

**STUDY OF SOCIAL WORKERS' PERCEPTIONS OF
"SUCCESS"**

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DECLARATION

This thesis is my composition and is based entirely upon my research. It has not been submitted for any other degree or professional qualification.

Anvar Samadi Rad

To my mother and father, Tahere and Kazem Samadi Rad.

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ABSTRACT OF THE THESIS

The study aimed at finding an acceptable, practical definition of “success” in social work practice as perceived by practitioners. Two major questions were consulted with some 28 experienced social work practitioners who volunteered to participate in the study. Two core issues were raised in the course of discussions, i.e., “Good Practice” versus “Successful Practice”, and “Good Practitioner” versus “Successful Practitioner”. These two concepts were discussed in reference to the dichotomy of “process” and “outcome” in social work practice.

The respondents happened to be more familiar with the concepts of “good” practice and practitioner simply because these concepts are common terms used in social work literature. Respondents argued that a good practitioner should be able to perform in accordance with the agency policy, code of ethics and principles, while keeping up with the standards of the profession. In the respondents’ view a ‘good’ practitioner who competently conducts the “processes” of intervention, can equally be regarded as a “successful” worker. It was only after certain brain-storming questions and probes that a practical definition of “Successful Practice” was grounded, which appeared to be an “Outcome-Related” concept. Data analysis supported the theory that a practice is ‘successful’ when it leads to the achievement of a planned, desirable end result, namely, a client outcome, or a positive “change” in a client’s system. A practitioner is “successful” when he/she is competent in carrying out the process of intervention. The impact of certain factors, identified as personal/internal and organisational/external factors, were consulted with the respondents to find out what elements may have an impact on facilitation or hindrance of a successful practice.

CHAPTER ONE

AIMS AND OBJECTIVES OF THE STUDY

INTRODUCTION

This research intends to explore the meaning of **successful practice** and **successful practitioner** in social work as perceived by social work practitioners, and to find out what criteria they use to judge themselves as a successful worker, and what are the characteristics of an intervention which they evaluate as a successful piece of practice.

Social work practitioners who are involved in this study come from different area teams, mostly backed up by several years of experience in working with their present client groups.

This chapter provides an introduction to the area of concern and establishes the background for the selection of the research topic, purpose, scope and design of the research. Major research aims and objectives of the study will be discussed and some preliminary assumptions will be presented, deriving from certain pivotal concepts and issues.

AREA OF CONCERN

Being concerned about social workers' quality of practice and achievement in fulfilling their role makes more sense if one totally agrees with a definition of 'social worker' as a professional who "imparts information about rights, makes services available, helps to communicate needs to those in authority, and encourages action by the individual, family and group on their own behalf as well as on the behalf of the community. The advantage of this definition is that it suggests the role the social worker can play in the community whatever type of social work or organisational attachment" (Sinfield, 1970, p.31). The reason I have adhered to this rather elderly definition of social worker is simply that I have found it encompasses all the factors I consider to be important in the practice of social work. It represents a widely-acknowledged perspective on social work and the duties of social workers, regardless of the changing values of the society, and the shifting of the focus to specific social causes of the need for social services and social work. As Webb and Wistow(1992) argue, the expansion of the social work repertoire has been fostered by changes resulting in greater interest in group work, behaviour modification and a range of therapies and techniques, but one real need is to know the implications and outcomes of the different ways of working which are now on offer and how to enable appropriate and useful ones to co-exist as alternatives or complements (p.198). No matter what techniques or methods are employed, social workers need to make sure that their statutory obligations towards their clients, the agency they work for, and the community at large are fulfilled. A comprehensive, caring and compassionate service cannot, of course, be rendered in void. Social workers require a good command of professional knowledge, practice wisdom, values and skills in order to be able to carry on their job effectively in the environment created by the 'increasingly demanding requirements of a complex and changing society' (*Ibid.*, p.199).

It is exactly within this frame of reference that one is inclined to evaluate the quality of a practice not only in terms of how well a social worker performs his/her so-called social work 'skills' and practice techniques, as an employee of a bureaucratic organisation, but also how he/she remains motivated by the values and objectives of a recognisable social work profession.

This researcher was motivated by the amount of criticism and scepticism the social work profession and social workers in general, and British social workers in particular, have been experiencing in recent years, accused of not being *effective*, mostly judged by the criterion of "value for money". In fact, these criticisms emerged during the early years of the professionalisation of social work and continued through the decades to the present time. Discussion of the *quantity* in comparison to the *quality* of services was always, and still is, on the agenda of intellectual debates. In the early 1950s, Richard Titmuss in his inaugural lecture as the first professor of social administration in the University of London, talking about the problem of social service priorities raised the questions of, "what, to put it crudely, are we getting for our money? Is an increasing proportion of the cost going, first, to those who do the welfare rather than to those who need the welfare and second, for treating at a higher standard the symptoms of need rather than in curing or preventing the causes of need?"(cited in Sinfield, A. 1970, p.23). Some twenty years later, the Seebohm Committee announced the creation of a social service department which will provide services to 'reach far beyond the discovery and rescue of social casualties; it will enable the greatest possible number of individuals to act reciprocally, giving and receiving service for the well-being of the whole community'. Adrian Sinfield in his critical analysis of the Seebohm proposals posed the questions of "What contributions has the profession to make in our efforts to improve the *quality of life* in a modern industrial society? What are the priorities for social workers --whom should they be helping and how? How do we ensure that the services of social workers are 'available

for all'? And how do we *maintain the quality of these services?*" (*ibid.*, p.23) [my emphasis]. Two decades later, however, Broad and Fletcher(1993) comment that:

The concerns [of social services and policymakers] have always been about quality, standards and performance indicators but rarely in those precise words. As 1990s will be when *quality-assurance, performance* and *value for money* are 'high' on the agenda, social work by contact will become more a matter of social work by contract (p.13).[my emphasis]

This is exactly what is happening in the social services arena. Provisions for 'care in the community' and National Health Service and Community Care Act 1990 as well as the 'care-management' policy all have a tendency towards managerialism and bureaucratisation of the social services, and social workers are strongly recommended to concentrate on policy issues and on the value for money of the services they are providing. Malcolm Payne (1995) in the introduction to his seminal work on community care issues writes:

Anxiety about policy issues such as community care plans, resource delegation and organisational and management reform seems to be leading to a neglect of the opportunities of the new community care system for doing more interesting and positive work for neglected groups of clients and their carers. Directors of social services have told me that training must concentrate on budgeting and management rather than on how to help people in the community in more imaginative ways (p.xiv).

Social workers are expected to demonstrate 'competence' in their day to day practice and in relation to their clients, co-workers and the agency. Although competence generally means 'doing a job well' (O'Hagan, 1996, p.4), the CCETSW's revised Paper 30 designates six very common social work tasks as core competences in themselves. These are: communicate and engage; promote and enable; assess and plan;

intervene and provide services; work in organization; and develop professional competence (CCETSW; *Assuring Quality*, Revised 1995; pp.11-12).

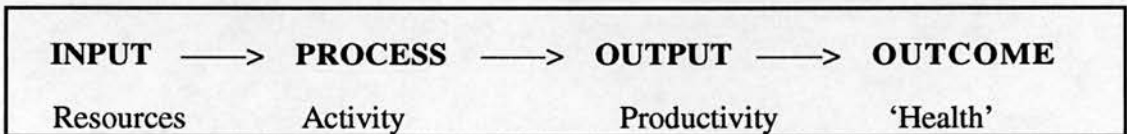
CCETSW's *Rules and Requirements for the Diploma of Social Work* (1995) further specify that competence in social work is the outcome of *knowledge, skills, and values*. "It is only practice which is founded on values, carried out in a skilled manner and informed by knowledge, critical analysis and reflection which is *competent practice*" (*ibid.*, p.17).

The new trend of 'competency-based' social work education set forth by CCETSW's revised Paper 30, and the criticism, doubts, and questions raised by social researchers, policymakers, programmers, etc. on the quality of services to service-users put forward the problem of social services and social work *effectiveness*, as the outputs of the social services system on the one hand, and the inputs such as the resources, and social workers' potential and acquired *competencies, skills, and efficacy* in handling the job for which they have been trained, on the other. Are competent social workers those who are knowledgeable, skilful and caring for professional values generally "successful" practitioners, and do such social workers always perform "successful practice"?

Effectiveness, and measuring the performance

The question of *Effectiveness* and measuring the quality of services rendered to certain client/user/consumer groups is a primary focus of present day social services organisations, especially where tax-payers and community at large are involved. Effectiveness, or the extent to which a service or procedure produces change of the desired kind in those it is designed to help, is the concept by which the impact of those services is judged (Robertson, 1992; 141). There is a growing interest in the concept

of 'quality' and 'quality assurance', especially as it applies to human services.(*ibid.*) Robertson et al. in their study of "Current Issues in Health Planning and Health Promotion" (*ibid.*), have focused on 3 important aspects of health services in evaluating the performance of the NHS: 1- the number of individuals with whom it deals; 2- the activities it performs on those individuals; and 3- the changes it produces in patients as a result of those activities. They argue that although the number of patients receiving care is an important factor, it is the *quality* of the care and the extent to which it enhances the health status and life-expectancy of the individuals in receipt of care that really counts as a measure of the effectiveness of health services. Applying the same model of evaluation that is commonly used in assessing the effectiveness of a production-line, that is, the input, process, output and outcome components, and the relationship between these components, they conclude that it is the outcomes of the health services that should be used as a criterion of service effectiveness. A diagram of the production-line model of health services would help:



(The production-line of Health Services; cited in Robertson, 1992)

The questions 'does social work work?' and 'are social workers effective?' have been posed in the social work arena for more than five decades. Sheldon (1986) describes two separate waves of reviews and researchers. From the 1940s until the early 1970s, the attitudes of the researchers and reviewers towards the effectiveness of social work were generally negative. For example, Mullen and Dumpson (1972), Fischer (1973 &1976), and Wood (1978) argued that social work intervention appeared to be ineffective. A second wave of commentators, from the 1970s to the present day, have limited their attention to the question 'how effective is a particular program with a

particular type of client?' (Reid & Hanrahan, 1982, p.328), and seem to have come to a positive verdict.(York, A. and Itzhaky, H. 1991; Rubin, A. 1985).

Thus, the emphasis is laid upon social workers' quality of practice and the evaluation of their interventions in specific cases and with individual clients. This is where the concept of '**good practice**' is introduced into social work practice as a criterion for judging the achievements of front-line social work practitioners. Despite the fact they mostly feel themselves over-loaded with cases, and the paper-work they have to fulfil for each case, social workers 'do not very often stop to consider what their work is achieving nor whether it should be redirected. And because they are overburdened, they have little opportunity to follow the experiences of their clients; and they seem even less likely to do this when responsibilities cross jurisdictional boundaries' (Sinfield. *op.cit.*, pp.27-28).

The research proposal was formulated in response to the findings denoting that the burdens of contemporary social workers are great, the problems of their clients complex, and the expectations and demands of the society often unreasonable; or at least, not in tune with the degree of authority enjoyed by social workers, the discretion they can use in their practice and the resources they are provided. The situation becomes even more complex due to the ambiguity of the social workers' conventional roles and the responsibilities they are supposed to carry out. Hanvey and Philpot (1994) write:

The problems social workers face are not so neatly dealt with as are problems faced by professionals who have to handle the arrest, the fire hose, or the scalpel. The material clues, the heart beat, and the pulse are, whatever the problems faced by the others, more specific and scientific than what is often available to social workers (p.3).

Welfare organisations, especially those concerned with the personal social services, are frequently under severe criticism from the holders of different ideologies. One of the major criticisms of social work relates to its involvement with the overall social system and the way it tries to maintain the status quo. In this sense, social services and the activities of social workers are often considered to be no more than a palliative to problems which they cannot solve; what they usually do instead is attempt to introduce some temporary problem-solving and trouble-shooting measures.

Professor Alvin Schorr in his research paper, *The Personal Social Services: An Outside View*, states that

The personal social services are at a critical stage. They were established with high hopes, flourished briefly, and then were subjected to a variety of internal and external strains. In the view of the public, they have certainly failed to deliver with respect to protecting children and fostering community care, to take just two examples. They are now seriously malfunctioning (Schorr, 1992, P.52).

In his foreword to Whittaker and Garbarino's book, *Social Support Networks*, (1980), Rolf Olsen argues that the major problems and crisis of social services in Britain are in fact the consequences of the world recession and high unemployment, which in turn caused the chronic lack of resources affecting the functions of social services departments. Olsen suggests that in recent years the question of social work - how to define it, its objectives, and how to determine its worth and effectiveness - has become the focus of professional and public debate. In Britain, perhaps the most important and significant discontent relates to the discrepancy between the public's expectation of social work, and what social work can actually deliver.

A brief review of the literature on the functions of social services, and the performance and results achieved by social workers reveals that there is uncertainty about the scope and limits of the social work departments, which is reflected in uncertainty about the capabilities, knowledge base and skills of individual social workers. This state of uncertainty, in turn, places a question mark over social workers' competence, effectiveness, and hence success. Social workers, especially those working with critical cases in child-care, and probation are the targets of media criticisms, and their competence for handling such problems questioned. Pithouse(1987) has raised the difficulties of describing social work activities and occupational task of practitioners, either by the practitioners themselves, or an outsider, say, a journalist, without 'falling into the trap of grasping work outside the usual ways that social workers perceive and express their occupational experience' (p.2).

Competence-led social work training made no impact upon the press's perceptions of the competence (or rather incompetence) of social work practice (Aldridge; 1994). In his critical approach to competence-led and competence-dominated social work training, Kieran O'Hagan (1996) argues that:

Since 1991, there has actually been an increase in the number of 'newsworthy' tragedies in which blame has once again been levelled against 'incompetent' social workers; these include a number of cases in which, (1) elderly people died in their own homes and were not found for weeks after; (2) mentally ill patients were permanently discharged to a non-existent Community Care where they assaulted (and sometimes murdered) innocent bystanders; (3) adolescents convicted for numerous offences were taken on Safari and other expeditions, an effort and expense failing lamentably (or laughably) to deter them from re-offending; and of course (4) the inexplicable actions of some child protection workers, seemingly continuing unrelentingly, and contributing to fatal and tragic

outcomes (Bridge 1991; Brown 1991; Clyde 1993; Kirkwood 1993; Levy and Kahn 1991; Miller 1995; NCB 1993).

Furthermore, as R.Jack (1992) puts it:

There are also claims that social workers will no longer be able to care or help; that they will be assessors of eligibility rather than need; that care management is more properly described as gate-keeping and rationing (p.5).

In relation to what has been discussed above, this researcher felt it appropriate to map front-line social workers' perceptions of success and achievement in the face of such difficulties as the present cut-backs and bureaucratic burdens that slow them down, resources that are becoming increasingly scarce, and the hierarchical layers that are becoming more difficult to negotiate. What "success" means to our participant social workers in such circumstances and what criterion measures they use to judge themselves successful are the main areas of concern of the present study.

FOCUS OF THE STUDY

Social workers' perceptions of what constitutes "successful practice" are in fact a rather neglected area of research. A certain amount of work has of course been undertaken on the views and attitudes of clients or service users. Of such studies one can refer to the works of Fisher, 1983; Rees and Wallace, 1982; Sainsbury, et al., 1982; Fisher et al., 1986; Smith, 1991, to name only a few.

Service users' views concerning services and the quality of care are without doubt important and may offer insights and perspectives of value for social work managers and policy-makers, as well as researchers. In doing research in social services and the

social work domain, one may consult the experiences, viewpoints, and perceptions of each or all of the relevant bodies, i.e. service-users or recipients of services, the carers of the target population, as well as managers, supervisors, and more importantly, front-line practitioners. Fisher, Marsh, Phillips and Sainsbury (1986) in their study of the experiences of children, parents and social workers on child protection issues, however, argue that 'the voices of the clients themselves should be strongly heard within the research findings' (p.4) They further comment that:

Much social research is carried out according to scientific canons which devalue the subjective element of such areas as clients' perceptions; similarly much family policy regards the families themselves as the passive recipients of welfare, rather than as active participants with cogent views which might change policy (p.4).

On the basis of the above argument, Marsh et al (1986) emphasise the implementation of a 'partnership' principle in practice with children and family cases:

...in organizing services for families with child care difficulties, both policy and practice must be founded on the principle of *partnership*, in which it is recognized as necessary and valuable to understand the views of clients receiving the service (p.4).

[N.B.: It is worth mentioning here that the principles of 'contracting', practising in 'partnership' with the service users, and valuing the clients' 'choice' are widely accepted concepts in present social work policy, and the "Rules and Requirements for the DipSW", devised by the CCETSW(1995) stresses these issues as integral parts of good practice for newly qualified social workers].

Nonetheless, one should not and cannot rely solely on the users' accounts. As Cheetham et al. (1992) put it:

Users' responses to and understanding of the services they have received must usually be a key preoccupation; but in complicated situations, the social workers' perceptions of the problem and their intentions are an important context

for users' reactions. "Users" may include those who receive services directly and their carers who, with differing degrees of intention, are expected to be indirect beneficiaries. The intentions of policy makers and managers which can significantly influence the context, form and content of services may also be an important focus for research (p.136).

It does, however, appear to the present researcher that front-line practitioners' views and perceptions have been relatively neglected by comparison with those of other bodies, especially the service users. More specifically, there are shortcomings in the social work literature in relation to the definitions used by the practitioners themselves of the concepts of "**successful practitioner**" and "**successful practice**". It is not quite clear how field-workers from different settings interpret the concept of "success" within the profession, what criteria they use to judge a "successful" piece of practice, and under what circumstances they judge themselves and others to be "successful" social workers. Pithouse's (1987) study of child care workers reveals that social workers have a sense of uncertainty about the impact of their intervention in the lives of children, parents and families. According to Pithouse(*ibid.*, p.47):

Like other social workers (Mattinson and Sinclair, 1980, p.294) they [children and families practitioners] rarely speak of 'cures' or 'success' but assume their intervention to be beneficial.

Notions of success or failure are displaced by an emphasis upon the necessary and worthwhile quality of the service they provide irrespective of outcome.

The same author (*ibid.*, p.47) goes on to comment that some child care practitioners hold varying views about the impact of their actual practice:

Some assume their efforts are always beneficial, irrespective of outcome. Others believe their efforts will have little influence but persist in the hope of future beneficial outcomes. The 'good' worker carries on despite demoralising results.

It seems that the concepts of “successful practice” and “successful practitioner” were the least discussed terms within the context of social work profession. Some of the reasons for this lack of interest in the terms ‘success’ and ‘successful practitioner’ will be discussed in the chapters related to the data analysis of the social workers’ interviews.

The focus of the present study, therefore, is to explore the ways in which experienced social work practitioners define a successful intervention, whether they perceive any difference between ‘good’ and ‘successful’ practice; and to establish how they distinguish between ‘good’ and ‘successful’ social workers, if they see any difference between these two concepts.

AIMS AND OBJECTIVES OF THE STUDY

Measuring success or otherwise in the social work profession is not easy; what personal gain or benefit is derived by a practitioner from hard work and attempts to ensure a high quality of practice? And what is meant by “quality practice”, in any case?

It is generally accepted that a feeling of achievement and success on the job contributes, to a great degree, to the development of self-confidence and self-satisfaction, and leads to the fulfilment of the worker’s higher level needs, i.e., the needs for self-esteem and self-actualisation (Argyris, and Schön, 1977; Herzberg et al., 1959). Research findings denote the influences of management behaviour at higher levels on the actions of managers at lower levels (Patti, 1988). The study carried out by Hunt, Osborn, and Larson (1975) provides some support to the above statement. In this research, the treatment orientations of upper level managers in a mental hospital

(i.e., their orientation to either custody or rehabilitation) were found to interact with supervisory behaviour to influence the performance and satisfaction of workers at the front line (cited in Patti, *ibid.*, pp.16-17). Theories in relation to work and organisational psychology usually focus on the phenomenon of success and achievement of individuals and the impact of this feeling on the outcomes of their work, as well as its considerable effects on the development of a positive relationship and interactions between employees and their environment, especially with their superiors in the organisation (Friesen, 1983; Graen et al., 1977). The present study aims to identify the indicators of 'successful practice' and 'successful practitioner', as suggested by the respondent social workers; and the criteria by which they prefer to measure their own as well as their colleagues' practice as "successful" in contrast to what is generally perceived as "good practice".

CHAPTER TWO

THEORETICAL BACKGROUND OF THE STUDY

INTRODUCTION

Social work is about helping people, or empowering them to help themselves *change*. By “change” we mean any kind of betterment or progress in the client’s situation, relations, and life style; or getting some kind of answer for his needs, wants, or expectations. The same process is applicable when working with groups or communities.

Social workers come from various social backgrounds and with different life histories and ideologies to join the mainstream of the profession, putting their time, energy, skills and experience into their work. The ultimate goal of social work can be defined as that of bringing about certain positive changes in their clients’ situations; social workers, as professional experts, therefore, are expected to be as helpful as they can in assisting clients to achieve some planned or desired outcomes.

The present study intends to find out whether or not there is a drive for achievement and success in these professionals; when and under what circumstances social workers feel successful; and how they know the difference between successful and not-so-successful practice. If we agree that the endeavours of social workers should be geared towards bringing about desired changes in the client's circumstances, as the main outcome of their practice, then it would be reasonable to assume that a "successful practitioner" would be someone who competently complies with the requirements of 'good practice', as required by the social work mandate, to achieve a planned and desirable outcome. By the same token, and within the same conceptual frame of reference, a "successful practice" would be regarded as an interaction that goes beyond the routine, defined realm of 'good practice', and results clearly in a positive client outcome.

For the sake of clarity we are inclined to apply a systems view to the overall encounter of social work practice which focuses on inputs(whatever is used to help client solve his/her problem), processes (whatever actions, encounters, relations between worker and clients, etc. take place to help worker and client to achieve their goals), and outputs(whatever is planned to happen during or after the intervention process for the benefit of clients), and to analyse the findings of the study with regard to the processes of doing social work and the outcomes of the work done with and for the client which is considered as the 'client outcome' of the social work practice. It is hoped that a "success-related theory" will be grounded in the course of the data analysis through an effort to juxtapose two important issues in social work practice, i.e., "processes" and "outcomes" of a practice, and we will be able to hypothesise a possible correlation between a good outcome and a successful worker, on the one hand, and between a good client outcome and a successful practice, on the other.

THEORETICAL CONTEXT OF THE STUDY

There are different approaches, or perceptions, of the role and tasks of social workers and the evaluation of the effectiveness of the profession in this field. For example, some people analyse social work effectiveness from the stand point of how it tackles the structural/functional problems that cause individuals distress or hardship. The structural/functional perspective expects social workers to solve socio-economic problems and handle societal malfunctions related to macro-level issues such as poverty, unemployment, inequality and so on. Some social workers even enter the profession with an expectation of challenging the socio-economic system and eliminating those human problems, which are seen as caused by the system and beyond the control of the victims.

There is a second dominant perspective which sees social workers as mediators and facilitators whose main function is simply to provide counselling and material help for the clients to make them come to better grips with the causes and origins of their problems, and empower them to fulfil their needs, improve their circumstances, and lead relatively better lives. In other words, a positive client change is the name of the game.

Proponents of the structural-functionalist approach to social work readily criticise the current social work system for its failure to do justice to the profession's basic values, scrutinizing the social workers' lack of power, authority, or enthusiasm to fight inequality and human misery. Some radical social workers view advocacy practice as a primary function of social work and argue that social workers should seek to advocate for and/or on behalf of potential clients who otherwise will suffer more oppression, hardship or despair. They believe that the domain of social work should be extended

from individual issues to broader contexts where clients need more radical help to overcome the macro-level problems (Encyclopaedia of Social Work, 1987; NASW).

Despite the criticisms focused on social work effectiveness, and in the face of certain doubts about social workers' competence in bringing about desired changes in the overall circumstances of their potential clients, it is believed that a considerable number of social workers incline towards advocacy in their practice and many are ready to adopt a broader concept of worker-client interactions. As an example, inter-agency relationships, negotiation and advocacy are recommended by the Barclay Report as types of activity in which in certain cases and with certain clients the workers have to engage:

Much of our evidence suggests that at least some work undertaken on behalf of clients with other agencies is necessary only because the other agencies are failing to provide prompt and adequate service. Social workers, it is said, carry the burden of failures in social policies....

And the report continues with the role of social workers as negotiators on behalf of certain clients who, without social workers' help and guidance, will not be able to get the service, money, or help that they really deserve and which they have every right to receive (Barclay Report, pp.45-6).

In CCETSW's *Assuring Quality* (1995, p.11) it is strongly recommended that structural issues be placed on the social work agenda for the 1990s.

The document suggests that for the award of the Diploma in Social Work(DipSW) evidence will be required that students have:

- * met the practice requirements for the **six core competences**;
- * integrated social work **values**;
- * acquired and applied **knowledge**;
- * reflected upon and critically analysed their practice; and

* transferred knowledge, **skills** and values in practice.

The six core competences which are required for the award of the Diploma in Social Work (DipSW) are specified as follows:

- 1) **Communicate and Engage** with organizations and people within communities to *promote opportunities* for children, adults, families and groups at risk or in need, to function, participate and develop in society.
- 2) **Promote and Enable**; *promote opportunities* for people to use their own strengths and expertise to enable them to meet their responsibilities, *secure rights and achieve change*;
- 3) **Assess and Plan**; *work in partnership* to assess and review people's circumstances and plan response to need and risk;
- 4) **Intervene and Provide Services** to *achieve change* through provision or purchase of appropriate levels of support, care, protection and control;
- 5) **Work in Organizations**; contribute to work of the organization;
- 6) **Develop Professional Competence**; manage and evaluate own capacity to develop professional competence.

The emphasis I have put on certain phrases in the above quotation from the CCETSW document denotes the importance of social workers' role and tasks and the complexity of their profession as viewed by social-work policymakers and educators. Achieving 'change' in clients' situations, working in 'partnership' with them, promoting their opportunities and empowering them to gain a more effective understanding of their rights through 'advocacy', and at the same time, 'working in accordance with statutory and legal requirements' are strongly recommended by CCETSW as the core competences for new social workers. To meet these requirements social workers are obliged to function within the remit of social work values:

...In intervening in people's lives to achieve change, *social workers must recognize the interrelationships of structural and individual factors* in the social context in which services operate, and the need to address their impact on the lives of children and adults (p.18).[my emphasis]

And in defining 'competence in social work, which is considered as 'the product of knowledge, skills and values' (*ibid.*, p.17), it is believed that 'it is only practice which is founded on values, carried out in a skilled manner and informed by knowledge, critical analysis and reflection which is **competent practice**' (p.17) [my emphasis]

Nevertheless, Davies (1991) argues that there is a lack of connection between structural analysis of the existing problems and social workers' everyday practice which has resulted in marginalisation of structural issues on most social work courses (p.65). In compliance with such criticisms of current social work education and practice, Davies (1987) has written elsewhere:

Ignoring the structurally common components of clients' situations, the mainstream social work literature has focused primarily on methods and techniques of working with individuals and groups. Social work methods are presented as tools which the social worker needs to 'fix' situations (p.87).

Clearly, however, there is a substantial gap between what one learns to do from books and educational courses, and what one is actually permitted to perform in a bureaucratic system. Social work agencies, by their bureaucratic nature, encourage social workers, especially those working with problem children, and probation officers due to the nature of their practice, to function within the boundaries of policy and regulations, and to act as employees of these agencies, rather than challengers of the system, to provide help and remedies for clients' individual problems and despair.

This is reflected in the newly developed description of the 'Purpose of Social Work' by CCETSW(1995):

Social work and criminal justice agencies are given specific responsibilities and powers through statute, and social workers and probation officers have to practise within legislative frameworks and organizational policies and procedures. They have to balance the needs, rights, responsibilities and resources of people with those of the wider community, and provide appropriate levels of support, advocacy, care, protection and control (*ibid.*, p.16).

Being able to 'balance' the needs and rights of clients and resources within the boundaries of policy and bureaucratic restrictions is obviously considered a highly-valued competence and a clear manifestation of the practitioner's compliance with the aim of 'good practice', but does it correspond to a definition of 'successful practice' as well? In other words, is 'good practice' the same as 'successful practice', and will 'good' practitioners also see themselves as 'successful'? Even if this may be the case with those future social workers who are currently being trained in accordance with the new qualification requirements, what is likely to apply among social workers with a minimum of ten years of front-line practice experience?

Davies (1991, pp.78-9) argues that:

The way in which social work agencies are organised reinforces the individualisation of despair and anger amongst dispossessed people. Social workers' attempts to 'normalise' their clients' lives or 'rehabilitate' individuals and families take little account of the way in which material and social deprivation structures choice and opportunity. Such attempts fail to challenge the way in which inequality, buttressed by ideologies about family and individual responsibility, operates to control and constrain those who become social work

clients. As a consequence, social work intervention can reinforce the negative, stigmatising images of people in need which have been enhanced by current welfare policy.

From what we have already seen it can be inferred that social work practitioners can take one of the following general approaches to their practice. First, they can identify themselves with a position of 'maintenance', to comply with the system's mandate, and practise in terms of agency policy and 'good practice' procedures. Davies (1985) for example, recommends a practice approach to social work based on a theory of maintenance where social workers are in fact doing the job of 'mechanics oiling the interpersonal wheels of the community' (*ibid.*, p.31). In this perspective social workers should be aware of the problems of challenging any structural inequalities. They should differentiate between advocacy in social work and the political activity in which citizens may decide to engage. Every structural challenge must be geared to the given organisational policy and social work mandate. Second, social workers may alternatively take the position of a radical worker, to stand up for the right of their clients to challenge macro-level problems and attempt to change the structures that are the major causes of distress and oppression. Falling into either of the above-mentioned categories will affect the perceptual framework of individual social workers in their evaluation of "successful practice" and "successful practitioners". Therefore, the discussion with the social workers who participated in this study was directed towards mapping out the social workers' orientations to the role and values they adopted.

Evaluating a social work intervention as a successful or unsuccessful practice, and assessing a social worker as a successful practitioner, is a complicated task. The general tendency is to refer to service users, or clients' views of the quality of services they receive, or to study their expectations of welfare services and the degree of their

satisfaction or dissatisfaction, as a measure of service effectiveness. In their recent attempt to involve social work practitioners in research activities as a fundamental issue for promoting the research-mindedness of social workers, Fuller and Petch (1995) refer to the “User Perspective” as a key research concept to be explored by the practitioner-researcher. They write:

There should be little argument with the assertion that details of the user response are essential if a service is to be effective and accountable. Increasingly, attention to the user voice has become a part of the rhetoric of both central and local policy documents. At a practice level this has led to the careful development of initiatives designed to both ascertain and incorporate such responses (p.41).

Such studies may be carried out through the application of a positivist approach, usually involving the use of quantitative methods. The issue can be looked at from the potential or actual clients’ view of the service they have received, or the degree of client satisfaction and the quality of the relationships they have had with their social workers. It is not the intention of this study, however, to criticise the widespread enthusiasm for studies of social work effectiveness or outcome evaluations done on the basis of the clients or service users’ views and judgements. We will return to consider the client perspective later in the body of this thesis.

Evaluative studies can also be undertaken with reference to supervisors’ and/or managers’ points of view, among other potential strategies. The present study takes a qualitative, in-depth interview approach, exploring the perceptions of some very experienced social workers. As Cheetham et al. (1992) put it:

Researchers must understand social work as a complex interaction of responsibilities and expectations which may conflict, of tasks which frequently

change as the work progresses. and to which standardized responses are rare and usually inappropriate, and of resources which are often inadequate (p.133).

The intention of the present study is to find out whether there is consensus among social workers as to what constitutes successful practice, and who is a successful practitioner. The respondents were asked to express their opinions about when and under what circumstances they felt they had been successful. For example, they were questioned as to whether or not they felt successful when they were involved in advocacy practice, fighting for the right of clients, and challenging the system in order to bring about a desirable outcome for the client, in contrast to maintaining the status quo, keeping up with the standards of a bureaucratic system, and practising by the book. The issues of “good” versus “successful” practice, and also, “processes” versus “outcomes” of practice, were a particular additional focus of attention.

INPUT, THROUGHPUT, AND OUTPUT

In the previous sections we talked about applying a systems approach to social work practice and identifying the perceptions of the social workers participating in this study concerning “successful practice” and “successful practitioners” in the light of their views on the appropriate quantity and quality of the inputs, process and outputs of their intervention. Prior to analysing the data gathered from the in-depth interviews conducted with my respondents in relation to their perceptions of ‘success’ and successful practice in social work, it would seem appropriate to introduce the concepts of “inputs”, “processes”, and “outputs” in social work to provide a point of reference for discussing the question of what constitutes the ultimate goal and desired outcome of social work intervention. But before doing so, an analogy from a different

profession yet with a somehow similar mission, say, life-guarding, is provided, to identify the most crucial components of such a profession with reference to the inputs, throughputs and outputs appropriate to its task. It is hoped this will help clarify our understanding of the factors, both within and outwith the control of the lifeguards themselves, that may contribute to the successful performance of their job.

Inputs, throughputs, and outputs in life-guarding

Commonsense suggests that in order to be selected as a lifeguard, one needs to be healthy, and that, this implies certain basic, minimal requirements. Certain physical conditions, in terms of height, size, power, weight, speed, energy and muscle strength are required as enabling conditions to start with. Then, one should be prepared for a process of training and tests to give the employers as well as the volunteers themselves confidence that the volunteer is the right person for the job. Up to this point, therefore, one requires certain physical properties, plus a certain level and quality of knowledge, experience, and skills which, in general, build up the volunteers' capabilities.

Further consideration of the lifeguard's task may, however, suggest that other basic qualities and characteristics are needed in addition to the above-mentioned properties: personal values, manifesting as commitment to others who come to the beach, caring for people's safety, and a great interest to save lives; there is also, a need for quick reactions and judgement, as components of mental ability to be able to take the right decisions at the right time, in order to save a life.

Up to this stage, and by possessing certain knowledge, skills and experience, which are all acquired through training courses, and a standard quality of physical conditions, strength and health, plus attitude and values pertinent to such a job, a

volunteer is able to become a professional lifeguard, and it may be hoped a good one. Many people may qualify to become professional lifeguards, but, in practice, there may be some differences in their capabilities, quality of actual performances, degree of compliance with rules and regulations, and the degree of their responses to difficult or unforeseen situations requiring quick reactions, and ability to intervene. From this stage onward, the differences between individual lifeguards in terms of the actual quality of their performance appear to be crucial factors in determining which of them will become “successful”, and recognised as good practitioners of their job.

Obviously, some may try harder in their physical training, some may be more self-disciplined in keeping up to the standards of the job, show more enthusiasm in developing their abilities and faculties, and so on. Why this is so, and how some start to leave their peers behind, are complicated questions which this study will not attempt to answer. By applying this analogy to social work and social workers, we are simply trying to illustrate some of the possible ways in which “good” and “successful” practitioners may be differentiated from less good or less successful ones.

Successful lifeguards

It can be argued that a successful lifeguard is the one who successfully rescues a drowning person, pulling him to the shore, applying first aid, handling him with maximum safety and care, contacting important others in time, taking all precautionary measures, and so on. Of course, one may challenge the above argument by raising the fact that it is not always possible to rescue a drowning individual, because of several problems and elements beyond the lifeguard’s control. For example, the lifeguard might be located too far from the distressed individual, so that by the time he reaches him, the person has already drowned; or, the endangered person may have suffered a stroke, or have collapsed before the lifeguard actually reaches him. In such cases,

although the ultimate attempts of the lifeguard have failed to save a life, what really matters is how quickly and promptly he has responded to the threat, the degree to which he has combined strength and effort, the extent of his effort, his eagerness to act promptly, and the correctness of the process he has adopted in embarking on his life-saving activities. If the answer to these criteria is positive, then he has not been a failure, despite not being able to save the man's life. At least deep down he knows that he has done everything he could, and this may give him some degree of satisfaction. He will probably be judged a good, and even a successful lifeguard, both by himself and others, who is at times, despite his skills and efforts, unable to save lives!

There is another dimension which may be worth considering: the existence or absence of facilities and devices designed to assist with the performance of the task. What if the lifeguard is not provided with primary safety devices, or first aid equipment, or a means of communication with the authorities to ask for help, or medical advice? What if no ambulances are provided to carry an injured person to hospital? There are many other cases where a shortage of resources can affect the quality of life-saving operations. Thus, one of the primary elements for a successful practice is the existence of appropriate resources, external to the lifeguard's personal qualities, which together provide the appropriate ingredients to constitute the inputs of a lifeguard system.

Having considered the lack of facilities and resources, one may argue that not everyone can utilise existing resources properly and to their full capacity. One requires a certain degree of experience, courage, enthusiasm, and mental strength to be able to utilise all the **inputs** in the best possible execution of the required tasks, in order to achieve the best possible **outcomes**, as the ultimate goal or objectives of the system. Therefore, it is not always the lack of appropriate ingredients or "inputs", internal and external, that may be responsible for a failure to achieve the desired "outcome".

It may, therefore, be concluded that a good lifeguard should possess a series of personal qualities and capabilities, and be able to launch into the activity of life-saving through the prompt and competent use of his own qualities and the existing resources. The proper inputs and processes will it is hoped result in the achievement of certain “outcomes”, say, a rescued person, able to return to normal life.

INPUT, PROCESS, AND OUTCOME IN SOCIAL WORK

Pincus and Minahan (1973, p.9) have defined social work as follows:

Social work is concerned with the interactions between people and their social environment which affect the ability of people to accomplish their life tasks, alleviate distress, and realize their aspirations and values. The purpose of social work therefore is to (1) enhance the problem-solving and coping capacities of people, (2) link people with systems that provide them with resources, services, and opportunities, (3) promote the effective and humane operation of these systems, and (4) contribute to the development and improvement of social policy

Social workers normally focus on the linkages and interactions between individuals or groups of people and their environment as the basic resource systems available to them in dealing with problems in the functioning of both individuals and systems. Social work, like every other helping profession, undertakes its mission and functions within a frame of reference which reflects the aims of the profession and the types of social situations to which it is addressed.

The social worker is normally regarded as the ‘front-line’, key person to plan and enforce any actions that may be needed to bring about some positive change in the client system. Clients (individuals, groups, families, communities, organisations, etc.) are those who seek help; there may be others in the immediate environment of the

clients whom the social worker is trying to change to achieve the aims; and finally, the social worker may need the help and co-operation of other professionals, within and outwith the agency to achieve those aims. The actual interaction between these systems provides the processes required for the fulfilment of the whole system's intended purpose.

A social worker, like our lifeguard, should possess a set of personal qualities and capabilities of utilising resources, to embark on certain processes in order to achieve certain results. Generally speaking, a good process of social work practice with actual or potential clients consists of the following phases: assessing problems, collecting data, making initial contacts with the necessary people, negotiating contracts between worker and clients or target groups, forming, influencing and maintaining relationships with action systems, and finally, terminating the intervention efforts, drawing together evaluations of the degree of progress made. Of course, successful implementation of these processes requires proper inputs: that is, elements such as carefully-tested activities and a host of skills and methods which are attained through training, experience, sound supervision, and so on. The "output" of these processes is hoped to be clients whose cases are terminated; and thus, the "outcome" of the whole service would be the "positive changes" that have occurred in clients' circumstances.

"Input" is the total sum of the components that are put into a system to make it work. The social worker, client, carers and important others, etc. are the human components of the input. Money, material, time, energy, skills, mandates, policy and regulations are other components. If there is an imbalance between various components or the resources required for a desired output, it will affect the process and the outcome of the whole system. For example, without a proper agreement in the form of a contract between the worker and the client to carry on certain tasks, the process of intervention

may lead to confusion and uncertainty of goals; or without enough managerial support or financial resources, the worker may not achieve her planned objectives despite all her efforts, good intention and skills.

“Throughputs” denote the process by which the resources or inputs are used or interact to lead the entire system to its expected result or ‘output’. For example, a good relationship between worker, as the change agent system, and the client system consisting of the actual or potential client, the carers and other related bodies, to restore a good working climate and agreeable contracts to achieve a certain goal is the throughput of the system. Yet, establishing such a relationship depends to a great extent on the skill, experience and personality of the worker and the traits of the client. The process of converting the input into the desired output in a system such as social work intervention is not a simple task and cannot easily be controlled.

“Outputs” are what we achieve at the end of each phase of our encounter with the client, or at the end of small step processes of intervention. Although there is a tendency to use the two terms ‘output’ and ‘outcome’ interchangeably, we prefer to save the term ‘outcome’ for the ultimate end result in the form of an observable change in the client’s situation in a way that ensures satisfaction for both worker and client. Obviously, ‘outcomes’ can be negative as well as positive, but when the notion of ‘success’ is involved, we are normally interested in assessing the quality of change as a positive outcome. The success of the results achieved can be evaluated against the ultimate goals we had set for our interaction with clients. In a mechanical device system, say, a xerox machine, the system inputs such as the right type and size of paper, power system, properly functioning machine with clear buttons and signals, etc. and the manipulation of a user of the machine are all activated to process the task of copying whatever item is being duplicated. The neat xeroxed copies indicate that the inputs and the processes of the system are appropriate and the system is effective. The

best measure of the system's effectiveness, then, is the quality of the output. If there is something wrong with the result, it is relatively easy to trace the faulty component in the inputs or the throughputs.

Unfortunately it is a much more complex task to evaluate the effectiveness of social work. It is almost impossible to identify, control, and evaluate every factor that contributes to the attainment of a certain goal. Payne (1994, p.15) argues that

Evaluation, in systems terms, means identifying the main inputs (needed to achieve stated goals), assessing how these have been converted into practical action (processes), and similarly appraising what results have been achieved, taking all factors into account, not as isolated variables, but interrelatedly.

“Feedback” is the information and messages sent back to check the functioning of the system, to identify whether there is a fault in any component which may affect the quality of the expected result. Thus, the information provided through the feedback mechanism can be used as further inputs. In the process of social work practice, the views and attitudes of the clients, carers, supervisors, managers, media, and society at large can be presumed as feedback from the system to help evaluate the adequacy of inputs, throughputs and even outputs.

In the course of the interviews conducted for the present study, the social workers participating in the research were asked to express their opinions regarding the importance of the feedback coming from different components or systems such as clients, peers, supervisors and others. The reason for this question was to find out who were seen as best judge of the quality of social workers' interventions and evaluate them as successful. Should such judgements be made by social workers themselves, clients, peers, supervisors, or some other group?

As will be discussed later, my social worker informants were invited to give their views on the factors (or inputs) they considered necessary to guarantee a good standard of practice, such as skill, knowledge-base, experience, and so on. They acknowledged the important effect of aspects of social work processes, such as proper assessment, planning, establishing a good relationship with clients, proper contacts, sound contracts, and competent paperwork. And finally, they were asked about the outputs and the “outcome” or end result of their intervention; and whether and to what degree they judged successful practice in terms of the extent to which particular outcomes have been achieved. The logic of guiding the respondents to move between processes and outcomes in order to discern the criteria by which they judged their own practice stems from the fact that ‘the process in social work practice calls for the worker to have a purpose for each activity as well as for the whole planned change effort’ (Pincus & Minahan, *op.cit.*, p.87).

The two concepts of ‘process’ and ‘purpose’ are thus interrelated; While processes are not in themselves the ultimate goal of any intervention, purpose normally denotes the end result or client outcome, and in order to understand the processes of an intervention and confirm their validity, one should focus on the purposes set by the worker in a given practice situation.

In the chapters describing the data gathered from the in-depth interviews with my social worker informants we will find out what criterion measures they used to evaluate their own and others’ practice, and to what extent they perceived “success” in terms of the **processes** and **outcomes** of their interventions.

CHAPTER THREE

A REVIEW OF RELEVANT LITERATURE

INTRODUCTION

Practice wisdom suggests that the level of success or otherwise of a professional can be inferred from the quality of performance demonstrated by the individual under scrutiny. Supposedly, a successful worker is the one who practises to the best possible levels of the standard competencies required for the job. That is why the term “successful” is often associated with notions of effectiveness and competence.

A competent social worker is assumed to be able to employ *personallinternal* properties as well as utilising *external* resources and potentials to intervene effectively. Although “*effectiveness*” in social work practice has formed the focus of a considerable body of social work literature, and although it connotes the achievement of certain desired outcomes, there is little evidence in that literature to support the idea that “successful” practice is the same as “effective” practice, nor that effective workers are also considered to be “successful”.

Central to social work values and to social workers' mission is an emphasis on bringing about desired changes in the client system - that is, planned client outcomes. Positive changes in client's circumstances are the optimal target for social work practice within the framework of human services organisations. Yet, it is very difficult to measure the effectiveness of a social work intervention on the basis of client outcome due to the vagueness of this construct. The problem with indicators such as client outcomes is that of deciding how one should measure these outcomes; who should judge whether they have been attained; and with what criteria. But the most important question, at least from the point of view of the present study, is to know when and under what conditions a social worker feels successful. One can assume that a perception that one has been involved in providing a useful and effective practice, where the client has obtained benefit from the service he/she has received, will lead to a sense of achievement on the social worker's part. But what if the client does not appreciate the service received, or is not happy with the results? Does the social worker in such circumstances still feel successful?

Existing social work literature does not contain much information on social workers' personal feelings and perceptions regarding *whom* they consider "successful", and *when* they perceive themselves as having been successful. Instead, it implies that social workers are not the most favoured professionals, and their practice is criticised for being ineffective, or even harmful to some of their clients (Brewer & Lait, 1980; Fisher, 1976; Wood, 1978). These criticisms are partly rooted in the opinions of those critical researchers and authors who see social workers as social doctors, who should try to cure every social illness; and since they cannot always fulfil this duty, then, they are not competent and their practice is not effective or successful. The Barclay Report (1982) in response to some of these criticisms suggests that instead of raising the question of effectiveness, it is more natural to ask whether social workers are doing

well and acting responsibly, or within the boundaries of law, or agency policy and regulations. In cases where the workers are involved in referrals, or advisory actions, one should seek to establish whether they do their job accurately, courteously, and appropriately (p.170).

Generally speaking, social work effectiveness is concerned with the evaluation and measurement of the outcomes of intervention, especially from the service-user or client's point of view, as well as the quality of the process through which the actual intervention takes place. In determining whether or not a certain intervention is successful or effective, the current tradition is to refer to the desirability of the changes which are sought to happen in the client's system, and the degree of the client's satisfaction or otherwise concerning what he/she received as the end result of social work practice. Research studies indicate that although there is some logic in referring to client views and client satisfaction as a basis for social work evaluation, this does not yield an overall, realistic evaluation of the quality of an intervention, the social work process employed, and its outcomes (Lishman, 1978; Mayer and Timms, 1970; Rees and Wallace, 1982; Weir, 1981). And, most importantly from this study's point of view, there is not enough evidence on how practitioners feel when they find, for example, that the client is satisfied with the services or help received, but not with the end result; or the client is satisfied with what he perceives as the result of social work intervention, but not with the process or the way that intervention has taken place; or even when the client is satisfied with neither the process nor the outcome of the practice, despite the worker's attempts to provide a good outcome for the client. In the following sections, we will briefly review some research studies relevant to the issue of the effectiveness and success of social work interventions, in an attempt to identify the strengths and weaknesses of clients' opinions of social workers' success or otherwise. The problem of basing the judgements on process or outcome of interventions will also be discussed.

EFFECTIVENESS

Pinkston et al. (1982) view the social worker as a change agent who directs his/her efforts toward increasing the resources within the environment to enable clients to achieve common human needs, not simply by providing them support and material services, but also by helping them develop skills to increase their personal effectiveness (p.3).

Pinkston and her co-authors define **effectiveness** as follows:

Effectiveness is defined as the achieving of desires and needs while engaging in activities that lead to **positive consequences** and avoid **negative consequences** (p.3). [my emphasis]

Obviously, the definition of effectiveness presented by Pinkston et al. is measurable through monitoring client outcomes and the objectives attained. Although behaviour change as a client outcome is considered the core issue in social work practice, especially from an effectiveness point of view, Pinkston et al. argue that:

If behavior changes do not cause important changes in the clients' lives, the interventions are not **successful** (p.11).

What is implied in the above statement is that the 'success' of an intervention is something more than mere effectiveness in terms of its capacity to change behaviours. Producing desirable solutions to clients problems through the empowerment of the client in such a manner as to enhance his/her quality of life, is important for social work intervention to be judged successful. Also, one may argue that many of the social services' customers are referred to social workers not just for the purpose of behavioural change, but also because they need material help, counselling, accommodation, residential services, help with learning problems, and many other

issues in their own lives as well as their immediate environmental circumstances. That is why Pinkston et al. further state that:

Not only should the practitioner and the client choose relevant behavior, but for the intervention to be successful, there needs to be enough positive change to enhance the quality of the client's life (pp.12-13).

Yet, to the knowledge of this researcher, no substantial piece of research has been undertaken to identify how and when social workers and their clients perceive a practice as bringing about thoroughly positive changes in clients' circumstances. It was only at the stage of data analysis that I came across a comprehensive review of social work and social welfare effectiveness, Patti, Poertner, and Rapp's (1988) edited volume on *Managing for Service Effectiveness in Social Welfare Organizations*.

Although the main concern of the articles contained in that volume is to provide possible hints and guidelines for social welfare organisations and managers on how to maintain the effectiveness of the services they provide, a variety of views and conceptualisations of social work issues, especially from the service effectiveness point of view -- client outcomes, client satisfaction, and quality of services in terms of the process of doing social work -- are also presented. It may worth mentioning that social welfare (social security benefits) organisations are normally run by social workers who have been promoted to managerial posts. The ultimate goal of these organisations is to deliver benefits to service users, and they are, therefore, no different in principle from social work agencies. On the other hand, the major part of the services in welfare organisations are provided by social workers, who are considered the key instruments in helping business. It is thus not difficult to see that the content of the above-mentioned book is directly related to social work and social

workers' quality of work, as measured by its effectiveness. In the article written by Patti himself, we read:

...service effectiveness is a key objective of social work, and it seems appropriate, therefore, that social work administrators concern themselves with how to maximize this objective (p.2).

From Patti's point of view, service effectiveness can be measured by three kinds of outcome: 1) **client outcomes**, or desired changes in client systems; 2) **service quality**, or the process of providing a service; and 3) **client satisfaction**, or the way clients assess the quality and/or impact of the services received. These three dimensions of service effectiveness may be, but are not necessarily, related (Patti, p.8). As for a practitioner within a social work department, service effectiveness, in Patti's model, can be measured by monitoring the quality of changes s/he can introduce in the clients' life. This is viewed as a client-outcomes orientation, with or without estimates of client satisfaction. The continuing dilemma, as mentioned earlier, relates to who should judge the effectiveness of service in terms of client change and the improvement of his/her quality of life, especially when there is a discrepancy between the worker's and client's views about the nature of the outcome. And what is the criterion for judging the success of a practice or of a practitioner in such cases?

A comparison of different social work settings and the practitioners who specialise in work with children and families, young offenders, prisoners, and community-care team members receives special attention in the social work literature. It is believed that the objectives of intervention differ in various settings and with different client groups. Patti (1988) gives his comments on the nature of service effectiveness in various social welfare organisations. Since social workers normally play an important part in welfare organisations, it will not be inappropriate if we use 'social work

agencies' as a substitute for 'welfare organisations' in the following quotations from Patti's own article when writes:

An examination of the criteria used to judge service effectiveness in these types of [social work settings] suggests differences both in the emphasis placed on the three dimensions of effectiveness, and in the nature of the criteria themselves. For example, in socialisation and social change [teams], client/member satisfaction with services is more likely to be considered an appropriate indicator of effectiveness than in social control or social care programs. Conversely, outcomes that reflect reduced incidence of problematic behaviours, or changes in behavioural patterns tend to be more salient criteria of effectiveness in social control and rehabilitative agencies than in social care, socialisation, or advocacy programs. Finally it appears that quality of care is more likely to be taken as a proxy of effectiveness in socialisation programs where the outcomes of service are often not visible until long after the service has been delivered (e.g., in adoption and foster care) (p.12).

PROCESS, OUTCOMES, AND EFFECTIVENESS

Evaluation of social work effectiveness through usage of the criteria of the process and outcomes of interventions has been a dominant theme of recent research studies and the literature on social work practice. It seems that different authors and researchers, depending on their orientation and background, have different views about the process and outcomes of interventions. Some give all the credit to process, while some vote for outcome, and others see both the process and the outcome of an intervention as equally important criteria for measuring effectiveness.

A good process of social work involves attention being paid to the manner in which the intervention has been implemented and the degree to which the implementation

corresponds to what was actually planned. The virtue of a perfect process, then, should be the achievement of perfect outcomes for the client, rather than the quality of process itself. If for any reason, and despite the attempts of a worker and the process he chooses, one does not reach the desired objectives and client outcomes, one should review one's plans as part of the process to find out where one has made a mistake, or what one has not taken seriously, or has forgotten or overlooked. It is small wonder, then, that Rees & Wallace (1982, p.129) evaluate the outcomes of social work in terms of workers' ability to bring 'permanent changes in otherwise powerless people's circumstances'.

Quite often, a social worker may find it necessary to revise his/her plan and even his/her objectives of intervention, due to some radical changes in client situation, or because some event or crisis in the client's life has brought forward other needs and problems. Thus, the whole or partial help plan and the process of intervention may require revision and change. This is considered to be part of the dynamic process of social work practice. It requires much effort, skill, and patience, on the part of the social worker, as well as co-operation and willingness on the part of the client. Having said that, the evaluation of the outcomes of intervention is almost impossible, or at least very difficult. Greenway (1976) argues that:

Since the day's work cannot be measured in cords or bushels, the worker may search for intangible 'proof' that his or her effort has been worthwhile (quoted in Rees & Wallace, 1982, p.90).

Rees and Wallace, on the other hand, argue that the nature of social work *can* impede its evaluation in terms of outcome. They mention three sets of dilemmas in the evaluation of the success or failure of practitioners' intervention, which in fact are the synthesis of several studies in this respect. Rees and Wallace, citing two major sources of related literature (Weiss, 1972 and Levy, 1974), introduce the two

concepts of 'process' and 'outcome', that is, the 'doing' and the 'result' of social work, and also, the problem of assessing success on the basis of these two concepts.

Levy puts emphasis on the process of social work rather than its outcome. According to Levy, there are inherent limitations, essentially practical in nature, in using outcomes of professional practice to ascertain professional competence. He feels that 'outcome' studies cannot possibly control all the variables that exist in a given situation (cited in Rees &Wallace, 1982, p.116).

Weiss, on the other hand, believes that what matters is the result of social work intervention:

Research is a way of measuring the effects of a program against the goals set out to be accomplished (*ibid.*, p.116).

Cheetham et al.(1992) argue that assessing the process is an endeavour concerned primarily with establishing precisely what was involved in an episode of intervention, including the content, frequency and context of meetings with the client; the type of services provided; and contact with other agencies or service providers (p.53).

In assessing the quality of the social work process one should consider those characteristics of the social workers which might have some influence on successful implementation, including: the degree of his/her experience and expertise; the amount of training provided; and the quality and quantity of professional supervision. Cheetham et al., quoting Quay (1977), suggest that:

Assessment of service delivery or intervention should include a detailed account of what actually happened, the duration of the intervention (in terms of the length of time during which the process of intervention continues and the number and frequency of contacts during that period), and the intensity of

service provision (as measured by the duration of individual sessions) (*ibid.*, p.54).

Cheetham et al. argue that the actual process of social work intervention is not given reasonable attention in comparison to outcome, despite its importance for clear understanding of the impact on the lives of its clients (p.48). They further comment that:

For some clients, the process of social work intervention is as significant as the outcome; the journey, in other words, is as important as the destination (*ibid.*, p.50).

Yet, it is arguable that although the quality of process in social work intervention is extremely important, it is not the sole component of a good, successful practice. Proponents of client outcomes as the most salient measure of social work effectiveness claim that a good process should seek a good outcome: that is, positive change in the client's system, life-style, and environment. Sticking only to the procedures without focusing on achieving some positive client outcomes through helping the client to sort out problems out and satisfy the needs for which he/she has been referred, or decided to consult a social services agency, will make the intervention look like a meaningless game.

'Outcome-oriented' researchers, on the other hand, argue that data extracted from social work reports and assessments, have helped produce numerous practice guidelines; outcomes can prove the effectiveness of an intervention; outcomes correspond to such changes in clients' status as improvements in their social, financial, physical, emotional, situational, vocational, or educational condition; outcomes relate to the empowerment of clients to cope with their lives better than before entering the care system. Cheetham et al. further argue that:

In the evaluation of social work effectiveness, the primary preoccupation is generally with the definition and measurement of the outcomes of intervention to determine whether or not a desired or intended effect has been produced or a particular outcome avoided. In other words, what are the objectives of intervention and have they been achieved?

Typically, less attention is paid to the actual process of social intervention than is given to the identification and measurement of outcomes...some detailed consideration of the social work process is often necessary if a clear understanding of the potential for social work to impact upon the lives of its clients is to be gained (*ibid.*, p.48).

Obviously, Cheetham and her colleagues give more credit to the process of an intervention than to the outcome, in evaluation of a service's effectiveness. They write:

...the usually highly personal context of social work service can mean that for their recipients the manner and means by which help is offered can be regarded as important or even more important than its identified ends or outcomes (*ibid.*, p.63).

To support their view regarding the importance of the process, rather than the outcome of intervention, Cheetham et al. refer to the findings of the studies undertaken by some key researchers in the social work field, such as Sainsbury, 1975; Rees and Wallace, 1982; Glendinning, 1986; and Petch, 1988; who have presented clients' views regarding the importance they attach to the way they have been treated, valuing the friendliness, reliability, regularity of contact, openness and caring attitudes of their social workers (p. 63). In other words, the client respondents in those studies have voted for 'the singer, not the song'. The clients have enjoyed a good relationship with the workers, although they have achieved hardly any positive change in their

circumstances. Cheetham et al. quoting Sainsbury, Wallace and Rees, Glendinning, and Petch, state that:

these studies have been able to determine little positive change in clients' circumstances, although the clients themselves say that they valued the intervention. Such judgements should not be ignored and this example demonstrates the difficulty in evaluative research of simple dichotomy or of too rigid an adherence to a single outcome dimension (*ibid.*, p.63).

And, elsewhere Cheetham argues that:

The optimum outcome may simply be Utopian for many clients whose lives are beset by problems on which social work can make only marginal impact (*ibid.*, p.66).

In the data analysis chapters we will discuss how certain social workers, especially those who were practising with children and families or with young offenders, found it difficult to respond properly to all their clients' wants and needs, and why they could not base their judgements of success on the ultimate outcomes of their interventions.

“CLIENT CHANGE” AS AN INDICATOR OF EFFECTIVENESS

Changes in clients' status, changes that clients can experience, feel, and care about, and also, clients' satisfaction, happiness, and quality of life, are all interpreted as the outcome of social work intervention. Changes can be of varying natures: some changes relate to people's behaviour, interpersonal relationships, feelings, values, and judgements. Collins and Collins (1981) argue that:

While changes in behaviour will usually be the most noticeable aspect, these will personally be accompanied by associated changes in, for instance, feeling (affect) and interpersonal relationships (p.97).

It is arguable that the ultimate progress in social work practice, and hence, a good outcome of an intervention, borrowing from Collins & Collins, is 'helping people to see their situation clearly, and the choices it involves, bringing them to the point of decision and action, and then saying good-bye!' (*ibid.* p.99) Yet, in the same vein, they argue that:

The conclusion of any piece of social work should focus on the degree, direction, and quality of change that has taken place. It is difficult to gauge the effectiveness of social work on any other basis (other than changes), and research on the subject, such as Reid and Shyne's study (1969) on social work with families and Goldberg's (1970) on work with the elderly has used the amount of change as the criterion for the effectiveness of intervention (*ibid.*, p.96).

The above statement will make more sense if we cross-match it with the content of CCETSW's(1995) proposed 'Assuring Quality' in training competent social workers. As mentioned previously in chapter two, according to CCETSW, newly recruited social workers should demonstrate their competences in six major areas, of which the emphasis is on providing conditions for clients to achieve desired changes. This is despite the fact that 'social workers practise in a society of complexity, change and diversity, and the majority of people to whom they provide services are among the most vulnerable and disadvantaged in that society', and thus, their prime tasks in demonstrating competencies are to: 'promote opportunities for people to use their own strengths...and achieve change'; and also, 'intervene and provide services to achieve change'(p.16).

Such a definition of social work implies that all actions and interventions in social work should be geared towards achieving a tangible or observable result, and that

social work practice is a means to a planned, favourable end. The degree to which these aims and objectives are achieved is a matter of social work effectiveness. As Cheetham et al.(1992, P.10) put it, one useful working definition of social work effectiveness, often adopted by researchers, managers and practitioners, is that social work is effective in so far as it achieves intended aims.

One can, however, raise such questions as: who should set these aims? what criteria are used to determine the appropriate aims? how are these aims to be achieved?, and, what is the cost of attaining these aims? Thus, the effectiveness of any social work intervention and the success or otherwise of a social worker is subject to an evaluation of how far the objectives are achieved, and at the same time, an assessment of the quality of these objectives in order to establish whether they are trivial, inappropriate or misconceived. Therefore, according to Cheetham et al.(*ibid.*, P.10), to evaluate social work, involves assessing it within the broader context of social policy.

Changes in clients' status are the most reliable evidence of objectives achieved. But change does not occur in a vacuum without any change agent, or actor. In order to introduce change into a client's situation, social workers need to set reasonable and feasible objectives. Of course, setting goals and objectives, as part of the 'process' of practice, requires a certain degree of skill, knowledge and experience; and in general, the 'knowing how' as well as 'knowing when' and other capabilities, which call for a separate and much more lengthy discussion. Objectives should be achieved and bring about good outcomes, unless they were ill-chosen; too ambitious; insufficiently related to the client's main anxieties; adopted means which were inadequate or ill-suited to the task; objectives that required modification; or, perhaps required the utilisation of fresh resources.

An overview of the above criteria indicates that in order for a social worker to be successful in setting feasible goals and objectives and to be able to carry out his/her task in order to reach the desired outcomes, s/he needs numerous competencies, related partly to her/his personality, partly to acquired skills, knowledge and experience, with the remainder coming from the working environment, management, resources, policies, and regulations. It can be argued that in any given circumstance within a certain agency, or specific social work team, the degree of one's success is a variable dependant on one's internal / personal as well as external / environmental factors. Some of these personal or environmental factors are prerequisites of successful practice, whereas other may simply facilitate or hinder success. Thus, it is arguable that the major differences between successful and not-so-successful social workers are partly due to fundamental differences in their personalities, knowledge base, skills, experience, or attitudes to work, and partly to the degree to which they are able to manipulate the system, establish good relationships with others, maintain the enthusiasm to fight for excellence, etc.

Worker 'skills', and the social work process

The capabilities and competencies of social workers are regarded as the most important inputs, to be manifested in the quality of the process and outcome of the intervention. One may reasonably argue that a successful practice cannot be inferred only from the quality of the intervention process, although a good process which is in harmony with the code of ethics and principles of 'good practice', is a crucial means to reaching a desired result, a foreseen client change, which is the ultimate objective of social work practice. Goldberg et al.(1985) in their detailed studies of task-centred casework in three settings identified the following social work skills as a basis for the successful practice of social casework:

1- ability to listen to clients; 2- focus on the present rather than the past (in contrast to the psychoanalytic tradition); 3- ability to negotiate with clients; 4- ability to enter into a partnership with clients; 5- ability to close cases appropriately.

To perform a good practice in terms of conducting the appropriate processes requires a good command of knowledge, skills, values and practice experiences, whose combination is essential for competent social work practice (CCETSW, 1995). In order to provide a good service, leading to positive client outcomes, one needs the right proportion of knowledge, skills and experience. In his *An Alternative View* of social workers' role and tasks, presented as an Appendix to the Barclay Report (1982), Professor Pinker argues that the skills of social workers include:

The ability to assess needs and situations with insight, efficiency and impartiality, including the ability to make judgements about the capacities and the intentions of clients; the ability to formulate feasible methods of response to clients' problems, preferably with the clients' co-operation, but without it if necessary; and the ability to put such plans into effect and to obtain the necessary resources if they are available (p.238).

“Processes” can be mistaken as “outcomes”

What is implied within the literature on service effectiveness is the difficulty of discriminating between the importance of process and outcome. It seems that preferring one over the other depends on the nature of the service and the client's problem. Sometimes, a short-term process is good enough to make the client happy and solve his/her problems. This can happen frequently in community care work with elderly people or with some handicapped clients. Often, there is no significant, demonstrable change in the life of clients, yet bringing about some simple shifts in

their situation, done as part of the process plan, seems quite effective. As Cheetham et al. put it:

The social work process can be characterized as the activities that are undertaken by social workers with or on behalf of clients or services that are provided with a view to achieving (or preventing) one or more specific outcomes (*op.cit.*, p. 51).

Reid's (1988) comment in this respect may define the situation even more succinctly:

... However, much social work activity is focused on attainment of short-term 'process' objectives. For example, a hospital social work department may be responsible for helping elderly patients choose the most appropriate health-related facility as part of its discharge planning function. A probation unit's charge is to secure background data for the court. While such activities may be part of a chain leading to some end goal, the process may not only be difficult to trace but the social work manager and his/her unit may be responsible for only a part of it. Practically speaking, the best measures of such 'process effectiveness' or 'service quality' may be data bearing on whether or not the activity was carried out according to certain criteria and lead to attaining the immediate objective (p.44).

In his article on 'service effectiveness' Reid (1988) considers effectiveness from the stand-point of service programs that bring about some demonstrable change in the client's problems or functioning. However, he too suggests that much social work activity is focused on attainment of short-term 'process' objectives (p.44). Reid suggests:

...'client change' is multi-dimensional. Interventions may affect one part of a client system positively without benefiting other parts. ...The 'how effective'

question must, then, be answered with a discriminating eye to what has been attained and what has not been (*ibid.*, pp.44-45).

In contrast to the 'process-oriented' evaluation of social work effectiveness, some researchers and authors argue that the most important factor in deciding social work effectiveness is to evaluate 'client outcomes'. For example, Knapp (1984) argues that:

The success of a social care service is measured in terms of the extent to which its objectives are achieved, that is, the extent to which the needs of clients are met (P.22).

Service evaluation on the basis of "client outcome"

Social workers themselves may become interested to receive feedback from their clients to find out what were the effects of their interventions on particular clients in various circumstances, and also to know the judgement of the service receivers. As Fuller and Petch (1995) have commented in their book based on the findings of their practitioner research programme since it was developed in 1991, practitioners are interested in knowing how the delivery of services to clients 'is experienced by those on the receiving end; likewise, anxiety as to the effectiveness of intervention may produce a desire to explore more deeply with recipients whether the workers' efforts have any impact (p.41).

It is worth mentioning here that identifying client outcomes is not always an easy task, due to the complexity of the problems most clients bring to social work departments, and the difficulty of reaching an agreement between worker and client on specifying treatment goals (Mullen, 1983).

Another problem of evaluating service effectiveness on the basis of client outcomes arises when short-term benefits are compared with long-term outcomes. It is not always possible for the worker, as well as the researcher-evaluator, to follow up a case long enough to judge thoroughly whether certain interventions have had real and substantial effects on the client's life and circumstances. Of course, in some cases and with certain types of clients, assessing client needs and setting treatment goals are easier than for others, say, elderly people in need of residential care, or people who need some material help to keep them going.

Knapp (1984) made a distinction between 'intermediate outcome', that is, indicators of performance, service, or activity rather than indicators of effects, influence, or impact, and 'final outcomes', that is, changes in individual well-being compared with the levels of well-being in the absence of a caring intervention.

Importance of the client's view

When we focus on 'outcomes' issues in social work, we usually mean we are interested not simply in who receives what services, but also in the effects, good or ill, on the recipients, users or clients of the services. Literature on social work effectiveness, especially when based on client outcomes, refers to another problem area, that is, deciding who should judge the quality of service and its effectiveness: the client, worker, policymakers, resource providers, or even an outside evaluator?

A brief review of the literature on effectiveness suggests that clients' views and judgement are very important in evaluating the quality of care and services and the outcomes of social work intervention; because the client is, or has been, receiving a particular service, so, his/her judgement gives the practising worker as well as the



evaluative researcher a clue to the effects of that service or intervention on the individual (Fisher, 1983; Sainsbury, 1977, and 1983; Fisher, Marsh, Phillips, and Sainsbury, 1986; Fuller and Petch, 1995).

Timms and Timms (1977) give their views on the importance of clients' opinions regarding social work interventions:

Social workers are not, in our view, social doctors. Rather they are deeply involved in the area of planning with people that they can better meet their needs, attain their goals, serve their interests. In this kind of enterprise seeking consumer opinion is not a frill, not a public relations exercise; it is the heart of the matter (p.75).

In their *Priority of Client Evaluations*, Rees and Wallace (1984, p.75) have argued that client evaluation is perhaps the most useful means of documenting those aspects of services, needs and appropriateness of services to those needs, which contribute to judgements about a service's effectiveness, cost effectiveness or efficiency. Finally, Cheetham et al.(1992) suggest three sets of client-based measures of outcome which are commonly applied, and are overlapping but distinct: 1) measures of client state; 2) judgements on quality of life; and 3) measures derived from user response.

It may thus be concluded that the two important concepts that are repeatedly dealt with in the social-work effectiveness-related literature -- the process of intervention, and service outcomes -- reflect certain of the difficulties inherent in social work evaluation and effectiveness studies. It seems that the difficulty of choosing between process and outcome as a basis for evaluating service effectiveness and the worker's success, springs from the nature of these two issues.

The process of an intervention normally refers to the sequence of activities, partly routine, and partly coming from experience as well as agency policy and procedures; whereas outcome is not always an objective and measurable result. More often than not, it is subjective and intangible, and not amenable to measurement. Eric Sainsbury (1983) argues that:

There is little hope, therefore, of achieving an agreed definition of effective work, even at the level of the individual case, let alone in general terms. Furthermore, it would be naive to assume that effectiveness can be equated simply with the satisfaction of one or other respondent. The notion of effective outcome is therefore a difficult one to handle in terms of professional practice and research (in Fisher (ed), 1983, p.2).

It would therefore seem inappropriate to judge a social work intervention, or a worker's quality of practice, simply by looking for measurable outcomes, and ignoring its impact on the client's life situation in either the short or the long run. As John and Mary Collins (1981) argue in their book on *Achieving Change in Social Work*:

Social work may be defined... as a process of helping people to cope better with problem situations. This will usually involve a change in some aspects of the situation: perhaps the client, possibly some other person or element concerned, or some combination of these. This is not to assert that fundamental change is possible in all the situations which are referred to social workers, but simply to say that where something is judged to be wrong it should not lightly be deemed irremediable (p.1).

‘Client Satisfaction’ as a measure of “effectiveness”

Rapp and Poertner (1988) look at the social work outcomes issue from a client-centred perspective, arguing that major attention should be paid to two important elements: 1) the service provision process, and 2) service effectiveness, client outcomes, and results. They suggest that client-centredness be regarded as the core philosophy of every human service organisation, because the centrepiece of agency performance is the benefits accrued to clients as a result of social service efforts (p.23). Rapp and Poertner present client satisfaction as a special form of affective outcomes of social service activities whereby clients are asked to judge their feelings concerning the quality of services provided. They suggest that client outcome is different from client satisfaction, but together, those shape the service outcomes rendered by social workers. Further, they comment that:

The issue is not whether all human services should be concerned with client satisfaction, but whether it can serve as an end in its own right as an effectiveness measure (p.27).

Rapp and Poertner, quoting Patti, suggest that:

Client satisfaction ought to be a primary outcome of most social services, and clients’ reporting of their satisfaction is a report on their feelings about the service transactions (*ibid.*, p.29).

But, as Rapp and Poertner argue, the literature is not yet clear on the most important satisfaction dimensions for various services (*ibid.*, p.30). In their ‘client-centredness’ model of social work discussing the importance of process of social work, Rapp and Poertner write:

Process of service provision - the degree to which the practice and the behavior of personnel, and the organizational structure and operating processes reflect a

preoccupation with clients and their well being. It includes: having the client treated with the highest degree of dignity, respect, and individuality. It involves: the design and implementation of intake procedures, service accessibility, courtesy of receptionist, provisions for decisions, flexibility to tailor services to individual client needs and desires, etc. The list can be extended ten-fold. (*ibid.*, p.23).

Clients may or may not be completely satisfied with the end result of a social work intervention. Different parameters may be responsible for this diversity of opinion about the effectiveness of the services, which I do not intend to discuss here. But it can be suggested that, optimistically, when a client is satisfied with the services he has received, it is implied that both the process and the outcome of intervention are satisfactory. Yet, attention must be paid to the possibility that individuals may express satisfaction with the outcome *per se* but have different responses to the process by which that outcome was achieved (Cheetham et al., 1992, p. 76) .

The client-centredness of the organisation and inclination of social workers to put clients first is considered by most researchers to be a prime factor in achieving positive change for clients through the implementation of a good process and a focus on outcomes and end results. But, the reality is less simple. Administrators and front-line practitioners should possess special characteristics to be able to challenge for genuine support and help, to advocate, to credit values, to look for novelty and to work hard for actualisation of social work ideals. Rapp and Poertner argue that unless the administrators and workers are obsessed with the idea of client-centredness which provides the motivation and allows the managers and organisation, [and above all, the practitioners] consistently to pursue increased client-centredness, it is far from achievable (*ibid.*, p.24).

In brief, client-centredness as a basis for evaluating social work effectiveness, is a concept in human service agencies that has gained a moderately high place in social work literature; and its major dimensions are increasingly articulated in terms of service effectiveness and client outcomes.

THE IMPACT OF “IDEOLOGY” ON SUCCESSFUL PRACTICE

It is the ideology of social workers, the way they see the world, perceive the problems and view the social system they are part of, that gives direction to their practice and affects their notion of success or failure in working with people, especially with problem children and families. Due to the nature of their background ideology, social workers may tend to adopt a specific approach towards their clients; it is their ideology which dictates to them whether they should practise advocacy or not; put the client or the agency first; treat clients as practice partners or impose their power on them; value the clients' views or not; etc.

Philp (1979) defines ideology as follows:

By ideology we are referring to a system of beliefs and values, sometimes explicitly acknowledged but frequently implicit, which incorporate assumptions about how society works and thus guide people to view the functions of state institutions, such as social welfare, in particular ways. For example, a social worker who takes for granted that society is basically just and fair will tend to encourage individuals to fit into the existing pattern of things (cited in Rees & Wallace, 1982, p.103).

Social workers are believed to respond to their particular ideological commitments towards their job, their clients, and their agency. The result can be traced in the

priorities they put on certain cases with certain problems, and ways of doing things. Rees and Wallace (1982) give their comments on the influence of ideologies on social workers' practice:

Ideological considerations determine the social workers' attitude towards, for example, the usefulness of practical help, the appropriateness of counselling, the desirability of advocacy and negotiation. It is ideological considerations which affect the social workers' belief that some clients are more 'deserving' of certain kinds of help than others. Without reference to 'ideology', evaluation of help and helping methods is meaningless (*ibid.*, p.104).

Harrison (1991) defines social worker ideology in the light of examples from his actual involvement in a qualitative study of social workers:

By ideology I mean a set of related beliefs and values about society and the preferred social order. One particularly extreme example of the use of ideology occurred in the form of a participant who described himself as 'a socialist social worker' whose brief it was to provide care as good as money could buy, but to provide it to the working class without charge, as a right of community membership, and without the belittlement of clienthood (p.117-118).

Studying a group of social workers in their actual practice settings led Harrison to the conclusion that:

... sometimes ideology was the basis for creative and imaginative new ways to think through the challenges of practice (*ibid.*, p.118).

The impact of social workers' ideology, seems much stronger in the children and young offenders cases. Howe (1987) , for example, writes:

So long as child abuse is seen as a product of sick individuals, children will continue to be abused. Short term answers lie in such things as a vast increase in

nursery provision. The only long term solution, though, is a radical change in the distribution of economic and political power.

Closer to home, social workers also have to understand the political nature of their own departments. The way social work is organized and resourced is a strong determinant of how social workers perceive, assess and practise their work. Expectations of what is appropriate practice are built into an agency's policy and procedures (p.149).

What is understood from the above passages extracted from Howe's *Introduction to Social Work Theory* is that social workers should be sensitive to the societal, political, and economic aspects of their organisation as well as the whole society. That is why he argues that social workers should not totally give up their ideological standpoints against the bureaucracies and the mandates of the ruling welfare state:

In no sense can social work practice be politically neutral. Welfare bureaucracies steer social workers into seeing people and their problems in particular ways. Assumptions are made about the nature of clients and their difficulties. Methods, such as casework, imply an individualized pattern of pathology and treatment (p.150).

Howe's view of the impact of socio-political ideology on the methods and assumptions of social workers is in line with as the findings of Corrigan and Leonard (1978), where it is argued that:

In the welfare state and its services, ideology is embedded in the practice of social workers and the organization and delivery of services (p.102); [quoted by Howe, *ibid.*, p.150].

Social workers' attitudes towards their clients and the problems they tackle in their daily practice with different clientele can be dominated by their ideology and the way

they perceive social issues, such as injustice, poverty and structural inequality. John Clarke (1993) in his accounts of the social work profession and the relationship between social work and patterns of social inequality argues that social work occupies an ambiguous position in relation to social inequalities. The issues of inequalities was at the core of social work agenda from the very beginning of the profession.

Its origins remind us that it was never intended to be a practice which would remedy or reform structural inequality. On the contrary, it was directed at alleviating individual misery or misfortune, or at least to helping the unfortunate to help themselves (Clarke, p.18).

The degree to which social workers value the concepts such as 'empowerment', 'advocacy' and 'self-help' is directed by their ideology and belief system. This in turn may shape their concern about how and to what extent they approach their clients and how readily they work towards achieving desired outcomes with regard to the limitation of resources and bureaucratic constraints of the current social work organisation.

RESOURCES, INPUTS, AND IMPACT ON QUALITY OF PRACTICE

In his book, *Managing Social Work*, Terry Bamford developed an argument that skilled and sensitive management can have an important influence on the quality of current practice.(p.1) He elsewhere stated that social work autonomy and decision-making ability is necessarily limited by agency expectations, political constraints and resource availability (pp.171-2).

The findings of many studies show that rules and regulations, organisational procedures, and the availability of resources, as the inputs of the system, all require

certain responses on the part of the workers. For example, Howe (1986) defined his findings as follows:

The most straightforward type of constraint affecting the worker's response was a limitation in the resources available. These modify and determine decisions made; Resources may be absent, unavailable or unsuitable (pp.72-3).

One can argue that although resources are crucial for the achievement of a programme, and hence success of the practitioners, the workers' ability and skills in accessing the required resources are equally important. Mobilising the existing resources, negotiating for more facilities, funds and materials for the benefit of the clients through establishing good relations with authorities, other agencies, and community potentials are all characteristics of a competent and effective social worker. As Howe (1986) found from his study:

A resource constraint was not the only limitation operating here. Many workers, in a real sense, were constrained by the limits of their own outlook on the problem and were thinking only in terms of what the department could or could not offer! (p.73).

“ADVOCACY” AND ITS RELATIONSHIP TO SUCCESS

Social workers' diverse attitudes towards advocacy comprise one of the major issues in the social work literature. Review of relevant social work literature and discussions with several social workers coming from different sections of social services departments suggest that, despite the importance attached to advocacy in the early stages of social work development as the main mission for social workers in their attempts to help the disadvantaged to overcome some of the causes of their problems, contemporary social services agencies and social workers have a variety of interpretations of “advocacy”. Green and Farrington (1997) in their article argue that :

set against this background of increasingly marginalised clients having to negotiate with ever more powerful welfare bureaucracies, such as the Department of Social Security (Benefit Agency), the role of social workers as professional advocates is now both necessary and perhaps central to empowering clients by encouraging the development of self-advocacy skills (p.49).

The same authors further comment, based on the personal experience of one of them (when he had become dependent on benefits following an illness causing partial disability), that 'for people less able to act as self-advocates, access to full welfare rights is more a case of chance, particularly in the current climate of cuts and bureaucracy designed to restrict access to benefits (p.51). This is in the face of the emphasis put by CCETSW (1995, p.13) on acting as an advocate with and on behalf of clients as one of the core competencies, i.e. "promoting and enabling clients"; it also underpins a number of the 'principles of practice' in the British Association of Social Workers' Code of Practice (BASW 1986).

While some social workers lay strong emphasis on advocacy for or on behalf of their clients, there are others who believe that advocacy does not fit within the remits of present-day social work and that some other agencies or professionals should take up responsibility for dealing with these issues for potential clients. Among those in favour of advocacy practice there are different interpretations of the term, ranging from helping an old pensioner write a letter to an authority, to standing up for a client, fighting with inequalities or injustice

In its earlier views of case advocacy in the United States, the Ad Hoc Committee on Advocacy (1969) in response to the victimisation of certain clients by welfare organisations in America, published an article, *The Social Worker as Advocate:*

Champion of Social Victims , where a more radical role was suggested for social workers in protecting their clients:

for the social worker -- like the lawyer-- the primary responsibility is to the client, not to an employer or to the larger society, and...the social worker must assume a partisan position and do everything possible to protect client interests (pp.16-22.).

McGowan (1989) in her article on early views of advocacy writes:

The concept of an advocacy function for direct service practitioners was seen as a way to reduce the traditional tensions between those supporting individual treatment and those supporting social reform. Interest in advocacy practice spread quickly in the decade following Briar's (1967) recommendation that case advocacy be viewed as an integral part of the professional casework role (p.90).

According to McGowan, despite a shortage of analytical study on conceptual and empirical aspects of advocacy in the social work literature during the past decade, case advocacy opened its way almost universally to be considered as an essential function for social caseworkers. Most of the recent texts on social work practice refer routinely to advocacy as an intervention role or strategy for helping clients (Compton & Galaway, 1984; Germain & Gittermain, 1980; Hollis & Woods, 1981; Northern, 1982; Shulman, 1984; Weissman, Epstein, & Savage, 1983).

Through its Committee on Inquiry, The National Association of Social Workers (NASW) has established specific standards and procedures to ensure that workers are not penalized by their agencies for engaging in advocacy. And advocacy is frequently described as an important component of practice in different social work settings

(Berg, 1981; Nulman, 1983; Pearlman & Edwards, 1982; Sancier, 1984; Shanker, 1983; Staudt, 1985).

In 1981 Epstein conducted an exploratory survey among some 105 social workers located in Michigan. The findings supported the idea that there was a consensus among practitioners in favour of advocacy and they were considering advocacy as an integral part of social work is *raison d'être*.

The most clearly stated reason provided for the necessity of the advocacy function related to the notion of intervening on the client's behalf 'in problems in the relationship between the client and an unresponsive system' (Epstein; 1981, p.8). This idea is implicit in all the recent, more formal discussions of advocacy practice. Renshaw and Metcalf (1987, p.2) define the advocate as an ordinary person who acts on behalf of the vulnerable individual, representing their interests and their rights independent of any service-providing agencies (cited in Sim & Mackay, 1997, p.5)

McGowan (*op.cit.*, p.92) further argues that:

at its present stage of development, case advocacy can perhaps be most accurately defined as partisan intervention on behalf of an individual client or identified client group with one or more secondary institutions to secure or enhance a needed service, resource, or entitlement. More precise definitional issues, such as the amount of conflict inherent in case advocacy, cannot be resolved until the practice is examined more systematically.

Cheetham (1993) stated that there are two opposing models of analysis regarding the organisational context of social work:

the first [analysis] points to the power of the individual worker to work out agency policy 'on the ground' and in face to face encounters with service

users...In this analysis, which may encourage practitioners as much as it frightens managers, the discretion required when faced with complex and unpredictable cases produces both practice and policy far from managerial description or expectation (p.171).

In this view of policy, social workers possess a right proportion of power, authority and autonomy to be ready for advocacy, to challenge the system, and to stand up for the rights of their clients. Cheetham in discussion of the second strand of analysis of the organisational context of social work, refers to Howe's rather pessimistic view of social workers where 'he sees social work as a largely state-sponsored, agency-based, organisationally-tethered activity in which workers have little power to define the purpose of their work or the way it is carried out' (*ibid.* p.171). According to Howe (1991, P.220)

When social worker meets client the broad shape of her practice at least with the present balance of power, is defined by statutes, designed by administrators and driven by managers.

In order to illustrate the diversity of views on social work practice and social workers' role in relation to case advocacy it may be helpful to consider the views of Davies (1985) on advocacy. In chapter 2, included in the lessons for social workers to learn, Davies writes:

Remember that you are in the position of privilege and power; you can't escape or deny it (p.17).

Davies then explains the power and authority system in social work settings, and argues that:

Many new or young social workers, especially those with a strong commitment to an egalitarian society, find it difficult to reconcile themselves to the power and authority which are implicit in almost all their working roles....

and after some comments on social workers' authority and their obligations towards clients, he further concludes that:

Most clients seem to appreciate the social worker who accepts his superior position and uses it unambiguously and to their advantage - even though the end-product will often be exceedingly modest (pp.17-18).

In discussion of social workers' role as advocates on behalf of their clients, and as social advocates of the poor, needy, and disadvantaged, one should consider the worker's dual commitments to clients and the agency; this can often cause the worker to feel unbalanced. Davies(1981) comments on different positions a worker can adopt, suggesting that there are three positions for a social worker to take, of which one relates to his/her role as advocate:

1)the traditional textbook notion of the social worker's relationship with a homogeneous collection of clients is wide of the contemporary mark, and greatly underestimates the complexity of the social worker's pivotal position between the individual and the state;

2) the power of the state cannot be ignored nor can it be claimed that the social worker is in some sense above its authority;

3) but that, nevertheless, the social worker is delegated to identify and look after the interests of marginal persons who might otherwise be overlooked or penalised unjustly by the state, and this must mean that the social worker is sanctioned to do battle on behalf of designated clients against authority in given circumstances, and to do it in such a way that achieves a measure of satisfaction to all parties (PP.63-4).

One focal point of the present study is to explore the dynamics of social workers' involvement in establishing good relationships with clients, engaging in advocacy, and, in consequence, experiencing **success** and a feeling of achievement. Yet, it is not clear, from the review of accessible literature, what percentage of advocacy-oriented interventions correspond to social workers' feeling of success, or what percentage of what types of social workers in what types of settings involve themselves in advocacy practice. What is known for sure in relation to the worker-client context is the appreciation expressed by a majority of clients, who value good relationships with their workers, irrespective of outcome.

“BUREAUCRACY” AND SUCCESSFUL PRACTICE

In an era of radical shifts in policies, and in policymakers' approaches towards social problems, and cutbacks in funding and the resources allocated to social welfare and social services institutions, one might normally not expect to meet many enthusiastic, well-motivated, success-oriented social workers. Uncertainty and role ambiguity at work settings can easily force professionals to sit back and simply adhere to agency rules and regulations without daring to challenge the shortfalls in resources. In short, they may tend to become 'role-players' rather than achievers. In the face of this unpleasant situation, social workers may, interestingly, think about success and work toward it.

More than a decade ago, Walton (1982), in his book, *Social Work 2000*, made predictions about the future of social work and social workers, with an analytical view to the unavoidable decline in the quality and quantity of services to be provided to the more demanding market. In the 1980s, further cuts in public expenditure had just been announced which had had a great effect on both policy and practice in social services

departments. The budgetary cuts put great pressure on personal social services staff, causing a reduction in services which affected some of the worst-off and most vulnerable members of society.

Debates on the budget for social services, and its influence on the function of social service departments tend to imply a kind of crisis in the whole field of social work. Social workers may accordingly develop negative feelings towards the nature of their intervention and practice. Some authorities, within and outwith the social work profession, are inclined to see the present and future of social work as in a state of crisis. Therefore, they suggest that every effort should be made and every attention paid to enhancing the morale of professionals. Walton for example, has suggested that:

Nothing is to be gained by elevating the problems into a crisis category which prevents men from thinking and acting with intelligence and responsibility (Walton; *op.cit.*., P.1).

'To be or not to be' is no longer a question for the social work profession since the services of social workers are needed by an ever-increasing number of different clientele. Rather, the question is *how* to 'be'; how to function and survive effectively, within the present bureaucratic system of welfare state. The changes in policy affect the quality of life, care and well-being of a majority of disadvantaged and deprived individuals and families within society, and the burden is thus placed on the shoulders of already-weakened social services departments and their front-liners: the social workers. Hence, social workers experience a two-fold anxiety: first, as citizens in an economically unstable situation, and secondly, as service-providers attempting to satisfy the demands of clients within an environment of resource constraint. This in turn may cause them to experience frustration, bewilderment, and dissatisfaction with their job and/or the effectiveness of the service they feel able to provide.

Walton (1982) predicted that in most developed countries, including Britain, the proportion and type of welfare expenditure will be problematic and tend to decrease. Within the general field of welfare policy, education, personal social services and housing will face more radical decline. At the same time, demand for personal social services will tend to increase as a result of various factors such as: the increasing number of elderly people; structural unemployment and such consequences as homelessness, and increasing numbers of delinquents, vulnerable children, adults and families; and shifts in housing and social security policies. Walton suggested that:

...social workers and other welfare workers, regularly in touch with the disadvantaged and those most at risk of economic and social marginality, should contribute effectively to the debate on how to achieve change without extensive damage to these individuals and groups (P.8).

Yet one may wonder how social workers operating in a context such as that portrayed by Walton and other critics can debate or challenge the system. Now, after some 15 years, it seems that Walton's predictions have emerged as broadly true. And one may find it interesting to explore how the current situation influences social work practice and the social workers of today, and to study social workers' attitudes towards their job; does it still seem logical to look for success-oriented social workers within contemporary social work agencies?

The problem is that social workers are increasingly subject to criticism because of the shortcomings of the welfare system. They face accusations of negligence and not putting sufficient care and empathy into direct practice with the most vulnerable clients. Since the primary purpose of welfare organisations and social services departments is to provide every possible care and service to their clients within the limitations set by resources and offer a multi-dimensional support system,

encompassing preventive, corrective, curative, and rehabilitative services, to a varied clientele, it is not hard to discern why some social workers have been criticised by the community at large for not being able to fulfil their professional and statutory responsibilities. The case has been clearly illustrated in the Barclay Report (1982) where it is argued that:

Naturally, social workers may frequently fail in these endeavours, which are, by any standard, extremely difficult. Social workers and social work organisations may not always treat people with respect. They may not often enough protest at the lack of control people have of their own destiny, at structural and organisational injustices and inequalities, at inappropriate forms of care in residential establishments, at squalid waiting rooms in area offices and so on. These are just a few criticisms...which show social workers falling short of their ideals...This responsibility for taking as much as possible of the complexity of another's life into account is something which social workers are clearly needed to do as long as no one else in the social services field has this as a prime responsibility (P.36).

The Griffiths Report (1988) encouraged the development and use of informal caring systems in the community, known as community care, within which the role of 'care manager' was quite distinctive. According to Griffiths, social services departments should undertake the following tasks within the available resources:

- * Assess the community care needs of their locality, set local priorities and service objectives, and develop local plans in consultation with health authorities in particular.
- * Identify and assess individuals' needs, taking full account of personal preferences (and those of informal carers) and design packages of care best suited to enabling the consumer to live as normal a life as possible.

- * Arrange the delivery of services to individuals, building first on available contributions of informal carers and neighbouring support, then the provision of domiciliary and day services, or, if appropriate, residential care.
- * Act for these purposes as the designers, organisers and purchasers of non-health care services, and not primarily direct providers, making maximum use of voluntary and private sector bodies to widen consumer choice, stimulate innovation and encourage efficiency (cited in Sheppard, 1995, p.4).

As is obvious, there is a shift of role and tasks of those who used to act as social workers, to act as community care staff and 'care managers'. These changes in the provisions of social services and the move toward care management packages put a lot of pressure on the older generation of social workers (who have been trained and practised within more traditional systems of social work) in order to adapt themselves to new roles and tasks, and also requires a lot of study and training for new policy and rules and regulations. Whether or not they totally accept the new system of care, and whether they identify it with the more traditional social work, is another story.

In a definition of 'care management' given by the Department of Health (1991, p.11) we read:

Care management is the process of tailoring services to individual needs. Assessment is an integral part of care management but it is only one of several core tasks that make up the whole process.

As Sheppard(1995) argues, "It has been clear from the start that not all care managers need be social workers. Griffiths (1988) commented on this and in this respect reflected a view in the Barclay Report, that not all social care need be the concern of social workers" (pp.4-5). This change in the policy could cause further frustration and also threat to certain social workers who might become concerned about losing

their long-preserved professional identity, or see it degrading to their professional prestige.

Dilemmas of social workers in a bureaucratic system

Social work practitioners may find themselves torn between two opposing interpretations of their task: whether, on the one hand, to act as original-style social workers doing their best for their clients within the social democratic tradition, or, on the other hand, to identify totally with the bureaucratic system, to practise only within the constraints of a welfare institution. According to Payne (1979; p.17), there are two strands in personal social service work which should ideally merge. The first is the mainly social democratic tradition of social work. It has its roots in Christianity, voluntary action, reform, and medical, social, and behavioural science. The second strand is the tradition of local government welfare, with its emphasis on administrative and political control through a bureaucratic system, economic and political constraint and a knowledge base of common-sense experience. It, therefore, can be inferred that those social workers who, are for whatever reason able to merge these two tendencies, or reconcile their personal preferences and professional ethics, on the one side, with organisational demands and restraints, on the other, will feel successful and derive satisfaction from their practice. Conversely, those who are not capable of doing so may make themselves content with just being able to survive within the system.

Pithouse(1987) in his study of child-care workers in England and Wales argues that:

Workers know from 'doing' the job that social work does not fall into a sequence of acts that can be categorised, enumerated or unpacked for those 'outside' to simply see and appreciate. Instead, work is the learned skill of juggling competing demands and responding to unwelcome emergencies (p.47).

Studies on social workers' morale and strategies for maintaining positive attitudes towards their job mainly focus questions such as how and why social workers do what they do. For example, Whittington (1977) in his *Social Workers' Orientations: An Action Perspective*, classifies social workers according to their orientation towards the objectives of their practice, and their approach to solving clients' problems. Whittington categorises social workers as having one of eight major types of orientations : Formalistic-oriented; Orthodox/Expert-oriented; Interventionist/Expert-oriented; Service-oriented; Technical-oriented; Control-oriented; Economistic-oriented; and Defensive-oriented.

In the formalistic orientation to social work, the worker's conception of his/her client is essentially a subject for the application of formal rules (p.79). The worker should be alert to the 'eligibility for services', and typically, the worker acts as the guardian of formal/legal rules. This orientation is justified by reference to the legitimacy of the rules; their binding nature on the worker; the authority of law; and the authority and power of the organisation. The worker may state firmly or with reluctance that the rules, his superiors or laws demand his action (*ibid.*, p.79).

Whittington refers to the 'formalistic-oriented' type of social worker as a '**Role player**' who willingly responds to the requirements of the profession and performs in compliance with the bureaucratic nature of the social work system (P.74). He also identifies a second type of social worker, as '**choice makers**' and intentional beings, who believe in advocacy, fighting for the rights of clients, standing up against injustice, shortcomings, deficiencies, etc. As a consequence, they have to work hard to empower their clients to enable them to see the origins of their problem, guide them to a better understanding of their situation, and encourage them to participate in planned processes to overcome their problems by resolving the consequences of socio-economic inequalities.

Personnel in different agencies are not all alike in their orientations; some are more preoccupied with carrying out official procedures while others are involved in trying different ways and techniques to optimize their potential in fulfilling clients' needs and providing competent services (Patti, et al., 1988). A considerable amount of research highlights the tensions which can arise when professionally-oriented social workers are bound to operate in bureaucratically organised agencies. Based on his study of social work in Britain, Whittington reports that the majority of British social workers fall into the category of 'role-players', operating in a context of formal rules and statute. According to Whittington,

A continuum of rules affects statutory agencies: At one extreme are unambiguous statutory rules requiring the minimum of interpretation and, at the other, a range of locally devised rules (*op.cit.*, p.78).

Thus, he concludes that rules dominate a good part of the British social work context, and at least certain rules, at certain times, are regarded by social workers as an established basis for action. Such action is 'formalistic' and parallels the much-discussed bureaucratic type (*ibid.*, p.78). By formalistic, Whittington refers to those workers who feel a tight obligation to follow exactly the procedures set by the agency as rules. Whittington gives an example of a formalistic action: paying a visit to registered clients of an agency should be done at regular intervals simply because the rule requires it (*ibid.*, p.75).

Although the progression of social workers and their promotion in many settings can be taken as evidence of the individual worker's ability to practise against a background of prescriptions and guidelines of varying degrees of specificity, it does not necessarily mean that all social workers are similarly devoted to organisational rules and formalities. As Whittington suggests, formal rules do not govern *all* social work

activities in statutory settings, and rule-guided activities vary in degree between settings. Finally, where formal rules do apply, they are subject to interpretations by the individual worker and his/her interpretation of the situation. Social workers are normally motivated mainly by their own judgement and values, and therefore, in Whittington's words, 'it is to say that where a rule is seen to apply it will not necessarily be complied with' (pp.78-79).

SUMMARY AND CONCLUSION

The above review of literature suggests that no or very little attention has been paid to issues such as social workers' **success**, the quality of a **successful practice** as perceived by the worker -and not just by the clients or others. The present author has not been able to cite any research finding that discusses the relation of 'process' and/or 'outcomes' of a practice to the concept of 'successful practice' in general, and based on the perceptions of practising social workers, in particular. There is no strong evidence in the social work literature that front-line practitioners have been asked to express their own views and perceptions about the quality of their practice, and what they consider to be the indicators of success as a social work practitioner. The comments of Rees and Wallace (1982) on this issue may support the claim and shed some light on the problem at hand:

Researchers have not been concerned with asking practitioners which of their qualities have contributed to the success or failure of a particular intervention. In the past, there has been a tendency to 'blame the victim' when interventions failed: i.e., some researchers examined characteristics and qualities of the client (e.g., whether he or she was 'motivated' or not) in an attempt to explain, or predict, which clients were more likely to achieve successful outcomes and

which are more likely to have negative outcomes. Characteristics and qualities of the social worker often escaped analysis (p.94).

The definitions presented up to now of social work effectiveness and social workers' orientations towards their role and tasks, and the ideology behind their specific mode of intervention in any particular case, lead to the following propositions:

A social worker is '**effective**' in the sense that s/he provides '**good practice**', i.e., a high-quality service in harmony with agency policy and regulations, and existing resources. One may practise to the optimum level of the clients' satisfaction, thanks to one's ability to **establish good relationships** and rapport with the clients; one may even be capable of bringing positive changes into the clients' circumstances or their environments. However, until and unless one's practice consists of a good balance of all three dimensions of effectiveness - that is, **client change, service quality, and client satisfaction** - one is not a successful worker; perhaps a good or efficient, but not '**successful**' worker.

Further, it can be proposed that a successful practitioner is s/he who maintains a balance between what s/he believes is right for the client, according to the social work ethos and professional commitments, and whatever s/he is obliged to do, according to professional principles and codes of ethics, and statutory laws and regulations. Keeping up with the procedures required by the system, such a practitioner is able to maintain his/her own well-being, and consequently, produce a good command of **client outcome**. In order to overcome the shortcomings and constraints of the bureaucracy s/he challenges the system, utilizes all her/his skills and knowledge to provide reasonable resources to solve the client's problems. In other words, s/he follows an appropriate **process** in order to bring about an appropriate **outcome**.

CHAPTER FOUR

RESEARCH METHOD: THEORETICAL ISSUES

INTRODUCTION

In the chapter that follows I wish to locate this study in an interpretative, or subjectivist theoretical framework for social research. Studying the perceptions held by social workers of “successful practice” and their interpretations of who is a “successful practitioner” calls for a different methodology from the positivist approach. To gauge how social workers interpret an intervention as successful in comparison to a commonly used term of “good practice”, and whom they evaluate as “successful” practitioner required a methodology to give more freedom to the subjects of the study to discuss, reveal, criticise and refine their own views and experiences against whatever is recommended in social work text books and the mandates of social services departments. This in turn, could help the researcher to employ an appropriate strategy for data gathering, and to interpret and analyse the data thus gathered. In-depth qualitative interviews with a number of experienced social workers from different fields of practice and area-teams was chosen as the appropriate method in this

respect. The data were obtained through semi-structured interviews, comprising open-ended and follow-up questions, within loosely-framed discussion with twenty-eight front-line practitioners. The purpose of this chapter is to make the connection between the 'data' hence gathered and the ways in which accounts were constituted, reproduced and interpreted.

CONTENDING PERSPECTIVES ON METHODOLOGY

In the preparatory stages of the research, and concurrent with the questions to be asked of the respondents, a number of theoretical frameworks and research methods were considered. The more conventional distinction was made between *qualitative* and *quantitative* methods. Historically, as Husbands(1981) and many others have pointed out, discourse within the social sciences about research methods has been marked by conflict and division between proponents of what Wilson (1970) has characterised as a *normative* perspective, representing a positivist-quantitative methodological approach, and proponents of an interpretative and *qualitative* perspective.

Qualitative simply means data that are non-numeric. The term was invented by *quantitative* researchers to describe, rather ironically, the difference between two types of research (Glaser, 1992; Riessman, 1994). Various qualitative researchers take different approaches to the analysis of data gathered through methods such as 'field notes', 'participant observations', 'sample interviews', 'single case studies', 'records and documents analysis', and 'literary narratives'. The texts provided as a basis for data analysis are treated in quite different ways ranging from the examination of surface content to analysis of deep structures of discourse. Qualitative research is not a

unified tradition, like conventional research derived from the experimental model (Riessman, 1994., p.xii).

It is believed that most social science disciplines are increasingly dominated by interpretative approaches, narrative studies and discourse analysis. Case studies are enjoying reconsideration in sociology. Participant observation is gaining increasing popularity, especially in anthropological works(*ibid.*). As Riessman(1994) put it:

Social science is entering a period of reflection. What is our relationship to those we study? How do we represent the experiences of informants? For whom are we writing? (p.viii).

Riessman (*ibid.*, p.ix) argues that behaviourism fits well with quantification; it is possible to operationalize concepts and count behaviour. Interpretative forms of practice (such as psychoanalytic or constructivist forms) are better suited to textual approaches that focus on interaction.

Textual turn and increased attention to 'interpretative' work, 'narrative' studies, and 'discourse analysis' are becoming more popular in psychological studies (Bruner, 1986, 1990; Mishler, 1984; Packer and Addison, 1989; Rosenwald and Ochberg, 1991; Ragin and Becker, 1992). Sociology is witnessing a resurgence of interest in case studies; and 'participant observation' is still the most popular method in anthropological studies. Anselm Strauss, in an interview with the Journal of Qualitative Studies in Education (Strauss,1988), in response to the question about his views regarding the rise or decline of qualitative research argued that it was definitely on the rise. He then explains:

...In the last decade especially, writings about qualitative research methods have greatly increased in sociology. I sense this has also been happening in education, social work, nursing, and psychology too (*ibid.*).

As a final note regarding the advantages of the qualitative method and its credibility, Miles and Huberman (1994) argue that:

With 'qualitative data' one can preserve chronological flow, see precisely which events led to which consequences, and derive fruitful explanations. Then, too, good qualitative data are more likely to lead to serendipitous findings and to new integrations; they help researchers to get beyond initial conceptions and to generate or revise conceptual frameworks. Finally, the findings from qualitative studies have a quality of 'undeniability' (p.1).

RESEARCH BACKGROUND IN SOCIAL WORK

Research studies in social work, like all other branches and disciplines in social sciences are divided into two major polarised debates about two dominant approaches to research, that is, *positivistic* versus *post-positivistic* views. Preliminary studies reveal that the dominant paradigm in social work research was, at least before the 1980's, quantitative, the most favoured research tool for positivists. According to Riessman (1994), more recently, a shift has been taking place towards doing more qualitative types of research in social work and nursing studies as well as other domains of social sciences.

In the social work field where the research methods are derived from social sciences, a diversity of methods are implemented. Yet, qualitative kinds of data gathered in the forms of client descriptions, reports on specific client situations, outcomes of counselling, narratives provided by social workers about specific experiences, case studies, etc. are ideal bases for interpretative, qualitative methods of research in the social work field. It is a common belief that research problems should determine the method of investigation, but the ideal sequence is often violated in practice: methods

dictate the way research questions are framed, rather than the reverse (Reinharz, 1991), and as Riessman correctly affirms, any research method is limited in the kinds of questions it can address, but when particular methods are given precedence over others, questions suited to alternative methods may not yet have been asked (Riessman, *ibid.*, p.xi)

The problem arises simply because of the dogmatic attachment of researchers and practitioners to either this or that method, i.e., *positivist/quantitative*, or *interpretative/qualitative* methods, without considering the real appropriateness of the method in relation to the problems they want to study. Ignoring the fact that different forms of practice and social work problems may require different forms and approaches to methodology can create frustration and puzzlement, rather than enlightenment, among practitioners and the actual consumers of research findings. This may perhaps in part explain why practitioners are thought to pay much less attention to research and research findings; Everitt et al. (1992) argued that:

Attention has been drawn to social workers not pursuing research, not implementing the findings of research in their practice, nor even reading research reports (p.1).

On the other hand, the recent document on assuring the quality of practice rendered by newly-recruited social workers stresses the importance of research-mindedness of the workers. It is taken for granted that 'competence' in social work is the product of knowledge, skills and values. Acquisition and application of knowledge in their practice, then, is considered as a necessity for newly-recruited social workers:

Qualifying social workers and probation officers must take a rigorous approach to the acquisition of knowledge, and to be able to select and apply it in practice... They must be research minded and draw from the findings of relevant research in their practice...(CCETSW, 1995, p.19).

The meet this declared need to involve practitioners more actively in research, and in order to respond to 'the need to establish a research base for a profession subject to much ill-informed criticism, the demands of politicians for value for money, and the ethical obligations for practice to be aware of empirical evidence for its effectiveness' the impetus has been provided for developing 'practitioner research' projects (for further information on practitioners as researchers, see Fuller and Petch, 1995; and Broad and Fletcher, 1993).

APPLICATION OF "QUALITATIVE" METHOD IN THE PRESENT STUDY

Many studies in social work are concerned with the views and perceptions of clients, as social work services consumers, and most research done in this field has tended to focus on problems of handling specific cases in different settings. A review of the published lists of research studies and abstracts of the related materials led this researcher to the conclude that a large amount of research has been, and is still carried out by researchers who either are not actively involved in social work practice themselves, or approach field studies with some kind of pre-conceived ideas about managerial issues as the core problems in social work. Apart from the above-mentioned practitioner research projects, which mostly are of small-scale, short-term studies reflecting the individual participant social workers' own experiences with specific cases, one exception is a research carried out by Joyce Lishman (1978), who studied the perceptions of her own clients at a child psychiatric agency, cross-checking their evaluations of the services they received, against her own perspectives of the services she had offered(Lishman, 1978).

As we have already discussed in the 'Review of The Existing Literature' chapter, least attention has been given to the views and perceptions of social workers of their own practice, and the meanings and interpretations they may attach to their everyday practice, the core elements of their profession, or their expectations and criticisms of their work environment, managers and clientele. Digging into practitioners' conscious and unconscious world of preferences and perceptions regarding professional achievements and effectiveness could reveal many unstated or suppressed aspirations and frustrations regarding their job, and their ability to perform it.

Qualitative analysis gives way to the possibility of getting closer to the respondent and unveiling some previously unstated or unknown aspects of the respondents' thoughts and expectations. As Riessman (1994) suggests, close analysis of a person's discourse - how he/she views the work, judges the relations with clients, and the degree of importance he/she attaches to the **process** of practice, or its **outcome**, illuminates patterns that help the researcher understand others too.

I approached my field study with an *interpretivist orientation*, taking the position suggested by Rabinow and Sullivan (1987), who have summarised the aspects of interpretative/qualitative research as follows:

We are fundamentally self-interpreting and self-defining, living always in a cultural environment, inside a 'web of signification we ourselves have spun'. There is no outside, detached standpoint from which we gather and present brute data. *When we try to understand the cultural world, we are dealing with interpretations and interpretations of interpretations* (p.7). [my emphasis]

I was interested in finding out the meaning of **successful practitioner** and **successful practice** perceived by practising social workers on the basis of their

everyday experiences, and not as defined by text-books, or non-practising authors. I wanted to know *when* and *why* they interpreted a piece of practice as successful and *why* they judged themselves, as well as their colleagues to be successful or otherwise.

In locating this study within an interpretative paradigm, other ways of apprehending the social world are neither denied nor disregarded. Methods texts (for example, Silverman, 1985) emphasise that qualitative and quantitative methods have a potentially complementary effect in illuminating different aspects of the same problem. Yet, qualitative contextual accounts would seem more appropriate for exploring the meanings and significance of processes and practice within the present field of study. It was accepted from the outset that quantitative, hypothesis-testing approaches were not conducive to exploring the subjective world of social workers' beliefs, values, ideas about the reality of social issues, likes and dislikes, etc.

Enquiries about people's attitudes, ideologies and mental states require more qualitative and interpretative approaches. The methods used to study them require a specific philosophical position about reality and knowledge which is different from that of a positivist/quantitative analysis. Reality for a positivist/quantitative-oriented researcher means a world of objectively-defined facts translated into figures and numbers that lend themselves to detached, causal analysis (Miles & Huberman, *op.cit.*).

Most studies of behaviour in the social work domain are carried out with a focus on clients, concentrating on the quality of services rendered to them. Often the concern of social work studies is to find out whether or not the services are to the satisfaction of the clients, or whether the services provided by social workers are cost-effective. These studies, which have normally been commissioned by decision-makers and

officials, 'tend to assume that meanings are unproblematic and that everyone can be assumed to hold the same understanding regardless of the situation. Many studies in this tradition assume that meanings are external to the individual and thus, timeless and subject to being learned objectively' (Mullen; 1986; p.182).

In the case of my own research, qualitative, in-depth interviews with social workers concerning their perceptions of their work and the outcomes they expected from their practice seemed to help the interviewees to review their long-term experiences with different client groups, and encourage them to evaluate their own achievements and/or failures. Eventually, the approach paved the path towards the development of an analytical perspective about what social workers do and why they do it the way they do. This seemed to be exactly how the participant social workers had perceived the interview; almost all commented on how they felt they had benefited from having to think through their answers in the course of the interview. Having said that, I would like to refer to some of the assumptions of phenomenologists and interpretivists in this respect, summarised by Miles and Huberman (1994), who insist on capturing the 'essence' of an account - what is constant in a person's life across its manifold variations. This approach does not lead to the identification of general laws governing behaviour, but rather to a 'practical understanding' of meanings and actions (p.7). The interviews in part proved to be 'collaborative' activity on the part of both myself as a researcher and the social workers as informants, and not simply a gathering of information by myself. As Miles and Huberman put it, qualitative researchers are members of a particular culture at a specific historical moment. They also will be undeniably affected by what they hear and observe in the field, often in unnoticed ways. I myself became aware of certain beliefs and conceptual orientations that underlay my own views in the issues covered in the interviews (*ibid.*, p.8).

GROUNDING THEORY METHOD

The *grounded theory* method is based on the concept that behaviour is developmental and occurs within a social matrix, influenced by socially derived concepts of self, other, and group. Grounded theories are theories that are generated inductively and are linked intimately to data (Mullen, 1986, p.181).

Grounded theory method has its roots in the general method of comparative analysis used by sociologists and anthropologists much earlier in the century. The units of comparison may be groups or social units of any size - e.g., individuals, roles, groups, programs, institutions, or nations. Comparative analysis has been used to improve the accuracy of evidence, establish the generality of a fact, verify theory, and generate new theory from qualitative data (*ibid.*, p.179).

The grounded theory approach is believed to be a suitable device for understanding human actions and learning about the interpretative processes and how they shape an action that in turn will shape further action. The meaning each actor, or study subject, attaches to his/her actions and the phenomena s/he is engaged with is very important, and should be valued as well. In other words, it is not enough just to observe, count or quantify the observable actions of the subject, but to learn why and how he/she performs those actions and how he/she interprets the facts. Miles and Huberman (*op.cit.* p.6), referring to Wolcott's (1982) discussion of the positive aspects of qualitative research summarise the recurring features of this model, one of which reads as follows:

The researcher attempts to capture data on the perceptions of local actors 'from inside', through a process of deep attentiveness, of empathetic understanding, and of suspending or 'bracketing' perceptions about the topic under discussion.

The process of going into the interpretative world of the respondent and finding out how these interpretations give way to further interpretations is the goal of grounded theorists. Lofland & Lofland (1984) describe this goal as follows:

The commitment to get close, to be factual, descriptive, and quotive constitutes a significant commitment to represent the participants in their own terms. This does not mean that one becomes an apologist for them, but rather that one faithfully depicts what goes on in their lives and what life is like for them (p.4).

Strauss (*op.cit.*) argues that there is an interplay between the gathering of data, their interpretation, the gathering of more data, and going back to do more interpretation.

Robson (1996) also suggests that:

...in the interpretative approach, data collection and analysis are not rigidly separated. An initial bout of data collection is followed by analysis, the results of which are then used to decide what data should next be collected. The cycle is then repeated several times. Initial theory formulation also goes on at an early stage, and is successively elaborated and checked as the process continues (p.19).

This was more or less the process I applied to my study. I started my field-study with no intention of testing a certain theory, but rather looking for a set of themes or areas which were linked to my research questions. I was hoping that some 'theories and concepts tend to arise from the enquiry, which normally come after data collection rather than before it' (Robson, *op.cit.*, p.19). I went into the field with the presupposition that the practice methods and modes of action implemented by individual social workers were not shaped and governed solely by whatever they have learned and been taught in social work education courses. I assumed that the way my respondents saw the world, interpreted the facts, perceived the problems at hand, viewed the clients and assessed their situation, provided the actual context for their

total interpretation of the system and guided them to specific intervention processes in the performance of their work.

Most parts of a field worker's behaviours may seem inexplicable, or biased and irrational when matched against the written policies and guidelines of the agency. Yet, it may appear quite appropriate and understandable when analysed in terms of the worker's own interpretation of the facts, his/her own belief system, ideology and life background. Conducting in-depth interviews with the research subjects provides the possibility of exploring their personal priorities and agendas, and encouraging them to articulate their conceptions and interpretation of events. Qualitative analysis of data gathered in this way has the potential to shed new light on perhaps hitherto unrecognised human problems, and to provide for the possibility of knowing and understanding the meanings underlying people's actions, thoughts and reasoning. In the case of the social workers participating in the present study, in-depth discussions led both the respondents and the researcher to reach new definitions and interpretations of what social workers performed within the broad and rather vague rubric of "good practice" and to juxtapose the two constructs of "good practitioners" and "successful practitioners" on the one hand, and "good practice" and "successful practice", on the other. In the data analysis chapters we will discuss these issues in greater depth.

Although some grounded theory studies have used quantitative data, most have used qualitative data - from participant observation, unstructured interviews, and historical documents (Mullen, *op.cit.*, p.183). Employing a grounded theory method helped this researcher to learn about the participating social workers' understandings of their work and the assumptions with which they approached the evaluation of their own and others' practices. This, in turn, led to the interpretation of their use of the term 'success' and what 'successful practice' meant in the social work context. This also

helped the researcher to identify their 'espoused theory of action' against the commonalities of their agencies and the social services bureaucracy in general.

OBJECTIVITY AND REPRESENTATIVENESS IN QUALITATIVE RESEARCH

Doubts are frequently raised about the objectivity and representativeness of qualitative research findings. Qualitative researchers usually carry on their studies with relatively small samples. One of the criticisms of qualitative research is based on the way the cases are selected and observed. Miles and Huberman (1994) have picked up the most serious points the critics of qualitative research methodology have raised in their writings:

The most serious and central difficulty in the use of *qualitative data* is that methods of analysis are not well formulated. For quantitative data there are clear conventions the researcher can use. But the analyst faced with a bank of qualitative data has very few guidelines for protection against self-delusion, let alone the presentation of unreliable or invalid conclusions to scientific or policy-making audiences. How can we be sure that an "earthy", "undeniable", "serendipitous" finding is not, in fact, wrong? (Miles, 1979, p.591; cited in Miles and Huberman; 1994, p.2).

In an attempt to ensure the data I obtained were as credible and valid as possible, instead of approaching a group of social workers randomly selected from a list provided by the authorities, I decided to interview a group of experienced practitioners with a minimum of ten years of front-line practice experience with certain types of clientele, from a range of statutory social work teams. Further details on the selection procedure will be included in the next section. Preliminary studies and review of the

statutory social work settings in the Lothian had suggested that I would be meeting experienced workers with similar level of knowledge and skills, derived from similar educational backgrounds and life experiences, as well as common views about social work and their practice. Thus, the participant social workers could be regarded as representative of experienced statutory social work practitioners in the Lowland Belt of Scotland, where I was intending to do my research.

I wished to tap the kinds of judgement these social workers made about the quality of their own, as well as their colleagues' practice and how these related to the concept of "success"; discuss the bases of these judgements; and arrange these in a meaningful typology. Finding a relationship between judgement and action might prove very complex. For example, a social worker may strongly incline to the view that "advocacy" is the major issue in social work, but, at the same time, may believe that within the current social, cultural, organisational and political context of social work, it is not realistic to fight for the rights of every client and against the agency policy. Although s/he might be deeply influenced by the actions of another worker who stands up against the system, s/he may well withhold her/his ideology and personal biases and not practise "advocacy". This kind of problem shows that there may be no logical reason to expect a one-to-one correspondence between judgement and action. The same issue cannot be tackled properly using a "quantitative" research method, since any quantification in such cases would be misleading, unless we wanted simply to know how many respondents vote for or against "advocacy". The existence of a number of people who do not advocate, but at the same time believe in advocacy quite positively, would tend to weaken the strength of any correlation. It is arguable that the logic of quantitative research design would lead us to conclude that judgement is only weakly related to action. The logic of qualitative design, on the other hand, leads us to pursue the relationships in greater detail: how do these attitudes towards, say, advocacy fit together with other sociological or organisational factors? How do they

mesh with the larger context of their decision making in general? And, how do social workers come to terms with their every-day practice when there is a discrepancy between the opinions held by their colleagues, line-managers, and the social workers themselves?

The “positivist” approach to the study of social phenomena assumes that there are no essential differences between human behaviour and any other natural processes. Positivists assume that the quantitative methods and scientific language (numericals) of physics and chemistry are exactly applicable to testing and verifying human behaviour and even human motivations, and that these qualities can be explained by using quantitative methods.

Buchanan (1992) argues that:

Motivation is shaped and informed by the way we talk about it... How we talk about our motivations influences how we experience it. There is no independent, objective standpoint from which we can say what motivation ‘really’ is.

We distinguish ourselves from objects in nature through our ability to articulate and to will ideals of the good life for human beings. But these ideals do not exist outside of human creative capacity to give voice to them. They are not ‘out there’ waiting to be discovered, like gravity. In interpretative research, human behaviour is thus seen to be more than the sum of past causes propelling us in some inexorable direction. For the interpretative researcher, human thought and action are also understood -at least in part- to be a striving to articulate these ideals and bring into being new ways of living. Human behaviour is not just the result of real, empirical, antecedent causes. It is also inspired by ideals about how we ought to live (pp.129-131).

The above quotation well expresses my wish to dig into the respondent social workers' perceptions, value judgements, and belief systems in order to discern the extent to which these correspond to the core missions of social work, and whether they are able or willing to adhere to the values of social work. My experience of undertaking many interviews with a variety of respondents with different professional backgrounds indicated that open-ended interviews concerning the respondents' perceptions, attitudes, beliefs and so on, may readily lead them to talk about their aspirations and plans for their future career, which in turn enables the interpretative researcher to contribute to human understanding. I therefore took pains to encourage a relatively relaxed atmosphere to develop in the interviews, to ensure an easy flow of discussion, and facilitate the spontaneous expression of views on the part of my respondents.

I believe that the interview process and the dialogue I originated with most of my social worker respondents gave them the opportunity to feel involved in a meaningful discussion, and made them talk openly about their practice. Many of these respondents took the opportunity to reflect and refine their perceptions of morally as well as professionally complex situations.

Findings of this method of study could seem of special importance in a period of great confusion among social workers regarding the core function of a social worker and the initial *raison d'être* of the social work profession, in the face of the bewilderment felt by most social workers when they believe that they are alienated from the original roots of their profession, and have been turned into gate-keepers of safety-net services (Walton, 1982; Arches, 1991; Bamford, 1994).

Buchanan's (1992) experience with his own respondents in a different type of study made him convinced that 'if the goal of the research is to enhance the self-

understanding of the respondents, then the interviews were an essential and inextricable part of the process' (p.131). Although this was not my goal in doing research on social workers' perceptions of success, many of my respondents said that, as a side-effect, the open-ended interviews on how they perceived themselves and their practice in terms of success, and contrasting successful and good practice made them more alert about the impact of their intervention and the issues of success.

CHAPTER FIVE

RESEARCH METHOD: PRACTICAL APPROACH

INTRODUCTION

As a person with fairly long experience as both a practitioner and educator in the social work field, I have developed certain judgements and biases regarding practice issues. Yet, I believed from the start of this research that in order to do a reliable investigation, I had to detach myself from my own preconceived ideas and mental set, leaving behind my own value judgements, to rely solely on my respondents' perceptions regarding their practice. I would not conceal that, in the course of discussion and during prolonged interview sessions with some respondents, it was sometimes difficult for me not to ask questions and/or give comments which derived from my own experiences and values. I believe that some of these comments or questions gave a new direction to the conversations between me and my respondents, and often they used such interjections as clues to develop their line of thought. Nonetheless, every attempt was made, through steering the research aims and main questions, to keep the discussion on its intended path, and stop myself as well as the interviewees from becoming distracted from the objective of the study.

IMPORTANT FEATURES OF THE PRESENT STUDY

The study did not take place in a vacuum, and without a pre-set plan. The study's focus was on practising social workers; not on those who despite carrying the title of 'social worker', were detached from the actual, practical context of direct intervention.

I endeavoured to stand as close as possible to the subjects of the study, the sample social workers, and their experiences of daily social work practice and intervention with their cases; I intended to touch the core of the problem through direct and indirect questions and persistent reference to their views, opinions and practice methods; and also by cross-checking the reliability of their expressed views, to make sure there were no discrepancies between what they believed, what was said, and what they actually did.

The aim of the study, as mentioned earlier, was to reach an agreed definition of "successful practitioner" and "successful practice" as viewed and perceived not by the researcher, or managers, or educators, or even clients, but by social workers themselves.

In devising my research questions I took a position of accepting my sample social workers as experienced professionals with the ability to act as advocates on behalf of their clients and intervene appropriately; capable of handling their cases, treating the clients, and sorting out their problems in the best interests of their clients. Despite the assumption that social workers should be able to work out their way toward achieving their core duty for which they have been trained, and eventually practise in harmony with their own professional and moral values, I did not rule out the existence of certain restrictions, financial cut-backs and bureaucratic regulations which might affect social

workers' mode of practice. They were thus regarded as subject to societal and political controls imposed by bureaucratic supra-systems.

The fact that an actor's behaviour is not totally governed by organisational norms, structure and status within the overall hierarchy, and an actor should be able to utilise personal capabilities to achieve desired client outcomes, were issues to be considered in designing the research questions. Social work mandates suggest that a worker should be guided by his values, knowledge, skills and experience to fulfil his commitments, which logically should be geared towards achieving positive changes in the client circumstances as "outcome" of the service (BASW, 1986).

I did not look at social workers as the ready-made product of some educational system, who automatically set out to address the clients' problems, and act exactly by 'book of the rules' but as autonomous and thoughtful actors who reflect and react to social malfunctioning. I assumed that a social worker could act as an advocate, a change agent and innovator, whenever and wherever appropriate.

Considering such postulates for embarking on the field-work, that is, that social worker are social actors, I looked at the inputs which I believed to be prerequisites for achieving a successful practice. These inputs were categorised accordingly as *internal* and/or personal factors, and *external* factors. The internal factors were those relating to social workers themselves, such as their experience, knowledge, values, etc.; external factors might interfere with social workers' intervention and influence their mode of practice from outside, such as attitudes of managers, resources, physical condition of the work place, policy and regulations, etc.

While cognisant of the authority and autonomy of social workers and the effect which their internal characteristics and personal qualities can have on the success and general

quality of their practice, I did not overlook the fact that no organisation, as a system, can exist without permanent and multi-dimensional interactions with systems from the outside world. I tried to design my research questions to embrace the major external/organisational factors which could positively or negatively affect the success of social workers' practice. It was in this connection that I referred to factors such as "good relationship" with peers, supervisors, and clients, or the crucial element of "resources", etc. and their impact on social workers' feeling of success.

IN-DEPTH QUALITATIVE "INTERVIEW" AS THE MAJOR METHOD

Since the intention was to come to grips with the definitions of "successful practice" and "successful practitioner" as perceived by the respondent social workers, it did not seem practical to simply classify the participant social workers, and their quality of practices, quantitatively, into 'successful' and 'not-successful', or 'good' and 'not-so-good'. The most important feature of any study of this kind could be overlooked if a qualitative research method was not used. The intention was not to test a theory but rather to generate hypotheses which explained how the respondents perceived a 'successful practice'; what factors they found crucial for achievement; what aspects of their job, internal or external, drove them towards success or otherwise and whom they considered the most appropriate figures to evaluate their practice and judge their success.

As mentioned in earlier chapters, the terms 'good practice' and 'good practitioner', which are commonly used in social work settings, were identified as salient in my pilot interviews, in my review of the existing literature and my own experience in the social work field. One purpose of such interviews was therefore to identify whether there was a correlation between 'good practice' and doing a 'successful' job, on the

one hand, and being considered a 'good practitioner' by the authorities and feeling oneself to be 'successful', on the other. The main focus in developing the interview questions (especially following the pilot interviews and the revision of the research questions) was therefore on comparing and contrasting 'good' with 'successful' practice and 'good' with 'successful' practitioners.

DESIGN OF THE QUESTIONNAIRE

A set of questions considered relevant to the research topic were designed and modified to cover the different aspects of social workers' perceptions of 'success'. I had an overall idea of what I wanted to know in relation to social workers' success, and therefore, I tried to be as flexible as possible in mapping my exploratory plan into the perceptions of my respondents. I was convinced that I was unlikely to be able to plan for the entire design for a qualitative project in advance because the design might change as I was learning from the interviews, and therefore, I began the work with a tentative design, talked to several staff and students in the Social Work Department, and certain practitioners whom I considered as potential interviewees.

The initial ideas were reviewed in the light of the suggestions and comments of colleagues, and a questionnaire with 24 open-ended questions was prepared. Since the qualitative interviewing design should be flexible, iterative, and continuous, rather than prepared in advance and locked in stone (Rubin and Rubin; *op.cit.*, p.43), I did not intend to use this questionnaire as a rigid tool to get the respondents' answers to all 24 questions in their original order. The questionnaire was organized so as to allow respondents to relax with a set of more general questions about their own history and experience of social work, and indirectly refer to their perceptions of what factors play major roles in bringing about success for a practitioner or making a piece of

intervention successful. This could help the researcher embark on the main questions (16 in all) concluding their views of successful practice and its determinants. Yet, whenever a respondent did not touch the core issues between the lines of his/her comments and statements, or overlooked some major factors and their impact on the quality of practice, say, the impact of some internal or external factors, I used to probe further questions until adequate responses were provided.

PILOT INTERVIEWS

The pilot interviews took place with two social workers who, at the time of developing my research questions, were undertaking M.Sc.in Social Work in the Department of Social Work of the University of Edinburgh. The interviews with these experienced social workers along with the information gathered from some informal discussions with several social work staff members proved to be of immense help in generating a semi-structured questionnaire, with a set of questions which could help the actual respondents gradually come to the grips with the aims of the research. After close consideration of the feedback from pilot interviewees, the questions were organised in such a way as to cover a wide range of topics and subjects in relation to 'success' in social work. Some questions were redesigned for the purpose of cross-checking the credibility of the responses. Such questions were normally asked at various different junctures, and after other related questions. The pilot interviews also suggested an additional topic of enquiry: to seek the respondents' opinions about the differences between 'good' and 'successful' practice and good and successful (which later in the course of interviews with sample social workers served as the most salient themes to be explored).

Questions concerning the impacts of the 'process' of social work practice and 'client outcome' as the end result of any intervention, were also introduced during the pilot interviews, thanks to the flexible and iterative nature of the qualitative interviewing design

MAIN QUESTIONS INCLUDED IN THE INTERVIEWS

The following section presents and explains the reasons for inclusion of the main questions which finally made up the interview schedule. In preparing the main questions, care was taken to direct the discussion in a way that provided unity to the interview and encouraged interviewees to express their own opinions on the topic of the investigation. As mentioned elsewhere, rather than embarking immediately on discussion of the rather abstract notion of 'success', the interview attempted to provide respondents with a more concrete point of reference for later exploration of the meanings they attached to 'success' in social work. The interview therefore started by asking: Do you know anyone among your colleagues, whom you consider to be a successful practitioner? And if yes, why do you think he/she is successful? Further probes were: What are the factors on which you base your judgement?; and what are the qualities that make him/her successful?

It was expected that after this opening question we could move on to more specific topics and focus on the core questions of the research: what is a successful practice and who is a successful practitioner. As mentioned earlier the pilot interviews led to the emergence of two sets of dichotomies: 'good' versus 'successful' practice, and 'process' versus 'outcome' of the intervention. The interviewees in the pilot stage had problem in applying the term "successful", instead of "good", to either themselves or their colleagues. They seemed to be more familiar with the concepts of good practice

and good practitioner which were commonly used in social work settings. This was the case with actual interviewees, and therefore, I included the differentiation of these two sets of concepts in my main questionnaire to lead the respondents to focus on 'success-based' practices and practitioners.

It also seemed appropriate to introduce the concepts of *input*, *process* and *outcome* in social work activities, and consult the degree of importance they attach to each of these concepts. In other words, they were asked which of these components they considered to be more important for successful practice. Data from the pilot interviews as well as the interviews with the M.Sc. students suggested that when social workers claimed to be 'successful' practitioners, their frame of reference was how 'good' they were in handling the process of their intervention; but when they were thinking of a 'successful' piece of practice, they were concerned with the quality of the outcome of their intervention, that is, the positive changes in their client's circumstances. In the course of the research interviews, therefore, I tried to adhere to the same concepts and to lead the interviews to a point where respondents could come to define 'successful' practice and practitioners in comparison to the concepts of 'good' practice and practitioners. Naturally, the views expressed often led to more specific questions such as: how does one know one is successful?; who is the best judge for judging the success of a practice or a practitioner?; and what if the client is not happy with the worker's intervention?

As mentioned above, the most salient additional questions to emerge from the pilot interviews concerned the "process" and the "outcome" of an intervention. It seemed important to determine how respondents evaluated these two concepts, because the distinction they drew between these two concepts could form the basis of their perception of "success" in social work practice. These points will form the main body of the research analysis reported in successive chapters.

APPROACHING THE SAMPLES

Sampling is closely linked to the 'external validity' or 'generalizability' of the findings in an enquiry; the extent to which what we have found in a particular situation at a particular time applies more generally (Robson; 1996, p.135). It is argued that sampling is an important aspect of life in general and enquiry in particular. Judgements about people, places, and things are made on the basis of fragmentary evidence; and Smith (1975) in his discussion of the place of sampling in social research refers to it as 'the search for typicality'(cited in Robson; *op.cit.*, p.135).

My method of selecting particular types of social work practitioner for in-depth interviews used the technique of *purposive sampling*, whereby the researcher's judgement as to typicality or interest is the main principle determining who should be included in the study sample. Under this technique, the sample is selected to meet the researchers' special requirements in a project (*Ibid.*, p.142).

Glaser and Strauss (1967) and Strauss (1987) suggest that researchers who follow the 'grounded theory' approach should carry out initial sampling, and from analysis of the results extend the sample in ways guided by their emerging theory. As the same authors further suggest, the rationale of such an approach is not the same as statistical generalization from sample to population (cited in Robson, *ibid.*, p.142).

SAMPLE SIZE

In the preliminary stages of developing the research strategy, it was decided to interview a minimum of thirty social workers, ten from each type of specialist team,

that is, children and families, community care and criminal justice teams, located in different statutory social work centres in Lothian. It should be explained that even with bigger samples in survey research it is not possible to generalise, with complete confidence, from the sample to the whole population, since such generalizations are themselves probabilistic (Robson, *op.cit.*, p.136) It is, however, possible to increase one's sample in order to reduce the likely error in generalising, and a variety of statistical formulae have been developed to assist the researcher in the choice of an appropriate sample size when it is important to limit estimation errors to a certain level. On the other hand, in qualitative studies, sample size is not a crucial factor, because each subject is studied in their own right and no attempt is made to seek statistical generalizability. In studies like the present one, as Robson (*ibid.*, p.144) suggests, important decisions have to be made about such things as how, where, when and from whom information is to be gathered, each of which requires sampling decisions.

In practice, I was able to obtain access to a total of twenty-eight (rather than 30, as originally intended) social workers, of whom twenty two came from various statutory Social Work Centres in the Lothian Regions. A further six members of my sample were working in different social work centres in Lothian, of whom five were doing MSc. courses, and one had just started postgraduate studies. All six were studying in the same institution as the one in which I was doing my PhD.

Further notes on the “samples”

My original plan had been to access equal numbers of male and female social workers with a certain minimum number of years of practice experience, that is, seven to ten years. Given this requirement, I had expected that the participants' ages would range between thirty and forty years. In practice, however, the social workers who volunteered to take part in my study covered a rather wider age range and a rather

more skewed gender distribution than I had expected. Their ages ranged from thirty to sixty-two; and the number of female respondents was three times more than the males.

Another major issue governing social workers' attitudes towards their profession, I had reckoned, was the type of clientele they had to deal with, and the amount of time, energy and resources these clients required in order to address their problems. I had seen young, enthusiastic men and women in social work training courses who, in their reports of placement trainings, readily attacked the functions and approaches of senior and more experienced social workers. I had witnessed newly trained social workers who in search of a permanent job were thinking in terms of changing the world to make it a better place for the disadvantaged, and had been long enough on the spot to see changes in the attitudes and perceptions of most of those enthusiasts, after two or three years of actual employment. These experiences had a role in my inclination towards seeking a sample respondents with certain qualities, and particularly with a minimum number of years of experience. In this way, I thought, I might come across with a more similar group of social workers, and thus, the validity of the findings would be better guaranteed.

Bearing in mind that studying the attitudes of a group of social workers from different walks of life, with different ideologies, training and work experience, obtaining a representative picture of the situation would have required interviews with a very large sample of respondents. In order to ensure reliability and validity within my findings, I decided to select my sample along more strategic lines, from social workers who conformed to the following minimum requirements:

- working in different area teams across the whole of the local-government region under study. It was thought that this would increase the likelihood of finding practitioners with a wider range of practice methods and approaches to clients;
- actively practising as statutory front-line social workers, and not in managerial posts;

- having worked as front-line social workers for a minimum of seven to ten years;
- having a minimum work experience of three years in dealing with their present client groups. It was thought this would increase the validity of their statements and judgements concerning clients in whose cases they viewed their interventions as having been successful;
- having a minimum qualification of Diploma of Social Work (D.S.W.) ;
- drawn in equal numbers from three speciality teams, namely, children and families , community care, and criminal justice. This was because it was thought likely that different kinds of work experience would give rise to differing perceptions of success, which might help to broaden understanding of the way practice experience interacted with other factors to influence individual workers' perceptions of their work and their definitions of success within it.

CHARACTERISTICS OF THE SAMPLE

The sample yielded by the above procedures had the following characteristics: a) Age: respondents ranged between 30 and 62 years, the mean age being 42. b) Years of social work experience: the length of time engaged in social work ranged between 7 to 30 years, all of the respondents having a minimum 3 years of working experience with their present client group, as required. The mean length of work experience was over 18 years. Of all the respondents, some 12 individuals, that is, 43% of the respondents had a work experience of between 20 and 30 years, of whom nine (75%) were female. c) Gender of the respondents: of 28 total respondents, 21 individuals, that is, 75% were females and only 7 happened to be males. d) Variety of clientele: most of the respondents had experience of working with a variety of clients and in different settings, from generic to specialist teams, and as discussed in the data analysis chapters, this diversity of experience made it difficult for them as well as the

researcher, to identify exactly which parts of their perceptions of success or otherwise related to their working with which client groups. It was difficult to isolate the impact of each specific type of experience on their perceptions of general success or failure. f) Ethnicity of the respondents: twenty six of the respondents were Scottish in origin, being trained in different Scottish educational systems, and had been employed by and served in various statutory social services agencies and departments in Scotland. One community care-team worker was originally English but had been working in different social work departments in Lothian for over fifteen years, and therefore considered herself a Scottish social worker. Finally, one of the respondents was originally Australian, trained in Australia, but had been working in Lothian social work departments for more than seven years, and at the time of interview was doing her PhD on a part-time basis at the University of Edinburgh.

In conclusion I must accept the likelihood of the influence of these characteristics on my findings in unknown ways. Further studies with focused attention on social workers' personal qualities in general, and age and gender issues in particular, may reveal major similarities or differences of attitudes among various workers working in different settings and with different backgrounds and thus lead researchers to new facts and findings.

ACCESS

As mentioned earlier, I was lucky enough to have access to a total number of eight very experienced social workers of whom seven were undertaking advanced M.Sc studies in Social Work, and the eighth was doing her PhD. in the Department of Social Work of The University of Edinburgh. (Two of these M.Sc students had already been interviewed for my pilot study project, and were therefore, not included in the final

sample of respondents for the main research). I approached the head of the Social Work Department and the students' Director of Studies for permission to interview them, and after the matter had been discussed with the students themselves, they volunteered to be interviewed. Interviews took place in the University Department, each interview taking between one-and-a-half and two-and-a-half hours to complete. Data gathered from each interview were modified and after refinement and necessary adjustments, were used with the next interviewee.

The Senior Research & Planning Officer at the Social Work Headquarters was contacted in order to discuss the possibility of using social workers from Regional Social Work Department teams as subjects for the research. Following two meetings at which the aims and methods of the investigation were explained and the content of the interviews discussed and approved, she agreed to take up the case with the responsible authorities. It took some three months to obtain a list of twenty two social workers who, after being informed by their team leaders about my research topic, and the possible lines and directions of the questions, had volunteered to be interviewed. Social workers were contacted individually via telephone, and after some explanation concerning the time required, a specific time was agreed for each interview. It may be worth mentioning here that since summer was approaching and almost all volunteers were planning to go on annual holiday, most insisted that the interview take place at a particular time. This created some problems for the researcher, because often only half an hour remained free between certain interviews; and this at times threatened seriously to affect the quality of my data recording and my preparations for the next interview. Thus, the geographical distribution of the majority of my respondents, and the specific constraints placed on time were two major limitations on the flow of the research. For obvious reasons of anonymity, the exact locations of the interviews will not be divulged.

As mentioned earlier, it was planned to obtain access to equal numbers of social workers practising in three distinct types of setting: Community Care, Children and Families, and Criminal Justice teams. I was expecting to be able to compare the views of these three different groups of social workers and comment on the similarities and differences between their perceptions of success. In practice, however, only four respondents from Criminal Justice teams had volunteered to be interviewed, and practitioners from the Child-Care field out-numbered Community Care workers.

As will be discussed in greater detail in the data analysis chapters, the majority of the respondents due to the length of time they had been practising, had worked with different client groups, and therefore, had a general notion of good practice. However, when questioned about the criteria for distinguishing successful practitioners, those who were at that time working with offenders and child-abuse cases more readily equated 'good' with 'successful' practitioners. In other words, they preferred to give more credit to 'good process' rather than necessarily 'good outcome'. Yet, it was obvious that the majority of respondents believed in the importance of successful client outcomes as an ideal criterion for judging themselves or colleagues as successful.

The attempt to organise the sample around three different groups of social workers proved for one further reason to be less helpful than expected. The social workers in my sample came from different practice backgrounds, from generic to specialist, and had worked with almost all types of clientele, and in various settings. This could confuse the researcher when they were relating specific experiences to their perceptions of success. It was very difficult, even impossible, to discern what parts of their experiences were most influential in shaping their perceptions of success and successful practice. For example, when at the end of each interview I asked them to recall one or two instances of very successful practice from their own experiences, they did not restrict themselves to their most recent client groups and

provide an example of success in relation to the team of which they were a member at that time. Instead, they felt free to range over the whole of their practice experience to identify examples of successful practice, which might not have been appropriate to the client group with whom they were currently working. This, in turn, created a difficulty for the data analysis. It is worth mentioning, however, that the majority of cases identified as instances of successful practice related to community care clients: to elderly people who needed suitable accommodation, disabled people who needed sheltered housing, clients who requested financial help, and so on. Even those workers currently working with children and families in different area teams gave examples of successful practice the times when they were practising as generic workers and in relation to cases outside the child-abuse field.

SELECTING THE SITE OF INTERVIEWS

Discussions with officers in the Social Work Department headquarters and informal talks with individual social workers and researchers suggested that the best place for the interviews would be the respondents' own workplaces, and that interviews would best be conducted during office hours. Except for the six interviewees interviewed in the University Department, the rest were scattered across the whole local government region in which the research took place. The timing of the interviews was thus individually arranged with each respondent. In order to ensure the smooth running of the interviews, I tried to be at the destination at least 30 minutes prior to the time set for interview, to familiarise myself with the site, and prepare the tape-recorder and other materials for the interview.

DURATION OF INTERVIEWS

Because of the time constraints faced by each participating social worker in her/his office hours, I indicated the interview should not take more than one hour to complete. While most interviews were completed within the allocated time, in many instances respondents showed an interest in continuing our discussion and exploring, in further detail, the issues dealt with in the study. With one male children-and-families practitioner working in a “problem” area, the interview was conducted over two two-hour sessions.

CONDUCTING THE INTERVIEWS

main questions, probes, and follow-up questions

Every attempt was made to help respondents feel like ‘*conversational partners*’ rather than research subjects committed to answer a certain number of questions without being really involved in the main aims of the study. To define the term ‘conversational partner’ I borrow from Rubin and Rubin (1995) who suggest that the term emphasizes the link between interviewing and conversation, and the active role of the interviewee in shaping the discussion. Considering the interviewee as a partner means both parties can decide what issues to explore and in what direction the discussion should develop. They can also both come to an overall picture of the issue at hand(p.11). Rubin and Rubin further argue that:

The image of a partnership with the interviewee does not always work, but it represents the goal of integrating those who give us information into our research. If the partners can direct the conversation to matters that interest them and that they think are important, interviews gain depth and reality. If you impose on them what you think is important, you may miss important insights

about the subject you are investigating and you may substitute your ill-informed view of the field for their experienced and knowledgeable one (P.12).

After each main question certain respondents were able to raise more detailed issues directly related to the purpose of the study, which gave the interview the appearance of a friendly discussion with respondents, chatting about almost everything they thought had some kind of effect on the quality of their practice. With others, I employed the technique of 'probing' to encourage them to answer more questions. As Rubin and Rubin (*ibid.*) argue, probes clarify and complete the answers, making them intelligible, and give signals to the interviewees about the expected level of depth (p.151). Probes can also be used to encourage the interviewee to expand on the matter at hand, complete an example or narrative, or explain a statement that the interviewer did not understand (*ibid.*, p.208). They suggest the usage of different types of 'probe' such as 'steering' probes to return the discussion to the main concerns if the interviewee wanders off. Since almost all of the respondents were quite experienced social workers, working as front-line practitioners for a remarkable number of years, I had few problems with most of them in orienting them to the research objectives and the planned direction of the interview. Yet, in order to avoid getting 'side-tracked' with some of the interviewees into related, but not central, topics, and to keep the interview on target, I had to use the steering probe technique by restricting the questioning to those issues that were most essential.

At times, I had also to use some 'follow-up questions' to get at the essential features of what they really meant, or whether they actually understood the exact meaning of my questions or whether I was on the right path to interpret what they said. Rubin and Rubin argue that the purpose of follow-up questions is to ensure the depth of response that is a hallmark of qualitative interviewing by pursuing themes that are discovered, elaborating the context of answers, and exploring the implications of what has been

said (*ibid.*, p.151). I did not and could not prepare the follow-up questions prior to the initial interviews with each individual respondent because I had to base them on the respondent's answers to my main questions.

ATTITUDES OF THE RESPONDENTS

The interviewees had normally received some general information about me, as an overseas postgraduate student intending to undertake research on social workers' attitudes towards issues related to their practice. I gathered, in the course of interviews, that most of the respondents had volunteered to participate in the study in order to satisfy their own curiosity; it was interesting for them to meet a foreigner who wished to study them. Secondly, as was confessed by most, the overall topic seemed interesting to them. I was consciously paying attention to how my interviewees perceived me as a mature PhD student who had become interested in their works and quality of practice. I wanted to clarify how my own particular characteristics and attitude could influence what they were willing to say and how openly they were willing to take part in conversation. As Rubin and Rubin (*ibid.*, p.41) suggest, it matters who the interviewer is; his interests, curiosity, and concern encourage the conversational partner to discuss the topic at length. Steinar Kvale (1996) commenting on the role of the researcher as interviewer writes:

The person of the researcher is critical for the quality of the scientific knowledge and for the soundness of ethical decisions in any research project. By interviewing, the importance of the researcher as a person is magnified because the interviewer him/herself is the main instrument for obtaining knowledge. Being familiar with value issues, ethical guidelines, and ethical theories may help in choices that weigh ethical versus scientific concerns in a study. In the

end, however, the integrity of the researcher -- his/her honesty and fairness, knowledge, and experience -- are the decisive factors (p.117).

At the start of every interview, I introduced myself as a researcher interested in social work related subjects and describing my research topic. I would then ask their permission to tape the interview, explaining that as a foreigner for whom English was not the mother language, it would be difficult to concentrate on the process of interviews and at the same time take notes. No objections were raised by any of my interviewees to my using a tape-recorder for the interviews.

I was concerned to make a good initial impression on my respondents by promptly introducing myself, describing my research interests, and stressing the importance of their co-operation in the accomplishment of the study. I also took pains to stress my gratitude for their willingness to participate in the study and the time they were giving up to answer my questions. I also tried my best to be punctual, and properly prepared for the interviews. However, in my view, the most important factor was to treat them as 'conversational partners' during the interview, rather than as objects of research, and above all, to try to start the interview by asking questions that tapped their experiences. As Rubin and Rubin (1995) put it:

Researchers and conversational partners share the task of maintaining the flow of dialogue, creating the frame in which discussion takes place and creating a setting (both symbolic and physical) in which communication is relatively easy...Together the researcher and conversational partner decide what issues to explore, suggest what remains to be said, and work to provide the thick description that builds toward an overall picture (p.11).

To conclude this section, I would suggest that my specific characteristics, as explained above, especially being a man, a lecturer in social work coming from a totally different

culture inevitably did affect the results of my research. In the interviews themselves, the questions I asked and the way I asked them, the wording, and the interpretations I reached, played some role in shaping the attitudes of the respondents and the extent to which they were able to relax and discuss issues in relation to their personal practice, especially when and where they had to challenge my individual beliefs and views as an outsider. I entered the field study accepting the notions of many feminist researchers about the impact of the researcher on the research process, and as Rubin and Rubin (*ibid.*, p.38) put it:

Interviewers cannot be completely neutral, and need to consider their own beliefs, needs, and interests as they work out questions and try to understand answers.

On the whole, however, I think my status as an 'outsider' in the Scottish social work context made it easier for my respondents to talk freely about their views and experiences of practice. Whether my presence also affected their responses in more subtle ways must remain an open question.

DATA GATHERING AND ANALYSIS

Ongoing analysis during the actual period of data collection is a strategy generally recommended by the advocates of qualitative research (Glaser and Strauss, 1987, Miles and Huberman, 1994, Robson, 1995). Data analysis should ideally begin while the interviewing still continues. After completing each interview the data one has heard must be examined to pull out the concepts and themes that describe the world of the interviewees, and decide which areas should be examined in more detail (Rubin and Rubin, 1995, p.226). While accepting the importance of such a procedure, I have to admit to some shortcomings in my own handling of this task, due to a lack of sufficient time between certain interviews (see the "ACCESS" section), and the

difficulties created by geographical distance in getting to the relevant location in time to interview certain of my respondents (The 22 volunteer respondents who were introduced by the Department of Social Work were all interviewed at their own offices located in East Lothian to Mid-Lothian to West Lothian). This problem was exacerbated by the insistence of some respondents that they be interviewed in one specific day. Added to this was the difficulty I encountered in transcribing the tapes for subsequent analysis, which required a substantial amount of time and energy (remembering that the researcher was a foreigner and non-native speaker). Qualitative data rapidly accumulate, and even with regular processing and summarising it is easy to become overwhelmed (Robson,1995, p.385). I was not able to sit back and analyse each set of data and then move to the next interview. Yet, the preliminary studies and pilot interviews gave the researcher some experience of how to cope with these problems.

The preliminary analysis of the data gathered from pilot interviews was used as a set of guidelines, as suggested by Rubin and Rubin (1995, p.226), to redesign my research questions to focus on the central themes as I started my main interviews. Raw notes made 'in the field' and memos and abbreviations of the respondents' answers to research questions, as well as comments, and gestures were converted into 'write-up' and used as leading points in the stage of data analysis. The method of 'coding' suggested by Miles and Huberman (1994) was used in the main part of the data analysis. A code is a symbol applied to a group of words to classify or categorize them, and typically related to research questions, concepts and themes (Robson, *ibid.*, p.385). Memos were created after critical readings of the interview transcriptions provided clusters of information around each code. Glaser (1978) describes a 'memo' as the theorizing write-up of ideas about codes and their relationships as they strike the analyst while coding (pp.81-91). With the help of memos, and labelling them to facilitate retrieval, I identified themes as these emerged during the course of each

interview and/or in the process of analysing the data. Each interview transcript was read carefully several times, and at different intervals, marking off each time a particular idea or concept the respondents had mentioned or explained, and creating codes referring to the subject(s) of each paragraph. Responses which seemed to refer to the same idea or perception were then grouped into categories. Reassembling the information into themes and arguments then gave way to figuring out the 'theoretical' implications of the data, and hence, to grounding the hypotheses derived in relation to 'Successful practice' and "successful practitioner" as perceived by the social workers.

'Good' versus 'successful' practice and practitioners as two core concepts emerged soon after I launched into pilot interviews with two experienced social workers. Thus, in the redesign of the questionnaire special attention was given to the clarification of these two concepts through the development of probes and steering questions. Comparing across these two categories led to the discovery of possible connections between 'good' practice and 'success', and feeling 'successful' and being a 'good' practitioner. The goal of data analysis is 'to generate the themes and concepts into a theory that offers an accurate, detailed, yet subtle interpretation of the research arena (Rubin and Rubin, *ibid.*, p.227). Thus, concepts of 'good' and 'successful' practice and practitioners were intergrated into the two core themes of 'process' and 'outcome' of social work intervention to provide a theoretical framework for the analysis of the respondent social workers' perception of success. Respondents' accounts were coded according to their inclination towards either process or outcome of practice. Soon a pattern emerged as a basis for two theories to be grounded towards the end of the data analysis: 1) Doing "good" practice in terms of following process of intervention and agency policy and procedures means one is a "successful" practitioner, regardless of the end result of one's intervention; and 2) A practice is considered as "successful" if a desired outcome is achieved.

Further analysis revealed that all the respondents felt they were “good” and therefore, “successful”, but not all of their interventions could be considered “successful” since they could not render a successful end result in every piece of practice and with every client.

STRATEGY FOR QUOTING VERBATIM STATEMENT

As with every other situation and with other interviewees, some of my respondents were more articulate than others, and put their opinions and reasoning far more clearly, using more accurate words and expressions and so on. The reader may become aware that some respondents are relied on a lot by being quoted repeatedly, whereas others do not appear at all or only once or twice in the entire thesis. It may therefore be worth mentioning that in order to support an argument or illustrate a discussion, I have only presented those quotations that I believe to be the best representation of a commonly-held position, or a clearly-stated version of an argument. After careful coding and categorizing specific notions and themes, certain excerpts from interview transcripts were selected for illustrations. For this reason, certain respondents whose interview transcripts have been found more direct to the point and appropriately worded, have been given more ‘voice’ in the body of the thesis.

Another concern was to give voices to respondents from all three social work teams, and thus, to show possible differences of views among practitioners from a variety of practice teams. The experience and work context of respondents are therefore briefly specified where these seem appropriate to understanding the views expressed.

CHAPTER SIX

SUCCESSFUL SOCIAL WORK AND SUCCESSFUL SOCIAL WORKERS

PREVIEW

Two major aims of the study were to explore the meaning of “**successful practice**”, as perceived by the social work practitioners, and also, to find out what types of social workers were identified as “**successful practitioners**”; in other words, to answer the queries of “**what is a successful practice**” and “**who is a successful practitioner?**”.

A qualitative study method was applied and the data gathered through in-depth interviews with twenty-eight experienced social workers from different practice teams were analysed in order to explore their perceptions on characteristics of successful social workers and qualities of successful practice.

Social workers' role and tasks are reviewed from time to time, and new directions and suggestions are introduced to ensure the performance of "good practice" to be rendered by "good practitioners". The organisation of social work training and education is under constant scrutiny and review; there is continuing debate over extending the time required for becoming a qualified social worker; methods of teaching, quality of practice teaching, quality of placement, etc., are the subjects of prolonged debate; researchers, writers and professionals are presenting proposals for appropriate innovation and change in social work education and the social work profession. The major objectives of all these activities and challenge are to improve the quality of social work services rendered to clients, and promote the effectiveness of social workers: in short, to make them "good practitioners". The present study aimed to explore whether good practitioners are necessarily defined as "successful practitioners". This was done by referring to the opinions and perceptions of social workers, almost all of whom claimed they were "successful" in their practice.

"GOOD" VERSUS "SUCCESSFUL" PRACTICE

The notion of 'good practice' is a familiar, and much-used concept, not only in social work but in every other profession which is in close contact with people, clients, patients, users, etc. Within the social work literature, 'good practice' refers to the quality of professional conduct expected from anyone who is labelled as a 'social worker'; a term that policy-makers, social work educators, and social work professionals themselves commonly use when they want to assess the quality of service providers, do research on service effectiveness, discuss the maintenance of practice standards, and so on. And finally, social workers are often invited, and expected, to refresh their knowledge base and skills in order to be able to provide 'good practice' and be respected as 'good practitioners' (BASW Code of Ethics:

Barclay Report; 1982; CCETSW's Paper 30, 1989; CCETSW's Rules and Requirements for the DipSW, 1995; Marsh and Triseliotis, 1996).

Common-sense suggests that whenever the skills and competencies of social workers are properly mobilised to maintain a balance between their responsibilities to their department and their clients, and insofar as they comply with professional standards, and take on board the requirements of the principles and Code of Ethics of social work, they should be valued as "**good practitioners**". Yet, different practitioners function quite differently, influenced by their internal/personal characteristics, as well as some external/environmental factors. If, at the end of the day, their performances are evaluated as satisfactory and in compliance with the code of ethics and principles, then they may be considered 'good' workers doing '**good practice**'. Since there is not a comprehensive and clear-cut measure for evaluation of practitioners to sort them out as definitely 'good', 'competent' or 'successful', it is up to each individual worker, supervisor, or client to judge in accordance with their own criteria and personal values. At the same time, it appeared that there was a kind of consensus among the participant social workers in my study regarding the definition of successful social workers. All of them expressed, directly or indirectly, that the attribute of "successful" suits the workers who are usually "good" practitioners, and hence, successful workers are the same as good workers in terms of possessing certain qualities, skills, competencies, and values necessary for carrying out the process of intervention as required by the 'Departmental Procedure Book'. Further discussions and probes with the respondents led the researcher to argue that certain respondents, mainly those who used to work with community care clients such as elderly and handicapped people had a tendency to view themselves "successful", not only due to their competence in doing good practice in terms of the 'process', but also because they were able to produce desired 'outcomes' for their clients. This, of course, does not mean that there was a clear pattern related to the respondents'

clientele or the type of practice settings. As have mentioned elsewhere, these social workers have had a variety of work experiences in a variety of settings and with different client groups, as generic as well as specialist workers. Therefore, I am not in the capacity to clearly propose that what kinds of social workers with what background exactly believe what in relation to the causes of feeling successful or otherwise. I will only try to distinguish the most commonly-held views by the majority of the respondents.

Two sets of questions were raised with the social workers participating in the study, in order to encourage them into discussion of 'success' in social work and the characteristics of successful social workers, as well as the qualities of a successful practice. The first set of questions, asked the respondents whether they could identify anyone among their colleagues whom they considered to be a successful practitioner, and if so, why? In the same line, and after some discussions to help the respondents become oriented with the scope of the study, they were asked whether they themselves were successful practitioners. The second set of questions provided a to cross-check on the reliability of responses to the first question, and extended the scope of the interview to a more detailed discussion of their perceptions of social work **processes and outcomes.**

FINDINGS

Two main issues are discussed here as the findings of data analysis in relation to the definition of 'successful practitioner', which are believed to be conversant with the research aims and objectives: 1) Problem of evaluating colleagues; 2) Problem of a dichotomy of "process" or "outcome" of practice.

1) problem of evaluating colleagues

Responding to a question which asked them to identify a successful worker from among their colleagues, it was evident that certain respondents felt uneasy about judging their colleagues. This seemed to be for two distinct reasons. First, they were not clear about what ‘successful practitioner’ meant in social work because it was not a term commonly used in social work settings. They were quite familiar with the concepts of ‘good practice’ and ‘good practitioner’, but were wondering what criteria were being used to define ‘successful’ practice and practitioners. For example, when she was asked to identify one or two successful colleagues, Respondent 08 said:

R.08:

I know very **good practitioners** - very good at their jobs; thorough, good relationships with people, good managerial skills!

Anvar:

but don't you consider them “successful”?

R.08:

no! it's an old concept to be successful! I know people who are ambitious, etc. **I would say “good” rather than “successful”**. Sorry!

Respondent 08 belonged to a group of respondents who were unfamiliar or uncomfortable with the concept of “successful practitioner”, and who thus, showed some reluctance to talk about “success” in social work. However, later in the course of discussion and particularly after they had been encouraged to talk about positive aspects of their own and selected co-workers’ practices they seemed more able to engage with the study objectives and respond to the questions raised.

Second, since the client/worker encounters usually take place in private, it is difficult for social workers to know exactly how their colleagues are doing unless they get some feedback from supervisors, peers, clients, or their colleagues themselves, or just

over-hear their practice with certain cases. This issue has been raised by Pithouse (1987) when he discussed three main reasons for the 'invisibility' of social work functions, of which, the first reason reads as follows:

Social workers who visit people in the privacy of their own homes or see them in the office usually do so free from observation and interference by their colleagues, who likewise pursue a similar form of intervention (p.2).

This was the case with my study as well. When I asked my respondents to give their accounts of their colleagues' quality of practice and judge them in terms of 'success' most of the respondents felt uneasy to do so for the same reason raised by Pithouse. A sample response is presented to illustrate this point:

R.01:

....**very difficult to say!**I think they are people who.....well, I'm judging them on hearing them talk about their work, and I'm not thinking of those who I have worked jointly, because seldom we work together on one case, so, talking about people,...thinking of people in my office, whose work is, as I see or hear about, (because they talk to me about it, or in meetings such as case conferences....because I often take minutes and chair the conferences), well, when I hear that somebody has worked on a case successfully. So, what I am saying is that my view of the worker comes from that experience, hearing them talk about how they worked about a case, and perhaps how they have written a report.

Even respondents who argued that they were not quite aware of their co-workers' quality of practice, showed their appreciation of colleagues who were highly respected in their agency for different reasons. Thus, all of the respondents eventually managed to identify one or two colleagues whom they praised as successful practitioners, mainly because of possessing certain positive qualities and outstanding characteristics such as: hard-working, disciplined, good paper-work, good assessment, good relationship with clients and peers, clear thinking, commitment to the job, careful over rules and regulations, putting clients first, and so on. To illustrate this point, a

selection of verbatim excerpts from the statements and comments of some respondents are presented:

For example, Respondent 01, a highly-qualified, mature social worker from a children and families team identifies two of her colleagues in relation to some of their basic skills in handling social work processes, and the qualities that contribute to their success:

R.01:

My judgement about the causes of their success is related to how clear their thinking is about what they are doing in that case, their assessment of the issues, how clearly they might list the problems, the areas of concern, and then, how clearly they can think about their role in relation to these problems.

These points are further illustrated by comments made by Respondent 13, a 51 year-old community care team practitioner who said:

R.13:

Difficult! Several are **good** practitioners. Not sure about '**successful**'; depends on how you define it.

'**Good**': those who have **commitment to clients**, in terms of being sure about what the client is wanting, or needing, and about **working in co-operation with the client**. Also, someone who takes time to be sure they've got the **true picture**. Someone **imaginative** who's prepared to look at **alternatives** other than the obvious answers to a problem.

People who are **efficient**, and do things when they say they will.

We're always complaining about **paper-work** but completing it is essential in this job, and if you don't keep it up-to-date, I don't think you're doing a good job.

As can be seen from the above sample responses, a number of skills and qualities, such as commitment to the client, co-operation with the client, and proper attention to paper-work, which are the characteristics of good practice, are listed along with such qualities as imaginativeness, seeking alternative and novel ways of problem-solving, which can be valued as professional qualities beyond the expectations of mainstream,

day to day routine social work practice. It seems that these extra personal properties of the colleagues make them stand out above others in a practice team and therefore, attract the attention of the respondents as better or more successful workers.

2) problem of a dichotomy of “process” and “outcome” of practice

More than half of the respondents seemed to have less difficulty in identifying one or two of their colleagues whom they respected greatly as good social workers and valued their personal as well as professional qualities. At the same time, these respondents, too, were often using the two concepts of “good” and “successful” worker interchangeably. Such a view seemed to stem from the degree of value each individual practitioner laid on the importance of ‘process’ versus ‘outcome’ of any piece of intervention within any given situation or with each case. For example, Respondent 16, like many other respondents, credited social workers’ ability in performing good practice and particularly their competency in ‘establishing good relationships’ with their clients, as the major quality and competence leading to success:

Anvar:

Do you consider any of your colleagues as a successful practitioner? If yes, would you please tell me why you think so? and what does she/he do that makes her/him so successful?

R.16:

Team I’m in at the moment has a lot of social workers who I would say are successful!

People who get hold of cases, get **really involved**, really get to the bottom of what’s going on and bring them to a **successful conclusion**. Keep on top of the work; don’t have emergencies developing in their cases because they’re always there first before things get out of their hands. Keep their **paperwork** up to-date.

Get good resources for their clients. People who are able to take a client, build a **good relationship** and do a **thorough assessment** to really get to the bottom of what the client needs and **use the procedures in the office correctly** to get the right resources for their clients.

The above verbatim statement is a sample example of views of those who thought 'good' is the same as 'successful' practitioner. As is obvious, Respondent 16, like others in this category, does not talk about successful client outcomes, although she comments on bringing the case to a 'successful conclusion', which does not necessarily involve desired change in clients' circumstances.

It is worth mentioning right here that all of my respondents valued "establishing a good relationship" as the most important and fundamental process of intervention, and the ability to do so as the most valued professional skill. Judgement of the quality of the performance of their colleagues and themselves was considerably based on how 'good' individuals were at handling this essential component of social work processes. There was nevertheless a difference of opinion on the importance of other tasks such as 'fighting for the right of clients' and practising "advocacy". While a considerable number of respondents showed great respect for, and appreciation of those who readily stand up for their clients, and viewed this as a valuable characteristic of social workers, three of the respondents, two men and one woman, all with more than 20 years of experience, argued that it is beyond the remit of statutory social workers to fight the system, and the clients may gain nothing while the workers may 'lose the battle'. For certain of the respondents (mainly, those who practised with elderly clients, people with learning disabilities and mentally-ill patients), 'advocacy' simply meant helping the clients to find out a proper source for their problems, or guiding them to other agencies which possibly could be of fundamental help and support. We will discuss these issues later, but for the time being the discussion will continue to clarify the definitions of good and successful practitioners as perceived by the respondent social workers.

Generally speaking, data gathered from the in-depth interviews with the participant social workers suggest that the concept of “success” in the career of social workers is interpreted in terms of how “good” or “efficient” they are at handling the required **processes** of social work practice with certain groups or individual clients. This would mean for example being consistent with the “Departmental Book of Procedures” and the recommendations of CCETSW’s revised Paper 30, Assuring Quality in the Diploma in Social Work (1995). In other words, it appears that the respondent social workers’ criteria for judging themselves and also their colleagues as “successful” practitioners relate to how good or efficient they are in performing whatever role and tasks they are expected to perform within the framework of a ‘good’ process of social work, with or without a good or “successful” client outcome.

At the same time, to the majority of the respondents, the image of a “successful” practitioner appeared to be a ‘good’ worker who, by following the right processes of social work, would hopefully achieve a desired, pre-planned client outcome. For example, Respondent 04 said:

R.04:

I think success in social work is always difficult to measure....I think the process is very often the very important bit rather than the outcome! But, if the two can come together, obviously that is the ideal. But it’s not always possible.

It is in this sense that the “good practitioner” becomes synonymous with the “successful practitioner”. To illustrate the case better, we provide another example.

Respondent 15 described successful workers as follows:

R.15:

Qualities people need to be successful practitioners are: good interpersonal skills; genuine in their commitment to their task and to care; need confidence in their degree of personal authority; wide knowledge base; commitment to keep learning; can undertake work across a wide range and the learning transfers across other tasks.
Practitioners I least respect stick only to one client group

or one task. very inflexible. Can't respond to range of needs presented to them.

As is quite clear from the above sample statement, respondent social workers (considering their age range and their experience for a considerable length of time), are quite aware of the requirements and mandate of the profession, and at the same time, manifest their orientation and acceptance of the governing system.

As mentioned earlier, being in favour of good practice and respecting the workers who are capable of handling the processes of intervention, does not necessarily mean that striving to bring about desirable client outcomes is under-valued by all the respondents. Most of the participant social workers expressed their admiration for social workers who struggle to fulfil their commitments towards their clients by taking every possible action to bring about positive changes in the clients' circumstances, although they attested that, firstly, it is a difficult job in most cases, and secondly, it should not be used as a basis, solely, for discriminating 'good' and 'bad' practitioners. For example, Respondent 22, a very enthusiastic child care worker, said:

R.22:

Good process helps me to manage to use the system to the best advantage - I've operated within the framework to a better outcome for the client.

Asked whether he saw himself as a successful worker, he said:

R.22:

Yes! I consider myself a good practitioner, and in my terms have often been successful;

My terms would be that I feel I had quite significant outcomes with the client group that I prefer to work with and that I've become very knowledgeable about.

I feel that when I'm involved with clients from that group I can now offer a good service and can help people to make their lives bearable.

These sample statements coming from a variety of social work respondents indicate that certain of the respondents are looking forward to situations where they are quite capable of rendering satisfying client outcomes in order to feel really successful, but they acknowledge that it is not always that easy to produce best results. As many respondents mentioned, one should bear in mind that more often than not it is very difficult and even impossible for a worker to achieve the exact pre-planned outcome for every client due to the interference/existence/lack of some factors. Nevertheless, it seems that despite all those obstacles that block the occurrence of successful client outcomes, some social workers still differentiate between good and successful workers by gauging the outcomes of their practice. To illustrate the case, a rather long statement made by a mature social worker is provided. Respondent 19, a 62-year old senior practitioner, in response to the question of the causes of one's success said:

R.19:

...would probably consider someone successful if they did have a desired outcome and that would be in terms of gaining the trust of the family being accepted. They may not be successful in getting the desired outcome but what you've probably done help them understand why they have the problems they have, why they behave as they do; help them to come to terms with some things that is probably not resolvable - they can be improved to a degree but beyond that if the persons themselves don't do the bit that they have to do it's not going to happen, but if you can help them accept and help them to see they have a choice, I would see that as a success.

As Respondent 19 clearly stated, client outcomes are not just some definite, measurable, quantitative and materialistic gains: any positive change in clients' attitude, coming to a better view of self and others, and getting a clear vision of their situation, etc. are positive client outcomes as well. Thus, social workers who can see these changes happening in their clients' circumstances, no matter how small they might be, may feel successful. As Respondent 22 put it:

R.22:

...my first thought would be if I have done a successful piece of work then the success of that for me is the fact that I've actually made something better for somebody!

Based on the above discussion of the social workers' perception of two sets of dichotomies, that is, 'successful' versus 'good' worker, and 'process' versus 'outcome' of practice, we can now move forward to delineate the following categories which emerged from the analysis of data on definitions of 'successful practitioner':

FOUR DEFINITIONS OF "SUCCESSFUL PRACTITIONER" AS PERCEIVED BY THE RESPONDENT SOCIAL WORKERS

A closer review of the data in relation to the respondents' perceptions of successful practitioners, leads to the emergence of following notions of "successful practitioner":

1- A successful practitioner is the same as a good practitioner in the sense that he/she practises in accordance with the rules and regulations and maintains the standards of the profession.

2- A successful practitioner is one who is competent in handling the processes of social work intervention as the major role and skills of social workers.

3 A successful practitioner is one who successfully establishes good relationships with clients, as the crucial process of social work practice.

4- A successful practitioner is the one who willingly involves in advocacy work, and challenges for the client.

Before discussing the above notions, it may be helpful to provide some background to the issue of effectiveness in social work and the importance of certain skills and competences yeilding to good practice.

“Good practice” in terms of adhering to the rules and procedures and keeping up with the standards of practice and following the step by step process of the social work intervention requires certain salient skills and competencies, of which the setting of reasonable, attainable and feasible objectives plays a major role in the effectiveness of the whole endeavour. Before moving forward to explain social workers’ identified categories of ‘successful practitioner’, therefore, we will present some literature on the importance of certain skills, especially setting objectives and establishing good relationship with clients, as some major criteria of “good practice”. Then, we will consider in more detail the way these components were themselves used and understood by our respondents.

“SETTING OBJECTIVES” AS A CORE SKILL IN SOCIAL WORK

Practice wisdom suggests that any prominent outcome in social work is attainable by anticipation of well-probed set of processes. Setting reasonable objectives, as the most important component of the social work process, requires social worker’s high level of skill and experience. Before moving further in our data analysis, it seems appropriate to stress the significance of “objectives” in social work by presenting more comments and assertions, as cited by Cheetham et al.(1992):

- The objectives of any intervention, or the overall purpose of the worker-client relationship should be stressed clearly and in agreement with the client.
- Setting reasonable and feasible objectives, which in itself demands a good command of social work skills, will invariably make some positive impact on the later processes of any intervention.

- Despite all efforts and the close attention paid to every aspect of the problem at hand, alterations and/or modifications of the objectives are at times inevitable due to changes in the client's situation, the resources available, etc. Even if they can be specified with some clarity at the outset, the original objectives of an intervention may undergo revision because they are subsequently recognised to be inappropriate or too ambitious or because other events or crises in the client's life have brought to the fore a different set of pressing problems and needs.(p.52)
- Alertness to changes in the client's situation and an appropriate strategy for altering or modifying the aims and objectives of the overall intervention requires open-mindedness and a range of skills from the worker's side. It sometimes requires renegotiation with the client and important others, and with concerned professionals both within and outwith the agency. At times, however, provision for alternative resources, and possibly a different approach to dealing with the case are inevitable. The ability to recognise the need to change objectives, a readiness to implement changes, and to take any necessary measures are among the skills required for the intervention processes.

To illustrate a potentially successful process of setting objectives for an intervention, Cheetham et. al (1992, pp.16-17) present the following comprehensive list of objectives for children and families cases as requirements or criteria of good practice:

The practitioner must be concerned and make sure whether

- the child protection procedures are followed;
- systematic and comprehensive recording takes place;
- liaison with other agencies takes place at relevant times;
- intrusive interviews and examinations of victims are kept to a minimum;
- criteria for placing on the child protection register are clearly understood and consistently applied;

- offering appropriate counselling or other therapeutic services to families of abused children;
- when children are removed, plans are made for permanent placement or rehabilitation, according to need;
- preventive work takes place through public education, group work with vulnerable parents, and other means as appropriate.

Such a list can be used as a guideline for assessing how well and accurately a worker handles the processes required for an intervention. As soon as the worker starts to test out and implement these or similar objectives, the process of intervention actually begins, and the extent to which the objectives of each stage (or the intervention objectives) has been achieved can be assessed. A sequential attainment of these processes means that the intervention is getting nearer to its planned outcome. Thus, a practitioner who is seen to be effective in carrying out these processes will also be valued as successful.

Before reporting participant social workers' verbatim statements of how they used social work processes as a basis for identifying "successful" practitioners, let us review some comments on **effectiveness** issues in social work, and see how setting good objectives gives way to good processes to bring about desired outcomes.

EFFECTIVENESS IN SOCIAL WORK

- Effectiveness of the work done can be assessed by looking at the objectives and their attainment. Cheetham et. al, in relation to the problems of doing research on social work effectiveness, write that effectiveness must derive from the objectives of social work services, in so far as these are articulated (*ibid.*, p.16).

- Services to children and families may involve different criteria for effectiveness from services to old people, and within the latter group the effectiveness of residential care will, despite some overlap, look different to that of meals on wheels (*ibid.*, p.16).
- In evaluation of the effectiveness of a practice or an intervention, one should consider the end result of the intervention, as the ultimate outcome of the entire social work process, and not just the attainment of single, small-scale objectives set forth to achieve the end result. It may be worth adding that identifying objectives and their achievement are not ends in themselves, but in fact, they are stage by stage processes to the overall outcome, i.e., client change. Successful accomplishment of each stage of a process, although necessary for successful achievement of the purpose of an intervention, is not significant in itself. One can set reasonable objectives, do an excellent assessment, write perfect records, establish good relationships with clients, and so on, but due to some drastic changes in the client's circumstances, or a change in policy, laws, resources, etc. the desired outcome may remain out of reach. This may happen quite frequently in cases where the ultimate goal of the intervention relates to some time in the far future. For example, one may succeed in removing an abused child from her environment and placing her in a foster home, but, one cannot be sure if the intervention will really bear fruit in 15 years time. As will be discussed later, the difficulty of achieving desired client outcomes, and in certain cases the unpredictability of the end results makes some workers focus solely on their own efforts to play their roles correctly by following clear guidelines and set procedures to be able to carry on the intervention processes as expected by the system they are working for.

Now we are ready to go back to the notions related to the definition of “successful practitioners” as emerged from the data analysis.

1- A “successful” practitioner is the same as a “good” practitioner in the sense that he/she: practises in accordance with the code of ethics and principles of the profession, rules and regulations of the agency, and maintains the standards of the profession.

Prevailing usage of the concepts of “good practice” and “good practitioner” in the current social work field gives way to a general assumption that almost everybody in this profession has a common-sense understanding of what the applications of these constructs are, and therefore our participating social workers should not be treated as exceptional. A good practitioner is simply conceived as one who indulges in ‘good practice’. To give an example, a quotation from one of the respondent social workers is provided:

R.17:

Yes! **“good”** raises the basic expectations that you will have certain qualities as a worker: attentive, abide by dept. policy, **abide by code of ethics**, etc. If you’re doing that, I’d say that you’re **“good”** as opposed to **“bad”**.

To be more specific, **‘good practice’** can be defined as keeping up with the standards of the profession; working in compliance with the agency procedures and in harmony with the Code of Ethics and Principles of social work practice, caring for agency policy and regulations. Further, maintaining satisfactory levels of practice and conduct is considered as a sign of ‘good practice’ when the protection of clients’ interests is included. Any worker who performs to the maximum level of the standards

and requirements of 'good practice', therefore, is a "successful" practitioner. One sample response may serve to illustrate the above argument:

R.01:

...I feel, when you tell me what the qualities are with **good practice**, then I feel that you are talking about certain **standards** of practice....To me it is the **basis** for being a "**successful**" worker.

Such statements raise the question of whether all social workers who possess certain qualities and skills are necessarily successful workers. If we assume that every care is taken to recruit the right persons for social work training, as in the case of our lifeguard in Chapter Three, to be trained for the job, and every possible effort and resources are put into development of these would-be social workers, then, supposedly, the end product would be some good practitioners who hopefully possess high levels of competence and professional qualities, and are able to render good practice. (For details please refer to the Central Council for Education and Training in Social Work, CCETSW, Assuring Quality in the Diploma in Social Work -1: Rules and Requirements for the DipSW;1995). But educational background and qualification form only two dimensions of professional achievement; so many other aspects are left uncertain as fundamental requirements for the achievement of these newly recruited social workers. For example, social workers' personal/internal characteristics such as ideology, life history, temperament, and belief system, on the one hand, and some important external/environmental issues such as management, quality of supervision, policy and regulations, resources, as well as the type of clientele and the kinds and severity of their problems, and work load, on the other, are factors which individually or collectively affect the quality of social work practice and the effectiveness of practitioners. Yet, it is commonly believed that by employing reliable criteria for recruitment, and by maintaining, developing and enforcing standards of training, and by reinforcing **professional behaviour** in social work, "good" professionals will

occupy the positions, the standards of practice will be upheld, and the conduct of good practice will be promoted.

In the course of interviews we have examined the participant social workers' perceptions on factors and qualities required for a practice to be judged "successful" and for a social worker to be considered a "successful" practitioner, which we will discuss in later chapters. However, the issues of what is "successful practice" and who is a "successful practitioner" generated a course of discussion which tended to differentiate between "good" and "successful" practice, and "good" and "successful" practitioners. It seemed that within the context of good practice and using the measurement criteria of good practice, the respondents could come to a conclusion on who were successful practitioners. As an example, let us see how one participant social worker from a criminal justice team commented in relation to differentiating his good as opposed to his successful colleagues:

R.24:

Most of my colleagues are successful inasmuch as I consider them to be professional workers; They have a number of *skills*, a great length of *experience* which makes them *good workers* but in terms of their success I think that's another question, because it depends how you would define what is successful as a social worker, because **I think they're all good workers, very few I would consider to be **bad workers**.**

Obviously the statements of R.24 is a sample to show how all of the respondents were inclined to equate 'good' and 'successful', and to judge social workers as successful by looking at their professional conduct within the framework of agency rules and regulations, and how well they maintain the standards of the profession. As has been mentioned earlier, all of the respondents seemed to believe in assessing the capacity of social workers in using their skills and experiences required for good practice in terms of caring for regulations, policy and law.

On the other hand, Respondent 01 put her finger on the capability of coping with rapid changes in policy and regulations and departmental procedures. As a clear guideline to expand their knowledge base in order to keep up with the standard criteria of good practice, social workers like most other professionals are expected to encounter their organisational policy and regulations, as well as resource limitations and restraints; they have in other words to cope with the bureaucratic nature of their employing agencies. Therefore, one measure of success in this context is to find out how good one is in keeping up with the existing conditions and resources, and coping with the obligations of a bureaucratic system. Further, in order to be successful in one's interventions, one needs to know, through trial and error and experience, how to approach the authorities, who to turn in difficult situations, how to exploit the resources for the best interest of one's clients and so on. Respondent 01 brought out the issue of departmental procedures and bureaucratic system of care in relation to one of her experiences in handling a case of a young girl in care:

R.01:

Well, you are led by a certain **knowledge base** about procedure in your department. You have to know how to talk about the tasks, say, the task of getting her a place in a residential school as soon as possible, which requires **knowing one's way through the bureaucratic systems** in the department, which is a knowledge and an experience!

I mean, because you have worked in an agency and all other agencies, and they all change so much, so **you have to have quite a fair bit of initiative these days to find out what the system seeks!** So, yes, I think one is using experience a lot of the time, using the **experience** of the department to the good of her clients

And later she continues:

I think often....things can take a long time because of the procedures, and that is one of the issues that can be mentioned. We are working in a hierarchy, then certain decisions are taken at a level above me.

It can be easily deduced from Respondent 01's statements that bureaucracy and management hierarchy have influences on the workers' quality of practice and

therefore, part of their skills and energy are spent in coping with the agency's expectations and requirements.

In relation to the issue of differentiating "good" and "successful" practitioners, and for the sake of clarification of the subject, another example is quoted to show how all of the respondents saw these two concepts as though they were equivalent. Respondent 06, a relatively experienced social worker from a children and families team identifies one of his colleagues as "successful" social worker because she is very mindful about the agency policy and regulations, which is essential to do good practice:

R.06:

...one model of a social worker here who I consider to be **successful** in terms of '*by the book*', **guidelines, legislation**. Because we're dealing with children and families we're particularly thinking of child protection issues- there's many guidelines on how to carry out child protection work within the legislation!
I know one person who is very tight on getting the procedures right!-working to guidelines, keeping within the law.

In brief, the social workers participated in this study generally believed that "successful" practitioners are those who are "good" practitioners competent in the areas of caring for the procedures, agency rules and regulations, and are able to practise in accordance with agency policy, bureaucracy and legal requirements.

2- A "successful practitioner" is a worker who competently handles the processes of social work, believing these to be the major role and skills of social workers

Social work interventions should ideally be based on a process of setting practice goals and objectives. Thus, objectives of an intervention determine the kinds and levels of the other processes required for each special occasion. As explained earlier in this chapter, it is argued that setting reasonable and attainable objectives is in itself an

indicator of a good social worker, and is valued as a main component of the social work process. It is, therefore, considered to be a basis for judging a practitioner's competence. Since a salient set of objectives is usually decided, not by the social worker alone, but in co-operation and co-ordination with the client(s), to fit the specific circumstances of the client, so, the workers' ability in securing clients' and carers' co-operation is an essential skill. The objectives of an intervention are usually planned before the actual work starts. Such a plan is normally set up in accordance with certain standards and criteria. Therefore, the skill and competence of a worker in fulfilling this substantial process pave the way for the fulfilling of the objectives. In other words, this stage of the social work process becomes a basis for later stages or throughputs of the whole worker-client system. To illustrate the respondent social workers' account in this respect some examples are extracted from the interview with certain respondents. To begin with, the dialogue with Respondent 03 is recorded:

Anvar:

How do your supervisors and line-managers evaluate you? Do they see you as a successful worker?

R.03:

Yes. They think I'm a successful social worker.

Anvar:

Do you know why they think you are successful?

R.03:

I think because they don't get any complaints!! They don't get any complaints from my clients or staff that I'm working with (so I manage my staff work). I think they also find me efficient ! I had not troubled them too much! which probably is one of their criteria for success.

In terms of my practice I think they know me as a clear thinker and I was efficient; I worked through clear plans and I've worked towards the clients according to the plans, and the plans were recorded. In the process, sometimes they would disagree, but if they were consulted, then I could do my own way. But nobody can be one hundred per cent sure about her practice. No matter what you do, or how hard you try, at the end of the day a child dies and a family collapses!

As this respondent clearly states, it is the process of following the stages of social work throughputs that helps the practitioner's supervisors and managers gain the impression that she is a successful worker. Although it is important that the end result for the client is desirable, but, the system and the workers know that it is the process which really matters, and social workers should act in accordance to the policy and regulations of the department. Implied in the Respondent 03's statement is the bitter fact that practitioners may be in trouble if the managers receive complaints. So, not receiving any complaint from clients can be seen as a credit to the effectiveness of the worker and the system in general.

Another example comes from Respondent 20. Despite her appreciation of having produced successful resolutions, she does not ignore her need to keep going in terms of being careful about her overall duties in the agency, within the capacity of the defined processes.

R.20:

[I] Do think about success and achieving successful outcomes for clients, but I think my definition of success incorporates what I need to have to keep going, because if I measured my success in terms of resolutions that my clients also wanted, then I'd struggle because that doesn't happen as often as other outcomes!

Then she tries to be more accurate by saying:

R.20:

...[the] only thing we have control over is "process". When I think of success I think about how good my practice is rather than its results; yet, obviously that influences the result.

This respondent further argued that so long as a worker is not labelled as someone who always does "**bad practice**", and constantly tries to use her skills and knowledge in accordance with ethical principles and practice wisdom respected by the

profession, then she is a successful practitioner regardless of the outcomes she reaches in each individual case.

R.20:

...when I think of “bad practice”, it’s when people haven’t challenged or been clear with clients through the process on what needs they should base their practice; when they are not wanting to deal with conflict, when sometimes colluding in difficult situation.

Good practitioners do not always come up with successful outcomes. Most of us try to have good practice. Doesn’t mean you’ll be successful in reaching your planned end result!

You try to put everything you’ve got - experience, education, relationships with others, thoughtfulness, your whole being, to try to be successful, but it still doesn’t work, because we’re working with human beings!

Arguing along the same line as R.20, and raising the issue of unforeseen factors affecting planned processes of intervention not to reach desired client outcomes, Respondent 03, like others, valued social workers’ efforts to keep up with the processes of intervention:

R.03:

...some factors come in that we can’t account for; we may have all the information we need to make our decisions, and we have a good process of review and more lettering to make sure that they work, and we move forward and our actions are appropriate and we pull over the family within the process, and then we think we can be very successful, but still something may happen and the outcome is not the way we want or we have planned!

This is one very crucial reason why some experienced social workers tend to stick to the right processes of social work, and base their judgements on how well or successfully they handle their cases and fulfil the appropriate stages of their intervention.

The sample examples of the participant social workers’ notions of success illustrated in this section denote that, in the view of my respondents, keeping up with the

processes of intervention should be considered a major criterion of “good practice”. Rendering a good job in terms of fulfilling stage by stage of objectives can guarantee one’s ability to do a good practice. A social worker may see him/herself successful, or be recognised as a successful practitioner by the supervisors, managers, peers, and even clients, if he/she efficiently and competently handles the processes of social work. In this sense, a “successful” practitioner is the same as a “good” practitioner. Yet, it can be seen as a credit to the advantage of the worker, and the agency of course, if the total sum of all these processes and accomplishments of the objectives bring about the desired, pre-planned client change. Although, as we will discuss in the relevant chapter on “successful practice”, the end result is the ultimate criterion measure of an intervention in terms of success or otherwise, but for the purpose of defining “successful practitioner”, respondent social workers generally believed that the quality of practice in terms of following the proper processes will be sufficient. In other words, if one is judged as ‘good’ practitioner, then one *is* successful. This is not to ignore the truth that some social workers do not personally feel content unless they can manage to achieve the desired end results. Their job satisfaction derives from seeing the proper client change occur as planned.

3- A SUCCESSFUL PRACTITIONER IS ONE WHO SUCCESSFULLY ESTABLISHES A GOOD RELATIONSHIP WITH CLIENTS

The frequent emphasis on good communication as a prime factor of good practice, in social work textbooks and by social work practice teachers as well as the social work Code of Ethics and Principles, distinguishes it as one of the most salient characteristics of a quality practice. Research on clients’ views and their verdicts on the quality of services they receive and their relations with their social workers also emphasises the importance of communication as a key characteristic of good practice. Stemming from

the social work ethos and values, establishing good relationships with clients requires a good command of skills which partly are acquired through educational courses, hands-on training and experience, and partly from the practitioner's own life history, background, ideology and innate characteristics. The *Barclay Report* refers to this characteristic as skills in human relationships:

an **ability to listen**, an **ability to respect** the other person on his or her own terms, an **ability to stand firm** where issues of personal integrity are concerned (*The Barclay Report*, 1981, P.151).

In *The Principles of Social Work Practice* devised by The British Association of Social Workers (BASW) it is stressed that:

- * They will respect their clients as individuals and will seek to ensure that their dignity, individuality, rights and responsibility shall be safeguarded.
- * They will not act selectively towards clients out of prejudice, on the grounds of their origin, race, status, sex, sexual orientation, age, disability, beliefs, or contribution to society; ...

In practice, social workers who care for clients' views and believe in client satisfaction as an important criterion of quality work, should place much emphasis on the skill of establishing good relationships with clients. Launching the process of setting a feasible goal normally generates a discernible, reliable and more realistic relationship between social worker and clients. All of the social workers who participated in this study appreciated the importance of establishing good relationships with clients and valued this as a credible quality of "good" practitioners (and equality "successful" ones). Excerpts from some of the respondents' verbatim statements may illustrate the discussion. The first illustration comes from the interview with a female senior social worker, hereafter referred to as R.03; 44 years of age, with 18 years of practice

experience with different client groups; R.03, like other respondents, stressed the importance of establishing good relationships with the clientele:

Anvar:

Do you know anyone among your colleagues whom you consider a successful practitioner? If yes, would you please say why you think so? and what does she/he do that makes her/him so successful?

R.03:

Yes, I know! Well, I think she works very well with the families and the managers to take them along with her. Even though some of the issues she has to deal with might be quite difficult and very complicated, or controversial where sometimes there may be a contrast between what she feels would be the best thing for her clients and what the other staff or managers feel right! She can create a very **good relationship** with the families she is working with, and still within that relation *she can hang on to the objectives and goals, of what might be the best for the client.*

The main part of any good relationship between workers and clients is normally attained through **negotiation** and building a **contract** for mutual **co-operation** between client and social worker in order to make sure that both parties know what is there to be achieved, what they should focus on in the process of intervention, what are the terms and conditions of their agreed contract, what specific roles and parts each side should play, and so on.

“Process” is a means, and not an end

Establishing good relationships is not in itself an end but a means to pave the way towards achieving positive client change as the outcome of the intervention; it virtually provides the environment for further processes needed for carrying out the intervention. It was commonly believed by the respondents that in most cases, where the clients needed to be heard, to feel that they have access to someone or some professional expertise at the time of crisis, etc., they usually felt happy and satisfied

regardless of the end result. The respondents concluded, therefore, that a worker who competently mobilizes his/her skills in developing good human relationships, may generally feel that his/her practice has been successful. For example, when Respondent 20 was asked about his success as a worker he said:

R.20:

Successful pieces of work I remember are when it's been possible to be open and straight-forward with people about difficult and painful subjects, plus to be able to **maintain a good relationship...**

Another statement from Respondent 01 emphasises the importance of social workers' competence in establishing relationship with their clients, yet, she define the dimensions and limits of this highly-respected skill:

R.01:

Success to me is to have an open, honest relationship with my clients, where I felt that we were working together...
...it doesn't mean that I am doing everything they want, or they are always happy with the results of my intervention, but if we have a good working relationship, I may have experienced good times and bad times working with a client over a period of, say, one year. But, the important thing is that we work quite well together!

The competence of establishing and maintaining good relationships with clients can be achieved through experience and development of practice skills. Probably, that is one of the reasons why all of the respondent social workers, in response to the question of identifying one or two of their successful colleagues, picked the ones who were good and most competent at performing these skills. As is implied in R.01's comments above, one cannot or even should not claim that rapport and good relationships with clients necessarily lead in the long-term to a desired and fruitful outcome, but the honest relationship can ease the tension. Respondent 01 further explains those aspects of her relationship with clients which relate to her success:

R.01:

I would have a **dialogue** with them about whether they fit the criteria, or whether what they are asking me to do

is feasible! If it is feasible, then I would do it!... If it is not, then I would explain that for them. And then, they may or may not be happy about it, but I think that is part of my **relationship** with them, that I have to establish.

It has to be an open, clear dialogue about what I can and what I cannot do for them, or on their behalf. I think that is an on-going exchange! And they may be unhappy, but we just have to rely on that.

Yet, the experience of many social workers from different fields supports the notion that a good relationship often creates a more relaxed atmosphere for both sides to cooperate in resolving the problem. Mutual good relations between the social worker and the client help them to look for alternative solutions to the problem within the framework of the existing resources, limitations and so on. Client-based studies often come to the conclusion that most clients prefer to be helped by social workers who treat them in an acceptable manner, with respect and care. In other words, most clients and service users give more credit to 'the singer not to the song'!

It thus seems little wonder that the quality the respondents admired within the career background of themselves and their colleagues was social workers' ability to establish rapport and a good relationship with clients, regardless of achieving the goal set as the ultimate target of the intervention. Let us illustrate the case quoting Respondent 11. When asked to give his opinion as to whether the process or the outcomes of an intervention equated better with the notion of success, R.11 said:

R.11:

Both! Some cases- **outcome** has been the reason for **satisfaction**; have helped someone to get what they wanted. when client has been satisfied, I've shared that satisfaction.

Another kind of work, more to do with **process**! Some of the most satisfying have been the most difficult cases where [there is] no easy outcome. But I have made personal connections and **good relationship** with client. So not dependent just on outcome, something concrete or tangible or external. If the process is personally enjoyable, relationship between s. worker and client satisfying.

Respondent 11 clearly stated that in some cases where clients have specific problems, the important part a worker could play, apart from taking care of the procedures and functioning in accordance with codes of ethics, would be to embark on establishing a good relationship with the client. Thus, the client will be happy, and possibly empowered to solve his own problem, or would just get the satisfaction of being heard, and given sympathetic treatment. In this case, client satisfaction will bring about worker satisfaction and hence a feeling of success.

An example is extracted from the comments of Respondent 21, a mature practitioner with 30 years of experience as a front-line social worker, to illustrate the importance of social work **values and principles**, such as, 'care' and 'putting the client first', which eventually are to be manifested within the framework of establishing a good relationship with clients. When asked to identify a successful colleague and explain the basis of his/her success, R. 21 answered:

R.21:

Caring would be the main characteristic. I'm trying to think of one person, -came into social work quite late, and who is a very very caring person, and who **puts the clients first...**
She really takes on children and cares about their placements.

Another illustration is taken from the comments of Respondent 12, a children and families team member, who picked up her team manager as one of her most successful colleagues because:

R.12:

...he has...a firm set of **principles**, which he uses as his base to operate and work from. Principles are a **genuine care and respect** for other human beings no matter what kind of behaviour they're exhibiting in their distress. Also has very human **understanding** of people's emotions and an acceptance of them in distress and a wide spectrum of acceptance of what is acceptable behaviour...

In many instances, there may be no proper solution for a client's problem, but the counselling and attention that client receives usually bring about a temporary satisfaction and relief. The client is empowered to look beyond his problem to expand his perspectives and thus, he can help himself to cope with the situation. Although there is no tangible, concrete outcome of social work intervention in such cases, being freed from the pressure is a positive outcome in itself; the client may feel that his contact with the social worker has been fruitful and positive, and the worker feels she/he has rendered a good job. Then, the whole process is valued as successful.

Another verbatim statement of this experienced social worker explains even better the reason why good relationships with clients should be credited as an achievement for the workers:

R.12:

For me the **most important thing in social work is the kind of relationship you make and build and sustain with clients.**

If you can build a good, trusting relationship with clients that is of critical importance, and I've found work that I have felt at times good about is because I've been able to build a **good relationship** with people I'm working with.

And finally, when Respondent 18, an enthusiastic worker with families and children and young offenders, was asked whether or not she saw herself as a successful social worker, and why, she answered:

R.18:

Would never say I was a successful practitioner; [I] would say that I'd had **successful encounters** with clients!

And in response to the question 'what were those successful encounters?', she said:

R.18:

As a family & child care worker, **maintaining good relationships with very difficult families!**

Summing up the discussion up to this stage, a quality deemed to be the primary feature of colleagues perceived as successful by respondents was their ability to **establish, and maintain a good relationship** with the clientele.

A lot of respondents traced the following factors and qualities in the colleagues they perceived as successful, and believed that the reason for their success on the job was their possession of most or all of these characteristics. These qualities are in fact derived from social work **values** and **principles**, and can be best manifested through the administration of the highly sophisticated skills of establishing good relationship with clients:

* Friendly approach to clients; * interest in clients and their problems; * putting clients first; * empathy towards clients; * treating clients with respect; * being honest, open, kind, soft, and thorough, and so on.

It can be concluded that none of the respondents excluded the importance of achieving a good outcome for the client as the ultimate mission for the social work interventions, but at the same time, all of them argued that good practice in terms of mobilising social worker's skills and value-based competences such as establishing good relationships with clients or devoting time and energy to trying to solve their problems with empathy, care and attention are good enough reasons to judge the worker as 'successful'.

4- A successful practitioner is one who undertakes advocating for and/or on behalf of the client.

Advocacy in social work can be either personal or structural: that is to say, it can either focus on the needs of a particular client or it can take up the cudgels on behalf of an entire community. In either case, the assumption is that the social

worker has skills and qualities or access to resources that are likely to tip the balance in favour of those whose interests would otherwise be overlooked or overridden (Davies, M. 1981).

The attributes respondents valued in successful colleagues with regard to change and challenge for betterment of client situation could be listed as: readiness to challenge the system to overcome the client's problem rather than offering a simple remedy; readiness to fight for the right of the client; having a strong sense of justice, equality and change. Normally, there is a tendency to define these characteristics under the rubric of 'advocacy', but it seemed that the respondents would prefer to avoid this term due to its ambiguous connotation unless I tried deliberately to raise the issue and use the concept of advocacy.

Terry Bamford(1994), the director of Housing and Social Services for Kensington and Chelsea, in his recent plea for advocacy wrote:

Social work must recapture its commitment if it is to remain true to its founding principles. There is a great deal to be angry about in our society. It is a tragedy that social work currently seems to be obsessed with language rather than recapturing the zeal for social change that brought most of us into the profession in the first place...

There is a danger in this country that the poor are becoming non-citizens...

Social workers have to be advocates of the poor to make sure they are not forgotten. It might not make us popular, but it is essential if we are to remain faithful to those who founded the social work profession...

The danger comes when the direction of change is driven by ideology and you have to adopt all the trappings of the market to keep to the ideology.

Certain of the participating social workers seemed to belong to the same school of thought as Terry Bamford. As discussed earlier, most of the respondents who showed to be pro-advocacy were those who practised with physically and mentally handicapped people and elderly clients. And as is mentioned, the challenge and advocacy in such cases usually meant writing letters on their behalf, or introducing them to some relevant agencies or significant people, or asking for redemption of total or part of their bills, etc. For example, R.16, a mature practitioner with some 20 years of experience in mental health teams, some of whose views have already been presented as a worker in favour of “good practitioners”, stated that she admired her colleagues for their involvement with clients:

R.16:

Some of them are really good at fighting to get the best thing for their clients or using a resource that's around; putting the extra bits and adapting it so the clients' needs are met.

By ‘fighting to get the best for their clients’, Respondent 16 simply meant to find a better residential home, or provision of more money to go towards the patient’s gas or electricity bills.

In defining themselves or selected colleagues as successful, the respondents referred to several characteristics that seemed in broad harmony with the BASW’s *Code of Ethics and Practice Principles*: Under the *Statement principles* (No.9) , it is written:

- * The social worker’s responsibility for relief and prevention of hardship and suffering is not always fully discharged by direct service to individual families and groups. The worker has the right and duty to bring to the attention of those in power, and of the general public, ways in which the activities of government, society or agencies, create or contribute to hardship and suffering or militate against their relief.
- * Social workers are often at the interface between powerful organisations and relatively powerless applicants for service. While social workers are accountable

to those under whose authority they work, and responsible for the efficient performance of their professional task and of their management of the organisation's resources, these must be balanced against their professional responsibility to their client.

* In view of the client's lack of power, social workers have a special responsibility to ensure as fully as possible that each person's rights are respected and needs satisfied.

One point, though, may be worth mentioning here. Despite a general tendency to categorise client empowerment and client advocacy under professional skills which workers can learn to practise, it is arguable that the main drive for enforcement of these skills stems from workers' personal characteristics or their innate background and belief system.

The present informants' responses should be analysed in a context which looks upon the dual roles and orientations of social workers: a) as *professionals*, who accept certain obligations and commitments to their profession and to the society at large, and a responsibility towards the needy, destitute, deprived, underprivileged, etc. etc. in their community, and, b) as *employees* of a bureaucratic organisation, obliged to carry on their job in accordance to the mandates, policies and regulations imposed on them, and who quite often have little voice in devising and enforcing such rules.

From their responses to the questions concerning the role of social workers as advocates for individual clients and fighting for their rights, and its relation to their feeling successful, my interviewees could be categorised into three major types:

1) Social workers who regarded 'advocacy' as a primary function of social work:

These respondents strongly emphasised that fighting for the rights of the clients is a fundamental task for social workers. Such workers believed that they should practise advocacy despite the possible unwillingness of their own agency or resistance of their managers.

These respondents credited advocacy as a crucial component of “good practice”, and thus, this was matching with their definition of “good practitioner” and equating it with “successful” ones. They did not claim that every advocacy attempt could, or should necessarily end up to a successful result for the client; they, however, argued that it is part of a social worker’s duty to stand up for his/her client, whenever necessary.

Certain of these respondents, however, confirmed that they felt successful because they were always ready to attack any unjust or unfavourable situation that might cause further trouble for their clients. They showed an interest in fighting for the rights of their clients and standing up to challenge on behalf of their clients. They believed that advocacy was the main reason for the existence and development of social work as a profession. So, in the eyes of these respondents, anybody who could practise advocacy was in fact a successful practitioner, regardless of the end results. For example, one rather young respondent from a children and families team, in reply to the question, ‘do you believe successful social workers are those who fight for the rights of their clients and challenge the system?’ said:

R.06:

Yes! That’s an essential social work role - to challenge social services systems. The reason that I’m in social work is because I think the way that society is set up is fundamentally unfair and challenging systems for clients, etc. is my small way of questioning that!

Careful data analysis revealed that less than half of the total respondent social workers (10 individuals) would come under this category; they did not belong to a specific team, or client type; there were both male and female workers, of different ages, with a variety of experiences, who showed a strong drive toward advocacy. It was not, therefore, possible to trace any definite pattern, for example that so and so social workers from so and so practice teams, with so and so experience, are or are not pro-advocacy.

Some sample responses may illustrate better the discussion:

One female social worker in response to the question of whom she admired as her most successful colleague answered:

R.02:

I know a colleague who is very successful...[because] she fights the system, and by that I mean the hierarchy, to get things that would help people she's working with. She doesn't say, 'oh, no, the department doesn't allow x, y, z, so we can't do it!' - she will be creative about finding ways to get people what they need, and I really respect that.

When she was asked whether she herself was a successful practitioner and why, she said she assumed so, and in the course of discussion repeatedly praised those social workers who were not afraid of challenging the system and seeking more and better resources for their clients.

To illustrate a somehow more radical approach to advocacy and its implication for success, comments of Respondent 07, a 46-year old practitioner with more than 22 years of experience in children and families and other client groups, is provided:

R.07:

Yes, [it is] important ! [to practise advocacy] [You're just a] small fly in a big spider's web! But, there are things you can do: [you can] join with others and say this is unjust! Currently I think you have to advocate the public and the judiciary about changing attitudes, law, etc.

She then added :

[There's] one social worker I know who doesn't see any of that as his remit, and I see him [as] the least successful!

2) Respondents who were pro-advocacy but with certain reservations :

More than half of the respondents in this study (16 individuals) voted for advocacy. Respondents falling into this category consisted of most of the community care practitioners, as well as some from child care teams, and one from a criminal justice team. Due to the uneven numbers of the respondents belonging to each practice setting, there was no traceable pattern of their distribution with any statistical significance.

Although such respondents attested to the importance of social workers being involved in advocacy, they thought it would be better to do this within the framework of agency policy and organisational regulations and within the boundaries of existing resources. For example, Respondent 22, with 30 years of experience with elderly clients, affirmed that:

R.22:

I have been in situations where I feel myself to be an advocate, and as most of my clients are people who cannot speak very well for themselves I consider it's my job to advocate.

The same respondent further commented that:

R.22:

I would have to go to higher management to make their case on their behalf, if necessary, *but* , I do recognise that there is a point at which beyond that I don't go! Why? because that could antagonize other people towards me! and in the end that would be of detriment to my clients.

Respondent 01, a mature child-care team member, put the case slightly differently. When she was asked whether she saw advocacy and challenging the system for the benefit of clients as a prime factor for feeling successful she said:

No! because in different situations you can push with the knowledge that you might get somewhere or achieve something. And I think that is good, but *you have to know when it is worth pushing!* I mean, there are other bits of the system which I cannot change the speed, or I cannot make things move faster. And I know this from my experience. This is where you should benefit from your experience! Therefore, it would be an inappropriate struggle and misuse of my time to keep knocking on a door which is not going to open any sooner!

Obviously this respondent was not suggesting that social workers should not practise advocacy for the benefit of their clients. Rather, she suggested it would be wise to be careful about agency policy and overall regulations.

Two more examples are provided below to illustrate how two male social workers from different teams, of different ages, and with different work experiences approached towards advocacy:

When asked whether successful practitioners are those who fight for the right of their clients, Respondent 25, a 44 year-old senior practitioner from a community-care team, said:

R.25:

It's alright to be like that! [I] don't think you should be totally passive. [It is] Good to keep a questioning mind and know what's going on, and ask for clarification if you think something's not been done properly. But, when you take a job with the Region, you should know what its policies are, what the job of a social worker is, as defined in the job-description.

There are certain things you might not agree with, but when you sign the contract you accept that you're going to work under those conditions. So, **you've got to be careful of what you can and can't fight!** Somethings you might be able to get changed, but you've got to know the difference.

Anvar:

Good point, but some things can be changed within the system which need an agent, someone to stand up for it! Do you believe that those who are not indifferent, and are less conservative to be on the 'safe side', those who are trying to bring some positive change into their department, feel more successful than the others?

R.25:

[I] Don't think it's right to be passive. It's right to e.g., fight for authorization of a payment if it's turned down by seniors; if you feel strongly about it, challenge. Your managers and senior aren't going to think any less of you - they should be able to explain why they've reached that decision. Also open-minded enough to change that decision if you emphasize points that you hadn't before.

But, there are legal aspects in the department that we're bound by. *It might be rough on your client but we don't have the power to change it. So, there's no point trying that. Must separate what you can change from what you can't.*

Not easy, but if you're a radical rebel, and you want to change society, you shouldn't see social work as an avenue to do that. Like it or not, we're part of the system, and we're seen as authorities.

Obviously, this senior practitioner puts forward some of the general dilemmas of contemporary social workers that we have discussed earlier. There is, also, a touch of Whittington's 'Role-player' aspect implicit in the above statement.

Now, let us see how the other interviewee, that is, Respondent 24, a 32 year-old criminal justice team worker, responded in relation to the importance of advocacy. When I asked 'Do you think that advocacy and fighting for clients make a practitioner successful?' he said:

R.24:

Not necessarily! no, I think that all social workers, to some extent, are involved in that in day-to-day work whether it's negotiations with the DSS, doctors, health professionals, solicitors, sheriff officers, etc. *That is an ongoing part of social work practice*, but again, I can think of an example where a worker is too committed; he's no longer objective; he can't stand back from a situation and look at what's going on, what he should be doing. [I] suppose that can be taken to an

extreme where it becomes harmful. They burn out quickly, suffer nervous disorders, etc. and surely that isn't helpful to anyone.

This criminal justice team worker, thus, believed that advocacy was an on-going, day-in, day-out activity of most social workers; what was implied in his arguemnt, though, was that social workers should pay attention not to be enthusiastic about it and must be careful about the agency policy and their own personal capacity in handling the job.

In brief, the above-mentioned categories of social workers (26 out of 28 respondents) some of whose views were illustrated, thus, include respondents whose attitudes towards advocacy and challenging the system ranged from very radical to mild and conservative. In practice, they could be marked as practitioners ranging from 'pro-actives' to 'believers' of advocacy. They all agreed, however, that one of the causes for feeling successful on the job would be the social worker's involvement in the process of advocacy, but not all believed that pro-advocacy necessarily means to be involved in 'challenging the system'. Certain respondents did not approve to openly stand up and challenge the system they were part of, unless they had every confidence in being successful in providing something beneficial for their clients. At the same time, they believed that, if necessary to act as advocates, they should be careful not to step beyond their professional remit. This type of respondents, also, did not belong to a specific age group or gender or even having certain years of experience.

3) Respondents who were against 'advocacy':

A third category consisting of only a minority of the respondents (only 2 out of a total 28), belong to those respondents whose attitude towards advocacy to be practised by social workers was not positive; they did not appreciate those workers who openly

involve themselves in advocacy and challenge. They seemed to have a different interpretation of the concept of advocacy, arguing that it was for the lawyers and similar professionals to act as advocates for the clients. In respect to challenging the system for the right of the clients they had somehow a similar notion. These workers said they preferred to cope with the policy and regulations of their agency, because they believed that in the first place they were employees of social work departments or agencies. It seemed that these workers were in favour of preserving their own well-being. They also preferred to be on the safe-side, rather than putting their careers at stake, by practising in accordance with the agency mandates and the code of practice. Respondent 10, for example, gave the following comments:

R.10:

...people in social work tend to have the same ideology.
Tend to be left-of-centre sense of justice!
In a young student population - they have a feeling of omnipotence- an 'all-powerfulness' - they feel they can change things. But this will wane! because having to work for a living will wear people down! They will become more realistic, but will lose the powerfulness they felt!

SUMMARY AND CONCLUSION

A review of the participant social workers' accounts on the concept of "successful practitioner" suggests that a majority of my interviewees have successfully adapted themselves to the bureaucratic system of their work settings. All the respondents judged themselves and certain of their colleagues as "**good practitioners**" because they have survived within the system for various reasons such as following the procedures, caring for the agency regulations, complying with limitations and restrictions, policy issues, codes of ethics and principles, and managing the resources.

They seemed to feel “successful” on the ground that they could maintain the standards and requirements of their work setting, and involved in a positive process of intervention with their clients, reinforced by their competence of establishing good relationships with the clients.

Although they appreciated the importance of achieving desired end results, they argued that a proper handling of the process of social work intervention is more important for being recognized as a good practitioner, either by self or by colleagues, supervisors and managers. Some respondents even mentioned that good process and care for establishing a good relationship with clients often lead to client satisfaction which can be translated into worker’s success.

Further discussion led to the point where they equated ‘good’ and ‘successful’ practitioners. They all considered themselves as ‘good’ practitioners due to certain qualities and concerns about their practice, and argued that any worker who follows the required processes, with or even without a desirable client outcome, is successful. *Thus, being a successful practitioner appeared to be independent of doing a successful practice, i.e., providing successful client outcomes, or positive changes in the client’s life.*

The data analysis also focused on identifying a positive relationship between practising “advocacy” and feeling “successful”. The respondents happened to fall into three categories: One group of professionals who strongly valued advocacy as a core value of social work, and said they would follow the path of fighting with injustice, inequality, policy mistakes and shortcomings. To them, being a successful practitioner meant doing good practice by empowering their clients to overcome their problems, and to help them resolve the consequences of social, political, and economic sources of inequalities or other injustices. A second category consisting of a considerable

number of the total participants, appreciated advocacy and challenge for the client with certain reservations; they argued that one should be careful about the consequences of challenging the employer agency and the system. And thirdly, only a small number of respondents believed that advocacy was for lawyers and other authorities rather than social workers. They were inclined to stick to the routine practice without bothering about challenging the system.

In the following chapter we are going to discuss why some practitioners, especially those practising with children in care and offenders, give more credit to being recognized as “good” rather than “successful” practitioner, and the process of doing good social work rather than striving for achieving successful client outcomes.

CHAPTER SEVEN

WHY ARE “GOOD” PRACTITIONERS CONSIDERED “SUCCESSFUL”?

Difficulty of being outcome-oriented in child-care, young offenders, and prisoners cases

OVERVIEW

Although, in theory, social work interventions should ultimately be geared towards achieving positive client outcomes or changes in the client system, in reality, it is usually very difficult to have an objective assessment of practice and assess its end-product in terms of immediate, observable achievements. This is especially true of most children and families cases and in work with young offenders. It is perhaps small wonder that the respondents from child care teams showed more interest in being judged by the quality of the processes of their intervention as a measure of being a good or successful practitioner, than by measuring their achievements in terms of client outcomes. Sample statements of the respondent social workers will be provided

later to illustrate the difficulty of defining successful client outcomes and the scope and nature of practice in child-care and probation field work.

In recent inquiries into cases of child abuse, the term 'child protection' seemed designed to stress that part of the social worker's duty which, it was suggested, had been inadequately emphasised (Beckford 1985; Henry 1987; Carlile 1987). How far the emphasis on 'Child Protection' has led to more controlling and 'policing' activities on the part of social workers, in particular to a greater readiness to remove children from their homes, is a contentious and complex matter on which clear empirical evidence is lacking (Stevenson, 1989, p.146).

DILEMMAS IN CHILD PROTECTION PRACTICE

Social workers usually have to co-operate with several other professionals from different agencies such as police, lawyers, judges, teachers and head teachers, doctors, psychologists, psychiatrists, etc. Often there is a discrepancy of opinions and a clash of attitudes between these professionals and the social workers. This kind of conflict can create a lot of tension and confusion over the problem at hand and the workers' stances and positions. The complexity of most cases creates dilemmas for practitioners and they are often left uncertain about the value and validity of their intervention, especially when they are involved in removing a child from his/her home and away from natural parents. Is it morally justifiable to hurt one party in order to ease the other? Is there any success to be attained in such practice? What happens to the parents' rights?

Social workers who are involved in children and families cases, especially when the issue is child abuse, should "endeavour constantly to strike a balance between parental

rights, limited as they are when those rights have been abused, and child protection” (Blom-Cooper; in Jasmine Beckford Report, p.15); [cited in Stevenson, 1989, *Reflections On Social Work Practice*, p.150]. On the other hand, Parton (1985) critically argues that social work practice has become more authoritative and decisive and has increasingly come to intervene in ways which can be experienced by families as threats or punishments (P.127).

These doubts and uncertainties may prove to be major sources of stress and distress for certain practising field workers. One major source of social workers’ confusion and dissatisfaction with the process of intervention in child sex-abuse cases where some sort of allegation is involved, is the victimization of the abused child due to the court rules, removal from the core family and placement in foster-care. As Goodwin (1985) writes, judges frequently refuse to allow expert testimony from social workers, psychologists, and psychiatrists who can shed light on the extent and consequences of the sexual abuse of children. Refusal to accept substantiating testimony contributes to a shared perception that sexual abuse of children is rare (p.14).

The fundamental idea of doing child protection social work is to give children at risk a better chance to live, free from the harmful influence of abusing parents, to develop and have a happier life. However, there are some concerns which place considerable pressure on social workers involved in this field of practice. The literature suggests that social workers are bounded by two extremes: on the one hand, they are over-ready to remove children from their natural homes; while on the other, they are reluctant to do so. It seems that it is not an easy task to prioritise between “parents’ rights” and “children’s rights”. Parents’ rights are believed to be breached by practising social workers without any real guarantee that such a decision will be helpful for the removed child. As Stevenson argues, one paradox element in child removal relates to the question of what is perceived to be in the child’s best interests.

Can a social worker really believe that s/he is doing the right thing to the child as well as the parents by removing the child from the risk-oriented environment? Can s/he be sure about what these children will achieve in the long-run?

Putting a child or a young person into care may be considered as a positive measure in taking them away from risks, but at the same time, leaving care should be regarded as ultimate goal for social services agencies and the young persons. But, as Barmby (1997, p.29) argues, the ability of young people to leave care depends upon certain interconnected preconditions including work, income, accomodation, and the availability of support within the community. Providing solutions to all these needs requires a lot of effort, time, contacts, partnership of different bodies, legislations, money and facilities, which normally are beyond the capacity of practising social workers. Yet, any failure in meeting those needs may be seen, both by the young person and the society, as only the problem of social workers.

One of the respondent social workers expressed his disquiet concerning intervention in child care cases as following:

R.23:

I can successfully take a child who is in distressing circumstances with his family, take him away from them, place him with a family who will love, care for, and cherish the child and give him much of a life as is possible, and I could say that it was a successful work; that the placing him for adoption with a caring family has been a success. I can't see the heartache for the natural parent or parents; I can't see myself there as a successful social worker! I can't even be sure that in the years to come the family with whom I've placed the child will be a success. I can only say that I have hopes that it'll be successful, having placed them with the family and I suppose there is a success in taking a child away from a distressing or damaging environment. But, is that a success?

Is it a successful achievement to remove a child from home?

I have doubts about the interpretation of success!

The moral-philosophical doubt about the virtue of child protection practice is derived partly from the painful experiences of those who, operating in child welfare from the 1950s with considerable initial optimism, saw how badly the “care system” treated many children. There is a saying in Persian which seems pertinent to any helping profession and particularly, social workers involved in removing children from their natural home environment: ‘to help someone out of a hole, yet let him fall into a well!’ This seems to be the case with most children in “care” and the social workers within the “protection” system. It is ironic that in some cases putting children ‘in care’ is as problematic as keeping a child ‘away from care’. The long-term effect of both types of intervention is usually uncertain for the practitioners, and therefore, they may just want to convince themselves with the immediate resolutions, and the way they handle the process of their practice. Respondent.01’s statement, below, sums up the end results of child care intervention and indicates that often a trivial or even not-so-desirable change in the child’s or the parents’ situation is considered as a client outcome:

R.01:

I think in the child protection field, how we define success is quite important and how we share that. Because success can mean keeping people, ticking over, keeping a single parent just coping! Keeping the kids out of care!

As McClendon (1995), an American clinical social worker whose main research interests focus on children and families issues in relation to incest, rape and domestic violence and abuse, argues:

The social work profession is dedicated to the values of human dignity, personal autonomy, self-realization and self-determination. These are the very areas that victims are the most severely damaged.

In order to be effective in identifying and treating victims of child sexual abuse, the social worker needs to be knowledgeable about the characteristics, after-

effects, and treatment strategies relevant to this issue....Intervention activities should ideally include the victim, the “silent partner”, and the perpetrator. “In recent years a number of social services agencies have been seeking to keep the family intact, particularly when all three of the members involved (husband, wife and victim) express a desire to maintain the family. A typical intervention requires the father’s removal from the home for a period of six months to a year, during which time all family members are involved in individual treatment.” (Zastrow, 1986, p. 202)

The goal of keeping the family intact should never take precedence over keeping the children safe from abuse. One caveat is that the children may be pressured into agreeing to keep the family together even when it is not in their best interests. [my emphasis]

Intervention activities may also include referral to appropriate individual and/or family counseling services, securing emergency shelter if necessary, referral to medical and legal services, and advocacy for clients. Because it is a very complex issue, the social worker needs to be able to coordinate an array of community services (McClendon, 1995).

Obviously, McClendon’s views in relation to the frustrations of social workers involved in child sex abuse cases are in the same direction as my respondents’ opinion, examples of which provided above, regarding social workers’ dilemma in working with most children and families cases and not being clear about what is good practice and what is success in this context. McClendon further argues that:

Child protection agencies often remove the children from the family and place them in foster homes. This victimizes the child - it takes her away from the family and may put her at risk for revictimization while in the foster home. The criminal justice system needs to be changed so that victims are not revictimized by the system and offenders are held accountable. A task force that represents a

broad cross-section of community resources needs to be formed in each community to coordinate their efforts towards making the criminal justice system more effective in handling child abuse cases (McClendon; *ibid.*).

It appeared that my respondents were reluctant to evaluate the outcome of their intervention in most children and families cases especially where a child sexual abuse was involved. They might feel that they were following the guidelines and acting in accordance to the law, and therefore are doing a 'good' job, but it was often difficult for themselves to judge their practice as 'successful'. For example, Respondent 23 expressed his feelings of mixed emotion and confusion when he or his colleagues had to remove a child from his/her home. The important point to consider here is that Respondent 23, like all others working with child-abuse cases, tries to differentiate between achieving short-term or immediate goals in comply with the rules and policy and to the extent of conducting a 'good practice, and succeeding a long-term, reliable intervention which can assure the safety, happiness and well-being of the child in a foreseeable future.

R.23:

I have a great deal of mixed emotions - I feel happy for the child, that perhaps I've helped and given that child an opportunity in life which he/she may not have had. I feel distraught for a parent who because of circumstances not necessarily because they are bad, they have been unable to provide a better condition for that child but yet undoubtedly have loved that child as much as is possible.

Having emotions and being sensitive to those emotions, and caring for people I have very mixed feelings - I have distress and anxiety for the parent who is left. I worry about are they going to manage, are they going to cope with life without their child? And you have anxieties about have you placed the child in the right family, even although it's not been solely your decision.

“GOOD PRACTICE” IN TERMS OF “GOOD PROCESSES” MAKES SOCIAL WORKERS FEEL SUCCESSFUL

Having spoken of the dilemmas with which social workers are often faced in working with child care and criminal justice cases, it seems that these doubts and concerns also had some impact on the perceptions of my interviewees regarding what is “successful practice” and who is a “successful practitioner”. Most of these respondents stated that they would prefer to use the term “good” rather than “successful” worker. After some discussion all of the respondents, regardless of their practice settings, stated that being a good practitioner according to the requirements and standards of practice is enough to make them feel successful. In order to deal with some crucial points regarding the quality of social work practice, and to answer the questions such as what is the difference between a “good” and a “successful” practitioner, and which of these is more highly regarded by social workers and why, verbatim excerpts from the statements of selected respondents are provided. For example, Respondent 02 said:

R.02:

...I think good practice is important and you should always be working towards that! I guess I feel that I'm a successful worker even though my practice may not always be wonderful!, and I'm always working to try to make sure that my practice is good and that I follow the various guidelines. It's almost like the code of practice

Good practice is about the things you do to cover your back, make sure you've done the job in an efficient manner, but **success** is a bit different to that, it's got qualities which are not doing step one, step two, etc., being successful is about other things!

As suggested by this rather young respondent, it is very important for every social worker to properly follow the process of social work, and hence, be what they would regard as a “good” practitioner. Yet, when R.02 says that she would feel “successful” by following guidelines, even if the ultimate end result would not be ‘so wonderful’,

she surely does not mean to deny the importance and value of the client outcome. Further, she would seem to have been stressing the difficulty of achieving measurable client change in many types of cases, especially with troubled children and certain young offenders. Respondent 02 clearly equates “good” with “successful” workers when she refers to her own quality of practice, by pointing to the possibility of being considered “successful” without producing a successful client outcome, and by stressing the quality of “good” practice as the most important aspect of social workers’ endeavours.

To further illustrate the case, statements of another respondent are provided. When Respondent 23 was asked to define how he perceived success in social work, he answered:

R.23:

Some are successful in terms of career, in terms of progressing to managerial responsibilities, etc. I suppose that’s success in the context of their professional career! But, I have difficulty in judging whether other people are successful at the work they do, because I have difficulty in judging whether I’m successful or not, and *who decides if what you’re doing is successful!*

Respondent 23, a very enthusiastic, conscientious, hard-working social worker some of whose views have already been reported above, claimed that he was experiencing substantial stress and pressure because of his efforts in putting clients first and acting as an advocate on their behalf. Two key questions are contained in the above statement: 1) what is success in children and families cases where often there is a discrepancy of views between workers and parents, as well as between workers and other professionals, and where it is even sometimes difficult to know who is the actual client? and 2) who is the proper judge of a worker’s success; the child who is going into care, the parents who are separated from their child, the worker, or the agency? For the purposes of the present discussion we shall deal only with R.23’s views

regarding the difficulty of achieving an ideal client **outcome**, seen as a measure of success in working with most children and families cases.

R.23:

There are colleagues whom I respect greatly for the **amount of work and commitment** they give to the job; But, my own experience is that **there's not a lot of success in this job**, (with children and families work) **i.e., success in terms of successful outcomes for clients!**

Thus, Respondent 23's statement indicates the difficulty of achieving ideal client outcomes in children and families cases while justifying the importance of achieving positive client outcomes: that is, **positive change** in the client system. At the same time, however, he is sceptical about the actual functions social workers can perform within the socio-economic system under which social services agencies have at present to operate.

“SUCCESSFUL PRACTITIONERS”

idealistic versus realistic outcomes

When Respondent 07, another experienced worker from a children and families team, was asked to give her comments on the processes and outcomes of an intervention and explain which one was strongly linked to the idea of successful practice, she said she would rather judge a worker as successful or otherwise by looking at the end results he/she could achieve in practice with certain clients. However, she accepted that the outcomes of interventions were hard to judge, then she added:

R.07:

Good outcome normally is achieved by helping people so that they would never need social work help again!

Good outcome to me would be to have helped a child to be more assertive, to be protected.---*Sometimes not possible! but that doesn't mean I haven't worked well as a professional!*

Respondent 07 puts her finger on a crucial point: the difference between idealistic outcomes, that is the ultimate, all-encompassing service rendered to a client to keep him/her away from needing help anymore, and good outcome in terms of short-term, small scale progresses in solving client's problems. In other words, this respondent meant to differentiate between "good outcome" as the indicator of a "successful practice", on the one hand, and some simple, small-scale and not too-ambitiously set goals, on the other. For instance, helping a serious offender to avoid reoffending for a considerable period of time, or a troubled young person to live totally independently and without needing any help from social work services, and so on, are very idealistic goals, although when appropriate, those are the best criteria for measuring success. At the same time, a worker who manages to provide some material help, counselling, guidance and so on, to make a client move on can also be regarded as successful. Respondent 05, for example, explained the problem of process versus outcome in working with most offenders in prison social work settings; when asked to define success in her field of social work,(which was with prisoners) she answered:

R.05:

Well again that's a very large question because I think you're going to have to break it down into **what is successful practice in Prison S.W.** and you can have *small successes like you manage to find accommodation for somebody who's leaving prison, (which is like a miracle), and you think if you do that you're wonderfully successful, but that is really hit and miss! It's a practical issue and sometimes I think it's an ethos that people exude about themselves-*

In order to better understand the reason why this experienced social worker is so sceptical, and at the same time, doubtful about judging a worker as successful in terms of client outcomes, we refer to another excerpt of her statements in this respect:

R.05:

... when you actually think about it, what is success? You could think, for example, there's a degree of success if you write a parole report and somebody is

actually given parole but that seems to me just a measure of a **successful process**, because the important issue is whether this person, when he gets out of prison, actually doesn't reoffend, and we don't know what happens when they get out of prison.

One can think of worker achievements as a hypothetical spectrum ranging from preparatory, small-scale outputs of different phases of social work processes, to intermediate goals or short-term outcomes such as finding residential homes for an elderly person or foster care for a child, to long-term goals or ideal outcomes such as total relief from socio-economic problems, job-settlement, permanent employment and return to normal citizenship of a criminal or offender, and so on. To give an example of the kinds of comments made by respondents in the present study, the statements of an experienced criminal justice worker are quoted here. In differentiating between process and client outcome within the context of work with offenders Respondent 18 said:

R.18:

“Outcome” is not completely predictable in working with offenders.

The approach suggests a positive outcome, but not sure about it.

Anvar:

What is the measure for positive outcomes?

R.18:

With offenders,...getting through a probation order; not reoffending!

Whether offenders actually have changed their behaviours significantly is not sure, but it is hoped to happen.

Good outcome is measured by not reoffending.

Stopping the offender from reoffending for good or at least for a considerable time is the best potential change that can occur in a client system but it is perhaps too much to hope for. The majority of my respondents argued that having small-scale changes in client's circumstances were often enough to make them feel like a “successful”

practitioner. Thus, it is up to each individual worker to decide when he/she feels successful and what type of outcomes make him/her feel he/she has done a good job to be judged as successful, at least, by his/her own criteria and value judgements. Let us go back to Respondent 18's comments once more and see how she responded to the issue of success in criminal justice work and with offenders:

R.18:

I tend to judge one's success by looking at the "processes" of their practice! [because] Work with adult offenders can be less directive, less manipulative, less controlling. [I] may offer a new way of looking at the world, but whether they really accept it or not, is not guaranteed.

It is outwith my control. I can do things to make it more conducive to take it on board, but I have no control. Hopefully their behaviour will change, and they'll stop offending; their quality of life will improve, and they'll feel happier in themselves

In fact, attainment of these goals or objectives, e.g., stopping from reoffending, helping them lead happier lives, or to become worthwhile citizens, etc., should be valued as the actual outcomes of social work, none of which goals might be fulfilled without the efforts and expertise of practitioners working with offenders. But as Respondent 18 clearly stated, it is very difficult to expect the results to emerge exactly as planned, especially in the long run. The message therefore reads something like this: as long as I am doing my job within the remits of policy, internal regulations and law, and in harmony with the mandates of a good practice, I see myself a successful social worker, even without being able to bring about a positive change into my client's life, or a tangible client outcome, and even without expecting a miracle to happen to my client.

Nonetheless, there are surely social workers who could be regarded as more successful than others in terms of bringing about positive changes in their clients' lives. What is meant here is that even in work with offenders and difficult children and

families cases, it is possible to differentiate between successful and not-so-successful practitioners using the indicator of client outcomes -- short, intermediate, and/or long-term outcomes. There are always some social workers who for some reason or other, are more successful than some of their colleagues, as will be discussed more fully in a later chapter. The causes of such differences may lie within their internal/personal characteristics, on the one hand, and some external/environmental factors, on the other.

DEFINING "SUCCESSFUL" PRACTITIONER

"successful" practitioner is the same as "good" practitioner

Summing up what has already been discussed in relation to processes versus the outcomes of interventions, good versus successful practice and good versus successful practitioners, and in reference to the contents of the previous chapter, we are now ready to undertake a practical definition of the "successful" practitioner as perceived by the participant social workers. Respondent 07's comments seem relevant in this respect. As a mature children and families team member with more than 20 years of experience she said :

R.07:

I give a lot of credit to the **process** of intervention!
If you regard the social worker as a "*change agent*", then whether you've rendered change or not is important. But I think it starts earlier than that. I think what's important is a **good assessment**, and that assessment maybe shows that there is not a lot of change possible. *It might be a damage limitation exercise!*

Respondent 05, too, talks about good practice issues and care for the process of doing social work in prisons and with certain types of offenders, which she claims is a very important issue and should be used as a basis for judging a worker's success:

R.05:

I think that some workers are particularly able at **engaging in a meaningful way with prisoners, which is quite a successful thing to be able to do ;**

others are very good at engaging in a programme of work that is quite complex and theoretically-based which seems successful.

But really if you look at outcomes, you don't see the outcomes in prison!

Thus, social workers who practise in prisons, like many practitioners with child-care and juvenile delinquency cases, are not too ambitious about providing client outcomes in terms of positive and easily-measurable changes into the clients' circumstances. It is not at all common to think of great achievements and expect a high standard of outcomes when working in a prison environment. The notion of success in these fields, seems correspondingly restricted. As briefly indicated above, in cases characterised by a multiplicity of problems and disadvantages, it is the immediate and tangible results of small-scale interventions that really matter.

Social workers can only focus on their own practice, to keep up with the standard code of ethics and in line with their agency policy and the relevant laws, to render a good job with their clients. Since service users in such fields of practice are usually 'resistant' or 'reluctant' clients, it is very difficult for the worker to look for long-term successful outcomes. Therefore, establishing a good relationship in order to ensure a good process and achieving desired client outcomes are used almost interchangeably as measures of success; even the small-scale outputs resulting from the process stages tend to be modestly accepted as a proof of workers' success.

To illustrate this argument further, another verbatim statement of R.05 is provided. In this, she describes herself as successful in terms of achieving small-scale outcomes,

which as mentioned above, could be related to process rather than real, ultimate outcome:

R.05:

I would look at my own work, if I think about myself, in terms of success, I look at it in *small steps* and I feel that a degree of success if I motivate a man to talk about his offending behaviour- I feel that I'm being successful and that's how I measure my success. ...

I feel I'm being successful if I'm getting somebody to look at painful areas in their life and they come back next week, and they begin to open up about issues- I see that as success! I measure it in those sort of ways. Does that make sense?

The above excerpt clarifies the fact that some social workers prefer to set modest, unobtrusive outcome goals which at the same time, when achieved, bring about a satisfying feeling of success. Nonetheless, it emphasises that the delicate distinction between good practice and success is client change of any size, echelon or quality.

Data analysis also leads us to conclude that there is another major reason why social workers practising in child care and juvenile delinquency cases are reluctant to depend too much on measurable client change as an indicator of success; these workers believe that normally they are not in full contact with their clients for more than a year or two which makes it difficult to confirm whether certain clients have actually benefited from certain aspects of their intervention; most relationships with clients usually come to an end when the cases are closed Thus, they believe that social workers rarely witness the long-run results in terms of improvement in their clients' future life. For example, Respondent 01 says:

R.01:

we often don't know the exact result of our intervention!

You don't often get the result immediately, anyway!

So, I mean *the work you have done with people may have a long term effect which you don't know!*

The dialogue between the researcher and Respondent 18 (parts of her comments and statements have already quoted above), may be of some relevance here. It is worth mentioning that at the time of interview, R.18 was involved in working with residential child care cases for two years apart from her usual practice with offenders and children and families cases. She could thus be regarded as highly experienced worker in these different areas of practice.

Anvar:

I reckon that one of the reasons that some social workers, especially in child care and young offenders field of practice, do not measure success in terms of the client outcome they achieve is that it takes a long time before they become totally sure that the ultimate result was successful and a favourable client change has occurred. One cannot make sure whether in the long run, the rehabilitated offender will not reoffend. Or it is very difficult to believe that a child taken into the statutory care system will function better than if he had been left with his parents. Or what would be the actual consequences of the removal of a child from his home. Social workers cannot see the long-run result of their interventions, and therefore, they suffice themselves to the short-run outputs, and mostly stick to the processes of their interactions to make sure that they have done justice to the code of ethics and principles. And hence they assume success.

R.18:

[I] Would agree! I also did residential work with children, and often came away from that thinking that nothing may have changed now! -- they may have gone home, so something's maybe changed, but if they can, at the age of 20-25, think back to an experience they had with me that was positive for them and get something out of it, and that has an effect on their relationship at the time, then that's good enough for me!
You can't tell, particularly when working with children. It's really what happens in the next twenty years!

SUMMARY AND CONCLUSION

Ideally, social work authorities and practitioners should be involved with “**successful** ” rather than simply “**good**” practice. That is, the workers should be able to achieve the desired changes for their clients, all the time, and in every case. But

this is not what all social workers really seek, or possibly can, or even really care for! Most of the respondent social workers who worked with children and families cases, or with young offenders or adult prisoners, argued that they might feel quite happy when they could function properly according to the code of ethics and the principles of social work. "Process" then, seemed to come first for these social workers. Yet, they made it clear that they did not necessarily mean that they did not appreciate good "outcomes", and hence, success. What they expressed implicitly or explicitly suggested that being a success-oriented practitioner puts a lot of strain on social workers; it is a tall order to keep up with too many restrictions, rules and limitations, and therefore, it leaves less space for practitioners to think about "success". Certain respondents argued that rendering a good process was about 'playing safe', being backed-up by the authorities and superiors, and hopefully, inviting client satisfaction. At the same time, certain of the social workers in this study argued that ideally all interventions should be carried out with the hope that they would result in a desired client outcome, and the social worker would be regarded as successful. But, sometimes because of various factors one can only manage to do good practice, without achieving a successful client outcome, but that does not necessarily confirm that the worker is not successful.

To conclude the discussion of successful practitioners, a summary of the views and arguments of the respondents are provided to shed more light on why certain social workers, in children and families teams and in working with young offenders, may prefer process to outcome, and why they may want to work toward being good practitioners rather than successful in terms of achieving a desired outcome for their clients:

- 1- Usually and quite often, there is a conflict between the wishes of families and social workers regarding the welfare and overall well-being of the involved children. The end result that social workers may seek for the child's benefit is not necessarily the

one that satisfies the family. Therefore, in order to be on the safe side of the criticism and cynical attitudes of the society and the media, the workers prefer to adhere to the techniques of good practice and codes of ethics, so that to gain the agency support and become more secure against any misinterpretation. That's why some social workers, despite their valuation of good outcome, prefer to stick to good process.

2) Following a good process is more tangible and obvious for evaluation of one's practice, whereas, in most cases where abused children or young offenders are involved, one needs a rather longer period of time, say 10-15 years, to really find out whether one's intervention was fruitful and successful or not. No one can guarantee what will be the actual sequences of today's intervention in client's future life!

3- Social workers are not the sole decision-makers and actors in most of the cases related to children and families, probation and parole for offenders, and so on. Interferences of other professionals, such as courts, police, doctors, psychiatrist, lawyers, and other agencies have great impacts on social workers intervention. Therefore, social workers cannot focus solely on their own ideals and desired objectives without compromising with other professionals. In such cases, sticking to the good processes and code of ethics seems to be the best alternative. After all, being on the safe side and not being sacked is far better than taking the risk of working for success! As Respondent 09 puts it:

R.09:

In children and families I often work with people who are disagreeable!

Hard to be successful if you're doing something they don't want you to!

CHAPTER EIGHT

WHO CAN BEST JUDGE WHO IS A “SUCCESSFUL” SOCIAL WORKER?

INTRODUCTION

Social work literature and the guidelines in relation to assuring service quality suggest that **Partnership** with clients in the process of service delivery and the active, genuine participation of clients in defining their best interests and preferred outcomes, setting the objectives for the intervention process, and ensuring commitment to the fulfilment of the contract on the part of service user(s) and provider(s) are all among the main concerns of modern social work. Partnership is valued for its implication of equality and **consensus**, and as Cheetham (1993, p.162) puts it, “poses immediately questions about the place and validity of social workers’ professional judgement” Thus, a state of consensus on the quality and extension of the services is believed to be generated between workers and clients, and if this is achieved, it is assumed that the worker and the client will both reach more or less the same verdict on the quality of the client outcome and the success and achievements of the worker in offering a good practice.

Marsh and Fisher (1992) argue that:

Those who espouse the principle of partnership emphasise the effect this alliance should have on the process of social work, on listening to and taking [clients'] views seriously, on honest explanation of the process, capacities and limitations of social work and so on (cited in Cheetham, 1993, p.162).

There are, however, some reservations about this perceived consensus, and the findings of research on this matter do not universally support the notion of a high level of agreement between the two parties. Despite professional contacts and any closeness that may exist between worker and client, each group has its own personal problems, limitations, authorities and capacities, which may stop or hinder a realistic assessment of the exact objectives and intervention plans. Therefore, each group may develop a diverging perception of the quality of service provided and received, due to a diversity in its interpretation of client **needs** and the core causes of those needs.

In a recent document provided by the Department of Health (1991), *The Social Services Inspectors' Practitioners' Guide to Care Management and Assessment* a practical definition of client needs has been presented:

Need is used as shorthand for the requirements of individuals to enable them to achieve, maintain, or restore an acceptable level of social independence or quality of life, *as defined by the particular care agency or authority.*

The kind of attitude emphasised above stems from a belief that:

not all people [clients], all the time, are or should be the sole authority on their needs. Some social workers therefore emphasise the role of professional judgement in defining [client] needs (Stalker, 1992).

Goldberg et al.(1985) reported the existence of some noticeable differences of opinion concerning the credibility of clients' views on their expressed needs, and the extent to

which they might legitimately be interpreted by care managers. Over half emphasised the importance of recording what the user said and not making their own interpretations. The same authors found that in 40 % of cases social workers who had been trained in task-centred approaches could not reach agreement with their clients in social services departments on the nature of the problems or the means by which they should be tackled, especially in cases where more than one person [client] was involved.

Being left at the mercy of authorities and their discretion to interpret, define and prioritise the client's needs and wants may well create a discrepancy of opinions regarding the steps that need to be taken to solve the client's problems. In such cases, in Mayer and Timms's (1970) words, 'it is easy to criticise their failure to explain to their clients their differing views of the origin of the troubles being brought to them'.

The two previous chapters dealt with how social workers perceived success and under what conditions they judged themselves and/or their colleagues to be successful practitioners. The data hitherto analysed indicate that although my respondents saw successful workers as *ideally* being able to bring about successful client *outcomes*, in practice, it was the quality of the *process* of intervention that made workers feel successful or otherwise. But, given that the ultimate aim of social work intervention is normally seen as servicing the needs and promoting the best interests of the client, it also seemed worth exploring what value the social workers in my sample placed on the opinions and judgements of their clients regarding the quality of the service they received. Whom did they consider to be the more credible judge of the quality of practice, and why? And if any discrepancies exist between the opinions of the social worker and the client, how should social workers respond to such differences?

FINDINGS FROM THE DATA ANALYSIS

Data relevant to the contrasts between social workers' and clients' views of workers' success, and the question of discrepancy of opinions between the service provider and service user were in fact obtained from the responses of the first interviewee to questions on her definitions of success and the sources of feedback on the quality of her practice. Respondent 01 in relation to her definition of 'success' in social work said:

R.01:
ummm...success can be regarded as, even identifying
problem areas, without reaching the ideal outcome.

Implied in this statement would seem to be the idea that the social worker should be the main judge of what is feasible, and practically achievable as the output of the service provision . Elsewhere she said:

...they may at times not experience me as helpful, but I think again that has to be discussed with them, and to establish an open relationship with them, so that **they could express what they felt to me, and I could debate how far I can go on my own to help them!**

Expressions such as that reported above lead to other questions pertinent to the main theme of the research: How do social workers form the impression that they are successful practitioners? Where does this feedback come from? Whose views are more important in influencing the worker's judgement of him/herself as a successful worker? This is clearly an important issue which could help clarify my respondents' general understanding of, and attitude towards, 'success'. In the following section the findings from the data analysis of the interview themes pertinent to these questions will be reported.

Social workers who participated as subjects of the present study expressed their content with the quality of their practice, and all of them perceived themselves as “good” practitioners. Also, as has already been discussed in earlier chapters, they were convinced that “good” could be seen as synonymous with “successful”. Further analysis of the data gathered from interviews suggested that these practitioners could be grouped into different categories according to their inclination towards the sources as the best evaluators of their practice. These sources could be social workers themselves, their clients, peers, supervisors, or a combination of some or all of these sources.

(To find out why and under what circumstances a social worker may reach the point to decide who should judge him/her as successful or otherwise is an important issue which requires a separate research. I hereby acknowledge that this question has not been dealt with in much detail in the present study, that is, in looking for any possible pattern within the responses of the interviewees which may relate to the causes or reasons for falling into this or that category stated below).

Judgement by social workers themselves

Quite a few of the respondents from all three work settings directly or indirectly suggested that they relied on their own judgement in evaluating themselves as good or successful practitioners. They argued that clients’ views were usually biased and unfair, as reflected in their unreasonable wants and expressed needs. These respondents implied that more often than not, social workers are not able to satisfy all the needs and wants of their clients not because of any lack of skills or necessary competencies, but due to shortages of time, money, or other resources, heavy case-loads, or simply because some clients are over-demanding. As mentioned above, I could not trace any special pattern in the characteristics of the respondents in terms of their age, experience, field of practice and client groups, and so on. Respondents

whose verbatim statements are presented below have simply been selected due to the clarity of their statements and the quality of their articulations (as is the case with other quotations in other chapters). A sample statement of this group of respondents is contained in the following quotations from Respondent 09, a 39-year old children and families team practitioner:

R.09:

Success means whether you feel confident that you are doing the right thing, **in your own judgement!**
[respondent's emphasis]

Shortly after, he added:

When I've been successful I've achieved what **I** think are in the best interests of the client.[respondent's emphasis]

If successful social work is about reaching an ideal outcome with certain clients, then, how did these respondents deal with clients who, despite sincere efforts on the part of their social workers, do not show or express any sign of satisfaction with what they get or is done for them? Did this affect social workers' assessment of their own capabilities and competencies? Asked how much weight she attached to clients' assessment of her practice, Respondent 01, a 46-year old practitioner with 21 years of experience, of which the last five years have been with children and families cases, commented as follows:

R.01:

...I would be able and willing to discuss with the clients, for example, they may say: "I asked you to get day-care for 5 days a week, but you got it only for 2 days, so you are useless!" There are clients who phone up with a list of things for me to do for them! and some of them I say OK., but to some I'll say : "no, you do that! you can do it yourself!" **Sometimes they say that I am no good! but, that does not hurt me** because she has said that to other workers as well. I suppose perhaps there is a labelling of people here, that you decide that **there are certain people, with whom there is a pattern, that perhaps they are always at a level of dissatisfaction, because in**

**my view, their expectations are unrealistic,
and they are too much demanding!**

The above and similar statements made by certain very experienced social workers suggests that many social workers believe that, despite the importance of clients' views and feedback, the ultimate judge of their competence and success should be the social workers themselves, and not anybody else. Thus, the worker's self-reliance, and his/her confidence in the value of the efforts and skills being brought to bear on any individual case must be seen as the best indicators of "success". Whether or not the client is satisfied with what they have received does not therefore really concern social workers of the type referred to by Respondent 01.

Statements of Respondent 22, a 52-year old female social worker with some thirty years of experience with different client groups who at the time of this study worked with elderly and disabled clients and their carers in a community-care team, presents the reasons why this duality of opinion between client and worker exists, and why she does not always judge her own competence on the basis of her clients' verdicts on her practice:

R.22:

I have done work with clients where I've realised they haven't been very satisfied; but, often people have an expectation which cannot be realised, and you have to make it clear that you can do that much and they have to put so much in as well.

*Some situations cannot be resolved by social workers,
anyway!*

Obviously, Respondent 22 highlights the common problem with which most social workers, regardless of their clientele, agency and so on, are faced: the lack or shortage of certain resources to meet all of their clients' needs. There are limits to what a social worker is allowed to do, provide or give to his/her clients, and this should not be

translated, by the client or anybody else, into a perception of the social worker as weak, unwilling or incompetent. In summary, respondents belonging to this group believed social workers themselves to be the best judge of their own practice.

Judgement of clients

In contrast to the attitudes of the above-mentioned group, ten of my respondents, coming from all three practice settings, clearly valued strongly clients' judgements about the quality of their practice. Respondent 16, a 46-year old community-care team practitioner with more than 11 years of practice with mentally handicapped clients and their carers, provides a very good example of this view:

R.16:

If I have a satisfied client, that's the best thing for me.

She then raises the classic argument that getting positive feedback from certain groups of clients, such as child abuse cases or offenders and prisoners, is much more difficult, by contrast with community care clients, who usually need material help, or require some relatively straightforward adjustments to their situation:

With community work it's about working out what people's needs are and finding resources to meet those needs; e.g. someone wants to enter a nursing home and, you try and find the best nursing home for them, one where they are going to be happy.

So, the client is the most important person to back up your confidence in your practice. I like it when my supervisor is pleased with my work and I like it if my peers think I'm doing a good job, but at the end of the day, it's between me and the client. I'm not working on a production line!

Respondents in this category thus laid primary emphasis on obtaining the views of the client. By getting positive feedback from them they felt more secure in judging the degree of their own success in handling the case. In fact, this type of social workers

rely on the clients' appreciation and feedback as a reinforcer of their confidence in what they do and the way they handle their cases.

The process of establishing good communication and a more open and honest relationship with the client might lead them to re-examine the intervention plans, and sometimes even undertake a re-assessment of the client's circumstances to see whether better alternatives could be found to address the problem at hand. In practice, this kind of approach is recommended as the essential procedure for conducting a 'good practice' and to assure the quality of services (Sheppard, 1995; CCETSW, 1995).

As explicitly stated by Respondent 16, above, social workers who are competent in rendering a 'good practice', are appreciated, not only by their clients and the carers of the clients, but also by peers, supervisors and managers. For example, Respondent 25, a 44-year old community-care team member and a senior social worker with a variety of clients and carers, emphasised the relationship between client satisfaction and seniors' positive judgement on a worker's practice. He argued that:

R.25:

[It is] Good to get positive feedback from the clients; if they didn't like me and shut the door in my face, it would get a bit wearing. If senior sees that client's given positive feedback they usually give positive feedback, too. **So firstly, positive feedback from clients, which you get most of the time; that's important and often leads to positive feedback from seniors and managers.**

Thus, Respondent 25, like certain other respondents, provides a rank ordering of the judges of his professional success.

Another quote from the comments of Respondent 20, a 30-year old female practitioner from a children and families team, is presented here to illustrate the importance of social worker's self- confidence combined with the positive feedback coming from the client, peers and supervisors:

R.20:

I consider myself a successful practitioner, [because] I have a base level of confidence in myself as a practitioner, but I need that to be reinforced by my clients, and also by my peers and manager.

Shortly after the above statement she commented on the importance of client judgement and the impact of their views on feeling successful or otherwise; as is obvious from her statement, clients' **trust** in the social worker plays an important role in their acceptance of the worker's decisions and intervention process; and of course, this kind of trust stems from the quality of relationship the worker has been able to establish with the clients:

R20:

It's important that some of my clients like me; think that I'm a support and a resource for them, and some of them do!

Even with some where there's a conflict, I know that they trust me; that I'm still interested in them; committed to working with them; that a sense of relationship is still there!

A further quote from the comments of Respondent 22, a 52-year old social worker with a wide range of experience of work in different settings and with various client types, may serve to clarify the points we raised above, and especially, the importance of the clients' views. When asked how she knew she was a successful worker, and who could give her the impression that she was a successful practitioner, she replied:

R.22:

A feedback from supervisors and peers is important. You cannot operate in a vacuum! It's a safe-guard, because we are publicly accountable.

But, it's very important for me that my clients indicate in some way that they're happy with the service.

I don't expect them to come up with anything glowing but you would get the message!

Most respondents who could be grouped in this category acknowledged the involvement of clients, as active partners, in the process of setting intervention goals:

worker and client could enter a state of agreement, based on a sound contract. They suggested that arriving at an agreement between both parties upon the procedure to be followed could guarantee both worker and client satisfaction with what was expected to be achieved, and that was enough for both sides to look positively on the whole intervention. If after all, the goal was achieved, then they were relieved, but if, for any reason, it proved impossible to obtain the desired outcome, they could re-assess the case, re-negotiate the plans, and embark on an alternative approach. Of course, this could only be true if the client saw the agency and the social worker as genuinely trying to help him overcome his problems. For some respondents, a clear proof of their success seemed to be clients' positive feedback and appreciation of the service they received. In other words, the acknowledgement coming from satisfied clients was enough for some social workers to convince themselves they were successful practitioners.

Judgement of peers

According to eight of my respondents, the most important source of judgements concerning the success and quality of their practice came from the views expressed by their professional peers as well as their supervisors. For example, to feel one is regarded as a knowledgeable and competent worker by one's peers, and to see them as wishing to seek out one's opinion or advice in dealing with particular situations or certain client cases, are all indicators of success for Respondent 01. As a senior practitioner, she is consulted by her peers and junior social workers for advice:

R.01:

And about my peers, it is important to see how they use you, or see you as reflected in how they wish you to share things with.

The job I have as part of the role of a senior practitioner is supposed to be, to pick your brains and help discussions, if they are stuck on a case, and just want to get another viewpoint, they can come to you, so part of my job is supposed to be evaluating their practice. So, it

is very important that your peers see you as worthy, to give helpful views!

Respondent 04, a 41-year old practitioner with more than 15 years of experience with single parents, adoption and children in care cases, expressed similar feelings of professional satisfaction when referring to occasions in which she had been consulted by colleagues for advice; and such experiences she counted as an indicator of her being a good practitioner:

R.04:

... I think one of the things that happened to me, and I felt it was a great compliment, was one of the workers who was much more experienced than me, asked me my advice on a case! This was a great surprise for me but it was at the same time a great compliment.. so, it was a brownie point, I suppose!

Judgement of peers and managers: a different view

Despite the importance of teamwork in social work and the back-up and support from which the members of any team can benefit in times of conflict or crisis, certain of my respondents attached little importance to colleagues' evaluation of their practice. While there seemed to be various reasons for this attitude, it was commonly stated that peers were normally detached from each other's practice, being engaged with their own individual cases, and therefore, could not be a reliable source of opinions on the success or otherwise of their colleagues' practice.

Supervisors and managers, on the other hand, were believed to be involved only in overall planning and whenever a particular problem occurred, so they, too, could not be relied on, as a real source of judgement on a worker's success. As an example of

this type of attitude, the comment of Respondent 16 is recorded, whose views on the impact of positive feedback from clients have already been commented on above:

R.16:

Supervisors have different perceptions - some may not be too bothered about exactly what you are doing with the client as long as you're shifting the work.... Think it's hard for others to know how well you're; very individual. No one comes to watch you with your clients. Only you know whether you're doing a good job or not.

Several others shared this view of working in isolation and not getting positive feedback from peers or managers unless some serious procedural issue occurs. Therefore, social workers often get the impression of success or otherwise from their own work based on their own judgement or from their clients' comments and evaluations.

CONCLUSION

Social workers participating in my study fell into three categories concerning the sources of acknowledgement for their success on the job: certain of the respondents with different backgrounds and working with a variety of clients and in all three specified settings, stated that the most important source to get feedback from were their clients and the carers. If the service users show that they are happy with what they get, the workers can assume that they have done a good job, and hence successful. Certain other respondents argued that the most important factor for feeling successful is the level of their self-confidence, a belief that what they have done is worthwhile, and that they have made a contribution to the well-being of their clients. Nevertheless, the difficulty is being able to sustain that feeling because it is not so very frequently reinforced by either clients or the agency. Practitioners have to believe

that they are doing a reasonable job and that they can continue to do so. They have to come to terms with their capabilities and quality of work based on their own judgement, because quite often the aims and objectives of the agency are not compatible with what they consider to be social work practice. It is in the face of this diversity of aims and priorities of practice and many other sources of conflict that social workers prefer to rely on the positive feedback they receive from their clients, and on their own professional judgement.

It is interesting to point out that very few of my respondents said they really rely on their managers' evaluation of their practice in terms of success or otherwise. Although, many of the workers acknowledged that in order to be able to do a good job and use the available resources to the best interest of their clients they need to be on good terms with their line-managers and supervisors, yet, feeling successful had nothing to do with their peers or supervisors' evaluation of their practice. It can be argued that the main reason for such an attitude among my interviewees possibly relates to their long-term experience on the job and having enough competence and self-confidence to be their own judge in terms of success or otherwise. Even those who valued their managers and supervisors' views as a basis for feeling successful, in fact appreciated their support and positive feedback as a token of great complement and not merely because they have been "successful".

CHAPTER NINE

SUCCESSFUL PRACTICE:

“SUCCESSFUL PRACTICE” INCORPORATES “SUCCESSFUL CLIENT OUTCOMES”

OVERVIEW

Analysis of the data in previous chapters identified a definition used by my respondent social workers to judge themselves and colleagues as “successful”, which was in fact synonymous with “good practitioner”. In practice, however, this definition may be applicable to any front-line social worker who shows skill and competence in managing a social work process and keeps up with the requirements of professional standards and the Code of Ethics. The respondents, however, argued that in order to be judged as “good” practitioners (‘successful’ was not a term they regularly used) they did not necessarily have to achieve desired and planned client outcomes, every time and with every client. As long as they were confident about the professional credibility of the

practice process, and especially in cases where they were able to establish a good relationship with clients, carers, and other involved professionals, then they should be viewed as successful, irrespective of the ultimate outcome of their practice. As we have discussed in an earlier chapter, the findings of the data analysis provided the basis for the following conclusion:

“successful practitioner” is a synonym for “good practitioner” so long as the worker keeps up with agency standards, professional code of ethics and principles and functions within the framework of rules and regulations.

Thus, the first of the major research questions ‘**who is a “successful” practitioner**’ is answered.

Although there were some remarks on good practice and its relationship to success and successful practitioners, it seemed there were still certain gaps to be filled before it would be possible to arrive at a sound conclusion regarding the second major research question ‘**what is “successful” practice**’ in social work? As was the case with the definition of a successful practitioner, the concept of ‘good practice’ was a far more familiar term than was ‘successful practice’, and therefore, we had to focus on the differences and/or similarities between ‘good’ and ‘successful’ practice as perceived by social workers participating in the present study. In fact, some respondents used the concept of ‘success’ when commenting on the quality of their practice with certain clients and illustrated the experiences with different clients where they could or could not manage to reach a planned client outcome. We will refer to some of these comments shortly, but first, two propositions are introduced on the basis of the substantial comments and perceptions of the respondent social workers :

a) Often, one can perform good practice without achieving a successful result as defined in terms of positive client outcome

b) One might achieve successful outcomes even without performing good practice

A conclusion may therefore tentatively be drawn on the basis of the above observations concerning the definition of successful practice in social work:

“Successful practice” is an outcome-based intervention irrespective of the application of “good practice” procedures. In other words, whenever a positive client change results from a piece of practice, that practice is valued as “successful”.

In the following space we will elaborate the discussion using the comments and statements of my respondents

SUCCESSFUL PRACTICE INCORPORATES SUCCESSFUL OUTCOME

Conventional practice wisdom holds that “success” is an “outcome-oriented” concept. Any successful operation or conduct implies the achievement of a desired end-product. For example, with professions such as surgery, law, life-guarding, or even fire-fighting and so on, where the main concern is people’s safety or well-being, it is hard to assume any successful operation without a positive and observable end result. For example, when we hear that a surgical operation has successfully been carried out, we normally anticipate that the patient’s health has been restored and that he will be returning to normal life sooner or later. In general, a life-saving operation is valued as “successful” when the people involved have been rescued and are back to relatively stable situations. Similarly, success in direct social-work practice is - at least in theory - measured on the basis of what the clients gain. A successful social work intervention, then, is associated with successful client outcomes.

In contrast to the views of the respondents regarding “successful practitioner” as one who performs a “good process” of social work, a different view was expressed about “successful practice”. Here, client outcomes appeared as a criterion measure of successful practice. To illustrate the argument some verbatim excerpts from the statements of selected respondents are presented: For example, Respondent 06, a children and families team member, said:

R.06:

I suppose...success is when at the end of intervention me and my client sit down and the client says, “**as a result of your work with me over the last year things are better**”.

Another example is taken from the conversation with Respondent 13, a 51-year-old community care worker who practises with physically handicapped and chronically-ill clients. R.13 clearly differentiates between ‘feeling good’ because of doing a good practice, e.g., having a satisfactory assessment, preparing adequate resources, or providing a reasonable action plan, on the one hand, and on the other, ‘feeling successful’ in terms of providing something positive for the client as an outcome of the practice.

Anvar:

When a practice leads to a desired outcome, do you see this as a **successful** practice ? or **good** practice?

R.13:

Successful, yes, but good is slightly different. There is **good practice**, to which there is a consensus of opinion. Feeling good is when you’ve done the right thing, or done something efficiently, or done a good piece of work.

“Successful” is when social worker and client are happy with outcome!

The statements of Respondent 15, another community-care team member throw further light on the issue. She clearly emphasises that “outcomes” constitute the major parameter of successful practice:

Anvar:

Now that we have talked a lot about “success” and “successful” practice, can you differentiate between “good practice” and “successful practice”?

R.15:

Up until now in the interview I’ve equated them, but I think “successful practice” **brings something else into that - it seems to emphasise more about the “outcome” than “good practice”.**

Anvar:

So you mean good practice doesn’t necessarily lead to planned, foreseen goals?

R.15:

I would hope that it did. It’s just that... **“successful” seems to emphasise the “outcome” more!**

Implied in the above statements is the fact that despite good intentions and good practice processes, one cannot guarantee the attainment of a desired, planned outcome, or client change. One can feel successful by doing “good practice” but this does not necessarily mean that the end result is going to be exactly as the worker and the client have expected. To use the analogy we have already presented, a very good surgeon may not be able to save a patient’s life. That specific operation was therefore not successful, although the doctor may still be a good professional. And the same rule applies to life-guards, fire-fighters, lawyers, and other professionals as such. Excerpts are included from the statements made by two of the social workers participating in the study to illustrate this point further:

R.16:

... you could apply good practice, and still not get a good outcome to a case; or **you might have successful outcome without being a totally good practitioner!**

And Respondent 18, another experienced worker from a children and families team said:

R.18:

Social workers could have **successful outcomes** without going through a **good process!**

To elaborate this discussion in relation to the similarity and/or differences between good practice and success in social work, the following statement made by a highly experienced social worker from a different field, i.e., prison social work, is included:

R.05:

I think there is a similarity, isn't there, because I suppose what I'm talking about is good practice, but **good practice isn't always successful!** That doesn't diminish the quality of the practice because equally *I can work quite hard and try to be **effective** with somebody and actually **fail** to get them to open up or disclose or talk about their offences. That's not a **successful outcome** but the practice that's gone into it is still probably measurably good.*

As is obvious, R.05 like many other respondents acknowledged the similarity between "good" and "successful" practice, except in terms of achieving an intervention outcome as the end result of practice. What these workers emphasised was that one could be valued as a good worker due to one's ability to meet any particular practice standards; competent in assessing, treating and terminating a case whilst simultaneously maintaining a good relationship with the client; and acting in compliance with agency regulations and the mandates of service provision. They correctly assessed "good practice" in terms of meeting the standards of social work practice derived from the core purposes of the profession and the values and principles set forth for practitioners. But, like our analogy of a lifeguard who, despite all his best efforts and intentions may sometimes fail to rescue a drowning swimmer, a social worker also may not always succeed in reaching the outcomes intended for the client. What is inferred from this discussion and the statement set out above by Respondent 05 is that maintaining an emphasis on social work processes in evaluating the performance of individual practitioners is a crucial factor in keeping social workers

going in their job. However, that practice will not be considered “successful” by the same practitioners unless it produces a desirable outcome for a client.

To conclude the discussion a quotation from Respondent 09 is presented in which she views “successful practice” in terms of “successful outcomes” and translates it into ‘making someone’s life a bit better. This ‘betterment’ of the client’s life may be achieved through material help, or counselling, or advocating on the client’s behalf, bringing positive change into his/her circumstances, and many other actions which are part of a social work practice agenda:

R.09:

When I’ve been “**successful**” I’ve achieved what I think are in the best interests of the client. If involved in a situation **where I’ve made someone’s life a bit better, then that’s “success”!**

GOOD PRACTICE AS A PREREQUISITE OF SUCCESSFUL PRACTICE

Although there was a total consensus about perceiving successful practice in terms of successful outcome, certain of the respondents argued that in order to achieve the best possible outcome for clients in terms of providing positive changes in the client system, one necessarily has to comply with the procedures of the organisation, be on good terms with managers, peers and other important individuals who are somehow connected to the client system. For example, Respondent 10 said:

R.10:

If [you are] competent in areas of “**process**” and **procedural** elements as well as forming and sustaining **good relationships** with clients, colleagues and other professionals, then [that] shows your **enthusiasm** for the job! [It’s] Hard to do that with integrity unless you are committed to the job.

Certain respondents from all three practice settings also stressed the importance of establishing a good relationship with clients as though this was the ultimate goal of intervention. For example:

R.12:

For me, the most important thing in social work is the kind of **Relationship** you make and build and sustain. If you can build a good, trusting relationship with clients, that is of critical importance, and I've found work that I've felt at times good about is because I've been able to build a good relationship with people I'm working with.

SUCCESSFUL PRACTICE WITHOUT CONDUCTING GOOD PRACTICE

Some social workers argued that at times one even has to breach formal agency guidelines or procedures, or act against the intentions of the management, in order to be able to practise in the best interest of the client. Some cases require more time and energy of the worker, or the worker should seek more and better resources in order to be able to solve a specific problem of his/her client or the carer. At times, these are translated into over-reacting, over-demanding, or simply, using too much of the available resources of an agency which are supposed to be allocated with care and consideration to potential clients. So, if a social worker keeps asking repeatedly for more money, material, help, support or agency resources, he/she may be judged an intruder, which his/her line-managers may not see as complying with the definition of "good practice". For example, Respondent 23, a very experienced children and families team practitioner complained strongly about the restrictions that his agency has placed on the resource, time and energy that social workers could put into each individual case. He argued that "successful practice" is losing its meaning because the social worker has often to compromise:

R.23:

... I think the current view of defined tasks being absolutely essential in order to allocate social worker's time is unfortunate! but, I think it's a consequence of current political and financial and resource approaches to social work. And we are under constant pressure that if we don't have these specific tasks to undertake, and clearly define them, we really should be moving onto another case, and that these families or individuals should be left to get on with life! - in many cases it's against the client's wishes, and even against the worker's wishes!....

He then described one of his experiences with an abused child case where he spent a substantial part of his office as well as personal time to monitor closely the child's situation, to be at hand when the child really needed him, keep an eye on him, etc.. which he believed to be a "successful" practice. Yet, the agency and his supervisor were not happy with this expenditure of efforts. They did not regard this worker's conduct as consistent with the definition of "good practice", although the worker believed that the main reason for his being successful in this specific case was due entirely to his breaching the policy and procedures of the agency:

R.23:

...I have a young lad, who's 16 now, whom I have worked with for 6 years ...but after 6 years I'm still struggling to help him avoid catastrophe in his life! I regard those years as being quite "successful" - we haven't achieved anything substantial yet, but neither has he been found dead in a gutter through an overdose or through being attacked.

I could sit down and totally take myself apart for this lad not having a good family, not having the prospect of a good job, for continually being in trouble with the Police; I could beat myself about the head in a self-critical way for that, but if I sit down and think, 'well if I hadn't been around, if we didn't have the relationship which we have, - which is not what the agency appreciates, and I'm getting notices for that - and if didn't have that relationship where might he be?' it's only the consolation of where he might have ended up that allows me to say to myself 'maybe I have been fairly successful with this lad, maybe I have achieved something, despite the reluctance of the agency managers and scolding me for spending too much time and energy on one specific case!

Thus, the comments of Respondent 23 represents the views of social workers participating in my study who could not in certain instances define themselves as successful if they merely restricted themselves to following the agency rules and procedures, or paid undue attention to the need to conserve agency resources. Following one's initiatives, and acting creatively and enthusiastically in order to attain certain goals can sometimes make for personal satisfaction and a sense of achievement. As Respondent 18 stated:

R.18:
Social workers could have "successful outcomes" without going through a "good process"!

Respondent 09 is among those respondents who believe in doing a "successful practice" without necessarily doing a 'good practice':

R.09:
Sometimes you can't do good practice, because of various factors, but still might be successful in your aim, but you haven't done it the way you were expected to. For example, you may recommend a decision with a report to the Children's Panel, but it might not be a good report, due to lack of time, etc. May get the decision you wanted anyway, but wasn't good practice.

Certain cases require that the practitioners stand up for their clients, and as one respondent put it, 'to stick their neck out for the them'. Despite its benefits for the client and all the satisfaction that the worker receives from his/her successful practice, yet this kind of pressing for the rights of the client may not be judged "good practice" and consequently, affect the longer-term credibility of the worker. One experienced social worker argued that the higher up one gets in the system, the difficult it becomes to stand up against the system. They saw this as generating a climate in which such advocacy is not acceptable as a feature of "good practice". Several respondents stressed that the agency and the line-managers don't like the idea of putting too much

demand on the agency's resources, or ask too much for the sake of clients. As one respondent put it, 'managers are looking for docile workers!'

SUCCESSFUL PRACTICE IN TERMS OF CLIENT CHANGE

It should however be borne in mind that client outcome is a relative concept, and thus a matter of degree. It ranges from the most tangible, and materially-defined outcome, to the most subjective and hard-to-measure types of change in client systems. To illustrate this, an excerpt from the interview with Respondent 19 is included. As a practitioner in children and families cases she believes that desired client outcome is not confined to concrete and observable benefits; it includes any progress that may occur not only in the materialistic rewards they receive but also any progress in making a family feel respected, heard, and understood. Even establishing a humane communication with clients is a good outcome and therefore, the practice should be valued as a "successful" one.

R.19:

[I] Would probably consider a practice successful if there has been a desired outcome, and that would be in terms of gaining the trust of the family being accepted.

As is clear from the above statement, a subjective improvement in clients' perceptions may also be considered a change in the client system, and consequently be valued as a successful piece of practice. Respondent 19 comments further on child care practitioners:

R.19:

They may not be successful in getting the desired outcome, but what you've probably done is help them understand why they have the problems they have; why they behave as they do; help them to come to terms with some things that is probably not resolvable - they can be improved to a degree but beyond that if the person

themselves doesn't do the bit that they have to do, it's not going to happen, but if you can help them accept that, and help them to see, then they have a choice, and I would see that as a success.

Implied in the above statement is the difficulty of handling most children and families cases in which the various types of psychological and other damage involved make the situation more complicated. Confronted with higher case-loads and limited budgetary and other resources, social workers may find it impossible to achieve a desired client outcome with every case. That may perhaps explain why a common attitude on the part of social workers entails a rather restricted definition of "success", confined to simple, small-scale achievements in making clients satisfied with more humane treatment and good relations.

The following excerpt from Respondent 23's statements may better illustrate this point. This particular respondent believes that in many cases the worker, and even the clients or carers, do not expect a dramatic change to occur in the client's circumstances. Sometimes, social workers' satisfaction is merely derived from their ability to make the client appreciate the helping process they are involved in, bringing a moderate change in clients' attitudes and making them believe that there are people who are trying to help them, or feel that they have somebody to listen to them when a crisis occurs. These client outcomes are considered successful practice if they affect clients' perception and behaviour and bring about even small-scale positive changes.

R.23:

I think in many situations, in a client/worker relationship the fact of being there for a client, being there for a family, to visit, just to talk, make them know that if they have difficulties they can come to you, I think that relationship can, in my view, be seen more as a definition of success, or an interpretation of success, rather than any particular outcome, or even any particular process, although that is probably part of the process.

A CROSS-CHECK ON SOCIAL WORKERS' PERCEPTION ON "SUCCESSFUL PRACTICE"

As has already been mentioned, my respondents had somewhat different opinions of the relationship between performing good process and doing a "successful practice". They also used the two concepts of 'good' and 'successful' practitioners interchangeably. In order to avoid any misunderstanding or misinterpretation of respondents' views, a form of internal check was carried out. Towards the end of each interview, respondents were asked to recall one or two of their most "successful" experiences in working with clients; and to explain what they did, what happened to the clients, and finally, why they regarded the practice as successful. Without exception, my informants gave accounts of their involvement in difficult cases describing how they had been able to manage the intervention in order to reach the desired result. For the sake of brevity, only two such accounts are provided. These narratives are in many ways self-explanatory, emphasising why one should feel successful and the reasons why each particular episode was considered an example of successful practice. These two sample episodes, like the ones explained by the remainder of the respondents, stress the importance of "client change" as the most salient outcome of social work intervention, and equate the notion of successful practice with successful client outcomes.

R.17:

The most profound success I've ever had was when I worked with an incest survivors group. I was a counsellor and a group worker within that setting. I worked with a project for women who had been abused as children. It was a counselling service and a self-help group. That has been one the most successful experiences for me as a worker, seeing very damaged, hurt, abused women come and after a period of time through counselling, grow and heal and recover and share their pain enough to move on, to become more fulfilled, and complete!

I was involved in psychotherapy; a very person-centred approach! Very intensive work! *I found that successful,*

seeing someone start in a certain way and come out the other end healed, as far as they can be!

The second example is taken from the field of community care, and illustrates the importance attached by certain social workers to hard work, persistence, and advocacy on the client's behalf to achieve the desired outcome, a planned change in the client system:

R.16:

[The] Client had [a] profound learning disability. lived at home, went to school locally till he was 16, then he went to a residential school, away in Aberdeen, which was wonderful for him, but it has very long holidays, so he would be home for 7 weeks in the summer, 3 weeks in October, 3 weeks at Christmas, 3 weeks at Easter, and his mother couldn't cope with him. He was a big lad, very profoundly handicapped - no level of understanding - needed watching the whole time. What she[mother] wanted was for him to go somewhere locally which would be 52 weeks of the year, where she could see him regularly but in small doses - as having him home for weeks was impossible. He was registered with Integrated Resource and Information System (IRIS) - if you have someone who wants a resource you write in, or if you're a resource with a vacancy you notify them and they try and match people up - like Computer Dating.

He was registered but they hadn't come up with anything and a new place opened, a very small place for people with profound handicap but it was very expensive. At the point where I took over the case, there was the possibility of this new place and another one that has since opened up, which might have been able to take him. I put a lot of effort into chasing up the small home which just took five people and they went to see my client and they said they were considering him. They weren't very keen to take him - he has profound learning disability but he's physically quite fit and this place was really for people in wheelchairs, as well. They're eventually down to the last place and still didn't want to take him. Then the fifth person they wanted couldn't go and I kept phoning them and kept phoning and eventually they said yes they would consider him. I then had to get the funding approved - it's £1000 a week, very expensive - so I had to put an awful lot of effort into persuading the District Manager that they would pay for my client to go and that he could get the place.

I think it was successful because of my persistence - I think a lot of people would have just given up - I didn't give up; I kept phoning.

Also I tend to not just speak to my supervisor and leave it for him to speak to the next person up - I tend to phone the District manager, I tend to write memos, etc. The other bit was really studying what this client needed, to make sure that I was getting the right resource for him. I controlled every resource in the region that might be suitable for him.

It was really getting to know the case, and knowing just what was needed, and then fighting for it!

I now **have to fight** to get him this care and to get extra money. I keep getting told, "we're paying £1000 a week, how can you ask for more money?" but *I keep on asking. Never take 'no' for an answer! be prepared to stick your neck out, even though you're being unpopular!*

Have to have confidence that I made the right assessment in the first place - the client's much better off, in a good place, working well, the family are happy. **The goals I identified in the first place have been reached!**

Anvar:

So it is the **outcome** that satisfies you, and makes you feel successful, isn't it?

R.16:

Yes! if I'd done all that work and I'd got him into a resource and it was hopeless, then I wouldn't say it was a successful case!

It gives you a feeling of satisfaction when you've done a lot of hard work and you see a good outcome!

CONCLUSION

The answers to my final question, which I had deliberately saved for the end of the interview with each respondent, revealed that despite the various competing views and arguments concerning the different aspects of a successful practice, all of my informants valued "client change" or positive outcomes arising from any piece of

practice, as the major criterion of successful practice. When I asked them to recall one or two instances of their own successful practice and explain why they regarded those practices as successful, what had been the results of those interventions, and what had happened to the clients during or after those interventions, everybody gave examples of episodes in which they felt they had been able to bring about positive changes in the client's life, and the outcome of the whole practice was to their own as well as the client's satisfaction. In short, "**successful practice**" to these respondents meant the intervention that could bring about a "**positive change**" in their clients' lives, fulfilling a desired goal and reaching "**good outcomes**" which best suited their clients' needs. This view appeared to be independent of their attachment to the process of doing social work within a care management package and in a statutory social work setting. Unlike the question of 'who is a successful practitioner' where the respondents argued that 'good' is the same or good enough to be judged as 'successful' practitioner, here, with the question of 'what is a successful practice', there happened to be a consensus among the respondents that 'successful practice' relates to the quality of the intervention in terms of achieving a positive, observable, measurable client change. Yet, as we demonstrated by presenting sample statements of certain respondents, there was a diversity of opinion among the respondents: some believed that in order to be able to bring positive change and thus to do a 'successful practice', one needs to follow the good practice procedures. Only a few respondents argued that in order to do a successful practice one does not have to comply with the exact rules and regulations. One can use one's initiative, experience and practice-wisdom to exploit the system for the benefit of the client. Thus, the majority of the social workers inclined to the view that one may follow a solid **process** of social work, and perform a good practice and feel oneself to be a successful practitioner, but unless and until one reaches a good, desired **outcome** for the client in terms of a positive change in the client system, the intervention will not be considered "**successful**".

The hypothesis thus grounded suggests that whenever a desired and planned client outcome is achieved, then the practice related to that specific event is successful. Thus, successful practice is an outcome-based concept measured by the degree to which clients and workers are satisfied by the change that has occurred in the client system.

CHAPTER TEN

INTERNAL AND EXTERNAL FACTORS CONTRIBUTING TO “SUCCESSFUL PRACTICE”

INTRODUCTION

When the informants at the stage of administering the pilot questionnaire were asked what they needed in order to become successful practitioners and what factors contributed to a successful practice, they often named certain factors which related either to social workers' personal characteristics, or to something they received from their working environment. Other factors such as establishing good relationships with clients, peers and other professionals, could, however, be classified as the throughputs of social work. The more relevant and important factors were selected to put to further test with the actual informants during the in-depth interviews. Questions on the importance of input ingredients, or internal and external factors, were thus included in the main research interviews. As could be seen, my informants acknowledged that certain qualities and personal attributes, such as *knowledge*, *experience*, and *resources* are fundamental to providing what is believed to be a “good practice” and hence, success. We have already referred to the “production-line”

perspective in social work practice, with its reference to inputs, throughputs, outputs, and outcomes, and have also referred to the feedback loop between the components of a production system. As explained in previous chapters, certain of my respondents argued that in order to provide a desired outcome, workers should utilise their knowledge-base, skills, experience, values and so on, within the context of a mutual relationship between themselves as service providers and their clients as service receivers. This process was seen as based on a good assessment of the case, in order to ensure positive client participation and cooperation, without which it was thought very unlikely the intervention would achieve a tangible outcome in terms of a desired change in a client's circumstances.

Some respondents, in defining their views about successful practice or selecting their successful colleagues and explaining why they had selected them, found it useful to compare and discriminate between 'good' and 'successful' practices and practitioners. This automatically led to a line of questioning that concentrated on those qualities and characteristics, both individual and external, which practitioners saw as possibly having an effect on making a piece of practice successful, or bringing about a feeling of achievement on their part.

INTERNAL / PERSONAL FACTORS

Close scrutiny of the respondents' accounts indicates that workers normally require two sets of input components, or factors, which they saw as having substantial impact on the quality of their practice: *internal / personal* factors; and *external / organisational* factors. Internal factors consist of all those qualities, capabilities, personality traits, knowledge, ideology, values, experience, background etc., which are unique to each practising social worker, and which each brings to his/her practice with particular cases. External factors, on the other hand, are all those elements that

create a facilitative environment for the worker's practice. Of such factors one can mention team support, adequate resources, proper physical condition of the work place, reasonable allocation of cases, clerical help, supportive managers, policy, regulations, and clear guidelines.

Acquired factors such as knowledge, skills and experience

The most important personal property which my respondents believed to contribute to successful practice appeared to be their "knowledge" base. This was congruent with the findings of other researchers who have studied social workers' perceptions of professional knowledge. Reporting some of these studies, Timms and Timms (1979, p.121) came to the conclusion that there are three broad kinds of knowledge: knowledge that *something is the case*, e.g., facts and figures related to some experiences; knowledge *by acquaintances*, e.g., knowing something, some people, some situations for sure; and knowing *how to do something*. The findings of the researches cited by Timms and Timms, however, define *knowledge as a means of increasing the effectiveness of social work (ibid., p.116)*.

I was not intending to enter the realm of epistemological debates on knowledge, types and kinds, or sources of gaining knowledge, and especially the clash between different schools of thoughts and their approach to knowledge. Rather, in my questioning of the respondents, I tried to confine myself to a lay definition of 'knowledge' in social work, which simply deals with the 'knowing-what' and 'knowing-how' problems; the knowledge-base that is generally assumed by educators, policymakers, authorities and practitioners, to be necessary for practitioners to be able to practise within the remits of principles and the code of ethics, law and regulations, and agency policy. It seems important enough to acknowledge that my respondents's views regarding the knowledge-base, skills development and

experience and the implication of these properties for rendering a good practice and effective outcomes were in close harmony with the practice requirements and core competences recommended by CCETSW (1989 and 1995). The respondents acknowledged that being knowledgeable about policy and regulations, specific laws in relation to work with certain statutory cases of mentally-ill people or child-abuse cases; available resources; and also possessing a good command of the prescribed code of ethics and principles, are the major requirements for a practising social worker. To illustrate the importance of knowing what and knowing how, part of the comments of Respondent 16 is reported.

In response to the question of 'what factors make her successful' she said:

R.16:

I think I'm successful because I've been a social worker for 20 years, and I know I'm much more competent now than I was 20 years ago. I can see that I've made a progress. I've learnt a lot.

...I try to keep myself well-informed about procedures, regulations, laws and resources...

This kind of knowledge is assumed to be an amalgamation of information gained through education, on-the-job-training, long-term experience, insight and something inherited from one's socio-economic background. To illustrate the point, let us present Respondent 01's statement in this respect:

R.01:

...you are led by certain *knowledge-base about procedure* in your department; you have to *know how* to talk about the tasks, say, the task of getting your client a place in a residential school as soon as possible, which requires **knowing one's way through the bureaucratic systems in the department, which is a knowledge and an experience.**

I mean because you have worked in an agency and all other agencies, and they all change so much, so you have quite a fair bit of initiative these days to find out what the system seeks! So, yes, I think one is using *experience* a lot of the time, using the experience of the department to the good of her clients. For example, working with the girl I mentioned, I am dependent, to a

great degree, on the experience I have gained in working with adolescents. But, as well as that, there is a fair list of knowledge about adolescents and about the tasks of adolescents. *So, there is knowledge, familiarity with the agency, its policy, and bureaucratic system of the agency, etc....*

As clearly stated by this experienced social worker, there are certain qualities and internal factors that, if mobilised properly as the 'inputs' of the social work system, pave the way to performing a good service to the satisfaction of both worker and client. To further support the argument, a statement from another experienced practitioner is reported.

Respondent 04, in response to the question of what contributes to the fulfilment of a successful intervention, answered:

R.04:

You have to know your strengths and weaknesses in practice! You have to know what you are **knowledgeable** about, where your knowledge gap exists.

Innate factors such as values and personality characteristics

There are other kinds of internal factors, different from what social workers can acquire through training, education and experience with certain types of clients, or working in specific work-settings and agencies. These relate to workers' attitudes towards human beings, and socio-economic problems affecting the quality of people's lives, ideologies, and whatever determines their stand points in relation to their work, clients, and the nature of the problems they are to tackle. Without entering into philosophical and psychological issues, I tried to map out my respondents' perceptions of the impact of such properties and worker-related internal factors on their quality of practice and success. For example, giving her accounts for a successful

colleague, Respondent 04 believed the following factors to be responsible for her colleague's success:

R.04:

she has a very **calm, soft approach to people; very kind, never hurts anyone**, not that I know! because she is extremely **committed, and willing to try lots of new things, with immense steering power!** Always, nearly always she is the same; she **never seems to get ruffled, or upset. Very very strong!**

It is quite obvious from the above statement of this experienced social worker that characteristics such as *care, thoughtfulness, commitment, and enthusiasm*, as the bases for one's success, are regarded as personal/internal qualities of the workers, which are somehow brought to their profession and applied to their practice with certain clients. These qualities, although of different nature, surely are as important as the first set of internal / personal characteristics.

Neither does Respondent 04 forget about the need for care for colleagues and respect for others as well as for the agency and professional values, as factors stemming from a worker's personality when she says:

R.04:

I think it's her thoughtfulness. That is, not only caring for her clients, but also her colleagues and the agency as a whole.

Respondent 04 thus points to certain internal/personal factors which contribute, or facilitate the workers' achievements of their professional objectives. Possession of these qualities makes the difference between 'successful' and 'not-so-successful' practitioners. It is arguable that such qualities relate to individual workers' personalities and their value systems; the way they perceive the world, themselves and others, and consequently, these views and ideologies shape up their approaches towards their work, their clients, and the entirety of their profession (see Appendix II: A Scottish Charter For Social Work).

Respondent 03 explains these accounts quite clearly when she says:

R.03:

I think there are always factors to take into account; the pressure in clients' lives which can define the failure in terms of one's practice, and to define the failure, I think the approach that doesn't consider the clients' interest first, is the common one, where they are trying to impose solutions without actually being involved with clients' views. So, **it is possible that you have the knowledge and you can have lots of skills, but at the end of the day it is the value base of the worker that is coming from her personality and life style which can often put all those knowledge and skills aside just because maybe her solutions are not the best or feasible for her clients!** or maybe it shouldn't be considered as the final solution.

So, I suppose that's about the value base of the social workers which can be the source of their problem, or driving them towards success.

In brief, my social worker respondents perceived that certain qualities and personal properties such as knowledge, experience and skill of putting knowledge and experience into practice, on the one hand, and on the other, workers' ideologies, values, degree of enthusiasm, and competencies in showing care and respect towards their clients, peers and managers are among the most important internal/personal inputs affecting the success and quality of their practice.

EXTERNAL / ORGANISATIONAL FACTORS

Pilot interviews and informal discussions with certain social workers indicated the impact of several input components identified as *external factors*. These are factors which although closely related to the social workers's experiences, are not derived from their own personality or self. As Respondent 03 stated:

R.03:

there are a whole range of components contributing to successful practice!

Of such components one can mention *resources* as the most salient factor; and also, the quality of inter-relationships between workers and other team members, between workers and their supervisors, and between workers and their clients. In addition, factors such as case-loads, clerical assistance, quantity of paper-work they have to fulfil, and the kind and extent of clients' problems, may all play an important role in leading a worker and his/her practice towards 'success. The views of Respondent 17, a Community Care practitioner with a variety of work experience in different social work settings and clientele, may throw some light on the subject: In discussion of 'success' and its related factors, she said:

R.17:

I think you have to have a basic foundation. The 'success' part for me would be *creativity* within that. **In the local authority framework, it's not easy to be creative; there are constraints: money, hours, work-load, set procedures, etc.**

In the following section we will present certain of the respondents' views and perceptions in this respect and will discuss which of these factors are considered as the most important input components to the effect of social workers' success.

Impact of financial resources

The importance of financial resources, especially within social services activities is so obvious that talking about it as an input component may seem almost naive. I felt awkward in raising such a common-sense issue with my respondents. Instead, I was expecting the respondents to refer to this important factor when they were talking about certain factors in their work which could facilitate or impede the occurrence of successful outcomes in social work. As a result, almost all the respondents argued, directly or indirectly, insufficient funding, and shortage of financial resources often

caused them to feel embarrassed or uneasy about the needs assessments of their clients and the achievement of foreseen outcomes. Resources also included residential homes for elderly people, residential schools for young offenders, proper foster-care facilities, sheltered workshops and sheltered residences for disabled people, and so on, without which social workers felt it very unlikely they would be able to provide satisfactory services to their clients. For example, one respondent said:

We need resources that meet our clients' needs. One of the problems with people with profound learning disabilities is there are few resources and they are very expensive. So, if you spend £1000 a week on someone with a learning disability, you could be keeping three older people in a nursing home!

Impact of management

Social workers, like other professionals, cannot function without proper access to substantial resources. One very important factor which a social worker can benefit from in order to render a good practice is the quality of management and the degree of support and protection he/she receives from his/her supervisors and managers. Respondent 20 in reference to the question about the external factors affecting her quality of practice stressed the quality of her relationship with her manager (team leader or senior practitioner) as one very important source of positive feedback :

R.20:

I have a very *supportive* and *able* manager whom I respect and who respects me.[good relationship]
If you've got a good manager, or supervisor, you can deal with other conflicts within your colleague group.

Elsewhere, the same respondent commented on the importance of good relationships with colleagues and supervisors, and managerial support as an input component:

R.20:

Colleagues and managers (supervisors, seniors) are very important and on a broader level, if you're getting into a

situation where you're covering your back. There are things that aren't right within the agency that you're working for: i.e., *resources* that are inappropriate; *policies* which don't reflect what needs to happen for people;

So, if you're not being supported, you may end up demoralised, then you may end up less successful!

The approval of the managerial influence on a social worker's success does not necessarily mean that all social workers benefit from this important input component. Some respondents were cynical about the quality and quantity of support and good relations coming from their managers and senior practitioners. For example, Respondent 23, a 46-year old child-care team practitioner with 14 years of work experience, in relation to the quality of worker-manager relationship in his team, argued that:

R.23:

There is a view held here that when there are difficulties, or complaints, we cannot rely on being supported by not our immediate seniors or our practice team managers, but by those who would deal with complaints which come to the departments!

Being cognisant of the problems of most social workers who are trying to do a difficult job with not a lot of sympathy, or understanding from society in general, and also doing a job where mistakes can be made because they are not working in an exact science with definite rules and methods, and where they are dealing with people with different personalities, emotions, problem, as well as their own, it is not too difficult to recognise the importance of such external factors in making a worker successful.

As Respondent 23 further comments:

R.23:

...those factors have a great influence on the success. They have a great influence on how you do your job, what objectives you want to achieve, how successful you are in understanding particular tasks and achieving objectives, even though in my view the overall success may be questioned. These factors can all have a **restrictive influence** on the work you undertake.

With this statement by Respondent 23 about the restrictive influences of certain factors we arrive at a point where it is possible to differentiate between external factors which have positive versus those which have negative impacts on a worker's quality of practice. There was a difference of opinion among the workers participating in my study regarding the impact of management on success. Certain of them viewed managerial support as a fundamental factor for doing a successful job, yet they did not believe that lack of such support could lead to failure on the worker's part. Others believed that lack of such support could bring about failure on the social worker's part. Respondent 03's views in this respect may illustrate the case:

R.03:

I think the reality is that sometimes the management of a department *can* actually be an inhibiting force, rather than being a facilitator. So, the style and where one deals with that actually does affect the practice and how one responds to it, because some people can become very personally respondent; some people can find the system they work very oppressive, and this is quite difficult for them to practise in such a system

Another respondent argued that being on good terms with supervisors and managers is not necessarily a prerequisite for success:

R.26:

I think there are quite difficult consequences for you or your clients if the relationship is negative rather than a mixture. I'm not saying that it should be completely positive because that can have its problems as well, of a condescending nature, but I think if that supervisor - supervisee relationship is quite damaged it can have consequences for the ability of the worker to actually positively offer clients the advice, support, confidence which a worker should have in their own abilities and what they are offering.

Finally, the comments of another experienced social worker in relation to the impact of managerial factors on workers' success is presented:

R.11:

I think that social workers are trained to be very flexible and they can do their best in a very bad arrangements! I think probably a social worker's communication with her senior, in my experience and most people find it so, can be quite helpful. Beyond that, there is the sense of distance! *I am not really feeling that managers have very much influence on whatever happens in the day-to-day basis of success or failure of social workers with their cases!* Even social workers with very bad seniors can be able to produce very good practice, although it is awful! So, I think it is a component only, but *most social workers have shown that they are quite capable of being productive even working with a very bad manager*, because they are personally skilled to manage their own cases. Yet, I have to accept that the **management is a component which depending to the degree of skill and experience of social workers can have strong or weak influence on them and their practice in terms of success or failure!**

Based on what the respondents argued, it can be concluded that poor organisation within agencies, lack of clear management lines and clear policy decisions, poor resources, too large case-loads, insufficient administrative assistance, lack of support coming from supervisors and managers, and shortages of information and knowledge base, etc. may all hinder or prohibit the achievement of good results and successful practice. In Respondent 13's words, one can do all sorts of 'good' practice and good pieces of work, but not have a 'successful' outcome, if the right and sufficient input components are missing.

Impact of clients

Clients may have multiple impacts on a worker's quality of practice; As one of my respondents put it:

R.03:

I think sometimes there are clients who in fact have a great impact on practice; I think apparently it is because of the client's partnership whom we are working with, but sometimes there are clients who are not able to

develop for change or to progress. And when one feels a lack of success, there will not be success. But it is not just feeling; it is about the assessment of the goals; for instance, if the goals are reasonable or not, and the client's ability should be taken into account at the beginning. So, hopefully, when one has done her job properly, one must consider how much her client is actually willing to move or is able to progress, because that would affect the quality of practice of the worker.

Client factors can be considered from another point of view, and that is the type of clients and the nature of their problems; the worker will be able to function better if he/she has the choice to select working with those clients with whom he/she has sufficient experience and interest to ensure the competent handling of their specific problems. For example, Respondent 22, who works with demented senile clients and their carers, said:

R.22:

I admire a particular client group that I like to work with; I have a feeling of empathy towards them, and they have been quite marginalised, and I feel they have a great deal to offer, so I think to work with these people is a worthwhile thing.

Impact of policy and regulations

Social workers, like most professionals in other fields, practise within the boundaries of rules and regulations, laws and defined policy. These rules and practice policy can be seen as input components to help the workers be more effective and efficient in their services to specific clients. At the same time, some of these policies and regulations may act as an impediment to social workers' freedom of action according to their own judgement and discretion. This is much more common in the fields where children and families are involved and child custody especially, in which field it is of

course a particular issue. Respondent 01 explains this point within the context of children and families practice:

R.01:

I think in the example of children and family work, as an obvious example of heavy bureaucratic intervention, your role and practice is defined in an initial stage of the child protection investigation so clearly that you have to do it in a certain way, just the way it is dictated.

Policy and regulations may influence the quality of social work by providing a clear perspective for the workers and affect their confidence when they have to encounter certain difficult cases. Yet, in areas such as child-abuse cases or custody of children, etc. the ever-changing procedures and laws may create a sense of bewilderment and confusion among practising social workers. Respondent 16, who had worked in a Mental Health team for a long time, argued that:

R.16:

Another factor that facilitates success is having *clear procedures*; one of the problems with Community Care is that everything has changed so much recently and we're all groping in the dark a bit. Things get altered and it's not easy to be on top of all these changes. So, I think you need clear procedures, fairly simple procedures.

Impact of physical condition of the work place

Although physical condition of the work place can count as an input factor with some effects on a social worker's quality of practice, my respondents did not see this as a major factor. A good atmosphere and nice office may have some impact on people's morale, but it was believed to have a very minor effect on the quality of the service a social worker can provide for his/her client. However, enough space to meet clients in private and without being distracted by passers by, adequate telephones for contacts, waiting rooms for clients, sufficient and adequate spaces for social workers to use as their work stations, etc. were all considered facilitators of a good service. Some of my

informants complained about a lack of certain facilities in their working areas. For example, Respondent 09 said:

R.09:

[We] need to have facilities available. Here we don't have anything to talk to children in comfortable environment - inhibited by that.

Respondent 17 believed that:

R.17:

Every working environment affects you. I have been in offices that have been condemned and also been in brand new purpose-built offices. If you're being so badly affected by your environment, then it becomes a very personal issue!

The statements of other social workers were along the same lines as the two above. It therefore seems reasonable to conclude that our participants did not view the physical condition of their office as a crucial factor facilitating or hindering a successful outcome in their work with their clients.

CONCLUSION

The sample social workers in this study argued that in order to be a "successful" practitioner in terms of being on top of their work by following a proper process of intervention, and also, to be able to provide a positive change in clients' circumstances, social workers need to possess certain properties and qualities, classified under the rubric of 'internal/personal' factors. They also commented on the importance of certain components related to the agency and management of the social work departments, whose existence or absence could have an impact on the achievement of certain objectives and providing the desired outcome for potential clients. Such factors were discussed as 'organisational/external' factors. Generally

speaking, internal and external factors were seen as reinforcing each other, acting as the inputs of the social work process.

The social workers' internal/personal factors can normally be divided into two sets of factors: 'innate' and 'acquired'. In the case of my respondents, however, the factors seen as salient for ensuring effectiveness and quality of practice appeared to be their personality characteristics and values; factors which related to the social workers themselves, stemming from their background, personality and whatever qualities they may bring into their job as individuals. Yet, there was a consensus among my informants that acquired personal factors such as accumulated professional knowledge, practice skills and experience of treating different client groups, personal relationships with clients and other related professionals could be to be as important in their effects as innate characteristics.

'Organisational/external' factors such as the quality of management and supervision, relationship of the worker with the line-mangers, case-load, amount of paper-work, availability of resources, degree of co-operation of other professionals, rules and regulations and physical condition of work place were all believed to have an impact on the quality of practice and the effectiveness of social workers' intervention with their clients. Despite the fact that encounters with most of these organisational factors are part of a social worker's everyday job, the workers had little control over the quality or quantity of such ingredients. Analysis of the data supported the notion that a proper combination of these internal and external factors potentially provides a reasonable set of inputs which ultimately, if utilised within a well-thought-out processes, can lead to the achievement of desired client outcomes, and hence, successful practice.

CHAPTER ELEVEN

SUMMARY AND CONCLUSION

OVERVIEW

A review of the social work literature on practitioner research and evaluative studies revealed a dearth of writing on how practitioners themselves perceive success. Nor was it clear how social workers from different practice settings identify successful or unsuccessful practice and practitioners.

Having alluded to the difficulties social workers encounter in their daily practice, one does not rule out the validity of the concept of "success". Preliminary studies, informal discussions with some experienced social workers and social work educators, and pilot interviews for the purpose of this research convinced the researcher that experienced social workers may have many interesting points to raise in relation to the quality of practice. Their views and perceptions of what kind of person with what qualities and properties should be valued as a successful practitioner, and what elements may contribute to the success of an intervention, could lead to worthwhile statements. This seemed even more appropriate in an era when a cloud of self-doubt and recrimination seems to settle over the profession of social

work and faddish articles and books raise such poignant questions as ‘Is casework effective?’ or ‘Can social work survive?’ (Goldstein, 1986, p.352).

In the body of the thesis we have discussed how my respondents, all experienced social workers, shied away from applying the attribute of “successful” to either themselves and their colleagues. This did not mean that the social workers in my sample were not ‘success-oriented’ practitioners. On the contrary, they were all well-motivated workers with many years of work experience in different teams and with various types of clientele, and thus, quite familiar with the ups and downs of the profession and the challenges they face in servicing their clients. They simply stated that they were not used to hearing the term “success” in their work settings, nor to being judged, by either themselves or their agencies, as “successful” or a “failure”. As is mentioned in the body of the thesis, the rhetorics of the social work profession and the related literature commonly use the concept of “good” whenever a piece of intervention or a whole practice, and even a practitioner are under scrutiny or evaluation.

Open-ended interviews and prompts led my discussions with respondents towards the objectives of the study, and helped them to assimilate the concept of professional success through differentiation between “process” and “outcome” for any social work practice and in relation to different types of clientele.

During the interviews respondents used the terms “good” and “successful” interchangeably, and this was the case with all respondents coming from various types of practice team, whether it be community care, children and families, or criminal justice work. When asked to talk about those colleagues whom they considered to be “successful” practitioners, the respondents’ comments supported the notion that any worker who was capable of doing a good practice in accordance with

the 'Departmental Procedure Book' was a good practitioner and could be judged 'successful'. They pointed to several qualities and practitioner skills as attributes of any successful social worker. The qualities they attributed to "successful" workers were in fact the same as would be expected of any good practitioner. At the same time, all respondents claimed that they themselves were successful practitioners because they competently performed fundamental processes within the remit of their profession. This led to a proposition that in the view of the social workers in my sample, a "successful" practitioner is one who is good at following a good process of intervention, regardless of client outcome.

The reasons for giving more credit to the process, rather than the outcome of practice were sought. In brief, it appeared that respondents from children and families teams and also those working in criminal justice settings were less keen to be judged on the basis of the ultimate outcome of their intervention. The reasons for this diversity of attitudes have been discussed in relevant chapters, of which I would only mention here the complexity of most of the cases and difficulty of reaching a definite end result or positive change with every client in work with problem children and families as well as certain groups of offenders.

My social worker respondents argued that even a small-scale, immediate change in their client's situation which might be attributed to careful assessment and planning was good enough to make the worker feel successful. Community care workers, on the other hand, complained about the shortage of resources, heavy case-load, excessive paper work and bureaucracy and were inclined to use these factors as reasons for concentrating on process rather than outcome when assessing success.

With only two exceptions, social workers from all three practice settings were concerned about "advocacy" for and on behalf of the client. Yet, a small number of

respondents with longer experience argued that they had to be more conservative about involving themselves in advocacy and challenges to the system. To most workers from community care teams, however, advocacy simply meant to do certain things for or on behalf of their frail elderly clients or people with learning disabilities, such as writing a letter to an organisation or filling up some application forms for them. There were others who strongly believed in fighting for the rights of their clients and even challenging the system for better resources.

It is worth mentioning that the findings of this study may not be applicable to other workers with less work experience. It is not intended, therefore, to generalise the findings of this study to the social work population either in Scotland or anywhere else. It is quite possible that younger and recently-trained practitioners will have quite different perceptions of professional success.

There was consensus on the importance of 'establishing good relationships' with clients as a key attribute of successful social workers. One of the main factors on which they liked to be judged as to how successful they were was their competence in establishing good relationships with clients. All respondents appreciated the skill of restoring good relationships with clients and thus believed that it was the most fundamental skill for carrying on a good process of intervention. And since establishing good relationship with clients is not an end but only a means to successful intervention, this further suggests my respondents were using "good" and "successful" practitioner as synonyms.

All of those who identified one or two of their colleagues as 'successful' praised them mainly because of their ability to care for clients, to respect and work hard towards establishing and maintaining good relationships with them. At the same time, a majority of workers from all practice settings, (obviously those who used to handle

difficult cases where the client or the carers were too demanding, or less co-operative), argued that at times, social workers have to challenge their clients and use their power to handle the case. This they believed to be part of the overall relationship with the client.

The other main objective of the study was to explore how the respondent social workers perceived the notion of “successful practice”. “Good practice” conventionally means rendering the job according to the code of ethics and principles of the profession, and relates to how efficiently any particular intervention starts and carries on, without too much care being paid to the end result. Good practice, therefore, conveys the notion of a ‘process-based’ approach to social work practice.

The findings of the research showed that my sample social workers were more keen to doing a ‘good’ job in terms of the process of social work. They seemed to be willing to perform in accordance with the required agency policy and procedures, known as ‘good practice’, defined by the mandate and principles of the profession. It was only after some consideration and discussion, and especially when they were asked to recall one or two interventions where they really felt they achieved, that they perceived “successful practice” as an intervention in which clients benefited from a clear, desired outcome. “Successful practice” therefore, emerged as an ‘outcome-based’ issue, dealing with the attainment of some distinct end result relevant to the problem for which the client had been referred to the agency.

DIFFERENTIATION BETWEEN “GOOD” AND “SUCCESSFUL” PRACTICE

Data analysis led to the recognition of a common view among the social workers in my sample. A field-worker may render a good practice in terms of handling the processes

required for doing social work, take every care to comply with professional codes of ethics and conduct; but at the end of the day, he/she may or may not achieve the desired outcome for the client. In such cases, it should not be difficult to assess the quality of the practice to find out how accurately and assiduously the worker has tried to follow the procedures characterised as 'good practice'. But, a practice may be judged "successful" only if a planned client outcome is achieved and the positive change has occurred in the client system. The findings of the present study thus indicate that the social workers who participated in it generally believed there is a difference between "good" and "successful" practice. While "good practice" supports the notion of "process-based" intervention, "successful practice" is judged mainly by the achieved client outcome.

The data analysed and reported in the body of the thesis may be summarised as follows:

"Successful practice" was considered to be an *outcome-based* intervention. It applies to any piece of practice that leads to a positive change in clients' circumstances. The analysis of the statements of social workers involved in this study revealed that in my respondents' opinion one can have "good" practice in terms of following right procedures and the standard process of social work, but if there is no desired outcome, that practice should not be considered a "successful" practice. There was a difference of opinion as to whether or not one may perform a "successful practice" in terms of positive outcomes, without following strict 'good practice' procedures. Some radical workers argued that they may need to breach the procedures or stand up against the routine policy of the agency and ask for more resources for the benefit of their client.

There were, however, some variations in the responses of social workers from different practice settings. Two of the respondents practising with criminals and

offenders and three others from child care teams emphasised the importance of doing “good practice” rather than “struggling for successful outcomes”. It seemed that they had lost their enthusiasm for bringing about positive changes in their clients’ circumstances. They argued that at the present time and with the existing socio-economic conditions it was a very tall order for them to stop their clients from reoffending, or come to a reconciliation with family members. They could only make themselves and their clients satisfied by trying to establish more humane relationships with them and make their clients feel that they are at list there to listen to them and treat them as normal people.

A “successful” practitioner, on the other hand, was seen as equivalent to a “good” practitioner; the respondents argued that so long as a worker is competent in using his/her skills to act within the remit of organisational policy, rules and regulations, he/she is a good social worker, and therefore, he/she should be judged a successful practitioner.

Data analysis also revealed that all of the respondents judged themselves “good” because they were competent in handling the process of their practice. “Success” was interpreted as feeling on top of their work due to the confidence they had in themselves, backed up by their knowledge-base, experience, values, enthusiasm and hard work, and utilisation of any accessible resources, and also because of their readiness to undertake advocacy for or on behalf of clients.

Policy Issues

In an era of cut backs, scarce resources, and a tendency towards provision of service delivery within a ‘care management’ package, many social workers believe it is

difficult to feel successful and fulfilled in terms of being able to provide an optimal service to clients, and bring about desired changes in clients' systems. On the other hand, rapid changes in policies, laws and social care systems leave behind a group of bewildered social workers, uncertain of their role and tasks. In such an atmosphere, social workers tend to be docile rather than showing initiative, do less advocacy intervention, try to be on the safe side of the matter by not challenging the hierarchy, and simply act as an employee of a service-providing agency to satisfy the management.

Certain interviewees raised the problem of giving too much 'voice' to the service users to criticise or evaluate the quality of relationship or services they receive, or complain about what they do not get in the way they had expected. One of the main excuses the social workers in this study offered for being overwhelmed by the process, and not outcome, of their practice was the pressure they felt in rationing the allocated resources. They argued that when social workers are nothing but 'gate-keepers' of welfare rights, it does not seem reasonable for the community and the clients to place the blame on front-liners simply because they are the key persons in a worker-client relationship.

Social workers need to be clear about their role and responsibilities in complex cases of child abuse and work with young offenders. Involvement and interference of many authorities and professionals from different agencies in such cases, especially where sexual abuses are reported may cause social workers to feel powerless in tackling the problems, and therefore, may lose their enthusiasm for success. Although most children and families practitioners appreciated the core competencies of 'communication' and 'engagement' to promote opportunities for children, adults, families and groups at risk or in need to function, participate and develop in society' (CCETSW, 1995), and valued the principle of partnership and cooperation with other

professionals to receive a second opinion on improving their handling of the case, they were not clear about the real boundaries of their duties, especially with the police and court authorities.

Some of the participant social workers (mainly those who were senior practitioners and some of the M.Sc. students) stated that social workers need more training opportunities to expand their knowledge-base on current issues and changes in laws or policy in relation to practice with sensitive cases. They suggested that social workers should be given more chance and opportunity to take part in educational activities and 'in-house trainings'. A few of the respondents even felt that educational opportunities can be regarded as an incentive, or a bonus, to hard-working and sincere practitioners. It was believed that educational leaves may have some impact on social workers' morale and make them more alert to 'success-mindedness'.

Front-line practitioners need to feel more secure in confrontations with opposing views of clients, supervisors, and other professionals. Being a 'success-minded' practitioner involves some degree of risk taking and challenge. Social workers, therefore, need the support and encouragement of their line-managers as well as decision-makers and the law itself. In one of my probes relating to the impact of external factors on providing successful intervention, I further asked my respondents about their opinion on the importance of being on good terms with supervisors and line-managers. The majority of the respondents agreed that supportive supervisors and mindful managers are crucial for feeling secure, and for encouragement in trying to achieve positive outcomes by exploiting the resources available .

Social workers are believed to be central players in the transactions of the welfare state; they often are the sole professionals in touch with clients from the time of their entry to social work departments until their cases are closed. It is the social worker,

therefore, who is assumed to be responsible for the outcome of the interactions between worker and the client. In response to further probes seeking their views on impediments of successful practice, the respondents were generally in consensus regarding the following factors: Lack of appropriate resources, uncooperative attitude on the part of the client, and lack of good communications with other professionals. These were believed to lead to unsatisfactory results, which may in turn, be interpreted as signs of social workers' failure to achieve welfare goals. They argued, therefore, that it is essential to develop a quality-assurance policy which evaluates social workers' performance and service effectiveness more realistically. To be a 'success-minded' worker practitioners raised the issues of more resources, less bureaucracy and better office facilities.

Successful practitioners may play a crucial part in maintaining and re-establishing the stability of social work departments. It is, therefore, crucial for the future of the profession to maintain higher standards of practice, and improve public confidence by demonstrating good results. This in turn, creates an awareness of the need to improve practice standards.

Logically, the efforts of the workers, and all the input and process of social services, are intended to solve or satisfy clients' problems and needs, and to bring positive changes in their circumstances. Review of existing social work literature, backed up by the informants expressions convince this researcher to argue that seldom within policy statements on social workers' job-description can we find a statement affirming that social workers have to reach an ideal "client outcome" in their encounters. Social workers participating in this study argued that the main reason for placing more emphasis on 'process' and 'good practice' rather than 'outcome' is because they are advised to keep up with the rules and regulations, and pay special attention to the code of ethics and social work values. Educators, policymakers, and authorities, on the

other hand, hope that social workers' efforts to follow standard principles, their enthusiasm to establish good relationship with clients, peers and other professionals, and proper use of resources will bring about certain desired client outcomes (see BASW Code of Ethics, 1986; CCETSW's Assuring Quality, 1995; CCETSW's Paper 30, 1991). At the same time, my respondents attested that no social worker is likely to get sacked for not achieving a planned outcome, provided that he/she follows a correct set of professional processes and procedures.

This researcher hopes that the findings of this study may help to consider the need for encouraging social workers to struggle towards achieving successful outcomes by feeling more secure in their practice. More opportunities should be provided for practitioners to equip themselves with required input components and work towards achieving worthwhile client changes rather than carrying on their routine, day-by-day work with less interest and concern about the ultimate result of their practice are hence recommended.

I would recommend that more studies be carried out in relation to the importance of social workers' views and perceptions regarding effectiveness issues in social work and the enhancement of practice quality. Hopefully, such measures may help promote social workers' morale and provide a chance for policymakers to use the findings of such studies in creating better opportunities for maintaining effectiveness in the social work arena. Giving more 'voice' to social workers, in turn, may improve the quality of professional relations between themselves, supervisors, and their line-managers.

As a final note on 'gender' issue I would suggest that future similar studies consider the gender issue in constructing research devices. My data analysis roughly suggests that the female social workers are more strict about the policy and procedures of their agencies, and therefore more 'process-focused' than their male colleagues. A

considerable number of my female respondents, for example, valued good paperwork as a credit for good practitioner. This seems to be in harmony with the common belief that female social workers are more accurate in paper-work and keeping up with formalities. Common sense, on the other hand, suggests that women are more sympathetic towards their clients; are better 'listeners' than men. This duality of approach to their work among female social workers, that is, following the agency procedures and commitment to process, and at the same time, being a compassionate and sympathetic helper responding to clients needs, might affect female practitioners' perceptions of what a successful practice might be. Although my findings denote the importance of process-focused practice, this finding may be biased due to uneven numbers of male and female participants. It is probable, therefore, that with a sample of more male respondents, one may reach a somewhat different result regarding process and outcome in social work. I would recommend, therefore, that more studies be carried out taking into consideration the issues of gender, age, experience and social backgrounds of the subjects.

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APPENDIX I

QUESTIONNAIRE

Q.1) Do you consider anybody among your colleagues as a “successful” social worker? and if do,

1-1) why do you think so?

1-2) what are his/her specific characteristics making him/her successful?

1-3) what major differences in his/her outcomes of practice are there compared with others?

Q.2) When you think of one’s “success” as a social worker, what do you base your judgement upon?

2-1) is it the way he/she approaches the process of social work?

2-2) is it the way he/she tries to reach a desired end-result?

2-3) is it the positive feedback from clients?

2-4) or else?

Q.3) Often there are discrepancies between the expectations of the clients and workers regarding the measures to be taken and the outcome goals to be set; now, whose views and judgements are more important to identify a practice and the practitioner as successful?

3-1) the client?

3-2) the worker?

3-3) line-managers or senior workers?

3-4) all alike?

Q.4) Whom do you consider the best judge of a social worker’s success?

Q.5) Do you consider yourself a successful worker?

5-1) why do you think so?

5-2) What factors, personal or departmental, have an impact on your practice in terms of success?

Q.6) How important it is to be considered as successful? and by whom?

Q.7) Are there any differences between “good” and “successful” practitioners?

7-1) How do you define ‘good’ practice?

7-2) How do you define ‘successful’ practice?

Q.8) How does one know for sure one is a ‘successful’ worker?

8-1) Do you often receive positive feedback from your clients?

8-2) Do you often receive thankful letters from your clients? And/or from the carers?

8-3) Whose feedback is more important for feeling achieved: client or managers?

Q.9) How do you feel when your intervention with certain clients does not lead to a desired client outcome?

Q.10) How do you feel when you are happy with what you’ve done, but your client is not satisfied?

Q.11) What major factors facilitate successful practice?

11-1) What internal/personal factors are important for success?

11-2) What external/organisational factors are important for success?

Q.12) What major factors impede successful practice?

12-1) What internal/personal factors hinder successful intervention?

12-2) What external/organisational factors hinder successful intervention?

Q.13) Do you believe that age is a major factor for success?

13-1) Do you believe that younger social workers are more enthusiastic about successful interventions? Why?

13-2) Do you believe that more successful workers are among the more mature and experienced workers? Why?

Q.14) Do you believe that successful workers are those who more readily are advocates for their clients?

Q.15) Do you believe that in order to be a successful worker, one needs to possess certain innate characteristics? If yes, what?

Q.16) As final question, if you've had some successful interventions, could you recall the most successful episode, and explain :

- What the case was
- How you approached the case and what the major goal was
- What happened to the client, and to what effect
- Why you feel that was a successful intervention.



BASW SCOTLAND 1997

A Scottish Charter For Social Work

Values

Social Work in Scotland will promote Social Welfare and Social Justice for all citizens, to create a society of social inclusion and will be a force for social, democratic and economic renewal.

Practice

Social Work Services in Scotland will:

- Prioritise dignity, choice and independence for all
- Ensure that age, ability, gender, race, class, culture and sexual orientation are no barrier to full citizenship
- Ensure that all service users are empowered as able citizens and not treated as disabled supplicants
- Work in partnership with users of services in developing services to meet their needs and to promote caring communities
- Ensure that the Rights of the Child are respected as the paramount concern in all services to children and their families
- Offer support to divert young people from crime and to rehabilitate offenders
- Set and maintain quality standards in all sectors in order to promote the highest levels of care for all service users
- Use our powers to regulate, register and inspect all relevant care services offered in the public, voluntary and private sector in a way that promotes the highest standards of care
- Work in partnership with the fullest range of statutory and non statutory organisations in order to provide real choice for users of services which are designed for their needs
- Provide services which are accessible to all who may need them

APPENDIX III

BRITISH ASSOCIATION OF SOCIAL WORKERS

**A CODE OF ETHICS
FOR
SOCIAL WORK**



A CODE OF ETHICS FOR SOCIAL WORK

THE CODE

Objectives

- 1 Social work is a professional activity. Implicit in its practice are ethical principles which prescribe the professional responsibility of the social worker. The primary objective of the code of ethics is to make these implicit principles explicit for the protection of clients.

Foreword

- 2 Membership of any profession entails certain obligations beyond those of the ordinary citizen. A profession's code of ethics sets down in general terms, these special obligations, and specifies particular duties which follow from them.
- 3 Members of a profession have obligations to their clients, to their employers, to each other, to colleagues in other disciplines and to society.
- 4 To carry out these obligations, the professional has complementary rights which must be respected in order to work effectively.
- 5 Any professional association has the duty to secure as far as possible, that its members discharge their professional obligations; and that members are afforded in full necessary professional rights.

Statement of Principles

- 6 Basic to the profession of social work is the recognition of the value and dignity of every human being, irrespective of origin, race, status, sex, sexual orientation, age, disability, belief or contribution to society. The profession accepts a responsibility to encourage and facilitate the self-realisation of each individual person with due regard for the interest of others.
- 7 Concerned with the enhancement of human well-being, social work attempts to relieve and prevent hardship and suffering. Social workers thus have a responsibility to help individuals, families, groups and communities through the provision and operation of appropriate services, and by contributing to social planning and action. Social work has developed methods of practice, which rely on a growing body of systematic knowledge and experience.
- 8 The social worker has a commitment to serve these purposes with integrity and skill. The professional obligation must be acknowledged, not only to increase personal knowledge and skill, but also to contribute to the total body of professional knowledge. This involves the constant evaluation of methods and policies in the light of changing needs. The worker recognises that the competence of any particular discipline is limited, and that the interests of the client require co-operation between those who share professional responsibility for the client's welfare.

- 9 The social worker's responsibility for relief and prevention of hardship and suffering is not always fully discharged by direct service to individual families and groups. The worker has the right and duty to bring to the attention of those in power, and of the general public, ways in which the activities of government, society or agencies, create or contribute to hardship and suffering or militate against their relief. Social workers are often at the interface between powerful organisations and relatively powerless applicants for service. While social workers are accountable to those under whose authority they work, and responsible for the efficient performance of their professional task and for their management of the organisation's resources, these must be balanced against their professional responsibility to their client. In view of the client's lack of power, social workers have a special responsibility to ensure as fully as possible that each person's rights are respected and needs satisfied.

Principles of Practice

- 10 In accepting the statement of principles embodying the primary obligations of the social worker, Members of the Association undertake that, as individuals and as part of their professional responsibilities that to the best of their ability,
 - i They will contribute to the formulation and implementation of policies for human welfare, and they will not permit their knowledge, skills or experience to be used to further dehumanising and discriminatory policies and will positively promote the use of their knowledge, skills and experience for the benefit of all sections of the community and individuals.
 - ii They will respect their clients as individuals and will seek to ensure that their dignity, individuality, rights and responsibility shall be safeguarded.
 - iii They will not act selectively towards clients out of prejudice, on the grounds of their origin, race, status, sex, sexual orientation, age, disability, beliefs, or contribution to society; they will not tolerate actions of colleagues or others which may be racist, sexist or otherwise discriminatory; nor will they deny those differences which will shape the nature of clients' needs and will ensure any personal help is offered within an acceptable personal and cultural context.
 - iv They will help their clients both individually and collectively to increase the range of choices open to them and their powers to make decisions. This will include the participation of clients in ensuring and defining that the services are appropriate for them.
 - v They will not reject their clients or lose concern for their suffering, even if obliged to protect themselves or others against them or obliged to acknowledge an inability to help them.
 - vi They will give precedence to their professional responsibility over their own personal interest.
 - vii They accept that continuing professional education and training are basic to the practice of social work, and they hold themselves responsible for the standard of service they give.
 - viii They recognise the need to collaborate with others in the interest of their clients.
 - ix They will make clear in making any public statements or undertaking any public activities, whether they are acting in a personal capacity or on behalf of an organisation.

- x They will acknowledge a responsibility to help clients to obtain all those services and rights to which they are entitled; and will seek to ensure that these services are provided within a framework which will be both ethnically and culturally appropriate for all members of the community; and that an appropriate diversity will be promoted both in their own agency and other organisations in which they have influence.
- xi They will recognise that information clearly entrusted for one purpose should not be used for another purpose without sanction. They will respect the privacy of clients and others with whom they come into contact and confidential information gained in their relationships with them. They will divulge such information only with the consent of the client (or informant) except where there is clear evidence of serious danger to the client, worker, other persons or the community or in other circumstances, judged exceptional, on the basis of professional consideration and consultation.
- xii They will work for the creation and maintenance in employing agencies of conditions which enable social workers to accept the obligations of this code.

THE COMMENTARY

On the Objectives and Foreword

- 1 The primary objectives of the Code are stated in para 1 'objectives'. It attempts to be generally applicable, but not to stand for all time. New ideas about social work and changes in its environment will necessitate revision of the Code from time to time.
- 2 The Foreword (paras 2-5) is a statement about the purposes of the Code. The Statement of Principles attempts to make explicit the values implicit in the practice of social work, and the Principles of Practice attempt to set out a basic Code for the individual social worker.
- 3 The Code of Ethics cannot be a manual of practice guidance. It must be couched in general terms, without being so general as to be incapable of application.
- 4 The Foreword expresses the view that the acceptance of special ethical obligations is part of the definition of any professional worker. This is the basic assumption which underlies any code of professional ethics (para 2). Paragraph 3 challenges, as being over simplifications, suggestions that the professional's only obligation is to the client, or that the employed professional's only obligations are to the employer. Paragraph 4 refers to the rights of professionals. Chief among them is the right to exercise professional discretion.

On the Statements of Principles

On Paragraph 6:

Basic ethical principles in social work are necessarily extremely wide, in view of the wide focus of social work. A narrower basis than 'recognition of the value and dignity of every human being' would not be adequate. The social worker's basic values must relate to individuals, whether working with individuals, groups or communities, since it is the welfare of the individuals in a group or community which is the social worker's basic concern even if indirectly. The phrase 'irrespective of origin, race, status, sex, sexual orientation, age, disability, belief or contribution to society' is intended to be interpreted widely. 'Origin' includes national, social, cultural and class origins, distant or recent.

'Status' refers to an individual's current situation and includes social, marital, health, citizenship status and status in an institution or organisation. 'Age' does not mean old age only. 'Belief' is not confined to religious beliefs and includes beliefs which might be regarded as delusions.

The second sentence avoids the term 'self-determination' which sounds a little too open-ended and attempts to recognise the limitations which real-life situations impose. Social workers are often concerned with trying to harmonise conflicting interests and failing harmony, to arrive at the least damaging solution for all concerned. It is, therefore, sometimes not possible to ensure that there will be no detriment to the interest of others, or to the client's interest. Hence the phrase 'with due regard for the interests of others'.

On Paragraph 7:

In the first sentence, limits to what social work can achieve have to be recognised. Being concerned with the enhancement of human well being implies a responsibility to promote social functioning as well as relieve suffering. The Codes of Ethics of the American and Canadian Associations state that the social worker renders appropriate service in a public emergency. All citizens are expected to do this and it is unnecessary to make this point specifically in relation to social workers. It is, however, covered in a general way by the reference to the relief of hardship and suffering.

On Paragraph 8:

In statements about obligations, commitments or responsibilities, it is important not to impose obligations which cannot be fulfilled. It is reasonable and proper to demand that social workers have integrity and skill. It would not be reasonable to demand, for example, that a social worker should feel sympathy for a particular client, since feelings cannot be summoned at will. At the same time, it would be reasonable to expect social workers to declare a position if clients aroused in them feelings which obstruct their capacity to help.

On Paragraph 9:

The first two sentences in this paragraph relate back to the statement in Paragraph 7 about social planning and action. The paragraph then comments on the social worker's own particular position in relation to planning, policy-making and the giving of service. The word 'interface' is intended to denote a place where contacts take place, contacts which may be active or passive and which may lead to harmony or to conflict. The paragraph goes on to try to balance the social worker's responsibility to the employer against the responsibility to the client. The client's frequent lack of power must be taken into account in weighing these responsibilities.

On the Principles of Practice

The Principles of Practice are based on and derived from the Statement of Principles, but are more personal and in more concrete terms. They move from general principles to principles to guide practice, whilst recognising that social workers must exercise personal judgement. The preamble identifies the Statement of Principles as giving the primary, underlying or basic objectives of the social worker. All the undertakings which follow are qualified by the words 'to the best of their ability'. It is therefore, recognised that, to take the first principle as an example, the opportunity to contribute to the formulation of policies may in a particular case be extremely limited. Social workers' willingness to give their best is also required.

On the Principles

- i The Principle is fundamental and carries the recognition that dehumanising and discriminatory policies may be the result of ignoring the needs of some sectors of the community as much as positive action to harm them. Observance of it may lead the social worker to resign from a post in certain circumstances.
- ii This Principle has general implications, but particular attention should be paid lest a person suffers loss of dignity or rights by the very act of becoming a client.
- iii This Principle recognises that acting selectively is a morally neutral concept; in other words there are good reasons and bad reasons for acting selectively. It further requires any social worker to be aware of the actions of others and to recognise that each of us has a responsibility to challenge the unacceptable practices of colleagues and others. It also places emphasis on the need to promote different provisions for different groups and gives support to social workers attempting to change their own and others practices. See also the comment on Paragraph 6.
- iv This Principle holds good in all circumstances but a social worker also has a duty to enable the client to identify realistic choices. This applies equally when working with community groups who may need to make effective political choices relating to community resources and channel their activities in directions which will ensure a return on their effort. The responsibility of the social worker is to provide such individuals and groups with full information on which they can base their decisions and to encourage self advocacy by any identifiable client or community.
- v This Principle raises the problem of what can legitimately be said about the worker-client relationship. It is not possible to lay down requirements about the social worker's feelings, but 'rejection' includes action as well as feeling. Rejecting the client is, of course, different from closing the case. The reference to the need to protect themselves is to acknowledge the need to set boundaries if clients are physically violent.
- vi This Principle recognises the opportunities for conflict between personal interest and professional responsibilities. It places on the social worker an obligation not to pursue personal interests at the client's expense. It does not imply that at all times the social worker must put responsibility to a client above all other responsibilities, for example, as a citizen, as a parent.
- vii This Principle recognises that qualifying training does not complete a social worker's education. The importance of continuing education is also increased by the need to keep abreast of changing social factors. The assumption of personal responsibility for one's work is crucial to professionalism. A completely bureaucratized service cannot be a professional one.
- viii This Principle places an obligation on social workers not only to be alert to the need to collaborate, but to take appropriate action.
- ix - no commentary
- x - no commentary
- xi This Principle was published some years ago in the Association's Discussion Paper No.1 on Confidentiality in Social Work.

The sanction referred to in the first sentence of the Principle is the sanction of the person giving the information to the social worker.

The multi-purpose agency, in particular, has to consider what administrative arrangements should be made to guard against the misuse of information.

The paper on confidentiality, after outlining situations in which the client's right to confidentiality might be over-ridden, states: 'In all the foregoing circumstances the breach of confidence must remain limited to the needs of the situation at that time and in no circumstances can the worker assume a *carte blanche* to reveal matters which are not relevant to that particular situation'.

- xii There is a clear implication in this Principle that employers should recognise the whole code. The Principle also acknowledges the difficulties of the employed professional, especially the social worker who works in an agency whose role is not specifically therapeutic.

This Code of Ethics was adopted by the BASW Annual General Meeting in Edinburgh in 1975. It was amended following the 1985 Annual General Meeting in Swansea to remove all gender specific language and by BASW Council in June 1986 following the Sheffield Annual General Meeting at which BASW took a positive stance against racism.

ALL MEMBERS OF THE ASSOCIATION ARE REQUIRED TO UPHOLD THE CODE.

BASW maintains a Disciplinary Board, as required by the constitution, which considers allegations of professional misconduct against members of the Association. Misconduct is defined to include actions or omissions which are likely to be:

- *harmful to clients or members of the public, or*
- *prejudicial to the development or standing of social work practice, or*
- *contrary to the Code of Ethics.*

Members have a duty to draw such concerns about individual members to the Association's attention. Referrals to the Disciplinary Board should be made to the General Secretary, who can advise members on procedure and interpretation.



12

PRINCIPLES

of

SOCIAL
WORK
PRACTICE

These principles have been abstracted from
"A Code of Ethics for Social Work" published by
the British Association of Social Workers
and upheld by all BASW members

- Knowledge, skills, and experience used positively for the benefit of all sections of the community and individuals.
- Respect for clients as individuals and safeguarding their dignity and rights.
- No prejudice in self, nor tolerance of prejudice in others, on grounds of origin, race, status, sex, sexual orientation, age, disability, beliefs, or contribution to society.
- Empowerment of clients and their participation in decisions and defining services.
- Sustained concern for clients even when unable to help them or where self-protection is necessary.
- Professional responsibility takes precedence over personal interest.
- Responsibility for standards of service and for continuing education and training.
- Collaboration with others in the interests of clients.
- Clarity in public as to whether acting in a personal or organisational capacity.
- Promotion of appropriate ethnic and cultural diversity of services.
- Confidentiality of information and divulgence only by consent or exceptionally in evidence of serious danger.
- Pursuit of conditions of employment which enable these obligations to be respected.

BASW - ON PRINCIPLE

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