SOCIAL WORK SERIES

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Introduction

To write a book on social casework (by which I mean a text which focuses on work with individuals and families) at this point in time, may seem distinctly old-fashioned, given the modern trend to break away from methodological models and embrace all social work practice in new conceptualisations. New concepts, however, still have to be operationalised and turned into good practice and my experience both as a fieldworker and a teacher of social work convinces me that insofar as work with individuals and families is concerned, nothing in the 'new' invalidates the 'old'. I feel I have no need to justify the existence of social casework. This is not to say that attacks on casework have not been justified as well. If for nothing else, I am glad such attacks have destroyed the claim casework made at one stage—quite speciously—to be the panacea for all social ills. We have come to recognise its limitations; but within these limits it remains the most effective way of working. Detractors of casework, in their turn, have not been guiltless of specious claims of their own; but hopefully we are now reaching the point when we can recognise the validity of a variety of theories and methods of practice in appropriate situations.

What has changed dramatically in the last few years is the context in which casework is practised and perhaps a new book on social casework is justified now to put practice into this new context. Not only have new concepts about social work emerged, but a re-emergent radicalism has forced us to question the social processes and the social purposes of social work. In Britain, especially, sweeping organisational changes have obliged us to look again at what we mean by generic practice and re-examine relations between practice and the organisations within which it is set. In this book I have tried to relate these changes in social work thinking, organisation and practice to what is now needed in my view for students' education in social work.

This text, then, examines the societal, ethical, organisational and developmental context of practice; and discusses what is common
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ground to all practice with individuals and families in direct and indirect ways of working. It acknowledges the limitations of this way of working, but insists on the validity of this work within those limitations, since other ways of working will not meet all needs adequately either. The book does not attempt to deal with particular areas of specialisation either by setting or client group, or particularised functions such as adoption or fostering; though the illustrations used are drawn from a range of areas of practice. Other texts about such specialised work need to be used in addition and some suggestions about further reading are made at the end of Chapter III.

I said earlier 'education in social work' deliberately, since although this is a text on casework, I have tried to highlight all through those elements of principle, practice and setting which are germane to all methods of practice. Any subsequent (or antecedent) teaching about other separate methods of practice, or a unitary approach (using this text to particularise subsequently), should therefore mesh without undue difficulty. I have built teaching on group, community and residential work (to students whose main area of practice was casework) on the foundation of this casework course.

The material for this book is the product of several years teaching on two year, full time, non-graduate social work courses leading to the Certificate of Qualification in Social Work and in some ways reflects my dis-satisfaction with existing casework texts. I have found that while many were excellent in examining practice face-to-face with clients (material I have tried to retain), too little related to those areas of practice outside the interview situation. My field experience convinced me that what I did away from direct contact with clients could be as material to the success or otherwise of what I was trying to achieve as that which transpired in the direct contact itself. I make no excuse, therefore, for the substantial part of this book which examines some of such areas of practice.

I originally distributed much of the material which appears in this text to students in the form of handouts before our meetings. Inevitably, since the material largely substituted for lectures, it was mainly concerned with information and opinion, and tended to be theoretical. In revising it for publication I have tried to clothe dry theory with rather more warmth and humanity by using brief case illus-
trations. But I would still suggest this is a text which needs to be discussed, not just read, for students to see just how the theory applies and assists practice in live, human situations. Typically, this realisation came in the interchanges between teacher and student, and student and student in discussions, seminars and tutorials as we endeavoured to relate ideas to the actual problems, people and settings we experienced in the field. It is for this reason that at the end of each chapter I have suggested areas for discussion based on my own experience of students’ reception of my material—something other texts have not attempted.

With the practicalities of the students’ situation in mind, I have also deliberately kept references to a minimum and discussed only a limited number of sources for further reading.

This book owes a tremendous amount to my clients (who forgave me much), my colleagues’ patience and experience (especially the late Joan Hatfield, my mentor at Leeds Polytechnic, who encouraged me to think of publication), and not least to my students who have taught me so much over the years. Acknowledgment, too, must go to all those other writers on social work: so much of their work has become part of me that I have since forgotten that it really belongs to someone else. If I have used material without acknowledging its source I hope the originators will bring this to my notice so that I may properly attribute it to them in any future editions. Needless to say, any faults in this book are my own: others taught me, but I have not always learned.

Finally, I must express my gratitude to my wife, who has not only contributed through her experience to the material in this book and endured me during its preparation; but she has also read, criticised and helped me to revise the text.
CHAPTER I

Social Work and Society

Social work is concerned with psycho-social mal-functioning: with problems in the area of interaction between the individual (whether an individual person, family, group or community) and their environment—physical (including their own bodies), material (resources of all kinds) and social (whether at family, group or community level). This focus on the interactional sphere distinguishes social work from analysis on the one hand, where the focus is on the individual as such; and from a host of other individuals, organisations and institutions directly and indirectly concerned with aspects of the environment on the other—doctors, public health inspectors, trade unions, conservationists, educators, housing departments, social security, planning, political parties, etc. etc. Interaction is the nub of our professional expertise.

Psycho-social problems arise, very broadly, from the impact of 'sick' people on their environment; or the impact of a 'sick' environment on people—the ‘sickness’ (again, very broadly) being psychological (emotional or developmental), physical, material or social—or a combination of these elements. Social work, therefore, works with the ‘well’ (i.e. where there is an absence of ‘sickness’) as much as the ‘sick’. Diagrammatically, the situation looks like this:

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Individual          Family          Group          Community
Well <-> Sick       Well <-> Sick   Well <-> Sick   Well <-> Sick
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The interactional impact route can travel through any combination of the above, in either direction; for example, a well individual may belong to a well family, set in a well group, but that group is set
in a sick society. A well society may have an interactional impact on a sick group, but that group contain well families and well individuals.

In reality, it is not quite as simple as this, of course, since, as I have already suggested, the 'sickness' may have differing bases and it is very unlikely that any one element is either all sick or all well. An otherwise well individual may be physically sick in that say, he suffers from crippling arthritis. His family may be well, but since the physically sick person is the breadwinner, the family may become materially sick through loss of income. The group may be otherwise well, but psychologically sick in that for reasons of its internal functioning it cannot tolerate a physically handicapped member/family and therefore it excludes them, adding a degree of social 'sickness' via isolation to that individual/family. The group is set in a society, however, that would like to assist the physically handicapped and their families, but physically has no cure for arthritis, may be materially 'sick' and have little in the way of resources to help; or may be socially 'sick' in the sense that it has not yet found the administrative means to channel help to the physically handicapped, nor the educational means to influence group attitudes to break down the social isolation 'sickness' of certain physically handicapped individuals/families.

Social work has now developed a range of methods of intervention to try to deal with this range of derivations of psycho-social problems: with individuals and families (casework) with families and groups (groupwork) and at the community level (community work); and for those who, whether for psychological, physical, material or social reasons, are unable to function in society as it is, residential care as an environment specially created for them has been developed. This is not to suggest, of course, that social work attempts this task of psycho-social problems solving on its own: given the range of reasons for mal-functioning obviously it works in conjunction with a whole range of individuals, groups, disciplines, organisations and institutions also concerned; but contributing its special expertise. Nor does the interventive repertoire I have mentioned comprise the totality of social work activity, since some would consider these primary functions, but requiring support from a range of
secondary activities such as social work research, social work education, and social planning.

Again, however, there are complications, in that the 'sickness' and 'wellness' that social work tries to deal with are often personally and socially defined, not absolute concepts. The definitions variously given may or may not coincide. Someone suffering from say, appendicitis would very usually see himself as physically 'sick'—though not always: he may attribute his pains to possession by devils or sins he has committed. The 'sick' definition would also usually be accepted by his family, his group and the community and he would be treated accordingly. But his complaint may be of 'low back pain'. He would see himself as physically sick, but his family, other groups and the community could define him as a malingerer—i.e. shift his sickness into the psychological or social category which could elicit very different responses from them and very different treatment—and not at all in line with the expectations of someone defining themselves as physically sick. An individual suffering from say, a paranoid delusional system might however, consider himself well and those who disagreed with him or told him he was sick could then be defined as sick themselves by him. A 'Black September' member would probably consider himself a well individual belonging to a well group; perhaps considering those who disagreed with him (whether family, groups or communities) as sick. Others might consider him and his group sick (or him well but his group sick). Even if they shared the Black September view that society was sick, they might still regard the aims and/or methods of the Black September group as sick.

In other words we are here in the middle of the whole question of values. Values are by no means constant: even a brief historical glance will demonstrate how they have shifted over time, especially in societies undergoing rapid technological and social change. Nor have social work values remained constant: over the years they have shifted from roots in Christian morality, through social reform, and a period of clinical neutrality to a new re-appraisal which struggles to combine a recovered concern for social reform with a professionalism which tries to retain clinical skills even if clinical neutrality is now seen as an untenable position.
Simplistically, the basic tenets of social work may be stated as:

(1) The intrinsic worth of the individual, irrespective of class, creed, colour, age, sex, intelligence, physical or moral state. Perhaps as a derivative of this tenet comes the second:

(2) The democratic rights of the individual; which might be re-stated as his legitimated needs. Unless accorded these rights, the individual cannot fulfil the concomitant of rights—obligations; which in turn has implications for the rights of others.

Rights are sometimes grouped into basic rights (to food, shelter, clothing, etc.) which remain inviolate; and secondary or conditional rights which may be withdrawn in varying degrees—usually depending on individual capacity and behaviour. We do not expect someone with a reduced capacity (such as a child) to fulfil the total range of adult obligations, but the withdrawal of obligations, meant as a protection, often involves the withdrawal of certain rights (for example, a small child’s right to decide where he shall live); though his dependent position may mean devising other rights to protect him from abuse (for example, if he is battered by his parents to get him into a ‘place of safety’). ‘Criminal’ behaviour (so defined after a ‘due process’ which protects against the arbitrary designation of behaviour as criminal) may also involve the loss of the right to decide where to live, if the punishment is imprisonment; while the ‘insane’ (again when determined as such by due process) may also lose this right by compulsory admission to a psychiatric hospital for treatment.

Given that basic rights exist, the categorisation of conditional rights varies, but they may be grouped as:

(1) Respect for the individual’s opinions. In democratic societies this respect is accorded in the ‘one man, one vote’ ideal with no one opinion being accorded more weight in the ballot box than another. I realise that the ideal is subject to a range of distortions for a variety of reasons; and I also realise that voting is typically found in political spheres at election times. Elections are not confined to politics; but effective means of reflecting opinion have yet to be devised in many institutions even in ‘democratic’ countries. Industry, housing, planning, education, etc. tend to have only limited ways