one planned for Scotland. Again, changes put forward for probation services in England and Wales are different from those planned for offender services in Scotland.

One philosophy behind some of these changes is a commitment to reduce health and social inequalities through the establishment of national standards and objectives in relation to health and social services and a framework for assessing performance and effectiveness (Huber 1999: 2). These objectives can be seen in initiatives stemming from *Quality Protects* (DoH 1998a) and *Modernising Health and Social Services* (1998b) and in the government's commitment to a 'what works is what counts' approach to service delivery (DoH 1998b: 93). Improvements in the quality of care will be overseen through the establishment of a proposed regulatory body, the General Social Care Council, which is due to be established in 2001. To achieve these aims, a collaboration between health and social services and interdisciplinary approaches to social care are seen as essential, although this may take different forms in various parts of the United Kingdom. Although the current framework of social work education and training was only established in 1995, it is about to be changed again. The introduction of changes will be linked to the setting up of the Social Work Council and development of the new Code of Conduct for social workers. These changes and proposals, together with the linking of *Quality Protects* grants with quality of services, will continue to have a profound impact on social work and the range and quality of services provided. If the crisis in recruiting and retaining social workers continues, it is difficult to see how these changes can be implemented without incentives to improve staff morale and performance.

Changes in the law

Since the late 1980s, there have been three major pieces of leglisation affecting social work practice (Ball 1996: xviii), namely the National Health Service and Community Care Act 1990; the Children Act, England, 1989 and the Criminal Justice Act 1991. The last has been substantially amended and superseded by

subsequent legislation (Criminal Justice Act 1993, Criminal Justice and Public Order Act 1994 and Crime and Disorder Act 1998). In addition, there is now a considerable amount of case law emanating from interpretations of the Children Act 1989. The introduction of the Family Law Act 1996, particularly its provisions for addressing domestic violence, is an important development for social workers and probation officers. (Legislation closely modelled on the Children Act, England 1989 includes the Children Act, Scotland, 1995 and the Children (Northern Ireland) Order 1997).

In support of legislation listed above, codes of practice and guidance are drawn up by the government. These are important because they state government's expectations of local authorities in relation to good practice. For example, guidance issued under section 7(1) of the Local Authority Social Services Act 1970 means that, should local authorities fail to act in accordance with the guidance, a complaint can be made to the ombudsman or it may count as evidence against them in legal proceedings. The difference between regulations, codes and guidance is described as follows:

> One might sum up the differences between the requirements of these various official documents like this: Regulations say '*You must/shall*'; codes say '*You ought/should*'. When guidance explains regulations, it reaffirms the '*You must*' messages. However when it goes beyond regulation setting out good practice, it conveys the message that '*It is highly desirable to . . .*' or '*Unless there is good reason not to, you should . . .*' rather than, '*You must*'.
> (Department of Health 1989: 2)

I have described these differences in some detail because familiarity with the requirements of government, including the law, could be an important basis from which to argue for certain services to be provided and to 'endorse anti-discriminatory practice' (Braye and Preston-Shoot 1995: 66). Some commentators have suggested that the European legislation when implemented, such as the Human Rights Act, may help service users to secure relevant services.

Outline of the text

In the first section of this book I look at the theoretical underpinnings to practice. In Chapter 1 I look at how we can use theory and research to enhance our practice skills. In particular I explore what we mean when we use different theoretical terms and identify ten practice choices, giving a case example of their use in practice. In Chapter 2 I give an overview of key psychological concepts. These provide a framework to help us understand other theories and human behaviour. In Chapter 3 I bring theory and practice into closer dialogue by looking at communication, listening and assessment skills, and how we can evidence effectiveness.

In the second section I explore how these theoretical concepts relate in practice. I describe 50 skills used within social work on a regular basis, giving

a name to many of the skills practitioners already use but may not have cate-gorized. Other core skills are included, but not described separately. These include communication, interviewing, observation, listening, assessment and decision-making skills, bringing the total number to roughly 56 skills. Since beginning the book, I have encountered other skills worthy of mention but it was not possible to include them all without changing the nature of the book. Some readers may be disappointed not to find certain skills included, such as those associated with particular practice approaches like cognitive-behav-ioural or client-centred approaches. However, whenever possible I have tried to give references to further reading. Every skill has a theoretical underpinning but the emphasis in this text is on the use of skills in practice, rather than explaining the theoretical root of each skill. That would require a book in its own right, which, hopefully, will one day be written.

The perspective I stress throughout this section, and the text as a whole, is that every intervention should have a purpose and, as much as possible, that purpose should be identified clearly and openly as part of the agreement we establish with service users and other key individuals and professionals involved. If we fail at the outset to find agreement or to identify a *common pur-pose* this omission is likely to emerge as a difficulty later on. This emphasis on being clear and specific in areas makes our contact with service users more purposeful and also allows us to assess the appropriateness of specific social work methods, approaches, perspectives, interventions and skills in terms of their effectiveness in bringing about desired and agreed outcomes. The focus of this book is on work with individuals, because the individual is located in other social formations, namely the family, group and community. However, the skills described are transferable and can be related to other practice orien-tations, and to work with service users in different settings.

Some points of clarification about the text are worth noting. Throughout, I have described people who come within the remit of social work as *service users.* This term is not ideal, but nor are others (Stevenson and Parsloe 1993: 6). This dilemma is made more complicated because, in my experience, none of the terms used – service users, consumers, recipients of services or clients – draw on a language commonly used by people in receipt of social work ser-vices. The suggestion that the word *client* should refer to 'those who have social work imposed upon them' and *service users* to denote 'recipients of social work intervention voluntarily entered into' is an interesting differentiation (Wise 1995: 116) but not always an easy distinction to draw. Nevertheless, Wise's conceptualization is helpful because it highlights the importance of language, and its limitations. Changing the words we use, while introducing a climate of hope and the chance for a fresh start, cannot in itself ensure that we have fundamentally altered the stigma and oppression that travels with certain oppressed groups. Nor can it ensure that those people are treated better, both within social work and outside. Also on the subject of language, it is remarkable to note, given the historic and present day dominance of women in social work, both as service users and practitioners, how many authors use

the male pronoun *he.* On occasion I have chosen to highlight how inappropriately this pronoun is used by adding the adverb *sic.*

The interventions identified do not solely refer to work with service users, but can include any other people we encounter during the course of our work (England 1986: 25). Sometimes our colleagues, managers or other professionals need to be supported and challenged in ways that are similar to our interactions with service users. Indeed, Wootton suggests that rather than focusing our attention on service users, many of whom lack the power and resources to change their lives, 'would not caseworkers do better to get their hands on some of our world's rulers?' (Wootton 1959).

Although I am an academic-practitioner, the pronoun *we* refers to the fact that I have written this text as a practitioner. As a result, most case examples tend to describe my experience of working with children and families, which may not feel satisfactory for practitioners working in other fields of social work. I apologize for this. In the case examples all names and other identifiable characteristics have been changed to protect service users' identities. In relation to this text, unless stated to the contrary the reader can assume that the situations described refer to service users who have sought our help on a voluntary basis.

1 USING THEORY AND RESEARCH TO ENHANCE PRACTICE

> . . . to practice without a theory is to sail an uncharted sea;
> theory without practice is not to set sail at all . . .
>
> (Susser 1968)

In this chapter I begin by looking at the tension that exists within social work in the relationship between theory and practice. I analyse how different terms are defined and, drawing on these definitions, identify ten practice choices, using a case example to describe how these choices might be used in practice.

The dialogue between theory and practice

To be an effective practitioner requires that we have a sound theoretical base. This is not easy to achieve. In the past, there has been a reluctance among some practitioners to embrace theory and research. The stereotypical view is one where theory and research are considered to be irrelevant, obscure, abstract and untranslatable in terms of direct practice. Some practitioners feel that to refer to theory is to lose touch with the realities of social work practice, and likely to be deskilling experience if it leaves us questioning our 'innate' skills, particularly our ability to relate to others. From this perspective it is easy for the split between theory and practice to be reinforced because practitioners have not experienced the benefits and clarity that theory can bring to practice situations.

But take, for example, a practitioner working with a distressed child who is struggling to settle into a new placement. This practitioner may find a useful link between theory and practice in Bowlby's (1980) theory of attachment, particularly his concept of *separation response* (protest, despair and detachment). This may help to illuminate the practitioner's understanding of this child and, in turn, help foster carer(s) and parent(s) to understand and to tolerate certain behaviours. We can, no doubt, choose to look at different writers

in this field (Vygotsky 1932; Piaget 1959; Stern 1985; Wolff 1989; Lindon 1993; Bee 1995) or update our knowledge by referring to more recent research on attachment theory (Murray and Cooper 1994; Holmes 1997; Howe and Fearnley 1999) and relevant texts (Fahlberg 1991; Rutter 1991; Howe 1995; Brandon *et al.* 1998; Howe 1999). However, I would argue that our practice is impoverished without reference to those theories that attempt to bring together a range of explanations, including current research findings, because these have a bearing on the strategies or interventions that we might choose, or wish to learn about, in order to help children and parents overcome the dilemmas they face (Department of Health 1995a).

Similarly, in direct work, we are more likely to recognize key issues or reactions if we have a knowledge base to draw on. The concern that knowledge can 'be used to gain power over others' (Payne 1997: 30) can be addressed in relation to service users by finding ways to share our knowledge with them, so that they have access to the same understanding – and the sense of confidence and resilience that knowledge can give. From this perspective, the value of a given theory and research lie in their usefulness in relation to practice and the degree to which they illuminate our understanding and future action (Payne 1998: 124). If any theory can achieve this it has an important contribution to make, even if its value is limited or has to be adapted to fit different settings. In the example given above, attachment theory provides a theoretical framework from which to hypothesize and analyse the behaviour of the child in question. References to present and past research findings attempt to test out those hypotheses – put flesh on the bone – by looking for evidence for and against the hypothesis put forward, and to develop new hypotheses or theories based on that evidence.

The anti-intellectual stance within social work

This mistrust of theory has been described as an 'anti-theoretical or a theoretical stance' (Coulshed 1991: 2), as an 'anti-intellectualism' or an 'intellectual purge' (Jones 1996: 204). It is seen when practitioners ignore or dismiss research findings as irrelevant, unrepresentative and too abstract, sometimes because research fails to confirm the unquestioned assumptions and 'common-sense' notions that some practitioners have learned to rely on. This antagonism, however, cannot be explained only in terms of how practitioners have reacted. Jordan suggests that at times academics and researchers have gone about the task of linking theory to practice quite insensitively, sometimes dictating to practitioners 'not only how they should work, but also what rationale they should follow' (Jordan 1990: 13). Also, a degree of wariness is understandable given the fact that some research findings have been critical of practice, and more positive accounts of social work successes tend to be ignored (Cheetham *et al.* 1992: 2). Others suggest that practitioners fail to see the important part that theory can play because of a confusion about what constitutes a theory, which leads to the mistaken belief

that they do not have or need to have theories when, in fact, we all use theory to inform practice:

> it is psychologically impossible not to have theories about things. It is impossible at a basic perceptual level, at a cognitive and at an emotional level. The search for meaning, as a basis for predicting behavioural success and avoiding danger, appears to have been 'wired' into our brains by evolution.
>
> (Sheldon 1995: 8)

These theories or explanations of human behaviour or events may, however, be expressed in quite obscure ways. For example, some writers refer to 'practice wisdom' (Hardiker and Barker 1981: 2; Dominelli 1998: 4): that is, skills based on personal experience of 'what works' in practice. The difficulty here is that some of these 'wisdoms' are not always ordered in such a way that they can be identified or differentiated from more common-sense notions, described by Pinker as 'an anecdotal ragbag of folk remedies' (1990: 64). As a result we have no reliable way of knowing in what ways these 'practice wisdoms' contribute to our stock of knowledge nor how applicable or transferable these wisdoms are across different situations. Instead, much of this knowledge remains beyond any evaluative process.

One important reason why these practice wisdoms are difficult to identify is because they are sometimes on-the-spot responses to complex dilemmas for which practice is ahead of theory. For example, for some time there was little information for practitioners to draw on with regard to the impact of drug abuse, particularly solvent abuse, in relation to young people. A similar gap in our knowledge once existed in relation to the impact of sexual abuse (Bagley and King 1990: 37). No doubt similar gaps will come to light as different social and emotional problems emerge and are acknowledged. On the other hand, there is no shortage of statistics or research in relation to the impact of poverty among people from more deprived sectors of the population, yet in recent years this knowledge has not influenced practice to any marked degree (Jones 1998: 124). For example, although it is well documented that not all claimants receive their full benefit entitlement (Walker and Walker 1998: 47), we are still not at a point where all practitioners engage in benefit checks as a matter of course.

This selective use of what we know has to be seen in a wider context than the practice orientation of particular social workers. For example, Jones locates this hostility to the 'peculiarities' of British social work education in a passage that is worth quoting at length:

> British social work education is also unique in its anti-intellectualism and its hostile stance to the social sciences. Since 1975 there has been an on-going process of theoretical stripping out of the social work curriculum. In its place students are increasingly confronted with a mish-mash of methods, skills and values teaching, often lacking in any coherence. Values in particular have come to occupy a strangely central position, with

> CCETSW [Central Council for Education and Training in Social Work]
> appearing to believe that they can be a substitute for knowledge and
> understanding. There is no comparable system of social work education
> in the world which is so nationally uniform, uninspired and tailored so
> closely to the requirements of major state employers.
>
> (Jones 1996: 190–91)

These points are important and, given such obstacles, it is more than ever
crucial that we remain intellectually and emotionally alive to the complexities
that social work presents; that we keep hold of a critical faculty or an 'intel-
lectual scrutiny and rigour' (Coulshed 1991: 1): 'Good social work rests upon
the process of criticism, a process of experience and understanding, of analy-
sis and comparison. A critical faculty is integral to the very practice of social
work, to enable the worker to evaluate his client's and his own communi-
cations' (England 1986: 125).

Certainly, one way that this aliveness could be inspired would be if social
work texts and research findings could be presented in ways that are more
visually appealing, relevant and interesting, so that they provide 'the possi-
bility of a good read' (England 1986: 205). Also, as practitioners we need to
work in a learning culture where curiosity, enquiry and exploration are
encouraged and where opportunity, encouragement, time and resources to
update our knowledge are seen as priorities. This would, hopefully, encourage
many more practitioners to write and to engage in research and this, in time,
may provide the link that is needed in the theory–practice divide.

Competence based approaches

Some of this tension between theory and practice, and the lack of clarity about
what social workers' knowledge base should be, is exposed in the debate
about the value, or otherwise, of a competence based approach to teaching
and learning within social work. CCETSW categorizes the knowledge base
that social workers are required to have in order to qualify for the Diploma in
Social Work under the following six headings:

- communicate and engage
- promote and enable
- assess and plan
- intervene and provide services
- work in organizations
- develop professional competence

It is not possible to do justice to the wide ranging debate that has taken place
since CCETSW first introduced competences into the new Diploma in Social
Work in Paper 30 (CCETSW 1989; 1991; 1995b). What is striking is the degree
of agreement among social work academics in their criticisms of the appropri-
ateness of this approach within social work. These include the criticism that

teaching the 'mechanics' or 'techniques' produces technicians rather than professionals (Hayman 1993: 181) and that this process misses all that is complicated in the interaction between social worker and service user (Cheetham 1997: 264). Competences are also described as constraining a reflective approach to practice (Payne 1998: 122) and seen to ignore the central importance that process plays within a given interaction (Adams *et al.* 1998: 258). Furthermore, competences are accused of being inconsistent with the development of anti-oppressive practice and a more values based approach to social work (Dominelli: 1998: 9). Howe generalizes the concerns expressed: 'Such an outlook seeks to establish routines, standardized practices and predictable task environments. It is antithetical to depth explanations, professional integrity, creative practice, and tolerance of complexity and uncertainty' (Howe 1996: 92).

The major advantage of a competence based approach lies in its emphasis on outcomes and on the importance of social workers being able to demonstrate the appropriate use and effectiveness of designated skills in relation to practice. This includes a requirement that students and social workers are familiar with the law and how this relates in practice, and that students and practitioners should take 'responsibility for their continued learning and development' beyond the acquisition of a professional qualification (CCETSW 1995a: 19). I believe that the emphasis on students being able to demonstrate that they have acquired certain knowledge is essential to good practice. For a helpful summary of the main advantages and disadvantages of a competence based approach, see Thompson (1995: 101–4).

Transferability of skills

The transferability of skills involves students and practitioners being 'able to explain in a coherent, comprehensive and convincing manner how their practice is informed by their knowledge base, and being able to apply their knowledge and learning to new situations through appraising what is general and what is particular in each situation' (CCETSW 1995a: 19). However, for skills to be reliable and enduring across different, often difficult, situations they have to be based on a sound theoretical understanding of human beings in their particular social contexts. This includes an understanding of theories in relation to human behaviour: 'The final factor for skill development which is reliable and transferable is an understanding of theories of human behaviour so that skills are related to individual clients and not just routine behaviour' (Parsloe 1988: 8).

For example, if confronted with a situation where a service user is being aggressive or threatening, I would be very cautious before using interventions that are challenging or confrontational unless my purpose was to bring matters to a head. This kind of evaluative process requires that we have a body of knowledge to draw on in order to help us to explore what was happening and why. Establishing a relationship between theory and practice in this way

means that both are constantly in dialogue, each informing the other in ways that illuminate different aspects of our work and that 'invigorate, fascinate and professionally uplift' (Howe 1997: 175).

Key questions

Much is asked of social workers, and the use of theory and research can be helpful markers when we find ourselves overwhelmed by the intractable nature of the problems presented. They can help us to address the key question posed throughout this text, namely 'what can I and others say or do to make a difference?' In addressing this question, theory can illuminate our understanding of people and their circumstances in five key areas:

1 Observation: it tells us what we see and what to look out for
2 Description: it provides a conceptual vocabulary and framework within which observations can be arranged and organized
3 Explanation: it suggests how different observations might be linked and connected; it offers possible causal relationships between one event and another
4 Prediction: it indicates what might happen next
5 Intervention: it suggests what might be done to bring about change

(Howe 1997: 171)

It is necessary to draw on theories or to 'borrow' knowledge (Payne 1997: 44) from a range of other disciplines, particularly sociology and psychology, including social psychology (Howe 1997: 172). To this list Hardiker and Barker add organizational theory as a 'foundation knowledge' (1981: 29). However, borrowing from other disciplines in this way has given rise to considerable controversy about what constitutes a useful theory for social work. This controversy has been described by Payne as 'theory wars'. One of the best examples of this can be seen in the way that psychodynamic theory was misrepresented and discounted within social work in the 1970s and 1980s and, to some extent, continues to be attacked today.

Some of this controversy has been played out in relation to whether knowledge is primarily drawn from sociology or psychology, because these two disciplines look across at people and their social situations in different ways. In addition, different schools within these disciplines take up different emphases. The polarized way that psychology and social factors have been represented within social work denies that both are important. It should be clear that our interest in one discipline does not automatically cancel out our interest in the other. However, at different times, it may be necessary to focus on one more than the other. For example, a woman who asks for help in order to enable her to leave a violent relationship will need help and understanding from different sources (Hague and Malos 1998). To have the courage to think through the emotional consequences involved in, say, leaving her home and moving to a new area, perhaps to a women's refuge, will require our focusing

on feelings and the meaning given to experiences. At the same time, in order to make it possible for this woman to leave, it may be essential to focus on her housing needs and on ensuring that she knows her legal rights and where to go for help. Or again, where poverty is likely to be an issue, we may focus our work on trying to ensure that she is in receipt of the right benefit and so forth. The list of possible tasks is endless but cannot be fully embraced unless we can bring social and psychological considerations into an intellectual climate where both can be recognized. Some of the tension between individual and social causation can be found in the current debate about the purpose of social work and the role of a social worker (Dominelli 1998; Clark 2000: 49–62).

Practice terminology: the absence of a common language

The tension between theory and practice within social work is not helped by the different way that authors use terms such as theory, hypothesis, method, model, practice approach, perspective, intervention, and skills. Given this confusion, it is important to identify these differences and to define how these terms are used within this book.

Theory

The knowledge base of social work derives from many sources. However, what constitutes a *theory*, particularly in relation to what constitutes a *social theory,* is subject to some debate (Marshall 1994: 532). One way to define a theory would be as: 'A group of related hypotheses, concepts, and constructs, based on facts and observations, that attempts to explain a particular phenomenon' (Barker 1995: 336). Every attempt to try to make sense of the world or particular events constitutes a theory since one characteristic of a theory is that it goes beyond the descriptive to include explanations of why things happen (phenomena). This places theory and theorizing at one end of a spectrum as something accessible; something that we all do, whether intentionally or not. It is sometimes referred to as *informal* theorizing.

At the other end of the spectrum, the validity of *formal* types of theory tend to be based on scientific criteria. Sheldon (1995) leans towards this more formal use of theory in his breakdown of the 'qualities possessed by theories', which should have built in:

- potential refutability ('at greatest risk of potential refutation by stating clearly what ought not to occur')
- riskiness of prediction
- testability
- logical consistency
- clarity of expression
- applicability
- simplicity

- the potential to attempt to address 'important things not yet known' or those 'circumstances in which there is no convincing explanation available'.

(Sheldon 1995: 10)

The difficulty in relation to formal theories of this kind is that they run the risk of dismissing explanations that cannot easily be tested by more objective measures, which means it is possible to miss vital clues or to misread situations. Also, there is now growing agreement that all theories are influenced to varying degrees by the role, behaviour, values and assumptions of those involved in theorizing, including researchers (Kuhn 1970). A final way theory has been categorized is through differentiating between *grand* and *middle-range* (micro-level) theories, with grand theories attempting to explain more or less everything in society (e.g. Marxism, psychoanalysis) and middle-range theories attempting to explain only a limited range of phenomena (e.g. inequalities, oppression) (Thompson 1995: 23).

Whether social work can lay claim to any distinct theories in its own right, independent of other disciplines, is debatable and if it can, it is not clear what a social work theory would consist of in terms of its distinct characteristics (Payne 1997: 34). My own view is that it is possible for social work to have its own unique theory base, built on knowledge-in-practice (Schön 1983), which identifies how certain theories are applied and adapted to specific practice situations, and then to use the findings of practice as a basis for new hypotheses to be developed and further theory-building. In this process, the term theory is used within this text to include formal and informal, grand and middle-range concepts that attempt to *explain* phenomena.

Hypotheses

In between theory and practice lies the activity of formulating and testing working *hypotheses*. The dictionary definition of a hypothesis is 'a suggested explanation for a group of facts or phenomena, either accepted as a basis for further verification (working hypothesis) or accepted as likely to be true. An unproved theory' (Hanks 1979). Formulating hypotheses in this way marks an attempt to define, explain and predict certain events with a view to increasing our understanding in order to arrive at an agreed course of action. One way to see hypotheses is as a type of 'informal' theory-making, 'based on testable hypotheses' (Pinker 1990: 24). For example, in a case of non-attendance at school, we might formulate a variety of hypotheses: that the child is absent from school because s/he is looking after a parent; s/he may be being bullied; s/he finds the teacher frightening; s/he finds the culture of school bewildering, and so forth.

Having formulated these hypotheses, which forms an important part of Schön's notion of *reflection-in-action,* the task is to 'test' against evidence that either confirms or refutes each hypothesis (Schön 1991: 146) 'by showing that the conditions that would follow from each hypothesis are not the observed

ones' (Schön 1991: 143). The importance of seeking verification has to be stressed and is consistent with an evidence based approach to practice. The use of unclarified or unconfirmed data based on intuition or common-sense notions alone is not enough (Coulshed 1991: 24).

Method or practice orientation

Again, confusion surrounds the use of the term *method*. One way that method is used, particularly in the USA, is to identify the four general forms of practice (Haynes and Holmes 1994). These are:

- work with individuals (sometimes involving counselling)
- groupwork (sometimes called social groupwork)
- family work (including family counselling and family therapy)
- community work (sometimes called community organization or community development).

Method is also used to describe specific types of interventions. For example, Pinker uses the term to include task-centred and problem-solving methods and also to describe what I would call *practice approaches*, namely 'crisis intervention and behaviour modification methods of intervention' (Pinker 1990: 24). It describes a 'way of doing things, of working with facts and concepts in a systematic fashion' (Reber 1985: 439). Or again, sometimes method is used interchangeably with the term *intervention*, as a way of formulating an appropriate plan of action.

   Disagreement about the definition of social work methods, and how these should be categorized, particularly in relation to case work and community work, formed part of the argument of the Barclay Working Party and the Barclay Report (1982). Since confusion still surrounds its use, within this text I use the term *practice orientation* to describe the four general types of practice (work with individuals, groups, families and communities) and *practice methods* to describe the application of *specific practice interventions* that form part of a particular *practice approach*. For example, I would include *unconditional positive regard* as a specific practice intervention in a client-centred approach; *modelling* as an example in cognitive-behavioural approaches; *impact* as specific practice terminology used in crisis intervention; *circular questioning* as a specific practice intervention in family therapy (systems theory) and *interpretation* and *insight* for psychosocial approaches. Given the lack of consistency that exists among different authors about how they use the term social work methods, in this text I have avoided using this word except in a general sense or when quoting other authors.

Models

Howe, like Hardiker and Barker (1981), differentiates between a *model* and a theory, and does so by identifying a model as a *description* rather than an explanation of phenomena, acting not as a perfect representation but as an initial

attempt to order, or simplify, information by illuminating the pattern of relationships or phenomena observed: 'Models, acting as analogies, can be used to order, define, describe phenomena. They do not explain the things seen, but they do begin to impose some low level order on what is otherwise a jumble of information. Models act as bricks in theory building' (Howe 1987: 10). However, the word model is used differently within certain disciplines or by certain authors. For example, the *medical model* is closer to a grand theory. Others use the word model to describe what I would call a practice approach or perspective (Payne 1998: 136), or to describe both a theory and perspective, such as the *social model of disability* (Oliver 1990, 1996). Finally, England uses the word model to include client-centred, task-centred and unitary 'theory', which he differentiates from theories because they do not include explanations.

Given the confusion that surrounds the use of the word, it is not my intention to use model within this text.

Practice approach

The term *practice approach*, sometimes called *theoretical approach*, is used within the text to describe a systematic approach to practice, which draws on a distinct body of theory and, as a result, has its own specific practice terminology and interventions (see the practice methods listed under the heading *method* or *practice orientation*). Although more could be listed, the main practice approaches used within social work include:

- client-centred approaches (this often takes the form of counselling)
- cognitive-behavioural approaches
- task-centred work
- crisis intervention
- psychodynamic or psychosocial approaches
- systemic family therapies.

Task-centred work, although important, is not included as a practice approach because it does not adhere to any distinct theory base. Instead, it describes a 'set of activities' rather than a 'theoretically-based approach from which a set of activities flows' (Marsh 1997: 195). Thus, focusing on *tasks* could form part of other practice approaches (see the Appendix for a brief account of the main social work approaches and concepts).

An eclectic approach

Eclecticism can be seen as a response to the diversity and complex nature of many of the problems social work embodies (Cheetham *et al.* 1992: 51) and has important advantages: 'Eclecticism enables different ideas to be brought to bear, helps to amalgamate social work theories when they make similar proposals for action, deals better with complex circumstances and allows workers to compensate for inadequacies in particular theories' (Payne 1998: 130). Although many practitioners describe themselves as being 'eclectic', not all

can identify the particular practice approach or specific practice terminology and interventions they actually use, and why they use them. In fact, eclecticism can tend to confuse rather than clarify what is actually involved in practice because, in reality, few practitioners have the expertise to be able to dip into a range of practice approaches, which means that this 'pick-and-mix' approach may be less flexible or adaptable than is sometimes implied (Thompson 1998: 304). Social work will always involve a degree of eclecticism, and some practitioners may indeed draw on a range of practice approaches and methods in the way this term describes. However, I have not included it as a distinct approach because too often the term eclecticism is used too loosely and not in a way that denotes an approach to practice based on an identifiable knowledge base. Given the lack of vigour that surrounds the use of the word, it is not my intention to refer to eclecticism as a distinct practice approach within this text.

Perspective

The word *perspective* is often used but rarely defined in social work texts. One way to define it would be as a 'view of the world' (Payne 1997: 290), but often a partial view. In this text, I use the term perspective to denote a partial but important way of thinking about, observing and ordering phenomena and how they relate to society as a whole.

In the framework I am describing, perspectives are differentiated from practice approaches because, although they order and make sense of experiences and events from the particular and partial viewpoint, they are not linked to a particular theory and practice method in the way that the five practice approaches identified are linked. For example, while *consciousness raising* may be a term associated with a feminist perspective, other perspectives may also lay claim to raising awareness in similar ways.

Again, others could be added to this list but the main perspectives relevant to social work include:

- an anti-discriminatory perspective
- an anti-oppressive perspective
- an anti-racist perspective
- a feminist perspective
- a user's or a survivor's perspective
- a radical social work perspective.

These perspectives are frequently called upon to do more than deepen our understanding because they influence practice in a more direct way. For example, some are, in fact, political perspectives (Langan and Lee 1989: 176), such as an anti-oppressive perspective, which, for some authors, describes a specific type of practice (anti-oppressive practice), designed to deliver an anti-oppressive service (Dominelli 1998: 8). This terminology denotes Dominelli's desire to incorporate what I would define as a practice approach, practice method and perspective into one 'new practice paradigm', namely

anti-oppressive practice (Dominelli 1998: 7). Other perspectives described in social work texts explore how the world looks through the eyes of minority or disadvantaged groups: from a children's perspective, a disabled or older person's perspective or a lesbian/gay perspective. Other perspectives look at the details and facts from a specific viewpoint or angle, such as an ethical, values, agency or economic perspective.

Not enough is known about the ways in which particular perspectives influence practice and how effective this work is in bringing about desired change, but it seems to be the case that most practitioners undertake assessments from one perspective or another and that at times, different perspectives can clash. For example, a user perspective may clash with an agency perspective (Lishman 1994: 87). Also, the partial nature of any perspective can mean that there is the risk that an individual's perception of events is 'blinkered' and prone to generalizations or bias.

Intervention

Intervention in social work 'is analogous to the physician's term *treatment*' (Barker 1995: 195) and is defined as taking 'a decisive or intrusive role in order to modify or determine events or their outcome' (Hanks 1979). It is direct action, or a specific social work input, based on our understanding of the situation or problem presented, and can involve providing direct services or trying to effect change in the social environment, including organizations, in order to change 'the balance of forces in the social environment in the client's favour' (Kadushin 1990: 14). This may involve acting as an advocate or a mediator on behalf of a service user.

Whether, when and how to intervene is a complex issue. It requires that we are clear beforehand that we have a mandate to do so, particularly where the request for our intervention does not come from the person for whom the help is being sought. We also need to be sure that our involvement is justified at that time (Doel 1994: 24). This should be based on how we, the service user and others judge the situation, based on a consideration of the following factors:

1 the urgency of the problem;
2 the consequences of not alleviating the problem;
3 the chances of success in alleviating the problem;
4 the ability of the worker and agency to help with the problem;
5 the motivation of the client to work on the problem;
6 the support which the client will receive from other people; and
7 the specific nature of the problem.

(Doel 1994: 27)

Skills

O'Hagan, citing a different dictionary definition, writes of *skills* as 'practical knowledge in combination with ability . . . cleverness, expertise, . . . knowledge or understanding of something' (O'Hagan 1996: 13). However, what

constitutes a social work skill is difficult to define because it is used inter-changeably with other terms, such as intervention, competence, practice and techniques (O'Hagan 1996: 12). This can create confusion, but is understand-able given the fact that they very much belong to the same family. For example, CCETSW describes *competent practice* as practice conducted in a 'skilled manner'(CCETSW 1995a: 3), although it is not clear what constitutes a 'skilled manner'.

In this book, skill denotes the degree of knowledge, expertise, judgement and experience that is brought to play within a given situation, course of action or intervention. This can involve several factors. For example, it can involve arriving at a sound judgement in relation to the choice of practice setting and how best to work within a particular environment: the level of intensity that the work requires and over what period. It can also involve formulating a judgement about the level of skill that the work requires and what the practice emphasis should be, particularly at the beginning, middle or end of a piece of work or course of action. Part of this decision-making process involves being able to use supervision effectively and creatively and also being able to pursue (and argue for) additional consultation, training and support when required. These skills are described in greater detail in the ten practice choices that follow.

Relating theory to practice: ten practice choices

The following breakdown describes ten common choices that arise in direct work with service users. Not all decisions will involve all ten choices but many will include having to explore, in consultation with the service user, options that include the following.

Practice orientation

This involves making a choice in relation to the most appropriate orientation across four options:

- work with individuals
- family work
- groupwork
- community work.

Practice approach

The main approaches include:

- client-centred (this often takes the form of counselling)
- cognitive-behavioural
- crisis intervention
- systemic family therapies

- psychodynamic/psychosocial approaches
- others.

Perspective

The main perspectives that illuminate factors from a particular viewpoint include:

- an anti-discriminatory perspective
- an anti-oppressive perspective
- an anti-racist perspective
- a feminist perspective
- others (described earlier in this chapter).

Skills and interventions

These include the fifty generalist practice and interventional skills described in this text:

- planning and preparing for the interview
- creating a rapport and establishing a relationship
- welcoming skills
- empathy and sympathy
- the role of self-knowledge and intuition
- open questions
- closed questions
- 'what' questions
- circular questions
- paraphrasing
- clarifying
- summarizing
- giving and receiving feedback
- sticking to the point and purpose of the interview
- prompting
- probing
- allowing and using silences
- using self-disclosure
- ending an interview
- closing the case and ending the relationship
- giving advice
- providing information
- providing explanations
- offering encouragement and validation
- providing reassurance
- using persuasion and being directive
- providing practical and material assistance
- providing support

- providing care
- modelling and social skills training
- reframing
- offering interpretations
- adaptation
- counselling skills
- containing anxiety
- empowerment and enabling skills
- negotiating skills
- contracting skills
- networking skills
- working in partnership
- mediation skills
- advocacy skills
- assertiveness skills
- being challenging and confrontative
- dealing with hostility, aggression and violence
- providing protection and control
- managing professional boundaries
- record keeping skills
- reflective and effective practice
- using supervision creatively.

Practice setting

This includes working in different practice settings such as:

- the workplace
- a person's home
- residential setting
- prison or day centre
- community centre
- hospital
- school
- more natural or spontaneous settings or situation that are appropriate for the particular service user.

Level of intensity

Some referrals require a different level of intensity, depending on the problem(s) presented and the circumstances of the individual. These can roughly be divided into three levels:

- *non-intensive*:   this relates to work that is less intensive, where contact with service users is likely to be fortnightly, perhaps because the work is near to completion and the case is coming to a close or because the work cannot proceed at a quicker pace

- *moderate*:   this is where work is ongoing and contact with the service user, family members and other professionals is likely to occur at least once a week. Providing weekly relationship counselling, family work or individual counselling would normally fall within this level of intensity
- *intensive*:   this is where the work is demanding and the problems presented are multi-faceted, severe, enduring and complex. This may involve two or more points of contact with the service user, different family members and/or other professionals during the course of a week.

Duration

Depending on the problem presented and the individuals involved, the time-span for the work can vary. These will vary according to agency policy and can include involvement that is categorized as:

- short-term (up to 12 weeks)
- medium-term (falling between 12 to 26 weeks)
- long-term (stretching beyond 26 weeks).

Level of skill

The level of skill required can range from:

- *basic skills*:   these relate to those foundation skills that are required in most social work interventions such as empathy, establishing a relationship or a rapport.
- *intermediate skills*:   these relate to the skills required to deal with more difficult situations, such as working with service users who are not easy to engage or seem unresponsive.
- *advanced and specialist skills*:   these skills relate to working in situations that require specialist knowledge, such as training in counselling or family therapy, being able work with problems that are multi-faceted and intractable or in situations involving conflict, hostility or high levels of distress.

Practice emphasis

This can vary depending on whether the work is at the beginning, middle or the end phase. For example, our emphasis at the beginning phase may be on relationship-building; in the middle phase the focus may be on consolidating the relationship and strengthening trust; and at the end it may involve forming links with family members or neighbourhood groups to enable the work to end and progress to continue.

Supervision, consultation, training and support structure

This involves attempting to identify what input we need in order to be effective in our work and to develop our skills and expertise.

Case example

The following chart shows how this decision-making process relates in practice using the example of a young person, Sarah, aged 12, who has been referred by the school because she has recently been found to be self-harming, using a razor blade to score her arm. From the limited information that the school has been able to gather, there is a concern that Sarah may have been the victim of sexual abuse.

Implementation – 10 practice choices

Practice	*Range of choices*	*Decision*
Practice orientation	• Work with individuals • Groupwork • Family work • Community work	Individual work (counselling)
Practice approach	• Client-centred • Cognitive-behavioural • Crisis intervention • Family therapy (systemic) • Psychodynamic • Others?	Client-centred
Perspective	• Anti-discriminatory • Anti-racist • Anti-oppressive • Feminist • User's/survivor's • Children's rights • Others?	• Feminist • Anti-oppressive • Children's/young people's rights
Interventions	(a) Generalist practice skills and interventions (drawn from the list of 50 skills) (b) Specific practice interventions (client-centred)	Assessment skills: information gathering; observation skills; listening skills; judicious use of open and closed questions, etc. Building trust: • congruence • unconditional positive regard; • empathy

Practice	Range of choices	Decision
Practice setting	• Social Services • Own home • School • Family centre • Other?	Play room
Duration	• Short-term (up to 12 weeks?) • Medium-term (12–26 weeks?) • Long-term (26–52 weeks?)	Sexual abuse confirmed. Assessment of the nature of the abuse and degree of trauma. Proposed duration for work – 1 year.
Level of intensity	• Non-intensive (fortnightly/monthly) • Moderate (weekly) • Intensive (twice weekly)	Weekly
Level of skill	• Basic skills • Intermediate skills • Advanced and specialist skills	Advanced and specialist skills
Practice emphasis	• Beginning phase • Middle phase • End phase	Initially to build up trust in order to gain a clearer picture about Sarah and why she harms herself.
Supervision, consultation, training and support structure	• Ongoing and regular supervision • Specialist consultancy? (one-off?) • Training • Peer support (formal?/informal?)	Monthly Consultation from women's therapy centre. Attend training course on working with sexually abused children and adults. Attend peer support group.

The practice choices in this example were chosen for the following reasons. First, in terms of practice orientation (sometimes referred to in texts as method) it was clear from my contact with the school and Sarah's year head that the referral had to be dealt with delicately. Sarah was described as a 'shy' and 'reserved' young woman with few friends. The school was concerned that every effort should be made to ensure that she continued to attend. Had Sarah had a close friendship, I would have considered including that friend in the counselling session if Sarah wanted this.

Having chosen a client-centred approach, the specific practice interventions I used involved empathy, congruence and unconditional positive regard as tools to help Sarah to communicate with me. General interventions involved drawing on a range of skills, such as information gathering and listening skills in order to make an assessment. In particular, I was attempting to identify why

Sarah was drawn to harm herself in this way and its likely impact, both then and in the future. Research on the effects of child sexual abuse indicates that it can lead to low self-esteem, depression, difficulties forming or maintaining relationships, self-injury and emotional disorders (Finkelhor 1990; Corby 1993; Trevithick 1993). I was also aware of Finkelhor's writing on the pre-conditions of abuse and anxious to ensure that Sarah was protected from further harm (Finkelhor 1984).

In choosing a feminist perspective, I was attempting to understand whether Sarah's gender might be playing a part in her self-harming behaviour. Research indicates that girls predominate in statistics in relation to self-inflicted injuries (Coleman *et al.* 1995; Hawton *et al.* 1996). In choosing a children's rights perspective, my aim was to ensure that I remained sensitive to power differences and the difficulties that some young people experience in relating to adults. In terms of the specific interventions chosen, initially these focused on building up trust, as well as attempting to identify risk factors. Working with children who have been abused takes time, patience and sensitivity if the work is to be successful in terms of ensuring that the impact of these painful experiences are worked through (Corby 1993; Doyle 1997; Copley and Forryan 1997). For this reason, the setting for the counselling session needs to be carefully prepared and protected from unnecessary interruptions or distractions. In terms of the time period needed for this work, this depends a great deal on the young person involved. Because of the degree of trauma Sarah exhibited, and the fact that she was still harming herself on occasion, it was agreed that we would work together for a year, but that we would review the situation at three-monthly intervals. In order to provide a 'reparative experience', and for me to track Sarah's progress, we agreed that the counselling sessions should be weekly. As the work progressed, I felt it likely that we would have to address more difficult and painful issues, such as the thoughts and feelings that drove Sarah to harm herself. In terms of the termination of the work, careful planning was needed to ensure that the counselling was drawn to a close in ways that ensured that progress made could be maintained and built upon. Finally, in this case my support and supervision for the work came from my line manager and also from consultation sessions from a women's therapy centre.

This example shows how the ten practice choices might be used to structure the work with Sarah. During the course of the assessment it emerged that problems within the family were contributing to Sarah's distress, so the practice orientation changed in order to include family work. This took place alongside my individual work with Sarah. No changes in direction were implemented without full consultation with Sarah and, as much as possible, with her family, the school and other interested parties.

Conclusion

I have described and defined the use of certain terms within social work in order to demystify these concepts so that they feel more accessible and

become ideas that can be explored further. Without this exploration, it is not possible to develop a 'practice-theory for social work' (England 1986: 27), and a common language from which to discuss crucial issues in relation to the effectiveness of different interventions used. From this perspective, abstract knowledge is far less important than developing the skills to *use* that knowledge in practice. More than ever we are being called upon to justify the practice decisions we make, and these cannot be based on our own preferences alone but must include a knowledge of approaches shown to produce better results (MacDonald *et al.* 1992; Hanvey and Philpot 1994: 5; Macdonald and Macdonald 1995). The decisions agreed on must also reflect the preferences that service users express because our likelihood of success depends on how well we invite their involvement and participation.

Turning to theory for guidance should not involve becoming lost in concepts that we strain to understand, nor becoming locked in a professional jargon that sets us apart, but it should result in our acquiring a greater understanding about what constitutes effective practice.

An ongoing criticism focuses on the relationship of social work academics to direct practice. In other disciplines, such as medicine and dentistry, there is an expectation that professors and lecturers will continue to see patients and, through keeping abreast of practice issues, to use their clinical experience to inform their teaching, and to influence discussions on policy and practice. However, the way in which social work careers are structured, particularly promotion, often results in social work managers, academics and policy makers, including staff employed at CCETSW, not being involved in work with service users except indirectly, through supervision, dealing with complaints or similar second-hand points of contact with direct work. This separation reinforces the split that exists between theory and practice with no one experiencing the benefits and clarity that can be the result of a 'marriage' between theory and practice, and practice and theory.

It seems fitting to end this chapter with a quote from the late Veronica Coulshed:

> social work theory should never become an end in itself . . . a truly useful theory would provide guidance towards a more effective practice, giving a measure of confidence so that we do not feel totally at the mercy of our working environment; if we build on and record effective strategies and techniques, then we build transmittable knowledge by directing others to what is common and regularly occurring in human experience.
>
> (Coulshed 1991: 8)

Transferable skills are skills social workers develop in one setting that they can use and build upon in another setting. The ability to identify your transferable skills allows you to explore career opportunities where you can use your personal qualities and abilities as well as your professional knowledge and competence. Transferable Hard Skills in Social Work. Hard skills include specific knowledge and abilities that are easy to quantify. These types of skills are learned and can be defined, evaluated, and measured. Social Work is a profession that requires a variety of emotional and psychological skills in addition to formal academic training. While knowledge and practices are what defines the profession, some of the most important skills are actually internally developed. The skills one is taught within your academic and professional training are also extremely important in their own right and cannot be ignored either. On this page you will find eleven skills to have for success in social work. What are the key characteristics of a social worker? MSW@USC highlights 10 social work skills that are necessary to succeed in the profession. 10 Skills Every Social Worker Needs. December 07, 2020 by MSW@USC Staff. Social work is a demanding and varied profession, often requiring a practitioner to wear many hats on a given day: adviser, therapist, caretaker, administrator, clinician and many others.

Social work skills include a variety of soft skills, such as organization and communication, and skills directly related to the job, like client evaluation. Social workers can develop these skills through education, training and experience. It's important for these professionals to continually practice and develop a unique skillset in order to remain current and keep up with the demands of the job. Examples of social work skills. Here are important skills that help social workers succeed in their careers: Critical-thinking skills. Social skills play a significant role in our everyday living. Without these skills, we would be incapable of accomplishing any task. They say that no man is an island, at some point, we'll have to interact with other people. Â Your ability to compromise and live with it helps you work well with others. Without these skills, chances of you settling disagreements will be futile, and you'll be less likely to see other peoples' perspectives, teamwork boosts your performance, and problem-solving skills help you maintain these teams. Social workers wear many hats—advocate, organizer, facilitator, counselor, case manager—and they need a well-rounded set of skills to be successful. Although it may seem that the diversity of social work as a practice requires an almost limitless range of knowledge and expertise, a social worker can function well in most situations after developing a core set of important skills. Â That's why critical thinking skills are very important in social work. Social workers are required to ensure they maintain detailed and accurate records, their papers are in proper order, and they manage their time far more effectively. By knowing how to organise your workload , you are not only likely to make excellent decisions, but you are also simplifying your work environment – your office isn't in disarray and your time is better spent with your clients. Â That said, if you know you have the skills for social work, then it probably is your calling.