

THE CHANGING ROLES AND TASKS OF SOCIAL WORK

*A literature informed
discussion paper*

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Introduction and structure of the report

Over the last nine years or so, a set of wide ranging aspirations for social care have been identified, articulated and can already be seen to be informing the delivery of social care services.¹ In view of the challenges posed by both the diverse needs of those who use services, as well as the diversity and complexity of the workforce tasked to deliver them, the timing is now right to work towards a shared vision for 2020 when “all those who work within social care will have clarity about their role and how it fits with those of their colleagues” (*Options for Excellence* p 48). A consortium of organisations (GSCC; SCIE; CWDC; Skills for Care; CSCI) has the task of producing a definition for early 2007 of the role of social work, The purpose of this paper is to initiate and inform an inclusive discussion about the role and tasks of social work, to which all stakeholders can contribute, and on the basis of which a definition of social work can be developed. A detailed and comprehensive literature review would therefore clearly be inappropriate and counterproductive. Rather, the intention of this paper is to provide a context for current discussion constructed from an overview of earlier and more recent ‘understandings’. We have endeavoured to facilitate the process of identifying the key roles and tasks for social work, given that social work can make a crucial contribution to the achievement of current policy aspirations in the field of social care.

The various *conceptions* of social work referred to in our paper have been derived from both the mainstream *professional* and the *policy* literature. We experienced a predictable challenge in making a rigid distinction, within these earlier discussions, between principles, values, roles and tasks in respect of social work. However our reading of the texts has been a purposive one, in which we have sought to focus on the *roles* and *tasks*, whilst acknowledging the inextricable impact of values on any adequate understanding of ‘social work in the round’ . Sources therefore include the 1982 Barclay Report; key recognised standard social work texts; current/topical policy discussion papers, such as those prepared for the Scottish Executive as part of the 21st Century Social Work Review Group; and for the Options for Excellence Task Groups; and current policy documents on health and social care in England. Far from sharing the pessimistic view in some quarters, that social work is ‘a profession in crisis’ (Unison 2004) the paper is based on a conviction that social work as a profession is well placed to meet the challenges of a complex and rapidly changing policy context, and to make an important and unique contribution to all of the new service configurations in respect of children and adult services.

The report is organised into 5 sections:

1. **Towards an understanding of social work policy and practice:**
 - key stages in the journey
 - core components
2. **The Contexts of Social Work**
 - Structural factors
 - A policy context for social work with adults
 - A policy context for child and family social work
3. **Roles and tasks in social work practice with adults**
4. **Roles and tasks in social work practice with children and families**
5. **Towards 2020: the Challenge for Social work**

1. Towards an understanding of social work policy and practice

- **key stages in the journey**

The last *holistic* attempt (in the sense of not separating work with different groups of service users) to examine the role and tasks of social workers, was the 1982 Barclay Report. As with almost all of the key texts we have explored, this analysis was inevitably a product of its own political and organisational context. Nevertheless important aspects of the report resonate with today's challenges:

“Too much is generally expected of social workers. We load upon them unrealistic expectations and we then complain when they do not live up to them.... There is confusion about the direction in which they are going and unease about what they should be doing and the way in which they are organised and deployed. When things go wrong the media have tended to blame them because it is assumed that their job is to care for people so as to prevent trouble arising. They operate uneasily on the frontier between what appears to be almost limitless needs on the one hand and an inadequate pool of resources to satisfy those needs on the other.”(Barclay 1982 p.vii)

This report had identified a view current at the time, that many people without specific qualifications or experience, may see themselves as ‘doing social work’ (p.xvi). However the authors, whilst acknowledging that in some ways social work could be seen as “caring for strangers” which was carried out by many people, identified two components which they regarded as distinctive to the practice of formal social work: counselling and social care planning.

Since 1982 both the values and language of social work have evolved (Oliver & Campbell 1996; Beresford 2000; ²). It is now recognised that many people are 'informal carers' (Carers UK 2005)³ although few would consider themselves to be doing 'social work'. In addition the term 'social care' has begun to subsume the concept of 'social work'. This reflects the fact that there are considerable numbers of paid staff involved in providing care services in some way, who are not necessarily professional social workers. However it also further complicates the task of understanding what we mean by the term *social worker*, and, as importantly, in the new regulatory system for registration, of identifying the group of people who can formally claim to be 'social workers'.

Social work has been carried out in many different places and with many different groups. However Payne (2006:13) identifies three historic models for the role of social work. These are:

- Therapeutic;
- Social order;
- Transformational

More accurately in the current context, these three models could be described as three dimensions within a single model of social work. Payne stresses the on-going dynamic tension between these three dimensions, and that that they are not mutually exclusive. The prevailing model within any particular social work context will be largely determined by the political and organisational imperatives of the agency in which social workers are employed. That is not to say that individual practitioners do not aspire to work in a reflective, relationship based way (Banks 2006; Munro 2004) However inevitably a social worker attached to a service- user led voluntary sector project, will have much greater opportunity to apply professional discretion, at least in the short term, than a children and family social worker in a local authority intake team.

These ideas had been anticipated by Halmos (1965), who for example, noted when reviewing workforce data from the 1950s, that social workers tended to be defined by *who they worked for* rather than always *what they actually did*. If this was the case 50 years ago then this has been even more the case in the more recent past. For many years *being a social worker* has tended to be synonymous with *working for a local authority social services department*.

Many typologies of the role of social work have been proposed over the last 50 years, (see for example, Sheldon 1978; Hanvey & Philpot 1994; Gambrill 1994⁴; Payne 2005) all of which are to some degree complementary.

Successive definitions revisit common components. A recent review of *The tasks and roles of social workers* carried out for the Scottish Executive, (Asquith et al, 2005) concluded that social work has been seen to incorporate all of the following tasks:

- counsellor or caseworker;
- advocate;
- assessor of risk and of need;
- care manager;
- agent of social control. (paras 5.5 – 5.15).

However as we indicated at the outset, any adequate understanding of the roles and tasks of social work must take account of the interlocking nature of values, principles *and* tasks. A number of core *principles* have been identified as underpinning social work, but are in reality easily reclassified as definitions:

- It is a problem-solving activity
- The focus is on the whole of a person's/family's life, their social support network, their neighbourhood and community
- The value system is based on human and civil rights
- The social model is the framework for practice
- Social workers work with individuals, families, groups or communities to define together the outcomes they are seeking
- The process and the relationship are a core part of the service and can represent a service in itself
- The purpose of social work is to increase the life chances and opportunities of people using services by building on their strengths, expertise and experience to maximise their capacities.

(Brand et al, 2005: 2-3)

The report mentioned above (Asquith et al, 2005) argued there was no unanimity as to *what social work* is. It concluded that:

- There are competing definitions of social work
- Social work has a number of wider social functions
- The function of social work is highly contested
- Social work plays an important function in social integration
- Social work may fulfil a social control function
- Social work is expected to address the failure of social policies" (Para 3.17).

The most up-to-date major position statement, *Options for Excellence* (2006) concluded

Social work is a problem-solving activity, carried out by the worker through relationships with the individual, family and community. Social work is usually needed when individuals, families or groups are facing a major and often life changing problem or challenge. Social workers help individuals and families to achieve the outcomes they want in the ways they prefer.

Social work has a specific focus on:

- *promoting people's ability to maximize their own capabilities and life options, including participation in education, training, employment, social and leisure activities;*

- *developing people's ability to form positive relationships within their family and their social network;*
- *helping people to create and maintain independence, and, when this is not possible, to benefit from alternative forms of support that protect their dignity, rights and choices; and*
- *protecting people's human rights, and promoting the exercise of their rights and responsibilities as citizens (DH & DfES, 2006:49)*

One common characteristic of all the above examples is an explicit acknowledgement of the interrelationship between social work and the context in which the task of social work is carried out. All these selective, but typical examples illustrate the impossibility of reaching one comprehensive, uncontested definition of social work. However social work's capacity for adaptability and responsiveness can be seen as a powerful strength. In contrast to many other professional groups, social work has always sought to adapt to the social and individual needs of a rapidly changing demographic, economic and social structure.

We have provided above a very brief indication of the range of the various approaches which have been adopted in order to clarify the values, purpose and role of social work, including contributions from the different theoretical perspectives which underpin professional social work texts; Government commissioned reviews; and the accounts of the views of those who use services.

Despite the variety of sources reviewed, we found that a number of ideas recurred throughout the literature. We have summarised below the key characteristics of conceptualisations of the social task into seven core components. These are now briefly described and discussed.

- **seven core components**

- a) Understanding the dynamic between the individual and the social
- b) Social work and social justice
- c) The transformatory significance of the relationship
- d) The enabling role of social work
- e) The therapeutic role of social work
- f) The management of risk to both the community and the individual
- g) The evidence base for social work practice

The dynamic between the individual and the social

Common to the work of all social work theorists is the emphasis on the *social*. This characteristic is most clearly seen in theoretical models such as *systems theory* (Pincus and Minahan, 1973) and in the more recently influential ecological *framework* (Bronfenbrenner, 1979; Malluccio et al, 1986;). Systems theory, which was arguably at its most influential in the mid 1970s has been criticized for failing to take adequate account of social characteristics beyond the control of the individual, which at the same time have a substantial impact on individual lives. In other words this approach has

been seen by some commentators as purely descriptive (Corrigan and Leonard, 1978⁵) Ecological theory, which some would see as a natural successor (Seden et al, 2000), acknowledges the impact of structural and family characteristics on individual behaviour and emphasises the need for social work activity at the level of both assessment and service delivery, to address all of those structural and family dimensions (Jack and Gill, 2003) However in spite of minor differences, both of these schools of thought stress the fact that it is impossible to understand human behaviour and/or individual needs outside of social contexts.

Historically there has been a sharp polemic within social work between those whose starting point was perceived as *purely structural* (Wootton, 1959; Brake and Bailey, 1975) and those at the other end of the spectrum who are perceived as *purely psycho-analytical* (Winnicott, D 1964 Bion, 1963). However over the last⁶ 20 years there has been an attempt to reconcile these two polarities through the development of a viable operational model on the basis of which to deliver social work services (Stevenson in Bower ed, 2005). This has resulted in an increasing consensus around the broad meaning of the *social* in social work, although there will always be variations in the weighting given to the relative importance of the individual and social. Howe, for example, a proponent of psycho-social casework in which the role of attachment is central, argues that social workers are interested in the

“Area of human experience which is created by the interplay between the individual’s psychological condition and the social environment.....There is a simultaneous interest in both the individual and the qualities of the social environment” (1995).

Social work and social justice

While the above discussion has emphasised the concept of a *social context*, the last 20 years have also been characterised by the internationalisation of the ‘social work discourse’ in the wider context of globalisation. One effect of this process has been to highlight the importance of the relationship between social work and social justice. In part this has arisen from the emphasis in other countries, on written constitutions and in particular from the adoption of international law and governance (e.g. the Human Rights Act 1998 and the UN Convention on the Rights of the Child). This is reflected in the internationally recognised definition 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. Utilising theories of human behaviour and social systems, social work intervenes at the points where people interact with their environments. Principles of human rights and social justice are fundamental to social work”. (<http://www.ifsw.org/en/p38000208.html> accessed 13/12/06)

This progressive development has not been without its difficulties and as Payne (2006) argues

“it underlines the tension between social work’s claim to achieve social improvement between individuals, who have personal rights because of their humanity , and sociality, whereas the social work profession defines itself as valuing social justice” (2006: 84)

The degree to which social work as a profession should be explicitly committed to social justice or the degree to which undertaking social work in an ethical manner in itself is a contribution to social justice continues to be an area for debate within the profession. It is interesting to note however the recent re-emergence of the radical tradition within British social work which very much takes up the former position (Jones et al, 2005)

The transformatory significance of the relationship

All professional groups in the “helping “ professions could, and would, make claim to the importance of establishing positive working relationships with the people with whom they engage. However social work has sought to use the process of developing a relationship between the practitioner and the user of services, as a means to an end in itself. Many writers locate the renewed emphasis on relationship-based practice as a response to what is widely recognised as an increase in the levels of bureaucratisation of social work practice.

“Most time use studies find that direct work with service users accounts for a relatively small proportion (between a quarter and a third) of social workers’ time. However, the reliability of this information is affected by lack of consistency in how activities are defined (for example what counts as ‘direct’ and ‘indirect’ work), differences in how data on time use is collected, and the typically small sample sizes. The national Children in Need survey, which adopts a broader definition of direct work that includes activities such as writing reports for courts, liaising with other professionals and evaluating assessment information, found that two thirds of social workers’ time was spent directly helping children, young people and their families. There is very little evidence that addresses the issue of effective deployment of social workers’ time by considering outcomes for service users.” (Statham et al, 2006:)

There is no doubt that however direct work is defined, there has been an overall growth in the bureaucratic demands made of social work, however apparently justified individual components of those processes may be (Munro, 2004). The advocates of relationship-based social work argue, in response to this process, that social workers have not only a moral responsibility to engage with the users of services in a full and purposive way ; but that accurate assessment must reflect the complexity and multi faceted nature of peoples’ lives in order to lead to effective interventions:

‘to facilitate the development of relationship-based approaches, which embrace a holistic understanding of clients, of practitioners and of the nature and contexts of social work practice, there is a need for practitioners to be afforded the time and space to respond thoughtfully – reflectively- to the unique, complex and dynamic situations they encounter’. (Ruch, 2005: 121)

The process of relationship building therefore becomes closely linked with the idea of reflective practice and reflexivity. As Dalrymple and Burke argue,

“Any assessment must take account of the power differentials that exist between both individuals and groups. There must also be some understanding of the links between people’s personal experiences of oppression and the structural reality of inequality. As practitioners we must be aware of ourselves in the assessment process and how both we and the service user will inevitably change. That means that we can be in the positions of Participant and Observer which has been described as reflexivity” (1995:123)

The argument for relationship-based practice goes beyond achieving a higher level of understanding on the part of the practitioner. Proponents argue that it is an expression of that much over- used concept, *partnership*, and is a means to facilitating change and problem solving in people’s lives who are faced with difficulties,

“It is the pivot around which, to borrow a term from health, co-production turns. It recognizes the user of social work services as an active asset, rather than a passive recipient. It understands that trust has to be rooted in good judgment, but knows that such judgments are best founded in a dialogue between partners—between the citizen and the state, between public service users and providers. It requires that such a dialogue is characterized by mutual respect and reciprocity, where both user and provider bring their different contributions to the table and combine those contributions to secure best results” (Butler and Drakeford, 2005:650)

The enabling role of social work

Writers such as Ruch and Howe both implicitly and explicitly raises the question “is the relationship sufficient?”. The emphasis within much of the literature has tended to be on the therapeutic aspect of building relationships and how it can be exploited as a mode of helping the people with difficulties who come into contact with services to problem - solve. There is of course a danger that “problem solving” will become an end in itself, in which an uncritical stance is taken toward the nature and origins of the problem. As we go onto argue, this has become more pointed in the current policy context which emphasises a citizen’s rights *and* responsibilities.

In many ways this sits uneasily alongside the development of critical discourses within social work over the last 25 years. Often as a response to wider movements in society, there has been a growing awareness in social work of the impact of discrimination and oppression, and of how it shapes the lives of individual users of services, as well as the dynamic between professionals and service users. Dominelli (2002) who in developing Payne’s three dimensions sees social work characterised by three positions - the therapeutic; maintenance; and the emancipatory - regards social work’s mission to promote social justice, as being linked to personal empowerment. Dominelli identifies the roots of the emancipatory tradition in radical social work in the 1970s and then reflects its evolution through anti-racist and anti-sexist social work in the 1980’s. In this period ‘identity politics’ were very influential, and there were extended debates about the “hierarchy of oppression” However it was in the 1990s, particularly thanks to the influence of the disability movement and other service user representations, that anti-oppressive social work began to articulate the interlocking nature of oppression rather than the hierarchical model. In this same period Thompson (2000) developed along with others, the notion of anti- discriminatory social work, which highlights the links between

the personal, social and cultural. However complex and at times contradictory the organisational realities may be, the extent to which the emancipatory perspective has achieved a formal level of hegemony in social work is remarkable. This is, in some ways, a response to anti-discriminatory legislation and the growing influence of users' voices but it also reflects a further associated debate within the profession itself. Discussion of a "crisis" has often been in response to the dissonance workers perceive between these emancipatory values and the day to day realities of the social work task (Folgheraiter, 2003)

The notion of enabling is also linked closely with the theme of personal empowerment in social work. Davis (2003:7) describes social work as being "*concerned with achieving negotiated change in the lives of people who face difficulties*". The degree to which the goals are identified by the individual or externally prescribed is debateable. Nevertheless, in this context behavioural approaches such as task centred and crisis interventions have become popular. From a different perspective advocacy on behalf of or alongside the service user has also been seen as an important component of the role of a social worker and is incorporated into the National Occupational Standards for Social Work (TOPPS, 2002)

The therapeutic role of social work

Historically social work's therapeutic role has been seen as core to the profession of social work. (Halmos, 1965) In the 1980s there was a move to a case management model that appeared to minimise this aspect of the social work role and saw the social worker as the commissioner, rather than the deliverer, of therapeutic services. In recent years, particularly in child care social work, there has been a growing recognition that even where social workers are not in specialist therapeutic services, nor involved in the delivery of formal therapy, the assessment process and interventions they delivered could be therapeutic. (Aldgate et al, 2006). For this reason, counselling skills have re-emerged as an important component of social work education and training (Seden, 2005; SCIE, 2004). Therapeutic "benefits" are not confined to a narrow psychodynamic model of social work but can derive from a one-to-one casework relationship, in which the worker uses her or his interpersonal skills to facilitate change.

In recent years a number of different theoretical therapeutic models have been influential in social work including systemic approaches. Cognitive behavioural therapies in particular have been strongly advocated in some quarters and received endorsement from policy makers (Sheldon, 2000)

The management of risk to both the community and the individual

Risk management has been a major theme in public policy (Beck, 1992). In current social welfare policy, the emphasis is on reducing and/or removing the risk of certain positive outcomes not being achieved (DH, 2005; DfES, "2004). Whilst social work services are seen as part of this aspirational agenda, all too often social work practice has been confined to the protection of an individual from harm, and furthermore that harm has tended to be seen as emanating from the acts of a specific *agent*, e.g. a parent or a carer. Social work is recognised in the literature as being able to work with complexity (Adams et al, 1999; 2002; 2005; Parker and Bradley, 2003; Munro, 2000) but all too often *complexity* has been equated with ensuring the individual is protected.

Social work does have expertise but it takes a narrow and marginal position in relation to risk, and is seen as deriving its only status from a statutory basis (Preston Shoot and Braye, 2006)

The evidence base for social work practice

In the last 20 years there has been a growing interest and debate about the importance and nature of the evidence base that underpins social work practice. The importance of evidence-based practice has not been restricted to social work. Originating in debates within the health profession in the US in the United States in the 1970s the aspiration of evidence-based practice has become a marked feature of the development of policy in the UK. In social work, Sheldon and Chilvers (2002) among others have argued that it has represented an opportunity to reinforce the credibility of the profession in terms of the legitimacy and robustness of the knowledge base on which assessments and interventions are based. However in recent years there has been concern with an emerging challenge to the perceived legitimacy of pluralistic sources of knowledge (Humphrey, 2003). This group, including academics such as Thoburn and Stein (*refs*) view the knowledge base necessary for understanding 'what works?' as an inclusive one. They have rejected a hierarchy of methodologies, in which experimental approaches should always be awarded the paramount position (Humphries, 2003). Whilst acknowledging the value of randomised controlled trials in *some* circumstances, the group was anxious to maintain the legitimacy of pluralistic sources of knowledge, including in particular, practitioner and service user expertise. More generally Marsh and Fisher (2005) have argued that if both social work and social care are to meet the challenges of the Government's modernisation agenda, then services and practice need to be based upon a more robust infrastructure of knowledge generation, dissemination and management. In making this argument they contrasted the levels of funding and support for research within the health arena with the much inferior levels in social care and social work

2. The Contexts of Social Work

- **Structural Factors**

As we argued above, social work is shaped by the policy context in which it operates. It is widely recognised that New Labour has continued a process of renegotiating the post-war consensus around the welfare state that began under Conservative Governments and this has had and continues to have implications for the role of both social work and social workers. (Hendrick, 2003; Jordan and Jordan, 2000). The periods of reform under both Conservative and Labour Governments have been marked by a move away from traditional welfarist models of the welfare state. Fox Harding (1998) characterised the Conservative periods of reform as a move toward a "laissez faire" model whereby the state attempted to retreat from the involvement in the day to day lives of even some of its more vulnerable citizens. Informal networks, most importantly

the family were seen as the key arena in which care was provided. Only the most acute need should, it was argued, be met directly by the state, reflecting the move toward a more entrenched individual casework model. The other key feature of this period was the move toward the mixed economy of care.

New Labour has paid considerable attention to the field of welfare in the context of the “modernisation agenda” of public services. In particular the Treasury, with an eye to the long-term health of the UK economy, has sought to address issues of social exclusion. However New Labour has to a large extent continued trends which originated in the Conservative era. The present government remains committed to, and indeed has widened, the potential contribution of the private and voluntary sectors at the same time as seeking to question the desirability of the state acting as the major provider of social care services.

The Government has also amplified a theme that had been present under Conservative policy, that the citizen has both civil rights and civil responsibilities. *(Under the Conservatives, for example, the Children Act 1989 shifted the focus from parental rights to parental responsibilities). Jordan (2004) characterises this stance as “tough love” with support being accompanied by ultimately compulsory action if the citizen in difficulty does not take up the services on offer. There are many examples across service-user groups of the impact of this in the care arena. Proposed changes in mental health legislation strengthen the notion of compulsory treatment alongside, incidentally, a dilution of the approved social work role. In the area of youth offending parental support and therapeutic interventions for young people are backed up by more coercive measures such as anti-social behaviour orders (ASBOs). In the field of services for children and families, the emphasis on child care reflects a belief that the route to social inclusion is almost exclusively via paid employment and there are heightened expectations that women should return to the workforce. In sum these policies therefore continue this process of renegotiation between the state and the individual around the welfare state. Social workers are delivering a service to often the most vulnerable in society in the context of a very clear expectation that along with independence and choice comes also individual responsibility (Folgheraiter, 2003; Parton, 2005)

In parallel with changing perceptions of the welfare state, there have been considerable economic, social and demographic changes which impact on the need for social and care services including social work. While it has been a period of economic prosperity and growth, those benefiting have not been distributed evenly across the population. The Joseph Rowntree Foundation Inquiry into Income and Wealth (February 1995) found that income inequality in the UK had grown rapidly between 1977 and 1990. This is an important feature of the changing economic context in the last 25 years. The latest JRF report on **Monitoring poverty and social exclusion in the UK 2006** (JRF Findings 1979) examined a number of indicators and found:

- Continuing inequalities in income and pay, with three-quarters of the extra income created over the last decade having gone to richer households;
- The number of children living in poverty has fallen, due to Government policies, but the decrease fell short of the target needed to achieve the aim of abolishing child poverty;
- In 2004/5 3.4 million children were living in poverty – 27% of all children;
- Pensioner poverty has also fallen since 1998/9 but among adults of working age, 19% are living in poverty, a total of 6.2 million people;

- Working-age disabled adults are especially at risk of poverty, with the 30% poverty rate being higher than a decade ago;
- Health inequalities by social class are pervasive and seem to be more impervious to change than other forms of inequality.
- The amount of unsecured debt has increased significantly.

One of the conclusions drawn from these figures is that the problem in relation to poverty is not an absence of work, but low pay, in that half of the children in poverty are in families already doing paid work.

In addition to continuing inequalities in the distribution of income and wealth, the demographic profile of the UK has been changing quite significantly. Most of these are well rehearsed (figures from Office for National Statistics and JRF Findings, *Monitoring housing and neighbourhoods trends 2006*, September 2006 1933):

- The UK population is ageing – in mid 2005 16% of the population were over 65 and 12% of these were aged 85 +. By 2031 it is projected that 23% of the population will be over 65.
- The number of households increased by 30% between 1971 and 2005 to a total of 24.2m in 2005. This growth is much faster than that of the population. Much of the increase is due to more people living in one-person households – 29% in total in 2005.
- The number of divorces in the UK rose rapidly between the early 1960s and 1980s but has levelled off since then, and even fallen in 2005. There were 141,750 divorces in England and Wales in 2005.
- Children are affected by their parents divorcing – the total in 2003 was 153,500, one in 5 of which was under 5 years old.
- In 2005 nearly 1 in 4 dependent children were living in lone-parent households, an increase from 1 in 14 in 1972.
- More disabled children are surviving into adulthood as a result of improved health care. (*get ref*)
- The numbers and percentage of people who are owner-occupiers has increased significantly over the years and on various measures of the quality of homes, there has been a steady substantial improvement since the mid 1990s.
- There is a shortage of affordable housing. Around one million households in England are judged to be in need of subsidised housing. This number is growing by almost 50,000 a year because of demographic trends. The use of temporary, rather than permanent, accommodation for homeless people in England has more than doubled since 1997. In March 2005 there were 6,800 homeless households living in Bed and Breakfast hotels.
- In 2003, 36% of vulnerable households in England were living in non-decent homes, although this was a reduction from 55% in 1996.
- The UK has become more ethnically diverse.
- Greater sexual equality is seen in more sharing of domestic roles and more women working.

The broad conclusions from these demographic and economic changes are that although the majority of people living in the UK are better off financially and in many aspects of the quality of their lives, a significant minority live in circumstances which are challenging because of low income, poor or no housing, and other aspects of social deprivation. At the same time there is a trend to greater individualisation, with more people living on their own, and greater change in people's lives as a result of relationship breakdown and greater social mobility than in the past. The pace of life has

probably increased and the expectations resulting from living in a consumer society are rising. While many people rise to the challenges presented by their circumstances, not everyone has the same resilience. While it is not possible to quantify the number of people who are vulnerable because of health, poverty or inability to cope, they exist and will often need the support and assistance to enable them to lead fuller and more rewarding lives. Conforming to Government expectations and taking individual responsibility in such circumstances is not always easy. It is also clear that social work's traditional client group has not disappeared, despite the many positive changes that have occurred over the last 25 years.

a) A policy context for social work with adults

The 1990 NHS and Community Care Act marked a major development in the organisation and funding of social services for adults. Responsibility for funding residential and nursing home care was shifted from social security to local authorities and with it came the responsibility to assess the need for residential or other services. The roles of purchaser and provider were split with local authorities having to develop the role of service commissioner, looking to the voluntary and private sector to provide the actual service. The different financial and organisational arrangements, linked to a greater awareness of the views of service users, led to a focus on the provision of community-based rather than institutional care - people wanted to retain their independence and stay in their own homes for as long as possible. There was also recognition of the key role that unpaid carers played in supporting people in the community. (Knapp et al, 2005)

The policy developments in recent years have built on the foundations of the 1990 Act. Although some of these affect all aspects of care provision, there have been particular initiatives in relation to different client groups, with the role of the social worker varying accordingly. Thus, for example, services for older people have developed in certain directions and those for people with learning difficulties or those with mental health problems in others. A major change to the policy arena in relation to social care and social work has been the growth of the service user movement and the Government's acceptance of its legitimacy. Although the practice on the ground often does not match up to the expectations of service users, the terminology of the 'social model of disability' and of 'nothing about us without us' has entered the rhetoric. Current policy documents all stress 'independence, choice and control' as the underlying objectives.

Services for older people

In order to understand some of the dimensions of the policy context of social work for adults, services for older people will be discussed as the main exemplar. The ways in which other groups have had different experiences will then be touched on.

'Care management' was considered to be fundamental element of the community care reforms in the 1990 Act. In 2003 one in ten of local authority social workers were employed as care managers but it is difficult to know what this meant in terms of their roles and function. In theory the core tasks included: case finding and referral; assessment and selection; care planning and service packaging; monitoring and re-assessment; and case closure. (Knapp et al, 2005: 40). A survey in 1997/98 found that there were wide variations between authorities in terms of care management arrangements for older people which were often characterised by a lack of internal coherence. (Challis et al 2001). When first envisaged, care management was to be linked with the devolution of financial responsibility to care managers but it seems that this has not happened often in practice (p 41). There also seem to be other ways in which the original intention has not been achieved. As Knapp et al point out

It could reasonably be argued, therefore, that the model of care management seen in most parts of the UK today – undeveloped, unsupported by information systems, without devolved budgets, overly bureaucratic, unresponsive to users' preferences – is of unproven effectiveness and cost-effectiveness. ..Nevertheless, support for care management is unlikely to lessen. (2006: 43).

It would seem that social workers have not been given the resources, or the environment, to be able to deliver on the core aspects of care management. This would therefore appear to be an example, discussed earlier, of the political and organisational imperatives determining the kind of social work carried out.

Taking each of the core aspects in turn, in relation to *case finding* the *Fair Access to Care Services* guidance (DH, 2003) stressed that there should be an assessment of **presenting needs** in relation to four bands of eligibility, which therefore makes it a very contained activity. The Single Assessment Process (SAP) introduced in April 2004 aimed to achieve an approach to *assessment* that is person-centred; standardised and outcome-centred, but it is not clear how these will be achieved, or how a social worker can exercise his/her skill to achieve them when using a standard assessment tool. The relationship between the assessment and subsequent *care plan* or *service delivery* is also unclear. Qureshi (2002) argued that the 'Tools suggested to assist assessment are...designed, in my view, with more of an eye to consistent measurement than as a basis for consequent action'. (Knapp et al, 2006: 49). The kinds of service packages available for a care manager to offer to an older person are also limited. Many of the services commissioned by local authorities are task-based and fail to meet the needs of the whole person. Lucianne Sawyer (2005) identified that an outcome-based approach to service delivery which also allowed greater autonomy for providers would enable services to respond flexibly to the changing needs of service users and to promote independence.. The final core task of monitoring and review also seems to be problematic. In 2003 only half of cases had had a review, and how frequently these reviews happened was not clear. Yet the needs of older people can change very rapidly.

In this context it is not surprising that older people express considerable criticism of the services they receive. The results of 18 projects about the lives of older people were published in October 2004 (*Older people shaping policy and practice*, JRF Foundations ref 044). Among a welter of findings about the things that are important to older people there was some strong criticism of the services provided. There were examples of good practice but in general the rhetoric of 'person-centred services' was not being put into practice. While the policy direction was clear, attitudes of front-line workers, service planners and commissioners on the ground were found to be problematic. "*Despite a seeming commitment to a more modern approach, often little has changed in service delivery since the Community Care Act in 1990. Yet the constant message through all the projects has been that approachable and flexible local services could make a substantial difference to people's lives*". (pages 5-6)

A key factor underlying the mismatch between the intention of a user-oriented, person-centred service and the reality of what service users receive is a lack of resources. Eligibility has to be restricted to meeting the most urgent needs because the funds are not available to allow for a more flexible response. It is unlikely that this will change a great deal, which indicates that there will always need to be a gatekeeper in future arrangements. Resources are likely to come under even greater pressure as the demographic changes outlined earlier, and the likely increase in the number of older people with dementia, begin to have an impact. A further factor that affects the choices available to older people is the lack of a level playing field between health and social care services in terms of the way they are paid for. Health services are free at the point of delivery while charges are made for social care services. Despite the recommendations of the Royal Commission and similar Inquiries, it is unlikely that this disparity will alter. Yet, in 2003, service users saw charging for social care services as compounding the exclusion and discrimination experienced by service users. (*Issues raised by users on the future of welfare, rights and support* JRF Findings 683, June 2003).

The serious criticism from service users, particularly disabled adults as discussed below, of the inflexibility and task-oriented nature of the services provided by local authorities helped to promote the introduction of Direct Payments – to allow people to be given the money to choose and pay for their own social care. These payments were introduced in April 1997 for adults of working age and the scheme was extended to older disabled people in 2000 and then to carers, to parents of disabled children and to 16 and 17 year olds in 2001. Those who receive them speak highly of them but the total number of people receiving a direct payment is still a relatively small percentage of the total. In 2004/5 24,500 adults were receiving a direct payment (DH, 2006, para 4.24) compared to 5,500 people in total in 2001. But the total number of adults using community care services in 2002/3 was 1.68m. (DH, 2005: 33) Most of those in receipt of direct payments were people with physical impairments aged between 18 and 64. (CSCI, 2005). The expectation is that the take-up of direct payments will grow further and faster (DH, 2005:para 4.24) but the extent to which everyone wishes to manage their own services is unclear.

There have been other significant shifts in the provision of care for older people over the last twenty years which form an important part of the context for social work practice but which are not discussed in detail here. These include the achievement of the reorientation away from institutional care to care in the community including the

development of a greater range of options for accommodation. Thus there has been a significant growth in sheltered, supported, and extra care sheltered housing where the accommodation is designed to 'lifetime home' standards and the amount of care provided depends on the needs of the individuals. There are also developments in technology such as passive monitoring as well as more conventional community alarms which it is hoped will enable more needs to be met in a flexible way. Older people are also seeking to 'live well in later life' which means their interests go wider than social services to include access to, and the use of, other universal services such as transport, health, leisure and community services. Achieving a person-centred approach in this context will be a challenge.

Services for other adult groups

Disabled people

As with older people, the consistent message that disabled people have given about the services they receive is that they do not adequately meet their needs. Research by Jenny Morris in the early 1990s found that statutory services were inflexible; were only available for the most basic personal care tasks; tended to 'fit the client to the service' rather than the service to the client; were provided in a way that reduced independence; and were only available to people in their own home so they could not be helped to go out, either to social activities or to work. (*Community care and independent living*, JRF Social Care Findings No 30 Feb 1993). This was contrasted with the situation where disabled people had control over their personal assistance arrangements, using money from the Independent Living Fund and either directly or indirectly from social services (this was before Direct Payments became legal). The individuals had control over basic parts of their daily living such as when to get up or go to bed, and wider aspects in terms of personal relationships and their role in the wider society. It was through pressure from people experiencing these differing situations that Direct Payments were born. What role social workers played in the delivery of either services or access to funds is not clear although some form of assessment would have been necessary before either could have been offered.

As with older people, the lack of sufficient resources has limited the extent to which the intentions of the NHS and Community Care Act have been achieved. Another study in 1993 pointed out that, in the Act, the assessment of need was presented as a key to promoting independence and choice for disabled people using social services but this was not being achieved in practice, partly because of the difficult task of reconciling assessment of need with the rationing of departmental resources. It was found that

Practitioners tended to bring a number of preconceptions to assessments: they saw disability in terms largely of individual physical condition rather than social restriction; they placed a high value on their own professional judgements, leading them to devalue the views of users and carers; and they overestimated the preparedness of the users' relations and social network to provide informal care, and could be particular insensitive to members of minority ethnic communities. (Involving disabled people in assessment, JRF Social Care Findings no 31, March 93).

Disabled children

In the past, disabled children have come under the umbrella of social services' responsibilities for disabled people rather than as children and are therefore mentioned here. A major feature of the circumstances of disabled children is that they have a range of needs which are addressed by a number of different agencies: the health service at primary and specialist levels; housing; transport; and social care. Despite policy pronouncements about inter-agency working and co-ordinated provision, a programme of research on disabled children and their families found

- *“There is little evidence of inter-agency working and few examples of co-ordinated approaches to family support; and*
- *Parents and carers of disabled children often have to deal with many different professionals and would appreciate a co-ordinated approach with one person acting as a ‘keyworker.’ (Supporting disabled children and their families, JRF Foundations N79, November 1999).*

Key worker schemes existed across the country in 2002 with 35 local authority areas reported as having a care coordination service, with key workers being drawn from a variety of professional backgrounds including social workers, health visitors, community nurses and others. But the professionals most frequently taking the role of key worker were social workers and health visitors. Families with a key worker service report better relationships with services, higher morale, and less isolation and feelings of burden. (SPRU, 2004) Such arrangements could be equally applicable to other client groups. But the research did not report what particular skills or contribution made the difference to the families' experience of the services.

People with learning difficulties

A group whose experiences have been within a different policy context are people with learning difficulties. During the last century many people with learning difficulties were long-stay patients in NHS mental handicap hospitals. But for the last 50 years or so, and certainly since the 1971 White Paper, *Better Services for the Mentally Handicapped*, there has been pressure to close long-stay hospital provision and replace it with suitably supportive facilities in the community. This has been the policy in recent years which has had considerable success. As with older people, the 1990 NHS and Community Care Act restated, for people with learning difficulties, the commitment to care in the community, especially in ordinary domiciliary settings with appropriate peripatetic support, although at that stage the emphasis on ordinary accommodation (supported housing) was relatively muted. (Knapp et al, 2006: 2). A White Paper was produced in 2001 called *Valuing People (DH, 2001)* which identified the familiar problems with the services at that time – poor coordination, poor planning for young people at transition to adulthood, insufficient support for carers, limited choice or control for people with learning difficulties etc. It set out a number of objectives in relation to four key principles: legal and civil rights; independence; choice and inclusion.

Valuing People made clear “that a person-centred approach to planning should start with the individual and not with services, and should act as a mechanism for reflecting the needs and preferences of individuals with learning difficulties in the fields of housing, education, employment and leisure.” (Knapp et al, 2006: 8-9). It is probably in the field of learning difficulties that the tools, techniques and practice of Person Centred Planning have taken off most strongly. (If the topic is put into Google for the UK it produces 225,000 entries). The report of the Valuing People Support Team in March

2005 reported that Valuing People had been a success in many ways. The team had found that:

- *People are being listened to more.*
- *Person centred planning, done properly, makes a difference in people's lives.*
- *The Supporting People programme has helped many more people live independently*
- *Direct Payments are helping to change people's lives.*
- *Organisations are working together better at a local level*

(Valuing People Support Team, 2005 p 6).

But the report also identifies a number of real problems and challenges ahead including 'putting right centuries of discrimination by society against learning disabled people' (p 9)

People with mental health problems

Social care services for people with mental health problems tell a different story, which is much more intertwined with the health service. However, the roots start in the same place - with the NHS and Community Care Act which stressed the substitution of community-based services for institutional care, particularly in long stay hospitals, and the development of the mixed economy of provision. The incoming Labour government set out its policy intentions for the NHS in a White Paper in 1997. (Knapp et al, 2006 Chp 5, p 9). Its aims included:

- prevention – to reduce the need for formal involvement of the health service;
- to ensure dependable local delivery; and
- to draw up health improvement programmes guided nationally by NICE and the NSF

A further White Paper on 1998 focused specifically on mental health, entitled *Modernising Mental Health Services* with a subtitle of 'safe, sound and supportive'. The new mental health strategy promised 'Extra investment and new systems to manage resources more effectively, well-integrated care processes, crossing professional and agency boundaries, legal powers which work with and underpin comprehensive local services.' (Knapp et al, 2006 p 12). Specific arrangements were expected for service user and carer involvement and effective partnerships created between acute trusts, primary health care, social services, housing and other agencies.

The National Service Framework for Mental Health was issued in September 1999 and identified seven standards covering:

- Mental health promotion
- Primary care and access to services
- Effective services for people with severe mental illness
- Caring about carers
- Preventing suicide.

Social care and social services are mentioned in the document in numerous places as involved in the delivery of services but at a general level. The role of the social worker features hardly at all except that an approved social worker must be available 24 hours a day, everyday of the year (Chp 5 p 33), and that they are members of multi-agency teams. There is reference to the Care Programme Approach establishing a similar framework to the one already in place in social services for assessment, care planning and review by a designated care co-ordinator (Health Service Circular, Local Authority

Circular, *National Service Framework for Mental Health*, 30 September 1999 p 45), but again no mention as to the professional who might fulfil this role.

Other vulnerable adults

There are other vulnerable people who might be thought to turn to social care services for support and help. It is not clear the extent to which they do. For example, people with multiple impairments often fail to get the range of services they need. As Jenny Morris found in May 2004, people with physical impairments who also have mental health support needs have tended to be overlooked by both policy-makers and those commissioning services. (*Services for people with physical impairments and mental health support needs*, JRF findings 574, May 2004). There was no sense that the service users were treated as a 'whole person' which is what they wanted.

Drug users, sex workers and those with alcohol problems are all groups with social care needs but there is virtually no discussion of these groups within recent health and social care policy documents.. The categories used tend to be age or impairment (children and older people, those with learning difficulties or mental health problems) rather than different kinds of needs or degree of complexity of the circumstances in which people find themselves.

b) A policy context for child and family social work

The New Labour government came into power in 1997 committed to tackling child poverty and social exclusion and to expanding significantly the range of community level provision for children and families, including early year's services . This new spirit was encapsulated in government's aspirations for children as laid out in *Opportunity for All* (HM Treasury 1999):

Our objective is to create a society in the next two decades in which no child lives in poverty and where all children have opportunities to realise their potential. Improving opportunities for disadvantaged children is at the heart of our strategy.
(HM Treasury 1999, p. 39).

There were three implicit strands in this set of policies, all of which were likely to have an impact on the tasks of child and family social work. The first concerned government's attempts to reduce social deprivation through universal services, such as health and education. A second strand was concerned with income, including the reform of the tax system and increases in some child-related, selective benefits. This strand was also concerned with creating employment opportunities for parents, including lone parents. (These objectives are reflected in subsequent developments such as the National Childcare Strategy - HM Treasury 2004). The third policy strand related to the most private areas of family life, and was manifested in a high profile debate about parenting. A National Family and Parenting Institute was established in the 1990s to symbolise the importance of parenting. Increasingly, new interventions were coming on stream which straddled the boundary between 'child welfare' and the justice system, including the introduction, by the Criminal Justice Act 2003, of Parenting Orders for those parents who were seen as being unable to control their children. A heightened government focus on adoption of looked after children emerged, with targets for numbers of children to be

adopted set for local authorities by the Department of Health's *Quality Protects Initiative* (Department of Health 1998; Thoburn 2002).

In a relatively short period of time, the parameters of the debate around children and families' services had changed. In other words, the government's view was that most parents would be able to have their needs met within the newly enhanced universal services, such as health and education. The implication for parents for whom this was not a sufficient answer was that they needed a more hands-on approach, increasingly referred to by central government, as *targeted intervention*.

This emerging policy has had two related consequences for the role and task of social work, one explicit and direct, and not of itself inappropriate to a holistic, ecologically based concept of social work, the other arguably indirect, and in direct opposition to the concept of a model of relationship based and holistic professional social work. The *explicit* outcome has been an accurate assumption that social workers were the obvious professional group to hold primary responsibility for complex cases which might be categorised as child protection (Munro 2002)⁷ The second, related indirect and *implicit* consequence has been a growing mistrust on the part of other workers about the desirability of working, or being seen to be working, too closely with a group whose primary tasks appear to constitute either surveillance or a reactive set of responses such as removing children from the family. (Tunstall et al 2005.p141)⁸This trend was aggravated by a swathe of reports into child deaths, of which the Laming Enquiry is but the latest and highest profile.

However this second trend is not supported by either an extensive body of research knowledge (DH, 1995 DH, 2001 DfES, 2004 research reviews) or in fact in current statute and guidance, including the Green Paper, *Every Child Matters* (CM 5860, 2003), or the Children Acts 2004 and 2006. Indeed, the opposite is true in that one main strand of ECM is, as Laming makes clear, that 'safeguarding is the responsibility of everyone' .

In 2003, the Laming Inquiry into the death of Victoria Climbié (CM 5730, 2003), had painted a picture of dangerous fragmentation between the key agencies at local level, such as health, education, police and social services. Government responded by setting in train a widespread programme of organisational reform in children's services, and a set of plans to improve outcomes for all children and young people, including the most disadvantaged, in *Every Child Matters*. In this paper, five outcomes for children are specified:

- Being healthy
- Staying safe
- Enjoying and achieving
- Making a positive contribution
- Achieving economic well-being

In order for these five outcomes to be realised, radical changes are being introduced in the whole system of children's services. These include:

⁷ Munro, E (2002) *Effective Child Protection*. London. Sage

- the improvement and integration of universal services – in early years settings, schools and the health service;
- more specialised help to promote opportunity, prevent problems and act early and effectively if and when problems arise;
- the reconfiguration of services around the child and family in one place, e.g. children's centres, extended schools and the bringing together of professionals in multi-disciplinary teams;
- dedicated and enterprising leadership at all levels of the system;
- the development of a shared sense of responsibility across agencies for safeguarding children and protecting them from harm; and
- listening to children, young people and their families when assessing and planning service provision, as well as in face-to-face delivery.

(DfES, 2004, p.4)

The main proposals of the *Every Child Matters* have been incorporated in the Children Act 2004, whose clauses seek to achieve reforms in four key areas: early intervention; accountability and co-ordination; supporting parents and carers; the introduction of a cross-sector workforce strategy; and the introduction of a cross-sector workforce strategy. The Children Act 2004 seeks to provide a 'legislative spine' for the wider strategy for improving children's lives. It covers the universal services which every child accesses, and more targeted services for those with additional needs. Its declared, overall intention is to improve the quality of working in single disciplines and agencies and to increase the extent and quality of multi-disciplinary working. It aims to do this by encouraging integrated planning, commissioning, co-ordination and, where appropriate, delivery of services. Linked to this, national guidance is being developed and local systems devised and piloted on arrangements for a *Common Assessment Framework (CAF)* (DfES, 2005). This system will set in place common assessment processes and the sharing of file information between agencies, when it becomes clear that the more complex needs of a child and/or parents require a co-ordinated multi-agency approach and additional services are not available from any one agency. Having triggered an assessment process and, as appropriate, meetings between professionals and parents, a 'lead professional' will be identified who, with the family members, will co-ordinate the services provided and help family members to identify needs and insist that they are met.

The scale and scope of these aspirations for organisational and strategic change are clearly extensive. Many aspects of these policy directions, of which the above represent only the most obvious examples, pose considerable implications for the future work of social work, but offer exciting opportunities to work in new ways closer to the values of the profession. These directions include:

- maximising the range of early intervention services;
- involving the statutory and the independent sectors;
- working across organisational and professional divides;
- recruiting, developing and retaining the children's workforce;
- striking the right balance between centre based and outreach delivered services.

These policy aspirations can be seen to be being addressed across agencies in the statutory, voluntary and independent sectors. There is a clear emphasis on early intervention whether in the Sure Start Children's centres or Children and Families Court Advisory and Support service (CAFACASS). (*Every Day Matters, 2006*) The latter organisation, which represents and addresses the needs of children and families in the

public and private law systems, has prioritised the importance of early intervention in the interest of maximising positive outcomes. In addition the emerging body of guidance around the establishment of children's centres stresses the need for inter-professional working; as does the recent guidance on *Working Together to Safeguard Children – a guide to interagency working to safeguard and promote the welfare of children*. (DfES 2006) .

Most recently, in addition to the existing policy developments at the 'early intervention stage' , a Green Paper (DfES (2006) *Care Matters: transforming the lives of children and young people in care*) has set out a package of proposals to improve the quality and effectiveness of services for families with children on the 'edge of care', and to transform the quality of the experience and outcomes for young people of *having the local authority as a corporate parent*. Many themes from existing policy initiatives, which have been identified above, are re-iterated, including the importance of effective family support; the need for inter-agency working, and the necessity for a comprehensive and simultaneous focus on the all of the five outcomes for children. Social workers are identified as having a range of roles to play in achieving each of these ends, whether organising Family Group Conferences or having more control over funds in the form of managing the budget for a child's placement.

It is therefore a very timely moment to be able to review the potential role of social work within the exciting new frameworks for service delivery, including Sure Start Children's Centres and Extended Schools.

3. Roles and tasks in social work practice with adults

Policy developments

The last two years has seen some major policy initiatives in relation to community services and the lives of disabled people. In January 2005 the Prime Minister's Strategy Unit produced a joint report with the Departments of Work and Pensions, Health, Education and Skills and the Office of the Deputy Prime Minister on *Improving the Life Chances of Disabled People* . One of the outcomes of this report is that an Office for Disability Issues (ODI) was set up. In July the ODI announced a review of Independent Living – one of the key topics in the report – with Jenny Morris as the executive director backed up by an expert panel chaired by Dame Jane Campbell. The outcome of this review will be published in 2007. In March 2005 the Department of Health published a Green Paper on adult social care entitled *Independence, well-being and choice: our vision for the future of social care for adults in England* (DH, 2005) much of which was incorporated into one of the two major documents published in January 2006 - the White Paper on *Our health, our care, our say: a new direction for community services* from the Department of Health (DH, 2006). The further major document was a White Paper from the Department of Work and Pensions *A new deal for welfare: empowering people to work* (Command 6730, January 2006)..

Not surprisingly, the messages of all these reports are similar and complement each other. An 'ambitious vision' in the Strategy Unit's report was endorsed by the Prime Minister,

By 2025, disabled people in Britain should have full opportunities and choices to improve their quality of life and will be respected and included as equal members of society. (p 4)

The policy documents were more specific so that *Our Health, Our Care, Our Say* identified four main goals:

- Better prevention services and earlier intervention
- Give people more choice and a louder voice
- Do more to tackle inequalities and improve access to community services
- Provide more support for people with long-term needs. (ps 7-8)

and in relation to adult social care the vision in *Independence, wellbeing and choice* was more detailed:

- Treat adults as adults so that a person's need for care does not reduce them to total dependency
- Ensuring that service users, their families and carers are put at the centre of assessing their own needs and given real choice about how those needs are met
- Improving access to social care and a full range of universal public services
- Shifting the focus of delivery to a more proactive, preventative model of care
- Recognising that carers need support
- Empowering the social care workforce to be more innovative. (p 7)

The White Paper from the Department of Work and Pensions added an additional dimension and espoused the principle "that the best welfare policy of all is work and ... we have sought to match rights with responsibilities' (Ministerial foreword, p iv).

The underlying vision is spelt out most clearly in *Improving the lives of disabled people* which identified a strategy for change which would "empower and involve disabled people, personalise the support they receive and remove the barriers to inclusion and participation." (p 8). The promotion of 'independent living' is at the core of this with the focus being on the disabled person having 'choice and control' over the support they need to live their lives. The three words - **independence**, **choice** and **control** - feature throughout the documents as key themes but underlying them is the importance of individuals taking responsibility for their own lifestyles. Paragraph 1.24 of the Health White Paper explicitly states this, while also recognising that there are people who will find this more difficult than others. The commitment made there was "to ensure that people who are disadvantaged are supported to meet this challenge and live healthy and fulfilling lives."

These documents therefore continue the themes of policy from the 1990 with the emphasis on putting the person at the centre and on community-based services. Some of the terminology has been developed and revised, so, for example, the Strategy Unit's report uses terms like: individualised budgets; independent advocacy; support; advice and information; person centred planning; and assessment and self-assessment as well as independent living. The report identifies that traditionally there has been a culture of care and dependency, which is no longer acceptable. This approach is endorsed by the general public according to consultations and surveys that have been carried out. The Health White paper summarised the findings of what people say they want from their services:

- Help to make choices and take control of their health and well-being
- Offer easy access to help when they need it, in a way that fits their lives
- Meet the whole of their needs
- Are close to where they live. (p 15)

The issue that confronts us, therefore, is not whether the policies are moving in the right direction in relation to social care, but whether what is being proposed to achieve these objectives will be any more successful in providing the desired services and support

than earlier policies. In part this depends on the organisation and structure of service delivery including such things as the availability of sufficient resources, and in part on the roles, tasks, and skills of the staff providing services. The roles and tasks of social workers within this structure could make a real difference.

Some potential problems

There are, however, some potential problems which stem from the conception of human behaviour implicit in these documents. The overwhelming tenor is of a world of individuals where everyone is a rational being, able to choose services and manage their own situations if they are given appropriate information and advice – and perhaps support. While many of us would like to think this is the case, there is considerable evidence to the contrary. Many people do not make rational choices about what is good for them, as evidenced by people smoking, binge drinking and overeating. There is even a statement in the Health and Social Care White Paper that “*most illnesses are avoidable*” (Para 1.19) suggesting that individuals are ‘choosing’ to be ill. To some extent there is also a lack of acceptance of the *social model of disability* and the existence of barriers in society that disadvantage and discriminate against individuals in many ways. We know that poverty and social deprivation are key determinants of life chances, regardless of individual effort and motivation, but this does not seem to feature in the vision for the future. While there is some recognition that it may be necessary to health and care services to go out to some groups of people with the greatest need, e.g. black and minority ethnic groups or people who are homeless (Health WP para 4.66), only some of the policy documents recognise that ‘ordinary’ people lead complex lives and can go through difficult or chaotic times which can make them vulnerable thus making choices difficult. Working with people in these situations has been part of traditional social work.

The lack of recognition of human frailty can also lead to the view that, if someone is not doing something that is recognised as ‘a good thing’, they are making a conscious choice, and have potentially taken themselves out of the service loop. This ‘tough love’ approach mentioned earlier fails to recognise the existence of self-destructive behaviour, with the implication that some people, often with mental health problems, will be deemed uncooperative and left to fend for him or herself. But this group of people are among those who could be most in need of help and support, to begin to lead more rewarding lives. Where the ‘wrong’ choice threatens the lives of other people or breaks the law, the response is to attempt to control the desired activity by punishment and deprivation, rather than any more therapeutic approach although punishment has not been shown to be particularly effective. This situation is very familiar to social workers who, for many years, have had to handle the tension between help and control, but support based on ‘choice’ may remove people making the “wrong choices” from the social work arena.

There also appears to be a lack of acceptance in the various official documents of the resource constraints under which statutory services are operating. One of the current roles for social workers is to ration resources and identify priorities. This resource problem is unlikely to go away even if many more people are getting Direct Payments or have individual budgets.

The implications of recent policy documents for staff roles and service provision

Staff roles

Among the welter of specific proposals in the recent policy documents, the three most significant ones are:

- The existence of a joint Health and Social Care White Paper, heralding closer or joint working across the health and social care divide;
- The growth in the focus on the individual service user as a knowledgeable consumer of services, able to take responsibility for their lives and choose what is best from a range of options;
- The primary importance of employment both for the economy and the health and welfare of individuals.

The tenor of the documents is shifting the balance away from a notion of social care, and of social work support within it, towards medical and health solutions to problems and to provide support around the workplace. One of the specific commitments in *Our Health, Our Care, Our Say* is

Better support for mental health and emotional well-being: promoting good practice; demonstration sites for people of working age, as part of our action to help people with health conditions and disabilities to remain in, or return to, work; access to computerised cognitive behaviour therapy; (p 24).

The need for support to maintain an ordinary life, to live through emotional trauma or human tragedy, to help those becoming physically frail or with dementia, and some of the practical problems of housing or debt, do not feature. Yet these are the traditional areas of work for social care and social workers.

There is discussion of the roles that different staff might play within future health and social care provision in the policy documents. Those that are discussed include a named professional or a *Key Worker* for disabled children with the three main aspects of their work being information, communication and care co-ordination. (Imp p 95, HWP para 5.35). In relation to Direct Payments, one of the barriers to their implementation is thought to have been that “care managers have found it difficult to make the shift from assessing whether someone is eligible for a particular service to assessing what their needs are” (Imp p 64). A cultural shift is therefore felt to be needed in the new system so that “*social care professionals are working to promote self-directed support.*” (Imp p 78). But there are very few other mentions of specific tasks for social care staff, except in passing as members of multi-disciplinary teams.

On the other hand, a variety of new roles are being developed in relation to employment services for disabled people, which are discussed both in *Improving the life chances of disabled people* and the DWP’s White Paper. They include:

- *case managers* who are identified as having a role to play to help disabled people make the right choices in relation to employment, (Imp p 13) by providing support, assistance with tackling barriers and help to gain access to other support and help.
- An ‘enhanced case management service’ for everyone, with the role of the case manager to include: assessment, identification of need for intensive case

management; maintaining a long terms relationship including building trust; and managing a personalised action plan (Imp. p 155).

- *Job Brokers* to help people with health conditions and disabilities move into sustained employment, as part of the New Deal for Disabled people.
- *Vocational (Employment) Advisers* who could be placed in healthcare and other settings to test the economic, health and social benefits of vocational advice as a way of enabling people to achieve their full potential, (Imp p 167).
- *Connexions Personal Advisers*, for younger people, with three key qualities of: expertise and information giving; support in speaking up/advocacy; and independence, (Imp p 125)

The DWP White Paper reported that to ensure a stronger link between GPs, other healthcare professionals and direct employment advice, employment advisers were being placed in GPs surgeries on a trial basis (p 35 para 46). This White Paper also lists a whole variety of tasks for *personal advisers* who will be specially trained to carry out work-focused interviews and to offer advice appropriate to an individual's circumstances (pages 56 and 75). The description of these job responsibilities share a great deal with the role of care manager and some of the activities such as building trusting relationships and managing a personalised action plan involve traditional social work skills, but there is no discussion of the contribution that social work could make to helping people find or return to work. The plethora of different posts being created could also result in the job seeker being at the centre of a web of different advisers and therefore experiencing exactly the same problems of lack of co-ordination faced by disabled children and their parents. Building on past experience of the best ways of providing support to individuals with a range of needs appears not to have happened.

Service provision

Throughout the various documents, providing information and access to services are identified as important processes. But there is virtually no information about what services will actually be provided, or will be available to be chosen. While what constitutes health services is not a difficulty, defining 'services' within social care is more problematic. As has already been discussed, much of the provision in the community is commissioned on the basis of delivering certain tasks (bathing, shopping, helping people to get dressed or undressed) rather than to meet the self-identified needs of the individuals concerned. Rather than examining the extent to which services could be commissioned to deliver outcomes and be more flexible and responsive, efforts are being put into Direct Payments and the development of new *Individualised Budgets*, These are currently being piloted in 13 local authorities and have grown out of a project for people with learning difficulties called *In Control*. The aim is for service users to be told what resources are available to them so that they can develop their own 'self-directed' support. There are already some case examples of how well this can work (Duffy, 2004) with much more imaginative uses of the resources available and less involvement of professional staff, to the satisfaction of all concerned. This is a significant cultural shift, of the kind identified above as needed, away from the view that disabled people usually need professional support and guidance (or that professionals know best) to one where it is genuinely accepted that disabled people should, and can, control their own lives. Simon Duffy argues that "change is possible and many professional groups are themselves eager to embrace a different approach. Central

policy-makers will need to create the right environment for this change of culture.” (Duffy, 2006: 7-13).

Service users are clear that having a different relationship with social care staff is an important part of what they are seeking. But it is only one of the things that are felt to be needed in order for the desired objectives of *Independence, Choice and Control* to be met. These include the kinds of services that are available for them to purchase, if they are on Direct Payments, or to receive if they are not, and also how they are provided. Service users have identified that the

“process of getting a service and the way in which it is delivered can have a major impact on user’s experience of a service. The problems included poor access to services, delays in service provision, poor treatment from service providers, lack of consultation or consultation which was ignored or not acted upon... users did not perceive process as detached from outcome. This view is contrary to the prevailing view amongst academics and professionals, who have focused primarily on outcomes in terms of the end result of a service.” (Social service users’ own definitions of quality outcomes .JRF Findings 673).

Service users are quite clear about the things that were important to them about how they were treated and what they looked for from services. They include:

- being treated with respect as equal citizens (*Issues raised by users on the future of welfare, rights and support* JRF Findings 683, June 2003)
- workers listening to the views of service users (JRF 683)
- receiving support for negotiating the ordinary things of life – relationships, learning in later life, transport, housing, contact, ‘being comfortable’ (*Older people shaping policy and practice* JRF Foundations 044, October 2004)
- services that are more holistic, responsive and adaptable to people’s needs (JRF 044)
- services like housing and information are very important as well as social care (JRF 673, June 2003)
- the importance of the relationship between the service user and the frontline worker which is pivotal to the experience of good quality/person-centred/support (*Promoting person-centred care at the front line*, JRF Findings 0296, May 2006)
- the need to address the barriers for people from minority ethnic groups – the lack of accessible information; services which lack cultural understanding; and the language and communication difficulties. (JRF 0296)
- flexible support services which are tailored to individual children’s and families’ need (*Supporting disabled children and their families*, JRF Foundations N79, November 1999).

Many of the above are focused around the way in which people relate to each other, a feature which is seen as an important component of social work and entirely missing from the policy documents and the guidance that accompanies them. A recent study of specialist palliative care social work also emphasises the importance of relationships and personal qualities and how these have not always been the experience of social work in the past. The study found that

“service users held overwhelmingly negative views of social work and social workers prior to meeting the specialist palliative care social worker. These were based on both media accounts and direct experience. They associated social work with the removal of children into care and loss of independence. In contrast, service users overwhelmingly valued their experience of specialist palliative care social workers, highlighting the quality of the relationship between service user and social worker, the personal qualities of the social worker and the nature and process of the work with them. The service users saw them as having a particular contribution to make to improve their lives. Service users appreciated the wide range of support social workers offered, including counselling and advice, practical help, advocacy, individual and group work, tailored to match their individual needs and preferences.” (Peter Beresford et al, *Palliative care, social work and service users: making life possible* JRF Findings 1969, November 2006).

The benefits that can be provided by good social work can therefore be considerable, depending in part on the skills and experience of the worker but also the context in which they practice - having the space and autonomy to be professional. But social workers should not be seen to have a monopoly of the basics of good relationships – the need for respect, to listen and to respond. These should be recognised as key components of service delivery, just as much as the actual tasks performed, so all frontline workers should also have the skills and autonomy to behave in this way.

On the basis of service user experiences, the key features of being a good social worker include:

- Someone who sees the person in a holistic way – and treats them with respect, listens to them etc.
- Someone with the right personal qualities
- Someone with the capacity to use their skills to empower others, rather than be paternalistic.

What is unclear at present is the extent to which the organisational context within which social care staff, including social workers, will be working in future will allow these skills to develop and to be put into practice.

4. Roles and Tasks in social work practice with children and families

The recent history of child care practice is dominated by a depressingly large number of concerns of which the following key issues are but three examples.

:

- *the increasing dominance of a very narrow model of child protection work, which has been seen by service users, policy makers and social workers alike in a very negative light.* (ATD 2006; Audit Commission 1994; Department of Health 1995; Tunstall & Aldgate 2006) Efforts to change the balance of social work activity in favour of a family support/prevention approach have had a depressingly unsuccessful history. (Thoburn et al, 2000; Hardiker et al, 1991); consistently

- *failure to meet the needs of children in the looked after system*: the quality of residential care is very variable, and staffed by an insufficiently qualified and skilled workforce (Brodie 2001 ;Berridge 2002; VCC 2006) ;
- *Failure to ensure positive outputs for children who have left care* (Biehal et al 1995; Stein, 1997)

What the three examples have in common is that they underline the difficulty of separating out the two concepts of 'role' and 'task', in any debate around the improvement of practice. As we have indicated above, the nature of the role and the carrying out of the task are inextricably linked to wider political, policy and economic contexts, including the issue of resources and the agencies in which social workers are deployed.

Service user views are invariably very clear about the inter-relationship.

For example a group of children and young people in the looked after system prioritised the *tasks* they wanted their social workers to undertake. They were as set out below , most important at the top:

- Help with personal problems
- Being listened to
- Help in *staying safe*
- Getting ready to leave care
- Someone to speak on my behalf
- Information following a review
- Getting the right place to live
- Contacting family
- Getting access to personal file
- How to cope with bullying
- Getting a passport

(Morgan 2006 p19)

However the young people in this CSCI survey also understood the implications of *role* for the quality of individual practice:

'Young people recognised that social workers are often working in difficult situations that limit what they do.....they are often given different rules to follow in different councils, or in the same council, so that they are not able to make decisions.....that they had a difficult job, in general were overworked, not paid very well...that there were not enough of them and they all needed smaller caseloads...' (Morgan p11)

Similarly parents surveyed as to their views as to what tasks they want social workers to undertake, tended to make very realistic proposals about the support they wanted to receive from social workers (ATD 4th World 2006 ; Statham et al, 2002; Gardner 2003)

Families, (including those who have experienced the child protection system) prioritised the following *tasks* and were clear about how they wanted the tasks carried out. They valued the following tasks being undertaken:

- building a trusting working relationship based on both parties' having the child's best interests at heart;
- addressing the needs of children at different stages in their development ;
- making accurate assessments and incorporating the views of family members into the assessment ;
- promoting resilience and positive outcomes ;
- delivering relevant services in a way that promotes dignity.

The overwhelming common denominator across all of these is the centrality, for high quality childcare social work, of staff being in a position to undertake **direct work** with both children and their families. (Fahlberg 1991) That is to say child care social workers need to be in a role which enables them to actually undertake, not solely commission, the above tasks. They cannot do so in a role which is solely that of care manager. Even if they may need to commission some specialist services, they also need to continue delivering a face-to-face service.

The style of service delivery is also important, and there are very clear messages from those who use services about the characteristics they value. These include:

- the importance of not having preconceived ideas
- the importance of not making promises you can't keep
- the importance of being honest about your ability to deliver what a family wants and the resources that you have available
- the importance of being able to access preventive support services when a family's need is poverty-specific and does not necessarily fit neat eligibility criteria
- the importance of providing services that are open to a variety of cultures in order to prevent exclusion and segregation
- the importance of enabling a mixed parentage child to have a mixed parentage social worker
- the importance of using ethnic monitoring information to influence service development in the local area.

ATD/SCIE 2004

'I mean the social worker is my daughter's really. I had one here but now because I've not got Clare anymore, it's stopped. I need help with housing and debts really, and probably some kind of parenting support. I didn't have a very good childhood and people expect you to be a good mother.....'(CSCI,2006:1)

Again surveys consistently underline the understanding parents have of social work role, and of the statutory responsibility involved for local authority workers:

"they helped me with my depression. I'm feeling much better.....social services involvement stopped my husband beating me and the childrenif social services were not involved I would have been killednow the house is in good order ...now I take the children to school...." (CSCI, 2006: 4)

Failure or indeed success in *individual practice*, may have some of its roots in *organisational arrangements* for child care social work, which are discussed below. However, the identification of poor practice also underlines the fundamental need for a relevant, comprehensive and clearly articulated theoretical framework. This must be capable of informing both the *high quality delivery of tasks by social workers*, as well as their understanding of *role*, including the *negotiating/overcoming of unnecessary role constraints*.

.To a large extent these requirements are met by the ecological model, which underpins the current conceptual framework for social work practice, articulated in government sponsored guidance (Ward & Rose 2002, Aldgate et al, 2006 ..). The ecological model '*...balances individual, family and environmental components of assessment in a way that is consistent with a strengths perspective that looks to the whole community as a resource. It sustains an approach to child welfare which sees protection through supporting families in their environments as the best safeguard from harm* (Ward & Rose 2002 p215)

From this a range of factors follow which have an impact on the necessary model of social work practice, and in particular on the roles and tasks which are fundamental to the social work role.

'... for the practitioner...it requires an understanding of the interactions, transactions, and compensations between different parts of the system. It requires a continuum of information to be gathered from work with the individual children and their families through to the community as a whole. Judgement is called for about the different weighting factors ...multiple levels of analysis need to be applied. Consideration has to be given to the point and timing of intervention, and to the consequential impact of change in one part of the system' (Ward & Rose, 2002: 313)

However such individual practice has to be complemented by a supportive organisational context. As Stevenson (1998 p18) had earlier argued ' co-ordinated strategies will be needed which will necessarily involve inter-professional and inter-agency co-operation at quite a sophisticated level'

The new organisational frameworks which are in the process of being set in place by the Every Child Matters agenda provide a potential opportunity for the role of children and families social workers to move away from the narrow protection–focussed approach which has dominated for some years and to begin to overcome perceived practice deficits for a range of children, young people and their families. In particular these new arrangements offer the prospect for social workers to be able to undertake the direct work described above, in the context of a multi-disciplinary setting. These new approaches to service delivery can take a variety of forms, and tend to incorporate four, in some cases overlapping, organisational models for social work deployment (Tunstill et al 2005; Thoburn 2006))

- **Integrated practice-** a service to identified children and families is provided by groups of professionals from different agencies planning and working together with parents, including a role for lead professionals and key workers
- **Co-located services-** these services are provided by the same networks as above but with stress on a neighbourhood approach to service delivery

- **Attachments/outposting**- these will be from single disciplinary teams to locations such as schools, hospitals, specialist teams
- **Multidisciplinary teams** - these will invariably involve secondments

Such multi-professional settings mean that in terms of **task**, social workers can, for example, act as expert advisors to non-social work colleagues who encounter a child protection concern. In this (initially) advisory role they can be proactive in preventing overreaction, distinguish between levels of family need and risk, which can then be appropriately met, in some cases, without going through a formal child protection assessment. They can also be accessible to families in the community at an early stage in the development of a complex parenting or family problem. In other words their location in accessible settings can counteract the increasing tendency for the social work role, to be limited to being the reactive recipient of child protection referrals, and can re-establish them as proactive agents who can both **promote** and **safeguard** the welfare of children in their areas.

In conclusion, the key questions for debate in respect of **task** which face child care social workers today are perennial to the debate about social work, and can be summarised in the following terms:

- What is the balance to be struck between the ‘generality’ of children in the population and particularly vulnerable and/or complex families?
- How should workers be deployed in the community to promote maximum ease of access?
- Should there be a focus on them working with children away from home, or within the family home- in other words should the tasks be grouped around ‘rescue’ or family support?
- What balance should be struck between ‘rights’ (helping, partnership, empowerment) and ‘responsibilities’ (potentially more coercive)
- Should there be a focus on different age groups of children?

There is much current discussion in respect of how the children’s workforce should be developed, which can be seen to pose a choice between these two models for the social work role:

Should the re-shaping of the professional children’s workforce, lead to the development of a new role of a hybrid ‘children’s professional’, and a role for social workers which centres almost exclusively on their child protection function?

or

“Should services to children, young people and families be re-shaped in a way which will demand greater flexibility and collaboration between from professionals, and, yet at the same time enable access to the expertise of individual professionals when it is essential?

5. Towards 2020: Challenges and Opportunities for Social Work

The purpose of this paper is to stimulate a discussion around the roles and tasks of social work. We seek to identify some of the key challenges and opportunities which need to be addressed by the profession and their partner stakeholders over the next decade. This does not pretend to be a comprehensive literature review or a definitive position statement. Rather it is intended to *open* rather than *close* the *debate*.

We have provided a brief overview of the knowledge base, the theoretical frameworks and organisational and policy context of social work in the 21st Century. As we have shown, social work as a profession has consistently had to adapt to changing contexts. We have shown how social work has consistently sought to locate itself within *socially liberal* as opposed to a *socially authoritarian* position. However, within this process whatever the specific characteristics of successive social policy phases, there is a set of enduring tensions which require a social work response.

It is rarely the case that social work can or should take an absolute position regarding tensions. Instead the social work response can be more appropriately characterised as moving between different ends of a number of key dimensions. In selecting its position at any one time social work brings to the task a unique combination of values along with specific knowledge and skills. These include

- Negotiated problem solving skills within the context of a professional relationship
- A purposive knowledge of human development across the life course
- An ecologically constructed understanding of the rights and needs of individuals within the wider society
- A capacity to incorporate an understanding that the lives of most, if not all, people who require services are shaped by forces outside their control including discrimination such as racism and the marginalisation of disabled people
- Advocacy for those who at any point in their life may find themselves on the receiving end of discrimination or exclusion from the wider society including services and resources
- Knowledge of a range of different conceptual and professional frameworks, including the law, which enables them to think and act holistically within multi agency and inter-professional contexts
- To simultaneously manage risk and meet need
- On the basis of this knowledge the capacity to hold onto complexity and make informed, analytical professional judgements
- To integrate the processes of assessment and intervention

- To build respectful, personal professional relationships which can respond to new models of community based services, which include the innovative and creative contribution of service users.

Social work does not claim exclusive knowledge of any or all of the above. However, it is the combination of this knowledge base and skills set within one profession which characterises the specific contribution that social work brings to the table

Nevertheless social work still needs to position itself within the debates identified below. We characterise these as 5 axes:

- **Assessment and service delivery.** In recent years Government guidance has tended to put the emphasis on the process of assessment. We believe that social workers' skills and pluralistic knowledge base means that it *is* well placed to continue to deliver sensitive, sophisticated, knowledge based assessments. However there is a moral as well professional imperative in social work maintaining a role in the delivery of services. The object of assessment must be to deliver the right service not merely to intrude into the private world of a citizen. At the same time ensuring that the right service can be made available requires social workers themselves to have first hand knowledge and experience of those services. The best way of gaining such knowledge is by being involved in the service delivery process. Indeed the social worker themselves will continue to be a key component of the service
- **Practice/ prevention and reactive / protection.** The history of social work since the Poor Law is bedevilled by an ongoing tension between reactive and proactive responsibilities. These take the form of family support services versus removing children from their families or providing support to enable people with disabilities to live in the community rather than have to accept a place in a care setting that they do not want. Ironically within a market economy the cost effectiveness of employing skilled social workers to support people in the community makes very good economic sense. It is therefore a false economy to marginalise social workers as the recipient of referrals at the last stage of the problem
- **Centred based versus community based social work.** Both centre based and community based services have a role to play and in many cases centre based services will comprise a robust outreach strategy in the addition to the provision of services *in the building*. Given the diversity of service user's circumstances including income, geographical location, mobility, cultural norms it should not be assumed that "one size fits all". Some people will need either practical or emotional support in being encouraged to and enabled to use services. In some cases *the service* will need to go to them. Social workers are particularly well skilled and placed to engage with complex situations and understand the ambivalent feelings of potential users of services. They have a key role in ensuring there is equity between people who use services based in a centre, those who receive them at home and those who are apprehensive about engaging at all with services.

- **Advocacy and social change versus therapy and individual change.** Throughout this paper we have argued that social work's defining characteristic as a relationship based discipline is its ability to operate on the basis of an ecological approach. The skills possessed by social workers enable them to engage with an extensive group of tasks which are located between apparently opposing 'poles'. Therefore social work tasks range between advocacy and the aggregation of need on behalf of service users at one end, through to individual problem solving and the provision of therapeutic support at the other. To dispense with any of these capacities and responsibilities would undermine the professional and moral integrity of social work and ignore the value that service users place upon the combination within one practitioner of access to practical and emotional support.

Given the powerful move toward configuring services within multi professional and/or co-located settings social work has a unique opportunity to demonstrate its capacity for providing professional advice and support to colleagues as well delivering a direct service to children , families and adults in the community. In some respects social work's unique position is that it sits at the interface of not only organisational but also conceptual systems. Social work has the capacity to negotiate between different professional perspectives as it is able to temporarily colonise and move around areas of expertise be they psychiatric education or health.

- **Care commissioning and care provision** Social work's strength is that practitioners can be both care commissioners and care providers. With the afore mentioned strengths in assessment social work has the ability to hold onto complexity of peoples' situations and, through an analytical process that takes full account of the needs and rights of the individual, arrive at a plan for services. It is the interplay between commissioning and provision that is likely to be most helpful to the users of services. There is an enormous advantage to existing and potential users of services in having the opportunity to discuss and reflect on their circumstances within a case work relationship secure in the knowledge this process can achieve the optimum outcome. Technocratic approaches, which while superficially impressive are bureaucratically oppressive, should not be confused with the pursuit of better outcomes for service users

Social work faces both opportunities and challenges. Fundamentally we do not believe that what social work has to offer has significantly changed in recent years. Nor, although they will take different forms, have the essential social and individual challenges it faces changed. However the context clearly has.

The time is now right to explore the nature of a new contract between social work and its stakeholders. Social work and social workers deserve and are entitled to receive support, recognition and respect. Nevertheless this respect must be earned in the sense that social work must be prepared to respond flexibly and creatively to the new service environment,

Indicative questions that need to be addressed by all stakeholders to meet this challenge include the following

- How can social work increase its creativity and innovation?

- Social workers work uniquely with the whole picture. What are the most important pieces of the jigsaw to focus and build on?
- What needs to happen to improve relationships with our fellow practitioners and other professionals? What do we want these new partnerships to look like?
- How can social workers make the gateways into specialist services easier to negotiate for service users
- How many levels of social workers should there be and where should they be located
- How could Government and individual agencies strengthen and improve the public image of social work

If social work in partnership with other stakeholders can begin to address these questions, then it will be in a position to win the hearts and minds of those people it seeks to serve and demonstrate that it is a profession well worth fighting for

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